

Alumni JOURNAL

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*Farewell the neighing steed and the shrill trump,
The spirit-stirring drum, th'ear-piercing fife,
The royal banner, and all quality,
Pride, pomp and circumstance of glorious war!*

William Shakespeare
OTHELLO: Act III, Scene III

It has been written that on the evening of May 10, 1901, composer Edward Elgar announced to a friend in his study, "I've got a tune that'll knock 'em flat!" before sitting down at the piano and playing it for her. This account may, of course, have been apocryphal, but the tune became the famous trio of his first *Pomp and Circumstance Military March No. 1*, which would subsequently be incorporated into the *Coronation Ode* for the crowning of King Edward VII in 1902, and later known the world over as the second British national anthem, *Land of Hope and Glory* (with words by Arthur Christopher Benson).

At the June 28, 1905, Yale University commencement, to which Elgar had been invited to receive an honorary Doctorate in Music, the recessional was his *Pomp and Circumstance Military March No. 1*. In the following years, other distinguished institutions of higher learning (Princeton, Chicago, Columbia, etc.) also used this stirring *March* in their ceremonies. Today, playing the *March* is de rigeur in graduations from high school to universities.

The original celebration of glorious war has, of course, been long ago abandoned for the more preferable sentiments of accomplishment, joy, and hope.

On May 29, 2011, Loma Linda University School of Medicine graduated 163 doctors of medicine in its 98th class (also to the strains of Elgar's *March*). In addition to the United States, graduates also came from Croatia, Nigeria, Canada, Uganda, Bermuda, and St. Vincent and the Grenadines.

There was no mistaking the pomp in the processions, ceremonies, colors, and sounds. Celebration was everywhere, and it was well-earned.

But what about the circumstances?

With the congratulations settled, the newly minted physicians must now face the daunting circumstances of reality. There is now a multi-decade career ahead which will be what each individual graduate makes of it. Preparation will be lifelong, whether in academic learning or life experiences. Errors and achievements will be the best teachers.

A fulfilling postgraduate life may very well be summed up in the qualities of integrity, responsibility, and loyalty: to God, self, family, friends, and the people for whom they assume care.

From those of us who have engaged in the profession and appreciated its privileges, we offer our support as you embark on a very special calling and lifework.

Henry K. Yeo, '68

WONG KILLER
INTERNATIONAL
CONFERENCE CENTER

A Message to Family

The 11th Annual
Award in 2011

www.hawaii.edu
professor@hawaii.edu

"Ng...love you!"
"congrats I love u chess!"
"Zia Zia, I love you a tremendous dose of
gratitude for your love, endurance, and
generous spirit. This is for you, Akaoni!"





CONGRATULATIONS Class of 2011

From the Alumni Association, School of Medicine of Loma Linda University

*Graduation on May 29, 2011, was a significant event for several reasons, not the least of which was the graduation of the 10,000th student from the School of Medicine. The following quotes from **Roger Hadley '74**, dean of the School of Medicine, are extracted from an article by Larry Kidder in the June 24, 2011, issue of TODAY about the 10,000th graduate.*

“This community and this church should be very proud. Over more than a century, they have sustained a medical school that has graduated a Western United States record 10,000 medical students. The next closest is Stanford University, with 7,000 graduates.”

“During much of the school’s history, the surrounding communities were largely orange groves. For a medical school to flourish in this setting is really quite remarkable.”

“We could never graduate classes with more than 150 students if it weren’t for the other health care institutions in the Inland Empire that provide critical training experiences for our students.”

“Loma Linda University School of Medicine estimates that between one third and one fourth of physicians practicing in the Inland Empire have received some type of training at Loma Linda—whether medical school or residency. That represents a major impact on the health care provided in our region.”

“To think of the impact this school—with more than 10,000 graduates—has had on health care throughout the world, is staggering.”



NOTABLE GRADUATION MILESTONES

First American Medical Missionary College graduate—Lillian B. Boyer '99

First College of Medical Evangelists graduate—Zoe E. Bulpitt '14

First Loma Linda University School of Medicine graduate—Paul L. Allen '62

10,000th CME/Loma Linda University School of Medicine graduate—Reiker J. Schultz '11



THE PHYSICIAN'S OATH

LOMA LINDA UNIVERSITY SCHOOL OF MEDICINE

BEFORE GOD, THESE THINGS I DO PROMISE:

IN THE ACCEPTANCE OF MY SACRED CALLING—

I WILL DEDICATE MYSELF TO THE FURTHERANCE OF JESUS CHRIST'S HEALING AND TEACHING MINISTRY.

I WILL GIVE TO MY TEACHERS THE RESPECT AND GRATITUDE WHICH IS THEIR DUE. I WILL IMPART TO THOSE WHO FOLLOW ME THE KNOWLEDGE AND EXPERIENCE I HAVE GAINED.

THE WHOLENESS OF MY PATIENT WILL BE MY FIRST CONSIDERATION.

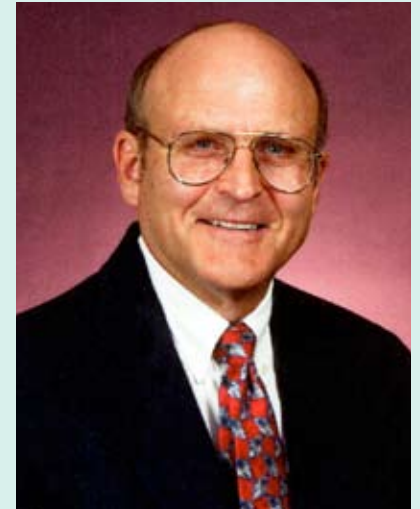
ACTING AS A GOOD STEWARD OF THE RESOURCES OF SOCIETY AND OF THE TALENTS GRANTED ME, I WILL ENDEAVOR TO REFLECT GOD'S MERCY AND COMPASSION BY CARING FOR THE LONELY, THE POOR, THE SUFFERING, AND THOSE WHO ARE DYING.

I WILL MAINTAIN THE UTMOST RESPECT FOR HUMAN LIFE. I WILL NOT USE MY MEDICAL KNOWLEDGE CONTRARY TO THE LAWS OF HUMANITY. I WILL RESPECT THE RIGHTS AND DECISIONS OF MY PATIENTS.

I WILL HOLD IN CONFIDENCE ALL SECRETS COMMITTED TO MY KEEPING IN THE PRACTICE OF MY CALLING.

I WILL LEAD MY LIFE AND PRACTICE MY ART WITH PURITY AND HONOR; ABSTAINING FROM IMMORALITY MYSELF, I WILL NOT LEAD OTHERS INTO MORAL WRONGDOING.

MAY GOD'S KINGDOM, HIS HEALING POWER, AND HIS GLORY BE EXPERIENCED BY THOSE WHOM I SERVE; AND MAY THEY BE MADE KNOWN IN MY LIFE, IN PROPORTION AS I AM FAITHFUL TO THIS TRUTH.



Philip Reiswig '60, Alumni Association president, led out in a reading of the Physician's Oath at the commencement ceremony.

Loma Linda University School of Medicine Honorees for 2011

Biographies are adapted from the "Loma Linda University Conferring of Degrees" program

Jeffrey D. Cao '71—Distinguished Service Award



Dr. Jeffrey D. Cao was born in San Francisco, California, in 1944 but lived most of his childhood in the San Fernando Valley until 1960, when his family relocated to La Sierra. Following graduation from Loma Linda University School of Medicine, Dr. Cao completed a one-year internal medicine residency and a three-year pathology residency at Kettering Medical Center in Dayton, Ohio. In 1975, he returned to Loma Linda University Medical Center as chief resident to complete his final year of pathology and a subsequent hematopathology fellowship. In 1980, he was certified in anatomic and clinical pathology and in the subspecialty of hematopathology.

In 1977, Dr. Cao was appointed director of the hematopathology service at Jerry L. Pettis Memorial Veterans Hospital in Loma Linda, California—where he played an integral role in preparing the clinical laboratory for the facility's grand opening. In 1987, he transferred to the Department of Pathology at Loma Linda University Medical Center and assumed responsibility for the hematopathology service, as well as for the School of Medicine's pathology reaching program. He currently serves as full-time director of the pathology course in the School of Medicine; and as medical director of the laboratories for Loma Linda Heart & Surgical Hospital, Highland Springs clinics, and Loma Linda University Medical Center's clinical laboratory—microbiology section.

At the national level, Dr. Cao has been actively involved in educational associations for the teaching of pathology, including serving as chair for the Medical School Course Directors Section of the Association of Pathology Chairs; and as president of the Group for Research in Pathology Education. From 1997 to 2000, he was an item writer and editor

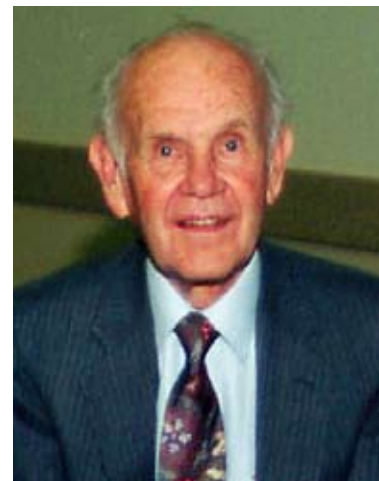
for the pathology section of the National Board of Medical Examiners. He currently serves on the continuing medical education committees for the American Society of Clinical Pathologists and the American Association of Medical Colleges.

Dr. Cao has received numerous awards presented by Loma Linda University and by the Alumni Association of the School of Medicine.

Looking back over his professional career and more than forty years of happiness with his first and latest love, Dieta, Dr. Cao is thankful every day for the opportunity to be a part of God's plan as he serves Loma Linda University School of Medicine.

In recognition of his more than thirty years of contributions as educator, mentor, clinician, and supporter of students, the School of Medicine is pleased to name Dr. Jeffrey D. Cao a recipient of the SCHOOL DISTINGUISHED SERVICE AWARD. Presentation of this award took place at the Conferring of Degrees for the School of Medicine.

G. Gordon Hadley '44-B—Lifetime Service Award



During the more than six decades since Dr. G. Gordon Hadley completed his medical education, he has lived his life with a sense of mission reflected in service. His contributions to Loma Linda University have been rivaled only by the rich variety of his global service to the Seventh-day Adventist Church.

Dr. Hadley was introduced to service perspectives early in his childhood. Growing up in Washington, D.C., he observed this value modeled not only by his parents in their home, but also in his physician father's selfless ministry to society's underprivileged; and what he saw made a profound, lifelong impression. More than anything, he wanted to become a physician.

Dr. Hadley's graduation from the College of Medical Evangelists (CME, renamed Loma Linda University in 1961) as a member of

the class of 1944-B was preceded by the bombing of Pearl Harbor, modification of the medical school curriculum to ensure early completion of his class, and an abbreviated internship. He subsequently was drafted and assigned to the 138th Evacuation Hospital, which served the 15th Army in Europe. Following his discharge from the military in 1946, he completed a three-year residency in pathology at CME (one of the first four physicians to enroll in this residency), then moved to the “city division”—as the Los Angeles campus of CME was then known—to join the medical school teaching staff.

