THE WHITE HOUSE

WASHINGTON

July 22, 1983

Dear Mr. McDaniel:

I want to thank you for sending a copy of Building on Yesterday, Becoming Tomorrow: The Washington Hospital Center's First 25 Years to Mr. Deaver for his perusal. He is traveling out of the country at present, but I know that he will enjoy looking at it upon his return.

Again, thank you for your thoughtfulness.

Sincerely,

Donna L. Blume
Staff Assistant to
Michael K. Deaver

Mr. John McDaniel
President
The Washington Hospital Center
110 Irving Street, N.W.
Washington, D. C. 20010

THE WASHINGTON HOSPITAL CENTER

July 14, 1983

Michael K. Deaver
Deputy Chief of Staff
Asst. to President
1600 Pennsylvania Ave., N.W.
Washington, D.C. 20500

Dear Mr. Deaver:

Enclosed you will find a copy of Building on Yesterday, Becoming Tomorrow: The Washington Hospital Center's First 25 Years.

The hospital's history is significant in its own right because it was a struggle to provide Washington with the hospital people had been clamoring for. It was a response to the concern reflected in a 1946 Washington Post story headline which said, "District's Hospital 'Worst' in U.S., Medical Board Finds".

It also seems that The Washington Hospital Center's history mirrors the history of the period which brought dramatic changes in America's approach to patient care and hospital management.

Now, health care providers and managers find themselves in a new era which demands innovative strategies and financial skills that would challenge the best of the Fortune 500 scientists and executives. And we are responding to these new demands. The Washington Hospital Center is the anchor in our new multi-institutional system, The Washington Health Corporation. The vision and commitment of our trustees who created this new system matches, I believe, that of the group that worked to make The Washington Hospital Center a reality years ago.

I hope you enjoy this birthday book as much as we have been enjoying this anniversary year.

Sincerely,

John McDaniel

John McDaniel
President

Enclosure

110 IRVING ST., N.W., WASHINGTON, D.C. 20010

Building on Yesterday, Becoming Tomorrow

The Washington Hospital Center's First 25 Years

Building on Yesterday, Becoming Tomorrow

The Washington Hospital Center's First 25 Years

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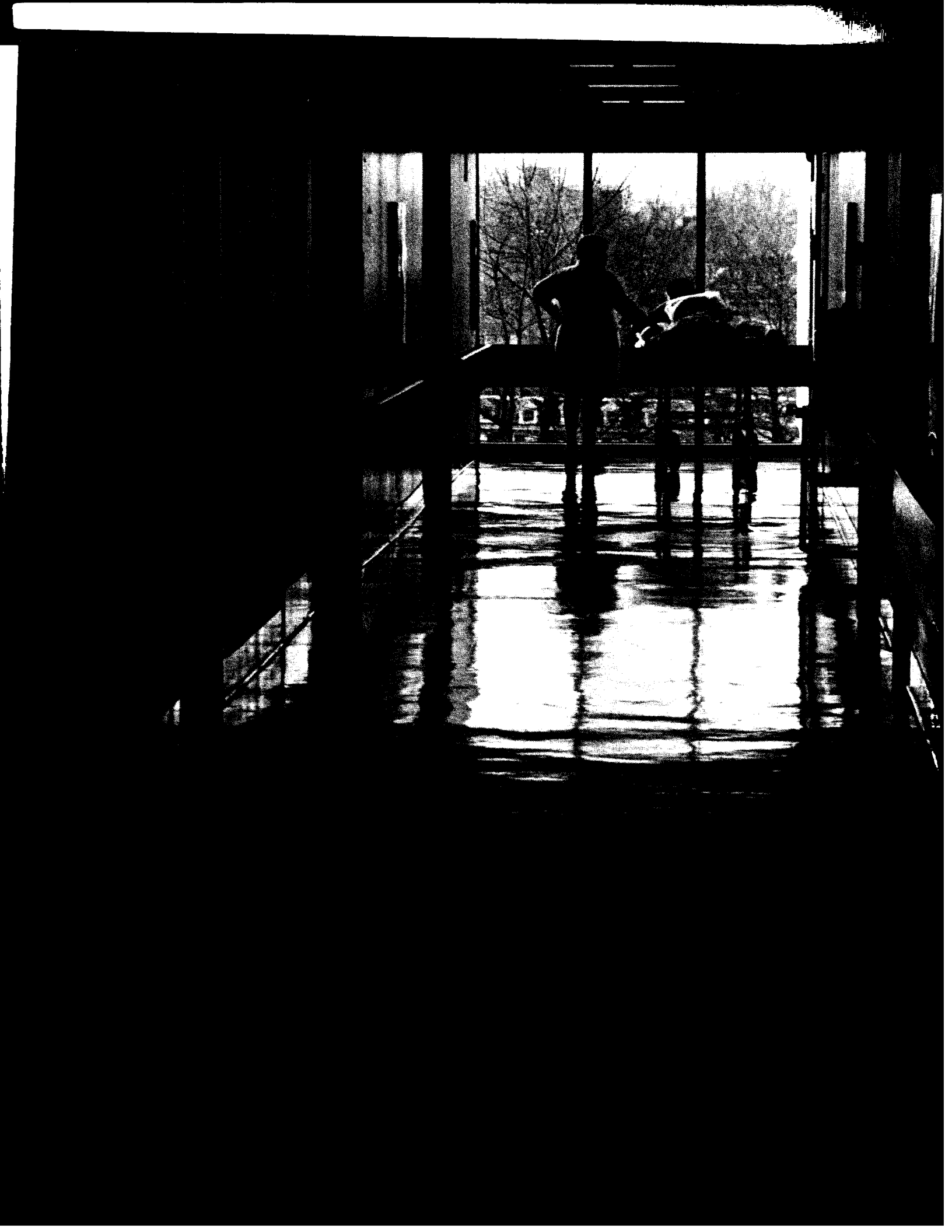
This history was written by Lydia Woods Schindler and was produced by the public affairs department of the Washington Hospital Center, Washington, D.C.—Barbara B. Oliver, Editor, Donna Arbogast, Joanne Brugger, Carolyn Mason, G. W. Meredith and Liz Pittman. Printed by The John D. Lucas Printing Co. Designed by Manger & Associates, Inc.

1958-1983



The regional skin bank at the Center, providing skin grafts that critically burned patients desperately need to reduce pain and, sometimes, save their lives, is equipped for cryopreservation, freezing tissue to permit longer storage.

Not a having and a resting, but a growing and a becoming is the characteristic of perfection.
—Matthew Arnold, *Culture and Anarchy*

When the Washington Hospital Center opened its doors in 1958, the vast red brick hospital on Irving Street not only marked a beginning, it also stood as a symbol of evolution and growth. The Center represented a merger of the experience and expertise of three of the city's leading hospitals, whose roots in Washington reached back nearly 90 years. In this ultramodern setting, the hospital families from The Central Dispensary and Emergency Hospital, Garfield Memorial Hospital, and Episcopal Eye, Ear and Throat Hospital would be able to pursue a long tradition of providing Washingtonians with fine medical care.

Throughout the ensuing 25 years, the Center has continued to honor the legacy of community service inherited from its three predecessors. At the same time, it has never ceased to grow, to innovate and to advance. Tested and tempered by a quarter century of changes in medicine, in government and in society, the Center has forged its own identity and its own traditions. It has developed special strengths in emergency medical services and critical care. It has established a burn unit, a remarkable open heart surgery capability, a kidney transplantation program, life-saving facilities for high-risk newborns, and MedSTAR, the Medical-Shock-Trauma Acute Resuscitation Unit, along with scores of other vital, if somewhat less spectacular, services. It has made the pioneering of new technologies into a convention, developed an active clinical research program, and built up an excellent record in medical education. The spacious general hospital of 1958 has matured into a sophisticated tertiary care facility.

As the Center moves into its second 25 years it is, as usual, planning ahead with verve. It has initiated a multi-hospital system, adopted a corporate restructuring that paves the way for creative ventures in administration, and is implementing a 10-year development plan that calls for a new emergency department, a psychiatric pavilion, a heart institute and an educational complex, in addition to improved patient care facilities. Wherever the next 25 years take the health care field, the Washington Hospital Center, growing and progressing, will continue to travel in the advance guard.

At the 25-year mark, the Washington Hospital Center has matured itself for a challenging future.

1958

Fathers of the thousands of babies to be born at the Center would wait out the hours nervously in the Stork Club.

D.C. Hospital Center Is a Dream Come True—
***The Washington Star*, September 2, 1956**

When the doors of the Washington Hospital Center opened at 8 a.m., March 10, 1958, a young Army couple expecting their third child was waiting. The red-haired, 24-year-old mother, the Center's first patient, was whisked through admitting and into the labor room, and soon the loudspeaker system was announcing that the baby was due "momentarily."

The message could be heard by the expectant father who was waiting in the hospital's Stork Room along with a clutch of photographers and a number of well-wishers. More than 100 nurses, who had little to do until the hospital filled up, were waiting and listening, too.

The loudspeaker kept promising "momentarily," but the baby—like the Center itself—took a lot longer than anyone expected; it was not until 2:40 p.m. that the 7-pound, 3-ounce boy arrived.

By that time the Center "had lost its deserted look," *The Washington Post* reported. The first of the patients to be transferred from the merging hospitals, a Washington, D.C., woman recuperating from surgery, arrived in the Emergency Hospital ambulance at 8:30 a.m. And when the outpatient department opened at 9 a.m., about 15 people were waiting to be treated.

The cafeteria in the basement opened, and mid-morning "a good crowd of hospital personnel" was on hand when the Center's administrator, Dr. Warwick T. Brown, was called to be the first customer in the coffee shop just off the lobby.

Through the day patients continued to arrive, including three premature infants transferred from Garfield to the Center's new nursery. In all, 36 patients were admitted.

The $24 million facility—an 800-bed hospital and a school of nursing on a 47-acre site—was the product of a merger combining three institutions. They included two general hospitals: The Central Dispensary and Emergency Hospital, and Garfield Memorial Hospital, and a smaller specialty institution: Episcopal Eye, Ear, and Throat Hospital. Like very many District of Columbia institutions before and since, the Center was made possible by federal legislation and financed in part by federal funds.

Construction began in late 1954, and the Center was slated to open in mid-1957, but the opening was delayed by the usual minor hitches plus one relatively serious setback: one of the high-pressure steam boilers burned out, and it took several months to repair.

An aerial photograph taken in September 1957 shows that the external construction clutter was pretty well cleared and the lawns were coming alive. Still, it was late October before hospital workers could get into the main building to clean up after the construction crews and to organize equipment and supplies.

Actually, at the time the Center opened the Washington Hospital Center School of Nursing—an offspring of Garfield's School of Nursing—had already been in operation for six months. The school's building was completed first, because student nurses had been recruited aggressively to enter class in the fall of 1957, and needed a place to live. But their meals had to be trucked in, and they had to ride the school's green bus to Garfield for clinical practice.

Nurses Martha Jones, left, and Pat Rubin, watch the cesarean section room of the delivery suite at the Center.

The coffee shop, located off the main lobby in 1958, would give way to an expanded cafeteria and new fast food line. Windows behind the tables sh location of the Lobby Shop which would be remodeled many times as it expanded.

As opening day approached, the Center began to come alive. The engineering department went to work, the cafeteria opened, the payroll staff set up its offices. Groups of nurses from each of the merging hospitals came over for orientation and training sessions. All through the month of January nursing supervisors came over to set up nursing stations, and medical records got ready to centralize all the old records being transferred.

On Friday, Feb. 21, the Center's administrators invited the press in for a preview. On Sunday, Feb. 23, the Center held a reception for members of the D.C. Medical Society and their spouses; 1,200 persons passed through a receiving line headed by the Center's president, the Hon. Charles Dewey, and other top officials, then toured the facilities and were served refreshments in the School of Nursing.

On Saturday and Sunday, March 1 and 2, the Center sponsored an open house for hospital personnel, allied health workers and the general public. Despite cold weather, the turnout was phenomenal: 10,000 people formed lines that reached the gate at First Street and Michigan Avenue. Some people waited as long as two hours to take the two-hour tour led by enthusiastic freshman nursing students dressed in bibbed, striped uniforms and toting megaphones.

The institution that the crowds came to see was huge and full of innovations. It also, by its very newness, stood in sharp contrast to the many dilapidated hospitals that had been the lot of Washingtonians for decades.

In addition to the 800 beds (all of which were made up by the student nurses prior to the tours), the Center conta ties to accommodate 400 outpa and parking for 1,000 cars. Pa with one or two beds made hos a thing of the past. Intercoms l bed with the nursing statio place of lights over doorway Every room had an outlet f eliminating "old-fashioned oxygen tanks through the c Center brochure promised. Be raised and lowered electrical stead of a noisy paging syst would carry "a small, wire radio." Every floor had its owr assure hot (or refrigerated) "early bird" coffee cart woul rounds each morning before Visiting hours would be unres

The Center prided itself on the first completely air-cond pitals in the country—a vict

"This (Washington Hospital Center) is the realization of a dream that has been titillating our individual and collective professional appetite for many years," said Dr. Ralph Caulk.

medical staff and management, who had objected long and strenuously to proposals to air-condition only the operating rooms and nursery. There was a pneumatic tube system to shuttle messages and small articles around the hospital, and one of the nation's first computerized hospital accounting systems.

The medical and surgical facilities were literally what the doctor ordered. The hospital was planned, as they said, from the inside out. Physicians and nurses, as well as librarians and dietitians, worked with the architects and the administrators to determine the needs, locations and layouts of the Center's 19 clinical departments, 35 clinics and assorted support services. The Center had a two million volt x-ray therapy machine, the largest in the area; a radioisotope laboratory to accommodate the emerging field of nuclear medicine; the area's first tissue bank and first eye bank in a private hospital; and the city's largest private psychiatric service.

The contrast with the old facilities was striking. Dr. Ralph Caulk, an eminent radiologist who played many important roles in the Center's development, was at that time president of the new hospital's Medical Board. Dr. Caulk pointed out that the Center's radiology department had 20,000 square feet in comparison to 1,400 or so at Garfield; and whereas Garfield had only two pieces of diagnostic equipment, both antiquated, the new facility had 25, arrayed in 12 different diagnostic rooms, plus five x-ray therapy units. As Dr. Caulk said at the Center's dedication, "This is the realization of a dream that has been titillating our individual and collective professional appetite for many years."

Crisp, clean one- and two-bed rooms replete with the latest in equipment replaced multi-bed wards of the predecessor hospitals.

As February drew to a close, the Center began a carefully choreographed move, phasing down operations and transferring patients and staff to the sparkling new facility. Emergency Hospital, the oldest of the three, was the first to move. It closed its outpatient services on Feb. 24 and its emergency department, except for first aid services, on March 3, and stopped admitting patients on March 8.

On March 10 the Center opened eight of 20 nursing stations. In the next five days, 78 patients were transferred from Emergency and from the obstetrics department at Garfield to the new Center.

During the week of March 24 the Center opened an additional six nursing stations, and Garfield, which stopped admitting patients on March 20, began a move that involved 64 patients. By March 28 only a few pieces of furniture and some supplies were left—fewer, indeed, than intended. A Garfield nurse later told how she and some colleagues, afraid to believe they would really have all the equipment they had been promised, loaded up stretchers with old measuring cups and bedpans and other miscellany from the utility room, and had them carted to the Center; two weeks later, reassured, they had pitched out most of them.

Episcopal Eye, Ear and Throat Hospital, youngest of the three merging hospitals and the last to agree to join the Center, was also the last to move. The hospital maintained a full surgical schedule through the spring, and in view of the heavy outpatient practice, chose to wait until the Center was fully equipped, and its routines firmly established. Episcopal stopped admitting at midnight, June 12, and performed the last surgery on June 13. On June 14 Episcopal transferred four patients to the Center (including two with eye emergencies who came in the night before), discharged the rest and closed its doors.

The merger was achieved. After 14 years of lobbying and legislation, plans and designs, diplomacy and tenacity, the Washington Hospital Center was, at last, in business.

The main lobby of the Center panelled in cypress extends 68 by 36 feet. The four giant picture windows are 12 feet high and 57 feet long. The huge marble-top table in the center measures 7 feet in diameter. Furniture is upholstered in genuine leather.

1871-1943

Garfield Memorial Hospital opened on June 18, 1884 in the Haw Mansion, located at Boundary Street (now Florida Avenue) at the head of 10th Street, N.W.

"The war of the rebellion found Washington a straggling village, made of the District of Columbia an enormous fortified camp, and left the beginnings of a modern city." —Report of the U.S. Congress Joint Select Committee to Investigate the Charities and Reformatory Institutions in the District of Columbia, 1898

Except for the Government Asylum for the Insane (later St. Elizabeth's Hospital) and the Columbia Institution for the Deaf and Dumb, every public charitable institution and agency in Washington had its origin either during or after the Civil War. Between 1861 and 1866, 85 "hospitals" were opened. Some were temporary buildings thrown up on public lands; others were churches, hotels, and large private homes that were commandeered for government use. The U.S. Capitol housed wounded soldiers; in the Patent Office litters and cots lined the aisles between glass display cases.

Several hospitals in existence today trace their origins to these years. In 1861 the Sisters of Providence opened Providence Hospital; Freedman's (now Howard University) Hospital was organized in 1864; the Columbia Hospital for Women and Lying-In Asylum opened in 1866. Children's Hospital started out in a rented room in 1870. As for the hospitals that merged into the Washington Hospital Center in 1958, Emergency traces its beginnings to 1871, Garfield opened its doors in 1881, and Episcopal treated its first patients in 1897.

The Central Dispensary and Emergency Hospital: 1871

"Like many another, if not most medical charities, the birth of the 'Central Free Dispensary' was presided over by young medical men," the 1898 congressional report said. "The recently graduated physician has almost always an abundance of . . . enthusiasm."

The young medical men in this case were Dr. H.H. Barker, a gynecologist, and Dr. G. L. Magruder, a surgeon. The two often talked of the need for a dispensary that would provide treatment and medicines for the poor of the city. In April 1871, with four other young doctors, they got together at Dr. Barker's home. Just two weeks later the Central Dispensary was in business.

The dispensary occupied a two-room building, on the corner of 10th and E streets, on loan from the Georgetown Medical College where most of the young men had gone to school. Two druggists donated $147 worth of drugs and the city appropriated $278 support. One doctor was always on hand at the dispensary, and the others were on call. During its first year it treated 511 patients. During the second it added a board of directors, and treated 662 patients: the annual report listed 444 as cured, 68 improved, 57 still under treatment, 10 sent to hospitals, 51 vaccinated; 27 failed to report and 5 died. Expenses, which came to less than $500, were met by private contributions plus an allowance from the government.

An early eye clinic in Garfield's outpatient department was thought to be the latest in care.

In 1874, the Central Dispensary faced a serious financial crisis, and a number of doctors on the staff resigned. Many of the directors agreed the dispensary should close, but three of the doctors, including Dr. Barker, were determined to keep it open. They did so at their own expense and with the aid of a friendly druggist.

That same year two doctors collected $800 in an attempt to serve the German-speaking immigrants in the city. When their plan had to be abandoned, they turned the $800 over to the Central Dispensary, and the dispensary added some German doctors to its staff.

In 1877 the Central Dispensary moved into a larger building, which contained an extra room. For years the dispensary's physicians had asked for a third room where they could treat accident cases—most accident victims were taken to police stations, where many died for lack of prompt treatment. The directors, however, were apprehensive about the expense and liability of adding an emergency hospital.

It was not until 1881 when the dispensary moved to an office building on 10th Street next door to the Fifth Precinct Station that emergency services got under way. Dr. Barker arranged to have the police bring accident victims to the Fifth Precinct, where the dispensary's resident physician could give immediate assistance. When this worked successfully, the board agreed to open a male and female ward, and they incorporated in April 1882 as The Central Dispensary and Emergency Hospital.

In 1886 the hospital's history records "a most unfortunate occurrence." Some antagonisms had developed among the doctors on the staff. A group of directors caucused, and when it distributed a printed ballot at the next meeting of the board, it omitted the names of three doctors—the same three who kept the dispensary afloat in 1874, including the co-founder, Dr. Barker. "When these doctors read the ballot, they all three left the meeting and the hospital forever."

The attending and resident staff of Emergency Hospital circa 1884 were from left, James also a surgeon at Garfield Hospital, who married Laurie Bell, daughter of Alexander C William Hines Hawkes, M.D., a specialist in children's diseases at both Garfield and hospitals; Wade H. Atkinson, M.D., a resident; Swann M. Burnett, M.D., medical st Georgetown professor and at one time president of the Cosmos Club; Presley Craig Hunt, M in nervous diseases; Thomas Morris Murray, M.D., also a founder of Episcopal Eye, Ear Hospital; Henry Lowry Emilius Johnson, M.D., a trustee of the American Medical Ass William Lee, M.D., librarian of the AMA and a founder of the Cosmos Club.

The little hospital on 10th Street with its two "wards" and a dispensary quickly outgrew its quarters. In 1886 it moved to a house on 12th Street, but the building also proved too small. In 1889 the directors made the great decision to construct a building expressly for the hospital. With a $30,000 appropriation from Congress and $25,000 from the sale of the 12th Street property, Emergency purchased a triangular piece of land bounded by Ohio Avenue, 15th and E streets.

A committee visited hospitals in other cities; the staff helped to plan a hospital that would meet their needs. The first floor was arranged so an ambulance could drive in, and the sick and injured could be removed without being seen from the street and taken straight to the emergency room. The first floor held the dispensary and waiting rooms, and the second floor, wards and a few private rooms. The laundry and kitchen were on the third floor. The roof of the four-story brick hospital was flat and open for a promenade and for convalescent patients. Two wards were held in reserve for some major catastrophe—such as might occur when the city filled with visitors for presidential inaugurations or parades.

In 1892, the year Emergency moved into the Ohio Avenue building, the hospital also bought an ambulance. Over the years it became a familiar sig ingtonians. Drawn by horses s "with all four feet off the c ambulance flew down the s the then-frequent parades. It to pass occasionally through f it once cut through an inaug During one parade in 1899, the ambulance was stationed righ reviewing stand in front of t building. Before the day was picked up one person having women and old men who fa crowd and four drunks who h the street and cut their heads.

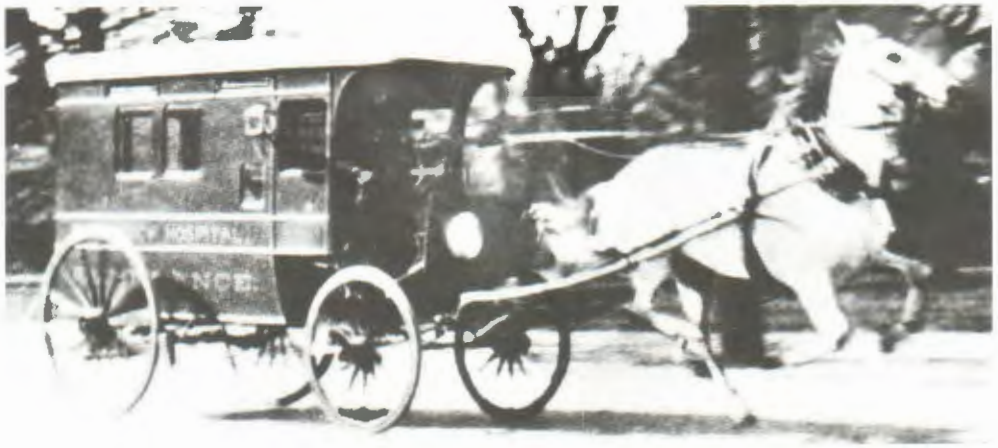
Around 1912 the gover nounced its plan to take ov Avenue site for the Federal T Emergency, which needed anyway, prepared to move a the Department of Commer engulfs the site.) The director land on New York Avenue, most beautiful sites in the and launched a well-publici raise $300,000. The campai cessful and in 1914 Sen. Jacob (R., N.H.) who had helped g sional appropriation of $100,(cornerstone while the Marine

When the new Emergen opened just one year later, pa 10-story, gray brick building out over to the Corcoran Ga

the Washington Monument; past the State, War and Navy building, to the south portico and lawn of the White House; and beyond the trees of the Ellipse to the dome of the Capitol.

The directors saw to it that the 170-bed hospital was "second to none in quality," and an editorial in *The Washington Evening Star* boasted that "the new Emergency Hospital represents all the advances that have been scored along the lines of sanitation." During the first year it handled 25,000 cases, and its new motorized ambulances made between 3,500 and 4,000 runs. The hospital treated more fractures and poisoning cases than all the other hospitals in the city.

Slowly, however, the "emergency feature diminished. The dressing station of 1871 became a general hospital." Two of the most influential forces in the hospital's evolution were Dr. James Mitchell, who served as chief of surgery, and Dr. Harry Kaufman, who served as chief of medicine, from 1915 to 1946. For more than 30 years, Emergency's history says, these two men "directed and dominated the work of Emergency Hospital, setting their stamp upon it as a hospital where medical service was of a high order: a hospital specializing in surgery and orthopedics." By the early 1940s orthopedic patients ordinarily occupied 100 of the hospital's 310 beds.



Emergency Hospital's horse-drawn ambulance was a familiar sight on Washington streets at the turn of the century. The story goes that Charles Stanley White, M.D., as Emergency's house surgeon, rode the ambulance down Pennsylvania Avenue in the 1905 inaugural parade of Theodore Roosevelt—and thus got to see the parade.

During the years Emergency twice added significantly to its capacity. In 1923 the hospital acquired a five-story office building on New York Avenue known as the Lemon Building. Thanks to a campaign led by Col. Edward Clifford of the Board of Directors and Bessie Huidekoper Fay, chairman of the Women's Division, Emergency raised more than $300,000 to build a nurses home on a plot of land between the Lemon Building and the hospital. A nine-story East Wing addition, built in 1928, increased the hospital's capacity to 280 beds.

As the official history notes, "Emergency has played a part in most of the critical dramas of Washington. From the early crashes of motor cars and wagons to a runaway train crashing through the Union Station; when a theater roof collapsed from the weight of snow, or a hurricane swept the town; when a blind man walked into a streetcar or a grocer was shot chasing a bandit, Emergency has gone into action."

Garfield Memorial Hospital: 1881

On March 4, 1881 James A. Garfield was inaugurated as the 20th president of the United States. On July 2 he was shot by an assailant. Although grievously wounded, he lingered through the summer, and died on Sept. 19.

The medical community had been agitating for a decade for a general hospital that would provide free care to the deserving poor. Providence, although a general hospital, was sectarian, and it was not free.

A general hospital had actually been organized in 1874, but it failed in 1876 for lack of support. Local physicians led by

Central Dispensary and Emergency Hospital circa 1916 at its 10th Street and Ohio Avenue site which is now engulfed by the Commerce Department.

Dr. Francis A. Ashford tried to get the Washington Asylum, which had degenerated into a poorhouse, converted into a general hospital, but as physician-historian Samuel Busey records, "The bane of politics so dominated the authorities that they could not be made to appreciate the difference between a hospital properly constructed and managed, where people could go to get cured, and a pest house, where people were sent to die."

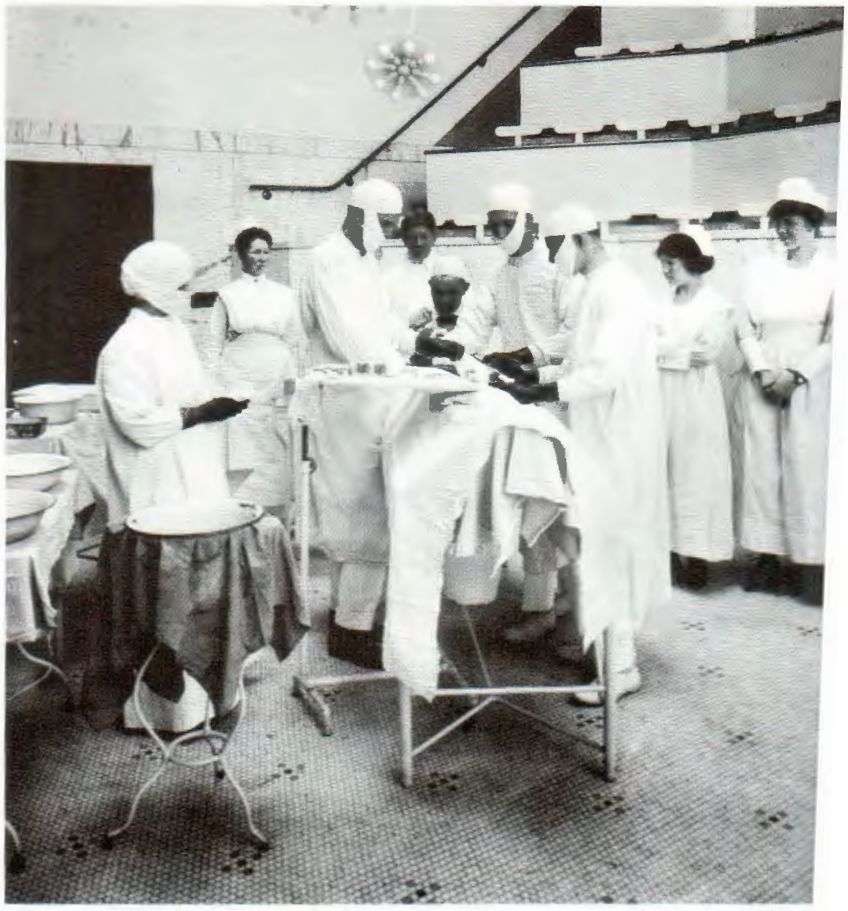
Thus, when Garfield's shooting prompted letters to the editor calling for "a general hospital to be known as the Garfield Memorial Hospital," the community was ready to act. Dr. Ashford and one of the letter writers, A. S. Solomon, enlisted Justice Samuel F. Miller of the Supreme Court to preside over a public meeting. The group that assembled at Lincoln Hall in October affirmed the intent to erect a general hospital in honor of Garfield's "long and patient suffering of the wounds that caused his death." (Both Justice Miller and Mr. Solomon served on the hospital's Board of Directors until their death.)

Dr. Ashford, who was named to the Executive Committee, was quick to point out that the National Soldiers' and Sailors' Orphans' Home had, by 1882, accomplished its purpose. The Garfield Committee negotiated the transfer of the home's assets, worth about $50,000, with congressional assent to the hospital. This money was used to purchase a seven-acre site surrounding the Haw mansion on Florida Avenue (then Boundary Street) at the head of 10th Street.

The old mansion, which was to become the Administration Building, was remodeled, and a two-story pavilion was built to the west of it. The hospital was dedicated in May 1884. According to the president, Justice Miller, it was "a day of perfect brightness... disclosing from the height on which the buildings stand ... far over the city and broad sheet of the Potomac, a prospect of inspiring loveliness." But the center of attention, he said, was "the beautiful grounds of the hospital itself, with its fine wards and spacious rooms, all of matchless neatness." The 32-bed hospital was furnished with "every needful appliance, medical and surgical, and with an elaborate dispensary" and it boasted a medical and surgical staff, resident physician, matron and nurses all of the highest ability in their respective positions.

It admitted its first patient on June 18, and Dr. Swann M. Burnett (who was also on the staff of Emergency) performed the first operation 10 days later. By the end of 1884 more major operations had been performed at Garfield than at all of the other District hospitals combined. In the first six months 115 patients w 73 free, and the rest contribut a week according to their mea

By the end of its first yea were so great that the hospita away 62 patients, and by 1886 ward plus a "well-lighted equipped (surgical) amphith under construction. Thereaf added one building after anot Memorial Hall—started in 18 anniversary of Queen Victor tion—housed convalescents. Building, named for the justi in 1890, went up in 1891 with additional 65 patients. In 189 Aid Building added operating surgical wards, and in 1896 Building provided an up-to- logical and bacteriological along with a carriage house for the ambulance and the dent's carriage. (One early an donated by Alexander Grahar of $12,000 from the children



Garfield Hospital surgeons operating with north-light and incandescent bulbs cir unmasked nurses standing at attention on the periphery.

