Adventist Hospitals: 1970-2000

ALSO IN THIS ISSUE: **MMR Vaccine and Autism / Human Cloning** ——— ***PART ONE OF TWO***

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Where are our hospitals headed? It appears they are headed downward. Yet this does not have to be. Solutions can be put in place. But, in order for that to happen, there must be an acceptance of the nature of the problem. The answers are found in the Bible and Spirit of Prophecy. God told our forefathers how to be the head and not the tail in the medical world. But we chose to turn our back on natural remedies and, instead, follow the path of poison. There still is time to return to God's plan, but how much longer is the question.

For over twenty years, the present writer has informed faithful members of Adventism concerning what is taking place in our hospitals. This present report is a very brief overview of some of those developments. A book would be required to provide you with all the details contained in our past articles on this subject.

Our hospital system was founded by Ellen White, yet she had a far different plan in mind for them than that which their leaders today have. (The present plan appears to be this: Do whatever it takes to stay in business, make money, and increase executive salaries.)

The Lord instructed His servant that obedience by the enabling grace of Christ was the special message for these last days, and it was to be given to the world by a special people raised up for this purpose: Seventh-day Adventists.

Their message to the world was to be the "third angel's message" (the meaning of which is not always understood by Adventists today). It is this:

Patient continuance in doing what is right is the essence of genuine religion. Here is the third angel's message that God's people are to practice and teach: *We are to keep the commandments of God by enabling faith in Jesus Christ.* "Here is the patience of the saints; here are they that keep the commandments of God, and the faith of Jesus" *(Revelation 14:12).*

Our health/medical work was to be a branch, even a right arm and entering wedge, in the giving of this message. It is only by obedience to the laws of God—moral law and health laws—that good health can be maintained and restoration from illness can take place. —*Our health/medical message was to be but another way to spread the message of obedience by enabling grace to the laws of God!* But that message can only be given as the people are taught healthful living and natural remedies.

Our people sacrificed till it bled, to provide money to originally build our hospitals. For example, when the Florida Conference made a $9,000 offer on a farm near Orlando in 1908, so they could start a Battle Creek-style sanitarium, they only had $4.83 in the bank. Church members at camp meeting provided the rest. One member sold his home in order to help complete the purchase.

But gradually our hospitals veered away from the plan given them by Heaven. They thought it a good idea to ape the methods used by worldlings. And what was the world using? poisons. In contrast, we were to use natural remedies, such as nourishing food, water therapy, rest, simple herbs, and the other natural remedies given in *Ministry of Healing* (summarized on page 127 of the standard edition). Dr. John Harvey Kellogg's Battle Creek Sanitarium, founded on Spirit of Prophecy health and healing principles, became the recognized world leader in the recovery of the sick. But, thinking the world knew better, we threw it all away.

By the 1960s, most of our sanitariums had been transferred to conference control. Yet the church members still had voting control over conference leaders.

Then, in the 1970s, they decided to merge into large corporate structures, called "Adventist Health Systems." Regional hospital conglomerates began managing our hospitals, formerly owned by the conferences. The transfer was done quietly, without informing the church members that this was done.

In the process, the hospitals, which our people had sacrificially paid for, were taken from them. It is believed that this was done illegally, since the church members of the conferences were given no opportunity to vote on whether they wanted their hospitals transferred from their conferences to those centralized organizations.

By the 1970s, our hospitals had all repudiated the name, "sanitarium" (with the exception of St. Helena, which retained the name into the early 1980s). They had become average acute care facilities, copy cats of the hospitals down the street.

By the early 1980s, five separate systems leased, managed, or owned nearly 80 hospitals, another 40 or so nursing homes, home-health agencies, and other facilities. Many were acquired by going deeply

DATE OF PUBLICATION: APRIL 2001

into debt. Whenever a system learned of a local hospital in financial trouble, they purchased and renovated it. Money mattered not, for they just kept floating more bonds to pay the bills. But every bond placed our entire fleet of hospitals more deeply in debt.

