Writing Samples from 1) part of my seminary application, 2) A prayer I wrote for a worship service, 3) A speech I gave at a banquet event with community members and donors, 4) More academic writing sample; a science policy brief on AI.

1. Part of my seminary application (including prompt) - 2024

*Please choose a contemporary issue and describe your perspective, including how you are engaging that issue on a theological level. How do you think theological education might enhance your thinking on this topic? (500-800 words) **

"If we finally accept that God is our good, we may eventually see that 'the existence of evil here below, far from disproving the existence of God, is the very thing that reveals him in its truth.'"

I attended the Society of Christian Ethics meeting in 2023, and one of the sessions was on Simone Weil's views on the problem of evil, the speaker concluded with the above statement taken from Weil's *Gravity and Grace*. It makes sense, I thought, to try to define the essence of God using this classic negative theology. Evilness reveals the existence of God and helps us understand who God is not. As the session drew to a close, an audience member raised her hand to ask. "I just lost my son to cancer – and according to what you said, if evil is truly necessary to show God's existence, are you implying that my son had to suffer and die so that other people can intellectually learn the existence of God?"

A few months ago, as part of a group pilgrimage, I went to Charleston to visit the Mother Emanuel AME Church; a place steeped with rich history of perseverance and resistance of the African American and Gullah Geechee people. It is also the site of the 2015 Charleston massacre where 9 people, including the senior pastor, were murdered by a white supremacist during a routine Wednesday night bible study. Standing in the sanctuary of the church, I grappled with the same question, why did these innocent and good people have to die? Where is God?

My own experience with suffering became personal when my mother was dying from cancer. In her final days, she wondered why God had not healed her despite years of faithful devotion. Afterall, like other immigrants, she had dreams: to open a small bakery, to see me graduate, even to see the end of COVID-19. Yet she had to endure endless pain from her cancer. Her unanswered prayers echoed the broader existential inquiry: why do good people suffer?

The reality of suffering confronts us at every turn, serving as a reminder of the brokenness and injustice in our world. From systemic inequalities to environmental degradation, the pervasive nature of suffering underscores the urgent need for theological reflection and ethical action. Suffering serves as a proof that our world falls short of the divine vision God intended. Its presence haunts our individual and collective experiences. When we turn on the news, we are confronted with the harsh realities of life: wars ravaging regions like Gaza, political upheaval destabilizing nations such as Haiti, poverty and homelessness gripping our own cities, more species going extinct as their habitat are destroyed by human greed. In the face of such widespread suffering, it's natural to question: where is God in all of this turmoil?

Central to this inquiry is the perennial dilemma of theodicy – reconciling the existence of a benevolent and omnipotent God with the presence of suffering. While the concept of Immanuel, God (suffering) with us, offers comfort in times of trial, it does not fully alleviate the concern. God may very well be with us, but whose side is God on? I am reminded of a quote by Jan Pieterszoon Coen, a governor-general of the Dutch East Indies

(modern-day Indonesia): “Despair not, spare your enemies not, for God is with us.” Yet Coen infamously presided over the Banda Islands massacre, where over 90% of the population perished during the campaign to gain access to spices. Was God really on the side of Coen, the colonizer? If not, then why was he so successful in his conquest? Why do colonizers keep finding new ways to colonize? Why does it feel like God is on their side and not on the side of the sufferings?

I don’t claim to have the answers, nor do I expect that advanced theological education will provide them either. However, given the important role suffering plays in the theological, ethical, and pastoral contexts, I hope to learn diverse theological perspectives by exploring more orthodox viewpoints as well as contextual theologies from the margins, through engaging lectures and discussions. I'm captivated by how these communities maintain their faith in God and persist amidst hardship. How do they interpret the idea of serving a "good" God in the face of profound challenges? What fuels their resilience? These are questions I hope to explore further as I enroll at Union Presbyterian Seminary.

Afterall, Mother Emanuel AME never paused their bible study. Even when their warm hospitality to a stranger turned into a scene of horror, they persevered. They continued to gather, to study and hold fast to their faith, and I find myself wanting to learn the wisdom that enables them to endure even amidst suffering.

2. A prayer written for Duke Chapel worship service 9/22/2019

E ko mākou Makua i loko o ka lani; Our Father in heaven

We join our sisters and brothers of the Pacific Islands
Crying out to you, amid deadly cyclones and rising oceans from Global Warming

We intercede for our politicians and leaders
Guide them to act justly to advocate care for your creation

Grant revelations to scientists and engineers
That they might discover solutions to avoid catastrophic disasters on our islands

Make us better steward of this Earth,
That we don't take the Earth and its resources for granted,
but that your precious creation might be spared.

Lord, in your mercy
Hear our prayer

He Ama khoema(hekma) si so ba Zorugo; Our Father in heaven

We lament with your people and the rest of your creation
Overwhelmed with the many natural and manmade disasters and violence happening all around us

We pray for the people in Bahamas affected by Hurricane Dorian
We pray for peace and healing for the Afghanistan bombing victims and their families
We pray for an end to the drought and starvation in Zimbabwe
We pray for protection of sacred places in Hawaii and other Native lands being threatened by constructions of pipelines, telescope, and resorts
We pray for rain to end forest fires in Brazil, Congo, and Indonesia that are destroying sanctuaries for many and plants.
We also lift-up our sisters and brothers fleeing their native land to seek refuge from natural disasters, wars, and violence.
Open our eyes and hearts to their God-given dignity
Move us to welcome them as we welcome You in our lives.

