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Between the pages of this issue, you will find various articles of interest about Loma Linda University School of Medicine graduates who are making a difference throughout the world.

Terry Dietrich, M.D., an orthopaedic surgeon from Walla Walla, Washington, shares his diary of a recent trip to the Dominican Republic where he and his team performed orthopaedic surgeries.

You will enjoy an update on the Kabul Afghanistan medical school.

In a letter to his colleagues, Robert Hopkins, M.D., a retired ophthalmologist, provides an ophthalmic update from Montemorelos University, Mexico, Madagascar, and Africa.

The Beeve Foundation for World Eye and Health provides a review on their ophthalmic activities on the remote Yasawa Islands of Fiji.

Linda Hyder Ferry, M.D., continues her smoking cessation research. (see the AIMS Journal, March 2000). An interview with Dr. Ferry provides the reader with a glimpse of the smoking cessation challenges that are being faced in Southeast Asia.

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Dennis E. Park
Associate Editor

ABOUT THE COVER: Members of the Dominican Republic November 2002 mission trip. Pictured are (from left) Cameron Dietrich (pre-med student); Scott King, M.D.; Terry J. Dietrich, M.D.; and Jon King, M.D., orthopaedic resident. This trip was Dr. Dietrich’s 13th mission trip to Hospital Elias Santana in the Dominican Republic.
In early October of this last year, my wife, Alphie, and I returned to Kabul, Afghanistan, to teach pathology for the medical school.

I have managed to be at the Kabul Medical Institute twice a year for the past four years. Until this past fall, I have been commuting from my base at the Sir Run Run Shaw Hospital in Hangzhou, China, but now our base is back at Loma Linda.

Certainly these two experiences have presented great challenges and rewards and we are so thankful that we have had these opportunities.

From a personal standpoint, this last trip to Afghanistan was anything but uneventful—Alphie got up in the middle of the night to change surgical pathology specimens being prepared for making histology slides (in Afghanistan, a two-day process).

On the way to the “home lab,” she fell, fracturing the femoral neck. We were evacuated by the military in a C-17 to Hamburg, Germany, where Alphie had surgery at the University of Sarland. After surgery, we returned to our home in Loma Linda, California, where Alphie would recuperate.

As soon as she was stable, I returned to Afghanistan to finish up my work.

When I landed at Kabul, an NBC television crew was waiting to interview me.

From the perspective we have seen these past eight and a quarter years, I feel we can say that opportunities in overseas work are greater than ever.

Skills in the medical field are one of the most exportable items to developing areas and there are great needs in any field of modern medicine and nursing.

A review of the counsel received and purposes given for the establishment of Loma Linda brings a very clear picture.

That is the purpose of Loma Linda and the medical work. We speak of it as the right arm and our world points to climactic things.

There is much to be done and the Great Commission stands out with a greater urgency than ever.

I owe much to my teachers at Loma Linda, such as Jacob Janzen, MD, Roger Barnes, MD, and others that impressed on us what we are really here for. The need is much greater now than it was then.
Hospital Elias Santana
La Esperanza, Dominican Republic
A Diary

By Terry J. Dietrich, MD

Editor’s note: Terry J. Dietrich, a 1971 graduate of the Loma Linda University School of Medicine, is an orthopaedic surgeon whose practice is in Walla Walla, Washington. Dr. Dietrich is the current president of the Neufeld Society. This Society, whose membership is made up of orthopaedic surgeons, is named after the late Alonzo Neufeld, MD, whose legacy lives on in the hearts and minds of those who knew him and studied under him.

It is the objective of the founders of the Society that the academic inquisitiveness exemplified by Dr. Neufeld will be the inspiration for the Loma Linda University Medical Center orthopaedic residency graduates. The Neufeld Society operates under the umbrella of the Alumni Association, School of Medicine of Loma Linda University. The editors asked Dr. Dietrich if he would be willing to share his thoughts on the November 2002 trip to the Dominican Republic. The following is Dr. Dietrich’s diary.

We arrived in Santo Domingo on October 27, 2002, and joined the other members of the orthopaedic team which included Johnathon King, MD, orthopaedic resident; Scott Nelson, MD, and his wife Marnie; and two sons, Chad and Alexander.

This was my 13th mission trip to Elias Santana in the Dominican Republic. Twenty-six students and two orthopaedic residents have accompanied me on these trips. Shane Williams, Jon Linthicum, Joe Bowen, Sam Randolph, Kristan Guenterberg have all been pre-med students to go with me and then on to attend Loma Linda University as medical students. Shane Williams is now an orthopaedic resident.

A year ago, Craig Tingey, a LLU orthopaedic resident, and his brother who was a pre-med student, joined our team. Most of the students have been pre-med from Walla Walla College. Others have come from Columbia Union College, Whitman College and Brigham Young University. Several high school students have also participated.

October 28
8:00 a.m. Started evaluating patients: club feet, cerebral palsy, congenital deformities, myelomeningocele, post-traumatic deformities.

10:00 a.m. Our first patient was ready for surgery—Adrian Geronimo, an 11-year old boy with a recurrent clubfoot. He had had an attempt to correct his clubfoot at age 1-1/2 by a local orthopaedic surgeon.

Somehow the growth plate of the distal tibia

Johnathon King, MD, orthopaedic resident, assists Terry J. Dietrich, MD, doing a clubfoot repair. A local Dominican orthopaedic resident assists in the operation.
had been damaged and the ankle joint was now deformed and non-functional. I performed an ankle fusion with Drs. Nelson and King assisting. The child's leg will be shorter than the other side and will require an equalization procedure in the future.

12:00 p.m. Dr. Nelson and my son extract some nails from the left wrist of former patient Porfirio Gonzalez. We continue to evaluate patients between surgeries.

2:00 p.m. We operate on a 1-year old boy, Manuel Antonio Matos, for a right clubfoot. Dr. King does a very nice posteromedial release with me assisting. We evaluate more patients and check all post-surgery patients before returning to the duplex for supper.

October 29

7:30 a.m. We start by seeing our post-operative patients, change dressings and evaluate other patients for surgery until our first operative patient is ready.

8:00 a.m. Our first case is a right knee arthroscopy and debridement on a 19-year-old female.

10:00 a.m. We perform a bilateral Achilles tendon lengthening on Victor A. Silverio, a 9-year-old male. We evaluate more patients for surgery between each of our cases.

Our third case is Sheridan Pimentel, a 6-year-old female with unilateral Blounts Disease. A right tibial osteotomy is performed. The remaining hours of the afternoon and evening are spent in showing Dr. Nelson and his family the zoo and some of the historical buildings in the old colonial section of Santo Domingo.

October 30

8:00 a.m. We have a full day of surgery starting with a 13-year-old female, Wandelina Florian, who needs an Achilles lengthening and posterior capsulotomy.

10:00 a.m. Wendy Desyano is a 12-year-old female with Blounts Disease and needs a right tibia osteotomy. Dr. Nelson does a hamstring and Achilles tendon lengthening on 2-1/2-year-old male, Anthony de Jesus.

12:00 p.m. Rafelina Rubio, an 8-year-old female also has Blounts Disease and needs bilateral osteotomies of the tibias.

3:00 p.m. We operate on a 16-year-old male, Adrian Guzman, who needs wound debridement and fixation of his right femur.

