

# An RN Tells Her Story

ALSO IN THIS ISSUE: A JUDGE QUESTIONS ABORTIONISTS

PART ONE OF TWO

We were both in college, training for the Lord's work; but I only saw her at a distance. I was only aware of her because I knew her cousin who was at the school.

I graduated, went on to three years at the Seminary, and then entered the ministry. You can read what happened after that in my book, *The Story of My Life* (120 pp., 8½ x 11, \$9.00 + \$2.50).

She went on and became a Registered Nurse. Then she also entered the work. Recently, she sent me her story. She begins her astounding description of life as a nurse in Seventh-day Adventist hospitals—including startling disclosures of abortions covered by falsified records, nursing home saloons, drug use by nurses, and actual murder—with a comment on a recent *Review* article.

In her biographical account, subheads and brackets are mine. *Here is her story:*

## THE REVIEW ARTICLE AND ITS IMPLICATIONS

I liked the beginning of Barry Oliver's article (*Review*, 2-26-04), but he did not clearly define and illustrate the vital issue of allegiance. He did opine: "The authority of the church is never absolute." But then he wrote: "Allegiance to my church means . . . if the church at large does not agree with my point of view, I do not maintain my point of view."

If the issue is whether the church carpet should

be blue or green, or some other issue where no principle is involved, what he wrote is very appropo. The church could be right; and, surely, it is not productive to strain at gnats.

But it is something else if the issues concern matters of salvation. I once heard one of our evangelists tell a group of Protestants, "You are not leaving your church; your church has left you." In recent years, many (not all) leaders high in our church deny the "pillars" to which we subscribed at the time we were baptized. For example, subtly or not-so-subtly denying or downgrading the seventh-day Sabbath, the Spirit of Prophecy, the Sanctuary message, the eternal deity of the Godhead, and acting as if there were no judgment to come. And men in positions of responsibility, including leaders in the church, do this without even having the decency to resign their membership in the Adventist Church. Furthermore, they try to force us to violate our consciences. My question is: Why is it that they are the ones who get promoted?

My church is leaving me. It is with sadness that I tell you that, with the changes which are being made in our "pillars," the Seventh-day Adventist Church has no reason to exist. We are going down the same path that the Worldwide Church of God did after Herbert W. Armstrong's death. When under pressure from Evangelical criticism in the

This nurse introduces her story with the mention of a recent *Review* article, from which I will quote a few passages:

"The wider church has the final word on doctrine and practice in the church at large . . . The authority of the local church is greatly enhanced when it turns to the wider church when matters of doctrinal concern are to be discussed . . .

"If the church at large does not agree with my point of view, I do not maintain my point of view to bring discredit to the church. It means that I may have to put my point of view aside for the time being, or maybe forever. If in my conscience I cannot do that, and if my church does not agree with my point of view, I do not have the ethical right to disseminate my point of view, causing disharmony and dissension. To cause disharmony and dissension while insisting on my point of view after the church,

through its legitimate representative process, has decided differently is an act that calls into serious question my allegiance to the church."—*The Allegiance that I Owe*, by Barry Oliver, *Adventist Review*, February 26, 2004, p. 11.

Admittedly, that is an astounding statement. In this article, we are told that only the church in its committee meetings is to decide correct doctrines and standards of conduct. Neither God, nor the Bible, nor the Spirit of Prophecy, nor the church members have anything to do with the matter.

It would be unethical to voice any concerns about the changed doctrines or lowered standards. We are simply to accept what the committee tells us. We are to ask no questions and present no Scripture. We are to become totally silent on the matter, adapting our thinking and our lives to the ruling.

The veteran Adventist nurse of many years experience, who wrote this biographical account of her years of employment in our medical facilities, refers to our denominationally owned hospitals and nursing homes as “*conference owned.*” For purposes of simplification her report is being printed with that phrase.

But it would be well to clarify this: Originally, at great personal sacrifice, our church members provided the funds to build those institutions; and they entrusted them with their local conference offices to own. This was because the members only had direct voting authority (in their biennial constituency meetings) over the conference offices.

