History: The San and Its Mission

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Looking at the Sydney Adventist Hospital today, it is hard to imagine the hospital has been around for almost the duration of the Australian Federation. The land on which the hospital stands was purchased in 1899[1] and the institution officially opened its doors in January, 1903. Between these two dates, Australia formally gained independence from Britain in January, 1901. Reflecting on this long history, including some of the significant incidents and events that might have been forgotten since that time, underscores the hospital's remarkable history, its unique mission and its commitment to excellence in wholistic patient care.

The San was named the Sydney Sanitarium & Hospital[2] for most of the first 70 years of its life. Despite being renamed Sydney Adventist Hospital after a major renovation in 1973, it is still widely known as "the San". Today, the San is part of the Adventist HealthCare group, which includes Sydney Adventist Hospital, San Day Surgery Hornsby, Sydney Adventist Hospital Pharmacy, and San Radiology and Nuclear Medicine.

The San was built because of a belief that ministering to people was both a humanitarian and a spiritual activity. The leaders of the Seventh-day Adventist Church—which still owns the San—saw that to truly reflect the example set by Christ in caring for people, there was a need to address individuals' needs in a wholistic way. In

His interactions with the communities through which He moved, Christ often first ministered to the physical needs of people—especially addressing ill-health and easing suffering—then moved to other needs the individual might reveal. Thus, as the Seventh-day Adventist Church was being established from the mid-1800s, first in America and then in Australia, optimal health was seen to incorporate the physical, mental and spiritual.

The hospital's mission was embedded in its foundations, even if not stated in the exact words we use today. The San's mission describes a disposition and a commitment to meet the needs of others. It is not the work of one individual but a collective effort to work for the benefit of all humanity. To this end, many individuals, families and groups from across the world contributed to the development of the San and helped fulfil its mission.

Set in these founding notions—what the hospital was to be—was a wholistic approach to healthcare with the distinct goal of health improvement. There is clear evidence of the importance of faith, sacrifice and passion among the early founders of the hospital and in those who followed. There is a consistent theme of willing philanthropy, including those who had little and those who had more. There is emphasis on reaching out to support the community locally and internationally. The San connects in many ways with other institutions throughout Sydney, Australia and the South Pacific, as well as through volunteer surgical outreach teams it coordinates each year. These teams have provided free surgery and skills training to 16 countries around the world.[3]

The San strives for excellence and constantly seeks to improve the services offered to both inpatients and outpatients. It values education, and the enhancement of the skills of its staff and doctors as a way to improve the lives of patients and to develop the workforce for the future. Not surprisingly for a Christian institution, the value of chaplaincy, patient advocacy and family support is seen in the spiritual care services offered, family support through Jacaranda Lodge (onsite emergency accommodation) and the services provided by the San's extensive volunteer team.

Wholistic focus on health was a key aspect of the early Seventh-day Adventist Church. When services began among Adventist church members in Australia in the late 1800s, care of the sick became a significant part of their work within the community. The initial foray into treatment centres was a small hydrotherapy cottage in inner Sydney devoted to providing treatments to those in need. One vigorous promoter of this approach—Ellen White, an early pioneer of the Adventist church—came from the United States. She determined the role of health institutions to be both preventative and curative in their approach. As demand for healthcare grew, so too did the recognition that facilities and services in the hydrotherapy cottage needed to expand. This culminated in the decision to build the Sydney Sanitarium on the land where Sydney Adventist Hospital is now situated.

From the earliest planning, there was a distinct intention to practise wholism in the care of patients; to ensure the focus was not only on curative medicine, but also on health promotion. In those days, hospitals were usually located in the centre of established population areas, but the San was to be different. Part of the therapy was related to the peaceful, quiet and regenerating environment. Therefore, location—a bushland setting away from the city—was critical. When the location for the new hospital was chosen in 1899, it served that purpose well. Although the San is only 25 kilometres from the centre of Sydney, it was a rural location at that time.

In the following, Dr Herbert Clifford, a former CEO of the San, provides insight into the time and place in which the San was born. The San was indeed "in the bush" when it was first built.

