LAKE UNION

MAY 30, 1978

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1978 Report

Great Lakes Adventist Health Services



# A Year of Progress

This issue of the Herald will bring you up-to-date on the activities and progress of our year-old Great Lakes Adventist Health Services, Inc. As a corporation, GLAHS is designed to develop and manage the resources of all the church's health ministries in the Lake Union.

The most significant event of recent date was the decision of the Lake Union Conference Executive Committee to transfer to GLAHS the department of health. This step provides full-time professional leadership in the vital areas of health education and preventive medicine.

At the present time GLAHS operates on a limited budget while utilizing the talents of the professional people who serve our existing institutions. As our health ministries grow and new institutions are added, a stronger base will provide finances for a full-time GLAHS executive. In the meantime we are especially blessed, because the leaders referred to in this issue give double measure of their time and talent.

The executive vice president of GLAHS is Irwin Hansen, who also serves as president of Hinsdale Sanitarium and Hospital. Others will be referred to in the articles which follow.

The Lake Union territory offers many new challenges in areas where at present we do not have any medical work. Please remember our many dedicated people who serve in the health ministry as they take part in helping to finish the work.

Lower Bock

Lowell Bock, President
Great Lakes Adventist Health Services, Inc.

#### COVER

Bruce Lee, second-year family-practice resident at Hinsdale Hospital, examines Andrew Hilliard at the Hinsdale Family Medicine Center. A former student at Andrews University, Dr. Lee completed his medical education at Loma Linda University in 1976, and plans to set up practice in the Lake Union upon completion of his residency. See article on page 15 for further information about the Family Practice Residency at Hinsdale. Photo by Keith Lundquist.

## Report from:

#### **Executive Vice President**



Irwin Hansen

Great Lakes Adventist Health Services, Inc. has been organized for slightly more than one year. Looking at the record of that first year, each constituent of the Lake Union can take pride in the level of accomplishments.

The mission of Great Lakes Adventist Health Services, Inc. is to facilitate the growth of the Seventh-day Adventist Church in the Lake Union through the expansion of all aspects of the medical health work of the church.

To accomplish this goal several projects have been undertaken.

First, the debt was refinanced at Hinsdale allowing for the refinancing of the debt at Battle Creek at considerable savings in the interest and bond issuance cost. This allowed both facilities to plan for and implement new expansion and growth.

During this year Mid-American Health Services, Inc. became a fully incorporated entity of the Seventh-day Adventist Church through the facilities of Great Lakes Adventist Health Services, Inc.

We have established two family health centers, one at Berrien Springs, Michigan, and the other just south of Battle Creek at Athens, Michigan.

The corporate officers of Great Lakes Adventist Health Services, Inc. hold a view that the integral part of the medical work in the Lake Union Conference is that of health ministries. Therefore a vice president for health ministries has been selected and assigned the responsibilities of coordinating the health education resources of the Lake Union.

Successful organizations are organized to take maximum advantage of their strengths and to allow themselves the ability to focus on the major problems of the organization.

Great Lakes Adventist Health Services, Inc. has organized itself around a small central staff which uses top and middle management of the various subsidiary organizations to deal with problems and lend assistance wherever necessary.

The coordination of the health-care resources of the Lake Union is a considerable responsibility. It requires the prayers and the support of each constituent.

Irwin Hansen, Executive Vice President Great Lakes Adventist Health Services, Inc.

#### Vice President and Secretary

Health manpower resources are an integral part of the organization of Great Lakes Adventist Health Services, Inc. (GLAHS). Recruitment of physicians, dentists and other paramedical personnel are of prime concern to GLAHS.

In the first year of operation our strategy has been to create an awareness in the medical education facilities about Great Lakes Adventist Health Services, Inc. Currently we are in contact with 370 medical/dental students and paramedical people. We have made contact with more than 600 residents and have placed 24 new physicians and dentists throughout the Lake Union.

It is a stated objective of Great Lakes Adventist Health Services, Inc. to expand into all areas of the Lake Union and to facilitate the growth of the health-care system unionwide. This requires an ongoing communication with students and medical/dental practitioners already established in the union.

Joel Hass, Vice President and Secretary Great Lakes Adventist Health Services, Inc.



Joel Hass

#### Vice President and Treasurer



Lawrence E. Schalk

The primary responsibility of the vice president for finance of Great Lakes Adventist Health Services, Inc. is to coordinate the financial activities of the subsidiary institutions and to assist in the expansion of additional health-care facilities in the Lake Union Conference.

Several areas which have been addressed at this point by the vice president for finance include assuming the chairmanship of the finance committees of Battle Creek Sanitarium Hospital and Mid-American Health Services, Inc., along with providing consulting services for the subsidiary institutions and assisting Mid-American in the restructuring of its debt service.

In October 1977 Hinsdale Hospital's existing debt was refinanced, reducing the interest rate from 8.0 percent to 5.7 percent with a savings of approximately \$1 million. Financing was arranged to expand B.C.S.H. with a savings of \$75,000 in issuance costs plus other benefits to be derived over the life of the issue.

Presently being considered is a corporationwide data-processing system; the first of these to be added will be Mid-American Health Services, Inc.

Lawrence E. Schalk, Vice President and Treasurer Great Lakes Adventist Health Services, Inc.