But in the 1960s, without notifying the conferences or the nurses in the medical facilities, ownership of those institutions were quietly transferred to the Union conferences, which church members had no direct control over.

Then, in the 1970s, ownership of those institutions was quietly handed over to the various Adventist Health Systems. When this was done, control of large numbers of medical and convalescent facilities was placed under two or three men in AHS headquarters.

Astounded with the buying power they now had, these men went on spending sprees, remodeling existing facilities at great expense and buying new ones. In some instances, to emulate big corporate executives, they even bought private jets so they could fly around to their far-flung collection of medical facilities. All this was done by heavily mortgaging existing facilities and floating bonds (borrowing money). Their stated objective was to have, as they called it, “an Adventist presence” in every important city and town. Although they did not fully achieve that goal, they managed to place an immense debt on all our medical / nursing home facilities—amounting to over a billion dollar debt, by 1983, while all other Adventist denominationally owned facilities of every kind in North America did not total more than a million and a half dollars of debt!

By the mid-1980s, the AHS financial sheet amounted to a 2 to 1 debt to asset ratio. That meant that for every dollar in assets (hospitals, nursing homes, and other medical-care facilities) our denomination owned, two dollars was owed to the creditors! This meant that if we sold all our medical facilities, only half the debt would be paid!

By 1986, those few men had increased the debt load to over 2 billion dollars! Although our denomination was saddled with this massive debt of over 2 billion dollars, the church members had no say in the matter. A few men controlled it all. Although Union and General Conference officers were voting

members on their boards, the few men in charge of the various Adventist Health Systems were permitted to have free rein to spend all the money they wanted.

Recognizing this, in the late 1980s, with the concurrence of Union-level and General Conference officers on their boards, AHS leaders and hospital managers voted themselves fabulous pay increases because of their “remarkable financial ability” “which could not easily be replaced.” Yet this was done amid a massive debt load which they had placed on our church.

For more on this, we refer you to several of our earlier publications, which you will find in our 186-page, 8½ x 11, *Medical / Publishing Tractbook*. \$14.00 + \$2.50.

Here are some of the tract topics you will find in that book:

**AS-22-25 BILLION DOLLAR DEBT Part 1-4** Fall 83. The enormous Adventist Health Systems debt.

**AS-47 ADVENTIST BOND DEFAULT** Aug 88. First bond default by an Adventist-owned entity.

**AS-48 MORE ON ALC BOND DEFAULT** Aug 88.

**AS-42 PROBLEMS DEEPEN FOR AHS** June 87.

**AS-49-50 AHS: EDGING CLOSER TO BANKRUPTCY Part 1-2** May 89. New information, including the Apr 17, 89 Dennis letter.

**AS-51 AHS: COMING CLOSER TO BANKRUPTCY** Sept 89. Still more facts.

**AS-55 WHEN THE CRASH COMES** Jan 90. Effects of the bankruptcy on our denomination.

**AS-56 APRIL 1990 CHANGES AT AHS** Apr 90. Efforts to solve the problems.

**AS-59 ALC NOW IN MONETARY DEFAULT** Nov 90. Adventist Living Centers refuses to pay its bond debt.

**AS-60-62 BREAK-UP OF ADVENTIST HEALTH SYSTEMS Part 1-3** Aug 91. AHS separates into separate subunits again.

**WM-136-138 NOW ALMOST TWO BILLION IN DEBT! Part 1-3** Aug 86. Staggering increase in AHS debt in one year.

**WM-150 THE SNEC COMMISSION REPORT** Dec 86.

Financial experts have checked into this, and found that if our hospitals eventually crash financially, many Adventist-owned churches would have to be sold to pay off the creditors.

How could our Union and General Conference leaders permit all this to occur? They sat on the AHS boards and oversaw all that happened. Unfortunately, when high-placed church officers retire, many of them are slipped into fabulous salaried jobs as AHS hospital managers! So many tragic things are happening in the church, and it must bring sorrow to our heavenly Father.

1980s, the new leaders gave up several basic doctrines, including the seventh-day Sabbath.

