# Lost Hospital

## CONTENTS



## LOST HOSPITAL CHAPTER OUTLINE

## I) Introduction -- Lost Hospital

Every hospital has a story to tell. Regardless of whether it serves a small rural setting or a sprawling urban population, an area's local hospital plays an integral role in shaping and defining its community. It is often the heartbeat of a neighborhood, providing support in times of need while also creating jobs and stimulating the economy. Babies are born within its walls, and loved ones die or are saved from untimely demise. In many ways, the history of a neighborhood hospital is both the story of its patients and a snapshot of the times in which they live.

Too often, however, these tales are forgotten once a hospital is forced to close its doors. Still, there is much to be learned by these now defunct facilities that have cared for America's inhabitants and shaped the evolution of her health care system. Lost Hospital was written with the intention of preserving these histories so that we as a nation might better understand the ways in which our country's economic, social and political climate have influenced health care's ability to remain available as a service and sustainable as a business.

Lost Hospital does not weigh in on the current debate about health care reform. Instead, it reminds us what health care has meant in the United States since the first almshouses cared for the poor in colonial America. By recognizing the changes in the delivery of medicine over the centuries, we are better able to grasp what we as a nation value in the institution we call health care. Properly understood, such insight will allow us to assist the hospitals of the future, rather than pine for hospitals of the past.

## II) Economic Factors

**Introduction --** Though the primary goal for any health care facility is to provide for its patients, without adequate funding from care reimbursement, government subsidies, strategic alliances or third party donations, a hospital will eventually be forced to close. Many once vibrant hospitals have fallen victim over the years to the aftereffects of unstable economic times and shifting regulations governing federal reimbursement policies. The following histories highlight the many potential pitfalls that continue to confront America's hospitals as they struggle to remain both available as a service and sustainable as a business.

**--Linda Vista Community Hospital, Los Angeles, California --** Originally named Santa Fe Coastlines Hospital, this facility was constructed in 1904 to provide medical care to Santa Fe Railroad employees. In its early days the hospital did well, much like the Boyle Heights neighborhood around it, and in 1924 the Hospital expanded to accommodate an increased patient census. After the Second World War, East Los Angeles county slowly transformed into a less affluent area. In turn, the Hospital faced lowered funding, and was forced to reduce its operations, a change which was blamed for an increase in the Hospital's death rates. By the 1980s, Linda Vista Community Hospital was regularly treating a fair number of gunshot wounds and stabbings from the local neighborhoods, which did not help its mortality statistics. Further changes in hospital demographics and an increase in uninsured patients ultimately forced the Hospital to stop accepting ambulance runs in the emergency department. The quality of care at Linda Vista Community Hospital continued to decline as doctors moved to other hospitals. Finally, in 1991, the hospital ceased operations.

**--Sarah A. Jarman Memorial Hospital, Tuscola, Illinois** – Accepting its first patients in 1919, this Illinois facility was considered state-of-the art in its time, and boasted only 23 deaths over 1,100 patients in its first two years. A community hospital in the true sense of the word, the city of Tuscola and township of Newman helped to purchase an x-ray machine, while further laboratory equipment came from funding by nearby Tuscola residents. By the 1970´s, however, the structure was in disrepair, and the hospital closed in 1990 despite continued county subsidization.

**--Wolcott Hospital, Wolcott, New York** – Established in 1935 to serve the people of Wayne County, Walcott was struck a fatal blow by the passage of Medicare and Medicaid, whose rigid regulations created challenges for small community hospitals.

**--Calexico Hospital, Calexico, California --** Calexico Hospital was one of California's smallest hospitals in one of the state's most economically depressed communities. After 47 years of service, the 34-bed facility closed in October 1998, leaving the Imperial Valley border town of 24,000 without a hospital. The governing body of the hospital was forced to surrender its license to the Department of Health Services, who cited repeated violations of state health codes involving record keeping, cleanliness, and training of personnel. Before the Hospital closed, Medicare and Medi-Cal decertified the Hospital. Eight years after the Hospital closed, a local jury blamed the hospital's closure on inappropriate actions by the state regulators and awarded its owners a $12 million verdict.

**--Tuolumne General Hospital, Sonora, California --** Originally one of the oldest health care systems in the nation forged by an informal partnership between local governments and merchants, this Hospital was first built in 1849 to provide care to the "sick and destitute," offering a full service, acute care hospital, providing a complete range of medical, surgical, and diagnostic treatment. On July 1, 2007, Tuolumne General ceased operations for its emergency department as well as all ancillary services due to financial difficulties pertaining to the running of an

emergency department. The Hospital conducted a study before closing and determined that only 41% of the emergency department visits were actual emergencies.

**--Bethesda Oak Hospital, Cincinnati, Ohio** – Closing in 2000 after over a hundred years of service to the public, the loss of this hospital was a shock to the people of Cincinnati. From its early days at the turn of the century, when it was staffed by seven German Methodist deaconesses who had chosen the religious life and service to Methodist institutions, this facility was a community hospital in the heart of a city, whose trials and tribulations to stay afloat reflected the changes in the growing nation around it, not to mention a health care system coming into its own. Its closure in 2000 sparked debate due to the fact that Cincinnati boasted several major new development projects, such as new, state-of-the-art stadiums for the City's football and baseball teams, as well as two new museums.

**--Desert Palms Community Hospital, Palmdale, California** -- When Desert Palms closed in 1996, the 110,000 townspeople of Palmdale were left without a hospital or emergency department. With over 90 percent of Desert Palms' admissions coming from the emergency department, hospital administration blamed the decision on the financial impact from a higher number of uninsured patients and the infrastructure as modified by payers such as health maintenance organizations.