> Within weeks of landing at Sydney Harbour with the First Fleet in 1788, Admiral Arthur Phillip, the first governor of New South Wales, explored an area of Sydney now named the "North Shore". Looking north from what is now the suburb of Gordon—not far from where the San is located—Governor Phillip saw "a land covered with endless wood". A number of reports indicate that by and large the trees were then much bigger. Blackbutts of 9

feet (2.75-metre) diameter were described, with giant eucalypts as well. The heavily forested surroundings of the Lane Cove River were the primary source of timber for the building of early Sydney. Sawpits dotted the landscape, and bullock drays plied tracks to Fiddens Wharf for shipment downriver and across Sydney Harbour. The area was infamous for its lawlessness; fighting among occupiers and against authority was common. From the late 1800s, the timber industry waned, giving way to the "orchardist" period, with oranges, pears, nectarines, peaches and melons the main produce.

It was a 75-acre (approximately 30 hectares) tract of this land in Wahroonga that was seen as ideal by those charged with looking for a suitable site for a new hospital in 1899.

The Adventist church pioneer, Ellen White, was decisive in the founding and development of the San. Looking for funds, she turned to the support of the Wessels family in South Africa. The Wessels family owned a farm on which diamonds were found in the great Kimberley diamond rush of the 1870s; they sold the farm for an immense sum. One of the Wessels family, Pieter, became a church member on meeting an itinerant American Seventh-day Adventist on the South African diamond fields. Pieter's brother, John, and the family followed. They gave much support to building up the Adventist Church in South Africa and other countries around the world, including the United States and Australia.

John Wessels met Ellen White during a visit to America. They became close friends; she regarded John as a son. She asked him to help with the search for a suitable site to build a "Sanitarium" in Sydney; he was central to finding and securing the land on which the San was built. This is clear from Ellen White's own letters: "John Wessels kept searching until he found the place we have bought.

> The owner wished to sell out and go to England. In this tract there is seventy-five acres. . . . It has fifteen acres of orchard, bearing abundantly all kinds of fruit, a neat little cottage of four rooms, and woodland. . . . [We] all decided that it would be wise to purchase this place." Further on in the same letter, Ellen White wrote: "Yesterday John wrote us a letter stating that the bargain was closed. We now breathe freely. We feared there might be some impediment [to buying the land], but the business is now settled. We have prayed much over the matter, and we believe that the Lord has directed."[4]
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> It was on this principal tract of 75 acres that the new Sanitarium hospital was to be built. According to another Ellen White letter, dated November 1, 1899, the price paid was £2200. "Brother Wessels writes that he has taken steps to secure the place. . . . This is the one that will serve our purpose best, and the terms are easy. One hundred pounds is to be paid down, and two hundred, I believe, in three months; the balance in twelve months at five per cent interest."[5] It is thought John Wessels contributed £1000 from his own funds toward the land purchase, although a supporting document has not been located.

The establishment of the San was not without difficulties. Finance was very limited and many decisions were made in faith. Persistence, commitment and passion saw the project move from dream to reality, despite many obstacles. The original hospital building was designed by Dr Merritt Kellogg,[6] a carpenter and physician from the United States, half-brother of Dr John Harvey Kellogg, originator of Kellogg's Corn Flakes. Many who contributed to the building of the San did so from a deep belief in serving their community. Philanthropy came in various forms: contributing from church members' own limited funds, providing volunteer labour, giving produce for fundraising or materials for building work. We see acknowledgment of this generosity across the campus with San structures named for pioneers, visionaries and contributors.

The building of the hospital progressed slowly, hampered by limited funds. When it was completed, it was three storeys high, 153 feet (47 metres) long by 48 feet (15 metres) wide—excluding verandahs—and built entirely of wood. The building, land and furnishings combined cost $70,000, with $30,000 raised in donations leaving an indebtedness of $40,000.[7]

When the San opened in 1903, it was referred to as the "Home of Health". There was demand for its services even before its doors opened. An extract from the magazine *Australasian Record* in 1955 recounted the story of the San's first admission:

> The first patient was admitted before the San was officially opened, but who was to know that this act of kindness would also be the first occurrence of fulfilling the mission the hospital was set up to achieve. A local Wahroonga shopkeeper had contracted rheumatic fever and, despite many medical consultations, he was advised he had no hope of surviving the illness and would likely pass away within 48 hours. In desperation, the family brought him to the incomplete Sanitarium through what were then bush tracks down Ada Avenue [in the suburb of Wahroonga]. Pleading from the family led to him being admitted, and he surprised even the hospital staff by surviving the illness. . . . Descendants from that family, the Butler family, contributed significantly to the hospital, with one being a key medical consultant at the San for many years.[8]