Why does our church seem bent on self-destruction? Is the church eventually going to require that the members not maintain any thoughts that the church decides are not “convenient”? Shades of “Big Brother” thought control! Is this why many of our ministers are promoting neuro-linguistic programming? Who is being loyal to the church: those who are “watchmen on the walls of Zion” or those who sell their souls for a job by saying in effect, “My church, right or wrong”?

It is all such a tragedy. Here are a few examples of what is happening:

- The Sundaykeeping SDA “Community Church” in Reno, Nevada, which was so highly publicized by the *Pacific Union Recorder* for its remarkable achievement in not emphasizing the Sabbath. It is holding Sunday morning church services in order to attract new members. There is generalized pressure not to emphasize the Sabbath.

- The recent North American Division ruling that we should call ourselves “Adventists,” not “SDAs.”

- The burning of many boxfuls of *Great Controversy* books by a Seventh-day Adventist conference in the Philippines, especially when these books did not belong to them. The extreme pressure on church members, in many localities, not to distribute *Great Controversy*.

- The destruction of King James Bibles by an SDA evangelist in Australia. The quoting of Catholic Bibles in our official hymnal.

- The ongoing controversy over the significance of 1844 and Jesus’ ministry in the Holy of Holies.

- The despicable way that Elder M.L. Andreasen was treated for his loyalty to our “pillars,” even to the taking away of his sustentation, forcing him to apply for welfare, until the government required them to pay it.

- The terrible teaching that we can go on sinning until the day of the Second Advent, and still be saved, dooms the gullible just as surely as the “second chance after the rapture” theory of many Protestants who may not know they are really following Jesuit leaders.

## HER LIFE AS AN ADVENTIST NURSE

*Everything that follows concerns conditions and situations I experienced as an Adventist nurse working in Seventh-day Adventist hospitals or nursing homes:*

An SDA hospital administrator told me I could not have a job anywhere in his institution if I opposed abortion. I had relieved a night nurse on the surgical unit, until the a.m. charge nurse told me what was happening during the day in surgery: “Didn’t you know that all the “exploratory lapa-

### TOWARD SOLUTIONS

There needs to be a way that an Adventist RN can talk to someone in the church and get changes made. It is clear (from reading this RN’s lifetime spent in Adventist hospitals and nursing homes) that no one in authority in those facilities, in the conference, or in higher positions wants to see any corrections made. Indeed, their only concern is that everything remain covered up! They seem to fear improvement.

If this one problem could be solved, immense changes could come to our medical care facilities. All that is needed is for people to have someone in authority who will listen, investigate what is happening, and then make the needed changes.

roscopies” here have D&Cs?”

“*Laparoscopy*” comes from a Greek phrase that means “look into the abdomen.” A *laparoscopy*, also called a *peritoneoscopy*, is a technique for looking into the abdomen to see if there is a problem, such as an ectopic pregnancy or cancer. A *D&C (dilatation and curettage)* can be one of two methods of abortion used in early pregnancies. It is a tear-it-out-with-a-knife method. A loop-shaped steel knife is pushed into the uterus; and, with it, the abortionist cuts the placenta and baby into pieces and scrapes them out into a basin. Bleeding by the mother is usually profuse. There is a very real danger of damage to the cervical ring muscle, which can cause infection or difficult and painful childbirths later on.]

That is how I discovered that I was in an undercover abortion mill, where most of the surgical patients were fertile females listed for “exploratory laparoscopies” to cover up first trimester D&C abortions.

An emergency room nurse told me that when “amniocentesis” on second- and third-trimester pregnancies were done there, the doctor would immediately inject a large amount of super-saturated saline into the amniotic fluid surrounding the baby on the sly. I wondered where the permits for the abortions were. I never saw an “exploratory laparoscopy” on the surgery schedule for a male patient.

[An *amniocentesis* is a transabdominal removal of a small amount of fluid from the amniotic sac, to check on the baby’s genetics. In contrast, a *saline abortion* is a burn-the-baby-alive procedure, done

later in the pregnancy when the baby is too large for slicing into sections. The saltwater causes the baby to die in an agony of pain, and then be ejected by the mother's body.]

Over the years, I have spoken with many Adventist nurses who have worked in many of our hospitals. From them I understand that abortions are quietly done in most Adventist hospitals today.

