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The Crisis at Riverside— What You Can Do About It



Riverside: A Medical Ministry Begun in Nashville

BY LOUIS B. REYNOLDS

As America entered the twentieth century, Ellen G. White urged church leaders to become "imbued with the missionary spirit," to reach classes that had been sadly neglected. Especially was she concerned with the millions of recently emancipated black people who needed to be taught in various lines. Now she was impressed to begin a health ministry for these people that would correct long-standing nutritional deficiencies and poor health records accumulated through more than 300 years of bondage.

Nellie H. Druillard, who had a considerable fortune from the Rhodes diamond mines in South Africa, seemed the most likely person to pursue the establishment of this health institution. When Ellen White approached her about the project, she agreed to begin such a work in Nashville.

Meantime, Lottie C. Blake came into the South at the urging of Dr. John Harvey Kellogg to establish treatment rooms in Nashville.

The story of Dr. Lottie Blake's work in the Nashville inner city and north of town at Hillcrest is an important rehearsal of the difficult times that went into the making of an Adventist hospital. She began a sanitarium and treatment room in Nashville around 1903. Lottie Blake was resolute and determined to get a sanitarium going.

In the interim, other health-minded people in the north were preparing to make their contributions to the growing physical therapy and diet reform

ministry of the church. One of these was Harry E. Ford of Vincennes, Indiana.

During the years Ford was building up the laboratory and x-ray department at Hinsdale, Nellie H. Druillard had occasion to remember her promise.

On a plot of land facing Young's Lane, north of Nashville, Nellie Druillard decided to begin this health institution. The difference between her program and Dr. Lottie Blake's was that Nellie Druillard had considerable resources and could move ahead without being hampered by budget considerations. She therefore proceeded with plans for five frame buildings, similar to those erected on the Madison campus, where she had spent several years.

Nellie Druillard took in several girls and trained them in hydrotherapy and nursing procedures.

When Nellie Druillard reached the ripe age of 80, she could carry the load of Riverside no longer and sought relief from the fledgling health institution on which she had embarked. In 1936, therefore, when she learned that the General Conference was seeking a location for a sanitarium to serve the black constituency, she decided to give the institution to the church for this purpose. From her personal funds she had spent approximately \$250,000 to build cottages, equip the hospital units, and to operate the sanitarium and its practical nursing program from 1927 to 1936.

The General Conference then asked Harry Ford to take over this work, and he left Hinsdale to begin tours of churches

on behalf of Riverside. His brother, Lewis E. Ford, also trained in nursing (and an excellent craftsman and maintenance expert), came to the sanitarium to help with remodeling and installation of new equipment and to assume responsibilities in physiotherapy.

Word got around about Riverside, largely through its influential friends, that it was a place of outstanding restorative healing.

Harry D. Dobbins, Adell Warren and Lysle S. Follette, all capable experienced leaders, served in their turn as administrators for Riverside. When Norman G. Simons was named administrator in 1959 he saw effective ways by which Riverside could be updated. During Simons' tenure therefore a new 50-bed hospital facility took shape.

There followed in all hospitals nationwide, with the instigation of Medicare and Medicaid, a period of meticulous governmental controls. During this stormy interlude, Joseph Winston and James Merideth guided Riverside's destinies and, joining the vast Adventist Health Systems/Sunbelt flung into place a circle of wagons against disaster.

The call went out for Womack Rucker, Jr. and for two years he and his wife Christine have vigorously promoted diet and health reform in connection with the hospital. Riverside's leadership is seeking to follow the blueprint for Adventist medical institutions and they are asking for prayers from the constituency as they move forward forward with future plans for Riverside.

Where Do We Go From Here?

The Crisis, The Solution

BY WOMACK H. RUCKER, JR.

Over the last two years a cloud of uncertainty relative to the continuance of Riverside Adventist Hospital has generated considerable discussion. For the record, I'd like to set in chronological order the events which led to the current crisis, and I'd like also to suggest a strategy for success in the future.

We begin with the fact: The Adventist Health System/Sunbelt Health Care Corporation, which has managed Riverside since 1977, has voted to "cease the operation of Riverside Adventist Hospital as a medical/surgical hospital and to take such action as is necessary to negotiate the future of the facility and other services or a transfer to other ownership."

This action was taken at a board meeting held in the General Conference South Building on April 4, 1983. The background which led to this resolution is as follows:

In 1977 the General Conference negotiated a management agreement with the Adventist Health System/Sunbelt to manage Riverside for a period of five years. It was agreed that at the

end of that period the management corporation would notify the General Conference of its intention either to continue the management of the facility or return it to the General Conference with the stipulation that there would be no additional debt other than that incurred at the time of the management agreement. The original period for contract was to end June 30, 1982.

