

# Spectrum

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The Journal of the Association of Adventist Forums

## Loma Linda

GENERATIONAL SHIFT  
IN LEADERSHIP

HINSHAW, BEHRENS, AND  
THAT VISION THING

WHO PAYS THE BILLS?

DOCUMENTING A DISPUTE

### POETRY AND ART

Two poems by John McDowell;  
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### REVIEWS

Scriven's *The Transformation of Culture*

August 1992  
Volume 22, Number 3



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# Spectrum

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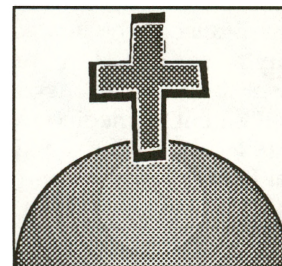
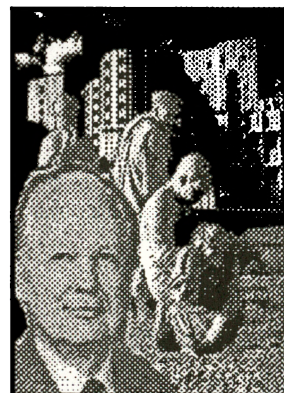
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# Loma Linda— From One Generation To Another

**A** PART FROM NOT SMOKING, DRINKING, OR EATING PORK, THE thing people know best about Seventh-day Adventists is Loma Linda. Worldwide, an amazing range of people in academia, government, and even the tourist sections of airplanes, know that in Loma Linda a baboon's heart was transplanted into a human infant. The Baby Fae operation was quite simply the most widely known event in the history of Adventism since the Great Disappointment of 1844.

Church members around the globe know a little more than their neighbors about the most renowned institution of the Seventh-day Adventist denomination—but not a great deal more. We have published several articles on Loma Linda in the past, and will do so in the future.

But now is an important time for a special section devoted to Loma Linda. What has just been redefined and fully accredited as a health-care institution is undergoing a generational shift in its leadership. The group of physicians that some 30 years ago led out in the consolidation of the medical school at Loma Linda have for several years been retiring. Most departments are now headed by a new generation of physicians.

The most recent of these changes has just taken place. Bruce Branson, the first clinician on the Los Angeles faculty to spearhead the move to Loma Linda, and later chair of the influential department of surgery, accelerated his retirement for medical reasons. In August, Branson was succeeded by Leonard Bailey, Baby Fae's surgeon and Loma Linda's best-known physician.

Other examples of this younger generation of leaders include Thomas Zirkle and Ronald Anderson, already senior vice-presidents of the university medical center. Douglas Will, dean of the school of medicine, and Richard Hart, head of the reorganized School of Public Health, and David Moorehead, chief of the 250-bed children's hospital, are all in their 40s.

Bonnie Dwyer focuses on this generational shift by profiling Loma Linda's two most visible leaders: David Hinshaw, president of Adventist Health Systems/Loma Linda (including the University Medical Center); and his

younger colleague, Lyn Behrens, president of Loma Linda University.

As Dwyer says, only John Harvey Kellogg can rival Hinshaw's place in the history of Adventist medicine. Like Kellogg, Hinshaw has been driven to make Adventist medicine a visible part of American, indeed world, medicine. In his first career as dean of the medical school beginning in the early 1960s, Hinshaw not only oversaw the building of what is now a 610-bed University Medical Center, he convinced the Veterans Administration to put another 500-bed hospital in Loma Linda. In his second career at Loma Linda, since 1986, Hinshaw has successfully lobbied the U.S. Congress into providing millions of dollars to purchase and build facilities for the first proton accelerator dedicated to medical uses. He also approved the purchase of a nearby behavioral medical center, and is overseeing the construction of a state-of-the-art wing to the medical center, designated as a children's hospital.

If one adds the Veterans Administration hospital to the various medical facilities of Adventist Health Systems/Loma Linda, which Hinshaw administers, Loma Linda has surpassed Battle Creek at its height: currently 1,319 patient beds, rising to 1,569 when the children's hospital is completed next year. Kellogg, at the zenith of Battle Creek Sanitarium in 1927-1929, supervised 1,300 beds.

As the direction of Loma Linda inevitably moves from Hinshaw (who is most decidedly not yet retired) to Behrens and her younger colleagues, Loma Linda faces enormous opportunities and challenges. How will the medical center relate to prepaid medical care? Will it continue to pursue the cutting edge of high-tech medicine or move more into preventive care? How will Loma Linda influence the denomination, particularly in education?

We conclude our special section with documents on both sides of what has become a deeply felt controversy. Readers should be aware that the editor of *Spectrum* is the brother of Bruce Branson, the immediate past chair of the department of surgery. As chair, he was involved in the controversy. Readers will decide for themselves whether *Spectrum* has succeeded in its efforts to be fair.

Roy Branson



# Pursuing That Vision Thing

Leadership of Loma Linda is passing from one generation to another. What vision has driven David Hinshaw for 30 years? What are Lyn Behrens' goals for the university?

*by Bonnie Dwyer*

ON A CRYSTALLINE DAY IN JANUARY OF 1963, David B. Hinshaw took the Liaison Committee on Medical Education to a hillside above Loma Linda for a dramatic announcement. With the snow-capped San Bernardino Mountains as a backdrop, the breeze heavy with the smell of oranges, the new young dean of Loma Linda University Medical School described his plan to build a multistory medical center in the midst of the orange groves. The hospital would bring together the clinical and academic portions of the Seventh-day Adventist medical school, in accordance with the national trend toward unifying medical education in one location.

Although reluctant at first, this national accrediting committee for the American Medical Association finally accepted the plan, although it had previously recommended that the school consolidate in Los Angeles. For Hinshaw their decision was a political tri-

umph, but a personal disaster. The clinical faculty members with whom he worked on a daily basis in Los Angeles regarded his plan as an abomination. They launched a letter-writing campaign demanding that the school's accreditation be denied.

But Hinshaw was not to be deterred. The medical center at Loma Linda was built, and the medical school was united as he envisioned it, thus ending the debate that had stretched over three decades about the best location for the medical school.

However, the turmoil in which his career as a dean was born would follow Hinshaw through his 30 years at Loma Linda University. He would be hailed as a visionary and castigated as a dictator. Fired. Rehired. But both supporters and opponents acknowledge that he has been the most powerful influence on Adventist medical education since John Harvey Kellogg dominated Adventist medicine in the 19th century.

David Hinshaw learned early in life about tough decisions and their consequences. The only son of Quaker parents, he was a junior in

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*Bonnie Dwyer is a free-lance writer and newspaper columnist living in Fulsom, California. The montage that appears on the cover and on this page was designed by Barry L. Casey.*

high school when the family began attending meetings at the Seventh-day Adventist church on the invitation of a much-admired family physician, and decided to be baptized. David was a member of the football team at the time, and the final game of the season was scheduled to be played on a Saturday. His parents advised him that it was wrong to play, but let him make the call. It was a tough decision for a teenager who wanted to honor his new commitment to the Lord, but also felt an obligation to his teammates. He thought that it was wrong to play but also wrong not to. Loyalty to his peers won out, and he decided to play. It was a scrappy game. He got knocked out in the fourth quarter and had to be taken from the field on a stretcher. But his team won, narrowly.

In January 1940, David and his father were baptized. His mother came into the church by profession of faith. She was too sick to be taken into the baptismal tank, and in February, she died.

In the fall of 1940, David decided to skip his senior year in high school; he went to La Sierra College where he signed up for a ministerial course, and as many religion courses as he could fit into his schedule as a way of orienting himself into Adventism. After a year of studies, he couldn't see himself in the classic ministerial role, and changed his major to premed. He also had his own ideas about curriculum, which cost him his bachelor's degree. He challenged the manual arts requirements, and took ancient history instead. The school stood firm—no degree. So after three

years, he went directly to medical school like many of his peers.

During his freshman year at the College of Medical Evangelists, he married Mildred Benjamin of Escondido. And in 1945, David, Jr., their first child, was born. David, Sr. completed medical school in 1946 and did an internship in internal medicine, receiving his diploma in 1947.

It was wartime, and two years of military service followed. When he came back from Europe, he changed his mind about internal

medicine and applied for a surgery residency in Portland. With that completed, he felt obliged to offer his services to the College of Medical Evangelists. It just so happened that there was a new position at the Los Angeles County Hospital supervising the services of residents, half of whom came from the College of Medical Evangelists, half from the University of Southern California. So at the same time, in 1954, Hinshaw became a full-time instructor at the College

of Medical Evangelists, with a salary of \$8,000 a year. By this time, the Hinshaws had two children, David Jr., and Kathleen. They rented a two-bedroom house in Alhambra for \$666 a month. There, a third child—Daniel—was born.

Six years after he joined the surgery department, Hinshaw was appointed chairman. Two years later, in 1962, he was invited to replace W. E. MacPherson as dean. He accepted when the board agreed that he could continue as chair of the surgery department.

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## Building a Medical Center at Loma Linda

As dean, the first task Hinshaw faced was an accreditation visit in 1963 from the Liaison Committee on Medical Education. And the biggest obstacle to accreditation was the two campuses of the medical school. Since 1936, the American Medical Association had been recommending the consolidation of the school. In 1961, the trustees had voted to expand operations at both Loma Linda and Los Angeles, thus making the problem worse, in Hinshaw's view.

Over the summer of 1962, he pondered the matter, and came to some important conclusions. First, the denomination hardly had the money to improve one place. The school must be located on one campus. Second, Hinshaw felt the Adventist medical school would never achieve a distinct identity if it had to share clinical facilities at the giant Los Angeles county hospital with the medical school of the University of Southern California. So he proposed to the university president, Godfrey T. Anderson, the chairman of the board of trustees, M. V. Campbell, and the president of the General Conference, R. R. Figuhr, that the basic science and clinical aspects of the denomination's medical school be consolidated at Loma Linda, and that a new medical center be built to accommodate the clinical training.

Since more than \$2 million had recently been spent to expand the White Memorial Hospital in Los Angeles for clinical training, Hinshaw's idea carried a heavy price tag. It also was at odds with the recommendation from a blue-ribbon panel of the American Medical Association, which had already recommended that the entire school be centered in Los Angeles. Furthermore, the valuable clinical faculty did not want to leave their successful practices in the prosperous, ever-growing Los Angeles metropolitan area.

Arguments in support of consolidating at Loma Linda had been advanced previously: students would benefit from having the academic and clinical portions of their program together, and Ellen G. White's vision should not be abandoned. This was the view that the board liked, but had not been able to fully embrace before Hinshaw pushed the building of the new medical center.

With the consolidation of the medical school in 1963, the trustees next addressed the concept of university. The Western Association of Schools and Colleges had advised them that it was about to limit accreditation to those institutions having adequate liberal-arts programs. One idea proposed was to make La Sierra College part of the university, rather than duplicating what it was doing just 20 miles down the road. That idea prevailed and by the end of the 1960s, Loma Linda University was a two-campus school, the 546-bed hospital had been completed, and the school of public health had been added.

In 1966, an Australian woman just out of medical school came to Loma Linda to be the first pediatric resident. B. Lyn Behrens remembers the moving vans that transported the children from the ward in Nichol Hall to the new medical center. It would be 20 years before her name would become a household word in Loma Linda, but she was there from the very beginning at the medical center.

## Getting the Veterans Administration Hospital

By 1970, the town of Loma Linda had undergone major growth along with the university, and the residents decided to incorporate as a city. Meanwhile, the trustees and administration were at work on another project—securing a Veterans Administration hospital. An earthquake had destroyed one

veterans hospital in Southern California, so Congress was considering where to put its replacement. VA policy at that time favored building hospitals in close proximity to teaching hospitals. Hinshaw saw a great chance for Loma Linda to increase opportunities for students and faculty with another hospital. Loma Linda medical classes were getting so large and the number of applicants was so great, that the university went to enrolling two medical classes a year. More patients meant more physicians and more possibilities for student placements.

Campaigning heavily for Loma Linda was Jerry L. Pettis, the first Adventist to be elected to the U.S. Congress, and the district representative for the Loma Linda area. Area veterans lobbied extensively, too. Finally the Congress voted to give the hospital to Loma Linda.

Ten thousand people gathered on the medical center lawn on a hot July day in 1971, to hear a distant cousin of David Hinshaw—President Richard M. Nixon—make the formal announcement of the government's decision. Also on the platform were then-California



Governor Ronald Reagan and the state's two Democratic senators, Allan Cranston and John Tunney.

But it would be three more controversial years before ground was broken for the hospital. The arrival of a second large medical center in Loma Linda, this time one ultimately controlled by an agency of the federal government, was not universally welcomed by Adventists. Indeed, the opposition grew fierce when the proposed location for the hospital would require demolishing homes and displacing several hundred people in the oldest section of the city. Veteran groups publicly concluded that the people of Loma Linda didn't like veterans. Finally, Hinshaw and the university administration convinced the board of trustees to give the Veterans Administration 15 acres of land a half mile across town, and to sell them 15 more. The VA quickly accepted.

Across the street from the VA site, yet another hospital was being built, a community hospital that almost immediately had money problems. There were rumors that the university was going to take it over and make it into a children's hospital. But after a year in operation it was signed over to the city on a 30-year bond that carried the stipulation that it be operated as a community hospital. Remaining independent from the university was considered a major feat at that time. But eventually that hospital, too, would become part of LLU, although the medical staff would vociferously object.

There was dissension within the medical school faculty as well. In 1973, a letter was sent to the board chairman, signed by 34 clinical faculty members, complaining of the lack of communication between faculty and administration and pointing out the secrecy surrounding the use of professional fees from the practice groups. There was also some tension between Hinshaw and some members of the board of trustees. For example,

the trustees decided that one registrar's office could serve the entire Loma Linda campus, only to have Hinshaw reply that the medical school would maintain its own registrar.

## Starting Oral Roberts University Medical School

Meanwhile, at the university medical center, the administrator, C. Victor Way, was helping Hinshaw modernize the organization of an increasingly complex institution. One thing Way did was to perfect a new computerized itemized billing system. Since the federal government, at that time, paid hospitals whatever they charged for the care of Medicare patients, the system proved very beneficial. But Way's creative accounting talents eventually got him into trouble, and David Hinshaw as well.

Way's masterful job of managing the medical center's finances so inspired Hinshaw's confidence, he came to the point of hardly interfering in Way's activities. Hinshaw trusted Way so much that he signed a bunch of blank checks on a special account that Way had created. This allowed Way to get things done while Hinshaw was traveling or otherwise not available. Later it was discovered that Way had engaged in some creative accounting to build this special account. He would suggest to a department requesting equipment that the department pay for half and the hospital pay for half. But on the books he would bill the entire amount to the hospital and take the half from the department and put that money into the special fund. When retirement funds from one department got used for equipment, the special fund came under scrutiny.

Hinshaw was embarrassed to discover that Way had purchased a \$900,000 ranch in

Oregon with funds from the special account and the checks had Hinshaw's signature on them. The ranch went bankrupt. Unlike Way, Hinshaw was never accused of diverting funds to himself, but he had been expected to supervise the hospital administrator, and the board fired both men. Hinshaw moved to the staff of the Veterans Administration hospital. Within a year, he was chosen chairman of the hospital's department of surgery.

As he had in the early days at the White, Hinshaw carried on research projects with his clinical practice. He even did a paper with two of his children who followed him into surgery as a profession. (The first son, also a physician, chose radiology for his specialty.)

Then officials at Oral Roberts University asked him to be the first dean of their new medical school in Tulsa, Oklahoma. Much to the surprise of many onlookers, he took the job after a visit to the school where he was impressed by the students who seemed to have real spiritual dedication.

At Loma Linda, the medical center continued to prosper. The heart team, which had traveled the world for 10 years, had given the institution an international reputation. There were requests from other countries for assistance in building hospitals, and the new dean, Marlowe H. Schaffner, often made the overseas trips to investigate the possibilities. He also had been instrumental in the plans for the Universal Health Corporation, which planned to build a free-standing surgery center across the street from the medical center and an air ambulance service. The medical center even loaned money to Universal Health Care when it got into trouble with the Lear jet it purchased. But Schaffner could not make his dreams come true the way Hinshaw seemed to be able to, and he was dismissed quickly after his financial mismanagement cost the institution more than \$2 million.

Dr. Harrison Evans, a psychiatrist, stepped in to heal the wounds left by the Hinshaw/Way and Schaffner scandals.

## Returning to Loma Linda

But it wasn't long before David Hinshaw came back to town. Things did not work out well at Oral Roberts. Hinshaw went back to work at the Veterans Administration hospital.

Neal Wilson, the chairman of the Loma Linda University board at that time and when Hinshaw lost his Loma Linda job, remembers his conversations with Hinshaw about the spiritual crisis that he went through in Oklahoma. Hinshaw apparently had spent a great deal of time studying, re-examining the fundamentals of Christianity. The study led to a new spiritual awakening and experience. He concluded that he couldn't stay at Oral Roberts.

Wilson also recalls Hinshaw admitting he had been unwise, foolish, and arrogant. He realized that he hadn't put enough emphasis on spiritual things while dean at Loma Linda. He talked enthusiastically about his new relationship with Christ, and said he wanted to know how he could mend the brokenness between himself and the university. Wilson became convinced of his sincerity and felt that the university needed Hinshaw.

Wilson told the board of trustees of Hinshaw's deep love for Loma Linda University, and reminded the trustees of

Hinshaw's ability to look down the road 10 years and make appropriate projections; he was just what the institution needed. After some heated discussion, a vote was taken, and Hinshaw was invited back as a professor in the surgery department in the medical school.

It was an exciting time in the surgery and pediatric departments. Leonard Bailey was proposing to transplant hearts from baboons into infant humans. Protocols were being established. In October 1984, the "Baby Fae"

operation brought worldwide attention to Loma Linda. A year later, "Baby Moses" received a new human heart.

Not long afterwards, Harrison Evans resigned as vice-president of medical affairs, for family reasons. A search committee of the faculty and administration was convened. It reviewed many names, interviewed several candidates, includ-

ing an extensive and frank session with David Hinshaw. The committee concluded by recommending Hinshaw to the board of trustees. The same body that had fired him, reinstated him. In fact, Hinshaw was receiving a promotion. He had left a dean and returned a vice-president.

It was not long before Hinshaw's responsibilities and power were significantly expanded. In addition to his other responsibilities, he was named president of the Loma Linda University Medical Center, the financial engine of the university (see pp. 14-21 in this issue).

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*Hinshaw countered that the proton beam accelerator would benefit the cancer treatment center, and the space above where the accelerator would be built could be used for the children's hospital. He challenged the trustees to put the institution on the cutting edge, to be competitive.*

## Electing the First Woman Dean of Loma Linda University

Soon after Hinshaw was chosen to be vice-president for medical affairs, a dean of the school of medicine had to be selected. A search committee, after considering several candidates, nominated, with Hinshaw's concurrence, a young woman pediatrician. The board agreed, and appointed B. Lyn Behrens dean of the medical school.

Her deanship came exactly 20 years after she first arrived in Loma Linda as the first pediatrics resident. During those years she completed residency and specialty training programs in and out of Loma Linda.

A native of Australia, Behrens says she does not remember a time when she was not interested in the body and how it functions. A bout of rheumatic fever kept her in bed for six months when she was 11 years old and out of school for a year. While in the hospital, she was fascinated with the tests and "all the smelly stuff."

Since she did not think it would ever be feasible for her to be a physician, she set her goal to be a missionary nurse in Africa.

A teacher helped her apply for scholarships, and she did well on the state-wide examination. When the paper printed the results and listed her as qualifying for a scholarship, her reaction was that the scholarship would not help unless she could also get one of the only 30 bursary awards given by the province of New South Wales to help with living allowance and transportation costs. She did not expect her widowed mother to be able to pay for these extra expenses. Only 16 at the time, she had decided to decline the scholarship and register for college typing and business courses, when she learned that she had also won a bursary.

The award created another dilemma for her. She had not taken any science courses in

high school. She went back to the teacher who helped her apply for the scholarships. He took her to request a deferral on the bursary. The people in the office told her that they had never deferred a bursary, but that she could write a letter and request it. She prayed a lot about it. And got the deferral. The following year was very intense, as she took physics and chemistry in one year to prepare for college and medical school.

"When I think back about it," she says, "I can't believe that I was willing to give up the scholarship just because I didn't have bus fare. But then it all worked out."

In 1964, she graduated from Sydney University School of Medicine with honors, followed by internship and a pediatric residency at the Royal Alexander Hospital for Children in Sydney.

In 1966, the General Conference told her they could use her in Africa, but during a visit to Sydney, the medical director for the General Conference told her that it might be helpful to come to the United States for training. That same year she arrived in Loma Linda as the first pediatric resident in the new medical center.

But she did not stay at Loma Linda and she did not go to Africa. Instead she went south, first to Henrietta Eggleston Hospital for Children in Atlanta, then she became the chief resident at T. C. Thompson Children's Hospital in Chattanooga, Tennessee, and for three years served as the associate director of medical education in pediatrics for the family practice residency program at the Florida Hospital in Orlando.

A fellowship from the National Jewish Hospital and Research Center/National Asthma Center and University of Colorado Health Sciences took her to Colorado, where she completed a double fellowship in allergy and immunology and in pediatric pulmonary care. Along the way she married Dave Basaraba, a marriage counselor with two children. They added two children of their own.

In 1975, Behrens returned to Loma Linda to start 11 years as director of the pediatric residency program. Her own practice flourished. She was the only pediatric pulmonologist between Los Angeles and Phoenix.

The department of pediatrics was also growing rapidly. By the mid 1980s, it regularly had 180 inpatients on its wards in the Loma Linda University Medical Center. Since that is more inpatients than most children's hospitals in the United States, it made a Loma Linda children's hospital seem necessary. John Mace, chairman of the department, put together a small committee of pediatric faculty to strategize how to make that dream come true. When Hinshaw came back to Loma Linda from Oral Roberts University, they invited him to meet with them and share his expertise on getting a hospital built. After all, he had initiated construction of the two large hospitals already in the town. Behrens was also sent to visit several children's hospitals to gather ideas.

And then she was asked to sit on the search committee for a new dean. That effort was put on hold while selection for a new vice-president for medical affairs was chosen. When the search for a dean was reactivated, President Norman J. Woods called and asked her if she would be willing to be considered.

Hinshaw and Behrens began their new administrative appointments in 1986. Baby Fae was history. The infant heart transplant program was well under way and soon outstripped the number of adult transplants.