The hospital administrator takes Dr. Nelson and his family around the city viewing housing and schools.
The whole group meets up with them later that night as we enjoy an evening dinner out together.

**October 31**

8:00 a.m. We make rounds on all our postoperative patients and send them home with pain medication and return appointments. We also see any other patients waiting to be evaluated.

9:00 a.m. We operate on Erson Joel Gomez, a 1-year-old male with bilateral club feet. Dr. Nelson and Dr. King each do one foot with me assisting.

10:00 a.m. Ramon de la Rosa, a 6-month-old male, needs a left wrist reduction.

12:00 p.m. We write orders on all patients, discharging or writing discharge orders for the next day.

2:30 p.m. We head to the northern coast to the small windsurfing village of Cabarete with the Nelson family. Dr. Jon King has made arrangements to spend several days at the Dodgers development camp/school east of the capitol in the Dominican Republic.
small town of Guerra to give sport physicals. He will join us on Saturday afternoon.

7:00 p.m. We arrive in paradise to hear the wonderful sounds of the surf and the local music. These one-week mission trips are short, but we can usually do from 15-20 orthopaedic procedures. It is the only hope that these poor people have to get a deformity corrected. The government just does not have the resources.

During the 8 years I have been working at Elias Santana Hospital, we have gradually improved the equipment. We have good reliable arthroscopy equipment and even do ligament reconstructions.

We have good reliable power drills, saws and reamers and implants for internal fixation. We even finally have x-ray in the OR that is fairly reliable.

The students have an opportunity to assist with the evaluation of patients and scrub in and assist in surgery. They learn to suture and even get to use the power equipment and drill holes and put in screws. Most importantly, they have the opportunity to see how a physician in private practice can make an impact in a country with limited resources.

Our plans are for the program to continue to grow with full-time orthopaedics and even a teaching program for the local residents and orthopaedic surgeons. It might even be possible to have rotations lasting several weeks for medical students and residents.

A number of orthopaedic professors from LLU and other medical schools are interested in participating.

A 23-year-old woman who has severe rheumatoid arthritis. She had not been able to walk since age 10. Starting at age 16, the team has done 14 surgical procedures on her. She has been able to walk for the past two years. She needs a total elbow replacement since both of her elbows are fused and neither hand will reach her mouth.
The Dominican Republic at a glance...

Area: 48,730 square kilometers

Geography: shares island of Hispaniola with Haiti

Population: 8,721,594 (July, 2002)

Birth rate: 24.4 births/1,000 population

Death rate: 4.68 deaths/1,000 population

Life expectancy at birth: (F) 75.91 years  
(M) 71.57 years

HIV/AIDS rate: 2.8 percent

Literacy rate: 82.1 percent of population

GDP per capita: $5,800 annually

Industries: Tourism, sugar processing, fer-

ronickel and gold mining, textiles, cement, tobacco

Television stations: 25

Internet providers: 24

Internet users: 25,000

Railways: 757 kilometers

Airports: 29

A 6-year-old boy has severe cerebral palsy. No surgery has been planned as yet.

A 33-year-old woman, and her 17-year-old niece, have marked femoral bowing. Both will be having surgical correction next year.
The following interview was conducted by Dennis E. Park, AIMS executive director and Loma Linda University School of Medicine AIMS JOURNAL associate editor.

**DEP:** As a medical student at Loma Linda University, did you have a desire to go into mission service after graduation?

**TJD:** I had a desire and plan to do overseas mission work upon completion of my medical education. I first became interested in overseas mission service as a result of a book that I read by the name of *In the Valley of Seven Cities*, a book about Stanley G. Sturges, M.D., who had gone as a missionary with his wife to Nepal and worked for a number of years and built a hospital. I felt called to do that same type of work, and as a result, decided to take medicine and be an overseas medical missionary.

**DEP:** Where and when was your first mission assignment?

**TJD:** My first full-time mission assignment was as an orthopaedic surgeon to our Adventist Bella Vista Hospital in Mayaguez, Puerto Rico. As a medical student, I had taken part of my senior electives and did a medical mission elective at Bella Vista Hospital in Puerto Rico. I combined that with our honeymoon.

**DEP:** Who or what led you in the direction of mission service?

**TJD:** During my orthopaedic residency, I had been asked by the Alumni Association School of Medicine of Loma Linda University to accompany Virgil Wood, M.D., on his trip to Africa, and we spent six weeks traveling throughout the continent of Africa to a number of our Adventist hospitals working with the doctors there and performing hand surgery and other orthopaedic surgery. We visited and worked in Sierra Leone, Nigeria, Malawi, Zambia, Tanzania, and Kenya on that mission trip.

**DEP:** What other countries have you served in?

**TJD:** Subsequent to moving to Walla Walla, I spent two weeks directing a medical surgical team to the largest children's hospital in Romania to teach the children's orthopaedists to do limb lengthening and Salter osteotomies for developmental dislocation of the hip.
DEP: How often do you make trips to the Dominican Republic and how long on average do you stay?

TJD: I now have an ongoing mission project in the Dominican Republic and I have made 13 trips there. I go twice a year to the Dominican Republic. The usual trip lasts one week to the hospital. The last trip that I made in November 2002 lasted slightly more than three weeks. My trips in the future will be anywhere from two to four weeks.

DEP: How did you decide to serve in the Dominican Republic?

TJD: I decided to work in the Dominican Republic, partly because of my being fluent in Spanish. I was asked to accompany a friend of mine who had identified a small Christian hospital in the Dominican Republic as a good site for working with the indigent people in that country and providing them with otherwise unobtainable orthopaedic services, especially for children’s orthopedics.

DEP: Is your work affiliated with the Seventh-day Adventist Church in anyway? By this, I mean does the church or the local conference or union invite you?

TJD: One factor in working in that country is that the Hospital Elias Santanas had a charter with the government to only take care of indigent patients and, as such, the doctors are allowed to come there and work without having to go through any type of a credentialing process. We are also not subject to any legal action as a result of any untoward results that might occur with our care for the patients. This particular work is not affiliated with the Seventh-day Adventist Church. There are a number of local Dominican doctors and surgeons who use the hospital and work at the hospital part time. Some of these local doctors are Seventh-day Adventists. The hospital is a small interdenominational Christian hospital.

DEP: From whom do you get financial support when you make these trips?

TJD: My trips from Walla Walla are paid for from my own personal funds. I also take students, usually college pre-med students, with me and I assist also in the cost involved with them staying at the hospital and other expenses with their being involved with the trip. Twenty-six students have accompanied me on the 13 trips to the Dominican Republic.

DEP: Do you take other healthcare professionals with you?

TJD: I have had one anesthesiologist accompany me on one of my trips and I have had four different orthopaedic surgeons work with me on my trips as well as two orthopaedic residents.

DEP: What has been your most memorable mission experience?

TJD: It would be impossible for me to single out a single memorable mission experience. Obviously, our 12 years working as full-time missionaries was just a tremendously worthwhile experience that I would do over again at the same time in my career.

DEP: What has mission service done for you professionally and spiritually?

TJD: It was a wonderful opportunity for Please turn to page 38
The Loma Linda University Center
Loma Linda University helps rebuild Afghan medical school

There are few places in the world more devastated than Kabul, Afghanistan. The capital city, nestled in the foothills of the Hindu Kush Mountains, was once a lively and cosmopolitan metropolis. But more than 20 years of war have left their mark.