From 1949 until Loma Linda University (LLU) consolidated its two campuses in 1962, Dr. Hadley taught not only at CME/LLU; but also on church mission assignments at medical colleges in Vellore, India (1955-1958), and on multiple occasions in Kabul and Jalalabad, Afghanistan.

For nearly ten years beginning in 1977, Dr. Hadley served as dean of LLU School of Medicine. In 1986, he accepted an invitation to become director of the General Conference Health and Temperance Department, where he served until 1991. Upon his return to the medical faculty at LLU, Dr. Hadley fulfilled a request made in 1990 by Dr. B. Lyn Behrens, then dean of the School of Medicine, that he serve as a mentor for the class of 1994. In his role as student physician, he reported his experiences to the Curriculum Committee.

In 1994, Dr. Hadley responded affirmatively to a request that he assume leadership of a new medical facility in Hangzhou, China—Sir Run Run Shaw Hospital (SRRSH). Shortly after its opening, he became chief executive officer—a position he held until 2001. Thanks in large part to the pioneering role he played, SRRSH today enjoys a reputation as one of the premier hospitals in Asia. In 2001, when the decision was made that Kabul Medical Institute would rebuild its curriculum—which, like the country, had been devastated by the ravages of two decades of war—school officials turned once more to Dr. Hadley, who for forty years had helped anchor the global outreach of Loma Linda University in this region. In response to yet another opportunity to serve, Dr. Hadley prepared to relocate with his wife, Alphie (Alice Ruth Wagner Hadley), to Kabul no later than early autumn. Although these plans were delayed after the events of September 11, Dr. Hadley did return for some months and continues to exert an influence on the region through his legacy of former students who now hold positions of influence in the government and in NGOs and other health-related endeavors.

Still discovering new ways to serve Loma Linda University School of Medicine, Dr. Hadley mentors pathology students. In addition, he created DVDs of photographs he had taken of students’ museum specimens, an invaluable asset to the study of pathology.

In recognition of his contributions not only to this academic and health care community, but also to the broader community of the world church, Dr. G. Gordon Hadley received the Loma Linda University Adventist Health Sciences Center (LLUAHSC) LIFE-TIME SERVICE AWARD at the Conferring of Degrees for the School of Medicine.

J. Lamont Murdoch '63—Distinguished Service Award



Dr. J. Lamont Murdoch was born in Watford, England, while his father was on staff at Newbold College. At eight years of age, he relocated with his family to Avondale College in Cooranbong, NSW, Australia. During his teen years, the family relocated once more to the United States.

After graduating from Loma Linda University School of Medicine and completing a one-year rotating internship at White Memorial Hospital, Dr. Murdoch was invited by Dr. Varner Johns, then chief of internal medicine at Loma Linda University Medical Center, to become one of the first two residents in the new internal medicine residency program. In 1967, he became the first chief resident in internal

medicine at the new medical center. His residency and a one-year fellowship in endocrinology were followed by an eighteen-month fellowship in genetic diseases at Johns Hopkins Hospital in Baltimore, Maryland.

Dr. Murdoch returned to Loma Linda University in 1969 to join the faculty of the School of Medicine-Endocrinology Section, where he has served as chief since 1977—concurrently serving during this period as director of endocrinology at Arrowhead Regional Medical Center in Colton. In 1996, he was appointed supervisor of the Endocrinology Clinic at Riverside County Regional Medical Center in Moreno Valley.

Although Dr. Murdoch has been extensively involved in research and patient care, his true passion is medical student education. From 1974-1977, he coordinated the junior student internal medicine clerkship; he coordinated the senior student internal medicine clerkship from 1975 to 1995. He has also coordinated the endocrinology teaching program at Western University of Health Sciences in Pomona and the biomedical teaching program at University of California, Riverside.

Following the untimely death of his wife, Judy, in 1981, Dr. Murdoch married Rebecca Eller, a member of Loma Linda University School of Nursing’s faculty. They enjoy spending time with their five children and four grandchildren.

In recognition of more than four decades of service as teacher, clinician trailblazer, and mentor in his profession, the School of Medicine is pleased to name Dr. J. Lamont Murdoch a recipient of the SCHOOL DISTINGUISHED SERVICE AWARD. This award was presented at the Conferring of Degrees for the School of Medicine.

Findlay E. Russell '51—University Alumnus of the Year



While still a high school student, Dr. Findlay E. Russell developed an interest in venomous and poisonous animals. As a result of a paper he wrote on the subject, he was invited to attend a summer honors session at California Institute of Technology (Caltech)—a great place for a summer experience, he concluded, but beyond his reach academically.

After completing his undergraduate education and working for a short time as a chemical engineer, Dr. Russell was drafted into the U.S. Army. Upon discharge from the military in 1946 as a result of a hand injury, he enrolled in medical school at the University of Southern California. His decision to continue studies at the College of Medical Evangelists (now Loma Linda University),

where the injuries to his hands could be repaired, culminated in his graduation as a member of the class of 1951. His internship at Los Angeles County General Hospital included an opportunity to work with **Cyril B. Courville '25**, a well-known neurologist whose research focus was traumatic injuries to the skull.

With his own interest in research now whetted, Dr. Russell decided that rather than take a residency in clinical medicine, he preferred an area that would provide research experience and possibly some time to pursue his interest in venomous animals. The offer of an honors fellowship in the laboratory of Dr. Antonie Van Harreveld at Caltech met both these requirements. Two years later, he became chief physiologist at the Huntington Institute of Medical Research (now Huntington Medical Research Institutes).

In 1955, Dr. Russell was invited by Los Angeles County General Hospital to build a neurological research laboratory for the facility. His work on this project established his association with Loma Linda University that continued until the University's connection with the hospital ended in 1966. Prior to his first retirement, he served as director of the Laboratory of Neurological Research and Venom Poisoning Center at Los Angeles County-USC Medical Center and as professor in the Departments of Neurology, Biology, and Physiology at the University of Southern California. Postretirement, Dr. Russell served as a regular consultant to government agencies worldwide. In 1981, he resumed his teaching and research career as a faculty member in the University of Arizona College of Pharmacy, where he continued to enhance his reputation as a world-renowned scientist and researcher until his second retirement.

During more than six decades committed to blending compassionate skill as a physician with impeccable competence as a scientist, Dr. Russell has touched countless lives

around the world. He authored hundreds of publications on rattlesnake bites and venom biochemistry, including the widely acclaimed book, *Snake Venom Poisoning*. In addition, he holds patents on four technical medical procedures; is credited with the development of three fractions of venoms now used in medicine; is codeveloper of a snake antivenom; and has had a scorpion and a spider—*vejovis russelli* and *loxosceles russelli*, respectively—named after him.

For a lifetime dedicated to the betterment of humankind and for his exemplification of the University's motto, "To make man whole," Loma Linda University was pleased to name Dr. Findlay E. Russell UNIVERSITY ALUMNUS OF THE YEAR and to confer on him this title at the Conferring of Degrees for the School of Medicine.

Donald and Mildred A.R. Stilson '46—Distinguished Humanitarian Award



Donald and Mildred Stilson—members of the College of Medical Evangelists (now Loma Linda University) class of 1946—were both self-described "missionary kids" whose parents served in Panama and India, respectively; and both wanted to serve overseas as medical missionaries after earning their medical degrees.

After both completed a year of postinternship graduate education in surgery and obstetrics/gynecology, the Stilsons moved to London, took a course in tropical medicine at London University, and wrote required examinations to obtain British qualifications for practice in East Africa. The couple spent a year in overseas practice at Kendu Mission Hospital in Kenya, where they worked with Donald H. Abbott who was

building what was then called Ankole Mission Hospital (now Ishaka Hospital)—an 80-bed facility in Uganda, East Africa, that officially opened in 1950.

With their children, Enid and Eric, the Stilsons then lived and worked at the Ishaka Hospital until late 1961—sharing their labors with various European, American, Australian, and Jamaican nurses and African hospital aides; as well as on-the-spot-trained helpers acquired from among the indigenous inhabitants of the area.

In July of 1961, the Stilsons returned to the United States permanently. Donald and Mildred completed their residencies in anesthesiology and pathology, respectively, at Loma Linda University Medical Center. They later served on the University's faculty—Donald with his special expertise in regional anesthesia, inspired by his experience in Africa; and Mildred in anatomic pathology practice which she unselfishly shared in her classes and with medical residents under her guidance.

As members of the Loma Linda University Church, the Stilsons gained spiritual strength through their involvement as church choir members and Donald's service as deacon. Their love for and commitment to God's Word was nurtured in the weekly special Sabbath School study sessions—first with Dr. Jack Provonsha and later with Dr. Bernard Taylor. The couple enjoyed fine music and photography (particularly of wild flowers) and were avid readers.

The last three years of Donald's life were marked by an increasing struggle against lymphoma and heart failure. He was able to celebrate his 92nd birthday with close family members before peacefully passing away at his home in Loma Linda on April 13, 2010.

In addition to their service to this academic and health care community, Loma Linda University Adventist Health Sciences Center (LLUAHSC) is pleased to recognize the generous philanthropy of Drs. Donald and Mildred Stilson. In acknowledgement of their personal modeling of stewardship excellence and their support of priorities that further our mission, the Drs. Stilson have been named LLUAHSC DISTINGUISHED HUMANITARIAN AWARD recipients for 2011. The award was presented to Dr. Mildred A.R. Stilson at the Conferring of Degrees for the School of Medicine.

Patrick Y. and Linda C. Wong—Distinguished Humanitarian Award



Loma Linda University Adventist Health Sciences Center (LLUAHSC) is pleased to name Dr. Patrick Y. and Mrs. Linda C. Wong the 2011 recipients of the LLUAHSC DISTINGUISHED HUMANITARIAN AWARD.

Linda Chan was born in Malaysia but relocated as a young child with her family to Singapore. After completing her secondary school education, she continued her studies in the Trinity College of Music—a leading international conservatory located in London, England—where her creative talents and abilities could be advanced.

Patrick Y. Wong's family relocated from Fukien, the province of his birth—located in the southern region of China—to Hong Kong while he was still a young boy.

Growing up, he was shaped in part by a home environment in which his father, Wong Kerlee, challenged him with incisive questions—encouraging him to think analytically, critique carefully, and advocate effectively. The strong Christian faith of his mother, Lin Chinhwa, as well as the encouragement of several mentors, were also key influences in his life. He completed high school at Avondale College in Australia and later was awarded a

medical degree from the University of Sydney.

Linda and Patrick—who were married after his graduation from medical school—immigrated to the United States where he completed an internal medicine residency at Loma Linda University Medical Center. Research in the Thorndyke Laboratory at Harvard Medical School (Boston, Massachusetts) and later at Albany Medical College (New York) preceded his decision to establish a gastroenterology practice in San Francisco, California. A Fellow of the American College of Physicians and of the American Gastroenterological Association, Dr. Wong has maintained a flourishing practice for thirty-two years.

