



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

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).

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

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.

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.