
DEATH AT GLENDALE HOSPITAL

The headline on the Philadelphia Inquirer newspaper screamed, HOSPITAL WORKER'S CONFESSION JOLTS CALIFORNIA. All across the nation, people were aghast. And the focus of attention was a Seventh-day Adventist Hospital, where a worker said he had killed 40 or 50 people. It may be months before the final verdict on this matter is made, but already, a sizeable number of basic facts are known. Because such a scandal affects our people so much, we are here reporting on it.

Its correct name is the Glendale Adventist Medical Center, but, since all the news reports refer to it as "Hospital," we will use that designation throughout this report.

Glendale Adventist Hospital is a large, 464-bed facility, located in Glendale, California—so large that it has 1,800 employees! The medical staff includes 500 physicians. Located on a 32-acre tract, it is the largest hospital in Adventist Health System/West. Next to Loma Linda Medical Center, it is our largest medical care facility in the western half of the United States. It provides care for 15,000 admissions, 27,000 emergency room visits, and 30,000 home health visits each year. It draws patients from all over southern California, and elsewhere.

In 1904, Ellen White directed John Burden to search for a property outside of Los Angeles, and the quiet Glendale site was selected. Founded in August 1905 as Glendale Sanitarium, in the early 1920s in an enlarged building, it was advertised as offering the famous "Battle Creek treatment" and was filled to capacity with advance reservations. Emphasis was placed on the use of proper diet, physical therapy, and a balance of rest and exercise to restore the body to normal functioning. But the

word, "Sanitarium," was dropped in 1966 in acknowledgement of the fact that the institution had totally severed connections with natural remedies.

On Friday, March 28, 1998, a most terrible news release traveled across America.

"A California health care worker has confessed to killing 40 to 50 terminally ill patients over an eight-year period, but prosecutors said Friday no action can be taken until after an extensive investigation."—*CNN Web Quicknews, March 28, 1998.*

We were relieved to learn that Glendale Adventist Hospital reported the matter to the police as soon as they learned about it.

" 'This has been an all-out search for the truth for this hospital,' hospital spokesman, Mark Newmyer said at a news conference. 'We do not know at this point if any wrongdoing has been committed. We did bring this to the police immediately.' "—*ABC Webnews, March 27, 1998.*

But, unfortunately, as we dug deeper into the facts, we learned this was not exactly true. Here is the story:

Efren Saldivar attended Verdugo Hills High School in southern California, where he was a straight-A student, and a member of the student government. He then attended Valley College Medical and Dental and graduated as a respiratory therapist.

As far as all his friends could tell, Efren was always a cheerful person, and enjoyed outdoor recreation.

"An avid mountain biker and movie buff, Efren

Saldivar 'is a constant joker always trying to make a point to put a smile on someone's else's face,' his brother said. 'He's never even had an enemy.'"—*Los Angeles Times, March 29, 1998.*

We do not know whether or not Efren is an Adventist; however, it is well known that the greater majority of Adventist hospital workers (other than upper-level office staff) generally are not.

As a trained respiratory therapist, it was Saldivar's work to insert a variety of tubes into patients, and, at times, provide certain medications.

"As a respiratory care therapist, Saldivar was authorized to administer medication to help patients with breathing problems."—*ABC Webnews, March 27, 1998.*

"Respiratory care practitioners help patients with breathing problems, including maintaining equipment to administer oxygen and administering medications as ordered by physicians."—*Houston Chronicle, March 28, 1998.*

Saldivar obtained a job at Glendale Adventist Hospital close to 10 years ago (either in 1988 or 1989). About 6 months later, in 1989, he killed his first patient.

"Saldivar told police that the killing began in 1989, six months after he started working at the hospital, the state licensing documents state. He said he 'basically suffocated' an already dying patient by putting tubes together that blocked the flow of air. It took the patient 15 minutes to die, the documents indicate."—*Houston Chronicle, March 28, 1998.*

A *Los Angeles Times* article states it more forcefully: Saldivar first took the patient off life supports, and then, when he did not die fast enough, finished the job an hour later.

