

Fall 2013

Cedarville Magazine, Fall 2013: A Light in the Pharmacy

Cedarville University

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CEDARVILLE

MAGAZINE



A LIGHT IN THE PHARMACY

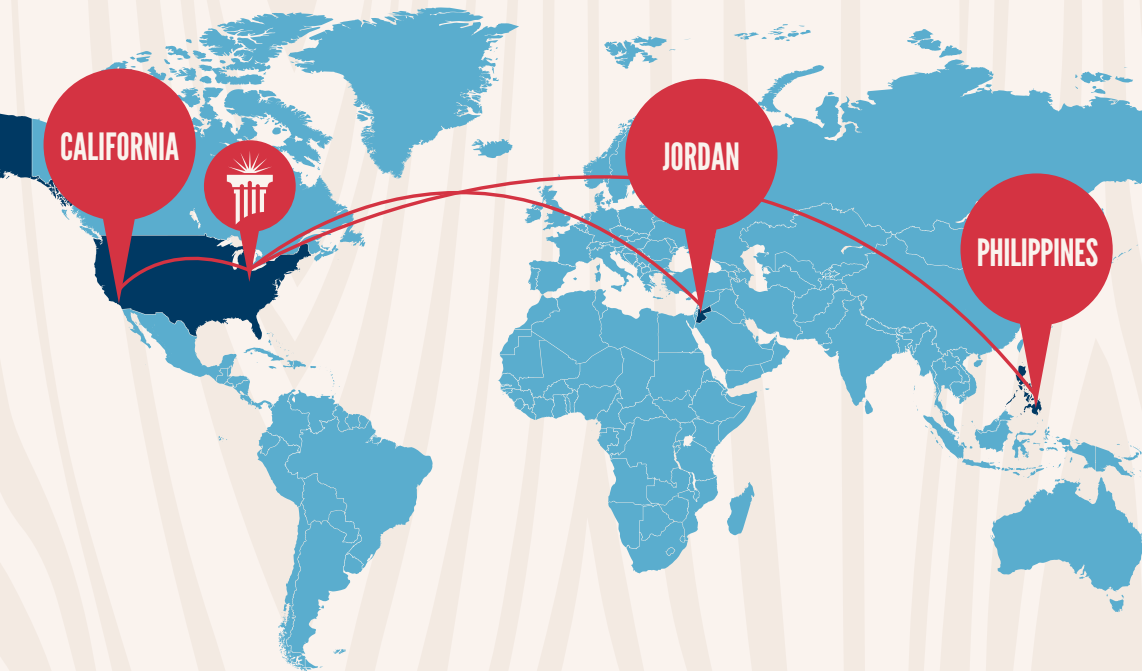
- 12 God Had Other Plans
- 17 The Epidemic in Your Medicine Chest
- 20 What You Should Know When Caring for a Senior Parent

Give Today, Shape Tomorrow

Fall 2013

Volume 1 Issue 3

CEDARVILLE
MAGAZINE



Abbie Cobb
Television and Film Actress
Los Angeles, California



Megan Grove
U.S. Department of State
Amman, Jordan



Mark McDaniel
Teacher at Faith Academy
Manila, Philippines

All over the world, Cedarville alumni are making a difference for Christ. From actresses in California to missionaries in the Philippines, God is using our graduates to proclaim the Word of God and the testimony of Jesus Christ.

When you help students through the Cedarville Fund, your gift's influence extends well beyond graduation. Our students' education and ministry experiences equip them to impact the world wherever God calls them to serve.

See where God is using Cedarville graduates and give today to shape tomorrow:
cedarville.edu/cedarvilleimpact

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A Light in the Pharmacy

In recent years, we've seen the health care industry become an expansive force in American culture, politics, and the economy. It has grown more specialized at a time when we, as patients, are increasingly responsible to navigate its complexity on our own. Sometimes help can be found in surprising places.

Pharmacy, as a profession, is responding to the needs and opportunities created by the new health care landscape. Your "friendly neighborhood pharmacist" does much more than stand behind a counter and fill

your prescriptions. Pharmacists are taking more active roles in research, medication management, preventive care, education, ethics ... and ministry!

This issue of *Cedarville Magazine* features several faculty members from Cedarville's School of Pharmacy. Their perspectives help us see the range of health care expertise a trusted pharmacist can provide and how their field is uniquely positioned to share Christ with all who seek healing.



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Dr. Thomas White Articulates Vision at Inauguration

On October 4, Cedarville inaugurated its 10th President, Dr. Thomas White, as part of the 2013 Homecoming celebration. The ceremony opened with prayer, worship, Scripture reading, and a video greeting from Dr. Paige Patterson, White's mentor and a member of Cedarville's Board of Trustees. In a heartfelt tribute, White's father, Dr. Jerry White, Pastor of Casey Creek Baptist Church in Chesnee, South Carolina, exhorted his son to surrender to God in every area of life. He then read Proverbs 3:5-6 from a Bible that had belonged to White's grandfather.

Nearly four decades of leadership at Cedarville were represented in the participation of former Presidents Dr. Bill Brown and Dr. Paul Dixon. Dr. David Jeremiah '63, a current board member and son of the late former President Dr. James T. Jeremiah, brought the inaugural address from the book of Joshua.

Jeremiah read from Joshua 1:1-9, where God instructs Joshua to "be strong and very courageous" and also to keep "this Book of the Law" always on his heart and on his lips. Jeremiah challenged White saying, "The one thing that will keep you is your commitment to this Book. It was to be Joshua's passion and the center of his life. *Doing* what is written inside it is the only

way to grow in the knowledge of God."

Lorne Scharnberg, Chairman of the Board of Trustees, presented the presidential medallion, saying, "The Trustees' unanimous vote reflects our deep confidence in your ability to provide strong academic and Christ-centered leadership for this new chapter at Cedarville. As you assume the office of President, you have been given the sacred trust of this institution and its heritage. You can be assured of our prayers and best wishes as you undertake this honored position."

White signed Cedarville's doctrinal statement, the first time in University history that has been done during an inauguration ceremony. Dr. James Hilton, Lead Pastor at The Journey at First Baptist Church in Orange City, Florida, then offered a prayer of dedication for White, and Stephanie Armstrong, a personal friend of White and his wife, Joy, prayed specifically for Joy.

White focused his remarks on three "ongoing battles for Christian higher education" that frame his vision for Cedarville: theological drift, ministerial neglect, and financial bondage.

White affirmed the importance of Cedarville's doctrinal statement and pledged to maintain a strong Bible minor,

a strong chapel program, and biblical integration in every classroom. He restated his goal to increase international missions opportunities for students and equip them for ministry at home. "Cedarville students, faculty, and staff will be producers, not consumers, in both society and the local church," he said. "We will train students for ministry, as they are ultimately, regardless of their vocation, to be servants in their local churches."

Addressing the rising cost of higher education, White pledged to take steps to make the Cedarville experience more affordable and accessible for students while minimizing their debt, including freezing tuition costs for the upcoming academic year. "We must take the hard road because it is the right road," he said. "Join me in praying for the Lord to provide scholarship money and endowment to offset costs so we can have a greater impact for the Kingdom of God today and students who are free to go wherever God may call them tomorrow."

The audience applauded as White made it clear that his goal is to position Cedarville University to make an eternal Kingdom impact for Christ. "I don't want us to just exist and look back 20 years from now and say, 'We're still here.' I want to do something so amazing that everybody says, 'What happened there?' and the only answer can be, 'God happened there.'"



Dr. White was joined by his wife, Joy, and their children, Rachel and Samuel.

White concluded his address citing the words of Cedarville's second President, Wilbert Renwick McChesney, who wrote in 1915: "We pray not for lighter tasks, but for greater strength; not for conflicts to be shunned, but for courage and wisdom to meet them."



On October 4, 2013, Cedarville inaugurated Dr. Thomas White, the University's 10th President in its 126-year history.

The ceremony included the formal presentation of the presidential medallion, a 24-karat-gold-plated rendering of the University's official seal. The seal is suspended from a "chain of office" that includes nine engraved and enameled gold-plated banners, each bearing the name and dates of service for Cedarville's previous presidents. This prestigious medallion has been created exclusively for the President as a symbol of his authority and the University's heritage that is committed to his care.

The ceremonial academic mace, symbolizing the University's governing power, first appeared in European universities during the 14th century. Cedarville's new mace was unveiled at Dr. White's inauguration. It is made of finely turned mahogany with brass accents. The head of the mace bears on each side an official University seal rendered in bronze with blue enamel. The medallion and mace were provided by a generous donor at no cost to the University.

In addition to honoring the University's heritage, the inauguration program honored Dr. White's family heritage as well. During the ceremony, Dr. White's father read Proverbs 3:5-6 from a Bible that belonged to Claude White, Dr. White's grandfather, who was a preacher.

View the day in photos at cedarville.edu/inauguration.

CRASH COURSE

A TEST DRIVE OF THE CLASSROOM EXPERIENCE (WITHOUT THE FINAL EXAM)

PROGRAM TITLE

Semester at The Contemporary Music Center (CMC), Nashville, Tennessee

INSTRUCTORS

Dr. Andrew Wiseman, *Director of International Programs*; Jim Leightenheimer '80, *Associate Professor of Communications*

DESCRIPTION

Students pursuing careers in music performance, promotion, or production spend 10 weeks in Nashville, Tennessee, the heart of America's music scene. This experience is one of 10 unique study programs offered through BestSemester, a division of the Council for Christian Colleges & Universities.

BIG IDEA

- Students take 16 hours of course work in one of three tracks: artist, business, or technical.
- Students have access to key professional contacts in the music industry through the program's faculty.
- The semester culminates in a concert that students publicize, engineer, and perform.
- Participating students stay enrolled at Cedarville, and all their financial aid is applied to the CMC program.

LEARN MORE

bestsemester.com/nashville

"The amount of equipment at our disposal and the hands-on training we received were incredibly beneficial. The CMC provides the best industry-standard tools so students will be ready once we enter the job market."

Ben Salzmann '13
Technical Track

"I learned ways to improve my writing and how to arrange and perform my songs. This program inspired me to work hard, chase after my dreams, trust God, and always be teachable. I would go back and do this semester all over again."

Darris Sneed '13
Artist Track

Cedarville Chapel Honors Bob Rohm '68

In September, the Cedarville family honored Pastor Bob Rohm '68 in a special chapel service. Rohm announced his retirement on August 1, 2013, after 27 years of service at Cedarville.