"One of the first difficulties we encountered," wrote the Ladies Aid Society of Garfield, "was that of obtaining the service of an efficient superintendent along with the capable nurses. Our medical staff at the time would not have these officious women in our hospital. There was no alternative but for the ladies to take hold of the matter and secure, without consulting the staff, an intelligent graduate," Sophia French Palmer.

the Daisy Chain Guild plus an appropriation from Congress put up the Annex for Contagious Diseases, where most of the city's cases of diphtheria were treated. The Johnson Building, dedicated in 1909 as a children's ward, was taken over by the rapidly growing obstetrics department "over the protests of other departments." The Willard Building added space for delivery rooms around 1912. An extensive remodeling and building program took place in 1925, and the Warwick Building was completed in 1933. By the time the government built the Cadet Nurses Building during World War II, Garfield consisted of eleven acres covered with 14 (or by some counts, 26) buildings. "With almost every addition," the Garfield history says, "the original plans have been altered until the result seems to some like Topsy."

The Ladies Aid Society of Garfield incorporated in 1882 "to direct and assist in the establishment and maintenance," but not the management, of the hospital. In addition to sponsoring garden parties, fairs and sewing circles, the Ladies Aid organized a nationwide fund-raising campaign with agencies in nearly every state. They soon raised $12,000.

A few years later they contributed $15,000 for the construction of the Ladies Aid Building, and had the third floor "perfectly fitted up" for the Training School for Nurses that the directors had decided to organize. The Ladies Aid Society had earlier taken it upon itself to recruit Sophia French Palmer, the remarkable woman who was responsible for founding the Garfield School of Nursing, as matron.

By January 1884 a site for Garfield Hospital had been located and purchased for $37,500. On it was large residence of L.H. Schneider, a hardware merchant, which became the administration building. was razed in 1893 and replaced with the building with the flag on top (right). To the left is the Willa Building, one of the many wings added after 1890 and named after benefactors or important individua in the hospital's development.

"One of the first difficulties we encountered," wrote the society, "was that of obtaining the service of an efficient superintendent along with capable nurses. Our medical staff at that time would not have these officious women in our hospital. There was no alternative but for the ladies to take hold of the matter and secure, without consulting the staff, an intelligent graduate."

Miss Palmer clearly proved a happy choice. The hospital's annual report in 1890 called her "well-qualified to teach, both theoretically and practically, and the pupils whom she has brought here are of a superior class." The medical staff praised her as "thoroughly trained and experienced, in every way qualified... and ably supported by her trained assistants and pupils who are intelligent, gentle a efficient and give much satisfaction in t discharge of their duties."

When Miss Palmer left, in 1894— found yet another school of nursing, t American Nurses' Association, and t *American Journal of Nursing*, which s edited from 1900 to 1920—she was su ceeded by Georgia Nevins. Miss Nevi the official history of Garfield Hospi says, "was destined to influence the wh atmosphere of the hospital" during h long service from 1894 to 1918. She n only built an excellent reputation for t training school, after 1907 she also serv as superintendent of the hospital.

William Holland Wilmer was one of four doctors instrumental in founding a hospital specializing in ophthalmology and otolaryngology... Episcopal Eye, Ear and Throat. He left in 1924 to head up the Wilmer Institute at Johns Hopkins in Baltimore.

In 1902, just seven years after x-rays were discovered, the society financed the installation of a "complete x-ray outfit" at Garfield, though at first an x-ray department was tucked beneath the tiers in the surgical amphitheater. The hospital's first "radiographer" was pioneering radiologist Walter H. Merrill, who, in collaboration with Dr. Wallace Johnson of Emergency, published one of the first reports of using x-ray to treat cancer. In 1919 Dr. E.A. Merritt took charge of the x-ray department; he had come to Washington as an associate of Drs. T.A. Groover and A.C. Christie. These three men formed the organization of Groover, Christie and Merritt, which today still provides radiology services for the Washington Hospital Center, and other area hospitals.

In 1933, the Warwick Building was erected for the treatment and care of women afflicted with cancer. The first floor housed the Warwick Cancer Clinic, and Dr. Merritt's radiology department moved into the second floor, with the latest equipment: two 200,000-volt deep therapy machines, two powerful diagnostic units, fluoroscopes and equipment for urological work and radium therapy. In the first year treatments totaled 6,686.

Around the turn of the century Garfield physicians treated soldiers who developed malaria in Cuba, and Dr. Adolphus B. Bennett of Garfield, then an intern, found what proved to be the first hookworm parasites ever known in America.

Typhoid fever was an annual scourge. The usual treatment at Garfield involved icy baths to lower the fever: a tub was wheeled into the ward and the patient was immersed, "and the sleepy intern (roused every two or three hours) would rub the patient with ice until the miserable, shivering victim's temperature had gone below the 101.5 F mark."

Garfield's pathologist, Dr. J. M. B. Nichols, won medical acclaim by treating typhoid patients with a "caloric diet of bland nutrients" rather than the liquid diet then in vogue.

The incidence of typhoid fever did not begin to decline until several physicians, including Dr. G.L. Magruder, co-founder of Emergency and a member of the attending staff at Garfield, successfully lobbied to have the local water supply filtered. Around 1904 the first slow-sand-filtration plant was set up at McMillan Park, just south of the Soldiers' Home grounds.

Episcopal Eye, Ear and Throat Hospital: 1897

As the 19th century drew to a close, Emergency's ambulance was whisking accident victims to its Ohio Avenue emergency department and Garfield was treating patients with typhoid, diphtheria and malaria. In 1897 four of the city's leading physicians became convinced of the need for a hospital specializing in the diseases of the eye, ear, nose and throat. They were Drs. E. Oliver Belt, J.H. Bryan, T. Morris Murray and William Holland Wilmer. They won the financial backing of the Episcopal diocese, under Bishop Henry Y. Satterlee, received a charter, drew up bylaws, elected officers and appointed a staff.

On April 8 the new hospital opened in a rented remodeled house at the corner of 17th and L streets. It was lighted by gas and had no telephone, but
dispensary and a fully equip
room. It held 15 beds, thr
rooms, the rest in three-be
nursing staff consisted of a s
and four student nurses; the
numbered six.

The Board of Governors
and the salaries, but the B
Managers paid for everythi
light, laundry, servants, foo
hold supplies. The ladies
monthly visits to determir
needed, and whenever poss
suaded a merchant to donate
or a friend to contribute t
Saturday before All Sain
designated Donation Day;
ceived that day filled the ho
for a year. One Sunday
designated Hospital Sund
offerings received by all the
the diocese were turned ov
the hospital.

Episcopal Hospital was b
outset. In the first month th
patients. In 1898, the first
operation, 1,279 patients
visits, and 220 operations we
So, almost at once, plans fo
pital were started.

In 1901 the board made a
lot on 15th Street and a build
started. Work was begun
cornerstone was laid on June
and the building was dedicat
1904. During this time the
was filled to overflowing
often had to wait for a vacant

Even in its rented quarte
had a chaplain and regularly
services, complete with mus
able organ. When the new
designed it included a perma
In 1907, the chapel was the
memorial service for two sta
hospital's family: Dr. Oliver
and prominent staff memb
been killed, along with two of
in a train wreck in Maryla
George R. Stetson, president
of Lady Managers since 1898.

Over the years the chapel served as the scene of "capping" ceremonies for the nurses and graduation exercises for Gray Ladies, plus a number of baptisms, confirmations and weddings. In one ceremony, Sarah LeSturgeon, the operating room superintendent, married Dr. Samuel Pole, a member of the medical staff; their first baby was baptized there; when he grew up to become a second Dr. Samuel Pole, he returned as a resident, and his two sons were baptized in the chapel.

In 1910 the fourth floor was added to Episcopal to provide nurses quarters, and an annex was built on the rear of the hospital. For six months while the building was in progress, the hospital had to be closed, although the dispensary remained open and other area hospitals gave operating privileges to Episcopal doctors.

When the U.S. entered World War I, Episcopal was the first hospital in the area to offer its services to the government. It was designated as an examination unit for the Aviation Branch of the Signal Corps, and nearly 3,000 of these men were examined at Episcopal. In addition, 19 of Episcopal's doctors, the pharmacist, a governor and three orderlies enlisted.

About this time, Mrs. William H. Wilmer, a member of the Board of Lady Managers, reported that her husband, the renowned eye specialist, thought gray paint on hospital walls was easier on the eyes. "On this matter the Board of Lady Managers was of two schools of thought," the board's history reports, "but gray always won out until after Dr. Wilmer left the hospital."

In 1921 the hospital ran into trouble when a student nurse developed smallpox, and the hospital was quarantined. No sooner had that quarantine been lifted and new patients admitted than a second case of smallpox broke out and the quarantine was on again. The quarantine put a serious financial strain on the hospital, since it lost the income from paying patients while the free work of the dispensaries went on uninterrupted.

Since more private rooms bring in more income, in 1922 Episcopal remodeled the fourth floor into private rooms, and moved the nurses to a house next door on the corner of M and 15th streets. Subsequently, the nursing school was enlarged and "everyone tried to make life as pleasant as possible for pupil (student) nurses."

In May 1932, 28 years after the first patient was admitted to the three-story building on 15th Street (right), Episcopal Hospital had added a fourth story of private rooms and moved the nurses to a house next door at the corner of 15th and M streets, N.W.

Student nurses leaving the front entrance of Nurses Home on their way to duty. In 1949 Episcopal Hospital School of Nursing was part American University.

Episcopal suffered a disappointment 1924, when Dr. Wilmer left to head up Wilmer Institute at Johns Hopkins Hospital in Baltimore. "It had been hoped the William H. Wilmer Foundation set by friends of Dr. Wilmer would stay Episcopal for its research institute," Board of Lady Managers wrote, "but foundation decided that Hopkins was much larger and better known that would achieve greater things if located there. Episcopal was proud to see their Wilmer so honored."

World War II, like World War I, brought difficult times. Between January and of 1942, 74 nurses left—so many that nursing school had to close. In addition of the resident medical staff went into service. Although the hospital operation sprang back after the war ended, Board of Governors, facing "the difficulties of repairing the worn-out and operating it profitably," made decision to join with Emergency Garfield to form the Washington Hospital Center.

1943-1946

Sen. Millard Tydings (D., Md.) introduced the Hospital Center Act in the U.S. Senate. The bill authorized $25 million to improve the city's voluntary hospitals.

The hospitals in this area are characterized by obsolescence of a rather high degree.—*Health and Hospital Survey, 1946*

Between 1930 and 1945 the population of the Federal City nearly doubled. An influx of workers came to carry out stepped-up government programs, first during the Depression, then through the preparedness period, and finally for the war effort itself.

The strain on the city's health care facilities was enormous. To begin with, the institutions themselves were notoriously inadequate. Many of the buildings were decrepit, some relics of Civil War days. As one hospital inspector wrote, "(One) can read the history of the institutions in the additions, wings and separate buildings of various vintages and various stages of senescence."

Even worse, fewer than half of the area hospitals were considered fire-resistant. Charles Dewey, the remarkable gentleman who was to become the driving force behind the creation of the new Center, remembered being on the board of Garfield. Every time he heard a fire engine go by, he said, he "offered up a little prayer that it's not (sic) my hospital." The D.C. Fire Department was said to have a standing order to respond instantaneously if it ever got a call from Garfield because it was such a firetrap.

Overcrowding in Washington hospitals during the war was severe. Persons with illnesses of every sort were mixed in together, and space was so limited that beds were set up in sun parlors and halls. Providing they were not too ill, Washingtonians who could afford it traveled to hospitals in New York, Boston or Baltimore.

To further complicate matters, the war drained the city of doctors and nurses. Two out of every three physicians were in the service; those who remained often worked 14-hour days.

Spurred by patriotism, persons from all walks of life volunteered to help out, many in the evening after their regular working day was over. A lawyer worked at night in the basement of Emergency Hospital repairing frames used for traction; a custodian of the U.S. Senate ran the laundry service.

One volunteer was Thomas Reynolds, a banker who served as treasurer of Emergency Hospital for 20 years and treasurer of the Center for 10 years, and then, from 1969 to 1971, as president of the Board of Trustees. Mr. Reynolds was one of a group of 90 men who was given several weeks of basic nursing training and fashioned into the Men's Volunteer Corps. Like many other volunteers, he was often given jobs that were usually the domain of professionals. At times, for instance, he was put in sole charge of a ward with 15 to 18 patients.

Another volunteer was Mrs. Roland F. (Isabel) Pryce, today secretary of the Center's board. Too young to be a Gray Lady, she worked as a wartime aide at Episcopal. One of her jobs was to glue patches onto rubber gloves worn in the operating room but, in emergencies, she would fill in as an OR nurse.

For six months Mr. Reynolds' job was to drive the Emergency Hospital ambulance (serving the population living west of 7th Street; Casualty Hospital, now Capitol Hill Hospital, covered the territory east of 7th) and sometimes he was the only "medical man" on board.

The U.S. House and Senate were the arena for many lobbying efforts before the Center gained support.

Mrs. Edward Fay, Mrs. Millard Tydings and Lady Elysabeth Welsh, called the "three graces" by Charles S. Dewey, were instrumental in bring idea to fruition. At right is Sen. Millard Tydings at the dedication of the Center, Dec. 1, 1957.

Mr. Reynolds remembered vividly ambulance runs to boarding houses where newcomers to town lived crowded in with strangers. When these people fell sick, he said, they took to their beds, but for want of a family to nurse them, or a family doctor to call on, "their otherwise mild illnesses ripened into a hospital case." He picked up one girl, he remembered, who had lain unconscious for two days.

The hospitals' shortcomings had not gone unnoticed by physicians, administrators and trustees. "But as reasonable men these individuals recognized the short supply of labor, materials and money," Mr. Reynolds said. "And as reasonable men, they concluded that nothing could be done. Not so with the ladies."

Specifically, two of the ladies to whom Mr. Reynolds was referring were Red Cross nurse's aides, both married to senators. Eleanor Tydings was the wife of Sen. Millard Tydings (D., Md.); she is today Mrs. Lowell Ditzen. Elysabeth Barbour was the wife of Sen. Warren Barbour (R., N.J.); in 1947 she marrie Welsh and became Lady Wel

Mrs. Tydings worked firs aide at Garfield. Then sh chairman of the Red Cross Corps of Washington, a brought her into contact w city's hospitals. Mrs. Barbo at the old Sibley Hospital on Street, then asked to be ro others; one of these was Em

The hospitals' shortcomings had not gone unnoticed by physicians, administrators and trustees. "But as reasonable men these individuals recognized the short supply of labor, materials and money," Mr. Reynolds said. "And as reasonable men, they concluded that nothing could be done. Not so with the ladies."

The two women were appalled at what they found—facilities that were outmoded, overcrowded and pest-infested. "The story of the big rat, which I encountered in broad daylight in the corridor of one of the largest hospitals, is true," Mrs. Tydings later wrote. "Lady Welsh says that my description of it, as it stood looking at me curling its whiskers, improved with the telling and that each time I told it the rat grew, from as big as a puppy dog to as big as an elephant—but Lady Welsh exaggerates too."

The two young women enlisted the help of a prominent and influential friend, Mrs. Reginald (Bessie) Huidekoper, later Mrs. Edward Fay. Mrs. Huidekoper was on the Board of Trustees at Emergency, and had long been respected as a leader in hospital matters. As early as 1923 she chaired a campaign to raise $300,000 to build the nurses home at Emergency. Much later the Center's Board of Trustees was to eulogize her as a "gifted, wise, gentle, persuasive, diligent, gracious lady" who for years gave of "her time, personal means and the hospitality of her home to hundreds of student nurses and young interns and residents."

Using Mrs. Huidekoper's home as a base of operations, the three women met informally with the presidents of most of the city's voluntary hospitals and many leading doctors, and they set up a Hospital Center Committee, with Mrs. Huidekoper as chairman.

On Dec. 2, 1943, Mrs. Huidekoper called a meeting of all interested parties. The response was impressive. Emergency sent its president, the Hon. George Garrett, along with trustees Samuel Kauffmann, president of *The Washington Star,* and Stanley Willis. Garfield was represented by its president, the Hon. William R. Castle, and trustees Thomas Dunlop and Clarence Aspinwall. Episcopal's president, Henry Blair, came; and so did Children's president, Charles Drayton; George Washington's president, Dr. Cloyd H. Marvin; and Georgetown's president, Rev. David V. McCauley. Their inevitable conclusion was that a modern expanded hospital must be built.

The committee brought in an expert from a large New England medical center who advised them it would be pouring good money after bad to fix up the existing structures. He urged them to build a new center, economizing by sharing facilities like laundry and heating. The committee also consulted a fund-raiser from Philadelphia, who told them that a city like Washington, with no industrial base, would not be able to support a private fund-raising drive.

"It seemed that the only solution was to have the federal government given these buildings as an outright grant for a new hospital center," Mrs. Tydings said. The presidents of Emergency, Garfield and Children's set about drafting legislation, and the committee began laying the groundwork for getting the bill introduced into Congress. Early on they sought the backing of Rep. Richard Wigglesworth (R., Mass.), minority chairman of the House Appropriations Committee. If they could win the blessing of this archconservative, they felt, "the economy-minded members (of Congress) would feel reassured as to the worthiness of our cause." The committee found Rep. Wigglesworth "most cooperative and sympathetic."

Sen. Tydings introduced the Hospital Center Act in the U.S. Senate. The bill authorized the expenditure of $35 million to improve the city's voluntary hospitals. Of this, $21.7 million was to go for a 1,500-bed medical center, which was to merge Garfield and Emergency hospitals, along with others that wished to join them. Each participating hospital was to have its own section in the center, but they would share laundry, heating and similar services. The bill also charged the Federal Works Agency (later the General Services Administration) with acquiring a site "by purchase, condemnation or otherwise" as soon as possible after the war's end, and with providing buildings and equipment. In exchange, the hospitals were to turn over their buildings and lands to the government. The hospitals would then have no further links to the government.

With the sponsorship of Sen. Tydings, the bill sailed through the Senate. The House, though, was a different matter. In mid-1945 Sen. Tydings, who had already testified before the House District Affairs Committee, was sent on a special mission to the Philippines. "We found ourselves left on the doorstep of the House of Representatives with our hospital bill baby on our laps," Mrs. Tydings recalled.

Their solution was to lobby it "from one end of the House Office Building to

the other," and their approach was bipartisan. "If we were interviewing a Republican, Lady Welsh would do the talking, and if he was a Democrat I talked."

They testified repeatedly at hearings, and it wasn't all enjoyable. Mrs. Barbour remembered congressmen "raising their voices" and "shaking their fingers" at them. "At times," she said, "we were made to feel we were pleading for some criminal cause."

About this time the hospital committee acquired an invaluable and lifelong ally—Charles S. Dewey, an accomplished, dedicated and persuasive businessman and statesman. He had served as an assistant secretary of the Treasury, an international monetary consultant and, from 1941 to 1945, a Republican congressman from Illinois. He had also been on the Board of Trustees at Emergency Hospital, and would later be president of the Garfield Hospital Board of Trustees.

His further involvement with the hospitals, he recalled, came through "the Three Graces—Eleanor Tydings, Bessie Huidekoper, and Elysabeth Barbour." The women asked Mr. Dewey to lobby among his former colleagues in the House. "He was tireless," Mrs. Barbour said, "and he never got discouraged."

The committee also enlisted the help of the press, and throughout the campaign the papers did "a magnificent job of publishing the facts and calling upon public backing." In March 1946, as the hospital bill languished in the House, *The Daily News* carried a series of articles comparing Washington hospitals with those of Boston, Baltimore and Philadelphia. The Washington hospitals, the stories said, needed to be "rebuilt from the ground up."

By this time, George Washington and Georgetown university hospitals had obtained funds under the Lanham Act, which offered federal aid for hospitals in war-swollen communities, and were well on their way to putting up new structures. Children's Hospital had debated the Hospital Center issue back and f the "no" votes won out.

At Episcopal Hospital, too was a source of disagreemen cal staff, in particular, was the thought of being "lost in of the new Hospital Center. "

THE WASHINGTON HOSPITAL CENT

COMMITTEE FOR THE HOSPITAL CENTER

MRS. REGINALD S. HUIDEKOPER, *Chairman*

MRS. CARRERE BARBOUR
WILLIAM R. CASTLE
HON. CHARLES S. DEWEY
GEORGE A. GARRETT
HON. SOL BLOOM
MRS. DWIGHT F. DAV
THE RT. REV. ANGU
MRS. MILLARD E. TY

a member of the staff who looked forward to it," Dr. G. Victor Simpson said.

The controversy dragged on and on. It was the Episcopal bishop, Angus Dun, who finally settled it. Bishop Dun had been an active member of the Hospital Center Committee from its earliest days, and he had always wielded a good deal of influence in the way that Episcopal Hospital was run.

At the height of the debate, Dr. Simpson and two other physicians from Episcopal's staff went to visit the bishop in his residence on Wisconsin Avenue. They found the issue was closed. "The bishop stood up," Dr. Simpson reported, "and said, 'It has to be final. We are going to join the merger. I will not support a fund drive for Episcopal Hospital.' "

The final round of ammunition in the battle to get the Tydings bill passed came in the form of a report issued in May 1946. The Health and Hospital Survey was commissioned by the newly formed Washington Metropolitan Health Council, of which Dr. Herbert Ramsey, an obstetrician-gynecologist at Garfield, was a founding member. In mid-1945 three highly respected hospital authorities agreed to act as surveyors—Dr. Claude Munger of St. Lukes Hospital in New York, and Dr. C.E. Winslow and Dr. Ira V. Hiscock of Yale. The District's Community War Fund set aside $24,000 to pay for the survey, and the survey team set up an office at 18th and L streets.

Dr. Munger, assisted by Donald Cordes of St. Lukes, headed the investigation of the city's hospitals. For six months they and a dozen or more consultants visited 25 area hospitals, interviewed hundreds of hospital employees, and documented the deplorable conditions. "In no other city of comparable size in this country would one find such a large proportion of physically inadequate hospitals and such extensive need of complete rehabilitation," the Health and Hospital Survey concluded. The blame lay not with the administrators, the survey pointed out. These people were "trying their best to maintain decent conditions for their patients but were striving against difficult and discouraging odds." The surveyors felt "less sympathy ... for the local community, the District government and other elements which have permitted such conditions to exist and to grow worse."

Looking at the three merging hospitals, Dr. Munger's report said:

Episcopal: "There is a good spirit of service at this hospital with ample evidence of a true desire to meet community needs ... It would be desirable to coordinate it services with those of a general hospital."

Garfield: "It enjoys excellent publi esteem ... (but) the general plant is im possible to operate as an efficient medica facility."

Emergency: "It is surrounded by severa government buildings whose needs fo expansion are likely to bring governmen duress for sale of the property.... It nov occupies an important place among th District's hospitals and deserves the op portunity which an enacted Tydings bi would give it for better facilities an wider public service."

The survey recommended that "legisla tion of the nature of the present Tyding bill ... be enacted, as a necessary means correcting the present grossly inadequat hospital facilities for the citizens of th District of Columbia."

The Munger report made the fron pages of all the papers in the city. "Di trict Hospitals Called 'A Disgrace,' " *Th Times-Herald* headlined. "Worst in U.S. said *The Washington Post. The Dail News, The Washington Evening Star* an *The Post* all carried editorials calling fo better hospitals.

Mrs. Tydings announced that the Ho pital Center Committee would send letter and newspaper clippings about th report to every member of the House. Th chairman of the House District Commit tee explained that his committee had bee waiting for a report on the Hospita Center plan from the Federal Work Agency, while the agency, in turn, ha been waiting for the Health and Hospita Survey; he predicted that the bill woul make its way to the House floor within a few weeks.

In fact, the formalities took a litt longer than that. The agency raised objec tions to some of the bill's financial pro sions. Still, the battle was won. Th House at last gave its approval, and o Aug. 8, 1946, President Harry S Truma signed the Hospital Center Act into law.

Post

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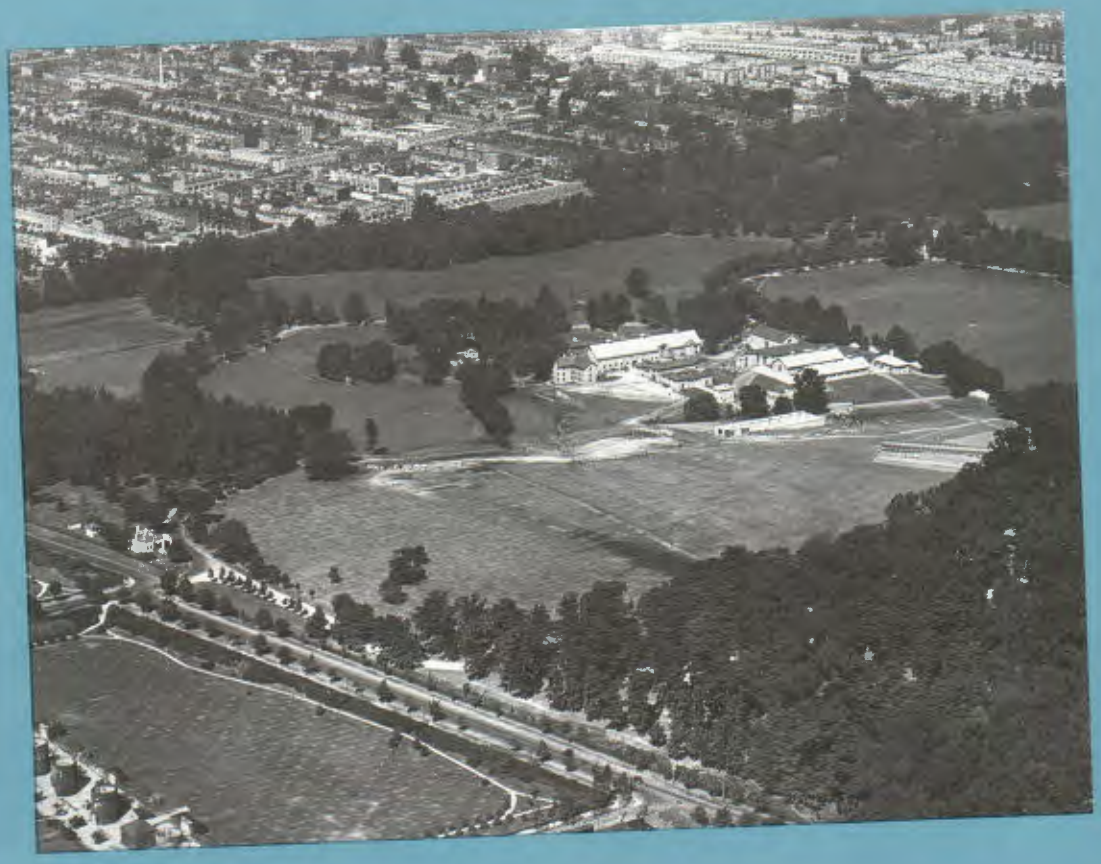
District's Hospitals Are 'Worst' in U. S., Medical Board Finds

Survey by Doctors



1946-1952

Charles S. Dewey, an accomplished, dedicated and persuasive businessman and statesman, whose leadership helped surmount delays in appropriations, served as president of the Center from March 1952 to February 1959.

"(President Lincoln) never sleeps at the White House during the hot season, but has quarters at a health location some three miles north . . . the Soldiers' Home."—Walt Whitman, quoted by Carl Sandburg

The Hospital Center bill became Public Law 648 in 1946; ground breaking took place in 1953. During the seven years in between, the project took a wrong turn, slowed down, and nearly halted altogether.

The selection of a site was one of the first concerns. A search committee headed by Maj. Gen. Philip B. Fleming, chairman of the U.S. Maritime Commission, received a variety of suggestions: land from Gallaudet College; the area now occupied by the State Department; the Garfield Hospital acreage.

Meantime, the General Services Administration struck a deal with the Soldiers' Home to purchase about 150 acres of its 500-acre property for the Hospital Center, the Veterans Administration Medical Center, and the extensions of North Capitol Street and Illinois Avenue.

The proposal did not meet with universal enthusiasm. "There was an immediate cry that this would put the Hospital Center in an isolated place," Charles Dewey later wrote. "The real facts of the matter were, however, that according to the District commissioners' findings, it lay almost in the center of the greatest density of population, and offered many . . . means of access." In April 1950, the board recommended that the three hospitals accept the Soldiers' Home site.

Meantime, the Hospital Center project was losing momentum because of changes in leadership. It lost two of its champions when George Garrett, who had been president of Emergency, was appointed ambassador to Ireland, and resigned; and Henry Blair, president of Episcopal, died. Gen. Flemi shortly after he was elected president, left Washington become ambassador to Cos Rica, and, as Mr. Dewey ob served, "This naturally cut him off from active particip tion in hospital affairs."

In January 1951 Mr. Dew was elected to the board of Garfield. William Castle, th president of Garfield, "had done a yeoman's work in ke ing the (Hospital Center) id alive," Mr. Dewey wrote. H ever, Mr. Castle's health w not good, and during the sp of 1951 he prevailed upon M Dewey to take over the pre dency. Mr. Dewey was elect president of Garfield's boar in November.

Dairy Farm, the site of the Washington Hospital Center, circa 1921. The small white building in the lower left is the gatehouse of the Soldiers' Home, later the Lions Eye Bank research center, at First Street and Michigan Avenue, N.W. North Capitol Street ends at Michigan Avenue and Irving Street doesn't exist.

Through the winter of 1951-1952, Mr. Dewey nudged the Hospital Center project along. He oversaw plans that were being drafted, and attended numerous meetings with government officials to discuss the transfer of the property of the three hospitals to the government.

Early in 1952 Mr. Dewey undertook what he later referred to as the "annealing" of the three medical staffs. "The doctors and heads of the hospital boards were wondering who was going to boss the thing. The top surgeon of one wondered who was going to be the top surgeon of the new one. There was a great deal of pushing and shoving," Mr. Dewey recalled. "I could see there was a great deal of unwillingness to lose identity of Emergency, Garfield and Episcopal to a new hospital."

In February 1952 Mr. Dewey held a dinner meeting in his apartment and invited three of the leading physicians from each of the hospitals. The group included Dr. Worth Daniels from Emergency, Dr. William Jenkins from Episcopal, and Dr. J. Ogle Warfield from Garfield. "Whether it was the good food and wine which my wife produced," he wrote, "or the realization by the nine eminent physicians of the importance of the question, the result was satisfactory, and they agreed to start work on the development of an administrative plan for uniting the three hospitals into the Washington Hospital Center."

Another matter to be settled involved the transfer of real property from the hospitals to the government. Mr. Dewey worked with attorney Nelson Hartson to draw up an agreement. "It was a pretty good agreement," he reminisced, "because we traded off those buildings that were used for hospital purposes, but we kept the parking lots, the Lemon Building, and the Warwick (Building)."

Garfield Hospital's complex would be demolished to make way for an elemen housing project in the 1960s.

When Mr. Dewey testified before the Senate Appropriations Committee, which was considering the Center's request for $22 million, he was quizzed about the "bargain" that the Center had struck. He retorted that "all the federal government could do is build brick and mortar. What are you going to put inside? Where are you going to get knowledge, organization and the care of the sick? That you can't do; you couldn't buy it for the difference between what you're going to get and $20 million. So they all scratched their heads and said, 'We guess you've got something.' "

The last site of Emerge building on New York Av

"Whether it was the good food and wine my wife produced," Charles Dewey wrote, "or the realization by the nine eminent physicians of the importance of the question, the result was satisfactory, and they agreed to start work on the development of an administrative plan for uniting the three hospitals into the Washington Hospital Center."

In March 1952 Gen. Fleming resi and Mr. Dewey was elected preside the Washington Hospital Center boar that same meeting he was able to re that the transfer of property was arra for Garfield and Episcopal, though E gency's transfer was still being negoti He also appointed a committee of thr Frederick Bradley, Thomas Reynolds, Murray Preston to draft a set of bylaw the Center, which were adopted in Ma

Mr. Dewey then turned his attenti staving off a potentially fatal disas The legislation signed in 1946 expired June 30, 1952, and time was rapidly r ning out. Mr. Dewey tried repeatedly get the attorney for the General Serv Administration to take some action the necessary congressional hearings not get under way until mid-June. A then a Southern senator tried to kill entire legislation because one part p vided funds for Providence Hospital sectarian institution.