Yet all the while, their executives flew around the countryside, sometimes in private corporate jets, in order to oversee their vast empire.

In 1982, the separate systems united in a loosely knit organization, known as Adventist Health Systems/US.

By the mid-1980s, these "systems" (only about 10 years old!) had accumulated massive debts amounting to $1 billion, by 1983, and $2 billion, by fall 1986, which they could only partially reduce as the years passed. They owed more than their properties were worth! By the late 1980s, the General Conference feared that "ascending liability" could ruin our churches in the United States. This was a legal concept meaning that, in the event of foreclosure because of non-payment of bills, bankruptcy courts could require that assets of the entire North American Division be used to pay off the creditors.

A major event occurred in 1983. The U.S. Federal Government introduced the "prospective payment system" for hospitals. Until then, hospitals were paid for their services on a "cost-plus" basis. This meant that a hospital would be reimbursed more if it kept a patient in bed longer, and/or performed more tests and procedures. But, with the introduction of prospective payment, the reimbursement rules had been rewritten.

Henceforth, the government began paying hospitals a fixed amount to care for a Medicare patient, based on the patient's diagnosis, regardless of how long the patient remained in the hospital or how many supplies and services the patient received.

This forced U.S. hospitals to discharge the Medicare patients as soon as possible, using fewer tests and services, and managing a patient's care for maximum efficiency.

Fortunately, the hospitals knew they could recoup their losses through billing for insurance patients. But that ended rather quickly, as the insurance companies copied the federal rules. The era of "managed care" had begun. Whereas before, there had been lots of money coming in to the hospitals, and they could afford to expand on credit; those days were over.

This left our hospitals deeply in trouble. Statistics at the time disclosed that our hospital systems (which controlled every Adventist denominational hospital in America) had a higher debt-to-assets ratio than the national hospital average. Indeed, ours was so high, that our hospitals owed more than they were worth! That meant that, if they had all been sold, there would still not be enough to pay their creditors!

Under the new rules, insurance companies limited their enrollees to the services of only those physicians, hospitals, and other providers who agreed to provide care for set rates. Contracts were made and contracts were canceled. Patients, which had been steadily coming from a local employing organization,—suddenly stopped as new contracts were negotiated with a different hospital across town. The only way hospitals could compete was to offer lower prices and form alliances with physicians. Ongoing turmoil entered the accounting departments of hospitals across the nation. Hospitals were bought and sold; managed care organizations became larger. Fierce competitors became negotiating partners. Joint operating agreements became common. Hospital mergers were entered into. Since our hospitals had earlier chosen to be just look-alikes to those in the world, we had no advantages to offer patients and had to follow the herd.

Then came "fully capitated contracts," in which a managed care organization (HMOs) would pay a health system a flat fee per month to care for all its enrollees, regardless of whether they were sick or how serious the sickness might become. This bled the hospitals even more of their income.

Those hospitals with the most long-term debt were in the most trouble. Thanks to the high-paid (supposedly very intelligent) managers of our Adventist Health Systems, we had far more long-term debt than most other hospitals in the United States.

In 1985, a major crisis occurred at Fuller Memorial Hospital; and, by 1987, the Oklahoma Conference and AHS/Sunbelt were fighting over control of Ardmore Hospital. More battles were to come.

By summer 1988, Adventist Living Centers was in monetary default on its bonds. By 1990, it was the first of our denominationally owned entities to declare bankruptcy. (Shortly afterward, a close friend who knew the situation very well told me that the leaders of AHS/Nema [AHS/Northeastern and Mid-America] had carefully siphoned the money out of that subsidiary—laundered and stole it. But I had no evidence, so did not publish it. It is therefore here stated as an opinion; I cannot prove that it occurred.)

At this juncture, I am going to use the word, "incredible." It is a word best not used very often, for it means "totally unbelievable." But what happened in May 1989 is truly incredible.

