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The Mennonite Sanitarium at Alta Loma, California, 1914-1923.

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CALIFORNIA MENNONITE HISTORICAL SOCIETY BULLETIN

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The Mennonite Sanitarium at Alta Loma, California: 1914-1923



The main bungalow at the Mennonite Sanitarium.

Photo: Mennonite Library & Archives, North Newton, Kansas.

Mennonites came to California for many reasons. Most seem to have done so in search of inexpensive land and a new economic start. Yet land hunger did not drive the earliest group of Mennonite settlers to California. A desire for renewed health provided the common bond linking these first California Mennonites, who began arriving in the mid-1880s. They came west to escape the cold, wet winters of their eastern and midwestern homes, to flee the conditions that allegedly aggravated various respiratory illnesses common in nineteenth-century society.

Mennonites who came to California in search of improved health did so on the authority of the best medical knowledge of their day. Doctors of the time widely assumed that climate played an important role in curing a variety of illnesses, including asthma and rheumatism, but especially the dread killer, tuberculosis. This disease, often called consumption or phthisis, was one of the main causes of death in the United States during the nineteenth century, and was the source of

intense fear within American society. The causes and cure of tuberculosis were little understood at the time, a fact that undoubtedly heightened the sense of panic that the disease evoked. Despite their lack of firm knowledge, physicians generally agreed that a dry, warm climate was conducive to recovery from tuberculosis. Most such climate regions were located in the western United States, and none attracted more health seekers than did southern California.

California's reputation as a healthful climate began with the first fifteenth-century Spanish explorers, but not until the late nineteenth century did significant numbers of health seekers flood the state. Books such as Lorin Blodget's influential *Climatology of the United States* (1857), in which the author gave California's climate "the equivalent of three Michelin stars," did much to solidify the reputation of a healthful California in the public mind. Despite this widespread public perception, few easterners were willing to brave the hazards of a remote California frontier in the mid-nine-

teenth century. Blodget's judgments "ticked away like a time bomb," awaiting the socio-economic changes that would allow large numbers to flood west in search of cures.¹ The development of transcontinental railroads and the concomitant transformation of California from raw frontier to a more "civilized" society beginning in the 1870s but particularly in the 1880s at last made possible that rapid inflow of invalids from eastern regions. This migration was not only the result but also a cause of the dramatic transformation of southern California society in the late 1800s. Historian John E. Baur suggests that the influx of health seekers had as profound an impact on the development of southern California as did the Gold Rush on northern California.²

Mennonites settling in all regions of California during the period 1885-1925 frequently cited health as a motivating factor for coming to the state. By far the most health-seeking Mennonites, however, chose the area around Upland in San Bernardino County. Whereas concern for health was only one of many reasons for settling in other parts of California, it was the primary reason for Mennonites coming to Upland. Most of the Mennonites who settled in Upland were members of the General Conference Mennonite Church. In 1903 they organized the First Mennonite Church of Upland, the second Mennonite congregation established in California.

The choice of San Bernardino County by Mennonites seeking relief from respiratory ailments was not coincidental. While the experts of the time extolled the healthfulness of California's climate generally, they cited a few specific areas as having particularly impressive curative powers. Charles Nordhoff, who in 1873 published the widely-read *California for Health, Pleasure, and Residence*, listed five locations "most favorable for consumptives and persons subject to throat difficulties." One of these was western San Bernardino County, the area in which Upland was located.³ Other writers echoed Nordhoff's assessment, and the San Bernardino-Upland area became one of the most popular regions for health seekers in California, along with Santa Barbara, Los Angeles and San Diego.⁴

Given the large number of health-seeking Mennonites who settled in and around Upland, that community was sharply attuned to the needs of fellow invalids as they continued to arrive in the area. One primary need these newcomers faced was an adequate place to live. Affordable housing was a problem for most incoming health seekers in southern California at the time. Whereas the promoters claimed that inexpensive accommodations were available in abundance, the opposite tended to be true. The influx of invalids created housing shortages in some areas and prices for items such as coal, wood, gas, water, ice, and manufactured articles ran about forty per cent higher in southern California than in the East.⁵ Since many of these invalids had already expended large amounts of money seeking relief from their ailments before coming to California, such conditions were particularly difficult.