"Again, my acquaintance with senat and members of the House stood me good stead," Mr. Dewey wrote. "Af several hearings, which at times becam quite vituperative, the Tydings bill, as was generally known, was extended thr years to June 1955."

On July 3, 1952, the three participatin hospitals signed an agreement with t General Services Administration, comm ting the hospitals and the governme alike. The Washington Hospital Cent was on the move again.

Episcopal Hospital's last building would be razed in the 1960s to make way for the Madison Hotel.

1952-1957

Mrs. C. Ashmead Fuller, first president of the Washington Hospital Center Women's Division that later became the Women's Auxiliary.

Washington's grand new 800-bed hospital center is taking excellent shape . . . with sweeping lawns, roads, towering, wide-flung unfinished buildings, an underground passage and Mr. Charles S. Dewey . . . . Mr. Dewey appears every Sunday, makes a tour of it all and memorizes the latest advances.—*Washington Daily News*, Nov. 23, 1956

During the summer of 1952 the merging hospitals began to buzz with plans. Charles Dewey brought on a hospital consultant to help organize and unify their efforts, and he asked the medical staffs to select representatives from each specialty who could study the needs for their own department and list recommendations in detail. These lists, along with suggestions from nursing, dietary, laundry, engineering, medical records and housekeeping, were funneled into a Medical Planning Committee, reviewed by the General Services Administration, resubmitted to the specialty groups, and then passed along to the GSA architects for preliminary sketches.

Physicians met with administrators, administrators met with government architects, and then, in September, all the groups met together. Dozens of issues needed to be settled: how many beds, for one. Inflation had lopped off 500 beds from the original 1,500, and the number had shrunk further to 800. Should there be four-bed rooms, or only private and semiprivate rooms? How many beds did the psychiatry department need? Did the Center want a department of pediatrics? (Medicine said no, surgery said yes; the decision ultimately went against a pediatrics department, "especially in view of the new addition at (sic) Children's Hospital.") Episcopal was holding out for a separate pavilion and a separate outpatient department.

One of the main areas of debate involved air conditioning. Mr. Dewey, among others, opted for partial air conditioning—only in the operating rooms, delivery rooms, nurseries and executive offices—rather than reduce the number of beds below 800. The consultant and many of the medical staff saw the need for air conditioning all the patient areas, "especially in this climate," to prevent the hospital's census from falling off in the summertime.

Mr. Dewey spoke up for a large auditorium in the nurses building, and space for Episcopal's chapel. He suggested a wing that could house staff officers and also provide rental offices for physicians.

The government's architect helped to pull the plans back into perspective. "To get air conditioning you will have to give up beds," he told them. "If you want 500 beds we can give you all you want. But when you get this miracle building built, you still have to run it, . . . (and) the only income source you have is beds to sell."

In the long run the Center got both air conditioning and 800 beds. What went were dimensions: rooms got smaller and lost their closet space, and corridors grew narrower. Over the years the decision to air-condition has provided a source of continuing satisfaction, the decision to pare down the room size a source of regret.

The last graduating class of the Emergency Hospital School of Nursing in June 1951.

With basic arrangements taking shape, and architectural work under way, Hospital Center leaders next turned their attention to the new Center's organization. As Thomas Reynolds wrote, "The new corporation found itself with three of everything—three chiefs in each department, three administrators, three head orderlies, three chief elevator operators."

"The elevator operator question was settled by automation," Mr. Reynolds quipped, "but all of the other areas involved negotiations."

The board established a Finance and Operations Committee to grapple with these issues. At one point, Mr. Reynolds reported, the committee spent so much time—"days, nights and weekends"—at the home of the chairman, Samuel Spencer, that his children drafted a written protest.

An underlying principle was that no one would lose a job because of the merger, and the board sent each employee a letter guaranteeing employment. However, specific appointments were not announced until three months before the move.

At the level of the trustees, the boards of the three hospitals amalgamated into a Board of Corporators. This body was given the responsibility for electing the trustees from its membership.

The board itself was painstakingly subdivided by threes: each hospital was allotted nine positions on the 27-member board, and each hospital group of nine consisted of three physicians and six lay persons. From the 27 trustees came a nine-person Executive Committee: one doctor and two lay members from each hospital. Nevertheless, Mr. Dewey observed, "certain friction continued to exist for a certain length of time."

Organizing the Medical Board took a little more doing. As the body charged with governing and making policy for the medical staff, the Medical Board of the Center would be the voice for over 800 physicians.

Dr. Warwick T. Brown, third from left, administrator of Emergency Hospital, motorized ambulance.

Emergency Hospital's Medical Board had always been fairly large; basically it consisted of all the department chairmen. At Garfield, in contrast, the medical staff was ruled by an Executive Committee, and for years it had been dominated by just a few men: the chiefs of medicine, surgery, radiology and pathology—men like Lewis Ecker, Harry Hyland Kerr, E.A. Merritt, and Janvier Lindsay. At the smaller and more unified Episcopal, the Medical Board had played a less visible role.

Reconciling the differences "was not easy," Dr. W. Dabney Jarman recalled. Dr. Jarman, a strong supporter of the merger, was at that time president of Garfield's Medical Board. "Everyone wanted the biggest piece of the pie," he said.

The Board of Trustees did not accept the original set of bylaws submitted by the Medical Board; the Medical Board rejected the bylaws proposed by the Board of Trustees. Finally Mr. Dewey appointed a three-man bylaws committee, and gave them a deadline. Dr. Jarman, who chaired the committee, remembered presiding over "endless" conferences. Eventually, with committee and trustees working together, they got an agreement ironed out and the final draft of the bylaws received the trustees' approval in November 1957.

The outcome was a board resembling that of Emergency, made up of the chairmen and elected repr
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"The new corporation found itself with three of everything—three chiefs in each department, three administrators, three head orderlies, three chief elevator operators."

pathologist from Garfield who was nearing retirement, served as acting director while a search committee recruited a new specialist not connected with any of the merging hospitals.

The task of trying to bond the three women's boards was given to Mildred Selinger, then president of the Ladies Aid Society at Garfield. She was a graduate of the Garfield School of Nursing and wife of Dr. Maurice Selinger, a member of the pathology services at Garfield and Episcopal. The other two groups were the Women's Board at Emergency, and Episcopal's Board of Lady Managers. Each of them had its own approach, its own customs, its own funds, and its own pet projects.

Mrs. Fay asked Mrs. Selinger to take on the task, but Mrs. Selinger was reluctant because she "knew it would be difficult." Charles Dewey once again stepped in. "Mr. Dewey got ahold of me and took me to lunch," Mrs. Selinger recalled. "I'll never forget it. He said, 'You've got to do it because you get along so well with people, and you know administration.'"

She gave in, and meeting after meeting was held at her house as the three groups tried to devise a set of bylaws acceptable to everyone. Despite strong support from Mrs. Fay, Mrs. Selinger found it "a very difficult, trying, unrewarding job. I leaned over backwards to be fair to all three boards, . . . (but) my phone rang day and night."

The solution was to proceed, for the time being, as three separate guilds forming a Women's Division. Each guild would elect its own officers, hold its own meetings, and maintain its own special interests and its own monies. Twice a year the three guilds would meet as a whole in a "congress."

The Women's Division, thus constituted, met in April 1955, and elected Mrs. C. Ashmead Fuller of Garfield the first president. The speakers at the meeting were Mr. Dewey and the administrators-to-be, Dr. Warwick Brown and Richard M. Loughery.

Mr. Brown had emerged as the leading candidate for the top position when plans for the Center began to take shape in 1953 and 1954. Dr. Brown—vice admiral, MC, USN, retired—had taken over as administrator of Emergency in 1952. During his 35-year career as a Navy medical officer he had served in Iwo Jima and Guadalcanal, and he had helped plan and equip a new 600-bed hospital on Long Island.

In 1955 Garfield's chief administrator resigned. Mr. Dewey encouraged the 35-year-old assistant administrator, Richard Loughery, to stick around. "'You're a young man, Dick,' I told him," Mr. Dewey reported. "'Brown will quit in due course and you'll have the job.'" In 1956 Mr. Loughery was named deputy administrator at the Center.

Episcopal's administrator, Deaconess Margaret Bechtol, had served as acting superintendent since 1945. She had come to Episcopal as house mother in 1941, and before that had done mission work in Puerto Rico. At the new Center, Deaconess Bechtol was named director of the volunteer programs.

The Center's plans struck an unexpected snag in the opening months of 1953. In response to the newly elected President Dwight Eisenhower's call for a balanced budget, the director of the Bureau of the Budget put a hold on all construction less than 20 percent completed. Up to that point, Congress had made available $2.2 million in cash appropriations to the Center and an additional $19.5 million had been authorized.

Mr. Dewey, who had just resig president of Garfield so he could full attention to the Hospital spoke out firmly. "We have a tig tract with GSA," he said. "We hav June 30, 1955 to award the const contracts." He offered to give the director a tour of the city's hospit ities to demonstrate the need for Center. The two men met private the Center got the green light.

In February 1953 the GSA bou land from the Soldiers' Home for an acre; in October the Center re bids for preliminary work on the s in November the GSA awarded a c for $225,000 for surface grading and site clearing.

In December 1953 ground was broken. Elysabeth Welsh and Tydings were on hand to celebrat with Mr. Dewey and other trust medical staffs and the administr the three hospitals.

The summer of 1952 marked The three merging hospitals join concerted effort to save the Garfiel of Nursing. Emergency's School ing, which dated back to 1898, wa to close in 1951, the victim of risi and a shortage of nurses that depl supply of teachers.

In June 1952, Garfield's truste to close the Garfield School of but the medical staff rebelled. Th got the board to agree that if cos be cut, and $30,000 could be r Aug. 15, the school could remain committee headed by Dr. E. Clar issued "a desperate emergency a the community.

On Dec. 30, 1953 ground was broken for the Washington Hospital Center. Posing center are Lady Elysabeth Welsh (left) and Mrs. Mil of the three women instrumental in the merger. The third, Mrs. Edward Fay was not present at the ceremony. Hatless and balancing Charles Dewey, former president of the Center's Board of Trustees. Other dignitaries include: Bishop Angus Dun (far left), Dr. J. O. Wa with glasses), Dr. W. T. Brown (behind Dr. Warfield), Deaconess Bechtol (behind Lady Welsh), Dr. Worth Daniels (next to the deaconess Walter Tobriner, H. L. Rust, Jr. (between Mrs. Tydings and Mr. Dewey), Dr. Howard Parker (to the right of Mr. Dewey) and Dr. Willia

Both Episcopal and Emergency hospitals, as well as Garfield's own staff, stepped forward to help. The president of Emergency's medical staff sent a memo urging physicians to contribute, and the Women's Board of Emergency donated $1,000.

The appeal brought donations in kind, too. A large produce company gave a carload of onions which student nurses sold on street corners, earning publicity for their cause as well as some money. One way and another, the funds rolled in. By Aug. 16, Dr. Rice's committee could announce that the fund drive had gone over the top; the School of Nursing would stay in business.

The Hospital Center legislation, passed in 1946 and extended in 1952, authorized the expenditure of $21.7 million for the new facility. However, each year Congress had to approve that portion of the funds to be spent in that fiscal year. In early 1954, for example, Congress had before it a request to appropriate $4.5 million, for fiscal 1955, of the $19.5 million still unspent of the original authorized money.

The congressional appropriation process was one that Mr. Dewey continued to shepherd solicitously. According to a newspaper interview in 1954, "Some days Mr. Dewey spends as many hours talking to congressmen in their offices and committee rooms, as he did regularly when he was a member of the House of Representatives."

"We're down in the budget to get $4.5 million for construction work for the year beginning July 1," Mr. Dewey said. "I think we're going to get it because this administration wants to do something for the health of the people. But it doesn't hurt to let the congressmen know how much we need it here."

By the June board meeting Mr. Dewey was able to report that the legislation had passed both houses of Congress and was on the president's desk waiting to be signed. The plan was to advertise bids for the main construction job in August, open them in October, and start work in November. On Nov. 10, 1954, the contract was awarded to the Standard Construction Company, and the target date was set for May 1957.

By April 1955 the building was "beginning to come out of the ground"; by November, despite problems with groundwater and a workman's strike, it was more than one-fifth completed. Employees like Ruth Goodman, then a nurse at Garfield, and Helen Conner, who worked in Garfield's administr bered noontime trips tion site to watch " into a big brick buildi

All three of the ho a marvelous surpris with all the other nc tals in the country announcing a subst Ford Foundation to fit to further health to spend its windfa bilities of the new Center. Emergency and complexity of th programs at the (money for a directo Episcopal decided lectureship progran

In 1957 the Cent financial hurdle. million approved i been allocated to supplies and furn later the Center d need an additional

The original fi rough estimate, s

guidelines developed by the Public Health Service were geared to 200-bed hospitals with less complete diagnostic and treatment facilities. A sizable amount was expended on developing plans for the Naval Observatory site. Then, of course, inflation had taken its toll. In addition, $460,000 was needed to air-condition the School of Nursing.

The GSA agreed to ask for an additional $1.7 million, but the Bureau of the Budget balked. It would agree to an increase of only $500,000, plus $290,000 previously unappropriated. It wanted the Center to transfer more old equipment over from the merging hospitals, and disallowed the funds for air-conditioning the nursing school.

Mr. Dewey once again mustered his forces. He prepared a detailed rationale for the additional funds, and he recruited staff physicians to lobby congressmen-patients. Dr. Herbert Ramsey, then the immediate past president of the D.C. Medical Society, took President Eisenhower's personal physician on a tour of the new facilities.

Mr. Dewey sought a hearing before the Senate District Subcommittee and, with administrators, staff and GSA representatives in tow, laid out his case. "In the middle of the hearing," Mr. Dewey recalled, Sen. Wayne Morse, (D. Ore.), the chairman, said, "'We'll adjourn the hearings momentarily.'" Sen. Morse then went to the floor of the Senate and offered an amendment to a bill about to be voted on. The amendment called for an addition of $1,710,000 to the original 1946 act. When he came back about 15 minutes later," Mr. Dewey said, "the roll had been called and (the amendment) had gone through."

As late as the fall of 1957 Center officials hoped to be able to open before the year's end. A ceremony to dedicate what *The Washington Star* called "the splendid new Washington Hospital Center" was arranged for Dec. 1.

The Sunday afternoon gathering was attended by 350 persons, and it brought together those friends, comrades and allies who had labored together for more than a decade to see the Center become a reality.

Chairing the ceremony was Executive Vice President Samuel Spencer; Bishop Angus Dun offered the invocation. On the platform were Mrs. Fay, who had organized the dedication ceremony; Lady Welsh; Mrs. Tydings and her husband, the former senator, Millard Tydings; and the Hon. William R. Castle, former president of Garfield. (Both Sen. Tydings and Mr. Castle had been made honorary trustees of the Center in 1955.)

A representative of the General Services Administration presented Mr. Dewey with a gold key and Mr. Dewey, the principal speaker, reviewed the Center's long gestation: "With such a propitious start, I wish I could tell you that this splendid conception soon became a reality. Alas! it did not."

Other guests included the presidents of the merging hospitals—in addition to Bishop Dun, Walter Tobriner of Garfield and F. Moran McConihe of Emergency; Samuel Kauffmann, first vice president of the Center, and H.L. Rust, Jr., first vice president of Episcopal; Dr. Warwick T. Brown and Richard Loughery.

When the speeches were done, the guests toured the new facilities. Many of them must have shared Mrs. Tydings' sentiments: "Getting the legislation through was a big thrill for me. And it still is a big thrill for me every time I come into the Hospital Center."

That evening Mr. and Mrs. Fay held a dinner party for all the founders. It took place, as Mr. Dewey pointed out, almost 14 years to the day since Mrs. Fay had hosted the first meeting between "the ladies" and the hospital presidents.

The dedication came and went. The opening date was pushed back to January, then February, because of delays in construction and lack of essential equipment—no bassinets, for instance, and no doors on the operating rooms. Ordering supplies through government channels took time, and a lag had developed while the GSA waited for the extra $1.7 million to be approved.

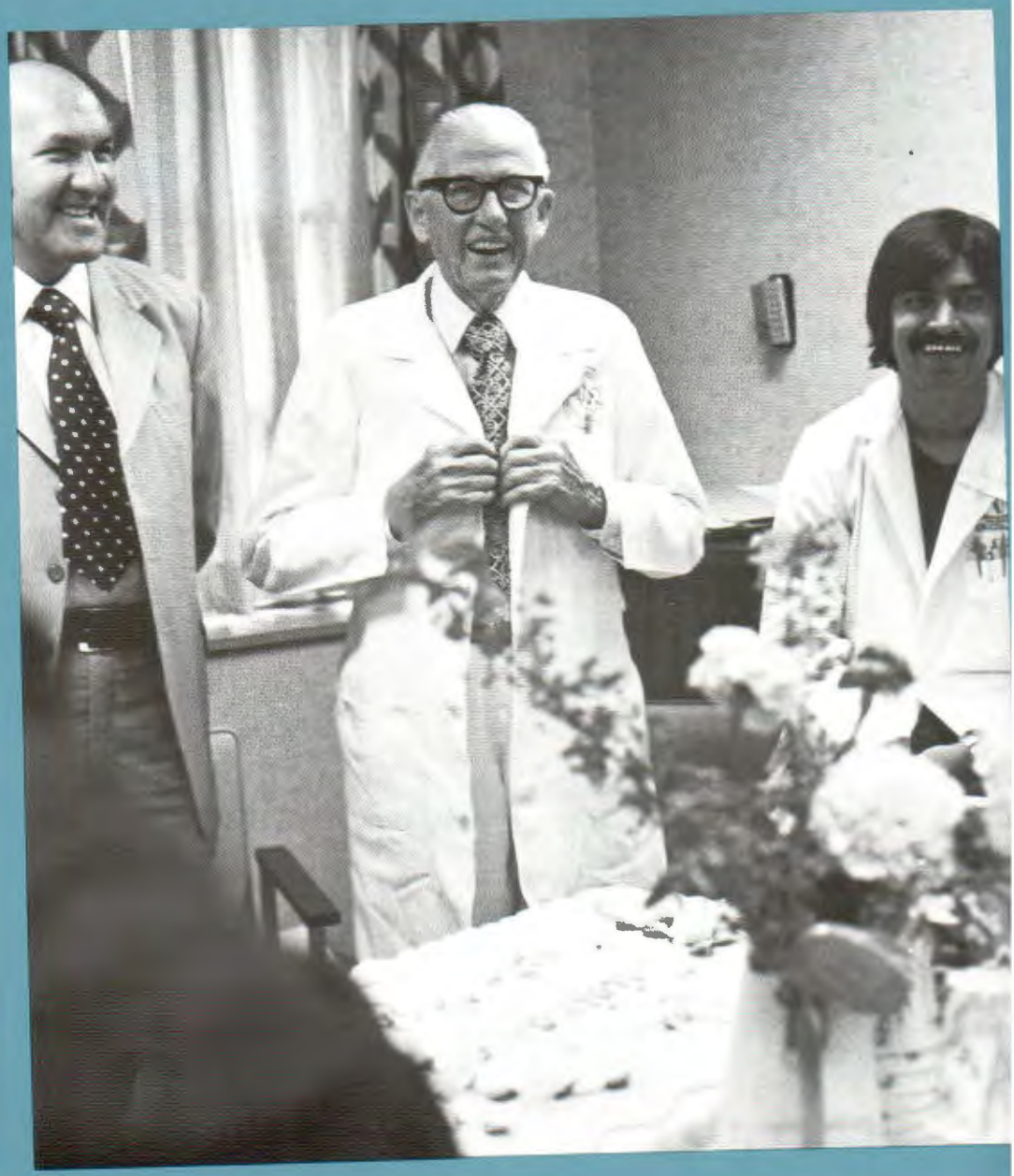
Finally, the board determined that the Center would open in March, even though some minor details remained to be completed. They set Monday, March 10 opening day, moving plans were set in motion, and the Center prepared to receive patients at 8 a.m., Monday.

Then, one last terrible delay occurred. At 5 p.m., Thursday the phone rang; the D.C. Department of Licenses and Inspection would not let the Center open until certain electric and gas line connections were altered. Dr. Brown and Mr. Loughery picked up a colleague from the GSA and raced to the Center. They took apart some of the electrical connections and worked furiously to figure out a way it could be fixed, then called a District inspector. He came at 9:30 p.m. and okayed what they had done; all the next day electricians worked to change the rest of the connections.

Meantime, the administrators worked out a plan with the Department of Licenses for having the gas line valve adjusted. The inspector came out to check the electrical work, then went back by route his report through the District bureaucracy. It had to move from the License Department to the health director to the commissioners.

Dr. Brown and Mr. Loughery waited all day Saturday. When they heard nothing by 4 p.m., they called the District government. "We'll have to check," they were told. It was another 30 anxiety-filled minutes before the phone call came: the Center could open on schedule.

Five of the six people responsible for the Center's existence, from left, Mrs. Millard Tydings, Senator Millard Tydings, William R. Castle, Mrs. Edwin Fay and Charles Dewey. Missing from the picture is Lady Welsh.



1958-1962

Dr. Ralph Caulk, first president of the Medical Board of the Center, speaks at the dedication of the Center, Dec. 1, 1957. He would serve with the Center until his retirement in 1976.

This is a great day . . . the sad deterioration of medical care facilities in the nation's capital has ended.—*The Washington Post and Times Herald*, March 10, 1958

The Hospital Center moved quickly into full stride. The patient census, which stood at 36 on March 10, had grown to 359 by the end of the month. During March 197 babies were born.

As of June 1, 584 of the Center's 773 beds were staffed. On June 9 the psychiatric service opened, and with it another 33 beds. Then, to accommodate Episcopal's move to the Center, 68 more beds were opened in mid-June and another 20 in July. This brought the total to 705.

Of course the opening days and weeks did not pass without a hitch. Surgery faced a temporary bottleneck: because of a shortage of anesthesiologists and operating room nurses, only nine of 15 operating rooms in the main suite had opened by July. As a result, 40 general beds were still not staffed. Another 28 beds in the maternity section were not in use, either; the baby boom, at its peak when the plans were being drawn up, was waning.

In addition, the Center faced an assortment of minor setbacks. For the first few weeks after the opening, employees had to trudge through the snow from First Street and Michigan Avenue, because city buses were not yet rerouted to the Center. Then, when the buses did arrive, they were too big to maneuver the road in front of the main entrance. Curbs were trimmed and an alternate bus stop was built in front of the outpatient clinic.

Cables for the street lights proved faulty, leaving the Center's roadways and parking lots pitch dark at night. While the old cables were being dug up and replaced, the Center borrowed floodlights, which once illuminated the Washington Monument, from the National Park Service, set them up on the Center's roof, and trained them on the parking lots.

Several of the Center's newfangled appliances—electric beds, pneumatic tubes, auto claves—were plagued by hobgoblins. The intercoms suffered from faulty design, and were further impaired user inexperience; 650 of 80 soon needed repairs.

Still, by midsummer the Center was able to report t it was operating at 80 perce of capacity, and delivering quality patient care. The e gency room was handling 3 patients a month. Between March and October the out tient clinics had logged 33,5 visits. The Center's treasu Thomas Reynolds, found it "gratifying at this early da that the June cash receipts approximately balance cas disbursements." He had se a $1 million line of credit w three area banks, but was happy that he never neede draw on it.

The merger of spirit, wh at times appeared so fragil while the Center was form seemed for the most part t have developed as a matte course once operations we under way.

Granville White has the distinction of being the employee with the longest continuing period of service. In 1977 he would chalk up 51 years in the x-ray department, a career which began at Garfield and continues at the Center.

"The Center rather soon developed an identity of its own," Dr. Dabney Jarman said. "There was still a little competition, but never any feuding. We had so much to do, we sort of stopped thinking about our differences."

Mr. Dewey, speaking about the trustees, said that he had "never seen such perfect cooperation as finally developed among those 27 men."

The merger of the medical staffs was coordinated by Dr. Ralph Caulk, the first man to be elected president of the new Center's Medical Board. In many ways Dr. Caulk was a natural choice, because he had links to all three merging hospitals: chief of the radiology department at Garfield, as he was at the Center; on the Executive Board at Episcopal; and on the courtesy staff at Emergency. As the immediate past president of the D.C. Medical Society he was well known throughout the medical community. And, in his own words, "I had no out-and-out enemies."

In contrast to the "many hassles" that marked the medical staffs' maneuverings while they were writing bylaws and drawing up plans of organization, Dr. Caulk said, "Once we got going everything went quite smoothly."

One mechanism that helped to draw the medical staffs together, according to Dr. Herbert Schoenfeld, was the Tumor Board. Typically the first half of the two hour conference was presided over by a general surgeon, the second half by an ear, nose and throat specialist. By scheduling cases involving cancers above the collarbone toward the end of the first hour, it was possible to draw more of the ENT staff into coming earlier, and gradually more of the general surgeons would stay over into the second hour.

The nurses, more than the doctors, seemed to have trouble truly merging. For one thing, personnel policies and regulations differed from those they were used to. In addition, some nurses who had been supervisors at one institution resented being assigned to a less prestigious slot in the new hospital.

Of course that was not universally the case. Frances Veasey Burke, who had been evening and night supervisor at Episcopal, felt that "at the Center, even though I stepped down I was stepping up. It was a larger place, with many more opportunities... than in a small specialized hospital."

For the first couple of years the nursing supervisors often heard the refrain, "But this is the way we always did it at Emergency (or Garfield, or Episcopal)," Ruth Goodman said. She credited Katherine Knauff with smoothing the transition.

"Mrs. Knauff was excellent," Frances Burke agreed. "Under her guidance we finally became one hospital, and started working together."

Another reason that the Center was so successfully launched was the hundreds of employees who transferred their allegiance to the new venture. Many of these people would still be at their jobs in the 1970s and even into the 1980s.

One eminent example was chief of engineering, Robert Hollingsworth. "Chief," as he was called, brought with him years of experience in hospital engineering, the most recent at Garfield, where they used to say he was "the only thing holding the old buildings together." The work of the engineering department touched almost every aspect of the Center's operation, but Chief and his engineers worked so smoothly few people were aware of their activities. When he retired in 1975 over half of his staff had been with him more than 15 years.

Granville White, a cheerful and energetic x-ray technician, was another example. He would celebrate 55 years of service in 1981, and keep on working. Despite a daily 20-mile commute, he almost never arrived late to work.

Herman Wilson started out at Emergency in 1944; he then spent two more decades as an orderly in emergency department.

Roberta Hook, RN, wa nursing in the outpatient Episcopal and then at th would receive her 35-year p

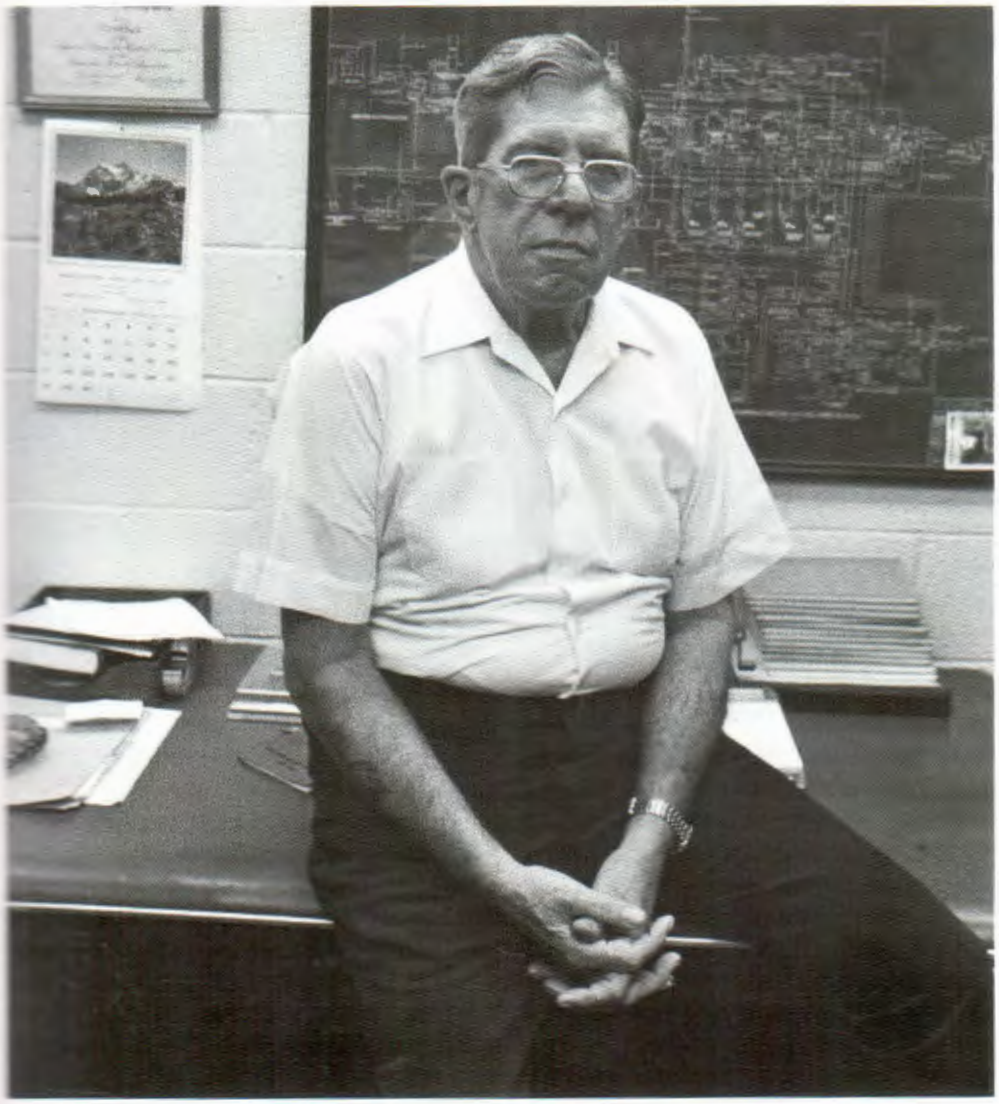
Nossie Hannah came housekeeping department vacationing friend in 1944; on until 1981.

Annie Bonhart asked o during a visit to Emerge they needed help; she st that same day in 1945. Aft hostess in dietary her vie "everything's gotten bette

Helen Conner joined the in 1948. In addition to h office of the administrato was a steady if quiet p operations of the Board o served, first as secretary later as assistant secretar its inception until her retir and never missed a meeti secretary to the Medical B

Violet Blewitt, who ha services at Emergency, patient department su Center. In addition to he duties, she saw to it th deserving patients came of the Needy Sick Fund Auxiliary. In 1970, af service, 12 of the 20 on have been with her for six of them since the Cen

Ruby Schofield bega age of 15 in Emergency ment, where the manag play from time to time. dent Calvin Coolidge wa fellow" who greeted her on his morning consti World War II Mrs. Sc jobs at the hospital, besides. She spent the laundry, worked as a in the afternoons, an meals for dietary in the



Prior to his retirement in 1975, Chief Hollingsworth headed the engineering department for more than 30 years—first at Garfield Hospital and then at the Center.

One of the concerns the Center's employees had to contend with was "the ogre of bigness." Dorothy Elliott, a practical nurse, likened the old hospital to a big family, the new hospital to a big city. Some nurses even complained of shin splints because the corridors were so long, and the new floors were concrete instead of wood.

Gradually the perception of bigness faded, and the Center worked to build a sense of "hospital family." When the Center sponsored a hobby show in December 1958, hundreds turned out to view their colleagues' collections of china dogs, antique irons, decorative bed dolls and flowering orchids. The coffee shop in the main lobby became a favorite gathering place for staff, employees, and volunteers. Bowlers were recruited for a team; tennis courts opened next to the School of Nursing. A group of physicians formed a band, and the student nurses sponsored a sock hop.