Rohm initially joined Cedarville's staff as Director of Gift Planning. For nine years, he was an advocate for students on the road, working with donors to fund scholarships and key academic programs and securing resources for the University's future.

He transitioned to the Christian Ministries Division in 1995 and served as vice president for the next 18 years. As a Cedarville graduate himself, he understood the significance of daily chapel and helping students live out a Christ-centered education in ministry. His vision and influence were evident in the way he and his managers led Mission Involvement Services (MIS), Community Ministries, Discipleship Ministries, HeartSong Ministries, and more.

The September 16 chapel service featured some of Rohm's favorite music, tributes from former Presidents Dr. Paul Dixon and Dr. Bill Brown, and Rohm's own personal remarks.

Cedarville President Dr. Thomas White opened the chapel program with an overview of Rohm's impact at Cedarville throughout his career, noting his roles in chapel programming, missions, mentoring, and guiding the Education Resource and Assistance Program (ERAP). "Saying Bob Rohm is well loved is an understatement,"

White said. "Cedarville University is a better place because of his service."

In a written statement, Dixon said naming Rohm to the vice president position was "one of my better decisions as President." He commended Rohm for his faithful and fruitful service, saying, "His life centered around God and students. He and his wife, Lynn, opened their hearts and their home to literally hundreds of young men and women."

Brown continued the tributes, saying, "He was a leader, but he did not need or want the perks ... He was there to serve. I've never met anyone who was more trusted and respected on a college campus than Bob Rohm."

Pastor Rohm's ministry touched:

- 31 students he led on MIS teams to the Amazon
- 37 student members of the Chaplain's Council
- 40 staff members in the Christian Ministries Division through the years
- 76 student members of the Advisory Seven
- 200+ alumni teaching English in China through ERAP
- Countless students, alumni, faculty, staff, and parents

Visit cedarville.edu/rohms to view a video of the special chapel and add your own tribute.



School of Nursing Celebrates Conway's Legacy

After 31 years of exceptional service, Dr. Janet Conway, Dean of the School of Nursing, has announced her retirement.

Since 1982, Conway's vision has guided the School of Nursing. As a key member of the original nursing faculty, Conway helped build the program from the ground up. She played a critical role in developing the School's first curriculum and used her expertise to make updates throughout the years. Conway also taught multiple nursing courses throughout her tenure.

Named Chair of the Department of Nursing in 2007, Conway had a vision to create a Master of Science in Nursing (M.S.N.) program. Cedarville's M.S.N. was launched in 2011 and received accreditation in October 2012. The Department of Nursing then became the School of Nursing, with Conway leading as dean.

Conway holds a doctorate in nursing from the University of Texas and earned a Specialist in Clinical Nursing certificate from Indiana University.

Looking back on her career, Conway acknowledges God's providence in her life. "I am so blessed to have been allowed to serve the Lord in my 'dream career' of teaching nursing at a Christian university," she said.

Her dedication to excellence impacted Cedarville through the courses she



taught, the students she mentored, and the nursing program she developed. More than 30 years of nursing graduates have learned from Conway's experience and passion. "She poured her life's ministry into the School and the students, knowing her ministry would reach forward," said Dr. Carrie Keib, Acting Dean of the School of Nursing.

Keib will temporarily fill this role while the search for a permanent dean is underway. But Keib sees this year of transition as an opportunity to build on Conway's legacy of excellence and dedication by continuing to strengthen the School and its programs.

The School of Nursing held a retirement celebration for Conway during the University's homecoming weekend.

Upcoming Events

January

- 7-9 Missions Conference
- 17-18 CORE Leadership Conference
- 30-31 Winter Play: *Pride and Prejudice*
- 31 Li'l Sibs Weekend

February

- 1 Li'l Sibs Weekend
- 13-15 Music Showcase
- 15 Engineering and Computer Science Preview
- 17 CU Monday
- 22 Farmers Night

March

- 14 All-Access Orientation (accepted students)
- 22 CedarMania
- 28 CU Friday
- 28 Masterworks Pops Concert
- 29 Spring Academic Preview

April

- 3-13 Spring Play: Alfred Hitchcock's *The 39 Steps*
- 8 Symphonic Band and Brass Choir Concert
- 10 Women's Choir Concert
- 11 All-Access Orientation (accepted students)
- 14 Academic Honors Day
- 15 Orchestra and Concerto Concert
- 16 Jazz Band Concert

cedarville.edu/events

Re-Tweets Tweet Tweet Tweet

July 1: @cedarville

Our engineering students won the 2013 Solar Splash World Championship (again). #thankful #toGodbetheglory Video: youtu.be/nhMkxp5ePdE

September 17: @DrThomasWhite

Listening to @GovMikeHuckabee challenge @cedarville to be good citizens & stand for faith #CenterForPoliticalStudies

September 10: @CedarvilleNews

Another high ranking for @cedarville by U.S. News & World Report. #USNEWS #Cedarville #Collegerankings

September 24: @cedarville

Congrats graphic design alum Brandon Ort '07 who designed Chicago @Cubs 100th anniv logo! ow.ly/p9QmX

September 11: @DrThomasWhite

Last year 94.4% of @cedarville graduating class was employed or in graduate school in 6 months. Substantially higher than national average.

October 8: @cedarville

Congrats to Dr. Kevin Geiss '90, Deputy Asst Sec'y of @usairforce for Energy on his recent Service to America medal! ow.ly/pC310



Your Bequest Your Legacy



Chartered in 1887, Cedarville was a dream waiting to become a reality.

When William Gibson passed away, he left 2 percent of his estate for the new college. That bequest allowed Cedarville to build Founders Hall and open its doors to students.

Now 126 years later, your bequest will provide Christ-centered education for generations to come. Let Gift Planning help you discover how to leave your legacy!



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cedarville.edu/giftlegacy

No Tuition Increase for Fall 2014

For the first time since 1973, Cedarville students will see no tuition increase next academic year, although room and board will slightly increase. Tuition will remain at \$26,220, and room and board will rise slightly to \$6,350. This decision is part of a long-term University strategy to keep tuition reasonably priced for current and future students while continuing to offer competitive financial aid opportunities.

“As I have studied the rising cost of higher education, I have become increasingly concerned that a Christian university like Cedarville may become less of an option because of cost,” said Cedarville President Dr. Thomas White. “I see students graduating with higher debt, and this could limit their ability to fulfill their God-given calling. I am committed to a long-term strategy that keeps Cedarville affordable.”

This strategy is expected to continue Cedarville’s long history of enrollment

growth, including this fall’s record enrollment of 3,459 undergraduate and graduate students.

According to a Bloomberg report, the cost of a college education has increased 538 percent since 1985, compared to health care’s 286 percent rise in costs. To help students manage the cost, Cedarville offers \$21.7 million in student financial aid. Last year, 98 percent of new freshmen received financial aid, with the average package being \$17,526. Financial aid packages include institutional, donor-funded, state, and federal scholarships and grants; student loans; and federal work study.

“It is very important to me that everyone who wants to receive a Cedarville degree gets that opportunity,” said White. “Cedarville equips students for personal and professional excellence with a Gospel purpose, and our world needs men and women who fulfill their God-given calling with conviction.”

Student Life and Christian Ministries Merge Under New VP

Jonathan Wood has been named Vice President for Student Life and Christian Ministries. He began his responsibilities in August when the two divisions merged.

Since 2004, Wood has served in various roles at Southwestern Baptist Theological Seminary (SWBTS) in Fort Worth, Texas, including Resident Director, Conference Coordinator, Director of Student Services and Communications, and Adjunct Professor. Most recently, he was the Director of the Riley Center, a 55,000-square-foot conference center where he led the reorganization of two separate departments into one in order to increase efficiency and effectiveness.

As Director of Student Services and Communications from 2007 to 2012, he managed staff, assisted the vice president with student discipline and counseling, and he assisted in planning and managing the \$7 million division budget. Wood also created and implemented new marketing initiatives and led a nine-month restructure of student center operations that included dining services, the copy



center, post office, logo store, and student center facilities.

Wood is currently pursuing a doctoral degree in systematic theology from SWBTS. He has a master’s degree from Southwestern and a bachelor’s degree from the University of Oklahoma.

“Student Life and Christian Ministries supports Cedarville’s academic mission by encouraging students to live wholly transformed by the work of the Gospel,” said Wood. “It is a privilege to be a part of a team that calls students to love God, love others, and live with integrity and excellence. I look forward to spending a great deal of time developing relationships with students and investing in Cedarville’s future.”

YELLOW JACKET

SPORTS

Farleman Selected as National SAAC Rep



PHOTO CREDITS: SCOTT HUCK (LEFT), MATT FRANZ (RIGHT)

Laura Farleman '15 has been selected as a National Student-Athlete Advisory Committee (SAAC) Representative for the Great Midwest Athletic Conference (G-MAC).

In this role, she will participate in all conference and national SAAC meetings and work as a liaison on campus, among G-MAC member institutions, and at the national level, where she will represent

more than 100,000 NCAA Division II student-athletes.

The junior from Baldwinsville, New York, is a member of the Lady Jacket track and field program and a pharmaceutical sciences major. She hopes to earn her M.D. in neurology and work with diagnosis, medication, prescription, and overall

therapeutic strategy planning for children with autism and Down syndrome.

"This is a great opportunity for Laura and for the G-MAC," said Cedarville Athletic Director Dr. Alan Geist '83. "She is taking this responsibility seriously and will represent the G-MAC very well. Cedarville is excited to be a part of the G-MAC, and we will do all we can to support Laura in this endeavor."

In her first season of competition in 2013, Farleman competed in relay, hurdle, high jump, long jump, shot put, javelin, heptathlon, and pentathlon events during the indoor and outdoor seasons. Her top high jump effort of 5-3 earned her a runner-up finish at the National Christian College Athletic Association (NCCAA) Indoor Championship and All-America honors. She was also a part of the third-place 4x800-meter relay unit that garnered NCCAA All-America recognition as Cedarville captured the NCCAA Championship banner.

"I am thrilled by the opportunity to collaborate with the SAAC and NCAA legislators," Farleman said, "but also about the exciting ways in which God is working at Cedarville and in the G-MAC through athletics."