#### Vice President



Vernon Small

Great Lakes Adventist Health Services, Inc., a corporation organized to manage the health-care services in the Lake Union, is committed to using its resources to enhance the soul-winning efforts of the Adventist Church in our union and occasionally elsewhere so that the message communicated might be complete and not fragmented.

Health professionals from GLAHS facilities are providing valuable health message input at conference workers meetings, retreats, district rallies, camp meetings, evangelistic meetings, academies, Sabbath services and so forth.

GLAHS personnel are giving support and guidance to various conditioning-center interests in the union attempting to bring into reality another avenue for fulfilling our great commission.

The duties of the health services department for the union are being cared for by GLAHS personnel.

"The health reform is one branch of the great work which is to fit a people for the coming of the Lord."—Counsels on Health, p. 20.

Roy R. Wightman, Vice President Health Ministries Great Lakes Adventist Health Services, Inc.

#### Vice President



Gary Whitworth

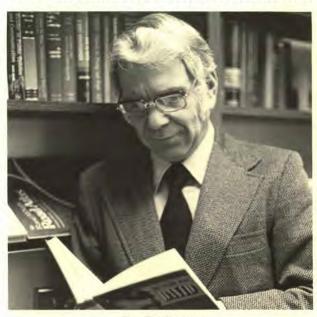
Battle Creek Sanitarium Hospital is the focal point of a historical presence as it relates to the health work of the church.

While its mark on history is important, it is the future that we are most concerned with today. With the coordination of Great Lakes Adventist Health Services, Inc., Battle Creek Sanitarium Hospital is making plans for an aggressive program in health-care delivery that has already established it as a regional center of progress.

Soon construction for the new administrative and food-service wing of the hospital will begin. Many expanded services have already been implemented and others are in the planning stages. Progress for the church and pride of accomplishment is our motivation.

Vernon Small, President
Battle Creek Sanitarium Hospital
Vice President
Great Lakes Adventist Health Services, Inc.

#### Vice President, Health Ministries



Roy R. Wightman

Mid-American Health Services, Inc. is proud to be a part of Great Lakes Adventist Health Services, Inc., and also to be of continuing service to the church.

In this first year of affiliation with the church we have purchased an additional long-term care facility at Mineral Point, Wisconsin, and we are currently negotiating to acquire additional facilities in Illinois and Indiana.

We have established and implemented a conditioning-center concept with the coordination of Great Lakes Adventist Health Services, Inc. Mid-American Health Services, Inc. takes pride in its association with Hinsdale Hospital and Battle Creek Sanitarium Hospital as a member of the health-care delivery systems in the Lake Union.

Gary Whitworth, President Mid-American Health Services, Inc. Vice President Great Lakes Adventist Health Services. Inc.

## Setting the Pace Since 1866

by Diane E. Nudd

Battle Creek Sanitarium Hospital was born as the Western Health Reform Institute in 1866, a result of the inspiration of Ellen White and the Adventist pioneers.

Today, as a modern health-care facility, Battle Creek Sanitarium Hospital (B.C.S.H.) is dedicated to the principles of the church, while offering the modern medical treatment required by the community.

Owned by the Seventh-day Adventist Church since 1974, the hospital maintains its early commitment to preventive care and upholds the philosophy of holistic health care.

The bed capacity is 155 (75 medical/surgical and 80 mental health). Of the 430 employees, 40 percent are Adventists.

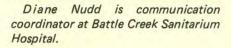
The scope of health care at B.C.S.H. entails high-quality service, public-awareness emphasis, preventive health-care programs and health education in the areas of health testing and stress evaluation, diet modification and dietary management, fitness training, coronary risk evaluation, and weight control.

The hospital's modernized pharmacy features a unit dose and drug distribution system, an IV additive program and a drug information center.

The cardiopulmonary department uses the only Corning 175 Blood Gas Calculator in southwestern Michigan. This computer calculates arterial blood samples in 45 seconds.

The spiritual dimension is a factor that is emphasized in "total patient care" at B.C.S.H.—a factor as important as excellence in physical and mental-health treatment.

Caring takes love and loving takes energy. And energy is the product of health. Medical evangelism is a





B.C.S.H. is a landmark in Battle Creek.

progressive ministry. And it begins with staff members.

Every staff member who ministers in the spirit of Christ is bringing health to the patient's body and mind and healing to his wounded spirit.

The ministry of spiritual healing and restoration is offered at the San more

particularly through its chaplaincy department, which directs worship services, individual counseling, Bible study, grief recovery seminars and closed-circuit television programs.

The chaplaincy has invited every employee to join in ministering to the spiritual needs of patients. Inservice



Large groups of people attend the community education programs directed by Wayne

training in various disciplines has stressed acceptable ways of sharing hope with sick people.

A \$3.2 million expansion plan is currently being developed. An administrative wing will stand on the site of the former Battle Creek College Library and include a physical medicine department.

Also included in the plan is a health education complex and 24-hour crisis intervention in psychological services.

Under the management of GLAHS, the outreach of Battle Creek Sanitarium Hospital has been strengthened.

GLAHS also sponsors a family medical center in Athens, Michigan, about 20 miles south of Battle Creek.

An ongoing program of revitalization of the hospital and its facilities is being carried out. More primary-care physicians are being encouraged to come to the area to expand the hospital's influence in the community. This will require the construction of new medical arts facilities for physicians.

Battle Creek Sanitarium Hospital played an integral part in the beginning of the medical ministry of the church, and a century later it is still finding ways and seeking professionals to strengthen the health outreach.