Prior to the agreement with the General Conference, the hospital was managed by a board of directors that represented the regional conference presidents and other local and professional church leaders. After the transition to Sunbelt management the board composition included representatives from the Southern Union, Adventist Health System/Sunbelt, South Central Conference, South Atlantic Conference, and local professionals. During the early years under Sunbelt management very little change in the Riverside organization was initiated and the hospital continued to lose money each year. In February, 1981, a new management team was hired and a reorganization of

management functions along with a strategy for the recruiting of new physicians was aggressively pursued. After approximately six months under the new administrator an ad hoc committee met to discuss the future of Riverside. This committee included Sunbelt corporate officers and the Riverside administrative team. It was indicated at that time that the exploration of a sell of the facility or a potential notification to the General Conference to terminate the agreement at the end of June, 1982 would be considered. It was further indicated that if a "turn around" of the facility and trends toward potential success were not realized by December 1981, the corporation would have to notify the General Conference of its plan to discontinue management of the institution.

In October of 1981 the board engaged the services of a New York consulting firm to initiate a marketing study of the hospital and provide recommendations to the Riverside Board on available options for future success. In January of 1982 the consulting firm delivered a report to the board with the following op-



Bottom left: Womack H. Rucker, Jr., Riverside president since 1981, has a broad background in hospital administration. His recruitment of physicians and other specialists has brought bright talents to the Nash-



ville medical scene. Bottom right: Medicare/Medicaid patients represent approximately 60% of the patient mix at Riverside.

tions considered: (1) continue as a medical/surgical hospital, (2) convert to an adolescent psychiatric facility, (3) convert to a rehabilitation hospital, (4) merge with Madison Hospital, (5) sell the institution.

After all these options were considered it was felt that none would be acceptable. In light of this decision the board voted to seek counsel from the General Conference as to how to proceed. Then in February of 1982 the corporate officers of Sunbelt met with General Conference officials in accordance with this action. Since it was understood that Sunbelt would no longer be interested in operating the facility and would therefore notify the General Conference of its decision to discontinue operation, the General Conference advised Sunbelt to negotiate the sale of the hospital. Between February and June of 1982 approximately 40 health care corporations were contacted seeking an offer for the purchase of Riverside. Since no reasonable offer was received, the sale of the institution was eliminated as a viable option. The Sunbelt Corporation then considered the closing of the institution and the financial impact of that decision. It was estimated that it would cost between \$300,000 and \$350,000 to close the hospital. Therefore, in June of 1982 Sunbelt advised the General Conference of its unsuccessful attempts to sell the hospital.

The Corporation negotiated with the General Conference to acquire the institution under Sunbelt ownership and was granted a loan of one million dollars to offset some of the cash expenses the institution had accumulated over the five-year management agreement. It was further anticipated that Riverside Hospital would be strongly affiliated with Madison Hospital, another Seventh-day Adventist hospital in the Nashville area. There was much confusion as to what the term "strongly affiliated" would mean. Rumors were rampant describing the new affiliation as a merger with Madison under one administration. This arrangement was never communicated to the Riverside administration; however, a transition committee to study the possibilities of sharing additional services, with the purpose of reducing expenses at Riverside was established. Representatives from Madison Hospital, Riverside, and the corporation met to discuss these possibilities. After several months of negotiations it was deter-

mined that there were no additional areas where savings could be realized that would neither inconvenience our patients by transferring them to Madison for services, nor produce additional savings in sharing services. Therefore the option of a strong affiliation with Madison was abandoned in October 1982.

In November 1982 the Riverside Board again authorized the recruitment of new physicians to join the staff so increased admissions could be realized. It was also determined that an application for a Certificate of Need for an intensive care unit should be initiated. New physicians were recruited and commitments made to have at least four new doctors join our staff between January 1983 and July 1983. The hospital was surveyed by the Joint Commission on Accreditation of Hospitals in February of 1983 and it appears that a three-year accreditation for the institution will be obtained. In March of 1983 the hospital was granted a Certificate of Need to build an intensive care unit. In the latter part of March and early April, 1983 emergency board meetings were called to take action on an offer to buy Riverside Adventist Hospital and/or to close it within the near future.