Many of the traditions of the merging hospitals were soon woven into the fabric of the Center. The Chapel of the Intercession came from Episcopal in its entirety. As soon as the merger was certain, Episcopal's Lady Managers decided to move it, and three women's boards made it a joint project.

When they learned that the mo would cost $10,000, they approached ph anthropist and Episcopalian Paul Mello He encouraged them to submit a reque for funding the following year; in th meantime, the contractor agreed to do free of charge, on his own time. I September 1959, the chapel was the scen of the first wedding at the Center; a intern from Germany married a Re Cross volunteer.

The Gold-Headed Cane Award, pr sented for excellence in medical practic and teaching, was a tradition that came t the Center from Garfield. It had it origins in 17th century London, where court physician presented his own gold headed cane to his protégé and successor.

The Garfield staff revived the practic in 1951 to honor Dr. Harry Hyland Ker Dr. Kerr, a surgeon of renown and versa tility—exceptionally accomplished in neurosurgery, plastic surgery and abdom inal surgery—was, in the words of a former colleague, "the shining light every body at Garfield looked up to."

At the Center, the Gold-Headed Cane Award was presented for the first time in June 1958, at the first staff dinner, to Drs Walter Wells, W. Cabell Moore, James Mitchell and Herbert Schoenfeld.

In 1949 Garfield's physicians also es tablished the Harry H. Kerr Award, to be given each year to the best scientific paper written by a house officer. This award, too, lived on at the Center. A 1959 photo shows Dr. Kerr, in plaid cummerbund and bow tie, beaming over the shoulders of that year's winners.

A tradition of a different sort—which, like the others, would continue to the present—was the Needy Sick Fund. The Needy Sick Fund was designed to help otherwise "thrifty, responsible and inde pendent" people pay bills incurred because

of catastrophic illness. Many of the beneficiaries were young people, or persons whose health insurance was limited. The fund arranged for the hospital to cut its bill and physicians to waive their fees; the fund then picked up whatever the patient could not.

The Needy Sick Fund was developed at Emergency by Dr. Worth Daniels, who saw the need and encouraged one of his patients to become the initial donor. Not only did Dr. Daniels administer the fund, his warmth and kindness inspired many donations in his honor. He also made frequent contributions to it. "It was his habit," the Center's magazine, *Centerscope,* reported, "to dash off a note and a donation—in memory of a friend, to celebrate a patient's recovery, to honor someone's birthday."

Members of the Lions Club District 22C pitch in to give a fresh coat of paint to the new their eye bank located at the Michigan Avenue and First Street entrance.

As 1958 wore on, a variety of hospital-related activities took place. The Kiwanis moved in its orthopedic clinic; Chief Justice Earl Warren officiated at the ribbon-cutting. Episcopal brought its Leroy L. Sawyer hearing and speech clinic and its visual aids clinic to the Center. A large and ultramodern blood donor center opened. In October the Center's Stork Club was the scene of the city's first preparation for parenthood classes.

In March 1958 the Women's Division opened the lobby shop and stocked it with perfumes, jewelry, Italian porcelain, and leather cigarette boxes. Business was so good that by the following January the women needed to build an addition; by 1961 they were able to present the Center with a monthly $500 check from the profits. The Women's Division also began to sponsor fund-raising outings; one of the first, a theater party to see *Advise and Consent,* netted over $11,000.

The Center was to benefit twice more from *Advise and Consent.* In 1961, when Hollywood was turning the play into a movie, the owners of the Tregaron estate loaned their mansion for the filming of a party scene. The owners, the three daughters of the late Joseph E. Davies, one-time ambassador to Russia, happened to be Mrs. E. Fontaine Broun, president of the Women's Division; Mrs. Millard Tydings, immediate past president; and Mrs. Robert L. Grosjean of New York. The three sisters gave the Hospital Center the $10,000 they received for loaning the estate and for getting their friends to serve as movie extras. Then, when the movie came out in 1962, the Women's Division sponsored a benefit screening and raised another $5,000.

As the Center approached its first birthday, it witnessed two major changes in leadership. Charles Dewey resigned, as he had planned, as president of the Board of Trustees, and Richard M. Loughery was appointed administrator.

To succeed Mr. Dewey the trustees elected the Center's executive vice president, the Hon. Samuel Spencer, who helped to draft the Center's bylaws. Mr. Spencer served as president until May 1960, when he resigned because of the pressure of other responsibilities.

His successor, Walter N. Tobriner, was a member of the Center's board from the time the three hospitals in Tobriner followed Mr. De of Garfield in 1953. In 19 was named president of t Commissioners, and the "reluctantly agreed" resignation.

In March 1959, Dr. W who had guided the Ce infancy, retired at 69.

When Dr. Brown an tirement, the trustees Richard Loughery to ta Loughery, a native of Ind War II veteran of the Ma to the Washington Ho way of Garfield. When assistant administrat 1953, he was almost mersed in plans for the Garfield's chief admini then was named depu the Center in 1956. H with federal archite researched other me and lessons, and helpe hospital's organizatio

Looking back on year of operations, M

Featured on a tour of U.S. hospitals for a group of international hospital administrators and personnel, the Center was described as "the most modern approach in hospital design," and characterized as "one of the largest and most modern institutions of its type along the Eastern seaboard."

"We have increased service to patients, added new areas for treatment and enlarged service for diagnosis, in addition to the task of moving and getting settled in our new hospital." The year was capped when the Center won a full, three-year accreditation—the highest possible—from the Joint Commission on Accreditation of Hospitals.

From its inception the Washington Hospital Center saw its mission as threefold: patient care, medical education, and research. Before many months were out, the Center made significant strides toward achieving all of these goals.

All three of the merging hospitals had teaching programs. In fact, the ophthalmology residency at Episcopal was the city's first accredited residency program, and the radiology program, established in the 1930s at Garfield Hospital's Warwick Clinic, was the second.

As the merger approached, it became apparent that integrating the medical education programs of Emergency, Garfield and Episcopal—which involved more than 100 interns and residents in a dozen fields—amounted to a full-time job. Using funds made available to Emergency Hospital by the Ford Foundation grant, the board created the position of director of medical education, and appointed Dr. Richard H. Kosterlitz, making the Center the first institution in this area to have a full-time director of medical education.

In September 1958, Dr. Kosterlitz was succeeded by Brig. Gen. Thomas W. Mattingly, who had interned at Emergency, was former chief of the cardiology service at Walter Reed Army Medical Center, and consultant to President and Mrs. Eisenhower.

Small but fiery, an excellent physician and consummate soldier, Gen. Mattingly made a lasting imprint on the Center, first as director of medical education and then, from 1962 to 1969, as the Center's first full-time chief of a clinical department. Physicians who worked with him learned that the general ("He never told anyone *not* to call him general," quipped Mr. Loughery.) would not hesitate to dress down a group of attending physicians. "He was known to give tongue-lashings," Dr. John Lynch said, "and many people got scorched a little bit." Still, his colleagues were full of admiration for him, and quick to acknowledge his effectiveness in building up, first, the Center's medical education program and, subsequently, the department of medicine.

The Center was also forging ahead in educational programs for allied health professions. A record 103 students entered the freshman class at the School of Nursing in September 1958. The following February, 53 students graduated from the Center's first class of practical nurses. In June the Center graduated its first class of medical technologists, a group of eight young college graduates who had spent a year training in the department of pathology. In 1960 the Center started a two-year program to train x-ray technologists, and in 1962 the Center gave selected practical nurses 100 hours of extra training to prepare them as surgical technicians.

The Center's first year of operation also saw a push for research facilities. The medical staff's interest in starting a research foundation was presented to the trustees in December 1958. A major hospital and a great teaching program, they argued, would not be complete without a research arm. Shortly thereafter the board agreed to use monies remaining from the congressional appropriations to cre seven research modules in the nurs school building.

Meantime, the Hospital Center already given staff ophthalmologists use of an old one-story gatehouse Michigan Avenue and First Street, wh had originally guarded one of the trances to the Soldiers' Home. The Li Club helped to refurbish it, set up an bank and research foundation, and s ported research in transplantation preservation of eye tissues. This eye b was said to be the only one capable preserving corneas and the vitreous sue of the eye, which the eye bank s plied to physicians around the w for transplantation.

Brig. Gen. Thomas W. Mattingly was the Ce first director of medical education in 1958 then from 1962 to 1969 the first full-time ch a clinical department.

In May 1959, the board learned that a donor was willing to contribute to a research building; by June, the trustees had received a proposal from the Hyman Foundation. When George Hyman was terminally ill he was cared for at the Washington Hospital Center, and his widow, Sadie Hyman, wanted to erect a memorial in his honor. By the time the George Hyman Memorial Research Building was publicly announced, in the spring of 1962, a site had been selected between the hospital and the School of Nursing and construction was slated to begin.

During the summer of 1959 the Center's severe exterior was softened when crews of government landscapers and nurserymen moved in with bulldozers and power shovels. They planted scores of 20-foot oaks and sycamores, white pines and magnolias, as well as banks of azaleas, hollies, and yews. Meantime, next door where the Veterans Administration Medical Center was to be built, a huge stand of oaks and an apple orchard were coming down.

The first of four sets of twins born in a 24-hour period at the Center were the identical twin daughters of Mrs. James E. Gallagher of Laurel, Md. Photo by Harry Naltchayan, The Washington Post.

In November, just 20 months after opening, the hospital admitted its 100,000th patient—a woman who shortly thereafter gave birth to twin boys. The event set off a flurry of excitement and media coverage, especially because the baby boys were the third set of twins to be born at the Center within 13 hours. (Less than three months later the Center set a new record, when four sets of twins were born in a 23-hour period.)

Christmastime brought traditions-to-be: a party for employees—who now numbered 1,600—and a carol concert by the student nurses. In 1960 the Center introduced a Christmas tree decorated with nursing caps from 28 different nursing schools. Newspapers and television programs ran features describing it as one of the most unique and decorative in the Washington area.

On March 1, 1960 the Center passed an important milestone. Board President Samuel Spencer, Secretary Murray Preston, and Administrator Richard Loughery met with representatives of the federal government, and the Center and the GSA formally concluded the arrangement they had entered into in 1952. The Hospital Center received the deed and title to its property; in exchange, the government received the deeds for Garfield, Emergency and Episcopal hospitals.

The ceremony was preceded by "stacks and stacks" of paperwork, Mr. Loughery recalled, and it was held up for nearly two years while the Center waited for the contractor to complete unfinished or defective work.

Throughout this period the Center attracted a good deal of favorable attention. In February 1960 it was chosen "Modern Hospital of the Month" by *Modern Hospital* magazine. It welcomed a variety of foreign visitors, including the mayor of Paris (a top obstetrician-gynecologist), the prime minister of Ireland, and a minister of public health from Australia. In September 1960 it was featured on a tour of U.S. hospitals for a group of 225 hospital administrators and personnel from 25 countries. Tour materials explained in both French and English that the Center represented "the most modern approach in hospital design," and characterized it as "one of t most modern institutions the Eastern seaboard." A the Center, at the reque loaned the architectural m of planners in Russia but noted, "It never came back

The Hospital Center cele birthday on March 10, 19 sized, 40-pound cake, an i of accomplishments and a In 1961 it treated 35,000 in outpatients and 34,000 e visitors. There were ov 16,000 surgical procedu therapeutic and 45,000 di The blood bank handle transfusions, the pharma prescriptions, and the c formed over 400,000 te department served more meals and the laundry million pounds of linen.

The Center was gett pand in a variety of dire decided to enlarge the generating capacity so th steam service with its n Veterans Administratio The trustees also en management consultan feasibility of construct convalescent hospital the Center.

At the urging of the administrator, and th medicine (which had staff), the board appr full-time salaried chair ment of medicine. Th for the Center, and a As departments becam procedures more sop government became m of running a clinical d too demanding for a p run as a sideline. Th Mattingly to chair th

Representatives of the Washington Hospital Center: A. Murray Preston, secretary; Richard M. Loughery, administrator; and Samuel Spencer, president; and those of the General Services Administration meet in the offices of Columbia Title Insurance Company in Washington, D.C., for transfer of the deed and title to the Center from the federal government.

medicine; Dr. James Curtin, professor of medicine and microbiology at Georgetown University, succeeded him as director of medical education in June 1962.

Soon thereafter the Center's surgeons began to agitate for a chairman of surgery. The trustees agreed to create a full-time position, and early in 1963 they brought in Dr. Nicholas P. D. Smyth, a thoracic surgeon, to administer all the clinically related activities of the department, including the operating rooms, the emergency room, and the surgical clinics, and to represent the department of surgery on the Medical Board. Dr. Smyth was also charged with organizing and coordinating the training programs of the surgical specialties, and given responsibility for all of the department's house officers.

The Center was the first in the area to hire, as full-time salaried employees, clerical assistants for the nursing stations, in order to free the nurses' time for patient care. The Center also adopted a higher pay scale for nurses. (Room rates went up, too—as high as $25.50 for semiprivate and $27.50 for private rooms.)

The hospital introduced the Brewer System, a mechanized system for dispensing medications in controlled amounts; in its first three weeks of operation, the system saved the Center $9,000. The medical library and the School of Nursing library merged into one unit. In its unending round of renovations, the Center increased the number of patient beds by 12, to 787, and placed sofas and chairs in the enormous lobby to accommodate patients awaiting discharge.

In February 1962, the Hospital Center lost an old friend, Dr. John H. Lyons. Dr. Lyons, a prominent surgeon who had assisted President Eisenhower during an ileitis attack in 1956, had strongly supported the hospital merger. Dr. Lyons, known not only for his skill but his concern for patients, received the Gold-Headed Cane Award in 1959. Following his death, friends and colleagues established a memorial fund to honor this "man of charity, builder of physicians and hospitals . . . p agon of the beloved family doctor." monies would be used to assist needy tients, and to aid in the education of hou staff. They also initiated an annual m morial lecture, to be delivered alternat at the Center and at Children's Hospital

Other old friends were disappearin too. The Garfield complex at 10th Stre and Florida Avenue, was razed so t grounds could be used for an elementa school and a public housing project. T old Episcopal Hospital, sold off by the G to a construction company for $700,0 was demolished to make way for t Madison Hotel. Just a handful of peo were present on the afternoon in S tember 1960, when the cornerstone of t four-story hospital annex was opened: held pictures of the Episcopal bishops, a of Charles A. James, in whose memory was built, along with some newspaper magazines and coins dated 1910.


GEORGE HYMAN
MEMORIAL
ARCH BUILDING

1962-1968

The Research Building, which looks as if it's being built from an erector set, is viewed from the future site of the Physicians Office Building.

A hospital's . . . work is never done; it's equipment is never complete; it is always in need of new means of diagnosis, of new instruments in medicine; it is to try all things and hold fast to that which is good.—John Shaw Billings, 1889, designer of hospitals

By mid-1962, the Center found that its scope was enlarging. Statistics gathered by the American Hospital Association showed that the Center had joined the ranks of the busiest and best-utilized hospitals in the nation. With over 32,000 admissions it ranked 10th among all hospitals, and second among voluntary nonprofit institutions.

Not only were general and medical-surgical beds running at better than 90 to 95 percent capacity, the Center was being called on to handle more and more extremely acute and particularly difficult cases—far more than the parent hospitals had ever experienced. "The Hospital Center is destined," a Center publication predicted, "to become a true medical center dedicated to more broad and comprehensive care and service to the community."

From 1961 to 1965 A. Murray Preston served as president of the Board of Trustees. Mr. Preston, an officer of the American Security and Trust Company, was an early and staunch supporter of the merger. He helped draft the Center's bylaws and, as secretary, participated in the formal transfer of title and deed in 1960. In 1965 Milton A. Barlow became president. Mr. Barlow was a well-known local business and civic leader—a former executive of Marriott-Hot Shoppes and a real estate developer.

Through the early 1960s the Center planned new support capabilities—the research building, an extended care facility, a physicians office building—as well as adding sophisticated new capabilities within the hospital for treating the acutely ill.

The first element in the Center's expansion in the 1960s was the $800,000 George Hyman Research Center. Architect's drawings unveiled in 1962 showed a clean-lined, three-story brick structure scored with trim ribbons of concrete. The basement was designed to house animal facilities. The first floor would be dedicated to eye research, and the top two floors would be divided into laboratory modules and offices, ready to be adapted to research needs as they arose.

Ground was broken in July 1962, construction (by the George Hyman Construction Company) proceeded on schedule, and the new research center was dedicated on a sunny September afternoon in 1963. Some 200 friends of the Center gathered at the ceremony to hear Dr. Jack Masur, director of the Clinical Center at the National Institutes of Health and a relative of Mrs. Hyman, speak on "The Role of the Community Hospital in Research." A chief judge of the Court of Appeals offered a commemoration of the late Mr. Hyman, and Mrs. Hyman ceremonially presented a be-ribboned key to Walter Tobriner, president of the D.C. Board of Commissioners and past president of the Center's Board of Trustees. Mr. Tobriner, in turn, handed the key to his successor, Mr. Preston. When the ceremony was complete, the Women's Division hosted a reception in the nurses residence.

A. Murray Preston left, president of the Center's Board of Trustees, and Walter Tobriner, past hospital president and chairman of the D.C. Board of Commissioners, receive the key to the new George Hyman Memorial Research Building from Sadie Hyman in September of 1963. Mrs. Hyman donated $800,000 to build the facility in honor of her late husband.

Shortly thereafter a group of local business, civic and professional leaders—many of them old friends of the Center—formed a Research Foundation to give direction and structure to the Center's research activities. A nonprofit organization, the Research Foundation was to be financed by gifts, grants, membership dues, donations and bequests. The first president was Frederick M. Bradley, a prominent lawyer and trustee of the Center, who had been instrumental in formulating the Center's bylaws.

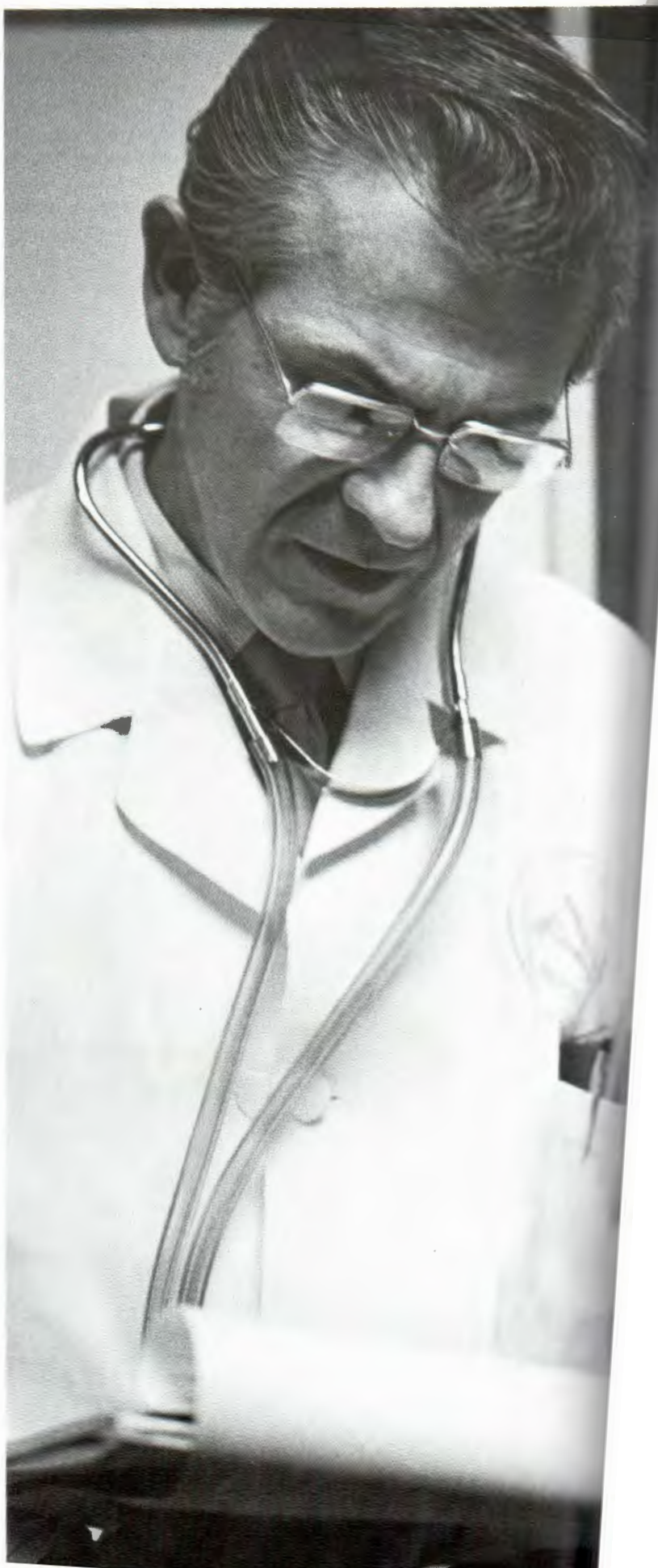
A second component the Center envisioned as part of its expansion never materialized. This was a 300-bed chronic, convalescent and long-term care facility.

Mr. Dewey, chairman of the Convalescent Hospital Committee, teamed up with Mr. Loughery to take on Congress once again. Defeated on the floor, they teamed up with area hospitals and medical schools and succeeded in obtaining $13 million for the extended care facility.

"We were preparing to go to bid," recalled Mr. Loughery, "when test soundings indicated that Medicare was not going to reimburse for full costs of such care, but to preset ceilings." The project was put on indefinite hold.

The experience was far from a total loss, however. Working with the federal agency that administered the congressional appropriation, the Center was able to fashion a program to enlarge its support services, including boilers and laundry, as well as nuclear medicine, so that it could share top-grade services, economically, with other institutions.

As a step to relieving the demand for acute-care beds, the Center opened a 26-bed, self-care unit in the School of Nursing in 1963. The unit was designed to house ambulatory patients who could manage with just a little nursing care, fewer specialized services and less specialized equipment—for instance, persons



Under the leadership of Dr. James Bacos from 1967 to 1981, the Center's cardiology program established the area's first coronary care unit, "Code Blue" response team for victims of cardiac arrest and cardiac catheterization laboratory.

coming to the Center for diagnostic studies. Rooms cost only $12 a day.

In 1963 the Center introduced its first intensive care unit. It consisted of a five-bed open ward plus three private rooms, was intended for critically ill pre and postoperative patients, and was equipped with oxygen, resuscitators, respirators, a defibrillator and a pacemaker.

At the instigation of Dr. Thomas Mattingly, the Center almost immediately began to make plans to construct a second intensive care unit for medical patients and a separate intensive care area for cardiac patients. Dr. Mattingly pointed out that most fatalities occurred within a few days after a heart attack, and that the Center was treating more heart attack victims each year than any other institution in the area.

Shortly after Dr. James Bacos was named chief of the Center's new cardiovascular laboratory in 1964, he and Dr. Mattingly developed the Code Blue alert. When the "Code Blue" sounded over the hospital's communication system, a team of specially trained medical and paramedical personnel responded in seconds to revive the heart attack victim before brain damage could occur. Although a number of patients who were revived succumbed to their underlying disease, Dr. Bacos said, a fourth of these persons, who would otherwise surely have died, recovered and could go home.

In 1964 the Center opened a pilot coronary care unit, the first in the Washington area, where persons with cardiovascular disease could be monitored for any signs of heart instability. In 1965 the unit acquired a device that made possible around-the-clock monitoring of as many as six patients at a time. During its first year in operation the unit treated 500 patients, Dr. Bacos said. Nationally, an average of 40 percent of heart attack victims died; among patients who reached the coronary care unit, mortality was only 12 percent.

A graduate of the Emergency Hospital Nursing School, Frances Louden, RN, worked there as staff nurse, supervisor and assistant director of nursing services, a title she carried with her to duties at the new Center. She would retire in 1977, with 30 years of service.

In November 1965, the Center opened newly constructed medical and coronary intensive care facilities on 2F, becoming the first hospital in the area to have three specially designed, constructed, equipped and staffed intensive care units. Dr. Mattingly, unfortunately, missed the opening; he was setting up a makeshift ICU in a Georgia Army hospital for former President Dwight Eisenhower, who had suffered a heart attack the day before.

The new units, which had been adapted from several private and semiprivate rooms, provided six beds for coronary patients and five for medical patients. The coronary care unit contained resuscitators, bedside pacemakers and monitors for all six patients. The medical unit was specially equipped to handle emergencies such as pulmonary edema and gastric hemorrhage.

The Women's Division contributed generously to the purchase of the new equipment. The group sponsored a dinner-dance—"The Blue Alert Ball"—at the Iranian Embassy, which raised over $10,000. The Episcopal guild contributed $25,000, including $15,000 from a $150 endowment fund it had been nurturing since 1904.

Eight of the 11 special beds were filled the moment the units opened, and two more were occupied later that first day. Plans to enlarge the intensive care facilities were almost immediately afoot.

Throughout the hospital, remodeling, revising, improving and innovating never slowed down. "They were remodeling the day I came and they're still at it," nurse Frances Louden said, when she retired in 1978 after a 30-year career that began Emergency Hospital.

The Center's kitchen service was completely revamped; kitchens on the patie units were scrapped and all food servi was centralized in a main dietary kitche Food trays were assembled in the ma kitchen, then transported to patient roo on carts with hot and cold compartment

Direct dial, the first in a D.C. hospita came to replace the six-position switc board that handled over 8,400 calls a da the administration held classes to tea all Center personnel how to use it. Ar the hospital introduced controlled parkin The doctors' locker room on the fourt floor was enlarged to include a loun area, a shower, shoeshine facilities an dictating equipment.

In the summer of 1964, a pulmonar function laboratory, long in the plannin opened. It was built in one of the o kitchen areas, and provided a wide rang of studies, 24 hours a day, seven days week. Right next door was the new card ovascular laboratory, headed by Dr. Baco

The Center acquired a laser coagulato to repair retinal tears, an acoustical bridg to measure middle ear function, and a ne computer to streamline records and bil ing. A new station wagon was donated t the eye bank, which was responsible fo restoring eyesight to 100 persons in 196 And the operating room staff acquired little red wagon to carry children waitin for tonsillectomies down the hall from th playroom to the operating room.

Support services including laundry, boilers an nuclear medicine were enlarged in order to shar them economically with other institutions.

In the midst of all this activity, an unwelcome burst of publicity struck the Center in the spring of 1964. Along with several other area hospitals and schools, the Hospital Center was participating in a "Sabin on Sunday" program; community members were to come to the Center to receive a dose of oral polio vaccine. The first two Sundays, one in April and one in May, attracted large crowds, including many children.

The third Sunday, in June, began like the others, but it was soon disrupted. A group of approximately 30 black activists from CORE and the NAACP, led by Julius Hobson, staged a sit-in to protest the Hospital Center's practice of assigning black and white patients to separate rooms. (At the time the practice was not uncommon in the District of Columbia; the 1946 Munger report had matter-of-factly itemized "white" and "colored" hospital beds separately.)

For five hours the pickets sat and stood and lay in the hospital's main entrance, blocking the way of the people who had come for polio vaccine. Eventually the Metropolitan Police were called. They carted away the pickets and made seven arrests.

That week Mr. Loughery and trustee Gilbert Hahn, Jr., met with CORE leaders. The Hospital Center agreed to put into effect a policy of accepting and assigning patients without regard to race. The Center also asked that charges against the pickets be dismissed.

The Center was in the process of acquiring potent new neighbors. The Veterans Administration Medical Center, built on a tract from the Soldier's Home adjacent to the Center's 47 acres, opened in April 1965. Children's Hospital, which had declined to join the original merger, now found that its ramshackle plant made a move imperative, and it needed to find a site. Leaders from the Center and Children's negotiated an agreement whereby the Center would lease to Children's seven of its 47 acres for $1 a year, and ground breaking was set for late 1970. Together the three institutions—the Center, the VA, and Children's—would constitute a formidable concentration of medical strength.

The Class of 1968 holds a traditional pool party. Members ate, threw each [illegible] themselves of the last vestiges of student life.

In 1965 the Center built the L-shaped, 82-foot swimming pool that came to be known as "Jane's Pool," in memory of Jane Roberts Kuester. Jane, a 1956 graduate of the Garfield School of Nursing moved to Germany, married a physician, then returned to this country and to the staff of the Washington Hospital Center. Not long after, she died of a brain tumor.

Each year her mother, Mrs. Reed Turner (Virginia Lee) Roberts, gave the School of Nursing a $1,000 scholarship in her memory; when federal funds became available for nursing education, Mrs. Roberts decided to build a pool for the nursing students and the house staff. The pool was opened in May 1966 with a diving exhibition and a water ballet.

Several types of sports surfaced at the Center during the 60s. In 1964 employees formed a basketball team; they played teams from the Department of Health, Education and Welfare (now Health and Human Services), the Post Office and Soldiers' Home. A fast-pitch softball team formed in May, and made it to the playoffs in the long-established communications league. They [illegible] years, eventually [illegible] "Centaurs." A girls [illegible] as WHC-XRAY, head[illegible] but lost the city cham[illegible]

Keeping step with [illegible] beautification progra[illegible] measures to comple[illegible] during the fall of [illegible] of 1966. Although th[illegible] planned from the o[illegible] available. The Cen[illegible] architect, and set a[illegible] 47 acres with an a[illegible] —oaks, magnolias, d[illegible] lies, firethorns, spir[illegible] juniper, viburnum, h[illegible]

Natural beauty [illegible] the winter of 196[illegible] mental blizzard [illegible] standstill and put [illegible] Snow started to fa[illegible] Saturday, Jan. 29. F[illegible] inches blanketed th[illegible]

The assistant d[illegible] ing, Frances Loud[illegible] thing to a disas[illegible] managed to get to [illegible] day morning, bu[illegible] feet long, of the [illegible] could not make it [illegible]

Not only did the volunteers add the little extra touches that made for a caring environment—touches that the hospital could never have otherwise afforded—they acted as a bridge between the community and the hospital.

Years later, Katherine Knauff, a native of northern Minnesota, would still shudder at the memory. "I can't stand snow," she said. "It gives me this horrible feeling: how are we going to take care of these patients if the staff can't get in?"

Enough nurses hiked through the snow—some literally for miles—that the hospital was covered—but some of the units were put in the charge of nursing students, and some nurses handled two units. Patients were asked to limit their requests to essentials.

Richard M. Loughery was at a party in Virginia, when the snow began to accumulate. The party was at the home of a hospital administrator who lived next door to his hospital. Trapped there through the night, Mr. Loughery and the other party-goers, the ladies in long gowns, were pressed into cooking and delivering breakfast to the hospital patients. When he was able to leave, he got a Virginia policeman to drive him as far as the 14th Street bridge, but no further; he had to walk out of the Virginia jurisdiction on foot. On the other side of the river he found a D.C. policeman who drove him within two miles of the hospital; he hiked the rest of the way.

At the Center, everyone pitched in. A patient's wife helped out in the cafeteria, a medical library employee worked in the pharmacy, and a guard offered to serve as an orderly. Fully half of the housekeeping personnel—all of whom had tramped to work through the storm—showed up on schedule. Others answered patients' calls, or made beds. Still others helped out in the dietary department.

The cafeteria served batches of free meals; one group of employees stayed up all night to fix sandwiches and coffee for co-workers. Employees stranded at the Center were given surgical gowns to sleep in, and cots were set up in the private dining room, the housekeeping storeroom and the print shop. Only the house staff, who usually worked over the weekend and slept at the Center while on duty, found it business as usual.

Chief engineer Robert Hollingsworth took on the job of digging out paths to the hospital, and he drafted several members of the administrative staff to be on his crew. Although snow almost blocked passage to the emergency room, patients managed to find their way in. Frostbite was a common complaint. But one woman arrived at the height of the storm, a child in tow, complaining of a backache she had had for "about a month."

Finally, the snow stopped, the roads were cleared, and traffic edged back to normal. By Thursday both the Center and the city were back to standard operating procedures.