Griffith, director of preventive Care.



A patient is monitored while taking a stress test at B.C.S.H.

B.C.S.H. PRESIDENT'S REPORT

## A Commitment to Christian Health Care

by Vernon L. Small

In the June 14, 1977, issue of the Lake Union Herald my report contained the following statement: "Our commitment to Christian health care must continue to emphasize the principles of healthful living and awaken within every patient and employee a serious concern for his spiritual health."

Since then the Battle Creek Sanitarium Hospital Board of Trustees and administration have been diligently and energetically engaged in planning and implementing programs that hopefully will effect life-style changes in the lives of every person we serve.

A well-developed preventive medicine health education program is being conducted.

Plans for the future ensure that our

Vernon L. Small is president of Battle Creek Sanitarium Hospital and vice president of Great Lakes Adventist Health Services, Inc. hospital will continue to be recognized as a leader in health education in Michigan. This role is in harmony with national goals set by the Department of Health, Education and Welfare in Washington for the people of America. It is also interesting to note that these goals were established years ago by Ellen G. White.

We are increasing our plant facilities to more comfortably accommodate the expanding health-care programs that include medical/surgical, mental health, substance abuse, preventive medicine and critical-care programs. These activities are designed to facilitate our ability to present a "healing ministry" to all the people we serve.

Perhaps the greatest single effort has been and continues to be our spiritual witness. "To make man whole" requires the witness of dedicated workers who have made an unconditional surrender of their lives to God.

Continued on page 9.

"I will instruct you and teach you in the way which you should go; I will counsel you with my eye upon you."

DS. 32:8

Christ is with us. He has given us His example, and He is there to help. It is in turn *our* responsibility to help all who need *us*.

Let the Great Lakes Adventist Health Services show you where the need is greatest. Through the Battle Creek Sanitarium Hospital, Hinsdale Hospital, and the Mid-American Health Services there are immediate opportunities for you to serve. We can assist you in relocation, establishing your practice, and locating your staff. We are also available to help you locate a home in which to live, schools for your children to learn, and places in which to shop.

We are ready to help, so please call collect (312) 920-1100.

IT'S YOUR CHOICE



GREAT LAKES ADVENTIST HEALTH SERVICES, INC.

34 S. Vine Street • Hinsdale IL 60521 • (312) 920-1100

Battle Creek Sanitarium Hospital Hinsdale Hospital Mid-American Health Services



Continued from page 7.

We are committed to the task of staffing our hospital with employees who recognize the influence of the Holy Spirit in their personal lives.

It is frequently stated by our patients that Battle Creek Sanitarium Hospital provides the best personal patient care in our service area. We are not satisfied with being the best; we wish to be better than the best.

The reason we are in the lead is obvious: We have an unseen Silent Partner. Our unseen Partner guides the hand of the surgeon, the footsteps of the nurse, the planning of the technician and the ministry of the chaplain.

If I have a choice, I will always choose the Christian physician, and the praying nurse and technician.

When it is my body, I will choose the team with the Silent Partner, and I wish to make this team available to all the people we serve.



Pharmacy staff member Peggy Boling and other B.C.S.H. employees help provide excellent health care.

THE CHAPLAIN SPEAKS OUT-

### Care for the Whole Person

In 1976 I moved to Battle Creek to join the Battle Creek Sanitarium Hospital team.

Larry Yeagley is public relations director and chaplain at Battle Creek Sanitarium Hospital. I questioned the administration about the goals they had for the hospital. They informed me that their intention was to deliver the best health care in Battle Creek. Now that almost two years are behind me I can tell you that the administration wasn't kidding.

Patients voluntarily tell me that they have never been treated so much like a person in any other hospital. One woman told me that she senses a "unity" among the staff.

Mental health patients have come to their last morning worship before their discharge and said goodbye with tears. There is a warmth that makes the hospital a home to them.

Battle Creek Sanitarium Hospital has the traditional quality of caring for the whole person. More and more Battle Creek residents say, "I'll never go to any other hospital."

The community programs of the hospital create trust in the minds of people that draws them closer to the hospital. Community agencies frequently ask some of our staff members to be on their boards and committees.

The real proof of the pudding is in the tasting. Once you are a patient here and you feel the gentle ministering of the B.C.S.H. health team, you'll be a believer—just like I am!.



Chaplain Larry Yeagley encourages a patient during her illness.

## **Providing Quality Care**

by Donna Willard

To provide quality medical care today demands that hospitals not only keep pace with modern technological advances, but that they maintain a high standard of professional expertise. Sophisticated equipment and innovative procedures are introduced daily into the health-care industry.

However, as a Christian hospital dedicated to the concept of holistic health care, Hinsdale Sanitarium and Hospital faces challenges and possesses opportunities unequalled by even the most renowned medical centers with a secular base of operation.

The goal of every action aimed toward restoring the whole man to health is not only to provide the highest quality of care, but to demonstrate Christian love in the process.

Since its founding in 1904, Hinsdale Hospital has maintained this dual objective.

This spiritual concern coupled with technical and professional expertise produces a unique type of care, and patients detect and appreciate the difference.

Physicians, administrative personnel and staff members strive continually to enhance the atmosphere which is a subtle reminder to those who enter the hospital that health care at Hinsdale Hospital encompasses a spiritual dimension.