**--Muhlenberg Regional Medical Center, Plainfield, New Jersey** -- After 130 years of service to New Jersey residents, Muhlenberg Regional Medical Center closed in 2008. Plainfield's biggest employer, Mulenberg was a teaching hospital, equipped with a nursing school and residency programs. When it closed, approximately half of the hospital's 1,100 employees were laid off. Prior to closing, community activists, doctors and politicians fought to keep the facility as an acute care hospital. Eighteen months after the hospital closed, the New Jersey Appellate Court rejected an appeal by the city's leadership to keep the Hospital open. The nearest hospital for the city of 48,000 is in the City of Edison, 18 minutes away.

**--Lakeside Hospital, Bastrop, Texas** – Closed without warning to patients or employees in 2010, Lakeside Hospital highlights the lack of regulation surrounding a hospital´s commitment to the community it serves.

**--DC General Hospital, Washington, DC** – Shutting its doors in 2001 after nearly 200 years of treating Washington's sick and indigent, DC General places a spotlight on the debate between public general hospitals and private facilities as the best source of care for urban American communities.

**--Robert F. Kennedy Medical Center, Hawthorne, California** – Treating patients in the South Bay for over 70 years, RFK Medical Center was a comprehensive medical complex with a multi-specialty medical staff and 24-hour emergency department providing adult and pediatric care. When the 274-bed facility shut its doors in 2004, it was the sixth Los Angeles County emergency department that year to close due to financial concerns, a trend many attribute in large part to the financial losses incurred by treating uninsured and underinsured patients.

**--Mount Sinai Hospital, Philadelphia, Pennsylvania** -- With an architectural style somewhere between art deco and modern art, Mount Sinai Hospital was constructed from 1921 through 1939, ultimately reaching 146 feet high with 11 floors and encompassing an entire city block. In the 1980s, the owners of Mount Sinai faced insurmountable financial challenges, due to an over saturation of hospital beds n the immediate area and a difficult economy.

**--Commonwealth Medical Center, Aliquippa, Pennsylvania** – Originally established with contributions from area steelworkers in and around Pittsburgh, Aliquippa was shut down after over fifty years of service to the community. The Pennsylvania Department of Health banned the hospital from receiving new patients in 2008, citing a lack of critical supplies to properly ensure patient safety.

**--Marina Hills Hospital, Ladera Heights, California** – Having operated under bankruptcy protection for some time and asking employees to temporarily work without pay, Marina Hills was finally forced to close its doors in 1990, citing the continued failure of California´s Medi-Cal system to pay nearly $1 million owed the hospital.

**--Karlstad Memorial Hospital, Karlstad, Minnesota** – Built in 1951 to serve the people of the small city of Karlstad, the facility´s closing 44 years later struck a major blow to the local economy and forced residents to travel 40 miles for medical treatment. Its closure was blamed on the city´s inability to continue subsidization.

**--Douglas Community Medical Center, Roseburg, Oregon** – Constructed in the early 1950s by community leaders wanting a secular alternative to long-established Catholic hospitals within their borders, Douglas was eventually taken over and beset by a series of corporate changes, including federal investigations of its owners, that would ultimately prove too chaotic to keep the facility afloat.

**--San Diego General Hospital, San Diego, California** – Built in 1972 with assistance from the city, the hospital quickly got into financial difficulties due to its largely uninsured or underinsured patient population. Struggling for nearly 20 years as Southeast San Diego´s only hospital, poor management, high debt, and lack of government funding forced a shutdown in 1991, prompting City Councilman Wes Pratt to say, “It’s a shame we can spend billions liberating Kuwait but we can’t find the funds to free our citizens from disease and inadequate health care right here in America.”

**-- St. Luke Medical Center, Pasadena, California** -- For almost 70 years, St. Luke Medical Center was a critical health care resource for Pasadena, Altadena and Los Angeles County. St. Luke provided emergency and acute medical care and surgical services, and obstetrics, and the Hospital also had a transitional/skilled nursing unit. In 2002, the 165-bed hospital was closed by former owner Tenet Healthcare Corporation, citing the fact that it did not meet the company’s fiscal demands.

## III) Advances in Technology in a Developing Society

**Introduction –** Modern medicine has made great strides since the days of Colonial almshouses, as scientific improvements ranging from simple blood tests to 256-slice scanners have revolutionized the delivery of care. These technological advances, however, often include a hefty price tag that can overwhelm a hospital as it seeks to provide top-notch medical care to the people of its community.

**--The Lying-In Hospital of New York at Second Avenue, New York, New York --** A pillar of American maternity care during the 1800s, lying-in hospitals provided women with an alternative to delivering at home. Unfortunately, many of the lying-in hospitals in the early years faced rampant epidemics and unbelievably high

mortality rates, as the risks of complications and death in a lying-in hospital greatly exceeded the risks of delivering at home, even in the poorest neighborhoods. Women did not necessarily choose lying-in hospitals for delivery, but instead ended up there after being abandoned by poor, overburdened relatives who just wanted to pass the burden of care to an "institution" rather than shouldering it at home.

As a result, in 1897, J. Pierpont Morgan donated $1,000,000 so that the Society of the Lying-In Hospital of New York could build a new maternity hospital, provided the Society could show its ability to raise the balance of funds necessary to run the hospital, and the Hospital's director approved the clinical propriety of the new facility's plans. Considered at the time the best new maternity hospital ever built, the New York Lying-In Hospital treated paying and nonpaying patients, complete with state-of-the-art operating rooms, an amphitheatre, lecture rooms, and a museum. By 1922, the Hospital had delivered over 131,000 babies while caring for about 5,000 women each year. Sadly, the patient demographics (58% of the patients were treated for free and another 1,649 patients in 1922 paid about $2.50 a day) created financial hardships for the Hospital, and by 1928, the Hospital completed plans to merge with New York Hospital-Cornell Medical College.