Lady Jackets Serve in Panama



PHOTO CREDIT: DEBORAH GORDON

In early August, the women's basketball team spent nine days in Panama with SCORE International. SCORE is an organization that specializes in athletic ministry, taking individual athletes and teams of athletes overseas on short-term missions trips. The athletic contests provide opportunities for the athletes to present the Gospel to those who attend.

One of the highlights of the trip was an 83-80 overtime win against the Panama

national team, although the focus of the trip was helping SCORE establish a base for future outreach. The Lady Jackets visited orphanages, played soccer and basketball with children, offered basketball clinics at schools, and enjoyed participating in a bilingual church service.

On their first day, the team visited a village in the rain forest. "We played a little soccer with the children, made salvation bracelets for them, and explained the Gospel message through the bracelets," said Raegan Ryan, a junior from Canisteo, New York. "All in all, it was a great day!"

"Watching our players flourish in ministry and service was a very rewarding part of our week," said Head Coach Kirk Martin '76. "We grew as a team, we grew as a basketball family, and we were all challenged to intentionally live out our faith each and every day."

Cedarville University Athletics, along with Sidearm Sports, launched a redesigned Yellow Jackets website in August. The new design is more visually attractive and includes a greater emphasis on video content while continuing to provide comprehensive information on all Cedarville University varsity teams.

*Check out the desktop or mobile version:
yellowjackets.cedarville.edu*





Excellence With a Purpose

by Thomas White

For more than 125 years, Cedarville University has been equipping students for personal and professional excellence with a Gospel purpose. As I begin my tenure as President, my primary goal is to stay true to this immense heritage. However, as the history of Christian higher education has shown, maintaining fidelity to an institution's confession requires intentional, deliberate effort.

The halls of history are decorated with institutions, once founded to train men and women for Gospel ministry, that moved toward the middle and now have completely abandoned their Gospel purpose. It's hard to fathom that Harvard University's "Rules and Precepts" once stated:

Let every Student be plainly instructed, and earnestly pressed to consider well, the maine end of his life and studies is, to know God and Jesus Christ which is eternal life (John 17:3) and therefore to lay Christ in the bottome, as the only foundation of all sound knowledge and Learning. And seeing the Lord only giveth wisdom, Let every one seriously set himself by prayer in secret to seeke it of Him (Prov. 2:3). [Editor's note: Unusual spellings are part of the original document.]

With this warning of history before us, Cedarville will continue to train students to be personally excellent. I believe that followers of Christ make the best leaders. Consequently, Cedarville will continue to focus on discipleship and ministry opportunities. We will not sacrifice ministry opportunities for efficiency or to reduce expenditures. Such actions would hinder the mission of the University. Instead, I am looking for partners to help support additional evangelistic efforts and missions trips. I want every student to go on a missions trip to an unreached area of the world. It will change students' prayer lives, their views of financial resources, and their hearts for the Great Commission.

Along with investing in students' personal excellence, Cedarville will continue to produce men and women that exhibit professional excellence. Historically, our students have experienced higher earning potential and greater success finding jobs. Within six months of graduation, 94 percent of our 2012 graduates were employed or in graduate school, handily exceeding the national average. We intend to continue doing so by partnering with employers to ensure the end product meets the need. We will have academic excellence at the highest possible level because, as Chancellor Paul Dixon used to say, "anything done in the name of Christ should have quality stamped all over it," especially when it comes to our students.

As we invest in our students, we will do so with a Gospel purpose. Our mission will continue to be driven by what the apostle Paul describes "as of first importance," namely, "that Christ died for our sins according to the Scriptures, that He was buried, that He was raised on the third day according to the Scriptures" (1 Cor. 15:3-4). Through repentance of our sins and faith in the

risen Lord, we can be reconciled to God (2 Cor. 5:20). And it is to this “ministry of reconciliation” that we train our students to be ambassadors of Christ.

Our task is not an easy one. Statistics show that anywhere from 50–80 percent of church-attending students drop out of church during their first or second year in college. Cedarville will be different. We will be intentionally Christian, holding high the local church by encouraging our students to join and maintain involvement. We will equip students to defend “the faith which was once for all delivered to the saints” (Jude 3). I want to produce students who know what they believe, why they believe it, and can in turn defend their faith against competing worldviews. Accomplishing this goal will take intentional effort in our five-day-a-week chapel services, the Bible minor, and biblical integration into every course.

The challenge is high. Even so, we will do what is hard because the consequences demand no less. With more than six billion people on the planet facing an eternity spent in heaven or hell, we must train a generation of Special Forces for the Gospel and unleash them on the world as ministers of reconciliation, showing Christ’s compassion and love.

To put it simply, Cedarville will continue to be about calling and conviction. We will continue in the work of equipping students for the vocational calling God has placed on their lives while maintaining the conviction of the Gospel of Jesus Christ.

In this issue of *Cedarville Magazine*, you will read some remarkable stories about one such endeavor at Cedarville. Our School of Pharmacy is just one of our intentionally Christian programs. Some of our pharmacy graduates will serve as light in dark places while filling prescriptions. Some will travel overseas to help provide needed medicine to heal the body and the Gospel to heal the soul. Some will work on cures for illnesses that affect millions but perhaps are not profitable enough to

Pharmacy is just one example of biblical integration across Cedarville’s curriculum. God’s Word is foundational in every academic discipline.



warrant the attention of major pharmaceutical companies. Some of our pharmacy graduates will work against the problem of overmedication in our nation and share with patients that the root of their problems lies in separation from their Creator, an issue that no pill can solve.

I am thankful for the work of our dean, Marc Sweeney. Cedarville is fortunate to have him working for the Kingdom of God at our institution. He and a world-class faculty of gifted teachers, researchers, and practitioners train some of the best students anywhere in a state-of-the-art facility. We will never know the Gospel impact many of these students will have this side of heaven, but I suspect that one day the Great Physician will greet them with the words, “Well done, My good and faithful servant.”

As you look through these pages, I think you will see what I already know. Cedarville produces personal and professional excellence with a Gospel purpose because we continue to stand for the Word of God and the testimony of Jesus Christ. 🙏

Thomas White became Cedarville’s 10th President in 2013. He received his B.A. from Anderson University (South Carolina) and both his M.Div. and Ph.D. from Southeastern Baptist Theological Seminary. He is co-author of *Franchising McChurch: Feeding Our Obsession with Easy Christianity*, and he served as editor of *First Freedom: The Baptist Perspective on Religious Liberty; Restoring Integrity in Baptist Churches; and Upon This Rock*.



A LIGHT IN THE PHARMACY

by Marc Sweeney

Cedarville is intentional about preparing Christ-centered pharmacists to influence the profession for Christ. From its earliest days, this purpose has informed everything about how the School of Pharmacy was built and how it operates. But does it matter, really, if your pharmacist is a Christian? Dr. Marc Sweeney, Dean of the School of Pharmacy and Professor of Pharmacy Practice, shares why it matters to him and why it should matter to you.

WHEN I WAS IN full-time pharmacy practice, a patient's husband came to talk with me about his wife's medications and challenging health concerns. She had seen several physicians and specialists, been through multiple diagnostic tests, and had been hospitalized for "heart problems." The couple was so discouraged because they could not figure out why nothing seemed to work. After spending some time with the husband and going through all of his wife's medications, the problem became apparent. The wife had confused her medications and was taking her heart medication incorrectly, resulting in all of her health issues. Ultimately, we prevented further unnecessary medical visits and hospitalizations. The husband could not stop weeping as he thanked me for taking time with him and for the insight about his

wife's care. That experience opened a door for a new relationship with that family.

Another woman, diagnosed with depression, was prescribed medication to treat her disorder. She was suicidal and desired to end her life before even trying her medication. When her pharmacist, who happened to be my wife, read what was behind the woman's emotional state, she engaged the woman in conversation and ultimately prayed with her. That time of conversation and prayer created a brand-new trust relationship that deepened with time.

The health care system is full of knowledgeable pharmacists. But when those pharmacists are followers of Christ — known for their compassion, integrity, and discernment — interactions with patients can be eternally significant.

Challenges

As individuals are taking ownership for their personal care, they are finding the health care system challenging to navigate. Costs for health care and prescription drug insurance have continued to rise, placing financial burdens on patients and their families. Patients are looking for answers to many questions; however, in many cases, they do not even know what questions to ask. The amount of information is daunting. How is a patient to know why a test was ordered and if it was really needed? How would he know if he'd been overcharged for the test or if his doctor had correctly interpreted the results? How does a patient know when she should pursue a second opinion? Could a \$5 medication be used in place of a \$100 medication? Is there solid evidence that the prescribed medication actually works?

Further, patients need to know why they are taking a particular medication and whether it will interact with other medications, non-prescription medications, vitamins, herbs, and foods they eat. Patients need an advocate, and in many of these circumstances, a trusted pharmacist can help.

People can embrace challenges as either barriers or opportunities. The challenges of the health care system have created significant opportunities for Cedarville's School of Pharmacy. God has brought together a team of individuals who depend on prayer and embrace the centrality of Christ, the foundation of the Word of God, and the supernatural power of the Holy Spirit to influence lives. We have a unique opportunity to develop and train pharmacists to meet our society's increasing needs. We are training future pharmacists who will bring a message of hope to a world looking for answers ... even the core question of how to heal the soul.

Influence

Many Christian pharmacists have good intentions to come alongside their patients to see best possible outcomes, but they often struggle with how to be a true "light" (Matt. 5:14-16) in our health care system. Like Christian professionals in every field, some dim their lights out of fear of persecution, while others have become aggressive laser lights causing pain and fear among Christians and non-Christians alike. Some shine their lights while on the mission field only to switch them off when they return to their daily practice setting.

The School of Pharmacy's faculty and staff are working intentionally to shape students' perspectives about what it means to live for Christ and let their faith manifest in their practice settings. We seek to provide the right balance of addressing patients' physical and emotional needs, but also helping patients explore their spiritual needs. Our graduates should be ready to address our society's most difficult questions (cultural, ethical, and political) by applying biblical wisdom to those challenges. They should foster humility and embrace collaboration. The quality of their interactions should cause their patients to see the light of Christ reflected in them.

As a hospice pharmacist, I had a 4-year-old patient who was struggling with pain. His parents, physician, and nurse relied on me to provide solutions to bring him comfort at the end of his life. As we worked together to care for the child, I had opportunities to share that my compassion and care were rooted in my love for and dependence upon Christ.

Plan

Our mission is to train students to become top pharmacists in the profession. Our motivation and desire is quite different than other schools. We recognize that our students, outcomes, and impact are all from God. We desire simply to be good stewards of the resources God has entrusted.