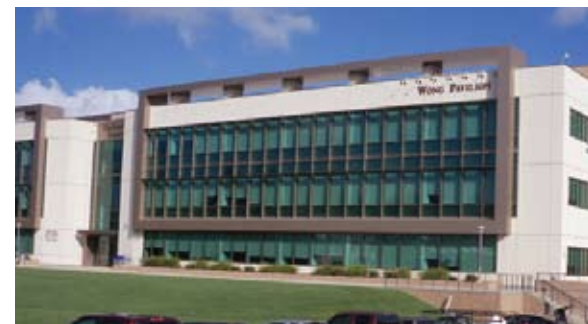
Through the years, Dr. and Mrs. Wong have not only modeled personal and professional excellence, but they have also encouraged pursuits that contribute to whole-person balance. For example, as patrons to budding musicians, they have hosted performing events and receptions in their home as well as occasions enhanced by Mrs. Wong's graciousness and well-regarded culinary skills.

Dr. and Mrs. Wong have three adult children—Ervin, Cherilyn, and Martin—and one granddaughter, Clara.

Dr. Wong has served as a member of the Boards of Trustees for Loma Linda University (LLU) and Loma Linda University Adventist Health Sciences Center (LLUAHSC). In this capacity, he has helped provide insightful leadership during critical periods spanning two administrations in the history of these entities. On April 13, 2011, Dr. Wong became an emeritus board member.

Recognizing the imperative for LLU and LLUAHSC to continue responding to changing and challenging times, Dr. and Mrs. Wong have supported several major philanthropic endeavors—not only in their role as ambassadors communicating the University's vision and mission to audiences in diverse cultural contexts, but also through their personal sacrifice prompted by a deep appreciation for God's gracious blessings in their lives. The most recent demonstration of their exceptional generosity is the Wong Pavilion in the Centennial Complex.

For their commitment to the advancement of Loma Linda University as a center of excellence in education, research, and patient care, as well as their commitment to our mission—"To make man whole"—Dr. and Mrs. Wong were presented the humanitarian award at the Conferring of Degrees for the School of Medicine. □



The Wong Pavilion stretches to the east from the Centennial Complex entrance.

International Outreach by **The Class of 2011**

Ashley Hamstra in Botswana

Infectious disease control center (IDCC) is the politically correct term for the HIV/AIDS clinics throughout Botswana. In Kayne, Mondays are reserved for kids with HIV/AIDS. The overwhelming majority contracted the virus from their mothers and were born with it. It is crucial that the kids take the medicine twice a day and never skip. Missing a dose allows the suppressed virus to grow and build resistance. So the kids need to understand why they are taking the medicines. There is a picture book

that explains it terms of soldiers (immune cells) and evil guys (the virus). There was an 11-year-old boy that was nodding throughout the story, his eyes filled with tears that cascaded down his cheeks. He didn't like the story. He didn't want to be sick.

During clinic we were called to the pediatrics ward to pronounce a child dead. She was 4 years old, but weighed 12 pounds. She died of malnutrition. I have never seen a



child that emaciated. Every rib was not only visible but also jutting out with the skin sagging in between, as if there was nothing beneath. The legs had no visible muscles, just bones. The face had the features of a young child but the sagging, coarse skin of an old woman. The mother of the dead girl was not there, but the child's grandmother was in the hall. We called the grandmother in and told her that we had done everything we could but that the girl had died. She did not react. No

sadness or anger. I am not sure how people here typically react to death in public, but it was very difficult for me. They underfed the child to the point that she died, and then showed no emotion at her death (and the mother had not even stayed). Judging by staff reactions, this is not uncommon.

Yesterday I had my first hot shower in 15 days. Amazing. The water heater had been broken since before I ar-

Where Students Served

Botswana	Ashley Hamstra
Cambodia	Aaron Branch
China	Lauren Carpenter Teresa Lam Jesse Lee Jonathan Lio Laura Petrovich Katherine Swearingin Christina Tan Gordon Tan
Guatemala	Matthew McCarty
Guyana	Daniel Kwon Yvette Modad
Honduras	Angelique Richardson Ellerbee Maybelle Ursales
Japan	Shino Magaki
Korea	Scott Lee Enoch Yoon
St. Croix	Tabitha Abraham Sarah Hess Sarah Killian Dafne Moretta Brenda Rea Rilla Westermeyer
Thailand	Nicholas Breig
Zambia	George Wennerberg



rived and the whole apartment had no hot water. One of the most interesting things about living here is seeing the mixed levels modernization. People are fine with not having hot water for weeks. They have mosquitoes in their home, no dryer, and clothes with large holes in them. They operate on AIDS patients without surgical gowns or eye protection (that was me yesterday). But everyone has a cellphone, many have satellite TV, and almost everyone has Internet access. I just heard a boy walk down the stairs singing Justin Bieber's hit "Baby." It appears as though people here value communication and entertainment technology before physical comfort technology. In the United States we largely don't have to choose. Would you rather have a hot shower in the morning or a cellphone and nightly mosquito bites? □



Aaron Branch in Cambodia

I spent the month of January at the Mercy Medical Center in Phnom Penh, Cambodia. Most days I was in the clinic, where I had the opportunity to see patients and formulate assessments and plans with more freedom and autonomy than I have had so far in my education. We took two trips into surrounding villages, where we held day-long clinics.



One day I had the opportunity to assist in gynecological surgery with a team from the United States.

At the clinic there was a spiritual care team that talked with patients in the waiting room. Most days they would tell us about patients who had accepted Jesus. Though it was difficult to really connect with patients (I had to have an interpreter with me at all times), I was able to pray with several of them. There were also many Cambodian medical students rotating at the clinic, and we were able to make good connections with them. Most exciting, though, were



the trips to the villages, where I was able to be a part of a house church in a very unreached area of Cambodia, and was able to see what it might look like for me as a long-term missionary doctor.

I was very impressed with both the physical and spiritual needs of Cambodia. The country, like much of Asia, is very



poor, and the education gap left by the Khmer Rouge has created a great opportunity for medical missions, including a role in medical education. The majority of the country is Buddhist, and it has traditionally been a part of what

it means to be Cambodian, but with the new generation post-Khmer Rouge, I get a sense that there is a yearning for something more. The country is rapidly becoming more and more Western, and the young people are open to new ideas.

I feel that there is an open door now for introducing them to Jesus, and I consider it a good possibility that I will return for much longer. □

Lauren Carpenter in China

I spent one month at Sir Run Run Shaw Hospital (SRRSH) in Hangzhou, Zhejiang, China. SRRSH is a teaching hospital for Zhejiang University School of Medicine (ZUM) and was founded with the help of LLU. It is located in Hangzhou, a large city in southeastern China,



known as a desirable domestic tourist city. The hospital is a full-service adult hospital with everything from cardiac- and neurosurgery to family medicine. I did general surgery, and obstetrics and gynecology during my four weeks. I attended daily rounds, spent lots of time in the operating room, and

did some clinic time. On general surgery, I scrubbed into my first Whipple. On gynecology, I saw everything from teratomas, to chocolate cysts, to myomectomies, to ovarian

cancer, to hydatidiform moles, and even to emergent surgery for ectopic pregnancy which led to hemorrhage and shock. There were at least two vaginal deliveries while I was on OB, but the vast majority of the patients have Cesarean sections. There was one C-section for frank breech, one for a fetal anomaly and another for macrosomia, but, without epidural anesthesia available for vaginal delivery, the rest of the sections were done for social reasons. I spent a day in reproductive medicine watching egg retrievals in the morning, embryo transfers for other patients at lunch and going to infertility clinic in the afternoon. The kinds of pathologies seen there were varied and very different than in the United States, giving me great exposure to things I wouldn't otherwise see during medical school. I even got to share my testimony with one of the residents who spoke English. All in all, it was a worthwhile trip that helped me gain experience and fan the flames of my heart's desire to practice medicine as a full-time missionary. □



Teresa Lam in China

Hong Kong Adventist Hospital (HKAH) is small (70-plus beds) but adequately equipped. It is situated in one of the more affluent sections of Hong Kong and caters to a wealthier clientele. My cousin, Jesse, and I were there for four weeks and my days were split between pediatrics and radiology. Unfortunately, because it is a private, non-teach-

ing hospital, the scope of what students are allowed to do is limited mainly to observation. Still, because the doctors/technicians I followed were wonderfully accommodating and patient with my questions, I feel like I learned a lot.

I'll talk about radiology first. My "teachers" were the technicians, called "radiographers," rather than the radiolo-

gists themselves. I started out with MRI, then moved to CT scans, then X-rays, then nuclear medicine and finally to ultrasound. In each case, the radiographers would take me through their procedures and protocols, explaining the preparations required for each case and how positioning was one of the most important aspects in obtaining a quality



image. In many ways, I'm glad that I had this opportunity to observe and learn about the backdrop of radiology rather than spending hours looking over a radiologist's shoulder. It can be tedious for a radiologist to explain the science behind his or her actions, as understanding requires a vast background knowledge that I don't have. So the radiologist may not explain at all. I found my experience with the radiographers to be very satisfactory.

As for pediatrics, Dr. Cheung is a wonderful and kind

doctor who obviously cares for his patients. After each patient left his office, he would ask me questions about the presentation of the child's illness, form a differential, diagnose and ask for treatment. Doing this immediately kept the information fresh in my mind. Also, because he knew I am interested in pediatric cardiology, and being trained



in that specialty himself, he would often give mini-lectures on certain topics, before, after and between patients. I also attended a lecture on pediatric surgery that he had kindly invited my cousin and me to.

Overall, I really enjoyed my time in Hong Kong. We had weekends free to explore Hong Kong, and on Saturdays we attended one of the nearby Adventist churches. It was a really great experience. □

Jesse Lee in China

For my senior mission elective I chose to spend a month in Hong Kong at the Hong Kong Adventist Hospital (HKAH). My experience in Hong Kong was vastly different from my time in Papua New Guinea after my first year of medical school. For one thing, healthcare in Hong Kong is a lot more organized and the facilities are well kept. During my stay in Hong Kong, I split my time between pediatrics and adult cardiology. Because of rules that are similar to HIPAA in the United States, we weren't allowed to directly work with patients, but rather did more observation. The hospital serves the middle to upper class, especially foreign

businessmen and their families.

An interesting thing I found out about the Adventist Hospital in Hong Kong is that it has only one Adventist doctor. The hospital has a tough time recruiting Adventist physicians because there aren't that many local Adventist doctors, and overseas physicians are reluctant to come over because of license and training stipulations placed on them by the Hong Kong government. The positive Adventist influence is still felt, however. The non-SDA pediatrician I worked with said that, compared to other hospitals that he has worked with, he feels that HKAH focuses a lot more on

patients and patient care rather than on business and marketing. Perhaps this was because the hospital was built on Christian principles. Perhaps those founding principles still influence the hospital administrators. But whatever the case may be, it is interesting to hear that a non-Christian physician who chose to come to HKAH because he wanted to enter private practice to earn more money is impressed by the fact that an institution will hold people and patient care above the bottom line. I think this experience strengthened my faith in Adventist global healthcare. Even though Adventism may not be directly pushed or portrayed, people

can still look at our institutions and know that we are different—that we care about people because Christ cares about people.