Members of the Upland Mennonite community did what they could to make temporary lodging or permanent housing available for others of their church. Local resident Heinrich Rees commented in 1896 that reading the obituaries of young

people in the church papers made him regret that he had never built a guest house for needy invalids. He credited the California climate with curing his throat ailment, and was sure others also would benefit by coming to the region if only they could find adequate housing.⁶ The Ledigs of Cucamonga evidently made a regular practice of taking in Mennonites who came to California temporarily for health reasons.⁷ A 1905 article by J.W. Krehbiel in *The Mennonite* entitled "Who Shall Help and How?" commented on the commendable efforts by the Upland Mennonites to care for these health seekers. He noted that,

frequently our unfortunate patients, mainly those suffering from lung and throat troubles, received noble, sacrificing help from others of our people who already resided at Upland, or near by. Those best acquainted with the past and with the experience of our California brethren know to what extent they have been called upon to extend a helping hand to our stricken friends who came, some to get well and some to die, and they also know the burdens our Upland brethren willingly carried in this connection.⁸

During its first twenty years of existence, the loosely organized community of Mennonites around Upland assisted as it could the steady flow of invalids seeking relief in the southern California climate. The large percentage of families passing through the area for only a few months made it difficult for the few permanent families to provide anything more than token assistance. By the early years of the twentieth century, however, the Upland community had become large and stable enough to contemplate better organized approaches to care for the invalids among them.

The first public discussions regarding a sanitarium for tuberculosis patients appear to have taken place in 1905. Sanitariums, prescribing a regimen of bed rest, fresh air and light exercise, had become one of the primary weapons in the battle against tuberculosis, and sprang up across southern California and other western states. The Mennonites simply were following standard health care practice when they began contemplating a sanitarium of their own. J.W. Krehbiel, in the above-mentioned article, predicted that increasing numbers of Mennonite invalids would continue moving to California. He suggested that the burden of caring for these needy people should not fall only on the Mennonites of Upland, but should be shared throughout the conference. He reminded his readers that "it is not seemly that our California brethren should bear undue burdens herein as many had to leave home and friends under great sacrifice to seek health."⁹ Krehbiel went on to announce that an unnamed church member had offered one thousand dollars for the establishment of a conference-operated sanitarium in Pasadena or Upland. He urged others to follow that person's lead in giving their support to this vision. Less than a month later the General Conference Mennonite Church in session at Mountain Lake, Minnesota went on record that it was "pleased with the movement for establishing a hospital in California and wishes for the movement the greatest success and the completion of the work."¹⁰ Other than this moral sup-

(continued on page 7)

Brethren audiences, most of the resources listed there would be of interest to readers from any North American Mennonite group.

Individual copies of the bibliography are available free of charge from the Historical Commission at 4824 E. Butler, Fresno, CA 93727-5097.

In Memoriam: Irvin George Neufeld Clayton Auernheimer

The California Mennonite Historical Society lost two active members during 1991. Irvin George (I.G.) Neufeld was a charter member, former Vice President and Librarian of the Society. He died on April 15 at the age of 83. Clayton Auernheimer was a much more recent member of the Society, having joined only in 1991. He distinguished himself in the Society during that time, however, by being one of the featured speakers at the 1991 annual meeting. He died on September 6 at age 61.

The Society expresses its appreciation for the work of these two men and extends its sympathy to the Neufeld and Auernheimer families.

News From Other Mennonite Historical Societies

The California Mennonite Historical Society is only one of several Mennonite historical societies across the United States and Canada. CMHS members may be interested in the following activities of other societies:

The **Nebraska Mennonite Historical Society**, organized in 1989, published its first eight-page newsletter last March. Entitled *Nebraska Mennonite Historical Society Newsletter*, it is available from Peg Burkey, Route 1, Dorchester, NE 68343.

The **Mifflin County (Pennsylvania) Historical Society** recently published a 470-page history of Mennonites and Amish in that county. Written by S. Duane Kauffman, it is entitled *Mifflin County Amish and Mennonite Story: 1791-1991*.

The **Oregon Mennonite Historical and Genealogical Society** is soliciting contributions from its members to help purchase furnishings and equipment for an archives/library room at Western Mennonite High School near Salem, Oregon.

The **Lancaster (Pennsylvania) Mennonite Historical Society** is preparing for two major presentations in the coming months. On December 2, 1991, Albert N. Keim, professor of history at Eastern Mennonite College, will present a lecture on "The Story of Mennonites in Civilian Public Service in World War II." On March 28, 1992, John L. Ruth, Mennonite minister, historian, storyteller, author and

playwright, will be the keynote speaker at the Society's fourteenth annual Genealogy Conference. He will speak on using family traditions in the absence of traditional recorded history.