After forcing the Soviet Union to abandon Afghanistan, the Afghans turned their weapons on each other in a series of factional civil wars that have left their capital city and country devastated.

For nearly all of its 100-year history, Loma Linda University has been involved in international health-care initiatives. Loma Linda’s alumni have been instrumental in developing nearly 500 health-care institutions, including 160 hospitals, around the world.

As a natural outreach of this global interest, Loma Linda University has had an involvement with Afghanistan for 40 years. Primarily anchored by G. Gordon Hadley, M.D., dean emeritus of the School of Medicine, this affiliation has included World Health Organization support and has provided faculty and consultation resources to the medical school in Kabul and several other medical institutions in Afghanistan.

At the request of both national and university leaders in Afghanistan, Loma Linda University has focused its activities for the past five years on assisting Kabul Medical Institute. Previously the leading medical school in Afghanistan, the school has suffered greatly for nearly 20 years.

Now Afghan nationals, Loma Linda University, the Euro-Africa Division of Seventh-day Adventists, and the Afghan Medical Association have joined in a unique partnership to assist in rebuilding Kabul Medical Institute.

The devastation caused by factional fighting is slowly changing—with the help of Loma Linda University. “The entire medical school complex was severely damaged during the Soviet invasion and civil struggles, with complete loss of all equipment,” says Richard H. Hart, M.D., DrPH, Loma Linda University chancellor, who—with Joan Coggin, M.D., M.P.H., vice president for global outreach for
Loma Linda University Adventist Health Sciences Center; and Jerry E. Daly, M SLS, M A, director of the Del E. Webb Memorial Library—made a site visit to Afghanistan in early April.

"An early decision was made to rehabilitate this facility in stages as funds became available."

"The Loma Linda project was the first to actually begin repairing portions of the main building," comments Dr. Coggin, who is coordinating the project.

Opening ceremonies for the new Loma Linda University Center, located in a prime area of Kabul Medical Institute, were held on Wednesday, July 4, 2001.

The Loma Linda University Center consists of four rooms. One is reserved for teaching laboratory situations, another is devoted for a tissue laboratory, a third room is reserved for a medical library, and the fourth is designated for computers to be accessed by students and faculty.

"Even though this is a small area of approximately 4,000 square feet, the Loma Linda University Center has provided an example and hope for the rest of the institute," Dr. Coggin relates. "The next phase of repairs within Kabul Medical Institute has been taken on by the United States Military Reserve which is currently working in the country. Reserve engineers and other professionals have developed plans for rehabilitating six classrooms and support areas. This project was complete in July, 2002.

“The medical school’s current library consists mostly of books and journals dated prior to 1972,” points out Mr. Daly, who is assisting Dr. Coggin. “Their collection has not grown at all. We are trying to rebuild their medical library with standardized books and journals. We have a standard list of books and a standard
list of reference materials we are trying to acquire. The World Health Organization (WHO) of the United Nations has said that it will assist with the shipping costs from the United States to Afghanistan.

When Kabul Medical Institute authorities decided they needed help in rebuilding their medical curriculum, they knew exactly who to turn to—Dr. Hadley, who most recently served as president of the Sir Run Run Shaw Hospital in the People's Republic of China.

On the Loma Linda University School of Medicine faculty for more than 50 years, Dr. Hadley established the pathology department at Kabul Medical Institute more than 40 years ago. Some of his former students are now on the faculty of the Afghanistan medical school.

“My wife, Alphie, and I went to Afghanistan in 1960 to work in the pathology department,” he recalls. “When we arrived, there was very little equipment, so we essentially began from scratch.”

Dr. and Mrs. Hadley spent several months in Afghanistan over the past couple of years. They returned to the embattled country earlier this year for an extended stay to continue assisting in the redevelopment of the medical school and to teach pathology.

One of the greatest needs now of Afghan medical students is qualified professors, according to Dr. Hadley.

During one of his trips back to Afghanistan, a government health official pleaded with him to come back and teach the new Afghan medical students. “I remember that I told him, ‘I’m 80 years old.’ He told me that was no problem. ‘We just want you to come.’”

“We will be teaching in English. A few of the students ‘fight’ learning English, but they must realize that English is now the language of science and medicine, and if they are going to be physicians, they must know that language.”

A majority of the medical students are able to read and understand English, but have difficulty speaking it. To help alleviate this situation, Loma Linda is planning to send two English-language instructors to Kabul to assist in the language program.

“The government is behind us in our desire to teach the students in English,”
Dr. Hadley states, “and they are behind us in setting high academic standards—which we will do. “I feel very warm toward the Afghans because I have worked with them,” Dr. Hadley continues. “They are desperate. They are tired of war, and they are suffering. For this reason, I wanted to come back to help the people. The Afghan people need our help now.”

After the July 4, 2001, opening ceremonies, Loma Linda personnel returned to the United States. Dr. and Mrs. Hadley had made plans to return to Kabul no later than early autumn. September 11, 2001, changed their plans. Because of the uncertainty of the world situation, the Hadleys postponed their travel to Afghanistan.

The political situation did not deter Dr. Hadley or Dr. Coggin. Even though the future was uncertain, planning at Loma Linda University continued. After the Taliban government ceased to exist, communication was once again established with Kabul Medical Institute. It was learned that Loma Linda University Center and its meager resources were untouched, and the staff were waiting for Loma Linda to return.

Currently, anyone admitted to Kabul University can choose to go to medical school. The medical branch of the university is by far one of the most popular areas of learning because every graduate of the school is guaranteed a job with the Afghan government at $40 per month. As one Afghan national physician puts it, “We have no qualified doctors. We have too many so-called doctors.” One reason for this dearth of physicians is that many Afghan physicians leave the country for training abroad. Once abroad, it is sometimes more enticing to stay in the new country rather than return home.

Prior to the beginning of the project, Dr. Coggin; Dr. Hadley; Michael Ryan, PhD, director of Global Mission for the General Conference of Seventh-day Adventists; Gary Krause, also from Global Mission; Denzil McNeilus, president of Adventist-laymen’s Services and Industries (ASI); and two representatives from the Afghan Medical Association based in the United States—Khushal Stanisai, M.D., and Yousuf Sadiq, M.D.—traveled to

Dr. Hart (with camera around neck), and Jerry E. Daly, M SLS, M A, visit with Afghans in front of Afghani-operated tanks.
Afghanistan on a preliminary site visit to assess the medical school curriculum and see what needed to be done in the way of construction. Also making the trip to the opening of the Loma Linda University Center was Peter R. Kuntz, treasurer, Euro-Africa Division of Seventh-day Adventists.

“We enlisted the help of Maranatha Volunteers International, headed by their president, Don Noble,” Dr. Coggin noted. Maranatha Volunteers International has an excellent track record in construction projects around the world.

Mr. Noble asked Karl Schwinn, president of KS Construction, Phoenix, Arizona, a long-time project manager for Maranatha, to head up the construction project. In addition to the teaching center, Mr. Schwinn and his Afghan team also built a four-bedroom house and three apartments. This complex is located about 15 minutes from the medical school campus.

According to an agreement reached by Dr. Coggin and Afghan officials, the house and apartments belong to Loma Linda as long as Loma Linda is involved in the teaching process at Kabul Medical Institute. First to occupy the new housing facilities are Dieter and Christa Hang of Switzerland, who are the on-site representatives for the Loma Linda University Center.