From these beginnings, the story of the San is one of continuous development and growth. Dr Clifford recalls some of the hospital's significant early milestones:

> When the San opened on January 1, 1903, it had a capacity of 70 beds. A new wing—later to be named for benefactor Shannon—was added to the main building in 1920, enlarging bed capacity to 104. In 1933, a new building including a surgical wing with two surgical wards, two new operating theatres and 14-bed maternity unit was added, to take over the function of the cottage

named "Bethel", which had been built in 1915. This cottage still remains onsite as the hospital's Museum.

The next major development at the San was in response to the need to replace the original wooden hospital building—then 70 years old. The reasons for complete replacement of a building of considerable architectural merit have been topics of debate, but there were shared imperatives. Of first importance was the securing of the best patient care into the future. Aesthetically pleasing and admired as it was, the old building could simply no longer support the physical requirements of a contemporary hospital, let alone one destined for leadership in the industry. Inadequacy of the timber framework to carry new diagnostic and therapeutic installations was just one of many deficiencies. The same framework, 70 years old and dry as tinder, was considered by authorities to be Sydney's single major fire hazard. Against a history of several destructions-by-fire of similar buildings, it remains remarkable that this unique structure survived for so long.

The San entered this phase of development in 1968, with completion in 1973. This time it was not thousands of dollars that were required, but millions. This was the development of what is today known as the Clifford Tower, the brick multi-storey building that dominates the view of the hospital from Wahroonga's Fox Valley Road. Dr Clifford recalls some aspects of the transition from the stately old wooden structure to the new hospital:

Apart from the need to replace the old wooden hospital from a fire-safety perspective, a further imperative of great importance to the San—with its emphasis on quality and personalisation of care—was the need to broaden the clinical base to ensure the hospital could continue to meet the requirements of patient care and nurse education into the future. To that end, when I joined the San administration in 1968, I was advised by the then Chairman of the Board that the San was not expected

to "make money". It was, he counselled, an institution to offer a healing ministry of special quality and to train health professionals.

Inevitably, the building proposal that emerged after two years of planning was a compromise between the ideal and the affordable. When advanced sketches for the main nine-storey building were costed, estimates came in at $9 million, approaching double the budgeted ceiling of $5.5 million for the entire project. As a result, upon review, every choice and option was canvassed. Many proposed refinements were dropped. While these adjustments were regretted at the time, they could also be celebrated among the initiatives that made the new development possible. The priority was that nothing would be permitted to compromise the level of care to be delivered at the bedside.

While the revised plans brought estimates within budget limits, inflationary growth in building costs and later commissioning expenses eventually took the ultimate cost of the project to more than $9 million dollars, the figure once considered impossible. Historically, the San's annual earnings—above expenses—were modest, so the Adventist Church, through its own resources, offerings and contributions from sister organisation the Sanitarium Health Food Company, anticipated carrying the major burden of rebuilding costs. While the hospital administration believed its finance plan to be realistic, it sought provision for a bank loan of $2 million dollars as a contingency measure. Such a loan required security, which the church was not able to provide. The solution was to seek government backing.

At the time, Harry Jago was Minister for Health in the New South Wales state government. A powerful man—in presence, build and manner—he had once been an employee of the nearby Turramurra branch of the Bank of

> New South Wales, where the San had done its banking. Harry Jago had also served as Mayor of Ku-ring-gai municipality. As Health Minister, he regularly visited the San, referring to it as "my hospital". It was through Harry that government backing for a rebuilding loan for the major upgrade to the San was secured, unprecedented as it was. However, the projected loan was never drawn; as a not-for-profit institution with new and expanding services, the hospital entered an era of augmented earnings.

With such a long history, the San's growth and development occurred amid the significant expansion of Sydney's suburbs, through various political climates, and spanned momentous world events including the World Wars. These sometimes-distant events impacted even on a hospital in a peripheral suburban area of Sydney. But for a "Christianity in Action" God-ordained cause, seemingly disparate events and activities can come together for good.