A spiritual emphasis committee was recently established to research methods whereby Christian philosophy can be translated into practice.

An outgrowth of this committee is the daily noon meditation and prayer meeting held in the chapel for employees, patients and visitors. A definite need is being met as evidenced by the prayer requests and high attendance.

According to Willis Graves, chaplain,

Donna Willard is an editorial assistant at Hinsdale Sanitarium and Hospital, Hinsdale, Illinois.

responses vary from a handshake of appreciation to letters stating specific blessings received. For one patient these short devotionals followed by prayer produced "a good feeling inside"; for another, "a sense of inner peace."

Study initiated in the spiritual emphasis committee concerning the question of Sabbath work at the hospital was recently brought for further discussion before the leadership council, a group comprised

of department heads and supervisors.

Because care of the sick demands 24-hour, 7-day-a-week coverage it is necessary to determine a proper interpretation of Sabbath observance. With the patient's welfare in mind, questions were raised concerning the possibility of viewing the Sabbath as an opportunity to be especially conscious of his spiritual as well as physical needs.

Further study is planned to assure that the sacredness of the Sabbath and



Harry Royal, rehabilitation services coordinator, treats a young patient in the physical therapy department, one of the hospital's primary referral centers for Chicago's western suburbs.

comfort of the patient can both be

While each department seeks God's guidance and blessing daily in short worship periods, the administrative and medical staff meet once a month at a special prayer breakfast. A devotional is followed by a discussion of specific topics which may vary from programs being considered to staff appointments.

Seventh-day Adventist physicians on the medical staff have expressed a desire to incorporate into new doctors' orientation an introduction to the philosophy supported by the hospital as an S.D.A. institution.

Methods currently being discussed include an informal luncheon at which physicians and their wives could be presented with the S.D.A. philosophy and provided with an opportunity to ask questions; or the presentation of selected books such as Faith Alive or His Name Was David to new staff appointees.

The physicians' concern extends beyond their colleagues to patients who have expressed an interest in spiritual things.

Two physicians are meeting these spiritual needs by holding weekly Bible study groups at the hospital. These studies include an hour-long session for investigation of basic Bible truths with an additional hour for those desiring more in-depth study.

Realizing that medication and surgery alone cannot provide complete healing, these dedicated doctors are filling a need for hospital visitors and former patients.

Through one-to-one conversation, group studies, personalized letters from the chaplains' office and other methods, this spiritual aspect of health care is being met at Hinsdale Hospital.

Daily experiences of chaplains and staff members reveal the often mysterious ways in which God works.

A new Hinsdale area resident who was in need of medical care searched through the telephone book, selected a physician at random, and was subsequently admitted to Hinsdale Hospital.

Later while visiting with Chaplain Lana Dahl she said, "I believe it was more than chance that led me here." She has since given her heart to Christ and is living a Christian life. The hosptital's goal—to restore the whole man to health—is being reached.



Chaplains visit with patients at least once during their hospital stay, offering them spiritual encouragement and an opportunity to express their needs and concerns. Pictured with a patient is Robert Lane, chaplain.



A daily noon meditation in the hospital chapel is open to visitors, patients, friends and employees.

## Alcoholism Rehabilitation Program Meets Community Needs

Inherent in a Christian program of health care is the concept of health education which stresses the value of prevention of disease and maintenance of health. During 1977 health education programs at Hinsdale Hospital reached nearly 16,000 people—more than the total population of Hinsdale.

Through community outreach programs and studies into health care needs in the hospital's service area, Hinsdale Hospital has recognized the growing need for a comprehensive treatment program for the ever-increasing number of alcoholics.

Incidence of this fatal disease is especially high in affluent DuPage County, the hospital's service area. Approximately one in every eight persons comprising the 85 percent of Americans who are drinkers has a drinking problem. It was to serve this large group of people and their concerned families that Alcoholism Rehabilitation Services (A.R.S.) was recently established at Hinsdale Hospital.

Although little more than a month has passed since the inpatient program was initiated, A.R.S. has graduated seven patients and has a waiting list of fourteen.

The purpose of the comprehensive program is to provide a nonjudgmental, supportive and educational environment for medical evaluation, diagnosis and treatment of patients. The program has four phases aimed toward treating the mental, physical, spiritual and social aspects of the individual: detoxification, inpatient, outpatient and aftercare.

According to an A.R.S. counselor at the hospital, the easiest part of recovery is to stop drinking. The treatment program is aimed toward facilitating recovery in other areas.

The alcoholic must learn to redevelop his social skills. Through group sessions and one-to-one conversation, the patient is led to see himself in a different light.

He finds his feelings and learns to be real rather than plastic. As he grows emotionally he recognizes his need and realizes how powerless and unmanageable life has become. A chaplain helps the patient to learn about God and begin the process of spiritual surrender.

The mental aspect of treatment is



Cathy Lundquist, R.N., checks blood pressure shopping malls as part of the health education of

met by daily lectures covering a variety of topics including the nature of the disease of alcoholism to information on nutrition, exercise, stress and others.

Reading material given to each patient includes books and pamphlets on alcoholism, guidelines for recovery and Steps to Christ.

Because the disease of alcoholism



Mary Ann Wright, right, A.R.S. assistant, simulates the denial system an alcoholic builds up in which he or she refuses to admit a problem. Also pictured is Shirley Beaumont, counselor for the recently opened alcoholism rehabilitation services.



ospital.

extends beyond the alcoholic to his family and friends, two meetings per week are planned for concerned people.