“Much of the infrastructure of Kabul University was destroyed during the years of fighting,” Dr. Coggin details. “Windows were shattered by artillery shells; wiring was literally pulled out from the walls and sold in neighboring countries.”

One of the major difficulties faced by Americans teaching in Afghanistan is the lack of adequate communication.

Since the first of the new year, communication has been restored in parts of Afghanistan. Dr. Hadley is in contact with Loma Linda personnel almost on a daily basis. Unfortunately e-mail is still not yet possible, and the use of the Internet has not reached the Afghan medical school. This will hopefully change in the near future.

In a visit to Loma Linda in March, the Afghan ambassador to the United States, Ishaq Shahryar, met with Loma Linda University administrators to explore the possibility of partnering in more areas than just the medical school.

“We are definitely looking to the future,” Dr. Hart assures. “We are developing plans for a variety of primary health-care programs to be funded by external grants.”

A convoy of trucks from the World Food Program bring supplies to Kabul, the capital of Afghanistan.
Editor's note: Robert E. Hopkins, a 1946 graduate of CME (now Loma Linda University) is a retired ophthalmologist who resides in Loma Linda, California. Dr. Hopkins, a current member of the AIMS board of directors, has been very active over the years in the ophthalmology programs at Montemorelos University and other eye clinics in Mexico. The following article is taken from a letter Dr. Hopkins recently wrote to his ophthalmology colleagues.

It has been some time since we sent out a report to our ophthalmic alumni of LLU, and at this time I would like to bring you up to date on what is happening. First, about the program at Montemorelos, then it is spread to two other sites in Mexico, and the projected start-up of a program in Madagascar.

Montemorelos University

Since the start-up of the program in ophthalmology in 1989 and the subsequent initiation of a residency program in 1991, much is happening.

The ophthalmology department in 1995 was seeing about 40-50 patients per day (up from the initial 5-10 in 1989), when Pedro Gómez, M.D., took over as chairman of the department. Dr. Gómez is well trained and under his leadership, the program has become very large and very progressive.

César Puesán, M.D., started as a resident in the first class (1941), trained an extra year in ophthalmic pathology at Baylor University in Houston, Texas, and a year in ophthalmic surgery at the very large Christian Eye Clinic in Santo Domingo. He then returned to assist Dr. Gómez in running the clinic. The two synchronize exceptionally well, and the program has grown beyond all expectations.

They see up to 130 patients per day, and last year performed over 1,000 major eye surgeries, mostly cataracts. Residents get as many as 350 cataract surgeries in their three-year course.

The inter-denominational Christian organization of physicians and dentists called “Medical Missions International” (MMI) approached our eye clinic leadership three years ago, asking that they take over the leadership of the Mexico portion of their programs. MMI is a large organization of Christian physicians and dentists who go on short-term mission appointments to many countries. This arrangement with MMI has been a real blessing to the Montemorelos program, as both Dr. Gómez and Dr. Puesán are directors on the MMI staff. Through the efforts of MMI, many IOL’s have been donated to our program, as well as putting the program in line with donors who have contributed large amounts of money to make the Eye Clinic totally equipped with a complete inventory of ophthalmic equipment, including lasers, automatic visual fields, etc. In
addition, the program has been chosen by manufacturers of advanced equipment for refractive surgery, not available as yet in the United States, to use (without charge) their devices to substantiate their use.

Because of the great increase in patient census, a recent modification was completed making the Eye Clinic more than twice as large as previously. Also, because of the excellent reputation that Dr. Gómez and Dr. Puesán have given the program, the number of pay patients has increased from 10 percent to around 50 percent.

New eye clinics in Mexico

Early in 2001, Marco Barrera, M.D., a recent graduate of the residency program, established a new clinic in Ensenada, Baja California. It is growing and is providing excellent care for those citizens there.

Recently, the Adventist Church in Tabasco, a southern Mexico state, has offered an idle Medical Clinic to Montemorelos ophthalmology. Drs. Gómez and Puesán have visited this site and found it to be a very useful site for an eye clinic, and they look forward to getting it started as soon as some structural modifications can be made. This promises to be a rapidly growing program also.

Madagascar

In 2001, Oscar Giordano, M.D., medical director of the Adventist medical programs in the Indian Ocean area, has talked with Drs. Gómez and Puesán and with Gordon Miller, M.D., of Salem, Oregon, about initiating an ophthalmology program in Madagascar, which is much needed in that backward country. Drs. Gómez, Puesán, Miller, third-year resident Carlos Gutierrez, M.D., and Willie Hunter, M.D. (director of MMI) in December 2001 visited Madagascar and returned with plans for Dr. Gutierrez to go and set up the program as soon as equipment can be obtained and shipped.

Carlos is an ordained minister and also speaks French, the language of that island nation. Additionally, an SDA physician in Madagascar is studying English and Spanish, with the plan to move to Montemorelos to take the ophthalmology residency program.

Currently, this program is on hold because of the recent political unrest in Madagascar, but he is taking this opportunity to take a retinal fellowship at Montemorelos under Pedro's tutelage. Hopefully, the politics there will improve, allowing the program to move ahead next year.

Africa

Togo: Approximately one year ago, the General Conference was urgently seeking an ophthalmologist for the 30-bed eye hospital in Togo—the position having been vacated by a Brazilian doctor who returned to his home in South America. During the early months of that vacancy, Montemorelos sent a resident to Togo for three months, and she returned happy to have spent the time there. Then recently, LeRoy Byers, M.D., accepted the call to move there. He had previously served in Taiwan, Guam, and more recently, in Maluti, South Africa.

Zambia: Boateng Wiafe, M.D., in November 2001 completed and dedicated a new 40-bed eye hospital, which had been built on property donated by ADRA, construction funded by CBM in Germany, and equipped by a Canadian organization. Being brand-new, and located in the capital city of Zambia, it is already very busy, and Dr. Wiafe is begging for some help. He badly needs another SDA ophthalmologist to join him, for he is very over worked, getting no time for being with his family, etc. I am sure he would even welcome someone who could come over and spend some months with him. He needs help very badly.

Back to Togo. I received correspondence just this week from Dr. Byers. While there had been
Editor's note: This report comes from the Beeve Foundation for World Eye & Health. Sandy Skahen, editor, with Elizabeth and Ajay Patel, assistants, along with Dorothy and Jerold E. Beeve, M.D. Dorothy Beeve is the daughter of the late Colby W. Dunscombe, M.D., missionary to Puerto Rico and founder of the Bella Vista Hospital in Mayaguez, Puerto Rico.

With all the wrongs in the world, 12 years in a row something has been going right. Our small band of medical missionaries travel each year to the remote Yasawa Islands, Fiji, to give service to those in need. We are glad to be a very small part of that effort while many of you have been constant, loyal supporters of the Beeve's Eye Foundation.

With the tragedy on September 11 and the events that have unfolded, our nation has taken a long hard look at our charitable efforts to aid fellow mankind. For 12 years, our foundation has been a constant source of hope through the dedication and skills of our team. Nothing has been asked in return; there has been no "paid" holiday; and no foundation administration costs. The Beeve's Eye Team is a sophisticated, grass-roots effort in ambassadorship to the Pacific Rim (usually Fiji).