These stories reflect the importance of community engagement. The San has a long history of serving the community in numerous ways, of forming long-lasting relationships with local organisations and with key leaders of professional and government bodies. Such relationships can be beneficial, as illustrated in the following example recounted by Dr Clifford:

> The planning and construction process for the new multi-storey hospital took a number of years, from 1968 to 1973. The earliest sketches for the new hospital anticipated a low, spread-out building to accommodate the prevailing convention, meaning no building to rise above the arboreal canopy. But this proposal was rejected by senior architects appointed to the new building project. It was considered that logistical, operating, safety and convenience requirements of a modern hospital called for a vertical rather than horizontal design axis.
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> However, at a meeting of the local council on April 27, 1970, when approval of this radical redesign of the main San building was sought, Council rejected the application

on account of the planned height of the building, unprecedented in Ku-ring-gai at that time. But San representatives who attended the meeting learned of other objections. A view had been expressed that an enlarged hospital was not really needed and might well become a municipal embarrassment!

At a time of high inflation, estimates of the cost of the hospital building project were escalating by thousands of dollars a day. This concern was confronting enough, aside from the prospect of reassembling planning teams to work through months of revision and redrafting.

One morning, a call from the Ku-ring-gai mayor indicated that plans for the hospital had ongoing resistance and would likely not be approved. Lobbying, he suggested, was the only option. A date for a site inspection was nominated by Council. San representatives met delegates on the front lawn of the grounds.

One Councillor most vocally opposed to the new project did not attend this group inspection. He became the focus of our next endeavour, accepting an invitation to a "private" visit of the site. During that meeting, both the Councillor and a hospital representative noticed ex-service badges on each other's lapels. As old soldiers do, they began to reminisce, finding points of shared experience. The Councillor reflected on his time in a Japanese prisoner-of-war camp. He recounted how he had lived for months on token rice rations. With deep feeling, he described his growing weakness, shortness of breath, swelling of legs and body, and how his vision began to fade and he felt life ebbing away. These were symptoms of advanced beri-beri—thiamine (vitamin B1) deficiency—caused by his limited diet.

At the time, the Red Cross in Australia was active in sending food and comfort packages to prisoners in these

camps. One item included in parcels to selected camps was Marmite, a savoury paste similar to Vegemite, for spreading on bread or toast. The clever rationale behind the Red Cross' choice to include Marmite in parcels was that, as an acquired taste, it was unlikely to be attractive to captors; at the same time, it was a nutritious source of thiamine, the anti-beri-beri vitamin. Australian prisoner-leaders in the camp carefully doled out the precious "medicine": two teaspoons of Marmite per day to the worst afflicted. Fast forward to the meeting at the San that day, the Councillor described how that during weeks of "Marmite therapy" his swelling subsided, his strength returned and his vision brightened.

After he shared this story with us, there was a pause. Then I ventured, "Councillor, do you know who makes Marmite?"

"No," he said, "I just knew it was sent to the prisoner-of-war camps by the Red Cross."

"Well," I said, "we do—Sanitarium; Sanitarium makes Marmite, it's our sister company!"

There was a profound pause. The Councillor's face first blanched, then flushed. "You make Marmite?" As we assured him it was true, his eyes glistened and tears began to trickle down his cheeks.

Then abruptly he said, "Gentlemen, I must go." Despite not yet having discussed the proposed hospital plans, he left. Hospital representatives did not know what to think of this hasty departure. Here was an influential and opposed representative of Council, who had twice avoided or missed an opportunity to review the plans for the new hospital building, or even engage in constructive dialogue on the proposals. Was he disinterested, was his mind set in opposition? How could he be reached now?

> The next meeting of Council again found San representatives in the Council chamber's public gallery, anxious and not knowing what to expect. There had been no feedback from our lobbying endeavours, and no opportunity to present the hospital's case to the central figure in opposition to the San project. The Councillor concerned spoke early in the meeting. Addressing the mayor and fellow councillors, he stated that he had reviewed the development proposal and considered that the plans responded to the need for a new facility in the best and only possible way. "Change of their plans is unnecessary, and any further delay unwarranted. The project," he asserted, "should be approved at this meeting." It was an extraordinary turnaround from one who had previously been the most vocal opponent of the San's redevelopment.