## Venturing on the First Medical Proton Accelerator

In the department of radiology discussions were underway as to whether or not the organization should compete to have the first proton beam accelerator for treatment of cancer patients. For Hinshaw, whose dream for Loma Linda now was to make it a world-class

medical school, these "cutting edge" activities were most exciting. For the board of trustees, which already was discussing a cancer center and a children's hospital, the cost factors were escalating rapidly. To bring all three projects into fruition would be very expensive.

Hinshaw countered that the proton beam accelerator would benefit the cancer treatment center, and the space above where the accelerator would be built could be used for the children's hospital. He challenged the trustees to put the institution on the cutting edge, to be competitive. Grants from the U.S. Department of Energy would help to defray \$19.6 million of the costs.

The trustees accepted his challenge. Loma Linda bought the first proton accelerator, and Harvard University School of Medicine ordered the second. In 1987, an announcement was made at the National Press Club in Washington, D.C. about the plans to build the first medical center-based proton beam accelerator at Loma Linda. It would cost \$45 million, with an additional \$15 million for clinical space and CT scanners. Ground was broken for the proton treatment center in April of 1988.

## Restoring Accreditation

Meanwhile, trouble was brewing among the faculty in the department of medicine. About the same time Hinshaw and Behrens were assuming their responsibilities, the board invited Stewart Shankel, formerly a member of the Loma Linda Medical School faculty, to leave his post at the the University of Nevada in Reno to become chairman of the department of internal medicine. Shankel came, and soon brought with him his long-standing friend and mentor, Neal Bricker, a world-renowned nephrologist. Bricker's laboratory was funded by the medical center budget. When a conflict developed between Hinshaw

and Bricker over the funding and administration of his laboratory, Shankel supported Bricker. Hinshaw no doubt remembered that Shankel had been one of the faculty who had complained to the trustees about Hinshaw in 1973. Shankel subsequently had conflicts with the administration over several other issues (see pp. 42-50 in this issue).

But the struggles within the department of medicine seemed minor compared to other problems the administration was facing.

It was accreditation time and the Western Association of Schools and Colleges was looking to see if the concerns it had in 1982 had been addressed in the six years since. Faculty governance, effectiveness of the board of trustees, and the nature of academic and financial planning had been criticized in 1982.

The 1988 site visit left the evaluation team unconvinced that the problems had been solved. The school of public health was incurring major financial losses. The university's cash flow had dropped into the red from a \$2.5

million surplus in 1985-1986, the institution's debt hit a new high, and there was an operating loss of more than \$1 million in 1988-1989. The applicant pools for the schools of medicine and dentistry were down significantly.

The large board of trustees, which included the presidents of all the Adventist union conferences, was cited for the inherent conflicts of interest between the colleges in each of the unions and Loma Linda's undergraduate program.

The school was put on probation and told to solve its financial problems, faculty discontent, and conflict of interest problems on the board of trustees. Their report was like being hit with a two-by-four. When University President Norman Woods suggested consolidating the university on the Loma Linda campus to try to solve some problems, the alumni and faculty at La Sierra became very upset. With a constituency meeting looming in 1990, all these problems needed to be resolved.

Drastic actions were needed. The first decision the trustees made was to split the university in two. The programs at La Sierra were reorganized into a separate university, with the president of the Pacific Union serving as chairman of its board. Loma Linda continued as a General Conference institution, redefined as a health-science university. The board of trustees was reduced from 48 members to 23 and invitees went from 40 to 16.

After the decision to split the school into two universities, Norman Woods, the advo-

cate of a single university that combined an undergraduate, liberal-arts college and the professional schools on one campus, resigned. To replace Woods, the board picked a physician to be president of the reorganized health-science university: Lyn Behrens, the dean of the medical school. Choosing a physician was not surprising. What was unprecedented was picking a woman. Behrens was the first woman to head a health-sciences university in the United States. She was also the first woman

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*The board picked a physician to be president of the reorganized health science university: Lyn Behrens, the dean of the medical school. Choosing a physician was not surprising. Picking a woman was. Behrens was the first woman to head a health-sciences university in the United States. She was also the first woman president of an Adventist college or university.*

president of an Adventist college or university. Interestingly, Behrens' appointment came the same year the General Conference in session denied ordination to women as ministers, an irony noted by more than one speaker at the session.

Behrens credits her predecessor, Norman J. Woods, with setting the wheels in motion for the solutions of some of the university problems. He stopped the cash hemorrhage from the school of public health. Recognizing the key role that the school played in the university's mission, Behrens reorganized it so that the school of public health would have closer ties to the school of medicine, sharing some faculty positions. Bringing these two schools closer together was a major accomplishment.

Donald G. Pursley was brought in as vice-president of financial affairs and is credited with helping to turn around the university's finances. Fund-raising efforts led by Donald G. Prior also increased significantly with \$22 million raised in 1991, plus \$10 million in endowment funds.

Preparations intensified for the next visit of the WASC accreditation team in 1991. A new mission statement was drafted, faculty and student handbooks were rewritten. New faculty governance bodies were organized, others were eliminated.

Through it all, the troubles within the department of medicine continued. When the WASC accrediting team arrived, appointments were made for the dissenters with the visiting team, so they could present their grievances. The WASC team concluded that the dissent was limited to that one department, and

suggested that the dissenters avail themselves of the grievance procedures that were available through the university.

On March 3, 1992, full accreditation was granted (see pp. 39-41 in this issue). In the WASC report on its visit, there were glowing statements made about the leadership of President Behrens. The people at WASC liked her so much she has been invited to visit other schools and evaluate them.

The members of the board of trustees of Loma Linda University are also charmed with their choice of Behrens as president. One of the things that particularly endears Lyn Behrens to the board is her spirituality. She can draft a

sermon with the same ease that she puts together a treatment plan for a patient. She also team teaches a religion class for medical students, one in which they learn how to talk with patients about God.

To put it in George Bush's words, she has that vision thing. And her vision of Loma Linda has a strong spiritual emphasis. Not long after assuming her presidency she reread

all of Ellen White's comments about Loma Linda and distributed them to the faculty. She talks of the new children's hospital as being not only a place for critically ill children, but also as an advocate for all children in the community.

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*The university is ready to open a new 250-bed children's hospital. It already is the third-largest provider of children's health care in California. Will this new hospital become more than an advocate for the children in the inland empire? Will it also set a new agenda for Adventist medicine?*

## Planning a Children's Hospital

In many ways the children's hospital brings together the vision of people like Hinshaw, who see Loma Linda on the cutting edge of medicine; and Behrens, who infuses the cut-

ting edge with the compassion of Christianity; and John Mace, who sees a need to be fulfilled.

Scheduled to open in the spring of 1993, the 250-bed children's hospital will feature a 58-bed neonatal intensive-care unit, making it one of the largest facilities of its kind in the world. The pediatric intensive-care unit will have 25 beds, with up to 12 intermediate-care beds. Specialized care in oncology/hematology, transplantation center for hearts, kidneys, livers, and bone marrow, this hospital will have it all.

Shirley Pettis is the chair for the new Children's Hospital Foundation. As the former congresswoman from Loma Linda's congressional district, she has a long history of active support for service and philanthropic projects in the inland empire and with the university. It was her late husband Jerry L. Pettis who worked to bring the veterans hospital to Loma Linda, an institution that bears his name.

And just as the veterans hospital provided many new opportunities for physicians and students, so will the children's hospital. Ellen White's vision of Loma Linda as a major medical center is certainly coming true.

Visions and dreams are driving forces in Loma Linda. In the apartment house world of the students, cluttered with bicycles, tennis rackets, and radios, where lights burn late into the night, the dreams are professional goals.

The faculty in the school of medicine work not only to reach personal goals but also to keep the school of medicine alive. A portion

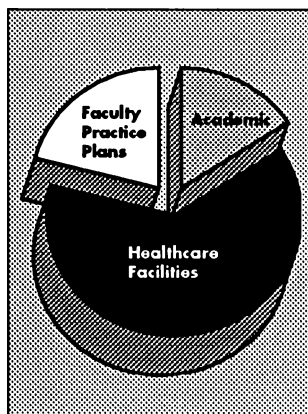
of the money generated by their clinical practices goes directly to the school. Indeed, the university is even more dependent on them for funds than it is on the church.

The complexity of healthcare in the United States and the debate about where it is going also affect the direction of the institution which prospered during American medicine's heydays of the 1970s, and is now trying to position itself for managed care. To do so has required downsizing the staff, but Hinshaw has not flinched as this painful process has been played out. He sees the new children's hospital as helping the organization position itself in the managed care marketplace with a full range of services. Where is the future of medicine? On the cutting edge of technology? Will the proton beam accelerator ever be used for the general treatment of cancer patients, rather than just for isolated tumors?

Will the new hospital become more than an advocate for the children in the inland empire? Will it also set a new agenda for Adventist medicine?

Will the administration be able to curb the brain drain of disgruntled faculty as effectively as it managed to get the financial resources realigned?

The hopes and dreams of the denomination, whose right arm is healthcare, are tied up in Loma Linda. So the struggles of the institution become very personal. The importance of that vision thing cannot be denied. It affects our definition of ourselves.



# Who Pays the Bills?

A short primer on the flow of money within the three-part structure of Loma Linda: the healthcare facilities, the faculty practice plans, and the academic programs.

by Kent Seltman

LOMA LINDA, THE CROWN JEWEL OF SEVENTH-day Adventist institutions, is almost as many-faceted as a fine-cut precious stone. Loma Linda, however, defies a comprehensive description. Loma Linda is an incorporated city with about 18,000 citizens. Loma Linda is a church—the University Church of Seventh-day Adventists. Loma Linda is a major academic center for health-related sciences. Loma Linda is a world-class medical center. Loma Linda is a community of healthcare professionals.

The city of Loma Linda, of course, is officially unrelated to Seventh-day Adventist institutions. Its identity as an Adventist community dates from 1905 when its new Adventist owners changed the name of the Mound City Hotel to the Loma Linda Sanitarium. Loma Linda incorporated as a city 65 years later in 1970. Over the past 22 years, all members of

the city council and all mayors have been Seventh-day Adventist Church members. Today, about half of the residents consider themselves to be Adventists.

The University church sits prominently on the campus mall. As the property of the South-eastern California Conference of Seventh-day Adventists, it is not legally part of the university, but is integral to its identity. Its affiliation with the university, as well as its status as the largest Adventist church in the world, with nearly 6,000 members, make the University church an important aspect of the Loma Linda identity.

The identity of Loma Linda for Seventh-day Adventists around the world centers around Loma Linda University. Yet, even for many who live and work in Loma Linda, the maze of relationships among the operational units to Loma Linda University remains unclear. While these corporate structures are complicated in large part by legal considerations, for the lay mind it is simplest to divide them into three major elements: (1) healthcare programs and facilities, (2) faculty practice plans, and (3) academic programs and facilities.<sup>1</sup>

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*Kent D. Seltman, who holds both a Ph.D. and an M.B.A., is head of marketing for Mayo Clinic. For five years prior to August 1992, he was Administrative Director of the International Heart Institute, Loma Linda University Medical Center.*

Ranked in terms of impact upon the world church, academic programs would win out, followed by the faculty practice groups that have supported humanitarian missions around the world. But in terms of financial operations, the medical center, with net revenues of over \$300 million—more than \$800,000 per day—is three times larger than the \$100 million of revenues generated by the faculty physician corporation. In contrast, the university operates on an annual budget of about \$75 million. Of the nearly \$500 million in annual operating revenues at Loma Linda institutions, it is important to note that only about \$12 million (2.4 percent) comes from the Seventh-day Adventist Church. This \$12 million operating subsidy, of course, goes to the academic program of the university. And for its investment, the church receives a quality education for more than 2,000 young members each year.

Just as the founding of Loma Linda University began with the establishment of a healthcare facility—Loma Linda Sanitarium—so today its continued well-being is dependent upon its large healthcare facility—Loma Linda University Medical Center. With such a massive flow of cash, Loma Linda University Medical Center has become the deep pocket for its related institutions. While the academic mission of Loma Linda University remains strong and central to operations today, a rude irony remains: Loma Linda University would not exist as a health-sciences university without the medical center, while the medical center could survive as a regional tertiary hospital without the university. This reality, in the form of about \$20 million of annual medical center support of medical education at Loma Linda University, is a background against which day-to-day operations of the university-related institutions proceed. The background has in recent months seemed almost a storm cloud on the horizon as the

profitability of the medical center has suffered in the midst of a major economic recession in Southern California. Additionally, severe competitive pressures and public policies reduce payments for healthcare.

The interdependence of the organizational elements at Loma Linda is revealed by the multiple administrative roles occupied by the two top administrators at Loma Linda. B. Lyn Behrens, president of Loma Linda University, is a voting member and vice chair of the Loma Linda University Medical Center Board of Trustees. She is also a member of the board of the Loma Linda Faculty Medical Group, Incorporated.

The interdependence of the organizations, as well as the dominant role of the medical center, is even more clearly found in the multiple roles occupied by David B. Hinshaw, Sr., who returned to Loma Linda University in 1986 as vice-president for medical affairs. By provision of the by-laws of the university, the university's vice-president for medical affairs is also president of Loma Linda Faculty Medical Group, Incorporated, the faculty practice plan of the school of medicine. Independent of any provision in the by-laws, he has been elected by the board of trustees as president of the Adventist Health System/Loma Linda, as well as president of Loma Linda University Medical Center. In addition to these administrative appointments, he is a voting member of the Loma Linda University Board of Trustees and the Loma Linda University Medical Center Board of Trustees.

## Healthcare Facilities

Loma Linda University Medical Center, the 610-bed hospital at Anderson Street and Barton Road, is the dominant visual image of Loma Linda. Its distinct design, with three circular towers and a connecting core, has been muted over its 25-year history by con-

tiguous structures. Since 1986 an almost continuous building program with several phases has added two large wings, including one that houses in its lower levels the world's first proton beam facility dedicated to medical treatment.

Loma Linda University Medical Center is the primary tertiary-level hospital in a five-county area of Southern California. The counties include the heavily populated inland empire at the eastern end of the Los Angeles Basin, as well as the desert areas extending to the Colorado River to the east and the southern Sierra Nevada mountains to the north. This service area includes about one-fifth of the entire state of California. About 170 of the medical center's 610 beds are designated for critical care. With 32 percent of the patient admissions to intensive care beds in 1991, the medical center was second—just behind Stanford University Medical Center—of all 14 university-related hospitals in the western region in the percentage of its patients receiving intensive-care services. Annually, more than 21,000 patients are admitted to the medical center. About 45,000 patients are treated each year in its emergency department.

Presently the Loma Linda Children's Hospital is under construction. The children's hospital, however, is not a free-standing facility. It will occupy the five floors above the proton beam facility in the southeast wing added to the medical center. The children's hospital will have a separate entrance, several diagnostic laboratories, and about 70 additional pediatric beds when it opens in 1993. However, about 180 pediatric beds will remain in other parts of the hospital and many diagnostic facilities in the main hospital will continue to serve the pediatric patient. The administration of the children's hospital will continue to function under the administration of the medical center.

But the medical center is more than

meets the eye at the corner of Anderson and Barton. Located about four miles east on Barton Road near the west edge of Redlands is a subunit of the Loma Linda University Medical Center, the Loma Linda Behavioral Medicine Center. The 89-bed psychiatric hospital had been recently built by the Charter Hospital corporation when the medical center acquired it in 1990 for \$12.5 million, in the midst of a legal and financial crisis in the Charter corporation. Since the acquisition, however, reimbursement for psychiatric services has been tightly controlled by employers and third-party payers. Though exact figures are not made available, it is reported that the Behavioral Medicine Center showed an operating loss of around \$1 million in 1991. Even though the governing board and the administration of the Behavioral Medicine Center are organizationally answerable to the Loma Linda University Medical Center board of trustees and administration, that loss is not included in the medical center's statement of income (see table, p. 26).

In a \$28.6 million transaction in 1990, Loma Linda University Medical Center purchased the faculty medical office/outpatient surgery complex from Loma Linda University. This purchase relieved the university of about half of its total debt and enabled repayment of the principal to the General Conference retirement fund which had financed the project. The school of medicine faculty had built this facility in two phases—1977 and 1984—and under the original plan would liquidate the debt by paying monthly lease payments. When the debt was paid off, the lease payments would function as an endowment to the university. However, when the outpatient surgery facility opened in 1987, it operated at losses up to \$600,000 per year. The medical center assumed operational responsibility in 1989, thereby relieving the faculty physicians of this financial burden.

Over the past few years, Loma Linda University Medical Center has also assumed operational responsibility for a number of the support services of the university. For example, personnel services, landscape services, and maintenance services are now managed by the medical center and paid from its payroll, with a reimbursement arrangement from the university.

As the statement of income indicates (see table, p. 26), the medical center has doubled its total operating revenue since 1986, with gross revenue in 1991 totaling over \$540 million. Net income in 1991 totaled \$306 million. Because of the changing economic environment of healthcare, fewer and fewer payers are paying full charges. Insurance companies, health-maintenance organizations, employers, and governmental agencies contract for discounted service costs or agree to pay only fixed amounts for given services regardless of charges. Loma Linda University Medical Center's contractual adjustments as a percent of the gross patient revenue has increased markedly. In 1986, \$71.9 million in discounts was deducted from gross revenue, 27 percent of the gross revenue. In 1987 the percentage for adjustments was 32 percent, in 1988 37 percent, in 1989 38 percent, in 1990 43 percent, and in 1991 49 percent. These pressures to discount charges have significantly affected profitability in the present, and threaten even lower net profits in the future.

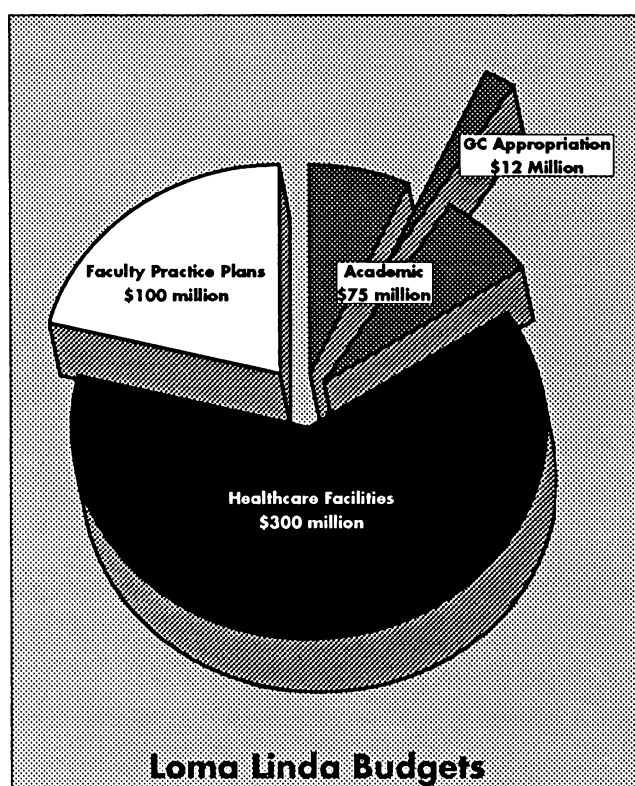
Because of a program to improve oper-

ating margins that began in 1991, by early 1992 the monthly operations of Loma Linda University Medical center were profitable—but just barely. With the advice of a group of “turn around” consultants, the medical center is endeavoring to maximize the productivity of its operations in 1992 and further into the future. One significant change has been the reduction of several hundred full-time-equivalent employees, between January 1991 and August 1992. Other operational improve-

ments in areas such as inventory management have provided operational savings. However, one ongoing major expense offers little opportunity for immediate reduction—the expense of servicing an effective debt totaling \$240 million.

In the strictest legal sense, most of the healthcare facilities associated with Loma Linda University are not university property. Prior to 1980, Loma Linda University Medical Center was legally operated by Loma Linda Uni-

versity. The assets and liabilities of the medical center were shown on the university's balance sheet. For reasons largely to do with reimbursement policies for medical services, the Loma Linda University Medical Center was independently incorporated as a nonprofit religious corporation in 1980. Should the corporation ever be dissolved, the remaining assets after the payment of debts and obligations will go to the General Conference Corporation of Seventh-day Adventists.



Also in 1980, Adventist Health System/Loma Linda was created and it purchased the Loma Linda Community Hospital for \$16 million. The Loma Linda Community Hospital, along with Loma Linda University Medical Center are the two major facilities of Adventist Health System/Loma Linda.

Today, Loma Linda Community Hospital is a 120-bed facility utilized by many faculty and non-faculty physicians in the Loma Linda and Redlands area. The university family practice residency utilizes this facility for its residency program. Loma Linda Community Hospital has become an integral part of the Loma Linda healthcare delivery system, with several health-maintenance organizations using it for general medical/surgical patients. Patients needing more specialized testing, nursing care, or procedures are transferred to Loma Linda University Medical Center for these services. In 1991, Loma Linda Community Hospital reported a \$1.4 million profit on its operations.

The Jerry L. Pettis Memorial Veterans Hospital is, of course, owned and operated by the United States Department of Veterans Affairs, but it has a significant affiliation with the medical center and the school of medicine. The medical staff of the veterans hospital are faculty members of the school of medicine, and provide more than \$1 million of educational services to medical students, interns, residents, and fellows each year. In addition, research laboratories at the veterans hospital enhance the scientific activities of the faculty.