Mennonite Sanitarium *(continued from page 2)*

port, however, the General Conference evidently did not offer any tangible assistance to the project.

Little progress toward a sanitarium appears to have taken place over the following five years. In 1910 the Pacific District of the General Conference Mennonite Church appointed a committee to examine the possibility of building a sanitarium for tuberculosis patients in southern California. The conference requested that the committee report back with its findings at the 1911 district conference. The report apparently was optimistic, since the 1911 Pacific District Conference passed a resolution to accept responsibility for building a sanitarium at Upland. The committee took a similar report to the General Conference sessions at Bluffton, Ohio a few months later, hoping for an equally positive response. This they did not receive. The General Conference declined the committee's request that it take over the project, but encouraged the Pacific District to continue with it and granted the committee permission to solicit funds from congregations across the country.¹¹

Even without the support of the General Conference, the Sanitarium Committee wasted no time in getting to work. The committee organized itself in December of 1911 with the following members: J.S. Hirschler, J.C. Mehl (both of Upland) and H.J. Krehbiel (Reedley). In March of 1912 the committee selected a site and purchased five acres for \$1850. In order to raise additional money for construction, committee members Hirschler and Mehl set out across the country soliciting donations with the authorization they received from the 1911 General Conference.¹²

The proposed sanitarium hit its first major snag in the fall of 1912 when it became clear that some people in Upland opposed its construction in a residential area of their city. Rather than challenge the disgruntled residents, the committee scrapped plans for the original site and began looking for another location.¹³ It is unclear what the committee did with the land already purchased for the first site.

The opposition toward a tuberculosis sanitarium by the citizens in Upland is not at all surprising. By the turn of the century, many Californians had begun to express fear at the growing number of consumptives coming to their state, a situation that some called "tuberculophobia." This was in marked contrast to the generally welcoming attitudes of state residents toward these invalid newcomers during the previous three decades. The growing awareness of the communicable nature of tuberculosis, not fully understood during the early years of the California health craze, only strengthened the resolve of those who wished to keep these patients as far away as possible.¹⁴

Almost a year elapsed before an appropriate alternative site could be found for the sanitarium. One potential site was

rejected because it lacked water; the committee finally located a suitable location at Alta Loma, northeast of Upland, in the summer of 1913. They purchased ten acres there for \$2500. While the committee had preferred an Upland location, it acknowledged that the new site was in some ways preferable given its two-thousand foot elevation. The prevailing medical wisdom of the time held that climates at higher elevations were particularly conducive to the rehabilitation of tubercular patients. Construction on the new site began in the fall of that year, with a building contract for \$6308.¹⁵

On March 1, 1914 the Mennonite Sanitarium was dedicated. Over two hundred people from the various churches in Upland attended the event. Reverend Michael Horst, pastor of the Upland First Mennonite Church, presided over the ceremonies. Speakers included committee member J.S. Hirschler, Dr. Weber of the Upland Medical Union, Rector Swan of the Episcopal Church, Rev. Stone of the Presbyterian Church, Rev. Sampson of the Methodist Episcopal Church, and Rev. H.J. Krehbiel, pastor of the Reedley First Mennonite Church. All stressed the great contribution that this institution would make to the community and expressed their pleasure that the Mennonites had seen fit to carry out this project.¹⁶

The focal point of the sanitarium dedicated that day was a two-storied bungalow, overlooking a sea of citrus groves on the valley floor below. On the building's main floor were a reception room, dining area, kitchen, bathroom and wash-room, sleeping room and screened porch. The second floor consisted of eight private rooms for patients, each with its own screened porch. The use of screened porches in such abundance reflects the belief of the time that only through exposure to regular fresh air would patients receive full advantage from the southern California climate. Much of the acreage surrounding the bungalow was planted in orange, lemon and other fruit trees. The trees eventually provided fresh fruit for the patients and staff, with the excess fruit sold

and the income put into the sanitarium treasury.