As the world continues to become a global community as witnessed by the outpouring of support we received from across the world after September 11, we must adopt the mandate to expand the boundaries of our charitable vision. Whether you have visited Fiji and the Yasawa Islands or simply feel more connected to humanity, it is gratifying to see that over 13,000 people have been treated during the last 12 years; those who would otherwise have been neglected by humanity.

Men and women can now work, fish, or grow crops, and care for their children. Children can now read and go to school. Many lives have been saved as a result of the efforts from our hands and hearts.

Our accomplishments to date have been:
- 13,468 vision tests for children and adults
- 10,900 pairs of glasses and solar shields dispensed
- 554 cataract surgeries with lens implants
- 282 laser surgeries
- 104 pterygium surgeries
- 18 corneal transplants
- 20 miscellaneous eye surgeries—9 of these are for strabismus (crossed eye surgeries)
- training to Fijian doctors and nurses
We think that small efforts performed year after year fill a big need in our world whether 6,000 miles away in the Yasawa Islands or in our own backyards.

As of January 2002, our team was comprised of 20 members, including:

- Two ophthalmologists and wives from Australia
- Two ophthalmologists and wives from the United States
- One anesthesiologist and wife from the United States
- Three optometrists and wives from New Zealand
- One registered nurse from New Zealand
- One registered nurse from Australia
- Two ophthalmic assistants from the United States

As you can see, we have grown from five members and our talents are now pooled internationally. It has been a tremendous reward to see our efforts evolve into an international partnership over the last few years. One person at a time; one year at a time. Our efforts make a difference.

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One Man's Mission

(Aired on NBC Nightly News on Friday evening, November 29, 2002)

John Seigenthaler (NBC News anchor's introduction): One man's mission, an American doctor bringing hope and healing to the people of Afghanistan... For years an American Doctor whose strong faith motivates him to serve others has been making a journey to Afghanistan to help by giving his most precious resource.

Kevin Tibbles (NBC Reporter): Touching down on the runway in Kabul, Dr. Gordon Hadley has come back as he has for over 40 years to help. Even at 81 he still can't stay away from Afghanistan.

Dr. Gordon Hadley: It's just compelling you know, and the people have so much faith in you, it is almost too much, you know?

Kevin Tibbles: Faith in him because this pathologist from Loma Linda University in California has taught generation after generation of medical students at Kabul University. Alphie, his wife of 58 years, still remembers the day Gordon decided to take the job and then finding out there was no money for a lab assistant.

Alphie Hadley: I turned to Gordon and I said, "Gordon who would got out to Afghanistan for free to work for a tissue technician?" And he looked at me and said, "I think I'm looking at that person."

Kevin Tibbles: Since then, nothing has deterred Dr. Hadley, not even the bullet ridden university walls, not teaching in his coat because there is no heat, not even the Taliban.... Dr. Hadley defied the Taliban's ban on women students, insisting women be allowed to attend his classes, but he couldn't always prevent the Taliban from mistreating his students.

Dr. Gordon Hadley: There were things I did not like, I'll say that. When I see people slap students, it's hard for me.

Kevin Tibbles: His courage earned him lasting respect.

Afghan Medical Student (name omitted for privacy by the JOURNAL editors): By my opinion and experience, I can tell that he is a kind man to all.

Kevin Tibbles: Even today, teaching is risky business. Just weeks ago, Hadley was warned by his students to go home as riots erupted on campus over a lack of food and electricity. Two students were shot dead by police...

What is your hope for Afghanistan?

Dr. Gordon Hadley: Well, I hope that they can (pause) everybody needs to forgive each other, start anew, and love one another, and study and learn.

Kevin Tibbles: The legacy of an American Doctor in Afghanistan, no matter who is in power, no one can take away from you what you've learned.
Editor's note: The following article and interview is an update on the smoking-cessation programs being developed by a Loma Linda University School of Medicine graduate Linda Hyder Ferry, M.D., who heads a smoking cessation program at the Jerry L. Pettis Memorial Veterans Medical Center in Loma Linda, California. Dr. Ferry was featured in the March 2000 AIMS Journal, which featured current smoking-cessation programs, and reviewed the programs of yesteryear.

Dr. Ferry, tell us about your work in Cambodia, Laos, and other Southeast Asian countries. What exactly is being done to fight tobacco-related illnesses and deaths?

In Southeast Asian countries there is really very little that has been done historically on tobacco control, but a few countries are now making real progress, like Thailand and Malaysia.

Last summer, we were asked to partner with Adventist Development and Relief Agencies (ADRA) to apply for a grant from the National Institutes of Health Fogarty International Center to work in Cambodia and Lao People’s Democratic Republic (Lao PDR). We were awarded research funding for the Cambodia and Laos project for five years.

Our background search found that there are only a few small research studies on tobacco control. For example, in Cambodia, when I visited there only two weeks ago, I found only one billboard with an anti-smoking message near the Central Marketplace in Phnom Penh. It was a cooperative effort of ADRA and the Cambodian health authorities.

So there is a long way to go. Our hope is that the faculty at Loma Linda University School of Public Health, partnering with ADRA staff (who are in the local country), can create a strong bond between the government and the leaders there. Through their ministries of health, we may influence leaders to change the priorities for tobacco control in their country and pay more attention to the long-term health consequences of smoking.

What do you plan to accomplish through this project, and how?

The purpose of our project is to bring faculty from the School of Public Health and the School of Medicine at Loma Linda to
Cambodia every four or six months. We would recruit people who work in positions of influence in ministries of health, medical schools, research department, and economics department.

Basically, any individual that can influence decisions on tobacco control research and policy in their country. These individuals would join us for a two-week teaching session, to cover the essential skills of tobacco control research, such as epidemiology, statistics, and how to design a research survey. Also, trainees will learn how to analyze their research data and publish the results.

We hope that the relationships that we build will provide the evidence for them to develop an agenda that will go on for the next decade to gradually and effectively increase tobacco control. The outcome in the long run is to decrease the use of tobacco by men and to prevent women from ever starting to use tobacco. Right now in Southeast Asia, there is a much bigger gap between the smoking rate of men and women in many regions than we see in the developed western countries.

When will you start the classes in Cambodia?

We will be starting our very first class at the end of March, 2003. We hope to bring in scholars to our program from surrounding countries, such as Vietnam to the east, and

The Loma Linda University School of Public Health research team discusses their project. Pictured are (from left) Emmanuel Rudatsikira, MD, MPH, assistant professor, department of international health; Pramil Singh, DrPH, assistant professor, department of epidemiology; Jayakaran S. Job, MD, DrPH, associate professor, international health, epidemiology/biostatistics, preventive medicine, Schools of Medicine and Public Health; Susanne Montgomery, PhD, director, center for health research, professor, department of health promotion; Linda Hyder Ferry, M.D., M.P.H., associate professor, department of health promotion, principal investigator for project; Floyd Peterson, M.P.H., assistant professor, biostatistics, director, health research consulting group; and Alex Lozano, research assistant.
Malaysia, Thailand to the west and maybe even Mongolia. That way, there can be a real intermingling of leaders in Southeast Asia to understand just what tobacco control means.

The government structure, politics, and the economics of these countries are very different, so one method will not work everywhere.