This experience had great impact on me during this trip. It was refreshing to be reminded that the medical ministry is patient-focused. It is easy to get lost in the business side of medicine, because that's how we make a living, but there is much more to it than that. To be able to help people and open their eyes by extending Christ's love is the ultimate reward for a Christian physician. That's what I learned from this trip. □



Jonathan Lio in China

My first experience was at Sir Run Run Shaw Hospital in Hangzhou, China. While there, I was in the family medicine department; usually doing inpatient wards in the morning and clinic in the afternoon. Even though I speak some Mandarin, communication with medical vocabulary was still hard, and I was unable to understand much of what was said between the doctors and the patients, so I would have to ask afterward. My first two patients were atypical and made for a greater culture shock than what should have been. One of the chief complaints was, “the right side of my body feels cold,” and the other was, “when I smell just about anything, my chest starts feeling uncomfortable.” Fortunately the patients that came afterward presented with signs and symptoms I was familiar with. It was a great experience not only because I saw how national health insurance and health systems worked in China, and made friends and connections with other doctors, but also because SRRSH was in the process of developing the first accredited family residency program in China. I may want to be involved in medical education in China in the future.

My second experience was at National Taiwan University Hospital in Taipei, Taiwan. I was also in the family department here. My preceptor gave me freedom to go to either wards or clinic, and I had the opportunity to check out satellite clinics and simulation/OSCE rooms. It was interesting to compare the two Asian health systems. Both had national health insurance, but Taiwan's people were much better off and paid less for healthcare, whereas in China people still had to pay a significant portion of their bills. Also, partly because Taiwanese medical students are trained in English and with English textbooks, they were more up-to-date on medical literature than the Chinese. One of my major “duties” at this hospital was teaching the doctors about medical education and practicing in the United States, as well as the ACGME competencies for assessing residents.

If I had to pick between practicing in one of these two countries, I'd pick China because Taiwan's patients are very well taken care of by the government and there is much improvement to be made in China. □

Laura Petrovich in China

I recently had the opportunity to spend one month in Hangzhou, China, on an international rotation. I spent three weeks on adult pulmonology at Sir Run Run Shaw Hospital and one week on pediatric pulmonology at Zhejiang University Children's Hospital. My month in China was filled with many fantastic experiences and surprises. The first surprise was how large and urban the city of Hangzhou is—it has a population of around 7 million people (and I had never even heard of it before going there). The other surprise for me was how different healthcare is in China compared to the United States. Diagnoses that would be very rare in the U.S. were commonplace in China. I saw untold numbers of patients with lung cancer, tuberculosis, bronchopulmonary aspergillosis, and even a patient who aspirated a whole shrimp, head and all. The best surprise was how friendly and welcoming everyone was. All the attendings, fellows, residents and medical students were so eager to show me their hospitals, patients and city and they made sure that I had a great time. If ever given the opportunity, I would love to return to Hangzhou, China, again. □



Katherine Swearingin in China

I spent 4 weeks in Hangzhou, China, at both Sir Run Run Shaw Hospital (SRRSH) and Zhejiang University Children's Hospital (ZUCH). For the first one-and-a-half weeks, I was at SRRSH on a family medicine team that was similar to a general internal medicine team in the United States. I was thankful to have another medical student with me who spoke pretty good Mandarin Chinese and fluent English, although most Chinese residents spoke some English and the attending spoke English fairly well. Rounds were in Chinese and I would get maybe one sentence about each patient. It became clear that the purpose of this international elective would revolve more around learning about the Chinese medical system and less around learning medicine or doing mission work. I did really enjoy the afternoons, where



I attended international clinic, where non-Chinese people living in the area come to see American doctors. Everything was in English, so I was able to understand each case, communicate with patients, and participate in teaching points for each patient.

I also spent two-and-a-half weeks at ZUCH, the larg-

est children's hospital in the province. I was fortunate to be paired with Dr. Tan in the SICU. She had trained in the U.S. for a year, so her English was good, and she did teaching rounds in English twice a week. Knowing I wouldn't get much out of Chinese rounds, on the other days, she sent me to observe other places around the hospital, including NICU, PICU, OR, GI lab, and traditional Chinese medi-



cine. In the ICUs especially, I noticed significant differences from medical practice in the United States. Although the technology was modern, almost all children were restrained at all four limbs and parents were not allowed to visit their children until they moved to the regular wards. Dr. Tan was interested in my opinion of how to improve "humanism in medicine" so I did a presentation to her and the Chinese residents about things we do in the U.S., and especially at Loma Linda, to improve humanism in medicine. The SICU had already planned a 100-day humanism in medicine project that would form the basis for a research study, and this project had its opening ceremony while I was there. Dr. Tan was frequently asking me for suggestions for how they could improve patient/family satisfaction and "humanism."

While I learned a lot about the Chinese medical system, I also enjoyed exploring Hangzhou and the surrounding areas and getting a feel for non-medical Chinese culture. Hangzhou itself was different than I expected. I had heard about how beautiful it was, but with a population of approximately 7 million, it felt very much like a big city, with bad air quality, skyscrapers, and very crowded buses and sidewalks. The city is known for West Lake, a beautiful area on one side of the city where most of the pictures of Hangzhou are taken. I also had the chance to travel to Shanghai for a weekend and travel to Thousand Island Lake for a day. There are many nearby places to visit, but with the exception of Shanghai, it is difficult to get around without knowing any Chinese.

Whether I would recommend this particular site to another student would depend on what they wanted to get out of an international elective. If they are looking for more medical training or for a mission experience, this is not the place for them. However, if they know any Mandarin or are adventurous and want to learn more about a different medical system, I might be more likely to recommend SRRSH and ZUCH. □



Christina Tan in China

I am so thankful for alumni who are supportive of students in their pursuit and exploration of missionary service. I spent a month in a rural town in China, Yangqu, a country town in Shanxi Province while doing a family medicine rotation with Evergreen Family Service, a Christian non-governmental organization. While in Yangqu, I assisted Dr. Curt Elliot, a family medicine specialist from South Carolina, in his one-room clinic at the local county hospital. Our patients were local villagers, many living on a gross household income of less than \$100 per month. The variety of illnesses I saw was broad and fascinating: intractable peptic ulcer disease s/p gastric bypass with newly developed Vitamin B12 anemia, chronic glomerulonephritis, metabolic syndrome, restless leg syndrome, severe osteoarthritis of the femoral head, facial acne, debilitations after a motor vehicle accident, fungal infections, and more. Witnessing the patient, humble service of many of God's servants in China had a great impact on me as I consider my future career plans and missionary service. Thank-you for your support. □



Gordon Tan in China

My senior mission elective this year was in Hangzhou, China, at Sir Run Run Shaw Hospital (SRRSH) and Zhejiang University Children's Hospital (ZUCH). I did three weeks of adult pulmonology in SRRSH and one week of pediatric pulmonology at ZUCH.

I had a great time in China. There were many diseases (such as TB) that are not that prevalent in the U.S. that I saw multiple times during my rotation in Hangzhou. Also, due to the limited resources and overcrowding in the hospitals, the standard of care is very different. For example, not many patients that would be isolated in the U.S. are isolated in China. In terms of interactions with family, it is also differ-

ent in China. Family members, not the patients themselves, have the final say in medical management. Many times the patient does not know what is going on because the family requested to keep them in the dark. Surprisingly, many patients are okay with this since they have been conditioned to believe that the family knows what is best. Since China declared religious missions illegal, we could only talk about our beliefs if patients asked us to. However, there were many times that medical students, residents, and attendings asked us about our beliefs. I took this opportunity to tell them about Christianity. Many local Chinese are atheist. Some are religious but prefer to not publicize it due to the negative

impact it can have on their careers and lives. Overall this was a great rotation, and I would recommend it to other medical students. □



Matthew McCarty in Guatemala

I spent the month of May in Quetzaltenango, Guatemala, for a mission elective. During my time there I worked in the Pop Wuj medical clinic which serves the indigenous and poor population of the city for a very low fee. In the clinic I was able to take an H and P in Spanish and present the patient to the attending doctor. In general I had quite a bit of autonomy in terms of what I thought we should do for the patient. I also worked in mobile clinics throughout the countryside of Guatemala. These mobile clinics were set up at various villages to provide quality health care to the

native population. Overall, I believe this was a very valuable experience for me. I was able to see how medicine is practiced when there are limited resources, and I also was able to appreciate and learn the distinct illnesses that affect some of the native populations of Guatemala. Additionally, I gained a deeper respect and appreciation for the distinct culture of Guatemala. I believe that this experience was very beneficial for my overall medical school education as it challenged me to think of medicine in a different way. □



Daniel Kwon in Guyana



I had the privilege of spending a month in Georgetown, Guyana, doing a senior mission elective through the Students for International Mission Service (SIMS) program. Getting a chance to spend time in a developing country as a healthcare provider was always a dream of mine.

Most of my time was spent working at the Davis Memorial Hospital in Georgetown, Guyana's capital city that

houses a third of the nation's population. Davis Memorial is one of four main hospitals in the city, and I was able to see a wide array of patients here. Working closely with Dr. Miguel Crespo, an Adventist internist from Cuba, I was able to experience healthcare in a developing country first-hand. Since I am specializing in surgery, I also worked with surgeons at Woodlands Hospital and St. Joseph's Mercy Hospital, two other major hospitals in Georgetown. And, by coordinating with some of the other American missionaries at Davis Memorial, I was able to go on trips on the medivac plane to some remote clinical sites. I also attended the Guyana national HIV/AIDS conference put on by the Ministry of Health.

As a senior medical student, I was able to not only observe but also provide healthcare. I was able to experience the frustrating limitations of trying to provide adequate care with limited resources as well as the freedom of unfettered direct physician-patient care. Some cases were discouraging, such as trying to treat a comatose stroke patient in the "ICU" without any monitoring equipment or infusion pumps and with limited pharmacotherapy. Others cases were more satisfying. In surgery clinic, we would be able to see a patient

and have them get X-rays, then take them directly to the operating room. Going through that process in a few hours is something that could never happen in the United States.

All in all, this trip was important for me because I got to experience what healthcare delivery means in developing countries. I hope this taste will better prepare me to function well for future work in needy parts of the world. □



Yvette Modad in Guyana

I took part in a two-week class trip with four other students to the Adventist hospital in Guyana's capital city of Georgetown. Our class had chosen to "adopt" this hospital, and classmates had taken previous trips to Guyana to assess the need. We were able to donate some supplies and equipment and to set up outreach clinics in and around Georgetown. After spending some time observing in the hospital, we applied similar techniques when setting up the clinics. We were joined by a physician from the United States who supervised the care we provided. We were able to see 30-70 patients in each of the 4-5 clinics that we sponsored. We also had many donated supplies that allowed us to perform small

procedures such as steroid joint injections and pelvic exams. Our group was also able to use donated funds to purchase pharmaceuticals, and we were able to treat a range of ailments, from skin infections all the way to hypertension and diabetes.