The small sanitarium—it had room for only eight patients—began operation that spring under the administration of deaconess Martha Liechty, assisted by one other deaconess. The sanitarium was not long in attracting its first patients. While this was cause for optimism, the kind of patients drawn to the institution gave its administrators some concern. Within a year of its opening, J.S. Hirschler noted that the sanitarium was receiving many requests for services from persons unable to pay for those services. He expressed concern that this could not be done without generous donations from the Pacific District Conference. The district at its 1914 sessions resolved that the sanitarium should not turn away patients without means, and that it would establish a \$10,000 fund for their assistance. This action most likely encouraged applications from patients unable to pay the sanitarium's regular \$10 weekly fee. In July of 1915 six of the seven patients paid half the regular fee; only one paid the full \$10.¹⁷

The promised support from the Pacific District that would have allowed the sanitarium to take in non-paying patients does not seem to have materialized. In September of 1915 committee member H.J. Krehbiel of Reedley lamented that funds intended for the maintenance of the institution were being depleted to pay for patients who were themselves unable to pay. In response to this situation, the district appointed Krehbiel as fund-raiser for the sanitarium, and in 1916 authorized him to travel across the country raising money for its work.¹⁸

A second problem facing the fledgling institution was that of staffing. Martha Liechty, the first administrator of the sanitarium, resigned early in 1916, after less than two years of service. Her assistant, a sister Steiner, left the sanitarium at the same time. The new team of nurses, Rachel Burkholder and Clara Kuehn, also stayed at the sanitarium less than two



Sanitarium staff members and patients seated on the steps of the main bungalow.

Photo: Mennonite Library & Archives, North Newton, Kansas.

years.¹⁹ Still shy of its fourth anniversary, the sanitarium already was searching for its third administrator.

Despite difficulties related to funding and staffing, persons associated with the sanitarium found reason for optimism. J.L. Schowalter noted that ,

From being frowned upon and even actively opposed at first by the community in which it is located, [the sanitarium] has come by this time to be greatly appreciated by the people and the officials of this same community. . . . Thus the institution is reflecting credit upon the church under whose auspices its work is carried on. . . .²⁰

A.S. Shelly, minister of the Upland First Mennonite Church, reported in early 1917 that the sanitarium was frequently filled to capacity and that emergency quarters were sometimes utilized to house additional patients. With an eye toward the future, Shelly commented that "inquiries and applications indicate that the place is becoming more and better known. It is not too early to begin planning for increasing the capacity of the institution. The sooner this can be done, the better"²¹

Even with these encouraging reports, the Pacific District Conference remained ambivalent about supporting a sanitarium on its own. This ambivalence had already been evident in 1911, when the district unsuccessfully petitioned the General Conference to assume responsibility for the project. After five years experience with the work, the district again approached the General Conference. The Sanitarium Committee, in its 1917 report to the district, noted three concerns with the current operation of the sanitarium: 1) the small number of Mennonite patients; 2) the difficulty in finding nurses; 3) the unexpectedly high expenses of running the institution. The committee went on to suggest that these problems could be overcome by turning the sanitarium over to the General Conference. By drawing on the entire North American constituency, the sanitarium would more easily attract Mennonite patients, nurses and money than was possible in the small and isolated Pacific District. The district accepted the proposal and sent a committee to present the case to the 1917 General Conference in Reedley. This time the committee's request met with favor, and the sanitarium became a General Conference institution.²²

Judging by reports in conference publications, the situation of the sanitarium changed very little after the General Conference assumed responsibility for it. The sanitarium continued to draw a good number of patients. Occupancy occasionally would drop to five or six, but at other times it was filled to—and even beyond—capacity. In the spring of 1918 the sanitarium could report that all eight beds were filled and three more had been placed on the upstairs screened porches for a total occupancy of eleven patients. The sanitarium had even established a waiting list for those wanting admission but for whom there was no room.²³

Maximum occupancy did not, however, translate into adequate income for the sanitarium. The committee deliberately kept the sanitarium's rates lower than many other sanitariums; in 1918 the new General Conference administrators raised the rates, but only to \$15.00 per week.

Even these rates were too high for some patients, and the General Conference continued the precedent set by the Pacific District of not turning away patients based on their inability to pay. One patient in 1918 had fallen behind in her payments by almost \$700. The committee contemplated turning her out, "but tender pity prevailed and today there are no regrets for having continued our ministry to the end"²⁴

Nor was the General Conference more successful in hiring long-term administrators for the sanitarium. The committee called E.F. Grubb as administrator late in 1917. Grubb was already well known in southern California Mennonite circles. In 1912 he had founded the River Station Mission, a General Conference home mission station and the first organized Mennonite presence in Los Angeles. For reasons unknown, Grubb did not last long as sanitarium administrator. In the spring of 1918 he tendered his resignation effective the last day of June, after serving only seven months at the sanitarium. It is unclear whether a successor for Grubb was named immediately. The next public report regarding a new administrator did not appear until summer of 1919, when D.B. Hess, a former patient at the sanitarium, accepted the position.²⁵