**What is your long-term goal for the students?**

Our long-term goal with these students is that they finish what we call an Asian Leadership Global Tobacco Control Certificate Program. This program will teach them the skills needed for leadership in global tobacco planning, grants management, strategic planning, and how to communicate professionally to the media in their country. At the end of the project, after we complete five sessions (every four to six months), we hope that we will have inspired people who are empowered to become the leaders in their country in tobacco control and save the lives of hundreds of thousands who would otherwise continue smoking.

**Why do you do this? What motivates you to work on behalf of these countries and their people?**

Well, medical school teaches you how many diseases people develop from smoking, and in medical school all you really learn is, “tell them to quit!” We are trying to change that here at Loma Linda so that our medical students not only know how to tell people to quit, but know how to help them quit.

After I finished my master’s in public health from Loma Linda University, I realized that the largest preventable health problem in the world is tobacco-related diseases. Nearly five million people will die this year on our planet from a tobacco-related disease. They will usually die 10, 15, or 30 years before they would have naturally passed away, robbing their families and their communities of...
tremendous potential from their lives. All because of an addiction to nicotine.

So when I put together my medical training and my public health training, it dawned on me how big the need is for improving people's understanding of the risks and the ability to get effective help to stop smoking.

This project just seems like such a natural way to take what we have believed about healthful living for nearly 100 years here at Loma Linda University and partner with a developing country who is rebuilding their health-care in Cambodia after the devastating war in the 1970s. In the last 10 to 15 years, they have opened their medical school again after all the years of war that they went through. Everything was dismantled in their government and their medical education system.

So going back to partner with them is a real mission. Helping them learn how to protect their own population from the predation of the tobacco industry is the second part.

Because the tobacco companies are eagerly hoping to partner with developing countries, trying to get partnerships with them economically, they may become dependent on them, and won't enact effective tobacco control.

We are also trying to partner with the mission of the World Health Organization. They created what is called the Framework Convention of Tobacco Control (FCTC). This worldwide effort in uniform tobacco control basically says that every country needs to take seriously the impact of tobacco on the health of their people. The government leaders need to enact certain laws, policies, and health decisions in regards to health-care that will decrease tobacco-related diseases in their population.

The first measure of success is to have the trainees finish our certificate program, then develop the skills to do effective research, and contribute to the published body of knowledge of tobacco control in Southeast Asia. And, in the process, their efforts will effective-

The medical school in Laos will participate in research every two years for the next six years to see whether the Laos medical students' health practices change.
ly reach out to thousands and potentially millions of people who want to be free from the addiction of tobacco.

**How aware are the people in Southeast Asian developing countries about the effects of tobacco? Is this new information they don't know about?**

Eighty percent of the people in Cambodia live in a rural environment. They grow their own tobacco. They start using homegrown tobacco leaves at an early age and don't have any idea of the health impact of their behavior.

The number of people who live in the urban centers is only 15 to 20 percent of the population. There are 10 to 12 million people in Cambodia and about four to five million in Lao PDR.

They have not yet seen the long-term health consequences increasing from lung cancer, emphysema, and heart disease. They have not been smoking enough, and they don't have the health information tracking systems to see those trends developing.

So I would say they are at least 30 to 40 years behind the efforts that are seen in the western world in regards to tobacco control. Many people only have a vague idea that smoking may be harmful. There are very few “clean indoor air” laws or workplace enforcement of eliminating passive smoke.

There are basically only a handful of research projects that are done or ongoing at the moment. However, there is one very interesting project in Cambodia. They have a project that is funded by Rockefeller Foundation with ADRA Cambodia where they are taking the anti-smoking message to the Buddhist temple compounds, called wats. They are encouraging the entire compound to be declared tobacco-free. When all of the new monks take their initiation vows, they are encouraged to abstain from all tobacco. Several wats are cooperating with this program in Cambodia.

Now, this is a very interesting concept because many young men spend a short period of time doing this in Cambodia. Then, they go on to their normal work. To influence 18- to 22-year-old men in Cambodia when they are in a spiritual, searching period of their young lives to choose to not smoke could have an impact on their country. They return to their communities which can really be an opportunity to start changing the accepted norms and thinking in the community.

We just need to continue to be open and creative and let the Lord’s spirit lead as we find ways to work with them in their culture (a Buddhist culture primarily), and with a very low education and income level. They don’t have a big health budget to spend on tobacco control, but the tobacco companies have a huge advertising and promotion budget to entice them with.

**What do you foresee as your biggest challenge in this project?**

Our biggest challenge is to convert our American perspective on tobacco control into a sensitive approach to their Asian cultural issues, in order to translate what the real core message is, in a way that is not offensive. That’s going to really be the biggest challenge. Conducting large research surveys in another country half a world away is also going to take some exquisite planning and cooperation between the LLU-based research team and the Southeast Asian researchers.

The knowledge base about the harmful effects of tobacco use is clearly in the literature. We don’t have to convince them of these facts. But the challenge is to learn how to translate that into relevant research efforts, health policies, working with the political structure of
their country, the business angle, and the economic impact of reducing sales of tobacco eventually. For example, how could they benefit from a tobacco tax as Thailand recently passed?

So all of those issues that need to be considered in order to improve the health by more effective tobacco research are going to have to be faced one at a time, as we go forward. We are praying that the Lord gives us the wisdom to know how to avoid the pitfalls so we can improve the health of the people in Cambodia and Lao PDR. Overall, we're excited about the prospects and eager to see where the Lord leads us.

**Is there anything else that you would like to add?**

In ADRA, the work of humanitarian relief and assistance to people who are really hurting is probably not any more acute then it is in countries like Cambodia. For several years in the 1970s and early 1980s, the people were living under the most primitive conditions because of oppressive communist rule. They had no medical professionals, medications, and no outside help.

Planned genocide occurred all around them, fear dominated their lives and very few have received a higher education. The whole age group of the population that lived in the mid 1970s has been cruelly affected.

So what we hope is that as ADRA's partner, we create more opportunities for Christian non-government organizations to be received in a way that allows us to improve the health of people in these countries and to be led by God's wisdom. That's what God calls us to do—to go to the most needy and to show Him to them, in a loving way, providing for their needs. This is really the ministry that Christ had. This is the adventure that we are looking forward to. I'm eager to come back in a couple of years and tell you how our project is going.

An Ung Sam, M D, M P H, director of National Institute of Public Health (NIPH) in Cambodia, stands in front of the NIPH headquarters in Phnom Pehn. The tobacco education courses will be held at this site.
Health Needs Assessment
Presented in the
NAD Health Advisory

By Tadaomi Shinmyo, NSD Communications, PARL Secretary

A vast amount of health needs assessment documents in the Northern Asia-Pacific Division (NSD) were presented to the delegates of the Health Ministries Advisory held at Eden Sanitarium and Hospital near Seoul, Korea, on February 25-26, 2002. The conference was sponsored by the NSD Health Ministries Department whose director is John McGhee. For this advisory, there were around 30 delegates from Japan, Korea, Hong Kong, Taiwan, and Mongolia. The delegates were health professionals including medical doctors, nurses, health educators, hospital administrators, etc.

This assessment was given by P. William Dysinger, M.D., M.P.H., senior health advisor of Development Services International (DSI) in Tennessee, USA, after spending over two months for research in Korea, Taiwan, Hong Kong, China, and Japan in 2001.

Development Services International was established in 1996 by Dr. Dysinger and his wife Yvonne Dysinger, M.P.H., R.N., president—senior health advisor and secretary-treasurer, respectively. Dr. Dysinger has worked at Loma Linda University for 28 years and for Adventist Development and Relief Agency (ADRA) for six years. He is still adjunct professor of the University.