**--Santa Teresita Hospital, Duarte, California --** In 1930, the Carmelite Sisters of the Most Sacred Heart founded Santa Teresita Hospital. Beginning as a sanitarium, by the middle of the 1950's Santa Teresita Hospital had upgraded to an acute care facility. In 1964, the hospital added its Manor Skilled Nursing Facility and continued to expand, including an office center in 1981 and surgery wing in 1986. By the twenty first century, however, Santa Teresita faced challenges in running its acute care hospital. Finally, in January 2004, California implemented a statewide nurse staffing law that modified the ratios for hospital nurses. As a result, the Hospital was forced to close its 30-bed acute care facility.

**--Riverside Hospital, Jacksonville, Florida** – What was once a cutting edge acute care hospital boasting the first and only multi-purpose specialty medical clinic in Florida is now a Publix supermarket and Starbucks.

**--River Valley Hospital, Ironton, Ohio** – After serving its community for over 60 years, in March 2000, River Valley Hospital took on an ambitious, $5 million expansion plan, complete with improved imaging services, a new laboratory and cardiac rehabilitation department, and a remodeled pharmacy. Sadly, due to a combination of the rising costs of medical care and lower reimbursements for community hospitals, the expansion was never realized, and the hospital shut down in 2001.

**--Huron Hospital, East Cleveland, Ohio** – Originally intended as a homeopathic hospital, Huron Hospital struggled through years of costly internal disputes between the hospital doctors and the homeopaths. In later years, it found itself the victim of Cleveland´s declining population, the high cost of maintaining an aging medical structure, and shifts in the way health care is delivered.

## IV) Medical Breakthroughs and the Resulting Changes in the Treatment of Disease

**Introduction –** Throughout the years, advances in the ways in which the medical community has approached disease and treatment introduced new methods of caring for our nation's sick. Often times the establishment of new facilities has been necessary to supplement such methods, especially when containment or confinement proves

important, as with airborne illnesses. However, committing such specific attention to a singular disease can put the hospital at future risk if the facility is unable to adapt to further changes in the administering of care or responding to medical breakthroughs.

**--Robert Koch Hospital, Koch, Missouri** – Located in the former city of Koch, this hospital was built in an isolated area to treat such diseases as tuberculosis, leprosy, cholera and smallpox in 1875. Though it grew considerably over the years, adding a post office, a railroad stop, and housing, the facility went into decline in the 1950´s, as the spread of these diseases grew more contained and easily treatable. It was closed in 1983.

**--Renwick Smallpox Hospital, Roosevelt Island, New York** – Strategically opened on the outskirts of the city on in 1856 to address New York´s smallpox outbreak, Renwick´s goal was to isolate and quarantine sick patients. As smallpox subsided, the facility was turned into a training center for nurses, and later fell into disrepair. The site is now an official landmark open to the public.

**--Carville Hospital (Gillis W. Long Hansen's Disease/Leprosy Center, Carville, Louisiana** – Established by the United States Public Health Service in 1921, Carville Hospital was the nation´s first "Leprosarium." Built on the site of a former Civil War veteran's facility, Carver again began treating vets after World War II, as well as focusing on a variety of treatments to both contain and cure leprosy. The hospital was a nearly permanent home to its patients until its closing in 1998.

**--Arkansas State Tuberculosis Sanatorium, Booneville, Arkansas --** Located on the outskirts of Booneville, this facility was referred to by locals as "The Hills." Built n 1909 as a result of Arkansas Legislature Act 378 to construct the Arkansas Tuberculosis Sanatorium, it was a self-sustaining property, complete with living accommodations for patients and staff, buildings for staff entertainment, a chapel, an area for laundry, a plant for water treatment, an independent phone system, and a fire department. In its prime, the Sanatorium had 300 employees, and the patient population exceeded Booneville itself. Notwithstanding, tuberculosis eventually became treatable through drug therapy, and the Sanatorium census began to decline. It closed in 1973.

**--Metropolitan State Hospital, Gaebler Children´s Center, Waltham, Massachusetts** – Citing the need for an additional facility to serve the people in and around Boston, Metropolitan Hospital was built in 1927. In addition to a large chronic care facility, this hospital focused largely on the necessity to separate children and adult mental health patients, helped by the addition of the Gaebler Children´s Center in 1955. The hospital was closed in 1992, when accepted treatment shifted to the placing of children in community based programs.

**--Paris Tuberculosis Hospital, Paris, Kentucky –** Dedicated in 1950, this 100-bed hospital was the third such facility in the state dedicated to "solving the tuberculosis problem," of which an estimated 1,500 died each year. Unfortunately, the Hospital was unable to care for all of the tubercular patients in the 20-county area nearby in accordance with state law requiring that the beds in the hospital be allotted to the counties on a population basis, notwithstanding the disease rates, and closed in the late 1970s.

## V) New Societal Standards in the Approach to the Delivery of Health Care (Including the Treatment of the Mentally Ill)

**Introduction –** As the United States matured upon entering the twentieth century, so did the nation's network of care facilities, expanding from a mere 149 hospitals in 1873 to 6,665 by 1913. Included among these were a growing number of specialized institutions that catered to specific conditions that had only recently been diagnosed as illnesses capable of medical treatment. The burgeoning science of psychiatry and advances in the treatment of addiction were at the forefront of such change, as both technology and methodology evolved rapidly, creating a demand for stand-alone structures often based in rural settings. Unfortunately, these facilities found themselves vulnerable once treatment philosophies changed, forcing them to adapt or disappear amid the shifting sands of an ever-evolving health care structure.