Later these people join in group discussion with the patient.

This interchange between family members and patients helps to strengthen family ties and resolve conflicts.

Following completion of the inpatient program, patients are urged to continue recovery through a two-year follow-up program which stresses affiliation with Alcoholics Anonymous, Alanon or Alateen.

Hinsdale Hospital will soon initiate an outpatient program which will provide treatment equaling that of the inpatient component. With a present staff of two counselors, a coordinator, medical director and several nurses, Alcoholism Rehabilitation Services at Hinsdale Hospital is seeking counselors trained in group work for recovering alcoholics.

The possibility of expansion of treatment facilities is dependent upon qualified Christian staff members. The first of its kind in DuPage County, the program at the hospital supports a staff that can adequately handle approximately 10 patients at a time. If you are interested, contact Hinsdale Hospital, (312) 887-2652.

## A Major Referral Service

As a 440-bed, acute-care general hospital, Hinsdale promises its patients comprehensive services offering the highest quality health care available.

Renowned as a referral center for Chicago's western suburbs in such specialized services as physical and radiation therapy, the hospital is nearing the completion of a total expansion program within the department of radiology.

Hospital Week 1978, May 7 through 13, gave employees, friends, community members and staff physicians an opportunity to tour the newly remodeled and expanded department which now boasts the most sophisticated diagnostic and treatment equipment available.

Highlights of the tours included the Delta 50 Fast Scan II Computed Tomography (C.T.) scanner recently installed at the hospital.

The C.T. scanner scans virtually any portion of the body including the brain, lungs, and liver with a high speed X-ray system.

The scanner is especially useful in diagnosing diseases of soft-tissue organs such as the liver, spleen, pancreas and kidneys. It also allows physicians to monitor the results of medication and surgery.

During the scanner's first five days of operation an average of five patients per day utilized its services.

The linear accelerator, a high-energy cancer treatment unit, is another feature of the hospital's radiation therapy department which promises the patient the most sophisticated treatment.

Complementing the already existing Cobalt 60 Source as a cancer treatment unit, the linear accelerator enables patients to undergo shorter treatment times with highly penetrating X-rays and electrons that provide a high radiation dose for tumors situated deep in the body, with a resulting smaller skin dose.

Another modern piece of equipment in the department of radiology is the C.G.R. Stratomatic which produces



Approximately five patients per day are benefiting from the diagnostic capabilities of the new C.T. scanner. Mike Walston, radiologic technologist, prepares a patient for a scan which is especially useful in detecting abnormalities in soft body tissue.

the best quality tomography available.

This machine enables technologists and physicians to see small structures in the body otherwise hidden behind dense objects.

It is used for such purposes as locating lesions in the chest, or detecting abnormalities within the structure of the inner ear.

The machine at Hinsdale Hospital is unique in that it allows the technologist to examine the patient in an upright position as well as the normal horizontal position.

During the recent expansion program which doubled the space in the radiation therapy and diagnostic X-ray departments, four additional diagnostic rooms were provided, with expanded storage space and a patient waiting area.

The increased space allowed room for a specials room where arteriograms are performed.

Within a sterile environment, contrast media is injected into a patient's arteries. The dye is photographed as it goes through the vessels enabling a physician to detect clotting or arteriosclerosis as well as other abnormalities.

The radiation therapy department estimates an increase of 325 new patients more than last year's total of 419. Of the 419 new patients treated last year, 65 percent were inpatients.

The breakdown for 1978 shows 40-percent inpatient and 60-percent outpatient. Since December 1977 radiation therapy treatments have increased from 30 to 50 per day, with 80 percent of the individuals treated as outpatients.

Approximately 70,000 diagnostic X-ray examinations are conducted per year.

Knowing what is wrong is often the first step toward cure. Hinsdale Hospital's department of radiology provides the sophisticated equipment required for a comprehensive diagnosis. A staff of 13 radiologists supported by qualified departmental personnnel utilizing the most advanced procedures are prepared to supply patients with accurate diagnosis and effective treatment, thereby meeting the challenge facing the hospital as a primary referral center for Chicago's western suburbs.

## Plans Formulated for Health - Care Facility

Subsequent to a request by citizens in Bolingbrook and Romeoville who felt the need for a local health-care facility, and following preliminary investigation of such needs in the area, Hinsdale Hospital submitted a certificate of need to the State Health Facilities Planning Board for a 120-bed affiliate hospital in the vicinity of Bolingbrook, approximately 12 miles southwest of Hinsdale.

Although the board voted an intent to deny the hospital's application,

based on the state bed plan which said that no additional beds were needed at present in the Bolingbrook area, many local and state health planning agencies agreed that the area had an acute need for health care.

Bolingbrook has a population of 56,000 and, as the fastest-growing suburb in the Chicagoland area, projects a population of 100,000 by 1980.

Following an investigation as to the type of facility that would best meet



The hospital's new linear accelerator, one of the most sophisticated cancer treatment units available, shortens treatment time while providing a high radiation dose. Dennis Geier readies a patient for treatment.

health-care needs in this area and gain state approval, Hinsdale Hospital is working on a project to develop and construct a medical complex consisting of a Medical Emergency and Diagnostic Evaluation Center (MEDEC), a facility with an adjacent physicians' office building to meet the immediate emergency and primary-care needs of the community.