With council approval finally granted, construction on the new hospital building commenced. Replacement of the historic but aged, creaking and fire-prone San building with a nine-storey structure with twice the capacity was a salutary development. The new building stood immediately in front of the old. With preparations completed, transfer of patients was undertaken in one day and demolition of the old building soon followed. Dr Clifford reflects on this new era for the San:

> The new hospital was a singular innovation in the New South Wales private health industry and indeed in Australia. Completed in 1973, the rebuilding project opened the way for the San—already a cherished community healthcare institution—to transition from a Sanitarium model into that of the comprehensive modern hospital. Interested in inspecting its features, health operatives in all disciplines visited in a steady stream over the following months.
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> Impressive as the new facilities were, the physical changes and innovations were simply the ground on

which a new expanse of general and speciality services were to grow. Up to that time, private hospital services were limited largely to the realm of the regular and the routine. In the decade following rebuilding, the San was transformed into a modern healthcare institution with a comprehensive range of medical, surgical and supporting services, and wide outreach into the community and beyond.

In the 21st century, private hospitals have further enlarged their services, approaching in some instances those of the "Teaching Hospital"—a status traditionally held by public hospitals. Indeed, in the past decade, the San has undergone further major developments and has a clinical school of Sydney University Faculty of Medicine with in-hospital clinical placements for doctors, physiotherapists and allied health. This is in addition to the long-standing nurse education program offered in conjunction with Avondale College of Higher Education, a sister organisation to the San. The San has played an innovative and leading role in this national development in healthcare, and is upholding its mission to continually find ways to advance its health and healing services.

Nostalgia for the past and unease with change are inevitable. Departure from "the blueprint" is a phrase sometimes expressed, reflecting deep attachment to historical roots. But the steadfast reality is that Christian ministry and outreach are above method and modality; they have to do with ideals and values. These ideals and values can operate in any generation, and in models of institution and organisation most fitting to the time.

One example illustrates this point: in the 1960s—before the San's rebuilding—the average length of patient stay at the San exceeded 10 days. For many patients, it was

two or three weeks; and for some patients, months. That latitude in today's economy would not be permitted by government, not supported by private health funds, nor could the required premiums be afforded. Many surgical operations—for which hospital stay was once several days—are now undertaken on an outpatient or day-patient basis. There is added advantage: early return home is shown to carry less risk, enhance recovery and save costs. That is surely a winning strategy for patients.

While technical innovation and advances in clinical areas have strong appeal, arguably the more significant developments of the time were those in organisation, both in hospital administration and medical staffing. In the organisational sphere, emphasis was placed on participation, delegation, consultation, policy elaboration and structured review. In the staffing realm, key features included formal accreditation procedures, the granting of doctors' visiting privileges, consultative mechanisms, and collective activity through quality management and the rostering of services where appropriate. At the San, such developments—novel to private hospitals of the time and introduced despite considerable opposition—provided a foundation for exercise of the clinical disciplines in a productive and secure environment and with the most favourable outcomes.

From its commencement, the San has striven to fulfil its mission to offer the best care for its time, through services underpinned by a commitment to excellence, integrity, dignity and compassion. With more effective medicines, refined anaesthesia, minimal-trauma surgery and early return to activity, contemporary healthcare practice has changed significantly from the "R&R" approach of the early 1900s, when patients came to the San for extended periods of rest, relaxation, massage, hydrotherapy, diet

and exercise. Yet the San continues to offer high-quality, evidence-based healthcare, including a focus on health promotion, enhancement of lifestyle through education, and recovery through rehabilitation.

1. Ellen White, Letter 171, 1899.
2. Originally built as the "Sydney Sanitarium", the hospital was renamed "Sydney Sanitarium and Hospital" in 1910 when registered under the Private Hospitals Act. "Sanitarium" is an American term applied in the mid-19th century to health-recovery institutions and resorts. Natural forms of therapy were most favoured.
3. Open Heart International: <https://ohi.org.au/our-impact/>.
4. Ellen White, Letter 171, 1899.
5. Ellen White, Letter 190, 1899.
6. <https://www.sah.org.au/our-history>.
7. General Conference Bulletin, April 12, 1903, page 175.
8. "The Sydney Sanitarium's First Patient," *Australasian Record*, July 4, 1955.