Hess would prove the most durable of all sanitarium superintendents, serving in that capacity for about four years. He also appears to have been the most aggressive promoter of the institution, writing frequent lengthy reports about the importance of the work in the General Conference press. He urged young Mennonite women to consider the nursing profession, and more specifically, to consider work in tuberculosis sanitariums such as that at Alta Loma. To those afraid of contracting tuberculosis through such work, Hess appealed to their faith in God, who would protect them from tuberculosis just as He protected Mennonite missionaries in India from leprosy.²⁶ Despite these earnest calls for workers, an adequate Mennonite nursing staff remained a chronic problem for the sanitarium, and it was forced to rely on a series of short-term nurses.

Hess was the first superintendent to publish annual statistical reports summarizing the work of the sanitarium. The first such report appeared late in 1919, and included statistics since the opening of the sanitarium in 1914. Hess noted that in those years the sanitarium had treated eighty patients, whom he categorized according to religious affiliation, nationality and occupation. The most telling statistic in Hess' report is that of religious affiliation. Of the eighty patients admitted since 1914, Hess counted only eight Mennonites. The report for 1920 indicated that there were no Mennonites admitted from a total of twenty-four admissions during that year.²⁷ Given the original vision of a sanitarium for *Mennonite* patients, it becomes clear from these numbers that the sanitarium was not fulfilling its mandate as originally envisioned.

Fund raising also remained a serious problem for the sanitarium. D.B. Hess reported in 1921 that while the General Conference had budgeted \$6200 for the support of the sanitarium, it had not received a penny of that money by May of that year. Without conference funding, the sanitarium was forced to draw from its already inadequate endowment fund

to pay operating costs. In response to this situation, the officers of the General Conference declared June 13, 1921 "Sanitorium Day" in all of its congregations, to be observed by prayer and special gifts for the sanitarium.²⁸ Shortly before that date, Hess sent out an open letter to the conference, in which he wrote,

Let me appeal strongly. We need money. We were denied certain necessary improvements. Our hands are tied. We have sympathy, we have the interest of the people, but these are not "legal tender" and one cannot pay bills with them. I might just as well be plain. **We will not have enough to meet our bills next month.**²⁹

Special requests notwithstanding, the sanitarium continued to struggle for survival. Finances and staffing remained perpetual problems, and even the formerly reliable patient occupancy rate began to decline. The situation reached a crisis point in 1923, when the Sanitarium Committee went to the General Conference Executive Committee with a bluntly despairing report:

We . . . believe . . . that steps should be taken to sell or close up the . . . institution. . . . [We] would call your attention to the fact that the institution has failed to accomplish that for which it was organized.

The purpose of the organization was to furnish a home for the Mennonite Tubercular People. We have run now almost seven years and in that time we have only treated 126 people, out of which only six were Mennonites.³⁰ . . . [We] have not been able to command the prices that other places . . . command. As a result the place has become a refuge for people who have been at other places until practically all their means have been exhausted and they cannot remain there any longer, and usually when they come they are so far gone that there is little or no hope for their recovery. Some of these patients become charity cases to us. . . .

In the second place let us frankly state that we . . . do not have the financial support of our people. . . . Some few are loyal but they are too few. . . . Then too there are those who do not even back us up with their moral support or their sympathy. Naturally this makes us feel reluctant in calling for the money which it would take to put this place on a basis financially so that it would carry its burden. . . .³¹

The report went on to point out that the sanitarium currently had only two patients, one of whom was scheduled for release in a few weeks. There were no other prospective patients at that time. The committee suggested that it was "a waste of funds" to continue the sanitarium under these circumstances. The Executive Committee needed little prodding to approve the recommendations of the Sanitarium Committee: "There could be only one answer to this . . . confession that the Sanatorium enterprise was doomed, and it was given with the unanimous voice of the members of our Committee: **Close the Sanitorium by all means!**"³² With the approval of the Executive, the Sanitarium Committee went before the General Conference with the recommendation that

the sanitarium be sold as soon as possible. The delegates approved this recommendation, and the Mennonite Sanitarium at Alta Loma was no more. The property was sold in 1926, and the proceeds placed into a trust fund known as the "Alta Loma Fund." Administered by the General Conference, the interest from this fund was to be made available to tuberculosis victims.³³ Even after its demise, the sanitarium in this way continued to serve the people it had been created to help.