## Faculty Practice Plans

The faculty practice plans for the school of medicine and the school of dentistry comprise a second element of corporate Loma Linda. Without these plans, operation of the respective schools would be impossible. In the school of medicine, for example, tuition income from medical students—even at \$18,750

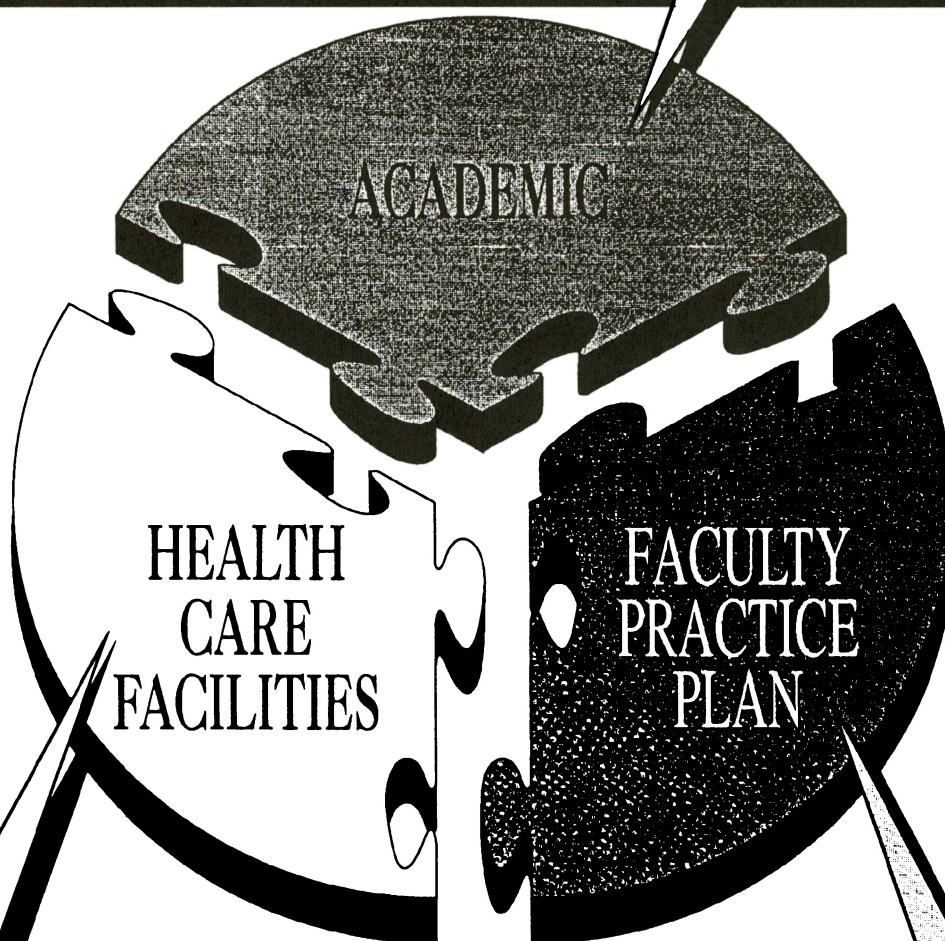
per year—pays less than half of the cost of their medical education. The clinical portion of the training—which consumes most of the last two years of the program—is financed largely by the \$12 million that the faculty physicians contribute to the school of medicine from annual gross revenues of more than \$100 million.

Just like any physician practice, these groups derive income from patient care. They pay for their office staff, accounting and billing services, rent on their office space, and salaries to the physician members of the group. They also provide, without remuneration, clinical instruction to medical students and residents, and about \$21 million in support of medical research at Loma Linda. The combined contribution of the faculty to medical research and clinical training, \$33 million a year, is almost three times what the Seventh-day Adventist Church contributes annually. For all this, clinical faculty members earn incomes often in the 25th percentile or lower of what they might earn in private practice.

Presently, the faculty practice plan for the school of medicine is comprised of 18 different not-for-profit physician corporations. Loma Linda University Faculty Medical Group, Incorporated is an umbrella corporation under which the practice groups function. Historically, this organization has enjoyed little power. Its functions were largely limited to personnel management of the office staff employees, to oversight of the malpractice self-insurance plan, and to legally mandated pension/retirement plans.

As more business today is driven by contract with payers, there have been movements within many of the physician groups toward strengthening the Loma Linda University Faculty Medical Group, Incorporated, at the expense of the separate corporations. Addressing this issue is one of the most delicate challenges facing administrators at Loma Linda.

Schools of Allied Health Professions, Dentistry, Graduate School, Medicine, Nursing, Public Health; and the Faculty of Religion



University Medical Center  
Ambulatory Care  
Behavioral Medicine Center  
Children's Hospital  
Community Hospital  
Faculty Medical Offices

School of Dentistry  
Faculty Practice Corporation  
and  
School of Medicine  
Faculty Practice Corporation

Adapted from SCOPE, January-March, 1991

## Academic Programs and Facilities

The recent history of Loma Linda University's separation from the La Sierra campus and programs has been reported earlier in *Spectrum*.<sup>2</sup> Today, Loma Linda University is exclusively a health-sciences university. The university consists of a faculty of religion and six schools: nursing, medicine, dentistry, graduate school, allied health professions, public health. These schools are all based on the Loma Linda campus although most of the schools have off-campus courses or clinical affiliations.

The combined budget of these schools and related academic and administrative support totals more than \$75 million annually. The 1990-1991 fiscal year produced more than a \$1.8 million operating gain, which was

available to retire long-term debt, purchase equipment, or make other capital improvements. The 1991-1992 fiscal year showed an unaudited gain of \$550,000. The balance sheet of the university was improved significantly in 1991, when the Faculty Medical Office building debt was assumed by the medical center and the university was credited with \$28.5 million, which reduced the university debt to about \$24 million.

The school of nursing is the oldest of the schools at Loma Linda University. It continues today the training program begun in 1905. Students may earn associate of science, bachelor of science, and master of science degrees in nursing at Loma Linda. A full-time faculty of more than 30 serves a fall 1992 enrollment of about 255 students.

The school of medicine, established in 1909, is the second oldest of the university's schools. It is also the largest, with a faculty of more than 650, and 594 students in doctor-of-

### Loma Linda University Medical Center Statement of Income

	<b>1986</b>	<b>1987</b>	<b>1988</b>	<b>1989</b>	<b>1990</b>	<b>1991</b>
Total inpatient revenue	\$231,972,417	\$259,448,778	\$295,051,730	\$331,919,934	\$402,934,694	\$446,476,560
Total outpatient revenue	32,381,786	34,607,032	41,897,030	57,274,222	76,169,559	94,305,080
Gross patient revenue	<b>\$264,354,203</b>	<b>\$294,055,810</b>	<b>\$336,948,760</b>	<b>\$389,194,156</b>	<b>\$479,104,253</b>	<b>\$540,781,640</b>
Provision for contractual adjustments, uncollectible accounts, and charity care	\$ 71,977,500	\$ 94,182,320	\$127,338,610	\$146,526,685	\$206,320,621	\$264,292,160
Net patient service revenue	<b>\$192,376,703</b>	<b>\$199,873,490</b>	<b>\$209,610,150</b>	<b>\$242,667,471</b>	<b>\$272,783,632</b>	<b>\$275,356,375</b>
Other operating revenue	11,809,318	14,550,665	19,268,432	17,578,191	22,315,805	29,941,411
Total operating revenue	<b>\$204,186,021</b>	<b>\$214,424,155</b>	<b>\$228,878,582</b>	<b>\$260,245,662</b>	<b>\$295,099,437</b>	<b>\$306,430,891</b>
Total operating expenses	<b>\$196,234,198</b>	<b>\$207,509,541</b>	<b>\$219,842,194</b>	<b>\$250,657,979</b>	<b>\$283,050,197</b>	<b>\$302,985,361</b>
Income (loss) from operations	<b>\$ 7,951,823</b>	<b>\$ 6,914,614</b>	<b>\$ 9,036,388</b>	<b>\$ 9,587,683</b>	<b>\$ 12,049,240</b>	<b>\$ 3,445,530</b>
Nonoperating revenue, net	<b>\$ 3,300,533</b>	<b>\$ 794,877</b>	<b>\$ 4,848,344</b>	<b>\$ 3,788,388</b>	<b>\$ 1,120,023</b>	<b>\$ 1,758,942</b>
Loss on advance refunding of debt				1,099,570		
Net income (loss)	<b>\$ 11,252,356</b>	<b>\$ 7,709,491</b>	<b>\$ 13,884,732</b>	<b>\$ 12,276,501</b>	<b>\$ 13,169,263</b>	<b>\$ 5,204,472</b>

medicine degree programs. In addition, more than 500 physicians continue their education at Loma Linda in the graduate medical programs for residents and fellows.

The school of dentistry was established in 1953. Today, its programs include the doctor of dental surgery degree as well as advanced graduate programs in orthodontics, endodontics, periodontics, oral surgery, oral implantology, and dental anesthesiology. The bachelor of science degree in dental hygiene is also offered in the school. More than 400 students are enrolled. The school of dentistry is ranked first in the nation for the quality of the student clinical experience afforded. The graduate residency program in oral implantology was the first such program offered in the United States.

The graduate school was organized in 1954 and offers advanced curricula in anatomy, biochemistry, biology, dentistry, family-life education, marriage and family therapy, microbiology, nursing, palentology, pharmacology, physiology, and speech-language pathology. Students in the schools of medicine and dentistry can earn M.S. and Ph.D. degrees in several medical-related science disciplines. Enrollment for fall of 1992 is projected as 300 students.

The school of allied health professions, established in 1966, is comprised of eight departments: clinical laboratory science, health-information administration, nutrition and dietetics, occupational therapy, physical therapy, radiation technology, respiratory therapy, and speech-language pathology and audiology. The school offers two-year associate of science, baccalaureate, and master's degrees. Projected enrollment is for 800 students in the fall of 1992.

The school of public health was founded

in 1967. In 1990 its operations were merged with the department of preventive medicine within the school of medicine. The school still, however, continues to offer graduate degrees: the master of public health, master of health administration, master of science in public health, and doctor of public health degrees. An enrollment of 330 students is projected for the fall term of 1992.

The faculty of religion functions as a service department to each of the six schools of the university. Loma Linda University offers neither undergraduate nor graduate degrees in religion. The Center of Christian Bioethics within the faculty of religion consults with the university's professional schools and services.

While many sons and daughters of the East, the South, the Midwest, the Northwest, and even foreign lands have remained in Southern California and have created the large Loma Linda community, the majority have not. Hardly an Adventist congregation in the world has not been touched by the education or medical mission of this complex of Adventist institutions.

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<sup>1</sup> Discussion below is limited to the School of Medicine Faculty Practice Plans as the School of Dentistry Faculty Practice Plan is currently being reorganized.

<sup>2</sup> See, for example, Ronald Graybill, "Loma Linda Opts for Single University With Two Campuses," *Spectrum*, Vol. 20, No. 1; Ronald Graybill, "Loma Linda—A Multiversity or a Health Science University?" *Spectrum*, Vol. 19, No. 5; John Whitehair, "Loma Linda University Put on Probation For Two Years," *Spectrum*, Vol. 19, No. 4; Ronald Graybill, "The Case for Moving as Well as Merging," *Spectrum*, Vol. 19, No. 1; Jean and Maynard Lowry, "Beyond Moving: The Merging of Loma Linda University," *Spectrum*, Vol. 19, No. 1; Bruce Branson, "The Case for Consolidation," *Spectrum*, Vol. 17, No. 4; and Rennie B. Schoepflin, "Consolidation and Controversy: La Sierra to Loma Linda?" *Spectrum*, Vol. 17, No. 4.



# Research Frontiers— Whither the Quest?

Reorganized as a health-science university, Loma Linda still produces more research than any other Seventh-day Adventist college or university. What are the prominent areas?

*by Clark Davis*

**L**OMA LINDA UNIVERSITY'S INNOVATIVE THERAPIES in cardiac infant transplantation and proton therapy for cancer have received international media exposure while its research has received little attention outside the scientific community, for example, its work in perinatal biology and mineral metabolism. The opening of the present university medical center in 1967 helped to spawn an invigorated and more ambitious stance toward medical research and innovative clinical procedures.

The number of research papers published by LLU faculty more than tripled between 1981 and 1991. In the 1990-1991 school year, Loma Linda University faculty members participated in 1,597 research projects and other scholarly activities (916 as principal investigators), published 1,342 articles in professional journals and 138 in lay publications, and made 1,738

public presentations. Loma Linda's total research budget for the 1990 fiscal year totaled more than \$6 million.

## Infant Heart Transplantation

**W**hen Loma Linda University cardiac surgeon Leonard Bailey transplanted the heart of a baboon into Baby Fae in October of 1984, Loma Linda was placed in the international media spotlight as never before. Yet this pivotal moment was actually part of a steady process of infant cardiac clinical research in transplantation begun at Loma Linda in 1977 and continued after the Baby Fae incident.

Now, in 1992, Loma Linda has emerged as the world leader in infant heart transplantation. Approximately 50 percent of the world's heart transplantations in infants less than six months of age have taken place at Loma Linda, with more than 80 percent of the 120-plus infants surviving surgery. The longest survivor recently celebrated his sixth birthday. Numer-

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*Clark Davis, a La Sierra University alumnus and a former news editor of Spectrum, is finishing a doctoral program in 20th-century American social history at the University of Southern California. This article draws, in part, from research descriptions Davis periodically writes for Loma Linda University publications.*

ous adults and children have also undergone heart transplants at Loma Linda.

In the years since the Baby Fae incident, Bailey has enlarged the transplant team to now include three cardiac surgeons, three general pediatricians, four pediatric cardiologists, three neonatologists, two immunologists, one infectious disease specialist, four nurse coordinators, two clinic nurses, and a host of other support and consultative personnel.

Alongside the transplant program's clinical success, it has emerged as a major research and education center for infant heart transplantation, fostering an international network of transplant professionals. Loma Linda University Medical Center regularly hosts numerous transplant physicians and nurses who study the program as a model for their own institutions. In March 1990, the transplant team sponsored the first Loma Linda International Conference on Pediatric Heart Transplantation, drawing 500 transplant professionals together to share their experience.

Dr. Bailey and his team at Loma Linda have taken their role as leaders in infant heart transplantation seriously. Growth of transplantation is limited by the paucity of human donors. Addressing this problem has led researchers to look at the use of hearts from different species (xenografts) to serve as a bridge to transplantation (to span the time until a human heart would become available). The first international conference on xenotransplantation will take place at the University of Minnesota, where Loma Linda University will present its research data on cross-species heart transplantation.

The question of graft growth was an important one in relation to heart transplantation. Would transplanted hearts continue to grow with the recipient infant? Dr. Bailey's research in animal models demonstrated that the heart would grow along with the recipient. That model has held true, as has been reported

in the scientific literature by Loma Linda University's pediatric cardiologists.

Other investigators have attempted to reanimate hearts that have already stopped beating. Being able to revitalize hearts that have sustained a cardiac death would greatly enhance donor status. Research led by Steven R. Gundry in Loma Linda's animal laboratory shows that it is possible to restore cardiac function 30 minutes after the heart has stopped beating.

Another strategy evaluated has been that of utilizing anencephalic infants as potential donors. In 1988, neonatologists at Loma Linda piloted a program to modify the care of 12 live-born anencephalic infants for one week to determine whether organ viability could be maintained and whether the criteria for total brain death could be met. This study suggested that it is usually not feasible, with the restrictions of current law, to procure solid organs for transplantation from anencephalic infants.

Because transplantation has now become a reasonable option for the treatment of otherwise uncorrectable heart disease, more infants are being referred for this therapy. Efforts must now be directed towards maintaining these infants while awaiting donor hearts. Presently, 20 to 30 percent of all babies registered for transplantation die before a suitable donor is found.

Buying time for the procurement of donor organs presents a great challenge to heart centers. Loma Linda University Medical Center has developed techniques to extend the waiting period. Babies have successfully been managed for up to three months before an appropriate donor has been identified. Clinicians have engineered a low-oxygen environment that helps to decrease selective blood flow to the lungs—blood flow that would literally steal away blood that is needed to go to the body.

Another strategy for extending a safe waiting time has been to facilitate in-utero diagnosis of lethal heart disease. An unborn fetus could then be placed on the national waiting list at 36 weeks gestation while waiting safely in the mother's womb until a donor search is successful.

Loma Linda University's infant heart transplant team is also active in immunological research. Scientists in the immunology center are looking at infant recipients, trying to define the norms of the infant immune response. Medical center immunologists are testing the hypothesis that there is an immunological window of opportunity in these infants. These infants have lived through an in-utero experience with mothers who are distinctly immunologically different from them. Perhaps the tolerance achieved in the womb carries over into early infancy, allowing a less-aggressive response to a foreign graft. The idea of introducing graft tolerance in the immediate post-operative period tantalizes investigators.

Loma Linda University clinicians are looking at ways to non-invasively monitor rejection

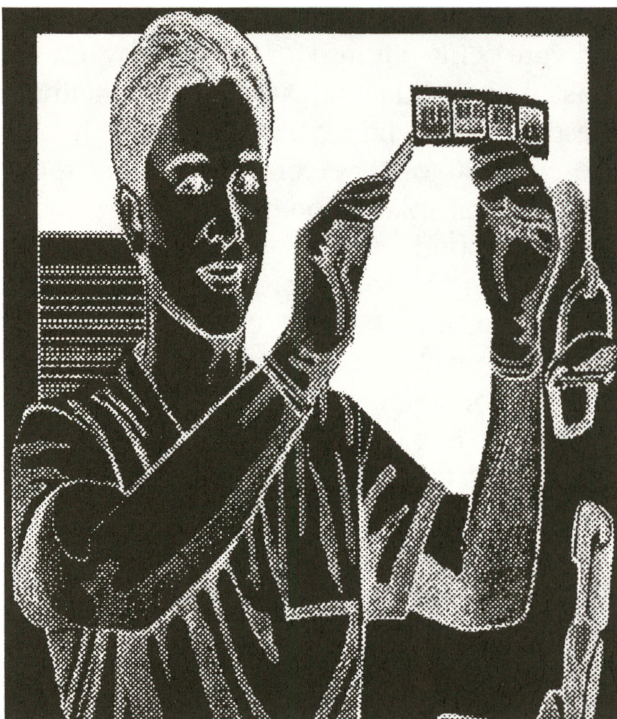
of the heart graft. In adults, endomyocardial biopsies are the standard for determination of rejection. A scissor-like device is inserted into the right side of the heart and little snippets are taken out to be evaluated under a microscope. Because infants have tiny hearts, LLU physicians deemed it impractical and potentially hazardous to rely on biopsy to reveal rejection. So a variety of non-invasive procedures are constantly being assessed.

## Perinatal Biology

When the Surgeon General wanted someone to write the section dealing with the effects of smoking on the unborn fetus for his "Report on Smoking and Health," he turned to Lawrence D. Longo, distinguished professor of physiology and obstetrics and gynecology. The selection of Longo surprised no one in the scientific community. As dean of researchers at Loma Linda, he has developed the university's division of perinatal biology into one of the very best perinatal groups in the country.

Perinatal biology is the study of the physiology and cell biology of the developing fetus, the changes associated with birth, and the ways in which the newborn infant handles the stresses of living outside the womb.

Gordon G. Power, professor of physiology and medicine, is a founding member of the division of perinatal biology. His research interests center about the changes that occur at birth that enable the previously sheltered fetus to survive in the less-friendly surroundings of the outside world. His experiments begin with pregnant sheep and progress to computer modeling where possible. Working in collaboration with Raymond D. Gilbert, professor of physiology, Power has found that important changes occur even in the first few minutes of the life of a newborn. The rate of



the baby's metabolism increases manyfold. This large increase can be critical for baby animals born during the cold winter months.

Dr. Power's research suggests that the placenta has a vital role in the change in metabolic activity. Before birth, the placenta transfers nutrients and other chemicals between the mother's bloodstream and the bloodstream of the fetus. It appears that before birth the placenta also secretes a chemical inhibitor that inhibits the metabolic activity of the fetus. After birth the inhibitor is, of course, lost, and the rate of the infant's metabolism speeds up dramatically. Dr. Power and his collaborators have evidence that the inhibitor is adenosine and have proposed that one cause of abnormally small babies might be excessive adenosine released by a diseased placenta.

Steven M. Yellon, associate professor of physiology, is an expert in the neuroendocrinology of puberty and in biological clocks, the daily rhythms of the body that are influenced by secretion of the hormone melatonin from the pineal gland. These daily rhythms are involved in such diverse reproductive processes as the onset of puberty and the initiation of labor. Yellon is working with graduate students Kevin Buchanan and Eda Marie Apostolakis in study of how light and dark cycles appear to affect the onset of birth and puberty.

Charles Duscay, assistant professor of physiology, has focused on the causes of premature labor and delivery. He and fellow researchers have demonstrated that placing

rhesus monkeys in an altered light cycle with light at night but darkness during the day reverses the pattern of cortisol secretion and uterine contractions. This switch also reverses the normal time of day of delivery. More important, using dexamethasone to suppress estrogen production by mother and fetus stopped the daily contraction of the uterus. It is hoped that this research will lead to better treatments to prevent premature births.

Longo, Gilbert, and other collaborators are researching the effect of high altitude on pregnant sheep and their fetuses. The preg-

nant sheep are kept at the Bancroft Laboratory at White Mountain, California (elevation 12,820 ft.) where the reduced partial pressure of oxygen in the air lowers the oxygen concentration in the ewe and hence the fetus. After four months the sheep are returned to Loma Linda where their adaptation to the low oxygen levels is studied. This research has shown that changes in calcium levels in heart muscle cells are one factor that helps the fetus adapt

to low oxygen concentrations. Such studies have important implications because many human fetuses also experience prolonged shortages of oxygen in women who reside at high altitude, those who engage in strenuous physical activity at work, those who are anemic, or those who smoke.

Today, the research about which Longo is most excited is in the area of cell and molecular biology. Working in collaboration with Christopher Cain, assistant professor of bio-

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chemistry, Longo is studying the enzyme ornithine decarboxylase in the brain. The levels of enzyme activity peak in response to low oxygen concentrations, and this is followed by a peak in synthesis of polyamines in the brain. Longo and Cain hypothesize that this is a mechanism to protect against harmful effects of low oxygen.

William J. Pearce, assistant professor of physiology, researches brain blood vessels in sheep, even arteries smaller than one-hundredth of an inch in diameter. Because arteries of the brain are more permeable at birth and less permeable as the infant matures, Pearce is looking for the mechanism that controls the permeability of the blood vessels. His work is particularly relevant for understanding the high incidence of intracranial (brain) hemorrhages in premature babies, especially after they have suffered from a lowered oxygen level.

## Proton Therapy Research

From their inception, the proton accelerator and facility at Loma Linda University Medical Center were meant to stimulate research. At the Proton Treatment Center, a research program is in place, attracting physicians, physicists, and other scientists from around the world. The Proton Treatment Center at Loma Linda encompasses the first accelerator and beam-delivery systems designed for patient treatments. The facility which houses them is the first in the world conceived and built to exploit protons for therapy. The unique nature of the facility and its contents attracts researchers interested in clinical and basic research in protons. The research program has two major divisions: basic and clinical science.

Basic scientific research includes several aspects, such as radiobiological studies, engineering investigations including computer

science and electrical engineering, and physics. Some physics investigations concern the effects of protons in living tissue, with potential applications for treatment; others concern the protons themselves.

Clinical research studies occur on several levels. One focus of current study is the brain. A primary goal on this avenue of investigation is to identify the sequence of cell population changes that produce the tissue and organ changes, commonly known as late reactions, found months to years after a therapeutic course of irradiation has been completed. A second goal is to identify new time-dose strategies; that is, to develop proton radiation treatment schedules capable of improving cancer control while sparing normal brain tissue.