MEDEC will provide an easily accessible emergency and diagnostic medical service closely integrated with the emergency room at Hinsdale Hospital. The hospital will monitor the quality of health care being provided, thus ensuring that the highest standards are maintained.

A major strength of MEDEC is that it is an extension of and an integral part of a large, well-managed, general hospital system and is not an independent unit.

Medical, laboratory and radiology records will be processed and maintained as part of the hospital system.

A small business office at MEDEC will assist with on-site financial matters and process preliminary financial paperwork on patients prior to their admission to the hospital.

MEDEC will complement existing health-care services in the community, filling in gaps which currently exist in the proposed service area.

The facility will serve as a backup to the private physician as does the Hinsdale Hospital emergency department.

Close liaison will be maintained with area rescue-squad operations to develop the best emergency-services system in the suburban Chicago area.

The four major services proposed to be provided by MEDEC are: emergency care; ambulatory (minor) surgery, diagnostic testing and community education; preventive medicine, and screening programs.

With land acquisition pending, construction of the proposed facility will begin subsequent to approval by state agencies. Though a compromise from the original plan to construct an affiliate hospital, this ambulatory care center will meet existing needs until the rapidly increasing population in this suburb demands a complete hospital facility.

# Educational Programs Strengthen Outreach

From a small school of nursing that opened in 1906, Hinsdale Hospital has broadened its educational scope to include three state-approved, on-campus schools in practical nursing, medical technology and radiologic technology; continuing education programs for nurses, physicians and ancillary department personnel; and a wide range of community health education courses.

The appointment in 1977 of a director of education and training emphasizes the hospital's commitment to support continued learning beyond a basic educational level. Last year 106 hospital employees received reimbursement for continuing education programs.

An important phase of education at the hospital is the Hinsdale Family Medicine Center (H.F.M.C.) which currently has an enrollment of 21 family-practice resident physicians.

One of four such residencies based in community hospitals owned and operated by the Seventh-day Adventist Church, the H.F.M.C., through a comprehensive three-year educational program, prepares well-trained family physicians to competently enter private practice.

Recently the H.F.M.C. gained a

satellite office, the LaGrange Family Medicine Center (L.F.M.C.). Similar to the H.F.M.C., this new center provides third-year residents with additional patients to satisfy an essential need in the teaching requirements of the residency program.

While providing family-practice residents with opportunities away from the hospital in an environment more representative of a normal practice, the L.F.M.C. also gives the resident experience in an office where day-to-day activities are structured differently than in the H.F.M.C.

Third-year residents are allowed to exercise more freedom in their practice while still supervised by a senior physician. The quality of care at Hinsdale Hospital is matched only by the quality of its personnel. Through weekly in-service meetings, opportunities for continuing education programs, professional education in its on-campus schools, and community health education courses, Hinsdale Hospital reaffirms daily its commitment to provide educational opportunities.

Only as these strong educational programs are maintained and expanded will today's and tomorrow's challenges be met.



Doctors in the family-practice residency program are assigned blocks of time in major hospital departments such as the nursery where John Hoch, M.D., resident, and Barbara Merchant, R.N., monitor the blood pressure of a newborn child.

### Care for Senior Citizens

The management of Mid-American Health Services and its facilities take seriously the counsel given regarding the purpose for which our medical institutions are to be established: "... our medical institutions are to stand as witnesses for God. They are established to relieve the sick and afflicted, to awaken a spirit of inquiry,

to disseminate light, and to advance reform."—Testimonies for the Church, vol. 7, p. 104.

Obviously hospital and nursing homes are supposed to "relieve the sick and suffering," and most do.

But Seventh-day Adventist hospitals and nursing homes are obligated by God to go far beyond the basics. With this in mind Mid-American formed a spiritual emphasis committee last July. The committee formulated spiritual goals and objectives for Mid-American facilities and took steps to insure the goals and objectives would be met.

One of the first objectives established by the committee was the recruitment of a chaplain to provide pastoral care for the Bethel and Marshfield Convalescent Centers. The other Mid-American facilities already had chaplains.

In November Elder Marvin Troutman joined our staff to serve as chaplain of these two facilities.

Other methods for achieving spiritual goals were implemented. They included placing literature racks in all facilities, use of prayer request boxes, placing Bible text cards on patient meal trays, explaining the organization's spiritual philosophy and goals to all employees—especially to new employees—and careful Sabbath observance at all facilities.

Also a regular column, "Chaplain's Corner" appears monthly in Mid-American's publication, Golden Moments.

Steps were taken to provide physical evidence that Mid-American facilities are identified with the Seventh-day Adventist Church.



Spiritual guidance is important to residents; so is being a kind and trustworthy friend. Chaplain Marvin Troutman of Bethel and Marshfield Convalescent Centers offers both qualities to Jeanne Stargardt, a resident at Marshfield. (Photo by Charles Long.)



George Miller and Tillie Burnett are members of a special group at the Colonial House of Colby—"The Gay 90's." Each year a party is held honoring residents who are at least 90 years old. This year residents selected George and Tillie as king and queen of the event. (Photo by Debbie Gratz.)



River Pines Community Health Center, Wisconsin.

#### President's Report



Gary Whitworth

God has richly blessed Mid-American Health Services over the years. From its humble beginning in 1949, its growth in the 1950's and 60's, and its transition to church ownership and management in the 70's, divine guidance has been much in evidence.