To accomplish this significant task, we have built the following priorities into Cedarville's School of Pharmacy:

1. Through the undergraduate Bible minor and biblical integration across the curriculum, pharmacy students have a biblical foundation prior to entering the professional program. The professional curriculum will build upon this foundation.
2. The curriculum is a hybrid of team-based learning, problem-based learning, and "faith-integration fostering" active and collaborative learning necessary for lifelong practice skills. Learning must continue the day after graduation — self-initiated and collaborative education is vital for survival in the current health care system.
3. Students are intentionally exposed to the unmet needs in the health care system, including underserved populations and patients with significant financial hardship, to foster compassion and innovative strategies to meet those needs.
4. One-third of the curriculum occurs outside of the classroom to ensure application of classroom skills in an appropriate manner.
5. Christian pharmacists from many different areas of practice (e.g., community, hospital, long-term care, family medicine, hospice, cardiology, oncology, infectious disease, research, wellness) speak to our students to broaden their understanding of how faith and practice can intersect.
6. All students conduct a multiyear research project to foster critical and innovative thinking.
7. All students take a business and leadership module where innovative ideas can be shaped into business models for implementation. Students are encouraged to operate above the market by creating the companies, organizations, and positions to meet the unmet needs of our health care system.
8. Times of prayer, mentorship, devotionals, service, fun, encouragement, and challenge are all integrated into the professional program experience to provide the balance that supports lifelong success.

We are hopeful that our graduates will desire to serve Christ, love others, wholeheartedly serve people, and be a great and influential resource within the health care system. We believe we are building a program that develops exceptional practitioners who will care for patients and take the saving message of Christ to a hurting world. 🙏

Marc Sweeney is Assistant Academic Vice President, Dean of Cedarville's School of Pharmacy, and a Professor of Pharmacy Practice. He received his B.S. in pharmacy at Ohio Northern University, his Pharm.D. from The Ohio State University, and his M.Div. from Southwest Bible College and Seminary. He has served at Cedarville since 2008. You may contact him at msweeney@cedarville.edu.



The first photo ever taken of Elisha's maternal grandparents, Nathaniel and Ratnamma, and their son. Because of the testimony of Ratnamma and her sister, most of the people in their "untouchable" village became Christians.

God Had Other Plans

by Elisha Injeti

I come from Andhra Pradesh, a southeastern state in India. My hometown is the port city of Visakhapatnam along the Bay of Bengal, where I still have family today. The story of my journey across the globe from Visakhapatnam to Cedarville is a testimony of God's grace and faithfulness.

I grew up in a Christian home in India, where about 80 percent of the population is Hindu. For my family, the journey from Hinduism to Christian faith wasn't an easy road. I grew up listening to my grandmother Ratnamma's stories of how God rescued our family from not only the oppression of the caste system, but also from spiritual darkness.

Plans for Hope

Ratnamma's older sister, Subbamma, was the first person in the family to accept the Gospel. Both sisters were born and brought up in a Hindu "untouchable" family; life for them was not easy at all.

They never went to school or temple because of their gender and caste. They weren't accepted, nor even considered human. Subbamma was married off at an early age as

was the custom during that time, and she was expected to give birth to a son after the first year. After 30 years of marriage, after waiting and praying to all the Hindu gods, she still didn't have children. She was becoming even more of an outcast; her husband's family started to disown her. She was ready to give up hope, and one day she went down to the river to end her life.

But God had other plans for her. He sent a British missionary — Mr. Whitehouse — to the river that day to stop Subbamma from going through with her plan. Mr. Whitehouse told her about Jesus Christ, and she accepted Him as her Lord and Savior. What would have been her last day on earth became the first day of her new life in Christ. God ordained all the days of Subbamma's life (Ps. 139:16) as she began her journey as the only Christian in the entire Hindu village. The Lord blessed Subbamma's new faith by giving her four children, two boys and two girls.

As a result of Subbamma's obedience and submission to God's Word, her entire family — including her sister, Ratnamma, my grandmother — and most of the villagers also became Christ-followers. God began to empower the two sisters, and Mr. Whitehouse showed them how to run a church and a school. They started a school and served as midwives, delivering babies in the village, while their husbands got involved in ministry at the church.

Plans to Prosper

My parents were blessed to have been born in Christian homes as they were raised in the same village. Ratnamma's daughter, Elizabeth (my mother), and my father carried the faith passed on to them and raised me in the fear of the Lord. In spite of growing up in a predominantly Hindu society, some of my best childhood memories are of singing songs of praise and memorizing Scriptures in Sunday school and sharing them with my Hindu friends.

In 2 Timothy 1:5, Paul writes, "I am reminded of your sincere faith, which first lived in your grandmother, Lois, and your mother, Eunice, and, I am persuaded, now lives in you also." For me, these are not just words; they are my story.

The faith that was first in my grandmother, Ratnamma, and my mother, Elizabeth, became my own faith during my first year in college. It was an exciting day when the Lord got a hold of me and

rescued me. It happened at a youth retreat when I heard the Gospel presented through the creation story. I heard that man was created in God's image, and how man's sin destroyed that image. But Christ came to restore the relationship through His blood offered as a sacrifice on the cross. These words resonated profoundly within my soul. On that day, as I confessed my sins and fears, He welcomed me into His family. It was such a joy to embrace my new identity as a child of God and let go of my past identity as an untouchable sinner.

Plans for a Future

After completing my master's degree in pharmacology, I began teaching at a pharmacy school in India. During this time, I was challenged to integrate my faith into my profession for the first time. As part of my responsibilities at the school, I worked with laboratory animals, including rats, mice, and rabbits, which were confiscated by People for Ethical Treatment of Animals (PETA). I began to question the origin of ethical values and their implications to science and research. This incident led me to explore the field of bioethics, especially from a biblical perspective. There wasn't a bioethics program in India, so I applied and was accepted into a bioethics program at Loma Linda University in California. After completing the bioethics program, I began doctoral studies in pharmacology.

While studying in California, God used different faculty and staff members from my graduate school and local church to teach me how to worship the Lord with both heart and mind. I was greatly influenced by the godly character of my mentors, Dr. Ev Bruckner and Mr. Clell Rogers. Even in my research, which focused on understanding the contractile function of blood




Ratnamma's daughter, Elizabeth, and her husband, Vasanta Rao, are pictured in the village of Visakhapatnam where they raised their son, Elisha.

vessels, I began to see God's handiwork through the complexity of intracellular communication. I began to feel the same sense of wonder that David wrote about in Psalm 139:14 — we are fearfully and wonderfully made!

As I came close to completing my research, God used two publications — *Two Tasks* by Charles Malik and *Redemption of Reason* by Dallas Willard — to call me to teach at a Christian institution. These publications ignited a passion in my heart to be a part of God's redemptive work in academia. I asked the Lord to lead my career so I could faithfully proclaim Christ, "in whom are hidden all the treasures of wisdom and knowledge" (Col. 2:3).

But God did not answer my prayer right away, as the University of Toledo College of Pharmacy and Pharmaceutical Sciences offered me a faculty position. I moved from California to Ohio to begin my teaching career. I began attending Emmanuel Baptist Church in Toledo, and was introduced to Cedarville University by the college pastor there, Paul Mathieson. The next academic year, I accepted a faculty position in Cedarville's newly launched School of Pharmacy and became one of its founding faculty members. I was able to take part in the initial planning and development of research labs for the School, and was very excited to become a fellow for Cedarville's Center for Bioethics.

As I reflect back, I am amazed at how God has taken the challenges and uncertainties in my life and shaped them into valuable experiences. Ultimately, these experiences prepared me for my work at Cedarville. Together with my wife, Bethany, I am looking forward to investing in the lives of my students. I am passionate about Cedarville's mission and vision, as it affirms God's calling in my life. I am eager to see the Lord do great things through Cedarville University in the coming years, as it continues to stand for the Word of God and the testimony of Jesus Christ. 



Elisha Injeti was one of the founding faculty members in Cedarville's School of Pharmacy.

Elisha Injeti is the Director of Research and Development in Cedarville University's School of Pharmacy and serves as a fellow for Cedarville's Center for Bioethics. He received his Ph.D. in pharmacology from Loma Linda University. He has served at Cedarville since 2009. You may contact him at einjeti@cedarville.edu.

THE PHARMACY IS OPEN

by Nicole (Hanson) Russell '04

When you think about your pharmacist, what comes to mind? Perhaps you think of swinging by a neighborhood CVS for monthly prescriptions or scheduling regular diabetes checkups. Four professors from Cedarville's School of Pharmacy are working hard to change the pharmacy stereotype. In the following vignettes, they (and one student) demonstrate how pharmacy can exemplify Christlike service toward underserved people, whether at a neighborhood pharmacy or around the world.

According to the U.S. Department of Health and Human Services, the term "underserved" refers to people with little or no access to health care services. In regions that don't have adequate doctors' offices and specialists, or a Walgreens on every corner, access is a matter of geography. But access can also be a matter of poverty. Services and medications may be locally available, but patients lack the ability to pay for them, or they may lack transportation to get to the clinic or pharmacy.

Aleda Chen Cambodia

The mission of Cedarville's School of Pharmacy is to develop "exceptional pharmacy practitioners focused on meeting the physical, emotional, and spiritual needs of patients through servant leadership." Though still a young program — the first class won't graduate for another two years — Dr. Aleda Chen said many students are interested in either part- or full-time global missions, so she and her peers try to find opportunities for them to engage in a global context while completing their education. She has led by example, ministering in places as far away as Phnom Penh, Cambodia, building on strategic relationships Cedarville staff previously developed there.

On a recent trip to Cambodia, she met with staff at the Mercy Medical Center (MMC), a mission hospital she hopes will become a practice site for pharmacy students in their final year. At MMC, students would work with physicians on evaluating medical problems and deciding the appropriate medication. Since medical supplies are often donated, there's an inconsistent roster of available medicine. In many cases students will need to think on their feet if the first choice of medication isn't available and

choose a viable alternative. This will provide a unique challenge for students to put into practice all they've learned in class the previous three years.

Chen said as many as 50–75 percent of her students have expressed interest in spending at least part of their careers with underserved people, in an urban setting or even a Third World country. She says while it's not unusual for pharmacy students to want to help people — the nature of the work lends itself to altruism — but Cedarville students are set apart because of the biblical integration they experience across the curriculum. "We may have an educational mission similar to secular institutions, but here, we integrate faith into everything," said Chen. "It unifies us and changes our driving force. Our faith puts us on the same field with a different purpose — to meet the physical, emotional, and spiritual needs of patients."