In order to find out the health situation and health needs of each country or territory, Dysingers visited a lot of people working in the government offices, hospitals, universities, UNESCO, UNICEF, WHO, NGO offices, etc.

For example, in Korea, they visited the Korean National Commission for UNESCO, WHO/Republic of Korea, Yonsei University, etc. In Taiwan, College of Medicine of National Taiwan University, Bureau of Health Promotion, etc. In Hong Kong, Adventist Hospitals, Hong Kong Council on Smoking and Health, etc. In China, Beijing Institute of Health, Lung and Blood Vessel Diseases, China Preventive Medicine Association, UNICEF-Area Office for China and Mongolia, School of Medicine of Zhejiang University, etc. In Japan, National Institute of
The purposes of the assessment were to find out the past trend of diseases and to forecast the next 10 years’ trend of diseases in each country or territory. In addition, it was also an important task to respond to the coming challenges related to health in the region.

According to Dysinger’s assessment, there were the common trends of diseases in these countries. It is, in a word, lifestyle diseases, namely heart disease, cancer, diabetes, and overweight. In addition, they found a rapid growth of aging population. Therefore, based on the facts discovered through the research, they recommended the delegates of the advisory to encourage their own people to take a traditional diet rather than fast food, and to exercise much more to solve the lifestyle diseases. Furthermore, the elderly people should be taken care of, including an adequate insurance system.

After this big project, Dr. Dysinger commented, “Now, we can have a new look to seek the needs of people by evidence through facts. The world is rapidly changing. Yesterday’s good things are no more for tomorrow.” Yvonne Dysinger said, “This project was greatly rewarded. Those whom we met were busy persons, but they welcomed us and treated us graciously. Sometimes, they invited us even for meals.”
The Road to Gimbie
August 10, 2002 report

By Nick A. Walters, M.D.

It has been a while since I have been able to get a message off to you. Our administrator was gone for a month and I have been doing a bit of double duty again. We have also been preparing for a dedication ceremony for our new hospital building.

Well, yesterday we had the ceremony. It was a big event and was held in the new hospital building on the third floor, in the auditorium.

We had a nice ceremony that was well attended. There were about 350 people there.

First, at about 8:30 in the morning, people began to arrive, and then at 9:00 a.m., we had the local church Pathfinder group march by wearing uniforms, waving flags, and singing songs. This really drew the crowds. It also warmed our heart, since some of the kids were only 4 years old. They had a display of marching and songs. Then they presented flowers to the special guests. This all happened on the dirt road outside the front of the new hospital building. We then had a ribbon cutting ceremony. After this, we all went into the building and on up the ramp to the third floor where we had the ceremony. There were a number of speeches, but what thrilled us so much was to have the founder of the hospital, Claude Steen, M.D., with us. He came out here to Gimbie in 1947, as a young doctor, to start the hospital. What a great time it was. He brought along three of his sons and several grandchildren as well. The crowd roared with applause as Dr. Steen and his family were introduced.

Finally, all the speeches were done, and a tour of the building was given, followed by a lunch for all the guests. Our food committee had been cooking for days to prepare for this opening. They cooked up five sheep and 15 chickens, along with loads of onions, potatoes, bread, and other food.

There was a bit of crisis two days before our ceremony when the shoppers went to the market and discovered not a single sheep was being sold. We discovered that this week was a fasting week for the Ethiopian Orthodox Church, which means they can still eat, but not meat. The farmers figured that business would not be good for sheep, so they didn’t bring any to the market. After some diligent searches and visits to farms, our shoppers were finally able to track down the sheep, since culturally this is the kind of food that should be served at this function.

The food ladies had erected a tent out behind the building and set up three rock stoves to cook everything. The stoves are made with three rocks, a pot on top, and the spaces between the rocks are where the firewood is pushed under the pot little by little to keep the flame going. They did a wonderful job of it with such simple foods.

There was food left over after the ceremony so this was given to the poor in the com-
As for the new building, let me give you a visual picture of it: The building is on the side of the hill, so the main entrance is on the second floor. As you enter, there is a lobby. To the left is the men’s open ward. As you walk through the open ward, you get to the emergency room on the other side. There is actually a separate door for the emergency room from outside on the front as well.

If you turn to the right from the main lobby, you enter the private ward. This is where there are private and semiprivate rooms. From the main lobby there are stairs going up to the third floor. On the third floor, there is a lobby, just over the entrance lobby. From this lobby, if you go right, you go into the main auditorium. This is an open hall that can be used for meetings or classes. If you go left from the third floor lobby, you will go into the offices and guest rooms’ area.

Going back down to the main lobby on the second floor, if you take the steps down, they will lead you to the first floor. If you go right from the landing, you will first go into changing rooms that lead into the O R area. There is a recovery room on the left, then two O R areas on the left. On the right are storage areas and instrument preparation areas.

From the landing, if you go left, you will see our new delivery room and past that you will enter the O B ward, the pediatric ward, and the women’s ward.

Besides the steps, there is a ramp behind the building that will lead up and down from the main building. This is for wheel chairs and gurneys.

I hope you enjoyed the tour.
March 1 to 4, 2002, made history for a group of healthcare professionals from Colombia, South America. With an official invitation from the office of the chancellor of Loma Linda University Richard Hart, M.D., DrPH., this group of physicians, nurses, and other healthcare professionals were able to visit Loma Linda University and attend the Annual Postgraduate Convention, sponsored by the Alumni Association School of Medicine. On Sunday, March 3, a Hispanic session was coordinated for them by Sofia Puerto, PhD, RN, CCRN, adjunct faculty member of School of Nursing of Loma Linda University and educator at Jerry L. Pettis Memorial Veterans Medical Center.

"It was a good opportunity for them to learn and to network with representatives from LLU, Loma Linda VA, and other healthcare professionals from the area," said Dr. Puerto.

Thanks to the generosity of some local physicians, some pharmaceutical companies, and the volunteer efforts of a group of nurses from Loma Linda VA, this event was a success. "There are no borders when it comes to sharing in our profession," adds Dr. Puerto. "The rewards are endless, not only for the receiver, but the giver as well."

In our present location, "we feel isolated and forgotten," stated one of the participants. According to Dr. Miguel Moreno, president of the Colombian Chapter of AIMS, the problem is multifactorial. "In addition to lack of trained personnel and poor remuneration, our work loads are overwhelming. In the Adventist clinics, lack of equipment is a major obstacle. Most of us hold another job besides working for these clinics. The need is great."

Due to the political situation in the country, many professionals are migrating. In some instances, rendering healthcare is not without risk. Some colleagues have sacrificed their lives while rendering healthcare to those in need.

In addition to Loma Linda University, Alumni Association School of Medicine of LLU, AIMS, and the Jerry L. Pettis Memorial Veterans Medical Center, Dr. Puerto would like to thank the speakers and Dr. and Mrs. Alvaro Bolivar, David Bolivar, M.D., Dr. Eunice Bolivar, Dr. Joel Manosalva, Elber Camacho, M.D., and Alonso Ojeda, M.D.
Editorial: A Taste of History!

While our country is squarely in a political campaign and the speeches are hard driven, I would like to look back to 41 years ago . . .