In a different SDA conference-owned hospital, the director of nurses told me that I, as the RN supervising in post-partum and overseeing the newborn nursery, did not have to enter the labor and delivery unit; yet I must sign as mine the work of the unlicensed [and lower-paid] "technician" working there. This included my signing for her phone orders for intravenous / injectable drugs.

I knew that I would not only be putting my nursing license in jeopardy by perjuring multiple legal documents, thus making me liable for any mistakes by the "technician"; but, more importantly, I would be sinning in the sight of God. Further, I wondered how much the hospital would back their RNs up if a student nurse or technician's unsupervised mistake went to court.

In my resignation interview and letter, I told the DON [director of nurses]: "Anyone who will lie for their employer, when that is convenient, will lie against that employer when that becomes more convenient." But she maintained that it was "policy." That DON was apparently rewarded for her cost-cutting by a high-paying administrative job in Adventist Health Systems.

The administrator of a 118-bed skilled nursing facility, where I was assistant director of nursing, regularly left people listed on the work schedule as being on active duty—when they weren't. They may have called in sick or she may have called them, requesting them not to come in. In this way, she could tell the state inspectors who would later check the records that the proper number of staff was present at all times.

One Saturday night I filled in; but only one aide showed up. I called one; but I was told that she had been in the hospital with a broken leg for two days. Another had been given permission from the administrator to take the weekend off and was out of town. Another was running a high temperature and had called in sick the previous day. Because the administrator refused to pay overtime, no one was willing to come in and help out. I called her, but the administrator did not come in to help. It is a wonder that there was no further disaster that

night.

On another occasion, I worked the afternoon shift. That night, when the second night-charge nurse failed to show up, I called her. But I was told that the administrator had already called and told her to stay home. So I had to work for her. Finally, I got to bed. However, I had not been asleep for thirty minutes when the administrator phoned and told me to go back on duty; because the state inspectors were there and she had let the director of nurses go to town.

That morning, she wrote out a special \$300.00 check to pay me some of my back overtime. But when I received my next paycheck, I found she not only deducted the special check, but only paid me for eight hours—for the day I had worked twenty three hours out of twenty four.

When, another time, I circled someone on the schedule who had just called in sick, the administrator reprimanded me. She then copied the entire schedule over again, leaving that LVN listed as working.

I phoned an LVN [licensed vocational nurse; in other states called an LPN, licensed practical nurse] who was listed on the monthly schedule as being "on call," only to find that she had been working in Saudi Arabia for months and the administrator knew it. As you might expect, there was a high turnover rate among personnel at that hospital. The director of nurses reported these things to conference authorities in vain. They did not seem to care what illegalities, or practices dangerous to the patients, were done at the hospitals.

In another SDA conference-owned nursing home, where I worked nights, I found that one patient was given whiskey every day by the nurses; and most of the patients received what I dubbed as "sanctified brandy," as it had some vitamins added.

Since the director of nurses and administrator were both new, I wrote a letter to them, in order to alert them to the situation. In the letter, I quoted Habakkuk 2:15.

Darvon was added to one patient's brandy, and her blood pressure predictably soared. I wrote an incident report on that and also on the overdosing of another patient almost to the point of breathing failure. In response, I was told not to write incidence reports. I was then called in by the director of nurses and told to work the 3-11 shift, and I was promised that I would be placed on the other unit. But this promise was not kept.

I was placed in a situation where I was sup-

# An RN Tells Her Story

**PART TWO  
OF TWO**

Continued from the preceding tract in this series

posed to give the whiskey, required on the medicine sheet. I did not give the whiskey. The director of nurses later admitted to me that he was there watching me; and that aides reported to him that I was not giving the whiskey. (I circled it on the medicine sheet.) He fired me without notice for this!

I turned down many other Adventist nursing facility job offers after finding out that I would be required to preside over “happy hours.” In other words, I would act as a bar maid. How low can our medical facilities sink?

One administrator proudly proclaimed that one of their standard admission orders was “beverage of choice”; and that covered any liquor requested or given. I reminded him that liquor and many drugs are not compatible, and I quoted Habakkuk 2:15: “Woe unto him that giveth his neighbour drink.” He replied that his patients were not his neighbors! Then who are? What happened to the “right arm” of the third angel?