The following excerpt is quoted from my book, *Collision Course:*

———————————

[The story of our U.S. hospitals after their AHS takeover] is a tragic story, caused by the cupidity of Adventist leaders, in the unions and General Conference. They knew that if, on AHS committees, they did not oppose the spendthrift waste, their own sons and daughters—and themselves when they retired—might be given high-paying jobs in one of the systems.

Read the "progress report" of AHS for yourself; it is astounding:

Fall 1983 news item: The *Adventist Review* reported, in the late summer of 1983, that AHS had passed the $1 billion mark in debt pileup. Yet, in marked contrast, the entire rest of the church in North America—all its properties, buildings, and equipment—did not total half a million in debt.

Spring 1984 news item: The *Review* reported that, in response to protests from the membership, AHS leaders were trying to reduce the massive debt.

Spring 1985 news item: It was reported that the AHS debt had climbed to $1.5 billion!

August 1986 news item: Like drunken sailors, AHS leaders had continued their spending and borrowing spree. It was reported that they were now $2 billion in debt!

Summer 1987 news item: AHS leaders were busy selling smaller Adventist hospitals, in a frantic effort to reduce the debt. Many of our best hospitals were on the chopping block.

Fall 1987 news item: AHS leaders had decided to drop many low-paid workers, in order to save money.

Summer 1988: By this time, AHS had a debt ratio that was more than double the average of U.S. hospitals or hospital systems.

August 1988 news item: First bond default by a Seventh-day Adventist entity; this one by AHS/Nema [AHS/Northeast and Mid-America].

June 1989 news item: Heritage Nursing Homes, Inc., an AHS subsidiary, was in such bad financial shape that its bonds were reduced by Fitch from an A rating to double C.

Summer 1989 news item: The Arizona Conference of SDA sued AHS/West in an attempt to recover the $11 million loss it received when AHS/West took and sold its hospital.

August 1989 news report: Imaging Systems, Inc., an AHS subsidiary, collapsed, producing a $92 million loss to the church.

August 1989 news report: The total AHS debt was 2.24%. This meant that it had $2.24 in debt for every dollar in assets. [For every $1 million in property and equipment in our hospitals, they owe $2.24 million!]

When the bankruptcy of Adventist Health Systems eventually comes, it will come hard and take many assets in our church down with it.

November 1990 news item: Adventist Living Centers, an AHS subsidiary, was in monetary default because it had refused to pay its debt.

Oh, yes, and we have one more news item—and it is unbelievable. Unbelievable, because AHS leaders would dare to suggest it, unbelievable because General Conference leaders actually did accept it and passed it on to the Spring Council for approval, unbelievable because our world leaders then approved it in that council!

May 1989 news item: Our church voted *to accept the recommendation of AHS officers—which gave those officers exorbitant wage increases!* THAT is how church leaders decided to solve the immense debt problem in our hospitals!

Here is how it happened:

On Wednesday, April 5, 1989, AHS leaders stood before our worldwide leaders at the Spring Council and pled "with tear-filled voices" for immense salary increases for themselves.

To put it mildly, our leaders from overseas were shocked. Financial problems in the Adventist Health Systems had mounted to the crisis point. News report after news report of fiscal sloth and financial mismanagement was known. Some had been reported worldwide in the pages of the *Review*. Several bond non-payments and bankruptcies were about to occur. —Yet now, the men responsible for it all were asking for sky-high wage increases for themselves—*and declaring that was the answer to AHS's problems!*

Very significantly, Neal Wilson stood solidly in defense of the gigantic pay raises. After an entire day of appeals and heated debate over the matter, it was tabled. That evening, intense pressure was placed on world leaders to come into line, or else. The next day, Thursday, April 6, wearied with fighting any longer, a 52-42 vote, favoring a major AHS salary increase, was cast.