During the trip we also participated in a health fair which gave us an opportunity to formally provide education and preventative information. Hopefully we were able to provide a lasting, long-term influence on the people of Guyana. Our class continues to be in contact with the hospital and has contemplated making return trips in the future. □



Angelique Richardson Ellerbe in Honduras

I spent the turn of the new year in Honduras with Maranatha Volunteers International, a Seventh-day Adventist organization. It was a wonderful experience. I was blessed to have my husband and father-in-law join me for the trip. We had many opportunities to spread God's love through service to others. I spent most of my time with the medical team going to various villages and setting up temporary medical clinics for the residents to utilize. We performed blood pressure readings, conducted diabetes screenings, handed out clothes, glasses, and hygiene products and did some prevention education. Some evenings I would help out with the vacation Bible school where we did plays and crafts, sang songs and recited memory verses with the children. Many children gave their hearts to Jesus at the end of vacation Bible school. This experience has truly impacted my life, and I will continue to do many more mission trips in the future. □

Maybelle Ursales in Honduras

The four weeks I spent in Honduras taught me valuable lessons about life in the mission field and reminded me of my life growing up in the Philippines: simple and fulfilling. The *brigadas* we did in the villages opened my eyes to a different type of challenge for access to healthcare. As we completed the drive up the unpaved, winding mountains, patients were already lined up and waiting for free check-ups and free medication. My mediocre Spanish served as another barrier, and I stumbled through my H and P—something that I took for granted in the United States.

I spent my days in either Hospital Valle de Angeles or in Hospital Escuela, the main training hospital for the only medical school located in Honduras. My colleagues and I spent several days rotating through the internal medicine and obstetrics and gynecology wards. Since the hospital boasts 50 deliveries in one day, local medical students were not too shocked to witness eight or more deliveries happening at the same time.

The trip to Honduras opened my eyes to things that we take for granted in the United States. Simple things like

booties or head caps for the operating room are a scarcity in some hospitals and have to be recycled during the day. I have a renewed appreciation for families and the company of friends. Most importantly, I will continue to work on the barriers that make it difficult for people to obtain excellent quality healthcare. My goal is to continue to polish my Spanish so there will be fewer barriers in the future. □



Shino Magaki in Japan

I did a two-week palliative medicine mission elective in the hospice unit at the Adventist Medical Center in Okinawa, Japan. The hospice unit is relatively new, with all beds in private rooms that have space for family members to stay.

The service is run by two attendings, one of whom was my preceptor, **Yuichi E. Yanami '99**. Although the average length of stay in the unit is two months, it can range from a few weeks to several years depending on the social needs of the patient.

Due to socialized medicine, there were also patients on the unit who would have been better cared for in a skilled nursing facility. However, expensive treatments and those with questionable efficacy were usually avoided. Musicians from the community held concerts in the common room every week, and volunteers decorated the unit with flower arrangements every day.

There was a strong emphasis on the importance of family, and treatment decisions such as sedation and use of IV fluids were based on the preferences of both patients and their families. One patient, for example, with metastatic rectal cancer had an older brother who wanted to visit him once before he died. However, because their relationship had previously been strained, sedation was timed so that the patient would not be agitated when his brother visited, and they had a pleasant meeting. This same patient was also reconciled to his oldest son during his stay.

Having family participate in care also seemed to help satisfy the desire of family members to do something to make their loved one feel more comfortable. One patient with advanced lung cancer had a large family, the members of which took turns moistening the patient's mouth with a syringe when she felt thirsty. At her death, her pastor did a short service at the bedside with the family.

Although there was not much difference in the coping of individual patients based on religion, Christian families seemed to have a shorter bereavement period after the death of their family member. □

Scott Lee in Korea

I had the privilege of rotating through the Severance Hospital located at Yonsei University in Seoul, Korea. The experience was incredibly rewarding, and I found myself enjoying the practice of medicine in a foreign country. It was also sharply contrasted with my 2008 experience in Ile Ife, Nigeria, where I learned how medicine was practiced with limited resources. The experience in Korea showed me how medicine is practiced when resources are available, but sheer volume of patients overwhelms the facility.

I had the opportunity to work in the International Health Clinic at the hospital. The clinic was originally started by our preceptor, Dr. John Linton, who was born to military parents stationed in Korea during the war. He grew up in Korea, is fluent in both English and Korean, and is the only non-Korean physician licensed by the Korean medical board.

One of my experiences in the clinic involved aiding senior residents with translation from English to Korean, as

many of the patients were foreigners living in Korea, and English was not a comfortable language for the residents of the hospital. I also had the opportunity to see my own patients and chief them to our attending, similar to methods utilized here in the United States. We also helped non-Korean-speaking patients obtain proper documents and signatures that were vital to their visit.

Our Sabbaths were often spent at the Seventh-day Adventist language institutes, situated all over Seoul. We helped mainly with music and service opportunities during the Sabbaths that we were present, as well as with Sabbath school lesson studies to those who did not speak Korean as a primary language.

Overall, my experience in Korea was extremely enjoyable and fulfilling. It was great being able to travel back to my roots and help out my fellow brothers and sisters in Korea. I enjoyed aiding in any means possible while I was there, and I truly look forward to visiting once again. □

Enoch Yoon in Korea

I spent the month of April with four other medical students from Loma Linda University at the Severance Hospital at Yonsei University, in Seoul, Korea. We spent most of our time at the International Health Clinic run by Dr. Linton, the only non-Korean licensed by the Korean medical board.

The people we saw at the clinic were mainly foreigners who are not fluent in Korean. Since I speak both English and Korean, I was able to translate between the Korean-speaking residents and their non-Korean-speaking patients. (Dr. Linton speaks both languages.) I could tell that the patients felt a lot more relaxed and comfortable knowing that there was someone that could speak their language and get the message across. It felt good to know that I was able to

help and make the patients feel more at ease.

During the weekends we attended worship services at different Seventh-day Adventist language institutes. We were able to help with praise music, lead out in Sabbath school lessons, and participate in any other service opportunities that arose. It was a great chance to interact with people who were interested in learning more about God and our religion.

Overall, it was a great experience to see how medicine is practiced outside of the United States and to meet and make friends with people in Korea. I also got to learn a lot more about the Korean culture and, as they were very appreciative, was rewarded by my experience at the Seventh-day Adventist language institutes. □

Tabitha Abraham in St. Croix

In this elective I was able to serve as a clinician in a local primary care clinic. I saw patients independently at this private clinic and chiefed the cases to either Dr. Moses deGraft Johnson, a cardiothoracic surgeon from Minnesota, or his wife, Dr. Latifa deGraft Johnson, a family medicine doctor also from the United States.



I learned about some of the challenges that come with giving care in a remote and small location that does not have operating rooms appropriate for serious cases. I learned that the prevention of disease is incredibly important in such an environment. Both doctors (even the CT surgeon) sought to tightly control the sugars and blood pressures in their patients. The unique culture of the island posed some definite challenges: rum is cheaper than a gallon of milk. Many people drink as a way to relax. Beverages such as ginger beer and peanut juice (a drink made with sweetened condensed milk) are as common as water.

A significant amount of our time was invested in educating patients about healthy food. On one occasion we accompanied the practice's nurse practitioner to a local high-school to give health presentations on topics relevant to teens. I prepared a presentation on self-injury for this event. In my last week, I followed a cardiologist and saw some interesting cases such as WPW and angina with seizures.

As a group representing Loma Linda, on the weekends and some weekday afternoons we were able to go to the local Adventist churches where we gave talks on healthy lifestyles, diabetes, STIs, and alcohol and motor vehicle accidents. Of these talks I was personally responsible for the alcohol and motor vehicle accidents presentation. After the talks, we answered questions on various ailments. I was intrigued by how many people even in the Adventist population thought that all fats, even plant fats, were bad. People were avoiding avocado, nuts, and coconut because of this dated philosophy.

I thoroughly enjoyed my experience in St. Croix and feel that I learned a lot from the patients and the teachers I had there. I would definitely recommend this location to other students. □



Sarah Hess in St. Croix

I spent four weeks in St. Croix working in a family practice clinic and a cardiologist office. Although a United States territory, St. Croix has the medical resources of a third-world nation. In the clinic I saw patients who had not had medical care for years and many patients whose medical needs cannot be met on the island.



I spent most of my clinic time educating patients on prevention and healthy lifestyles. Many patients suffered from diabetes and hypertension and did not know that their lifestyle habits impacted their health. One patient was suffering from hypertension, diabetes, and was recently diagnosed with temporal arteritis, which is identified as a disease of the elderly. The patient's blood sugar and blood pressure were beyond control. After talking with the patient about stress



in her life and ways to control her stress levels as well her blood sugar and blood pressure, the patient and I prayed together. Although the opportunity to pray with patients arises at Loma Linda, this experience was especially moving. The patient told me that no medical personnel had ever explored her spiritual walk or incorporated God in her visit. She appeared to have a skip to her step as she left the office.

Much of our spare time was spent in local churches and schools giving presentations on topics including diabetes, healthy lifestyles, sexually transmitted diseases/HIV and teen pregnancy, alcohol and motor vehicle accidents, eating disorders and suicide/self injury. It was a joy to share knowledge with the community and answer their questions. Our impact through these lectures was evident because we received so many questions asked about health.

Annually, St. Croix hosts a half ironman triathlon. I had the privilege of volunteering in the medical tent for the event. We assisted runners suffering from dehydration, heat exhaustion and heat stroke. We worked with physicians, emergency response teams, and high school volunteers. This experience was fun and rewarding. Our service to the community touched not only the lives of the athletes, but also the other volunteers were very appreciative of our time and efforts to help out.

I am still in St. Croix as I submit this. I am excited for many more memories. Thank you for your support in making this opportunity possible. □

Sarah Killian in St. Croix

I am on a mission trip to St. Croix with some of my classmates. We have been working in a couple local clinics and at a hospital. Though the primary language is English here, some people have a thick accent, are difficult to understand and have difficulty understanding me. This island has an interesting economic balance, with its meager symbols of wealth contrasted with abject poverty. One of our patients with chest pain and vertigo had to walk a mile out of the

rainforest before he was able to signal for help.

We have also been doing health talks at local schools and many of the local SDA churches. These, along with our teaching in clinic, have shown us how much a little knowledge can do. Some people have told us they weren't eating any starch because they heard it was bad for diabetes, while others have mentioned equally unsustainable health practices. The local talks we have done and the preparation for them were invaluable practice for my future field.

I am not sure where God is leading me. He has thrown some curveballs. But all the pieces have fallen seamlessly into place, and the generosity of the families hosting us here has been remarkable. We volunteered at an international triathlon (where the participants provided an interesting contrast to most of the locals) this last weekend. We treated road rashes, heat exhaustion, and dehydration and arrived just in time to see the first finishers cross the line.

Shortly after arriving here I developed a rash on my arms. One of the doctors said it looked like sand fly bites, but it grew to look more and more like the poison oak. I kept commenting on this point and its extreme itchiness. My roommate said it looked like contact dermatitis. Then I learned from our host that a doctor had warned her against mangoes. This led me to discover that I should not interact with mango trees, sap or skin.