**--Eloise Mental Hospital, Westland, Michigan** – Originating in 1832 from the foundations of the Wayne County Poor House, the evolution of Eloise Mental Hospital has much in common with the history of the treatment of mental illness in the U.S. Moving to a larger, more remote area in 1839, the facility continued to expand over much of its lifetime, boasting its own dairy farm, pig farm, post office, greenhouse, power plant, bakery and post office. Treatment here was state-of-the-art, including the use of calming hydrotherapy, sensory deprivation chairs, needle cabinets, straightjackets and shackles. Changes to Michigan´s legislature pertaining to permanent residency for mental patience dealt Eloise a severe blow in the 60´s, followed soon after by regulations brought on by the Medicare and Medicaid Acts, forcing the hospital to shut its doors for good in 1981.

**--The Massachusetts Hospital for Dipsomaniacs and Inebriates, Foxborough, Massachusetts** -- Founded in 1893, Foxborough Hospital was a pre-eminent institution for treating the growing problem of alcoholism in the United States. While society's method for dealing with alcoholism at the time was either jail or mental hospitals, both were ineffective in keeping habitual alcoholics sober. As a result, specialized "inebriate asylums" such as Foxborough were designed to restrain the patient and eliminate any cravings for alcohol. After the passage of Prohibition by the Federal Government in 1917, the hospital focused its work on mental health until its closing in 1976.

**--Alice M. Kidd Intermediate Care Facility, Tuscaloosa, Alabama** – Noted for its emphasis on helping patients to reintegrate into society, this hospital transitioned into a nursing home facility for the mentally ill, and housed many of Alabama´s elderly mental patients before it was disbanded in 2009 due to a decrease in numbers stemming from changes to mental health practices emphasizing reintegration over rehabilitation.

**--Marlboro Psychiatric Hospital, Marlboro Township, New Jersey** – A psychiatric institute with a troubled history, Marlboro Psychiatric represents the kind of facility referred to in the twentieth century when people were described as "being put away." Like many of its patients during its heyday, Marlboro itself is now all but forgotten.

**--Danvers State Hospital, Massachusetts --** Opened in 1878, Danvers State Hospital was located on an isolated, multi-acre site in a remote part of Massachusetts. Alleged to be the birthplace of the pre-frontal lobotomy, Danvers was built around the Kirkbride Plan, a series of state mental hospitals constructed with the idea that psychiatric patients should be housed in more humane accommodations that promoted privacy and comfort for patients. Originally accommodating 500 patients, Danvers´ population grew quickly, and by the 1940s, it housed over 2,000of the mentally ill. Such overcrowding sparked numerous reports that it employed many inhumane practices, such as shock therapies, lobotomies, controversial drugs, and straightjackets, simply to control the large

number of patients. By the 1960s, when the practice of treating mental health patients started to change, the number of patients declined, and in June 1992, Danvers closed.

**--Manteno State Hospital, Manteno, Illinois** – Built to house the increase in mental health patients as a result of changing philosophies on treatment at the turn of the twentieth century, Manteno State Hospital soon implemented shock therapy and a medical library. Its growth began to reverse in the sixties, as inpatient therapy was phased out in favor of an emphasis on integration into the community. Later allegations of experimental surgery without proper patient consent combined with the hospital's deteriorating physical structure tolled the death knell for this facility in 1985.

**--Northwest Georgia Regional Hospital, Rome, Georgia** – Initially opened to care for the needs of sick, wounded, and disabled World War II veterans, this hospital grew to care for those suffering from tuberculosis and later placed an emphasis on issues of mental health. This closing stands as an example of the potential dangers involved in privatizing mental health care.

**--Morningside Hospital, Hazelwood, Oregon** -- Founded in 1899, Morningside Hospital was first run out of a family home. In 1904, Morningside received a contract from the U.S. Department of the Interior to treat mentally ill and handicapped patients from Alaska, who were subjected to a week in a straight jacket while traveling to Oregon via steamship and train. A private facility with federal funding, Morningside admitted close to 5,000 patients between 1905 and its closing in 1968. In 1955, Morningside was challenged by federal legislation requiring the transfer of patients from Alaska back to Alaska. The Alaskan Mental Health Enabling Act was passed in 1956, and patients began the migration from Oregon back to their home state of Alaska. Although the hospital tried to market itself to local citizens, it was never able to survive the loss of people from Alaska.

**--Greystone Park Psychiatric Hospital, Morristown, New Jersey** – Constructed in 1876 to address the changes in treating mental disorders, this facility was originally named the New Jersey State Lunatic Asylum. It closed in 2000 due to the trend away from institutionalizing patients and reports of substandard care.

**--Camarillo State Mental Hospital, Camarillo, California** – At the forefront of drug and therapy procedures used to combat mental illness, Camarillo State was also adept at treating schizophrenia and boasted one of the nation's first autism units. It came under fire in later years for its use of restraints, poor supervision, and practicing "warehousing" of patients, rather than providing direct treatment.

**--Weston State Hospital, Weston, West Virginia –** Originally opened in 1864 as a mental hospital, this structure quickly became so popular that it held triple its planned capacity of 250 patients. Such growth continued into the 1950s, by which point it housed as many as 2,400. Like many mental asylums, it ran into difficulties in the 1980s due to changing regulations and new methods of treating the mentally ill. In 1986, the state unveiled plans to convert the facility into a prison, thereby ending a history that preceded the end of the Civil War.

**--Allentown State Hospital, Hanover Township, Pennsylvania --** In 1901, Pennsylvania passed a new law "to provide for the Selection of a Site and the Erection of a State Hospital for the Treatment of the Insane Under Homeopathic Management, to be called the Homeopathic State Hospital for the Insane, and Allentown State Hospital was born. Though this cutting edge facility continued to grow into the 1950´s, it later fell victim to the decreasing patient populations in mental health facilities, due in part to changes in legislation as well as advances in medication. It closed in 2010.

