



THE HEART OF THE COMMUNITY

Methodist Medical Center of Oak Ridge

1943 – 2008

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FOREWORD

Dear Friends,

What a privilege it has been to be a part of the making of this important historical time capsule. After being here just a very short time, it was clear to me Methodist had an amazing and rich history—one that was on the brink of being lost to time. And now, after countless hours of research and personal interviews, we have a book that recounts our unique beginnings and chronicles our journey during the last 65 years. It is incredibly rewarding.

It may be uncommon to find a full service, nationally acclaimed, regional medical center in a community of 30,000 people, but Methodist Medical Center of Oak Ridge didn't begin as a common hospital. These pages open the door to a time when Oak Ridge was the fifth largest city in Tennessee, but it wasn't on any maps; when the "Secret City" hospital was operated by the Army and all the physicians were commissioned officers in the United States Military. With the passing of each decade and through the eyes of those who lived it, this book tells a remarkable story of medical innovation and excellence. Pioneering work in nuclear medicine diagnostics and treatment was carried out here. The concept of intensive care units in East Tennessee was forged by this medical center. We were the first hospital in the state to earn the coveted Tennessee Quality Governor's Award. And in 2007, we were the first in the region to repair a hole in the heart using the very latest in robotic technology.

I want to recognize all of those individuals and organizations who donated to the Foundation to underwrite the cost of book production so that all of the proceeds from future sales could go to support Methodist Medical Center's programs and services. I also want to give a special thanks to Nancy Gray and the entire history book committee that made this book a reality. Without their hours of dedicated volunteer work, this book simply would have not been possible.

Thank you for joining us as we turn the pages of history to explore the distinct eras of our medical center, the changes that took place, new advancements that were made, the people that shaped the hospital, and how it all led to the Methodist Medical Center we know today.

We hope this book honors the legacy of all those who came before us and inspires continued greatness from all those who follow in years to come.

Sincerely,



Mike Belbeck, FACHE

President and Chief Administrative Officer

ACKNOWLEDGEMENTS

A history book can't be written alone. The stories remembered, the papers and photos saved and stored, the research of many, and the books and libraries that preserve memories support the writers who aim to bring the details all together in an informative and readable book.

Thanks seems such a small word for the tremendous volume of work that a host of people from the community and staff from Methodist Medical Center of Oak Ridge and Covenant Health put into this book. Many put their hearts and souls into helping relate the story of the heart of our community—Methodist Medical Center. And to all, we thank you for your gifts of time and support for this project.

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The Methodist Medical Center 65th Anniversary History Project Committee, for the many hours its members devoted to the project as researchers, historians, gatherers of oral histories, editors, fund raisers, and much more; Nancy Gray, Project Committee Chair, for her expert leadership and patient shepherding of the committee and the authors in bringing the book to completion; the sponsors who made this book possible.

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Dr. Frank Bryant, for his editing and production of the 1945 booklet that brought so much of Oak Ridge Hospital's early history to light; and especially, the nurses, physicians, staff and volunteers who provided health care and support services to Oak Ridge and the region for 65 years and whose lives and work are the subject of this history.

—Kay Brookshire and Laura Wallace

SPONSORS

The production of this book would not have been possible without the generous contributions of the following businesses and individuals and their commitment to the legacy of Methodist Medical Center. We sincerely thank you for your support.

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INTRODUCTION

Few towns, if any, get one new hospital from the Army and another from the federal government.

Oak Ridge, Tennessee, did. The story of doctors, nurses and other health care providers recruited to this city with a secret in World War II reveals the adventurous spirit and dedication to healing they brought from across the country.

The Army placed Oak Ridge Hospital in the middle of the town it created in rural East Tennessee to serve a wartime mission. Future hospital buildings didn't stray far from this original site. For 65 years, Oak Ridge Hospital, and later, Methodist Medical Center of Oak Ridge, occupied a site in the heart of the community.

Oak Ridgers have always considered it *their* hospital, whether it was owned by the Army, the United Methodist Church, or a non-profit corporation. They complained about rate increases, battled furiously in a city referendum over who should own the hospital, tried to meddle in a strike, and worried when their hospital experienced consolidation with a health care system in nearby Knoxville. When it came time, however, to deliver a baby, have an appendectomy, get a heart repaired or a joint replaced, the hospital's patients have heaped their praise and thanks on the healers and hospital that took care of them.

When the quickly constructed Army hospital needed to be replaced, Oak Ridge had a strong champion to convince Congress to allocate funds for a new hospital. Howard H. Baker, Jr., former United States Senator from Tennessee, Presidential Chief of Staff and U.S. Ambassador to Japan, said of that champion, his father:

“Representative Howard H. Baker, Sr., was a friend and one of the earliest supporters of Oak Ridge. Through his persistence and excellent legislative skills, he singlehandedly saved the Oak Ridge Hospital at a pivotal time in its history. After the United States House of Representatives Appropriations Committee had removed the funds for a new hospital from the budget, my father personally took the lead to get funding reinstated.

“My father's experience and skills as a Congressman, his close relationships with his constituents, and the dedication that caused him to work so hard for Oak Ridge and this hospital resulted in successful creation of one of the nation's best regional hospital facilities. I know from his personal statement that he considered the saving of the Oak Ridge hospital his greatest single achievement in Congress during the year of 1955.

“I have followed in my father's footsteps in my continued support for Oak Ridge and for the Methodist Medical Center. It has been a joy to watch the growth over the years and to realize that my father played a key role in the creation of a facility that has helped so many over the years.

“It is with joy that I see the efforts being made to capture the history of this hospital. I truly believe hospitals such as the Methodist Medical Center are some of the most important resources we have in our region of Appalachia. The book will be a collector's item and will serve to document some of the history of one of our most significant accomplishments, the creation of an Oak Ridge regional hospital.”

THE ARMY HOSPITAL YEARS 1943–1948

December 7, 1941. Of course you remember that day. We all do. Although not one of us realized it at that time, all of our lives began to gradually converge on the focal point of the source of atomic energy – Oak Ridge. At that particular instant, it was just about as it always had been for several generations.

Within a short time some fortunate few came and saw for a brief moment the area before a most extraordinary and almost unbelievable construction saga began. Others of us who came shortly afterwards saw this rapid growth and development. Still others crossed oceans, crossed deserts, sweated in the tropics, shivered in the Arctic, fought with troops on beach heads and battlefields before this convergence finally occurred.

And now as surely as we came, we are beginning to depart. In fact, some have left for their homes and their work as this is written. We will be scattered to the four corners of these United States.

Therefore let us record something of those with whom we worked and laughed and played, some of the things we said, and some of the thoughts we had before the sands of time bury it beyond recall.

Frank L. Bryant, Major, Medical Corps
Chief, Ophthalmology and Otolaryngology Section
Oak Ridge Hospital
Oak Ridge, Tennessee
Report on Personnel of Oak Ridge Hospital and Clinic
October 1, 1945



Maj. Frank Bryant



Lt. Col. Charles Rea

Dr. Charles Rea Is First ‘Chief’ at Oak Ridge Hospital

To his staff, Lt. Col. Charles Rea was affectionately known as “The Chief.” His enthusiasm, endurance, good humor and contagious laugh endeared him to the staff of Oak Ridge Hospital, where he was the first Chief of Hospital and Clinical Services during the war years.

“How well he did his job is obvious to us all,” commented a writer in the 1945 Oak Ridge Hospital Personnel Report profiling 63 original Oak Ridge doctors.

Born in Forsythe, Montana, in 1908, Dr. Rea learned to hunt, fish and ride during his boyhood in Billings. He came to Minneapolis for undergraduate and medical degrees from University of Minnesota, and The Chief never tired of talking Minnesota football. He entered the university at age 15 and earned five degrees, working in physiology, pathology and experimental surgery at the University of Minnesota and the University of Illinois at Chicago before returning to St. Paul to enter private practice before the war.

“Charles Rea is a Ph.D. but he doesn’t act like one,” other doctors wrote of him in a “Did You Know That...” section of the 1945 hospital personnel report. They also commented on the “fortissimo crescendo laugh of The Chief.”

In Oak Ridge, his energy and congeniality when called to the hospital two, three or four times a night impressed his co-workers. His wife Mary was surprised by his energy at home, relating to an *Oak Ridge Journal* reporter that the doctor once planned and executed a dinner party, in their own home without her knowledge, in her honor.

“Charlie Rea did a tremendous job at the Oak Ridge Hospital,” wrote Maj. Gen. Kenneth D. Nichols in his book, *The Road to Trinity*. Nichols, based in Oak Ridge as the deputy engineer for the Manhattan Project, served under Gen. Leslie Groves. “An outstanding surgeon, he had, in addition, administrative ability and above

all a personality that appealed to everyone. He not only maintained health at CEW (Clinton Engineer Works, the Army’s designation for the Oak Ridge operation) but helped preserve the morale of the families as well.”

Upon leaving Oak Ridge to return to private practice in St. Paul after the war, Rea wrote to his colleagues:

All of us have been impressed with the importance of this work. The assignment was an unusual one in the army. We were fortunate in that we were doing clinical work. The Corps of Engineers has been most cooperative and has never denied us anything that was necessary for the proper operation of the hospital. Not that the assignment here was all sunshine and roses by any means. The work seemed to never end on occasion, and occasionally there were gripes about promotions, housing, etc. But the work did get done, and after all, it is a soldier’s privilege to gripe about something if he wants to. ...In years to come, we can look back with pride on our work at Oak Ridge. It is almost incredible that nine days after the atomic bomb fell on Japan, the war ended. The fact that the project was a success was all that we asked. Its completion was compensation enough for all of us.

Sources

Maj. Frank Bryant, Editor, *Report on Personnel of Oak Ridge Hospital and Clinic*, 1945.

Oak Ridge Journal, “Meet Maj. Rea,” November 16, 1944.

Maj. Gen. K. D. Nichols, *The Road to Trinity – A Personal Account of How America’s Nuclear Policies Were Made*, William Morrow & Co., Inc., New York, 1987, pages 123–124.

The Army Builds a Hospital

Dr. Frank Bryant pulled into a Minneapolis gas station to fill up his car in the era before self-service. When no attendant came to help him that December 7, 1941, he went inside to find all gathered around the radio, listening to the news that the Japanese had bombed Pearl Harbor, bringing the United States into World War II. In private practice in Minneapolis and on the medical faculty at the University of Minnesota, Dr. Bryant would be drawn into the war effort by 1943, arriving in rural East Tennessee not long after construction began on a massive, secret undertaking by the U.S. government, led by the Army Corps of Engineers.

He was among the best and brightest either recruited from civilian life or ordered by military superiors to report to Oak Ridge, Tennessee, where the Army was rapidly building a new city, with a hospital, schools, housing, and other facilities to serve those who would work in new plants under construction for a secret World War II project. He arrived in the summer of 1943 at what appeared to be a frontier town, filled with dust, dirt and mud as construction workers rushed to create a city where four rural communities had stood before. Its mission remained shrouded in secrecy until the end of the war, when the government revealed that Oak Ridge, one of three major locations taking part in the Manhattan Project, had helped produce the atomic bomb.

The 59,000-acre location for the city and plants was chosen in September 1942 “as the site on which a war-born, crash project would be constructed for the production of ‘super-secret’ war materials,” according to *A City is Born*, a 1961 book published by the Atomic Energy Commission. President Roosevelt had recommended creation of what would be known as the Manhattan Engineer District, or Manhattan Project, only months before on June 17. Construction began in East Tennessee in October 1942.

