



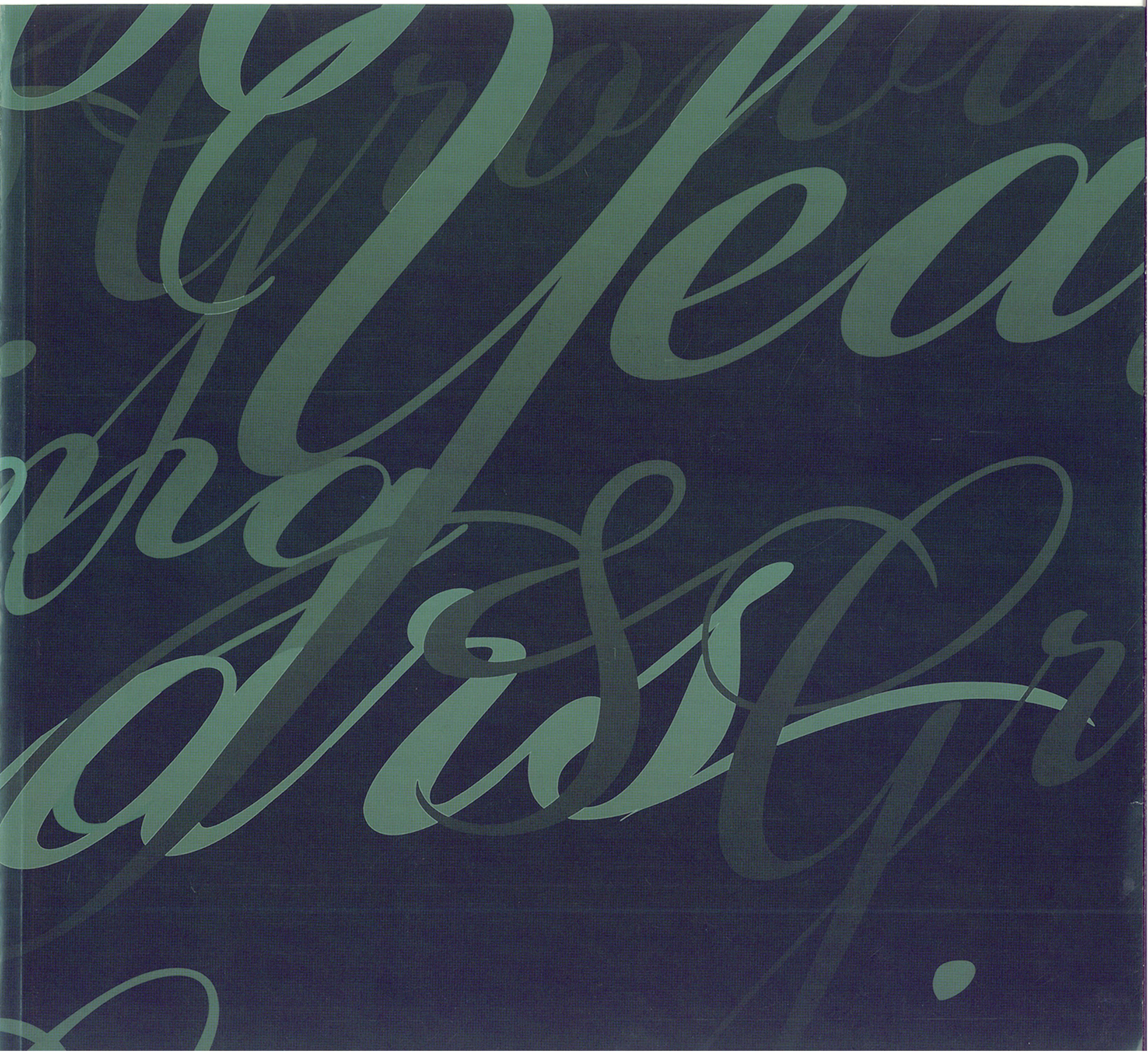
SAN ANTONIO COMMUNITY HOSPITAL



*100 Years
& Growing*

1907-2007









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*100 Years
& Growing*

1907 - 2007

Dedication

This book is dedicated to the countless women and men who, for a century and counting, have dedicated their careers, their time, their hearts, and their financial support to San Antonio Community Hospital. Their devotion to caring service, exemplary healthcare, and fiscal responsibility has made San Antonio one of the most admired and successful independent nonprofit hospitals in California.

We are honored to chronicle the hospital's first one hundred years from a historical perspective and, more importantly, through the voices of the remarkable people who have made San Antonio Community Hospital unique. To you – past and present – we give our grateful thanks.

Steven C. Moreau, President and CEO
San Antonio Community Hospital

Richard G. Anderson, Chairman
San Antonio Community Hospital Board of Trustees



SAN ANTONIO COMMUNITY HOSPITAL

*100 Years
& Growing*

Mission

Our mission is to improve the overall health of our regional community by offering healthcare services that both comfort and cure, in settings that inspire confidence, and in a manner that earns the trust of our patients, our physicians, and our employees.

Vision

Our vision is to use our strengths to enhance our reputation for excellence in quality care, patient experience, and an exceptional working and practice environment.

Acknowledgements

Countless employees, medical staff, trustees, management staff, hospital supporters, and community members gave generously of their time and resources to bring this centennial book to fruition. We are grateful for their contributions.

Special acknowledgement and thanks to Jan Van Alstine, assistant to the president, and Susan Patterson, contributor/editor, who worked tirelessly to coalesce the hospital's history, research and verify facts, compile photos, and bring San Antonio Community Hospital's first century to life.

Preface

Then and Now

San Antonio Hospital treated its first patient in 1907. At the time, Upland was something of an up-and-coming community with nearly 1,500 residents, six churches, two banks, and several busy merchant establishments. The hospital was located at the corner of San Antonio Avenue and Arrow Highway. The quaint configuration of the building placed the hospital's operating room upstairs in the southwest corner, Katherine Weber, wife of Upland's pioneer physician, Arthur L. Weber, recalls in her history of the hospital. The men's ward was downstairs in the northeast corner so Dr. John Craig, the strapping young son of the hospital's founder, Dr. William Craig, found himself much in demand both as a surgeon and anesthesiologist, and as the only member of the hospital staff who was strong enough to carry a patient from the operating room downstairs to the men's ward.

During its first six months of operation, from November 1907 through May 1908, the hospital admitted 45 patients and performed 17 operations. There were no births. In 1916, *The Upland News* reported that the hospital had treated 290 patients, delivered 38 babies, and performed 152 surgeries during the previous year. At the same time, the hospital shareholders were already discussing building an addition to the hospital. The room rates were \$25 per week for a small room; all other rooms were \$27 per week. The operating room fee was \$15. First year wages for a student nurse enrolled in the hospital's training school were \$1.50 per month.

San Antonio dietary staff served patients their meals on fine china with sterling flatware. Linen napkins in silver napkin rings and fresh flowers graced every tray. Wine was available for lunch and dinner – rosé, red, and white. This tradition continued even through the 1970s. The sterling silver is gone now, but meals are still served on real china with fresh flowers on every tray.

By 1938, the room charge was \$6.25 per day and the operating room fee had risen to \$20. The fee for anesthesia was \$16. The maternity ward was still a bargain. Mrs. Weber recalls that the cost of a ten-day stay – the standard for the 1920s and 1930s – was \$60 and a new mother was confined to bed for the entire stay, forbidden to rise even to use the bathroom. The national average for today's maternity stay is two days and hospital charges are more than \$8,000.

Building costs have followed a similar stunning trajectory. In 1941, the West Pavilion was added at a cost of \$3.50 per square foot. The cost of the proposed new emergency department, patient tower, and renovated lobby and gift shop that are planned to take the hospital into its next decade were estimated in 2006 to be between \$500 and \$700 per square foot. Even more incredibly, a common financial guide in healthcare planning estimates a construction cost of \$1.45 million per patient bed!

The growth San Antonio Community Hospital has experienced in its 100-year history has been transformational. In 2006, the hospital treated 14,750 inpatients and 138,000 outpatients. Nearly 62,000 people received treatment in the hospital's emergency department. The medicine practiced in 1907 by the hospital's team of dedicated physicians and nurses would seem rudimentary by modern



Upland's first hospital, San Antonio Hospital, was located at the corner of San Antonio Avenue and Arrow Highway.

standards. Today, the hospital's services and techniques are at the leading edge of medical science in ways that the hospital's forebears could not have imagined, much less dared to wish for. Still, over time, two constants have steered San Antonio's evolution from a modest local hospital to a multi-facility, multi-million-dollar-a-year regional healthcare operation. One is its unwavering commitment to community, quality, caring, and integrity. The second is its people – an intangible but undeniable spirit imbued in the hospital's employees and medical staff. Long-tenured employment is the norm at San Antonio. And if you ask people why they stay, an almost circular logic applies. They will tell you they stay because of the people.

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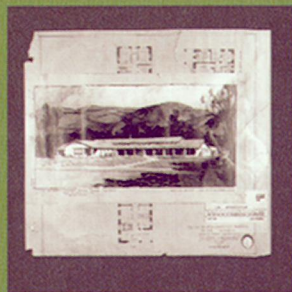
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The 18-bed San Antonio Hospital opened in 1907, just one year after the City of Upland was incorporated.

Chapter One

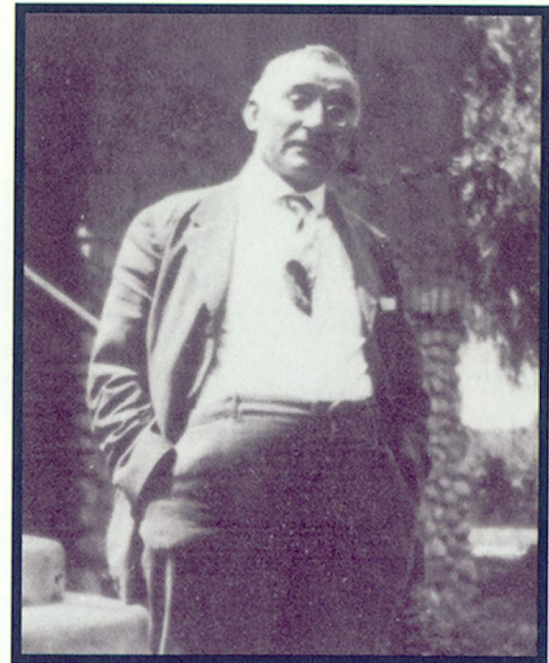
A Modest Beginning

San Antonio Hospital opened its doors in 1907, just a year after Upland incorporated as a city. The hospital was the vision of William Howard Craig, M.D., a well-loved general practitioner and surgeon who practiced in Upland for 37 years. Five physicians staffed the modest, 18-bed facility. A superintendent of nurses managed the hospital as well as an affiliated school of nursing located on the premises.

Dr. William Howard Craig

A native of Freedom, Pennsylvania, Dr. Craig moved his family to Southern California in 1895. Within a year they settled in the area known as North Ontario that would soon become the City of Upland. When Dr. Craig first began practicing in Upland, it was customary for physicians to travel by horse and buggy to visit patients. For several years, Dr. Craig's primary means of transportation was by bicycle, and it was not unusual for him to pedal many miles into the country in the dark of night to make a house call. In 1904, he introduced the first automobile to

Dr. Craig delivered countless babies in bedrooms and was at times called upon to perform surgical operations on kitchen tables. He often made his own dressings from bed sheets and conducted examinations by lantern light. No one knew better than he that his community needed a hospital.



Dr. William Howard Craig graduated with a degree in medicine from Johns Hopkins University, known as the College of Physicians and Surgeons of Baltimore, in 1886. He served the Upland community as a general practitioner and surgeon for 37 years.

Upland, California

Upland 1890



The tunnel cut by the San Antonio Light and Power Company through Hogsback Mountain in 1892 brought water to the powerhouse that generated electricity for Pomona and San Bernardino.



Upland Band



Dr. Mary Craig, serving as health officer during the Spanish Influenza epidemic in Upland in 1918, treated farm workers and their families. Photo courtesy of Cooper Regional History Museum.

Craig Family Doctors

Dr. Craig had eight children, several of whom followed in their father's footsteps in the field of medicine. William Howard Craig, Jr., affectionately called "Dr. Bun," became a dentist. Stephen Craig, known as "Dr. Step," worked as a physician and surgeon in Ontario for 24 years. He was a graduate of the University of Southern California Medical School and a veteran of World War I.

John Craig and Mary Craig Williamson McClellan shared an office with their father and Dr. A. L. Weber and, like their older partners, were pioneer members of the medical staff at San Antonio Community Hospital. The Doctors Craig and Dr. Weber moved into the newly built medical building on the northeast corner of D Street and Second Avenue in 1927.

"Everybody in Upland went to Dr. Weber or one of the Craigs," said Joan Scheel, who moved to Upland with her parents, Dr. Al and Monteal Aita, in 1931.

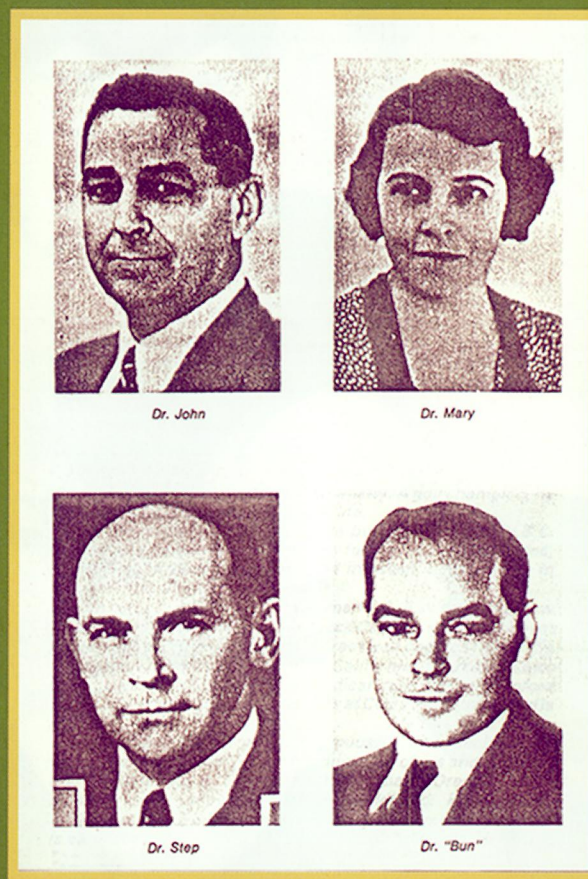
"Dr. John was my doctor. I remember one time when I was small, about five years old, he came to see me at home. He picked me up in his arms and told me he was taking me to the hospital. He recognized that I was having appendicitis."

John Craig, known to all as simply "Dr. John," graduated from the University of Southern California Medical School before beginning a medical career as a physician and surgeon in Upland that spanned more than 50 years.

Mary Craig Williamson McClellan was "Dr. Mary" to generations of Upland residents. The area's only female physician (an obstetrician and general practitioner) for many years and reputedly a workaholic, she delivered approximately 3,000 babies during her 50-year career.

"She was loved by everybody that knew her," said Edmund DuVall, a retired anesthesiologist who was delivered by Dr. Mary at San Antonio Community Hospital in 1924. "Dr. Mary apparently wanted to go to medical school and her dad didn't want her to go because that wasn't for women at the time, but she prevailed. She was a sharp lady." The percentage of female physicians in 1920 was about 5 percent. It didn't budge until World War II, and by 1980 it had only reached 11.6 percent.

The passion for medicine followed the Craig family into a third generation. Dr. Mary's son, Craig Williamson, was also a physician.



Craig Family Doctors
Photos courtesy of Cooper Regional History Museum.

Upland has a rich heritage that encompasses several key periods in California history.

Franciscan priests began to arrive in the area in 1771 as they established Spanish missions along the coast of California. More than 100 years before Ontario was founded, the Spanish Trail passed through what is now Upland, ferrying land hunters on horseback and pioneers in covered wagons through San Bernardino to Los Angeles. Later, the Santa Fe railroad was built over the trail.

California became a territory of the United States in 1848, the same year that a flood of prospectors, merchants, and adventurers rushed to newly discovered gold fields at Sutter's Mill. The Chaffey brothers, however, saw a different kind of gold – citrus groves – when they came from Canada to California's Inland Valley. George Chaffey, an engineer of some renown, first visited the area that now encompasses Upland, Ontario, and Rancho Cucamonga in 1848 when he and his family came to see his ailing father, George, Sr. He never returned to Canada. George's brother, William, a gifted horticulturist, planted one of the first citrus groves in Riverside. Both brothers understood that water could transform this harsh countryside into thriving orange groves.

"The miracle of irrigation fascinated . . . George, who observed that citrus thrived in an otherwise barren landscape and saw isolated, rural life transformed into progressive and social communities," wrote local history experts Marie Boyd and Richard Barker in their book, *Our Legacy: Baldy View Entrepreneurs*.

"George also realized that the growing home market of the East guaranteed the demand for farm products from the Golden West. Vowing to learn everything he could about irrigation engineering, George Chaffey threw his heart and soul into the new colonizing movement sweeping Southern California."

The city that is Upland today began with the Chaffey brothers' original purchase of 6,000 acres that spread from 24th Street on the north to the tracks of the Southern Pacific Railroad on the south. The addition of Kincaid Ranch in San Antonio Canyon provided the water source for the new Ontario Colony, named after their former home in Canada. This visionary development would include the delivery of water to each lot through a system of iron pipes, a main thoroughfare through the settlement, and the endowment of land for what was to be Chaffey College. To ensure that residents would be of the highest moral values, the sale of liquor was forbidden and the deed to each lot contained a reversionary clause that returned the land to the grantor for failure to comply.

Originally known as North Ontario, the name Upland came into use with C. D. Adams' packinghouse, the Upland Citrus Association, in 1902. By the time Upland incorporated in 1906, it was well established as a citrus town, with its major industry centered around growing, packing, icing, and transporting oranges, lemons, and grapefruit. Agriculture, commerce, transportation, and industry grew rapidly to meet the needs of the settlers. Beautiful homes popped up along Euclid Avenue, a wide, tree-lined thoroughfare that stretched north and south across the valley. By 1910, Upland boasted 1,500 residents, six churches, two banks, and merchants eager to provide for them.



For a brief period in Upland's history, 200 acres in what is now downtown was known as "Magnolia." The 80-room Magnolia Villa Hotel opened at the northeast corner of Second Avenue and C Street near the Pacific Electric tracks in 1887 but was torn down in 1903 for failing to generate a profit.



Workers wash and grade fruit at the Upland Lemon Growers Association in the early 1900s. Started in 1893, with C. E. Harwood as president, the association was at one time the largest packinghouse for lemons in the world. They could be stored for as long as six months.



Prior to the building of the first hospital, the first physician to practice in Upland was Dr. Iris B. Gregory. She served not only the residents of North Ontario (Upland today) but also those of Ontario and Cucamonga.

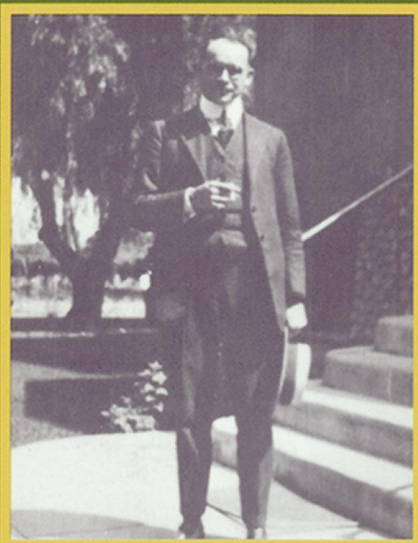
Upland. Manufactured by Mobile, the automobile cost the then princely sum of \$1,000. Because there were no car dealerships in the West, Dr. Craig traveled to Detroit to make the purchase, buying three cars and selling two to pay for the cost of his trip. His was the first privately owned car between Pasadena and Redlands.

Since there was no hospital in the area, Dr. Craig delivered countless babies in bedrooms and was at times called upon to perform surgical operations on kitchen tables. Dr. John Craig, his son, remembered that his father once was forced to amputate a young girl's leg in that manner, a procedure that left the doctor shaken. Dr. Craig often made his own dressings from bed sheets and conducted examinations by lantern light. No one knew better than he that his community needed a hospital.

When a hospital was opened in a large home in Pomona in the early 1900s, Dr. Craig took his surgical cases there. Encouraged by civic-minded residents and other doctors in the Upland community, he continued to advocate for a hospital closer to home. Under Dr. Craig's leadership, local citizens formed the San Antonio Hospital Association with the objective of building and operating Upland's first hospital.

Sale of Community Stock

There was only one source of financial support available for such a project – the community – and Dr. Craig made it his mission to make residents aware of the city's urgent need for improved health services. San Antonio Hospital was built with funds from the sale of community stock, purchased by, among others, the first directors of the hospital association: Dr. E. W. Reid of Pomona, P. E. Walline and J. J. Atwood of Upland, and J. B. Draper and Judge J. R. Pollock of Ontario.



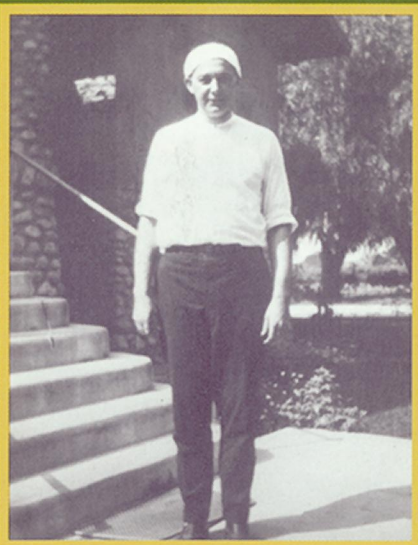
Dr. Stephen A. Craig



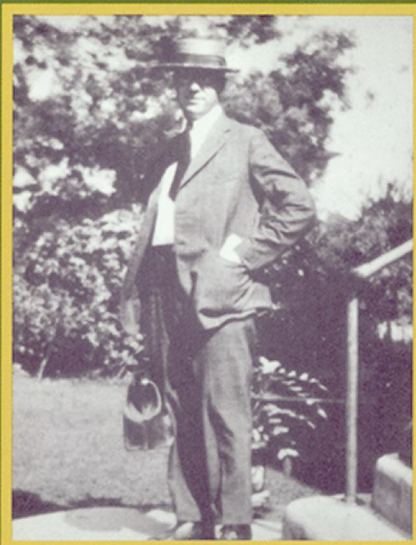
Dr. Mary Craig



Longtime partners Dr. A. L. Weber and Dr. William Howard Craig.



Dr. John B. Craig



Dr. A. L. Weber. "Dr. Weber was really one of the special doctors in town," said Dr. Edmund DuVall, who grew up down the street from the Webers.

W. H. CRAIG, M. D. J. B. CRAIG, M. D. A. L. WEBER, M. D.
 Phone 115-W-3, Upland Phone 120, Upland Phone 641-W-1, Cucamonga
 MARY CRAIG-WILLIAMSON, M. D.
 Office Phone 115-W-2 Residence Phone 516-W

Upland-Cucamonga, Cal., JUL 1 1924

M^r C Cunningham
 To DRS. CRAIG & WEBER, Dr.

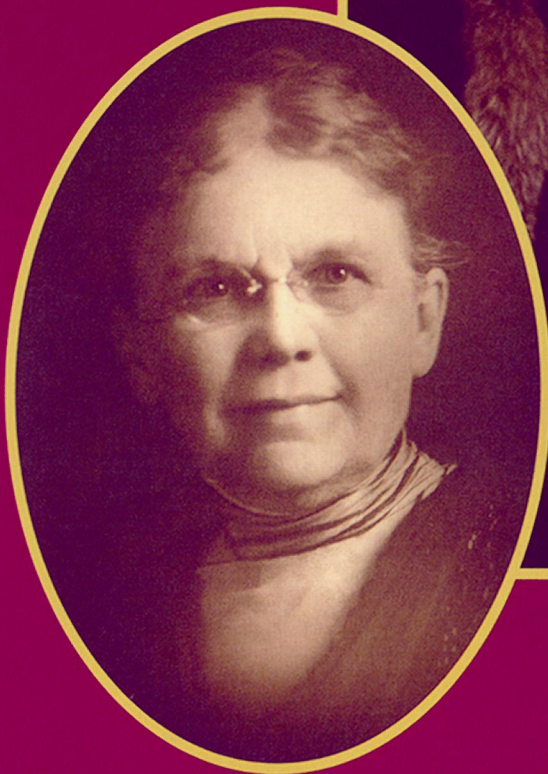
To Professional Services to Date	\$ _____	Balance, \$ _____
Credits, \$ _____		

The Items of this Bill can be seen at the Office

Dr. W. H. Craig, - - -	\$ _____	Received Payment 7/5/24 A. Leiber.
Dr. J. B. Craig, - - -	\$ _____	
Dr. A. L. Weber, - - -	\$ 29.50	
Dr. Mary Craig-Williamson, \$ _____		

Statements Sent Monthly Prompt Settlement of Bills Appreciated

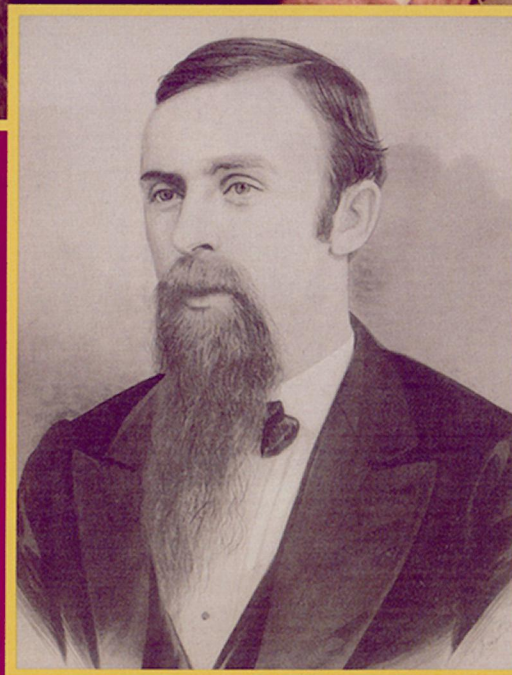
The Doctors Craig, William Howard and his children John and Mary, shared a practice in Upland and Cucamonga with Dr. A. L. Weber.



Frances Mary Paul



Frances Randau (L) and Margaret Scott (R) beside a hospital mural featuring their grandmother, Frances Mary Paul. The mural was unveiled in 1999 during the hospital's 75th anniversary at its current location.



Col. James L. Paul, suffering from tuberculosis, moved his family to California in 1887.

Photo courtesy of Upland Public Library.

The Upland News reported that "San Antonio Hospital Ass'n closes a most successful 12 months" in 1916.

Other stockholders included Dr. Craig, Dr. C. Sheppard, Charles Rendy, D. N. Bacon, and G. A. Hanson.

As the Upland community grew and the need for healthcare facilities grew with it, community support became the cornerstone of the hospital's physical and technological expansion.

By 1916, the modest 18-bed San Antonio Hospital was doing a robust business. *The Upland News* reported that the hospital had closed "a most successful 12 months" in 1916, treating 290 patients, delivering 38 babies, and performing 152 operations during the previous year.

World War I and the Spanish Influenza

World War I took its toll on Upland, drafting most of its young men into the armed services. At the same time, a devastating epidemic of Spanish influenza laid siege to the city, closing schools, churches, and public buildings. The combined efforts of the city and the Red Cross helped treat many stricken citizens and eventually quell the epidemic. Dr. Mary Craig, just graduated from medical school, returned to Upland and was thrust into treating farm workers and their families until, on December 26, 1918, the city declared the influenza crisis over.

The aftermath of World War I brought a flood of new residents to the Upland area. By 1922, both the size of the medical staff and the population of the hospital's service area had more than doubled. It was evident that the hospital's services were not sufficient to meet the needs of the growing community. Once again, it was Dr. Craig who acted, soliciting the aid of his friend and patient, Frances Mary Paul.

Frances Mary Paul

Mrs. Paul was the widow of Col. James L. Paul, a local banker and prominent citizen of Upland. She and her sick husband settled in the Los Angeles area with their two small children in February 1887.

The Paul family soon found its way to the northern part of the Ontario Colony where Colonel Paul, suffering from tuberculosis, made a remarkable recovery in the healthy climate. Colonel Paul became a leader in the local citrus and banking industries, serving as president of the Upland Citrus Association and the Commercial Bank of Upland, the town's principal financial institution. Despite his eastern physicians' gloomy prognosis for his health, Colonel Paul lived a prosperous 24 years in Upland, becoming one of the town's most active citizens before passing away in 1911 at the age of 71.

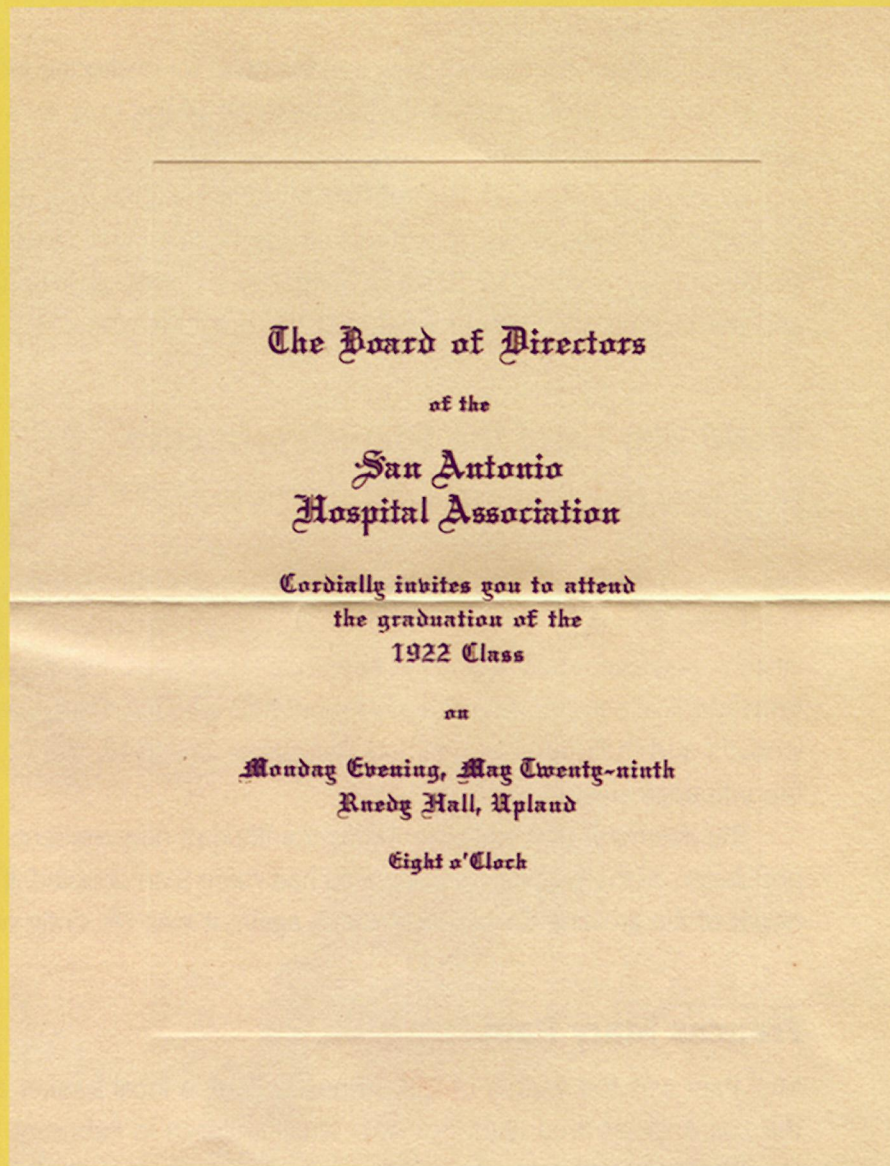




Bertha Schmidt and Mildred Myers were the last two graduates of the San Antonio School of Nursing in 1922.



*Nursing students enjoy a tea break in their boarding house on East Ninth.
Photo courtesy of Cooper Regional History Museum.*



Invitation to the 1922 graduation. While the nursing school had a large class in 1921, only two remained to graduate the following year. Dr. J. H. Titus gave the address to the class, telling the audience he looked forward to the greater service that the proposed new hospital could provide.

San Antonio School of Nursing

*N*ot only did the old San Antonio Hospital minister to the sick directly, it also conducted a training school for nurses. The wage scale during nurses' training began at \$1.50 per month for the first year and increased to \$2.00 a month for the second and \$3.00 for the third. The superintendent of nurses received \$100.00 per month. The school was abandoned in 1922 due to "the severe regulations put out by the State Board of Health regulating training schools."



Miss Charlotte Black, superintendent; Muriel Hamilton, Jessie Knox, Beulah Hodgkins, and Miss Smith, 1912-13.



*The new San Antonio Community Hospital was designed by architect Myron Hunt in 1922. The groundbreaking for the new hospital was held on April 3, 1923.
Photo courtesy of Cooper Regional History Museum.*

It was a simple matter for Dr. Craig to engage Mrs. Paul in the cause for improved health facilities in Upland. A few years after the Paul family had settled in the area, Mrs. Paul contracted a serious illness that required surgery. She was forced to travel to Los Angeles for treatment because Upland lacked adequate medical facilities. Several years later, during a total eclipse of the sun, Mrs. Paul's grove foreman, Mr. Hutton, was crushed under a wagon while trying to calm a team of spooked horses. With no local emergency medical services available, the accident proved fatal to the beloved family employee.

These two events, combined with Mrs. Paul's natural empathy for the sick, made her a willing partner in the movement to secure improved hospital facilities for the local community. With Dr. Craig's encouragement, Mrs. Paul offered to make a gift of \$75,000 toward the construction of a new hospital in memory of her late husband. In today's dollars, her gift would be equal to about \$3 million. At the time, \$75,000 was more than many people made in an entire lifetime and her generosity prompted others in the community to pledge their financial support.