Magnolias soften the clean, straight lines of the Physicians Office Building each spring.

Elizabeth Ready receives her award for volunteering 5,000 hours to the Washington Hospital Center.

Another sector to benefit from the renovations of the mid-60s was the volunteer office, when the old service kitchen on 1B was transformed into handsome new quarters. Ruth Goodman, R director of volunteers, delighted in describing the paneled walls, the carpeted floors and restful blues of the lounge where volunteers could stop in to take "a breath between tours of duty."

The Center's 700 volunteers fell in two different categories. One consisted members of the Women's Auxiliary, who were known by their "cheery cherry red smocks. The second group, under the direction of Mrs. Goodman, were the blue smocked Red Cross volunteers. The Auxiliary's Juniors, the volunteens, were girls between 16 and 21 in pink candy-striped uniforms, while the Junior Red Cross volunteers wore blue-and-white striped uniforms.

Deaconess Margaret Bechtol, administrator of Episcopal Hospital, joined the Center as director of volunteers.

The program started out modestly in 1958. Volunteers worked in a few clinics and at the information desk. But the volunteer office was inundated with requests for helpers, and volunteers soon branched out into other areas. According to the first annual report, 600 volunteers, nearly 200 of whom worked evenings, gave over 26,000 hours.

The volunteers' jobs were varied. Some greeted patients; others served coffee, watered patients' plants, ran errands, kept relatives company during surgery, babysat in the playroom. Still others helped with clerical work or prepared supplies. Not only did the volunteers add the little extra touches that made for a caring environment—touches that the hospital could never otherwise have afforded—they acted as a bridge between the community and the hospital.

The first director of volunteers, Deaconess Bechtol, retired in October 1959, and Katherine De Melman, the volunteer's evening coordinator, stepped into her place.

When Ruth Goodman took over in 1964 —with the proviso that she would be able to continue teaching the preparation for parenthood classes—she inherited a program that involved hundreds of volunteers from 15 to 90 years of age. The 90-year-old was Lulu Shepherd, who took three buses each way to her weekly stint of volunteering at the Center.

At the first annual awards ceremony in the School of Nursing in May 1959, three persons merited the top award, a silver pin, for having donated 500 hours. By 1967, 92 persons had been recognized for volunteering a total of more than 90,000 hours; one woman had worked over 6,000 hours and three others over 5,000. Board President Gilbert Hahn was the principal speaker at the awards ceremony. Richard Loughery presented the awards, and Mrs. Goodman unveiled an Honor Roll, a plaque made by workmen in the department of engineering, that would carry the names of volunteers who gave more than 1,000 hours.

The Women's Auxiliary claimed 1967 as a banner year, although they celebrated quietly. The women's groups from the predecessor hospitals had been cooperating on a formal basis since 1954, but they continued to maintain their separate identities as three guilds. Everyone expected the three to consolidate eventually, but the early years passed with no merger. When Mrs. Lawrence (Ann) Rapee became president in 1965, however, the trustees saw an opportunity to nudge the process along. Mrs. Rapee, they believed, had a strong enough personality to pull the three groups together.

In 1966 she established a committee to review and evaluate the structure and objectives of the auxiliary (the name had been changed from Women's Division to Women's Auxiliary in 1965) with a view toward a possible merger of the guilds. At year's end it remained only a goal.

Finally, at their meeting of March 7, 1967 the women voted to adopt new bylaws. On May 1 the three guilds officially merged.

The 1967 bylaws, which stipulated that active members must contribute a minimum of 50 hours of service each year, continued the auxiliary's traditional emphasis on volunteer work. The volunteers of the auxiliary clerked in the lobby shop, wheeled g rooms, took care corted patients to tion to working i nursing stations. planning clinic wa teers from the members of the W teered over 21,0 over 100,000.

From the outs important auxili mainstay of the v lobby shop. Mem Committee shopp for merchandise, up items during South America. generated more and in 1965, over been enlarged six

Other fund-rais The "Blue Alert series of elegant Iranian Embassy.

Another major the now-classic " the harness tra dinner party in "Night at Laurel netted $5,500, bu catch on until it That evening " joyed "a gay and and the auxiliary

In 1968 the Rac croft Raceway be meshed better wi ule. The auxiliar to appeal to a b hospital family— one option, an al per, and bus tran It became an ann gate prizes and cluding the amb Australia.

In the early ye was a chief ben Division fund r only provided s loans, but also su positions; in 19 gave $20,000 to t

the School of Nursing and $10,000 to the office of the director of admissions. The division and the guilds made regular contributions to the outpatient, emergency and social service departments, and they continued to support the causes that had originated in the predecessor hospitals—the Needy Sick Fund, the planned parenthood clinic, the cancer detection clinic. They also bought equipment, ranging from microscopes and surgical instruments to an entire operating room for ENT (ear, nose and throat) services. They purchased furnishings for the discharge center, and curtains for the auditorium.

The auxiliary's most ambitious project was a commitment to provide support for the Research Foundation. In 1964 the Women's Division donated $40,000 to build covered animal runs. In 1966, it pledged $325,000 over a four-year period—$50,000 in 1966, $75,000 in 1967, and $100,000 each for 1968 and 1969.

In January 1966 the Center entered into a long and acrimonious tangle with the area's Blue Cross plan, Group Hospitalization, Inc., over insurance reimbursement practices. In the autumn of 1967, after long and arduous negotiations, some issues were settled but one dispute was taken to court. The litigation would continue into the 70s.

As 1967 drew to a close, the new Physicians Office Building was getting ready to open. The four-story concrete and glass building, situated just to the east of the hospital and connected to it by a tunnel, had 80 office suites for doctors, plus a pharmacy and a physicians dining room, and underground parking for 100 cars. It rented well from the outset; by 1971 it had a waiting list.

In March 1968, the Center was 10 years old. Hundreds of employees and their families, hospital friends and patients turned out for the birthday party in the lobby. The centerpiece was a six-tiered, pound cake, decorated with a repli the Center and topped with a w meringue version of the U.S. Capitol. past president of the board, Milton low, made a short speech, and then he Mrs. George Hyman joined in ceremo ally cutting the cake.

trons enjoy the Race for Life sponsored by the Women's Auxiliary which began at Laurel racetrack in 959 and was moved to Rosecroft Raceway in 1968.

In 10 years the Center's two h ings had grown to four, its bu approached $25 million, its emplo numbered 2,200, nurses over 400. M than 500 physicians were members o active medical staff, another 500 belo to the courtesy staff, and 130 were training on the house staff.

The Center was justifiably proud o accomplishments, and the public relat department, headed by Charles G. Bro III, prepared a 10th anniversary ann report that appeared as a 20-p supplement to *The Washington Star* the 1950s when Mr. Brooks was a repo for *The Washington Star,* he regul covered the Hospital Center's doings. he wrote the lead article in the S March 9, 1958 supplement hailing beginning of a new era in the medi history of Washington." The 10th a versary report won the MacEach award, the most coveted prize in hosp public relations.

The report detailed the Center's m achievements in healing, in teaching in research. But the statistics, tho impressive, were only a part of Center's story. The annual report poin out, "The treatment of disease is a sonal affair.... The effectiveness of treatment is strongly influenced by humanity—the understanding and c passion—with which it is administer The Center's remarkable growth development, the report said, was a cr to "the men and women who dreame the men and women who made the dr come true; the men and women who d give so generously of themselves.... T did and really do care."

1968-1971

Jason Williams, a patient of the neonatology intensive care unit, returns to celebrate at a 1981 reunion.

Although the Washington Hospital Center will continue to emphasize the delivery of acute inpatient care, its programs will continue to broaden, unilaterally or in cooperation with other health organizations, to include the comprehensive array of health services.—Cresap, McCormick, Paget, 1971 Report

The Washington Hospital Center entered its second decade vibrant with possibilities. Plans were in the air for what would become the intensive care tower and the idea of an extended care facility was still very much alive. There was talk of a satellite hospital in Montgomery County, and of developing neighborhood health clinics. New programs were constantly growing up to meet emerging needs—the problems of alcoholism, unwanted pregnancy, high-risk newborns—and, to make space for these new programs, renovation and remodeling were constants. The Group Hospitalization, Inc., litigation and negotiations pulsed on; the relationship between the Center and the Research Foundation came under scrutiny; the medical education program was revitalized.

The Center's first big challenge of the decade, however, arose not from ferment in the hospital, but in the city. On April 4, 1968, department heads from the medical, nursing and management staffs gathered in the board room to hear a consultant report on management practices. The subject was timely and the speaker interesting, but increasingly the audience was nagged by the insistent "beep-beep" of pocket pagers. Doctors and nurses began to slip out of the room. A rumor spread that there were reports of "trouble downtown," and people sitting near the windows could see smoke rising in the distance. The wails and bleats of sirens broke out again and again.

Word was brought in confirming "trouble": riots, burning and looting in the inner city, triggered by the assassination of the Rev. Martin Luther King, Jr. The meeting adjourned.

The hospital's disaster code was never called, but the hospital moved instinctively into a disaster mode. Staff phoned home to tell their families not to expect them, and the hospital geared up for an influx of patients—victims of street scuffles, people who inhaled tear gas, a man whose face was cut when a brick was heaved through his car window.

More than 10 years later a senior nursing student recalled spending 12 hours straight in the emergency room. "Oxygen tents for the tear gas victims were everywhere," she said. When employees from the dietary department walked into the ER at 8 p.m. carrying trays of ham and cheese sandwiches a cheer went up.

The dietary and housekeeping departments fed and sheltered not only patients and staff, but also ER patients who had no way to get home, and visitors trapped in the hospital by a curfew. Police, firemen and ambulance drivers used the hospital as a retreat where they could get a few minutes rest and grab a bite to eat. Before it was over, the hospital served up 5,000 sandwiches and 200 gallons of coffee, and made more than 700 "sack-in packs" with sheets and towels

Nuclear medicine, the marriage of medicine, physics, chemistry and engineering, was established as a separate department of the Center in January 1970.

Construction progresses on the east wing addition which will create a bus shelter, personnel and medical offices and operating rooms, while construction of the intensive care tower takes place at the west end of the Center during the early 70s.

Beneath the efficiency and professionalism, however, ran a thread of anxiety. Off-duty staff climbed to the hospital roof and watched lines of flames eating along 7th, 9th, and 14th streets. No one, including civil defense officials, could tell how extensive the burning and rioting were, how long they would last, how far they would spread. It was some reassurance when the Army quartered a battalion of soldiers across Irving Street on the golf course of the Soldiers' Home.

The crisis lasted for three and a half days. The Center treated nearly 300 persons for riot-related injuries, in a performance that won praise from *The Washington Star*. "No matter who was brought into the emergency department—whether rioter or victim—it was Mr. or Mrs. So-and-so as far as the staff was concerned," *The Star* said. "Dignity and kindness were the watchwords of the Washington Hospital Center."

Other world events, particularly the war in Vietnam, were also making themselves felt in the Center in a variety of ways. At Christmastime in 1966 the nursing department collected food and magazines and made up parcels to be sent to relatives of employees serving in Vietnam, as well as to two former residents stationed there. Conscientious objectors choosing to discharge their military obligations by service in a charitable or nonprofit organization worked at the Center. Young Mennonite men, along with the wives of some of them, served in payroll, pharmacy, business office and nursing. A young Quaker, George Parshall, not only worked as a hospital electrician, he set up sound and lighting equipment for the annual Christmas party, rounded up an airplane so the Center's public affairs department could take aerial photos for an employment brochure and took slides to be used for a personnel orientation program. He also did volunteer work on nursing units.

The seeds for "an extensive and comprehensive building and modernization program were sown in early 1967, when the board commissioned hospital consultants Block, McGibony and Associates, Inc., to evaluate and catalog the Center's long- and short-term needs. The trustees had just elected as their president, Gilbert Hahn, Jr., a prominent local attorney who outlined an ambitious plan for the future.

The consultants' report, issued in December 1967, emphasized that the Center was "not the usual community hospital." In its first 10 years, the report pointed out, the Center had experienced tremendous growth in support services, changes that were pointing the Center in new directions. Spec
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In its first 10 years, the Center had experienced tremendous growth in support services, changes that were pointing the Center in new directions, specifically a major expansion in intensive care services.

Mr. Loughery reminded the committee that the Center's needs had already outgrown the space available.

The board's treasurer, S. T. Castleman, outlined a program for financing the move: $2 million to come from the building fund; $3 million, over three years, from growth and depreciation monies; $2 million from unrestricted endowment funds; and the remaining $3.5 to $4 million from loans.

The Executive Committee voted unanimously to recommend it to the full board. The board, meeting in August 1970, voted overwhelmingly to go ahead with the independently financed $11 million expansion.

Ground breaking for the new intensive care tower and east building addition took place on the hot, humid afternoon of Sept. 9, 1970. "We are today taking a visible step," Richard M. Loughery said, "toward the culmination of a dream we have shared and worked toward for many years."

The six past presidents of the board joined Mr. Reynolds in turning over the first shovelsful of dirt. They used, as Mr. Reynolds pointed out, "not chrome-plated ceremonial shovels but tried and tested tools that have been held in the hands of working men"—a symbol of the fact that the Center's trustees and the Center's employees were workers who knew not only "the thrill of dreaming and planning but (also) the hard work and satisfaction of getting a job done."

By the time the tower was under way, the consultants' recommendations for changes in obstetrics and nuclear medicine were already being implemented. Just prior to the consultants' study, the administration suggested phasing out obstetrics altogether. Occupancy in obstetrics and gynecology was only 65 percent, in contrast to 85 percent in the general medical and surgical beds, in part because so many young mothers were then living in the suburbs, and having their babies in suburban hospitals.

The suggestion drew strong opposition from the Center's obstetricians, who mustered an army of statistics to show the value and strengths of the department. The Medical Board agreed, and voted to retain the obstetrics service.

However, like the rest of the hospital, the obstetrics department was evolving into a tertiary facility, a referral center equipped to treat complicated cases. In the summer of 1968 the Center established a department of pediatrics and named Dr. Milton W. Werthmann, Jr., a

Former presidents of the Washington Hospital Center Board of Trustees join to break ground intensive care tower (west addition) in September 1970. From left: Milton A. Barlow; Charles S. Walter N. Tobriner; Mac Preston, representing his father, the late A. Murray Preston; Thom Reynolds; and Gilbert Hahn, Jr.

time chairman.

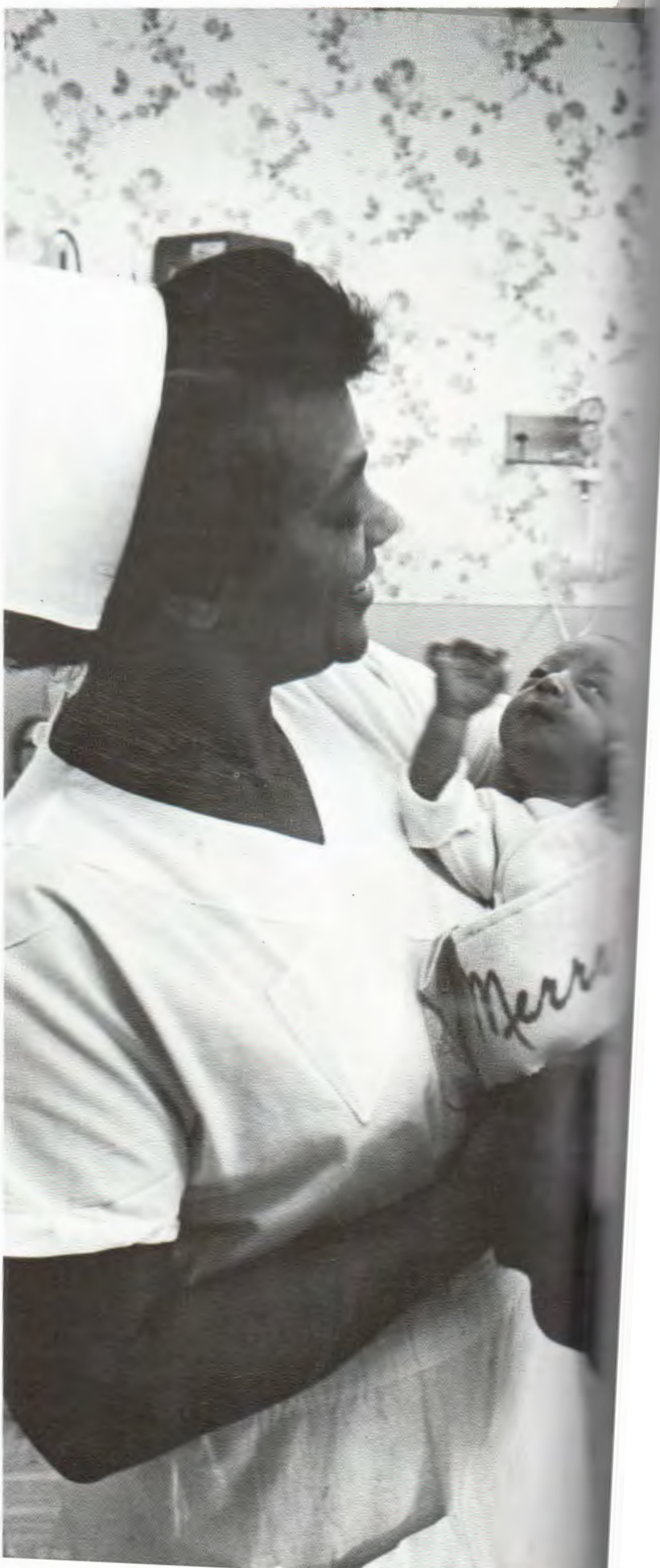
Dr. Werthmann, a specialist in tology, set about transforming t premature nursery into a newborn sive care unit. Until then, babies prematurely or those with serious tal complications had been transfe Children's Hospital. The new unit its specialized equipment—apnea m radiant heat infant warmer, pe respirator—and constant nursing would make it possible to care fo infants close to their mothers.

Changes were also occurring in the obstetrics department proper. In April 1970, Dr. William F. Peterson, a retired Air Force colonel, was named the first full-time chairman. Following the Block, McGibony recommendations, the number of obstetrical beds was cut from 66 to 43 (while medical beds were increased by 40) and the department was extensively renovated. Patient rooms were remodeled to include closets, and they were decorated with carpeting, flowered wallpaper and softer lighting. The delivery suite was moved next to the neonatology department. Obstetrics was able to offer top quality care for high-risk mothers—women with diabetes or high blood pressure, or those who required cesarean section—working in conjunction with the neonatology department.

It soon became apparent that the changes were paying off. In August 1970, the obstetrics department's census was an optimum 90 percent.

The Center also followed up on the Block, McGibony recommendations to establish a department of nuclear medicine. It set up the area's largest and most completely equipped nuclear medicine laboratory, where radioactive drugs and instruments to detect radiation could be used to diagnose and, in some cases, treat, disease. The department, located in the hospital's basement, was staffed with 17 technicians and residents from internal medicine and radiology, plus clerical help. Dr. Richard C. Reba, a widely recognized specialist from Johns Hopkins Hospital, was named full-time chairman.

A different sort of innovation in the late 1960s was the VIP wing, better known as 6D. Designed for patients who were willing to pay extra for gracious surroundings,



Newborn babies are delivered to their mothers Christmas morning tucked in red flannel stockings. The brightly decorated stockings are a yearly project of the Women's Auxiliary assisted by the director of volunteers who arranges distribution.

Mrs. Anwar Sadat, the first lady of Egypt, visits the Center in 1978, touring the burn unit, surgical intensive care unit and the deluxe patient accommodations on the sixth floor, known as 6D, where she is interviewed by the press.

The 12 suites of 6D offered soundproof, spacious, tastefully furnished rooms more like those of a luxury hotel than a hospital. Beds were oversized and so were bathtubs; bathrooms had such amenities as heat and sun lamps; and a television set was tucked away in a wooden armoire. The corner room had a wraparound balcony. Each room provided a sofa bed where a family member could spend the night; those who preferred could book an adjoining room. The unit had a special kitchen and its own chef; wine lists accompanied menus; china was gold-rimmed and goblets were crystal.

6D quickly caught the public's fancy. It was written up in *The New York Times* and featured on the *Today* show. It also won an enthusiastic following among the well-to-do of Washington, and was soon paying for itself.

In late 1970 and early 1971 the Center inaugurated several new patient services. To provide non-emergency medical care to persons who found it difficult to get to the hospital's clinics during daytime hours, the Center opened an evening outpatient clinic, Monday through Friday. Staffed by two physicians, a nurse and a clerk, the clinic was open from 6 to 10 p.m. A $10 fee covered physician service, injections and minimal lab work and x-ray.

A secondary purpose of the evening clinic was to relieve an extremely busy emergency room staff. (Because the ER's 18 beds were often full, the ER was being forced more and more to "close" to patients arriving by ambulance, except in life-or-death situations.) The facility was one of the largest and busiest in the Washington area, and with an average of more than 125 patients a night—as many as 60 at one time—it was the busiest area in the hospital. Patients ranged from a man injured when he was thrown by an elephant, to a fellow with a mysterious itch that afflicted the bottom of his right foot, but only after dark.

In January 1971, following lengthy trustee debate of the social issues involved, the Center opened the "women's clinic" on 5F. It was the nation's first abortion center based in a hospital and run under the auspices of a department of obstetrics and gynecology. It was also the first clinic to provide outpatient abortion counseling and birth control information for low-income women.

The Center's alcohol treatment gram started out on an experimental b in the fall of 1971. The psychiatry dep ment adapted three or four beds from self-care unit which had been languish since the Blue Cross and Medicare d sion to pay for acute care only. The gram—usually three to five days for toxification, followed by several day an education program closely allied w Alcoholics Anonymous—worked so that the entire self-care unit was ta over by the alcoholism program.

In 1972 Dr. John G. Lofft, clinical di tor of the Center's alcoholism servi received a three-year, $1 million gr from the National Institute of Me Health to establish a program of ac case-finding and therapy for emplo alcoholics and their families. Dr. L established a counseling center for patient therapy, located downtown n to the Mayflower Hotel. The counse center offered group therapy, counsel and films, and attracted many fed employees. The twice-weekly AA meeti were crowded with businessmen women on their lunch hour. In 1974 program won a federal continuation gr of more than $156,000.

The Center's medical educa program got a much-needed shot in arm in 1968. For several years the Ho tal Center had little luck in recrui interns of its choice through the Nati Intern Matching Program.

Thanks to aggressive recruitment higher pay, it was a vastly different st in 1968. Salaries were doubled, and Kevin Barry, who became director of m ical education in 1966, saw to it that spective residents got VIP treatment. 1969, 41 of 42 positions were filled thro the National Intern Matching Program

In 1968 the Center also hosted the f of an ongoing series of annual conferen

for urology residents. The conferences, organized by Dr. W. Dabney Jarman, were designed to stimulate research by, and interchange among, residents at the Washington area's six urology training programs.

The Research Foundation, in the words of Dr. Frederick Wolff, was created "to strengthen the basis of excellence of the Center, to help attract a first-class house staff and to aid in setting up the subspecialty divisions."

Dr. Wolff, a scientist at New York Medical College, was appointed the foundation's first director of research in the spring of 1965. He moved his equipment and staff into the George Hyman Memorial Research Building in the fall. Early investigations centered on the role of the small intestine in insulin secretion and the influences of drugs and hormones. A clinical research wing was set up in the hospital on 5 West, and hospital personnel were soon being recruited as "normal volunteers" for a hypertension study.

One of the best equipped surgical laboratories in the Washington area was constructed on the first floor of the Research Building, and put under the direction of Dr. Nicholas Smyth. Surgical fellows and residents rotated through the lab working with members of the attending surgical staff for varying periods of time. The facilities were available to all of the departments in the hospital. Research thrusts included cardiac pacemakers and vascular grafts.

During its first four years, work emanating from the Research Foundation led to the publication of more than 20 articles in scientific journals. Numerous projects received federal funding.

Mrs. Hyman, too, continued to support the foundation's work. In 1969 she pledged $25,000 a year, to be matched by $15,000 a year from the foundation, for three years, as the George Hyman Memorial Grant for Clinical Research.

However, as federal funding for research was cut back in the years following Lyndon Johnson's presidency, the costs of the Research Foundation to the Washington Hospital Center began to mount. The Center, which had previously used endowment income and operating reserves to finance educational and research activities, decided to limit its support to the foundation.

It also decided to look to the community for help. In the fall of 1967, while Robert A. Girmscheid, Jr., was director of development, the Center launched a community appeal. With Charles Dewey as general chairman, the appeal brought in over $140,000. A separate "advance gifts" effort, chaired by C. Thomas Clagget, Jr., raised over $50,000. The appeal was repeated in 1968 with S. T. Castleman serving as chairman. In the summer of 1968 I. Brewster Terry, a consultant experienced in private and public philanthropy, succeeded Mr. Girmscheid as director of development.

In 1970 the Medical Board approved, on the recommendation of its Research Committee, a budget for the Research Foundation of $480,000. The trustees were reluctant to expenditure, and ap mittee, also chaire to review the rela Center and the Res Mr. Castleman put committee member Braverman, presid Foundation, and M become a Center t ance that the Cent offer the foundation

Over time the c an agreement that efforts should focu basic research. The relationship betwee should be "familia working arrangem cal staff and the encouraged. The C the foundation a $300,000. This wa from the Women's pledged $100,000 a 1972. The foundat up to 50 percent of appeal. Expenses a ing were the respo tion and, primar researchers. The

Excavation for Children's Hospital, which leases seven acres of land begins in 1970.

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The Research Foundation, in the words of Dr. Frederick V its first director, was created "to strengthen the basis of e lence of the Center, to help attract a first-class house staff aid in setting up the subspecialty divisions."

undation debts through 1970, but ex-ected the foundation to work actively to velop an endowment base.

The Board of Trustees adopted the com-ittee report as Center policy. Shortly ereafter Mrs. Hyman cast a vote of con-dence in the amount of $40,000, and the ard's Executive Committee lauded her xcellent, intelligent and vital support."

The Research Foundation's troubles ere not yet over, however. The trustees pressed dissatisfaction with certain pects of the program's management. rst Dr. Wolff resigned as director, then rs. Hyman resigned as a trustee.

The trustees opted to restructure the esearch Foundation, and established a esearch Committee as a standing com-ittee of the board. Mr. Braverman was med chairman; Dr. Caulk was on the mmittee, as were two future presidents the Research Foundation: Kimball restone, who served from 1974 to 1981, Mrs. Robert (Barbara) Collins, who came president in 1982. "Research," rd president, Samuel Scrivener, reas-red the trustees, "is coming back to the ashington Hospital Center."

In the late 60s two movies were shot location at the Center. *To Speak Again* roduced speech therapy to cancer pa-ents who had just had their larynxes moved. In the spring of 1968 *Roses for ily,* depicting comprehensive patient re for breast cancer, was filmed at the nter. A few years later the Center's rary starred in a movie called R_x *Infor-ion.* The Medical Library Association lected the Center's library, one of the gest in the nation, to illustrate how spital libraries can be an active source nformation on patient care, not just a rehouse for aging periodicals and out-ed texts.

The Center's library developed into a top-notch facility under the creative guidance of Jane Fulcher, who came to the Center from the National Library of Medicine in 1958. Mrs. Fulcher developed several ingenious programs. Year after year Mrs. Fulcher obtained grants from the National Library of Medicine for books, equipment, a summer intern and an "oral history" program. By 1968 the library had grown to include 14,000 books and journals, and a staff of four. The Center became one of 80 medical libraries in the country on MEDLINE, a computer link to the National Library of Medicine's databank.

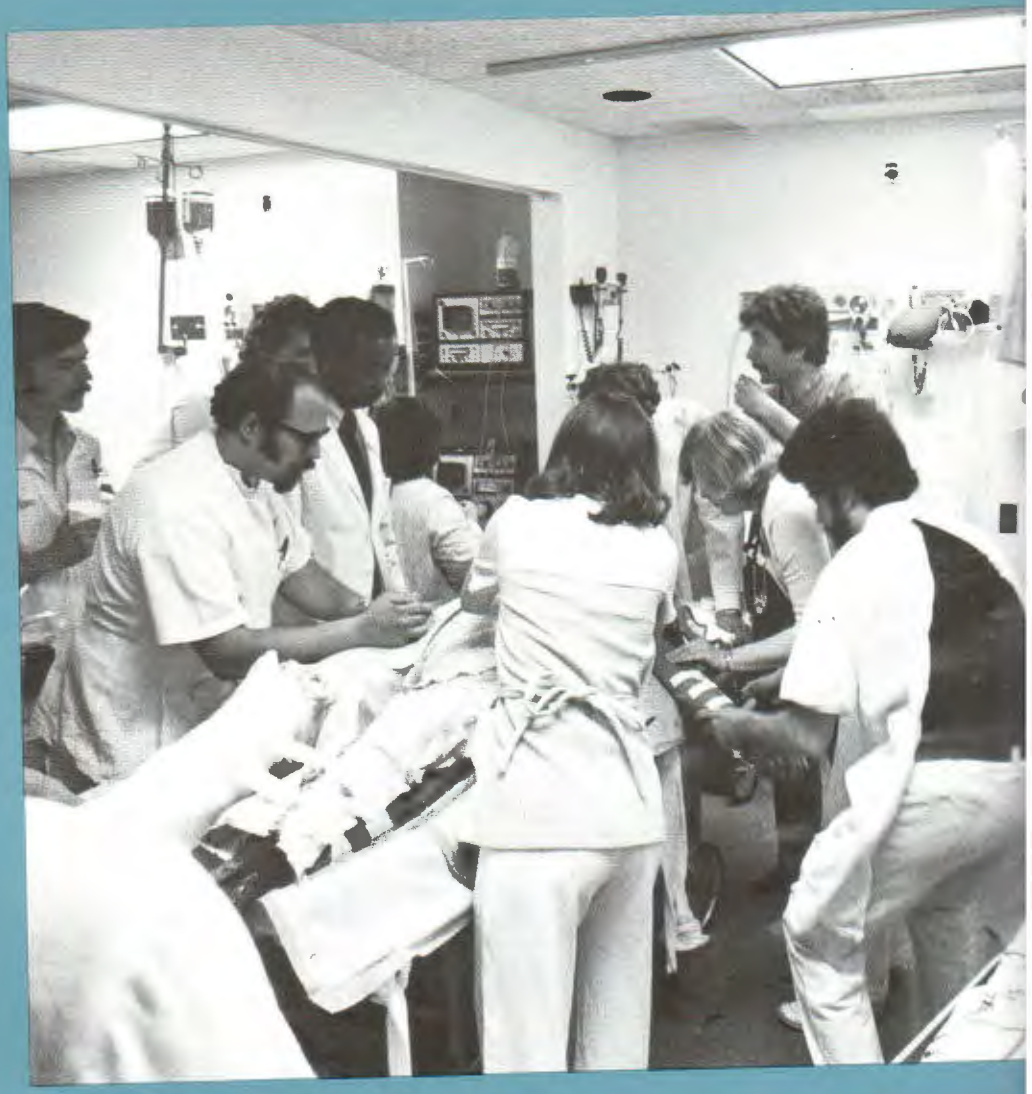
Reflecting the growing nationwide concern about air pollution, the Center changed to burning a fuel oil with a lower sulpher content. Other signs of the times: Earth Week was observed by student nurses picking up litter, folk singers entertained at Christmas and at the employees' picnic and surgeons took to wearing cloth helmets that covered long hairstyles.

In 1971 the coffee shop closed because it had been losing money. In its stead a fast food line and additional seating were installed in the cafeteria. The new intensive care tower was taking shape, and the trustees toured the site. Plans for the extended care facility were advancing so smoothly that Mr. Loughery was moved to exult that, after 10 years of planning and work, "We may have finally found the end of the rainbow."

The Center made news in 1971 by lowering its room rates $3 a day in July and another $5 a day in September. This dropped the typical room charge from $67 to $59. As Mr. Castleman, the treasurer, said, "If they can go up, they can come down." The reductions were made possible in large part because the Center had led local hospitals in neg reasonable reimbursemen —coverage for D.C. Med patients was raised from $ in part because of some o ciencies. *The Washington* the action in an editorial: major medical miracle for t Hospital Center."