In this city planned and managed by the Army,

where security was tight and casual talk of work non-existent, the scientists, engineers, construction workers and plant employees required medical care and a hospital. Under these unusual circumstances, the Army Corps of Engineers created the Oak Ridge Hospital, bringing in a highly trained medical staff from across the country. The Army veered from an earlier plan to use off-site hospitals, including those in Knoxville, after learning that the number of hospital beds was insufficient for the current population, much less for the additional thousands who would come to Oak Ridge. Providing full medical services in the gated, isolated community of Oak Ridge would aid recruitment and work force retention, the Army reasoned, as well as increase project security.

The first medical services were provided at a field hospital operated by Stone & Webster Engineering Corporation, the early contractor responsible for developing the Oak Ridge town site. At that time, the critically ill were sent to area hospitals. The Army opened a medical services building in July 1943 that was too small almost as soon as completed.

Dr. Charles Rea, a University of Minnesota graduate who would become Chief of Hospital and Clinical Services for the city’s first hospital, was recruited from his practice in St. Paul in May, came to Oak Ridge in June, and moved into the unfinished medical services building on July 1. With another doctor and two nurses, he started to see patients, doing pre-employment examinations, providing inoculations and treating emergency cases.

The new *Oak Ridge Journal*, in one of its first mimeographed volumes, told readers how to contact doctors and announced on September 25, 1943, in a column titled “Medical Services,” the following:

Uncle Sam is particularly interested in safeguarding the health of every resident and employee in Oak Ridge. Eleven highly



For several generations, the area that would become Oak Ridge consisted of several small communities of farming families living in the valleys between ridges and along the Clinch River. *Department of Energy Photograph Collection, Oak Ridge Public Library*



Oak Ridge was a construction site when the first doctors arrived in Oak Ridge in 1943. Here, construction is underway at Townsite Shopping Center, now Jackson Square. To the left are dormitories and in the background on the hill is the Manhattan District administration building. *Photo by Ed Westcott*



This aerial view of the first Oak Ridge Hospital looks east toward “Townsite.” The main entrance is at the front of the first wing. The second half-wing to the left is the Emergency Room, with its ambulance road down the hill to Tennessee Avenue, to the left. Nurses lived in Covington Hall, the white building at the upper left. *Photo by Ed Westcott*



Construction and muddy streets made house calls difficult for Oak Ridge’s first physicians. This view of Tucker Road, looking east, shows the mud they had to contend with. Construction went on 24 hours a day. It wasn’t until 1946 that the town undertook a large-scale paving program. *Photo by Ed Westcott*

recommended physicians (six certified in specialties by the American Board of Physicians) have been entrusted with the well-being of the community.

With nearby medical facilities deemed too crowded to handle Oak Ridge’s growing population, the Army planned a 50-bed hospital that grew to 63 beds during construction. The one-story, cemento Oak Ridge Hospital opened November 17, 1943, with 12 doctors and 41 nurses in attendance. Viola Warren, wife of Dr. Stafford L. Warren, in charge of the Manhattan Project Medical Section, provided flowers from her garden for the opening.

The 32,250-square-foot hospital housed 21 two-bed wards, five four-bed wards, a single bed room, an operating and delivery room, doctors’ offices, outpatient treatment rooms, x-ray rooms, laboratories, first aid rooms, kitchen, staff dining room, autopsy room and morgue, with storage and boiler rooms in the basement.

The Manhattan District’s Medical Section, headquartered in Oak Ridge, was charged not only with caring for the health of populations of the three Manhattan District cities (Oak Ridge, Hanford, Washington, and Los Alamos, New Mexico), but, because of work with radioactive materials in production of atomic weapons, also had to conduct research on radiation hazards, develop industrial safety procedures to protect workers, and prepare for effects of weapons when they would be tested and used, Maj. Gen. Kenneth D. Nichols wrote in *The Road to Trinity*.

The Army went to the University of Rochester, in the vanguard of radiation studies at the time, and tapped its key specialist, radiology professor Dr. Stafford L. Warren, for the job as first medical director for the Manhattan Project. Dr. Hymer L. Friedell, a radiologist on the teaching staff at University of California who became Warren’s executive officer, joined the Army earlier, in 1942. In 1943 Maj. Friedell (later Lt. Col.)

was given responsibility for planning the original Oak Ridge Hospital and procuring medical officers to staff it. He was the first medical officer in the Manhattan Project and its first medical specialist in radiation.

Maj. Friedell and Dr. Warren, not yet a commissioned officer, were responsible for recruiting Dr. Rea from his private practice in St. Paul in May 1943 to come to an unspecified place in Tennessee and help build a medical staff. Friedell and Rea had received medical degrees from the University of Minnesota, providing the link to the Minnesota doctors who eventually came to Oak Ridge. Dr. William B. Holt, the first superintendent of Oak Ridge Hospital, also arrived in Oak Ridge that spring, after practicing medicine in Minneapolis and studying hospital administration at the University of Chicago.

The Army asked the University of Rochester to operate medical services and the new hospital in Oak Ridge briefly, from April through November 1943. Earlier in 1943, then-Professor Warren and his university staff developed broad plans for a clinical medicine program in Oak Ridge. They recommended a full range of medical services, as well as supporting x-ray and laboratory facilities.

The Army turned business management of the hospital over to the Roane-Anderson Company, the contractor managing Oak Ridge city services, on December 1, 1943. The professional medical services were supervised by the Manhattan District Medical Section. While research and industrial medicine programs were highly supervised at the three Manhattan Project sites, the clinical medicine programs had a minimum of supervision. So with little oversight, Lt. Col. Rea directed medical services at the hospital in Oak Ridge, reporting to Col. Warren for the duration of the war.

Placed near the center of the new community, on Tennessee Avenue near New York Avenue, Oak Ridge Hospital would later become Methodist Medical Center of Oak Ridge, which remains near its original

location, still in the heart of the community, today. The hospital's history is intimately tied to the unique story of Oak Ridge: the comfort of the Army years; the contentiousness of transition to a normal city, a non-military hospital, and "civilian" life; the maturing era of hospital and community; through the modern focus on technological advances and expansion.

Today, Methodist Medical Center is a 301-bed acute care hospital staffed by more than 190 doctors representing 33 medical/surgical specialties. By comparison, as World War II ended in 1945, Oak Ridge Hospital had 53 doctors representing seven specialties.

Throughout its 65-year history, the hospital's name and ownership have changed several times. Through each transition – to Oak Ridge Hospital, Inc., in 1949; to Oak Ridge Hospital of the Methodist Church, Inc., in 1959; to Methodist Medical Center of Oak Ridge in 1984; and its consolidation with Fort Sanders Alliance to form Covenant Health in 1996 – the hospital has maintained its commitment to provide quality medical care to the community using the most advanced medical treatment and technology.

The First Physicians at Oak Ridge Hospital

Lt. Col. Charles Rea and Maj. William Bernstein were the first hospital staff members arriving on June 30, 1943, when the town of Oak Ridge had only a cafeteria and four dorms. They went to work the next day in the Medical Services Building, along with 75 painters and carpenters still completing the building. "There were about 25,000 people working on the area at that time," Dr. Bernstein told the *Oak Ridge Journal* a year after his arrival. "And we had to give ALL pre-employment exams." Dr. Bernstein, who occupied an office next to Dr. Rea in St. Paul, Minn., before coming to Oak Ridge, performed the first medical examination at the Medical Services Building.

Nine more doctors began arriving in mid-July, all from Minnesota and describing themselves as the "Gopher Gang" or "the Southern Branch of the University of Minnesota." Along with Maj. Frank Bryant, they were: Capt. Leonard Kallestead, Capt. Burtis Mears, Capt. E. George Olsen, Capt. Albert T. Hayes, Capt. Gerhard Knutson, Major Asher White, Capt. William Keettel, and Major Joseph Ryan. These 11 doctors represented surgery, proctology, obstetrics-gynecology, pediatrics, internal medicine, urology and ear, nose and throat.

Arriving with them was a registered nurse from the university, Gertrude Gunn, who set up their medical records system. In August, an eye infection sent her to a Knoxville hospital, where a visit from an Episcopal priest eventually led to the founding of St. Stephen's Episcopal Church of Oak Ridge.

An August 12, 1943, special bulletin listed medical service charges for non-job connected office calls at \$2, daytime house calls at \$3, and overnight house calls at \$5.

The new doctors found Oak Ridge to be "hot, humid and humdrum," as they first set to work in the medical services building. The *Oak Ridge Journal* reported that the doctors were like children examining a promised toy as they watched the hospital being built, dropping by the construction site to observe the progress and longing for a real hospital.

When it opened, Oak Ridge Hospital earned the nickname the "southern branch" of the Mayo Clinic in Minnesota, where at least 11 of Oak Ridge's more than 50 wartime doctors had received training. The Mayo Clinic had earned a reputation for excellence in medicine as the first integrated, not-for-profit group practice in the world, where doctors from every medical specialty work together to care for patients. Thanks to the Army, the hospital had access to many of the best medical specialists. Their presence laid the groundwork for the tradition of excellence that continues today at the Methodist Medical Center of Oak Ridge.



Col. Stafford Warren, the Medical Director of the Manhattan Project, works at his desk in his Oak Ridge office.



Lt. Col. Hymer Friedell



1st Lt. Lewis Preston



Maj. William Bernstein

In the beginning, the doctors brought to work here were told few details about their new wartime home, much like the scientists recruited to work here at the code-named Clinton Engineer Works. As Peggy Spitzer notes in her 1983 “An Affectionate History of Oak Ridge Hospital,” doctors had to be carefully chosen for their emotional stability and special talents enabling them to practice medicine under a very unusual set of circumstances. Recruiters were concerned that those doctors with battle experience show no sign of “battle fatigue.”

Dr. Julian Ragan, an obstetrician-gynecologist on the new Oak Ridge Hospital staff, suggested contacting a Tulane University medical school classmate recently returned from service as a battalion surgeon in the Normandy invasion. Dr. Ragan was sent to renew his acquaintance with his classmate, Dr. William Pugh, and to investigate whether he had any signs of battle fatigue. In the garden of Pugh’s family’s home in Napoleonville, Louisiana, Dr. Ragan offered Dr. Pugh work at a place not identified where people did work not generally known to the public. Dr. Pugh would receive orders, but meanwhile he should not divulge any of his conversation.

“That’s not difficult considering the damn little you’ve told me,” Dr. Pugh retorted.

Dr. Ragan and Dr. Pugh were among those who remained in Oak Ridge after the war, along with a Texan, Dr. Lewis Preston. A First Lieutenant in the Army Medical Corps, Dr. Preston had just completed officers’ training in Pennsylvania and had orders to join Gen. Douglas MacArthur in the Pacific when he, too, received an unusual offer to remain stateside.

“We’ve come to offer you a continental installation in the Army that will take a presidential order to move you, and you’ll be able to practice your specialty,” Dr. Preston, a pediatrician, recalled being told, speaking in a video produced for Methodist Medical Center in 2005, shortly before his death. “When I first came to the hospital, it was one busy, dizzy place,” he commented

then. “I would say practicing medicine has been first class ever since I’ve been here in 1944. It’s always been a very good place. I’ve enjoyed every day of it. I’d do it all over again.”

Several doctors were civilians when they reported to Oak Ridge, but not for long. All doctors not yet in the Army were inducted into the Army Medical Corps in December 1943 “to assure retention of their outstanding professional abilities and to safeguard the security of the project,” according to *The Manhattan District History*, a government report. The Army wanted to oversee their work with regard to access to any restricted information or classified materials they might need or hear from patients while providing medical care. Chief Rea commented later on their loyalty: “I have never had to order an officer to do a duty at the hospital.”

The ever-present dust from ever-continuing construction created problems for the first physicians. They had difficulty keeping their surgical instruments sterile, the *Oak Ridge Journal* reported on the hospital’s first anniversary. Construction and growth also contributed to difficulties in making house calls. A doctor would be given a list of names and addresses, request a car and driver from the Army motor pool, and set off to make house calls. With new streets and new houses being added daily, doctors easily became lost. At times, with roads nearly impassable because of construction, doctors had to make house calls in an Army weapons carrier, adding to the adventure.