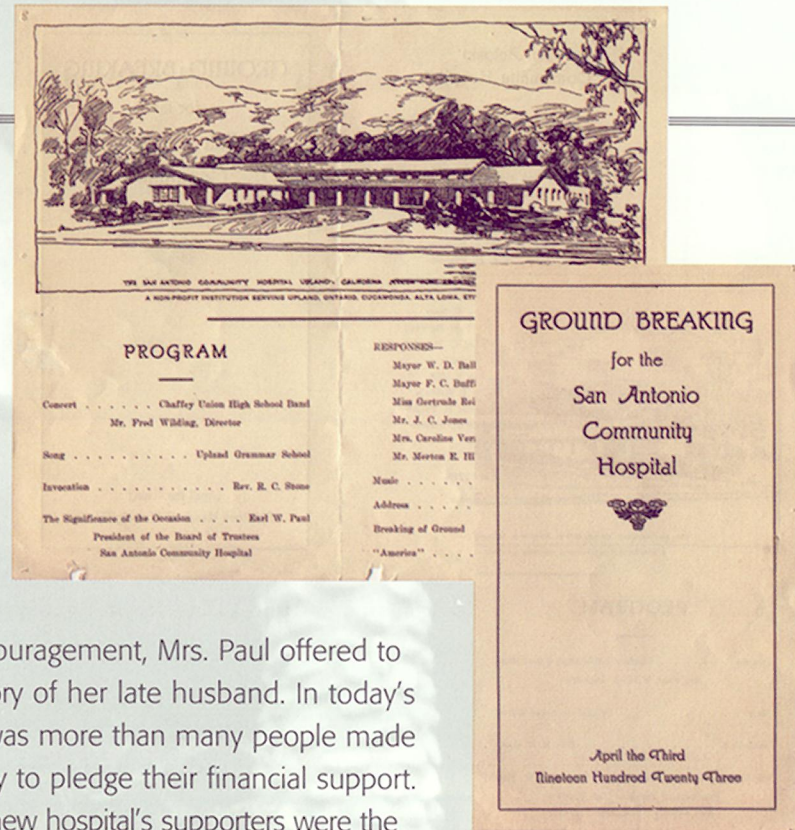
Mrs. Paul had instilled a spirit of philanthropy in her children. Among the new hospital's supporters were the Pauls' two children, Earl Paul and Alice Paul Harwood, each of whom donated \$10,000 to the cause. Margaret Paul Scott and Frances Randau, Frances Mary Paul's granddaughters, continue to support the hospital to this day through the work of the Frances Mary Paul Circle, named in honor of their grandmother.

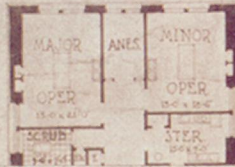
Paul Memorial Hospital

The bylaws of the proposed hospital, called Paul Memorial Hospital in recognition of the family's generosity, were drawn up on April 30, 1920. Twenty-seven interested members of the community comprised the hospital association. Mrs. Paul, Earl Paul, and Dr. Craig were among the eight trustees selected, along with E. H. Richardson, W. K. Beattie, G. A. Hanson, T. W. Nisbet, and A. H. Johnson.

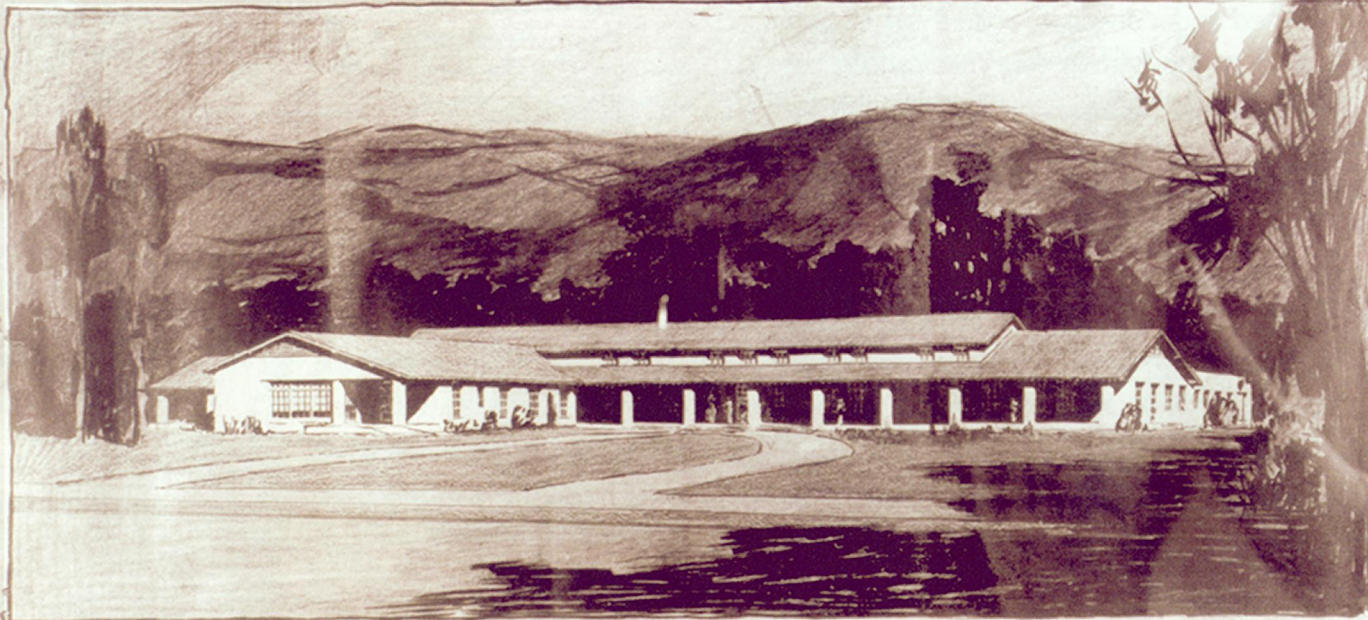
When it was suggested that the hospital be built in Ontario rather than Upland, Mrs. Paul threatened to withdraw her support. The hospital association purchased 14-1/2 acres on East San Bernardino Road in Upland, about a mile from the hospital's original building. The hospital remains at this location today, watched over by the eastern flank of the San Gabriel Mountains.

In 1922, concerned that the use of her family name would discourage community financial support for the hospital, Mrs. Paul approved a name change that reflected the community's role in supporting the new facility and the proximity of the hospital to San Antonio Peak. Unfortunately, Mrs. Paul died in January of 1923, so she never saw her generous gift come to fruition. Plans went forward under architect Myron Hunt and the board of trustees, with her son, Earl W. Paul, as president. The new San Antonio Community Hospital, "was commodiously and scientifically constructed," according to a news article in *The Upland News*. The total cost for the new facility, opened on August 1, 1924, was \$173,107.10.





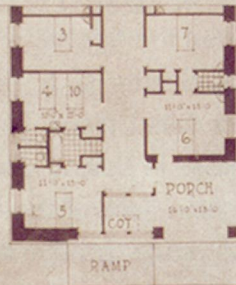
LR ROOM BELOW



THE SAN ANTONIO COMMUNITY HOSPITAL UPLAND CALIFORNIA
1922 - 33 BED PORTION
63 BED ULTIMATE

MYRON HUNT ARCHITECT MYRON HUNT AND H.C. CHAMBERS - LOS ANGELES

33 BEDS
25-0000000
1922



2 pp. 16 1/2" x 20" & 9" x 18"
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THE SAN ANTONIO COMMUNITY HOSPITAL
UPLAND CALIFORNIA
MYRON HUNT ARCHITECT
MYRON HUNT & H.C. CHAMBERS
LOS ANGELES CALIFORNIA
MAY 13 1922



Myron Hunt was engaged as the architect for San Antonio Community Hospital, constructed on 14-1/2 acres on East San Bernardino Road and dedicated on July 30, 1924.

Chapter Two

Growth and Economic Challenge

The new hospital's first decade was one of organizational adjustment and a struggle to find financial equilibrium. "We moved into San Antonio Community Hospital on August 1, [1924] at 1:00 p.m. bringing twelve patients from the old hospital," wrote the superintendent of nurses, Carolyn Vermilyea. "We were ready for the patients and in a short time the hospital was in order. . . . We are carrying on well with ten nurses, one historian, two engineers, one cleaning housekeeper, and two cooks." The original staff of 16 cared for patients in the 35-bed hospital.

Medical Staff Officers

A month after patients were admitted to the new hospital, the medical staff of 13 physicians officially organized. The first officers were Dr. F. F. Abbott, president, and Dr. C. L. Emmons, secretary. Other members were Drs. R. L. Alexander, J. B. Craig, W. H. Craig, G. H. Gleming, G. B. Henke, R. C. Nichols, H. A. Progue, J. H. Titus, A. L. Weber, and Mary Craig Williamson. During that year or the next, the medical staff conducted regular staff meetings and formed committees to oversee "professional routine, hospital routine, nursing routine, records, and programs."

"As we were at that time a town of citrus groves, the men, often hauling the fruit to the packing houses, mostly by horse and wagon, would go by the hospital and drop off two or three boxes of oranges or lemons. The hospital was surely a community project supported and loved by the whole community."

Winifred "Winnie" Johnson

Hospital Volunteer



Exterior view of the hospital 1926

The Board of Trustees

At the annual meeting in 1925, the board of trustees became the hospital's official governing body. Officers were E. W. Paul, president, E. H. Richardson, vice president, and W. K. Beattie, secretary.

Frances Mary Paul Remembered

Although Frances Mary Paul died before the hospital was built, the impact of her financial support and involvement in the legacy of San Antonio Community Hospital cannot be overstated. In 1947, Una Winter, a newspaper columnist and local historian, wrote in *The Upland News* that "all of us who live in the shadow of this hospital – and of the present and future generations – owe Mrs. Paul our heartfelt thanks: she thought of us and our needs and provided the inspiration, backed by her generous gift, to build a hospital that is rated as one of the best." Since that time, San Antonio Community Hospital has grown and changed with the community, relying upon benefactors like Dr. William Howard Craig and Frances Mary Paul to institute change and motivate the community to help provide for that change.

In 1984, the San Antonio Hospital Foundation established the Frances Mary Paul Circle to recognize individuals who share her vision and are committed to enabling the hospital's mission by making cumulative gifts of \$10,000 or more to the San Antonio Hospital Foundation. Membership in the Frances Mary Paul Circle is one of the highest honors conferred on hospital donors. Each year the foundation recognizes and honors new members of the Frances Mary Paul Circle at an annual dinner celebration.

After her death, Frances Mary Paul's children continued the Paul family's involvement with San Antonio Community Hospital. Her son, Earl Paul, was the first president of the board of trustees and later treasurer for many years. Her daughter, Alice Paul Harwood, founded the Women's Auxiliary.



The Women's Auxiliary

The auxiliary first met on November 17, 1924, with Alice Harwood serving as president and Gertrude Reid as secretary. Mrs. Harwood had asked ten friends to invite additional friends to this special meeting to discuss what could be done to help the fledgling San Antonio Community Hospital.

Winifred "Winnie" Johnson was one of the first to volunteer. The ladies formed groups to sew and mend hospital gowns, roll bandages, mend linens, and make surgical dressings. As the auxiliary grew in numbers, they supplied the surgical room with 20,000 hand-rolled dressings each year. They also provided the hospital with fresh and canned fruit, jams, and jellies - "anything that would help," Mrs. Johnson recalled.

Early Memories

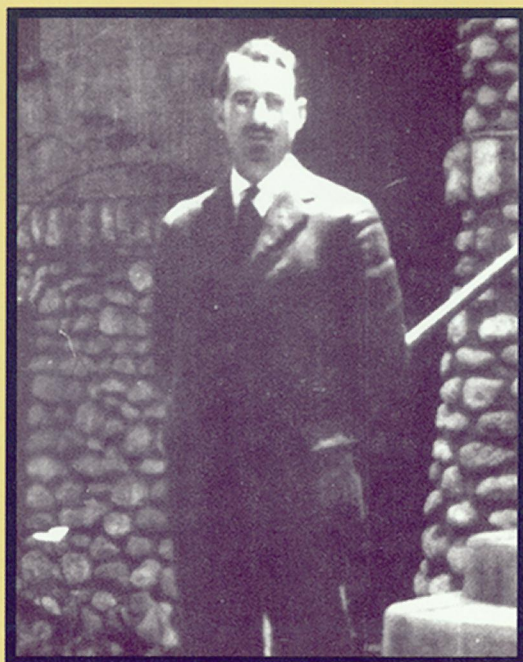
Dr. Edmund "Ned" DuVall was the 56th baby born in the new hospital in 1924, spending eight days in the hospital. As a child he often would visit family members there.

"The hospital was built kind of out of town, really out in the sticks. The town had grown north of the Santa Fe tracks and east and west of Euclid Avenue, and probably most of the homes were within four or five blocks of Euclid, east or west," Dr. DuVall recalled. "As a child, I would come out and fly a kite on land to the west of the hospital; it was an area where heavy rain storms would flood across, so it was a bad place as far as weather was concerned. It wasn't surrounded by citrus groves - mostly just a wash with a lot of rocks.

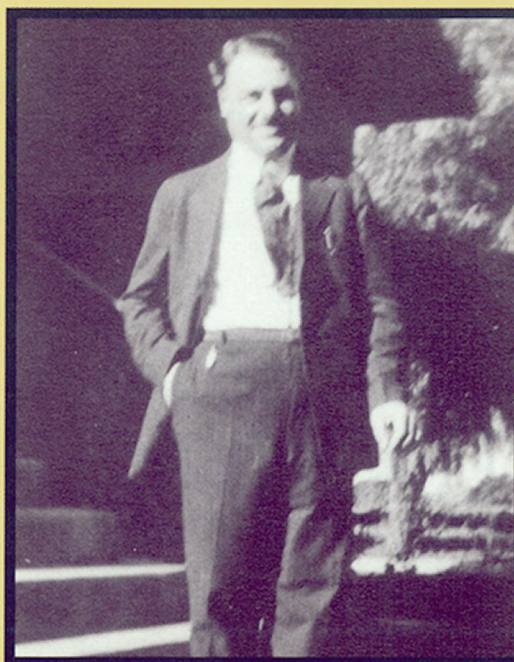
"I remember coming into the hospital, and in those days you'd walk into the waiting room and the first thing you'd notice was the smell of ether. I can remember sitting there waiting to see my grandfather and smelling the ether. Ether was the main anesthetic medication in those days, and it was just all over the hospital, so I remember that."



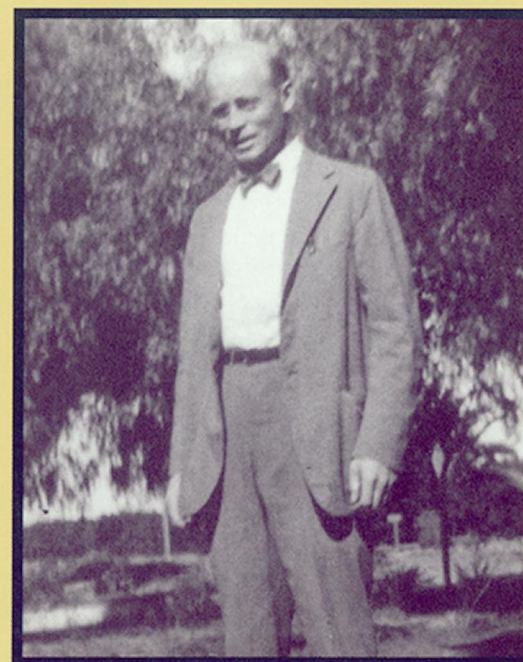
Originally a general practitioner, Dr. DuVall later studied anesthesiology. He practiced for a total of 35 years.



Dr. F. F. Abbott, staff physician



Dr. G. B. Henke, staff physician



Dr. C. L. Emmons, staff physician and medical staff president in 1939.

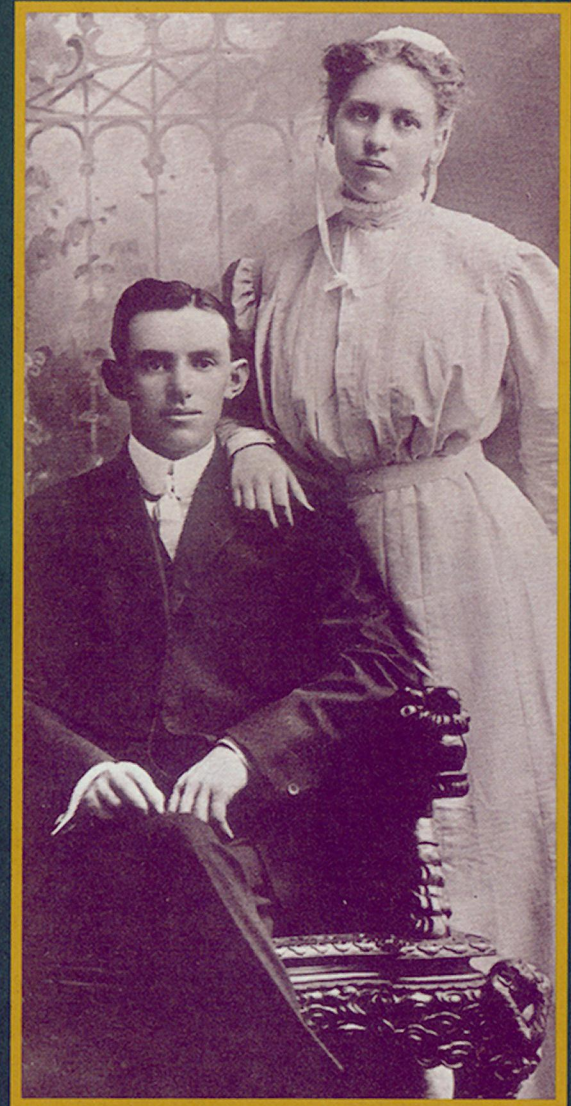
The Bert Family Legacy

Dwight Bert, who served the hospital as chairman of the board of trustees from 1986 through 1992, was born at home in Upland in 1923. Dwight's father, Joe, had an early association with San Antonio Community Hospital when his weak back made it difficult for him to perform his job at the local feed store. The hospital had just built its new modern facility on San Bernardino Road so Joe Bert went there to see about a job as caretaker. He was hired and began to help prepare the new hospital for its first patients. He set up beds and equipment and gained first-hand knowledge of the location of various switches and valves in the new facility. He also helped plant trees, many of which were still there and in good condition 65 years later, Dwight's brother, Eldon, remembers in his family history, *Walk Memory's Lane*, written in 1990.

As the doctors and staff became acquainted with Mr. Bert's particular skills and talents, they began to rely on him for more than caretaker duties. In the 1920s, of course, regulations were far less stringent than they are today, and from time to time the doctors would even ask Mr. Bert to assist them in surgery. Once, when the doctors had to amputate a patient's leg they asked Mr. Bert to take care of disposing of it, Eldon recalls. Mr. Bert took the leg "out in the 'Wash' as we called it and dug a hole to bury it." Such a practice would be unthinkable now, but in the 1920s, nearly everything east of Campus Avenue was undeveloped and Upland and its environs were truly the wild, Wild West.

Mr. Bert also made homemade ice cream in a big freezer and brought it to hospital patients and staff on Sundays and one other day of the week, according to Eldon's history. Homemade ice cream was the only option for the Bert family because, even though it was available at the local drug store soda fountain, few families could afford the ten cents it would cost to purchase it.

Mrs. Bert also was part of San Antonio Community Hospital in those early days, laundering cloth diapers for the maternity department. Mr. Bert would bring home the soiled diapers each night, returning the next day with a supply of freshly laundered ones. Mrs. Bert used a large, two-tub washing machine for this work and her income allowed the Berts to purchase "some items they needed to make our home a little more comfortable," according to Eldon.



Wedding photo of Joe and Ada Bert in 1910.



Velma Owen collecting for the Sick Baby Fund.



Nurse Dorothy "Jo" Johnson cares for a Sick Baby Fund patient, September 1956.

"As we were at that time a town of citrus groves, the men, often hauling the fruit to the packing houses, mostly by horse and wagon, would go by the hospital and drop off two or three boxes of oranges or lemons. The hospital was surely a community project supported and loved by the whole community."

The auxiliary played an important part in several hospital projects. One of the first was landscaping the hospital grounds. Charles J. Booth supplied most of the trees and shrubs from the Chaffey nursery stock. Another auxiliary committee undertook the fundraising initiative for the Free Bed Fund established to provide care for indigent patients.

It was Alice Harwood's good heart that started the Free Bed Fund in November, 1924. The auxiliary established an endowment fund of \$10,000 for a bed for needy patients by hosting teas, sponsoring organ recitals and lectures, and soliciting personal gifts. The first Free Bed Fund patient was admitted in February, 1926.

In 1924, a very ill child came to the hospital for treatment. His parents were unable to pay the hospital bill so the auxiliary launched the Sick Baby Fund. "Mrs. Vermilyea, our first [superintendent of nurses], appealed to the Rotary Club to help, as a number of the men were

LIFETIME OF SERVICE

Many volunteers have dedicated a lifetime of service to the hospital, creating in effect another hospital workforce. The following volunteers have accumulated a combined total of 126,500 hours of volunteer service, the equivalent of more than 60 years of full-time employment.

Marie Mackintosh	19,000
Dorothy Davis	18,000
Helen Ammannito	17,000*
Noralie Clinton	14,500
Dolores Woodward	13,000
Doris Sherwood	12,500
Cris Hall	12,000
Flora Magnon	11,000*
Margie Heald	9,500

* Helen Ammannito is the 94-year-old mother of Flora Magnon

The Volunteer Spirit Remains Strong

The role of the volunteer has changed over the years, but the original guiding principle of service to others is still very much in evidence.

The rich history of the Women's Auxiliary is dotted with individual volunteers who made an indelible contribution to the hospital – women like Winnie Johnson, one of the auxiliary's earliest and most dedicated volunteers. Katherine Weber, who played an important role in guiding the auxiliary as its second president, served more than 45 years as a volunteer. Under Dorothy Sherwood's presidency, the volunteers realized their dream of opening a gift shop in the hospital's main reception area; since opening in

June 1964, the gift shop has proven to be a significant revenue generator for the organization.

The Women's Auxiliary was renamed "Volunteer Services" in September 2000 to better reflect the coed nature of its membership. Today, more than 300 women and men continue to make a difference in the quality of patient care provided at San Antonio Community Hospital. Volunteer Services typically provides approximately 50,000 hours of service annually – the equivalent of more than 20 full-time employees – and raises more than \$100,000 for the hospital.

2006-2007 San Antonio Community Hospital Volunteer Services Board of Directors. Left to right: Seated: Peggy Cheadle, Leora Palessiro, Cheryl Decker, Helen Knuttel, Kay Hepner, Doris Sherwood. Middle Row: Doris Nelson, Wendy Vollers, Carol Oldenkamp, Sonny Ford, Nancy Mullen, Louise Adams, Pat Reardon. Top Row: Bernice Boisvert, Janet Davis, Carol Griffin, Ida Klepper, Nancy McCaughey, Pat Bamberger, Evelyn Richmond, Gwen Persons.





1991-1992 Volunteer board and committee chairs. Left to right, seated: Betty Miller, Frances Hansen, Marilyn White, Pauline MacSween, Margaret Stewart, Liz Dingle, Virginia Funk, Doris Sherwood, Muriel Underwood, and Bernice Boisvert. Second Row: Sydell Merl, Gwen Persons, Murray DuVall, Carolyn Padley, Jane Scholz, Connie Waldron, Mary Higgins, Maggie Vinnedge, Rosemary Dettlaff, Marie Mackintosh, Charlene Rehkop, Irene Nugent, Noralie Clinton, Emma Fitzsimmons, and Carole Evans. Third Row: Marion McCallum, Eleanor Schulze, Virginia Brending, Nancy Brown, Pat Sandberg, LaRuth Haverfield, Bettie Andrew, Dora Mullens and Ruth Wrede.

Service is not limited to adults. Wendy Vollers, former volunteer services president, initiated the Junior Volunteer Program in 1990 to give students between the ages of 14 and 18 the opportunity to gain valuable work experience in a hospital setting. Vollers had many requests for a junior program, she said, so she wrote a business plan for the program, presented it to the board of trustees, and started the program that still provides services to the hospital today. Eighty junior volunteers donate their time in specified areas throughout the hospital during afternoon and evening hours as well as weekends.

Why do volunteers serve so generously? Most are eager to give back to the hospital because a friend or loved one was treated there and they are grateful for the exceptional service they received. Vollers says,

"It's a stable place, a tradition. Most people love the hospital and the fact that it's a community hospital."

"My volunteers are fabulous," brags Kathy Ivins, director of dietary and volunteer services. "They are part of the San Antonio family."

Not only do San Antonio volunteers assist staff and visitors in many areas of the hospital, including the main reception desk, blood bank drives, and medical library, they also run a gift shop in the hospital's lobby which, despite its modest size, donated \$85,000 in 2006 to the hospital foundation. A new, larger gift shop is an important part of the hospital's expansion plans.

also members of the hospital board," wrote Winnie Johnson. "They responded by taking up a special collection which not only paid the debt but had some left over. This was banked as the Sick Baby Fund."

Mrs. Johnson sold sweet peas as a fundraiser for several years until the Depression struck and people were no longer buying flowers. "The big depression first started in Oklahoma, and the loss of jobs and money sent these poor people flocking to California, which they had heard was still the land of plenty," she wrote. "In their old 'jalopies' they came with children and babies who often were very ill, and in desperation they brought them to the hospital and its kind, caring doctors. Though the doctors gave their services free, there were medications and nursing care, and a hospital that was in debt could not keep paying and paying. I had to think of some other way to help."

Mrs. Johnson and her cadre of auxiliary volunteers set up "baby bottles," quart jars with a slot in the top that supportive merchants throughout Upland displayed in their businesses. They also enlisted the aid of "a little army of interested women" by asking ten women to give ten dollars apiece and asking each to ask ten other women to give five dollars each. When the Upland and Ontario Community Chests were formed, the Sick Baby Fund was adopted as a charitable cause. The fund eventually grew into an endowment established in 1950.



G. A. Hanson was president of the board from 1930 to 1935.



Aloysius A. Aita was born September 20, 1898, in Nashville, Tennessee. He graduated from Vanderbilt University before starting work for the Rockefeller Foundation. Dr. Aita received an honorary law degree from McKendree University in Illinois in 1942.



Annually the auxiliary dedicated the proceeds from its Carousel Ball to the Sick Baby Fund. Here Auxiliary Chair Winnie Johnson presents the yearly check to Administrator Al Aita.



Dr. A. A. Aita

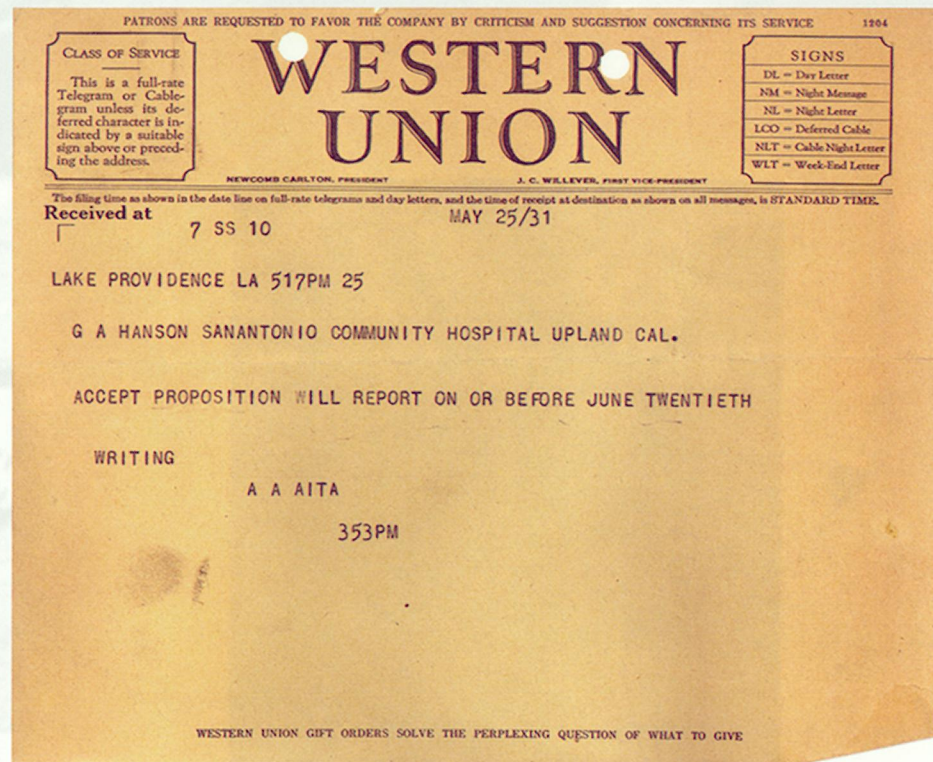
Dr. Al Aita

Throughout his career Dr. Aita was active in the field of hospital administration. His high rating as an administrator was reflected by the many important posts he held in the healthcare field. He became a member of the Western Institute for Administrators in 1938, was chosen a fellow in 1944, and served as a member of its board of regents from 1951 to 1958.

In 1949, he was appointed to the Hospital Advisory Board of the State of California. Dr. Aita served as president of the Hospital Council of Southern California, California Hospital Association, and Western Hospital Association; regent of the American College of Hospital Administrators; and board member of the American Hospital Association. All hospitals and the patients they serve have been enriched by his knowledge and experience.

Dr. Aita's Legacy Begins

In 1931, the hospital board of trustees, led by President G. A. Hanson, decided to increase the hospital's laboratory and X-ray facilities and hire a technical director to operate and oversee them. Dr. Aloysius A. Aita, a bacteriologist from Tennessee, filled the position. Dr. Aita arrived at San Antonio Community Hospital on June 22, 1931. His capable direction of the diagnostic facilities and his special concern for patient care soon led to additional responsibilities. With the retirement of the hospital's superintendent in December 1931, Dr. Aita was appointed to the newly created position of manager. Under his administration, which was to span three decades, the hospital grew in both size and reputation, earning distinction as one of the premier small hospitals in California. Part of Dr. Aita's legacy, one that endures to this day, was his strict adherence to high standards of cleanliness and appearance for the hospital.



Telegram from Dr. Aita accepting the position at San Antonio Community Hospital.



A 1938 photo of mothers and babies born during the prior year. The reunions were held annually on Hospital Day.

Chapter Three

Surviving the Great Depression

The community of Upland was hit hard by the Great Depression. The 1920s had seen a great influx of laborers and their families from Mexico, swelling the town's population from 2,912 in 1920 to 4,737 in 1930. By the start of the 1930s, work, once seemingly plentiful in the area's bountiful citrus groves, was now difficult to find. A severe freeze in 1937 and a flood in 1938 exacerbated economic hardships. In an effort to relieve some of the financial duress, relief programs went into effect in 1935. Across the country the typical workweek was cut from six days to five.

The hospital's financial statements also reflected the impact of the Great Depression. During the hospital's first decade at its new location, its income was never enough to cover expenses. G. A. Hanson, president of the board, mandated significant cost-cutting measures at San Antonio Community Hospital. After experiencing an 18 percent deficit in 1931, San Antonio discontinued the sale of hospital certificates for prepaid medical care, an early form of

health insurance begun in 1926. The securities of the Free Bed Fund were turned over to the trustees to be converted into cash and applied to the hospital's debt.

Once again, the community stepped in to help. Generous donations from concerned citizens helped the hospital survive

At the annual meeting in 1938, Dr. Aita announced that for the first time the hospital had made a small profit. For three years San Antonio functioned at full capacity, maintaining an average daily census of 36 patients.



From the first years of the Depression until his death in 1963, Dr. Aita was the hospital's guide and guardian.

the Depression and gradually the hospital's finances began to stabilize. Like other nonprofit hospitals, San Antonio began working toward tax-exempt status to help ensure a secure financial future. The hospital officially became a nonprofit entity in March 1935.

The Medical Staff

Robert G. Williamson, M.D. arrived at the hospital in May 1935, becoming the 17th member of the medical staff. "I remember Doctors Weber, John and Mary Craig, Abbott, and Gottlieb when I first started practicing out here," he said.

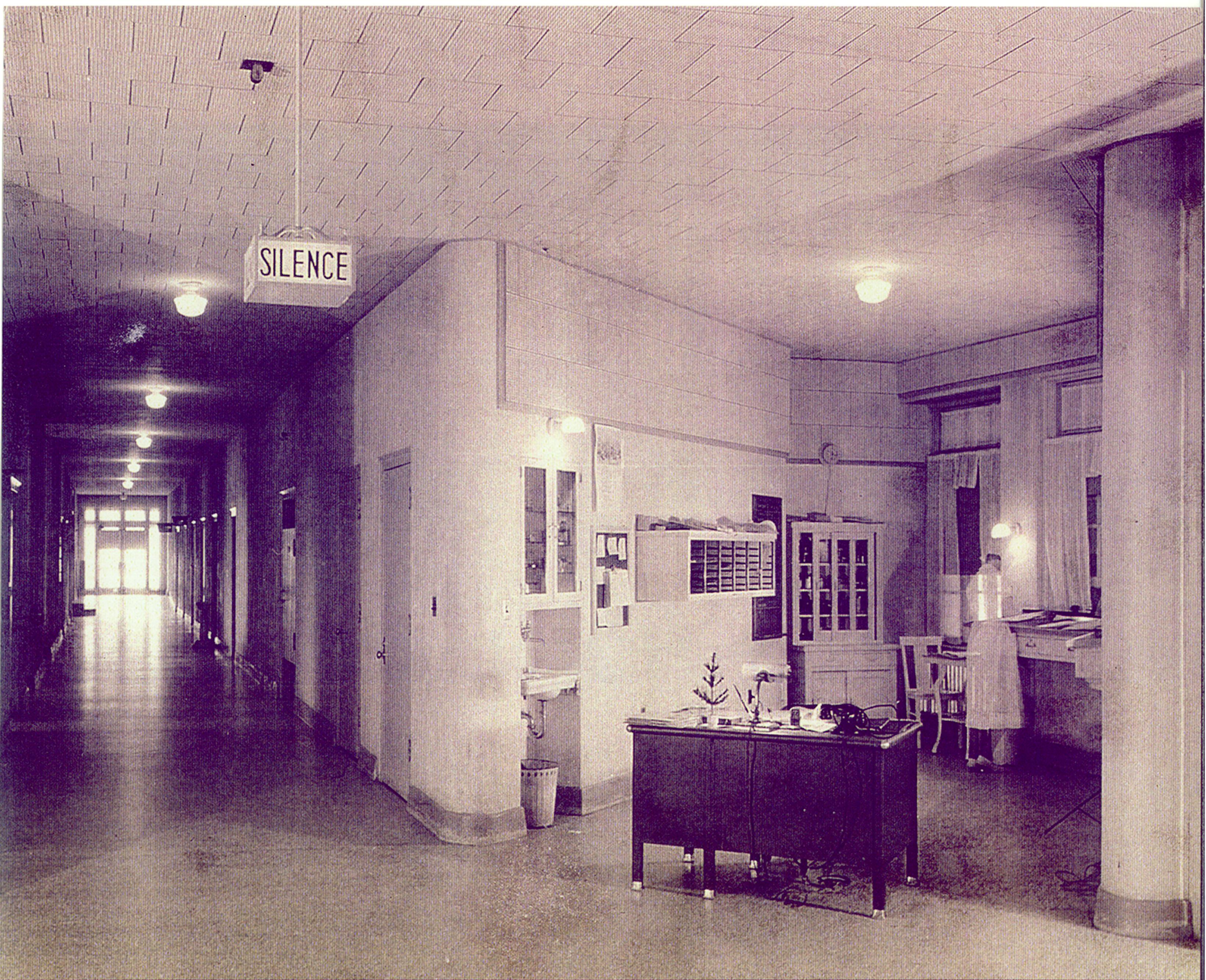
"We started out as a general practice, and we did most everything. The only specialist there was Dr. John Hula. The rest of us were GPs [general practitioners]. The only ones in particular that I can think of are John Weber, Dr. Craig, and Dr. Mary Craig Williamson McClellan. They practiced together for many years. I asked him one time, 'You've been together all that time; did you ever get mad at each other?' 'Yes,' he said, 'but never at the same time.'"