The recent actions taken by the Sunbelt board were felt to be necessary for several reasons: (1) The new Tax Equity Fiscal Responsibility Act (TEFRA) impacts the hospital effective January 1, 1983. Under this new regulation the hospital will receive less reimbursement than in the past for Medicare patients. Riverside has traditionally been highly utilized by the poor and elderly, thus it has been difficult to present a sound financial picture, especially since 60% of our patients are on federally reimbursed programs. (2) The elderly, that is, those on Medicare, tend to have longer lengths of stay at Riverside than the national average. Under the new payment structure hospitals will be reimbursed at a "target rate" per discharge for all Medicare patients. In other words if a patient has a length of stay of 15 days or 5 days, under the new law reimbursement will be the same. This fall it is anticipated that the new DRG regulation (Diagnostic Related Groups) will replace TEFRA legislation where patients will be reimbursed based on their diagnosis. The impact of this new legislation makes it even more unlikely that Riverside will break even with such a high percentage

of patients in this category.

During January and February the hospital accounting office projected substantial losses because of the new legislation. Also in view of the new legislation and its impact on cash losses associated with operations, the corporation decided that the opportunities for a profitable operation were very slim. In order for the hospital to break even three primary actions would be required: (1) increase admissions (approximately 200 more per year), (2) reduce the full-time equivalents per occupied beds (in other words, reduce the staff), (3) reduce the length of stay of Medicare patients from approximately 15.5 days to approximately 9 days.

The dramatic effect of accomplishing these three requirements could produce a break-even position, however, the corporation felt that the likelihood of accomplishing this in a short period of time was unrealistic. In view of the increased cash needs, the impact of new legislation, and the effect of the existing losses on the total corporation program, an action on the part of Sunbelt to seek relief from the cash drain on corporate funds by either a sale or closure of the operation at Riverside seemed necessary.

This is the crisis the hospital now faces and unless another corporate body with the interest of the Adventist health message surfaces, the hospital will be closed or sold within the new two weeks.

The Solution

It is obvious that over the past several years Riverside has been a losing operation. The necessity to recruit new physicians to admit patients to Riverside to broaden the base of medical staff support is a must if the hospital is ever to be successful. Riverside must develop a unique strategy for its future success in areas where competition with other local hospitals (approximately 12 others in the area) will not be an on-going struggle. The hospital must attract new physicians to supplement the existing medical staff to provide additional admissions to the hospital. In order to attract new physicians some basic needs must be met. The building of a modern intensive care unit to take care of the acutely ill is an absolute necessity if new physicians are to be recruited. This will require an investment of approximately \$150,000. (2) the hospital must develop a unique service in a particular area and not at-

tempt to be "all things to all people" in competition with the major tertiary care centers. By focusing on a few specialty areas such as Hypertension, Diabetes, Kidney Disease, outpatient surgery, and increasing outpatient services, the hospital could market these services in a productive way.

The primary focus of Riverside through the years of course, has been in keeping with the objectives and philosophies of the Adventist health ministry. Mrs. White states in *Medical Ministry* that the highest aim of our medical institutions is to provide "spiritual help to the patients." Successful evangelistic work, she says, can be done "in connection with the medical missionary work." —pp. 26, 27. "If the spiritual work is left undone," she adds, "there is no necessity of calling upon people to build these institutions." *Ibid.*, p. 191. Medical institutions are needed in which (1) "successful medical and surgical work can be done." *Ibid.*, p. 26. (2) They should be places where one may "find relief from disease by treatment, and right habits of living, and to learn to avoid sickness." —*Counsels on Health*, p. 247.

In keeping with the counsel given, Riverside Adventist Hospital has sought to fulfill these purposes. A very active and aggressive health education program has been organized to teach the wholeness of man as well as to instruct individuals in the prevention of disease by proper habits of living. In order to have a strong medical missionary component, it is obvious that the acute care portion must also be strong. With a strong and financially viable acute care program the hospital can continue the spiritual work of the Adventist health message and expand in areas where in the past we have been unable to move forward. Currently, the hospital has applied for a federal grant to develop a hypertension center in the adjacent medical office building. This program will focus on the treatment of hypertension by utilizing the principles of our health message. It is interesting that modern medical science is now attempting to capitalize on programs which we have developed over the last 100 years. Other organizations have already begun to implement wellness programs for their staffs. I was recently informed of another hospital that was attempting to place vegetarian entrees on their menus for patients who chose the vegetarian diet. The success of our health ministry



A typical health education class where principles of the Adventist health message are emphasized. Many people are attracted to the classes through radio and television presentations on Nashville stations.

at Riverside will depend on our ability to attract new physicians, which I believe can be done, and upon the continuance of a strong program in preventive health education. We need to develop a specialty service that will be recognized in the community as being unique and innovative.