**--Hissom Memorial Center, Sand Springs, Oklahoma** – Built on donated land in 1964, Hissom Memorial Center Mental Hospital was praised for its innovative design, comprising of 24 buildings, including modern medical facilities and dorm-like residences. In the mid-1980s Hissom found itself embroiled in a lawsuit seeking to close the facility and reintegrate its patients into the community, contending that a community-based environment was more humane and less expensive than institutionalization. In a highly publicized decision, a federal judge in 1987 ordered the facility closed.

**--Kings Park Psychiatric Center, Kings Park, New York** -- Opening in 1885, the Kings Park Psychiatric Center was revolutionary in its treatment of psychiatric patients. Kings Park created a "Farm Colony" asylum where patients worked in a variety of farm-related activities such as feeding livestock and growing food. Due to overcrowding, New York took control of Kings Park in 1895, and eventually developed the facility into the self-sufficient community. The Hospital's census grew after World War II, topping 9,303 in 1954. At that time, the "rest and relaxation" approach transitioned to pre-frontal lobotomies and electro-shock therapy, and eventually Thorazine after 1955. However, as medication began to replace widespread institutionalization of the mentally ill in later years, patient population declined, and Kings Park closed its doors in 1996.

## VI) Impact of Race, Class, and Religion

**Introduction –** As businesses, hospitals must use any methods at their disposal to continue functioning in today's health care climate. Too often, however, facilities in racially or religiously segregated and lower class areas have historically faced overwhelming odds in their fight for survival due to the increased number of uninsured patients at their doorsteps, the expense of technological equipment, and the inability to lure top-level physicians to underprivileged care centers. Other factors such as language barriers and an increased volume in emergency departments due to the aftermath of violent crime only serve to exacerbate the fiscal woes to be found among such facilities, who are already struggling to maintain compliance with a multitude of government sponsored reimbursement plans that often mean the difference between life and death not only for the patient, but for the hospitals themselves.

**--Homer G. Phillips, St. Louis, Missouri** – Prior to 1920, the black population of St Louis was not allowed in public hospitals. Local African American attorney Homer G. Philips led a campaign in an attempt to rectify this, but was murdered before the hospital bearing his name was opened.

**--Martin Luther King, Jr. / King Drew Medical Center, Watts, California** – Proposed after the Watts riots to service the low income area in South Central Los Angeles, this facility came under fire from the Centers for Medicare & Medicaid Services in 2004, citing "lack of compliance" for the receiving of much needed Medicare and Medicaid funding and stating that patients were in "immediate jeopardy" due to substandard care. This caused a further rift between Los Angeles County administrators and local community leaders. Although slated to reopen in 2015, this phoenix shall never rise again.

**--Philadelphia General Hospital, Philadelphia, Pennsylvania** – Founded in 1729, Philadelphia General was the first public hospital in America, evolving from the Philadelphia Almshouse. Per Benjamin Franklin, focus was on the "sick poor, and only if there is room, for those who can pay." Subsidization came largely from the surrounding community.

**--Franciscan Skemp, Arcadia, Minnesota** – Originally opened in 1936 by the Franciscan Sisters of Our Lady of the Holy Angels, this facility started off with six beds in a two-story house. Growing to 50 beds by 1948 and adding a chapel and a new wing in 1960 and a surgical wing in 1965, the hospital proved invaluable to the community it served. It was formally connected to the Franciscan Skemp group in 1975 to become part of the Franciscan Health System, but after its closing in 2011 the city was without a hospital for the first time in 75 years, prompting some to wonder why the conglomerate was "deserting the city."

**--Ellis Island Hospital, New York Harbor**, **New York –** Prior to 1890, it was the job of individual states to regulate immigration. When the Federal government assumed this responsibility, it constructed and operated a new facility on Ellis Island, opening its doors on January 1, 1892. Class and status largely dictated which immigrants were sent to the island, and the more affluent and influential passengers were only directed to this facility if they were noticeably ill or had outstanding legal issues. To provide for the contagious sick and protect the public health, a hospital was opened on the premises in 1902, consisting of eighteen separate wards to address specific diseases and an additional psychiatric hospital. Once among the busiest of America´s hospitals, restrictions on immigration ultimately reduced the number of patients, and the facility was taken over by government agencies before being closed by the U.S. Coast Guard in 1954.

**--Charity Hospital, New Orleans, Louisiana –** Constructed in the French Quarter in 1736, French sailor and shipbuilder Jean Louis bequeathed the funds for a new hospital that would serve the City's poor. By 1743, Charity Hospital had outgrown its original location, and a second facility was built on Basin Street. As New Orleans expanded, the need for indigent medical services continued to grow, and by 1939 Charity hospital consisted of a series of six buildings serving the many uninsured citizens of New Orleans, including the second best Level 1 Trauma Center in the United States. Until its closure after Hurricane Katrina, Charity Hospital was one of the oldest continuously operating hospitals in the world.

**--North General Hospital, Harlem, New York** – The only nonprofit community teaching hospital in Eastern and central Harlem, North General served a diverse public speaking over 80 languages during its 31 years in operation. Though the facility owed over $200 million by the time its doors closed in 2010, the debate still continues as to whether its closing was the right course of action for the community, as nearly 1000 jobs were lost and patient overflow has since put marked pressure on nearby hospitals.

**--Kirwood General Hospital, Detroit Michigan** -- Opened in 1943 by Dr. Guy O. Saulsberry to both tend to the poor, largely African American community and to employ African Americans in the Detroit area, Kirwood General was converted into a non-profit community hospital in 1958. Though a great source of pride in the surrounding black communities, over time the hospital could not continue to raise enough funds to address the diverse needs of its largely underinsured population. It closed in 1974, joining as many as thirty other black hospitals that once existed in the Detroit area.