As we near completion of our first year as a part of Great Lakes Adventist Health Services and as a fully recognized denominational organization, each of us at Mid-American is thankful for the opportunity to make a contribution to the cause of God in the Lake Union Conference.



Growing older but remaining useful—Lloyd Peizer of Prairie Convalescent Center enjoys pursuing his hobby of refinishing furniture. Skilled at woodworking, he constructed shelves for the center's activity department.

#### The Year in Review

The past year has been a momentous one for Mid-American Health Services, Inc. in several ways.

In July Don E. Casebolt, M.D., came to Mid-American to serve as the medical director of River Pines Community Health Center in Stevens Point.

In addition to these duties Dr. Casebolt also became executive director of the River Pines Better Living Center, a project which has been considered for some time.

August was an important month because Mid-American officially became a denominational corporation

when it was voted into the sisterhood of Seventh-day Adventist medical institutions by the North American Division's Health Services Board.

Among other things, this meant that Mid-American employees could participate in the church's excellent retirement plan. This will enable Mid-American to attract and hold qualified and dedicated Seventh-day Adventists in positions of leadership.

In August ground was broken on four construction projects costing nearly \$5 million: an addition to the Marshfield Convalescent Center and construction of three apartment complexes for the elderly and handicapped.

In September the constituent members of Mid-American voted approval of new corporate bylaws which would officially bring the organization into the Great Lakes Adventist Health Services' family.

October brought the acquisition of a seventh facility, the Mineral Point Care Center in Mineral Point, Wisconsin.

This increased the organization to seven nursing homes and more than 900 employees caring for nearly 1,000 patients.

In April Mid-American's long-term debt was refinanced by the issuance of \$7 million in bonds. This will enable the corporation to better manage its cash flow and provide a means of financing further growth by additional bond issues.





Kerbert Klier is one of 80 Bethel residents who raised funds for the American Heart Association by participating in a "Rock 'n' Roll Jamboree." Sponsored by local merchants, residents rocked for hours in rocking chairs and rolled miles in their wheelchairs to support the heart fund. Bethel residents raised in excess of \$2,000—more than any other nursing home in Wisconsin. (Photos by Charles Long.)

# Master Plan for Future Direction

Although Mid-American's "master plan for development" has not yet been completed, broadly defined plans and objectives have been outlined.

Foremost among these plans is the continued development of a better living center program on the campus of River Pines Community Health Center in Stevens Point, Wisconsin.

Don E. Casebolt, M.D., directs the center's team assisted by William Niehoff, business manager; Wesley Olfert, M.S.P.H., health educator; John Reaves, R.P.T., physical therapist, and Charles Robaina, R.D., dietitian.

This team of health specialists is developing a program which will accept and treat participants in a live-in setting during an intermediate stay of from three to four weeks.

People with various health problems

(obesity, cardiovascular disease, et cetera) will be assisted in forming new life-style habits, particularly in the areas of dietary control and exercise.

Great Lakes Adventist Health Services has entrusted Mid-American with the development of the long-term care potential for the church in the Lake Union Conference territory.

This means that Mid-American will be working toward the establishment of nursing homes in Indiana, Illinois and Michigan. Currently, all Mid-American's facilities are in Wisconsin.

The management of Mid-American and Great Lakes Adventist Health Services has already begun to investigate the potential for expansion into other states in the GLAHS territory.

Establishment of other kinds of

community outreach programs, including retirement centers, nutrition programs, hospices and vegetarian restaurants, is also being explored.

Mid-American's prime objective is to make a positive contribution to the health ministry of the church in the Lake Union Conference. Mid-American will strive to accomplish this goal by meeting the needs of those we now serve by establishing work in new areas.

Most notable of these actions was placing in the lobby of each nursing home an attractive world map depicting the locations of the more than 300 Seventh-day Adventist medical facilities around the world.

Also a large print of Harry Anderson's painting, "The Consultation," was placed in each home. The prints were a gift from the Wisconsin Conference and bear a plaque acknowledging this.

Chaplains at Mid-American facilities are involved in soul-winning activities. Chapel services are conducted regularly at each nursing home. Not only do our chaplains conduct such services, but ministers of many faiths participate in religious services. Presently chaplains are conducting about 50 Bible studies.

The primary objective of Mid-American Health Services and its facilities is to effectively reflect the love of Christ to those who come to us for care. We ask an interest in your prayers that we may successfully meet this objective.



LeRoy Ritter of Lancaster Nursing Home is a clever craftsman. He displays a miniature rocking chair, above, which he made from clothespins. Leroy also creates tiny rope burros, right, which he has displayed at county craft fairs and at the World Dairy Expo in Madison, Wisconsin. (Photos by Dan Houghton.)



## Two Health Centers Emerge

Another achievement of the Great Lakes Adventist Health Services, Inc. is the establishment of the Athens Family Health Center and the Berrien Springs Family Health Center.

Athens, Michigan, is located 20 miles south of Battle Creek and is the first site selected for establishing such a clinic. Plans are to establish other family health centers around Battle Creek.

A trailer has been purchased and outfitted to accommodate one physician. As soon as the building in Athens is finished the trailer will be moved to another location to begin a new center.

The Berrien Springs Family Health Center will be located on the vacant land adjacent to the Apple Valley Market complex at Berrien Springs, Michigan.

This center will house the medical facilities for Andrews University.