In all of this,
Be with us, walk with us.
Give us strength as we cry out:
Lord Jesus, come quickly, and come soon!

Amen

3. A speech for Duke Lutherans community banquet in October 2022

Good evening friends –

My name is Han, I am currently a graduate student here at Duke and have been with the Duke Lutherans since 2018 (despite being a Presbyterian myself!)

I wasn't sure about what I should talk about, so I thought I should begin with the beginning. The first email I ever got from the previous campus minister, from March 24, 2018.

Dear Han,

I hope you're well. I wanted to extend the invite to an event that our campus ministry group is hosting next week that may be of interest to you.
As Duke Lutherans continues exploring what it means to be a neighbor, this month we are learning about hunger and food insecurity within our Durham neighborhood. Betsy Crites from End Hunger Durham is our speaker.
The event is from 7-8 pm next Wednesday in the Div School. Please join as you're able, and feel free to pass along the word!
Thanks Han. Talk to you soon.

Ali
Duke Lutherans Campus Ministry

To be quite honest, I did not remember much from the event, but as I went through this email, I reflected for a moment.

This group. This collection of people. The Duke Lutherans.

Why do they care so much
About the community?
About being a good neighbor?

In fact, looking at our yearly theme ever since I joined the group, it has always been about the community. Not just the students, not just the wonderful partner congregations that we have Grace and St. Paul's, but all. That includes our Durham neighbors. Our friends at St. Joseph AME. Our monthly Grace House dinner. Other campus ministry groups. The Chapel community.

EVEN, some of us in the group started welcoming refugees, YEARS before the Bishop's Challenge was announced earlier this Fall.

And perhaps because of this community DNA, my 4 years with the Duke Lutherans have been memorable. I have made lifelong friends; some have graduated and are doing great things out there. Some others, like me, are still here and we can always use your intercession to graduate.

I still remember the pre-COVID lively Pub Theology discussions at local bars even though I do not drink Alcohol myself. I still showed up with my beverage of choice, a bottle of water.

Or the Pilgrimage of Pain and Hope that I participated with fellow Duke Lutherans, where we learned about the joyful and painful history of Durham.

Oh and let's not forget the Beach retreats *that God* has often used to test our faith because some of you might remember, our beloved mode of transportation, which is St. Paul's old church van, broke down twice in the past 3 retreats. See, when you have to rely on your prayers and strangers to get home safely …. you know that's what's up.

And of course the memorable, humbling, eye-opening trip we had with our friends from St. Joseph AME to Atlanta, Selma, and Montgomery which was especially meaningful for me as an immigrant, and as a descendant of Dutch-colonized, perhaps enslaved, Chinese Indonesians.

This community has also been there for me, even at my lowest points. The past few years have been incredibly difficult for so many. Some of you might know that I lost both of my grandmothers, one of my aunts, two uncles, several dear friends back home, and the most painful of all, the passing of my first love – my mother, all within the past 2.5 years; In the midst of COVID lockdowns. Uncertainties. Fear. Life Crisis. Wars. School works.

I am grateful for the spiritual guidance and support, and text messages and emails, from Pastor Amanda, Pastor Brooks, Pastor Ali, and even some of my colleagues here in the group.

So, this Presbyterian standing in front of you just want to say that I thank God for all of you. For your support. For making this possible. For investing in students and next generation leaders.

Thank you for coming here tonight. Great conversations are happening.

And in the spirit of Reformation: Soli Deo Gloria.

4. More academic writing: Science Policy Brief Sample for Duke Science and Society (June 2018)

Topic: Augmented Intelligence in Health Care

Intelligence (AI) – popularly known as Artificial Intelligence outside the medical field - has enabled researchers and physicians to use machines and computers to perform human-like tasks by learning from a set of training inputs and experience. While the phrase "Artificial Intelligence" was introduced as early as 1956, the first application of AI in medicine was not until the early 1970s when a group of scientists at Stanford University created the Dendritic Algorithm (DENDRAL) to help identify unknown organic molecules. Since then, communities of health care AI researchers and users have been growing and are developing new designs and applications of AI.

AI development in health care has grown exceptionally rapidly in the past few years as more and more sophisticated algorithms are developed and huge medical datasets become available (i.e. big data). Modern computer processing power has also allowed the AI systems to analyze more data faster. Unfortunately, this rapid growth of health care AI was not accompanied by a corresponding growth of policy discourse among public officials nor large medical associations (such as the American Medical Association - AMA).