**--Mercy General Hospital, Detroit, Michigan** – Fearing the Ku Klux Klan, Drs. David and Daisy Northcross left Montgomery, Alabama and settled in Detroit, Michigan, opening Mercy General, one of the first hospitals to treat Detroit's African American Community, in 1917. This facility underwent several changes in its fight to remain open, due largely to the mounting pressure it faced from managed care. Blue Cross first forced Mercy General to convert into a methadone clinic, and later an abortion clinic. During its attempt to convert the hospital into a mental health facility in 1976, Mercy General Hospital was firebombed, never to reopen.

## VII) Community Effect

**Introduction –** Never is a region's reliance on its hospitals more evident than when one of them closes. The loss of support in times of emergency can have a rippling effect, both psychologically, as the area's inhabitants find themselves feeling exposed and vulnerable due to the sudden void in care options, and physically, as the surrounding active hospitals must bear the resultant overflow and the increased burden it places on their already overtaxed Emergency Departments. Furthermore, the closing of a neighborhood hospital can have a devastating effect on the local community that relies on its presence not only for medical support, but also for the jobs and revenue it provides to the area.

**--Kingsburg District Hospital, Kingsburg, California** – Prior to its closing in May 2010, Kingsburg District Hospital was one of the last remaining rural hospitals in the San Joaquin Valley. Since its opening in 1961, Kingsburg had managed to overcome bankruptcies and cutbacks to continue providing service to local residents. It is an excellent example of the myriad ways in which the closing of a small hospital can affect an entire community.

**--St. Vincent's Hospital, New York, New York --** In 1849, four nuns dispatched from the Sisters of Charity in Maryland rented a building at West 13th Street and 7th Avenue in New York City. The nuns brought in 30 beds to treat the city's sick, as well as the poor and disadvantaged. From these humble origins, this small brick building expanded over time to become a major medical and research center. On April 6, 2010, St. Vincent's board of directors voted to close inpatient care services, and 24 days later St. Vincent's emergency department closed, officially ending the hospital's long history.

With a work force in excess of 3,500 including doctors, nurses, non-clinical workers and others, the 758-bed facility was a mainstay of neighborhood infrastructure. Up until the day St. Vincent's closed, a local deli ordered 20 dozen bagels daily, a nearby garage parked 50 cars a day, and a neighborhood florist filled weekly orders for some hospital doctors once a week. After April 30, the deli reduced its order to four-dozen, the garage's daily census fell to 15, and the florist's orders declined fifty percent. St. Vincent's demise illustrates the ways in which removing a medical facility can cripple a neighborhood financially at the same time it stops caring for the sick.

**--Holy Infant Hospital, Hoven, South Dakota** – A small hospital serving a small population, the people of Hoven nonetheless counted on Holy Infant Hospital for over 60 years before its closure in 2010. Though the community raised over $350,000 through its fundraising efforts, it was not enough to save the hospital, whose yearly expenditures exceeded one million dollars.

**--Braddock Hospital, Braddock, Pennsylvania** – Growing to be the largest employer in the area, this facility opened in 1906 to provide care for the steel industry town of Braddock. Though functioning as the heart of the area, the hospital continually fought a variety of economic woes. In the 1990s, the Hospital converted to a for-profit business, hoping to engage the medical staff and at the same time contain costs. A few years later, Braddock Hospital reverted back to a nonprofit facility, hoping to avoid seven figure business tax obligations. Still, hospital admissions in the 123-bed facility declined in excess of 21% between 2004 and 2009, forcing a closure and leaving the community without a hospital, a restaurant, or an ATM.

## VIII) Almost Lost Hospitals

**Introduction** – Sadly, this trend of hospital closings shows no signs of slowing down, and many of our nation's medical facilities -- large or small, urban or rural -- find themselves on tenuous ground as they attempt to navigate through an ever-expanding labyrinth of government regulations while supporting an increasingly uninsured population. To survive in today's climate of reform, many providers are being forced to consolidate in an attempt to keep their doors open, sounding a death knell for the beloved iconic local hospitals of America's yore.

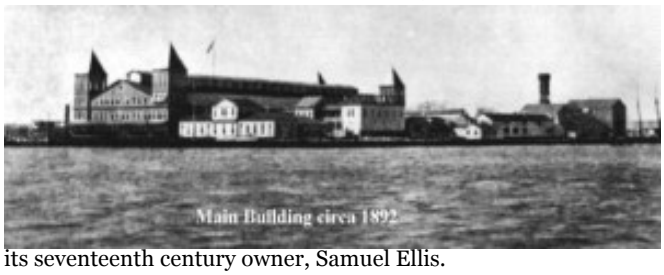
**--Hagedorn Psychiatric Hospital, Glen Gardner, New Jersey** – Originally opened in 1907 as New Jersey's only state owned and operated sanatorium, Glen Gardner was designed to be an educational facility utilizing the most current treatments for diseases such as tuberculosis. The 1950´found the hospital dealing primarily with cases of chest disease, until it switched focus entirely to become a state nursing home and psychiatric facility, focusing on the reintegration of the mentally ill. It was slated for closure in 2011, in a move designed to save the state $9 million annually.

**--Oak Forest Hospital, Chicago, Illinois** – Evolving since the early 19th century from the corrupt and mismanaged Cook County Almshouse, Oak Forest Hospital grew to become a staple to the predominantly low class residents who relied upon the institution as their sole means of medical care. In a highly controversial move, Cook County plans to end medical services at this facility within this coming year in an effort to cut the rising costs pressuring Oak Forest and other "safety-net" hospitals across the country. The county is the largest provider of health care to Illinois' poor and uninsured, but has been unable to keep up with increasing medical costs and decreasing federal aid.