Dr. A. L. Weber with nurses



Nurses on the hospital's front lawn. Left to right: Miss Ada Stainsby, unidentified nurse, Miss Genevieve Bickmore, Mrs. Aletha Castle White, Miss Eva Campbell, Miss Bertha Schwarzwaelder, and Mrs. Elizabeth Kreider Lehman.



Center nurses station in 1936 featuring the new acoustical ceiling.

R. N. Williams, M.D. begins practice in Upland

Dr. Williams discovered that establishing a practice in Upland was a challenge. "I tried to practice internal medicine - that's what I was trained to do - but it was very difficult. This was in the early days of internal medicine, and I found it difficult to do that alone," said Dr. Williams, who supplemented his practice by delivering the occasional baby for a neighbor (four of her 11 children) and briefly administering anesthesia.



*Robert N. Williams, M.D. was medical staff president in 1949.
He joined the medical staff in 1938 (photo circa 1971).*

"When I came to San Antonio Community Hospital, the only anesthesia they had available was nitrous oxide and ether, one or the other or both. I had spent a month in anesthesiology, and I thought that I could at least get them started on something modern. Cyclopropane [which tends to be highly explosive when mixed with oxygen] was the anesthesia popular at the time, and I was instrumental in getting the hospital to buy a hybrid machine, which was the only table with gas available at the time, and gave several cyclopropane anesthetics to get us started out here.

"I remember one particular episode giving an anesthetic to a popular lawyer in town," he said. "One of the disadvantages of cyclopropane was meningeal spasm, which could be very serious. He was one with meningeal spasm - I never gave another anesthetic after that. He came out okay, but it cured me of giving anesthesia. From then on, I practiced internal medicine until I went back to USC and took courses in cardiology." Dr. Williams later started the cardiology program at San Antonio.

The longtime partners set the tone for the practice of medicine in Upland: professional, capable, and not without the occasional lighthearted moment. "Dr. Mary Craig Williamson would call up periodically and say, 'Hello, Bob, this is your mother,'" he laughed. "Her last name was Williamson, too. She was a very good friend but no relation."

After a year of practicing in Los Angeles, Robert N. Williams, M.D. joined his friend, Robert G. Williamson, M.D., at San Antonio in September 1938. "I moved into an office with him, and we practiced together," he said. "San Antonio was the only hospital around. When I first came to San Antonio, a private room cost \$6, laboratory work was \$2 to \$10 dollars, and office calls were in the neighborhood of \$3."

In March 1937, eager to set the hospital apart from its competition and assure the community that its patients were receiving proper care, San Antonio received the good news that it would be fully accredited by the American College of Surgeons. Approval was contingent upon the hospital accepting only graduates of approved medical schools with M.D. degrees to its medical staff, a requirement with which the hospital complied. At the same time, staff physician Dr. Arthur L. Weber was accepted as a fellow of the college. When San Antonio received its accreditation, less than 40 percent of the hospitals in the United States had earned that distinction.



Economic Recovery and Operational Changes

Low occupancy rates and an increased charity load continued to apply economic pressure on the hospital. This situation persisted through much of the 1930s. Fortunately, by the end of the decade, both the country and San Antonio Community Hospital were entering a period of economic recovery. At the annual meeting in 1938, Dr. Aita announced that for the first time the hospital had made a small profit. For three years San Antonio functioned at full capacity, maintaining an average daily census of 36 patients.

Operational changes soon followed. The hospital enlarged its laboratory facilities, added a pharmacist to the staff, and relieved its nurses of cleaning duties. New faces, destined to be longtime San Antonio employees, joined the hospital staff.

Ruth Frinager, the hospital's first full-time pharmacist. In 1942, as the war brought medical care to the forefront of the nation's consciousness, San Antonio's pharmacy attracted national attention. Modern Hospital magazine, a well-regarded professional publication, recognized San Antonio's pharmacy as a "model pharmacy."

The Doctors Sullivan

The Sullivan family doctors – Walter, John, and Jim – have been affiliated with Upland and San Antonio Community Hospital for more than 70 years. The Sullivan family dynasty began in the early thirties, when Walter brought his family from the dust bowl of Topeka, Kansas to what he hoped would be a better life in Southern California. The Sullivan family found its way to Upland, where Walter would practice medicine at San Antonio Community Hospital from 1936 until his retirement in 1974.

His first son, John, attended Chaffey High School, Loyola University, Los Angeles, and Creighton University Medical School. John met his wife, Mary Jacqueline, on “one of the few successful blind dates in the history of the human race.” They married in 1959 during John’s second year of medical school. After graduation in 1960, John took his internship and residency at the county hospital in San Bernardino. They are the proud parents of five children and have 17 grandchildren.

James Sullivan, M.D. followed his brother into the field of medicine and into practice in Upland a year later. Just as John had done, Jim went to Loyola University for his undergraduate degree and to Creighton University Medical School for his medical training. He completed his residency at the county hospital in San Bernardino and joined the family practice in 1965. Jim and his wife, Marjorie, have three children and four grandchildren.

John and Jim still practice in Upland. John served as president of the medical staff in 1982 and has served on numerous committees at the hospital and at the County Medical Society. Jim has also served in leadership roles and was president of the medical staff in 1989. The brothers both served as members of the hospital’s board of trustees; Jim served from 1988 through 1990 and



James R. Sullivan, M.D. (left) and his brother John W. Sullivan, M.D. share a medical practice in Upland.

John was a trustee from 1981 through 1983. “This hospital and the people in this community have been very, very good to me,” said John, “and I owe them a huge debt of gratitude for the kindnesses they have shown me over the years.”

“Our family has had a 70-year association with San Antonio Community Hospital, beginning with my father in 1936,” Jim remarked. “I have practiced medicine here with my brother, John, since shortly after I graduated from medical school. My son has also had the privilege of working here as an emergency room physician. I am grateful to be a part of this wonderful healthcare institution.”

Dr. Aita Earns the Respect of the Medical Staff

"Dr. Aita – his name was Aloysius, but he didn't like that, so we all called him Al – was way ahead of his time as far as hospital administration was concerned," said Dr. Williamson. "He was meticulous, and he insisted that the hospital be very clean."

Dr. Aita enjoyed being the administrator and was very proud of his hospital. No detail was too small for his attention. He was particularly concerned that the physical environment of the hospital reflect an atmosphere that was conducive to rest and healing.

"He recognized that a pleasant hospital atmosphere was important for patient welfare. He was one of the first to use wallpaper, color, pleasing and comfortable furniture, lovely paintings, personal bedside television, and excellent food," said Frank Melone, M.D., who joined the medical staff in 1938. "He introduced selective menus, and patients' food trays, always with a flower, were well presented. Al considered himself an excellent chef and often conferred with the hospital chef regarding food preparation. The food had to be the best in town."

Dr. Aita was often seen late at night, during weekends, and on holidays strolling through the hospital to ensure that all was well, Dr. Melone



Robert Williamson, M.D., pictured here with Mrs. Katherine Weber, joined the hospital's medical staff in 1938 and was medical staff president in 1958.

Frank Melone, M.D. graduated from the University of Kansas Medical School in 1937. He was medical staff president in 1951.



*The clinical lab in 1938. "A simple blood count took almost two or three hours, sometimes a day," recalled Dr. Williamson. "But for the time we had good laboratory work."
Swannies Studio, Upland*

recalled. He also was frequently found in the lab, which was then under Flora Marvin's direction.

"When Aita was head of the hospital, he also was head of the lab, because by training, he was a lab man. In fact, all of his hospital [administrative] training occurred after his being head of the lab," said Dr. Williams.

"During the early days, that is, between 1938 and 1945, I became interested in high blood pressure, and I felt that endocrine glands had a lot to do with high blood pressure, as expressed by most people. So I undertook a project of injecting estrogen into rabbits. I had no place to keep rabbits, but Al was interested in research work, so he said he would keep the rabbits for me and allow me to use them." While Dr. Williams' project failed to prove the connection between endocrine glands and high blood pressure, the rabbits were useful in establishing a positive relationship of another kind. "At that time there was a pregnancy test that involved injecting a rabbit with the urine from a patient," recalled Dr. Williams. "After 48 hours, the rabbit was killed and examined and you could tell whether the woman was pregnant."

The rabbits stayed in what Dr. Aita labeled the "animal apartments" at the back of the grounds. A "no vacancy" sign would often be found posted there until, in the early 1940s, the last of the rabbits was not replaced.

Labor and Delivery

New mothers could look forward to a nice, long stay at San Antonio. "The average maternity stay for mothers was seven to ten days," said Dr. Williams. "The nursery was located in another section of the hospital. There were eight or ten babies in there most of the time and all the nurses there were very good."

Ruth Favara came to the hospital in 1947 as an obstetrical nurse, working the evening shift from three to 11 o'clock. "We had one

Doctor Bills and Potato Crops

Dr. Williamson recalled that sometimes patients were not able to pay for the healthcare services they received - at least not right away. "We took care of them and that was it," said Dr. Williamson. "I didn't keep track of it, but all of us did services for nothing. I remember one man who came in and said, 'My wife is pregnant and you're taking care of her and I appreciate that. But I want to tell you I won't be able to pay you until my potato crops come in.' I forgot all about it and sent him a bill, and a couple of weeks later he came in again and said, 'I told you I'd pay you when my potato crops come in!' I told him to forget it, but later he came in and paid us. That's how we did business back then. There was no fuss or feathers about it at all."

*The nursery was filled with sleeping babies in August 1941.
Swannies Studio, Upland*



The annual reunion of mothers and babies on Hospital Day, 1941.

labor room and one delivery room. You covered both, labor and delivery. The delivery room was adjacent to surgery. There weren't that many deliveries, except when the moon was full, then we had several," she laughed. "We had several mothers delivering their tenth child. They'd come in every year, and they knew the nurses well."

After babies were born, nurses fingerprinted and transferred their tiny charges to the nursery. A few years after Ruth Favara started working at San Antonio, nurses began to photograph newborns as well, helping eliminate the possibility of a baby mix-up. Dr. Aita commissioned a San Francisco photographer to design a stroboscopic camera for this purpose. The camera enabled the medical staff to photograph each baby born at the hospital within ten minutes of its birth without the danger posed by earlier flashbulb models.



Miss Mae Terkelson (left) became superintendent of nurses in 1937 and started to train nurse attendants. Swannies Studio, Upland



Carl Dial, Dr. Aita, and Lucelle Paulson, R.N. with birth recording camera in 1958.



A flame photometer was acquired for the laboratory in 1954. L to R: Dr. Aita, Clara Nisbet, Mickey Lashlee, Kay Sage, and Fran Pollock.

Chapter Four

World War II Drives Medical Advances

September 1, 1939 marked the start of the second world war in fewer than 30 years. An unfortunate byproduct of war is that it is often good for medicine. World War II brought advances in the treatment of wounds and traumatic infections, sanitation methods, and improvements in prosthetic limbs.



West Pavilion 1942

San Antonio collected plasma, conducted donor tests, and planned for a 100 percent expansion of emergency beds. At the annual meeting in 1943, Dr. Aita announced that 23 employees and medical staff of the hospital were in the armed forces, 1,100 blood donors had been typed, and 200 units of plasma were ready for use.

San Antonio Expands

When the United States entered the war in 1941, San Antonio Community Hospital's plans for expansion of the facility were well under way. The hospital had purchased ten additional acres in anticipation of that new growth.

A proposed ten-bed obstetrical wing became the 4,000-square-foot West Pavilion, which, when opened in early 1942, allowed the hospital to accommodate more than 50 adult patients. The new wing "was almost filled by the time the paint was dry," wrote Dr. Aita after the war. In fact, the hospital's average occupancy rates topped 100 percent during the war, making future expansion almost assured.



Patient room in West Pavilion, 1942.

The Impact of the War

The difficulties of operating the hospital in wartime were many and varied. Even before the United States was officially involved, the hospital board voted to grant leaves of absence for men on staff who were going into military service. By 1943, one third of the employees and medical staff were in the armed forces. The labor shortage remained acute for the duration of the war.

"Our turnover in the kitchen is so rapid that we hardly have time to train them for their jobs before they are employed by either a defense industry or the air depot," Dr. Aita told the board of trustees on January 11, 1943.

Dr. Aita was instrumental in the strategic planning required to keep the hospital operational during the War. He visited blood and plasma distribution centers in Chicago and the department of tropical medicine at Tulane University in New Orleans so that San Antonio Community Hospital was prepared with equipment and personnel in the event of an unforeseen crisis.

Rationing was a constant source of frustration. Physicians received special "C" gas coupons and were required to have special headlights that allowed them to drive during air raids. Other hospital employees were not so fortunate. "When the Ration Board refused tires to the surgical nurse



Marcus White, M.D. was called back into service in the United States Navy during World War II and brought home from Australia the first shipload of wounded. Because of the scarcity of doctors, the hospital board wired the adjutant general in July 1945 requesting the release of Dr. White and Dr. Melone from the military. They were welcomed back at the November meeting of the medical staff and board, along with L.S. Hoag, M.D., who also had come to the community from military service.

Wartime Operations

Faving just returned from a California Hospital Association Convention, at which war measures were discussed, Dr. Aita outlined definite suggestions for people in the community to observe. Dr. Aita presented a paper, "Conservation of Service and Supplies" at the meeting held in Fresno late last week. General theme of the convention was "Operation of Hospitals in War Time."

"While we are losing many valued persons during the war effort, we are not reducing the high standards of hospital service," Dr. Aita added, with emphasis. Twenty-three persons have gone into the armed forces from the hospital staff – three doctors, two nurses, and one dietician having gone last week. In addition to the regular hospital service, the organization has maintained a class in "surgical technique" for soldiers. Twenty-four soldiers, who have been stationed on the Chaffey campus, have been graduated.

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who was on call day and night it seemed we had reached the limit," wrote Katherine Weber, Dr. Weber's wife and a dedicated member of the Women's Auxiliary. "But an appeal to nurses to stay on this second line of defense bore fruit and nurse's aides were recruited to save the day."

A Nursing Crisis

Minnie Walker was a nurse on the hospital's general floor during World War II. "I came to San Antonio in 1943. I lived in a housing project in Upland. Dr. Norman Abbott came looking for me and told me I had to go to work, because they were short of nurses. He told me where to get my outfit, so I went to Pomona, got the uniform, and started work the next morning at seven o'clock. Dr. Abbott was waiting for me."

Because of the nursing shortage, the responsibility for all nursing needs at the hospital fell to 12 women. They were on 24-hour duty, Walker remembered. "We were all friends and we helped each other. We had fun, and when there was an emergency, we all ran to help each other. The nurses were very cooperative."

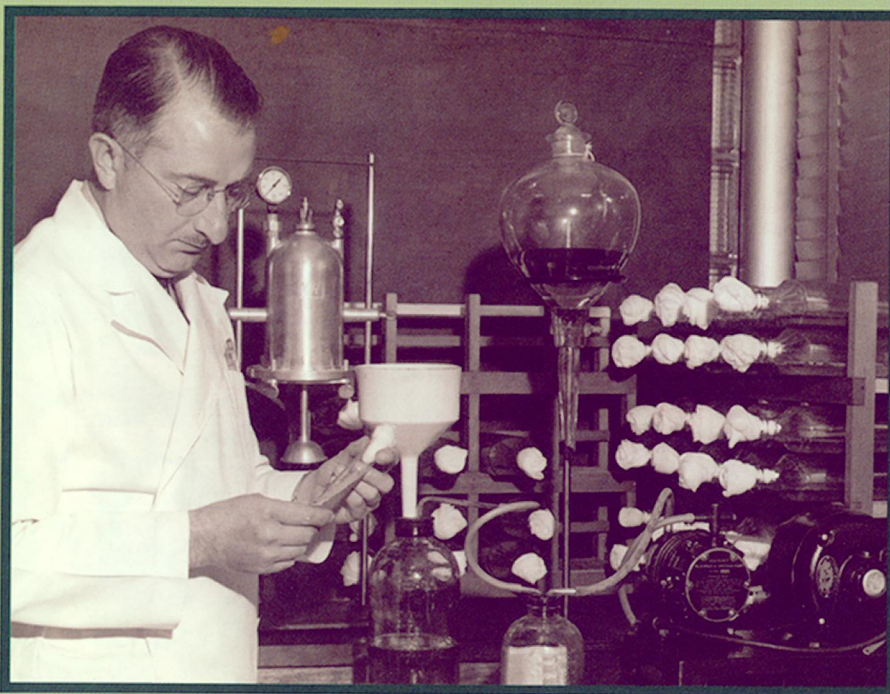
One day, she recalled, the shortage of nurses almost flattened her. "I was taking care of a patient who was very large," she said, estimating that the man weighed between 250 and 300 pounds. "One morning he said he wanted to get up and walk. Well, I helped him up to the side of the bed, which we always did to let blood go to the legs you know, a little exercise, and he stood up. I was smaller, of course, and he stood up and came right forward and down . . . Here I was holding onto this man who was like an iron person. He never got injured or anything like that, but we laughed about it for many days, because I told him, 'Never ask me to get you up again!'"



Charles Latimer, Charles Barr (in wheelchair), Dr. A. A. Aita, and Earl Paul at the laying of the Barr Pavilion cornerstone in 1944.

Hospital Besieged with Requests for Penicillin

The manufacture of penicillin turned out to be an important contribution during the war years. Penicillin, a bluish green mold that destroys bacteria, had been discovered in London by Scottish bacteriologist Alexander Flemming in 1928, but through the decade that followed had been produced only in small amounts. By World War II, there was a critical need for this lifesaving drug that proved highly effective in treating pneumonia, rheumatic fever, scarlet fever, ear and throat infections, and many other ailments.



Dr. Aita preparing penicillin, 1944.

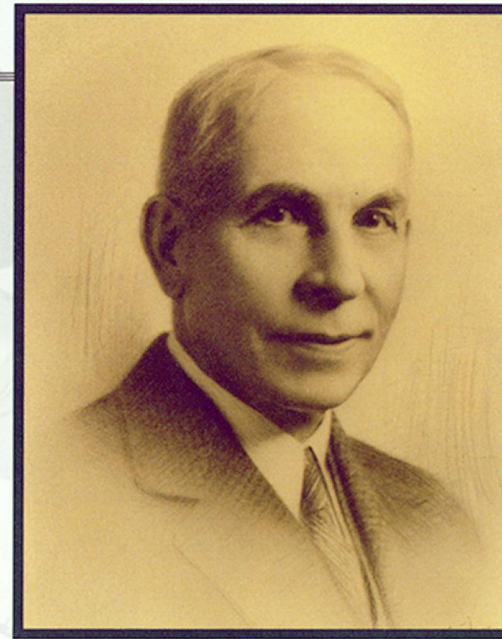
San Antonio Community Hospital was the first hospital on the West Coast to manufacture penicillin in its refined state, making the drug available to the public even before it could be released by the government. Dr. Aita began growing the penicillin-mold cultures in his lab. The first patient to receive penicillin produced at San Antonio was 18-month-old James Austin White, who was reported much improved after its administration. Requests for penicillin poured in from hospitals all over Southern California. "My father could not make enough," recalled Dr. Aita's daughter, Joan Scheel. A statement released by the hospital stated, "We are extremely happy to report that, during our eight months of production here, 38 cases were treated with our drug and that we have every reason to believe that six lives were saved through its use."

As the war continued, San Antonio collected plasma, conducted donor tests, and planned for a 100 percent expansion of emergency beds.

At the annual meeting in 1943, Dr. Aita announced that 23 employees and medical staff of the hospital were in the armed forces, 1,100 blood donors had been typed, and 200 units of plasma were ready for use.

Plans for a New Addition

Even as it remained on full war alert in case of a local disaster, the hospital decided to expand again, securing plans for a new addition in 1944. As soon as the War Production Board granted the building permit the hospital began to build the new wing. When it was completed in December of that year, it was named in honor of Charles Barr, president of the board of trustees from 1935 to 1947 and a longtime supporter of the hospital.



Charles V. Barr was president of the board of trustees from 1935 to 1947.



As a lasting gift to the hospital, Mr. and Mrs. Charles Latimer commissioned a mural by artist Tom Craig, youngest son of founding physician Dr. William Howard Craig. The mural, depicting primarily landscapes – snow-capped mountains, orchards in bloom, and pastoral scenes – was later dedicated to the memory of the Latimers' son, Jack, killed in June 1945. It was originally placed on the west wall of the Barr Pavilion solarium. Today the mural is displayed in the maternity wing.



Board presents resolution honoring Dr. Aita on the anniversary of his 25th year as hospital administrator, June 18, 1956. L to R: W. Vogel, W. R. Mason, N. Lawson, A. Aita, H. Stewart, J. A. Armstrong, Chas. R. Latimer, Allan S. Barr, N. Hickcox. Seated: C. N. Abbott, M.D.

Chapter Five

Progress and Prosperity

In his annual report, Dr. Aita declared that 1946 had been the busiest year in the hospital's history. Business volume had generated revenues of \$388,854. Still, he reminded the Association members, the "barometer of a voluntary hospital is not so much the profit and loss in dollars and cents as service rendered to the community and lives saved." Dr. Aita expressed his belief that San Antonio's healthcare services had been greatly improved by the addition of consulting physicians to the medical staff.

The postwar years brought a host of new residents to the Upland area. Men and women from all parts of the country, exposed to the sunny West Coast by virtue of their military service, came to lay claim to their piece of paradise. Where there were once lemon and orange groves there were new housing developments and buyers eager to fill them. Competition for jobs brought change to San Antonio Community Hospital in the form of improved employee relations and medical services. The hospital instituted a 44-hour

With a pressing need for more patient rooms — at times patients had to be placed in the halls and solarium — the board voted to expand again. In 1953, the hospital opened the Latimer Pavilion. This was the fourth addition in 11 years...



In the 1950s the hospital stored Mobile Army Surgical Hospital (MASH) equipment in case it was needed.

The Association



Robert Sherwood, chairman of the board, San Antonio Hospital Foundation, 1972-1976.

“During the time Dr. Aita was the administrator, he formed a group of influential people called the ‘Association,’” said Robert Sherwood, trustee emeritus and former foundation board chairman.

“All members of the board of trustees came from that group. The Association membership was by invitation only, and new members were voted on by the membership. Originally it was an all-male group; however, some time after the Association was formed they added two female members: the widow of Dr. Weber and my first wife, Dorothy Sherwood. I got to attend one meeting a year as her guest.”

Two or three years later, Robert Sherwood also was made a member of the Association, “making us the only husband-and-wife members,” he said.

workweek and introduced paid vacations based on tenure. With the goal of providing enhanced patient care, the hospital added the services of specialists to its consulting staff.

Medical Staff Specialization

Doctors George Griffith (cardiology), Jud Scholtz, Donald Atcheson, and John Skewis (anesthesiology) were the first specialists to practice at San Antonio, starting in 1946. That same year, Dr. Griffith, an eminent cardiologist from the East Coast, founded the hospital’s first outpatient service, a clinic named the Mary Louise Griffith Rheumatic Heart Clinic in honor of his sister who had succumbed to the disease.

“Rheumatic fever was not that prevalent, but it was not at all unusual to pick up a case of rheumatic every two or three months in the early days, immediately after the war. George Griffith, the prominent cardiologist in Southern California at that time, was chief executive officer of the naval hospital in Corona, and he and Al Aita became friends,” said Dr. Williams. “With George’s help, and with Elmer Carlson, we started the clinic, which met once a month. We raised enough money to take care of the laboratory work that was necessary to confirm the diagnosis. The clinic was very successful.”

Most general practitioners did their own surgeries. “In 1957, the hospital had two operating rooms and a delivery room, and they were all together,” Dr. Donald Wake said. “Shortly after I moved here, they decided they needed three operating rooms, so the delivery room was changed to a third operating room and the area was opened up west of the center nurse’s station. We did tonsillectomies in what was formerly the delivery room. The other two rooms were for major operations.”

In addition to surgery, recalled Dr. Fred Gattas, a



Dr. E. G. Carlson, Dr. A. W. Abbott, Dr. G. A. Chalfant, Dr. George Griffith (chief executive officer of the naval hospital in Corona), and Dr. Fred A. Gattas, attend to patient Raymond Delgado in the Mary Louise Griffith Heart Clinic, June 15, 1957.



Imogene Petit, Tom Mickelson, Ruby Wilder, Becky Williams, and Helen Laplante help stage a mock disaster training in the Barr Solarium in 1958.



Donald Wake, M.D. was president of the medical staff in 1967.



Fred A. Gattas, M.D., 1969 medical staff president and hospital board member from 1982 through 1990.

general practitioner could be called on for a wide range of duties. "My internship was in internal medicine, and I practiced primarily internal medicine. At that time, internal medicine was very different than it is today. We practiced all phases of internal medicine in those days. We practiced cardiology. We practiced oncology, giving chemotherapeutic agents ourselves because there were no oncologists at that time. We drew blood ourselves on many, many occasions. We gave medications ourselves, and it was only later that specialized nurses went into the field of drawing blood and doing many of the things that we had been doing in the past. We developed a very close relationship with patients, much closer than exists in present times," he said.

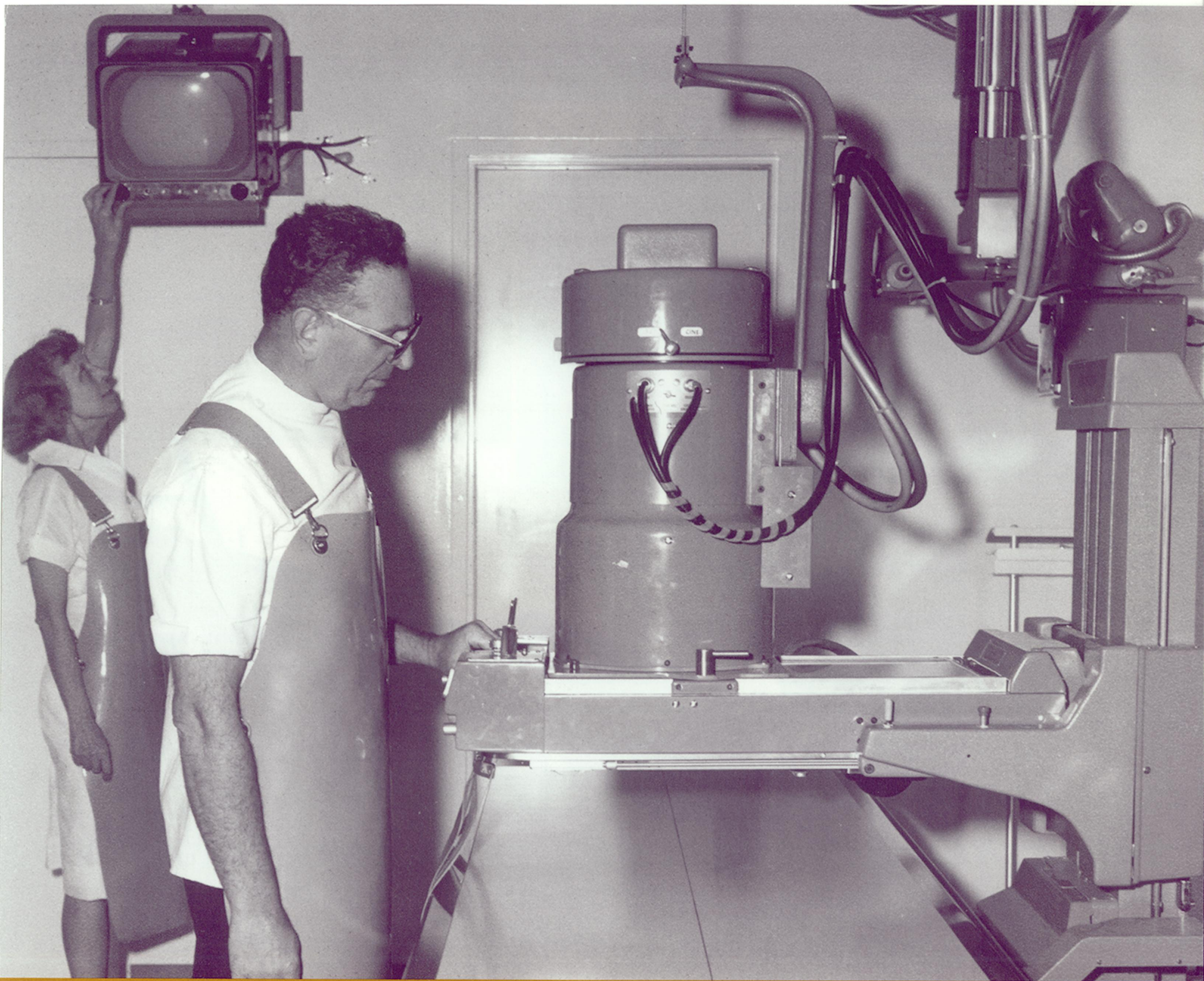
"Practice at San Antonio was most enjoyable at the time. I remember that everyone was so very helpful in conducting our practices; everyone in the laboratory and the X-ray department was most accommodating. They tried to accomplish all of our wishes, as needed."

X-ray

Nick Favara was the hospital's first licensed X-ray technologist. "In 1946 [when he started], we had a single X-ray room and no radiologist. Dr. Aita, who was trained in bacteriology, did all the reading of the X-ray films," Favara said.

"We had a doctor on staff named M. D. White who was in the Navy. One of the doctors on his crew, Dr. Lindsman, had an office in Beverly Hills. When the war ended, Dr. White got Dr. Lindsman to come to San Antonio as an interim radiologist at least three days a week. After him we had Dr. Ruling who came from Johns Hopkins in Baltimore. Then we had Dr. Kindig from Long Beach. All this time, Dr. James Vickers, who became our permanent radiologist, was in residency at L.A. County Hospital." Favara, who was trained as an X-ray technologist in the service, found some differences in working for a civilian population. "One thing the military didn't train us for was to X-ray babies and women and geriatric patients," he said. "They were very particular about the quality and quantity of radiation. We had to do massive volumes of people in the military, but they didn't give the personal care that was required in private practice."

When he started at San Antonio Community Hospital in 1946, Favara was paid \$165 per month, he said, "but you have to remember this was immediate postwar. There was no place to live. Part of my salary included my quarters and my meals." He lived behind the hospital in the externs' quarters – concrete block structures built during the war. "There were two rooms, one in front and one in back, with a bathroom in between. After I had been there a few months, they got Charles Medicinro and Frank Bono, who were surgical orderlies, and they lived in the other apartment. They also supplied me with uniforms and laundered them for me."



Nick Favara, senior X-ray technologist, and Margaret Keber, X-ray technologist, demonstrate the department's new closed-circuit television X-ray machine in 1964.



*Groundbreaking for the Charles Latimer Pavilion.
Left to right: William Mason, Harold Stewart,
J. Awdry Armstrong, William Vogel, Pete Borba,
Charles R. Latimer, Dr. Frank Melone, Katherine
Weber, N. Hickcox, Allan Barr, and A. A. Aita.*



Latimer Pavilion construction, 1952.

The Charles Latimer Pavilion

With a pressing need for more patient rooms – at times patients had to be placed in the halls and solarium – the board voted to expand again. In 1953, the hospital opened the Latimer Pavilion. This was the fourth addition in 11 years, bringing total capacity of the hospital to 75 beds. The dedication program captured the administration's confidence that San Antonio Community Hospital was at the leading edge of healthcare: "As your eyes are regaled by the cheerful décor and latest equipment of the Charles Latimer Pavilion, you may feel more secure in the realization that here is modern medicine, more prepared than ever to accommodate those who need a helping hand to return to a longer, productive life. For even though the latest statistics show that one of every ten persons in 1953 will be a patient in some hospital, it is the proud aim of those who heal to make that stay as short and comfortable as possible."

The new expansion was dedicated in memory of Charles Latimer, who was president of the board at the time of his death on March 8, 1950. The hospital welcomed patients to the new facility on January 14, three days after the dedication. The total cost of the project was \$240,120.

Even as San Antonio grew and modernized, it never lost its intimate, home-town charm. Dorothy "Jo" Johnson, a registered nurse, arrived in Upland after completion of the Latimer Pavilion. She remembered thinking, "It's a strange-looking little place, country-like. I'd never seen a hospital with a front porch with rockers on it." Johnson, who later became director of nurses, quickly settled in to the "homey" atmosphere. "Everything was small and intimate," she said. "Everybody knew everybody."



Dedication of the Latimer Pavilion, 1953. Left to right: Helen Klusman, Flora Marvin, Kathleen Ackerson, Mrs. T. Ackerson, Monsignor John Hegarty, and Charles R. Latimer.

Charles Latimer served as vice president and then president of the San Antonio Community Hospital board of trustees for many years.



Mary Craig Williamson McClellan, M.D.

Dr. Mary

For many years Dr. Mary Craig Williamson McClellan was the only female doctor on the San Antonio medical staff. That fact, coupled with the small size and close-knit nature of the staff, created some humorous situations and Dr. Mary maintained her sense of humor throughout.