Thank you to the Alumni Association for your support in the past and for your consideration of this current endeavor. I feel abundantly blessed to have had the opportunity to come to Loma Linda for my medical education and hope to be able to pass on whole person care in my future practice and international outreach. □



Dafne Moretta in St. Croix

My experience in Saint Croix has been unforgettable. I will be leaving in two days, but my days here have been very

busy with clinic work, hospital observation, and community outreach. I've been working in two different medical offices

on the island. In one office our attendings, a family practice/ cardiothoracic surgery couple, have exhibited the perfect balance of quality teaching, clinical decision making, nurturing, and community outreach promotion. Our patient demographics include Crucians (or native islanders), Caribbean islanders in general, Puerto Ricans, and many patients from the United States mainland. People had unusual careers and jobs—I treated TSA and FBI agents, a significant amount of engineers working in the local distillery, people living in the middle of the jungle, and even spear fish hunters.

In the other clinic, I have been working with Dr. Potts, a Columbia University-trained cardiologist. In the mornings we usually round, see patients in the ER (if Dr Potts is on call), and spend many hours in the catheterization lab. There we have observed dozens of cardiac imaging studies and stent placements. The heart institute in the island has been of great benefit for the people in this community, and I feel privileged to have been there.

In the afternoons I saw at least seven patients at Dr. Potts' office. I learned a lot about ECHOs, EKGs, stress tests, anti-arrhythmatics, and public health issues.

Community outreach projects and PowerPoint presentations have also used up some of my time here. Since the Hispanic community is sort of isolated in this English-speaking island, I made efforts to educate this particular community. Diabetes is prevalent among Hispanics, and I gave several presentations on this disease at the Spanish Seventh-day Adventist churches in the area.

My five classmates and I have been busy during our time here, but have also had opportunities to relax. Though our days in the clinic are long, driving back home in the Jeep has been one of the most enjoyable experiences of the day. The temperature is always in the 80s and the ocean breeze is consistently invigorating. I will miss this place.

Every morning at 6:30 we all got together to study our Bibles for an hour, which almost brought us to the end of a complete study of the books of Daniel and Revelation. It has been an awesome experience to start the day focusing on future prophetic events that our merciful God knows and shares in advance.

In summary, my experience here has been a positive one. It is refreshing to hear people everywhere saying, "Oh, you are one of the medical students. Thank you for what you



are doing here on the island." As far as I know, we have been the first students from Loma Linda to St. Croix and we've worked very hard to represent our alma mater and the Lord in the most positive light. I hope many students in the future reap the benefits of our experience, and find joy in serving, educating, and treating the people of St. Croix. □

Brenda Rea in St. Croix

Five of my classmates and I had the privilege of going to St. Croix for a mission elective. Our non-church-affiliated mission trip was unique because we created the elective outside of the usual SIMS sites. We stayed with local people and worked at non-Seventh-day Adventist facilities. In an attempt to incorporate community outreach into our trip, we contacted the local Seventh-day Adventist church administration structure and integrated into their health ministries plan during the time we were there. They arranged multiple talks in local schools and churches as well as a short interview at the local TV station. We had daily Bible studies together each morning, and one of the members of the family we were staying with joined us. She wants to keep study-

ing when we are gone, which is very exciting. I felt doubly blessed to have had one foot in the local non-Seventh-day Adventist community and one foot in the Seventh-day Adventist community.

The other meaningful component of the trip was the fact that I was able to spend so much quality time with five of my close girl-friends from school. Three of us are married and were hesitant to be away from our husbands for so long, but we decided it was a once-in-a-lifetime opportunity. After our elective was decided and planned, we found out that we had all matched in separate parts of the country. On many levels, our mission trip became a great time to bond one last time before we traveled to six different residency spots. All

in all, it was a great learning experience to understand how to work in an underserved, low-resource community and a privilege to be there with wonderful classmates. □



Rilla Westermeyer in St. Croix

Many people think of St. Croix in the Virgin Islands as a tropical destination, a place where the sun and relaxation are enhanced by the cool ocean breeze swaying the palm fronds on the beach. This was my impression as well before going there. As a United States territory, St. Croix has a unique mixture of Caribbean poverty and American bureaucracy.



Most people are poor, obtaining their income from the rum factories and oil refineries on the island. The island has a hard time sustaining the necessary healthcare providers for its people, and the locals' low income does not allow them to leave the island for alternative healthcare.

I had the privilege of working with several different doc-



tors that are trying to change this situation on the island. One of the groups I was able to work with was the newly established practice of a physician couple. Dr. Moses (as we called him) is a Minnesota-trained cardiothoracic surgeon. He came down to the island about a year ago to help establish the cardiac center on the island. His wife, Dr. Latifa, is a family practice physician who was faced with the challenge of being a mother of three and surviving the HMO environment in mainland.

The DeGraft-Johnsons shared with us the immense challenges that come with trying to serve an underserved community. It was simple things like the low availability of materials for the clinic, pads for the EKG machine, no radiologist to read studies ordered, or an overworked clinical lab that takes about a month to return lab results to the clinic (if results are returned at all).

I also worked with Dr. Potts, a cardiologist, who came to the island 20 years ago. Although he only intended to stay for one year, he was drawn to the good he could do as the first specialist on the island. Meeting his patients and hearing their stories of success and progress was very inspiring.

Away from the clinic/hospital setting, the opportunities to make a difference in the community are multiplied in a place such as St. Croix, with high mortality rates from diabetes, heart disease, alcohol and STDs. We were able to get in contact with the local Seventh-day Adventist church lead-

ership, and, through the very active network that the church has established, we were able to do several presentations on health, visiting the seven Seventh-day Adventist churches on the island on multiple occasions. It was surprising how responsive people were to the messages, sharing with us their struggles and also their victories, and approaching us with questions that helped me to better understand how medicine translates into daily life.

We were also able to make presentations at several schools in the area, talking to teens about STDs and teen pregnancy, eating disorders and self-harm behaviors. In another K-12 school we were able to use a game of Jeopardy to inspire the kids to make better health choices.

All of these experiences reinforce in me the thought that everywhere I go, people have needs that must be met. It is up to me to decide if I want to see those needs, and if I will be a willing servant to help meet them. I hope that I will never only enjoy the breeze and the palm trees, but always search for the people around me that I can help. □



Nicholas Breig in Thailand

The hospital and clinics at the Mission Adventist Hospital in Thailand are modern facilities with all the amenities that you would expect in a western hospital. They are currently going through a multi-phase expansion, with the creation of a new medical lab and administrative buildings.



Mission Adventist Hospital Phuket from the main street.

The hospital consists of a number of different buildings connected by covered walkways. The main buildings are the main hospital with an attached five-bed emergency room, a clinics/medical records office, an obstetrics/operating room building, a physical therapy building, and a cafeteria. The facilities are similar to what you would expect in a United States hospital (although they do not have some equipment such as a CT scanner, MRI, etc.)

The physicians/administration/staff at the hospital are very professional and easy to work with; they generally speak good English and are willing to make most accommodations to student requests. For instance, I was personally interested in a surgical subspecialty that the hospital didn't have, and the administration made phone calls and arranged for me to participate in that subspecialty in a neighboring government

hospital. They also attempted to have me work in every department at least once for a more complete exposure to the Thai medical system.

Much of my time was spent in the emergency room, the operating room, the neonatal unit, and the obstetrics department (since the physician that organizes student schedules is an OB/GYN). Typical ER cases were mostly infectious diseases and trauma—H1N1, Dengue fever, and PNA. Motorcycle accidents were also common, and we treated multiple cases each day. In the operating room, multiple subspecialties (ENT, general surgery, orthopaedics) operated each day. The obstetrics department is very busy and has multiple deliveries every day. A much larger percentage of deliveries are C-section than in the United States. There are also busy pediatric and medicine clinics on a daily basis.



Tom, front row, second from the left, and Somchai, front row, second from the right.

My days generally started around 8 a.m. with chapel and prayer. The morning and afternoon would generally be spent in 1-2 departments each, depending on the activities and busyness of those respective departments.

There is immense opportunity for “whole person care” at the Mission Adventist Hospital. A large percentage of the Thai population is Buddhist, and most of the patients, staff and physicians in the hospital are Buddhist as well. Most patients are very willing to have a student talk to them about



The entrance to the clinics.

the emotional and spiritual aspect of their care. The nearest Seventh-day Adventist church is a 15-20 minute walk from the hospital, or easily reached by motorcycle taxi. Sabbath services were small and consisted of a mixed Thai/Philippine congregation.

Although hospital employees spoke English well, there is little translation available between student and patient, and the language Thai-English language barrier is significant. But most physicians speak conversational English and will usually translate for a student after a patient visit or interaction is over. I recommend this mission site with reservations to students who do not speak at least some Thai.

The primary contact to the Mission Adventist Hospital prior to arrival is an administrator named Tom (Atikom). He speaks fluent English and lived in the states for a num-



Phuket Seventh-day Adventist chapel

ber of years (he even graduated from La Sierra University). Upon arrival, logistical details are coordinated by a hospital administrator named Rabbit. Daily activities are generally coordinated by an obstetrics physician named Gitipon. Both Gitipon and Rabbit speak English well. The hospital Chaplain's name is Somchai, and he will likely ask a student to share a message or two at the morning chapel meeting.

Phuket can be reached by plane, train or bus from Bangkok. Although I took a plane due to time constraints, train and bus are also safe and recommended ways to get to Phuket and back.

Once the mission site and trip are confirmed, Tom arranges for a serviced studio apartment about 5-10 minutes walking distance from the hospital. My studio had expected bed and bath amenities, Wi-Fi, a small refrigerator and laundry services. It is the most modern and convenient short-stay apartment in the area, and Tom wouldn't recommend anything less. The cost was about \$350 for the month. If a student doesn't want to stay at this facility, I'd imagine Tom would be very helpful in finding something else.

The hospital is about a 10-minute drive from downtown Phuket. Hourly buses to the city passed by the apartment and motorcycle taxis were readily available for about \$2. The popular Phuket beaches are about 30-45 minutes away

from the hospital, and costs \$10-15 to reach by motorcycle taxi. You can rent your own 50-100cc motorcycle at many places in the city for around \$100 for the month, which is what I did since it is very convenient if you plan to move around the city/island a lot. Keep in mind, however, that it is very dangerous.

The hospital cafeteria is vegetarian and generally open for breakfast, lunch and dinner. Their selection of Thai food is limited, and I never ate more than one meal a day at the cafeteria. The Thai Phuket Rachapat University is nearby and gives the area a kind of college-town atmosphere with readily available food and services very near the apartment. Simply meals cost between \$1-3 each. Tap water should not be consumed, and there is plentiful bottled water available for purchase. There is a 7-Eleven convenience store very close to the apartment where lots of small drinks/snacks can be bought.



Mission Adventist Hospital Phuket cafeteria

The hospital dress code is business casual. I brought my white coat as well, although they did not seem strict about me wearing it. Scrubs are available at the hospital, so do not bring your own.

There are ATMs all over Thailand from which you can



A view of Phuket from a nearby hill.

access a checking account, and withdraw Thai Baht at a reasonable exchange rate; it's usually about a \$5 transaction fee for each withdrawal, however.

As of 2010, Thailand will issue a one-month tourist pass with really no questions asked in the airport. If you would like a longer stay, you must get a real visa from the embassy in Los Angeles before you leave. It was difficult trying to figure out which kind of visa to get, but in the end the easiest was to just get a 60-day tourist visa. Although the educational/religious visas may be more appropriate for mission-trip activities, they are complicated to obtain.