Not only was that managerial increase approved, but, in addition, all wages in our hospitals were raised to competitive community rates!

Donald Welch, AHS/US president, said that AHS VPs were suffering and that higher wages would provide solid solutions to the financial problems at AHS, for "we will now have a clear career path" all the way to the top (translation: "big wage increase").

Ed Reifsnyder, AHS vice president mentioned how terribly self-sacrificing it was to be an under-

paid AHS executive.

Adventist Review put it this way: The base (starting) salary caps will be "four to five times greater than the $20,000 to $30,000 that other church employees receive" *(April 20, 1989, p. 7).* The article noted that, before the wage increase, AHS managers' salaries were already immense: "receiving three to four times the remuneration of the General Conference president and ministers who chair the health-care divisions" *(p. 8).*

But that would only be "the base." Add to it various percentages, which would bring salaries up to $150,000 a year! That is a wage of $12,500 a month! All levels of lower and higher managers and executives in AHS were henceforth, by this vote, to receive astoundingly high salary increases.

Compare this with *2SM 177-211, 7T 206-209,* and the experience of Solomon: *PK 64, 2BC 1027-1028, 2SM 175-176.*

Would it be right or wrong to reprove this wickedness? Keep in mind that this vote was taken at the very time when our hospitals appeared about to go under,—because of financial mismanagement by the same leaders demanding the big salary increases!

With this background, you can better understand the powerful appeal made by David Dennis, in a letter, dated April 17, 1989, to Neal C. Wilson, president of the General Conference [reprinted on pages 17-19 of our book, *Collision Course*] . .

Was it wrong for Dennis to write that letter? Should he not have sent it? As we shall learn later, because he wrote that letter, General Conference leaders were determined to get rid of him.

In the midst of such terrible AHS waste and AHS debt,—AHS leaders got church leaders to vote them salary increases! And when one man—just one—in the General Conference pled that it not be done, he made himself a marked man.

My friends, this is not as it ought to be!

How long would it take for our church to pay off even one billion dollars of the Adventist Health System debt—if there was no interest and we paid one million dollars a year?

It would take a thousand years!

Yet, after plunging our denomination into such massive debt, which only the most rigorous financial economy could extricate us from—our Adventist Health Systems and General Conference leaders declared, in 1989, that the solution to the problem at AHS—was to double managerial salaries from $75,000 a year to $150,000!

Today, it is reported that, at the present time, upper-level positions in AHS run about $230,000 to $250,000 a year! But that need come as no shock. It was planned for. There are men willing to destroy the church, if they can make some money in the process.

That 1989 vote of approval by our leaders in the unions and General Conference—gave the leaders in Adventist Health Systems the authority to henceforth vote themselves further unlimited salary increases! And they are doing it. As payback for those in our church who voted that approval, a number of them and/or their sons and daughters have been given good-paying jobs with Adventist Health Systems.

It used to be a church; now it is becoming a lucrative business operation. The Saviour needs to again return and drive the money changers out of the Temple.

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That concludes an extended quotation from my book, *Collision Course.*

By 1990 (only six months after AHS leaders voted themselves immense salary increases), they were wringing their hands once more. They feared that overspending and debts by our hospitals might cause them to close down in bankruptcy. If that happened, the creditors could legally demand that other Adventist entities in America (churches, executive offices, printing houses, etc.) also be sold to help pay the bills.

In order to avoid that danger, a variety of legal means were used to separate the systems and their hospitals still further from denominational connection (from corporate structures that place ownership anywhere from the unions within which they operate to nonprofit corporations that serve as holding companies). This effort resulted in the elimination, in 1991, of Adventist Health Systems/US. Only the separate systems remained.

Gradually some of those systems crumbled, and some hospitals are not now in any system. Yet our General Conference and union conference leaders continue to hold membership on both hospital and system boards, so the ascending liability factor remains in place. Our conference, union, and General Conference properties are still in danger of seizure.

