



Glendale Sanitarium.

From *Signs of the Times*, 1905. Shared by Michael W. Campbell.

Adventist Health Glendale (Glendale Sanitarium and Hospital)

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Adventist Health Glendale—known for most of its history as Glendale Sanitarium and Hospital and later as Glendale Adventist Medical Center—is a major not-for-profit, 515-bed acute-care hospital in Glendale, California.

¹ Owned and operated by Adventist Health and affiliated with the Seventh-day Adventist Church,² it is one of the oldest continuously operating Adventist medical institutions in the North American Division and the first medical institution founded by the [Southern California Conference](#).³ From its 1905 beginnings as Glendale Sanitarium, it has developed into a large regional medical center while maintaining a strong commitment to the Adventist philosophy of whole-person care.⁴

Origins

At the beginning of the twentieth century, Southern California's mild climate and rapid growth drew national attention. Adventist leaders viewed the Los Angeles area as a strategic field for both evangelism and the church's distinctive health work. Ellen G. White called for a network of sanitariums and vegetarian restaurants near major population centers in the region, including Los Angeles and its surrounding communities.⁵ Acting on her counsel, church leaders such as John A. Burden in 1904 secured the Glendale Hotel, a large Victorian building in the small community of Glendale just north of Los Angeles, for use as a sanitarium.⁶ White's report about her late-1904 visit described the "large building" as well adapted for sanitarium work, conveniently located on a new electric streetcar line and close to the post office, making it easily accessible to city residents.⁷ After renovations that added treatment rooms and other improvements, the new institution—Glendale Sanitarium—received its first patients in late 1904 and early 1905.⁸

By mid-1906, White could report that the sanitarium was well patronized, financially stable enough to be reducing its indebtedness, and that staff were seeing spiritual as well as physical benefits among patients.⁹ She characterized Glendale as "a very important member of the sisterhood of medical institutions in southern California," linking it with other projects such as Loma Linda and Paradise Valley in a regional network of institutions that combined medical care, hydrotherapy, health education, and spiritual ministry.¹⁰ Glendale Sanitarium quickly became an anchor for Adventist work in Southern California and was later remembered in conference sketches as the Southern California Conference's first medical institution, founded in 1905 as part of a strategy to unite evangelism and health ministry.¹¹ From its inception, Glendale was shaped by Adventist holistic ideals—treating physical, mental, and spiritual needs—and was expected both to care for the sick and to introduce patients to Adventist beliefs and lifestyle.¹²

From City Hotel to Hilltop Campus

For roughly its first two decades, Glendale Sanitarium operated in the converted Glendale Hotel near what is now Broadway in central Glendale.¹³ Like other Adventist sanitariums of the era, it emphasized rest cures, hydrotherapy, simple vegetarian diet, and health education for a clientele of church members and middle-class

"health seekers" attracted by natural treatments in a clean, quiet environment.¹⁴ Denominational histories later grouped Glendale with St. Helena, Paradise Valley, White Memorial, and other West Coast institutions as key destinations for such health seekers.¹⁵ The Year Book of the Seventh-day Adventist Denomination regularly listed Glendale Sanitarium among the church's California institutions, documenting its affiliation, leadership, and services and tracing its steady institutionalization within the Adventist health-care network.¹⁶ These entries show growing numbers of physicians, nurses, and staff and, over time, an increasingly complex organization.¹⁷

By the early 1920s, however, the original downtown site was constrained by surrounding urban development and offered limited room for expansion. Church leaders therefore planned a new campus on a hill east of Glendale with better space, cleaner air, and more suitable surroundings for a modern sanitarium-hospital.¹⁸

In 1924, the new facility opened at 1509 East Wilson Terrace, on a hillside overlooking the city and near what would later become the junction of State Routes 2 and 134.¹⁹ Contemporary accounts estimated the cost of the new plant at about US\$1.25 million, a major denominational investment at the time.²⁰ The institution's name evolved to "Glendale Sanitarium and Hospital," reflecting its dual role in lifestyle-oriented health reform and increasingly sophisticated acute medical care.²¹ The older city-center building was closed and eventually demolished.²²