"We had a small sleeping room at the hospital, and when she was out at night delivering babies she'd sleep in there," said Jo Johnson. "One night when she was there, one of the older physicians was here late, so he goes and gets in the other cot in the middle of the night. She wakes up in the morning and she's highly incensed that he's there. But they only had one dressing room in the break room, and of course she'd just walk in, she didn't care, with guys running around trying to cover themselves up. She just went about her business.

"Dr. Mary tried to be very tough," Johnson said. "When she'd get upset, she'd say, 'Oh, you don't have sense enough to pour sand down a rat hole.' She seemed gruff, but she wasn't."

When the joke was on her, Dr. Mary would tell the story on herself. "She had these horrible shoes she wore when she delivered babies," recalled Johnson. "In those days we didn't have foot covers and those shoes were just hideous. She was in a hurry one time to leave from the airport in Los Angeles and she got onto the plane, sat down, and realized she still had her bloody shoes on."

San Antonio's First Obstetrician

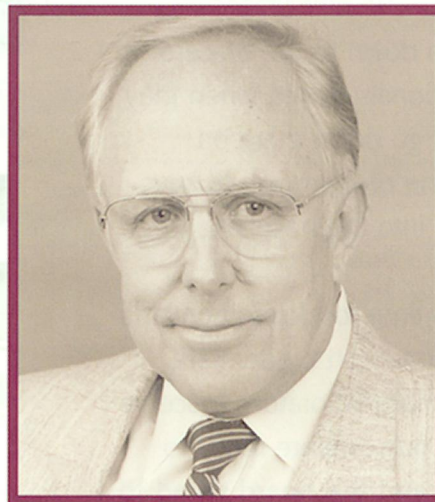
"We didn't really have an obstetrician when I arrived here," said Edmund DuVall, M.D. "T. F. Ford probably did more deliveries than anyone else at that time. You'd see him in here any time of the day or night, and he was slick as a whistle. He did a good job."

Dr. T. F. Ford is remembered almost universally as one of San Antonio's most colorful characters. The talented general practitioner had great skill in surgery as well as obstetrics, but he is perhaps most frequently associated with driving a very fast Ford Thunderbird. "I can remember there was a standing joke with Theo Ford that on many occasions he was being chased to the hospital by the police because he was such a fast driver. And he would really put up a strong argument whenever they stopped him," said Fred Gattas, M.D.

The first board-certified obstetrician at San Antonio was Dr. Gerad Rawle. Lawrence Parker, M.D., a retired general practitioner, remembered that Rawle's services were always much in demand. "He was really wonderful with patients," said Parker, two of whose grandchildren were delivered by Rawle. "And he was busy! We had a silent paging system that used numbers, not names," Parker said. "It was nice when they were paging you not to hear your name. You just looked up and they had these numbers, just like they do now. His number [Rawle's] was always up there," he laughed. "His number was up there so often we used to say among the doctors, 'That's the test pattern.'"



The first baby born in the new maternity wing, 1959.



Gerad Rawle, M.D. was the hospital's first board-certified obstetrician.

House Calls

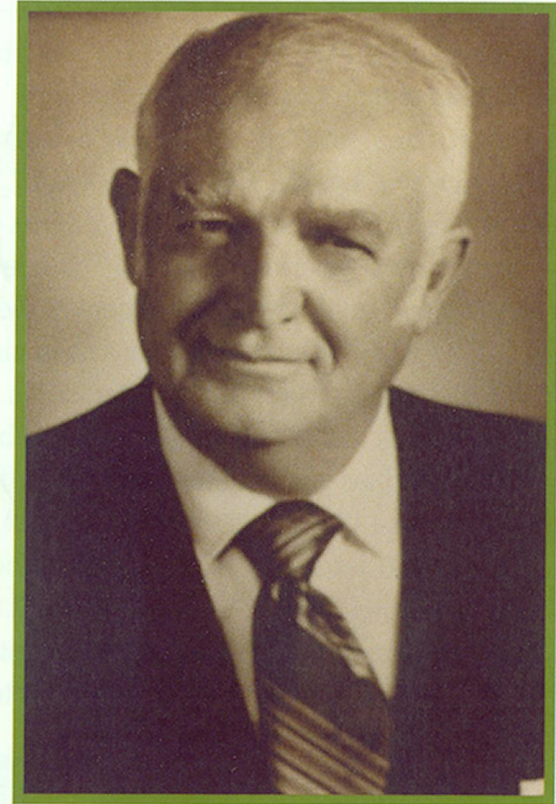
Over time, the practice of specialists would take on increasing importance both in the field of medicine and at San Antonio Community Hospital. During the 1950s, however, general practitioners still dominated the practice of medicine in the area. As Donald Wake, M.D. found out when he began his practice in Upland in 1955, house calls were still very much a part of the job.

"It was interesting to me that back then, before I came here, if there was a need for someone to make a house call, Dr. John Craig, Dr. Weber, and Dr. T. F. Ford would all rush there as fast as they could. The first one would catch the patient. And of course I guess they got paid a little more. At least that's the story that Dr. Ford told me, that everyone wanted to do the house calls. That's not true anymore!" he said.

"The routine was usually make your hospital rounds and house calls before you went to the office and then hospital rounds and house calls after the office, and in those days it was 24/7, no coverage," Wake recalled. "Les Hoag and I eventually had a setup where I took off Wednesday afternoons and he took Thursday afternoons and we'd cover each other for half a day. Of course, we covered each other on the weekends, but we always worked Saturday morning.

"I remember on Saturday mornings we used to go down to the bracero camp that was on Ninth Street where the Mexican nationals stayed when they did all the work with the citrus groves. Les and I would go down there on Saturday mornings and do sick call. Once in a while one of them would have appendicitis or something, and we'd have to take him into the hospital and do an appendectomy."

Now that the hospital had 75 beds available, it was time for departmentalization of the medical staff. This required active committees on credentials, records, medicine, and surgery. The hospital needed more laboratory space as well and found it in a vacant office nearby. Vocational nurses were ready to graduate from a training program at Chaffey College, and the board voted to establish a \$50 scholarship for an outstanding vocational nurse.



T. F. Ford, M.D., medical staff president in 1948, drove a fast Ford Thunderbird.

Emergency Department

Taking emergency call was a way for a young physician to build his practice. "A good friend of mine said I shouldn't really try to practice out in the sticks because the bus doesn't stop there, and everyone who was anyone practiced in Ontario, but I still came here, and it was a good experience for me because I was the only doctor close to the hospital," said Dr. Edmund DuVall. His office in the early days was within walking distance of the hospital and he was frequently called to the emergency room.

"The emergency room was just the other side of where the [Aita] auditorium is now. It was a single room, probably 200 square feet, and a parking lot just north of the emergency room. I remember that one Fourth of July, in 1959, there was a heavy rainstorm, and rain gathered in the parking lot, and water

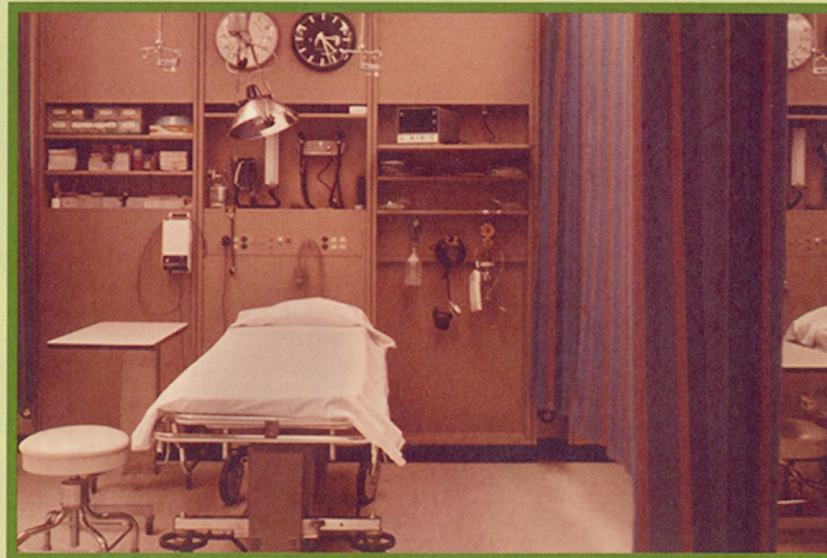
ran into the hospital, flooding the emergency room and the center nurse's desk," he said.



Paul Dest, M.D. president of the medical staff in 1984.

"Of course, Miss [Elizabeth] Harrington was there taking care of it and got things straightened out pretty well. Miss Harrington was the nurse in charge of the emergency room and central supply. She was a marvelous person. I got a lot of patients by having her call me to cover the emergency room."

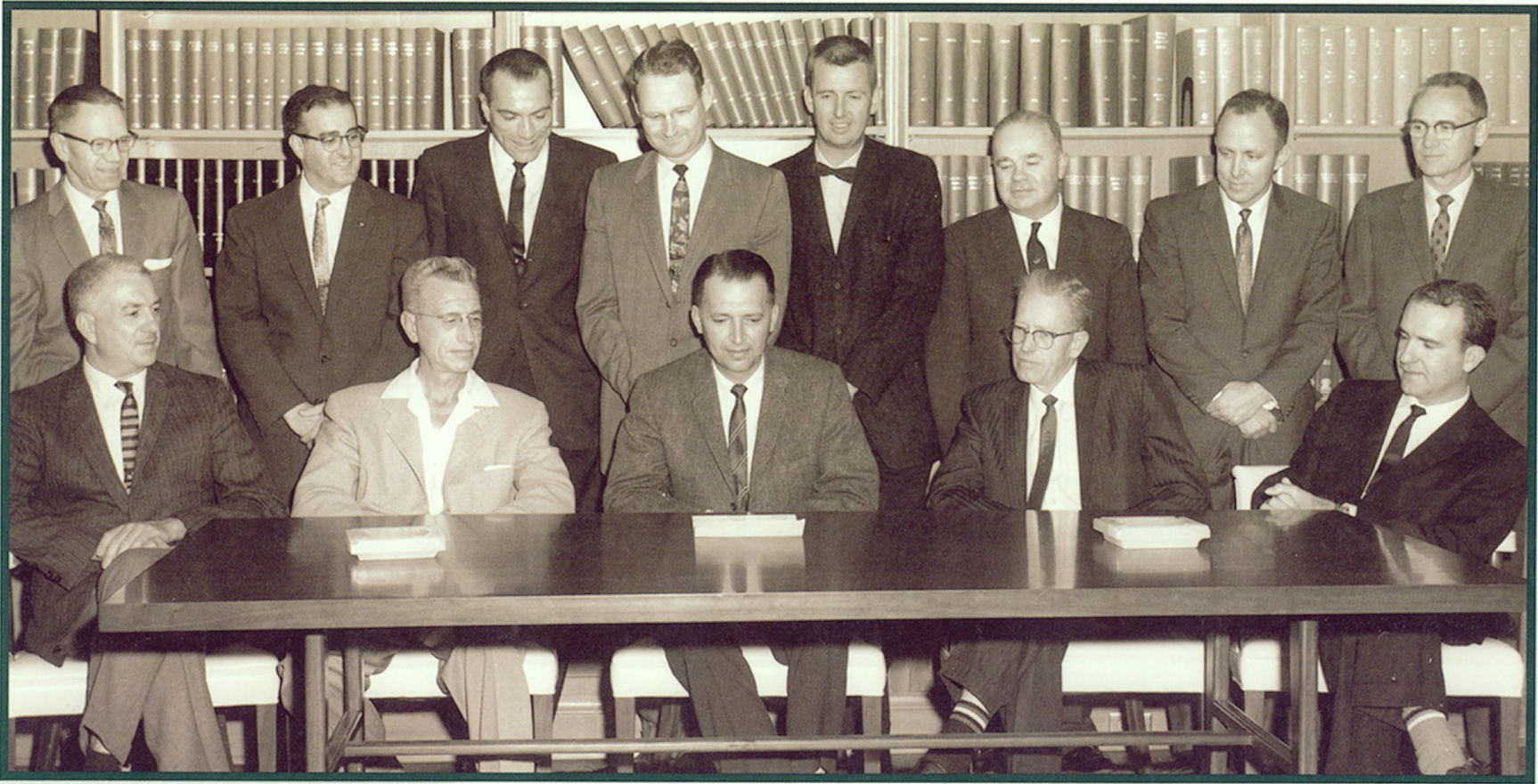
During the fifties and sixties, the emergency room "was actually what it sounds like, one room about the size of a closet," said Paul Dest, M.D. "The nurse who was in charge of sterilizing and medical supplies also covered the emergency room. So if there was a laceration, she would call the doctor on call, who would leave his office and come see the patient."



The hospital's current emergency department was part of the 1975 expansion project for lab, pharmacy, radiology, EEG/ophthalmology and dental center.

Accepting emergency call was a prerequisite to being on the hospital's medical staff, he said. The 60 to 70 physicians would be assigned call about once every month or two, although some of the specialists, "like a psychiatrist or dermatologist, for example, did not like to take emergency call and would trade with a GP, especially one of the younger ones who were eager to take the emergency calls because they were building up a practice," Dr. Dest said.

It was not an efficient system, and in 1969 a group of about 20 doctors on staff formed the West End Emergency Medical (WEEM) group to hire other physicians, often residents or moonlighters, to cover the emergency room. Then the group developed the position of emergency room physician, the first hospital in the West End to have a physician on call on premises 24 hours a day. Emergency medicine became a board-certified specialty in the 1970s, "so the emergency room became an emergency department," Dest said. Today there is a physician on call in each medical specialty.



Medical staff officers and chairmen 1961: Seated left to right: Drs. T. A. Gibson, C. A. Hermann, L. F. Crutcher, F. C. Melone, T. F. Ford: Standing left to right: Drs. Elmer Carlson, Fred Gattas, R. E. Williams, A. J. Alderfer, R. H. Crawford, J. E. Skewis, G. Rawle, R. N. Williams.

Medical Staff Meetings

By the beginning of the 1950s, the medical staff had grown from five to 35 physicians and the original 16 employees had grown to 116. Attendance was mandatory at monthly medical staff meetings held in the solarium in Barr Pavilion.

"We were required to be at the monthly staff meeting, and if we missed three in a row we would be barred from the staff, and that did happen," said psychiatrist Gary Voorman, M.D. "There were many strong personalities that would speak up during those meetings, and there was no political correctness, so if a person

had an idea, they voiced it forcefully. It made the staff meetings very interesting, so I hardly ever missed a single one."

Staff meetings were a way for the physicians to network and exchange ideas, said Dr. Colin McDonald, a retired neurosurgeon. "Being the new, young boy on the block at that time among all those established guys, for me it was just great to be able to make a contact with the referring doctors and have them talk to me about patients or 'could you help this patient?' or 'should I refer this patient to you?'"

The meetings had a strong social element as well. Hosted by Dr. Aita, the physicians enjoyed gourmet meals, cocktails before dinner, and cigarettes after. "Everybody used to smoke in those days," said Dr. Donald Wake. "Of course, then the surgeon general announced that cigarette smoke can cause cancer - but we didn't believe it was dangerous in those days, so almost everybody smoked."

Interns Come to San Antonio

In 1952, San Antonio Community Hospital was approved as a training hospital for the University of California, Berkeley curriculum in hospital administration. Dr. Aita's first administrative intern arrived that year, a young graduate of Claremont Men's College with a degree in business administration. When that young man, Leonard Ensinger, came to say good-bye after his year as intern, the board voted enthusiastically to continue this service and welcomed John Towers as the second intern in 1953. Towers would return several years later to serve as Dr. Aita's assistant administrator, and ultimately, in an unexpected turn of events, to replace him as the hospital's administrator.

"My year at Upland is memorable not only for the technical information I received, but also for the inspiration of the philosophy and personal example exemplified by Dr. Aita. He gives unstintingly of himself that those who learn from him will be better for having known him," wrote Towers in a letter upon completion of his internship in 1954.



"There are many people, but only now and then an outstanding individual." Dr. A. A. Aita, Administrator, San Antonio Community Hospital, Upland, California is such a person.

Our year together (1953-1954) as intern and preceptor was a memorable and wonderful year in my life. In retrospect it seems hard to believe that our paths crossed for so short a time. The impression left upon me is a deep and cherished one. Five phrases come to mind:

Gear yourself for disappointment

Don't take yourself too seriously

Do the best you can . . . and keep doing so until the end

Let us make it 'top drawer'

Develop a sense of humor

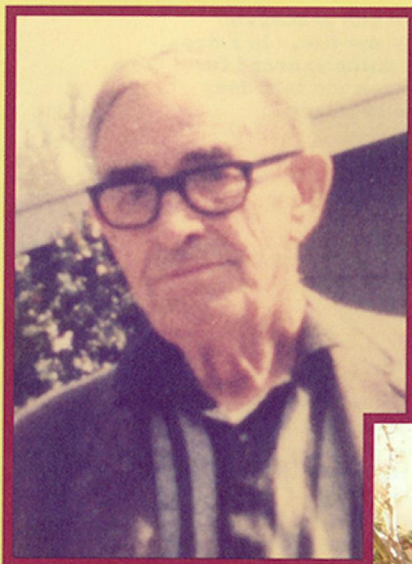
Any one of the men fortunate enough to have had 'Dr. Al' as his preceptor will immediately appreciate the significance of each phrase above. For my year at Upland is memorable not only for the technical information I received, but also for the inspiration of the philosophy and personal example exemplified by Dr. Aita. He gives unstintingly of himself that those who learn from him will be better for having known him.

I know that I cannot thank him adequately for his generosity, nor indeed for his personal attention and thoughtfulness. His friendship is of great importance to me; it has been a strong anchor. To 'Dr. Al' I acknowledge my debt of gratitude.

It is with these thoughts that I write this note to be placed with others authored by those who have served their administrative internship in hospital administration with 'one of the greatest.' A great hospital administrator and . . . an outstanding individual.

John L. Towers Jr.

Dr. John Hooval



John Hooval, M.D., president of the medical staff in 1941, was known to pocket left-over food at medical staff functions.

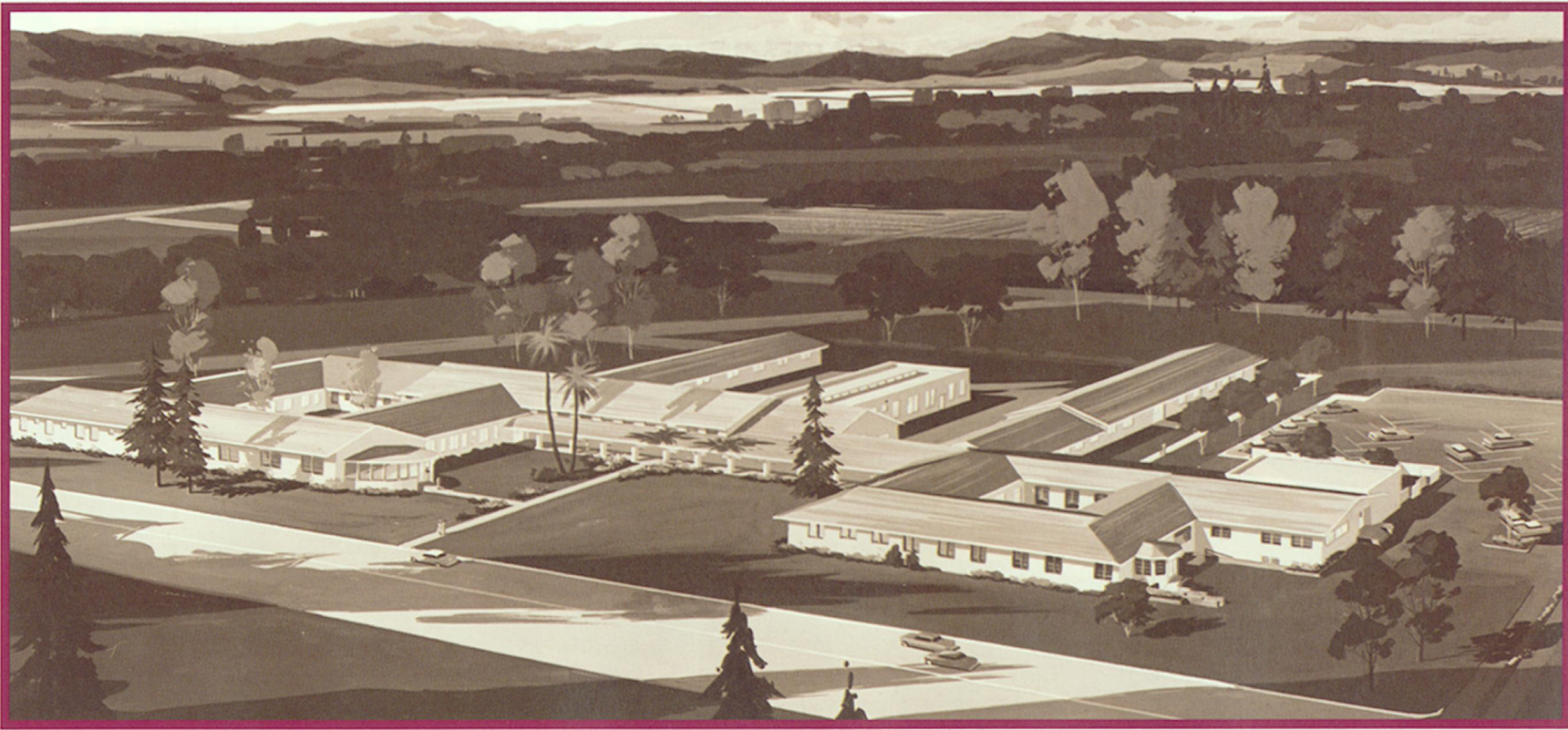
“The medical staff dinners had these little packages with free cigarettes in them at everybody’s place, and there were several who did not smoke. Dr. John Hooval [an ear, nose, and throat doctor] would come along after the meeting was over and gather up all the cigarettes that were left over. He also had his pockets lined with non-absorbent material, and he’d save food.” Dr. Donald Wake recalled.

“I remember one time, poor old Balguma [pediatric cardiologist Fred Balguma, M.D.] had to step out for a few minutes and left his dinner, and old John reached out with his fork, grabbed his steak, and put it in his pocket,” laughed Wake. Other physicians remembered Dr. Hooval pocketing cake and even butter.



Despite his reputed frugality, however, Dr. Hooval was dedicated to San Antonio Community Hospital. After his death, his widow made sizable donations to the San Antonio Hospital Foundation, eventually leaving a bequest of \$1.5 million to create the Hooval endowment. The John H. Hooval Physician’s Dining Room was completed in 1987, giving physicians a pleasant environment in which to gather and confer with their peers.

The John H. Hooval Physician’s Dining Room completed in 1987.



Architect's rendering of the hospital with the addition of the new maternity unit.

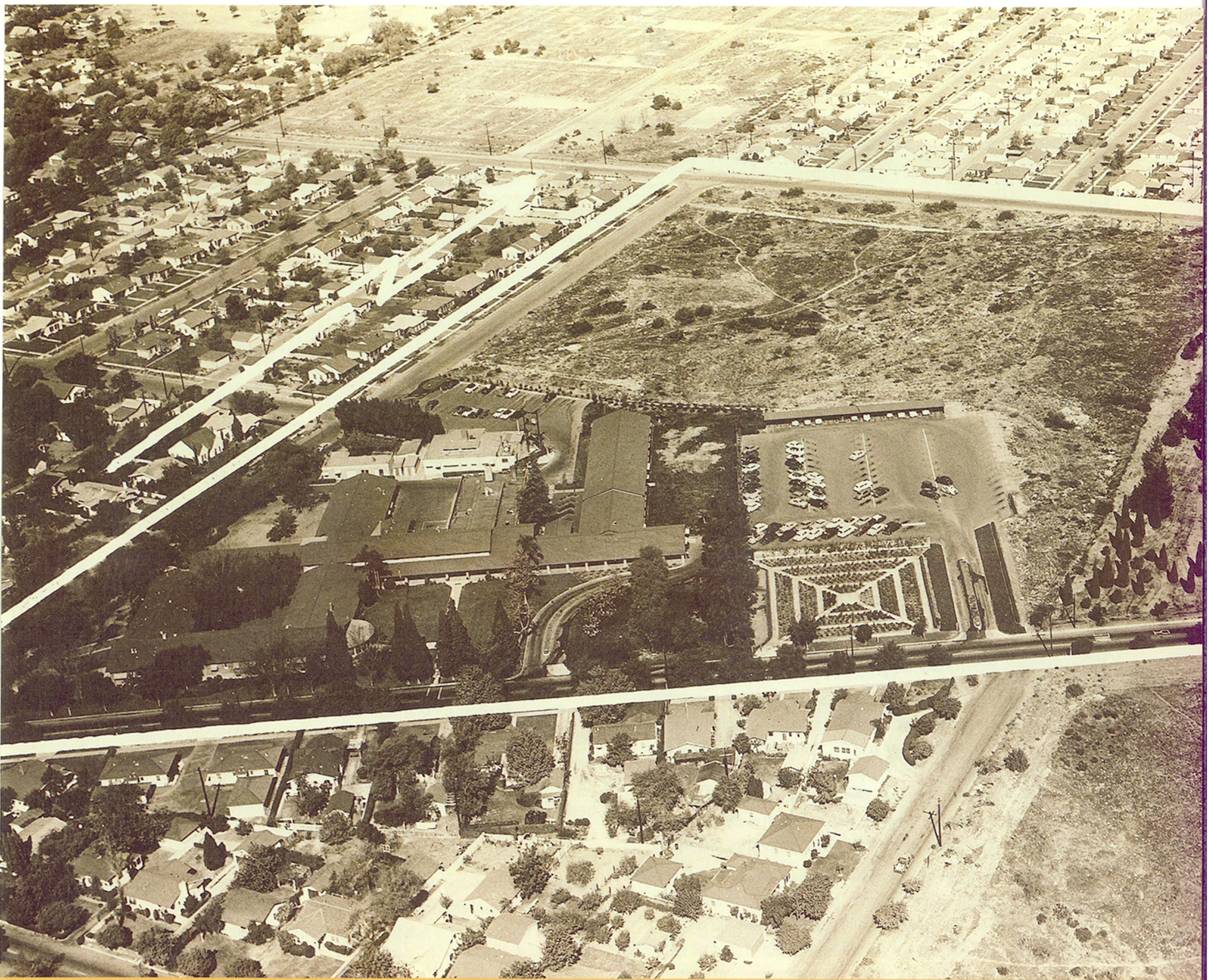
Expansion Follows Expansion

At the annual meeting in 1954, Dr. Aita described the hospital's ever-recurring space shortage in these words: "No sooner have we finished one addition than we are faced with the need for another one." Latimer Pavilion had been open for one year and was crowded most of the time. The thriving community hospital faced an urgent need for new surgery suites, recovery room, pediatric area, and more room for X-ray and central supply.

The 1956 hospital patient census was so high that it prompted Dr. Aita to comment that during the previous five months the hospital's occupancy averaged 94 percent, "a level far beyond comfort." When it qualified for a Ford Foundation Grant of \$45,900, to be used for anything except current expenses, San Antonio

designated the funds for the immediate construction of a 17,000-square-foot maternity unit.

The dedication program for the opening of the Maternity Pavilion on September 28, 1958 stated, "In the Maternity Pavilion itself, the viewing loggia, where the newborn can be seen without the slightest possibility of contamination, is a feature that, to the best of our knowledge, is not duplicated elsewhere. The Stork Club, where expectant fathers can try to relax, either indoors or by pacing the terrace, will, we hope, be appreciated in the future." The new unit also housed the Weber Memorial Library, which was established when Dr. Weber's wife donated his medical books to the hospital. The library remains a fitting tribute to his memory.



An aerial view of the hospital in 1954. The geometric lines east of the hospital are the rose garden.

A Sudden End to an Enduring Legacy

The hospital began planning in 1962 for a major expansion project that would increase inpatient capacity by 130 beds. Nearly one-third of the estimated \$4 million cost was raised in the community. In the midst of construction, Dr. Aita suffered a stroke while attending a convention of the American Hospital Association in New York City and died on September 1, 1963. He left a legacy of caring, leadership, and superior patient care.

"Dr. Al Aita was one of the prominent people in this hospital," said Dr. Gary Voorman, who joined the medical staff in 1962. "I believe every great organization has to have fine leadership to help 'followership.' And Al Aita was one of those kind of people."

"My recollection of Dr. Aita is that he was very supportive in terms of budgeting for equipment and agreeing to purchase what we needed," said Colin McDonald, M.D., a neurosurgeon who began practicing at the hospital in 1961. "His office was right by the ER, and generally speaking, you could hardly walk in or walk out without him putting an eyeball on you. He always had an eye on what was going on in the whole hospital. That was what was making the hospital a quality hospital. Dr Aita was always looking after the store."

Dr. Aita, a talented fundraiser, was always seeking to improve the services and facilities San Antonio offered to the community. "He was a people person – that's why he could pick up the phone and get the money he needed," said Robert Sherwood, trustee emeritus and former foundation board chairman.

Jo Johnson remembered the longtime administrator as a "dear, dapper little man" who sent his shirts into Los Angeles to a Chinese hand laundry. His love for detail not only endeared him to all who knew him during his 32 years of service at San Antonio, but also lives on in the retelling of his legendary management style, from recommending a color of paint for the



Dr. Al Aita, John Towers, and Mrs. Katherine Weber at the dedication of Weber Memorial Library (February 1963).

Miss Florence Andrews

-2-

January 4, 1955

SAN ANTONIO COMMUNITY HOSPITAL
UPLAND, CALIFORNIA

January 4, 1955

Miss Florence Andrews
Chief Dietitian

Dear Miss Andrews:

By the time you receive this, I will be winging my way to New York, otherwise, I would have come to you in person.

I want to compliment you on the last three sheets of menus that you have sent my way and may I make a few comments on the last one.

1. I believe we should use a better grade of bacon and ham for our patients. I was wondering if Davidson's perhaps wouldn't have a lightly smoked ham that we could use for our patients exclusively and a better grade of bacon, cut a little thicker, like you get on your slicing machine when the dial is set at eight. I notice that we have a lot of curling with our bacon.

2. On the eighth, I notice that we have corn beef with poached egg. This is quite a good dish if done well. The last corned beef we had here was quite salty and had a peculiar taste. I think if the corned beef hash is cut with a coarser grinder, it not only looks better, but this makes it taste better because of its appearance.

3. I believe if we stay with South American lentils, the patients will appreciate the flavor of the soup more. They come a little higher, but they are of much better quality.

4. I notice on the ninth, we have meat loaf with sauce. For the last five or six months our meat loaf has looked sort of anemic. I was wondering if we used a coarser grinder and did a little more doctoring to it, if it wouldn't present a little better appearance and taste also.

5. On the tenth, I notice that we have Salisbury steak, which is hamburger. I would like to see us establish sort of a reputation here in not serving hamburger to the patients. Why not purchase a stripper and cut your steaks from it, about a half inch thick, which is a

SAN ANTONIO COMMUNITY HOSPITAL
UPLAND, CALIFORNIA

May 20, 1955

Miss Florence Andrews
Chief Dietitian

Dear Miss Andrews:

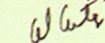
1. Eureka! I have finally found it. Good bacon -- the brand is Circle C and the processor Swift and Company. This bacon does not come sliced, so I recommend that you buy it by the slab and we slice it here for the patients only.

2. Don't you think it would be smart for us to buy sweet butter for the patients in large squares such as used by the best restaurants and hotels.

3. Saw something the other day that impressed me. Cabbage being sliced with a meat slicer for cole slaw. Looks much better than done the other way.

4. Since good sausage is almost impossible to get, why don't we make our own.

Sincerely yours,



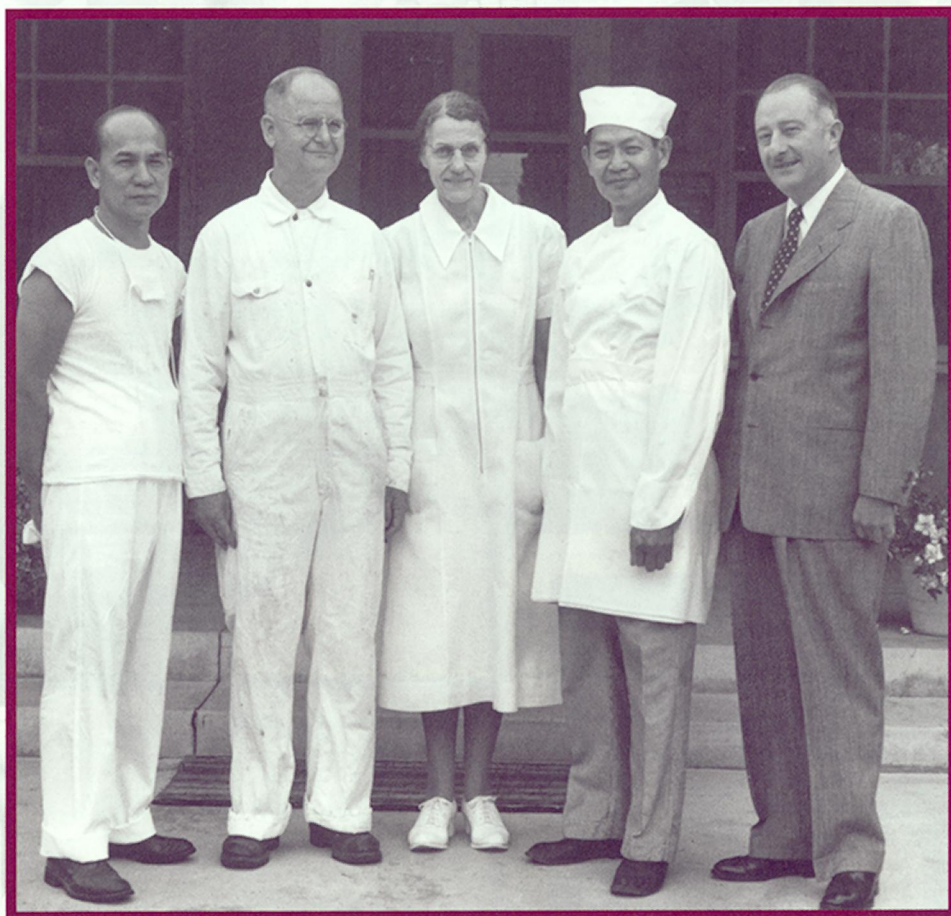
Administrator

A. A. Aita:rw

APPROVED BY THE AMERICAN COLLEGE OF SURGEONS

Letters Dr. Aita wrote to the dietary department in the 1950s. "He enjoyed good food," wrote Dr. Aita's daughter, Joan Scheel. "He liked to see that the staff meetings and board meetings included a gourmet dinner. He wanted the patients to have good food also, and instituted the selective menu. He also loved to cook at home and considered himself quite a chef."

walls to instructing the dietary kitchen on how thinly to slice the bacon. This tale is now part of hospital lore. As Kathy Ivins, director of dietary and volunteer services recalls it, "Dr. Aita would write letters to dietary director Miss Andrews. One states that the bacon should be carved at a seven, not a six, so that it would lay flat on the plate."