Yet our hospitals and systems have enough in-

Adventist Hospitals: 1970-2000

ALSO IN THIS ISSUE: **MMR Vaccine and Autism / Human Cloning** ——— ***PART TWO OF TWO***

Continued from the preceding tract in this series

dependence that—with union, conference, and General Conference approval in the 1990s—some of them have done a variety of unusual things.

In the 1980s, with the full approval of Atlantic Union and local conference officials, New Age teacher and guru Deepak Chopra, M.D., was appointed chief of staff at New England Memorial Hospital (formerly New England Sanitarium). Chopra was a strong advocate of the Eastern religions. From that time to this, Loma Linda has had paid Catholic chaplains on its staff. "Smoking rooms" are in most, if not all, our hospitals.

David Dennis' letter of complaint to Wilson put the spotlight on him. He had dared to speak up at a time when no one else would. In 1993, he was fired for his integrity.

In the summer of 1993, Battle Creek Hospital was sold to the world; and, in 1994, the Arizona Conference suit against AHS/West was settled—against Arizona. It had been the first intra-denominational lawsuit in history: one entity suing another.

That same year we reported on the financial crisis at Porter Hospital, in Denver. It was one of our largest medical institutions in the U.S. In 1995, Porter Hospital and two nearby Adventist hospitals (in the PorterCare Adventist Health System) linked up with the Catholics. They united with Sisters of Charity hospitals in an arrangement that gave majority vote to the Catholics! John Paul II must have been pleased when he heard the news. But our church members could only complain, since they no longer had any vote in the matter. Colorado had lost control of its hospitals, as had all our other conferences in the United States.

In late 1996, Madison Hospital united with an immense Baptist hospital in nearby Nashville; and in early 1998, Reading Hospital was sold.

That same year, a young man working at Glendale Hospital claimed to have killed a number of the patients. Soon after he retracted that statement. (In 2000, I heard that new evidence had caused the investigation to be reopened.)

In 1998, nurses and workers at Ukiah Valley Medical Center, in northern California, began the process to unionize. If successful, it would be the first time this had occurred in one of our denominationally owned entities. (In 2000, the courts declared the workers could unionize;—but then, for reasons unknown to us, the workers decided not to go forward with it. Our leaders had done something to talk them out of it.)

In 1999, Boston Regional Medical Center (formerly New England Memorial and before that New England Sanitarium) closed its doors, after its leaders drained money out of it for a decade into high salaries for themselves. The *Boston Globe* reported extensively on the scandal. By that time, Chopra was gone, but hospital executives finished what he started. He preached heathenism, but they took the money sack.

Oddly enough, every time denominational entities, workers, executives, or officials steal funds,—the church never (never!) files criminal charges against them. None were filed against Donald Davenport, following his July 22, 1981, bankruptcy which disclosed his illegal pyramid scheme.

In 1999, Loma Linda University Medical Center's bonds were downgraded to junk bond status. (In May, they were downgraded from BBB- to BB-.) It was projected that LLUMC would have a $41 million loss for the year. But, by various cost-cutting measures, the hospital only had a $5 million loss that year. One was cutting, for a few months, worker salaries by 5% and executive salaries by 10%. (Here is the yearly salary math on that: $30,000 minus $1,500 reduction = $28,500 for the workers, and $250,000 minus $25,000 = $225,000 for the self-sacrificing leaders.) What is ahead for LLUMC is yet uncertain. Their super-costly proton center, purchased a decade earlier for the radiative treatment of cancer, still may turn out to be a massive white elephant. There are only two or three others in America. No one else can afford them.