With the assistance of Joseph Thompson, of the section of neuroradiology, and Andrew Kennedy, of the LLUMC house staff, radiation medicine investigators are performing analyses of tissue to determine the degree to which changes in tissue can be inferred from image changes, and thus, the degree to which magnetic resonance imaging can be employed as a measure of the brain's response to radiation. Thus far, the effort has enabled the investigators to identify graded changes in the brain following different total doses and different fractions of proton irradiation.

The immediate goal of this three-dimensional work is to test the hypothesis that the microvasculature is the tissue most sensitive to irradiation; that damage to the microvessels results in changes in other tissues, which in turn can produce the well-known long-term sequelae. Two-dimensional measurements of the microvasculature, made on microscopic sections, do not sufficiently describe post-radiation effects, nor do they show the relationships within or between the components of tissue volumes. Using a special staining technique they developed, however, and employing computer-assisted three-dimen-

sional reconstructions, McMillan and Marie-Helene Archambeau are evaluating the changes in brain microvessels and are comparing those changes observed with the same vessels in unirradiated brain tissue.

Loma Linda is working closely with the Lawrence Laboratory at the University of California at Berkeley and the Cyclotron Laboratory at Harvard University, two other institutions where patients are treated by charged particles. This work has led to a proposed Proton Radiation Oncology Group, which is intended to conduct national trials under the auspices of the National Cancer Institute. These trials will identify and document the role of proton therapy in the management of malignant and benign tumors.

It is anticipated that the Proton Radiation Oncology Group will be the foundation of an international proton therapy consortium that will include clinical and basic scientists from Europe, Asia, and other parts of the world.

## Epidemiologic Studies

**A** non-smoking, relatively thin Adventist who emphasizes fruit and vegetables and exercises moderately may reasonably expect an extra 10 to 12 years of life as compared to a relatively obese, non-exercising, high-fat/meat-consuming Adventist. Such are the preliminary results of the Adventist Health Study, a series of major Loma Linda University research initiatives begun in 1974.

In the nearly two decades since the study began, it has garnered increasing attention by scientists around the nation and world for being one of the most interesting and probing analyses of the effects of life-style on health. The National Institutes of Health and other funding agencies have contributed more than \$11 million to these studies.

The Adventist Health Study (which followed the Adventist Mortality Study begun in the early 1950s), began as a cancer investigation with Roland Phillips, as the principal investigator. In 1981, a cardiovascular component was added to the study, directed by Gary Fraser.

Initiated in 1974, the study enrolled 34,198 California Adventist men and women. Each of these subjects completed two extensive questionnaires containing about 350 different items of information. Between 1976 and 1982, each subject also completed an annual questionnaire reporting any hos-

pitalizations. Loma Linda researchers would then visit the hospital records rooms and collect extensive diagnostic data if there was any indication of coronary heart disease or new cancer. Thus, it was possible to relate different health habits to the risk of developing a new cancer or fatal or non-fatal heart attacks.

Loma Linda researchers use the data to compare the relative health of Adventists who exhibit different life-styles.

In brief, the study has suggested that particularly for cancers of the gastrointestinal, lung, and urogenital systems, higher consumption of fruit and beans and lower con-

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sumption of animal flesh foods are associated with a lower risk. The study did not show any definite association between diet and risk of breast cancer, one of the most common cancers in women. For fatal coronary heart disease, men who consumed beef at least three times a week had a 60 to 70 percent increased risk, and similar women had about 30 percent increased risk. The study also suggested that consumption of whole wheat bread was associated with about 40 percent decrease of both fatal and non-fatal heart disease.

Perhaps one of the most exciting and completely new findings was that frequent consumption of nuts (at least four times a week) was associated with roughly a halving of risk of both fatal and non-fatal coronary events when compared to people who ate nuts hardly at all. It should be pointed out that these results both for cancer and heart disease have all be adjusted for a large number of traditional risk factors where relevant.

Loma Linda researchers have also reported a number of relationships between non-dietary variables and risk of cancer and heart disease, many of which have been found in non-Adventist populations. For instance, the usual associations between cigarette smoking and lung cancer, bladder cancer, and pancreatic cancer were documented. Only 1 to 2 percent of the Adventist survey population admitted current smoking, but about 23 percent had smoked at some time in the past. These people continued to be at higher risk.

Similarly, Loma Linda researchers reported that a history of cigarette smoking or particularly current smoking had a clearly defined

association with risk of coronary heart disease. Hypertension, physical inactivity, obesity, and diabetes mellitus were also related to risk of heart attack in the same way as has been reported from the Framingham and many other epidemiologic studies. The Adventist Health Study also evidences that a history of cigarette smoking or current smoking was associated with a substantially elevated risk of leukemia and myeloma.

Risk of breast cancer was related to age at menarche and age at menopause, age at birth of first child, and history of breast cancer in the mother. These findings are of some impor-

tance, as they tend to negate the argument that because the Adventists are a special population, findings based on surveys of Adventists may not apply to the general population. However, for those diseases in which the epidemiology is well understood—such as coronary heart disease or breast cancer—

Loma Linda researchers demonstrate the identical findings that others have found in many diverse populations.

Thus, researchers at Loma Linda believe their dietary findings and other new findings from this population almost certainly have application to non-Adventist populations as well.

David Abbey, professor of biostatistics, has taken the opportunity to identify a subset of the Adventist Health Study population: Adventists who live in the smog basins of California. He has expended a great deal of effort to carefully document exposure of these subjects to various pollutants in smog and has then related this to risk of various diseases.

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This substudy has followed a cohort of approximately 6,000 members of the Adventist Health Study who have lived 10 years or longer within five miles of their present residence. Respiratory symptoms have been ascertained on the subcohort in 1977 and again in 1987. Statistically significant associations have been found between total suspended particulates and all-cause cancer in females as well as development of respiratory symptoms. A strong trend association has been noted between ozone and respiratory cancer.

This substudy has been funded by the California Air Resources Board and the Environmental Protection Agency and is being used as epidemiological evidence in support of air-pollution standards. The effects of past and passive smoking are also being investigated on this data set under funding from tobacco tax money in California.

## Mineral Metabolism Unit

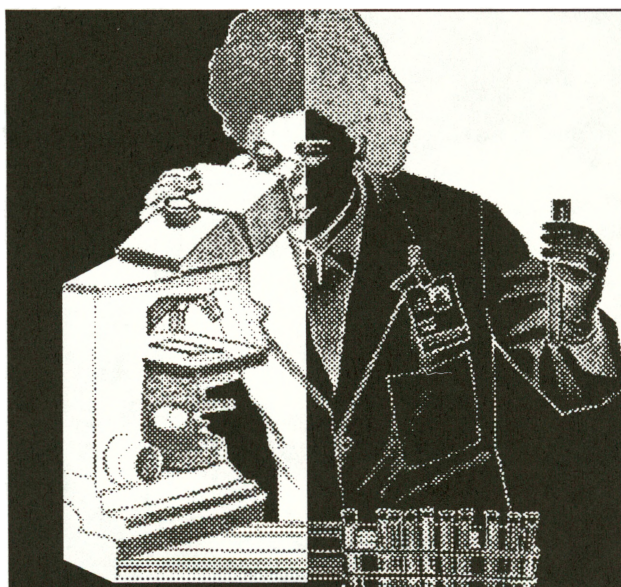
Loma Linda University's Mineral Metabolism Unit, directed by David J. Baylink, has become a leading international center for the study of osteoporosis, a crippling bone disease that affects more than 15 million people in the United States alone. The research unit is a multidisciplinary and multinational team of approximately 60 persons, receiving well over \$1 million each year in federal research funding. The 10 principal investigators have published nearly 200 academic papers during the past 10 years.

The principal investigators each conduct a major research initiative. Subbaraman Mohan, associate professor of medicine, and Thomas Linkhart, associate research professor of pediatrics, for instance, are currently studying the factors behind the regulation of bone growth. Mohan's work isolates the growth factors involved in bone development in order to

understand their components and mechanisms. He has found what is now called insulin-like growth factor II (IGF-II). This growth factor is produced in bone cells, and when added to cells of all types, stimulates their division and subsequent growth. IGF-II interacts with another protein termed insulin-like growth factor binding protein, or BP4, which slows its effects.

Graduate fellow Donn LaTour, together with Linkhart, Mohan, and Donna Strong, assistant research professor of medicine, has been involved in studying the dynamics of BP4. They have found that the body uses the two proteins to regulate the rate of bone growth and deterioration in a process called "remodeling." By isolating and understanding the proteins employed by the body to regulate bone growth, the research by Mohan and his collaborators will assist medical scientists in therapeutically manipulating these factors in patients experiencing bone deterioration.

K. H. William Lau, associate professor of medicine, is leading another research initiative toward understanding bone deterioration. Lau is studying the ways in which fluoride can be an effective agent in the treatment of osteoporosis. Fluoride is considered the single



most important agent in increasing bone density. Lau has discovered that fluoride works by inhibiting an enzyme in bone osteoblasts called acid phosphatase, which regulates cell growth. Scientists have long detected the presence of enzymes in bone tissue. Lau is making sense of these enzymes, their functions on bone growth, and subsequently how they can be manipulated.

In essence, Lau has shown that fluoride and the insulin-like growth factors studied by Mohan can have the same result, though by different mechanisms. Fluoride enhances growth factors by inhibiting proteins that inhibit bone growth. The introduction of fluoride can have tremendous impact in the fight against osteoporosis.

Another major research initiative with Baylink as the principal investigator, is an effort

to develop serum assays to measure bone development and deterioration. These tests will allow physicians to monitor the rate of bone formation and breakdown. The assays will provide the means for assessing the effects of new bone therapies and for more rapid and accurate diagnoses of bone diseases.

Other major research advances at the mineral metabolism unit include bone-forming effects of calcitonin (John R. Farley); establishment of role for grow-stimulating substances in diseases such as osteoporosis (Richard Finkelman, associate professor of periodontics); understanding the bone diseases at the molecular biology level (Donna D. Strong); and discovery of a new protein factor that helps in the maturation of bone-forming cells (Jon E. Wergedal, associate research professor of medicine).



# La Sierra University Ascending

The first accreditation review after the reincarnation of La Sierra as a university has removed academic probation.

*by Ed Karlow*

AT ITS FEBRUARY 1992 HEARINGS, THE SENIOR Accrediting Commission of the Western Association of Schools and Colleges (WASC) removed La Sierra University from probation but deferred reaffirmation of accreditation "because further progress is needed in the areas identified." La Sierra University's progress did not warrant either continued probation or even the lesser sanction of "warning." Graduating students receive accredited degrees. However, the commission also felt it premature to claim that La Sierra University had met all of the association's standards. In WASC's technical terms, "reaffirmation" of accreditation was deferred until the spring of 1995. "You have turned the corner, but you are not yet down the block," quipped one senior WASC official.

When the Western Association of Schools and Colleges visiting team assembled in October 1991, La Sierra University had been inde-

pendent just 14 months. New letterhead, spotlighting its new name—La Sierra University—had been distributed only two months earlier. It is not surprising that La Sierra's 1991 self-study report began with the question, "Who are we?" In many ways the institution seems newborn, yet it has a 70-year past.

Looking at the school's past is one way to begin answering questions about its present—and future. Founded as La Sierra Academy in 1922, the school became Southern California Junior College in 1927, and La Sierra College in 1939. It received accreditation as a four-year college in 1946. These stages of growth are unusual; La Sierra's rise to an independent accredited university, however, is a saga without equal.

Situated in an ethnically and culturally diverse region, "LSC," as it is still fondly remembered by many alumni, grew quickly. Academic programs flourished—especially those offered by departments whose courses were medical school prerequisites, and those that contributed employees to the church's growing educational system. By 1965, La Si-

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*Ed Karlow, professor of physics in La Sierra University's college of arts and science, served as chair of the 1991 self-study committee.*

erra College boasted a graduate division and the faculty were cultivating an institutional vision that had already birthed graduate programs in more than half a dozen fields.

Through the middle 1960s, academic relationships with Loma Linda University were established. Seeking to convert Loma Linda University from a health-sciences institution to a full-scale university, Loma Linda's leaders pressed for merger with La Sierra College, which occurred in 1967. For the next 23 years, the initials "LSC" identified the "La Sierra Campus" of Loma Linda University.

The union between the two institutions was not without its tensions. The geographical distance between La Sierra and Loma Linda was a minor irritant; the sense that a distinctive ethos prevailed on each campus proved more problematic. Differences in governance styles, salaries, and faculty expectations regarding teaching and research complicated the efforts of many thoughtful persons to galvanize the two campuses into one "university." By the late 1980s, many leaders concluded that consolidation of all university programs in Loma Linda would be the most prudent use of resources and the most promising means to achieve the vision of "university" sought for two decades.

But this meant closing La Sierra's operations, moving a portion of them to Loma Linda, and financing the construction of new facilities there by selling the La Sierra campus and its more than 300 acres of undeveloped farm

land. Such ideas drew fierce opposition from alumni, parents, current and prospective students, and other supporters of La Sierra. The La Sierra faculty in particular struggled to see how their programs and students could benefit from geographic relocation to a more congested campus—albeit one with newer facilities. The potential for productive relationships with Loma Linda faculty was appealing to a few faculty at La Sierra, but most saw Loma Linda's professional pursuits as tangential to La Sierra's academic orientation. These

La Sierra faculty were among those most vocal in their opposition, and consequently La Sierra became the target of severe criticism from those promoting consolidation.

Unification—as consolidation was optimistically labeled—occupied the center stage of university affairs from 1986 until January 1989, when university trustees abandoned the idea after determining the venture to be too expensive. Two months later the Western Association

of Schools and Colleges (WASC) announced, following a site visit, that LLU's accreditation had been placed on probation.

The university's failure to pass WASC inspection was blamed in part on La Sierra's recalcitrance over consolidation. Moreover, since the professional programs in Loma Linda must meet the standards of the accrediting boards of their respective professional associations, WASC accreditation was viewed by Loma Linda as primarily La Sierra's responsibility. WASC's probationary sanction implied to Loma

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*"There is an energy on campus that is driving the machinery of change," the team wrote. "LSU . . . has a new name, . . . a new mission statement. The faculty, staff, students, and administrators appear to be empowered to continue the growth and development of their new university."*

—The Western Association of Schools and Colleges

Linda that La Sierra had betrayed the university.

The shock inflicted by the announcement of probation on the institution already fatigued by three years of tumultuous consolidation debate induced another 18 months of convulsive behavior. With the present two-campus system under sanction, and consolidation rejected, the trustees sought to reorganize the university into two semi-autonomous units, each with a chancellor, and a president over the entire university. This model was pursued despite its obvious shortcoming of leaving the "university" undefined. It lasted only six months when then-president Norman Woods announced his resignation in January 1990, declaring the model unworkable. Complete separation of Loma Linda and La Sierra was seen as the only remaining choice.

Divorce came on August 25, 1990. Returned to its parent organization, Pacific Union Conference, La Sierra temporarily took the name "Loma Linda University Riverside." On March 7, 1991, its trustees adopted the name "La Sierra University," in order to distinguish it from Loma Linda while preserving some of its past heritage. Of course, the decision on its name also committed the trustees to developing the policies and resources required for La Sierra to fulfill the various responsibilities of a modern university.

Following the formal division of assets, Loma Linda University and La Sierra University were still under WASC's probationary sanction. While on probation, accreditation continued for both institutions. The problems that had led to probation were not the responsibility of either campus alone. The citations applied to the university as a whole prior to separation: administrative dysfunction, financial instability, faculty governance confusion, trustee conflict of interest, and salary inequity.

Several of WASC's concerns, such as lack of trustee autonomy and the incompatibility of the campuses' salary scales, had been identified 10 years before by WASC as issues the

university could not ignore. Thus, separated, each institution needed to respond to the accrediting commission's citations as though they applied uniquely to it. And each institution needed to demonstrate that it met WASC's accreditation standards independently.

The 1991 WASC team quickly saw La Sierra for what it is—a university in the state of becoming. Nevertheless, the team found that significant progress had been made toward addressing the issues that had led to probation. "There is an energy on campus that is driving the machinery of change," the team wrote. "LSU . . . has a new name, . . . a new mission statement. The faculty, staff, students, and administrators appear to be empowered to continue the growth and development of their new university."

WASC judged that separation from Loma Linda University had been good for La Sierra. "Thus, while several of the concerns that led to probation persist," the commission's executive secretary wrote, "they do so in a very changed environment."

The WASC report is sprinkled with recommendations and suggestions for improving and strengthening operations. The team reminded La Sierra that major attention still needs to be given to strategic and financial planning, faculty salaries, support for faculty scholarship and research, and the adequacy of extended campus programs. But they commended La Sierra's vibrancy of character, strong tradition of service, spirit of open inquiry, and high regard for quality teaching. They saw the university as "a regional and even national model in the area of student diversity." Support systems that promote student learning were noted. And the school's honors program was lauded as "a jewel in the crown of the institution."

What makes a university? WASC makes no distinction in its standards among institutes, colleges, or universities. There is no

checklist against which to measure institutional stature and thereby select an appropriate name or category. An institution is a university if it behaves like one. Universities generally have stiffer admissions standards, engage in more extensive professional service to their various communities, foster more varied scholarship among their faculty, and offer a broader range of graduate programs than colleges do.

In all of these areas La Sierra University has an impressive record. It has raised admissions standards from a high school GPA of 2.0 to 2.5. Recent freshman classes have had more students electing the honors program and fewer placed in developmental courses. The self-study report of the university prepared for WASC detailed the extensive public service LSU provides to the Adventist constituency, the general public, and local schools and colleges. La Sierra has been the site of national events like the Claude Gordon Brass Camp and the national competition of the United States Sports Acrobatics Federation. The WASC team praised three facilities for their significant contribution to the university's culture: the World Museum of Natural History, the Brandstater Gallery of Art, and the Stahl Center for World Mission.

Since their inception in the mid 1960s, La Sierra's graduate programs have produced nearly 700 graduate degrees, more than 80 of which are at the doctoral level. And in the most recent three years its 100-plus faculty, of

whom 76 percent hold the doctorate or terminal degree in their field, have raised their combined annual scholarly output from 89 to 140 professional publication and presentations, including books, papers, and artistic performances and exhibitions.

But WASC has challenged La Sierra University "to come up a little higher." In the spring of 1995, when WASC returns for a special visit, La Sierra expects to be able to report a 15-percent increase in enrollment, with a full-time equivalent student body of nearly 1,300; the achievement of a balanced budget of approximately \$16 million; increases in faculty salaries, approaching parity with those of similar institutions in Southern California; invigorated faculty and graduate-level scholarship; and a well-focused vision of La Sierra University's niche in Adventist higher education.

The university's confidence that it can meet these goals was bolstered by the September 28, 1992, report in *U.S. News and World Report*. For the third straight year, La Sierra was listed among the top universities in the nation, based on measures of perceived prestige and factors such as ACT/SAT scores of entering freshmen, percentage of faculty with Ph.D.'s, financial investment per student, and rate of graduation. After citing the 25 top universities, the report included a list of 179 of "the best of the rest." La Sierra University was one of only two Adventist institutions appearing on that list.



# Earthquakes as A Way of Life

Special construction and earthquake insurance are  
Loma Linda's first lines of defense against the Big One.

by Sandra Elikeslee

*Recently, the Loma Linda University Medical Center withstood two major earthquakes with epicenters less than 50 miles away. [Landers 7.4, Big Bear 5.6. See below.] Since then the "inland empire," which includes Riverside, San Bernardino, and Loma Linda, has felt hundreds of tremors.*

*Not just residents of Loma Linda, but Adventists generally find it difficult to ignore this seismic activity, since the medical center is located only seven miles from the San Andreas fault, next to one of its tributaries.*

*The story explores the possibility of even more cataclysmic earthquakes in the area around Loma Linda. (Copyright © 1992 by The New York Times Company. Reprinted by permission.)*

*The university has consulted with engineers, who have established that the medical center was originally built to withstand an earthquake up to 8.3 on the Richter Scale. Even at that high level and close proximity, buildings would not collapse, and people would be safe, although the building would sustain some damage. More recently built wings, including the section housing the proton accelerator, have been constructed to withstand even stronger earthquakes. That may be one reason it has been possible for the medical center to purchase earthquake insurance.*

*The Editors*

Special to *The New York Times*

LOS ANGELES, July 12—Two weeks ago yesterday, one of [the] largest earthquakes in California history slammed through the Mojave desert, leaving one person dead, hundreds injured and scores of scientists astonished and shaken.

Astonished because this

earthquake did weird things, like setting off earthquakes more than 500 miles to the north, ripping across four existing faults to make a single larger fault, and helping give rise to a new tectonic system that is shearing California away from the rest of North America and nudging it toward Alaska.

And shaken because the nation's

most dangerous fault, the San Andreas, just got more dangerous.

Having examined their preliminary data, scientists now say the twin earthquakes that struck on June 28—7.4 on the Richter scale of ground motion near Landers and a magnitude of 5.6 near Big Bear—significantly increased the likelihood that the south part of the San Andreas will soon generate a magnitude 8 or greater earthquake, popularly called the Big One.

Precisely how soon they cannot say. Four years ago the United States Geological Survey estimated the probability of a huge quake's striking the southern end of the San Andreas fault at 60 percent in 30 years. But in interviews last week, most scientists said they expect it to happen much sooner.

"Most of us have an awful feeling that 30 years is wishful thinking," said Dr. Allan Lindh, director of the U.S.G.S. Seismology Branch in Menlo Park, Calif. "Everyone agrees that Los Angeles and San Bernardino should treat this like a final warning. It's like when you clean up camp. It's time to make that last pass through our cities, homes and lives and act as if the damn thing will

happen tomorrow."

## Don't Panic, But Prepare

Dr. Lucile Jones, a leading expert on the southern San Andreas at the geological survey's office in Pasadena, Calif., said: "This is a wake-up call. I think we're closer than 30 years. It could be two years or five years or longer. But that doesn't mean people should panic this week. I ask them: 'What are you willing to do for the next two years? We have a higher hazard.'"

Scientists usually take each other's claims with reserve until they have been reviewed by independent experts and published in a scientific journal. The California seismologists have only just begun to analyze the data from the June 28 earthquakes and have not had time to write any papers. But they at least are taking their results seriously.

Scientists at the agency, Dr. Jones said, have bolted down bookcases, put Velcro on computer equipment and double-checked water supplies, batteries and backup power systems.

## Three Minutes of Destruction

The southern end of the San Andreas fault has not ruptured for over 300 years, Dr. Jones said. When it does, the shaking will be many times stronger than the Landers

*Scientists say the twin earthquakes that struck on June 28 significantly increased the likelihood that the south part of the San Andreas will soon generate a magnitude 8 or greater earthquake, popularly called the Big One.*

earthquake and could last up to three and [a] half minutes. The Landers quake lasted 32 seconds.