Tracy Frame Los Angeles, California

Dr. Tracy Frame has noticed that in many underserved rural and urban areas, patients are unable to obtain the care they need. "Underserved areas are a very important part of the health care system and an area where health care professionals, specifically pharmacists, can be a huge asset to help improve the care of these patients," she said. She has also worked with many of Cedarville's pharmacy students providing free diabetes, blood pressure, and cholesterol screenings in surrounding counties. From the screenings, they have had to send numerous patients directly to emergency rooms due to very high blood pressures or blood sugar. "It is such a joy to see my students work with these patients and realize they may have helped decrease the risk of one of these patients having a heart attack or stroke," said Frame.

Frame recently took some pharmacy students to develop relationships for future ministry at the Los Angeles-based Dream Center, a volunteer-driven organization meeting the needs of locals by providing food trucks, shelter, education, job skills training, Bible studies, and more. In coming years, she hopes to continue to take students there over spring break to offer diabetes and blood pressure screenings and provide health education to the people of these underserved areas in L.A. Frame believes this not only allows students to minister effectively but also apply what they've learned in the classroom to real-life scenarios. "Ultimately, I hope these experiences give students a burning passion for people and a desire to have a servant's heart, as Christ calls us to," she said.



Juanita Draime '13, Pharm.D. '16 Wherever God Leads

Juanita Draime is in Cedarville's inaugural pharmacy class and will graduate with a Pharm.D. in 2016. She went to the Dream Center with Frame on her spring break in 2013, and she is currently organizing a team of Cedarville students to return to the Dream Center to help not only with ongoing daily missions and medical assistance. Long term, Draime feels God is calling her to serve as a medical missionary in the field of pharmacy. "I have been encouraged by faculty and staff in the School of Pharmacy who are taking medical missions trips," she said. "Their willingness to serve people in all aspects of life around the world has helped me stay focused on what I will be able to achieve after graduation."

Though she doesn't know specifically where her heart for missions will take her, Draime is hoping to put her pharmacy degree to work either alongside a missionary or in a mission hospital. "My motto over the last year has been, 'See a need; fill a need.' It reminds me that opportunities for missions are everywhere, and everywhere I look, people need help."

Melody Hartzler Dayton, Ohio, and Jamaica

Dr. Melody Hartzler provides her expertise at a Dayton, Ohio, clinic located at a federally qualified health care center — a community-based organization that provides comprehensive primary and preventive care to anyone, regardless of their ability to pay or health insurance status. She estimates at least half of her patients are uninsured. She is a clinical faculty member, which allows her to continue practicing as a pharmacist part of the week while teaching in the clinical setting. She spends three days a week at the clinic and, in 2015–16, Cedarville students will begin rotating through her site on their clinical rotations. From the clinical expertise she has gained by practicing here, she challenges students in her classroom with real-world patient and medication challenges. "Medicine and pharmacy change every day," she said. "If we aren't in the trenches, we are going to be teaching outdated material."

In order to serve her community more efficiently, Hartzler started a collaborative, shared medical appointment where she, along with a resident physician and a psychologist, provide weekly diabetes education and management for up to 10 patients at a time. They noticed patients would come in and essentially ask the same questions hour after hour. So they decided to build upon the shared medical appointment model, which has been documented in

medical journals to improve outcomes for chronic disease. Adding to the already established models, these shared appointments include a psychologist and addressing behavioral change from an entirely different angle. Chronic disease is often accompanied by depression and, working collaboratively, they have been able to better identify and address these concerns. Patients arrive together, Hartzler and her team provide education, patients ask questions among their peers, and then patients are individually evaluated and receive medication adjustments as needed. The two-hour format is more efficient for both medical staff and patients, and Hartzler found patients — especially shy, quiet ones — benefited from the questions more vocal peers asked. The rest of her time in the clinic is spent providing individual medication-therapy management services for patients with diabetes, asthma, and chronic anticoagulation.

Hartzler's heart for serving the underserved also extends beyond the Dayton area. She has served with Medical Ministry

From the American inner city to Third World villages, Cedarville's pharmacy professors and students are intentional about serving patients who have limited access to health care and medication.



International in the St. Elizabeth Province of Jamaica for a week each of the last three years. Three pharmacy students have been able to serve alongside her on the past two trips. “It’s so rewarding to see them grow in their profession as they serve abroad and provide medical care for the needy,” she said. “But the best parts are seeing them share the love of Christ as they are serving and seeing their spiritual growth throughout the trip.”

“I hope a lot of our students do long-term medical missions, but more than that, I hope they’re on a mission in their everyday lives.”

Kelly Wright Honduras, Uganda, and Columbus, Ohio

Dr. Kelly Wright has applied her pharmacy knowledge in the United States and abroad, and she encourages students to do both if possible. Like her students, she says God prepared her heart to work with underserved populations from the beginning of her pharmacy training. She has gone on several missions trips, including Habitat for Humanity spring break trips during college and medical missions trips to Honduras and several countries in Africa. Her trip with fellow pharmacy students to Uganda, Africa, was especially influential as her team hosted a medical clinic in a rural district with virtually no access to health care. It was her first experience in what pharmacists call “ambulatory” — or outpatient — care, and she was hooked. These experiences helped her realize she wanted to pursue a career in pharmacy education so she could facilitate similar experiences for her students.

As a clinical faculty member, Wright manages both a smoking cessation and a diabetes management program at a federally qualified health center in Columbus, Ohio. She said while it’s rewarding to see patients accomplish their health goals, it is her greatest joy when she is able to share the Gospel with patients.

Still, the biggest lesson she’s learned — and her strongest encouragement to students — has nothing to do with traveling around the globe. “I’ve been able to go around the world, but now I’m here at home in my clinic. What I want students to ask is: ‘How can I make this a mission in my full-time daily life?’ I want them to understand they can do it in both places.” In other words, Wright says, “I hope a lot of our students do long-term medical missions, but more than that, I hope they’re on mission in their everyday lives.” 🙏



Seven Years to a Pharm.D.

Compassionate care is built into Cedarville’s seven-year Pharm.D. program. Students spend the third year of the graduate program applying their pharmacy education with underserved populations.

UNDERGRADUATE PROGRAM

Culminates in a Bachelor of Science (B.S.) in pharmaceutical sciences

- 1 General education requirements
- 2 Bible minor
- 3 Prepharmacy courses

PROFESSIONAL PROGRAM

*Culminates in a Doctor of Pharmacy (Pharm.D.)**

- | | | |
|---|--|---|
| 4 | Practice sites: community pharmacies | Classroom learning; average of five hours per week of introductory pharmacy practice experience |
| 5 | Practice sites: hospitals | |
| 6 | Practice sites: service-learning, including mission contexts and/or medically underserved areas | Advanced pharmacy practice experience |
| 7 | Practice sites: rotations in various pharmacy contexts | Advanced pharmacy practice experience |

*Cedarville University’s Doctor of Pharmacy program has been granted Candidate status by the Accreditation Council for Pharmacy Education.

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THE EPIDEMIC IN YOUR MEDICINE CHEST

by Jeffrey Lewis



FOR AS LONG AS I CAN REMEMBER, AUTOMOBILE-RELATED INCIDENTS WERE THE LEADING CAUSE OF ACCIDENTAL DEATHS IN THE UNITED STATES, OUTPACING ALL FOLLOWERS BY LEAPS AND BOUNDS. THAT ALL CHANGED IN 2007, WHEN DEATHS FROM AUTOMOBILE ACCIDENTS WERE SURPASSED, FOR THE FIRST TIME IN HISTORY, BY DRUG OVERDOSE — PRIMARILY PRESCRIPTION DRUGS (NAMESLY NARCOTIC PAIN KILLERS).

During the most recent decade, many states, like my home state of Ohio, have experienced increases in prescription drug-related deaths by more than 400 percent. In 2010, the number of patient visits to U.S. emergency rooms involving the nonmedical use of prescription drugs was more than 1.3 million. That same year, more than 38,000 Americans died from drug overdose (more than 100 each day).

The landscape of drug use and abuse has rapidly shifted. Whereas the street-drugs-of-choice were once heroin and cocaine,

more readily available prescription drugs — especially those used for the treatment of severe pain, such as morphine, oxycodone, and hydrocodone — have become preferred and, thanks to supply and demand, also more costly. Heroin has become the “back-up” drug because prescription drugs are often less expensive and easier to obtain. Prescription drugs are also preferred because they are, theoretically, more “reliable” in terms of producing the desired effects. While this is likely true when compared to street

drugs from unknown sources, increased demand for prescription drugs has resulted in an underground manufacturing and distribution market. A large supply of counterfeit “prescription drugs” is now being sold on the streets.

To put the nature of this epidemic into some perspective, present death rates from prescription drug abuse are more than four times higher than the “black tar” heroin epidemic of the 1970s and more than three times higher than the peak of the crack cocaine epidemic of the 1990s. The annual

number of deaths from prescription drug abuse each year is more than the number of deaths from heroin and cocaine combined.

The accessibility of prescription drugs is a major contributor to the epidemic. More than 50 percent, perhaps as high as 70 percent, of abused drugs come from family and friends, either offered or stolen. Although the highest rates of death have been in the 45–54-year-old category, this problem reaches all age groups, including teenagers. Perhaps you have heard about

and emotional benefits of controlling chronic pain, easing patient concerns regarding the risk of addiction in favor of good pain control.

But, it didn't take long for the pendulum to swing the other direction. Pain is certainly more effectively treated now, and for that we can be truly grateful; however, as the medical community and patients became more comfortable with treating (and, being treated for) pain, the number of pain medicines being stored in home



a new style of party that is popular with teens — called “skittling” or “pharma,” among other names — where participants simply bring whatever pills they can find, add them to a bowl, and consume a handful of the colorful drugs. It doesn't take long to understand these parties are dangerous.

Easy Availability

The epidemic had noble beginnings. Throughout recent decades, pain management — especially among individuals experiencing some sort of chronic pain syndrome — was suboptimal at best. Physicians shied away from aggressive therapy for fear of overdosing a patient and being sued.