In the year 2000, the Shady Grove Hospital scandal blew wide open—thanks to investigating reporting by the *Washington Post*. Its leaders were not content to merely survive on their $200,000 yearly salaries, as did the executives at Boston Regional; they made off with immense amounts of it. So much so, that the *Washington Post* published articles on how their spendthrift executive salaries were resulting in personnel cuts and weakening of hospital services at Shady Grove Hospital and Washington Adventist Hospital (one patient died as a direct result). Should a few men receive nearly a million dollars for their "high quality management skills"? —*vf*

THE DEADLY LINK BETWEEN —

MMR Vaccine and Autism

In a 1998 study of twelve children in Britain, all twelve had intestinal problems and had suddenly lost language skills and nine were diagnosed as definitely autistic. The significant part is that, in the case of eight of the children, parents or a doctor noticed the problems developed shortly after the child had received the measles, mumps, and rubella (whopping cough) vaccine!

Our readers will recall the book, *The Vaccination Crisis,* written by the present author (116 pp., $5.95 + $2.50). In the course of researching out the harrowing details of what can happen when children (especially small children) are vaccinated, the author was especially impressed with the dangers inherent in rubella vaccine, which is a standard part of the MMR (measles, mumps, and rubella) combination vaccine.

A 1998 research study, published in the British medical journal, *Lancet*, reveals that the MMR vaccine could be a cause of that terrible condition, known as *autism.*

Autism usually develops before the age of 30 months, when the sufferers lose their intellectual and higher brain functions. The children become withdrawn, self-absorbed, and unable to communicate.

Dr. Andy Wakefield (a specialist in gastroenterology) and Dr. John Walker-Smith led a research team at the Royal Free Hospital and school of Medicine in London, which discovered a new bowel disease in children which could be linked to autism and the MMR vaccination. They discovered that most of the children developed the bowel disease after the vaccination. This disclosure has aroused new fears about the safety of vaccines.

All twelve children had developed normally; but then suddenly lost skills, such as language, and developed a strange bowel problem.

Wakefield and Walker-Smith also studied 40 other patients, 39 of whom also had the same combination of intestinal and behavioral symptoms.

Wakefield said, "We were very, very surprised. We expected we might see one or two in the second group." Seven hundred more children are on the list at the Royal Free Hospital, to be assessed for the new bowel/autism syndrome. But we are not able to locate any report on that extended study.

The new bowel disease was given the name, *"ileal-lymphoid-nodular hyerplasia."* With a name like that, you surely will not forget it soon.

The vaccine industry is big business; for, each year, it brings millions of dollars, from sales to physicians and health departments around the world, into drug company coffers.

Rather quickly, medical authorities in the U.S. complained that the study was flawed, incomplete, etc. Robert Chen and Frank DeStefano, of the *Vaccine Safety and Development Activity National Immunization Program* (an even bigger name!) at the Centers for Disease Control and Prevention in Atlanta (CDC), said the research was not proof that MMR vaccine causes the bowel syndrome or autism.

In their rebuff in *Lancet*, Chen and DeStefano made the significant comment that autism first becomes noticeable at two years of age, and that happens to be when the MMR vaccine is usually given. "Not surprisingly, therefore, some cases will follow MMR vaccination," they said.

But that reasoning could support a causal relationship rather than a coincidental one: Autism is first noticed at the age of two, *because* the MMR vaccine was given at that time.

Pasteur Merieux MSD, a French firm which makes the vaccine used in Britain, issued this statement: "It would be unfortunate if the results of controversial studies such as these resulted in a drop in public confidence in the vaccine, which the vast majority of the informed medical profession support totally,"

Over the past 15 years, the number of routine shots has risen from five to 20 for children up to 2 years old, says Margaret Rennels, a pediatrics professor at the University of Maryland School of Medicine in Baltimore.

In a survey of 1,600 parents of young children last fall in the journal, *Pediatrics*, 25% worried that the sheer number of vaccines could overwhelm and weaken their child's immune system.

