
PROFILE

B. Lyn Behrens

Dialogue with the President of Loma Linda University



In 1990, Loma Linda University appointed physician B. Lyn Behrens as its new president, the first woman to occupy this office during the school's

distinguished 85-year history.

Born in Cooranbong, New South Wales, Australia, Lyn's interest in medicine began during a childhood illness. She started her medical training at Sydney University, graduating with honors in 1964. Lyn specialized in pediatrics, beginning her training at the Royal Alexander Hospital and continuing at the Loma Linda University Medical Center. Since then, Dr. Behrens has worked as chief resident at the Henrietta Egleston Hospital for Children in Atlanta, Georgia; at the Loma Linda University School of Medicine, where she eventually became director of the pediatric residency program and, most recently, dean; as

a fellow at the National Jewish Hospital and Research Center/National Asthma Center and University of Colorado Health Sciences; and again at Loma Linda University Medical Center's Department of Pediatrics.

Dr. Behrens describes her leadership style as participatory and collaborative—both with her administrative team and with the university's constituents. Despite her busy schedule, Dr. Behrens remains an active physician; she manages to see patients one morning each week, and is on call one weekend every month.

Dr. Behrens and her husband, Dave Basaraba, who is a marriage counselor, have four children.

How did your mother encourage your personal and professional growth?

My mother was a very caring and nurturing person. Although she struggled with poverty during our childhood, she instilled within my sister and me the reality of God in our lives as well as the rugged determination to face life's challenges head-on. She never did things for us that she figured we could do for ourselves. One thing that was very important was that she only set limits for us in discipline, but not on possibilities. When some people encouraged me to quit and work, my mother said, "Well, what does Lyn want to do?" I wanted to continue my education, so she said, "Then we will somehow find a way."

What was it about your experience in a public university that benefitted you?

Sydney University gave me an excellent and affordable education in both the basic and clinical sciences. It also made me grow emotionally. I had to set my own

limits. I had to pace myself. There were no quizzes. Based on your ability to cope with one exam at the end of the year, you either passed or failed. No one really cared what happened to you.

In addition to that, it made me grow up spiritually because I was in an environment where it was easy to choose to throw away the Christian values, where your workload could distract you completely from spending time with God. I had to decide for myself what to do.

Did that solidify your commitment to Christianity?

Yes, and to Adventism. But in a secular environment, there were many things that could easily have distracted me from spiritual growth. I had the sense that God had given me an opportunity that I had to deal with as a steward. I put myself on a very rigorous schedule of scriptural and Spirit of Prophecy study.

How did you become interested in medicine?

I had rheumatic fever when I was 11. My encounter with the

health profession crystallized in my mind, combining a commitment to doing missionary work—which had been there for as long as I remember—with medicine. Everything from that point on was focused on making sure I was academically prepared.

Were there many women in your class?

My graduating class was made up of about 10 percent women. But there were so many students that the majority of the time I was the only woman on the clinical rotation or in the laboratory.

Were you immediately interested in pediatrics?

No. When I graduated from medical school, someone told me, "Well, of course, Lyn, you'll be a pediatrician." I answered, "Absolutely not! That's the last thing I'm going to be." I had a lot of other choices.

When you graduated, what were some of your goals?

At graduation and well beyond, my career goal was to do mission work in Africa. All graduates in Australia have to do a one-year

rotation internship that exposes them to surgery, obstetrics, pediatrics, and emergency medicine. As I moved through that year I had the opportunity to go to the children's hospital for a full year. I thought, "I can be flexible enough to take this chance. One year of pediatrics can't hurt." A short time after going, I knew that it was exactly what I wanted to do.

What specifically told you that?

Very early on, I experienced a bonding with a little girl from Holland. Within one day of arriving from their homeland, her parents learned she had leukemia. They had no family or friends in Australia, so we became their family. Together we spent 6-9 months trying to intervene. The girl went into remission a couple of times, but she eventually died.

During my own hospitalization as a child, the doctors had been very peripheral and the nurses very starched, not just in their attire, but in the personalities as well. Occasionally, there would be a warm, caring person who made me feel as if I could stop being on the defensive. I'm sure my heart rate went down when that happened and my healing was much better. So I saw a change in the way pediatrics could be.

What were your concerns as dean of the medical school at Loma Linda?

I came to the Loma Linda Medical School when there was a growing interest in revisiting what it meant to be a Christian physician, and in the uniqueness that our university brings to the education of physicians. I thought of education at Loma Linda as being unique because I believe it is a God-ordained institution with a special purpose: to prepare Christian health professionals and to integrate who we are spiritually with what we do professionally.

What can a Christian physician do for the patient?

I believe that, in addition to addressing the physical, mental, and emotional components of ill-

ness, a Christian health professional can graciously try to minister to people who have very serious and deep questions in life. It goes beyond offering to have prayer with people. It is the willingness to ask, "What are your questions? What is the meaning of this illness to you? Can I help you make sense out of your pain? Can we look at this together?" If they say "No," you graciously say, "That's OK." But if they say, "Yes, please help me understand," then Christian physicians can draw from within themselves their understanding of life, and use that as a springboard for further growth. There was nothing in my secular education that enabled me to pull the physical and spiritual components together.

How does Loma Linda University provide this in its curriculum?

Our students meet their very first patient in the Religion and Medicine class, where the patient comes and tells the students what it's like to be ill. Those patients don't come preprogrammed as to what to say; they come and usually start with the physical aspect. There hasn't been a single patient who hasn't moved through what the illness did to them emotionally, and eventually to the questions they really struggled with—spiritual questions. That is what the patient teaches our students in the first two or three weeks of medical school.

What would you say to a young woman who would like to achieve the success that you have?

If I was asked what steps to take, I would say, first, don't compete. Be the best you can be. Two, don't try to distort your femininity; you are woman, be woman. Three, if you identify a problem, find solutions, and if you feel that you have thought your solutions through, don't be afraid to present them. Four, be flexible enough to grab any opportunities before they pass you by. You know, it wasn't on my agenda to become a univer-

sity administrator, and my assignments didn't come in the sequence that I planned them. But as time moved on, if I felt an inner drive to do something, I did it. Finally, if you look at where you'd like to be, don't say, "That's out of reach." Ask yourself, "What do I need to do to get there?"

How has your career affected your family life?

My mother lived with me and for my children. She was the nurturing person, the available person. But my children always knew that if there was an emergency, they could call me and I would be there for them. They never abused that. I learned that by carefully budgeting my time and delegating what other people could do, I could spend very productive time with the children, even though it was limited. But it took some self-talk to convince myself that all good mothers don't wash and cook and clean for their kids.

You are a woman who seems to "have it all." Are there parts of your life that are yet unfulfilled?

When I am no longer in leadership—which will happen—there are other things that I am drawn to. I have never given up my dream of someday working with underprivileged people in a part of the world where they would not have health care if I didn't go there. If God should see fit that I should go, I will go. But if my responsibility turns to nurturing other people to reach their potential so that they can go and serve, I'll be glad to do that, too. So many doors have opened in my life that I didn't even know existed, and I have no idea what else there is. I don't expect to retire from this job, and I do expect to do something beyond being a university president.

Annemarie Hamlin

Annemarie Hamlin is a graduate student in English literature and political philosophy at the Claremont Graduate School in Claremont, California.