As the twentieth century progressed, the once semi-rural hilltop campus was gradually surrounded by the expanding Los Angeles suburbs, bringing the institution into daily contact with the diverse populations of Glendale, Eagle Rock, and the San Fernando Valley.²³

Institutional Growth and Leadership

Through the first half of the twentieth century, Glendale attracted a number of influential Adventist physicians and administrators. [Archibald W. Truman](#), a physician and health educator, served as medical director during two separate periods (1923–1924 and 1941–1946) while also holding the position of General Conference medical secretary.²⁴ Biographical sketches highlight his advocacy of preventive medicine and vegetarianism, and his administrative roles at various Adventist hospitals and sanitariums, including Glendale.²⁵ His career illustrates how Glendale both drew upon and helped shape the Adventist medical profession in North America. Belle Wood-Comstock, M.D., an Adventist physician and health educator, worked as head woman physician at Glendale Sanitarium and Hospital. She organized a visiting-nurse program, conducted health institutes, and contributed significantly to women's and children's health. A 1928 biographical collection, *Women of the West*, recognized her work at Glendale as part of her broader impact in maternal and child health and public health outreach.²⁶ Nettie Florence Keller, a pioneering nurse and missionary whose career extended from New Zealand to the United States, is also associated with Glendale Sanitarium and Hospital. Biographical studies emphasize her commitment to Adventist health principles and her service in various institutions, including Glendale, illustrating the transnational character of Adventist medical missions and the central role of nurses in shaping

the ethos of early Adventist health facilities.²⁷

Yearbook listings and later denominational histories consistently include Glendale Sanitarium (and later Glendale Sanitarium and Hospital) among the denomination's principal medical institutions, documenting steady growth in capacity and services through the mid-twentieth century.²⁸

Relationship to the Church and Local Community

From its founding, Glendale Sanitarium was conceived as both a medical facility and a center of spiritual influence. Ellen White's reports in the *Review and Herald* during 1905–1907 portrayed the institution as a hub for health evangelism in Southern California.²⁹ She described how sanitarium earnings helped reduce institutional debt and how Bible studies and prayer with patients led some to accept the Adventist message.³⁰ Such accounts helped cement Glendale's reputation among Adventists as a model for combining medical ministry with evangelism. In 1924, the Glendale Sanitarium church was organized with about eighty members to serve patients, staff, and nearby Adventists.³¹ Within four years the congregation, supported by the sanitarium and the Southern California Conference, built a 600-seat sanctuary adjacent to the campus.³² This congregation—later known as the Vallejo Drive Seventh-day Adventist Church—functioned as a "campus church," closely tied to the institution's mission of promoting both spiritual and physical well-being.³³

A centennial feature in the *Pacific Union Recorder* in 2024 traced how this church grew from early sanitarium-era worship groups into a fully organized congregation that has ministered in the Glendale area for a century.³⁴ It emphasized shared outreach programs, community health initiatives, and pastoral support for patients and employees, as well as the congregation's evolution from a primarily Anglo membership to a more ethnically diverse body reflecting Glendale's multicultural character.³⁵

Over the decades, the hospital expanded its community outreach through health education, public lectures, screenings, wellness programs, and support for local congregations.³⁶ In recent years it has sponsored events such as community runs and the Glendale Downtown Dash, which promotes awareness of stroke prevention and cardiovascular health, extending its influence into the civic life of Glendale and surrounding neighborhoods.³⁷

From Sanitarium to Glendale Adventist Medical Center

By the mid-twentieth century, Adventist sanitariums across North America were steadily evolving into full-service hospitals. Advances in medical technology, stricter regulatory environments, increased emphasis on acute-care medicine, and rising institutional costs all pushed institutions like Glendale toward a more conventional hospital model.³⁸

A 1971 *Ministry* magazine article by Ronald A. Bettel asked, "Is the Sanitarium Obsolete?" Using Glendale and other institutions as examples, Bettel observed how facilities originally designed as sanitariums had gradually

assumed the functions of general hospitals.³⁹ While the classic "sanitarium" language was fading, he argued that the underlying mission of whole-person ministry remained vital if institutions could adapt their methods without abandoning their spiritual identity.⁴⁰

Glendale Sanitarium and Hospital mirrored this trend. It expanded surgical, obstetric, and emergency services while maintaining an emphasis on preventive medicine and lifestyle counseling.⁴¹ Reflecting this transition, the institution eventually dropped the word "sanitarium" from its name.⁴²