Such a catastrophic earthquake could devastate cities like San Bernardino, Riverside and Palm Springs, which are within 20 miles of the San Andreas fault, said Dr. Thomas Henyey, director of the Southern California Earthquake Center at the University of Southern California. But Los Angeles and San Diego, which lie farther west, could also sustain serious damage if the shaking lasted three minutes. Some older structures on soft soils, built before strict building codes were adopted, won't be able to handle that much shaking, Dr. Henyey said.

So geologists and seismologists are feeling a sense of urgency as they crawl over the newly ruptured faults to find out what happened and what is likely to happen next.

In the back of their minds is the great engine that drives earthquakes in California, plate tectonics. The earth's crust is composed of scores of relatively rigid plates that float on a hot, viscous mantle below. Driven by hot, up-welling fluids, the plates grind past one another at a rate of two to four inches a year, creating vast fault zones that produce earthquakes. California is bisected north to south by the 800-mile-long San Andreas fault, which is the boundary between the Pacific plate and the North American plate. The Pacific plate is moving northwest at about 2 inches a year, while the North American plate moves southeast.

But for the past few million years, the boundary has been changing, said Dr. Tanya Atwater, a leading authority on plate tectonics at the University of California at Santa Barbara. Twelve million years ago, she said, the San Andreas ran a straight north-south line, passing offshore of Los Angeles near Catalina Island. But then, for reasons that remain a mystery, the vast block of crust carrying land from Baja California to Los Angeles broke away from North America and by five million years ago had attached itself firmly to the Pacific plate. Since it is now attached to the Pacific plate, the Baja crust region is moving northward.

When the Baja region jumped plates, the San Andreas fault had to make a big bend to the east to get around it, before heading south again through the Imperial Valley and to its terminus at the Sea of Cortez, Dr. Atwater said. Because of the northward movement of the Baja crust region, the San Gabriel and San Bernardino mountains that lie north of the Los Angeles basin are "flying up in the air," she said. Los Angeles, on the Pacific plate, is "with shocking speed" ramming into Northern California, which is mostly on the North American plate, she said.

But another mystery remained, Dr. Atwater said. Measurements show that the two plates are moving at an approximate rate of only 1.4 inches a year along most of the San Andreas. The remaining 0.6 inch of relative plate motion was unaccounted for.

The Landers earthquake may have provided the clue to the riddle, she said. The fault that broke two weeks ago headed north from the San Andreas into the Mojave Desert. At least six significant earthquakes fell along this same path in the last 50 years, said Dr. Amos Nur, a professor of geophysics at Stanford University.

## New Path for San Andreas

Many scientists now believe that the San Andreas fault is trying to take a new route through the Mojave, through Death Valley and past the eastern edge of the Sierra Nevada range, Dr. Nur said.

This path, called the Eastern California shear zone, accounts for the missing plate motion, said Dr. Roy Dokka, a geology professor at Louisiana State University in Baton Rouge who first recognized the zone in the late 1980's.

If the San Andreas succeeds in breaking through this zone, it would head north past some active volcanoes on the eastern Sierras where the crust is thin and hot, Dr. Atwater said. But "if it can't find an easy way up through Oregon," she said, it might stop or it might try to head east or west.

The rest of California would attach itself to the Pacific plate and head northwest toward Alaska, and

the old San Andreas fault would slowly fizzle. "California is already stuck to the Pacific plate," Dr. Dokka said. "It's like a broken arm dangling at the side and being dragged along for the journey."

The new fault system may form in 100,000 years, Dr. Nur said. In the meantime, scientists have plenty of mysteries to solve concerning the Landers earthquake.

For example, minutes after the Landers earthquake, hundreds of small earthquakes magnitude 1 to 3 occurred near Mammoth Lakes, Mount Shasta and Mount Lassen, a full 530 miles to the north. A magnitude 5.6 quake struck in southern Nevada 175 miles away.

"For years we've been saying we couldn't envision any mechanism to link distant quakes, that such happenings were just a fluke," said Dr. David Jackson, a professor of geophysics at the University of California in Los Angeles. "Well, there are too many flukes this time."

Several ideas have been advanced to explain the phenomenon, said Dr. David Hill, a volcano expert at the geological survey in Menlo Park. The earthquake waves may have disturbed gas bubbles trapped in

magma chambers along the eastern edge [of the] Sierra Nevada range, he said. As in a shaken cola bottle, he said, the force of the gases could have set off small quakes.

Another mystery centers on the fact that this portion of the Mojave Desert was able to produce a magnitude 7.4 earthquake, one of the largest in California's history.

The Landers earthquake broke parts of four or five smaller faults as it cut a new major fault approximately 43 miles long, said Dr. Tom Heaton, a leading earthquake expert at the geological survey's Pasadena office. "Before this, we would have said you can't have a magnitude 7.4 quake on multiple faults," he said. "But it happened."

"We have many multiple faults in California, lots of them in the L.A. basin. We can string them together right beneath the city. That reopens issues of how we build structures."

This and the fact that Southern California has been experiencing flurries of earthquakes since 1986 has scientists and disaster preparedness officials very worried. "When you get a rash of quakes, you can expect more," Dr. Jackson said. "They come in bunches as if one quake stirs up the pot."

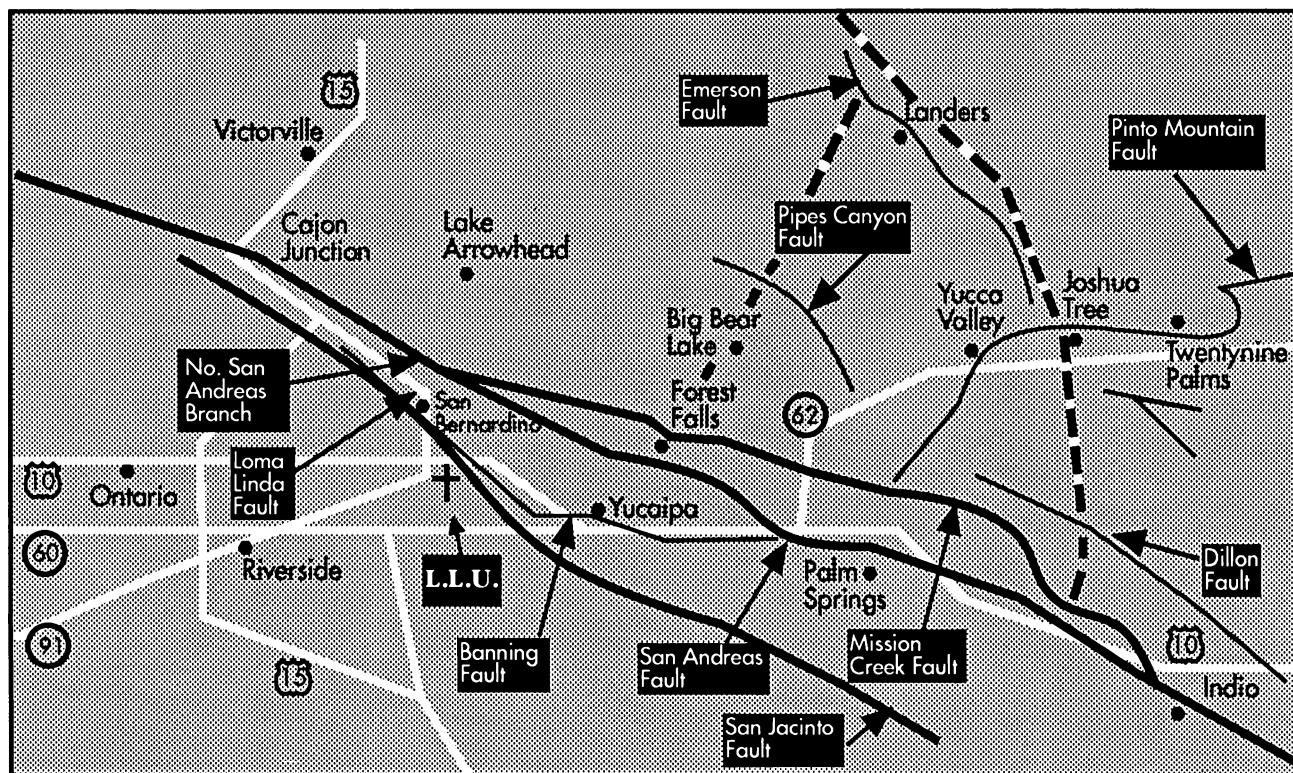
This notion is called the seismic cycle theory, said Dr. Lindh of the Menlo Park seismology office. For example, Northern California experienced flurries of magnitude 6.5 to 7 earthquakes in the 1830's, 1860's and again in the 1890's, just before the catastrophic 1906 San Francisco earthquake, he said. Southern California could be in a flurry heralding the Big One, or the area could quiet down for a few decades before it happens, he said.

From 1986 until the Landers quake, there were nine good-sized earthquakes in Southern California, and after the Landers quake, another 13 magnitude 5 quakes—some aftershocks, some on different faults—have shaken the region, indicating that a flurry is under way. Most have occurred at the head or tail of the San Andreas's southern section.

Because the tail has been locked in place since 1680, scientists are watching the northern end, near the Landers and Big Bear quakes, with trepidation.

"I'm calling the area the Bermuda triangle" because it lies near the Bermuda Dunes, Dr. Jackson said.

It is an apt name. The Landers fault and Big Bear fault both begin at



the San Andreas and then intersect to the north, forming a triangular block of crust, Dr. Lindh said. The base of the triangle is a 40-mile long segment of the San Andreas that has been profoundly changed.

During the earthquakes, this block of crust stretched an average of 10 feet to the north, up and away from the San Andreas, Dr. Lindh said. This reduced the clamping forces along the 40-mile segment, making it easier for the San Andreas to slip, seismologists said. Moreover, the relative motions of the Landers and Big Bear faults pushed the San

Andreas in exactly the right direction to help it snap.

"We can't say this is the straw that breaks the camel's back," Dr. Jackson said. "All we can say is that there is a straw and there is a camel. But there is wide agreement that this is one step toward a major earthquake on the San Andreas."

In a worst case, 240 miles of fault from the Salton Sea to Fort Tejon could break at once, Dr. Jones said. A break that long would release enough energy to cause three and [a] half minutes of shaking for hundreds of miles around.

Scientists will meet throughout the year to revise estimates of when the Big One might happen on the San Andreas's southern section, Dr. Henyey said. After the Loma Prieta earthquake in [sic] Oct. 17, 1989, scientists recalculated the risk of a huge quake in the northern section to be 67 percent in 30 years, from 40 percent.

In the meantime, Southern Californians are doing a good job of getting ready, Dr. Jones said. "They are not panicking," she said. "No one is flying out of town. But people are taking this warning seriously."



# Documenting A Dispute

Point and counterpoint in an emotion-laden conflict arising from the school of medicine.

## Introduction

THE SPECIAL SECTION ON LOMA LINDA CONCLUDES with several documents that are particularly relevant to a dispute between certain faculty and the administration of the university. After the brief introductory notes, the documents are printed unedited, in the chronological order of their appearance.

**The letter from the Western Association of Schools and Colleges (WASC)** informing Loma Linda University that the Accrediting Commission for Senior Colleges and Universities had removed the university from probation and reaffirmed its accreditation (March 3, 1992). The letter summarizes an extensive, detailed report from the Accrediting Commission of WASC to the university.

The report includes a comment on "an ongoing conflict at LLU between a group of faculty and administration," says that it spent "a significant amount of time discussing it with a variety of individuals and groups during the site visit," and concludes that "grievance pro-

cedures currently in place should be adequate to resolve the issues, and certainly should be tried by the aggrieved faculty before they resort to appeals to external agencies."

Too extensive to reprint here is an exchange concluded in June 1992 between critics of the administration and the administration. On January 15, 1992, Dr. Shankel, on behalf of himself and Dr. Grames, requested that the National Labor Relations Board (NLRB), an agency of the federal government, investigate Loma Linda University and the Loma Linda Faculty Medical Group, Inc. for unfair labor practices. In March, the acting regional director ruled that because Loma Linda University is a "church operated school," an "inquiry into a faculty member's dismissal would impermissibly involve the Board in an 'inquiry into the good faith of the position asserted by clergy-administrators and its relationship to the school's religious mission.'" That led to appeals and extensive briefs by attorneys for Shankel and Grames, with extended, responding briefs by attorneys for Loma Linda University. The brief for Shankel

and Grames argued that “in the instant case, Loma Linda has a primarily secular purpose.” Attorneys for Loma Linda University argued that “As an institution of the General Conference of Seventh-day Adventists, the highest body of the Church, the University is an integral part of the Church itself.” In May, the general counsel of the NLRB, citing many of the facts in the university’s brief, refused to overturn the regional director’s ruling, and on June 19 denied a request for reconsideration.

**An article in *Academe* regarding a dispute within the school of medicine.** *Academe* is the official journal of the American Association of University Professors. An article in its May-June 1992 issue (pp. 42-50), summarizes the history of the dispute, and refers to extensive correspondence between the administration and the AAUP, including a 17-

page critique by the administration of a draft of the article. Since the appearance of the article the association has formally censured Loma Linda University.

**The response of Loma Linda University** (July 21, 1992) to the completed article published in *Academe*. This document repeats the core criticism in a longer, 17-page critique of the article in draft form.

**The response of the Interschool Faculty Advisory Council**, which is comprised of two representatives from each school within the university, the faculty of religion, and the library. The president and deans of the schools are also members, *ex officio*. The voted decisions of this body are advisory to the president of the university.

The Editors

## WASC Summarizes Its Reaffirmation of Accreditation

March 3, 1992

B. Lyn Behrens  
President  
Loma Linda University  
Loma Linda, CA 92350

Dear Lyn:

At its February 10-21, 1992 meeting, the Commission considered the evaluation team report of the site visit to the Loma Linda campus on October 28-31, 1991, and the self-study report submitted in preparation for this visit. The Commission was grateful for the opportunity to meet with you and Ian Fraser and to learn of your response to the team report and your plans for the future of the University. The Commission also was pleased to learn from your presentation of the continued progress of the University since the team visit.

The self study and evaluation team report chronicle a remarkable turnaround, a "renaissance" of the University as described by the team, in which you, the Board of Trustees, faculty, administration and staff can take great pride. It is evident that the separation of La Sierra and Loma Linda into two autonomous campuses has infused Loma Linda University with new vitality and focus as a health sciences University. The Commission also wishes to commend the University for the quality of its self study. Not only was the self study extremely well organized and formatted, but the University appears to have successfully used the self-study process to engage a number of substantive issues. As the team report indicates, there is some unevenness in the

content and analysis presented in the report, but overall it is a very fine effort.

The visit to the University was a probation visit, and focussed initially on the responsiveness of the University to the conditions and concerns which led to the probation action in February 1989. The efforts of the University to respond to the concerns has been substantial, and the evaluation team found that in most respects the University has responded effectively to each of the Commission concerns.

The evaluation team report was comprehensive and thorough and led to a number of valuable recommendations, which the University should consider. The Commission wished to highlight a number of areas in the self study and team report:

### 1. Governance and Administration.

One of the areas in which key changes have occurred has been with respect to the restructuring of the Board of Trustees and the changes brought by new leadership to the University. With respect to the Board of Trustees, it is clear that the reconstitution of the Board has resulted in reduction of size, increased representative character, and in the elimination of conflict of interest. Though these changes are recent in origin, already there is evidence that their impact is significant, and it appears that the Board is operating at a high level of effectiveness. The team also reports that the new structure of the Board, especially the involvement of faculty, students

and administration on its committees, has led to much broader participation of the various University constituencies. Also in response to previous Commission concerns, the Board now has clear authority to act as the governing board over critical areas such as salaries, allocation of resources and setting the University mission. As stated by the team: "nowhere has LLU made more progress more swiftly in addressing the concerns of the Commission than in reorganizing its Board of Trustees and establishing the Board's independent authority over the institution. Loma Linda is to be commended for this remarkable achievement."

It is also clear that there is great promise in the new administrative team assembled since the last WASC site visit. The team has summarized a number of important accomplishments achieved under this new administration.

[T]he President has nearly completed assembling her team of key administrators; many issues of faculty governance have been addressed and codified; comprehensive handbooks have been produced and distributed for students, faculty, staff, and trustees; a planning process that engages many levels of the institution has been developed, and an annual planning cycle begun; and there has been broad and enthusiastic reception for President Behrens' open style that invites the campus community to join her in LLU's renaissance. These are auspicious beginnings, but the real test lies ahead as

institutional gains are consolidated, the transition phase wanes, and the institution embarks upon its long-range plan.

As much as has been done, much lies yet ahead. Faculty understanding of its role and responsibilities in governance needs to be improved, and the new governance structures for the University, especially on a University-wide basis, need to be tested. As is reported by the team, particular attention needs to be paid to the role of the department chairs.

## 2. Assessments.

The University has begun to address how assessment might be undertaken, but much more thought and effort is needed. The evaluation team found that the self study, as a model of institutional functioning, was lacking in its use of data, and so too is the campus as an organization. Information needs and uses are not comprehensively assessed, data collection appears to be unsystematic, and there is little information about student learning other than results of national licensure examinations. Even these results, however, are not used as a basis for analysis and action. Pass

rates on licensure exams, as well as retention rates among the various schools, vary widely, yet there is little effort to analyze the results. The Commission concurs with the team recommendation that a census of assessment activated currently underway at the University be undertaken, and that the University develop a plan for using student learning outcomes and other data more effectively in its planning and decision making.

## 3. Diversity.

The University is to be commended for the steps it has taken to study the multiple facets of diversity within the context of the University's mission and its sponsoring church constituency, leading to a thoughtful study and the approval of a new appointment to assist the President in following through on the campus recommendations. The Commission also commends the personal commitment of the campus leadership. As the team recommends, there is need for operational plans to give form to the campus goals, and to establish means for extending the dialogue about diversity issues throughout more of the campus community.

## 4. Educational Programs.

The Commission was impressed by the extent to which the University mission informs and infuses the educational programs offered at all degree levels, and the extent to which faculty, administrators and students affirm this mission. With respect to undergraduate education, the Commission commends the University for its efforts to address Commission standards, especially those calling for upper division general education and elective courses. The Commission wishes the University to take note that Standard 4.B has been revised, and that the new standards should become the basis for forthright dialogue within the institution. The Commission was also pleased to note the observation by the evaluation team of the many centers of excellence across the University, especially in graduate programs and research. At the same time, the University will need to be conscious about supporting active research within the faculty, and increasing the number of faculty engaged in research.

With respect to off-campus programs, the Commission was pleased to note the responsiveness of the University to the concerns of the Commission and the previous evaluation team. The Commission had been greatly concerned about the large number of off-campus programs and the extent to which they were stretching University resources and the focus of the faculty. The significant reduction of the number of off-campus programs has effectively addressed this concern, and the Commission urges continued caution before new off-campus programs are initiated to ensure that adequate faculty, library and computer resources are in place for such programs. The Commission was also pleased that the University was able to compare on and off campus programs leading to the general conclusion of comparability of learning outcomes. Continued attention should be given to accelerated courses, to ensure that such courses are given only in those subjects appropriate to this format, and that there is monitoring to ensure

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## Team Roster

### The Western Association of Schools and Colleges

**Ralph C. Bohn** (Dean of Continuing Education), San Jose State University; **Edwin L. Crocker** (Vice President of Administrative Services), Association of American Medical Colleges; **Harry E. Douglas, III** (Dean, College of Allied Health), Charles R. Drew University of Medicine and Science; **Elizabeth B. Griego** (Dean of Student Services and Research), Samuel Merritt College; **Olita D. Harris** (Associate Professor), San Diego State University; **Karl J. Hittelman** (Associate Vice Chancellor, Academic Affairs), University of Southern California, San Francisco; **Daniel Kostenbauder** (Chair, Board of Trustees), Pacific Graduate School of Psychology; **Russell L. Miller** (Vice President for Health Affairs), Howard University; **Kenneth E. Pflueger** (Director of Library Services), California Lutheran University; **Edyth H. Schoenrich** (Associate Dean, School of Public Health), Johns Hopkins University; **Hortense E. Simmons** (Professor, English and Ethnic Studies), California State University, Sacramento; **Henry Van Hassel** (Dean, Dental School), Oregon Health Sciences University; **Wendell A. Yee** (Associate Professor of Chemistry), Santa Clara University; **Larry Geraty** (President), Atlantic Union College, *observer*; **Robert Williams** (Provost, retired), Kettering College of Medical Arts, *observer*.

that faculty and students accomplish pre- and post-course assignments. The evaluation team also reported efforts of the library to improve support services but, as reported, services remain marginal and need improvement. Of concern as well is the finding that few students, at least in the MPH program, make use of the library. It will be important for the faculty to review the course syllabi to make sure that library use is integrated into the curriculum of off-campus programs. The Commission additionally supports the team recommendation that more effective computer support be provided to implement the University's computer literacy requirement, especially for the School of Public Health.

### 5. Faculty.

The University is fortunate to have such a dedicated and caring faculty support its educational programs. As noted by the team, there is need for clarification of the faculty member's

responsibilities to the University, the Health Care Facilities, and the Faculty Practice Plans. In addition, tenure policies and practices remain a major source of confusion. Better communication is also needed about the rights of pre- and non-tenured faculty.

### 6. Finances.

The Commission was pleased to note the significant improvement in University finances, the reduction in external debt, the increase of voluntary support, and the apparently stable enrollment pool. These factors bode well for the University to marshal the resources necessary to accomplish its planning objectives.

Much has been accomplished in the past two years, and the University seems well positioned to capitalize on this momentum to accomplish its educational and service mission in the health sciences. In light of these changes, the Commission acted to:

1. Remove probation.
2. Reaffirm the accreditation of Loma Linda University.
3. Schedule a special visit to the University in the fall of 1995, focusing on institutional progress in addressing the issues raised in this letter and in the team report. The format of the special visit report should follow that suggested in the enclosed memorandum.

Please call me if you have comments or questions.

Sincerely,

Stephen S. Weiner  
Executive Director

SSW:dma

Enclosure

cc: Raymond F. Bacchetti  
Members of the Team

# Freedom and Tenure: *ACADEME* Reports<sup>1</sup>

## I. Introduction

This investigation was authorized by the Association's general secretary in October 1991, following correspondence between the staff of the Association and the administration of Loma Linda University regarding actions taken that summer to dismiss three members of the faculty. The undersigned were designated as an *ad hoc* committee to investigate the circumstances surrounding the dismissals and also the general condition of academic freedom and tenure at Loma Linda University.