The hospital had no switchboard until seven months after it opened. Before that, a number of telephones were scattered throughout the building, each with its own outside number, making communication difficult. The first switchboard was installed in June 1944, but was already too small. “The ever present necessity for speed often meant that the person calling gave up and rushed on foot to whichever part of the hospital he wanted, due to his inability to obtain a line,” staff members wrote in the 1947 Oak Ridge Hospital scrapbook. Relief came in

January 1945, when a larger switchboard was installed. “Service improved overnight with an immediate lift of spirits in hospital personnel and greatly improved morale in the communications group itself.”

As the city’s population exploded, the hospital grew with it. Though envisioned in 1943 to serve a population of 13,000, the hospital had to provide for a city of 75,000 by mid-1945, when Oak Ridge was the fifth largest city in Tennessee. The original group of 11 doctors grew to 52. The national wartime ratio of one physician for every 1,500 persons led to continued recruiting of doctors and nurses as the Oak Ridge population grew. The dental staff in Oak Ridge also increased, from two dentists and one assistant in September 1943 to 29 dentists and 23 assistants by March 1945.

To serve the growing population, work on additions began even before the original hospital was completed. The hospital soon sprawled out of its original home with three additions and an outpatient wing, adding 250 more beds in two-story, concrete block additions.

One addition, a 100-bed extension on the west end of the hospital, opened on June 18, 1944, providing sections for isolation, obstetrics, and pediatrics. Another addition that opened in August 1944 also added 100 beds and provided additional storage, laboratories, and utility room on the south side of the hospital. The third addition, west of the second, opened in April 1945 and provided for 50 beds, a diet kitchen, two utility rooms and two nurses’ stations. This brought the total number of hospital rooms to 313.

A 21,000-square-foot outpatient wing, designed to handle 6,000 people a month, opened on June 11, 1944. Southeast of the hospital and connected to it by a passageway, the wing provided waiting rooms, 27 doctor’s offices, 47 examination and consultation rooms, x-ray rooms, a pharmacy, laboratories, and other office and record rooms. When the hospital transferred to civilian control, this became the Medical Arts Building. Even with these additions, hospital

resources were greatly strained in the spring of 1945, when an epidemic of severe upper respiratory infections hit Oak Ridge.

Costs for all medical facilities were \$1,761,477, including equipment and a nurses’ home near the hospital.

After the war, in a chronology of events in the 1945 report on hospital personnel, with a yearbook-style commentary on people and events, doctors poked fun at some Army orders that conflicted with hospital demands. One entry reads:

June 20, 1944 – Announcement from the ‘hill’ that hospital hours will be from 8 a.m. to 5 p.m. with one hour off for lunch. Now isn’t that just fine. At 5:00 (when the whistle blows, and of course there will be a whistle) we just stop and leave. The one with the fractured arm or bleeding nose, or the woman in the delivery room or what have you will be under the care of the night O.D. (Officer of the Day – a doctor). It will be a snap, fellows. You can’t beat the Army.

Physicians at Oak Ridge Hospital had a few memorable encounters with the Washington-based commander of the Manhattan Project, Gen. Leslie Groves, a career soldier whose gruff exterior was legendary. Gen. Groves oversaw not only production plants but also the services, including medical care, that the new city’s residents would need.

Gen. Groves made it a habit to have his annual physical at Oak Ridge Hospital, and Dr. John DePersio, a New York native who was later a Chief of Staff there, was called in to read the general’s electrocardiogram, a story Spitzer said had some credibility. Lt. Col. Rea, in making suggestions on the etiquette required for treating a general, had said, “For God’s sake, be nice to him.” Dr. DePersio read the electrocardiogram and told Gen. Groves that all was well, except he had a left axis deviation. When the general asked for an explanation,



1st Lt. Julian Ragan



Capt. William Pugh Photos by Ed Westcott

Oak Ridge Hospital Medical Staff, October 1, 1945

Col. Stafford L. Warren, Chief of Medical Section
Lt. Col. Hymer Friedell, Executive Officer
Lt. Col. Charles E. Rea, Chief of Hospital and Clinical Services

Major William C. Bernstein, Executive Officer
Capt. Earl E. Salisbury, Administrative Officer
1st Lt. Leonard Hamblin, Executive Assistant

Internal Medicine Section

Major Joseph Ryan, Chief
Capt. John DePersio*
Capt. Thomas Fannin
Capt. Harry Kearns
Capt. Lester Kimberly
Capt. Robert LaFond
Capt. Salvatore LaTona
Capt. Albert Thompson
1st Lt. William Clarkson
1st Lt. Francis Donoghue
1st Lt. Jack Murphy
1st Lt. William Riley
Major Asher White**
Capt. Burtis Mears**
1st Lt. Dean Tasher**

Obstetrics and Gynecology Section

Capt. William Keettel, Chief*
Capt. William Pugh*
Capt. John King Beck Emory Seegar, Jr.
1st Lt. Kenneth O'Connor*

1st Lt. Charles Julian Ragan*
1st Lt. Rodney Stoltz

Neuro Psychiatry Section

Eric K. Clarke, M.D., Chief
Carl Whitaker, M.D.*
Capt. Stanley Law *
Capt. William Fleeson
1st Lt. John Warkentin

Public Health Section

Capt. Bernard Blum, Chief

Military Personnel Section

1st Lt. Charles Prosser

Surgery Section

Capt. Albert T. Hays, Chief
Capt. Gustav Bansmer
Capt. Edward Cartnick*
Capt. Dwight E. Clark*
Capt. Frederick Hummel
Capt. Leonard Kallestad
Capt. Leon Kotloff
Capt. Frank Moody
Capt. Edward George Olsen
Capt. James Ridley
Capt. Joseph Rogers
1st Lt. Henry C. Dahleen

Roentgenology Section

Capt. John B. Eneboe, Chief

Clinical Laboratory Section

Capt. Frank A. Inda, Chief
1st Lt. Maxwell Isben

Ophthalmology and Otolaryngology Section

Major Frank Bryant, Chief
Major Vernon Lindberg
Capt. Donald Dean
1st Lt. Raymond Johnson*

Pediatrics Section

Capt. Gerhard Knutson, Chief
Capt. Selby Love
1st Lt. Cleve Beller
1st Lt. John Gilbert
1st Lt. Herbert Philipsborn
1st Lt. Lewis Preston*
1st Lt. Douglas L. Wake

* Doctors who remained in private practice in Oak Ridge after the war.

** Doctors transferred from Oak Ridge Hospital before October 1, 1945.

Source

Maj. Frank Bryant, Editor, *Report on Personnel of Oak Ridge Hospital and Clinic*, 1945.

the doctor said it meant he was too fat. Gen. Groves is reported to have said, "That will be all, Lieutenant!"

William J. Wilcox, Jr., Oak Ridge city historian and former board member of the Oak Ridge Hospital of the Methodist Church, related another Groves story.

"A young physician, 1st Lt. Julian Ragan, was clos-

ing up the OB (obstetrics) ward late one night, happy to know that for once no patients were spending the night. But as he went to turn out the lights, he noticed on the far end of the ward what he thought was a sleeping pregnant woman.

"He went over and pulled the sheet back covering



Gen. Leslie R. Groves, a tough, demanding career soldier who directed the Manhattan Project, came to Oak Ridge Hospital for his annual physical exam. *Photo by Ed Westcott*

her head and a sleepy, but irritated, uniformed officer sat up, the first Dr. Ragan had ever seen with two stars on his collar. It was none other than the Manhattan Project's commander-in-chief, Gen. Leslie R. Groves from Washington, D.C. He told Ragan, who was trying to decide whether to salute or crawl quietly away, 'Just leave, Lieutenant, and turn off the lights. When I come to Oak Ridge this is the only place I can ever escape to for a little nap.'

Civilian Nurses and Staff at Oak Ridge Hospital

Isabel Weber, with a master's degree in nursing from Yale and experience as a teacher and nursing director at a college hospital in California, arrived June 6, 1944, as the first Superintendent of Nurses. "All of us are surely glad to see her," was one physician's comment in the 1945 hospital personnel report. By early 1945, she had assembled a crew of nurses representing 27 states. Nurses were recruited from nursing schools



The nursing staff at Oak Ridge Hospital increased steadily as the population grew. From 72 nurses in July 1944, the staff grew to 144 a year later. The 1945 photograph shows the day shift - about half of the total - wearing starched and ironed whites and proudly wearing caps, each distinctive of their nursing school. *Photo by Ed Westcott*

and by word of mouth.

"Young nurses were chosen, due to the stress of the required work and the necessity to adjust to difficult living conditions," authors of a 1947 hospital scrapbook wrote, referring to the "social limitations of a frontier existence" that Oak Ridge offered. Unlike doctors, nurses were civilians, and they lived in the dormitories that provided housing to many Oak Ridge workers. The nursing staff grew from a core of two in June 1943 to 146 by 1946. Among the first nurses were Lucile Halvorson, first operating room supervisor, arriving in November 1943, and Rose Dunbar, then Rose Bocinsky. The *Oak Ridge Journal* reported that Bocinsky was the first nurse employed at Oak Ridge Hospital in 1943 and that she helped set up the obstetrics section.

Other firsts, according to Spitzer's history, were Rosemary Lane, outpatient supervisor; John Zugich,



Pharmacists work in Oak Ridge Hospital's first pharmacy. *Photo by Ed Westcott*

Isabel Weber Serves as First Director of Nurses

Isabel Weber had always wanted to be a nurse, but instead first became the teacher that her parents urged her to become. She taught English and dramatics for two years at Upper Iowa University before deciding to pursue her lifelong ambition. Weber graduated from Yale in 1937 with a master of nursing degree.

A teacher and then Director of Nurses at the college hospital in Santa Barbara, Calif., she arrived in June 1944 to become the first Director of Nurses at



Isabel Weber, the first Director of Nurses at Oak Ridge Hospital. *Photo by Ed Westcott*

Oak Ridge Hospital.

“My job was cut out for me in Oak Ridge,” she said in a February 15, 1945, *Oak Ridge Journal* article. “There was staffing and organizing of the nursing service, for example. We have problems here that no other hospital has, and we’ve had to standardize our procedures and working policies. We now have a competent staff, representing 27 states.”

Born in Clarion, Iowa, she attended high school there before moving on to preparatory school in Lake Forest, Illinois. Then she went on to Wellesley to receive her undergraduate degree. From there, she went to University of Iowa to obtain a teacher’s certificate.

Drawn to nursing, however, she left her college teaching position for Yale, and worked two years in the Yale Hospital before heading west to California and then later, to Oak Ridge.

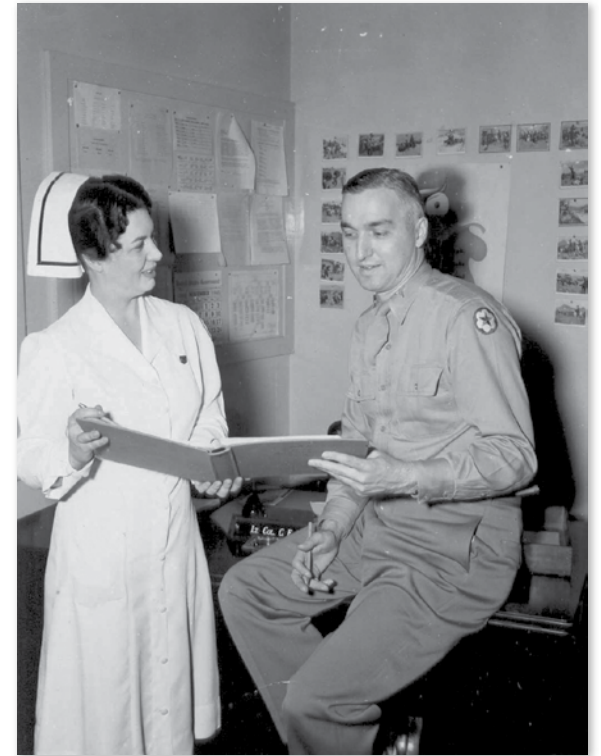
Four years after she came, Weber left Oak Ridge to attend a business administration course sponsored by the University of Chicago. One of 15 applicants from across the country selected by the university to take the new course, she left September 1, 1948, to start the program.