In the mid-1990s, a variety of good things occurred that set change in motion. State governments addressed physicians' concerns regarding the link between aggressive pain management, unintended outcomes, and malpractice litigation. Changes in malpractice laws were accompanied by improved pain management education for health care professionals during and following their medical training. Pharmaceutical manufacturing companies studied and produced improved (more effective and, supposedly, less addictive) pain medications. At the same time, public awareness was growing about the physical

medicine cabinets grew to an all-time high, introducing a whole new problem. Today, addiction to prescription medications, primarily due to misuse and abuse (not legitimate treatment managed by a health care provider) is at a greater level than ever before. And, so are the tragic outcomes of that misuse and abuse, namely, accidental deaths.

Supply and Demand

The increased demand for prescription medications on the street — sustaining and creating new addicts — has resulted in the proliferation of illegitimate pain management clinics. The scourge of so-called “pill mills” (providing phony care and prescribing and/or providing narcotics — usually as a low-overhead, cash-only business) has magnified the problem in many U.S. cities.

Further complicating the situation, treatment options for addiction are incredibly limited. Current medical treatment includes the prescription medications methadone (distributed only by a limited number of specialized clinics) and buprenorphine (Suboxone). Much study is presently underway in an effort to identify newer, more effective options; however, we are likely months to years away from such products being tested and marketed for public use.

In response to the epidemic, state and federal governments have aggressively pursued legislation aimed at curbing access to medications, including shutting down “pill mills.” In addition, prevention efforts have been aimed at educating the public about the problem, including reducing the most common mode of medication access: the home medicine cabinet. These initiatives have achieved some success; the most recent annual report from the White House Office of National Drug Control Policy notes the number of people abusing prescription drugs decreased by nearly 13 percent between 2010 and 2011 (the most recent years for which data is available), although there is clearly more that we all can do to protect our families and communities.

Safety Precautions

Awareness of the problem is key to curbing it. Even if you haven't already been affected by this epidemic, you are now aware.

Tell others. Contact your local pharmacist, health department, or hospital to request additional education for your church, school, or community group. If you happen to live near a university with a pharmacy or medical school, contact them for the same.

Be aware of the types of medications that are most commonly abused. Frequently abused medications include prescription pain killers (e.g., OxyContin, Vicodin, oxycodone, hydrocodone), sedatives or tranquilizers (e.g., Valium, Xanax, diazepam, alprazolam), and stimulants (e.g., Adderall, amphetamines, Concerta, methylphenidate, Ritalin).

Recognize your own unwitting contribution. As noted above, as much as 70 percent of all abused prescription drugs are coming from our medicine cabinets. Keep your medications out of the reach of others (even other adults), using locks if necessary.

Discard any unused medications. The U.S. Drug Enforcement Agency (DEA) has sponsored Drug Take Back Days for the past couple of years. In cooperation with local and state law enforcement, public health organizations and other institutions, events have been staged to receive any and all unneeded medications from the public. More than 1,000 tons have been collected to date. The medications are securely received and then incinerated. Some communities have secure drop-off boxes located at police stations, and states

are considering new laws that would allow this to also occur at local pharmacies. If you don't have a drop-off opportunity in your community, the Office of Drug Control Policy recommends mixing the medications with noxious materials (e.g., coffee grounds or kitty litter), sealing them in a container, and then placing them in the trash.

Engage the church. The local church can serve as a resource for educating and engaging the community on this important topic. Youth groups are great venues for education supported by a local pharmacist. Senior adults can be encouraged to manage their medications in a secure manner. And, every community has been affected by the tragedy of the epidemic, offering an opportunity for the Church to minister to families who have lost a loved one.

Know the signs. Keep your eyes open for the signs of prescription drug misuse or abuse happening in your neighborhood or family (see sidebar). It's important to note that these are nonspecific (i.e., they may be related to many things other than prescription drug abuse) and the list is not exhaustive; however, several unexplained signs or changes in behavior should raise a flag in your mind. Don't be afraid to ask the hard questions. It's better to be safe than sorry.

The epidemic of prescription drug abuse came upon us quickly. With little warning, it has become a huge problem with disastrous results for families across the country. Federal and local government agencies, in collaboration with health care providers, law enforcement experts, and social service/behavioral health organizations, have actively engaged in addressing the problem. From legislation to education, much good is being accomplished. But, it's going to take more. It's going to take the active involvement of people like you — within your circle of influence — educating one another, getting rid of unneeded medications from your home, and responding to the signs of potential abuse or misuse of medications you witness in those around you. It's definitely hard work, but a lost life is too high a price to pay. ☩

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Know the Signs of Potential Prescription Medication Abuse

- Changes in sleep habits
- Changes in personal hygiene
- Changes in mood or energy
- Sudden decline in school grades
- Change in social circle (new friends, uninterested in old friends)
- New propensity for lying or making excuses
- Unexplained breaks in curfew
- Extended time alone in his or her room
- Verbally or physically abusive
- Stealing
- Taking more of a legitimate pain medication than prescribed
- Regularly "losing" a legitimate pain medication prescription
- Visiting multiple medical providers

Additional Reading

The White House Office of National Drug Control Policy:
whitehouse.gov/ondcp/prescription-drug-abuse

The Generation Rx Initiative:
pharmacy.osu.edu/outreach/generation-rx

Drug Free Action Alliance Ohio:
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What You Should Know When Caring for a Senior Parent

by Phillip Thornton and Marty Eng

George recently turned 83 years old, and he admits that he has “gone downhill” over the last couple of years. He has diabetes, high blood pressure, heart disease, arthritis, and prostate problems. Each day, he takes 12 pills and gives himself two insulin shots. George’s daughter, Sandy, is concerned about her father and wonders if his medical treatment is optimal. Recently, George has gotten lost a couple of times driving home from the grocery store. Sandy questions whether her father should still be driving and what role she should play in his health care.

This scenario is becoming all too common. Currently, more than 45 million people in the United States are 65 years of age or older, and that number is expected to double by 2050. According to the U.S. Census Bureau, the number of people over the age of 85 (the “oldest old”) is the fastest-growing segment of the population. With this increase in the number of older adults comes an increase in the incidence of chronic diseases such as diabetes, high blood pressure, heart failure, and Alzheimer’s disease and, consequently, the need for more caregiving.

Adult children are often the first line of care for their aging parents. A recent *Huffington Post* article reported that the number of adult children providing complete care for aging parents has tripled over the last 15 years, and 25 percent of Americans are now providing personal care or financial assistance to their elderly parents. Since people are living longer, adult children now wrestle with questions about whether (and when) they need to take a more active role in their parents’ health care, what right(s) they have to information on their parents’ health and medications, and whom they should ask for this information.

Honoring Father and Mother

As Christ-followers, it is important to biblically examine what our role should be in the care of our parents. In Exodus 20:12 and Ephesians 6:2, we are commanded to “Honor our fathers and mothers,” which we should do even into our adult years. Psalm 71:9 and Leviticus 19:32 direct us to honor the elderly and not to “cast them off.” Such behavior requires open communication between ourselves and our parents, allowing us to share our specific concerns with one another.

This may require difficult conversations, such as “Dad, I don’t think that you should be driving anymore” or “You seem to be having trouble with your memory lately. Maybe we should get that checked out.” It is equally important for us to discuss with our parents what our roles in their care should be. With the Health Insurance Portability and Accountability Act of 1996 (HIPAA), our parents must now sign a release of information for us at each hospital, physician, or pharmacy they visit if they would like us to receive any information about their health. Because of this, our discussions with our parents should also include how much information we can obtain regarding their health — especially whether they will give us the right to information from their physician or pharmacist, and, perhaps, even whether or not they will allow us to visit their physician(s) or pharmacy(ies) with them.

Finding the Support You Need

It is often confusing to navigate the health care system, especially when a patient has multiple physicians. Unfortunately, there is often a lack of communication between providers, which can lead to inappropriate treatment or medical errors. If you or your parent(s) are over the age of 65 with three or more chronic conditions, or if you or your parent(s) are over the age of 80, the oversight of a board-certified geriatrician will often minimize inappropriate treatment and will allow one person to manage care from multiple providers. There are several websites where you can obtain lists of local geriatricians (see sidebar).

Another excellent source of information and advice, especially related to medications, is a Certified Geriatric Pharmacist (CGP). These pharmacists specialize in the unique needs of geriatric patients and understand how medications

uniquely act in the elderly. To find a CGP, search the Commission of the Certification in Geriatric Pharmacy website at ccgp.org/locate-a-CGP.

Many of us struggle with elder care issues — you are not alone. You will sometimes encounter challenges with time, finances, and conflict with aging parents regarding your role. Be sensitive to your parents' fears, needs, and desires. In many cases, your parents might realize that they have a need, but they might also be grappling with the potential loss of independence. During those times, dwell on 1 Corinthians 13 and Matthew 7:12. Love your aging parents and honor them. Treat them the way you hope your children will treat you. 🙏

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Marty Eng is an Associate Professor of Pharmacy Practice at Cedarville. He is a board-certified Geriatrics Pharmacist and Psychiatric Pharmacotherapy Specialist and a Certified Dementia Practitioner. He received his Pharm.D. from the University of Maryland, Baltimore School of Pharmacy and has served at Cedarville since 2012. You may contact him at martyeng@cedarville.edu.

Caring for Aging Parents

1. **Have up-front discussions about possible scenarios.** No one likes to talk about death and illness. However, knowing the resources that are available and the inevitable decisions that need to be made are crucial in successfully navigating unexpected events in aging. For example, many patients have likely undergone aggressive treatments when it was not aligned with their values simply because no durable power of attorney (DPOA) had been assigned. But even those who do have DPOAs may not have a clear picture of what they want done medically should illness prevent them from being able to decide for themselves.
2. **Ask questions and get answers.** Whenever you do not understand an answer, ask someone from your parent's health care team for clarification. Even in uncertain conditions, you must have a clear understanding of what is going on. The Washington State Aging and Long-Term Support Administration provides clear information on many common topics at aasa.dshs.wa.gov.
3. **Be informed.** Ask your aging parents to share their medical information with you. Don't assume that their medications are being taken correctly or even that they should be continued without a detailed medication review. Learn when, why, and how medications should be given.
4. **Bring all medications and supplements to each health care visit.** Despite our best electronic medical records, there will always be a need to verify all medications that a patient is taking. If possible, create a list of medications that your parents are taking, including medication name, strength, how often they should take it, and when they should take it. Keep this list updated as often as possible. Don't forget to include over-the-counter products, herbal products, vitamins, and other supplements.
5. **Find a local qualified geriatrician and Certified Geriatric Pharmacist (CGP).** We recommend the Find a Physician directory at abfm.org, the Physician Referral option from americangeriatrics.org, and <http://www..>



Additional Reading

Age Power by Ken Dychtwald

Complete Guide to Caring for Aging Loved Ones, edited by Henry Holstege and Robert Riekse

Bring students to an **ALUMNI MONDAY** this spring!