The university's president, although earlier she had been responsive to communications from the Association's staff, regrettably refused to meet with the investigating committee. She wrote in a letter of January 22, 1992, as follows: "Our attorneys continue to advise us that the university's interests in possible litigation are jeopardized by communication with your committee. The individuals who invited you here also obviously neglected to tell you that membership in a union like the AAUP violates the tenets of the Seventh-day Adventist Church which sponsors Loma Linda University and to which these individuals claim to belong. . . . Your organization is not welcome on university premises. University facilities are not open for the use of your committee."

It should not be necessary to say that the Association, in launching the investigation, was not functioning as a union. It does need to be said that responsible faculty members who were interviewed by the investigating committee rejected the notion that membership in a union, whether like

or unlike the AAUP, violates the tenets of the modern church.

The investigating committee, having examined extensive documentation, visited the Loma Linda area and met at an off-campus location on February 13 and 14, 1992, with fifteen present or former faculty members of Loma Linda University and two from La Sierra University, in neighboring Riverside, which had been joined with Loma Linda University from 1967 to 1990.

The president and the chair of the board of trustees submitted a seventeen-page response to a draft of this report that was sent to them prior to publication. Their comments were taken into account in preparing the final text.

## II. Background

Loma Linda University, located in the California town of that name lying some sixty miles east of Los Angeles, was founded by the Seventh-day Adventist Church in 1905 as the College of Medical Evangelists. In 1960 and 1961 it gained accreditation by the Western Association of Schools and Colleges and acquired its current name. A nearby four-year Adventist baccalaureate institution, La Sierra College, merged with Loma Linda University in 1967, becoming its college of arts and sciences. The merger was dissolved in 1990, leaving the Loma Linda campus with a Medical Center and Schools of Medicine, Dentistry, and Public Health, as well as undergraduate Schools of Nursing and of Allied Health Professions. There is also a School of Religion, which provides religious and/or ethical instruction to

all students (about 2,500 in all, 60 percent of them Seventh-day Adventists).

Among the dozen Adventist postsecondary institutions in North America, Loma Linda is one of two universities (the other being Andrews in Michigan) receiving financial support from the church's international headquarters and serving a worldwide church constituency. The Medical Center and the School of Medicine are central to the functioning of over 150 Adventist hospitals and medical facilities around the world, providing most of their doctors and dentists and many of their nurses while attracting the students who will be the practitioners for the next generation. Of the full-time-equivalent School of Medicine faculty numbering more than six hundred, over 80 percent are clinicians. The full-time clinicians are paid through a practice-plan structure that provides them with a substantially higher income than that of faculty members who are paid by the university, namely, those in basic sciences and in the schools other than Medicine and Dentistry.

The president of Loma Linda University since June 1990, succeeding Dr. Norman J. Woods, is Dr. B. Lyn Behrens. Born and medically trained in Australia, she first came to Loma Linda University in 1966 for advanced pediatric education and a subsequent faculty position in the Department of Pediatrics. She was appointed dean of the School of Medicine in 1986 and served in that capacity until a successor was selected after she became the university's president.

Dr. David B. Hinshaw, who was dean of the School of Medicine for

approximately fifteen years, is currently president of the Loma Linda University Medical Center and is also, among other titles he holds, president of the Loma Linda University Faculty Medical Group, Inc., and the university's vice president for medical affairs. As a young dean, Dr. Hinshaw had a key role in 1962 in bringing the clinical side of the medical school from downtown Los Angeles to the new Medical Center. He left Loma Linda University for a few years in the 1980s to serve as dean of the School of Medicine at Oral Roberts University.

Dr. George M. Grames, Professor of Medicine and a member of the faculty for twenty years when the administration acted to dismiss him, had been director of the Internal Medicine Residency Program until the administration removed him from that position late in 1990. Dr. Stewart W. Shankel, Walter E. Macpherson, Professor of Internal Medicine and a member of the faculty for twenty-one years when the administration acted to dismiss him, had been chair of the Department of Medicine from 1986 until early in 1990, when the administration removed him from that position. Dr. Lysle W. Williams, Jr., Assistant Professor of Emergency Medicine, was a member of the faculty for thirteen years when the administration acted to dismiss him. The dismissals, which will be central to this report, occurred in July and August 1991.

Some of the facts summarily recorded above require further brief explanation. The Accrediting Commission of Senior Colleges and Universities of the Western Association of Schools and Colleges (WASC), after a site visit in 1988, placed Loma Linda University on "public probation." Prominent among the stated reasons for the imposition of probation were financial instability and deficient faculty participation in governance. The board and administration responded in part by splitting off La Sierra College in 1990, and in the process dissolved a faculty senate that had served the combined institutions. New faculty advisory bodies, created for Loma Linda University, will be described in Section V of this report.

The School of Medicine under-

standably overshadows the university's other components, about which this report has little to say. Of the School of Medicine's twenty-five departments, the Department of Medicine, with more than one hundred members, is by far the largest. Surgery is a significant second. All of the episodes to be discussed took place within the Department of (Internal) Medicine, except for the case of Dr. Williams in Emergency Medicine.

About two-thirds of the whole faculty are Seventh-day Adventists. Only one of the faculty members interviewed by the investigating committee is not an Adventist. The church is manifestly influential in the mission of the university, and in the lives of the members of its faculty. The faculty and staff constitute, by and large, a remarkably close-knit community: four father-and-son pairs have held positions in the School of Medicine. Faculty members are subject to discipline for "personal conduct which is incompatible with the standards of morality and propriety of the Seventh-day Adventist Church." The Faculty Handbook, which includes a "Sexual Standards Policy" as well as a "Tobacco and Alcohol Policy," lists twenty-one Adventist churches and seven schools

in the environs.

Although almost all of the persons who met with the investigating committee considered themselves dissenters from the administration's policies, there was no mistaking their devotion to the institution and its Christian mission. They were without exception open, friendly, and apparently serene in the face of reproofs and anxiety for their own futures and that of the university.

The medical practice program at Loma Linda University, through which the full-time clinicians are paid, is similar to those at many medical schools that have discovered the financial benefit of having the clinical faculty paid all or most of their salaries from the "private practice" income that they generate. The program currently in place has an umbrella organization, the Loma Linda University Faculty Medical Group, Inc. (LLUFMGI), which is a California non-profit corporation. The three "members" of the corporation, who appoint the executive committee of LLUFMGI, are the president of the university, the vice president for medical affairs, and the dean of the School of Medicine. Vice President Hinshaw presides. The large board of directors includes all department chairs, division and section heads, one to three appointed

## Members of Committee A on Academic Freedom and Tenure

**Elizabeth Bartholet** (Law), Harvard University; **William P. Berlinghoff** (Mathematics), Farmington, Maine; **Thomas D. Morris** (History), Portland State University; **James E. Perley** (Biology), College of Wooster; **Robert C. Post** (Law), University of California, Berkeley; **Joel T. Rosenthal** (History), State University of New York at Stony Brook; **Margaret W. Rossiter** (History of Science), Cornell University; **Carol Simpson Stern** (Performance Studies), Northwestern University; **Ernst Benjamin** (Political Science), Washington Office, *ex officio*; **Barbara R. Bergmann** (Economics), American University, *ex officio*; **Jordan E. Kurland** (History and Russian), Washington Office, *ex officio*; **Bertram H. Davis** (English), Florida State University, *consultant*; **Matthew W. Finkin** (Law), University of Illinois, *consultant*; **Mary W. Gray** (Mathematics), American University, *consultant*; **Judith J. Thomson** (Philosophy), Massachusetts Institute of Technology, *consultant*; **Walter P. Metzger** (History), Columbia University, *senior consultant*.

faculty members from each entity, and, finally, six members "appointed from a panel selected by and from the faculty at large."

Each department and designated division or section in turn has a Faculty Practice Corporation, usually with three members who select a board of directors from the faculty. The practice corporations employ the clinical science faculty members who do the work at a rate of compensation determined annually within each group. In order "to assure maximum effectiveness of the program, all practice and academic activities will be coordinated and supervised by the vice president for medical affairs (president of LLUFMGI) and the dean of the School of Medicine (vice president of LLUFMGI) within policies established by the board of directors of LLUFMGI and the executive committee of the School of Medicine."<sup>2</sup> The executive committee of the School of Medicine consists of two vice presidents, the dean, several lesser deans, and the department chairs (who are appointed by the president and the board of trustees).

The physicians at Loma Linda University thus earn their living in medical practice, almost entirely

*The physicians at Loma Linda thus earn their living in medical practice, almost entirely through the departmentally organized practice groups. At Loma Linda University, this is accompanied by a strained attempt to detach the physicians from any employment relationship with the university.*

through the departmentally organized practice groups. For the most part, they receive no salary from the university. Yet they also teach, they do research, they train interns and residents—conventional functions of university professors. Their manner of subsistence, formalized by their contracts with the practice groups, may be a familiar pattern in medical schools. At Loma Linda University, however, it is accompanied by a strained attempt to detach the physicians from any employment relationship with the university. This artificial separation has been formally imbedded in the Faculty Handbook, as follows: "Each 'full time' faculty of a Clinical Science Department of the School of Medicine is an employee of a School of Medicine practice corporation and not an employee of Loma Linda University. The terms and conditions of employment are defined in the employment contract with the practice corporation." The conditions allow the corporation to terminate the contract, without need to demonstrate cause, upon sixty days of notice.

The practice corporations as well as the educational program are creations of the university, and they are interdependent. Participation in the corporations and membership on the faculty must coexist. The loss of one is the loss of both. For the parent university to say that "these five hundred people do not work for us" borders on the absurd. Indeed, it is belied by another significant (and odd) document, the "acknowledgement" that every faculty member was obliged to sign before receiving the new 1991 Handbook. It first adjures the recipient to declare "that I understand that I am to promptly read its contents which set forth the terms and conditions of my faculty appointment, including development of intellectual properties and where applicable my employment," and it concludes as follows: "I further understand that a grievance procedure and binding arbitration is provided for any dispute or claim (including those based upon a statute, tort or public policy) that I have with the university regarding the terms and conditions of my faculty appointment and employment by the university."

Perhaps there is a wish here to drive a wedge between "appointment" and "employment," but such a wish does not break the obvious ties between the university and a person appointed to serve on its faculty.

President Behrens, in an August 23, 1991, letter to AAUP's associate general secretary, said of the 1958 *Statement on Procedural Standards in Faculty Dismissal Proceedings* (adopted jointly by AAUP and the Association of American Colleges):

the standards appear to have been drafted for a general application in higher education, but clearly do not meet the specific challenges and standards of a medical school involving clinical employment and compensation. There are also unique issues presented by the close relationship of the university to the Seventh-day Adventist Church and its mission which are not addressed by the guidelines. The university procedures have been prepared with faculty input and support to meet these special challenges.

In a reply dated August 27, the associate general secretary wrote:

You state that the procedural standards governing dismissals which are generally applicable in higher education "clearly do not meet the specific challenges and standards of a medical school involving clinical employment." On the contrary, these standards are deemed by their framers to apply to, and indeed are in force in the large preponderance of, medical schools and their clinical faculties as well as all other segments of our accredited institutions of higher learning. You also refer to "unique issues" stemming from the university's relationship to the Seventh-day Adventist Church. The procedural standards have always been considered to be equally applicable at church-related colleges and universities, and we are not aware of what there is about Loma Linda University's church relationship that would justify not affording fundamental safeguards of academic due

process.

The investigating committee is in complete accord with the preliminary appraisal of the associate general secretary that the university's religious mission entitles it to no special exemption from affordance of due process. Indeed, none of the current disputes or issues at Loma Linda University in the cases of concern suggests possible involvement of those "limitations of academic freedom because of religious or other aims of the institution" to which the 1940 *Statement of Principles on Academic Freedom and Tenure* cryptically refers. This report can avoid any such entanglements because nothing by way of religious considerations in the stated goals of the university appears to stand in the way of full recognition of academic freedom and due process in the cases of the dissenting professors.

### III. The Three Dismissals A. Stewart W. Shankel

Dr. Shankel was the most senior of the three faculty members who were dismissed. Their support of Dr. Shankel helped to bring down the other two. His case will accordingly be dealt with first.

He received the M.D. degree from Loma Linda University in 1958 and joined its faculty in 1962. His career there was interrupted in 1980, when he went to the University of Nevada at Reno as chief of its medical school's Nephrology Division. He returned to Loma Linda in 1986, to chair the Department of Medicine. Severe financial problems were surmounted while he served as chair, but other differences developed with Dean Behrens and with Dr. Hinshaw.

The principal trouble-spots (there were many) resulted from (1) Dr. Shankel's resistance to having the section of cardiology split off from his department for income-dividing purposes; and (2) his opposition to what he viewed as shabby treatment by the administration of two researchers, each of whom had been dismissed following a dispute over control of a clinical invention, had sued, and had received a substantial

settlement. There was a more general unease relating to two projects that many in the department thought were costing too much—an infant heart transplant venture, and the construction of a proton accelerator for tumor treatment.<sup>3</sup>

These and other issues festered, until on February 14, 1990, Dean Behrens, after consulting the board of trustees, removed Dr. Shankel from his position as chair. The next major rift opened on August 8, 1990. Twenty faculty members, almost all in the Department of Medicine and all of them sympathetic with Dr. Shankel's concerns, sent a letter to the board of trustees which was distributed to others as well. This document, five and a half single-spaced pages in length, expressed concerns about finances, about ethical problems (the cases of the two researchers and other matters), and about the integrity of Dean Behrens, who was by then also president-elect, as evidenced in their view by varying and inconsistent explanations of certain episodes. These last charges bluntly challenged her fitness for her office.

The chair of the board, Dr. Calvin B. Rock (a minister with a Ph.D. degree), replied rather mildly, suggesting that financial questions should be addressed to the administration, procedural questions to the appropriate department chairs, grievances to the grievance procedures, and questions about pending litigation not at all. Thereafter relations among all parties deteriorated, with the executive committee of the School of Medicine taking a stance sharply critical of the twenty signers. The president held lengthy interviews (sometimes lasting two to three hours or even longer) with each of the signers. These discussions were not rancorous, the investigating committee was told, but they led to nothing.

On December 19, 1990, Dr. Grames, who was prominent in his support of Dr. Shankel, was removed by the acting chair of the Department of Medicine from his post as Director of Residencies in the department, and the same day (coincidentally, according to President Behrens) his wife was dismissed from an administrative

position at the medical center.

In July 1991, President Behrens and other key administrative officers moved rapidly to dismiss Drs. Shankel, Grames, and Williams. The charges against Dr. Shankel were set forth in a letter of July 23 from the chair of the Department of Medicine, Dr. Roy Jutzy, after Dr. Shankel had declined a July 19 request from President Behrens that he resign. The July 23 letter asserted several breaches of confidentiality, unwarranted accusations against colleagues, and divisive conduct. It imposed an immediate suspension from all academic duties and offered him an opportunity to meet on July 26 with the executive committee of the Faculty Medical Group—not an academic body. Dr. Shankel asked for a postponement of that meeting because he was about to leave on a scheduled vacation, but the request was denied. At the executive committee meeting, according to President Behrens and Dr. Rock, the faculty members who were present voted unanimously by secret ballot to support the recommendation for dismissal. On August 27 the president wrote to inform him that the board of trustees had voted to dismiss him, effective on September 27. In the following month the practice group terminated his employment.

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Loma Linda University's post-termination grievance procedure, which all three professors declined to utilize, will be discussed after the circumstances of the other two dismissals are recounted.

### **B. George M. Grames**

A letter from President Behrens (to "Dear George" from "Lyn") invited Dr. Grames and his family to the annual Employee Recognition Ceremony on May 21, 1991, marking the twenty years of service he would have completed by August 30, 1991. But by the time the anniversary date arrived, he had been dismissed.

Exacerbating circumstances in his case, in addition to his support of Dr. Shankel (the two were associated in the nephrology unit of the department, where they were recognized as outstanding teachers), included a dispute with the chair of the Clinical Science Faculty Advisory Council who demanded that Dr. Grames surrender tape recordings he had made of meetings of the council. Dr. Grames insisted that the tapes were made openly, and he pointed out that in any event a transcript of the meeting would be accessible. Next, he was charged with communicating with the accrediting association (WASC) and with the Health Care Financing Administration. At a department meeting on July 9, 1991, Dr. Grames denied having had any such contacts.

Dr. Jutzy's charges against Dr. Grames, conveyed by letter of July 16, referred to "inappropriate contacts with accrediting bodies," "other disruptive and unsupportive conduct," "taping 'confidential sessions' of the Faculty Advisory Council, using his position 'to destabilize and undermine university training programs,'" and so on. After stating that he was recommending dismissal and imposing immediate suspension, Dr. Jutzy invited Dr. Grames to address the executive committee of the Faculty Medical Group at a meeting on the following day, July 17. Dr. Grames vainly requested more time to prepare for the meeting. The president's letter notifying him that the board had voted dismissal, dated July 19, concluded: "This action is taken with

regret, but was taken on the basis that you have engaged in a continuing course of conduct which was not in the best interests of the School of Medicine." The whole process of dismissal, from chair's recommendation to board action, was accomplished in 72 hours. It was followed in due course by separation from the Faculty Medical Group.

### **C. Dr. Lysle W. Williams, Jr.**

An Assistant Professor of Medicine, Dr. Williams served for thirteen years as a member of the Emergency Medical Group. He wrote to the trustees on April 22, 1991, raising a number of complaints about the administration of the university, the performance of the board of trustees, and the treatment of Dr. Shankel. On May 1, 1991, Dr. Hinshaw wrote to notify the Emergency Medical Group that the Medical Center's contract with that group was being terminated, 120 days later. Dr. Williams contended that his action was in reprisal for his complaints to the trustees and constituted a violation of his academic freedom. President Behrens replied that the practice group contracts had nothing to do with academic affairs, that Dr. Hinshaw was acting as president of the Medical Center. Dr. Williams observed that "Dr. Hinshaw wears too many hats." He concedes that he wrote "angrily" to President Behrens and others. "Angrily" strikes the investigative committee as an understatement. Dr. Williams's letter drew a sharp response from university counsel, threatening him with dismissal and libel action. Dismissed Dr. Williams was, like Dr. Grames on July 19, while he was in Canada for a meeting. The Emergency Medical Group was indeed disbanded, and several of its members found themselves without positions.

## **IV. Due Process and Academic Freedom in the Three Dismissals**

### **A. The University's Grievance Procedures**

Each of the three dismissed professors, after the termination of his appointment, was offered access to a

rather elaborate grievance procedure, somewhat revised while the first two dismissals were occurring. The discussion immediately following refers to the revised form of July 18, 1991. It, and all other university documents relied upon, can be found in the Faculty Handbook.

The president selects a grievance panel of twenty-one full-time faculty members, from nominees put forward by the Clinical Science Faculty Advisory Council (described in Section V below). When a grievance is brought, the chair of the panel (appointed by the president) proposes ten available and eligible members. A hearing panel of five members is then chosen, three by the grievant, two by the president. The regulations for conducting the hearing meet standards of procedural due process. The findings of the hearing committee are described as "advisory only." The president decides the grievance. She must, however, state in writing her reasons for rejecting findings by the panel.

The grievant may then appeal to the board of trustees and have a hearing before a committee of no fewer than three board members. The decision of the board is described as final. The grievant does have, as his or her "sole procedure using legal recourse," access to arbitration binding on both the grievant and the university, but "the arbitrator shall not have the authority to make an opinion or award which has the effect of altering, amending, ignoring, adding to or subtracting from existing university policies and practices." One such policy is the requirement that the grievant establish by clear and convincing evidence that the university administration is in error.

Loma Linda University does not grant tenure to its full-time "clinical science" professors (although tenure is attainable by basic science professors), and Drs. Shankel, Grames, and Williams thus were not recognized as having tenure, despite their respective records of twenty-one, twenty, and thirteen years of service. Tenure status is not at issue in these cases, however, since the actions against the three professors clearly involved the termination of existing appointments.

Whether the appointments were with indefinite tenure or for a limited term, the general academic community's applicable standards for due process are the same: those enunciated in the 1940 *Statement of Principles on Academic Freedom and Tenure* and the complementary 1958 *Statement on Procedural Standards in Faculty Dismissal Proceedings*, with further elaboration provided in Regulations 5 and 6 of the Association's *Recommended Institutional Regulations on Academic Freedom and Tenure*.

Dismissals should be preceded, not followed, by proceedings to determine adequacy of cause for the action. The following steps should be taken before termination. First, as stated in the *Recommended Institutional Regulations*, there should be "discussion between the faculty member and appropriate administrative officers looking toward a mutual settlement." Arguably, such discussions occurred in each case, although none of the professors concede that they were adequate. The next step should be "informal inquiry by a duly elected faculty committee." The only meeting offered to the three professors (and that on excessively or impossibly short notice after they were already notified of their intended dismissal) was with the executive committee of their practice group, dominated by administrators.

Next should come the formal hearing. The hearing committee should be a faculty-elected body of faculty peers. The selection of the Loma Linda University grievance panel, in contrast, is largely controlled by the president, so that it may be of little benefit to an accused faculty member to be able to choose three of the five members of a particular hearing panel. Final disposition, at Loma Linda University and generally, is properly left to the board of trustees, qualified by a seemingly attractive right to binding arbitration. That right, however, apparently precludes any resort to judicial process; and the arbitrator is constrained to follow all "existing University policies and practices." Since there is no assurance that these policies and practices will be protective of academic freedom, the prof-

ferred arbitration could be a trap rather than an escape for the faculty member who takes that route.

The burden of demonstrating adequate cause for dismissal, according to the *Recommended Institutional Regulations*, "rests with the institution and will be satisfied only by clear and convincing evidence in the record" of the hearing. Those bringing charges thus bear the burden of proof. It is a complete perversion of this principle to require, as the Loma Linda University regulations do, that the professor establish by clear and convincing evidence that the administration is in error.

There are other discrepancies between Loma Linda University's grievance procedure and applicable AAUP-supported standards. The investigating committee considers them to be of secondary importance, however, compared with the two crucial shortcomings already noted. The committee finds that the three professors were dismissed in disregard of generally accepted standards of academic due process by being denied an adjudicative hearing until after the dismissals were effected and by provisions for that hearing which shift the burden of persuasion from

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*The hearing procedure offered to the three professors denied them basic safeguards of academic due process by not being available until after the dismissals were effected and by placing the burden on the professors to prove that the administration erred in dismissing them.*

the accuser to the accused, contrary to sound arbitral as well as academic standards.