Sources

Oak Ridge Journal, “Meet Miss Isabel Weber,” February 15, 1945.

Oak Ridge Mail, “Head Nurse Leaves to Attend U. of C.,” September 10, 1948.

pharmacist; Mae Shuler, chief telephone operator; Elinor Champion, director of medical social services; Silvia Aliberti, medical records librarian; John Geffel, maintenance; Julia Green, housekeeper; Milton Shroyer, business manager; Mary Ford, chief dietician; Hariette



Isabel Weber, the first Director of Nurses, met with Lt. Col. Charles Rea, first Chief of Hospital and Clinical Services, each day for rounds at Oak Ridge Hospital. *Photo by Ed Westcott*

Black, physical therapist; and Dorothy Adelman, personnel.

Departments established when the hospital first opened were Pharmacy, Laboratory, X-ray, Admitting, Housekeeping, Hospital Information and Switchboard. Locations changed frequently in the early days, illustrated by this story from the 1947 hospital scrapbook:

Few used the term “my office” with any sense of security. In fact, one department head was given some lovely pictures for “her office” by a relative outside Oak Ridge; she did not put them up, as she appeared at work on three different

First Nurse Enjoys ‘Happiest Place in the Hospital’

Rose Dunbar had the pleasant task of officiating at many of the 2,500 births recorded during Oak Ridge Hospital’s first two-and-a-half years. The first nurse employed at the hospital when it opened in 1943, according to an *Oak Ridge Journal* article on her July 25, 1946, Dunbar set up the hospital’s “OB,” the obstetrics section, and later became chief nurse in the delivery room.

“Her first day here is now considered something of an event in her life for more reasons than one,” the *Journal* reported. Besides arriving in an Oak Ridge still under construction in 1943, she met her future husband, Kenneth Dunbar, then an Army captain and later a civilian employed at the Y-12 plant, on her first day.

She was Rose Bocinsky when she arrived from Illinois. A native of Brookfield, she studied nursing at Oak Park Hospital and came here soon after completing her studies. The young nurse told the *Journal* she enjoyed her work in the delivery room.

“It’s the happiest place in the hospital,” she told the *Journal*. Occasionally, she said, nurses had trouble with anxious fathers. In those days, their job was to keep fathers out of the delivery room, which was often crowded anyway due to Oak Ridge’s high birth rate. The patients themselves, Dunbar said of the mothers, behaved beautifully.

She reported to the *Journal* that all four spaces in the labor rooms were frequently filled. A hospital dance that summer was almost broken up with a record nine babies in 24 hours, she said.

occasions to find that her office had been appropriated by some other department overnight, and she had been moved, bag and baggage, to another space.

Carpenters, electricians, painters and other



Nurse Rose Dunbar set up the hospital’s first obstetrics section and later was chief nurse in the delivery room, the “happiest place in the hospital.”
Photo by Ed Westcott

construction workers were always present; walls were knocked out, others put up, employees climbed over wooden horses, or moved piles of lumber to get to one of the very few phones. People, noise, dust, mud, heat, all were items with which hospital personnel had to contend. However, in spite of all this, the work went on and a high degree of efficiency was maintained, due, without any doubt, to the fact that the personnel was ‘hand-picked,’ enthusiastic, and interested



Surgeons, like other doctors in Oak Ridge, had the best in surgical and medical equipment for the care of their patients. On November 10, 1944, Dr. Charles Rea, right, Dr. Dwight Clark, left, and Dr. Leonard Kallestad operate on a patient at Oak Ridge Hospital. Nurse Rose Dunbar, left, and Nurse Burks are two of the three nurses assisting.



Mrs. A. Carter Crymble was the first patient at Oak Ridge Hospital in 1943. *Photo by Ed Westcott*



Oak Ridge Hospital's first doctors gather outside the hospital for a group photo before many returned home after the war. Nearly all who weren't yet commissioned officers were inducted into the Army Medical Corps in December 1943. *Photo by Ed Westcott*



Dr. Eric Clarke



Nurses care for babies in the busy nursery at Oak Ridge Hospital. *Photo by Ed Westcott*

Hospital in Fine Baby Season; Births Have Topped 2,500 Mark

Article as it appeared in the Oak Ridge Journal, July 25, 1946

About the nearest thing to a final assembly line in Oak Ridge is the delivery room out at the hospital. They deliver an average of one baby every eight hours, and just now they're in the midst of a fine season.

Births are running almost as high as last year, in spite of the sharp cut back in population from the peak days before the end of the war; and while there are no late statistics on the birth rate, it is running far ahead of last year, when Oak Ridge was reported to have the highest birth rate in the country.

All four spaces in the labor rooms are frequently filled simultaneously, according to Mrs. Rose Dunbar, head nurse in the delivery room, and a recent hospital dance was almost broken up with a record nine babies in twenty-four hours.

The hospital is doing its share in reducing the ratio of girls to boys by delivering far more male children. Of 516 babies born from January to June of this year, for instance, 290 were boys and only 226 were girls. Of 1,205 born last year, 618 were boys and 587 were girls.

The hospital has had only one or two babyless days since the first baby was delivered in 1943, and since that time more than 2,500 future Oak Ridge citizens have been born there.

The record so far is four babies delivered in thirteen minutes, and the staff hopes it stands for all time.

Although the hospital has never delivered triplets, twins are fairly common. If they have one set, two more sets are almost sure to follow within a few days, staff members say.

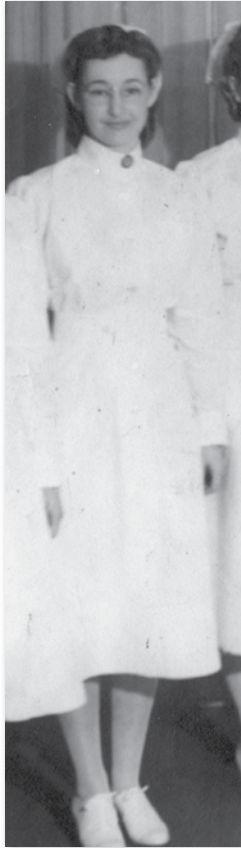
in doing a job which they knew to be important, even though they were on the outside of the “secret.”

As an Army hospital serving a military and civilian population deemed essential for the war effort, the hospital could call upon the Surgeon General’s office for any items unavailable on the open market. As a result, the hospital was able to obtain the best in equipment and supplies.

And as a hospital serving a new town populated by young adults, it experienced few deaths but an extraordinary number of births. Dr. Pugh recalled that the hospital’s first four or five obstetricians delivered more than 100 babies per month in the hospital’s early years. Between November 1943 and August 1946, more than 2,500 babies arrived at Oak Ridge Hospital. “About the nearest thing to a final assembly line in Oak Ridge is the delivery room out at the hospital. They deliver an average of one baby every eight hours,” the *Oak Ridge Journal* reported on July 25, 1946. Between November 1943 and 1950, more than 6,700 children were born at Oak Ridge Hospital, giving Oak Ridge a birth rate higher than that of Tennessee and the nation.

“There were times we had so many babies, we didn’t have cribs for them,” Desda Sparks, who headed the Oak Ridge Hospital Nursery in 1946 and 1947, recalled during a 1992 nurses’ reunion. On those occasions, some babies were placed in hospital dresser drawers.

The first baby arrived at the hospital shortly before it opened. Robert William (Bobby) O’Neal, son of Mr. and Mrs. James O’Neal, was born at 8:43 p.m. November 11, 1943, weighing 6 pounds, nine ounces. The hospital kitchen wasn’t completed yet, so his father went out to the townsite cafeteria to bring food in to his mother. They went home after one night, in the days when a normal post-delivery stay was a week or more, and the hospital provided nursing care for the mother and newborn at home. The November 20, 1943, *Oak*



Lois Jones Mallett, who joined the nursing staff in the summer of 1944, was 25 when she came from an Arkansas nursing school to Oak Ridge to visit her sister. She was hired on the spot when she sought work the day after the Jellico train wreck brought dozens of injured to Oak Ridge Hospital.

Lois Jones Mallett celebrated her 90th birthday in 2008, just the day before recording her oral history for the hospital on July 23.

Ridge Journal reported that a baby girl, Elisabeth Ann, was the first born in Oak Ridge on November 4, though not at the hospital. (New infants’ last names weren’t reported until after the war for security reasons.) The first patient was Mrs. A. Carter Crymble, who stayed about 10 days and was featured later in the *Oak Ridge Journal*.

Dr. Eric Kent Clarke arrived to establish psychiatric service at Oak Ridge Hospital in March 1944, one of only two wartime doctors not inducted into the Army. Dr. Clarke, in the book *These Are Our Voices*, and Lois Jones Mallett, who joined the nursing staff in the summer of 1944, in her recorded oral history, relate the story of an agitated patient who came into the emergency



A nurse holds a baby in the Oak Ridge Hospital Clinic as families wait in this June 30, 1944 photo. Photo by Ed Westcott



Mildred Rabie, head nurse in the Children’s Ward, cares for one of her young patients, Marilyn Branaman, in this photo that appeared in the *Oak Ridge Journal* November 16, 1944. Rabie came here from University Hospital in Minneapolis. Photo by Ed Westcott



Oak Ridge Hospital responded to the July 6, 1944, troop train wreck near Jellico by sending eight doctors and four nurses to aid the injured and by caring for injured soldiers. They joined military police, Oak Ridge firefighters and local volunteers in the rescue operation for one of the worst train wrecks in U.S. history. *Photo by Ed Westcott*



By dawn the morning after the Jellico train wreck, ambulances from all nearby cities were bringing 91 wounded soldiers to Oak Ridge Hospital from the wreck site about 50 miles away. Thirty-three soldiers died, along with the train's engineer and fireman. *Photo by Ed Westcott*

room from the Y-12 plant. He was “spouting all kinds of technical stuff that we quickly guessed he should not be talking about,” Mallett recalled. Dr. Clarke wrote that the man had developed an acute psychosis, likely from anxiety caused by knowledge of damage the atomic bomb would cause. Oak Ridge had no facilities for care of such a disturbed individual, but Washington authorities were adamant that the man be isolated in Oak Ridge and cared for locally, for security reasons.

“It was a big order, for it meant setting up a complete psychiatric hospital for one patient,” Dr. Clarke wrote. Mallett said it wasn't long before a house trailer was pulled up near the ER door, and the man was given a bed in the trailer, with nurses and orderlies assigned to watch him around the clock. He was later moved to an apartment near the hospital and made a complete recovery after the war.

Mallett, then Virginia Lois Jones, was 26 when she came from an Arkansas nursing school to Oak Ridge to visit her sister in 1944. She liked the area so much that she went to the hospital to seek work. All head nurse Isabel Weber asked was “When would you like to start work?” Mallett recalled, surprised that Weber was in such a hurry for her to start. Mallett took the job and went to work in the emergency room.

Jellico Train Wreck

Perhaps Nurse Weber was anxious for more nurses because Mallett sought work the day after a troop train wreck near Jellico brought dozens of injured to Oak Ridge Hospital, testing the hospital with its first emergency.