Administrator Al Aita was closely involved with his staff. Here he is pictured with orderly Joe Agapay, engineer Elmer France, nurse Ruth Horsch, and chef Roy Duque, circa 1952.

"He was a great storyteller. No one enjoyed a joke more than he did. He loved life. He was a wonderful husband and father," said his daughter, Joan Scheel. "I think San Antonio Community Hospital was as much a child to my father as I am, I really do. He loved the hospital just like he loved me." Scheel remembers that her father would pick her up after school and she would return with him to the hospital and do her homework at his desk.

One of her father's most important contributions, Scheel believes, was his commitment to making sure the hospital's ambience was restful and beautiful. Dr. Aita also liked to eat and cook. "My father felt that good food beautifully presented was very important. He wanted the hospital to use the same quality food and presentation as a fine restaurant."

He was a perfectionist, too, insisting on a certain shade of blue on the walls. Board and staff meetings were something the doctors and trustees looked forward to as an occasion for "good conversation and maybe a little gossip, too."

When her father died, Scheel recalls, he was at a hospital in New York City. Gravely ill, he wanted desperately to return to San Antonio Community Hospital. It was not to be, however. A deeply saddened hospital board met on September 9, 1963. In tribute to Dr. Aita's lasting service, the board's memorial resolution stated, "In his death the hospital and community lose a truly great man, but remaining is an indefinable atmosphere, omnipresent and everlasting for all who knew him."

Scheel noted that if her father were to visit the hospital today, "he would smile and say, 'This is the culmination of my dreams.' He would look around with pride at the many things he thought of that still exist today."

Dietary Services

Sterling silver flatware and serving pieces, a sterling silver napkin ring, and fresh flowers – today it would be the place setting for dinner at a nice restaurant, but in the 1970s it was the standard for food service at San Antonio Community Hospital. Kathy Ivins, director of dietary and volunteer services remembers when wine was served with patient meals. “We had rosé, red, and white on the general menus for lunch and dinner,” she said.

The elegant silver table service presented its own set of problems, however. The silver tea pots were especially popular and on many occasions, Ivins was charged with retrieving them from patients’ overnight bags and wastebaskets.

Over time, the silver napkin ring was replaced by a West Point fold, but a linen napkin still graces each patient’s tray. “And despite many changes,” Ivins said, “the tradition of prime quality still lasts. We do most of our own cooking rather than using prepared products.

“The food is far more nutritious than it used to be. Back then we had two diets: lots of food and not so much food. Nowadays we have five different diets that are highly specialized. We use a computerized menu system that we developed ourselves. Selections are entered by the nursing staff in each section. Then our system generates a menu that is specific to the doctor’s order. It’s a



Cafeteria circa 1950



Thanksgiving Menu



A typical patient tray with sterling silver service.

wonder we haven't taught those patients to just come downstairs and pick up a tray!"

Today, San Antonio has five dieticians including a manager of clinical nutrition. Five of the hospital's seven cooks have been preparing food for patients for more than 20 years.

"Many hospitals in the last ten to 15 years have considered dietary services to be a necessary evil. What makes us different is that we have the support and funding to do things like prepare most of our product from scratch. That immediately improves the quality of the food," said Ivins. "Many hospitals serve on plastic or disposable ware. We still serve on china."

Dietary services are as critical to patient wellness as the medicines the hospital dispenses, Ivins believes, and hospital dieticians are authorized to make appropriate notes on patients' charts and have been for 40 years.

Ivins would match the quality of the hospital's cafeteria against any good hotel facility. She maintains this excellence even while watching the budget with the keen eye of a company CEO.



The serving line received a major renovation when the cafeteria was remodeled in 1983.



The Upland News featured the construction of the major hospital addition with the opening lines: "Early in 1964, San Antonio Community Hospital will open to the community a 95,000 square foot, four million dollar 'space age' hospital."

Chapter Six

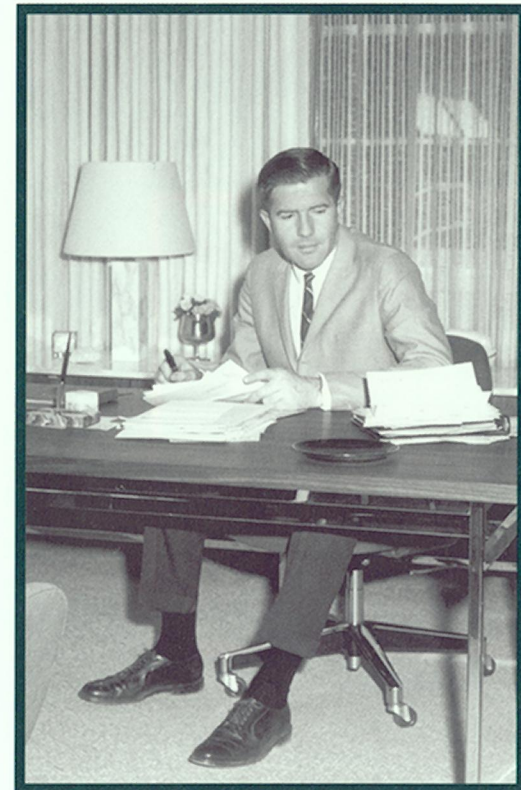
A Healing Environment

Appointed as Dr. Aita's successor in 1963, John Towers continued the hospital's planned multi-level expansion. On June 8, 1964, the hospital admitted patients to the new four-story wing – larger than the previous four building projects combined. The main tower provided 130 new beds in addition to new outpatient facilities, pharmacy, physical therapy, central service, emergency, and laboratory departments, as well as a new radiology department.

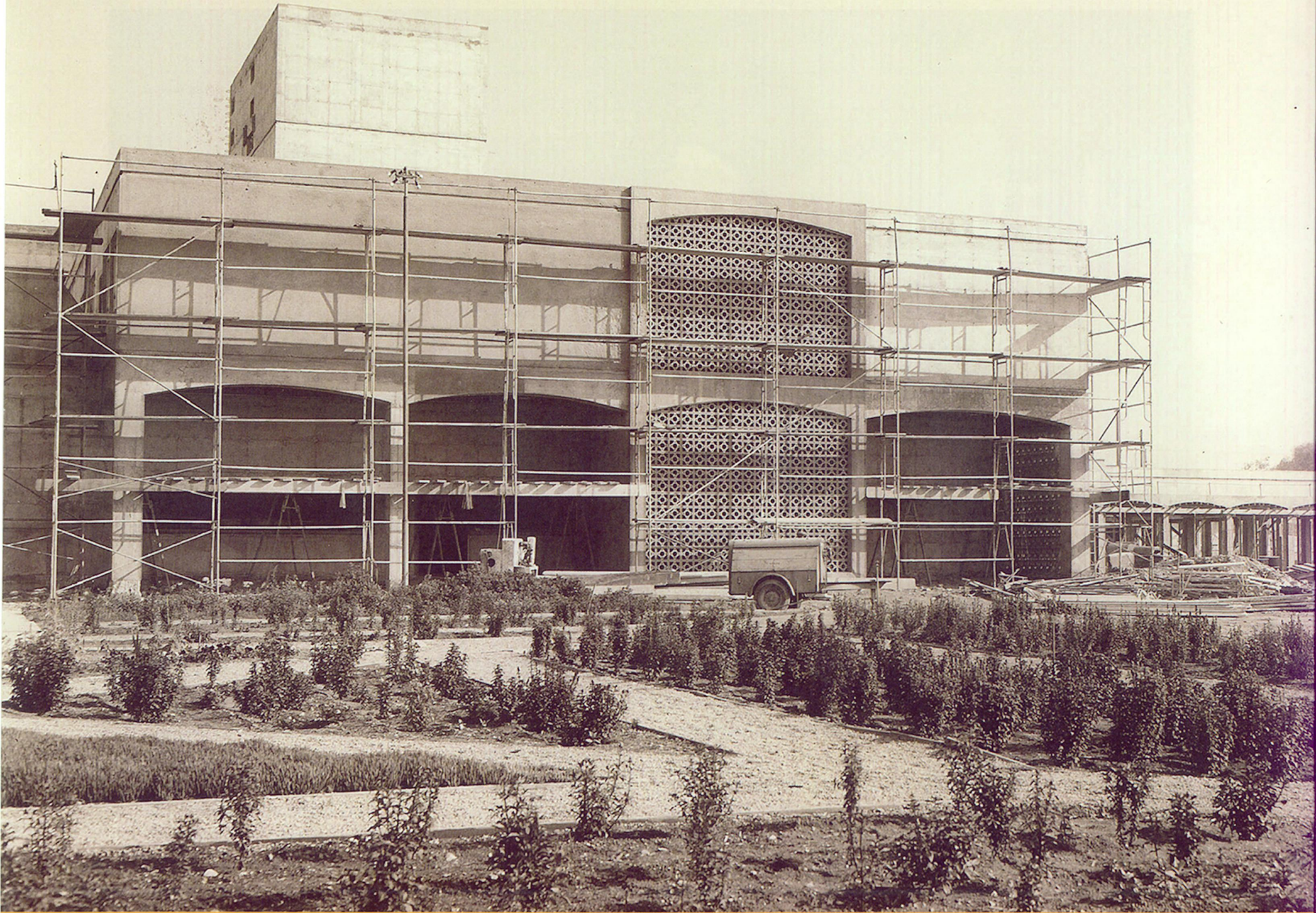
Continuing the Aita Tradition

The building program complete, John Towers looked to the future and what was next for the hospital. "John Towers took over and did a marvelous job," said Dr. Voorman. "He was very dedicated to patient care, to promotion in the community, and to having a good relationship between physicians and the hospital itself."

During his tenure as administrator, Towers oversaw a tremendous period of growth at the hospital. Throughout the process, he was always true to Dr. Aita's vision of a hospital environment conducive to rest and healing and would personally attend to the minutest details of color and ambiance.



John L. Towers, circa 1964



The 130-bed expansion project shown during construction in April 1963.



Henry Condino, senior medical technologist, and Flora Marvin, chief medical technologist, in the clinical laboratory in 1964.

Towers was a leader who would "get things handled," whatever the situation might be. "If you needed a piece of equipment and you could make a case for it, John would follow through on it. He was very precise in his administration of the hospital's business; he loved San Antonio and wanted what was best for it," said Millard.

During his tenure as administrator, Towers oversaw a tremendous period of growth at the hospital. Throughout the

process, he was always true to Dr. Aita's vision of a hospital environment conducive to rest and healing and would personally attend to the minutest details of color and ambiance. The hospital earned its reputation not on environment alone. The people who worked at the hospital were held in high regard, providing the best care in the area.



Rebecca Williams, R.N., assistant director of nursing; Jim Fink, student extern; and Glenna Woldruff, R.N. in the operating room.

*A message from
John Towers in
the administrator's
report, 1972.*

*Strengthen ye the weak hand, and
confirm the feeble knees...
Then the eyes of the blind shall be
opened, and the ears of the deaf shall be unstopped.
Then shall the lame man leap as an hart,
and the tongue of the dumb shall sing...*

ISAIAH

Hands—skilled, knowing, comforting hands—are used daily at San Antonio Community Hospital to fulfill Isaiah's admonition. In reporting on our activities and accomplishments in 1972, it is fitting to use them as our theme, for with their hands, our physicians, nurses, technologists, service and clinical workers bring all their talents to bear on our unyielding goal of excellence in patient care.

Reaching out to us are thousands of people who have found this institution a responsive and capable source of help in time of need. In response to their reach, our long-range plans are being translated from studies and blueprints into bricks, mortar, and reality. As a result, new hands have joined us to make our expanded facilities and programs possible: architects, contractors, construction workers, additional physicians and paramedical personnel, and dedicated citizens such as those serving on our recently formed Foundation Board. New administrative appointments have brought to the organization their own special skills and capabilities, as required in this complex era if we are to continue operating this multimillion dollar enterprise in an effective and efficient manner.

The future of health care is much in the public focus at this time, but all should know as this report is read that San Antonio Community Hospital is in capable hands as it meets the needs of today and plans for tomorrow's challenges.

John Towers

John L. Towers Administrator



Recognizing Excellence

An organization with a long history such as San Antonio's has many employees who have provided a lifetime of dedication and commitment. To recognize sustained and significant service above and beyond what would be expected, the hospital initiated the Craig Award in 1970 when administrator John Towers was named the first Craig Award recipient. The award is presented each year during the employee service awards banquet.

The Craig Award is named for Dr. William Howard Craig and his children, particularly Dr. John Craig and Dr. Mary Craig. A letter to San Antonio employees regarding Craig Award nominations explains it this way: "The award is intended to

recognize employees who carry on Dr. Craig's tradition of career achievement and long-term service to the hospital."

One such Craig Award recipient is Jack Berens, senior vice president of operations. A special exception was made for Berens since executive-level employees are typically excluded from Craig Award consideration. His dedication to the hospital's business success and the welfare of its employees and customers is unparalleled. However, he was known to be taciturn on occasion and would not mince words, especially when dealing with requests or questions involving the expenditure of the hospital's money. Indeed, it was not uncommon to receive from Berens a single-word email response to a lengthy, well-thought-out request: "No."

Craig Award Winners



Craig Award recipients who currently work at the hospital. Left to right, front row: Rob Dishman, Pete Petrillo, Johnny Bustos. Center row: Regina Millard, Gail Titus, Kathy Ivins. Top row: Patsy Lay, Beverly Fishburn, Meri Ravenkamp, Carol Hull.

- 1970 John Towers - Administration
- 1971 Helen Morgan - Medical Records
- 1972 Rachel Caindec - Laundry
- 1973 Betty Harrington - Nursing
- 1974 Marguerite Affholter - Nursing
- 1975 Lucelle Paulson - Nursing
- 1976 Reta Moore - Social Services
- 1977 Margaret Lenz - Nursing
- 1978 Howard Heckart - Engineering
- 1979 Helen Boggess - Nursing
- 1980 Evelyn Riel - Material Management
- 1981 Joe Agapay - Nursing
- 1982 Josephine Shaub - Material Management
- 1983 Alex Raya - Nursing
- 1984 Glenna Woldruff - Nursing
- 1985 All Employees
- 1991 Meri Ravenkamp - Nursing
- 1993 Pete Petrillo - Radiology
- 1994 Gail Titus - Nursing
- 1995 Clarence Young - Environmental Services
- 1996 Regina Millard - Nursing
- 1997 Carol Hull - Quality Assurance
- 1998 Bev Fishburn - Laboratory
- 1999 Jack Berens - Administration
- 2000 Dale Decker - Information Services
- 2001 Patsy Lay - Human Resources
- 2002 Kathy Ivins - Dietary
- 2003 Laura Ashworth - Nursing
- 2004 Nancy Posey - Finance
- 2005 Rob Dishman - Material Management
- 2006 Johnny Bustos - Special Functions

as a pharmacist by training and, when he retired
41 years of service, the San Antonio Hospital
established a special, permanent recognition to honor
of dedication and commitment to San Antonio
Hospital. The board of trustees authorized the
e foundation of \$1 million to establish the Jack Berens
ppreciation Fund. The
the invested money
purchase capital
for the hospital. For
man who claims he
bition, Jack Berens has
d of indelible mark on
y of the hospital that
atch.

Craig Award was awarded
ously on only one
during its long history.
nworth, who died from
ncer, had worked at San
for 31 years at the time
assing. She was a nursing
in the intensive care unit
he had outstanding clinical
ut she was also calm,
ring, giving, and loyal.
e being gravely ill, "Laura
come to work when most
ould pray to die," said one
ker. Her family accepted
raig Award on her behalf.

Other Craig Award recipients have received these accolades:
"an undying willingness to help anybody in need," "a tireless
and totally unselfish worker who will do whatever it takes to
complete a project," "a caring, dedicated parent, not just to her
own children, but other children as well," and "the consummate
volunteer, both at hospital events and a number of local charities."

Employees nominate staff
they believe deserve considera-
tion by the selection committee,
which is comprised of former
Craig Award recipients, the vice
president of human resources,
and the chief nursing officer.
Until the recipient is announced
at the employee awards dinner,
he or she is known only to the
committee members.

A letter from one Craig
Award recipient captures the
essence of the award and the
type of person it is meant to
honor: "Nobody accomplishes
anything without help from
others. I have been blessed
in my lifetime with people
around me that care enough
to be supportive and
are courageous enough to
believe that anything is
possible. Those people are
the real winners."



The 2006 Craig Award was presented to Johnny Bustos.

Another Period of Explosive Growth

For the next several years, San Antonio Community Hospital continued to expand and improve. The move into the new building in 1964 was soon followed by remodeling, and three new service areas opened by the end of 1966: a 30-bed mental health unit in the Barr Pavilion, the Aita Auditorium, and the William M. Vogel Department of Radiation Therapy. The nuclear medicine and electroencephalography (EEG) departments opened in 1967.

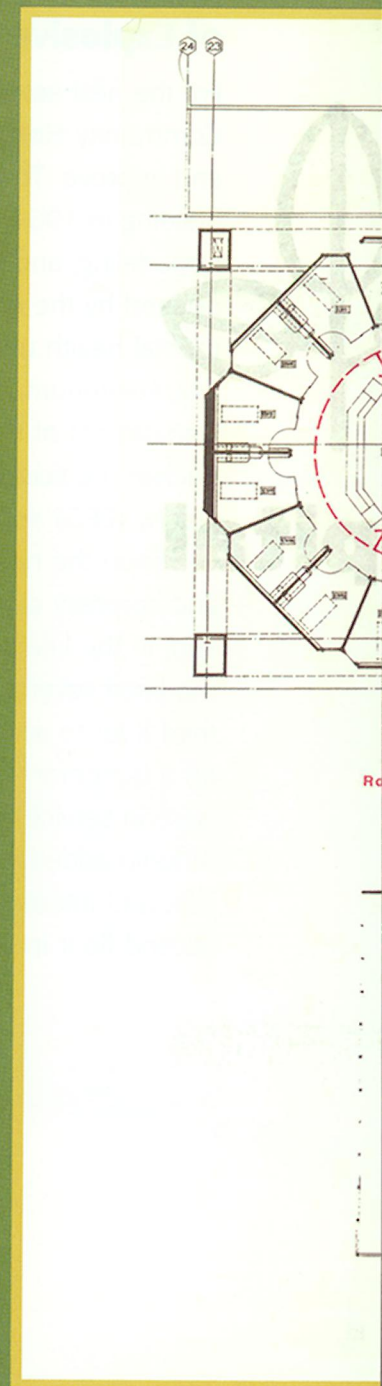
Soon the need for separate intensive and coronary care units became obvious and, in the late sixties, the hospital modified several patient rooms on the third floor to accommodate those facilities on a temporary basis. The temporary units were in service for 15 years until San Antonio added its beautiful new coronary care and intensive care units on the second floor in 1983.

Jack Berens and CEO Ron Sackett at the 1990 Service Awards Banquet.

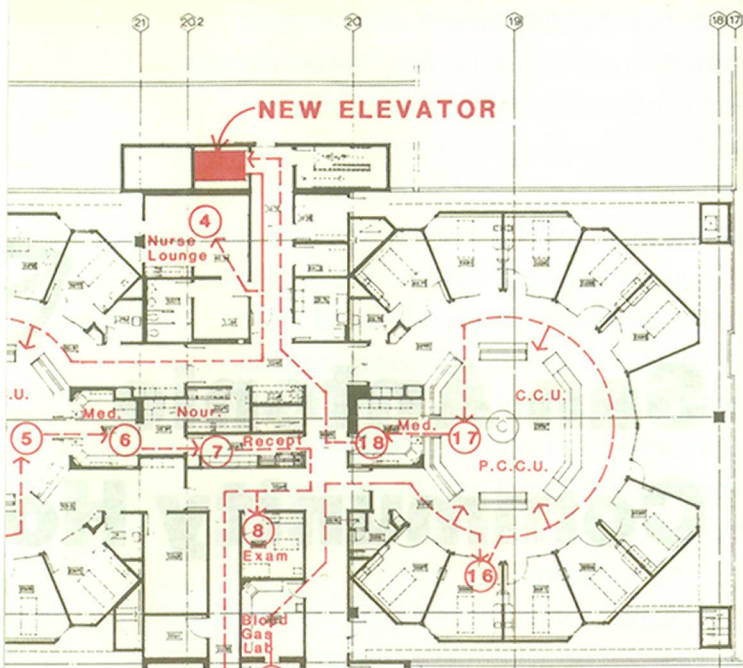


Caring for the Heart

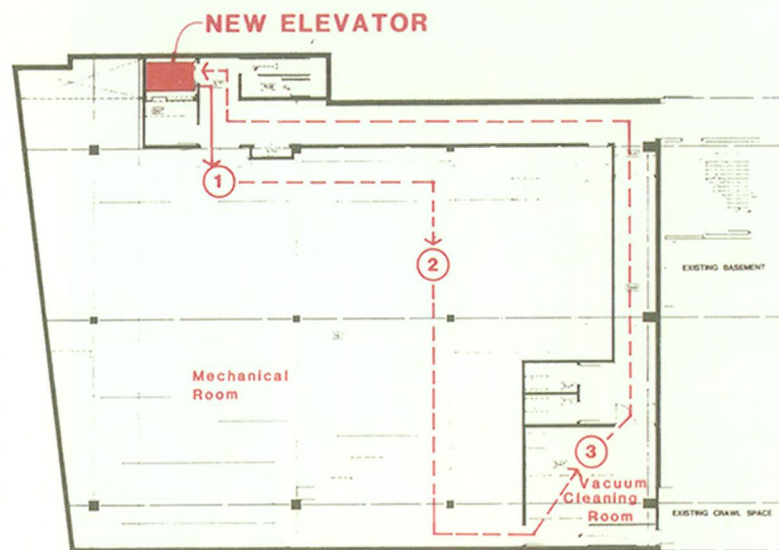
The hospital's first coronary care unit opened in January 1968, following a rapid improvement in the technology of monitoring the heart and its problems – changes that required intensive training of physicians and nurses. Healthcare needs grew with the community, and technological advances continued. Within ten years, new, specially designed coronary care facilities were needed. San Antonio envisioned a 12-bed unit, including five beds designed for post coronary care use that would provide highly sophisticated monitoring and diagnostic equipment coupled with specialty staff. A circular arrangement of patient rooms around the nursing stations would provide visual monitoring, improved traffic flow, and ample space for access to equipment and supplies.



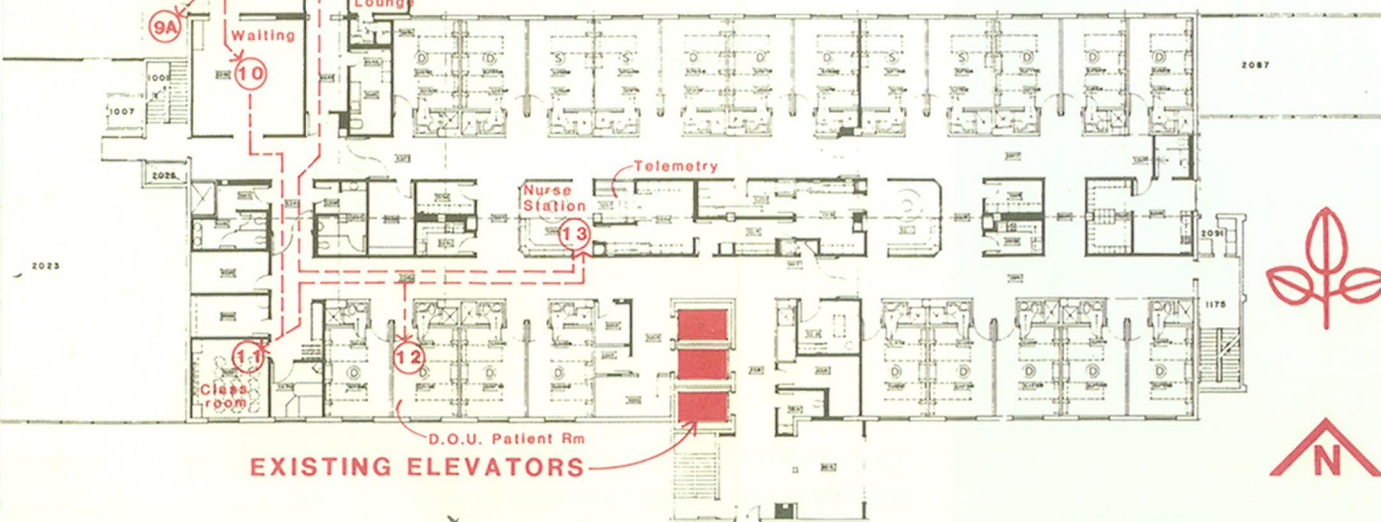
ICU/CCU plans, March 1983



**2nd Floor
New Construction
& Remodel**



**Basement Floor
New Construction**



EXISTING ELEVATORS

 **San
Antonio
Community
Hospital**

 **MARCH 1983**



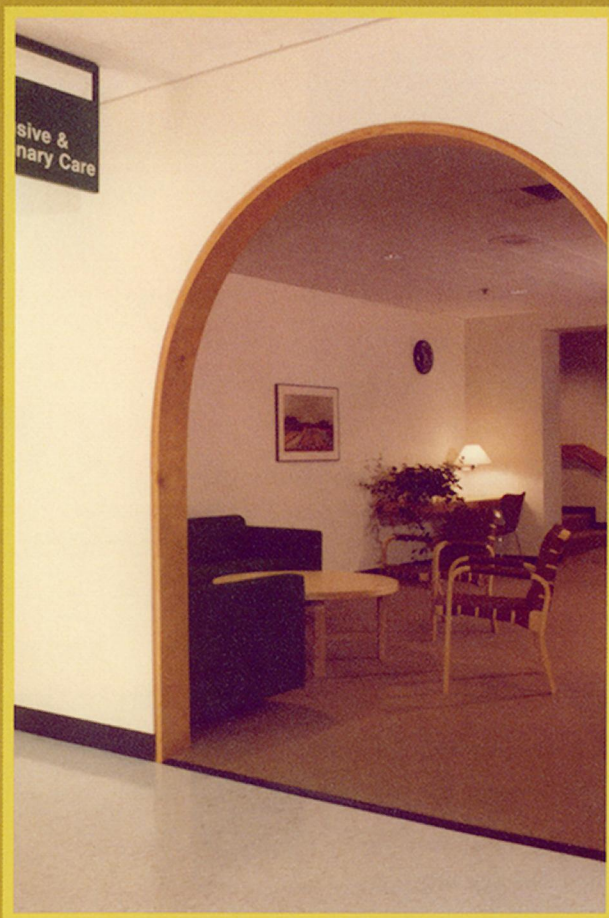
Patient Comfort

Each remodel or new building project was designed with patient service in mind. Like Dr. Aita, Towers wanted patients to feel comfortable and cared for “and not necessarily as if they were in a hospital – more like they were in somebody’s house,” Jack Berens said. “He was the kind of person who really thought about how other people felt, not just the patient but also the employees.”

The result was a warm, relaxed hospital facility that earned accolades as *Modern Hospital* magazine’s “modern hospital of the month” in April 1966. The article praised the “entrance court with a high-rising fountain, a courtyard containing a formal garden and generous use of warm colors and more than two hundred works of art throughout the interior.”

During the expansion initiative begun in the early 1970s, it was John Towers who “insisted that we review all of the architects’ and engineers’ drawings – all of the placement of switches, outlets, thermostats, oxygen ports – all of those little pieces of hardware that, when badly placed, can be disruptive to the total design,” said interior designer Charles Kratka.

The magnificent fountain at the hospital’s main entrance was designed by John Follis and donated to the hospital in 1964. The rocks held in its basin are from San Antonio Canyon.



ICU/CCU Waiting Area.



ICU nurses station and patient rooms, 1983.

A Gift of Roses



Community leader John S. Armstrong was associated with San Antonio Community Hospital for nearly 40 years, serving as a trustee and trustee emeritus. He provided valuable service through his leadership; however, his most lasting legacy to the hospital was a gift of 700 rose bushes in 1949.

Armstrong began producing roses to be sold by mail order throughout the United States at the turn of the century. His generous donation of a rose garden, prepared and planted by men from the Armstrong Nursery, was a joy to patients, hospital personnel, visitors, and even to the public passing along San Bernardino Road. For many years, a rosebud was placed on each patient tray. The dietary staff continues the tradition today by placing a fresh flower on patient trays.

Delma Schindel of the dietary department arranges rosebuds for patient trays.



The rose garden

Maintaining a Natural Setting

The hospital has always paid special attention to the development of its grounds and gardens. From lovely shade trees to vibrant flower beds to manicured lawns, the natural setting of the hospital promotes a cheerful atmosphere for patients. In 1966, the hospital auxiliary donated a large greenhouse. To this day, gardening and maintenance crews work hard to maintain the serene setting that helps make San Antonio one of the most beautiful hospitals in the United States.

As the hospital grew it continued to receive accolades for its exterior and interior design features. The hospital was featured in the February 1980 edition of *Interior Design* magazine. The twelve-page layout featured 23 beautiful photos of the hospital's interior. The article begins as follows:

"San Antonio Community Hospital in Upland, California, some 50 miles east of Los Angeles in San Bernardino County, is not where you would especially expect to find interiors of sophistication and character. Yet here, in a 309-bed community-funded hospital, is a design program wedded to every medical, humanistic, and technological advance introduced to the hospital's procedures."

Weber Memorial Court, an Italian-style garden in the center of the hospital, circa 1980.

San Antonio Community Hospital strives to be a place people can have confidence in, said former CEO George Kuykendall, who was hired by John Towers as a director of planning in 1983. "There are a lot of intangible factors to medicine. We seek to provide healthcare services that both comfort and cure," he said, which means addressing the spiritual component of healing as well as the physical. "There is a lot about this hospital that is characterized by the absence of things, like the silent paging system, which eliminates sound pollution. When I don't feel well, I want peace and quiet. That's what we have here."





Clarence Young of the housekeeping department cleans the conference room windows. The hospital's gardens are visible from most rooms.



Joe Agapay cuts the cake as employees gather on May 17, 1974 to celebrate the hospital's 50th anniversary at its current site.

Chapter Seven

The Hospital Celebrates a Half Century

When Congress established the Medicare and Medicaid programs in 1965 to ensure healthcare services for the aged and indigent, it set in motion a new model for healthcare that still has ramifications for hospitals today. Adoption of the Medi-Cal program, California's version of Medicaid, soon followed. John Thompson, San Antonio's chief financial officer from 1974 to 2004, was hired shortly after the programs took effect. "We were looking to beef up the finance side of the house to better manage the Medicare and Medi-Cal reimbursement programs that we rely upon so much here at the hospital," he said.

San Antonio Hospital Foundation

Recognizing that reimbursement programs did not cover the full cost of patient care, the hospital formalized its fundraising program in 1972, establishing the San Antonio Hospital Foundation to promote and manage charitable gifts to the hospital. "The hospital

had the foresight to see that it had to find other sources of income if it was going to stay in business for the long term and help finance its expansion plans," explained Thompson.

Gene Alair, a local businessman, was the primary community advocate for the foundation and later served as chairman of the foundation's board of directors.

In 1974, in the midst of a decade of building, the hospital celebrated the 50th anniversary at its present location on San Bernardino Road. "We have every reason to believe that this hospital will continue to expand, improve, and develop in its ability to meet and serve the health needs of the communities we serve," read a statement issued by the hospital.



Gene Alair, chairman of the San Antonio Hospital Foundation board of directors 1976-1988.

50 Years of Achievement



1924
New hospital dedicated July 30, Myron Hunt, architect. 12 patients moved in on August 1, 16 employees, 13 M.D.'s.

1925
Women's Auxiliary organized November 17 — Mrs. E. C. Harwood, President.

1924
Mr. Earl Paul President of the Board of Trustees.



1926
Hospital certificates for prepaid medical care sold.

1924
Mrs. James L. Paul, donated \$75,000 to construction of Hospital.



1925
Free Bed Fund and Sick Baby Fund established.

1924
Mrs. Caroline Vermilye, Superintendent of Nurses and Business Manager.

1926
Vitamin B₁ isolated.

1924
Nobel Prize awarded to Einthoven for his discovery of the mechanism of the electrocardiogram.

1927
Ramon [France] developed active immunization against tetanus, and later diphtheria.

1928
Forssmann performed the first heart catheterization.

1929
Hans Berger constructed the electroencephalograph.

1928
Penicillin discovered by Alexander Fleming [England].

1931
Development of electron microscope.

1934
Joliot-Curie reported on artificial radiation and radioactive isotopes.

1935
Kendall and Reichstein isolated cortisone.

1940
Blood plasma depot established.



1937
Pharmacist added to hospital staff.

1937
Air conditioning installed in Surgery, Delivery, Emergency Room, X-ray and Laboratory.

1936
New acoustical ceiling installed.



1933
Dr. William H. Craig dies.

1934
Addition to Laboratory, donated by Mr. Charles V. Barr, completed.



1932
Women's Auxiliary donates front lawn.

1933
San Antonio Community Hospital joins Association of Western Hospitals.

1931
Dr. A. A. Aita arrives June 22. Appointed Manager in December.



1935
Mr. Charles V. Barr elected President of the Board.

1937
Sulfonamides come into use.

1939
World War II began, September 1. [Many advances in the treatment of wounds and traumatic infections, sanitation methods and improvements in prosthetic limbs.]



1941
West [Maternity] Pavilion opened in August. J. Dewey Harnish, Architect — Campbell Construction Company — \$3.50/sq. ft.

1942
Laboratory in Ontario closed, due to war conditions.



1943
Hospital on full war alert with plasma, donor tests and plans for 100% expansion of emergency beds. 23 employees and physicians in armed forces.



1941
First full time pharmacist.

1941
Mr. Hanson died in April.

1942
Dr. Aita received honorary degree L.L.D. from McKendree College.

1944
Antibiotic activity of streptomycin announced.

1943
Cell smear method used to detect uterine cancer.

1942
Collection of blood donations begun by Red Cross in USA for treating battle casualties. Forerunner of blood bank system.