**--Eastern State Hospital, Williamsburg, Virginia** – Opening its doors on October 12, 1773, Eastern State Hospital was the first hospital in the United States to exclusively treat the mentally ill, or, as they were at the time referred, "idiots, lunatics and persons of unsound minds." Changing its methods in accordance with each decade´s approach to treating the mentally ill, the hospital was known for its use of psychiatric drug therapy after World War II. Though still functioning, recent year have seen much criticism of Eastern State, with a report by the Inspector General stating that the facility was effectively "barring its doors to new patients" due to a lack of residential programs, which cause a backlog unfair to prospective new patients and those in need of the hospital´s care.

## SAMPLE CHAPTERS

## ELLIS ISLAND HOSPITAL, NEW YORK HARBOR, NEW YORK

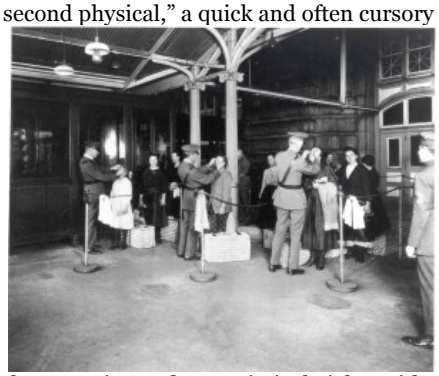



Between 1892 and 1954, Ellis Island served as the single point of entry into the United States for more than twelve million immigrants. Initially a nondescript 3.3 acre tract of land in the midst of New York Harbor located along the New Jersey coast and a stone's throw from the Statue of Liberty, the island was named for its seventeenth century owner, Samuel Ellis.

Prior to 1890, immigration into America came at the discretion of the individual states. When the Federal government assumed this responsibility at the end of the nineteenth century, it chose Ellis Island as the gateway through which all prospective Americans must pass, and constructed and operated a new facility on the island, which had been extended to 27.5 acres in size using leftover ballast from the many ships that passed through the bay and landfill from the construction of the New York City Subway. On opening day, January 1, 1892, the island welcomed its first seven hundred immigrants.

Nearly forty percent of Americans today can trace their ancestry through a relative who entered the U.S. through Ellis Island, where as many as 11,000 hopeful citizens were processed daily at its peak. From the beginning, wealth and status played an important role in distinguishing who was sent to the island after making the often harrowing journey across the Atlantic. Third class travelers, known as "steerage," would nearly always be directed to the island's facility for health related checkups, but those in first or second class were only forced to make this final leg if they were noticeably sick or had outstanding legal issues.

Once there, if an immigrant's documentation was in order and he or she appeared to be in good health, time on the island would be brief. Due to the sheer volume of people, doctors conducted what came to be known as the "six second physical," a quick and often cursory once-over to ascertain if there were any obvious physical ailments.



Fearing danger to the health of the general American public, those with signs of a contagious disease were denied admittance into the United States, and after 1902 were relegated instead to the newly created hospital on the grounds. This facility was designed to house 18 wards, each for a specific disease, including issues of mental health.

A report by Assistant Surgeon General H.D. Geddings in 1906 stated: "The hospital building is of modern construction, on the block plan, of brick and stone construction, architecturally very handsome, and three stories and an attic in height, with a basement. The general plan of the building is a central portion for executive and administrative purposes, with wings containing large and small wards."

A plant was built on the island to provide the hospital with a direct source of heat, light, and power, enabling the hospital's kitchen to prepare over 2,000 meals each day for immigrants and employees alike. According to the Commissioner of Immigration, Frederic C. Howe, in 1916 Ellis Island would accommodate "as many as 10,000 people temporarily or permanently."

The hospital at Ellis Island handled myriad communicable diseases, including measles, mumps, diphtheria, and whooping cough. It also boasted a rarity in its day – a state-of-the-art laboratory that was critical in the diagnosis

of such potential killers as pulmonary tuberculosis. So advanced was this facility that records report only one fatality among employees due to death by infectious disease as a result of close contact with the immigrant population.

In 1915, Dr. Milton Foster stated: "The medical inspection of arriving immigrants is made chiefly for two purposes; first, to see that they are strong, well, and bright enough to be able to earn a living and get along in this country; and second, to ascertain that they do not have certain diseases which they might transmit to their new neighbors in America." While treatment of immigrant illnesses was certainly the hospital's primary function, it is also on record as having delivered 350 babies, all of whom were granted immediate citizenship at birth. On the flip side, more than 3,000 potential immigrants found to have health problems met their end while in detention in the hospital's facilities as a result of their illnesses.

Though often more difficult to diagnose at a glance than physical ailments, the hospital's doctors were also on the lookout for issues of mental illness, and questionable patients were given an "X" marked in chalk on their jacket or dress. In the words of Dr. Thomas Salmon in 1905: "Justice to the immigrant requires a carefully considered diagnosis; while on the other hand, the interests of this country demand an unremitting search for the insane persons among the hundreds of thousands of immigrants who present themselves annually at our ports of entry."
In the years prior to World War I, the sheer volume of travelers to the island was astounding, placing ever greater demands on both the Federal Immigration Inspectors and the hospital itself. Working constantly at peak capacity, the uniformed military surgeons were aided by physicians from the U.S. Public Health Services, who were required to rotate through the hospital. According to Dr. Foster, the volume seen by the Ellis Island Immigrant Hospital on any given day rivaled that of the hospitals of several of America's most populated cities:

"Take any week in the year and imagine that, during this week, all the people who were sick and needed treatment in (Boston and Washington, D.C.) were to be sent to one hospital. Assume, also, that this hospital was a real general hospital, in the fullest sense of the word, and that it accepted not only ordinary patients but also the insane and those suffering from contagious diseases. Let us also further suppose that all…were inspected and that all those who were suspected of having latent disorders, like tuberculosis or syphilis, were also sent to this hospital for examination and treatment. Grant all of these conditions and you will have a pretty fair idea of the total amount of work performed by the hospital at Ellis Island last year."