The Mennonite Sanitarium might be considered an idea whose time had passed. Indeed, its time likely had passed even before it opened in 1914, though its founders did not recognize it at the time. Historians of the health seeker phenomenon in California suggest that the movement reached its peak by 1900 and began to decline after that, well before the founding of the Alta Loma sanitarium. Two primary factors caused this decline. First, as already mentioned, Californians had become increasingly resistant to a large population of tuberculosis patients in their midst. As more tourists, investors and healthy settlers flooded California in the early part of the century, the state became less reliant on the economic advantages that the earlier health seekers had provided. Californians now could afford to hold undesirables at arm's length. Many invalids who likely would have been welcomed to California in the late nineteenth century chose to avoid the hostility of Californians and stay home after that time.³⁴

Changes in the medical profession's understanding of tuberculosis constituted a second—and ultimately more important—factor in the decline of the California health industry. Physicians gradually came to the conclusion that climate played an insignificant role in the cure of tuberculosis, and that its victims could just as effectively be treated at sanitariums within their own regions. Fewer doctors recommended to their patients the long trek west, causing a dramatic decline in the number of prospective patients for institutions like the Mennonite Sanitarium. At the grassroots level, however, the myth of California's curative powers did not die easily, allowing southern California Mennonites to persist in the belief that they were providing an indispensable service even after medical science had concluded otherwise.³⁵

Judged by numerical standards, the Mennonite Sanitarium at Alta Loma was not a stunning success. It survived only ten years and in that time provided services for only about 125 patients. Though the General Conference Mennonite Church did eventually take ownership of the sanitarium, it does not seem ever to have fully accepted the sanitarium as an integral part of its work at a national level. The sanitarium remained largely a project of the Pacific District Conference and, more specifically, a handful of Mennonites in the Upland area.

Such apparent failures notwithstanding, the Mennonite Sanitarium was a remarkable accomplishment. Though behind its time in terms of medical science, the sanitarium was far ahead of its time in terms of the organizational maturation of Mennonites in California. Not until the 1940s, with the founding of Immanuel High School, Pacific Bible Institute

and Kings View Hospital would California Mennonites again attempt anything so ambitious as that sanitarium. It marks the first effort at establishing a Mennonite institutional presence in California, at a time when total General Conference Mennonite membership in the state numbered only around five hundred. It was, certainly, an audacious undertaking. Yet it was also a remarkably visionary one. California Mennonites in 1914 could easily have been forgiven for preoccupation with building their own communities. Instead, they perceived a need within their larger conference body and set out to meet that need. That their efforts were short-lived and perhaps ineffective in no way lessens the significance of their action.

Kevin Enns-Rempel

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24. *Ibid.*
25. A.S. Shelly, correspondence from Upland, *The Mennonite*, 13 December 1917, p. 2.; "In Mennonite Circles," *The Mennonite*, 23 May 1918, p. 1; "In Mennonite Circles," *The Mennonite*, 28 August 1919, p. 1.
26. D.B. Hess, "A Voice From the Mennonite Sanitarium," *The Mennonite*, 28 August 1919, p. 2; D.B. Hess, "An Appeal from the Tuberculosis Sanitarium at Alta Loma, Cal.," *The Mennonite*, 25 November 1920, p. 1.
27. D.B. Hess, "Bericht über die Kranken, welche im Sanitarium zu Alta Loma, Kal., behandelt worden sind," *Christlicher Bundesbote*, 23 October 1919, pp. 6-7; "In Mennonite Circles," *The Mennonite*, 25 November 1920, p. 1.
28. J.R. Thierstein, "Sanitorium Day, Sunday, June 13," *The Mennonite*, 12 May 1921, pp. 1-2.
29. "With Reference to Sanitorium Sunday, June 12, 1921," *The Mennonite*, 2 June 1921, p. 1.
30. This figure contradicts D.B. Hess' total of eight Mennonite patients through 1919. Whether the correct figure was six or eight, the point remains the same.
31. *Minutes, Reports and Papers of the Twenty-third Session of the General Conference of the Mennonite Church . . . August 29th to September 6th, 1923*, p. 212.
32. *Ibid.*, p. 214.
33. *Ibid.*, pp. 298-299, 190-191; Ella Schmidt & Ken Peterson, *History of the First Mennonite Church, Upland, California: 1903-1984* (Upland: First Mennonite Church, 1984), p. 18.
34. Baur, pp. 174-175.
35. *Ibid.*, pp. 166, 175-176.