Initially the building will be constructed to accommodate 10 physicians and two dentists.

These two centers are the beginning of a chain of family health centers

which will be managed by the professional management division of Great Lakes Adventist Health Services, Inc. as it continues to meet the medical needs of the Lake Union.



Excavation is complete on the site of the Athens Family Health Center property. The mobile office is being used in the interim until the completion of the family health center.



Dr. Herald Habenicht examines the plans for the Berrien Springs, Michigan, Family Health Center on the site near Apple Valley Market in Berrien Springs.



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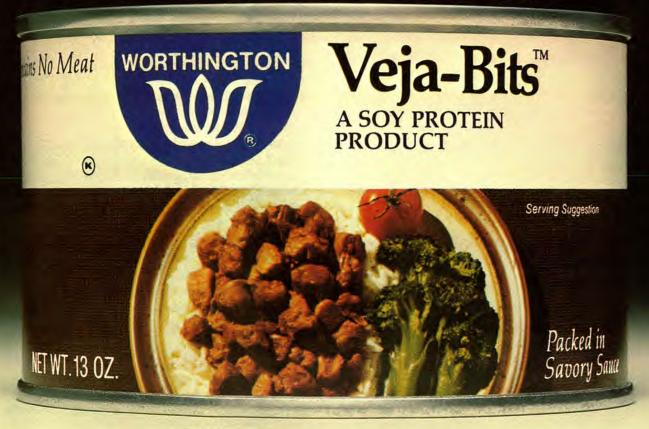


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## Area Doctors 'Meet Life's Emergencies'

The Lincolnshire Resort, 30 miles north of Chicago, was the location of the first annual medical-dental continuing education seminar, May 10 to 14.

The goal of this seminar, coordinated by Great Lakes Adventist Health Services, was multifaceted.

Fellowship with other S.D.A. physicians and dentists in the Lake Union was a decided plus in the program. Acquaintances were renewed and friendships begun in the pleasant surroundings at Lincolnshire. Many families enjoyed their time together between and during meetings.

The meetings were without the discomforts often associated with seminars—such as smoke-filled rooms and "happy hours."

The medical theme, "Meeting Life's Emergencies" provided 15 A.M.A. Category I (15 hours A.A.F.P. and 15 hours A.C.E.P.) credits for the physicians in attendance.

Hinsdale Hospital provided certification through the office of its director of medical education, Everet Witzel, M.D.

Many speakers contributed on a variety of subjects. Although most were doctors, Merlo Bock, R.N., presented the subject "Today's Trends in Nursing."

Hans S. Sjoren, D.D.S., F.A.G.D., director of continuing dental education, Loma Linda University School of Dentistry, coordinated the dental seminars which ran concurrently with the medical seminars.

David Frederick, M.S., D.D.S., assistant professor, the University of California at Los Angeles, was the clinician for the dental seminar.

In addition to 14 hours of continuing dental education which qualified for state relicensure, A.G.D. maintenance and A.D.A. registry credits, four hours of credit in

cardiopulmonary resuscitation update were available to dentists and physicians.

The spiritual tone of the five-day series was set Wednesday evening by Jack W. Provonsha, M.D., Ph.D., in his keynote address.

A. Graham Maxwell, Ph.D., provided a spiritual feast beginning with vespers Friday evening and continuing through vespers on Sabbath.

Refreshing insights on the nature of God ("Yes, God Can Be Trusted") were presented.

Informal discussion was the format of most of the meetings. The farewell challenge was given by Robert Carter, Lake Union Conference executive secretary. Elder Carter emphasized there is a balm in Gilead today, and it is in the person of the physicians and dentists.

He challenged them with this thought, "The only way anyone is going to finish the work is through a



Roger Trubey, Dr.H.Sc., right, health educator at Hinsdale Hospital, counsels with a participant about the significance of his stress test.



Wayne Griffith, Dr.H.Sc., left, director of preventive care at B.C.S.H., administers a stress test to Robert Carter, Lake Union Conference executive secretary, during the recent medical-dental seminar coordinated by GLAHS.

personal relationship with Christ."

Adding to the spiritual reinforcement of the programs were Robert Dale, Wisconsin Conference president, and G. W. Morgan, Indiana Conference president.

In addition to the continuing education medical and dental seminar, Roy Wightman, vice president for GLAHS health ministries, coordinated a stress-testing program for both men

and women.

Another facet of the seminar was to acquaint Hinsdale Hospital's family practice residents with physicians in the Lake Union, hopefully providing contacts for future practice opportunities within the union.

Plans are already underway for the second annual medical-dental continuing education seminar to be held the first weekend of May 1979.



A. Graham Maxwell, Ph.D., was the featured speaker for Friday evening and Sabbath services.

## herald

OFFICIAL ORGAN OF THE LAKE UNION CONFERENCE OF SEVENTH-DAY ADVENTISTS

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#### **Sunset Tables**

	June 2	June 9
Berrien Springs, Mich.	E.D. 9:16	9:20
Chicago, III.	C.D. 8:19	8:24
Detroit, Mich.	E.D. 9:04	9:08
Indianapolis, Ind.	E.S. 8:07	8:12
La Crosse, Wis.	C.D. 8:41	8:46
Lansing, Mich.	E.D. 9:10	9:15
Madison, Wis.	C.D. 8:31	8:36
Springfield, III.	C.D. 8:21	8:26

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