Repeatedly, I tried to locate an Adventist medical facility that really went by the “blueprint.” I visited or phoned many that belonged to ASI (Adventist Laymens Services and Industries); but things were no different in those independent Adventist institutions than in conference-owned ones.

Some of the receptionists did not even know that they were working for a Seventh-day Adventist institution! In a couple, I learned that I was supposed to do, or supervise, laundry on Sabbath. Secular music was piped in 24 hours a day, 7 days a week; and it could not be turned off in some facilities.

I was amazed to discover that two even required weekly cleaning to be done on Sabbath hours! I had to cut my hours to 32 every other week until I could get another job, because one administrator ridiculed me in front of all his staff because I did not let my nurse’s aide do the weekly cleaning or do ironing on the one Friday night I worked. That good nurse’s aide was fired. That particular director of nurses begged me to stay, as she like my work. This nursing home was much better than many in a lot of ways.

In desperation, I asked the wife of the president of Adventist Health Systems where I could find an Adventist hospital or convalescent hospital where Adventist principles still prevailed. She said that there were none that she knew of.

Medicare and Medicaid hiring requirements complicate the situation. How can smoking, drinking, pork-eating nurses teach health principles? The only way to solve this problem that I know of is to have detailed job descriptions that require the nurses to believe in, and practice, the “blueprint.” This also involves following the blueprint in the care of the physical, mental, and spiritual needs of the patients. I know that Wildwood and a few other places still do aim to follow the “blueprint.” I have also heard of a private SDA-run prison in California that seems to come close! If they can do it, why can’t our denominationally owned hospitals and other private Adventist-owned hospitals and nursing homes do it as well?

When I worked in another SDA conference-owned skilled nursing facility, at first I thought it was a good one, because it served a lacto-ovo-vegetarian diet, played only Sabbath music from Friday sunset to Saturday sunset, and did no laundry on Sabbath.

But I repeatedly had to refuse to falsify narcotics records in order to cover up multiple “shortages,” some of which were tranquilizers taken by nurses while on duty. I was even pressured (in vain) to sign narcotic counts as correct without counting!

The nurses and administrator knew about a person I will call “Patient A” on another ward that was prescribed Valium for her combativeness; they also knew that the nurses were getting Patient A’s daughter to bring in extra Valium [when the hospital’s pharmacy should have supplied it].

One week I had to relieve on the other nurses’ station. I saw that the Valium was charted on Patient A’s medicine sheet as given four times every day; yet nothing was signed on her narcotic record for the previous week! The next night a week’s worth was signed out in one handwriting. The Valium was totally missing. Valium was charted every day; also this provided the official list for state records. (In hospitals, narcotics are signed out to multiple patients from one box; in nursing homes, each patient has his own.)

I learned that Patient A, to which they were supposed to be giving that Valium, was not receiving it because the nurses were stealing it for their own use. Instead, they were giving Patient B’s Thorazine (a major prescription tranquilizer with serious side effects) to Patient A. Later Patient A suddenly died in convulsions. (The daughter of Patient B came to me earlier and asked me why she had to keep buy-

ing Thorazine and bringing it in so often.) I observed that whole boxes of Patient A's Valium and their narcotic sheets disappeared. The daughter of patient A brought in several boxes of Valium while I was on duty that week, saying she had had a call that they were low. I told her that her mother still had several boxes, and I refused to take the ones she had brought.

I had to send an aide home from the other station for being drunk on vodka while on duty. I found out that it was a regular occurrence; and the other nurses covered for her. In addition, I had to send an LVN home for being totally unable to function because of an overdose of tranquilizers.

I drove to the conference office to talk about the problems, but they told me there was no one that would listen to me or would read any letter I might send. I then drove to see a retired General Conference official that I admired. He told me to shut up about it.

Shortly after this, my administrator demoted an experienced director of nurses who refused to fire me and put in a newly graduated two-year RN who aided and abetted the drug misuse. Then they fired me without notice.