1943
ACTH isolated from the anterior pituitary gland.

1946
First medical specialists appointed to Consulting Staff.



1944
Barr Pavilion dedicated December 14 — cornerstone laid. Dr. A. L. Weber gave the dedication.

1945
Medical Staff initiated voluntary Accident Board Panel.

1944
Ten additional acres added.

1946
Rheumatic Heart Disease Clinic founded.



1946
Work week reduced from 48 to 44 hours.

1945
Barr Pavilion completed — Tom Craig mural.



1947
Mr. Charles Latimer, President of the Board.

1945
Laboratory and X-ray departments separated.

1945
First radium in hospital.



1948
Selective heart surgery.

1948
Charles B. ... heart surgery.

1948
World Health Organization founded.

1948
World Health Organization founded.

1948
World Health Organization founded.

1948
World Health Organization founded.

1948
World Health Organization founded.

1948
World Health Organization founded.

1950
113 full-time employees.

Physicians on Medical

nurses



1952
Vocational Nurse Training Program inaugurated.

garden given by
Armstrong.

1950
W. W. Stevens — President of the Board of Trustees.

1953
Charles Latimer Pavilion dedicated January 11. Hospital now 98 beds.

1950
Social Security introduced to hospital employees.

y built.

1952
Hospital becomes affiliated with Administrative Internship Program of University of California at Berkeley.

ed

1952
Medical Staff departmentalized — Medical Staff committees formed.

introduced.

proved

one and ACTH
iced for rheumatic
s.

1952
Joint Commission on Accreditation of Hospitals established.

ganization

1950
Team of Pfizer researchers announced discovery of terramycin.

1953
Department of Health, Education and Welfare established.

nounced
eomycin.



1958
Weber library opened.

1956
New Maternity Pavilion.

1959
Department of Radioisotopes opened in November.



1956
Ford Foundation Grant received.

1961
First dental Staff.



1963
John Towers appointed Administrator on death of Dr. Aita.



1964
Dental Center opened in hospital.

1959
Surgery remodeled. Post operative recovery room provided.

1960
Application for Hill-Burton Grant for 1964 Building.



1957
Ground broken for maternity Pavilion.

1957
Mr. Harold S. Stewart President of the Board.



1964
New Radiology Department.

1962
Ground broken April 20, 1962 for multistory addition.



1964
New service facilities and 130 beds opened.

1964
Introduction of cryosurgery.

1963
Measles vaccine licensed.

1964
President's Commission on Heart Disease, Cancer and Stroke established.

1966
Aita Auditorium opened.

1966
Mental Health Unit opened in Barr Pavilion.

1965
First Department of Inhalation Therapy opened.

1968
Coronary and Intensive Care Units opened.

1967
EEG Department established.

1966
Vogel Department of Radiation Therapy opened.

1967
Diet Clinic Opened.

1966
Selected as "Modern Hospital of the Month" by Modern Hospital Magazine.

1966
Medicare Program initiated.

1966
Computer purchased.

1966
First Service Awards Banquet.



1968
Auxiliary bans sale of cigarettes in Gift Shop.

1967
Mr. Awdry Armstrong elected President of the Board.

1966
San Antonio Community Hospital Purse at Del Mar, 6 furlongs.

1967
Department of Nuclear Medicine and Department of Electroencephalography opened.

1969
L-dopa used successfully in treatment of Parkinson's disease.

1967
First successful human heart transplant.

1971
Receipt of a \$250,000 bequest from the estate of John B. Ellena for the construction and equipping of a new Respiratory Therapy Unit.

1970
Separate Medical Staff Office established.

1970
Ernst & Ernst, national accounting firm, selected by the Board as the hospital's auditors.



1974
Four Floor [Orthopedic] opened. Maternity Pavilion remodelled. 309 beds — 800 employees — 130 M.D.s.

1973
Three South [Medical-surgical] opened.

1970
A. T. Kearney and Company Hospital Master Plan adopted.

1971
Mr. Ernest Wagner elected President of the Board.

1972
San Antonio Community Hospital Foundation established.

1970
Health Planning Agency approval received for the construction of 29 Medical/Surgical beds.

1970
Pant-suits first allowed for nurses.

1970
West End Emergency Medical Group formed to provide Emergency Room physician coverage.

1971
Legalization of abortion.

Making a Difference

The foundation's most generous gift to date – nearly \$7 million – came from an unexpected source. George Kuykendall, the hospital's CEO at the time, introduced Bob Gordon, foundation president, to Orval "Ollie" Olive, a local gentleman who had established a \$100,000 charitable remainder trust with the foundation. Gordon and Olive began a series of conversations about the Olives' estate plan, some of them, Gordon admits, on the golf course.

Ollie, a retired UPS deliveryman, had begun accumulating shares of UPS stock when he was young and just starting out, even when it was a financial hardship for him. When UPS became a public company, Olive's lifetime accumulation of shares was, literally overnight, worth \$6.5 million.

"Ollie is a very smart businessman," Gordon noted. "He recognized that it made a great deal of sense for the Olive family to create an estate plan that would benefit them and then ultimately, when the last trust beneficiary passes, the hospital.

"When individuals accumulate a certain level of wealth," Gordon continued, "they have only two choices – give it to the IRS or give it to charity. This simple fact of life in the United States is one of the primary reasons well-to-do people make gifts to the hospital."

Ollie and Edna have now created four charitable remainder trusts equal to nearly \$7 million that provide a handsome income stream for the Olives, protect their assets from taxation, and will ultimately benefit the hospital in very significant ways. In recognition of this enormously generous gift, the hospital built and dedicated The Olive Garden near the front entrance of the hospital. It is planted with miniature olive trees.



Orval and Edna Olive

By this time, San Antonio was serving a wider area and responding to the anticipated growth of its service area, which included the communities of Upland, Ontario, Alta Loma, Cucamonga, Etiwanda, Montclair, and Chino. Members of the community responded generously to the foundation's appeal. "Many of our local people were born at this hospital," said Coy Estes, trustee emeritus and former chairman of the board. "They have a sense of ownership and pride; this is our hospital."

The foundation has proven to be vital as the hospital has remodeled and expanded its physical plant and introduced essential new technologies like ultrasound and CT scanning, both introduced in 1977. "All of the foundation's funds are used for facilities, equipment, or nursing education," explained Bob Gordon, the foundation's president since 1997. "For example, donations from generous San Antonio supporters helped build the hospital's cardiac catheterization laboratories and provide state-of-the-art radiology equipment worth literally millions," said Gordon.

New Facilities

During the 1970s, the hospital continued to find new ways to provide exemplary healthcare services to its patients. In 1974, in the midst of a decade of building, the hospital celebrated the 50th anniversary at its present location on San Bernardino Road. "We have every reason to believe that this hospital will continue to expand, improve, and develop in its ability to meet and serve the health needs of the communities we serve," read a statement issued by the hospital.

Among the improvements were new outpatient facilities and emergency department in 1975, a separate mental health building in 1977, and a cardiac rehabilitation unit in 1979.

San Antonio Hospital Foundation Board Chairpersons

Robert Sherwood	1972 – 1976
Gene Alair	1976 – 1988
Wallace Paprocki	1989 – 1993
Charles Althouse	1994 – 1995
Daniel Richards	1996 – 1997
Walter Reardon	1997 – 2000
Kathy Tully	2001 – 2004
Dean Norling	2005 – 2006
Kathy Tully	2006 – Present

Serving the President

From time to time, members of the medical staff would be called to duty in extraordinary ways. One such occasion arose during President Richard Nixon's term in the White House. "One day the Secret Service came to my office and asked me, 'Would you serve the President of the United States?'" recalls Dr. Colin McDonald. "I said of course I would.

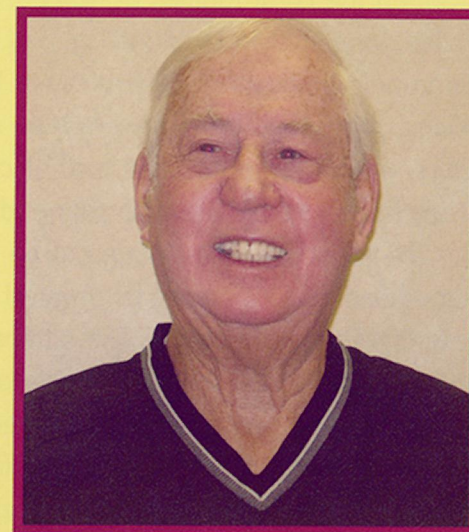
"This was after the Kennedys had been shot, and there was a lot of anxiety over what might happen. President Nixon was going to be giving a major talk and a major rally at Ontario airport. I sat with Henry Kissinger.

"We had the operating room at San Antonio Community Hospital on standby for surgery. It was amazing to see the power of the White House. I had my White House special badge so that if he was shot, the Secret Service would bring me down to go with him in an Air Force One helicopter to the hospital. That was back during the Cold War, so when he got out of the plane there was a podium beside him with a red telephone that he could bomb Russia if he needed to. The power of the president was just beyond belief.

"But San Antonio was to be 'the' place if an incident occurred. The Secret Service and the powers that be had decided that this was the way to go. And instead of having someone else come out, they came, and through a variety of other contacts I guess they decided that I would be quite satisfactory to be the surgeon to the President of the United States. I have always considered that a significant honor and I still have my tie clip and presidential pen."

Colin McDonald, M.D.

Retired Neurosurgeon



Dr. Colin McDonald was asked to serve President Richard Nixon.



The President Richard Nixon tie clasp and pen given to Dr. McDonald.



Coronary Care Unit

The first patients were transferred to the new coronary care unit on the second floor in March 2003. The unit was part of a \$25 million expansion and remodeling project funded in part by a \$3 million capital campaign launched by the San Antonio Hospital Foundation. In the fall of 1985, the hospital opened the Vernon R. and Anna L. Pittenger Cardiology Center. It enabled San Antonio Community Hospital to offer patients the most current technological advances for the diagnosis of heart disease.

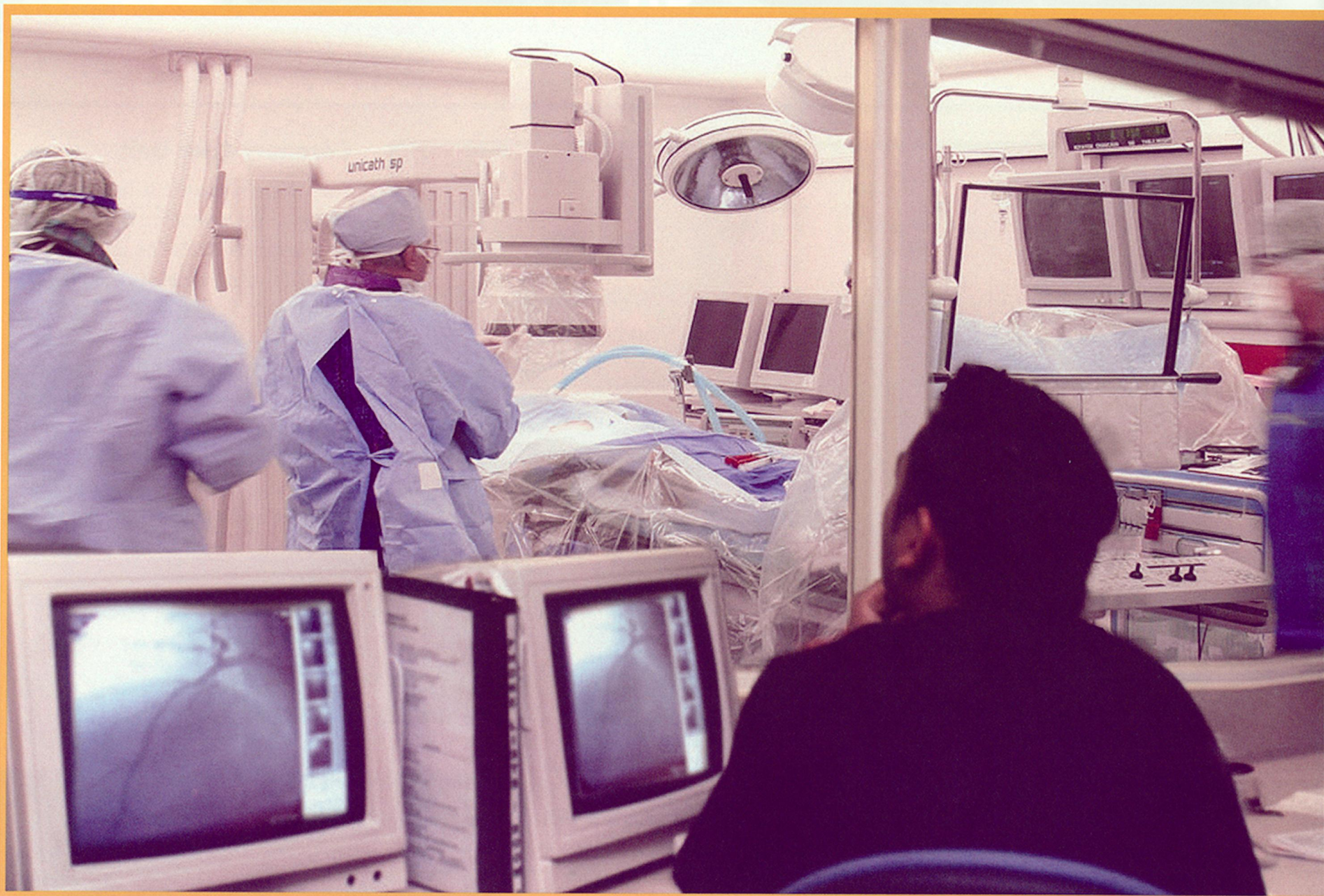
Left to right: Hector Carrion, Carolyn Warner, and Tony Texeira participate in the cardiac rehab program, 1997.

Cardiac Catheterization Lab

A cardiac catheterization laboratory was opened in 1989 in conjunction with the hospital's cardiac surgery program. A second cardiac cath lab was soon needed to expand services and provide more convenient scheduling for patients. Expansion plans were developed for two new cath labs to be opened in 2001. As an interim solution for the growing program, the hospital leased cath lab equipment in 1993, which was installed in a modular building. It was the first cath lab placed in a modular building to be approved by the State of California. The heavy unit, weighing over 68 tons, was delivered by two wide-load semis. City approval was needed to transport it over local streets. A special 165-ton crane lifted the two-part modular cath lab into its new location at the front of the hospital on October 22, 1993.

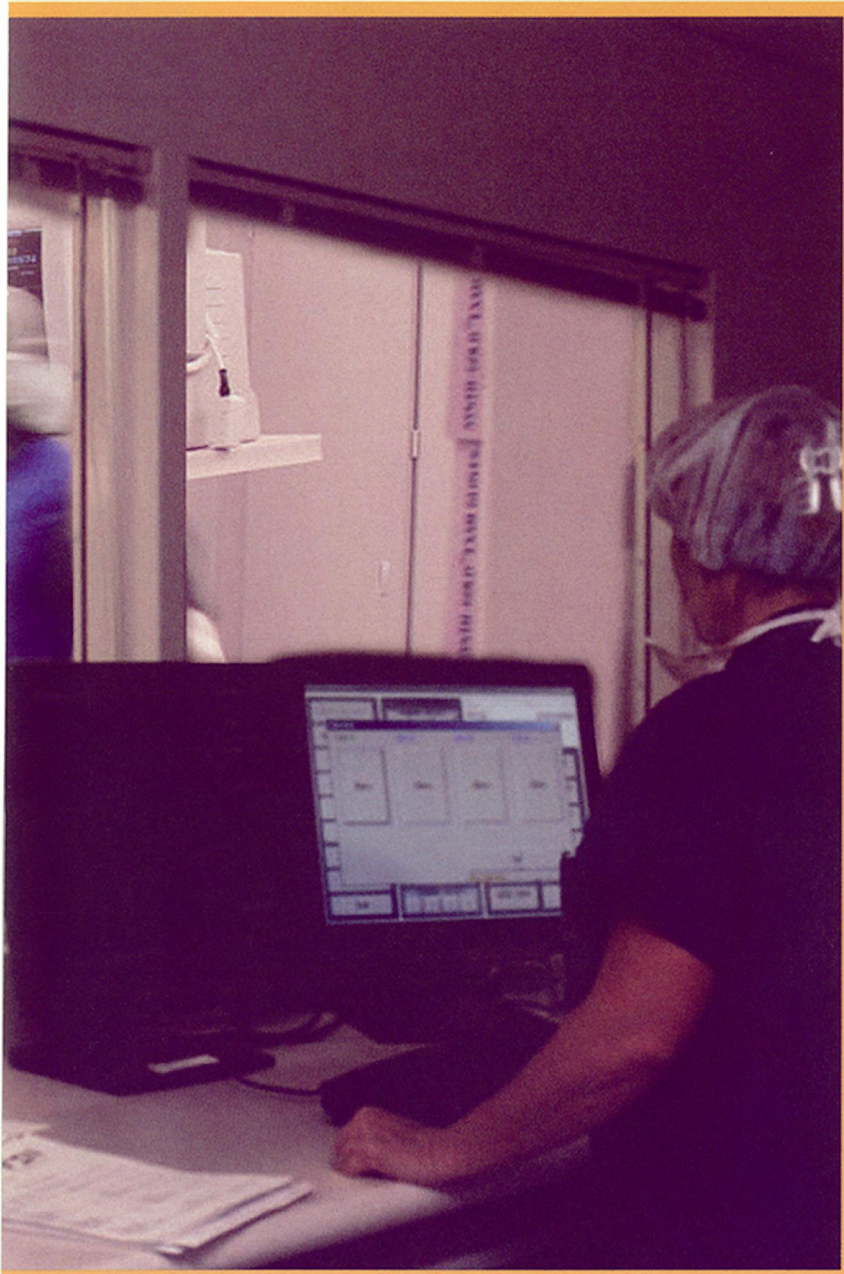


Tom Candido, R.N., cardiac catheterization lab senior staff nurse, in the current cath lab (2007).



Construction of the two new cath labs was completed in 2001. "The new lab elevates our program to a level that is unsurpassed in this region," said cardiologist Dr. B. Don Ahn, former president of the medical staff. "We are very excited to be able to offer even better care to our patients. We have an excellent team of cardiologists who will make good use of this outstanding facility."

The cath labs are an integral part of San Antonio's heart program. They were dedicated to the memory of Alfreda Maloof by her husband, Sam Maloof, America's most widely admired furniture designer-craftsman. Sam and Alfreda were active members of San Antonio's Cardiac Rehabilitation Program for a number of years.



San Antonio Community Hospital's cardiac catheterization lab provides the latest diagnostic tools for physicians to evaluate cardiac patients.



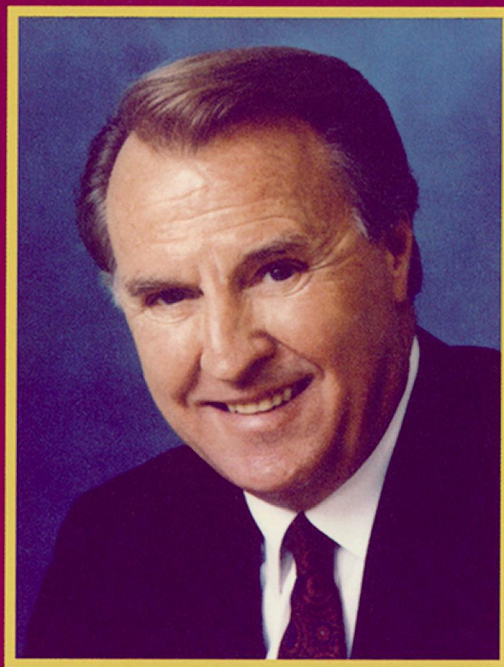
Sam and Alfreda Maloof at home.

“Turner and Gosney”

Gilbert Turner, M.D. and Wallace Gosney, M.D. have had such a long-term successful association at San Antonio Community Hospital that their names have become nearly synonymous.

Dr. Turner was born in Missouri and learned the importance of hard work early when the Turner family planted, weeded, and harvested crops to sustain their family. He learned to appreciate service to others through scouting and he still proudly displays the Eagle Scout award he earned in 1948. Dr. Turner completed his medical degree at Loma Linda University School of Medicine. He served as chief of surgery during his last year of residency at Los Angeles County Hospital. He has since successfully completed his board certification in general surgery.

Dr. Turner moved to Upland in 1964 and has been an active San Antonio Community Hospital medical staff member since. With the exception of a one-year hiatus in Chico, California, he has proudly served San Antonio's surrounding communities as a surgeon for more than 40 years. He was president of the medical staff in 1987 and also served as a member of the hospital's board of trustees for a total of more than eight years. He has three grown sons and five grandchildren. Gil Turner is grateful to be practicing at “the best hospital in the area” and appreciates the staff who work there for making his life's work such a joy.



Wallace Gosney, M.D. first came to SACH in 1966.

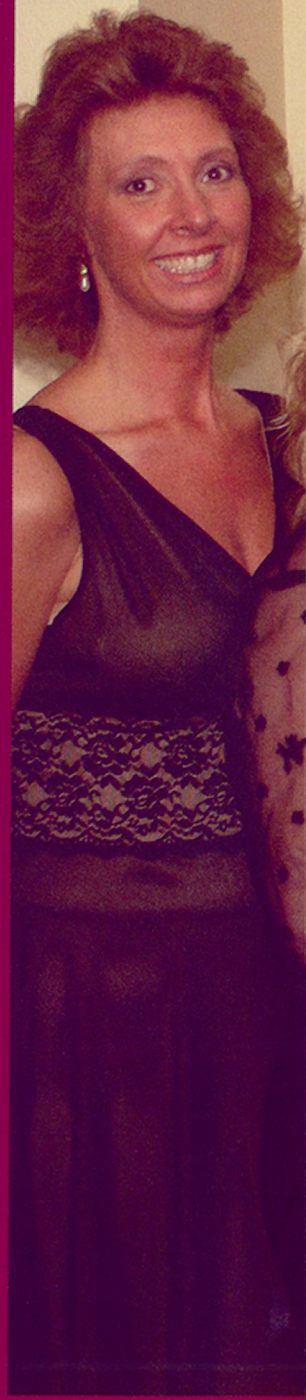
Wallace Gosney, M.D. was born in Colorado and has three siblings. His two brothers chose to work in medically-related professions. Growing up in California, his family ran the Sierra Glen Apple Ranch

in Sonora. Dr. Gosney first came to San Antonio Community Hospital in 1966. After completing a residency in thoracic surgery, he was reappointed to the medical staff in 1973. Subsequently, he and Dr. Joyo started the hospital's open heart surgery program. Dr. Gosney served as medical staff president in 1991 and was a member of the hospital board of trustees from 1990 to 1993.

Dr. Gosney starts his busy day exercising and doing hospital rounds at 5:00 a.m. His expertise as a surgeon is not only recognized locally; he recently received the America's Top Surgeons 2006 award from the Consumers Research Council of America. Dr. Gosney recalls some of the hospital's more colorful doctors like Dr. Fuller, who shot blackbirds and crows in the doctors' parking lot. Another physician

had a handgun in his medical bag for protection. When the bag fell on the floor in the surgeon's lounge, the gun went flying and so did the doctors as the gun spun around the room.

“The staff is very special. I've been at White Memorial, Cedars Sinai, and Glendale Adventist, but this is the best all-around hospital,” stated Dr. Gosney. “Everything from the grounds, to the nursing and maintenance staff, you can't beat it.”





Dr. Turner was honored by the hospital at the President's Dinner on May 1, 2006. He is shown here with members of the hospital's perioperative nursing staff.

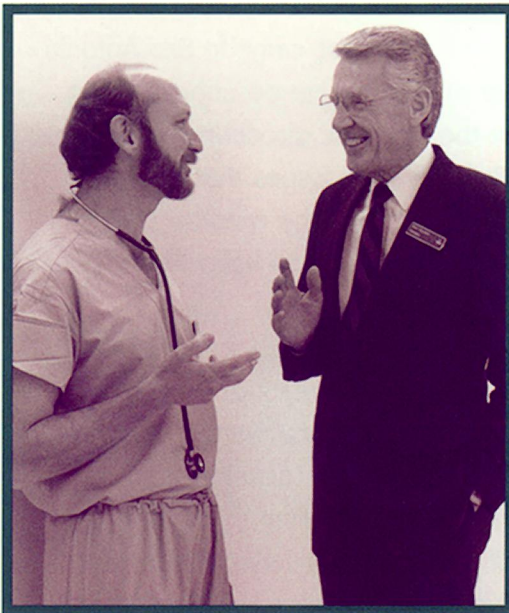


Rancho San Antonio Medical Plaza (foreground) opened in 1990 at Milliken Avenue and Church Street in Rancho Cucamonga.

Chapter Eight

A New Era of Healthcare Management

Administrator John Towers retired in December 1984 after 22 years of service. He was succeeded the following October by Ronald Sackett, who took the new title of hospital president.



Ron Sackett engaged in conversation with emergency department physician, Larry Potts, M.D.

Managed Care

Sackett faced a challenging new era of healthcare management, one initiated by the introduction of managed care in the form of health maintenance organizations (HMOs) in the mid-1980s.

The managed care system aimed to control costs by assigning set fees for services, monitoring the need for procedures, and stressing preventive care.

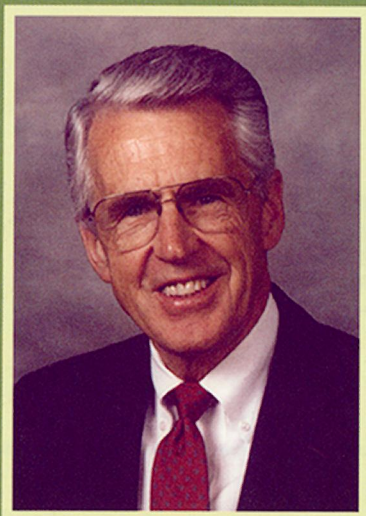
“Prior to Ron’s coming on board, the whole reimbursement system was different. Insurance companies in essence paid billed charges. You determined what your cash-flow needs were for the year, and you set your charges accordingly. When managed care came along, we had to negotiate with the insurance

companies what payments were going to be for our services,” said Thompson. “Ron had to try to organize the hospital to participate in managed care and contracting.”

“Ron brought a lot of business sense and perspective to the hospital. He came at a time when managed care was just coming into place in the State of California. That was a very difficult time, for not just this area but all areas of the state.”

John E. Thompson

Former Chief Financial Officer and Interim CEO



Ronald L. Sackett served as CEO from 1985 to 1994.

Ron Sackett

Ron Sackett was the former chief executive officer of Porter Hospital in Denver, Colorado and served as the regional vice president for the Adventist Health System, Rocky Mountain Region. His extensive healthcare experience included tenure in the top administrative position at Walla Walla General Hospital and at White Memorial Medical Center.

"I thought SACH was a great hospital when I got there and when I left," recalled Sackett. "It was the [hospital] administration's goal to maintain the great reputation San Antonio had when I came there. The medical staff and our employees had the goal to be the hospital of choice, recognized for quality care and a caring heart."

Roger Parsons, the hospital's chief financial officer, came to San Antonio

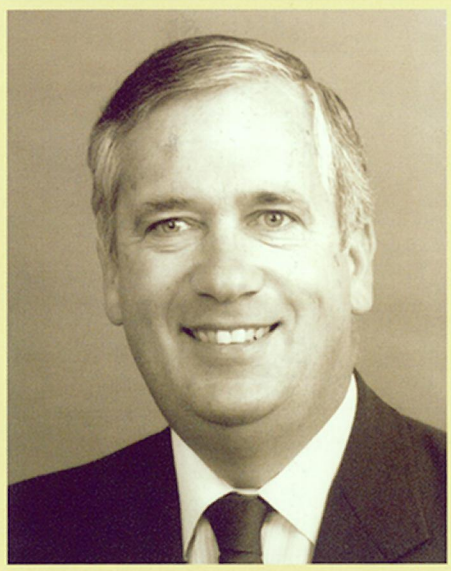
in 1980 as assistant director of finance. He describes Sackett as a "visionary" in terms of the strategic direction he believed the hospital should take. Well versed in issues that affected healthcare, "Ron worked hard to engage the medical staff and the board to make the changes necessary to keep the hospital viable," said Parsons.

Many members of the medical staff joined independent practice associations. "IPAs were formed to help give local physicians more negotiating strength with the health plans," said Thompson. "Ron brought a lot of business sense and perspective to the hospital. He came at a time when managed care was just coming into place in the State of California. That was a very difficult time, not just for this area but all areas of the state."

Captive Risk Management

"Probably the best thing that Ron did was in 1991 when he spearheaded the effort to get San Antonio Community Hospital and about 15 other hospitals to form what is called a captive risk-retention group, which is like an insurance company. We essentially became self-insured for medical malpractice. That has saved San Antonio literally millions of dollars in premium costs," said George Kuykendall, who succeeded Sackett as hospital president in 1994. "San Antonio is still a major shareholder in that company."

Coy Estes, trustee emeritus and former chairman of the board, commented that Sackett brought years of experience to San Antonio and "we as board members learned a lot under his leadership. He was responsible for the development of the open heart surgery program...and was willing to try different things." Parsons agreed that "he was a risk-taker. He got the hospital involved in a captive malpractice insurance company that was considered a risky venture." Sackett served as the chairman of the board of that new entity, California Healthcare Insurance Company, which now has 40 hospital members and boasts an A- rating from insurance rating company A.M. Best.



R. Mark Kirk, M.D. served as chairman of the board from 1993 through 2000.

It was during this time that the healthcare industry entered a period of mergers, acquisitions, and conversions from nonprofit to for-profit status in response to increasing financial pressures.

R. Mark Kirk, M.D. had a unique vantage point during the tumultuous changes managed care brought to the healthcare industry. Dr. Kirk, a urologist, was elected to serve on the

hospital board of trustees in 1992 and was chairman of the board for six years. He also held leadership positions on the medical staff and served as medical staff president in 1985. "The biggest challenge during that period was the changing economic environment in healthcare," said Kirk. "Capitated managed care contracts made it difficult to keep the hospital with a significant enough bottom line to be able to keep up with technology.

"As a result of managed care," he continued, "the hospital and the doctors were competing for the same dollars. The fact that the hospital was able to survive that transition is a credit to all parties."



Dwight E. Bert served as chairman of the board from 1986 through 1992.

"When managed care and contracting came, it pulled people in different directions," added Vincent Carollo, M.D., an internist who served as president of the medical staff in 1983. "It was new to all of us and we had to figure out how to survive." Carollo practiced medicine in the 1970s during what he refers to as the golden age of medicine. "We did what was best for the patient then,



Vincent J. Carollo, M.D., president of the medical staff in 1983.

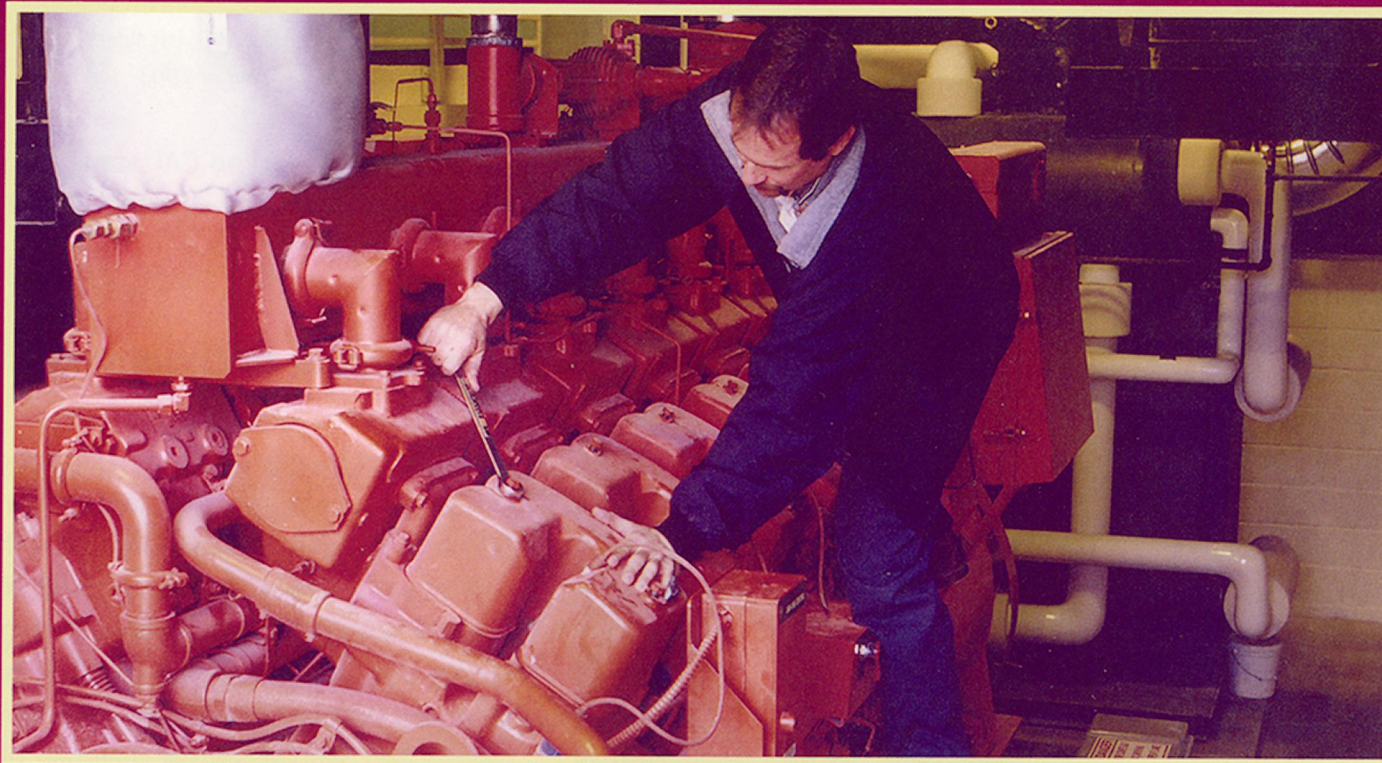
even though we had no CAT scans, no MRIs. It was a lot more challenging, like detective work."