In 1973, Glendale performed its first open-heart surgery, marking a significant expansion into advanced cardiovascular care.⁴³ As part of a broader denominational restructuring of health institutions in the western United States, the hospital became linked with the emerging Adventist Health system, and in 1977 adopted the name Glendale Adventist Medical Center (GAMC).⁴⁴

Satellite Campus and Consolidation

In 1978, GAMC acquired Glendale Community Hospital, a 152-bed facility on South Chevy Chase Drive, operating it as a satellite campus.⁴⁵ This secondary site housed specialized programs, including treatment for alcoholism and services for the deaf.⁴⁶ Persistent low occupancy, however, made the satellite financially burdensome. Most operations were phased out by 1987, and administrators eventually sold much of the property, retaining only space needed for the family practice residency program.⁴⁷ The sale reflected a strategy to concentrate resources and services at the main Wilson Terrace campus.⁴⁸

By the late twentieth century, Glendale Adventist Medical Center had expanded significantly beyond its original hilltop core, acquiring and developing additional properties for outpatient services and future growth.⁴⁹ At the same time, real-estate pressures and changing health-care delivery patterns occasionally led to the sale or repurposing of satellite sites, underlining the challenges of operating a large institution in a dense urban region.⁵⁰

Growth into a Regional Medical Center

From the 1950s onward, Glendale Adventist Medical Center undertook a series of building projects and technological upgrades.⁵¹ A major milestone came in 2007 with the opening of the 190,000-square-foot West Tower. This project added sixty inpatient beds, including a new family-centered intensive care unit, expanded the emergency department, and provided state-of-the-art diagnostic and interventional facilities—particularly for cardiac and neurological care.⁵² At the time, the expansion made GAMC the largest hospital in the San Fernando Valley in terms of licensed beds.⁵³ By the early twenty-first century, the campus offered advanced services in cardiac surgery, interventional cardiology, stroke care, neurosurgery, spine surgery, orthopedics, oncology, women's and children's services, and numerous other specialties.⁵⁴ Institutional profiles and state health-care data describe a sizeable licensed-bed capacity and a substantial volume of annual admissions and

outpatient visits, underscoring its status as one of the major medical centers in the greater Glendale–Los Angeles area.⁵⁵ Internal documents and promotional materials stressed that these clinical capabilities were to be exercised within an Adventist ethos of compassionate, whole-person care.⁵⁶

A 2015 feature in the Glendale News-Press, marking the institution's 110th anniversary, recounted its origins as Glendale Sanitarium and its development into a full-service medical center with advanced surgical, cardiac, and emergency care, highlighting its long-standing role in the city's history.⁵⁷ In 2014, the same paper reported that the hospital had been recognized for especially low mortality rates compared to national benchmarks, reflecting its efforts to maintain quality outcomes in a competitive health-care market.⁵⁸ In the 2010s and early 2020s, Adventist Health Glendale also received multiple quality and safety awards from external rating agencies such as Healthgrades, along with five-star overall hospital ratings from the Centers for Medicare & Medicaid Services.⁵⁹

Governance, Mission, and Rebranding

Glendale Adventist Medical Center is owned and operated by Adventist Health, a not-for-profit health-care system headquartered in Roseville, California.⁶⁰ Adventist Health traces its roots to the nineteenth-century Adventist sanitarium movement and, in the early twenty-first century, comprises nearly twenty hospitals across the western United States.⁶¹

GAMC's mission statement—to share God's love with the community by promoting healing and wellness for the whole person—expresses its intention to integrate physical, mental, social, and spiritual dimensions of health.⁶² Institutional values reference the healing ministry of Jesus, human dignity, service excellence, teamwork, integrity, responsible stewardship, and the Adventist health-care heritage.⁶³

In 2017, Adventist Health launched a system-wide branding initiative to present its facilities under a unified identity. As part of this process, Glendale Adventist Medical Center adopted the name Adventist Health Glendale.⁶⁴ Hospital leaders emphasized that operations and governance would remain essentially unchanged and that the new name was intended to align the institution more clearly with the larger Adventist Health network while retaining its deep historical connection to the Glendale community.⁶⁵