At an ASDAN (SDA nursing) convention years later, another RN told me that drug use was still a problem there two years later when she worked there.

Is it any wonder that I do not want to become a patient in a convalescent hospital? I have seen too much! (I have also seen patients neglected, starved to death, narcotic abuse, and "happy hours" in non-Adventist hospitals in which I worked. But I am not reporting on them.)

When upset about what was being done to eliminate unwanted problem patients, I alerted the director of nurses, at one large Adventist hospital, of three deaths, and one death that I averted, within just two weeks time. My supervisor told me: "I will see to it that you never work again!"

One of these patients was dying, but, though she had no history of diabetes, they placed on the report that she had high blood sugar. The doctor, whom I had admired, ordered IV regular insulin, which I gave very slowly. The patient died within about five minutes. I was shaken.

A couple nights later, a doctor stood by without doing anything while a middle-aged alert patient died of a heart attack on my own ward. The third death is vague in my mind now.

The fourth was a man in his fifties with a neurological disease, but he was still living alone in a residential hotel. He had been given a trans-urethral prostatectomy under general anesthesia that day because of an enlarged prostate that had neces-

sitated his wearing an indwelling Foley catheter in order to empty his bladder. They did surgery on him, despite the fact that he was running a documented fever. Further, there were no orders for respiratory therapy, which should have been protocol in his condition whether he had a fever or not.

A mutual friend had asked me to do special duty for him at her expense that night. Not surprisingly, the man had developed pneumonia. He was unconscious. The afternoon nurse told me that I was to let him die! (Of course, that was not written on the chart!)

I hastily scanned his chart. He claimed to be an SDA on his admission sheet, but he had cigarettes in his bedside stand. I knew that he was not ready to die. I had a hard time finding a doctor; but finally one sheepishly came and did an emergency temporary tracheostomy (an incision into the wind pipe, to make suctioning easier and facilitate assisted breathing) in his hospital room. He lived for several years thereafter. Apparently, saving his life and reporting to the director of nurses was my crime!

Shortly thereafter, a patient with ankylosing arthritis was admitted to my unit. (I ran a small medical unit at night with an aide that was about five feet tall, over 60 years old, and had heart trouble. There was a much larger medical unit elsewhere in the building where more help was available.)

My supervisor ordered me to lift her on and off the bedpan slowly at arms length. Realizing the lack of wisdom of that, I requested and obtained an order for a Hoyer lift; but that supervisor nixed the lift. She told me I had to lift the patient or resign. I tried in vain to transfer, as I owned my own home there. I wish I had resigned, but the situation was such that I felt unable to do so. I had a back injury which led to my first double spinal fusion. I have never been without pain in all the years since.

Then, over the next year, weird things began happening to my automobile. On one occasion, a disconnected water hose left me helpless on a railroad track minutes after I had the hoses checked. Another time, just after I had major engine repair done, my car engine threw a rod in the middle of a desert, even though I was driving 25 miles an hour on the mechanic's suggestion, after he said there was no longer anything wrong with my car. My replacement car's brakes, which I recently had repaired and upgraded, mysteriously failed completely as I headed down a steep, winding mountain road. I had to wrestle the steering wheel (which had lost its power steering) to keep from going over the side, down a precipice. Then I had to sideswipe the embankment on the other side of the road in order to stop before I hit something else.

Later on, things really hit home, when my own mother was placed in an Adventist Health System hospital with a second fractured hip. She went into heart failure two days after the surgery, because they ran an IV too fast.

What was the treatment given her for her condition? Salt tablets! Immediately, that changed her leg edema to include fluid on her lungs as well. She gained 20 pounds of fluid. What was done for that? The doctor ordered Morphine, though her chart had a large red sign stating that she was allergic to Morphine! Fortunately, no one bothered to give her the Morphine listed on the chart. Then all doctors disappeared.

Finally, after being abandoned for two days, during which my mother almost died, I got her to another hospital where she finally saw a heart specialist. After this, she lived another 19 months in my home. She was a joy to take care of, though it was very taxing. I have never been sorry that I got her out of that hospital in time. I just wish I had learned more about natural healing earlier.