I didn't bring a laptop and therefore couldn't use the apartment Wi-Fi. There are also a number of cheap (less than \$1 per hour) Internet cafes near the university with Internet Explorer, Microsoft Office, and Skype.

A cell phone would be useful. You can bring your own GSM (SIM card phone) and buy a cheap SIM card on arrival at the Bangkok airport for reasonable prices. You can also borrow a GSM phone at the airport with a \$300 deposit.

There is a lot to do in Phuket in the evenings and on weekends when the clinics are closed. The hospital staff members are very friendly and will readily show you around the island and take you out to eat. □

George Wennerberg in Zambia

My mission experience at Mwami Adventist Hospital in Zambia was a dream come true as a senior medical student. Not only did I see patients that I would most likely never encounter in the United States, I was given autonomy that I would never be given in the United States as a medical student.



I arrived in Lusaka, the capital of Zambia, after thirty-two hours of travel. An Adventist worker for AHI (Adventist Health International) picked me up and hosted me for the first night. The next morning I took a six-hour bus ride to Chipata in eastern Zambia where Dr. Ronilo Ang and his wife picked me up. We drove for about thirty minutes to the

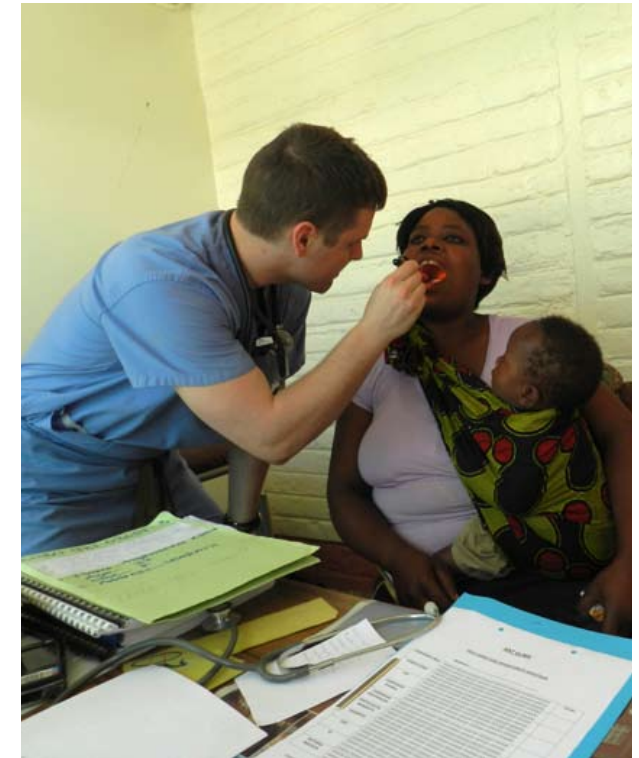
hospital at Mwami, about eight kilometers from the Malawi border. The hospital is situated in a valley surrounded by lush, heavily forested hills. The climate was temperate, and when I arrived the wet season had ended and the dry season had begun.

After spending a lovely evening in the home of Dr. Ang and his wife and getting a good night's rest, I began my work the next morning. I rolled out of bed at 6:00 and then headed to the hospital for worship at 7:15 (which happened every Monday and Friday). After worship I usually went to the OT (operating theater) with Dr. Ang or Dr. Paduchee for a few minor surgical operations such as herniorrhaphy, bilateral tubal ligation, ovarian cyst removal, circumcision, dilation and curettage, and drainage of abscesses. I missed out on assisting on a caesarian section, unfortunately, and ended the day rounding on patients in the pediatric ward.

My work schedule typically ran from about 7:30 a.m. to 5 p.m. The hospital has four major wards: pediatrics, female, male, and OB/GYN. There is also an HIV clinic, a men's clinic, a private clinic (annex), and a general medical clinic that is similar to a family practice clinic here in the United States. I generally assisted on most of the surgical cases until the early afternoon, and then rotated between the different wards or clinics to gain a different experience. Dr. Ang or Dr. Paduchee would round with me. I would write the progress notes and orders for each patient I saw, and if I had a question on management of a patient, I could ask one of them for assistance.

The major types of diseases I treated were HIV/AIDS and opportunistic infections such as TB, PCP, CMV, and MAC. I also saw numerous cases of malaria, especially in the pediatric ward where it seemed like half the patients had plasmodium falciparum. Luckily, the hospital had the RDT (rapid diagnostic test) that reveals if a patient has malaria due to plasmodium falciparum. A protocol for suspected malaria, usually a blood smear, was also performed to rule out other strains of malaria. Several of my pediatric patients

with cerebral malaria eventually passed away. I learned how to treat malaria using quinine sulfate for severe cases, Coartem for uncomplicated malaria, and Fansidar as a prophylaxis during pregnancy. I also saw for the first time severe cases of Stevens-Johnson syndrome secondary to patients being on Nevirapine for HIV treatment.



I worked two days in the HIV clinic while at Mwami Adventist Hospital and saw so many cases of Kaposi's sarcoma. I learned that with the help of the WHO, the Zambian government has been able to reach more of the HIV/AIDS patients regarding the use of HAART (HIV drug therapy). Apparently, all the HIV medications are free in Zambia

thanks to foreign government, charity, and individual donations. It was a great experience to study more about HIV and learn how to treat this group of patients.

What was difficult for me to handle while working at this hospital was not having the resources to better manage and treat patients. For example, several of my patients had dental abscesses. Clindamycin is the first line medication for this, but was not in the formulary at the hospital. Flagyl was used instead. For several of my cerebral malaria patients,



without a ventilator and advanced modalities, it was a matter of time before the inevitable occurred.

What was most thrilling about this experience was having more autonomy to treat patients there than here in the United States. I was usually the first assist on almost all the surgical cases, including one case of a unilateral cleft lip re-

pair. I sutured more in four weeks in Zambia than I did in twelve weeks on my surgery clerkship. I also had the chance to do spinal anesthesia once and be in charge of anesthesia under the guidance of Dr. Ang during a few procedures. During rounds on the wards, Dr. Ang treated me as a resident and encouraged me to use all of my knowledge to treat the patients. I wrote all of my own orders on my patients, but I would clear my plan with Dr. Ang before writing them down just in case he had something to modify or add to my own plan.

This mission experience has inspired me to push myself more during my residency and learn as much as possible so I can one day go back to Africa and work as a missionary for the Seventh-day Adventist church. I thank Loma Linda, SIMS, Dr. Ang, Dr. Paduchee and God for the opportunity to serve in Zambia. I would recommend it to all medical students. The need for medical expertise and assistance is greatly valued and appreciated, and I can honestly say that Loma Linda's medical education prepared me well for my mission experience. □

Alumni Activities

James L. Gulley '95 has been selected to receive a Presidential Early Career Award for Scientists and Engineers (PECASE). This is the highest honor bestowed by the United States government on science and engineering professionals in the early stages of their independent research careers.

Dr. Gulley, who entered the tenure track at the National Institutes of Health in 2010, was recently tenured based on his leadership in the field of immunology for cancer. He has brought a vaccine developed in Laboratory of Tumor Immunology and Biology within the National Cancer Institute to its first human trials, initially through preliminary efficacy studies and now into a definitive phase 3 clinical trial. The randomized phase 2 study suggested a 44% reduction in the risk of death compared with the placebo. Dr. Gulley has also proposed a new paradigm to explain the delayed clinical benefit seen with immune therapies as a class.

Dr. Gulley lives with his wife Trenise and two children in Takoma Park, Maryland, and is active in the Sligo Seventh-day Adventist Church.

"Without my training at LLU," Dr. Gulley says, "I would not be where I am today."

Ronald Jaecks '81 is currently practicing as a general surgeon at Salem Hospital, Salem, Oregon and is chief of surgery for the Salem Division of Kaiser Permanente. Recently, he was installed as the President of the Oregon Chapter of the American College of Surgeons. Dr. Jaecks had just completed a two-year term as president-elect. He has represented the Oregon Chapter by lobbying legislators in Washington, D.C., concerning healthcare reform.

The Oregon Chapter of the American College of Surgeons newsletter, reporting on Dr. Jaecks' election as president, stated that he has excelled in advanced laparoscopy including laparoscopic colon resections, hernia repairs, anti-reflux surgery and single port surgery.

Dr. Jaecks commented on his two-year term by stating that "it is a high honor to serve my profession in this way and to be entrusted with the presidential responsibilities." □



Ronald Jaecks '81

In Memoriam

Robert Melville Andrews '42 was born on December 14, 1917, in Chungking, China, to missionary parents Dr. John N. Andrews and Dorothy Spicer Andrews. The family lived in Tatsienlu (now Kangding), known as the "gateway to Tibet," until they were forced to flee to Shanghai during a fierce anti-foreigner uprising in 1926. The family returned to Tatsienlu in 1928. Home-schooled until the age of 12, Dr. Andrews was sent to Shanghai to Far Eastern Academy, which was a mission boarding school. He was rejoined by his family in the early 1930s in time for the Sino-Japanese War. In 1932, the family returned to America and settled in Tennessee. Dr. Andrews attended Southern Junior College, receiving a scholarship, but then the family moved to Takoma Park, Md., and Dr. Andrews finished his pre-medical studies there. He was accepted to Loma Linda University (which at the time was called the College of Medical Evangelists) and graduated in the class of 1942. After an internship at Sibley Memorial Hospital in Washington, D.C., he was immediately drafted into Army service as a member of the 3rd Armored Division. His general duties were as a battalion surgeon with an armored field artillery battalion. On field duty he was responsible for treatment of illness and injuries, including battle casualties, the collection and evacuation of the sick and wounded, and tactical and technical control of his assigned medical unit. He remained in the service for 27 months, and was awarded five battle stars and a Bronze Star for service in Normandy, Northern France, Rhineland, Ardennes, and Central Europe. He was officially discharged in March of 1946 and returned home only to develop a severe depression for which he was hospitalized for some time. He was not able to resume his medical profession for several years but tried several stints of locum-tenens, that is, filling in as needed in Washington, D.C., the Medi-

son Sanitarium in Tennessee, and working in Beriren Springs, Mich., with a former classmate. He eventually moved to Los Angeles where he was able to practice general medicine at the White Memorial Hospital for many years. He retired in 1990 and lived in the Loma Linda area. A very introverted man, his hobbies included classical music, photography, travel, and astronomy. He even built his own telescope. Over the years he took trips to Egypt, Uganda, Iran, India, Australia, and New Zealand. For his final and most memorable trip, he went to China and visited Tatsienlu, following some of the paths he had walked and climbed as a child. He also went to Beijing.

Dr. Andrews' family is looking forward to the time when the call will come to him saying, "Arise, and really see the stars up close." He is survived by his sisters, Elizabeth Hill and D. Jeanne Andrews-Williamson, a brother, Edward Andrews, and five nephews and three nieces.