Commitment to Community

Throughout this tumultuous time, San Antonio Community Hospital maintained its commitment to remain a free-standing, nonprofit hospital. "I think nonprofit is the only way to go for a hospital. A for-profit hospital is made to make money and the money goes to stockholders that may be back east or somewhere else," commented Dwight Bert, who served as chairman of

Electricity Cogeneration

“During Ron’s tenure, we were probably one of the first hospitals in the country to install cogeneration engines,” said former CEO George Kuykendall. “These are very large engines that run on natural gas and generate steam and electricity, so today San Antonio Community Hospital is totally self-sufficient in terms of the electricity that is used. The hospital generates all of its own electricity, and sells any excess that is not used back to Edison. Because of the cost differential of buying electricity versus generating it with natural gas, the hospital has saved millions since its installation.”



Sanford Knox works on one of the cogeneration engines.





Bill Persi (standing), director of facilities, and Larry Bustos, plant supervisor, monitor the status of the hospital's cogeneration system in 1995.

the board throughout most of this time. "With a nonprofit hospital, all the money that comes in is used for the interest of the people who live in the area. A nonprofit hospital is not necessarily only going to provide the services that are money makers for the hospital, whereas a for-profit hospital is only going to have services that they can be sure will generate a profit. The difference between the two is dramatic."

San Antonio's commitment to the communities it serves has ensured its success. "The hospital has made tremendous strides since its move from the little hospital on San Antonio Avenue to here [on San Bernardino Road]," Mr. Bert continued. "It's unbelievable what has taken place with the growth in our area and the fact that it is considered to be the premier hospital in this whole area. It can do nothing but move forward."

Campus Master Plan

During Sackett's tenure, the hospital's management team formulated a comprehensive plan for how the hospital's campus would look in the future, including an enlarged emergency department.

The strategic plan also included changing the hospital's main entry to what is now called Hospital Parkway, located off historic Route 66 (Foothill Boulevard) just east of Campus Avenue. The new access route made the hospital visible and easily accessible. "That has worked out very well," said Sackett. "You could come to Upland and never know where the hospital was, but when we opened it up to Foothill that gave us a nice entry and greater visibility."



CEO George Kuykendall and Upland Mayor Robert Nolan (center) open Hospital Parkway, May 1997.

Rancho San Antonio Medical Plaza

The hospital proceeded with construction and expansion projects outlined in the 1986 strategic plan, which included the development of the existing hospital campus and construction of a satellite facility in Rancho Cucamonga. The hospital acquired ten acres in the Lewis Homes' development at Milliken Avenue and Church Street in Rancho Cucamonga. Groundbreaking ceremonies for the \$18 million medical building project took place on October 19,

1988. The 70,000-square-foot Rancho San Antonio Medical Plaza opened in June 1990 to serve the growing communities to the east of the main hospital campus.

The urgent care center at Rancho San Antonio helped to relieve the burden on the hospital's emergency department and has averaged 25,000 patients a year. The medical plaza also allows local residents to have blood drawn for laboratory work and basic radiology exams right in their own neighborhoods.



Rancho San Antonio Medical Plaza opened in June 1990.



The hospital cares for families in our growing community, providing its newest members with a healthy beginning.

Chapter Nine

Responding to Community Growth

When Ron Sackett retired in June 1994, the board of trustees appointed George Kuykendall to succeed him. The former director of planning and chief operating officer of the hospital had already been at San Antonio Community Hospital for ten years when he assumed its top position, and he provided a steady leadership consistent with the organization's mission statement.



Coy D. Estes, trustee emeritus, served as board chairman from 2001 through 2004.

Coy Estes, board chairman from 2001 through 2004, commented that "we were extremely fortunate to have someone from within that we could move up to CEO. George certainly had the background to fill the position, but more than that he had the ability. He was a leader. He was highly respected by the employees." Estes also remarked that Kuykendall was "an outstanding public speaker and it made you proud that he represented the hospital in the highest tradition."

During Kuykendall's nearly ten years as CEO, the hospital faced enormous changes in the healthcare system. As hospital utilization rose and medical technology and procedures became more sophisticated, costs rose, too. A new vernacular continued to insert itself into the medical profession's nomenclature . . . "managed care," "DRGs," "capitation," and "utilization review," all strategies designed to control burgeoning costs.

Planning and Expansion Pursued

Kuykendall's strategic plan for San Antonio was "continued deliberate evolution," he said. As part of that plan, the hospital participated in a multi-hospital collaborative study to determine the alternatives and benefits of working together for cost efficiency in the competitive healthcare environment. In the early 1990's, the hospital explored additional programs to increase the census in the behavioral health unit and initiated a chemical dependency program in 1994.

George Kuykendall



*George A. Kuykendall
CEO from 1994 to 2004*

George Kuykendall had served as a hospital corpsman in the Navy and, anticipating his discharge, he decided to pursue hospital administration as a career. After earning his Master's degree at George Washington University, Kuykendall completed his administrative residency at St. Luke's Hospital in Phoenix. Subsequently, he joined the healthcare management consulting firm, TriBrook Group, in Chicago. It was his work with TriBrook that brought Kuykendall to San Antonio Community Hospital.

Radiology services, which were first introduced at the hospital more than half a century ago now comprise three multi-faceted imaging centers. The hospital's radiology department has always embraced the latest imaging technologies and in 1997 took its first steps into the telemedicine age with the purchase of a teleradiology system. "[The hospital is] continually looking at ways to cost-effectively improve our diagnostic procedures," said Ed Millard, retired vice president of ancillary services. "The teleradiology system represents the first step in our long-range plan to virtually eliminate our use of X-ray film by implementing a total Picture Archiving and Communication System (PACS) to electronically capture, store, and transfer images."

The hospital acquired several adjacent properties during the 1990s, including the former Upland Medical Center at Eleventh Avenue and San Bernardino Road. The building provided needed office space for ancillary offices previously located in several small houses along Ninth Avenue. The houses were demolished and Ninth Avenue was closed to provide land for expansion and parking.

The 901 Building

In 1996, the hospital opened the 901 Building, a 42,000-square-foot, three-story medical office building on the southwest portion of the campus. San Antonio Community Hospital financed the \$7 million project, which was originally leased by an independent physician practice association.



The medical office building at 901 San Bernardino Road opened in 1996.

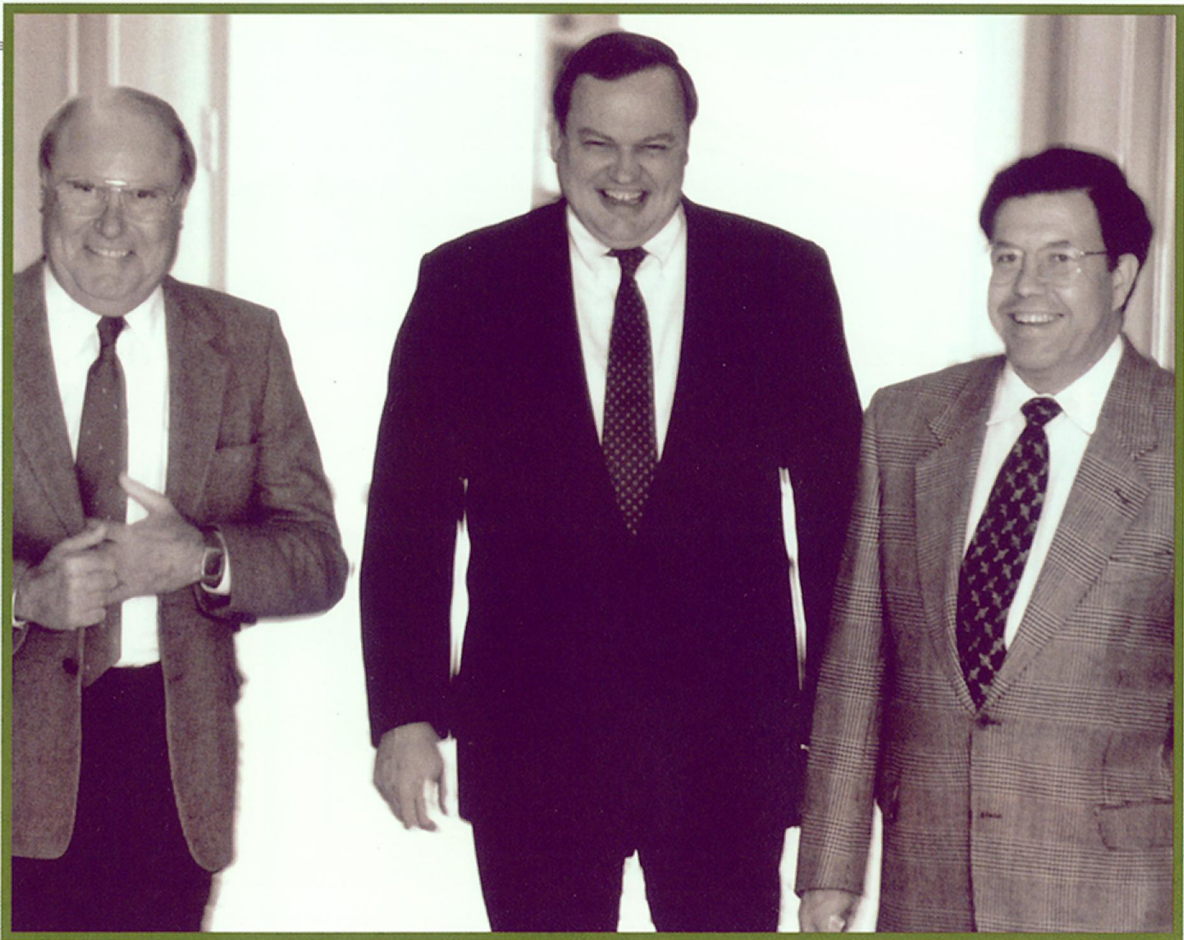
The modular floor plan was designed with total patient comfort in mind, with individual areas for private follow-up consultations with doctors and nurses. Today, the facility houses physicians' offices, a pharmacy, an outpatient surgery center, and space for a women's breast and imaging center.

Maternal Child Health

The hospital completed an expansion to the maternity unit in April 1994 to provide ten state-of-the-art labor/delivery/recovery (LDR) suites. The new unit was constructed in eight months and provides a warm and inviting environment for families. At the same time, the décor in the maternity unit was refreshed with new paint, wallpaper, window coverings, and Victorian artwork to provide an elegant environment with the warmth and comfort of being at home.

Each LDR room resembles a well-appointed bedroom, while providing all of the necessary advanced clinical equipment for women to labor, give birth, and recover without changing beds or rooms. The spacious rooms allow siblings and other family members to join the parents following the baby's birth. Accommodations are also available for dad to stay overnight so that both parents can begin caring for their new baby.

LDR rooms were not the only new concept introduced at this time. A new model in postpartum care was also initiated



CEO George Kuykendall and board members Coy Estes (left) and Ricardo Nieva, M.D. (right) tour the labor/delivery/recovery unit completed in 1994.

in which one nurse takes care of both mother and child. Babies no longer needed to go to the nursery and were able to stay with mom throughout their hospital experience.

A family-oriented approach to maternity services was a new concept for the community in 1994. Today, San Antonio Community Hospital remains on the leading edge in maternity care and is currently seeking recognition as a *Baby Friendly* hospital. The internationally-acclaimed designation recognizes superior quality care focused on the needs of infants and their families.



Ten labor/delivery/recovery suites were completed in April 1994.

Healthy Beginnings

The hospital's Healthy Beginnings program provides families with a qualified team of medical professionals who continue caring for newborns and their families after they leave the hospital. This program has successfully bridged a vital gap in the healthcare system by offering routine follow-up at the Newborn Center. This follow-up care improves overall family well-being through assessment, education, support, and referral. San Antonio Community Hospital received funding from First 5 San Bernardino to initiate this postpartum support system. Healthy Beginnings has already made a difference in the lives of more than 9,000 families and has been recognized as having a significant impact on the quality of care available to mothers and their newborns in San Bernardino County.

First 5

San Antonio Community Hospital is a unique community hospital in many ways that is surviving the tumultuous times in the healthcare industry while adhering to its mission. Serving a fast-growing, diverse population the hospital succeeds in making health care, preventive medicine, and health education accessible to all members of the community.

"In addition to its monthly blood drives and Community Blood Donor Center, the hospital has embarked on a program to ensure that every mother and child has free access to valuable health resources. The Healthy Beginnings program has resulted in the establishment of Family Care Centers throughout the valley, available to all new mothers. 'Champions of Industry' will also show how the hospital has become an integral part of the community working with the school district, as well as public and private groups, to ensure all sectors of the population are coming together to create a healthier community.

"Throughout its nearly 100-year history, the hospital has consistently demonstrated its ability to connect with the community it serves and to adapt to change. Its role goes far beyond caring for the sick and injured, as the program will illustrate."

First 5 San Bernardino



Neonatal Intensive Care Unit

The much-awaited expansion of the hospital's seven-bed Neonatal Intensive Care Unit (NICU) to a dedicated 20-bed unit was completed in December 1996 at a total building and equipment cost of \$6 million. The attractive two-story addition was designed to match the architectural style of the main hospital building. The NICU is located on the main floor adjacent to the Maternity Department.

Building the Neonatal Intensive Care Unit was just the beginning. NICU beds are a technological wonder that provide the safest and most sterile environment possible for the NICU's tiny residents. The cost: \$35,000 per bed. Once again, community members stepped in to help. At the hospital foundation's annual San Antonio Classic Golf Tournament, Chris Leggio, a local businessman and foundation director, launched a special auction for NICU baby beds. The foundation agreed that for every \$25,000 the auction raised, the foundation would donate the remaining \$10,000 to purchase one bed. When the auction closed, the NICU had the money for three beds, one each from the Leggio family, Ray and Sally Crebs, and the Hoffee family. Leggio continued his NICU bed drive throughout the year. Eric Dickerson, a former National Football League running back, donated his winnings of nearly \$20,000 from a charity Wheel of Fortune television appearance to the San Antonio NICU. Golf professional John Daly held a celebrity golf tournament at Red Hill Country Club in Rancho Cucamonga and donated \$20,000 of the proceeds from that tournament to the NICU. Ultimately, generous community support provided the funds to purchase five NICU beds.

The hospital offers a variety of parent support groups to help families deal with the multitude of stressors that assail them during their NICU experience. In addition to the Parenting Preemies Program, initiated in April 1997, SMALL TALK is the hospital's in-house support group for parents during their infant's stay. In addition to support, this unique program provides the education parents need to properly care for their baby at home.

NICU Reunion

A unique bond exists between the hospital's smallest patients and the nurses that care for them. Each year, the NICU holds a reunion in late October. The festive event is an opportunity for NICU graduates to return and reconnect with the staff. For many, it is an emotional reunion. "It's a mutual celebration. We fondly remember these children and their families long after discharge," said Cindy Albright, nursing director of the NICU, Nursery, and Pediatrics Unit.

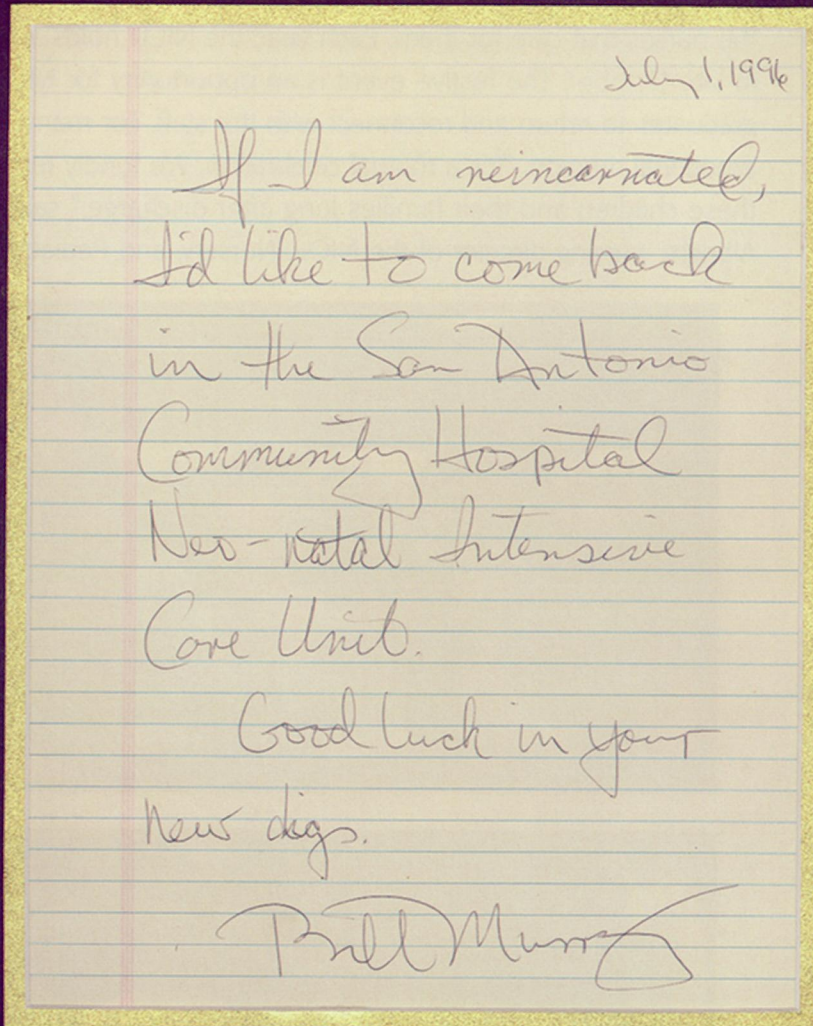


The NICU reunion held annually in October maintains the bond between hospital staff and patients.

Parenting Premies Program

Together, the San Antonio Hospital Foundation and Community Benefits Committee identified a need for a comprehensive education and support program that would ease the transition from hospital to home for the parents of babies born prematurely. In April 1997, the Parenting Premies Program became a reality with the help of sponsors Roche Laboratories, Children's Fund, and Wells Fargo Bank. At the time, the hospital was the only one in Southern California offering this type of program.

The Parenting Premies Program provided comfort and support to Shelly Biddlecombe, who delivered triplets in her 26th week of pregnancy. Shelly and her husband, George, consulted with a fertility specialist and, with the help of fertility drugs, Shelly became pregnant with triplets. Baby George arrived first, weighing two pounds, followed by Robert at two pounds two ounces, and finally Tiffany, at one pound eleven ounces. The Biddlecombe babies were the first set of triplets to receive care in the hospital's newly expanded Level II NICU.



Actor Bill Murray was on the same flight as the hospital's planning consultant on July 1, 1996, and based on their conversation, the actor wrote this letter.



The Biddlecombe triplets were born in 1997. Tiffany (center) was the first to go home, at three months old, followed two weeks later by George and a month later by Robert.

Medical Staff Leadership

Medical Staff Presidents Spanning 70 Years

A. L. Weber, M.D.	1936	L. F. Crutcher, M.D.	1954	R. H. Crawford, M.D.	1972	G. S. Friedman, M.D.	1990
S. A. Craig, M.D.	1937	O. A. Bosshardt, M.D.	1955	J. W. Mortensen, M.D.	1973	W. G. Gosney, M.D.	1991
D. S. Gridley, M.D.	1938	L. G. Hoag, M.D.	1956	E. B. Cavanaugh, M.D.	1974	W. R. Hale, M.D.	1992
C. Emmons, M.D.	1939	J. E. Vickers, M.D.	1957	J. J. Schechter, M.D.	1975	R. J. Nieva, M.D.	1993
J. B. Craig, M.D.	1940	R. G. Williamson, M.D.	1958	D. B. Van Every, M.D.	1976	J. D. Santaniello, M.D.	1994
J. H. Hooval, M.D.	1941	A. W. Abbott, M.D.	1959	H. Y. Yanamura, M.D.	1977	R. E. Murken, M.D.	1995
C. N. Abbott, M.D.	1942	C. A. Hermann, M.D.	1960	E. F. Pottorff, M.D.	1978	C. R. Canizales, M.D.	1996
F. F. Abbott, M.D.	1943	J. E. Skewis, M.D.	1961	W. F. Korcek, M.D.	1979	W. R. Hale, M.D.	1997
W. A. Sullivan, M.D.	1944	A. J. Alderfer, M.D.	1962	H. Robinson, M.D.	1980	B. Kommineni, M.D.	1998
F. Franklin, M.D.	1945	H. H. Royaltey, M.D.	1963	E. G. DuVall, M.D.	1981	C. L. Schultz, M.D.	1999
E. O. Carlson, M.D.	1946	K. O. Babcock, M.D.	1964	J. W. Sullivan, M.D.	1982	D. M. Alpiner, D.O.	2000
R. G. Williamson, M.D.	1947	G. W. Scott, M.D.	1965	V. J. Carollo, M.D.	1983	M. N. Wood, M.D.	2001
T. F. Ford, M.D.	1948	T. A. Gibson, M.D.	1966	P. Dest, M.D.	1984	T. Bortolazzo, M.D.	2002
R. N. Williams, M.D.	1949	D. K. Wake, M.D.	1967	R. M. Kirk, M.D.	1985	E. D. DiGiamarino, M.D.	2003
M. D. White, M.D.	1950	G. A. Chalfant, M.D.	1968	A. R. Ellingson, M.D.	1986	S. S. Bassi, M.D.	2004
F. C. Melone, M.D.	1951	F. A. Gattas, M.D.	1969	G. R. Turner, M.D.	1987	N. Koudsi, M.D.	2005
C. A. Hermann, M.D.	1952	L. J. Parker, M.D.	1970	D. L. Berry, M.D.	1988	B. D. Ahn, M.D.	2006
T. T. Ackerson, M.D.	1953	R. N. Williams, M.D.	1971	J. R. Sullivan, M.D.	1989	G. A. Ocker, D.P.M.	2007

Another First

With the election of Tomi Bortolazzo, M.D. as medical staff president in 2002, the medical staff of San Antonio Community Hospital selected the youngest physician in the hospital's history and the first female to the position. "I am so fortunate to work at a community hospital like San Antonio because you can get to know everyone," said Dr. Bortolazzo. "I believe in personal relationships across the board. There's more chance of success if we know all the players. From the housekeepers to the CEO, everyone helps each other, which allows us to focus on the most important aspect of our work – caring for the patient."



Tomi Bortolazzo, M.D. 2002 medical staff president.



These past presidents of the medical staff, some of whom are retired, have a combined tenure of over 375 years of medical staff membership. They gathered at a special recognition dinner in 2006 to honor physicians with forty or more years on the medical staff. Dr. James Sullivan and Dr. R. N. Williams (seated) with left to right: Dr. Gilbert Turner, Dr. Robert Crawford, Dr. Edmund DuVall, Dr. Hurley Robinson, Dr. Paul Dest, Dr. John Sullivan, and Dr. Fred A. Gattas.

Managing Change in the Healthcare Climate

Even as the hospital was celebrating its new neonatal and child health facilities, Kuykendall and his management team faced the same operational challenges the hospital had faced in the past and will continue to deal with in the future: ensuring adequate patient beds and hospital facilities to serve the hospital's ever-growing service area, maintaining financial viability, and keeping pace with technological advances to provide the best and most cost-effective medical services to patients.

Kuykendall, CFO Roger Parsons remembers, built a solid bond of trust with the hospital's employees, which served him and the hospital well during some very trying financial times. Kuykendall's easy management style and sense of humor also helped see the hospital's executive management team through difficult decisions, Parsons recalled. "George was intellectual and well-read. He challenged me and others to be critical thinkers when it came to the hospital's business."

During Kuykendall's nearly ten years as CEO, the hospital faced enormous changes in the healthcare system. As hospital utilization rose and medical technology and procedures became more sophisticated, costs rose, too. A new vernacular continued to insert itself into the medical profession's nomenclature. Medical insurance companies, as well as federal and state reimbursement programs, described healthcare in terms of "managed care," "DRGs," "capitation," and "utilization review," all strategies designed to control burgeoning costs. This tension between the actual cost of care and third-party payers' desire to manage it exists today throughout the nation's healthcare industry.

Until the mid-1980s, most of the hospital's medical staff were physicians in private solo practice. In fact, the lack of a physician group practice was a distinguishing feature of the hospital. With

the changes in reimbursement practices, it became obvious that, in order to be successful, physicians needed to work in closer cooperation with each other and with the hospital. With varying degrees of success, the hospital and physicians tried to find a level playing field for negotiating medical services and reimbursement levels. "In truth, the pie had shrunk, not just at San Antonio, but within the healthcare system itself and particularly in Southern California," stated Kuykendall.

As a result, the hospital shifted many services, including mental health programs, from an inpatient to outpatient basis. "These were services the hospital could no longer provide because they were not financially viable," Kuykendall explained. Facilities that had housed these units were redesigned to provide other services. One wing was renovated to create a spacious ambulatory care unit (ACU), which opened in June 2005 to accommodate 21 patients. The former ACU on the second floor was then upgraded to create additional medical/surgical beds.

At the same time, the volume in the hospital's emergency department ballooned, forcing patients to endure long waiting times. A shortage of intensive care beds exacerbated the problem. At the time, San Antonio had the only full-service emergency department in the area and its facilities soon were overwhelmed by the Inland Valley's mushrooming population. Today, the situation has only become more critical, making San Antonio's planned expansion and renovation vital to its ability to provide leading-edge healthcare services to the community.

Even in the toughest of times, the hospital proudly carries Dr. Aita's legacy. "Dr. Aita's impact on San Antonio is most clearly reflected in the hospital's physical facility, its cleanliness, its quiet calm," recalled Kuykendall. "It is the hospital's tradition and values that will see it in good stead."



The new ACU opened in 2005.



In 2006, the hospital opened its second ambulatory care center, Sierra San Antonio Medical Plaza, located on Sierra Lakes Parkway in Fontana.

Chapter Ten

100 Years and Growing

After 15 years of successful operation at Rancho San Antonio Medical Plaza, the hospital began planning for a second ambulatory care facility to meet the needs of the growing population to the east beyond the Interstate 15 freeway.

Sierra San Antonio Medical Plaza

Sierra San Antonio Medical Plaza, located on Sierra Lakes Parkway in the fast-growing City of Fontana, opened in the spring of 2006. Today, the three-story, 60,000-square-foot facility provides first-class medical office space for primary care physicians and specialists, an urgent care facility, diagnostic imaging and laboratory services, and a retail pharmacy.

A New Emergency Department

The hospital began planning in 2004 for the construction of a major facility addition to provide a much-needed emergency department expansion and more patient rooms.

The present emergency department was constructed during the 1970s to handle a maximum of 35,000 patient visits each year. By 2006, the emergency department was seeing more than

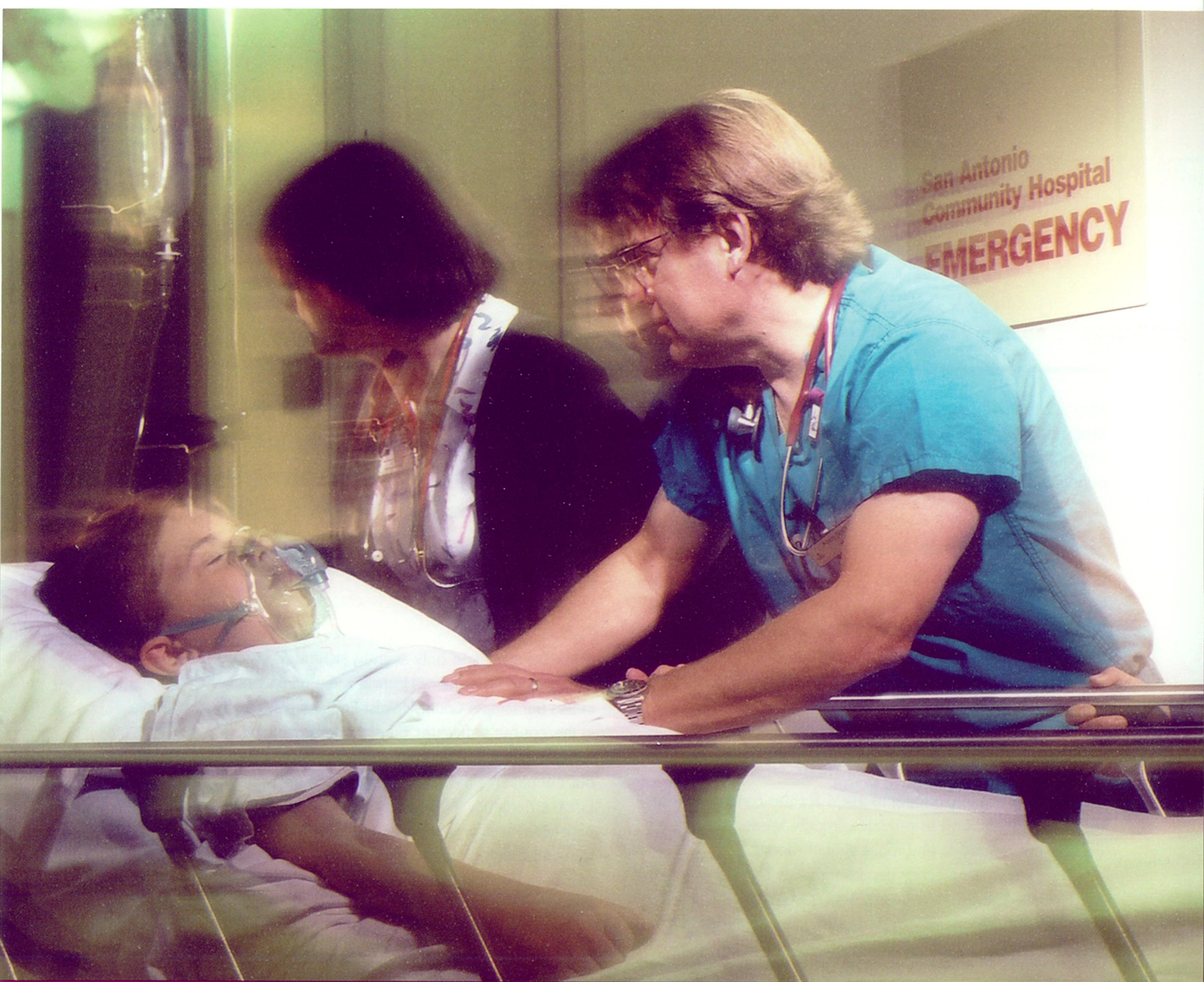
“San Antonio is a very special hospital with a strong reputation for providing compassionate care in an excellent facility. By working in partnership with our physicians and the community, I see opportunities for taking the care and services we provide to another level.”

Steven C. Moreau

President and CEO

60,000 patients in only slightly expanded square footage. San Antonio Community Hospital is the primary receiving hospital in San Bernardino County’s West End and plays an important role in the county’s disaster preparedness planning.

Not only is the emergency department seeing more patients, but the patients have gotten sicker, too, explained Dr. Steven Ernst, emergency room physician. “We measure the acuity of the patients’ illness or injury when we see them. Patients are coming to us now with problems that are more life threatening. We’re seeing more patients overall with heart attacks, strokes, shock, and severe illness.”

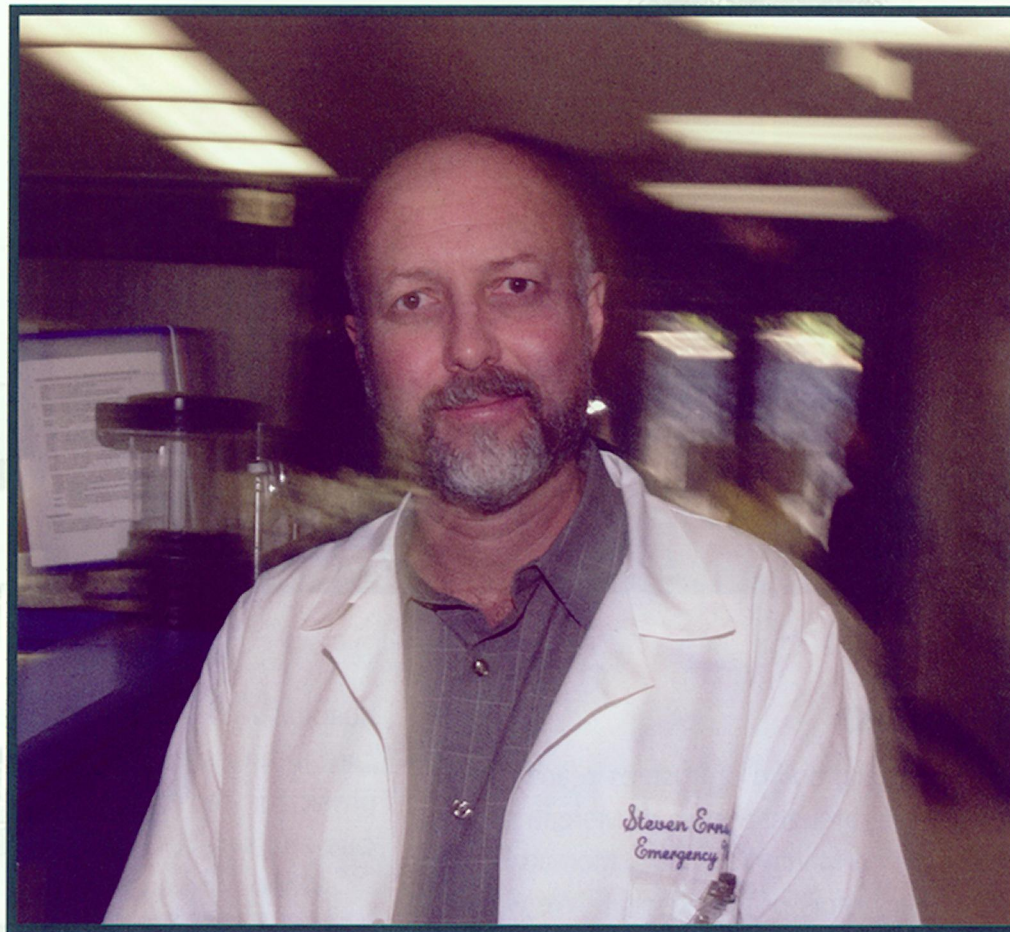


The existing emergency department was designed to treat 35,000 patients. Today, it serves more than 60,000 patients each year.

Careful planning for the hospital's new emergency department took place over several years. "We've designed an ER that is going to have more than twice as many beds as we have now," said Ernst.

"The new ER will be three times the square footage of our current emergency department." Treatment areas have been designed with patients' comfort and privacy in mind. In addition, Ernst explained, the rooms will be multi-functional. "We're going to have the capability to treat a variety of things in each room. The department will also feature some important specialized areas: a resuscitation area; a decontamination area to treat patients exposed to hazardous materials; a 'safe room' providing a secure environment for psychiatric patients; and a private reception area for the family of a patient who has passed away."