We are encouraged by the promises God has given to the effect that He will work for us during perplexity and difficulty. "Often men pray and weep because of the perplexities and obstacles that confront them. But it is God's purpose for them to meet perplexities and obstacles, and if they will hold the beginning of their confidence steadfast unto the end, determined to carry forward the work of the Lord, He will make their way clear. Success will come to them as they perseveringly struggle against apparently insurmountable difficulties, and with success will come the greatest joy." Ellen G. White, Letter 162, April 12, 1903.

We are concerned that the apparently insurmountable obstacles may close the work at Riverside. It is ironic that this action is being taken at a time when we are beginning to see the results of seeds planted months ago. Non members are beginning to respond to this beautiful health message which they have never heard before. Patients and visitors who have come to Riverside, have taken their stand to be baptized within the last few months. I strongly believe that God will continue to bless the ministry here if we would put our faith and trust in Him. Claiming the promises God has given we

can go forward and overcome. In order for us to survive we must be able to operate free of the tremendous debt that currently plagues the institution. It is our prayer that God will open the windows of heaven and pour out a blessing that will allow the institution to survive free from its present encumbrances.

Will you please pray with us that His will be done.

"If the right persons are connected with the work, and if all will humble their hearts before God, although there may now be a heavy debt resting upon the institution, the Lord will work in such a way that the debt will be lessened, and souls will be converted to the truth, because they see that the workers are following in the way of the Lord, keeping His commandments. This is the only hope for the prosperity of our sanitariums. It is useless to think of any other way. We cannot expect the blessing of God to rest upon us if we serve God at will and let Him alone as pleasure." *Counsels on Health*, pp. 292, 293.

**GIVE NOW
TO THE
RIVERSIDE
DEVELOPMENT
FUND**
(See Back Page)

It was a sad, bleak Friday in April 1934 that I received a notice from the Pacific Union College business office that my privileges of class attendance were to be terminated on Monday morning. The reason: lack of tuition. It was true that in spite of working 45 to 50 hours per week at 25 cents per hour, cutting back on all but classes absolutely essential to completion of my premedical course, and exhausting all possible family resources, I was meeting the final ultimatum—dropped! Insufficient funds.

When kitchen chores were over, I found my leaden feet and heavier heart dragging to my dormitory room, wondering how I might find means to get my meagre baggage shipped 500 miles home. When I opened the door I found an envelope with an official return address: "General Conference of Seventh-day Adventists." Enclosed was a letter stating tersely: "We have been requested to forward the following funds to you. The 100 yen gift comes from a Chinese brother who read your article written in *Youths Instructor* and felt impressed to help you with your education and dreams of becoming a doctor." Of course at the then-going rate of exchange, the 100 yen draft was reduced to \$10 American.

It was nearly sunset. I finished my bath, put on clean clothing and proceeded to vespers. After a song service and brief words of exhortation, the minister asked if there were any testimonies that students wished to share with the others. Here was my opportunity to tell how God had answered my prayer by sending me a check from China from a man I had never seen or known, to whom I could not even send a note of thanks in reply. But this was to be a sign that He intended for me to stay in school and finish my course.

On Saturday night I found a ride down to Oakland and received a promise of help on a note from a kind church member that I was to take to my college business manager. On returning to school Sunday morning I found a wire from my mother's employer stating that he would send \$50 if I were allowed to graduate. Both the letter and the note were accepted by the business office. Two months later I marched with the graduating class knowing full well that God had a purpose for me in life as a doctor.

The two months following graduation were spent working at Loma Linda

I EXPECT A MIRACLE

BY CARL A. DENT, M.D.

Sanitarium and Hospital as a "call boy." Living at home, and saving every cent earned, netted me just enough to pay off the remainder of my bill at PUC. On Friday, before starting medical school on Sunday morning, I was penniless and at a loss to know which way to turn for the \$350 needed for matriculation. I reminded the Lord that He had definitely shown me that He wanted me to be a doctor, and yet had shown me no financial help. He must surely have wanted me to demonstrate a little more faith, for no financial light penetrated my gloom.

Saturday night, however, I was impressed to visit a man and woman for whom I had caddied at the country club. I knew nothing of their financial status, and still less of their background; I knew only my own distress. My phone call for an interview was granted that very night. I was scared—fearful of being rejected—but God had directed me to a couple who in their youth had been penniless and had to do prospecting out in the desert to get their start in life. They heard my plea for help and asked me to return the following morning. Still anxious and under strain, I returned to find Mr. and Mrs. Finley had already made out a check for \$350 and wished me Godspeed with my career. Within the hour I had finished my matriculation and was enrolled in school knowing there was no way possible for me to finish *except as God willed*.