On July 6, 1944, a southbound Louisville & Nashville passenger train “jumped the tracks,” the train's fireman said before he died, at Highcliff, Tenn., about five miles south of Jellico, plunging about 50 feet down the Clear Fork River Gorge. The train was full of new Army recruits bound for South Carolina when it crashed at 9 p.m. that Thursday. The number

of passengers in the 16 cars is in dispute, and may have ranged from 400 to 1,006, according to author D. Ray Smith's account in his book, *1944 Troop Train Wreck*.

“On the evening of July 6, nearly every hospital bed was full. Shortly before midnight a call for help came in. The Jellico troop train wreck had just occurred and in a very little while eight doctors and four nurses were speeding to give them aid. Dawn found ambulances from all the nearby cities bearing the 91 wounded soldiers to this hospital,” staff members wrote of the evening in the 1947 Oak Ridge Hospital scrapbook.

Military support for the rescue and recovery operation came from Oak Ridge's Manhattan Engineer District troops, who arrived at 3:15 a.m. to the wreck site, about 50 miles from Oak Ridge. The Oak Ridge Fire Department also sent firefighters, engines and emergency equipment. Thirty-three soldiers died, along with the train's engineer and fireman, placing the tragedy among the 25 worst train wrecks in U.S. history.

“About 5 a.m. after an all night vigil, casualties start coming in. The hospital is all in readiness and everything proceeds in a smooth and efficient matter,” reports the July 7, 1944, entry in the physicians' 1945 personnel report.

Doctors, nurses, civilian and enlisted staff were awaiting their arrival. More beds were brought in from a warehouse to handle the additional patients, and some of the wounded recuperated in hallways in the crowded hospital. Red Cross staff and volunteers arrived at the hospital in the early morning hours after the wreck, taking phone calls, setting up a temporary canteen, and gathering information on the injured as they were admitted. Nurses' aides, trained earlier by the Red Cross, also arrived to help, many before they were called.

A week later, the *Oak Ridge Journal* praised the community's response in an editorial:

When a troop train wrecked nearby and many injured soldiers needed careful attention, Oak Ridge's reply was one of calm efficiency and

First Nurses' Aides Trained at Oak Ridge Hospital

The first class of nurses' aides trained at Oak Ridge Hospital graduated with capping exercises April 29, 1944, at Chapel on the Hill, one of the three churches the Army built for the town. Mrs. Donald C. Moore, R.N., was their instructor. Mrs. Harold Metcalf, who chaired the Red Cross Nurses' Aide Committee, presided at the exercises. The new graduates were:

Mrs. Emil D. Erickson
 Mrs. Edward Hall
 Mrs. Ogle Hess
 Mrs. Edward Hilgeman
 Mrs. Asa Pruitt
 Mrs. Donald Johnson
 Mrs. William K. Quinlan

Nine nurses' aides who had received training elsewhere and were already serving at Oak Ridge Hospital were present in uniform for the capping ceremonies. They were:

Mrs. Louis G. DeNagy
 Mrs. Marjorie Fortner
 Mrs. O.H. Greager
 Mrs. Frederick T. Howard
 Mrs. A.K. Parlour
 Mrs. M.E. Ridge
 Mrs. C.R. Sanford
 Mrs. Frank Scott
 Mrs. Victor Waithman

Source

Oak Ridge Journal, "First Nurses' Aides - Graduation Exercises for Nurses' Aides Held in Chapel on the Hill," May 4, 1944.



The first class of seven Red Cross nurses' aides to be trained at Oak Ridge Hospital had capping exercises April 29, 1944, at Chapel on the Hill. Nine nurses' aides who had trained elsewhere and were already serving at the hospital were there in uniform. *Photo by Ed Westcott*



With their supervisor looking on, Red Cross Association volunteers get a handshake from a nurse after completing 80 hours of training. The nurses' aides worked in Oak Ridge Hospital and in the plant clinics. *Photo by Ed Westcott*



A class of Red Cross nurses' aides, trained at Oak Ridge Hospital, received their caps in a ceremony December 7, 1944. *Photo by Ed Westcott*



Nurses' aides receive their instructions for the day outside the Oak Ridge Hospital operating room. *Photo by Ed Westcott*



Eleven of the original Oak Ridge Army doctors and their wives gather for a photo. *Photo by Ed Westcott*



A soldier and a nurse leave the nurses' dormitory, Covington Hall, on a date. *Photo by Ed Westcott*

genuine helpfulness.

In addition to the excellent service given by the Oak Ridge Hospital and the Red Cross, the efforts of the community as a whole were praiseworthy. Residents donated time and money in an effort to alleviate the suffering of victims of the accident.

Even pregnant mothers cooperated during the emergency, for reportedly not a single baby was born during the first 24 hours after the wreck. Three days after the wreck, the wounded who could be moved were taken by ambulance to a hospital train at the railroad spur near the present intersection of Fairbanks and Emory Valley roads. Ten patients were too ill to be moved.

Volunteers Give Service

Red Cross Gray Ladies served as the first volunteers, and Red Cross nurse's aides assisted in the care of patients beginning in 1944. The first class of seven nurses' aides to be trained at Oak Ridge Hospital had capping exercises on April 29, 1944, at Chapel on the Hill, with the Red Cross Chapter in Oak Ridge conducting the ceremony. They had completed 80 hours of training. Nine nurses' aides who had trained elsewhere and were already serving at the hospital were there in uniform. The hospital had 300 American Red Cross nurses' aides during its first three years of operation.

"As Nurses' Aides, they pledge 150 hours of volunteer service to the hospital for the year beginning with their graduation. It is significant that women who have the most to do are willing to give their time in volunteer service," the *Oak Ridge Journal* editorialized on August 3, 1944, giving special accolades to working women who were also volunteering.

By the end of September 1944, 17 Gray Ladies, so named for the color of their uniforms, were serving as volunteers at Oak Ridge Hospital under the direction of

the Red Cross, and more were needed. They performed many services for patients and families, including distributing mail, flowers and reading material; rocking and feeding babies in the nursery; reading to and playing games with children who were bedfast; and running errands. More women answered the call for volunteers. By the end of 1944, the Red Cross had trained 53 women to serve the hospital as Gray Ladies.

The Gray Ladies were in charge of the soft drink concession and often canvassed the parking lot to collect empty bottles to sell to distributors. Proceeds were used for the benefit of the patients, beginning the long-standing tradition of volunteers raising funds to help meet needs of the hospital.

Changes at the Hospital

The first superintendent of Oak Ridge Hospital, Dr. William B. Holt, died on July 26, 1944, after an illness. He had been responsible for organizing the physical plant and hiring personnel. Dr. Holt arrived as hospital superintendent in Oak Ridge in April 1943, before there was a hospital to oversee. He advised on plans and wrangled equipment and supplies from unlikely sources.

He was responsible for recruiting additional personnel – nurses, aides, orderlies, secretaries, clerks, technicians, and others. "Personnel to staff a hospital in those days of manpower shortage was not easily secured, but Bill Holt did," according to the physicians' 1945 personnel report. He found and trained staff during work hours and treated patients in his off-hours, according to a Vi Warren column in the *Oak Ridge Journal*.

"Few people in the area were better liked than Dr. Holt, and there are probably fewer with as much energy and enthusiasm for their jobs," the *Oak Ridge Journal* commented in an August 3, 1944, editorial. The Medical Wives Auxiliary, organized in November 1943, established the William B. Holt Memorial Hospital Library in memory of the pioneer hospital director. That library



Ed Westcott, the official Army photographer in Oak Ridge beginning in 1942, took these photographs of Oak Ridge Hospital physicians for this composite of the medical staff from 1943 to 1945.



Isabel Weber, Director of Nurses at Oak Ridge Hospital, meets with nurses in training from Vanderbilt University. A student nurse program operated at the hospital from 1945 to mid-1947. Photo by Ed Westcott



Nurses from 15 approved nursing schools participated in an intensive student nurse program from 1945 to 1946. Here, two nurses take care of a patient. Photo by Ed Westcott

supplemented a book service for hospital patients that began in July 1944 with books from the public library.

In November, physicians learned that the American College of Surgeons had awarded the hospital a rating of “full approval” for the year 1944. “But it’s all hush hush,” the physicians’ personnel report entry for November 7, 1944, reported. To keep the mission of Oak Ridge secret, no news was spread outside its borders. Even the community newspaper, the *Oak Ridge Journal*, warned under its masthead that the paper was “Not to be taken or mailed from the area.”

Meanwhile, the hospital continued to grow in its first two years. “At every stage in its growth, the hospital has been full to capacity, and the number of outpatient visits has been far greater than the ratio in a peacetime community. An unusually large crop of babies keeps the air-conditioned nursery constantly full. All patients are cared for in wards, except when private space is cleared for a gravely ill patient,” Vi Warren wrote in her *Oak Ridge Journal* column.

Peg Andress recalled at a 1992 nurses’ reunion that when she came to Oak Ridge Hospital in 1943, births and deaths weren’t reported to the newspaper, for fear the enemy would recognize the last names of prominent scientists whose publications were in the field of nuclear physics or radiation. A few births were reported, but only first names of the new babies were given, she told *The Oak Ridger*.

In 1945, five nurses were drawn more closely into the war effort when they volunteered for secret duty. Pauline Webb, Bernice Weddle, Leona Cockran, Sue Hollingsworth and Louise Crowder left July 6, 1945, with train tickets from Knoxville to Indianapolis registered under a single name. There they received another set of tickets, in another name, and went on to Kansas City. From there, they flew to Albuquerque, N.M., and then drove in an Army transport to Los Alamos, N.M.

Their mission was to increase the size of a hospital

staff on alert for the testing of the first atomic bomb, the Trinity device test at Alamogordo, N.M., which took place on July 16. Additional staff was a precautionary measure, since officials didn’t know what medical services would be needed after the test.

The War Ends

Then came August 6, 1945. “Big news!! We all listen, the whole world listens, for news of Oak Ridge’s Atom Bomb dropped on Hiroshima,” is that date’s entry in the doctors’ 1945 personnel report chronology. U.S. forces dropped the atomic bomb on Hiroshima, ending the secrecy surrounding Oak Ridge’s mission and assuring the city a place in history. Spitzer reports that none of the people associated with the hospital whom she interviewed for her 1983 history knew the “Big Secret.”

The vast majority of Oak Ridgers, even those working at the three plants, learned of Oak Ridge’s secret wartime mission that day, according to William J. Wilcox, Jr., Oak Ridge city historian. Because of the secrecy ordered by President Roosevelt, people had been told only what they needed to do their work assignments. Wilcox estimates that of the 75,000 people in Oak Ridge on that day, about 73,000 were just as surprised as the rest of the country.

“It was difficult to get back to work, because everyone was still amazed and awed by the importance of the work in which each had had a very definite part,” hospital staff members wrote in the 1947 Oak Ridge Hospital scrapbook. “On September 7 the civilian personnel of the hospital were given public recognition by the Army, with ceremonies in the high school auditorium. At a later date, Lt. Col. Charles Rea, Chief of Clinical Services, was presented with the Medal of the Legion of Merit.”

Gen. Leslie Groves presented Lt. Col. Rea the medal on November 1, 1945, when the hospital’s doctors gathered in the hospital dining room for a testimonial

Dr. John DePersio Serves as First Chief of Staff

A mix-up in Army orders first sent Dr. John D. DePersio to El Paso, Texas, instead of his intended destination of Oak Ridge during World War II. DePersio finally arrived May 25, 1944, later becoming the first Chief of Staff at Oak Ridge Hospital after it transitioned from a military to civilian facility.

“His great desire to be a member of the tank corps and a real soldier was thwarted when he was assigned to Oak Ridge,” medical records librarian Silvia Aliberti wrote of him in a profile in “The Hospiscope,” a hospital newsletter, in 1953. Maj. Frank Bryant, among the first to arrive in Oak Ridge, was sent to interview DePersio, a classmate from Jefferson Medical College of Philadelphia, at Carlisle Barracks, in Pennsylvania, where the new Army recruit was awaiting orders. After that, orders were confused and DePersio detoured through Texas before arriving in Tennessee.