"The affidavit said that in 1989, some six months after joining the hospital, he 'basically suffocated' a patient who was still breathing about an hour after being taken off life support. Saldivar, according to the affidavit, said he held the respirator 'breathing tubes' together to block the flow of air and that the patient died after about 15 minutes."—*Los Angeles Times, March 29, 1998 [italics mine].*

—That patient was in pretty good health to be able to undergo all that torture and misery before finally dying!

From then on, from time to time, Saldivar continued to suffocate patients by shutting off their air supply, along with failing to provide needed help when they had a medical emergency,

"He admitted to investigators that he had

'failed to act' to provide appropriate medical care in certain instances, which also caused patient deaths."—*Houston Chronicle, March 28, 1998.*

In the early 1990s, three years after he began suffocating patients, he began eliminating them more rapidly with poisonous injections. Apparently Saldivar, who was "a movie buff," also liked to watch television.

"Saldivar told police that he did not start the lethal injections until about three years after he joined the hospital. He said he thought he got the idea from a *20/20* news segment or a *60 Minutes* news report regarding a therapist in Chicago who was killing patients."—*Houston Chronicle, March 28, 1998.*

About September, 1996, a fellow respiratory therapist inquired of another worker how it was that so many of Saldivar's patients seemed to expire.

"Bob Baker told authorities that another employee, Elmer Diwa, informed him 1-1/2 years ago that Saldivar had a 'magic syringe' after a Saldivar patient died unexpectedly."—*Houston Chronicle, March 28, 1998.*

According to the *Los Angeles Times*, Diwa was also a respiratory therapist.

One cannot help but wonder how it was that the workers knew Saldivar was losing so many patients—while the administration was oblivious to the fact. If his associates were so concerned, this means that patient records would also testify to what was happening.

Finally, in April, 1997, administrators at Glendale Adventist Hospital were directly notified. They received a tip that Saldivar had slain a patient. But, checking into the matter, they did not find "conclusive evidence" that he had killed anyone. So, incredibly, they apparently dropped the matter entirely.

"Several officials versed in the case pointed out that Saldivar's activities first drew suspicion in April when the hospital received an anonymous tip about an alleged mercy killing by the employee. At that time, the hospital conducted an internal investigation that failed to produce conclusive evidence of wrongdoing."—*Los Angeles Times, March 29, 1998.*

This investigation by hospital officials lasted two months.

"Hospital officials first got wind of the murders in April, 1997, but a two-month internal probe found nothing, one of the [hospital] spokesmen said. 'We brought in outside medical experts to review all policies and procedures,' the spokesman said."—*New York Post, March 29, 1998.*

Found “nothing”?

About November, 1997, Baker found suspicious drugs in Saldivar’s locker.

“Baker himself said approximately four months ago that he had found morphine and a paralyzing drug in Saldivar’s locker.”—*Houston Chronicle, March 28, 1998.*

According to Saldivar’s later confession, he stopped killing patients in August, 1997, because he learned that Baker had found those drugs in his locker.

“Saldivar said he stopped killing patients in August after he heard that one of his co-workers saw morphine he was storing in his personal locker at work.”—*Houston Chronicle, March 28, 1998.*

Two facts run counter to Saldivar’s claim that he stopped his quick-death techniques of sending patients out of the hospital:

1 - According to Baker, his discovery of the drugs occurred three months after Saldivar said that discovery caused him to stop killing people.

2 - We have a report of at least one later slaying by Saldivar.

“Glendale police said they launched a criminal investigation March 3 after meeting hospital officials about a caller who had alleged that a respiratory therapist ‘helped a patient die fast’ at Glendale Adventist.”—*Los Angeles Times, March 29, 1998.*

In February, 1998, hospital officials received a second tip that Saldivar was killing patients.

Keep in mind that hospital charts—dating back nearly 10 years—would reveal that patients Saldivar had been caring for had a higher-than-average death rate. The facts should have been quite obvious a number of years earlier.