The Center's disag Group Hospitalization, Inc. was resolved at the year's e faction of all. Thomas Re president, hailed the arr "favorable, fair and equitabl

Mr. Reynolds, retiring f dency in February 1971, wa with pride to several acco High on his list was the fac past and long-standing con settled." In addition, plan tended care facility, to be with federal funds, were pro Finally, the intensive car going up. "Today," he said, basic structural framework skyline."



1972-1978

Harold H. Hawfield, M.D., first and current medical affairs director, upon his appointment in 1974.

The modern hospital is a living, dynamic, embodiment of centuries of scientific and humanitarian efforts, an amalgam of often conflicting but basically complimentary community and professional pressures.—Anne R. Somers, March 21, 1972

The Washington Hospital Center rode into 1972 on a high with the dedication of the intensive care tower, plunged to a low when *The Washington Post* hit it with a blistering attack, then righted itself and began to surge ahead again.

The intensive care unit was dedicated with a week of festivities just as the Center turned 14. Beginning on March 15, 1972, the Center hosted a series of open houses: one for the medical staff; one for the press; and one for the trustees, the members of the Medical Board, officers of the auxiliary and major donors.

The official ribbon-cutting took place on Sunday, March 19. Samuel Scrivener, board president, shared the honors with Ruby Schofield, a 48-year employee who started her career in the laundry room at Emergency Hospital as a girl of 15. Then an estimated 2,500 employees and their families, plus members of the community, toured the intensive care units of the west tower and the new east wing as well. Wives of the house staff presented slide shows; student nurses led tours; and physicians and nurses explained the functions of individual units.

The following Tuesday 300 health care and civic leaders from the greater metropolitan area came to see the intensive care facilities and hear an address by Anne Ramsay Somers, a nationally recognized authority on health care organization and financing who spoke on "The Hospital and the Health Care Crisis."

The four floors of the intensive care tower were a medical wonderland. They contained specialized units for coronary, medical, surgical, renal and pulmonary patients, as well as a psychiatric section. An intensive care unit for burn victims —included at the urging of Dr. W. Ronald Strong—offered the region's only specialized burn facility for adults. Each unit was on the same floor as the corresponding service in the hospital. Adjacent suites within the tower housed an x-ray unit, pulmonary function lab, gastrointestinal section and a cineangiography studio —altogether $600,000 w of equipment.

The typical unit cont 10 to 14 glass-enclosed p rooms in a semicircle ar an observation platform areas were spacious and tranquil. They were car to absorb noise and desi to keep traffic to a minim Technicians, working si at consoles on the platfo monitored screens show tracings of each patient' signs. (Along with 74 ne the tower added about 2 to the Center's payroll. S of them—monitor techn cardiovascular technicia acute care technician—n new careers.)

The first patients wer admitted to the ICU tow April, when persons wer transferred from the old gical coronary and coron intensive care units to th units on 4G and 4H. And week later the Center en the helicopter era, when icopter carrying a critica ill patient from Pennsylv landed on the grounds of nursing school.

Twelve people surround the examining table. They are surgeons, nurses, respiratory therapists, an anesthesiologist, a cardiovascular technician and an emergency room technician. They are the members of the Code Yellow team at the Center shown here prior to the construction of MedSTAR.

The idea of using helicopters as ambu-ances had been brewing from the time he Center opened, and there were re-eated efforts to implement the concept. n October 1963 police helicopters flew in series of three seriously injured patients. The Center's newspaper, *Center Line,* not-ng that the Hospital Center's spacious rounds were ideal, predicted that heli-opter arrivals "may not be a novelty nuch longer." However, the prospect was elayed repeatedly by a variety of prob-ems, including poorly coordinated radio ommunications between the city and the uburbs, a shortage of helicopter mainte-ance personnel, and red tape.

In 1966 the Center invited the press to a emonstration showing the usefulness of elicopter ambulances and, later that ear, "patients" were "choppered" onto he Center's baseball field in the District's irst citywide disaster drill. In the spring f 1968 the Center and the D.C. Medical ociety cosponsored a symposium, and our helicopter manufacturers offered free ides to reporters, photographers, and ospital personnel. Again in 1969 the olice demonstrated the feasibility of heli-opter rescues from Beltway accidents ver the Labor Day weekend. Still, it was ot until 1971 that the red tape could e cleared away. The trustees formally pproved the service, and the Federal iation Administration approved the use a grassy field next to the School of ursing as a landing zone.

The Women's Auxiliary agreed to ance an all-weather helipad, which uld also be used by the Veterans Admin-ration and eventually by Children's spitals. In May 1974, Barbara Collins, uxiliary president, turned the first spade-of earth, and by fall the helipad was lace.

The lowest point of 1972, and quite likely of the Center's 25-year history, came with the publication of a biting attack on the Center in *The Washington Post.* Starting with the issues of Sunday, Oct. 29, *The Post* ran a six-part series on "The Hospital Business." The articles, which ran an extraordinary 55 feet in overall column length, assailed the Hospital Center (and to a much lesser degree other area institutions) with accusations of a multitude of abuses: trustees and administrators entangled in conflicts of interest, physicians raking off hospital profits, the hospital awarding contracts without competitive bidding and hoodwinking the press and public about charges.

The publication of the articles did not come as a surprise. For months an investigative reporter had been conducting interviews with trustees, medical staff, management and counsel, and digging through hospital files. As far back as June the president of the board, Mr. Samuel Scrivener, Jr., had received a letter from a *Post* editor; it contained five pages of questions and announced the newspaper's intention of interviewing all the trustees. The Center felt it had nothing to hide, and encouraged everyone to be completely open with *The Post* reporter.

The Center's staff reeled under the accusations. A subsequent audit of the Center's books by the General Accounting Office, made at Mr. Loughery's request, uncovered no evidence of financial wrong-doing. Overlapping interests were not unusual in the hospitals it surveyed, the GAO report said, and in some instances were to the benefit of the hospitals. Furthermore, all of the trustees' activities fell within guidelines for trustees that the American Hospital Association would propose later in the decade.

Mr. Loughery, addressing the board the following winter, rated 1972 as "the most difficult year this hospital has ever experienced." Several forces, he said, including financing and demands from outside agencies, "hit us with the effect of an unexpected iceberg tearing a hole in the bottom of a fine ship."

Mr. Scrivener met *The Post's* assault with equanimity and directed the Center along a path of temperance. The Center's objective, Mr. Scrivener maintained, was "reconvincing the public that Washington Hospital Center was capable of supplying first-rate medical attention."

The trustees considered, then discarded, the idea of publishing a public rebuttal in the paper, although three physicians wrote letters to the editor. Instead the Center devoted a special issue of its *Centerscope* magazine to an analysis of the most widely discussed accusations.

Ruby Schofield, who began working at Emergency Hospital at age 15, assisted by Samuel Scrivener, president of the Center's Board of Trustees, cuts the ribbon of the Center's brand new intensive care unit in March 1972.

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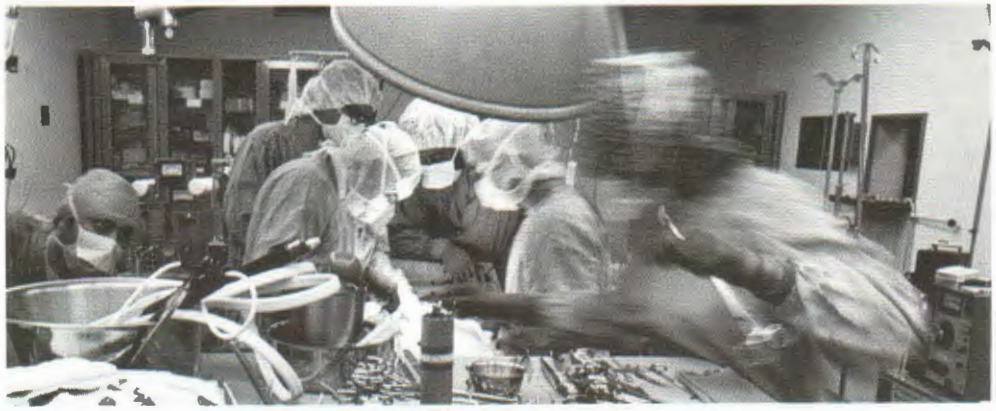

The patient is almost invisible, engulfed by the open heart team: heart-pump technician, cardiovascular surgeon, residents and fellow, anesthesiologist, scrub nurse and cardiovascular technician.

The Center continued to establish outposts along the frontiers of medicine at a remarkable clip. These advances included open heart surgery, kidney dialysis and transplantation, pacemaker development, CAT scanning, and psoriasis research, among others.

The open heart surgery program was initiated in the late 1960s. It was scheduled to get under way in May 1972 with the opening of two newly remodeled operating rooms in the new east wing.

But emergencies won't wait. In March a patient recuperating from routine surgery developed massive pulmonary emboli and emergency surgery was necessary to save the man's life. Two surgical teams, which included the newly appointed chairman, Dr. Karel Absolon, Dr. Nicholas Smyth, and resident Dr. Jorge Garcia, moved into action and saved the man's life.

Thereafter the open heart surgery team operated several times a week. Following Dr. Garcia's return in 1974 from two years of specialized training at the Cleveland Clinic, the Center became increasingly known for its expertise in coronary bypass surgery. In 1975 the Center performed more than 100 open heart procedures. By 1979 the hospital, with more than 700 open heart procedures, was the most active open heart surgery center, by far, in metropolitan Washington. In 1981 the number topped 1,000.

The Center added kidney transplantation to its capabilities in early 1974 when it brought on Dr. Charles Currier, a specialist from the Medical College of Virginia. After several months of preliminaries—training medical personnel, developing legal and administrative protocols and acquiring special equipment—Dr. Currier's team was ready to begin. On April 19 they removed a kidney from a 34-year-old Virginia woman who had suffered a brain hemorrhage and implanted it into a 42-year-old man from the District of Columbia.

By year's end the team had installed kidneys in four more patients, one a youngster of 16. The Center performed 20 transplants in 1975 and 24 in 1976, making it the busiest transplant service in the area. In August 1977, the Center, along with the District's three medical schools, won the federal government's stamp of approval as an official renal transplant and dialysis center.

The renal dialysis program evolved in step with the transplant program. Gradually chronic outpatient dialysis needs outgrew the Center's original facilities on 3G, and in early 1977 the outpatient service was turned over to the Washington Kidney Center, which opened in the Physicians Office Building. The 3G unit was reserved for persons needing dialysis on an acute basis, as well as for pre and post-operative transplant patients. By early 1978 the sections headed by Dr. Peter Birkman, renal diseases chairman, and

Dr. Currier were ready to move to a 26-bed facility on 3D. In addition to six hemodialysis stations for acutely ill patients, the new unit had special sections for transplantation patients and kidney patients needing isolation, intensive or intermediate care.

In the fall of 1974 the Center notched another success when it became the first hospital in the world to implant an atomic pacemaker. The atomic unit was not only small—scarcely larger than a pocket watch—it was powered by plutonium 238, an energy source that could be counted on to last up to 20 years, making most replacement surgery obsolete.

The atomic pacemakers were used to replace worn-out conventional units in two patients. The units were the result of more than two years of research by thoracic surgeon Dr. Nicholas Smyth and a colleague in Pittsburgh. Before the pacemakers won approval from the Atomic Energy Commission, they had to withstand rigorous test conditions, including temperatures up to 1,300 degrees Celsius, crushing, and high velocity impact.

In 1975 the dermatology department of the Center, under the direction of Dr. Thomas Nigra, was designated (along with those of Harvard, Stanford, Baylor and a handful of other university medical centers) to take part in a clinical cooperative trial for a revolutionary new treatment for the chronic skin condition called psoriasis. Patients who had failed to respond to conventional remedies were given a light-sensitizing drug, then exposed to ultraviolet light. The new treatment relieved symptoms for long periods of time for many of the patients. Dr. Nigra also worked with Harvard colleagues in studies of the drug's metabolism.

In addition, Center rheumatologist Dr. Werner Barth participated in a National Institutes of Health study of the effects of the therapy on psoriatic arthritis. Dr. William Glew, chairman of the department of ophthalmology, coordinated a study of ocular changes in psoriatic patients and animals.

Dr. Nicholas P.D. Smyth, a thoracic surgeon at the Center, holds 20 years of energy in the palm of his Dr. Smyth is a co-developer of the two-ounce nuclear pacemaker, about the size of a pocket watch. 1974, the Center became the first hospital in the world to implant the improved nuclear-powered u

In 1974 and again in 1975 the Center received funding from the Regional Medical Programs to demonstrate how a tertiary care facility like the Center and a primary care center like the inner-city Shaw Community Health Center could work together. Under the direction of Dr. Barth, arthritis patients were brought to the Center for specialized treatment, education and rehabilitation services. In addition, a nurse practitioner was trained to provide long-term follow-up for arthritis patients at Shaw.

1975 also saw the introduction of vitreous surgery. Center ophthalmologists obtained a new instrument that could be used in conjunction with an operating microscope to remove diseased or damaged tissue from the vitreous, the jelly-like substance that fills the eyeball.

In 1976 the radiologists added a formidable weapon to their armamentarium when they acquired a $400,000 CAT (computerized axial tomography) scanner, a combination x-ray ma and computer that provides invalua formation in diagnosing and moni brain tumors, strokes and other o brain damage without pain or risk patient. In June 1977 a whole-body scanner, operated by Groover, C and Merritt, was installed in a bas facility adjacent to the hospital. In hospital radiologists acquired a r control fluoroscopy room and a s procedures room for angiographic st

Obstetricians began using ultra for prenatal diagnosis in 1972; by 19 service had grown into one of the b in the nation.

A practice that contrasted sharpl these high-tech advances was intr in 1978, when an 8-pound, 14-oun was born to a Virginia couple Center's new "birthing room." An native to the traditional labor and de rooms, the birthing room was dec to look like a bedroom in a private

enter continued to establish outposts along the frontiers of ine at a remarkable clip. These advances included open surgery, kidney dialysis and transplantation, pacemaker pment, CAT scanning and psoriasis research.

deliveries were expected to blems could choose to have this comfortable environ- that all the back-up facili- ital were at hand in case of Provided the delivery was tions, and the baby checked with the neonatologist, by were allowed to return day.

arly 70s the Center had possibilities for expand- to the community. Plans care facility were coming at the summer 1972 issue er, *Center Line,* showed plans for a five-wing, ing, and announced that uld begin in the fall. Just wever, prospects for in- for extended care began e ensuing months reim- es were clearly defined to care, and the trustees the project in 1973.

bility involved establish- hospital in Maryland's nty. After several years plorations, Mr. Scrivener y met with the county en with county citizens. nty, impressed with the ustee, management and nization, encouraged the acute-care facility on a e. The trustees' Long- Committee looked into with the concurrence of s, decided against it.

d outlet was a Neigh- nter, but the suggestion e medical staff. The ve enough physicians, to staff such a project without curtailing clinic services in the hospital.

In November 1974 the Center took a major organizational step forward when it created the post of full-time director of medical affairs and appointed Dr. Harold Hawfield to fill it. Dr. Hawfield had been on the attending staff in surgery since 1958, and was president of the medical staff in 1974. As director of medical affairs, he was to see that medically related board policies were carried out, that the hospital stayed abreast of new developments in medical practice, and that the hospital maintained standards that would satisfy accrediting agencies.

The position of director of medical affairs had been in the offing for years. As the health care field grew increasingly cluttered with government requirements and restrictions and oversight organizations, it became clear that the duties of medical staff president were too time-consuming for a physician who also wished to maintain a private practice.

The issue of the medical staff's structure had come to a head in 1970 when Dr. Ernest A. Gould announced his decision to resign as chairman of the department of surgery because the department's structure was unwieldy and, therefore, unworkable.

A delegation of surgical residents protested his resignation to the Board of Trustees. Dr. Gould, the residents said, was the keystone of the educational program. "He represents the type of physician all the house staff would like to become." But Dr. Gould held fast to his decision and the trustees had no choice but to accept his resignation, with regret. However, Thomas Reynolds, board president, took the occasion to direct the medical staff to reevaluate its organization, and come up with alternatives in 60 days. Not surprisingly, the proposed changes were not satisfactory to everyone, and Mr. Reynolds and the board decided to hire a medical consulting firm to take a look at the structure and function of not only the medical staff—including the role of a medical affairs director—but also the Board of Trustees, the management staff and the Research Foundation. Dr. Hawfield's appointment in 1974 was the direct outgrowth of that study

Unions, too, made their appearance in the hospital in the 70s. In 1970 union organizers conducted a 10-week campaign for some 800 service employees, but the vote went 466-164 against the union. By 1975, however, the election swung the other way. A majority of the Center's 1,700 service employees voted in the Service Employees International Union, and the Center and the SEIU spent more than four months negotiating a contract.

In September 1976, the security department voted for a union. The following winter the union threatened a strike but, in fact, no walkout occurred, and the security employees voted to decertify the union in October 1977.

To provide the hospital's 2,200 full-time nonsupervisory employees with a direct channel to the administration, the Center set up an Employee Advisory Council in 1974. The Hospital Services Committee emerged as a middle management group to develop projects to improve patient care and employee morale.

In anticipation of accreditation requirements calling for more thorough in-house medical audit and utilization review, the Center developed a Quality Assurance Committee. The committee, which was made up of physicians, trustees and

members of the administration, was charged with reviewing the minutes of all committees reporting to the Medical Board and developing continuing education programs to set to rights any problem areas. A Medical Records Committee spent the better part of a year developing a thorough patient care audit program prior to the advent of the Professional Standards Review Organization.

The PSRO, which arrived in January 1976, was created by the federal government to ensure quality care for federally funded patients, and efficient use of government funds. At the Center, where Medicare and Medicaid patients constituted approximately 40 percent of the admissions, PSRO activities were put under the direction of a government team. By choosing this option rather than setting up its own PSRO unit, the Center was able to save an estimated $150,000 a year.

The Center also pioneered economies through group purchasing and generated income through selling shared services to other institutions. When malpractice insurance premiums rose out of sight—from $600,000 one year to $1.3 million the next—the Center moved into self-insurance. In 1980 the Center took on its own workers compensation insurance with even greater savings to the hospital. Earlier, the Center had been the first hospital in the country to devise a computer program that could cope with the overwhelming bookkeeping problems generated by federal Medicare regulations.

In 1975, for only the second time in its history, the medical staff presented the Gold-Headed Cane Award to a non-physician. The cane that had been awarded to Charles Dewey in 1955 for his role in the creation of the Center was passed on to Richard Loughery. As Dr. Melvin G. Alper, president of the medical staff, made the presentation at the medical staff banquet in 1975, he read Mr. Dewey's commendation: "When the band comes down the street the drum major receives the attention. Now it's time to recognize the guy beating the drum. He sets the tempo and keeps the procession moving."

Nancy and Mike Sconyers of Falls Church, Va., are the first couple to use the Center's new birthing room. They welcomed Joseph, a whopping 8-lb., 14½-oz. baby, on Nov. 13, 1978 at 2:04 a.m.

The tempo that Mr. Loughery set was spirited. In addition to nurturing the hospital's relentless growth in medical programs, patient services and facilities, "the boss" was responsible for guiding the Center's myriad interactions in matters ranging from personnel issues to finances to government policies. As Mr. Loughery was to remark to the trustees some months later, "The hospital is no longer an island in a peaceful sea. Regulators, third-party payers, consumers, competitors and the media cause us to keep a weather eye constantly to the windward."

One of Mr. Loughery's unique contributions was to set up, shortly after taking office, an administrative residency program for master's degree students in hospital administration. A number of these residents followed their two years of on-the-job training with positions as assistant administrators at the Center, and several later became chief administrators at major medical centers around the country.

Over the years Mr. Loughery's leadership was recognized in many ways. In 1961 he became a fellow in the American College of Hospital Administrators. He served as regent from 1968 to 1971, and then was elected to its prestigious e member Board of Governors in 1971. 1974 associate administrator David M grave, who had come to the Center as administrative resident in 1961, w named a regent, making the Cente only hospital in the country to have b regent and a governor in the college a same time.)

In 1976 the Center, as ever lookin the future, hired a consulting firm to h the hospital set goals and priorities fo years ahead. The consultants, the Medi firm, made an exhaustive six-month st working with Center staff at all le Then, taking into account new me services, government regulations, co nity attitudes, costs and other varia they made a series of recommenda They suggested among other things the Center initiate mutually bene relationships with secondary care h tals in and around Washington, esta satellite primary care centers, ex specialty clinics, add a second Physi Office Building, implement plans for a rehabilitation services, further ex extended care facilities, and establi shock-trauma service.

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specific audiences emerged: *Centerscope* magazine, *By-lines, The Medical Staff Bulletin, Nursing News* and *For Your Good Health* newsletters.

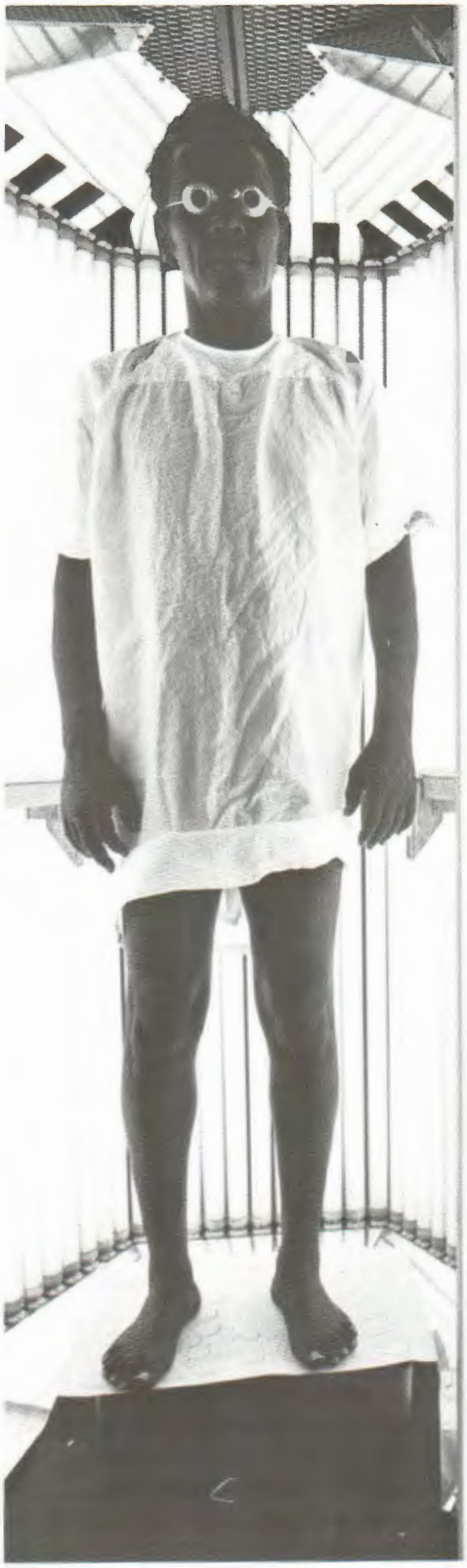
Nearly every year at least one of the Center's publications received national recognition. In 1972 the prestigious MacEachern award given in conjunction with the Academy of Hospital Public Relations went to three Center publications, *Centerscope, Center Line* and the *School of Nursing Bulletin.* By 1977 the Center had won nine MacEacherns in seven years, making it among the most cited hospitals in the award's history.

The public affairs department concentrated on building bridges to the community in many ways. A slide show on health careers was shown to an average of 1,000 students each year. The "shadowing" program gave high schoolers a taste of hospital work. Explorer scouts drew 30 teens per year interested in medical careers.

A speakers bureau, organized in 1974, lined up physicians, nurses and other professionals who volunteered to discuss health-related topics. In 1975 the Center launched an annual community health fair. In 1976 the Center hosted the premiere of *Live With It,* a film exploring the psychological adjustment to diabetes. With the approval of the American Diabetes Association, the film was distributed nationally. In 1977 the Center hosted the first of a series of dinners and conversations with members of Ward 4's Neighborhood Advisory Council, which over time were broadened to encompass neighborhood commissioners from other nearby wards.

The Center also developed its own closed-circuit television capability, WHC-TV, and, with the help of volunteers from the Junior League of Washington, began to produce videotapes on a wide variety of subjects for patient education.

The 70s were also a time when the nurses took to wearing pastel uniforms, nursing students graduated in miniskirts, and residents grew beards. Wives of the house staff decorated the walls of the children's waiting room with giraffes and



Equipped with protective goggles, a psoriasis patient stands in the "light box." Lined with six-foot-long ultraviolet longwave light bulbs, the showerlike stall was designed for a research project.

kangaroos, and wrote a cookbook as a fund-raiser. Center employees challenged each other in annual tennis tournaments, mounted winning basketball and softball teams and formed a radio club. In the face of rising gas prices in the mid-70s, and again during the gas lines of the late 70s, they shared car pools. The "preparation for parenthood" classes were translated to sign language for deaf couples, and teachers and students from Gallaudet College.

The Women's Auxiliary won national recognition in 1975 when the National Association for Hospital Development awarded first place, special projects category, to the Race for Life. By 1975 the traditional night at the harness races had brought in over $200,000 and it was still growing. The event received a special fillip, and a lot of media coverage, when the 1976 honorary chairman, the Iranian Ambassador Ardeshir Zahedi, arrived in the company of actress Elizabeth Taylor. It also raised nearly $50,000. In 1977 singer/actress Pearl Bailey was the honorary chairman.

The lobby shop, too, continued to turn a fine profit for the auxiliary. Gross sales topped $500,000 in 1976. Card sales alone were so phenomenal—$1,300 a running foot of display space, compared to a standard $120—that the shop was featured in a trade magazine, *Gift and Tableware Reporter,* and the auxiliary wrote a "how-to" guide for other hospital gift shops.

From time to time the auxiliary sponsored other assorted fund-raisers. Income from a "Fiesta" dinner dance at the Pan American Union in 1967 went to sponsor a fellowship for a researcher from South America. In 1969 benefit-goers started out with dinner at the British Embassy, then traveled via a double-decker bus to see the movie premiere of *Goodbye Mr. Chips.* In 1976 the auxiliary returned to the Pan American Union for a "Bicentennial Ball."

The auxiliary's diligent fund-raising efforts, plus income from television rentals and vending machines, and endowment funds created a veritable cornucopia whose gifts spilled into every corner of the hospital. Funds were used to redecorate patient rooms, the lobby, the employee lounge. The auxiliary underwrote equipment for neonatology, a debridement room for the burn unit and an inpatient cast room for orthopedics. The auxiliary contributed $13,000 to equip a laboratory for the noninvasive diagnosis of peripheral vascular disease and $10,000 to develop a skin bank. Funds bought audiovisual materials for the library, a small car for the security department, mannequins for teaching cardiopulmonary resuscitation, a music system for the intensive care nurseries and magazines for the surgical waiting rooms.

The auxiliary also continued to support the Needy Sick Fund and the specialty clinics. Funds from the auxiliary paid for transportation and medicine for patients in the glaucoma clinic and bought medications and small appliances for indigent patients in the outpatient clinic. And each year the auxiliary contributed to the Research Foundation. In all, auxiliary contributions came to $146,000 in 1977 and topped $177,000 in 1978.

Medical education programs flourish as the Center's way became a blueprint for almost every type of job that needed to be done in a hospital. In addition to the administrative residency program, the Center developed an educational residency for hospital chaplains and a three-year apprenticeship for hospital engineers. There were programs to train cardiovascular technicians and respiratory therapists, practical nurses and lab assistants. Graduates of the School of Nursing scored high pass rates on the state boards; so did the radiologic technologists. The medical technologists passed the registry exam in 1978 with one of the highest group scores ever achieved. In 1979 they took both local and regional titles, then advanced to the national finals of an academic "bowl" competition, a feat they repeated in 1980 and 1981.

Nearly all openings for house staff continued to be filled through the National Intern Matching Program. In 1976 the department of medicine alone had 1,000 applications for its 23 positions; residencies in ophthalmology were booked years in advance.

In the mid-70s the Center initiated several steps to put an even finer edge on its already formidable critical care skills

Washington Hospital Center's medical technology students display the plaque they won competing academic bowl national finals. Seated is Andrea Adams. Standing from left are Mary Figlia, C Sword, Michele Best (the team's coach), Denise Rioux and Sean Shea.

omen's Auxiliary's diligent fund-raising efforts, plus e from television rentals and vending machines, and ment funds created a veritable cornucopia whose gifts into every corner of the hospital.

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rticipated actively with overnments in the devel- h-needed regional Emer- Services program. Dr. n, director of the Center's t, was elected chairman MS Advisory Committee ll of 1977, 20 paramedics t Fire Department re- s of intensive training, d clinical, at the Center. as the first D.C. hospital A, a two-way communi- king paramedics with s. And Mobile 25, Wash- nsive care ambulance, the Center.

nter hired Dr. Howard its first shock-trauma tion to heading the surgical ICU, Dr. Champion was charged with developing a comprehensive trauma care program.

The following February the new shock-trauma service inaugurated a "Code Yellow" system. Members of the Code Yellow team, like those on the Code Blue team (for patients with cardiac or respiratory arrest), responded instantly with life-saving care for patients in surgical shock or with severe injuries—burns over 20 percent of the body, multiple injuries involving several body systems, or gunshot or stab wounds to the chest or abdomen. Since such patients generally required some form of emergency surgery, the Code Yellow team's goal was to stabilize the patient for surgery within 30 minutes.

By the end of its first day the Code Yellow team had responded to four different calls. According to one of the participants, it went "like clockwork."

Just a few weeks later the shock-trauma team was ready when a Code Yellow announced the arrival by ambulance of City Councilman, and future District mayor, Marion Barry. Mr. Barry had been shot when a group of Hanafi Muslims seized the District Building. Luckily his injuries were not grave; his chest wounds were treated in the intensive care area and he was promptly graduated to a private room.

Sue Hannan, assistant director of nursing for shock-trauma, received a grant from the Council of Governments to establish a shock-trauma training program for emergency room nurses throughout the metropolitan area. By July 1977, over 100 had participated. And in June 1977, the District government gave the Center the requisite green light for the construction of acute critical care resuscitation areas and operating rooms that would come to be known as MedSTAR.

On May 27, 1978, the Hospital Center nurses went out on a strike that did not officially end until June 28. It was one of the longest and most trying months in the hospital's experience.