Ultimately, changes in the government policies regulating immigration proved to be the undoing of this "Gateway to America." Most notably, 1924 saw the passage of the Immigration Act, which built upon previous acts to further reduce admissions by decreeing an annual quota of 2% of the number of immigrants from each country that were living in the United States in 1890. This, plus certain literacy and wealth restrictions, effectively discontinued what was considered by many to be an open door policy.

Not long after, immigration processing was moved overseas, and by World War II Ellis Island found itself housing German and Italian prisoners of war and enemy aliens. The hospital was also used for a time to treat sick and injured returning U.S. soldiers, and finally hosted a Coast Guard base until the facility finally closed in 1954.

Neglected for years, Ellis Island Hospital fell into disrepair, but was given a second chance when made a part of the Statue of Liberty Monument in 1976. Political fundraising made possible the resurrection of the great beaux-arts Main Hall, the first sight of America for many immigrants. Tourists and those seeking to track down their ancestors through the island's computerized database may do so in the Immigration Museum, which was opened to the public in 1990.

Photographs from EllisIsland.org, NewYorkTimes.com, and U.S. DHHS.

## Hagedorn Psychiatric Hospital, Glen Gardner, New Jersey

Slated to close in June 2012, the structure known today as Hagedorn Psychiatric Hospital is a primary example of the ways in which American medical facilities must adapt to myriad forces, many of which are in direct opposition, if they wish to continue serving their community. Fluctuations in the political and economic climate, technological advances, and changes in societal whims all play a role in the day to day survival of our local hospitals.

In 1907, as a reaction to increasing numbers of respiratory patients with specific diseases, New Jersey built its only state owned and operated sanatorium – the New Jersey Sanatorium for Tuberculosis Diseases, also known as the Glen Gardner Tuberculosis Hospital. At the time, the facility was described as "largely educational in character, which would give a practical demonstration of up-to-date methods of treating. . . . tuberculosis," among other illnesses. Administrators initially expected to deliver care to approximately 500 patients per year, and demand for the facility upon its opening was indeed so great that Glen Gardner treated more than 10,000 between 1907 and 1929.

By the 1920s, the sanatorium had expanded its mission to include the full spectrum of tuberculosis cases, and continued in that regard until the middle of the twentieth century when focus shifted to medication as the prevailing treatment for many respiratory infections. In 1950 the facility again increased its scope of services to include all diseases within the thoracic cavity, and the name was changed to the New Jersey Hospital for Chest Diseases. It was not alone in such an expansion, as throughout the early 1960s many former tuberculosis hospitals transitioned to a broader range of treatment, due largely to Selman Waksman and Albert Schatz's discovery that streptomycin would effectively combat TB.

In 1977, the hospital again adapted to changes in America's health care needs, renaming itself the Senator Garret W. Hagedorn Gero-Psychiatric Hospital as it focused on its new calling as a state nursing home and what would eventually become a 288-bed psychiatric hospital. The hospital's premier location high on a mountaintop, expanding over 600 acres, provided inpatient, comprehensive psychiatric treatment for adult patients. The hospital stated as its mission "to provide quality interdisciplinary psychiatric services that maximize potential and community reintegration within a safe and caring environment."

In 2011, New Jersey lawmakers decided to close this smallest of New Jersey's four public mental hospitals, though it is the only one to focus on the treatment of geriatric patients. In the words of psychiatrist David Nathan:

“Finally, a good state hospital, and they want to close it. It is rare to see even a private mental hospital that gives good care to the severely mentally ill. Hagedorn is a public hospital. . . . . and it comes across as top notch.”

Even with a one-year reprieve by New Jersey’s legislature, Governor Chris Christie continues to target Hagedorn as the one to close. According to Robert Davison, chair of the Governor’s Task Force on Mental Health, the decision is “fundamentally flawed.” Davison continued: “It is irresponsible to close a state hospital in a year or less.”
Governor Christie explained that by closing Hagedorn New Jersey would save $9 million annually. It would also result in the closure of Freedom House, a center for treating addiction on the Hagedorn campus, and the need to relocate 623 employees in the summer of 2012.

To confuse the issue even further, Trenton Psychiatric Hospital also found itself under fire in July 2011 when the Joint Commission reported numerous deficiencies, many of which were a result of the facility’s age, which may ultimately lead to its closure as well. Task force member Gilbert Honigfeld explained the physical liabilities of the facility: “We made a big point that Trenton Psychiatric is basically dealing with an infrastructure and a superstructure that is upwards of 150 years old. These are old, decaying buildings with all the environmental hazards associated with that and it looks like a warehouse, which everyone is trying to avoid.”


Hagedorn’s abrupt closing will certainly deal a blow to the area. Local residents express concern about the future of the 600-acre property, while family members and loved ones of the hospital’s nearly 300 patients worry about the ramifications of moving elderly people with issues of mental health. Critics of the decision expressed disappointment that Hagedorn was selected over Trenton Psychiatric Hospital. One critic, Hunterdon County Freeholder Ron Sworen, stated: “Where are these people going to go? Just putting them out into the public and halfway houses isn’t the answer, the way some of these people are. It’s an important facility in our area, it’s the only one that really deals with geriatric care, that goes away and where do all these people go?”
This is one of the fundamental questions to ask whenever a hospital closes its doors.

For more information on Lost Hospital Craig Garner: craig (at) craiggarner (dot) com