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Thank You for Your Support!

We appreciate the many alumni, parents, friends, corporations, and foundations that gave to make the new Health Sciences Center (HSC) a reality. The Schools of Nursing and Pharmacy moved into their new home in the fall of 2012, and students are already realizing the return on your generous investment.

The HSC Is Making a Difference

Having been part of the pharmacy program before and after the HSC, I can definitely see how this building is helping me become a better pharmacist. This building is equipped with a vast amount of technology. Having access to the latest information in our learning now will help us provide the best care for our patients in the future.

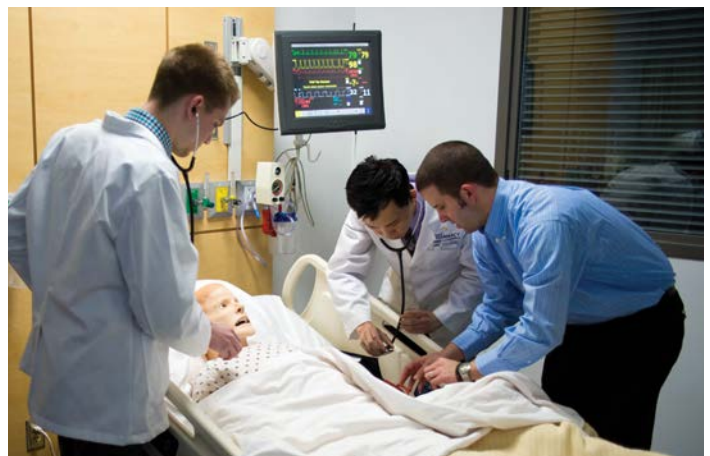
Cedarville wouldn't be what it is without generous alumni and donors who give to all the spectacular programs we have here. I hope they understand the difference they are making in students' lives. I am forever grateful for their influence in my life, even if they didn't know they were personally impacting me.

Molly Turner '13, Pharm.D. '16
Pharmacy

"Your patient is a 54-year-old male with diabetes who was brought in with high blood sugar." These are my instructions as I enter our new HSC high-simulation lab. Although my "patient" is a dummy, I am expected to respond and interact as though this is a real-life situation. My dummy, though, is smarter than it looks. It has a voice (or the voice of an instructor). It can cry, sweat, "breathe," and have a seizure. I can look at operating bedside monitors, call a doctor, page an assistant, and get medications out of a med drawer.

Cedarville's new state-of-the-art equipment is truly an asset to the program. It allows students to learn in a different setting outside of the classroom, preparing us for real-life situations. I have been blessed to witness the transformation of the HSC from start to finish, and I am even more blessed to be able to use it.

Amanda Custer '14
Nursing



Supporting the HSC Was an Easy Decision

Cedarville’s vision for its pharmacy program is spot on, and that excites me. The University understands the need for a relationship between nurses and pharmacists, and it understands the way technology is rapidly changing the way health care is being delivered today. Both of these realities are built into the new Health Sciences Center.

Technology is playing a huge role in streamlining health information, improving communication between all health care disciplines, and encouraging more interdisciplinary approaches to patient care. For example, I worked with an ER doctor who developed a software program that uses data from the provider databases and the Ohio Board of Pharmacy. It calculates a score that will help doctors, nurses, and pharmacists identify and respond to patients who are potentially abusing prescription medications.

The days of doing patient assessments on paper are behind us, and familiarity with the electronic medical records (EMR) hospitals and physicians’ offices use is a huge advantage. The Health Sciences Center has a fully equipped teaching clinic so

nursing and pharmacy students can practice working with EMRs, just like they’ll be doing in the field. This will translate to a higher comfort level for students when they begin doing rounds in clinical settings. The field needs individuals who understand what the technology can do and can tell programmers, “If I had *this*, I could do my job better.” The end users — nurses and pharmacists — will be a factor in shaping the future of health care technology.

My wife was in the first class to graduate from Cedarville’s nursing program. I earned my business degree at Cedarville and also work in the health care field. Supporting the Health Sciences Center financially was an easy decision for us. We understood the need and the impact this building would have, and we wanted to give a little bit back. As the health care landscape changes, this building will make a real difference for students, one they may not fully appreciate until they’re out working in the field.

Marty Larson '89

Executive Director, Greater Dayton Area
Health Information Network





Pharmacy With a Difference

by Carol Lee '96

You may think of pharmaceutical science as a clinical world of lab coats, data, and microscopes. But it's personal for Dr. Samson Amos, the newest faculty member to join Cedarville's School of Pharmacy. It's personal because of the loved ones in his past who implored him to help others, the career he has forged in cancer research, and the people who will one day benefit from his findings.

Pharmaceutical science is personal to Samson Amos because, as a young man in Nigeria, he had a personal encounter with Christ, and he pledged to give his life completely to God's service.

His path to Cedarville began when he was a young boy, curious about the medicine shop near his village. He would go inside and ask questions: "How can such a small pill alleviate pain? How does medicine work? What area of study is this?" He learned that to become a pharmacist, he would need to concentrate on physics, biology, chemistry, and math — already his academic strengths. He was sold.

When Amos was a high school senior, a guest speaker came to his boarding school with a message that would change his life. Although he had been raised in a Christian family, attended church, and had heard the Gospel many times, the message had never broken through the way it did that day.

"He spoke about God's love and His desire to have fellowship with man," Amos recalled. "After the fall, God sent His son, Jesus, to dwell among us. He paid the supreme sacrifice and restored the broken relationship. I understood that He gave His life for me. At the alter call, I stood and accepted Christ as my Savior."

Although his parents were supportive, they were not able to help him pay for college — he knew it would take diligence, hard work, and God's grace to earn the opportunity to continue his studies. He worked very hard, and God was very gracious. Amos progressed through bachelor's, master's, and doctoral programs in pharmacology, with a particular interest in neuroscience and the effects of medicine on brain systems. He soon began teaching and became a Senior Research Fellow at the prestigious National Institute for Pharmaceutical Research and Development in Abuja, Nigeria.

In 2003, he was accepted for a postdoctoral fellowship at the University of Virginia. Over the next 10 years, his research there focused on cancerous brain tumors, and he received a Farrow Fellowship grant to study how therapeutic drugs could reduce their growth.

According to Amos, invasive brain tumors are resistant to chemotherapy and radiation, leaving patients with a life expectancy of 12–13 months. If the size of a tumor can be reduced, surgeons can more effectively remove it, but learning how to do that has not been easy. "There are few medications that can penetrate the brain," he said. "There is a tight blood-brain barrier that inhibits drugs and other substances from penetrating the brain. This is how God created us; it is for our protection."

Amos published his findings in the *Journal of Cancer Research*, and the study has expanded to other labs in hopes that the research will lead to an application in humans.

Amos' academic and professional success grew from his passion to help people in need, a perspective informed by the realities of life in a Third World country. He watched a close friend struggle with hypertension for years and clearly remembers taking him to the hospital. At the end of the man's life, he asked Amos to continue helping others. That humble request motivated him to work hard in school and pursue "pharmacy with a difference."

Now in his first year at Cedarville, Amos is continuing his research and teaching students in the Pharm.D. program. His personal mission of "pharmacy with a difference" is what drew him to Cedarville's School of Pharmacy and what continues to draw him to students, whether in the classroom or over a cup of coffee. "They are hardworking and determined to truly make a difference in their careers," he said. "I see myself in them."



Samson Amos is an Associate Professor of Pharmaceutical Sciences in Cedarville's School of Pharmacy. He received his B.Pharm. from Ahmadu Bello University, his M.S. from the University of Jos, and his Ph.D. in pharmacology from the University of Nigeria. He has served at Cedarville since August 2013. You may contact him at samos@cedarville.edu.

Carol Lee '96 is the Managing Editor of Cedarville Magazine and Senior Communication Specialist in Marketing. You may contact her at carollee@cedarville.edu.

If you would like to contribute to Dr. Amos' research, please contact Cedarville Advancement at 1-800-766-1115 or advancementdiv@cedarville.edu.



“Have you seen that commercial for ... ?”

Every physician has had this conversation with a patient. I've heard this question many times in my 11 years in medicine (split almost evenly between urgent care and family medicine). More often than not, the patient in my exam room is asking about a medication that is completely inappropriate for him or her. I usually don't mind as my practice style encourages questions; however, I marvel at the rationale of pharmaceutical companies pursuing direct-to-consumer marketing such as advertising on TV.

Many of the medications I see advertised have a very narrow use, and the side effects they are required to list sound frightening, even to a physician. I can only assume someone has crunched the numbers and determined they will interest more people than they will scare away. Regardless, I am not convinced these advertisements improve the health of the general public. Most of the medications I've seen advertised are for rare conditions. I'm not sure how many rheumatoid arthritis patients are hearing about a potential treatment for the first time on TV. Furthermore, I doubt we would see so many ads for certain psychotropic

medications if they were required to say “atypical antipsychotic” and not simply “depression.”

These days I'm more likely to be asked about supplements recommended by a certain medical/television personality we will refer to as “Dr. Z.” This particular medical celebrity advises so many different supplements that it would be impossible to purchase and take them all — one would

hardly have time to do anything else! There's no continuity to his advice, and it seems he has never met a supplement he didn't like and wholeheartedly endorse.

I advise my patients that they should not waste their money on a product that has “not been evaluated by the FDA” or is “not intended to diagnose, treat, cure, or prevent any disease.” Not only are we unsure this product works as it claims, it hasn't been proven safe (at least to the standards of the Food and Drug Administration). I do not chastise patients who choose to continue taking supplements, but I make it clear that it is not necessarily a practice I recommend.