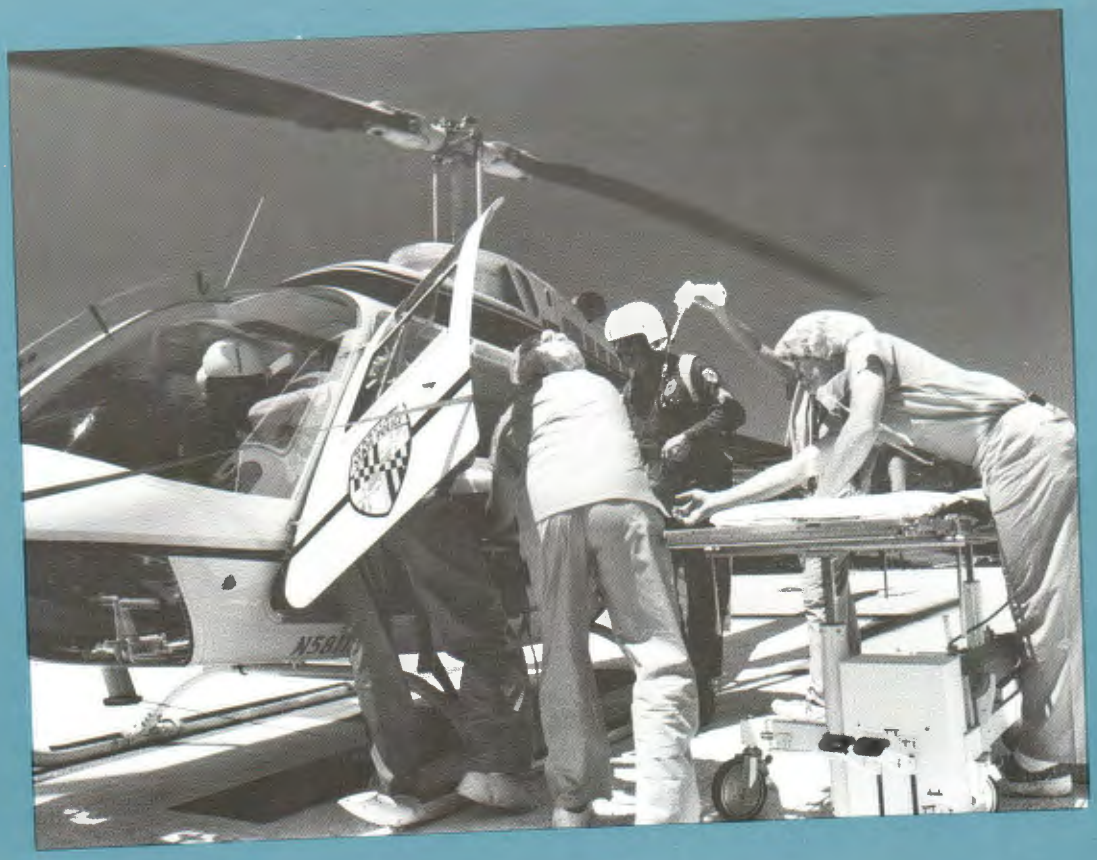
The threat of a strike started taking shape the previous May, when the Center affiliate of the newly formed District of Columbia Nurses' Association presented the Center with its proposed contract. Wages were less of an issue than a number of fringe benefits: maternity leave, assigning of fixed shifts on the basis of seniority and nurses' preference, time off for continuing education, grievance procedures for performance evaluations, increased vacation and sick leave. The nurses were also demanding a union shop whereby all staff nurses, as a condition of employment, would be required to become dues-paying members of the union.

The Center responded both by calling in supervisory personnel and by gearing down its operations. Nursing units were closed, and elective surgery was postponed. The shock-trauma and burn units remained opened, but emergency room arrivals, except for the acutely ill, were routed elsewhere. The Center also began to publish a daily bulletin carrying updates of strike-related news for employees.

Despite the disruptions, the hospital staff took the normally quiet Memorial Day weekend in stride. The Code Yellow team was called into action six times; obstetrics reported 26 births. Visitors expressed uneasiness about the picket lines and security apparatus, but patients assured reporters they were being well cared for. In a few days the emergency department came off re-route and open heart surgery was being performed again.

On June 26, the nurses voted 181-12 to end the 31-day strike.

Substantial compromises were made by both negotiating teams. The Center set itself to the task of getting back to normal.



1979-1981

Medicine is an advancing science and the best hospitals in the world are not those which merely use new knowledge, but those which create it.—Sir George W. Pickering

In March 1979, as the Center turned 21, it set the capstone on its critical care facilities. MedSTAR (Medical-Shock-Trauma Acute Resuscitation), was a receiving unit, a port of entry for persons in imminent danger of death. Within moments of arrival by ambulance or helicopter, the patient—whether the victim of burns, gunshot wounds, a severe heart attack or a diabetic coma—was in the skilled hands of a specialized instant-response team. Surgeons, critical care physicians and nurses, anesthesiologists, oral surgeons, technicians and therapists immediately initiated life-support measures. They opened airways, gave oxygen, hooked up intravenous lines so they could pour in vital fluids or instill drugs, measured heart and lung functions, and analyzed blood samples. They examined obvious wounds and searched for more subtle injuries, and they readied the patient for treatment, usually in one of the intensive care sections

The $1.6 million MedSTAR unit was situated on the first floor of the intensive care tower, footed by a new helipad and flanked by ambulance ramps. Six resuscitation bays ringing a glass-walled nursing station made it possible to treat a number of people simultaneously in the event of a large-scale accident or disaster. A shock room accommodated persons suffering from massive blood loss. A full-service operating room permitted major surgery on the spot, and built-in x-ray equipment minimized the need to move critically ill patients.

MedSTAR was distinguished by its interdisciplinary nature. It was geared to handle life-threatening medical emergencies such as cardiac arrest or drug overdose, as well as surgical emergencies such as central nervous system injuries or airway obstructions. As a result, it was well suited to provide top-quality care for someone with a combination of problems, for instance, an auto accident victim suffering from burns in addition to head and internal injuries.

MedSTAR was launched with a flurry of festivities. The Center hosted the now customary series of open houses. There were special tours for trustees from Children's Hospital as well as from the Center, and for members of the Advisory Neighborhood Commission. A series of luncheons brought emergency room physicians and nurses and hospital administrators from throughout the region. Approximately 800 people toured the facilities, and also got a look at the inside of a U.S. Park Police helicopter and D.C. Fire Department ambulances. The highlight of the week-long celebration came on March 1, when Mayor Marion Barry snipped a surgical gauze "ribbon" festooned across the entrance.

The first patients were admitted on March 12. In the first 12 days MedSTAR registered 27 admissions, including seven persons who arrived by helicopter. By the end of January 1980, close to 800 patients had been treated in MedSTAR, and the number increased to nearly 1,000 in 1981. The mortality rate was a low 14 percent.

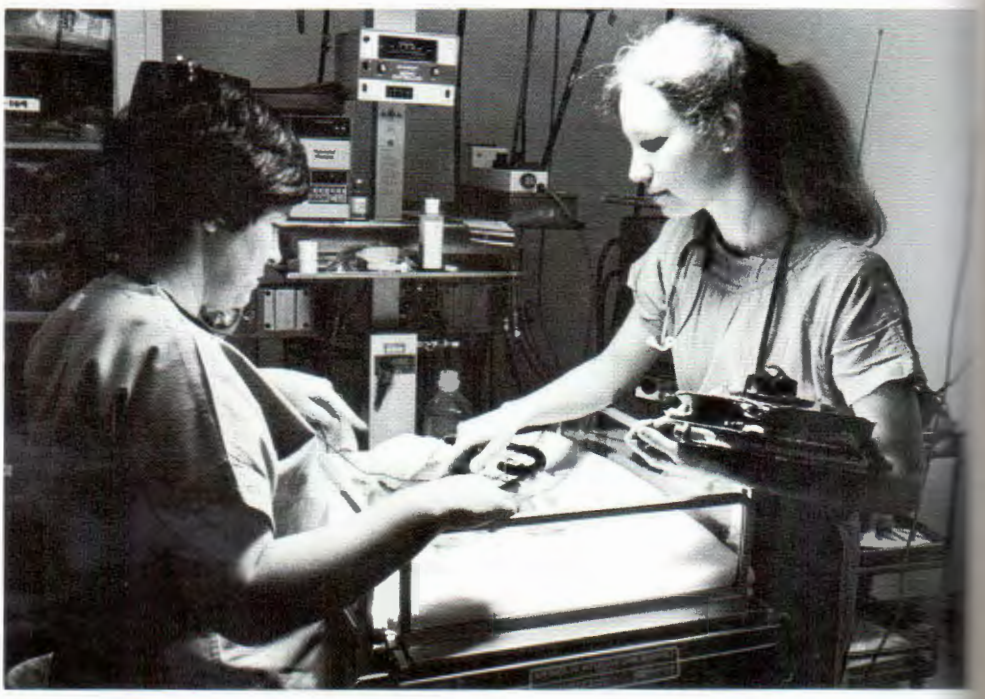
In September 1979 MedSTAR was designated as the District's official trauma center for helicopter arrivals. By 1981, the helipad was being used more than 300 times a year.

The dangerously ill patients treated in MedSTAR represented relatively few—just about 4 percent—of the 40,000 patients seen in the emergency department in a year. To keep pace with the development of emergency medicine as a distinct specialty, and to make the department as efficient as possible, in July 1980 the Center arranged with an outside group of physicians experienced in emergency department administration to assume management of the Center's emergency department. Under the four-year contract, Northeast Emergency Medical Associates provided highly qualified physicians. The nursing staff, however, remained accountable to the Center, and the ultimate responsibility for the quality of care rested with Dr. Harold Hawfield, director of medical affairs.

The emergency department also introduced a special corps of volunteers, known as emergency department representatives. The job of the emergency department representative was to provide liaison between the staff and the patients and their families, calming their anxieties and salving frustrations over waits.

The Center started off the 1980s with the District's first baby of the decade—a 9-pound, 8-ounce boy who arrived at 12:08 a.m.—and with a new president of the Board of Trustees. Succeeding Mr. Scrivener, who stepped down after nearly nine years in office, was the Hon. Samuel B. Sterrett.

Judge Sterrett, of the U.S. Tax Court, had been a member of the Board of Trustees since 1967. As chairman of the Long-Range Planning Committee, Judge Sterrett had laid the groundwork for the intensive care tower.



Mary Ellen Lynch, RN, and Mary Milewski, RN, examine an infant in the intensive care nu... where they work as the hospital's first nurse intensivists.

Under the leadership of Judge Sterrett, the Center began to move in a variety of new directions. Symbolically, the Center adopted a new logo. In place of the traditional circular seal, the Center chose a square in which a hospital cross is formed by four blocks—three black blocks to represent the three merging hospitals, and a blue block to stand for the product of the merger, the Washington Hospital Center.

The board stepped up its explorations into the multi-hospital system, a concept that was becoming increasingly popular around the country. It took steps to reshape board activities, so that trustee energies would be focused more sharply on policy, less on management. And it adopted a mission statement, clearly acknowledging the Center's role as a tertiary care facility.

In 1980 the trustees made a deci... that had become inevitable; they vote... phase out the School of Nursing. Altho... the School of Nursing ranked as one of t... 10 oldest in the country and its gradu... were widely recognized for their h... caliber, as a three-year diploma scho... was one of a dying breed. In 1965 t... American Nurses' Association took a st... favoring baccalaureate programs, a... diploma programs had been closing d... ever since.

In 1972 faculty members from the Ce... ter's School of Nursing issued a posi... paper endorsing degree programs. T... Center explored affiliations with Am... can University, George Washington U... versity and Trinity College. In 1980 t... Center and the Catholic University ... America arrived at a formal agreemen... a cooperative arrangement. Nursing s... dents from Catholic University would ... classrooms in the School of Nursing ... the Center would be their primary site ... clinical experience.

While the School of Nursing was be... phased out, the hospital's nursing ser... was getting a boost in status. In rec... tion of the growing role of nurses ... professional members of the health c... team, in 1979 the board adopted an or... izational restructuring that brought ...

end Alternative was one of many fresh approaches to the ems of staffing. Popular with the nurses, it cut the Center's costly commercial nursing pools.

officer up to the level of the dical affairs. These persons, e operations officer and the uld report to the chief exec-

number of the medical staff the new arrangement, Mr. tended that the changes the hospital in many final report as chief execu- November 1981, he told the rators that the new lines had resulted in "a better d a stronger nursing ser- h improved recruitment

of 1979 the hospital hired practitioner, or clinical to take patient histories ysical examinations in the surgery. Before many other nurse practitioners in the emergency depart- rated "excellent" by both ff physicians. In August tives were given approval to work at the Center rvision of private physi- specially trained profes- rse intensivists joined the orn intensive care unit.

r, as elsewhere in the staffing was a chronic l turnover at the Center low only in comparison 45 percent figure.

t and retain top quality r maintained an active gram. The Center's full- nurse recruiter, Lois job fairs, attended col- and ran ads in journals. hat everybody is looking g," she explained, "ex- particularly experienced ses."

en Costello, RN, leading rt, the department of nursing began a completely fresh approach to the problems of staffing. Nurses opting for the so-called Weekend Alternative could earn a full week's pay by working Saturday and Sunday only; those working 7 a.m. to 7 p.m. were paid for a 36-hour week, those on the night shift were paid for a 40-hour week. And nurses not on the Weekend Alternative could choose to work Monday through Friday.

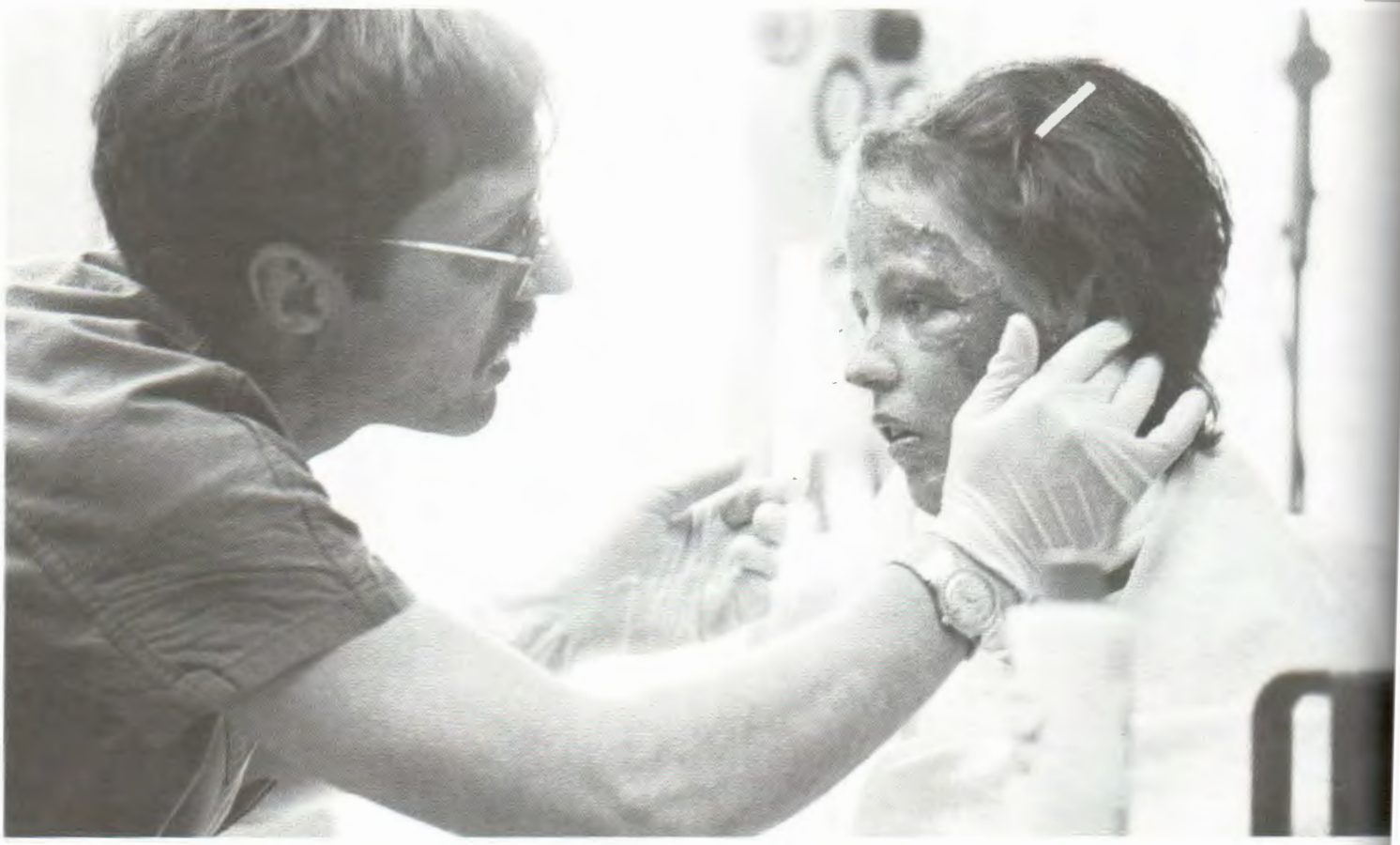
The phone started to ring as soon as the ads appeared in the newspapers; in the first two months the Center received over 800 calls. At the end of the program's first year it was judged exceptionally successful. The U.S. Department of Labor announced its intent to study the program.

The Center also developed a rich assortment of educational programs for nurses. A preceptorship program was developed to help ease the transition for newly graduated nurses just entering the work force and a course was developed to prepare staff nurses to become preceptors. Nursing grand rounds were initiated to give staff nurses an opportunity to learn a team approach to patients with complex nursing needs, such as kidney transplant or laryngectomy patients. Nurses were offered classes in how to conduct physical exams; an internship for operating room nurses ranked as one of the nations's finest. In November 1981, the Center's continuing education courses won full accreditation from the American Nurses' Association—an honor usually reserved for programs run by universities or state or regional nursing associations.

The various initiatives in the department of nursing paid off. In 1981, even in the face of a nurse shortage, the number of staff nurses employed by the Center increased by 165 for a total of nearly 750.

Patterns in house staff education, too, were changing. Increasingly residents were rotating for shorter periods of time to a greater number of institutions. The Center developed a variety of affiliations with the area's universities, armed services institutions, including the Armed Forces Institute of Pathology, and area hospitals, including the neighboring Children's and the Veterans Administration hospitals. In some cases, residents and fellows from other institutions—George Washington University, Georgetown University, or the University of Maryland—rotated through the Center; in other instances, Center residents rotated outside. The orthopedics and neurosurgery programs, for instance, were thoroughly integrated with George Washington, and residents could rotate for varying lengths of time to George Washington, the Center or Children's. Obstetrician-gynecology residents went to Johns Hopkins for gynecologic oncology; urology and surgery residents acquired community hospital experience at hospitals in the nearby Maryland suburbs.

In 1980 the Center pioneered in-house higher education for employees. A bachelor's degree in human services was offered through an off-campus program of George Washington's School of Education. Eighty employees enrolled to take the weekly evening classes in subjects such as human development, anthropology and business.



Burn care is one of the most expensive treatments in medicine. For a 50 percent burn, the bill will be $75,000 and up. But if a critical patient is to surv... patient needs specialized supplies and 24-hour attention from everyone on the burn team. The Washington Hospital Center has the only adult burn uni... region and provides three levels of care: a 10-bed intensive care unit, a 13-bed rehabilitation unit, an outpatient care for those who have been discharged.

Clinical innovations continued to flourish at the Center. In June 1979 the Center was granted approval to build a second cardiac catheterization lab. In the spring it performed its 100th kidney transplant. When a new, more effective, less painful rabies vaccine was developed, the Center was selected as the sole facility in the District to administer it. The immunogenetics lab, which performed tissue typing as well as research under the direction of Lamya Al-Arif, Ph.D., won certification as an independent histocompatibility laboratory. And the Center's glaucoma service introduced laser treatment as an outpatient alternative to surgery for patients with chronic open-angle glaucoma, a frequent but preventable cause of blindness.

A 1979 report from the Metropolitan Tertiary Care Task Force documented that the Center was doing more open heart procedures, with a better success rate, than any other hospital, public or private, in the area. In fact, with more than 700 non-emergency open heart operations to its credit in 1979, it had performed three times as many as any of the others. Furthermore, the mortality rate was 1.8 percent—far below the 5 percent level the task force considered acceptable.

Nearly 600 of the procedures were coronary bypass operations. Patients came from as far away as Great Britain, Greece and the Middle East. For bypass surgery the mortality was 0.8 percent, a figure that compared very favorably with statistics from leading institutions.

In 1979 the burn unit opened a skin bank. The facility, which was equipped with funds from the Women's Auxiliary, was the only one of its kind in the metropolitan area and one of only 11 in the nation.

The skin bank made it possible to ... serve, through freezing, living skin ti... taken from cadaver donors. The ti... when thawed, served as a prote... dressing for patients with exte... burns, locking in the patient's body ... ture and keeping out infection, whil... skin grew. In 1981 the skin bank re... its 100th donation, making it third ... nation in the number of contribu... received.

In 1980 the burn unit, which by ... time was treating 200 patients a ... opened an 18-bed intermediate ca... step-down, unit on 1E. Just a year ... the burn step-down unit and the ... rehabilitation service were brought ... centralized, self-contained section ... the recuperating burn victim could re... occupational and physical therapy, as ... as pyschological support. In the rea... tion were 13 beds. The middle se... housed a gym-like area with mats a...

rrett (center), president of the Center's Board of Trustees, and Howard Champion, r of shock-trauma, answer reporter's questions about the visit of President Reagan's homas Delahanty, the D.C. policeman shot while protecting the president.

e, as well as specialized pment. At the front of the for outpatient burn care. along with the Needy ewsletter *For Your Good ew Emergency First Aid* ed to star in four public ments the Center made 0. The announcements bring some of the Cen- before the public eye. itive. Requests for more s, 100 donor cards and bscriptions" were filled. of the Center's story a slide show, *What To bulance Arrives,* and a kness, *In Health: The tal Center.* Both slide ere made available to s as an offshoot of the

Center staff, so skilled in responding to the emergencies of others, proved their deftness in handling an inhouse crisis when a fire broke out on a nursing unit in May 1980. It was 6:30 a.m. on a Sunday when the nurse in charge of 3C saw smoke seeping out from under a patient's door. The man had fallen asleep while smoking in bed and his bed linens and mattress had caught fire.

The nurse flew to help the patient out of the burning bed. While one nurse sounded the fire alarm, another began immediately to move other patients out of the unit. She was soon joined by employees who sped to 3C from all over the hospital, to help transfer the unit's 29 patients to empty beds on other units. Meantime the hospital's fire brigade put out the blaze.

In all, 13 employees needed to be treated for smoke inhalation and two for back injuries as well. Many of the patients were frightened, but none of them suffered any injury. By 9 a.m. they were settled into their new quarters and having breakfast.

MedSTAR made the news twice early in 1981. In the first incident, a bus accident in Virginia killed 11 persons and injured 12 others, some critically. Two of the victims were flown to MedSTAR by U.S. Park Police helicopters.

The second flare of publicity was sparked by the attempted assassination of President Ronald Reagan on March 30. At 2:40 p.m. MedSTAR learned that an ambulance carrying a wounded District policeman was headed for the Center.

The Code Yellow was still being announced when the first press call came; according to the department of public affairs, "The phones did not stop ringing for the next five days."

The Code Yellow team turned in their usual swift and competent performance; Officer Thomas Delahanty had a bullet wound at the base of the neck but surgery was judged to be unnecessary; his condition was listed as serious.

The shooting brought not only hordes of reporters and cameramen, but also a string of famous visitors. Hospital employees lined the hallways and crowded at windows to get a glimpse of the vice president, the president's wife, and the president's children.

As Officer Delahanty's condition improved, the visits, media coverage and excitement began to die down. Then word came from the FBI that the bullet lodged in the policeman's neck was a "Devastator" bullet, designed to fragment on impact. The officer agreed to have it removed. Volunteer health care professionals staffed the operating room. The potentially dangerous surgery went without hitch, and Officer Delahanty was discharged nine days later.

Washington Hospital Center came to an end of an era in 1981. Throughout the preceding months, the Center had lost several of its old friends. On Christmas Day 1980, the 100-year-old Charles Dewey died, bringing to an end a lifetime of public service and nearly four decades of devotion to the Center. On that same day the remarkable Blanche Litsinger, who had spent a record 18,000 hours performing volunteer service for the Center, died at the age of 97.

In July 1981, a memorial service was held for Dr. Ernest Alva Gould. Dr. Gould, a surgeon who had served on the Board of Trustees for nearly 20 years, as president of the medical staff, and chairman of the department of surgery, just months before his death, was named full-time director of oncology, charged with building up a comprehensive cancer program. Since 1965, when a group of his friends anonymously established an award to honor him, the Ernest Alva Gould Award had been presented each year to the "surgical house officer who has made the greatest all round effort."

In September the Center mourned the loss of Dr. Louis Gillespie, Jr., a senior attending physician in internal medicine. Like Dr. Gould, Dr. Gillespie had been a trustee, and had served as president of the medical staff.

In addition, Mr. Loughery announced his plans to retire at the end of 1981.

On Dec. 16, 1981, dignitaries and health care leaders from around the country joined Center employees with more than 25 years of service under a yellow-and-white-striped tent at the foot of the intensive care tower. They gathered to honor Mr. Loughery, the administrator who had so masterfully guided the fortunes of the Washington Hospital Center for 25 years.

The previous night 100 of his friends and long-time colleagues had feted him at a black-tie dinner at the City Tavern Club. That day they witnessed the formal dedication of the intensive care tower as "Loughery Tower." The dedication read: "May this tower remind us of the m... whose judgment, ideals, sense of duty a... devotion to the hospital and to the s... and injured of the community se... example for us all."

Board President Samuel Sterrett, a... dressing the group, declared that "t... hospital's current preeminence is d... more to Richard Loughery than to a... other single individual. We all owe h... debt of gratitude for his skilled leader... and the contributions he has made o... the years to the hospital's growth a... reputation for excellence."

The Center approached the end of 19... with a long look to the future in the f... of a 10-year site development plan. T... previous plan had been developed in t... late 1960s and, as the director of plann... Michael Kirlin, explained, a new plan w... essential to make sure that new dev... ment would proceed as efficiently a... possible.

A scale model, unveiled to the trus... in the autumn of 1981, showed nine p... ects, their variety a graphic illustrati... the Center's growing complexity. A he...

On Dec. 16, 1981, the 74-bed intensive care tower is dedicated to Richard M. Loughery, administrator, a man who has dedicated 26 years to the advan... of the Center.

nter approached the end of 1981 with a long look to the in the form of a 10-year site development plan: nine s which illustrated by their variety the Center's growing xity.

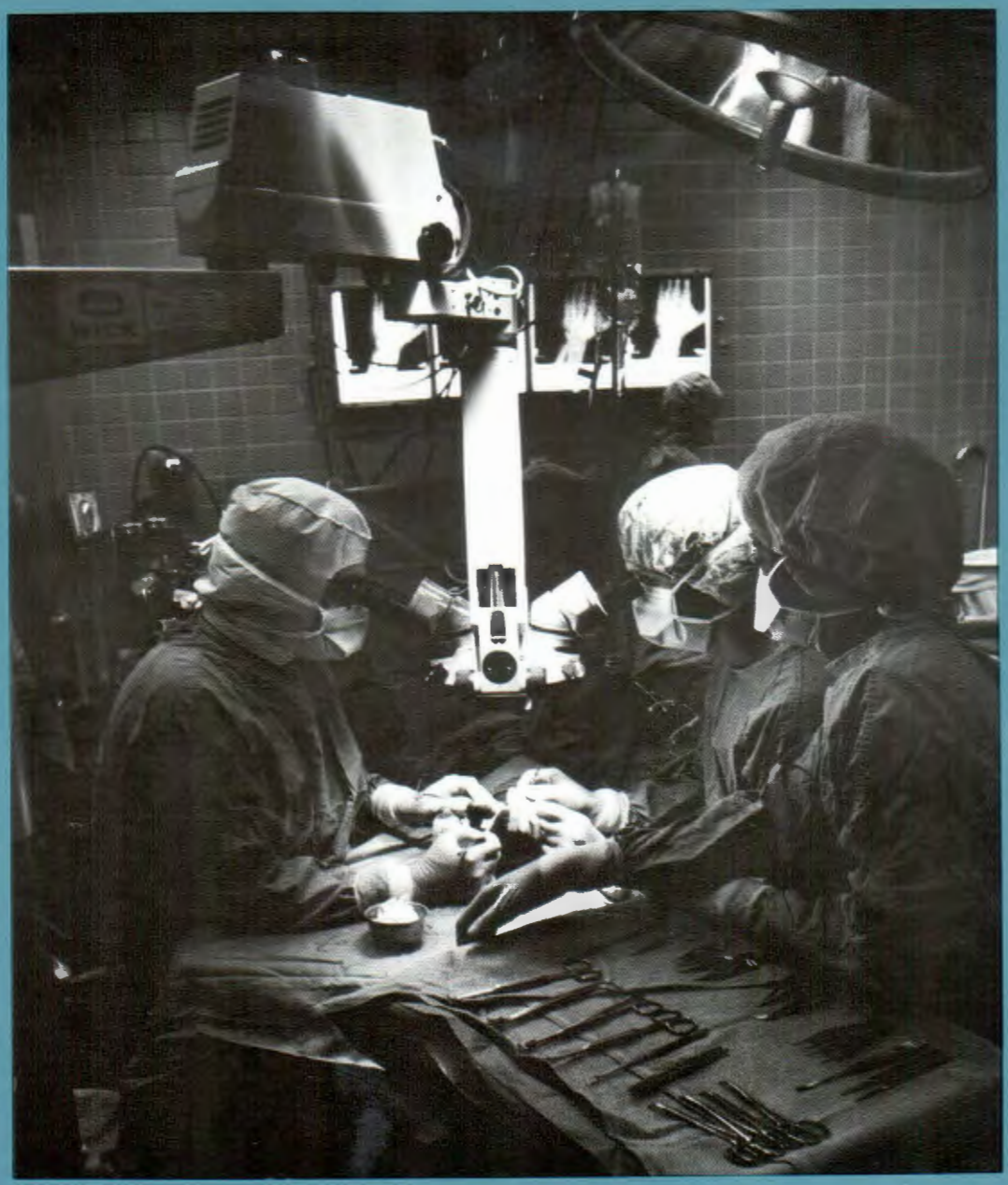
atize what 25 years have done to alter the Center's appearance. The bare structure just before it opened in March 1958. Below it is the site as it looks today with its —the George Hyman Memorial Research Building, the Physicians Office Building, 6D, Jane's pool, the tennis courts, multitudinous parking lots and landscaping. ration and Children's hospitals (far left and right) complete the picture.

institute would accommodate the increasing number of patients drawn to the Center by its growing reputation for excellence in open heart surgery. A psychiatric pavilion would provide a private, quiet environment for psychiatric and substance abuse patients. A training and education complex was planned to serve as a conference and lecture center—and a fitness center—for the staff and employees.

Because the architect's evaluation showed that a teaching hospital the size of the Washington Hospital Center needed more space per patient bed than it had, the site development plan called for new nursing units, probably to be built in two sections of 150 beds each. The Center's total number of beds would not increase, but all patient rooms and support areas could be made more spacious.

Twenty-one new operating rooms would be built on the ground floors of two existing hospital wings while the emergency room would be relocated close to the operating rooms and MedSTAR. Finally, there would be a second physician's office building, a parking garage with space for 850 cars, and even a hotel to accommodate visiting consultants and families of out-of-town patients.

The board received the plan enthusiastically and took the first step toward implementing it when they approved funds to develop the requisite certificate of need application.



1982-1983

The environment in which hospitals operate has changed quite dramatically in the two past decades. . . . Present economic demographics and regulatory policies suggest, that in order to survive today, hospitals must learn to anticipate rather than to react to changes.—Diana Barrett, *Hospitals*, April 1, 1982

The Center's 25th year was a pivotal one. With a new president, John Perry McDaniel, at the helm, the Center executed a series of actions that propelled it, in Mr. McDaniel's words, "from the era of solo, free-standing hospitals into the age of multi-institutional health care delivery systems." Before the year was out the Washington Hospital Center had become the flagship of the Washington Hospital Center Health System, allied with a spectrum of other health care facilities as well as businesses oriented to supporting health care components.

Mr. McDaniel brought to his new post 15 years' experience in a variety of health care settings. Most recently he had served simultaneously, as president of three Baltimore-area health organizations—a 220-bed acute care hospital, a 1,400-bed health care consortium, and a for-profit health resources company that provided management service to local health institutions.

The Center, Mr. McDaniel found, was ideally suited to launch the District's first multi-hospital health care delivery system. The concepts of reorganizing on a corporate level, and then developing links with other local health care facilities, had been under consideration by the trustees for several years. The Center's potential had been identified first by the Medicus study in 1976, and then the report by Booz-Allen & Hamilton in 1980.

"Thanks to years of good leadership and the Center's prominence in the community, we were in a perfect position to take on the challenge," Mr. McDaniel said. "The Center's subspecialty, teaching and tertiary programs can strengthen the services provided by community hospitals and other types of primary and secondary health care facilities. At the same time, such institutions can act as a feeder system to the tertiary programs at the Center." Approximately one-third of the nation's community hospital beds already belong to multi-hospital systems, he pointed out, and the American Hospital Association expects the proportion to rise above two-thirds by 1986.

