My Journey

I'm from Korea, and I always wanted to be a doctor. After 37 years in Michigan, my wife and I "retired" to Guam, where I work at the Adventist clinic. The patients know I'm a Christian, and before performing any surgery I pray with them. Many tell me, "Your prayer was so good; it helped me a lot." At the clinic, we take care of physical and spiritual illness. Visit vimeo.com/249599551 for more of Sunggeun's journey.

SUNGGEUN IM, M.D.,
General Surgery, Guam Seventh-day Adventist Clinic
“No One Should Ever Be Discharged From Our Care”

As North Americans wrestle with the social and political implications of providing affordable healthcare to more than 360 million people, the Seventh-day Adventist Church’s healthcare system on the continent is also reshaping itself to meet the needs of the changing market. Adventist World editor Bill Knott, on behalf of Adventist Journey magazine, recently interviewed Terry Shaw, since December 2016 president and CEO of Adventist Health System, the largest of the five Adventist healthcare systems in North America. This interview is part of an occasional series in Adventist Journey about this important piece of Adventist identity—Editors.

BK: You recently told a group of healthcare and church leaders that following the example of Jesus at Adventist Health System should be “disruptive, inclusive, innovative, and outwardly focused.” Some of those terms are familiar. But the last time I heard an Adventist leader state that a chief goal of the organization he led was to be “disruptive” was—well, never. Most large organizations, including Adventist ones, are searching for stability. What does that word “disruptive” mean to you?

TS: When I study Jesus’ life, He was disruptive. He brought a different thought process to caring for others. He brought a different thought process to what worship really means. He brought a different thought process to whom it was OK to associate with. He expanded the kingdom to being more than just for His own people, the Jews. In today’s world, “inclusiveness” is also part of being “disruptive.” With that at our guide, I want Adventist Health System to disrupt itself and move away from a model that says, “You come to me when I’m set up to deliver care for you, and open my door, let you in, and shut the door when I’m ready to leave.” I want us to move toward a process that runs 24/7 and is adapted to your needs as a person seeking care.

So it’s “disruptive” in the context of your own history as a healthcare organization. It’s “disruptive” in terms of our focus. Instead of being a passive participant in a healthcare environment, I want us to move into an active participation. We want a single mom who has a 2-year-old with an earache to know where she can actually go to get the right care for the lowest cost—and get that quality every time. We want the lacrosse player who gets hurt at 7:30 at night—we want his dad to understand treatment options that may not require a visit to the ER. We want health and information to get to people in a way that we’ve typically not been the best at. We need to transform our organization into a consumer-mind-set organization to help the consumer get the wholeness they need and the care they need in the environment they need it in—as opposed to setting up a building and expecting everybody to come to us in our timeframe.

You’re describing a new kind of community engagement. The wholeness perspective we preach and try to practice is disruptive in terms of how many people today view healthcare. When people come to one of our 46 hospitals, it’s our highest goal that they experience that mind/body/spirit perspective that’s at the heart of Adventism. But there’s so much of life that goes on outside the four walls of a hospital, and we own the responsibility to bring good news to people who may not even need our hospital care.

I heard you say that 92 percent of all your system’s patient interactions are with outpatients. I’m guessing most Adventists in North America have no idea that your outpatient engagement is that high. It’s probably easier to bring the values you’re describing to bear in a traditional hospital setting. But how do you make them real at urgent care centers, at physicians’ offices, at assisted living centers, and the other

“We own the responsibility to bring good news to people who may not even need our hospital care.”
Healthcare these days seems to be about trying to control all possible variables, but it sounds like you’re acknowledging that you’re going to have to innovate new delivery methods in settings you can’t fully control.

In an outpatient setting, you have to deal with social issues, food issues, transportation issues, family issues. So many of those we meet have major spiritual care needs: they’re praying about things that they can’t control themselves, that they need help with. This is where we get to practice the grace of Jesus. He was an advocate for the little person. Everywhere He went, He took care of somebody that nobody else wanted to take care of—the leper, the disabled person. People believed that their illness was a sign that they weren’t loved by God or close to Him. We have the same issues in our marketplace. How do we take this “whole person process” that we believe we do well within the four walls of the hospital box and start drawing concentric rings out into the community? You can’t tackle the entire thing at once, so you’ve got to decide: What’s my next set of concentric rings?

It’s one thing to announce a sweeping goal—to “move a culture.” But it’s another to actually change that culture—change the way it delivers care, especially spiritual care. Tell me about your methodology.

We produced a series of 8- to 10-minute videos on the key things that we’re really trying to tackle, and we have given them to each of our leadership teams. We’ve provided open communication and feedback from those teams to us. We’ve taken those responses, collated them, and adjusted our process. After spending six months in this process, we summed it up: “OK, we’ve communicated out; you’ve communicated up. Here’s where we think we’re headed as an organization.” We’re going to pivot. Don’t get me wrong: we’ll still have a lot of hospitals. We’re adding hospitals. But if 92 percent of our culture accesses healthcare without coming to a hospital, we probably ought to rethink more about the impact we can make in our market.