At last, really worried, they quietly called in the Glendale Police which began investigating. It is obvious from later developments that they pled with the police to keep the matter quiet.

“In February, hospital officials received another tip that Saldivar was hastening the deaths of terminally ill patients.

“‘This time, [hospital officials] brought in the police,’ one law enforcement source said, suggesting that hospital officials were clearly concerned. They ‘are the ones who have patient charts. They know the death rates. So . . . they must believe they have more’ evidence than before.”—*Los Angeles Times, March 29, 1998 [brackets and elipsis theirs].*

Apparently, it was not until a little while later, the third of March, that hospital officials finally contacted the police.

“Glendale police said they launched a criminal investigation March 3 after meeting hospital officials about a caller who had alleged that a respiratory therapist ‘helped a patient die fast’ at Glendale Adventist.”—*Los Angeles Times, March 29, 1998.*

On Friday, March 7, the police interviewed Bob Baker (mentioned earlier) who gave them more incriminating information.

Four days later, according to the affidavit, police spoke to respiratory therapist Bob Baker. Baker, the affidavit said, told them that 18 months ago he had expressed surprise at the death of one of Saldivar’s patients and was told by another respiratory therapist, Elmer Diwa, that Saldivar had a ‘magic syringe.’ Diwa and Baker could not be reached for comment.”—*Los Angeles Times, March 29, 1998.*

In that same interview, Baker also told them how he found those suspicious drugs in Saldivar’s locker.

“In addition, Baker purportedly told police, he saw several vials of morphine and two vials of a paralyzing medication in Saldivar’s locker at Glendale Adventist. Baker, according to the affidavit, said he did not bring the matter to the attention of authorities because he had made his discovery while playing a prank on Saldivar and was in his locker without permission.”—*Los Angeles Times, March 29, 1998.*

As we noted earlier, on March 29 the *Los Angeles Times* quoted Efred Saldivar’s brother, Eddie, as saying that his brother was “a joker.” Baker was probably giving him some pranks in return.

Baker’s discovery occurred about November 1997.

“Baker himself said approximately four months ago that he had found morphine and a paralyzing drug in Saldivar’s locker.”—*Houston Chronicle, March 28, 1998.*

On Tuesday evening, March 11, 1998, a major breakthrough occurred in the case. Saldivar confessed in surprising detail to the murders.

In that interview, Saldivar said it was not necessary for his attorney to be present.

“Glendale police Officer William Currie described a March 11 interview in which Saldivar waived his Miranda rights and confessed.”—*ABC Webnews, March 27, 1998.*

“During a taped polygraph examination, Saldivar not only told the story about that al-

leged killing [the initial one in 1989 at the hospital], but cited other incidents in which he had 'failed to provide' medical care for patients who then died, according to the affidavit."—*Los Angeles Times*, March 29, 1998.

"Saldivar talked about his anger at seeing patients kept alive as opposed to the grief he would feel at the failure of providing life-saving care,' the affidavit said."—*ABC Webnews*, March 27, 1998.

"Polygraph examiner Ervin Youngblood asked Saldivar if he considered himself an 'angel of death,' and the hospital worker answered, 'Yes,' according to the affidavit.

During that interview, Saldivar also allegedly recounted how he injected one patient in August [probably 1997] with medication that led to paralysis and then death."—*Los Angeles Times*, March 29, 1998.

Later in this lengthy confession, Saldivar provided an estimate of the number he had killed. This was a hazy recollection, and the actual number of fatalities could be much higher.

"Later that evening, according to the affidavit, Saldivar 'admitted' that he caused 40 to 50 deaths at the hospital by lethal injections or by cutting off the oxygen of patients who were on ventilators.

"Saldivar, the affidavit said, told authorities he only picked patients who were unconscious, had 'do not resuscitate' orders on their charts and looked like they were 'ready to die.'

"Said the affidavit: 'Saldivar said he prided himself in having a very ethical criteria as to how he picked his victims.'"—*Los Angeles Times*, March 29, 1998.

"Saldivar told police he killed patients who were unconscious."—*Houston Chronicle*, March 28, 1998.