As a preliminary step, in March Mr. McDaniel gained the trustees' approval of an operating plan that set several goals for 1982. The first of these was to streamline management functions and reorganize the staff into corporate and operational services, a move designed not only to increase efficiency and save money, but also to set the stage for the Center's new corporate structure. Another of the goals was to shave operating costs. Yet another was to install a comprehensive computer system to process clinical as well as financial data. Finally, the administration wanted to develop a five-year business plan that would spell out ways for the Center to develop alliances in a regional health care delivery system, and to implement the Center's plan for site development.

The new regional nonprofit health care system came into being in July when the Center and Capitol Hill Hospital joined forces, then fissioned into a holding company: the Washington Hospital Center Health System, and two operating company subsidiaries: the Washington Hospital Center and Capitol Hill Hospital. Capitol Hill Hospital, established in 1888 as Eastern Dispensary and Casualty Hospital, is a modern 250-bed nonprofit community hospital located on Massachusetts Avenue seven blocks northeast of the Capitol. During 1982, with a medical staff of 400 and 750 employees, it treated more than 30,000 patients.

The arrangements to join forces capped months of planning. Initial discussions between the two chief executive officers, Mr. McDaniel and Randall H. Rolfe of Capitol Hill, were soon supplemented by meetings of a joint task force. Center representatives included the chairman of the board, Judge Samuel B. Sterrett, and Drs. Neville K. Connolly and Robert E. Collins, medical staff president and past president, respectively. Then a third-party consultant was brought in to coordinate and negotiate an agreement. The formal vote was taken at a joint meeting of the two boards of trustees in April.

Unlike the merger that created the Center in 1958, the new health system would not alter the autonomy of the two collaborating hospitals, or of other institutions that would join with them later. Each hospital retained its own medical staff, board of trustees and operating officers. From the outset, however, they shared purchasing, planning and some financial services and, in July 1983, they expect to merge their assets.

Dr. Charles Levy, director of infectious diseases, and Carol Ormes, microbiology lab director, discuss the development of an unusual mycobacterium on a culture taken of Pat Felch's infection. She was one of five passengers aboard Air Florida's Flight 90 to survive an icy plunge into the Potomac River, Jan. 13, 1982.

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ee.

Mr. McDaniel reinforced his
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In September the Center an-
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at 4:20 p.m. on Jan. 13, 1982
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ress system announced,
s is not a drill." A plane

Capitol Hill Hospital, which joined the Washington Hospital Center to form a regional multi-hospital system in July 1982, has 250 beds.

with an estimated 80 persons on board had crashed during a snowstorm into the icy Potomac River. No one knew how many survived.

The disaster alert came at a time when members of both day and evening shifts were in the hospital. Within minutes 39 physicians plus enough nurses and allied health personnel to staff all seven patient bays had assembled in MedSTAR. Another 29 physicians, plus staff, stood by in the emergency and outpatient departments, where ambulatory patients could be treated.

Employees from virtually every department—dietary, communications, admitting, pastoral care, environmental services, public affairs—rallied to help. Concerned citizens with four-wheel drive vehicles volunteered to bring employees to work through the snow. At the blood donor center, 37 persons, including 11 Center employees, responded that evening to a call for O-positive blood.

Forty-five minutes elapsed after the Code 777 sounded before an Army helicopter arrived with one of the five known crash survivors. The Code Yellow team was waiting at the helipad to escort the patient in. She was swiftly treated for hypothermia and multiple injuries and listed in critical condition.

Other personnel continued to wait for additional crash victims, but, as the minutes ticked away, it became apparent no other victims would be found alive.

Meantime, a rush hour subway train derailed, leaving three commuters dead and dozens injured. The city's fire department alerted the Center's emergency department to expect an unspecified number of casualties. Around 5:30 p.m. six ambulances carrying 16 accident victims sped up to the emergency entrance. Patients who were ambulatory were directed to the outpatient department.

With the presentation of diplomas to these 33 seniors, the Washington Hospital Center School of Nursing closes after 93 years of nursing education and 3,500 graduates.

The more severely injured were treated in the emergency department. By 7:30 p.m. they were all treated, and the hospital's tempo ebbed back to normal. Afterwards, Dr. Frank Brown, director of the emergency department and chairman of the Center's Disaster Plan Committee, said the event revealed some minor correctable flaws in the disaster plan. Overall, however, he had only praise for the employees' "initiative, compassion and cooperation."

During 1982 the Center developed several new patient services. The Continuous Ambulatory Peritoneal Dialysis program was designed to help patients with severe kidney disease function more independently by teaching them to perform self-dialysis in their homes or offices. The Center hired a perinatologist, Dr. Jean Bolan, to head up a section on maternal/fetal medicine, for women whose pregnancies were complicated by disease such as diabetes or high blood pressure. About 40 percent of the nearly 3,000 babies born each year at the Center were high risk. It also established a pain service, under the department of anesthesiology, to evaluate chronic pain sufferers and provide treatment.

After two years in the planning, an innovative program called Wide Track made its debut in mid-1982. The five-rung career ladder was meant to help attract and retain experienced nurses by allowing nurses to advance professionally without necessarily leaving direct patient care.

Education was a major feature of the Wide Track program. To move up a step, a nurse was required to take additional courses. At the top level, a nurse could choose from four specialized tracks: education, management, clinical care and research.

In May the School of Nursing, about to close its doors after 93 years, held a reunion that drew a nostalgic but lively group of 500 graduates of the classes of '57 to '81, plus 13 from Emergency and [illegible] from Garfield hospitals.

June 6 was graduation day for the last class. Nan B. Dunn, director of the school since 1966, presented the candidates, and Mrs. Pryce, secretary of the Board of Trustees, conferred the degrees. The 33 seniors became part of a cadre of 3,500 nurses who had graduated since 1888 from the Center's school or its predecessor at Garfield Hospital. In the words of Robert G. Cleveland, who served as chairman of the board's School of Nursing Committee for 10 years, "The history of the Washington Hospital Center School of Nursing is the history of nursing in America."

But, as Mr. Cleveland pointed out, "This day's graduation does not mean a closing, but represents a kind of continuity after 93 years." Through the Center's affiliation with the Catholic University of America, 128 nursing students would be coming to the Center for clinical training during the 1982-83 school year.

history of the Washington Hospital Center School of ing is the history of nursing in America," said Robert G. land. "This day's graduation does not mean a closing, but sents a kind of continuity after 93 years."

Center's medical education ntinued to thrive. When the e National Intern Matching re announced in May 1982 ad succeeded in filling 27 of s in medicine, four of four in gynecology and 16 of 17 in gether the Center had over n training.

rs. Robert E. (Barbara) Col- and former president of the iliary and a member of the tees, took over as president h Foundation. Mrs. Collins her energies to revitalizing the organization and won the administration's commitment to help support Research Foundation projects.

"The Research Foundation has a unique contribution to make to the health system," Mr. McDaniel said. "It provides the private practitioner an opportunity to conduct applied research, and we must be willing to take up the slack as government and foundation funding is cut."

In 1982 the Research Foundation awarded over $235,000 to fund 22 research proposals (all of which had to pass a multi-step scrutiny, beginning at the level of department chairman and going up through the Medical Board, the Board of Directors of the Research Foundation, and the health system's Board of Trustees). In 1983, 25 projects received in excess of $300,000.

s Brenda Clark (left) and Diane Duncan clown around during "Circus Day" held loyees. Dietary staff employees plan these monotony breakers and also prepare the s for them.

The spring of 1982 witnessed the Center's now traditional festivities and celebrations. The auxiliary's Race for Life in May drew a crowd of 700 to Rosecroft Raceway and netted $25,000. Over the years the auxiliary's total contributions to the Center approached $3 million, according to Mrs. Collins. At the volunteers' spring luncheon Ilene Cox, director of volunteers, oversaw a program honoring 400 persons who had donated nearly 56,000 hours of service. At the annual Medical and Dental Staff banquet in June, Gold-Headed Cane Awards went to Drs. Wesley Oler, internal medicine, and Alexander Russell, obstetrics and gynecology; a special award for excellence in teaching was given to Dr. James A. Curtin, chairman of the department of medicine. And at the annual 20-Year Club luncheon in June, another 26 employees joined the ranks of those who belonged to the Center family for 20 years or more.

By 1982 the Center had 3,600 employees in 350 jobs, and a payroll of $50 million, plus benefits. Through the years employee turnover—staggering in the early years—steadily declined. From a high of 69 percent in 1959 it fell to 56 percent in 1962, 51 percent in 1973, and 27 percent in 1977. By 1980 it was 22 percent.

September saw one former employee return to take a top post. As the health system prospered, Mr. McDaniel's attentions were increasingly claimed by corporate matters. To handle the internal operations of the approximately 900-bed Hospital Center, the board created the position of executive vice president and named Dunlop Ecker to fill it.

Dunlop Ecker joined the Center as executive vice president Sept. 1, 1982. Mr. Ecker served as an assistant administrator at the Center from 1966 to 1969.

From 1966 to 1969 Mr. Ecker served as an assistant administrator, responsible for such areas as clinical affairs, security, research and legal affairs. But, his ties to the Center go back much further. His father, Dr. Henry Ecker, served as vice chairman of the department of medicine and a member of the Board of Trustees. His great-uncle, Dr. Lewis Ecker, was appointed to the staff of internal medicine at Garfield Hospital in the 1920s.

Mr. Ecker left the Center in 1969 to take a law degree, to complement his work in hospital administration. Subsequently he worked as an administrator at the University of Alabama Hospitals and Clinics. In 1963 he became administrator of a community hospital in the District, and its president in 1979.

The move back to the Center was not only a "coming home" for Mr. Ecker, but an opportunity to share the future of what he called "the shining star of the corporation ... with a reputation known beyond this region."

Through 1982 the new Washington Hospital Center Health System continued to put up new shoots. The five-year plan, developed by the executive management team and outlined to the board in April, called for the development of a vertically integrated health system equipped to provide care at all levels. In part this would mean building up the Center's tertiary programs, in the process changing the mix of the Center's 900 beds from 300 at the tertiary level and 600 at the secondary level to 450 of each. Additionally, the Center would aim to develop affiliations with community hospitals having a total of 1,000 beds. Finally, the system would encompass 500 aftercare beds.

To facilitate its growth, the health system promptly developed two business-oriented subsidiaries. Center Properties, Inc., was formed to handle real estate transactions and to become the base for the site development program. It opened up the way for capital expansion projects, such as the "hospotel" (a hotel on hospital grounds), without having to deplete hospital assets. The second company, Capital Health Resources, was created to provide quality and cost-effective services to all the members of the system. These would include planning, marketing, public affairs, legal services, construction, special projects and financial management.

By autumn 1982 bulldozers were clearing the site for a two-deck, 885-car parking garage scheduled to open in September 1983. In one swoop this would alleviate a daily shortage at peak hours of 350 parking spaces and it would free surface parking lots for additional buildings. Pending approval from regulatory bodies, construction of a tower housing 150 private patient rooms is expected to get under way as soon as the garage is complete.

Opening up the patient care network in a totally new direction, the health system made plans to acquire the Center for Ambulatory Surgery, Inc. (CASI). Located in a prestigious downtown medical office building, CASI is the only such facility licensed in the District of Columbia. It has five operating rooms, a staff of more than 60 physicians—many of whom also have privileges at the Center or Capitol Hill Hospital, and a growing practice in economical and convenient in-and-out surgery.

Then, in late October 1982, the health system announced a development that in Mr. McDaniel's opinion, would have a most profound impact on the Center's

Physical and occupational therapists in the Center's rehabilitation and physical medicine department may be able to follow their patients through to complete recovery when the National Rehabilitation Hospital, pending official approval, joins the Washington Hospital Center Health System.

hospital's site development plan shows (1) the area where the new operating room facilities will be located on the ground floor level, (2) the he new emergency department, (4) the 850-space parking garage, (5) the replacement nursing units, (6) the second physicians office cted area where the rehabilitation hospital will be built, (8) the psychiatric pavilion, and (9) the training and education complex.

onal Rehabilitation Hos- o be built as a for-profit e grounds of old Chil- announced its plans to igton Hospital Center id, pending approval by anning agency, to build nter's grounds.

as a not-for-profit sub- vard A. Eckenhoff as Eckenhoff previously ee, vice president and he 170-bed Rehabilita- icago.

Rehabilitation Hospital on's first hospital de- to comprehensive re- physically disabled. By lth system, it could expect to save $5 million to $10 million in construction costs and, because of increased efficiencies through shared services, operate at a savings to patients of 10-15 percent per day. Its patients would be assured of instant access to the Center's outstanding emergency services, while the staff would have access to the resources of the Research Foundation. The Center for its part would no longer have to refer patients needing comprehensive rehabilitation services to Philadelphia or New York, or as far away as Chicago or Denver.

The Hospital Center is almost a textbook example of the vertically integrated health care system," Mr. McDaniel said. "We have an almost perfect balance, with primary care in the clinics, the emergency department, the Physicians Office Building; secondary care in the hospital, and through affiliated community hospitals and the ambulatory surgery facility; and tertiary care in the specialty units—burn, shock-trauma, open heart surgery, perinatal intensive care, transplantation. The Rehabilitation Hospital brings to the campus what can be considered a fourth level of patient care.

"With these resources, plus strengths such as our medical education program and the Research Foundation, we are in a position to offer our patients a breadth and quality of care that cannot be surpassed," Mr. McDaniel declared. "During the next 25 years, as we add the Heart Institute and the other projects in the site development plan, and as we arrange additional affiliations, the Washington Hospital Center will come to surpass any other health care facility on the Eastern seaboard."


Washington
Hospital Center
Main Entrance
Parking
Michigan Ave. Exit
Medstar
Visitors Parking

1958-1983

Washington Hospital Center Chief Executive Officers

Warwick T. Brown, M.D./*1958-1959*
Richard M. Loughery/*1959-1981*
John P. McDaniel/*1982-*

Washington Hospital Center Trustee Presidents

Charles S. Dewey/*March 1952-February 1959*
Samuel Spencer/*February 1959-May 1960*
Walter N. Tobriner/*May 1960-February 1961*
A. Murray Preston/*February 1961-February 1965*
Milton A. Barlow/*February 1965-February 1967*
Gilbert Hahn, Jr./*February 1967-April 1969*
Thomas H. Reynolds/*April 1969-February 1971*
Samuel Scrivener, Jr./*February 1971-November 1979*
Judge Samuel B. Sterrett/*November 1979-*

Washington Hospital Center Trustees, 1958-1983

Theodore J. Abernethy, M.D./*1958-1962, 1964-1969*
Melvin G. Alper, M.D./*1966-1971, 1975-1983*
Mrs. Albert W. Atwood/*1959*
Guenter J. Augustin, M.D./*1982-1983*
Garnet W. Ault, M.D./*1969-1971*
William E. Bageant/*1972-1974*
Milton A. Barlow/*1962-1974*
Richard D. Barrett/*1974-1977*
William T. Bell/*1960-1968*
Mrs. Karl R. Bendetsen/*1976*
F. Norman Berry, M.D./*1977-1980*
Randolph G. Bishop/*1958-1964*
Herbert C. Blunck/*1961-1978*
Justin D. Bowersock/*1960-1983*
Philip S. Bowie/*1967-1975*
Frederick M. Bradley/*1958-1980*
A. Marvin Braverman/*1967-1974*
Crenshaw D. Briggs, M.D./*1960-1967*
Warren D. Brill, M.D./*1975-1977*
Mrs. E. Fontaine Broun/*1961-1962, 1976-1977*
Travis Brown/*1958-1972*
Judge William B. Bryant/*1965-1973*
The Reverend Lloyd S. Casson/*1980-1983*
Honorable William R. Castle/*1958-1963*
S.T. Castleman/*1969-1971*
Frederick L. Church, Jr./*1962-1972*
C. Thomas Clagett, Jr./*1970-1972*
Robert G. Cleveland/*1975-1983*
Robert E. Collins, M.D./*1981-1983*
Mrs. Robert E. Collins/*1972-1983*
Thomas S. Condit/*1972-1974*
Neville K. Connolly, M.D./*1978-1982*
F. Donald Cooney, M.D./*1979-1981*
Edward E. Cornwell, M.D./*1981-1983*
James A. Councilor/*1958-1966*
Right Reverend William F. Creighton/*1963-1970*
Kenneth Crosby/*1969-1972*
James E. Cross/*1967-1971*
James S. Culp/*1978-1983*
Charles D. Daniel/*1978-1980*
Worth B. Daniels, M.D./*1958-1978*
Edgar W. Davis, M.D./*1959, 1961*
Edward Dent/*1958-1966*
Honorable Charles S. Dewey/*1958-1980*
J. Spencer Dryden/*1960*
Right Reverend Angus Dun/*1958-1971*
LeRoy Eakin, III/*1978-1983*
Henry D. Ecker, M.D./*1964-1972*
Alfred H. Edelson/*1974-1983*
Sheldon W. Fantle/*1976-1983*
Mrs. Edward W. Fay/*1958-1972*
Miss Vernice D. Ferguson/*1982-1983*
George M. Ferris, Jr./*1971-1975*
Kimball C. Firestone/*1974-1980*
Robert W. Fleming/*1958-1983*
Rockwood H. Foster/*1983*
Mrs. Bernard S. Gewirz/*1975-1976*
Louis Gillespie, Jr., M.D./*1970-1981*
William B. Glew, M.D./*1973-1974*
Willis B. Goldbeck/*1981-1983*
Milton L. Goldman, M.D./*1972-1980*
Herbert Gordon/*1976-1983*
Ernest A. Gould, M.D./*1962-1981*
Patrick W. Gross/*1978-1983*
Miss Susan Hacker/*1966-1971*
Randall H. Hagner, Jr./*1958-1975*
Honorable Gilbert Hahn, Jr./*1963-1968, 1980-1983*

Herbert P. Ramsey, M.D., at the 1974 employee picnic at the Center. An obstetrician-gynecologist at Garfield, Dr. Ramsey founded the council which commissioned the 1946 Health and Hospital Survey that brought attention to the decrepit state of the city's hospitals.

Nelson T. Hartson/*1960-1976*
Harold H. Hawfield, M.D./*1974*
Webb C. Hayes, III/*1961-1968, 1970-1974*
Leslie E. Hedgepath, M.D./*1974-1983*
Norman H. Horwitz, M.D./*1974-1976*
John H. F. Hoving/*1971-1972*
Mrs. J. Monro Hunter, Jr./*1978-1983*
Mrs. George Hyman/*1966-1971*
Charles N. Jackson, II/*1975-1983*
W. Dabney Jarman, M.D./*1958-1963, 1968-1973*
Spencer C. Johnson/*1976*
Godfrey W. Kauffmann/*1977-1979*
John H. Kauffmann/*1973-1974*
Rudolph Kauffmann, II/*1980-1983*
Samuel H. Kauffmann/*1958-1970*
Mary Kass, M.D./*1983*
Milton King/*1958-1976*
Martin D. Krall/*1982-1983*
Harold W. Krogh, D. D. S./*1958-1965*
Mrs. George E. Lamphere/*1982-1983*
Roy Littlejohn/*1977-1981*
John J. Lynch, M.D./*1975-1978*
John H. Lyons, M.D./*1959-1961*
J. Robert MacNaughton/*1979*
Martin F. Malarkey, Jr./*1973-1983*
Honorable E. Perkins McGuire/*1972-1982*
Mark J. Meagher/*1977-1981*
John Minor, M.D./*1959*
David Morowitz, M.D./*1983*
H. Gabriel Murphy/*1958-1970*
Robert B. Nelson, M.D./*1971-1972*
Howard N. Newman/*1983*
Julius S. Neviaser, M.D./*1968*
John A. Nevius/*1976-1983*
Robert Nothwanger, M.D./*1983*
Joel N. Novick, M.D./*1959-1961*
Wesley M. Oler, M.D./*1973-1981*
Thomas A. O'Neil/*1976-1983*
Charles W. Ordman, M.D./*1966-1980*
Florenz R. Ourisman/*1972-1983*
Howard P. Parker, M.D./*1959-1961*
Thomas A. Parrott/*1977-1983*
Philip H. Philbin, M.D./*1970-1973, 1975-1983*
A. Murray Preston/*1958-1967*
Mrs. Roland F. Pryce/*1971-1983*
Mrs. Lawrence A. Rapee/*1966-1975*
Thomas H. Reynolds/*1958-1983*
Jack J. Rheingold, M.D./*1969-1983*
Hugo V. Rizzoli, M.D./*1962-1970*
Herbert W. Robinson, Ph.D./*1967-1970*
Mrs. Arthur Roe/*1970-1971*
James C. Rogers/*1962-1966*
John W. Rollins, Jr./*1978-1983*
Benjamin Rones, M.D./*1961-1966*
William G. Russell/*1975-1983*
Mrs. William G. Russell/*1981*
H. L. Rust, Jr./*1958-1967*
Hilbert S. Sabin, M.D./*1965-1967*
John S. Samperton/*1980-1983*
Samuel Scrivener, Jr./*1966-1983*
G. Victor Simpson, M.D./*1958-1963*
Maurice A. Sislen, M.D./*1974-1976*
Mrs. John B. Smiley/*1958-1959*
Ian J. Spence, M.D./*1982-1983*
Honorable Samuel Spencer/*1958-1964, 1968-1983*
Judge Samuel B. Sterrett/*1967-1983*
Richard P. Stifel/*1974-1981*
Henry Strong/*1972*
John E. Sumter, Jr./*1967-1973*
Richard N. Taliaferro/*1965-1966*
Mrs. J. Laning Taylor/*1968-1969*
Major General Robert Taylor, III/*1977-1983*
John W. Thompson, Jr./*1964-1972*
Honorable Walter N. Tobriner/*1958-1960, 1968-1979*
Honorable Millard E. Tydings/*1958-1960*
Mrs. Millard E. Tydings/*1960*
John D. Valiante/*1981-1983*
Right Reverend John T. Walker/*1971-1974*
David R. Waters/*1974-1978*
Harold H. Welty/*1965-1967*
Wesley S. Williams/*1968-1983*
Robert W. Wilson/*1959-1963*
Paul R. Wilner, M.D./*1967*
Stanton L. Wormley, Ph.D./*1973-1983*

Washington Hospital Center Medical Staff Presidents

Ralph M. Caulk, M.D./*June 1957-1959*
J. Spencer Dryden, M.D./*1960*
Edgar W. Davis, M.D./*1961*
Theodore J. Abernethy, M.D./*1962-1963*
Ernest A. Gould, M.D./*1964-1965*
Charles W. Ordman, M.D./*1966-1968*
Jack J. Rheingold, M.D./*1969-1970*
Robert B. Nelson, M.D./*1971-1972*
Philip H. Philbin, M.D./*1973*
Harold H. Hawfield, M.D./*1974*
Melvin G. Alper, M.D./*1975-1976*
Louis Gillespie, Jr., M.D./*1977-1979*
F. Norman Berry, M.D./*1980*
Robert E. Collins, M.D./*1981*
Neville K. Connolly, M.D./*1982*
Robert E. Collins, M.D./*1983*

Washington Hospital Center Women's Auxiliary Presidents

Mrs. C. Ashmead Fuller/*1958-1960*
Mrs. H. King Vann/*1960-1961*
Mrs. Millard E. Tydings/*1961-1962*
(now Mrs. Lowell R. Ditzen)
Mrs. E. Fontaine Broun/*1962-1964*
Miss Susan Hacker/*1964-1965*
Mrs. Lawrence A. Rapee/*1965-1968*
Mrs. J. Laning Taylor/*1968-1970*
Mrs. Arthur Roe/*1970-1972*
Mrs. Robert E. Collins/*1972-1976*
Mrs. E. Fontaine Broun/*1976-1977*
Mrs. J. Monro Hunter/*1977-1980*
Mrs. William G. Russell/*1980-1982*
Mrs. George E. Lamphere/*1982-*

Courtney Barry welcomes Dr. Ralph Caulk on his last day at the Center in 1976. For 11 years, Dr. Caulk was chairman of the department of radiology. For more than 35 years he served the Center and all three of its predecessor hospitals.

Nan Dunn *(25)*
Eugene Dunston *(21)*
Shirley Eades *(24)*
Betty Easley *(25)*
John Edmonds *(20)*
Ruth Edwards *(24)*
Josephine Eley *(31)*
Ruth Elkins *(33)*
Dorothy Elliott *(28)*
Evelyn Ellis *(24)*
Patricia Erno *(32)*
M. Fauntleroy *(24)*
Nora Fitzpatrick *(24)*
Jessie Fox *(21)*
Willie Frierson *(27)*
Bettye Garner *(21)*
Mary Garvin *(28)*
Wilmer Good *(21)*
Alma Goodman *(20)*
Fred Gray *(22)*
Velma Gray *(30)*
Johnell Grayson *(22)*
Hattie Green *(29)*
Fannie Guess *(31)*
Evelyn Hall *(20)*
Lue Hammonds *(28)*
Pearline Hare *(23)*
Ella Harris *(24)*
Easter Harris *(22)*
William Harris *(23)*
Ida Hart *(28)*
Anna Healy *(37)*
Mary Henderson *(20)*
Gladys Hensley *(23)*
Raymond Hill *(24)*
Roberta Hook *(36)*
Lorrine Horner *(22)*
Bessie Hughes *(28)*
William Insley *(24)*
Alice Ivory *(26)*
Helen Jackson *(20)*
Naomi Jackson *(22)*
R. Jackson *(23)*
Lena Jacobs *(22)*
Sylvia Jefferson *(26)*
Rosa Johns *(21)*
Hazel Johnson *(26)*
John Johnson *(22)*
Lillie Johnson *(20)*
Mary Johnson *(26)*
Beth Jones *(25)*
Minervia Jones *(21)*
George Keenan *(23)*
Byron Landers *(24)*
Daisy Lee *(28)*
Beatrice Lewis *(30)*
Barbara Litman *(26)*
Vada Lockett *(24)*

Alice Logan *(26)*
Haverne Logan *(21)*
Madeline Logan *(20)*
Richard Loughery *(29)*
Elizabeth Lucas *(28)*
Odessa Lynch *(26)*
Shirley McClain *(25)*
Geraldine McDonald *(22)*
Maggie McNair *(20)*
Dorothy McRae *(25)*
William Mackey *(25)*
Dorothy Marshall *(24)*
Juanita Martin *(25)*
Willie Martin *(21)*
Elois Mason *(21)*
Ethel Matheny *(20)*
Beatrice Matthews *(31)*
Mildred Mitchell *(26)*
Arthur Moore *(23)*
Shirley Morris *(30)*
Vivian Morris *(26)*
Lillian Morse *(24)*
Ruth Mullan *(30)*
Lois Nelson *(30)*
Carol Ormes *(22)*
Ruth Overholt *(24)*
Elonzie Pace *(21)*
Nena Parker *(21)*
Bertie Payne *(21)*
Lula Peterson *(23)*
Helen Phelps *(22)*
Catherine Phillips *(22)*
Willa Plair *(26)*
Doris Qualls *(26)*
Teresa Quarles *(29)*
Audrey Quick *(27)*
Loretta Ragland *(23)*
Alma Rawlinson *(21)*
Frances Reams *(32)*
Robert Reid *(23)*
David Resnick *(23)*
Mary Richardson *(21)*
Rosa Robinson *(27)*
Lue Rodgers *(23)*
Rosemary Ronayne *(30)*
Bernice Sampson *(23)*
Ernest Scena *(24)*
Ida Scott *(22)*
Elzean Scruggs *(35)*
Lois Sherrill *(23)*
Delores Short *(23)*
Mamie Shuler *(22)*
Edward Simpson *(26)*
Pearlie Slater *(22)*
Bessie Sligh *(20)*

Helen Conner, who retired from the Center after 33 years in 1982, accepts her 25-year pin at an awards luncheon.

Annie Smith *(25)*
Margaret Smith *(24)*
Nellie Smith *(23)*
Olive Smith *(25)*
Sallie Smith *(22)*
Sylvia Smith *(24)*
Willa Spruill *(20)*
Dorothy Starks *(20)*
Curtis Stephens *(22)*
Seretha Stewart *(30)*
D. Strickland *(28)*
Marion Sullivan *(21)*
Marie Tana *(32)*
Juanita Taylor *(32)*
Inez Thomas *(22)*
Dorothy Thornton *(28)*
Jonilde Tilley *(28)*
Catherine Toggas *(33)*
Theodore Tolar *(32)*
Margie Travers *(24)*
Delores Tyler *(24)*
Virginia Venable *(20)*
Kathleen Villemi *(22)*
Mary Ann Wall *(20)*
Charles Walter *(20)*
Katherine Warren *(31)*
Queen West *(22)*
Granville White *(56)*
Jeanie Wilburn *(20)*
Esther Williams *(26)*
Freddie Williams *(20)*
Lillian Williams *(20)*
Macon Williams *(22)*
Florence Wilson *(26)*
Thomasena Wilson *(21)*
Marie Winston *(32)*
Charles Wright *(23)*
Ruth Wright *(20)*
Jeanette Young *(24)*

Washington Hospital Center Gold-Headed Cane Award Recipients

1951 Harry H. Kerr, M.D.

1955 A. B. Bennett, M.D.
J. B. Bogan, M.D.
Lewis C. Ecker, M.D.
Janvier W. Lindsay, M.D.
H. C. Macatee, M.D.

1956 William H. Hough, M.D.
John A. Talbot, M.D.

1958 Thomas Bradley, M.D.
James F. Mitchell, M.D.
William Cabell Moore, M.D.
Herbert H. Schoenfeld, M.D.
Walter A. Wells, M.D.

1959 John W. Burke, M.D.
John H. Lyons, M.D.
Daniel B. Moffett, M.D.
E. Clarence Rice, M.D.
Charles S. Dewey

1960 Horatio N. Dorman, M.D.
William H. Jenkins, M.D.

1961 John Minor, M.D.
Maurice A. Selinger, M.D.

1962 Edgar W. Davis, M.D.
Worth B. Daniels, M.D.

1963 W. LeRoy Dunn, M.D.
Aubrey D. Fischer, M.D.

1964 Walter K. Myers, M.D.
Herbert P. Ramsey, M.D.
Benjamin Rones, M.D.

1965 G. Victor Simpson, M.D.

1966 Theodore J. Abernethy, M.D.

1967 Ralph M. Caulk, M.D.
Crenshaw D. Briggs, M.D.

1968 Garnet W. Ault, M.D.
Henry L. Darner, M.D.
Thomas W. Mattingly, M.D.

1969 Samuel M. Dodek, M.D.

1970 J. Keith Cromer, M.D.

1971 Julius Neviaser, M.D.
Theodore Winship, M.D.

1972 John Reisinger, M.D.

1973 Ernest A. Gould, M.D.
Robert H. Groh, M.D.

1974 Harold R. Downey, M.D.
W. Dabney Jarman, M.D.
R. Bretney Miller, M.D.

Henry Edmonds, M.D., proudly displays his Gold-Headed Cane Award, presented for excellence in medical practice and teaching.

1975 William E. Bageant, M.D.
Irvin Hantman, M.D.
Richard M. Loughery

1976 Charles W. Ordman, M.D.
Philip H. Philbin, M.D.

1977 Hugo Rizzoli, M.D.

1978 Henry D. Ecker, M.D.
Milton Goldman, M.D.
Robert B. Nelson, M.D.

1979 Vernon E. Martens, M.D.

1980 Henry W. Edmonds, M.D.
Lawrence Putnam, M.D.

1981 Russel Page, M.D.

1982 Wesley Oler, M.D.
Alexander Russell, M.D.

Washington Hospital Center Research Foundation Presidents

Frederick M. Bradley/*December 1963-July 1965*

Gilbert Hahn, Jr./*November 1965-January 1967*

A. Marvin Braverman/*January 1967-July 1974*

Kimball C. Firestone/*August 1974-December 1981*

Mrs. Robert E. Collins/*January 1982-*

THE WASHINGTON HOSPITAL CENTER

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Washington, D.C. 20010
202-541-0500