The new emergency department and patient tower will be located to the east of the existing emergency room. When completed, the building will significantly change the hospital's campus. The eagerly awaited additional patient rooms will enable the hospital to better serve the growing communities in its service area.



Emergency room physician, Dr. Steven Ernst, is enthusiastic about the emergency department expansion plans.



President and CEO Steven C. Moreau

Steve Moreau

Steve Moreau received his undergraduate education at San Diego State University, earned a Master of Science from California State University, Dominguez Hills, and a Master of Business Administration from the University of Redlands.

Moreau previously served as senior vice president and chief operating officer at Hoag Memorial Hospital Presbyterian in Newport Beach, California, was chief executive officer of Bakersfield Regional Rehabilitation Hospital in Bakersfield, California, and, before that, vice president of facilities development and professional services at Riverside Community Hospital in Riverside, California.

The Hospital's Fifth CEO

A five-month search by a hospital board of trustees search committee, chaired by Gail Horton, brought Steven C. Moreau to San Antonio Community Hospital on March 28, 2005. Moreau is only the fifth CEO in the 100-year history of the hospital. "We were honored to have a diverse and qualified field of candidates from which to choose. We were impressed with Steve's experience in centers of excellence and his ideas on how to set the pace for the hospital for the next 100 years," said Horton.

Moreau's wealth of experience in hospital administration has helped him understand the unique character of San Antonio and its potential for growth. "San Antonio is a very special

hospital with a strong reputation for providing compassionate care in an excellent facility. By working in partnership with our physicians and the community, I see opportunities for taking the care and services we provide to another level."

When Moreau first joined the hospital, it fell to CFO Roger Parsons to introduce him to hospital staff and employees. As they moved from department to department, Parsons was struck by Moreau's ability to converse with people at all levels of the organization. "Steve could carry on a conversation with physicians and medical technicians as easily as he could speak with auditors about the potential impact of accounting legislation on the hospital."

A dynamic leader, Moreau's depth and breadth of knowledge have helped others in every facet of the hospital organization to understand and grow, Parsons says. "Steve sees the hospital as a different and better place than it is now."

Managing the Hospital

Today, the hospital's community-based board of trustees and executive management group share the responsibility for strategic planning and operation of the hospital.

Members of the hospital's board of trustees volunteer a significant amount of time and effort to their service as a critical part of the hospital's strategic planning team charged with setting the overall direction for the hospital.

The executive management group (EMG) is comprised of Steve Moreau, CEO, Vince Leist, COO, Roger Parsons, CFO, Liz Aragon, CNO, Jaynie Boren, VP of strategic planning and business development, Lynn Kelly, VP of human resources, and the President of San Antonio Hospital Foundation, Robert Gordon.

Vince Leist, the newest EMG member, came to San Antonio Community Hospital in January of 2006. Leist joined San Antonio following nine years with Sunrise Hospital and Medical Center, a 700-bed tertiary care hospital in Las Vegas, Nevada, where he was senior vice president of operations.

San Antonio has built its reputation on superior quality and performance. Leist's goal is to move the hospital to an even higher level with more tertiary services in areas such as women's health, cancer, and cardiac care. "We owe that to the community – to provide the highest level of quality care available," said Leist. "We have doctors who are very loyal to the hospital. It's important to develop them as medical staff leaders, to share leadership with them for the future of the hospital."

Interim CEO 2004-2005



CFO John E. Thompson retired in 2004 after 34 years at the hospital.

Following the retirement of George Kuykendall in June 2004, the board of trustees initiated a nationwide search for a new chief executive officer. John Thompson, having just retired as chief financial officer after 34 years at the hospital, accepted the position of interim chief executive officer. Prior to his retirement, Thompson developed a plan to enhance the hospital's financial position in preparation for future expansion plans. As interim CEO, he was not only instrumental in the plan's successful implementation, but helped to maintain the focus on the future and providing quality patient care during the leadership transition.

The EMG members have a combined total of over 140 years in their respective areas of health care management expertise. This experience is vital to successful management in the complex healthcare environment, which today has the added stressors of severe financial pressure and workforce shortages. It's no easy task to oversee operations when hospitals are required to comply with over 30 different regulatory agencies.

The team works closely with the board to establish the hospital's overall strategic goals and objectives. The process involves key stakeholders (community, physicians, management, and employees) which pays dividends in the quality and implementation of decisions. The EMG is responsible for managing

all aspects of the day-to-day operations of the 279-bed San Antonio Community Hospital. A warm camaraderie guides the serious business the EMG conducts to keep the hospital at the highest levels of standards for care and financial viability, all with patient care and comfort as a top priority.

The leadership provided by the hospital's board, medical staff, and executive management team is supported by department directors, managers, and supervisors who oversee the day-to-day operations of their individual departments. "True leaders



Executive Management Group 2007. Seated, left to right: Vince Leist, COO, and Steve Moreau, CEO. Standing left to right: Lynn Kelly, VP of human resources; President of San Antonio Hospital Foundation, Robert Gordon; Jaynie Boren, VP strategic planning and business development; Roger Parsons, CFO; and Liz Aragon, CNO.

make the difference between a mediocre organization and one that is driven to excellence," states Steve Moreau. "San Antonio has an outstanding leadership group, one that is committed to achieving the hospital's strategic vision. We have an aggressive strategic plan with measurable goals and both short-term and long-term objectives. By involving every department and every level of the organization, from senior leadership to front-line employees, we are moving steadily toward our common vision, to become the regional healthcare provider of choice."

Decades of Service

Dwight Bert was recruited by Bob Sherwood to serve on the hospital's board of trustees in 1982 to fill a departing physician's remaining two-year term. He subsequently served two additional nine-year terms on the board, from 1984 through 1992 and from 1994 through 2002, becoming the longest-serving board member in recent history.



Dwight E. Bert received the San Antonio Community Hospital President's Award in May 2003.

Bert served on the hospital board of trustees during the tenures of John Towers, Ronald Sackett, and George Kuykendall. He was chairman of the board from 1986 through 1992, and was appointed trustee emeritus in 2002. He remembers all five of the hospital's leaders, even Dr. Aita, although Bert was quite young when Aita came to San Antonio.

Bert's 20 years of service on the board saw several periods of great financial turmoil at San Antonio. He felt a duty to serve, however, because he had been a "part of the community for so long." Bert believes that the duties of the chairman of the board are fundamentally to conduct board meetings, hire the CEO of the hospital, and set management policy. During his tenure as chair, he attempted always to search for consensus among board members. Even when hot-button issues led to spirited debate among the trustees, Bert worked hard to bring everyone to the table to make a unanimous decision that everybody could live with. "That's one of the roles of the chairman, I believe, to get everybody to come together."

Board membership at San Antonio is voluntary and requires its members to devote significant time and effort to learning the particulars of nonprofit hospital operation and crafting the hospital's business strategy. Bert estimates that during his tenure as board chair, he was at the hospital at least twice a week to conduct the board's business, attend a meeting, or visit with the CEO of the hospital.

The Board of Trustees



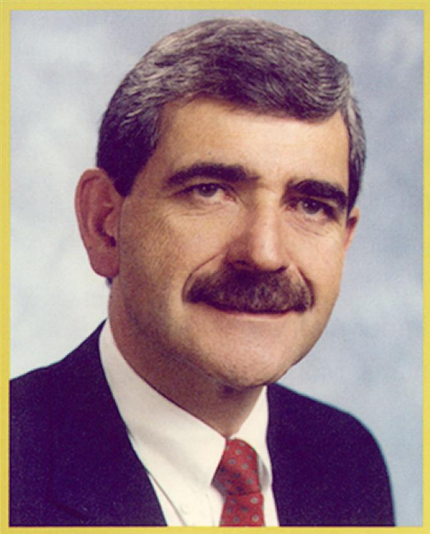
The 2007 Board of Trustees, San Antonio Community Hospital. Left to right, first row: Rick Hamilton, Glenn Ocker, D.P.M., Steve Moreau, J. Michael Gunn. Middle row: Don Alpiner, D.O., Naveen Gupta, M.D., Gail Horton, B. Don Ahn, M.D., David Berry, M.D. Top row: Al Ronco, Richard Gilbert, Tom McGilloway, Marty Thouvenell, Jim Milhiser, Richard Anderson.

The board is dedicated to maintaining the financial viability of the hospital for purposes of its long-term survival and also as part of its expansion plans for the next few years. All trustees are comfortable with the financial aspects of running the hospital and many have devoted years to board service.

The board of trustees plays a key role in the direction and survival of

the hospital. "While the trustees' role is essentially invisible to the public and to the majority of the hospital staff, their dedication in time and energy to the welfare of San Antonio cannot be overstated," noted Richard Anderson, chairman of the board. "Our hope is to lay the foundation for expansion and growth as part of a strategy to make our services available to areas beyond our immediate community, now and into the next century."

Board Leadership



Richard G. Anderson has served as chairman of the board since 2005.

Faving served as a trustee for nearly 17 years, Richard Anderson has helped to direct the growth and expansion of hospital services to meet the community's ever-changing needs.

"The hospital's vision, supported and moved forward by the EMG and the board, is that it is now and will always remain a community hospital," noted Anderson. "When the hospital was formed, its service area included Upland and North Ontario. Today, economic and demographic changes in this region of Southern

California demand that our 'community' be a community of people that is beyond our known boundaries.

"In addition to seeing growth on the hospital's campus, there will be growth in the size and make-up of the community it serves," Anderson continued. "The costs associated with such growth are extremely high, of course, and the dichotomy between medical services and the cost of providing them will continue to insert itself into the hospital's future planning," said Anderson.

The components of good planning for the hospital's future, he believes, are patient safety, quality of care, ease of access, reasonableness and fairness of fees, and a sense of teamwork among hospital management, medical staff, and employees.

With the completion of his term on the board at the end of 2008, Richard Anderson hopes to have helped create a legacy that will be the foundation for the hospital's next 100 years.

San Antonio Community Hospital Board Chairmen

William H. Craig	1920 - 1922
Earl W. Paul	1923 - 1930
G. A. Hanson	1930 - 1935
Charles V. Barr	1935 - 1947
Charles Latimer	1947 - 1950
W.W. Stevens	1950 - 1957
Harold S. Stewart	1957 - 1967
J. Awdry Armstrong	1967 - 1971
Ernest Wagner	1971 - 1978
Harold Zenz	1978 - 1979
Gordon A. Zwissler	1979 - 1985
Dwight E. Bert	1986 - 1992
R. Mark Kirk, M.D.	1993 - 2000
Coy D. Estes	2001 - 2004
Richard G. Anderson	2005 to present

Enhanced Programs

With planning well under way for the major addition to the hospital which will provide greater emergency room capacity and additional inpatient beds, Moreau has now turned his attention to other priorities identified by the board of trustees, including building the hospital's reputation outside the local market. Moreau plans to enhance the level of services at San Antonio through the addition of new programs, recruitment of physicians with specialized expertise, and an increase in the hospital's community outreach efforts, "We want our surrounding communities to recognize the quality of care that is provided in this hospital, so patients feel connected with us and want to come here because of our reputation.

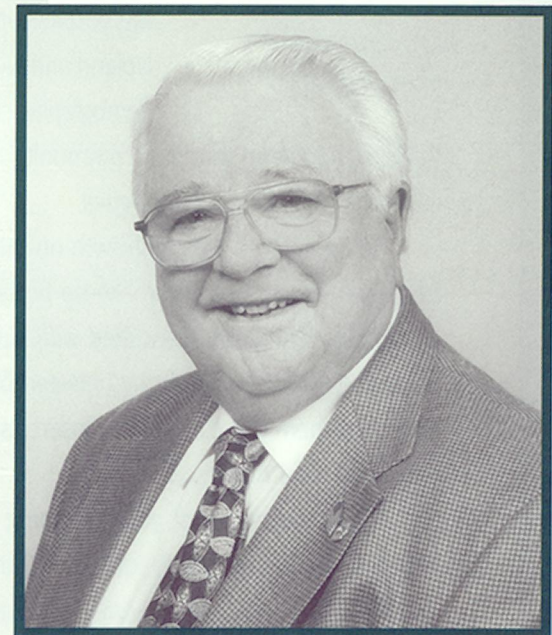
"As a regional community hospital, our efforts reach into all areas, from care provided to the tiniest of lives in our neonatal intensive care unit to life-saving neurosurgery and cardiac care. Our patients come from all areas of the region, Chino, Fontana, Montclair, Ontario, Pomona, Rancho Cucamonga, Rialto, Upland, and many other cities."

Community Support

Moreau expects the financial resources necessary to accomplish the hospital's goals will be available. "I believe that we will need to rely more on the community than we have in the past. If we deliver programs, I believe that the community will value those, and will step up to provide help in areas that are important to all of us.

"Many generous San Antonio supporters have made sizeable gifts to the foundation that have allowed it to build its endowment from \$10 million in 1997 to \$30 million in 2007," added Bob Gordon, the foundation's president. "The margin of excellence in any nonprofit healthcare institution depends on gifts from the private sector. While operational revenues fund the equipment and personnel, it is financial support from individuals, corporations, and foundations that help to furnish the resources that allow San Antonio Community Hospital to provide the best medical treatment and technology. In the near future it is the support of these kind and generous benefactors that will help San Antonio Community Hospital create a new look on our campus."

"There's one thing that runs everything and that's money," stated René Biane, former two-term hospital trustee and current foundation board member. "Our job on the foundation is to build community support." René and his wife, Barbara, have a long history of support for both the community and San Antonio Community Hospital. They were honored with the President's Award in May of 2007 for their years of dedication to the hospital.



René Biane received the President's Community Leadership Award in 1993 recognizing his 18 years of service as a member of the hospital's board of trustees.



CEO Steve Moreau with cardiovascular surgeons Michael N. Wood, M.D. (left) and Nan Wang, M.D. (right).

HEART CENTER

at SAN ANTONIO COMMUNITY HOSPITAL

SACH's Heart Center offers comprehensive cardiac services and treatment options. Additional leading-edge technologies added in 2007 include a 64-slice CT scanner. Michael Wood, M.D. and Nan Wang, M.D. serve as the medical directors of cardiovascular services at San Antonio Community Hospital.

Dr. Wood is a cardiovascular and thoracic surgeon. He joined the hospital's medical staff in 1990 and served as medical staff president in 2001. Dr. Wang, also a cardiovascular and thoracic surgeon, joined the Heart Center program in April, 2006.

According to B. Don Ahn, M.D., medical director of SACH's cath lab, "The technology and tools available today to our cardiac professionals are amazing. We are able to perform so many interventional techniques that can prevent and treat heart problems before they reach a critical stage."

Roger Duber, D.O., medical director of non-invasive cardiology, states that "Our cardiologists and cardiovascular surgeons are excellent. The hospital is able to offer patients the latest procedures and surgical techniques, helping to reduce recovery time and risk to the patient."



The 2007 Board of Directors, San Antonio Hospital Foundation. Left to right, first row: René Biane, Andy Wright, Dick Avent, Owen Pillow. Center row: Carol Oldenkamp, Naveen Gupta, M.D., Steve Moreau, Mary Lou Jensen, Kathy Tully. Top row: Don Willerth, Roger Parsons, Bob Gordon, David Patterson, Carl Schultz, M.D., Loren Sanchez, Ed.D.

The Bienes and all of their children were born at San Antonio and from the time he was a little boy, René Biane remembers spending time at the hospital where both his mother and step-mother worked. When he misbehaved he was made to stand behind the grandfather clock in the hospital lobby. That clock is now in the corner of the physicians' dining room.

Finding the Right People

Today, San Antonio is one of the few remaining completely independent, stand-alone hospitals in Southern California. It enjoys stable finances, an excellent reputation, and strong community support. The hospital is the largest employer in Upland, with more than 2,000 employees. There are 500 physicians on the medical staff, and 300 active volunteers.

One of the things that most sets San Antonio Community Hospital apart from other hospitals in the area is its people. So how does the hospital find these exceptional nurses, transporters, bookkeepers, accountants, radiology technicians, registration clerks, food service employees, administrators, maintenance workers, grounds keepers, and materials managers? "We strive to be the employer of choice and attract compassionate, dedicated, talented, hard-working people," explained Lynn Kelly, vice president of human resources. Members of the hospital's leadership team make her job easier because they care about employees. "The most important thing for us is not just finding individuals who can do the job, but who fit the culture here."

Community Service

San Antonio Community Hospital is an active community member, working closely with the cities it serves. Through its collaborative partnerships with organizations such as First 5 San Bernardino and Perinatal Services Network, San Antonio is able to provide programs like "Healthy Beginnings." The hospital also spearheads efforts to raise awareness of programs such as "Safe Surrender," which allows new mothers to safely surrender their infants to hospitals and fire stations if they feel they cannot provide for them.

In recognition of its impressive community involvement and outstanding reputation, the Discovery Channel featured San Antonio Community Hospital on the television series, "Champions of Industry," produced by Pat Summerall, on August 6, 2002.



Safe Surrender posters and videos produced by the hospital have been distributed to schools and organizations throughout the state.

Blood Drives

San Antonio Community Hospital is a community leader in blood donations. In addition to its monthly blood drives, the hospital is a partner in the Community Blood Donor Center, opened in 1998.

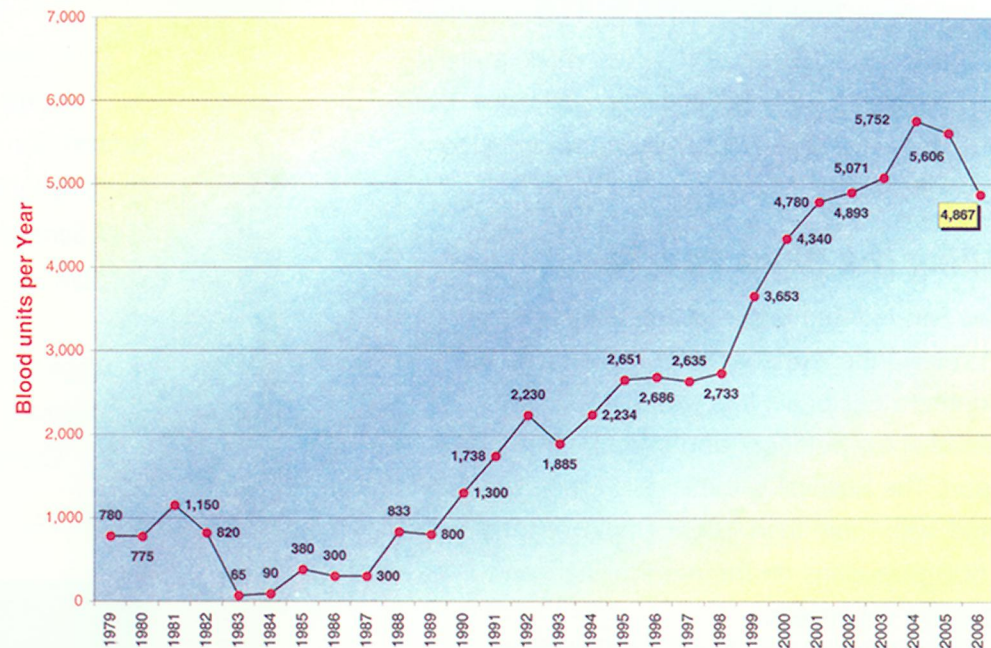
San Antonio has participated in the community blood-replacement program in conjunction with the Blood Bank of San Bernardino and Riverside Counties for more than 20 years. Since 1979, more than 65,000 units of blood have been donated at hospital-sponsored blood drives, enabling the hospital to replace more than 80 percent of the blood used by patients and to help the community through critical blood shortages.

Cheryl Decker, Lisa Hiben, Cindy D'Ambruoso, Liz Milton, and Bev Fishburn assist at a hospital blood drive.



SACH Donor Blood Collections 1979 - 2006

Total Blood Unit Collections 65,347



Hospital-sponsored blood drives yielded 780 units in 1979. By 2006, the annual collection had increased to 4,867 units.

San Antonio Community Hospital Dental Center

The San Antonio Community Hospital Dental Center is a community-wide volunteer effort that brings dental care to needy children and dental health education programs to low income elementary and junior high school children in the cities of Upland, Ontario, Montclair, and Rancho Cucamonga. Several dental programs were introduced in the early 1930s including those of the Assistance League of Upland and the West End Oral Health Council.

In 1964, San Antonio Community Hospital offered space at the hospital for a new program which included the West End Dental Society, Assistance League of Upland, and the West End Oral Health Council. Under the direction of Dr. Albert Colebank, of the Ontario-Montclair School District, planning began for a school dental health program.

The San Antonio Community Hospital Dental Center was incorporated in 1966, and moved to a dedicated Assistance League building on Archibald Avenue in 1985. Volunteers from the Assistance League of the Foothill Communities (formerly Assistance League of Upland) manage volunteer scheduling and appointments, as well as dental center educational activities at local school sites. The hospital supports the program by providing supplies, cleaning services, and other facility needs as well as hosting the monthly dental center board meetings.

The dental center is a collaborative effort among San Antonio Community Hospital, the Assistance League of the Foothill Communities, participating dental professionals, school districts, and nonprofit funding and service organizations. The United Way, White Foundation, June Wallin Memorial Fund, and the Erickson Memorial Fund are among these organizations.

Liz Aragon, chief nursing officer, believes in hiring for attitude. "We can train people for skills; what we need are positive team players who will work with us to fulfill the hospital's mission. We believe if we do the right thing for employees, they will do the right thing for our patients."

"Being on the police department, I spent a lot of time in the emergency department throughout the years," said Coy Estes, who served as Upland's chief of police for 14 years. "I was very familiar with the hospital and I knew a lot of the people here. I always admired the dedication of the staff and how hard they worked. This same dedication is found at all levels of the organization. I think when you love an organization the way most people love this organization, you don't mind the demands that are made on your time. You just come in and do the best job you can and hope that when you leave it's going to be better than when you got here."

San Antonio's Nursing Staff

The heart and soul of most medical care facilities is, of course, its nurses. They are often the first and last point of contact for patients and their care and compassion provide comfort to patients and their families.

San Antonio's nursing staff was well regarded as far back as the early 1940s. "You could tell a nurse by her school cap – nobody else wore a cap, so when you were looking for a nurse, you looked for her cap. We had good nurses all the time. None

had the training that they have now, of course, and we didn't either for that matter, but they were very, very good at what they did," said Dr. Robert G. Williamson.

Asked to talk about the hospital's nursing staff today, most people find themselves short of adjectives to adequately describe their dedication and compassion. Some of the more common accolades include outstanding, caring, dedicated, empathetic, kind, concerned, and efficient.

The nationwide nursing shortage affects hospitals throughout Southern California and San Antonio is no exception. "The hospital works hard to offer nurses an attractive benefits package, and this helps us recruit and retain the best nurses," noted Aragon. San Antonio Hospital Foundation's nursing education fund allows nursing staff to attend educational conferences to meet their continuing medical education requirements. The foundation also has a grant program that will help an LVN complete the necessary education to become an RN.

"The nurses here are skilled and qualified; they feel good about the care they're providing," said Aragon. "They work closely with our doctors as a team and our patient satisfaction scores reflect that."

"The nursing staff has been incredibly steady in the face of lots of changes," said Glenn Ocker, D.P.M., president of the

medical staff. "We have exemplary leadership in nursing and the nursing staff often guides the medical staff. They are the first line in services, an open resource for physicians. A hospital cannot function without a competent nursing staff."



Nurses and doctors work as a team to provide excellent patient care.

Our Medical Staff



The 2007 Medical Staff Executive Committee. Left to right, first row: J Michael Lee, M.D., B. Don Ahn, M.D., Glenn Ocker, D.P.M., Jay Shah, M.D., Naveen Gupta, M.D. Back row: Victor Ching, M.D., Paul Razo, M.D., Steven Ernst, M.D., Thomas Woodbury, D.O., Brian Spivack, M.D., Glenn Perez, M.D., Roger Duber, D.O. Members not present: Michael Chai, M.D., Thomas Easter, M.D., George Cheng, M.D. The Medical Executive Committee provides oversight for the quality of the medical care provided at the hospital.

From the very beginning, San Antonio Community Hospital has attracted and retained some of the Inland Empire's most respected physicians. These caring physicians have a reputation for excellence in quality care and dedication to improving the standards of medical care.

In 2007, there are over 500 physicians on the medical staff who provide primary care services including: family and internal medicine, obstetrics and gynecology, and pediatrics, along with a comprehensive range of specialty services including: neonatology, cardiology, oncology, urology, gastroenterology, and general, orthopedic, cardiovascular, and neurovascular surgery. All of the physicians meet the highest standards of medical training and continuing education necessary to become a member of the hospital's medical staff.

The hospital works closely with physicians to assist in their succession planning and to recruit new physicians into the area based on community need. By recruiting new physicians to establish practices and serve on the medical staff, the hospital ensures that a broad range of medical specialties are available to meet the community's needs.

The medical staff and the hospital strive for excellence in patient care. Medical staff members help the hospital evaluate new technology and techniques to bring the latest medical procedures and treatment to the local community. As new technology becomes available, physicians receive additional training to gain expertise in utilizing advanced medical procedures and techniques.

Many physicians give countless hours outside their busy office schedules to serve on medical staff and hospital committees, attend department meetings, and present continuing education programs. They also reach out to the community through educational lectures, health fairs and screenings, and other special events.

"We are very fortunate to have such a diverse group of excellent physicians who are very well positioned to meet the needs and expectations of the rapidly growing communities we serve," states Jim Anderson, director of physician relations.

Recognition for Excellence

In 2006, the hospital received national recognition for its outstanding maternity care services. HealthGrades, the nation's leading source for independent healthcare quality information, awarded San Antonio Community Hospital the HealthGrades 2006/2007 Maternity Care Excellence Award™ and a Five-Star rating for clinical excellence in maternity care.

"We are very excited to have received a Five-Star rating from HealthGrades," said Rhonda Mulvehill, nursing director of maternity services at SACH. "This is a prestigious award within the healthcare community. Our staff of physicians and nurses has worked diligently to provide the very best of care to our maternity patients, and to be nationally recognized just reaffirms the outstanding work we do every day."

HealthGrades independently analyzed the quality of maternity care for more than 1,400 hospitals across 17 states that make this information publicly available. A Five-Star designation indicates that the hospital has scored in the top 15 percent or better in the nation for clinical quality. In fact, San Antonio Community Hospital went beyond those minimum standards to place in the top five percent in the nation for the clinical quality of its maternity care program.

"We're extremely proud of our maternal/newborn services at SACH," added hospital CEO Steve Moreau. "We are working hard to provide a comprehensive maternity program that is unlike others in our region. To be recognized by HealthGrades is a great accomplishment. The clinical data support our goal of always providing excellent healthcare to residents throughout the Inland Empire."



New Year twins, Rhiannon Christine and Maddison Rose, were the first babies to be born at the hospital in 2007.



Maternity Services staff celebrates the HealthGrades Excellence Award.



A nurse's caring touch calms even the tiniest patients.

Raising Awareness

Once virtually unheard of in the world of hospital administration, marketing is now part of the business planning strategy San Antonio relies on to raise community awareness of the services it offers and its excellent standing in the healthcare community.

"It used to be taboo for hospitals to boast about their successes," explained Jaynie Boren, vice president of strategic planning and

business development. "But it's important for the community to know, for example, that the hospital scored in the 90th percentile in the Press Ganey patient satisfaction survey, reflecting the entire staff's dedication, from the people who polish the floor to the doctors and nurses who administer care." Press Ganey Associates, South Bend, Indiana, is a leading provider of satisfaction measurement and improvement services for the healthcare industry.

The San Antonio Symbol

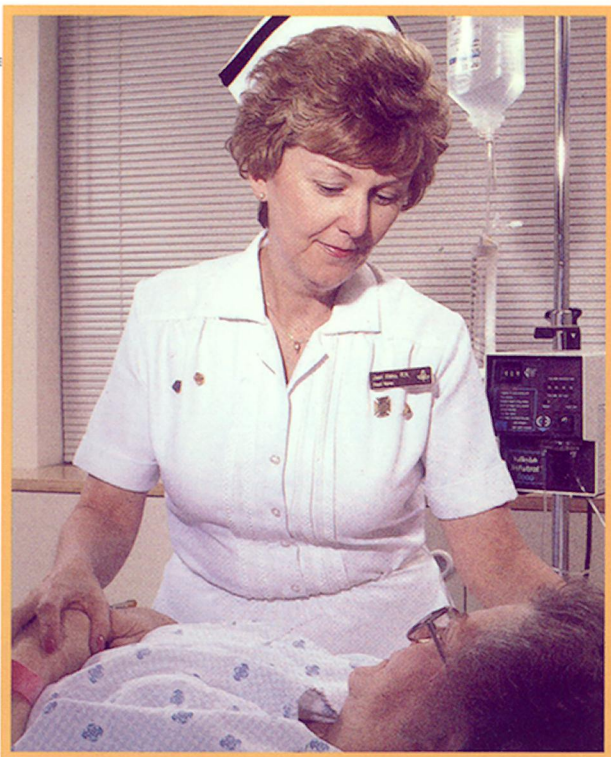


The symbol of San Antonio Community Hospital is a fleur-de-lis, a “simple, life-affirming form of a growing plant, with its connotation of biological optimism which seems to strike a tenor consonant with the life-mending role the hospital plays in the community” stated *The Daily Report* on May 24, 1964 when the symbol was introduced at the opening of the new three-story patient tower.

The sturdy central stem of the symbol represents our patients and their return to restored vitality. The leaves, focused on the central stem, symbolize the elements of the hospital’s structure – trustees, medical staff and employees. The complete symbol recalls the cooperative efforts needed to accomplish the hospital’s primary goal of securing the patient’s well-being.

In recognition of the hospital’s centennial, the symbol was refreshed to enhance the appearance of a vibrant, growing plant. The updated symbol not only conveys the strength of the hospital’s past; it embodies the growth in its future as a regional healthcare provider. It will serve as a fitting reminder of San Antonio Community Hospital’s celebration of 100 Years and Growing.





Third floor nurse Mavis Schmidt, R.N., early 1980s.

The healthcare business is not an easy one in today's world, Boren added. Hospitals operate in an environment where there are chronic nursing shortages and rising healthcare costs that are forcing employers in the community to make the hard decisions between increasing employee premiums or abandoning health insurance altogether. This frequently leads to postponed treatment, adding to the burden of an already overburdened health system. "San Antonio Community Hospital is in a great position to be the healthcare provider to all surrounding communities, providing cardiac, neonatal, critical care, emergency, and other health services that will maintain our standing as the premier hospital in the area," Boren stated.

The Future Assured

The hospital was and still is successful because of its standards of leadership. "The community leaders felt we needed a hospital, and they picked the best people they could find," said Dr. Gary Voorman.

"This hospital was developed because of a community need. That same need still exists today, the need for quality medical care in all of its complexities, and it needs to be given with a deep sense of compassion and professionalism. San Antonio is still holding up to that standard."

"This hospital grew in a very appropriate fashion," said Dr. Colin McDonald. "It developed from a small family hospital into [one with] the ability to take total care of patients."



Cheryl Smith, R.N. provides the care and compassion that are the hallmark of San Antonio Community Hospital.



San Antonio's helping hands.

“San Antonio Community Hospital has the best in hospital personnel and doctors, wonderful doctors - they all cooperate with each other,” said Minnie Walker. “I’ve been a patient myself here many times, and they’ve given me wonderful care. I believe they always do to all the patients.”

George Kuykendall noted that, “a strong part of the culture and tradition at San Antonio Community Hospital is attention to detail. It’s one of our values. We do thousands of little things, and we do them very well with attention to detail and quality.”

“This has been a successful hospital because the community really needed it, they got behind it, and they stayed behind it. They have been able to have that trust, and they have a good facility here where people love to come if they have to – and they don’t want to go anyplace else. This is the place to go,” said Robert Sherwood.

“I have a good feeling for San Antonio. It has been my second home, really. My wife thought that it was my primary home, but it really wasn’t,” laughed Dr. Bob Williamson. “I have very fond memories of the hospital and the friendships – the people, the staff, the administrators.”

“The hospital was really my second home, and the people that worked here were really my second family,” said Dr. Ned DuVall.

“I have visited many hospitals, but still when I come to San Antonio, I think here you’ve come to a caring and responsible place. They really care what happens to our patients. They have that family attitude. I don’t think there is another hospital that can compare to this, really,” said Margaret Nazionale, a registered nurse who worked at the hospital for many years and continues to volunteer her time at San Antonio. “To me it is a place where you can go be at ease and be comfortable because you realize that they are caring and they are out for your interests and good health. Since 1943 I started going there . . . it is a place I love.”

Dr. Glenn Ocker has been affiliated with San Antonio Community Hospital for 31 years. He remembers when he came

to the hospital in 1976 to fill the need for a podiatrist, he found a cordial environment. “It was a nice place to be, a nice place to work, and a great place for patients to come for care.”

The hospital has changed dramatically over the years, of course, from a small healthcare center with no physician or surgical specialties to a large, diverse regional facility with many areas of medical specialization.

“In the future,” says Dr. Ocker, “the quality that defines San Antonio will not be just the medical provision of quality care. All staff, from the time the patient walks through the door, must meet the needs of the community, whatever those may be. This requires a combined effort among ancillary services, physicians, and nursing staff to provide quality care. We will be judged on our outcomes. The hospital will operate in a digital world, evaluating, counting, quantifying, and measuring everything.” “Hospitals are expected to provide high quality care,” notes Steve Moreau. “We want San Antonio to not only provide high quality care, but be recognized for providing an exceptional patient experience. This encompasses not only excellent facilities, food, and cleanliness, but also a special kind of caring and attentiveness that leaves a lasting impression.”

A 1969 history of San Antonio Community Hospital describes the hospital’s story as one of “cooperation, inscribed upon by workers with the desire to help and the will to succeed.” That spirit is its hallmark to this day.

With an experienced management team at the helm, San Antonio Community Hospital is committed to its position in the community as an independent, nonprofit organization in an era when many other facilities have been forced to consolidate or close. Sound financial planning, dedication to a set of enduring values, and strong community support drive the continued evolution of San Antonio Community Hospital, which will provide the highest level of care for the next century and beyond.





A 2006 aerial photograph of the hospital and surrounding community shows the tremendous growth in the region.