Aliberti wrote that DePersio was successful in maintaining the quality of professional work as Chief of Staff and never lost his sense of humor. “One has only to see his mischievous grin or hear his infectious giggle to know that he’s about to get something ‘straightened out,’” she wrote.

He served as chief of staff for 13 years, from 1946 to 1959. And although he initially considered returning to Boston and the Lahey Clinic after the war, he enjoyed a career as an internal medicine specialist in Oak Ridge. A native of New York City, he had a fellowship in internal medicine at the Lahey Clinic and then joined the staff there from 1942 to 1944.

Among his colleagues Dr. DePersio was known for his insistence that the medical staff include only physicians adhering to the highest standards of medical care, *The Oak Ridger* wrote in his obituary. “Dr. DePersio was instrumental in bringing quality medicine to Oak Ridge,” former hospital administrator Ralph Lillard said at the time.

His wife, Gene, told the *Oak Ridge Journal* in 1946 that when her husband became interested in something, he read



Dr. John DePersio

every available book on the subject. She recalled that he was reading an astronomy book on a bus when they first met in Philadelphia. After the war, he was immersed in cookbooks, as well as the game of golf. DePersio was also an accomplished pianist and enjoyed classical music. He died in 2002 at the age of 87.

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Oak Ridge Journal, “DePersio Heads Medical Staff of Hospital,” April 11, 1946; “Meet Dr. DePersio,” April 11, 1946.

The Oak Ridger, “Former hospital chief of staff dies at 87,” June 3, 2002.



Newspaper headlines announced the end of the war August 6, 1945, and revealed the secret of the “secret city.” Photo by Ed Westcott.



Col. Stafford L. Warren, seated on a desk at right, meets with doctors at a medical staff meeting in the waiting room at Oak Ridge Hospital on October 25, 1945. Photo by Ed Westcott.



Public Health nurses give children immunizations at the Linden School clinic in this January 31, 1946 photo. The brave boy first in line is Glen Wisecarver, receiving a shot from nurse Gladys Johnson. *Photo by Ed Westcott.*



Reminders on billboards and signs throughout Oak Ridge urged everyone to keep quiet about the special wartime project. *Photo by Ed Westcott*

dinner for Col. Stafford Warren, who had made Oak Ridge his headquarters as director of the Manhattan Project's Medical Section. Warren spoke to physicians that evening on his "Odyssey to the Orient," a scientific research trip he and his executive assistant, Lt. Col. Hymer Friedell, took with about 30 engineers and doctors to Hiroshima and Nagasaki a little more than a week after the first bomb fell. Groves had called Warren on August 12, asking him to lead an expedition surveying the effects of the bombs in the Japanese cities.

Warren presented a detailed account of his trip, making the Oak Ridge doctors among the few Americans to hear such a personal eyewitness account of the aftermath of the bombs. Earlier that day, Warren had received the Distinguished Service Medal from Groves.

Peacetime Changes at the Hospital

The end of the war brought changes to hospital policies and procedures. Oak Ridge residents were notified of stricter business procedures at the hospital as it began what became a decade-long battle to operate on a self-sustaining basis.

"Experience in the past has shown that many patients who have received medical service at the hospital clinic have left the hospital without paying their bills. In order to safeguard against this, a 'pay as you enter' plan is to be adopted. Under this plan, each patient who is to be seen by a doctor must make an initial deposit of \$3 at the time he registers in the clinic. After the patient has been seen by the doctor, he will be given a refund or a bill for any additional charge, which is payable before leaving the clinic," Col. Charles Rea announced in an August 9, 1945, *Oak Ridge Journal* article. The policy would apply to all, except in cases of emergency, or where treatment is given for job-related illness or industry covered by industrial insurance, he said.

Shortly after the secret was out, a couple announced the August 31, 1945, birth of their daughter at Oak

Army and Navy Veteran Nurses Come to Oak Ridge

By 1946, 14 Army and Navy veterans had decided to continue their civilian nursing careers at Oak Ridge Hospital, the *Oak Ridge Journal* reported on Sept. 6 of that year.

The nurses, their branches and locations of service, were:

- Marion Kennedy, Navy, San Diego and Chicago.
- Mabel Cunningham, Army, European theatre.
- Mildred West Stinson, Army, England.
- Marian Rio, Army, El Paso, Texas.
- Ann Williams, Army, Iceland.
- Lemma Ingram, Army, European theatre.
- Katherine Wancenried, Army, Scotland, England and France.
- Alta White, Army, Scotland, England and France.
- Pauline Mote, Army, Africa and Italy.
- Rita DiGiusappe, Army, England and France.
- Helen Barton, Army, England and France.
- Pauline Hahn, Army, Tinian and Saipan in the Pacific.
- Palma Brandon, Army, France and Luxembourg.
- Charlyne Smith, Army, Alabama and Georgia.

Ridge Hospital as the arrival of a "new form of atomic energy. Equivalent in explosive force to ten carloads of T.N.T., this product had an overall weight of only six pounds, eleven ounces." Mr. and Mrs. John Zugich announced the birth of Nancy Jean with a tongue-in-cheek comparison to the birth of nuclear power. Zugich was the first pharmacist at Oak Ridge Hospital from mid-1943 to August 1946.

From January 1, 1945, to July 1, 1945, Oak Ridge Hospital experienced:

- 7,801 hospital admissions
- 581 births
- 104,756 outpatient visits

First Private Practitioners

The following were the first doctors to practice in Oak Ridge as private practitioners, as Oak Ridge Hospital transitioned from military to civilian operation in 1946.

General

Dr. Parley M. Dings
 Dr. Rudolph H. Duewall
 Dr. Peter J. Flippen
 Dr. James P. Harmon
 Dr. Harry C. Helm
 Dr. James B. Ridley
 Dr. Hyman Rossman
 Dr. Cordell H. Williams

Orthopedic Surgery

Dr. Troy T. Bagwell
 Dr. Herschell Penn
 Dr. Jarrell Penn

Obstetrics-Gynecology

Dr. Edward N. Cartnick*
 Dr. William W. Pugh*

Psychiatry

Dr. Stanley G. Law*
 Dr. Carl Whitaker*

Eye, Ear, Nose, Throat

Dr. Frank S. Moody

Dermatology

Dr. Richard Lancaster

Pediatrics

Dr. John Eggleston

Radiology

Dr. Frank T. Rogers

Urology

Dr. John Daugherty

* Served at Oak Ridge Hospital before transition to civilian hospital. Other physicians not listed who remained at Oak Ridge Hospital had not yet completed their Army service.

Source

Oak Ridge Journal "Clinic Building Will Provide Doctors' Offices," February 21, 1946.



Virginia Kinnard, left, evening nursing supervisor, and Marie Gibbs, assistant evening supervisor, review records in this 1947 photo. *Photo by Ed Westcott*

The outpatient clinic recorded the largest number of visits monthly in August 1945, with more than 21,500 visits. For the hospital, the average daily census was 322, and the average stay was 6 days. Hospital personnel included 148 nurses on duty in the hospital and clinic, 8 dietitians, and about 400 non-professional staff. The hospital had at least 52 doctors, according to the 1945 hospital personnel report. By mid-1945, the hospital pharmacy filled 300 to 400 prescriptions per day.

From 1945 to mid-1947, the hospital had an inten-

sive student nurse program. Because of the excellent clinical material available and the trained medical staff, the program was approved by the U.S. Cadet Corps and the Tennessee State Board of Nurse Examiners. By 1947, 151 students from 15 approved nursing schools had affiliated at Oak Ridge Hospital. They included Vanderbilt University School of Nursing, Good Samaritan Hospital in Phoenix, Meharry Medical College of Nashville, Fort Sanders, St. Mary's and Knoxville General in Knoxville.

Growth of Doctors, Nurses, Outpatients from 1943 to 1945

The chart below shows the growth in the numbers of doctors, nurses and outpatient treatments at Oak Ridge Hospital during World War II, from July 1943 to July 1945.

Year	July 1943	July 1944	July 1945
Doctors	8	25	52
Nurses	4	72	144
Outpatient Treatments	1,890	10,403	19,599
Population <i>(Target Population)</i>	13,000	50,000	75,000

Sources

Vincent C. Jones, *Manhattan: The Army and the Atomic Bomb*, U.S. Army Center of Military History, 1985, page 422.

George O. Robinson, Jr., *The Oak Ridge Story*, Southern Publishers, Inc., Kingsport, Tenn., 1950, page 48.

On May 26, 1947, hospital nurses joined public health and industrial nurses in forming District 8 of the Tennessee State Nurses' Association. Isabel Weber, nursing director at the hospital, was its first president and other officers from the hospital were Carrie Baldwin, Dorothy Corbin and Minnie McHenry.

From Military Hospital to Civilian Operation

With the surrender of the Japanese and the end of World War II came changes to the military character of Oak Ridge Hospital, though not to its medical mission of serving the community. Army physicians began leaving in September. Some Army physicians were assigned elsewhere, and some were relieved of military duty and returned home.

"Others were reluctant to leave so soon and were curious to see what Oak Ridge would develop into as a civilian city. Consequently, a fair sized group of the 'veterans' remained and helped to usher in the civilians," reported the history of Oak Ridge Hospital written by staff and recorded in a leather-bound hospital scrapbook dated 1947. Three who began civilian practice in 1946 were Dr. Julian Ragan, Dr. Lewis Preston and Dr. Kenneth O'Connor. Other veterans who remained to practice in Oak Ridge were Drs. John DePersio, Raymond Johnson and William Pugh. Dr. Dwight Clark, among the veterans, was head of surgery at Oak Ridge Hospital when he left in 1949 to return to the University of Chicago, Marlys Bigelow recalled. Clark recruited her husband, the late surgeon Dr. Robert Bigelow, to Oak Ridge in 1949. In later years, Oak Ridge hosted the Dwight Clark Lecture Series in his memory.

In March 1946, Oak Ridge Hospital began its transition from military to civilian personnel. New civilian physicians were allowed to begin practicing in Oak Ridge, and military physicians not yet eligible for discharge remained to serve as consultants to the civilian staff. In September, the hospital's Outpatient

Department was renamed the Medical Arts Building, with private offices rented to civilian physicians. The hospital, however, remained an Army operation until the end of the year. Residents were advised by the *Oak Ridge Journal* to contact private physicians for medical services beginning March 1, rather than visiting the hospital's clinic that had been staffed by Army doctors. More private physicians would be arriving soon, they were told.

"Every attempt is being made by Oak Ridge authorities to make this community as much like a normal American city as possible. Conversion of the medical set-up is another step in that direction," said Dr. Lucius Salisbury, the new civilian Director of Medical Services, replacing Lt. Col. Charles Rea. Dr. Salisbury, a practicing physician since 1910, had recently been discharged from the Army when he arrived in late February from New York City. A graduate of Harvard Medical School, he was an instructor at Columbia University's Medical School before entering the service.

An *Oak Ridge Journal* editorial on February 28, 1946, commented:

Someone has remarked, with perspicuity, that all over the United States communities are returning to normalcy, but Oak Ridge, unique among them, has no normalcy to return to. Born in answer to a military need, holding the line now while awaiting Congressional decisions, the town advances toward normalcy, rather than taking a well-worn path back to something old and familiar.

One indication of that trend is the change-over in the operation of Oak Ridge Hospital, officially effective tomorrow. The Oak Ridge Hospital has long been recognized as one of the best operations in town. The *Oak Ridge Journal* files contain 20 letters praising the hospital for every one criticizing it.