"He'd either kill by injections of Pavulon and succinylcholine chloride—both paralyzing medications—or by decreasing the oxygen to patients on a ventilator . . . cops said."—*New York Post*, March 29, 1998.

Sounds pretty merciful, but do not forget how much he had to do to kill off that first patient assigned to death. If Saldivar had to work that hard to kill the first one, he may have experienced even more drawn-out difficulties in finishing off some of the later ones. All the while, his jokes continued and death records piled up in the hospital archives.

In one radio news report a couple days ago, the present writer heard that, when one patient contin-

ued reading after being injected, Saldivar cut off his oxygen—and it took 30 minutes after that before the patient expired! Really now, if the man was feeling well enough to read, was he really "ready to die"? Should he have been killed? Which of us has the wisdom to know when it is time to kill the aged and infirm?

That same Tuesday evening (March 11), the police placed Saldivar under arrest. But events followed in rapid succession: The next day, Wednesday the 12th, the district attorney's office was notified. The day after that (Thursday, March 13), Saldivar was released for lack of evidence.

"The same day, March 11, Saldivar was arrested. The next day, Glendale police notified the district attorney's office about a potential case. But on the 13th, with no corroborating evidence to support his alleged confession, police had no choice but to release Saldivar, officials said."—*Los Angeles Times*, March 29, 1998.

Two days after Saldivar's March 11 confession to the police and his arrest, and the same day he was released from jail,—Glendale Adventist Hospital finally decided it had better discharge him!

"The hospital fired Saldivar March 13, immediately after his alleged confession."—*Houston Chronicle*.

For some reason—not yet known—on or about March 14, the hospital suspended three of its workers.

"Three unidentified employees were suspended two weeks ago on the advice of the Glendale Police Department because 'some red flags came up,' [Police Sgt. Rick] Young said. He did not elaborate."—*Houston Chronicle*, March 28, 1998.

"The hospital fired Saldivar—without naming him. It also suspended with pay three colleagues at the urging of cops."—*New York Post*, March 29, 1998.

In his confession, Saldivar mentioned ominously that several other workers may have been implicated—by telling him of patients whom it would be good to eliminate. He would then go to their rooms and dispatch them.

"In his confession, Saldivar said he 'felt encouraged' by the other therapists at the hospital, who would sometimes give him room num-

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bers of patients who needed lethal injections.”—*Houston Chronicle, March 28, 1998.*

If true, this fact is dynamite!

However, it should be kept in mind that Saldivar also, at times, worked at other area hospitals.

“Saldivar is known to have worked at least three other area hospitals.”—*Houston Chronicle, March 28, 1998.*

But Glendale Adventist Hospital officials were very worried that they might have more than one assassin at the hospital.

“Meanwhile, [hospital] officials were considering ‘the possibility that one or more employees may have assisted in hastening’ the deaths of some patients, said another hospital spokesman, Mark Newmyer.”—*New York Post, March 29, 1998.*

Indeed, hospital leaders were so frightened at the possibility that they placed all their respiratory therapists on paid leave! As of this writing, they are still being paid to stay home.

“A hospital spokesman said the entire respiratory nursing staff of about 40 workers was placed on paid leave pending an investigation.”—*ABC Webnews, March 27, 1998.*

“ ‘The hospital also suspended so many people,’ the [police] source said, referring to the hospital’s decision to suspend its entire 44-person respiratory care staff during the investigation. ‘And I just don’t think officials would take it so seriously unless they have some sort of body of evidence.’ ”—*Los Angeles Times, March 29, 1998.*

Why did the Glendale police release Saldivar two days after arresting him? State law required it.

“Notwithstanding Saldivar’s purported statements, authorities have said, the case requires prosecutors to produce evidence of a crime beyond a defendant’s confession.