Jerrold A. Corbett '57 passed away on April 17, 2011, in Jackson, Calif. He was 86 years old. Dr. Corbett was born August 20, 1924, to John and Edna Corbett in Minot, N.D.. He graduated from high school in 1942 and joined the Navy, becoming a corpsman and later a pharmacist's mate. In addition to serving in WWII, he also served in the Korean War, in the Philippines and at Oakknoll Hospital in the Bay Area, working in the blood bank. His medical education started with pre-medical classes at Minot State Teachers College followed by the two-year medical school at the University of North Dakota. He wanted to transfer to the four-year program at Stanford University,



Jerrold A. Corbett '57

but, because Stanford did not have a transfer program, he dropped out of medical school and enrolled in the Oakland Arts and Crafts College. Six months later, he picked up his medical school education again, this time at Loma Linda University School of Medicine. He met Joan Mary Bray on a blind date and the two were married on May 23, 1955, in Grand Fork, N.D. Dr. Corbett graduated at the age of 33 and proceeded to complete two internships, one at the White Memorial Hospital, and one in OB at the Los Angeles County General Hospital. He began family practice in the Glendale, Calif., area for a year and a half before moving to Roseville to begin practice with Dr. Don Edgar in Citrus Heights. Soon he had his own practice in Citrus Heights, in a building which Drs. Trauba and Sullivan had vacated near Sylvan Corners. Those were the days of \$3 office calls, \$8 hospital visits, \$10 house calls and complete OB care for \$200. Malpractice insurance was \$375 a year. Dr. Corbett practiced 17 years in Roseville before becoming Humboldt State College director of student health, a position he held for 13 years. He then became a cruise ship physician for "World Discover" for nine years. He retired after decades of practicing in the front lines of family medicine. He and Joan traveled to Antarctica 14 times and went to many of the South American countries along the Atlantic and Pacific coasts. They visited the South Pacific, Samoa, Tahiti, Tonga, Christmas Island, Spain, England, Scotland, and Wales. They even went on a sailing ship for the "Second Voyage of Columbus." Dr. Corbett retired at age 73. He and his family had been established in Sutter Creek for 23 years before he passed away. He had been a member of the Roseville Community Hospital staff, chief of staff. His hobbies included remodeling and redecoration and he loved the flare and colors of French Provincial combined to produce palatial splendor. Dr.

Corbett had a great sense of humor and loved practical jokes. He is survived by Joan, his wife of 55 years, and their children, Jennifer, Jeff and John.

John Christian Gregorius '03 passed away on June 19, 2011, at the age of 33, after a ten-month bout with metastatic ocular melanoma. Dr. Gregorius received his baccalaureate degree at the University of Redlands and graduated with a Bachelor of Science, magna cum laude, in 1999. While at the University of Redlands, he was inducted into the Phi Beta Kappa Honor Society and the Omnicron Delta Kappa Leadership Society. During his senior year of medical school he was diagnosed with ocular melanoma in the left eye, which was treated with



John C. Gregorius '03

radiation. Dr. Gregorius was accepted into the radiology program at Loma Linda University under **Douglas C. Smith '66** and completed his residency in 2008. During his chief residency year, Paul Jacobson recommended Dr. Gregorius for the Alpha Omega Alpha honor society, and he was inducted into this society as a resident. Because of Dr. Smith's influence, Dr. Gregorius chose interventional radiology as a career and matched to the UCSF interventional program under Dr. Robert Kerlan.

He spent a year with Dr. Kerlan, completing his fellowship in the summer of 2009. Dr. Gregorius was known at UCSF for being the first to arrive in the morning and the last to leave at night. He then joined the North Radiology Group in San Diego and worked there for a year. He diagnosed himself with metastatic melanoma to the liver while testing a new ultrasound machine on August 5, 2010. He spent the next ten months receiving interventional hepatic artery infusions of chemotherapy every three weeks to combat his metastatic disease. Dr. Gregorius was an expert surfer, skier, and rock climber. He and his brothers, Ted and Stephen, took many trips together to ski and surf around the world. Dr. Gregorius had just returned from a surfing trip to Panama with Ted when he discovered his metastatic disease. Although Dr. Gregorius was gifted with uncommon skills, accomplishments, and awards, he always thought of himself as a common man. This combination of accomplishments and humility, accompanied by a sense of humor, made him appealing to friends, other physicians, and patients. Dr. Gregorius's final legacy is an uncommon work ethic, uncommon love for people, and, finally, uncommon courage in the face of the medical tragedy that ended his life. This undaunted courage was his final and best testimony. The story of this young man's courage will be passed down to future generations of his family. He is survived by his father, **F. Karl Gregorius '67**, and mother, Tricia; his sister Wendy Gregorius; his brother **Theodore K. Gregorius '00** and his wife, Katie; his sister Stephanie Zivanovic and her husband, Zoran; and his brother **Stephen F. Gregorius '06**, and his wife, Melissa. Dr. Gregorius has a Web site associated with the Ocular Melanoma Foundation: www.ocularmelanoma.org/memorial-john-gregorius. Donations can be made on the Web site for research and access to care for those who are faced with this tragic disease.

Arlene Rae Martone-Schlisner '72 passed away on July 27, 2011, at Hamilton Medical Center in Dalton, Georgia, at the age of 64. She was born on June 7, 1947, in Hendersonville, N.C., the daughter of Albert and Lucia Martone. Dr. Martone-Schlisner was a member of the Collegedale Community Seventh-day Adventist church. She is survived by her husband, Everett Schlisner; her sons and daughters-in-law James and Amy Hermann; Greg Hermann; Grand and Laurie Schlisner; Brett and Amy Schlisner; her daughters and sons-in-law Tammy and Andy Graham; Suzanne and Frank Dye; sisters and brothers-in-law Linda and Jay Gallimore; Brenda and Nelson Thoresen; and 12 grandchildren.



Arlene R. Martone-Schlisner '72

Calvin Arthur Olson '51 passed away on August 3, 2011, in Sonora, Calif., at the age of 85. He was born in India to missionary parents. Dr. Olson did a residency in general and thoracic surgery at White Memorial Hospital, then spent two years in the Army serving in the Korean War. He and his family moved to Tokyo, Japan, from 1962 to 1966 so that Dr. Olson could be chief surgeon in the missionary hospital. They next spent three months at the mission hospital in Saigon during the Vietnam War, then went to Singapore where Dr. Olson spent five years as chief surgeon at Youngberg Memorial Hospital. He began working at the Sonora Medical Group in 1971 and retired in 1998. His hobbies included gardening and Bible study. He is survived by his wife of 63 years, Alyse



Calvin A. Olson '51

Olson; his children Eric and wife Marti Olson, Karen Johnson, Robert and wife Michelle Olson, Bill Olson and partner Ray Toney, and Donna Olson; and numerous grandchildren, nieces and nephews.

Helen L. Popoway-Holiak '47 passed away on June 6, 2011. She was born on October 16, 1922, in Harbin, China. Her father was a Seventh-day Adventist missionary from the Ukraine. Her mother was from Russia, near the Black Sea. Dr. Popoway-Holiak's parents met and married in China. They continued mission work for 19 years among the Russian people who emigrated to Manchuria to escape Communism in Russia. Dr. Popoway-Holiak's primary education was at the Seventh-day Adventist mission school in Harbin. For high school she attended a YMCA coeducational school that was taught in Russian. She graduated cum laude at the age of 16 then went on to Pacific Union College for her pre-medical studies. She interned at St. Joseph's Hospital in San Francisco and did her residency in anesthesiology at the White Memorial Hospital with **Forrest Leffingwell '33**. In 1951 Dr. Popoway-Holiak began her practice of anesthesiology at Mount Zion Hospital in San Francisco and continued there until 1958. She then moved to Los Angeles, where she practiced anesthesiology for seven more years. Dr. Popoway-Holiak decided to change her field of practice in 1968. She was trained by the California State Department of Social Services as a Medi-Cal consultant, and she worked reviewing requests for prior authorizations until her retirement from medical practice in 1979. She was very generous in support of her alma mater and of other projects, such as the Popoway Fund at Kettering Medical Center in honor of her classmate **Elvin C. He-**



L. Popoway-Holiak '47

drick '47. Dr. Popoway-Holiak married Joseph Holiak and they thoroughly enjoyed living the country lifestyle in Orangevale near Folsom, Calif. Her church activities included teaching Sabbath School classes and being church pianist and choir director in both the Russian and American Seventh-day Adventist churches. She also served as church librarian in Orangevale. She and Joseph traveled extensively, to Europe, the Mediterranean, Africa, Japan, the Caribbean, and countries in the South Pacific and their surrounding islands.

Findlay Ewing Russell '51, known for his research in toxicology and toxinology, passed away on August 21, 2011 in Phoenix. He was 91. Dr. Russell was born in San Francisco in 1919 to William and Mary Jane Russell. He served in World War II as a medic, receiving a Purple Heart and two Bronze Stars. In addition to Loma Linda University, Dr. Russell worked and studied at Caltech and USC and directed the Los Angeles Laboratory of Neurological Research. He was the founder and first president of the International Society of Toxinology, and was one of the first to use polyvalent crotalid antivenom for snakebite envenomation. He worked at USC for more than 30 years as a professor of neurology, physiology and biology. He authored several scientific articles and books and holds several patents. He also worked with NASA, receiving the Skylab Achievement award. He had a PhD in English in addition to his medical doctor degree and had an honorary degree from the University of Santa Barbara in law. He was a Fulbright scholar and guest professor at universities worldwide, also serving as a consultant for the World Health Organization, Doctors Without Borders and the National Science Foundation. In 2011 he was



Findlay E. Russell '51

named Alumnus of the Year by Loma Linda University. He had been working in the College of Pharmacology at the University of Arizona and received the Findlay E. Russell Distinguished Citizen award from that institution. His hobbies included fishing, camping, steam engines, vintage cars, and pranks. He was witty and welcomed a good debate with peers. He also loved to spend time outside collecting tarantulas, scorpions, spiders and rattlesnakes at his home in Portal, Arizona. His survivors include his children Christa Russell Cessaro and her husband Robert, Sharon Russell Boyle and her husband Chuck, Robin Russell and her husband Paul Home, Connie Lane and her husband Larry and Mark Russell and his wife Dana. Dr. Russell also leaves ten grandchildren, one great-grandchild and his sister, Patricia.

Bernd Walter Scheithauer '73-A, passed away on September 19, 2011 in Rochester, Minn., at the age of 65. He was born on August 30, 1946, in Glenau, Germany, to Walter and Renate (Scholz) Schiethauer. He grew up in Eureka, Calif., graduating from Humboldt State College in Arcata, Calif. He completed his residency and fellowship in surgical pathology and neuropathology at Stanford University Medical Center in Palo Alto, Calif. In 1979 he started work for the Mayo Clinic in the anatomic pathology, laboratory medicine and pathology departments. He married Charlotte Fisher on December 17, 1967, in Eureka, but they later divorced. **Bernd W. Scheithauer '73-A** Dr. Scheithauer enjoyed traveling, coin collecting, photography, collecting medical books and weight lifting. He is survived by his son, Hans, his daughter, Monika, and her husband, Joe Maxey, his grandson, Aiden, and his mother. □



Bernd W. Scheithauer '73-A