We have every assurance that operation of

Changes in Clinic Visits, Inpatients, Employees, Population from 1945 to 1947

The following chart shows the average numbers of outpatient clinic visits, inpatient census and hospital employees for the years 1945, 1946 and 1947.

Year	1945	1946	1947
Monthly Outpatient Clinic Visits	12,000	5,500	3,800
Inpatient Average Daily Census	375	188*	140*
Hospital Employees	725	469	385
Oak Ridge Population** <i>(as of December each year)</i>	50,000	42,000	36,000

*Excluding newborns

** The population continued to decline after the war, until it leveled off at 30, 205 in the 1950 census.

Source

Second Annual Report, Oak Ridge Hospital, Incorporated, Oak Ridge, Tennessee, for the year ended June 30, 1951.



Oak Ridge Hospital had one of the few iron lungs in Tennessee in 1947. The iron lung, on exhibit at the hospital in May 1947 at the observance of “Hospital Day,” was used in cases of respiratory failure, particularly in polio cases. In the picture are, left to right, Dorothy Corbin, Emma Furman, Christina Kruger, Florida Kramer, Jewell Smith, Lisetta Smith, and, lying in the iron lung for demonstration purposes, is Evelyn Gamblin. More than 150 visitors were escorted through the hospital on “Hospital Day.” *Photo by Ed Westcott*

the hospital facilities will continue to be excellent. Dr. Salisbury, the new Director of Services, has a long and distinguished record in medical services. Hospital authorities have explained in detail the system under which medical service will now be offered. The plan is the “normal” one accepted by long-established communities.

Another sign of change was termination of the highly comprehensive, prepaid medical insurance plan, originally developed because Manhattan Project security provisions restricted the information that private insurance companies needed to write policies,

according to the book *City Behind a Fence* by Charles W. Johnson and Charles O. Jackson. The low-cost plan charged \$2 monthly for an individual and \$4 for family coverage in 1943, an indication of how pampered Oak Ridgers had been. That was one of two features of Oak Ridge medical services unique for the times. The medical insurance plan, together with a psychiatric and social welfare consultation service available to both military and civilian residents, contributed significantly to retention of trained workers, a concern throughout the war, according to Vincent C. Jones in *Manhattan: The Army and the Atomic Bomb*.



Dr. William G. Pollard served as director of the Oak Ridge Institute of Nuclear Studies from 1946 to 1974.

Informal Partnership Links ORINS, Oak Ridge Hospital

The field of nuclear medicine was in its infancy as scientists rushed to devise the first atomic bomb during World War II. A conversation at a Knoxville dinner party, just weeks after Oak Ridge's secret involvement in creating the bomb became public, resulted in Oak Ridge taking a primary role in researching and developing the emerging field and training doctors, scientists and emergency responders to work in nuclear medicine and respond to nuclear accidents.

The Oak Ridge Institute for Nuclear Studies, founded in 1946 and now known as Oak Ridge Associated Universities, accomplished much of its medical work in buildings adjacent to Methodist Medical Center of Oak Ridge, founded as Oak Ridge Hospital in 1943. Though the initial mission of ORINS was to train university researchers in nuclear science and technology and its applications, and to act as liaison between its university partners and Clinton Laboratories, now Oak Ridge National Laboratory, over time its role expanded. Among early training courses were those on techniques for using radioactive isotopes in research.

The institute became a leader in developing nuclear medicine, attracting people from around the world to training programs here. It administered a successful national fellowship program, created a national museum, developed national and international traveling programs in science and energy, and established an energy analysis institute, former ORAU Executive Director Philip Johnson wrote in the introduction to Dr. William G. Pollard's *ORAU: From the Beginning*.

An accident of World War II placed a major scientific research laboratory in the backyard of the University of Tennessee and within reach of many



southern universities, Johnson noted. As government officials began making postwar plans for facilities in Oak Ridge, university professors and laboratory administrators began exploring ways to harness the laboratory's contributions and resources for academic benefit.

The impetus for forming an institute for nuclear studies came from a suggestion from Dr. Katherine Way, formerly on the UT physics staff and guest of honor at a Knoxville dinner party in September 1945. Why couldn't the Oak Ridge atomic energy facilities be made available to scientists at southern universities as an educational tool to benefit both the universities and the peacetime nuclear energy program of the country, she wondered aloud. Dr. Pollard, then a UT physics professor who had earlier done some of the first research for the Manhattan Project at Columbia University in New York City, was listening.

Soon, Pollard was relieved of his teaching duties at UT so that he could devote his full attention to an institute for nuclear studies.

By October 1946, ORINS had a charter of incorporation in Tennessee, and 14 southern

universities accepted the invitation to become charter members of the institute. They were: Alabama Polytechnic Institute (now Auburn University), Catholic University of America, Duke University, Emory University, Georgia School of Technology (now Georgia Institute of Technology), Louisiana State University, Tulane University, University of Alabama, University of Kentucky, University of North Carolina, University of Tennessee, University of Texas, University of Virginia, and Vanderbilt University. Pollard was appointed executive director and would serve in that capacity until his retirement in 1974.

Medical research became an important focus early in ORINS history. In 1947, the Atomic Energy Commission established an Advisory Committee on Biology and Medicine, with Dr. Stafford L. Warren, previously head of the Manhattan Project Medical Section, as chairman. The committee recommended establishing a clinical research facility at each of the country's national laboratories to study use of short-lived radioisotopes in diagnosing and treating cancer. One would be the Argonne Cancer Research Hospital at the University of Chicago, with smaller units at Oak Ridge and Brookhaven.

In 1948, the Atomic Energy Commission asked ORINS to establish the clinical research program in Oak Ridge. After a meeting with representatives of 20 medical schools, the ORINS board approved the action. An unused wing of Oak Ridge Hospital was designated to serve as the clinical research hospital. The program provided an opportunity for research of treatment of diseases using radioactive isotopes from Oak Ridge National Laboratory. The operation of the program was to be patterned after that of the Rockefeller Foundation Medical Research Hospital in New York City.

The ORINS Medical Research Hospital, which opened on Vance Road and accepted its first patient in 1950, would be central to the ORINS-ORAU medical research program for nearly three decades.

Through the years, an informal partnership has linked ORINS, and later ORAU, with the hospital, with the close proximity allowing for consultation and sharing of information when needed.

Since its founding, ORAU has added to its accomplishments – continuing major work for the U.S. Department of Energy and most recently opening a 73,000-square-foot Center for Science Education, ushering in new technologies and new ways of learning to cultivate the next generation of scientists and engineers.

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Oak Ridge Hospital Nurses, October 1, 1945

Superintendent

Isabel Weber

SURGICAL

Gail Valentine

Betty Mavahill

Evelyn Skooglund

Pansy Philips

Mildred Denton

Regina Downing

Emily Neville

Norma Hall

Evelyn Bacchus

Clinics

PROCTOLOGY

Troyce Mabley

SUPERVISOR

Rosemary Maiers

OTOLARYNGOLOGY

Reba Hill

EMERGENCY ROOM

Mary O'Keefe

Virginia Jones

Hallie Mathis

Dorothy Barash

Dorothy Boone

Helen Philips

ANESTHETISTS

Pearl Lemke

Gladys Thorson

Marylou Knowlton

Betty Miller

UROLOGY

Pat Gilchrist

Barbara Kent

STATION SUPERVISORS

Stella Massey

Carrie Baldwin

Nellie Brandenburg

Rosemary Haughy

Rose Dunbar

Mildred White

Mildred Raabe

Pauline Dance

Edith Young

Elizabeth Wyse

Martha Zukas

Frances Hall

Anna Lewis

NIGHT SUPERVISORS

Virginia Whittaker

Rosemary Pinkerton

Elizabeth Van Steenberg

Dorothy Roe

OBSTETRICS

Ethel Bardwell

Marian Giddings

EDUCATIONAL DIRECTOR

Sophie Thompson

PEDIATRICS

Ruth Doyle

Stella Nestor

Hildegard Rupp

Jean Brown

Vivian Caldwell

MEDICAL

Mildred Wegener

Mary Bean

Sadie Crawford

OPERATING ROOMS

Lucille Halvorson, Supervisor

Constance Swan

Source

Report on Personnel of Oak Ridge Hospital and Clinic, "Women in White" section, edited by Maj. Frank Bryant, October 1, 1945.

In April 1946, Dr. John DePersio was elected president of the medical staff at its first organizational meeting, making him the first Chief of Staff. Other officers were Dr. Raymond Price, vice president, and Dr. John Eggleston, secretary/treasurer. Included on the medical staff executive committee were Dr. Dwight Clark, Dr. William Keettel, and Dr. Frank Rogers. The medical staff was charged with maintaining professional standards at the hospital, reviewing cases, reviewing hospital records and approving admissions of doctors to the medical staff. Soon after the transition, an intern program approved by the American Medical Association was started, bringing in six to eight interns at a time from approved medical schools.

The first internal hospital newsletter appeared July 16, 1946. Named "Hospiscope" by an employee, Louise Teater, the first edition was a four-page mimeographed newsletter, covering hospital news, meetings, policies, changes, as well as the hospital's sports teams. The newsletter was issued bimonthly.

Oak Ridge Hospital's first woman doctor arrived during the transition from military to civilian hospital. Dr. Sara Womack joined the staff in mid-1946 as a resident in obstetrics and gynecology. A native of Shelbyville, Tenn., she graduated from University of Tennessee Medical School in March 1945 and completed an internship in Williamsport, Pennsylvania. As a resident, she was on duty every day and on call every night, with every other weekend off. She had planned to return to her hometown and open a private practice, but a visit to Oak Ridge and the hospital led her to take a residency here, according to the *Oak Ridge Journal*.

December 31, 1946, marked the end of the Army tenure in Oak Ridge and its oversight of the Manhattan Project. All Manhattan Project facilities, including the huge plants and the three "secret cities," were transferred from the Army to civilian control under a new agency, the Atomic Energy Commission.

Army oversight of the hospital, as well as all other Oak Ridge operations, ended with the new year. At the time, the hospital had a staff of 442 and an annual operating deficit of more than \$750,000, according to *A City Is Born*. In 1946, the average in-patient census declined to 188, compared with an average in 1945 that sometimes exceeded the 337-bed capacity, according to an annual report of Oak Ridge Hospital.

On January 1, 1947, the Atomic Energy Commission officially inherited both the community and the hospital. The Atomic Energy Act of 1946, signed by President Truman, provided authority for transfer of property and personnel. The actual transition took more time, until September 1947, when Oak Ridge became a field office of the AEC, whose headquarters were in Washington. On August 14, 1947, the Manhattan District ended by War Department order, and its personnel were then assigned to AEC.

“There was some truth in the statement, frequently made in the early days, that the residents of the Oak Ridge community had been brought up to expect abnormally high services. It was equally true that, during those days, many residents were frankly told by their employers that these levels of service were furnished to compensate, in part, for the many inconveniences that were inherent in this war-time, crash program.... Naturally, the tapering-off of any of the special considerations, which employees had come to consider as part of their compensation, raised both doubts and tempers,” Fred Ford and Fred Peitzsch wrote in *A City Is Born*.

The authors noted that the Oak Ridge inherited by the AEC from the Army was essentially an Army camp that had rapidly decreased in population from 75,000 to 36,000 after the war. The AEC needed to determine the actual level of hospital and other services being provided, and then maintain only those levels of service needed for the employees and residents remaining in Oak Ridge.

One difficulty confronting the new civilian medical director was policy-making, as a complete revision

of policy was necessary for the hospital to transition from military to civilian administration. Hospital by-laws were adopted, and a Board of Governors was appointed, consisting primarily of lay people who functioned as a policy-making board of directors. They were Dr. Frederick Conklin, head of Tennessee Eastman Corporation’s Y-12 plant, President; Dr. Lucius Salisbury, Hospital Director, Secretary; Dr. Martin Whittaker, of Monsanto Chemical Corporation’s X-10, renamed Oak Ridge National Laboratory in 1948; and Clark Center and T.W. Rodes of Carbide Corporation’s K-25 plant; Capt. William Keettel and Major Phillip Leaky. Major William Bernstein was Chief of Clinical Services.