You have a goal of delivering spiritual care at one of those endpoints, like a physician’s office. What does that look like? You must have a metric to determine if you’re being successful. What does it look like to deliver spiritual care in a mixed-faith or even non-faith environment?

Not every physician associated with our system is going to be comfortable with this, but the majority are. Instead of you just getting a medical checkup, the physician will also conduct a spiritual checkup. You’re overtly encouraging that? Overtly. It’s a part of the medical record. You’ll be asked, “Do you have a faith tradition? Do you have a faith family? Do you have somebody you can turn to when you have a need from a faith perspective?” And if you don’t, and you need that, what can we do to help you?”

This will be part of the formal patient inventory? Absolutely. So, when a patient walks into a physician’s office, you’re not only going to get medical care. You’re going to get thoughtful inquiries that seek to find out, “Are you a spiritual person?” And if you are, do you have spiritual support? And if you don’t, how can we help you with that? But we’re not just leaving our 2,000 doctors to figure this out on their own. We’re resourcing them—across our system—with trained personnel who end up serving as spiritual ambassadors to that physician in the office. Most physicians also want spiritual support, and when it’s available to them, they take advantage of it.

So, the liaison person is part coach, part chaplain, part implementer—Each of these liaisons serves between 25 and 35 physicians. And yes, it’s a significant investment we’re making.

“I want the Adventist Health System to disrupt itself.”

Adventist Health System is the largest of five Adventist healthcare systems in North America, and operates facilities in 10 U.S. states. Other Adventist systems include:

ADVENTIST HEALTHCARE (mid-Atlantic United States)
KETTERING HEALTH NETWORK (Ohio)
LOMA LINDA UNIVERSITY HEALTH (southern California)
ADVENTIST HEALTH (western United States)

Adventist Health System by the Numbers:

- Hospitals: 45 (26 in Florida)
- Adventist University of Health Sciences: 1
- Skilled Nursing Facilities: 15
- Home Health and Hospice: 25
- Urgent Care Centers (Centra Care): 36
- Licensed Hospital Beds: 8,200
- Employees at AHS Orlando Campus: 4,000
- Total Employees of AHS: 80,000
- Total Inpatient/Outpatient: 5,000,000+ Visits Annually

Has Adventist Health System ever done this before?

No, not until now. And I don’t know how to pay for it, and I’ve told my team I don’t know. But I’ve also told ‘em, if we’re going to make a difference in the lives of the people in our community, we have to deal with faith first. You can bring great medicine, but anybody can bring medicine to the market. If we’re not bringing faith with it, I think we’re losing a golden opportunity for the gospel.

Estimate how many FTEs (full-time equivalent employees) you’re going to employ to support physicians with frontline spiritual care.

We’re looking at close to 35 new personnel. We’ve agreed to spend $5 million on this each year for the next three years. And that $5 million is simply putting spiritual resources in places where people can’t get to it today. My guess is, Bill, we could spend $50 million. We don’t know that $5 million’s the right number. But one thing I’ve learned over the years is that if you don’t start, you don’t ever do. So we’re going to start, and then...
we’re going to figure out where it takes us.
I know you aren’t going to start
something you aren’t going to
measure. How are you going to
measure impact in something as
unique as spiritual care? Are you
going to survey patients to ask
about their interactions with that
physician network?
Number 1: We’ll know in the
medical record whether or not we
have physicians who are actually
doing the spiritual assessment, and
we’ll know the numbers of patients
who are impacted by that. Number 2:
We’ll keep track on a per-person
basis the number of interactions
in physicians’ offices and with
other people at physicians’ offices
that have been tapped to provide
spiritual resources in a manner that
they haven’t in the past. Number 3:
We’ll have referrals out of this pro-
cess to a set of chaplains and other
resources, and we will track those.
Several months ago, I heard you
say that “no one should ever be dis-
charged from our care.” That sounds
like a very Adventist “whole life”
goal. That’s a major promise.
Absolutely. If we do this right
and we look at our concentric
rings of influence, we’re going to
wake up in five to seven years in a
metropolitan area such as Orlando
with 2 million people in it, and we
will have touched a million peo-
ple. And if we finish—if we don’t
discharge them from our care—if
we do it with intentionality, it won’t
be just a wash. We’ll know not only
their medical care but the number
of times when they had access to
spiritual care. When I talk about
our care, I’m not just talking about
delivering good emergency depart-
ment care or Centra Care services
or even high-quality visits to our
physicians’ offices—which we defi-
nitely have to do. I’m talking about
care in its totality—how we help
you along your faith journey as a
human being. We want the best
care for you, our teams treating you
and caring for you like they would
the person they love the most.