Another major defect in the proceedings, the imposition of suspension, warrants comment. Drs. Shankel and Grames were both suspended concurrently with the bringing of charges against them. Dr. Williams was suspended when his impending dismissal was announced to him. They were not suspended for long, but only because their dismissals became final in about one month. Sound academic practice, as reflected in the *Statement on Procedural Standards*, allows for suspension before the outcome of proceedings "only if immediate harm to the faculty member or others is threatened by the faculty member's continuance." Nothing in the substantial documentation available to the investigating committee suggests any threatened harm in these cases, and the committee accordingly finds that the administration imposed the suspensions in disregard of the applicable provisions of the 1958 *Statement on Procedural Standards*. The officials who imposed the suspensions were presumably acting under stated institutional policy that allows suspension if "the continued activity of a faculty member is considered undesirable."

One recent minor improvement in the university's procedures should be recorded. On January 14, 1992, the president transmitted a recommendation of the Council of Deans that "no one will be terminated 'for cause' without the provision of a pre-dismissal meeting." Previous policy said only that a meeting "may" occur. This shift may reflect discomfort with the invitations to the three professors, on too short notice, to meet with the administration-dominated executive committee of the relevant practice groups—an incongruous venue in any event. They were entitled to meet with an academic committee. Separation from the practice plan was not to come until a little later, and the dismissals from academic responsibilities should have been preceded by a hearing before an academic body.

The three professors, shunning the deficient grievance procedures that were offered to them, attempted

unsuccessfully to appeal directly to the board of trustees—which had already voted to dismiss them.

### B. Academic Freedom Issues

In the absence of adequate hearing procedures in the cases of concern, the investigating committee can do little more than raise the question whether the charges brought by the administration would, if established, have constituted grounds for dismissal. Put another way, were the complaints, accusations, and questions that the professors directed to the board and the president beyond the bounds of protected conduct under principles of academic freedom? Were their attacks on their administrative superiors and some of their colleagues irresponsible or unethical, and sufficiently so to warrant discipline? Answers to such questions should properly result from a full and fair hearing before an independent tribunal of peers, followed by review on appeal to the governing board. No such hearing has

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occurred in these cases, nor is it likely to occur. Moreover, the charges were in many instances not specific, and here, too, a hearing could perhaps have given them content. How is one to understand the content of statements to Dr. Shankel that "your conduct towards the current leadership of the Department of Medicine and the administration of the university has been divisive and unsupportive" and "you have engaged in conduct undermining the chairman of the Department of Medicine and dividing the Department of Medicine to the detriment of the School of Medicine and the Residency Program"? Another charge is quite specific, that "You have, without justification, accused Dr. . . . of a gross breach of medical ethics through malice and deceit." If Dr. Shankel did make such an accusation, falsely, then it might bear on fitness. He has disputed the charge, however, and an appropriate hearing is required to approach the truth.

These cases, if properly adjudicated, would shed light on the limits of faculty freedom of expression in criticizing and condemning administrative officers and faculty colleagues at Loma Linda University.

### V. Observations on General Conditions for Academic Freedom

The first observation to be made about the state of academic freedom at Loma Linda University is that the clinical faculty lacks the vital underpinning of tenure. As earlier observed, in the School of Medicine the basic scientists (anatomists, biologists, etc.) can achieve formal tenure, but the "clinical science" faculty—the physicians—cannot. Even formal tenure, however, does not protect academic freedom without the assurance that any dismissal will be preceded by the administration's demonstrating adequacy of stated cause in an appropriate faculty hearing. Moreover, those in the basic sciences who do obtain tenure are subject under the university's policies to a searching review of their performance at five-year intervals.

The university's declarations supporting freedom in teaching and

research are conventional, except for a heavy infusion of religious expectations. The formal assurances of academic freedom were, however, somewhat modified in the 1991 revision of the Faculty Handbook. The preceding version stated that "the university subscribes to the general concept of academic freedom stated by the Association of American Colleges and the American Association of University Professors, interpreted as follows. . . ."

The "interpretations" did not seriously undercut the general concept, and they included the following statement that should have given some encouragement to the dissidents whose cases have been discussed:

Academic freedom allows a faculty member to question institutional plans, objectives, or policies. Should informal discussions prove unsatisfactory, the faculty member has recourse to due representation through faculty participation in accord with the provisions of the University Governance Document, without fear of administrative reprisal.

No comparable language is to be found in the revision.

While there is no reason to believe that the central freedoms relating to teaching and research are in jeopardy at Loma Linda University, what the investigating committee does find to be at risk is freedom to criticize freely. The fate of the three dismissed professors has not been lost on others. Many of the "dissidents" whom the committee interviewed expressed the fear that more dismissals might be in prospect, especially if the university was removed from probation by WASC, the accrediting agency.<sup>4</sup> The administration's touchiness in the face of criticism is reflected in the stated grounds for discipline. The handbook is unusually detailed in this regard. In addition to standard shortcomings such as "refusal or neglect of responsibility" and "professional incompetence," it includes engaging in "slandorous or libelous activity" in the same section

with "personal dishonesty, immorality, criminal conduct." Other headings are: "overt disharmony, subversion, or violation of the philosophy, objectives, and policies of the university including those delineated in this handbook," and "contact with accrediting agencies outside the established university process." The established channels were confined to the most senior officers of the university.

The last prescription, "contact with accrediting agencies," was actually included in the charges against Professor Grames and Williams. It aroused considerable opposition from the faculty, and it was rescinded in October 1991 on the eve of another WASC site visit. In its place appeared WASC's own guidelines inviting communications from interested members of the university community.

As this report has observed earlier, dissent and criticism in any setting are not without constraints of accuracy and good faith. At Loma Linda University, however, the dominant attitudes of the community seem to bring in additional constraints. The investigating committee was frequently told, in tones of detached regret, that Adventist upbringing and teaching incline toward a powerful respect for authority. The committee has been assured that acquiescence in authority is not a necessary condition of Adventist fidelity, but it may be an oppressive strain that appears to pervade the institution independently of the particular individuals who may be in authority at a given time. In any event, the investigating committee cannot be sanguine about the level of tolerance at Loma Linda University for the intensity of criticism, even misinformed and galling criticism, that is a crucial component of academic freedom and of the institution's ultimate vitality.

## VI. Observations on the Faculty Role in Governance

The unacceptably small role of the faculty in academic governance at Loma Linda University was high

among the stated reasons for the probation imposed by WASC in 1989. The university's response included the creation of an impressive-seeming facade of councils and a Faculty Forum, which will be briefly described below. But, lest these instruments raise any false expectations of faculty potency, the Faculty Handbook cautions that "the participation of the faculty in governance is advisory to the administration, which is designated by the board of trustees to administer the operation of the university at its various levels." There is not a suggestion of widely accepted norms like these: "the faculty has primary responsibility for such fundamental areas as curriculum, subject matter and methods of instruction, research, faculty status, and those aspects of student life which related to the educational process," and "faculty status and related matters are primarily a faculty responsibility; this area includes appointments, reappointments, decisions not to reappoint, promotions, the granting of tenure, and dismissal."

As to the advisory faculty bodies, first is the Interschool Faculty Advisory Council, composed of two members from each of seven schools (plus the library), elected by their faculties. It meets at least six times a year. Its functions are consultative and advisory to the administration. It also plans and conducts thrice-yearly meetings of the Faculty Council, described in the Handbook as a "sounding board," in which all faculty members may take part.

Within the School of Medicine, there is a Basic Science Faculty Advisory Council and a Clinical Science Faculty Advisory Council. The latter, CSFAC, was involved in some of the major episodes described in this report, the former not at all. CSFAC is composed of twenty-eight elected faculty members (one or two from each department). They are a few more in number than the chairs of departments and heads of certain sections, who with the dean (who chairs meetings of both councils) are also members of CSFAC. These bodies apparently owe their existence to their having been "endorsed" by the

school's executive committee, the composition of which was noted in Section II of this report.

President Behrens attempted an intrusion into the formation of the faculty membership on CSFAC early in 1991. It seems that she simply removed from a list of nominees certain signers of the troublesome August 8, 1990, letter to the board of trustees. This action "had not been supported by CSFAC," according to the minutes of the CSFAC meeting on May 14, 1991. The action was withdrawn, and Dr. Shankel was seated on CSFAC from the Department of Medicine until he was dismissed in July.<sup>5</sup>

On occasion, the faculty has asserted itself. One such instance was the matter of nominations to CSFAC, just recounted. Another occurred when late in 1991 the Department of Medicine proposed to conduct a survey of the attitudes of its members with respect to the dismissals of Drs. Grames and Shankel and related matters. The president and the new dean objected to the project, but the department persisted. With careful protections of anonymity (an outer envelope identified, and an inner blank one containing the ballot), almost 90 percent of the department responded. Up to 20 percent of those who voted claimed no opinion or insufficient information on some key questions, but 76 percent of those expressing an opinion thought that Drs. Grames and Shankel had been treated unfairly, 66 percent thought that they should be "immediately reinstated," and 85 percent voted in favor of the proposition that the members of the department "should work to see that the administrative style and methods that led to these dismissals are changed."

## VII. Conclusions

1. The administration of Loma Linda University acted in violation of the 1940 *Statement of Principles on Academic Freedom and Tenure* and in disregard of the 1958 *Statement on Procedural Standards in Faculty Dismissal Proceedings* in dismissing Professors Stewart W. Shankel, George M. Grames, and Lysle W.

Williams, Jr., without first having demonstrated adequate cause for dismissal in an adjudicative hearing of record before an elected faculty body. The hearing procedure offered to the three professors denied them basic safeguards of academic due process by not being available until after the dismissals were effected and by placing the burden on the professors to prove that the administration erred in dismissing them. The administration departed additionally from the provisions of the 1940 *Statement of Principles* and the 1958 *Statement on Procedural Standards* by suspending the three professors without any threat of immediate harm and by not ensuring them twelve months of severance salary.

2. The clinical science faculty members in the School of Medicine at Loma Linda University are denied the protections of tenure and are largely dependent for their livelihood on the senior administrators who control the corporations through which they practice medicine. They are subject to termination from these practice corporations, with or without cause, on sixty days notice. Termination of clinical employment entails termination of professorial appointment. These circumstances make the state of academic freedom for members of the Loma Linda University faculty insecure and, for the clinical science faculty, precarious.

Ralph S. Brown (Law),  
Yale University, *Chair*

Samuel P. Bessman (Pediatrics  
and Pharmacology),  
University of Southern California

#### *Investigating Committee*

Committee A on Academic Freedom and Tenure has by vote authorized publication of this report in *Academe: Bulletin of the AAUP*.

Robert A. Gorman (Law),  
University of Pennsylvania,  
(*Chair*)

#### NOTES AND REFERENCES

<sup>1</sup> The text of this report was written in the first instance by the members of the investigating committee. In accordance with Association practice, the text was then edited by the Association's staff, and, as revised, with the concurrence of the investigating committee, was submitted to Committee A on Academic Freedom and Tenure. With the approval of Committee A it was subsequently sent to the faculty members at whose request the inquiry was conducted, to the administration of Loma Linda University, to the AAUP chapter president, and to other persons concerned in the report. In the light of the responses received and with the editorial assistance of the Association's staff, this final report has been prepared for publication.

<sup>2</sup> Loma Linda University Faculty

Handbook, 1991 Edition, page 241.

<sup>3</sup> The accelerator has been characterized by one journalist as potentially "the world's most costly medical machine," running to \$60 million. Gary Stix, "Beam of Hope," *Scientific American* (December 1990), pp. 24, 25.

<sup>4</sup> Subsequent to its visit and as it was preparing this report, the investigating committee learned that WASC's Accrediting Commission for Senior Colleges and Universities acted at its meeting on February 19-21, 1992, to remove Loma Linda University from probation.

<sup>5</sup> Both quoted passages are from the *Statement on Government of Colleges and Universities*, formulated jointly by AAUP, the American Council on Education, and the Association of Governing Boards of Universities and Colleges. The faculty at Loma Linda University may have an effective role in curricular matters. This was not explored.

Responding to the implication in this paragraph that the faculty role in guidance is inadequate, President Behrens and Board Chair Rock stated that existing structures "provide ample opportunity for faculty to participate" and that the WASC team had "found faculty actively engaged in the governance process."

<sup>6</sup> CSFAC, according to President Behrens and Dr. Rock, voted at the May 14 meeting, with only one dissent, to affirm confidence in the administration and to say it had heard no evidence in support of the allegations made by the dissenting faculty members in their letter of August 8, 1990.

# The Administration Responds to the AAUP

July 21, 1992

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Dear Drs. Bergmann, Pratt, and  
Benjamin:

Over the past eleven months there have been increasing misunderstandings and polarization between the American Association of University Professors (AAUP) and Loma Linda University (LLU) revolving around a very complex faculty issue and a most unfortunate sequence of events and exchanges. . . .

You are undoubtedly very familiar with the perspectives and rationale behind the decisions made on your behalf by the staff of AAUP. However, as an academician, you would not be surprised that the incongruity between the stated mission of LLU . . . and the reported performance is easily explained by the fact that there

is "another side of the story." I am sure you would also agree that under the circumstances the merits of these cases cannot be discussed outside the appropriate institutional forums for due process or other appropriate legal forums.

This letter is not intended as a rebuttal to all the issues raised in the Report of the Committee on Academic Freedom and Tenure ("Report") (*ACADEME* 78 (3): 42-49, May-June, 1992) nor does it attempt to address all the errors of fact in that "Report." Rather, before the AAUP annual meeting acts further on the "Report," I wish to speak to some issues which cause me grave concern at this time.

I think it appropriate to directly inform you of the following relevant facts:

- Formal predissmissal meetings occurred in each case during which administration provided, to a faculty committee, the reasons and the documentation for the dismissal of each faculty member. Further, the vote by the faculty members of that committee to support the recommendation of the termination was conducted by secret ballot and was unanimous.
- The grievance component of the faculty academic due process could have been initiated prior to the effective date of the termination of their faculty appointment. Specifically, this could have occurred in the intervening 30 days from notice of this intended action and its taking effect which was a provision expressly designed for this purpose.

In actuality, the formal predissmissal meetings, the 30-day notice, the lengthy opportunity for grievance after the 30-day period, and provision for arbitration clearly provided due process in these three dismissals.

- Each faculty member's opportunity to grieve continued beyond the time of the discontinuation of their faculty appointment.
- Suspension of their faculty activities did not jeopardize their access to any faculty due process.
- Faculty appointment and employment for clinical faculty at LLU are with separate 501(c)(3) corporations. This relationship is well publicized and clearly defined and has existed since 1978.
- For each of the three dismissed faculty, policies relating to the terms of their employment and termination were enumerated in their employment contract.
- Termination of the faculty appointments did not terminate the individuals' salaries which continued beyond the entire time available to them to initiate a grievance. It should be further noted that, at the subsequent time when their employment was discontinued, there was additional payment to these individuals as per their employment contract.
- The policies on academic freedom were not breached in determining the cause for termination for any of the cases mentioned. More

specifically, none of the faculty that were dismissed for cause were terminated for reasons that involved academic freedom.

Further, it is important to remind AAUP of the following relevant facts:

- The LLU policy on academic freedom clearly incorporates the components of the AAUP 1940 statement on academic freedom. . . .
- LLU most particularly believes that academic freedom is the right of every member of our academic community, whether the individual is an instructor, a non-tenured, or a tenured professor.
- The AAUP 1958 statement on procedural standards for faculty dismissal proceedings states that these "are presented rather as a guide to be used according to the nature and traditions of particular institutions in giving to both faculty tenure rights and the obligations of faculty members in the academic community" (underlining supplied). We recognize that the policies of Loma Linda University may be different from those to which Brown and Bessman are accustomed. The investigation of Loma Linda University by AAUP has failed to respect the differences in institutional policy.

*The administration and faculty governance bodies find no excuse for the persistent refusal of the dismissed faculty members to use grievance procedures developed by the faculty and available to them.*

- Whether or not Brown, Bessman, or the staff of AAUP like them, the policies and procedures that govern the faculty of the School of Medicine were initiated by faculty and have been in place since 1978. They were revised with considerable faculty input in a way even more favorable to the faculty and on the recommendation of the 1990-91 Faculty Policies Committee.
- The administration and faculty governance bodies find no excuse for the persistent refusal of the dismissed faculty members to use grievance procedures developed by the faculty and available to them.
- Instead of urging the grievants to file a grievance and follow a course which provided for adjudication, the AAUP has chosen to interfere in the internal affairs of Loma Linda University. Why did AAUP staff refuse to urge the grievants to use the policy available to them that would have provided for proper adjudication as noted previously? The grievants were urged by their colleagues through the faculty governance bodies, by the administration, and by the Board chairman to use the grievance procedure. Such an intrusion by AAUP into the affairs of LLU has been unwarranted and unfair and has significantly contributed to the failure to bring resolution to the matter.
- The October 1991 accreditation site visiting team of the Western Association of Schools and Colleges (WASC) also reviewed the question of the use of the grievance procedure and commented as follows:

*"We raise this issue of models of governance because it relates to an ongoing conflict at LLU between a group of faculty and administration. This site-visiting team received a great deal of documentation about various aspects of the dispute from this group, and spent a*

*significant amount of time discussing it with a variety of individuals and groups during the site visit. We found that neither the nature of the conflict nor its impact—it is almost completely restricted to a single department in one school, though there was a scattering of sympathizers from other units—merit detailed mention at this time. Grievance procedures currently in place should be adequate to resolve the issues, and certainly should be tried by the aggrieved faculty before they resort to appeals to external agencies."* (Report to the Accrediting Commission for Senior Colleges and Universities, WASC, page 35.)

- Brown and Bessman incorrectly state that "The selection of the Loma Linda University grievance panel, in contrast, is largely controlled by the president, . . ." (page 46). This statement is poorly informed and reflects ignorance of the policy. The president has very little control over the grievance panel. For each open seat on the grievance panel, Clinical Science Faculty Advisory Council (CSFAC) provides the president with two nominees. "The president, in collaboration with the vice president for medical affairs and the dean of the School of Medicine, will appoint the faculty grievance panel from these nominations" (FACULTY HANDBOOK, page 67). Thus CSFAC largely controls membership of the grievance panel, and the panel serves as an independent standing committee. Brown and Bessman appear to have missed this important fact.
- Further, the prejudging by the AAUP staff, not only of the policies and procedures for due process at LLU relative to the grievance procedure but also the prejudging of the integrity of the faculty peers who are members of the Grievance Panel, is grossly unfair. Most particularly, you should be aware that the members of that panel enjoy the unconditional confidence

of their peers and of the administration.

- It is true that at LLU, as in a number of other schools of medicine, faculty in the clinical departments of the School of Medicine are not eligible for tenure. The policy not to provide tenure for clinical faculty of the School of Medicine relates to the faculty practice model used by the School of Medicine to provide much of the financial support for the educational program of this private church-related school. This faculty practice plan is essential to maintain the tuition at less than average for private schools in the U.S. because the school depends upon sacrificial support of members of the Seventh-day Adventist Church. The clinical faculty in the school have willingly foregone tenure in the interests of the faculty practice model which they have created and which has been highly successful.
- The statement in the "Report" that LLU faculty governance is "an impressive-seeming facade of councils" is grossly misleading. It should be noted that these councils conduct much serious business including the specific action of both the school and University-wide councils which urged their colleagues to utilize the due process available to them. It is an insult to the LLU faculty governance councils to have the AAUP staff disregard the significant actions taken by these faculty governance bodies. Specifically, the AAUP staff refused to urge dismissed faculty to utilize available due process in direct opposition to the independent vote of the faculty governance bodies.
- It should be further noted that the LLU system of faculty governance provides a productive interface between faculty and administration for planning and implementation of the various aspects of academic life at LLU rather than an independent potentially antagonistic relationship. In this system, there is provision for faculty to express

their independent vote.

- In our opinion, your Committee on Academic Freedom and Tenure has failed to demonstrate careful scholarship, moderation, fairness and thorough analysis in its report. They have not been open to understanding appropriate differences between institutions nor have they followed your published statements in reaching their conclusions. This has led to the publication of an inaccurate and biased report. These facts are extremely disappointing to us and have several important implications.

I believe you are in a unique position to respond to this situation. In my opinion you have two choices, each with significant consequences:

- Your organization can proceed, on the basis of incorrect, incomplete and biased information to censure LLU, in what I have been given to understand, is the usual pro forma action taken at your annual meeting. If you do, it will have no impact on the resolution of the dispute. By contrast, it will only further insult our faculty governance councils and our entire academic community, engender further disrespect for your organization, and will potentially destroy your credibility in the minds of our faculty.
- You could, however, not censure LLU but rather seek to understand LLU, not in the context or through the eyes of those whose conduct has led to dismissal, but in its true historical and contemporary context. You could also discover the reality of the true relationship that exists between LLU faculty and administration which facilitates responsive and responsible shared governance. When this relationship was independently reviewed in depth by the site-visiting team from WASC, they reported:

*"In summary, a model for faculty involvement in institutional governance has been developed*

*since the reestablishment of LLU as a health sciences university, and it appears to allow for faculty participation at all levels. Faculty involvement in governance is stated as an expectation, and policies and committee structure as described in the FACULTY HANDBOOK, the self-study, by faculty and administration, and by the Board of Trustees appears to be appropriate for the current stage of development of this reconstituted institution.*

*"It is clear that the Faculty Forum and IFAC are intended to be advisory to the President. The institution acknowledges this difference from some other institutions but views this difference as a variation on a theme, not a violation of any academic standard. This site-visiting team concurs. There exists across institutions, both public and private, a broad spectrum of models of shared governance. At one end are institutions which are extensively faculty driven. At the other are institutions which are dominated by administration. Each can be a valid model which*

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*The Faculty Forum and IFAC are intended to be advisory to the President. The institution does not view this as a violation of any academic standard. This site-visiting team concurs. A broad spectrum of models of shared governance exist. Each can be a valid model.*

*allows and encourages participation in governance by faculty."*

(Report to the Accrediting Commission for Senior Colleges and Universities, WASC, page 34.)

Regardless of what actions are taken or are not taken by AAUP:

- The LLU faculty and administration will continue their effective partnership which has always existed between our campus constituencies and which enables us to fulfill the mission of this institution in its local and global outreach.
- The faculty and administration will continue to enjoy a healthy academic climate with vigorous and free interchange of ideas that engenders creative planning and development of the institution and communicates the values and attitudes of its faculty of scholars to its students.
- The faculty and administration will continue the refinement of all policies and procedures to correctly enunciate our commitment to ensure fairness and justice

for all. University administration is open to improvement of policies and procedures and utilizes the policy developed by the Interschool Faculty Advisory Council (IFAC) for faculty participation in policy revisions.

- The faculty and administration will implement all policies and procedures with fairness and justice.
- The administration will continue to respect, value, nurture, and protect all the members of our campus community not only in the fullest sense of the academic community, but also according to the Christian philosophy which is foundational to our institution and our church.