International Mission and Community Engagement

Building on its long tradition of medical missionary work, Adventist Health Glendale has actively engaged in international partnerships, particularly with the Armenian community—a reflection of Glendale's strong local Armenian diaspora.⁶⁶

Since 2015, the hospital has collaborated with Armenia Fund and other Armenian organizations to support the Noyemberyan hospital in northeastern Armenia.⁶⁷ Medical mission teams from Glendale, equipped with supplies and equipment funded by Adventist Health Glendale and transported by Armenia Fund, have provided

thousands of consultations in internal medicine, cardiology, pulmonology, gynecology, neurology, orthopedics, pediatrics, and other specialties, as well as performing hundreds of surgeries.⁶⁸ Reports from 2015 and 2016 emphasize not only direct patient care but also professional training, equipment donations, and the creation of long-term partnerships between Armenian and American health-care institutions.⁶⁹

These missions exemplify how Adventist Health Glendale leverages its resources and community ties to serve beyond its immediate geographic area, aligning local identity with international humanitarian engagement.⁷⁰

Locally, Adventist Health Glendale participates in health fairs, screenings, wellness programs, and a variety of educational initiatives.⁷¹ Events such as the Glendale Downtown Dash and other community runs have raised awareness about stroke prevention and cardiovascular health, reinforcing the hospital's image as an active partner in promoting community well-being.⁷²

Challenges, Patient Safety, and Reputation

Like many large hospitals, Glendale has faced crises alongside its successes. In 1931, physician Peter M. Keller was shot and killed by a deranged patient at Glendale Sanitarium, a tragedy that shocked staff and community alike and highlighted issues of safety and security in medical settings.⁷³

Late in the twentieth century, Glendale Adventist Medical Center became the focus of one of the most widely publicized patient-safety scandals in American hospital history. Respiratory therapist Efren Saldivar, employed at the hospital, was suspected of killing multiple patients under his care.⁷⁴ Dubbed the "Angel of Death" in media accounts, Saldivar ultimately pleaded guilty in 2002 to several counts of murder and was sentenced to life in prison without parole; he passed away in 2024.⁷⁵ Subsequent reporting suggested that his total number of victims might far exceed the cases formally charged.⁷⁶ The Saldivar case prompted extensive investigations and regulatory scrutiny, both at Glendale and in the broader health-care sector. It led to significant reviews and strengthening of patient-safety protocols, internal monitoring of clinical staff, and systems for detecting and investigating suspicious patterns in patient outcomes.⁷⁷ For Adventist Health Glendale, this crisis became a catalyst for reaffirming ethical commitments and reinforcing safeguards designed to protect vulnerable patients.⁷⁸

Despite such episodes, Adventist Health Glendale has frequently been recognized for its quality and safety. External rating agencies, government evaluations, and local media reports have noted its strong performance on selected outcome and patient-experience measures, as well as its relatively low mortality rates, underscoring the institution's ongoing effort to provide safe, high-quality care.⁷⁹

Legacy and Outlook

From its beginnings as a converted Victorian hotel turned hillside sanitarium in the progressive medical and religious ferment of early twentieth-century Southern California, Glendale Sanitarium and Hospital—now

Adventist Health Glendale—has become a major regional medical center.⁸⁰ It has navigated the transition from small, lifestyle-oriented sanitarium to complex urban hospital, adjusted to the demands of high-technology medicine and modern regulation, and remained deeply embedded in the life of Glendale and neighboring communities.⁸¹

Throughout these changes, the institution has persisted in articulating a mission of whole-person care rooted in the Adventist understanding of health.⁸² Its story reflects broader trajectories in Adventist health work: the shift from rural retreats to large urban medical centers; the formative influence of physicians, nurses, and administrators on denominational identity; the development of close ties between hospitals and local congregations; and the ongoing effort to integrate spiritual values with cutting-edge medical practice in a pluralistic society.⁸³

More than a century after Ellen White and early Adventist leaders first envisioned a sanitarium near Los Angeles, Adventist Health Glendale continues to seek to serve the physical, mental, and spiritual needs of those who come through its doors, embodying in contemporary form the medical evangelism ideal that inspired its founders.⁸⁴

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