On January 21, 1961, John Kennedy wished to leave a powerful and deep message to Americans. The end of his speech remains famous . . . Remember his words . . .

"Ask not what your country can do for you. Ask what you can do for your country."

What an unusual message . . ! What an encouraging address that we can all be involved in. An encouragement to become responsible, a call to become actors in this life, and not remain simple spectators.

For several of us, this message echoes and we have transposed it to “the hour has come to ask ourselves what we can do for L'AM ALF, and not what L'AM ALF can do for us.

The word from the president d'honneur

L'AM ALF has existed for 23 years . . .

Created at the start by a small group of health professionals, almost all of the graduates of the faculty of medicine of Montpellier are alumni.

Twenty-three years ago Paul Tieche, then president of the Franco-Belgium Union, charged us to gather an independent association of health professionals of the French language, of which the community had need, and the professionals had need of anchorage in the community.

When one looks in retrospect at the miracles accomplished, the divine intervention directly in our humanitarian projects, the joys, the friendships and the renewed dedication, a thank you to all.

A special thank you to one of our eldest, Jean Llobet without who so much would not have been accomplished, he was always there to receive merchandise, trucks, medicines, and dispatch all as needed. He is an example of intelligent benevolence, and persevering. Many followed your example, but I believe you have the palm of longevity.

Thank you to all . . . Contal, Kaknor, Fayard, Freuler, Mansec, Christiane, Delgado, N'Sungula, Aurouze, Davies, Davy, Breuil, Steveny, Verrecchia, Veckringer, Vernet, Mermoud and others that my memory fails me. Thank you for all you have done to give life to L'AM ALF during these 23 years and we rejoice to see talent raised with the young.

Long live L'AM ALF and thank you to all! This association is yours!

Report on annual AMALF meeting
French Chapter of AIMS

The beginning of November, the AMALF members hold their annual meeting. This year we met near Annecy in the French Alps to discuss the problem concerning the Burn-Out Syndrome. Eighty-five members attended the meeting—25 physicians and 60 other medical professionals. Psychotherapist Jacques Poujol, former pastor, was the main guest speaker on Sunday, November 10. Dr. Barneoud intro-
duced the subject and Bernard Davy, M.D., made recommendations for the prevention of this syndrome connecting the New Start philosophy as the best lifestyle in that prevention. Dr. Davy is an AMALF member and resident in psychiatry in Geneva.

We were welcomed Friday evening by Dr. Steveny, president of AMALF. Saturday, Elder Thierry Lenoir, chaplain of Clinic la Ligniere (Switzerland) and his wife Anita held the different meetings, while Dr. Jean Claude Verrecchia, president of the Adventist Campus du Saleve and one of the four principle editors, presented the last French translation of the Bible. The morning worship was about the prophets who were burn-out victims, i.e. Elijah and Jonas! Thierry Lenoir is also a marvelous violin-player and with his wife held the Sabbath end meeting.

Saturday evening was an administrative one: activity and financial reports. AMALF is very active on overseas mission work. Since more than 15 years, we support the Adventist health system in Katanga (Congo) with its director Dr. Delgado. This year an ophthalmologic team from Lausanne University went for three weeks and a Swiss Army lorry bought by a friend Remy Hirschy, full of medical equipment (X-ray machine ophthalmic supplies, etc.) was sent to Lumumbashi via Kenya. Next year, we will sponsor one midwife for six months and a young MD who will spend half a year helping Dr. Delgado. Dr. Hawlitcheck, division health secretary who attended our meeting, wrote that in his opinion AMALF was “the most missionary active and exemplary association of health professionals we have in our division.” Thanks to everybody, Dr. Kohlia Steveny was re-elected president and Dr. Jean Claude Matter re-elected treasurer. Lots of projects are under way for next year. We need your support in prayer. Next theme of our annual meeting will be “Obesity, Fact of Our Society,” and we will meet near Paris.

— Dr. Patrick Guenin, Past President

PS: If you know about a nutritional specialist in Loma Linda who would accept to come to Paris next November to speak on that subject, they would be welcome!

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Plan now to attend
APC 2003 Mission Symposium.
Look at the School of Medicine Alumni Association website
<www.llusmaaa.org>
for update details.
As of December 31, 2002, AIMS has 164 Life Members

G. Gordon Hadley, M.D.  Dr. Albert H. Reiswig, M.D.
Allan R. H. Andysides, M.D.  Robert A. Reiswig, M.D.
Robert A. Hardesty, M.D.  Elwyn L. Rexinger, M.D.
Gary H. Hershchel Harding, M.D.  Sergio R. Riffel, M.D.
Ralph D. Harris, M.D.  William E. Rippey, M.D.
Lewis H. Hart, M.D.  Antonio E. Robles, M.D.
Richard H. H. Hart, M.D.  Ronald E. Rothe, M.D.
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† Marian C. Barnard, M.D.
† Marvin C. Barnard, M.D.
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Please send information to the managing editor, Alumni Association, School of Medicine of Loma Linda University, 11245 Anderson Street, Suite 200, Loma Linda, California 92354.
Number of AIMS Life Members by Year

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<thead>
<tr>
<th>Year</th>
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March 4, 2000

Gustavo Diaz Olivo, MD
November 9, 2000

Pedro Tabuenca, MD
August 9, 2000

Dunbar W. Smith, MD
February 24, 2001

Beverly G., MD & Harold U. Giebel, MD
March 4, 2002

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Dr. Dietrich

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our family, also for us to be involved spiritually in the work in that area. It also gave me a tremendous opportunity for professional growth that otherwise would not have been possible, especially the experience that I obtained doing significant children's orthopaedics. Also, becoming fluent in another language was a significant factor in me continuing on now with work in other countries where Spanish is the principle language. I believe that all of these factors have been preparatory for me in the current work that we are doing and in developing a significant teaching program to upgrade the local level of orthopaedic care that is provided, to be more that of the care that is provided in the United States.

DEP: What advice would you give to medical students and recent graduates who may be contemplating some form of mission service?

TJD: My advice to medical students and recent graduates would be to give overseas mission service an opportunity as an option to look into it as a means of serving God and our fellow man, especially those who live in circumstances where resources are markedly limited and where their medical care options are severely limited.

Ophthalmic update

Continued from page 19

a previous ophthalmologist there, he found some equipment to be unusable, out-of-date or lacking. The needs are many. I am listing his needs. Hopefully, some of you might have some of this equipment that we can get ADRA to ship to Togo. Let me know if this is so.

The immediate priorities are:

a) Slit lamp bulbs, both 12 volt, 50 watt halogen, and 6-8 volt incandescent (to fit Haag-Streit design, actually Inami, slit lamps);

b) Graether collar-button capsule polisher, irrigating;

c) Bipolar coaptation and jeweler's cautery forceps;

d) Indirect ophthalmoscope set (if any was ever here, it must have departed with the last doctor);

e) A-scan biometry (I keep thinking someone has a good, old unit around somewhere, who needs built-in calculations, etc);

f) Solid-bade speculums, such as McKinney or Mellinger (Storz catalogue); and

g) Eventually, we will probably need instrument sterilizing/storage trans if/when we get a proper, functioning steam sterilizer (we have a sterilizer from Maluti, little-used, but has some problems).

Have you considered...

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2. To foster the training and continuing education of health professionals throughout the world.

3. To provide an efficient means of giving for mission projects.

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