I had gone into nursing with high ideals. I naively took for granted that Seventh-day Adventist hospitals did not do euthanasia [intentional killing of patients, sometimes called “mercy killing”] and abortion. I truly believed that they taught healthful principles to their patients and prized honesty. I tried many times to get out of nursing; but I was usually told, “Since you are a nurse, why aren’t you nursing?”

I lost out on “GENCON” [General Conference] sustentation, despite fifteen years of SDA hospital and nursing home employment as an RN; but I kept my integrity. Should I have done more [to try to stop what was taking place]? Probably, but I felt so intimidated, demoralized, and helpless.

In these few examples, from among many I could mention, was I being disloyal to my God, my patients, my oath as an RN, my employer, and / or my church by trying to uphold principles given us by the God of heaven? Not in my book!

*Postscript:* The health message is the only reason why Seventh-day Adventists began medical work. We had something others did not have. At the present time, most Adventist Health Systems and ASI health institutions are not even the tail, let alone the head in preventive medicine. Now when many people are vegetarian or even vegan (no animal products at all), almost all our health institutions serve clean meats. In fact, the menus in some facilities do not even list vegetarian and vegan entrées. Some SDA dietitians resigned when meat was added. Some capitulated. After all, where else could they go? The General Conference should not be surprised that, after this betrayal, independent

SDA “life-style centers” soon began proliferating to fill the void.

When vegetarians or vegans, SDAs or not, come to our hospitals, they have to make special diet requests and take what is sent from very limited options. The American Dietetic Association diet program for heart disease is promoted in our facilities. This ADA diet, if followed, would give any vegetarian a shorter life expectancy, not a longer one. Vegetarians and vegans do not get sick as often as meat eaters.

My personal observations, as a life-long SDA and vegetarian, and a more recent vegan, are that most SDA hospital kitchens are not prepared to accommodate health-minded vegetarians anymore. For starters, all trays are set up beforehand with white sugar (whitened with bone meal), black pepper, coffee, butter, saltines, etc. A clear liquid diet is standard: Jello (from pigs’ feet), chicken or beef broth, apple juice, perhaps 7-Up, and tea. No other choices are available. I can personally attest that apple juice gets old fast in these circumstances.

I observed a long-term vegetarian being served a Reuben (beef) sandwich as her first solid food after surgery, despite her vegetarian diet order! I saw a confused man who had been a vegan for 55 years being served French toast (with eggs and milk), plus hot cocoa with milk, despite his vegan diet order.

Almost all “food animals” are today fed “tank-age” or parts of meat unfit for human consumption; they are routinely given hormones and antibiotics. It is almost a given that “there is death in the (meat) pot.” Since there is every possibility that some cows and sheep have sub-clinical Mad Cow Disease before they are killed, and because it is impossible to kill the prions deposited on the utensils, dishes, and flatware—now, more than ever before, health facilities are needed where only vegan food is served! That goes double when one’s immune system is already compromised by surgery or illness.

It is with sadness that I report to you that, for the most part, I feel that AHS and many ASI health institutions do not differ enough from others, as to have much reason to exist. They are teaching the public that the message of Adventists is meat eating and drugs. I am sure that there are some good people doing excellent work; and I certainly have not visited every institution. I would love to be proved wrong. In every health institution I ever worked in, I met caring people. But there were never enough of them; and I suspect that many also lead lives of quiet desperation.

— (Signed)

Retired RN and third generation SDA.

# A Judge Questions Abortionists

It is an insult to the Creator, when America is willing to ban partial-birth abortions while permitting all the millions of other abortions to remain legal.

(As mentioned in a previous study several years ago, the reason why the abortion industry did not want to lose partial-birth abortions was because they obtained the babies intact. This way they could more easily remove all their organs and sell them at high prices. Even the spinal fluid is extracted and sold.)

The latest news concerns one of three lawsuits that is being conducted as I write these words in April, in an effort to abolish that new law. Here is the story:

As soon as the *Partial-Birth Abortion Ban* went into effect as a U.S. federal law in November 2003, the national Abortion Federation, Planned Parenthood, the ACLU, and others filed suits challenging the measure.