“We clearly want excellence in
care, but we want that surrounded
with uncommon compassion.”
and they know where they’re go-
ing. Somebody calls them within
24 hours to ensure their questions
are being answered. They leave
with medicine so that they don’t
have to go to the pharmacy and
wonder what they’re going to do
for four days.

And you intend that they never
be discharged from your spiritual
care as well?
Absolutely. If we do this right
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Radio audiophiles in Majuro, Marshall Islands, have a new station to listen to as of January 12, 2018. That’s when Joy 90.7 FM began its first broadcast. This represents the culmination of years of planning and several weeks of installation on the campus of the Majuro Seventh-day Adventist School and Church, and sister congregation and school Laura Seventh-day Adventist Church.

Between the two towering radio antennae, almost 28,000 residents of Majuro and visitors to this capital island city are able to enjoy daily Adventist programming.

“We are excited to see this dream come to fruition,” said Ken Norton, Guam Micronesia Mission (GMM) president. “Joy FM has played a major role in growing the Adventist Church here on Guam and in the Northern Mariana Islands during the past 27 years. We believe the same result is going to happen on the other islands throughout Micronesia, and we can’t wait to see what God is going to do through these newly established radio stations.”

Norton explained how Matthew Dodd, manager for Joy FM, the GMM radio station, and current mission communication director, joined forces with Adventist World Radio (AWR), the North American Division (NAD), and Adventist church members to fulfill this need. The GMM, AWR, and the NAD have provided funding to start and operate the station.

DJ Brook Powers finishes installation of a new 300-watt radio transmitter on the campus of the Majuro Seventh-day Adventist Church and School.

“Local church groups have also done fund-raising,” said Brook Powers, chief engineer and site manager for AWR Guam. “There is a strong desire to have an Adventist station for the island.”

Powers, who coordinated the installation and will conduct training on tower maintenance, programming, electronics, and solar panel operation, said, “We poured the concrete base about a week ago, and now we’ve finished erecting the aluminum lattice that holds the antennae. Although we aren’t quite done with everything, the [Majuro] broadcast is up and running.”

Powers explained that a smaller tower (15 watts) with a repeater was constructed at the Laura church and school, on the opposite side of the island. The radio signal leaves Majuro and will get picked up and retransmitted on a different frequency.

The Local Team

Two Majuro Bible workers who receive training from Powers will keep the local station—with its 300-watt transmitter—running. According to Darrel Riklon, Bible worker and new station assistant manager, he and manager Elson Jinwa Maita, a Bible worker and head elder of the Majuro church, will also train others to help keep the broadcasts going 24 hours a day, seven days a week.

Joy FM has left the Majuro team with one year of programming, which includes Bible studies, music, and more. As the team managing the Majuro station gains experience, it is hoped they will be able to tailor the programming to specific needs, adding interviews, children’s Bible stories, music, translated material, and more to the mix in Marshallese and other languages.

Maita and Riklon are looking forward to adding “local” programming as soon as possible. “Time will be split for various people groups: those primarily from Majuro, Fiji, and the Philippines,” said Riklon. “This station is for the people of the Marshall Islands.”

“All the programs we’ve been playing already are very interesting. . . It’s important to have a station because it’s another way to reach out to people,” said Riklon. “Sometimes we can reach people by going house to house, but with the radio station we can reach them when they turn on the radio inside their houses and in their cars. Every day, everywhere they go, they can listen.”
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The story reminds me of the intricate workings of a hospital. Many were involved in the recovery process. All made necessary contributions toward the patient’s healing.

This is a remarkable parallel to the work that could be done by our Adventist entities. Think of our churches, schools, hospitals, media ministries, community service, and lay-driven organizations, among many others. Are we working in a consistently coordinated way? Or, though doing an excellent job individually, are we fragmented? Are we utilizing resources from the community? Do we engage the family and friends of individuals who come to us, recognizing how influential is their social environment? Do we strive to compassionately minister to all their needs: spiritual, emotional, and physical?

After being healed, Naaman returns to Elisha to offer thanks. The servant of God refuses to accept credit but rather turns Naaman’s devotion to God. The secret to success was unleashed, and the captain’s heart is conquered by God. Ellen White wrote: “The secret of our success in the work of God will be found in the harmonious working of our people. There must be concentrated action. Every member of the body of Christ must act his part in the cause of God, according to the ability that God has given him. We must press together against obstructions and difficulties, shoulder to shoulder, heart to heart.”

I have seen a number of our church entities strive to operate according to this counsel. Yet, we could do more. We have not yet seen the fullness of God’s power in our work. But it is so close, just within our grasp! I believe we will see it when we “press together.” And I pray that we will see it soon.


Are we working in a consistently coordinated way with each other?
BE STILL... KNOW GOD.
PSALMS 46:10

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