AI policy development in medicine and other fields, including autonomous weapon systems and self-driving vehicles has been slow to develop. While any health care AI would be subject to patient privacy laws, such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), there have not been many policies or guidelines which attempt to set standards of AI implementation in the field of medicine until very recently. In 2016, the White House Office of Science and Technology hosted an inaugural set of public meetings to gauge potential AI policy directions and subsequently posted a report entitled "Preparing for the Future of Artificial Intelligence." That same year, the U.S. Senate Commerce Committee invited experts in autonomous technology, computer science, and medicine for a hearing entitled "The Dawn of Artificial Intelligence." Congress later passed multiple regulations: the "21st Century Cures Act of 2016," which attempted to define and regulate health care AI as a medical device, and the "Fundamentally Understanding the Usability and Realistic Evolution (FUTURE) of Artificial Intelligence Act of 2017," which encourages education, innovation, and transparency of AI.

In May 2018, a month before the AMA General Meeting, the White House published a statement that the Trump Administration has prioritized funding for AI research, created a task force on AI, and vowed to remove some barriers to the deployment of AI technologies in many fields including the medical, defense/security, and other government services fields.

Observing the increased interest in AI from the public, government, and private sector, the AMA Council on Legislation met with AI experts and key stakeholders to publish and adopt a base-level of policy on health care AI. The policy aims to ensure that "the evolution of AI in medicine benefits patient, physicians, and the health care community." As the largest association of physicians and medical students in the United States, the adoption of this policy is important to guide the AMA's engagement with policymakers and stakeholders to ensure that the perspective of physicians influences the development of health care AI.

Regulating AI is complicated as the field advances very rapidly and publicly. Some researchers disagree with the potential of imposing any policy restrictions on AI research and public officials are uncertain about the practicality of regulating a fast-moving field. There has also been a growing concern that uncontrolled growth in AI might replace human clinicians and workers with computers.

Science Synopsis

Broadly speaking, AI is a set of computer algorithms and techniques for data analysis inspired by human intelligence. Typical AI technology simulates human intelligence by [source]:

- Learning, in which machines are trained using previously acquired relevant data;
- Reasoning, in which machines make decisions and conclusions based on rules they have learned, and;
- Self-correcting, in which machines readjust the rules they have learned by rewarding favorable conclusions and punishing unfavorable ones.

AI can be categorized into two groups: narrow and general. Narrow AI refers to AI systems designed and trained for a particular task, while general AI refers to AI systems which exhibit general, human-like intelligent behaviors. Most, if not all, AI systems are narrow AI: cancer detection tools, virtual personal assistants, image recognition, and self-driving cars are a few examples. For a system to be considered a general AI system, it must have the ability to find a valid solution when presented with an unfamiliar task without any human help or interventions. Many experts believe that general AI is decades away due to its sophisticated nature. Some common examples of AI include machine learning/neural networks which are generally used to make predictions, and computer vision which recognizes patterns and interprets images.

Early applications of AI in medicine played a role of assisting healthcare workers in their daily responsibilities. For example, some health care AI technologies which have been incorporated to the clinic aim to help physicians and pathologists diagnose patients by analyzing clinical test results (DXPlain, PEIRS). Others aim to ease the clinical workflow and patient record management by assisting routine functions of a hospital including management of admissions/discharges and order entry (HELP). It is in the opinion of AMA that human clinicians are irreplaceable, and that health care AI merely serves as a tool to enhance human intelligence. For this reason, the AMA opted to use the "augmented intelligence" terminology, instead of "artificial intelligence."

According to a 2017 JASON and the Department of Health and Human Services (HHS) report, Within the last decade, research and hype around health care AI have grown exponentially due to advances in AI algorithms (i.e. Deep Learning), along with the availability of medical datasets and the increased capability of modern computers to process more data faster. There have been significant demonstrations of the potential of Deep Learning in medical diagnostics (e.g. tumor detection in radiological images, wearable AI which monitors heart rate) and therapeutics (e.g. personalized radiation therapy treatment planning). In addition, hundreds of start-ups have been developing software and apps utilizing AI to tackle medical issues including medical image analysis, drug discovery, and wearable AI for lifestyle management and nutrition monitoring.

Healthcare AI's rapid growth has sparked growing concerns in a number of areas including:

- AI's "black box" nature and lack of transparency: When AI delivers a recommendation, prediction, or classification, physicians/users of the technology often do not know how the AI arrived at its conclusions, nor can the machine defend the reasoning behind its decision as having a strong scientific foundation. It is also important that an AI tool is properly trained before its implementation.
- Safety and liability of AI: Almost no predictive AI tool has a perfect testing accuracy. If an inaccurate AI prediction is implemented with or without the final approval of a physician, patient safety is at risk. In addition, it is not immediately clear who is legally liable for the mistake.
- User-centered and user-friendliness of the tool: Learning from recent frustrations [sources 1, 2] around the implementation of Electronic Health Records (EHR), new health care AI tools should have a user-centered and user-friendly design.
- Bias of AI: The quality of AI depends on the quality of the training data. A biased training data, followed with biased testing, will produce a biased AI system which might place poorly-represented populations at a disadvantage.
- Poor understanding of AI: A lack of understanding of the limitations of AI might lead to a poorly designed AI, as well as unnecessary attempts to apply AI to solve problems that are not well-suited for AI solutions.