“As state Supreme Court Justice Stanley Mosk wrote in a January opinion: ‘The rule arose because of the law’s unease with inflicting punishment when a ‘confession may have been misreported or misconstrued, elicited by force or coercion, based on mistaken perception of the facts or law, or falsely given by a mentally disturbed individual.’ ”—*Los Angeles Times, March 29, 1998.*

As soon as the confession was extracted, police set to work to investigate the case. They are ransacking the 72 months of records at Glendale Adventist Hospital.

“Six investigators have been assigned to the case full time, including half of the department’s six-person homicide squad. The department has also received help from medical experts.”—*Los Angeles Times, March 29, 1998.*

“As the purported confession of Saldivar wrought panic in some quarters of Glendale, police set up shop inside the 450-bed hospital for an investigation that, by all accounts, will be daunting: A police affidavit said Saldivar confessed to killing near-death patients—identities undisclosed—over a six-year period.

“As one law enforcement official said: ‘We’re not negating the fact this guy confessed to 40 or 50 murders. But we gotta be able to prove it. And I have concerns about proving it.’ ”—*Los Angeles Times, March 29, 1998.*

Something in the above quotation does not ring right. In his confession, Saldivar said he had been killing patients since 1989; that is 9 years, not 6. It may be that he told them he slew the majority in more recent years, and they would rather limit the scope of their record search.

Soon after their investigation began, Glendale police filed an affidavit with Respiratory Care Board, in Sacramento, so Saldivar's license could be suspended. But that action led to a serious problem for the police. Here is what happened.

By court action, Saldivar's license was revoked on March 13. But subsequent legal action by the board and the hospital to keep the matter confidential (they demanded that the documents be sealed) was rejected by the court.

This resulted in all the documents (which had earlier been sent by the police to the board) being made public property. Soon after, when the media learned about what had happened, they asked for and received those documents.

This produced stunning news releases throughout the nation on Friday, March 28, 1998.

But this public notoriety of the case greatly hindered the work of the investigative unit in Glendale. A key affidavit had been released to the press, disclosing Saldivar's entire confession, along with certain other facts in the case.

"At the Glendale Police Department, a spokesman said that the criminal investigation had been hobbled by state medical officials' releasing details about Saldivar's case Friday. 'The release of this information in an untimely manner has destroyed the investigative process,' said Glendale Sgt. Rick Young."—*Los Angeles Times*, March 29, 1998.

Immediately, hospital employees became far more reticent to talk to the police about what they knew about the murders.

"'We were angry to begin with, and now we are totally frustrated as it has hampered this investigation 100 times-fold,' said Young, who noted that some hospital employees had become reluctant to cooperate for fear of publicity."—*Philadelphia Inquirer*, March 29, 1998.

In response, the head of that state agency declared that, as soon as Saldivar's license had been suspended, it was their legal duty to release that information

"Cathleen McCoy, executive officer of the Respiratory Care Board, which released the documents, responded that the papers officially be-

came public once an administrative law court suspended Saldivar's license for 30 days. No secrecy order was placed on the documents."—*Philadelphia Inquirer*, March 29, 1998.

"State officials said the administrative files were released only after their attorneys—and attorneys for the hospital—unsuccessfully sought on two occasions before two judges to have the records sealed in recent weeks.

"With those sealing requests denied, state officials said they had no choice but to turn over the relevant medical board case records when they were requested by the media Friday. 'I understand that the police have a different burden of proof. But as a public agency, we release public records,' said Cathleen McCoy, head of the state Respiratory Care Board."—*Los Angeles Times*, March 29, 1998.

The same day that the mass-murder bombshell hit the media, Glendale Adventist Hospital released a statement to the press, and sent copies to all its patients. Citing the fact that it had gone to the extreme of suspending, with pay, its entire 44-member respiratory-care staff, the statement said:

"'We want to assure you that we firmly believe there is no reason for concern regarding safety,' it said. 'We have taken every reasonable precaution to protect patients, and we are committed to doing whatever it takes to get to the truth in this investigation.'"—*March 28 Statement by Glendale Adventist Hospital, as quoted in Philadelphia Inquirer*, March 29, 1998.

Since thousands of hospital records must be examined, and many workers and patients' relatives interviewed, the police investigation could last until June 1998, or longer.