Many missionaries on furlough attended Loma Linda and spoke of the great needs of their fields for medical workers. During my first two years at Loma Linda it was my privilege to sit in chapel while Elder Burden (one of the pioneers who with Ellen White began the work at the college) told of miracle after financial miracle that enabled them to purchase and hold the property that began the work there. I realized that God was repeating the same type of miracle for me.

An even more spectacular deliverance marked my entrance into the third year of medicine. A \$550 entrance fee



Dr. Carl A. Dent has served Riverside since the days of the frame cottages.

was the absolute minimal requirement. A summer school course in neuroanatomy left me with scarcely enough to pay my room rent. My benefactors, the Finleys, were out of the country on vacation. Advised to drop out of school, while my classmates attended Monday sessions, I vainly sought for employment. Failing this, I determined to join the merchant marine or sign on some ship as a deck hand. On reporting out at the registrar's office one of the secretaries advised me to see the school chaplain, Dr. Wirth, stating he sometimes knew of people who had helped students.

Dr. Wirth was kind but with sadness said he could put his hand on no one, but added "there is Someone who can help. Let's pray." He prayed an elegant prayer on my behalf and I followed with another choked and tearful one. Leaving his office about 2 p.m., a hitch-hiked ride brought me back to Redlands within an hour. During the trip home the picture of an impressive home on a great estate flashed before me. Once or twice I had helped my brother deliver papers there, but I knew nothing of the occupants except that the name on the delivery list

was Shirk, E. W.

"Doctors aren't rich. They only appear to be, because they frequently run around with rich people," I was told by two of the town's medics. They sympathized but were unable to help with my problem. It was there that the house on the hill, which seemed to bespeak great wealth, caught my imagination. Borrowing a friend's car, I drove up to the front door and rang the bell. A man answering my request to see Mrs. Shirk ushered me into a large library where I was shortly joined by a very impressive but kind woman. Within a few minutes after calling my high school principal, the dean of the medical school, and a friend of mine who did catering for her at times, Mrs. Shirk wrote out a check for \$550 giving me to understand that it was a loan (to be repaid after going into practice). Thanking her profusely, I left and caught the 7 o'clock bus back to Los Angeles. Wednesday morning found me rejoined with my classmates and with my studies.

These experiences, followed by many more similar ones, have taught me that the Lord controls the finances of His children and the hearts of many financiers. He is able to perform miracles for those dedicated to serve Him. My commitment to Riverside has been my response to God's miraculous dealings with me.

Riverside is now in serious financial trouble, so serious that the hospital is faced with losing its place among Nashville's hospitals. I do not believe God sent me here to see it closed for any reason. To Him who has heard and answered my prayers during financial crises heretofore, I plead for the deliverance of this institution, by whatever financial heart He sees fit to touch. Frankly, I expect another miracle. There is someone out there whose heart will be touched to provide the three million dollars needed to pay off Riverside's debt and provide the institution with enough operating funds to continue its service. That someone may be you.

WE NEED YOUR HELPING HAND

BY CHARLES E. DUDLEY

When the desegregation of public hospital and school facilities became a reality during the 1970's, questions arose as to the feasibility of the predominantly "black" institutions serving the black community into the 80s and 90s. Do we still need these? It should be pointed out that these institutions will continue to serve a need for all society until the end of time. A training is found here for minorities that can be found in no other place. Jobs are provided, the needs of social fellowship are met. Strength and assurance are realized here as can be found in few other places. There must never be a surrendering of these institutions. They must never close their doors.

It was a sad day at Riverside Hospital, in Nashville, when over 138 employees were told that within ten days they would begin to look for other places to work because this hospital had been offered for sale and a buyer had been found. This must not be done. We appeal to concerned parties and fellow members to join with us in our efforts, under God, to help Riverside continue to function for the purpose that it was established—



an evangelistic-medical tool in His hand to make ready a people for His soon return.

Inasmuch as the brethren have given their best to help this hospital to survive and are giving up their efforts, we would request that the General Conference grant the South Central Conference an opportunity to give it a try. We need your helping hand also. Riverside can be! Riverside must be!

C. E. Dudley, President
South Central Conference of
Seventh-day Adventists

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WHAT YOU CAN DO!!

During this crisis period, funds are needed to continue the heritage of the first black Adventist medical center in the U.S. You can help in the following ways:

1. Make a direct contribution to the Riverside Adventist Hospital Development Fund (800 Youngs Lane, Nashville, Tennessee).
2. Suggest names of individuals who can make large contributions. *Remember all donations are tax deductible.*
3. Write or call your local conference president or the North American Division president to register your support for Riverside.

For more information call or write:

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