At this time, judges in New York, San Francisco, and Lincoln, Nebraska are hearing evidence in juryless trials before deciding whether the ban violates the Constitution.

The liberals and the abortionists refuse to call it “partial-birth abortion,” although that is exactly what it is. Instead, they cover it over with these mysterious words, designed to confuse the mind: “intact dilation and extraction” or “D&X.”

A full-term baby is manually turned inside and partially delivered from the womb, feet first. Then, while the head is still just inside the woman’s body (so it can legally be said that the baby has not been delivered yet), a pair of sharp surgical scissors is inserted through the back of the child’s neck, into its brain. The infant kicks and then becomes limp. The dead baby is then removed. More money in the pocket of men who, if they do not repent, will later burn in hellfire.

Judge Richard C. Casey is the trial judge of the case in New York. He has repeatedly swept aside scientific-sounding jargon; and, in response to his insistent questioning, he has revealed some of the abortionists’ techniques and ways of evading the truth, when they talk women into getting abortions.

Jay Sekulow, Chief Counsel at the American Center for Law and Justice (ACLJ) made this comment about the information Casey is forcing the abortionists to disclose in his courtroom:

“The testimony of these abortion providers unlocks the door to a secret world of torturous death that includes dismemberment and decapitation of unborn children whose lives are taken by partial-birth abortion. The testimony of the abortion providers is not only revealing gruesome details about a procedure that amounts to infanticide but is setting the stage for the Department of Justice to prove that this procedure is never medically necessary.”

On March 31, in Judge Casey’s court, an anonymous abortionist testified about what he observed during a par-

tial-birth abortion, revealing a new method for killing the almost-born infant: Smash its skull.

“What they did, they delivered the fetus intact until the head was lodged in the cervix, the doctor said. Then they reached up and crushed it. They used forceps to crush the skull.” Judge Casey: “Like a cracker that they use to crack a lobster shell?”

“Like an end of tongs you use to pick up a salad, except they are thick enough and heavy enough to crush the skull,” replied the doctor.

Judge Casey questioned: “Except in this case you are not picking up a salad; you are crushing a baby’s skull.”

The judge then asked, “The fetus is still alive at this point [just before the crushing]?” Reply: “Yes, sir.” Question: “The fingers of the baby opened and closed?” Reply: “I did not observe the hands when I observed the procedure.” Question: “Were the feet moving?” Reply: “Yes, sir, until the skull was crushed.”

Judge Casey asked Timothy Johnson, of the University of Michigan, whether doctors tell women that partial-birth abortion includes “sucking the brain out of the skull.”

Reply: “I don’t think we would use those terms. I think we would probably use a term like ‘decompression of the skull’ or ‘reducing the contents of the skull.’” Judge: “Make it nice and palatable, so that they wouldn’t understand what it’s all about?” Reply: “Yes.”

On April 5, Judge Casey asked this of a witness (a woman abortionist) supplied by the National Abortion Federation: “Do you use simple English words, so they know what they are doing and authorizing?” Reply: “Yes” (a lie, shown by what follows). Question: “Do you discuss the killing of the fetus?” Reply: I tell them that when I cut the umbilical cord of the fetus, the fetus exsanguinates.” Judge: “*Exsanguin-what?*” Reply: “In layman’s terms, it would be drained of blood.” Question: “Do you tell them that?” Reply: “No.” Question: “Do you tell the mother the fetus will feel pain?” Angry snapping reply: “I have never talked to a fetus.” Judge: “I did not ask you that. Do you ever tell the mother?” At this point, the woman became extremely angry and raised her voice. “That is what I tell my patients, I’m sorry! . . . I do not believe the fetus feels pain, so I do not tell them that.” The judge asked if she ever bothered to read the literature on fetal pain; she admitted that she had not.

In the San Francisco trial, the judge is permitting the abortion lawyers to use mysterious words; the judge himself uses them. (“The fetal calvarium [skull] is separated from the fetal body.” “The body is disarticulated [cut into pieces].”

With but one exception (a Lancaster, PA, newspaper), the usual public media is totally silent about these trials.

If two judges render different rulings—which is extremely likely—the matter will come before the U.S. Supreme Court for a final verdict.

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