"[Police Sgt. Rick] Young said the investigation will take two months or longer to complete. He said it is difficult to prove patients who were about to die have been murdered."—*Houston Chronicle*, March 28, 1998.

Hoping against hope that nothing wrong ever really happened, in an announcement to the public at a press conference on Friday night, March 11 (after sundown on the Sabbath), Newmyer announced to a mob of reporters and microphones that no induced deaths may have occurred.

"'We don't know that anything wrong happened,' said Mark Newmyer, vice-president of marketing at Adventist Health-Southern Califor-

nia [Adventist Health Systems/West], at a news conference hastily summoned by the hospital Friday night. He suggested that anyone who made such a confession 'could be crazy.' —*Houston Chronicle, March 28, 1998.*

But the State Attorney General's office thought different.

"Gloria A. Barrios, a state deputy attorney general, wrote in court papers seeking the license suspension that 'there is no reason to believe' that Saldivar would concoct the story, adding that his 'statements cannot simply be discounted as the rantings of a person seeking attention.'" —*Philadelphia Inquirer, March 29, 1998.*

Throughout the Los Angeles basin, many people are distraught. For they know relatives or acquaintances who died at Glendale Adventist Hospital—and could it be they had been murdered?

"The allegations of a hospital worker turned killer rocked many at Glendale Adventist, and [also] families with loved ones there." —*Los Angeles Times, March 29, 1998.*

Within 24 hours after the news broke, hospital phone lines were already jammed—and they had to install a special line to handle the calls.

"Hospital officials said a telephone hotline was jammed by more than 230 calls, many of them from the media." —*Los Angeles Times, March 29, 1998.*

Saldivar may have been responsible for the deaths of 40 or 50; but who can know, from among the thousands who have passed away, which ones he poisoned or suffocated.

Indeed, perhaps he was responsible for the death of hundreds of people!

"As police tried to determine whether a self-proclaimed mercy killer was a mass murderer or a fraud, people came forward yesterday to tell police that their relatives died mysteriously at a hospital that employed him.

"Their loved ones seemed to be okay one day and gone the next," said Rick Young, spokesman for the Glendale Police Department, which is heading the investigation into the claims by the former respiratory therapist at Glendale Adventist Medical Center." —*Philadelphia Inquirer, March 29, 1998.*

"Worried-sick relatives of patients who died at a California hospital asked cops yesterday to see if a self-proclaimed 'angel of death' armed with a 'magic syringe' was responsible." —*New York Post, March 29, 1998.*

And who can know whether Saldivar worked

alone, or had others at the hospital actively directing him to patients whom, in their thinking, should die next?

"Another question is whether Saldivar might have acted alone. In the statement to regulators, [Glendale Police Officer] Currie said, 'Saldivar said he felt encouraged by other therapists who would sometimes give him room numbers of patients who needed lethal injections.'" —*Philadelphia Inquirer, March 29, 1998.*

It appears that already the investigation is widening to still more workers at the hospital.

"Although it was evident from court records that Saldivar was the focus of the criminal investigation, one law enforcement source said a search warrant names two other respiratory therapists at the hospital as part of the inquiry." —*Los Angeles Times, March 29, 1998.*

Should hundreds of bodies be dug up from graves throughout the area? The investigators are not certain yet as to what they will do. Large numbers of people have died at Glendale Adventist Hospital over the past 6 to 10 years.

"Young acknowledged the possibility that patients' bodies might have to be exhumed, and said 'all deaths' at the hospital would be probed." —*Houston Chronicle, March 28, 1998.*

We are truly sorry for the crisis at Glendale Adventist Medical Center. Is there not some way this terrible situation might have been averted?

Our hospitals were established by the God of heaven to be training schools, teaching the people who came to them how to care for their bodies in sickness and in health. The remedies, in which they were to be instructed, were not only for the healing the body but for maintaining it in health.