We deeply regret that our current experience with AAUP has been so negative and frustrating. Rather than developing a stronger appreciation for what AAUP has contributed to the academic community, we have experience blatant interference not only with administration but also with valid faculty committee recommendations. We feel that this discredits the best traditions of the role of the AAUP

in the academic community. We urge you not to censure LLU at your upcoming annual meeting but to respect our freedom as we continue our strong commitment to academic freedom and due process for our faculty.

Sincerely,

B. Lyn Behrens, M.B., B.S.  
President

cc: Jordan Kurland, Associate  
General Secretary, AAUP  
Members, LLU Board of Trustees  
Members, LLU Interschool Faculty  
Advisory Committee  
Members, LLU School of Medicine  
Clinical Science Faculty  
Advisory Council.

*Editor's Note: Limited space precludes publication of five attachments that accompanied the original letter and can be obtained by writing directly to Loma Linda University: (1) Correspondence with AAUP; (2) LLU Mission Statement; (3) 1940 AAUP Statement of Principles; (4) LLU Policy on Academic Freedom; and (5) Faculty Participation in Faculty Policy Development.*

## Interschool Faculty Council Responds to AAUP

June 9, 1992

Dear Drs. Bergmann, Pratt, Benjamin, and Kurland:

The members of the Interschool Faculty Advisory Council (IFAC) are saddened by the charges that faculty participation in governance at Loma Linda University constitutes "an impressive seeming facade"<sup>1</sup> and that academic freedom is impaired. The members of IFAC experience their participation as having a significant impact on the policies and procedures of the University. They are encouraged by the Western Association of

Schools and Colleges (WASC) Site Visit Team Report that "There is general satisfaction among the faculty that their participation in the governance process of their individual schools was satisfactory . . ."<sup>2</sup>

We believe that the achievements in the health-related field by Loma Linda University would not have been possible without faculty initiative in governance with academic freedom.

With regard to the disposition of the case of the three aggrieved faculty members, IFAC members are further encouraged by the WASC position

that "Grievance procedures currently in place should be adequate to resolve the issues, and certainly should be tried by the aggrieved faculty before they resort to appeals to external agencies."<sup>3</sup> We had also appealed to our colleagues to make use of this provision.

Sincerely,

Bruce Wilcox, Chair of IFAC  
School of Medicine Representative

<sup>1</sup> *Academe*, May-June, 1992, p. 48.

<sup>2</sup> WASC Site Visit Team Report, p. 33.

<sup>3</sup> WASC Site Visit Team Report, p. 35.

# Translations from the Diary of Bull Plume Peigan Indian, Brocket, Alberta

Y

ou want me to speak  
what these drawings mean  
given solely over to sound  
you lose the picture

How do I fit these worlds into your words?



*Where the Berries Stayed on the  
Trees all Winter*

I say no more  
of such a miracle  
The saving taste  
still leads me



*Where the People Went Over  
the Mountains*

Late summer and we found a valley  
full of deer  
I'll make only one more long journey



*Where the Crows Died  
As I make the marks*

the flapping caw caw  
goes silent  
Omens must be headed

We rode out one morning  
but they  
just stood there



*Disease  
Among the Buffalo*

Our hearts sank



*Where Crazy Dog was Killed*

Yes crazy  
taunting taunting

A clear fool, yet  
I loved him  
Where he fell  
a road rises in the foothills  
You have maps, but



*Where we Fought the Crees*

How many times  
we fought crazy  
Battles I remember  
but like a lover's quarrel  
I forget the reason  
Such regret cannot bring back the dead  
Peace must be made



*Where the Peigans  
Lost the Battle*



*and  
Where the Moon Dies*

For us they are the same  
Does it matter  
one is the sky  
the other  
on earth



*Where Bull Horse  
Shot Himself*

These marks  
are mostly  
about loss  
I see that myself  
now that you've made me speak  
I gather what silence I have left  
travel on  
When you hear me speak again  
my words are

*Where Lots of Stars Fall*



*John McDowell, professor of English and dean of the Division of Arts at Canadian Union College, received his Ph.D. in twentieth-century literature from the University of Calgary. His poetry has appeared in such journals as Blue Buffalo, Free Fall, The Fiddlehead, and Dandelion. McDowell has also been poetry and managing editor of Dandelion, a Canadian national literary magazine. The work here is from a manuscript entitled Against the Friction of Light.*

# Visiting the Vietnam War Memorial

b

onnie, remember some years ago  
you took me to meet your father  
in the hills of Sacramento  
After supper he spoke of your brother  
killed in Vietnam  
His voice so matter of fact,  
a discarded wrapper to the small boxes  
he lays out on the table:

*This is his Silver Star*  
*This is his Distinguished Flying Cross*  
*This is his Purple Heart*  
*His photograph*  
*Fourteen missions and his F - 4*  
*shot down*

I don't know what I expected  
meeting someone for the first time  
who'd lost a son in this American war  
With his voice worn,  
I know I wanted to see explosions in his eyes,  
regret, anger, even protest  
Later, with the same voice and eyes,  
he spoke of restoring  
an old Philips radio

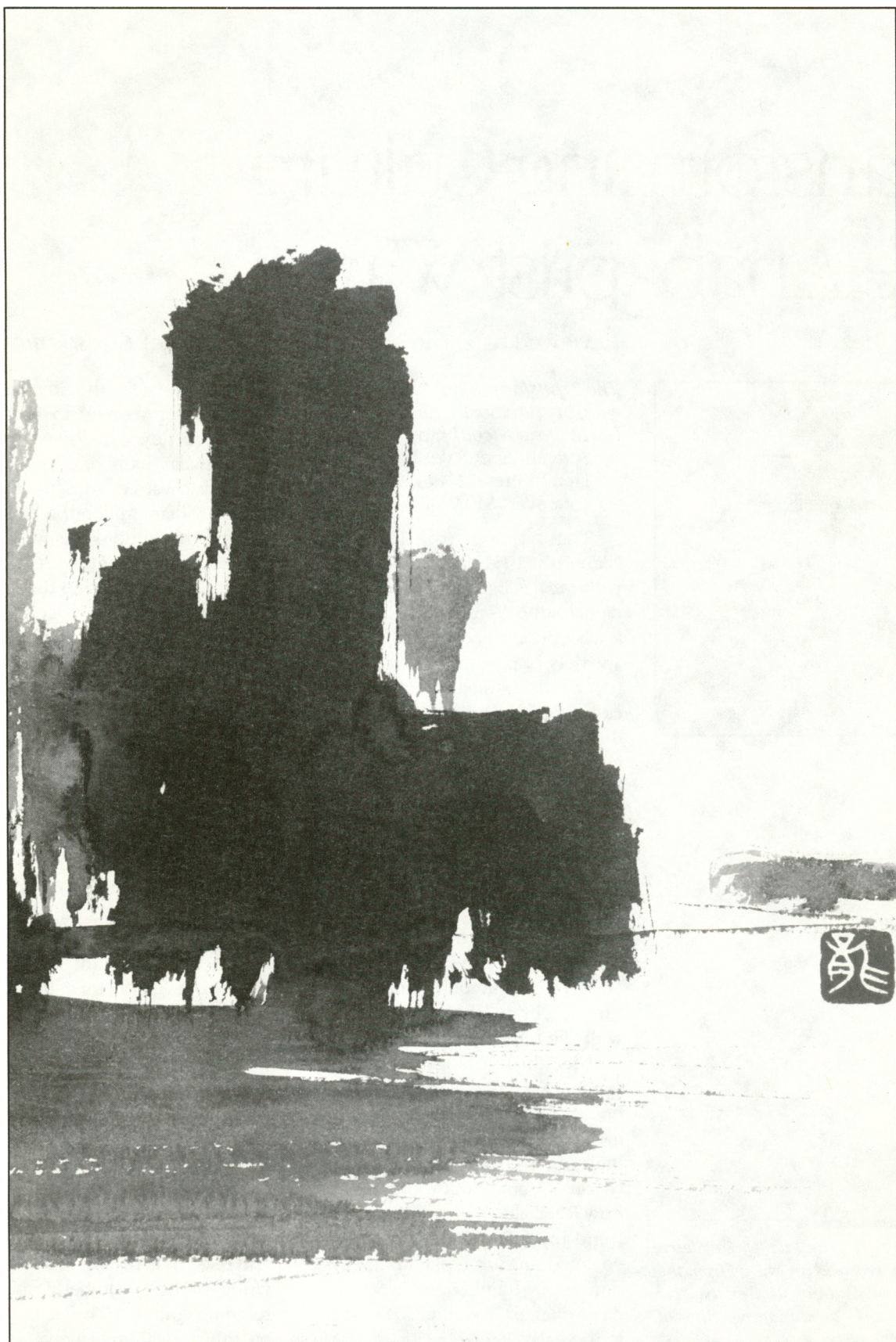
Bonnie, I don't remember  
what came between us  
We parted soon after  
and I forgot you and your father  
Now, years later I've just come  
from the Smithsonian, that building of flight:  
Wright brothers, Lindberg, Glenn, Armstrong—  
Kitty Hawk to the moon  
I've walked the Mall towards the Lincoln Memorial  
and come across, The Wall

This sudden gash in the ground,  
black granite quarried out of India,  
polished so you see  
your face among the names  
I have read that when it rains  
the names seem to vanish, read  
that this is a place of weeping  
Black pages begin with inches  
and cut deep into the earth  
until they reach higher than any reader  
A place where fingers trace letters:  
a braille Book of the Dead  
And the living leave things: photographs,  
letters, flags, medals, rosaries, even panties

I try to find your brother,  
but can't remember his name  
All I can see in the stone is my face  
and your father  
his hand waving over  
the few momentos spread before me,  
saying in that voice,  
*This is all. This is all*

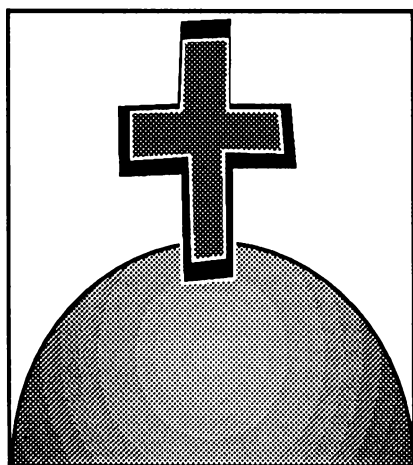
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*The illustration on the facing page is by artist Myken Woods, of Calgary, Alberta. Woods has studied with master calligrapher, painter, and seal carver Chin Shek Lam, and has had numerous exhibitions of her work.*



# Transforming Culture the Anabaptist Way

Reviewed by David Neff, managing editor of *Christianity Today*



*The Transformation of Culture: Christian Social Ethics After H. Richard Niebuhr*, by Charles Scriven (Scottsdale, Pennsylvania: Herald Press, 1988), 224 pp., softcover, \$19.95.

The typology of H. Richard Niebuhr's 1951 book, *Christ and Culture*, has become a staple ingredient for the discussion of social ethics. Niebuhr saw churches adopting a variety of postures toward culture (by which he meant, not the "high culture" of art and opening nights at the opera, but the sum total of civilization's human endeavor, including science and technology, history and anthropology, entertainment and news reporting). Those postures range from extreme sectarian isolationism ("Christ against culture") to the Tory Party at prayer ("Christ of culture"). Between are those who, to varying degrees, embody a critical involvement with culture ("Christ above/in-paradox-with/the-transformer-of culture").

Niebuhr's typology has provided seminary students many pleasant hours of a sort of academic parlor game in which they try to identify their own tradition's position on Niebuhr's continuum and perhaps how it should change for the better. I and my fellow students certainly engaged in such playful analysis during our training at the Seventh-day Adventist Theological Seminary in the early 1970s.

Unfortunately, the Adventist tradition never seemed to fit any of Niebuhr's tidy categories, for Adventism has exhibited apocalyptic hostility toward culture (the preaching of William Miller; the "self-supporting" institutions); as well as selective involvement with it (most Adventist hospitals and the accredited colleges); and occasionally fawning adoration of it (the proverbial "Southern California Adventists").

We seminary students thought Adventism's unique characteristics (or, conversely, its lack of a truly comprehensive vision) made the Niebuhr game difficult to play. In *The Transformation of Culture*, however, Charles Scriven (now president of Columbia Union College in Takoma Park, Maryland) shows that the problem may have lain more in Niebuhr than in any churchly tradition; for at the heart of Niebuhr's analysis lies a cluster of ambiguities.

The first ambiguity is this: Is Niebuhr asking whether Christ is the friend or foe of civilization, or is he discussing the relation between the authority of Christ and the authority of civilization for believers?

The second ambiguity involves Niebuhr's contrast between Christ and reason: Is reason relativized by virtue of being embedded in the reigning culture, or is reason a neutral, ahistorical objectivity?

David Neff, a graduate of La Sierra University, received an M.Div. from the seminary at Andrews University. He currently works as managing editor of *Christianity Today*.

Third, is culture essentially separate from Christ, and Christ essentially separate from culture? In his use of the word *culture*, Niebuhr seems to mean everything from the comprehensive “everything man-made and man-intended” to the more historical “dominant way of life.” As the working definition of *culture* seems to shift from church-type to church-type, the inconsistency seems to end the possibility of using his typology for discussion.

But it would be too easy to dismiss Niebuhr’s work. The tantalizing character of the typology in itself suggests that there is something here worth mining and refining. Scriven does just that by examining the larger body of Niebuhr’s thought to find the clues that would help us reformulate Niebuhr’s question in a more helpful way. Scriven concludes that Niebuhr had no real belief in reason as an ahistorical objectivity, that Niebuhr’s understanding of historical existence requires us to understand all communities as somehow existing in culture, not apart from it, and that the authority of Christ and the rival authorities in the culture are established by means of the “shared stories” that shape the respective communities. Ultimately, Scriven reduces his summary of Niebuhr’s inquiry to this helpful summary: “What precisely is it to be in culture as loyalists to the cause of Christ?”

## The Anabaptist Factor

But Scriven wishes to do more than make sense out of an ambiguous academic parlor game. First, he urgently wants to apply Niebuhr’s recommendation that the true mission of the church is to transform culture, not by supplanting it, but by *regenerating* it, “focusing human thought and emotions on the right object, the God of all the universe.”

Second, and seemingly with even more urgency, he wishes to defend the Anabaptist (or “radical”) vision as the church tradition best suited to achieving the Niebuhrian goal. Niebuhr thought the tradition springing from St. Augustine and flowing through Calvin best exemplified the transformationist approach. He also thought Anabaptists were thoroughly anticultural, that “in cleaving to Christ, . . . they sunder themselves from culture.”

Scriven, however, sees potential in Anabaptism that Niebuhr failed to notice. And while he appreciates Niebuhr’s contribution, it is at this point that he wishes to make his major correction: “Put briefly, the claim is simply this: the true Niebuhrian way is the Anabaptist way.”

For the uninitiated, Scriven summarizes the Anabaptist way under five headings: discipleship (“actual obedience”), new life, witness (the mission of the church belongs to all believers), community (the freely consenting, voluntary fellowship), and apocalyptic consciousness (judgment on this present age and hope of transformation rooted in the impending action of God). “Solidarity with Christ” is the common thread that unites these themes.

## Nine Theologians After Niebuhr

Scriven suspends his defense of Anabaptism for three chapters in which he surveys three post-Niebuhrian theologians each: three who speak from the center of the Christian tradition (Chicago’s Langdon Gilkey, German Roman Catholic Bernard Haering, and Anglican John Macquarrie); three who speak from the revolutionary margin (the father of Latin American liberationism, Gustavo Gutierrez; North American feminist Rosemary

Radford Ruether; and German political theologian Johannes Baptist Metz—all Catholics); and three who treat “the Bible as benchmark” (Methodist and “high-church Mennonite” Stanley Hauerwas of Duke; the evangelical Donald Bloesch of Dubuque; and—ah, at last, a real Mennonite!—John Howard Yoder of Notre Dame).

Though the triple tripartite structure of Scriven’s survey seems like something on loan from an Easter Orthodox liturgy, his argument is anything but Byzantine. With clarity he articulates the relevant insights gleaned from these theologians and brings them to bear on the revised Niebuhrian question: “What precisely is it to be in culture as loyalists to the cause of Christ?”

Scriven finds that all the theologians cited grant Christ his authority—“his power and right to shape us in belief, conduct, and attitude.” Beyond that, these theologians agree that Christians cannot help having commitments rooted in historical, communal life, a realization that rips the heart from any Tolstoyan isolationism. And several of them carry forward Niebuhr’s narrative understanding of existence by stating in various ways that attending to a “shared story” is an essential element of the formation of a moral community.

Beyond that, Scriven finds that the work of Hauerwas, in particular, connects the Anabaptist vision with the transformationist goal: first, by rejecting the “standard account” of morality, the autonomous individual using ahistorical reason to make an objective decision about moral dilemmas; and second, by affirming that the fundamental moral task is shaping the virtues, skills, and interests of the moral self, who, as a historical being in community, will face moral decisions.

This rejection of autonomous rational morality in favor of a virtue-building, narrative-remembering

character-in-community comports well, says Scriven, with both Niebuhr's ideas of moral responsibility and the historic vision of Anabaptism.

## Loyalty Without Legalism

At the climax of his book, Scriven outlines the virtues of a culture-transforming faith community. The first virtue is *political engagement*. Here he appropriates Yoder's study of Luke to refute Bloesch's assertion that Jesus' mission was basically spiritual and not political. To agree with Bloesch that Jesus rejected then-current expectations of political messiahship, Scriven points out, does not imply that Jesus did not bring an alternative political vision for the human community. Scriven finds this alternative vision most neatly articulated by Yoder.

The second virtue is *universal loyalty*, the trait of seeing oneself bound in God with the entire human community, a trait that is the antithesis of nationalism and any form of in-group/out-group thinking. Here Scriven must defend Anabaptism from an obvious charge. The heirs of the Radical Reformation frequently formed tightly knit communities of love and faithfulness, which clearly gave the impression of in-group spirituality. But Scriven insists that, at least in its better moments, Anabaptism has formed these communities not just for faithful living, but also for the sake of the larger world. Unfortunately, as any Adventist knows, the universal mission of the tightly knit community can easily be forgotten in the quotidian demands of survival.

A third virtue, *nonviolence*,

rounds out Scriven's characterization of the transforming community. Nonviolence is closely attached to the virtue of universal loyalty, for universal loyalty demands that concern for the oppressed be matched by concern for the oppressor. Thus violent revolution, the prescription of liberation theology, is ruled out, as is killing or maiming in self- or national defense.

After answering key arguments against deriving a nonviolent ethic from Jesus' teaching (an exercise one would expect from one of Anabaptism's chief cheerleaders), Scriven poses a hard question for Yoder. Throughout this volume, Scriven catalogs the unanswered questions and unresolved issues left by the theologians surveyed. But he suspends any criticism of Yoder until a mere six pages from the book's end. Here he raises questions about Yoder's (and Anabaptism's) legalism. Yoder is wont to remark that "true Christian love 'seeks neither effectiveness nor justice, and is willing to suffer loss . . . for the sake of obedience.'" At this, Scriven exclaims, "Yoder is certainly wrong in saying this."

For Scriven, making obedience the test of ethics is incompatible with the nonlegalistic way in which Jesus and Paul subjected the letter of the law to human well-being and justice. Jesus' teaching on the Sabbath is a case in point. Can there be a nonlegalistic reading of the Anabaptist ethic of nonviolence? Scriven asks. Can there be an ethic of nonviolence that has room for exceptions—not for self-defense or the waging of just wars, but perhaps for stopping a madman shooting wildly into a schoolyard full of children? There is, indeed, a nonlegalistic account of Anabaptist nonviolence, Scriven concludes; but his argument is so

brief—a mere page and a paragraph—that the reader yearns for a more developed analysis.

Although Scriven does at last deliver his criticism of Yoder, he never seems ready to do the same for the Anabaptist tradition. He treats Anabaptism as a unified tradition. But it was in the nature of the Radical Reformation to splinter. With no external authority but the Bible, and no internal authority but the witness of the Spirit, Anabaptism was both quietistic and revolutionary, both anticultural and enmeshed with culture, both politically engaged and isolationist.

Scriven's sketchy, unified portrait of Anabaptism lacks nuance. Thus, he seems to make Yoder represent Anabaptism (in a way that Metz, Haering, Gutierrez, and Ruether are wisely not made to speak on behalf of Catholicism).

Yoder's argument that the true Christian (and therefore the Anabaptist) understanding of Jesus' ethic as demanding political engagement may be correct. But he hardly represents an Anabaptist consensus. Brethren theologian Robert Duncan Culver has argued (incorrectly) that Yoder represents an elevation of political ideology over the gospel. And when Yoder's most influential book, *The Politics of Jesus*, was published in the early 1970s, he was certainly presenting his case as much to his fellow Anabaptists as he was to the wider Christian community.

We await a more nuanced exploration of Anabaptism and a fuller exposition of the Anabaptist mode of social transformation from the word processor of Chuck Scriven. But until that arrives, we have in *The Transformation of Culture* the groundwork for all Christians to consider not just new ideas about ethics, but also changed ways of remaking the world through our solidarity with Christ.

# *Spectrum* Advisory Council

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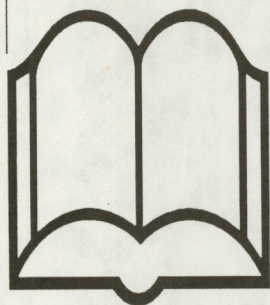
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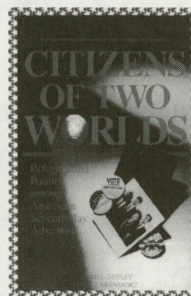
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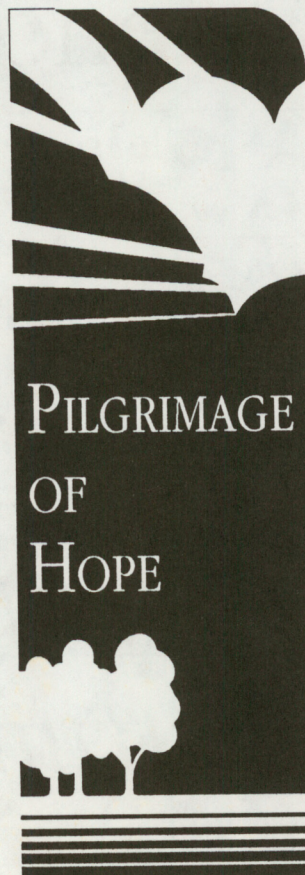
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