Parents whose children have been paralyzed or killed by vaccinations have banded together. This may be the current address: *Dissatisfied Parents Together (DPT), 128 Branch Road, Vienna,Virginia 22180 / 703-938-DPT3.* (DPT is the abbreviation for a vaccine.)—*vf*

THE OMINOUS, STEADY APPROACH OF —

Human Cloning

Human Cloning
Human Cloning

Dolly, the Scottish sheep, was only the beginning. The cloning of human beings is coming. In this article, you will learn the history of this terrible medical experiment, why it is going to take place and why it will miserably fail.

Fact: The British Government has approved the cloning of humans.

Fact: An Italian medical expert says he is going to begin cloning humans within a few months.

Fact: Believing the advantages far outweigh any possible dangers, there are said to be thousands of couples who want a cloned baby.

Fact: There are firms on the internet which, for $40,000, offer to freeze eggs for future cloning.

Fact: Knowledgeable experts in the field say that, for the better or worse, human cloning is inevitable.

Four thousand times a day on our planet, the Creator splits a human cell in two and starts identical twins growing. Modern man thinks he can produce a twin just as efficiently, but he is bound to fail. This article will explain why.

Four years ago, a group of Scottish scientists, under the direction of Ian Wilmut, announced that they had successfully cloned a sheep. The baby sheep was given the name, "Dolly." But Wilmut is now totally shocked by what their research has led to. He says his team was only trying to help farmers produce genetically improved sheep.

The team that cloned Dolly waited seven months before announcing her existence. Up until that time, scientists believed it was impossible to clone a mammal from an adult cell.

Twenty years ago, in-vitro fertilization was thought to be impossible, but then it was done. And now researchers on several continents want to duplicate Dolly's success,—but with human eggs.

There are now thousands of people who want to have a child by cloning. They are willing to pay lots of money to have it done. Where there is such demand, with plenty of cash offered, there is sure to be those willing to provide them with the desired product.

Some couples, who are childless, want a clone made of the husband or the wife. There are single men who want a child cloned from themselves. There are both homosexual and lesbian partners who want cloned children. There are parents whose child has died, who want a clone of the dead child. Scientists say the necessary DNA can be extracted from a tooth or even a lock of hair.

Southern Cross Genetics, an Australian firm, was founded three years ago, to preserve DNA for future cloning. (Their charge is U.S. $2,500 to do a genetic profile and place it in long-term storage.) Graeme Sloan, its founder, recently sold the company to a French firm which plans to expand operations.

In January, 2001, Panayiotis Zavos of the University of Kentucky announced that he and Italian researcher Severino Antinori were forming a consortium to produce the first human clone.

The scientists who work on the Clonaid project (operated by the Raelians, a sect dedicated to being the first to meet extraterrestrials from other planets) say they are willing to clone a dead child. They claim to already have a supply of cash-in-hand donors and frozen eggs from them. They have already started cloning some eggs.

In early February in a U.S. Clonaid laboratory (the Raelians will not say where), 15 eggs were taken from the ovaries of a young woman and the cloning process was begun. What is that process?

The nucleus of each egg is sucked out with a fine needle, and discarded. This removes all the DNA from those eggs. The eggs are then placed next to donor cells (which contain DNA). A very small amount of electricity is then sent through the fluid the material is in—and the two fuse into one. Some of the restructured cells divide, to form embryos.

The new hybrid cell no longer has the genes of the individual who provided the egg, but instead has the DNA of donor material (possibly from the tooth or lock of hair, mentioned earlier).

Once the single cell has developed into six to eight cells, the next step is to follow the standard technology for assisted reproduction: The egg is carefully placed into a surrogate woman's womb in the hope that it will implant. (The Raelians say they already have 50 women surrogates for carrying eggs to full term.)

According to a statement made in early February by

Brigitte Boisselier, Clonaid's scientific director, they will have a cloned human embryo growing in a surrogate mother by the time you read this tract.

It surely does look as if cloning is here to stay. Yet I predict that it will miserably fail. Here is why:

According to experts, the production of a single viable clone would require scores of volunteers to donate eggs and carry embryos. Most of the fetuses will have major abnormalities and never come to term.