Only simple, natural remedies were to be used. An overview of what is comprised by such remedies was given to the people of God in the Spirit of Prophecy writings. A very brief overview will be found in *Ministry of Healing 126-128*. (My book, *The Eight Laws of Health* details many aspects of this; also see my *Water Therapy Manual*, and my not-yet-released *Natural Remedies Encyclopedia*, covering over 500 disorders.)

Not only the remedies, but the operational principles were clearly outlined in the Spirit of Prophecy. My *Medical Missionary Manual* outlines the Spirit of Prophecy procedures for establishing and operating our medical institutions. You may wish to

obtain a copy. No other single book covers the same material.

You see, we were to have only small medical institutions. In these family-atmosphere facilities, there would be little likelihood that serial killers would gain a foothold. Only our own, dedicated people were to be employed.

Back then, everyone was busy helping people improve their health. Workers were praying with and for the patients. They were also giving them Bible studies.

Our recovery institutions, called “sanitariums,” were always to be located in the country; never, never in the cities. Indeed, no Adventist facility (other than very small “treatment rooms,” and small restaurants) were ever to be in the cities.

Our health work and our medical work were to be essentially the same in their objectives. —In brief, we were to use both of them to teach obedience to the Law of God! Proclaiming Revelation 14:12, and all that it involves, is the work to which God called Seventh-day Adventists into existence.

Our health/medical work was to be the “right arm of the message” and its “entering wedge.” It was to be the vanguard, in the forefront of our advances, breaking down barriers, making friends, teaching obedience, and leading people into a full acceptance of God’s truth for these last days.

That is “what might have been.” The situation now confronting us is totally different.

We were told that our medical institutions were established to “reform the practices of the medical association.” Nowadays we are dedicated to aping the practices of the world.

We have mammoth hospitals in the cities; in-

deed, at the present time nearly every Adventist institution, entity, or headquarters in North America is located inside a city!

Our medical facilities are almost wholly staffed by non-Adventists, with but a minor “Adventist presence” in some of the departments.

The care and treatments given are nearly indistinguishable from those found in city, county, corporate, and private hospitals.

The medicines are identical.

The food given to the patients is identical.

The charges are the same; however, strangely enough, the debts are higher.

Beginning in the early 1980s, the debt-to-asset hanging over our medical establishments has become greater than that found in the world. In order to help “solve the problem,” Adventist Health Systems, with the approval of the General Conference, voted themselves sky-high salary increases to \$75,000 to \$150,000, with regular increases since then (the highest job positions are now paid over \$200,000 a year).

We are now the tail and no longer the head. We have abandoned the leading position we held at the turn of the century. We were then the world leader in teaching and administering natural remedies. Now we are just another fleet of community acute care hospitals. And, as a result we are experiencing problems of almost every imaginable kind in our medical institutions.

“And when He was come near, He beheld the city, and wept over it, saying, If thou hadst known, even thou, at least in this thy day, the things which belong unto thy peace! but now they are hid from thine eyes.” —Luke 19:42

“The Lord desires, through His people, to answer Satan’s charges by showing the result of obedience to right principles. He desires our health institutions to stand as witnesses for truth. They are to give character to the work which must be carried forward in these last days in restoring man through a reformation of the habits, appetite, and passions. Seventh-day Adventists are to be represented to the world by the advanced principles of health reform which God has given us.”—*Manuscript, “God’s Design in Establishing Sanitariums,” December 22, 1899.*

“The last great conflict between truth and error is but the final struggle of the long-standing controversy concerning the law of God. Upon this battle

we are now entering.”—*Great Controversy, 582.*

“The transgression of physical law is the transgression of God’s law. Our Creator is Jesus Christ. He is the author of our being.”—*Counsels on Diet and Foods, 43.*

“Upon those who keep the Sabbath of the Lord is laid the responsibility of doing a work of mercy and benevolence. Medical missionary work is to be bound up with the message, and sealed with the seal of God.”—*Evangelism, 516-517.*

“To make plain natural law, and urge the obedience of it, is the work that accompanies the third angel’s message to prepare a people for the coming of the Lord.”—*3 Testimonies, 161.*