A recent study suggested men who take fish oil may have a higher incidence

of prostate cancer. More than one of my patients has asked about this, and my response embodies the “big picture” I have come to advocate. Whenever possible, we should get our health and nutrients from our diet and exercise. Our diet should consist of actual food, not capsules or products created in a lab. Eating fish is likely to be better for you than taking concentrated fish oil. Eating food rich in calcium is likely to work better than taking a calcium supplement. We have no evidence multivitamins prolong life; it's likely better to eat as varied and healthy a diet as possible. If you can lower your blood pressure and cholesterol with diet, exercise, weight loss, and smoking cessation, then that is exactly what you should do. If that is not enough, continue to do those things and add the appropriate medication under your doctor's supervision.

Unfortunately, we can't or don't always eat the variety of food our bodies need. Sometimes our genetic makeup means that despite having the best diet and exercise habits, we still have hypertension, diabetes, or obesity. I am thankful to be living in this era — when God-given human intelligence and ingenuity have led to many options to improve our health and lengthen our lives when our DNA, or our lifestyle, fails us.

There is no magic pill that will let us eat whatever we want with no consequences or avoid exercise without paying the price. However, we do not have to accept our genetic destiny without a fight: we can combine a healthier diet and lifestyle and use appropriate medication to keep death and disease at bay (longer than our grandparents could). Doing so can allow us to make the most of the time God has given us, fulfilling the purpose He has for our lives and honoring the temple He has given each of us.

Today I heard a new one. “What do you know about supplement ABC?” I asked my patient if he had seen an ad for this supplement on TV. “No,” he replied. “It popped up on my Facebook wall.” Sigh.

Jennifer Dear '95 is a family physician in Sanford, Michigan. She received her M.D. from The Ohio State University. You may contact Dr. Dear at doc.jendear@gmail.com.

“Viewpoints” is an editorial article and does not necessarily reflect the views and opinions of Cedarville University.

God's Mission of Reconciliation

by Jason Malone '98



The following is an excerpt from a chapel presentation by Jason Malone '98 on August 19, 2013. Malone was the keynote speaker for the 2013 Fall Bible Conference. Listen to his full remarks and other conference messages at cedarville.edu/malonechapel.

Let me tell you why I love 2 Corinthians. It perfectly lays out God's mission and how you and I are to join Him. You have often heard that the Bible, from Genesis to Revelation, is God's story of redemption. We see it here in 2 Corinthians.

"Therefore, if anyone is in Christ, the new creation has come: The old has gone, the new is here" (2 Cor. 5:17)!

If you have a relationship with Jesus, if you have a grace story, you are a brand-new creation. When you begin a relationship with Christ, it's a complete transformation. I read a commentary that said, "You are not reformed, rehabilitated, or reeducated. You are recreated." We no longer see life like we used to.

The old creation was plunged into sin and condemnation because of Adam's disobedience, but the new creation means salvation and righteousness because of Jesus' obedience. He restores every broken relationship.

"All this is from God, who reconciled us to Himself through Christ..." (2 Cor. 5:18).

God's mission, the reason for Jesus coming, was reconciliation — restoring to friendship or harmony, making things

right. Jesus came to heal the rift between God and humanity. And the initiative for reconciliation, all of it, was with God! The New Testament never talks about God being reconciled to the world but always about the world being reconciled to God. Why is this important? God's attitude toward us was, and is, love. Never anything else. He made the first move to restore the friendship. Through His son, Jesus, we are no longer enemies of God.

Before he came to know Christ, Paul was an enemy of God — arresting and condemning to death people who loved Jesus. As Paul (then called Saul) walked down the road in Damascus, God got his attention and asked, "Why are you persecuting Me?" It was God who made the first move to bridge the chasm between Himself and Paul. He made Paul a new creation, and He has done the same for you. You have a grace story! So what is God's expectation of you?

"And He has committed to us the message of reconciliation. We are therefore Christ's ambassadors, as though God were making His appeal through us" (2 Cor. 5:19b–20a).

God's plan to accomplish His mission is the Church, you and me. He brought us into a relationship with Himself so we could represent Him wherever He has placed us. We are ambassadors of Jesus Christ sent into the world to declare peace — reconciliation with God. Are you sharing that message? Are you living that message?

"As God's co-workers, we urge you not to receive God's grace in vain. For He says, 'In the time of My favor I heard you, and in the day of salvation I helped you.' I tell you, now is the time of God's favor, now is the day of salvation" (2 Cor. 6:1–2).

If you are unwilling to get in on God's mission, you are receiving His goodness and grace in vain. It was God's goodness that led Him to hear your cry, and mine, for a Savior. Now is the day of salvation for others.

.....
Jason Malone '98 is the Mission/Vision and Teaching Elder at Summit Church in Greenville, South Carolina. You may contact him at jmalone@summitupstate.org.

Watch or listen online at cedarville.edu/chapel to hear these engaging presentations:

- 9/10 Ken Whitten**
Senior Pastor of Idlewild Baptist Church
Lutz, Florida
- 9/25 Scott Rigsby**
First Double Amputee to Complete the Ironman
Triathlon; Author of *Unthinkable*
Marietta, Georgia
- 10/30 Daniel Akin**
President of Southeastern Baptist Theological Seminary
Wake Forest, North Carolina

- 10/31 Harry '96 and Echo (Tuinstra) VanderWal '96**
Founders and Executive Directors of The Luke Commission
Swaziland, Africa
- 11/6 Marc Sweeney**
Dean of the Cedarville University School of Pharmacy
Cedarville, Ohio
- 11/21 Mark Vroegop '93**
Senior Pastor of College Park Church
Indianapolis, Indiana

MOMENT
in Time



*Good for What
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In the late 1800s, Cedarville had a drugstore conveniently located in the heart of town. Village residents could find just what the doctor ordered to cure everything from colic to consumption.

The old town pharmacy was located at the current site of Beans-n-Cream, a locally owned coffee shop and eatery. The specialists behind its counter can whip up a mean mocha elixir that'll cure everything from homesickness to final exams.

New Opportunities



Our editorial team was pleased to collaborate with several resident experts on this issue of *Cedarville Magazine*. As we pursued this topic, we had several conversations with pharmacy faculty members to learn how we could take such a specialized topic and make it readable, interesting, and relevant for those of us who are not pharmacists. This turned out to be easier than we thought it would be, thanks to their help.

Planning the content for each issue uncovers the complexity of knowledge and expertise available on our campus. It's interesting to hear what faculty members in every school or department are working on, what excites them in their field, and what opportunities they're creating for students.

So what exciting things are faculty members working on? Over the past few years, many have been extending Cedarville's reach to Christian professionals through graduate and adult programs. Consistent with our commitment to equip students for lifelong leadership and service, we are intentionally preparing students at the next level for professional excellence and mission-focused leadership. In August, our inaugural class of master's-level nursing students graduated. Ten Cedarville M.S.N. graduates are working in their field, equipped to lead with excellence and serve with Christian compassion. I am eager to hear stories about their ministry influence in nursing.

As Cedarville continues to invest in and develop these programs, we need your help. You have relationships and networks at your church, workplace, or community group with Christian professionals who want or need a graduate degree. Would you refer them to Cedarville? Please help us spread the word about graduate and adult programs in Bible, bioethics, business, education, ministry, nursing, and pharmacy.

Beginning this fall, I'm transitioning to do just that. My goal is to develop strategic partners and relationships with leaders in business, health care, ministry, education, and other fields to increase awareness of and enrollment in our graduate and adult programs. If you have ideas or want to talk, I'd love to hear from you.

As this is my final issue as Editor, I'd like to thank our phenomenal editorial and production team. They are fun and creative people who do excellent work. Working with them on this team has been an experience I'll cherish.

A handwritten signature in blue ink that reads "Joel".

Joel Tomkinson '03
Editor

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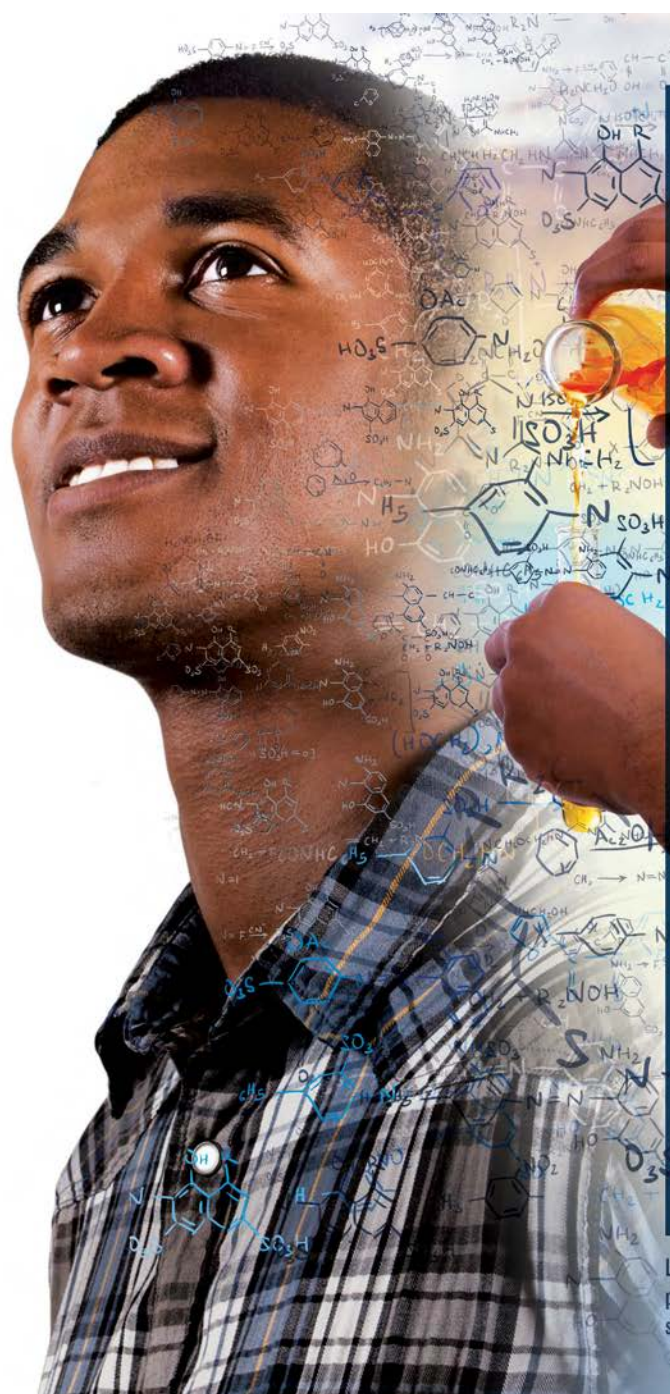
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