A large number (perhaps all) of the clones who actually survive—are born—will have a variety of problems, major or minor. Some may not manifest themselves for a number of years.

It has been theorized that, in order to produce one cloned human child, 400 eggs from about 40 donor women would be required, along with 50 surrogate mothers (not necessarily all at once) carrying the eggs. Each surrogate mother would be given several eggs, since most would not implant. This should theoretically produce nine or 10 pregnancies.

Of these, most will terminate early by miscarriage or abortion when abnormalities are found. One viable baby would be produced.

But that baby might not be normal.

Is the above theoretical analysis correct? We shall soon see. But even if bringing cloned babies to birth occurs more frequently, the potential damage to the child remains a very real likelihood.

Gregory Pence, a professor of philosophy at the University of Alabama at Birmingham and author of *Who's Afraid of Human Cloning?* says, "If the first baby is defective, cloning will be banned for the next 100 years."

Whether or not that is true, you can know that if enough damaged cloned babies are born, it will frighten most people from having it done, and/or governments will enact legislation banning the procedure.

Of course, if perfect babies are born, who grow into perfect children,—that would change the entire situation,—and thousands will want to have cloned children! But it is the studied position of the present writer that the horror stories will outnumber the successes.

Mark Westhusin at Texas A&M University, has tried for years to clone a dog, now 13 years old. Its California billionaire owner has so far, given the university $3.7 million to try to clone his pet; so far it is without success. The unnamed billionaire says he will provide any amount of money to clone his pet.

Ian Wilmut, the scientist who produced Dolly the sheep, ought to know what he is talking about; for he is the pioneer researcher who has worked at cloning longer than anyone else. He has seen many, many failures in his efforts to clone livestock. Wilmut says that attempts to clone humans is "criminally irresponsible." In addition to several sheep, mice, goats, and cows have been cloned.

After four years of practice at cloning animals by several laboratories, the failure rate is still overwhelming: 98% of embryos never implant or die off during gestation or soon after birth. Animals that survive can be nearly twice as big at birth as is normal or have extra-large organs, poor immune systems, or heart trouble.

Dolly's mother was only six years old when she was cloned. That may explain why Dolly's cells show signs of being older than they actually are. This deviation raises the possibility that beings produced by cloning adults will age abnormally fast. At conception, they were already old. A key problem is there is no way to identify the subtle—but equally damaging problems—prior to birth. If a child with no brains is born, do the cloners then kill him?

Wilmut considers it almost a certainty that cloned human children would be born with similar maladies. But we don't euthanatize babies, as Wilmut does with the cloned sheep which are born with a variety of problems. Most cloned children would probably die prematurely. "It seems such a profound irony," Wilmut says, "that in trying to make a copy of a child who has died tragically, one of the most likely outcomes is another dead child."

Although a February poll indicated that 90% of Americans do not favor cloning humans, an increasing number of people want clones made for them.

Princeton biologist Lee Silver says fertility specialists have told him they have no problem with cloning and would be happy to provide it as a service to their clients who could afford it. But, Silver adds, those same specialists do not want reporters to know about them yet. They want to be free to produce some successful clones, before state legislatures ban the practice. As this is written, yesterday (March 28) the U.S. House held a hearing on cloning.

Michael West, president of Massachusetts-based Advanced Cell Technology, a biotech company that uses cloning methods to develop human medicines, says his company is concerned that someone will clone a person,—and then the government will ban all cloning activity. (Michigan, Rhode Island, Louisiana, and California already have; Texas may soon join them.)

In early February, 160 Roman Catholic bishops and five cardinals met for three days in Irving, Texas, to discuss biotechnology issues—including cloning. To date, the Catholic Church is one of the few denominations to take a strong stand against cloning. David Byers, director of the National Conference of Catholic Bishops' commission says cloning is mass murder. Just as it does with abortion, our own church is guarded about what it says on the matter. —*vf*