The sense of mission and togetherness that pervaded Oak Ridge Hospital during the war years continued throughout the 1940s. “To each of us who has had the privilege of working here has come a feeling of being one of a large successful family. The members may come and go, but the pervading spirit of willingness to give ourselves in service to something bigger than ourselves remains and touches us all,” the 1947 Oak Ridge Hospital scrapbook concluded. “Those who leave want to return; those who stay gripe happily and cling to the memories of the ‘good old days’ and look to the future, which we feel must be good, for we helped to make it.”

Late in 1948, the AEC appointed a committee to form a non-profit corporation under Tennessee law to operate the hospital. On that committee were Clifford K. Beck, research division director at Carbide’s K-25; Edward C. Cain, superintendent of industrial relations at Y-12; Ralph E. Callahan, controller for Roane-Anderson Company; Logan B. Emlet, chief of the Operations Division at Oak Ridge National Laboratory; Carl C. Martin, public works manager for Roane-Anderson Company; Oral Rhinehart, general office manager of K-25; and George A. Rothery, general manager of operations for American Industrial Transit. On December 3, a charter was issued under the name

Oak Ridge Public Health Nurses

Public health nurses served as propagandists for disease-preventing health practices in Oak Ridge in the 1940s. The first public health nurse, Grace Hanson, arrived in July 1943, as the earliest residents moved into houses in the area. She was the first public health nursing supervisor, followed by Gladys Morgan. By 1946, Oak Ridge had 10 public health nurses. Among services they provided were a school health program, supervision of immunization clinics, and maternity care. They were:

Laura Breese, Supervisor
Elizabeth Battle
Jeannette Francis
Helen Golston
Gladys Johnson
Alice Olsen
Anne Rice
Betty Standifer
Edyth Hubbard
Mary Kutansky

Source

Oak Ridge Journal, “Public Health Nurses Wage Constant Battle To Keep Standards High In Atomic City,” January 31, 1946.

of Oak Ridge Hospital, Inc., with the committee members responsible for the operation of the hospital as trustees. Beck was elected board chairman; Rothery vice chairman; Cain secretary; and Rhinehart treasurer.

Beginning in 1949, the new board would direct the hospital as an independent, non-profit organization. The board was charged with responsibility for all phases of hospital administration and service, including bed capacity, personnel, maintenance and finance. Under contract with the AEC for operation of the hospital, the board received funds to administer the hospital from the federal government through the Office of Community Affairs. Before that, Roane-Anderson Company supplied the hospital with operational funds from the government, the *Oak Ridge Times* reported.

One of the first actions by the new board was a joint review of the physical facilities and a general review of the operational procedures. This set the stage for the next era of the hospital, the last period of government ownership before a contentious transition in the next decade to private operation and ownership.

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William J. Wilcox, Jr., Oak Ridge City Historian, interview, 2008.

THE GOVERNMENT-OWNED HOSPITAL YEARS 1949–1958

Bill Tewes has two reasons to remember March 19, 1949. The gates that had sealed Oak Ridge from the rest of the world, remnants of the wartime secrecy in this town founded by the federal government, opened that day. Politicians, celebrities, and curious outsiders arrived for the celebration that began with a mushroom-shaped puff of white smoke cutting the ribbon at Elza Gate.

Bill and his wife Audrey had planned to attend the gate opening, but a detour to Oak Ridge Hospital kept them away. The couple, who lived in Gastonia Apartments, a building that had served as a government dormitory during Oak Ridge's Army years, were visiting friends Bill and Myrtle Bracey down the hall the night before. The Teweses didn't own a car, and the Braceys planned to drive them to the gate opening the next morning.

The men talked over drinks, but soon Myrtle interrupted them. "Hey, gentlemen, we are changing our plans. We are going to take Bill and Audrey to maternity." The Braceys drove Bill and Audrey to Oak Ridge Hospital, dropped them off, and went home to await news of the Teweses' new baby.

Tewes recalls that shortly after he settled into the waiting room, a young man came in and told him a woman in the delivery room was having twins. "I'm glad it's not my wife," Tewes told him. About 5 a.m. March 19, Dr. Parley Dings found Tewes and told him, "Bill, you've got one wonderful baby girl." Then Dr. Dings added, "Bill, you've got a second wonderful baby girl." His daughters Madeline and Amelia made the day doubly memorable.

Tewes hugged and kissed his wife shortly afterward in a hallway, because others were sleeping in the large maternity ward. He then visited his daughters for the first time before hitching a ride home with the delivery room nurse. Exhausted, he slept through the gate opening ceremonies but later went to the parade. Tewes arrived in Oak Ridge during World War II as a member of the Army's Special Engineer Detachment and decided to make the town his home.



Twins Madeline Leigh and Amelia Anne Tewes, born at Oak Ridge Hospital on March 19, 1949, the day the gates to Oak Ridge were opened, celebrate their first birthday. *Used with permission of Bill Tewes*



The gates that protected Oak Ridge from outsiders opened March 19, 1949. The opening ceremony included an electrical signal transmitted from Oak Ridge National Laboratory's Graphite Reactor, producing a flash, a bang and a cloud of white smoke. Hundreds of cars, lined up on the road from Clinton, were waiting to drive into the city. *Photo by Ed Westcott*



The March 19, 1949, gate opening ceremony included a parade down Tennessee Avenue.

With the gate opening, the Atomic Energy Commission nudged Oak Ridge toward a normalcy it had never known. Oak Ridge was the largest of three cities that AEC inherited from the Army's Manhattan Engineer District in 1947, after Congress determined that civilians should lead efforts for peacetime uses of nuclear science and technology.

In 1949, a decade of transition and transformation began for Oak Ridge and its institutions, including Oak Ridge Hospital. Those efforts would result in a new hospital with new ownership in 1960, but not without years of turmoil as hospital advocates struggled to get federal government approval of a new hospital building before the AEC cut the town's umbilical cord.

Gates Open to the Secret City

In moving Oak Ridge toward self-sufficiency, the AEC established a volunteer town council and a city manager, along with opening the gates.

"The AEC found themselves with three cities on their hands with a singular problem – they had never been normal!" William J. Wilcox, Jr., Oak Ridge City Historian, wrote in a booklet for the 60th anniversary of the gate opening, *Opening the Gates of the Secret City*. "Their townspeople like ours thoroughly enjoyed their much protected existence and the benevolence the Army had provided," he wrote, referring to the two other cities, Hanford, Washington, and Los Alamos, New Mexico.

Oak Ridgers had gotten a sour taste of independent city life when bus drivers went on strike before the gates opened, the reason that Tewes was stranded at the hospital, and when dormitory residents faced higher rents as government rent subsidies ended. A straw vote at the first town council meeting after the AEC announced in 1948 that gates would open resulted in nearly 200 citizens voting 10-to-1 against the opening, Wilcox reported.

The opening proceeded, however, on March 19, 1949, with an estimated 10,000 people attending, among them the event's guest speakers, U.S. Vice President Alben Barkley and Tennessee Governor Gordon Browning. Before the ribbon was cut by an electrical signal from Oak Ridge National Laboratory's Graphite Reactor, producing a flash, a bang and a cloud of white smoke, Frederick W. Ford, the AEC's Director of Community Affairs in Oak Ridge, acting as city manager, made these remarks:

Progress has been made here in Oak Ridge—in the development of radioisotopes, valuable in the fields of medicine and agriculture. A constantly widening variety of isotopes are being furnished to hospitals and research centers, and group after group of scientists from the North, East, South, and West, including some from foreign countries, are (coming here and) being trained in their use.

Planning for the event involved a host of Oak Ridgers, the better to ease community resistance, reasoned the AEC. Several were associated with Oak Ridge Hospital. They included Logan Emlet, chief of the Operations Division at Oak Ridge National Laboratory (ORNL) and board member of a new non-profit corporation managing Oak Ridge Hospital, Inc., serving on the Ribbon Cutting Committee; Dr. and Mrs. Dana Nance, he a surgeon and Ann Nance a community leader who would later serve on Oak Ridge Town Council, on the Reception Committee for opening day ceremonies; and Dr. Julian Ragan, an obstetrician-gynecologist, on the Health and Welfare Committee.

With the gate opening, the AEC had accomplished the first of three major steps to make Oak Ridge a self-governing, self-supporting municipality, similar to other cities and towns of Tennessee, wrote George O.

Robinson, Jr., in *The Oak Ridge Story*. The next two steps were private ownership of real property within Oak Ridge, which would stimulate home ownership and development of facilities by private enterprise, and incorporation of the city. Private ownership would come in 1956, and incorporation in 1959.

A hospital consultant called 1949 a year of “radical transformation” for Oak Ridge. Jacque Norman, in a report to the hospital, said, “From what was practically a military reservation, the Atomic Energy Commission now proposed to establish a normal civilian community.”

Nearly a decade would pass before the hospital faced a contentious transition of its own from government management to private ownership, one more step in the federal government’s efforts to bring normalcy to Oak Ridge. Like other steps—opening the gates, incorporating the city, establishing a municipal government—turmoil and trepidation surrounded efforts to change Oak Ridge. Residents who remained from the wartime years enjoyed the security of closed gates, the comfort of having a federal agency, the AEC, manage the town, and the cost savings afforded them by government rates for such expenses as rent and hospital care.

New Non-Profit Management Seeks New Hospital

Meanwhile, in 1949, Oak Ridge Hospital was beginning to experience the economic forces that other hospitals faced as the number of patients declined, costs increased, and deficits continued. The hospital accumulated a deficit of nearly half a million dollars in fiscal 1949, a decrease from the \$882,000 deficit the year before. While the Army provided all that the hospital needed during the war years, the AEC, the conduit for operating funds for the hospital, urged a leaner operation.

A major cost containment was initiated to cut staff and costs and to increase charges to match those of area hospitals in an effort to reduce the deficit. One significant change was to increase the hospital’s area of service.

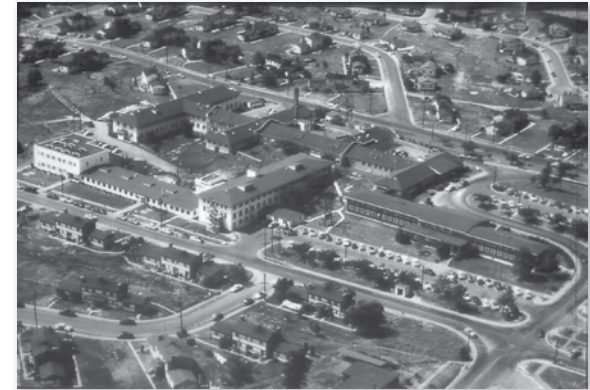
“A policy change was approved in April 1949 allowing the hospital to admit out-of-town patients for the first time, on the basis of equalizing patient loads, thus reducing average costs. These patients were admitted only at standard hospital rates with a deposit being required in advance of admission,” stated a report on steps taken by the AEC to separate itself from community operations.

Agreements entered later that year, first between the hospital and the Tennessee Hospital Service Association (Blue Cross) and later between the hospital and the United Mine Workers, also helped reduce average costs.

That spring, as the gates to the city opened, Oak Ridge Hospital experienced other changes, as well. On March 1, 1949, the federal government transferred responsibility for operating the hospital from the Roane-Anderson Company, the town’s facilities management firm, to the new non-profit corporation, Oak Ridge Hospital, Inc.,

The AEC named a civilian board, chaired by Clifford K. Beck, research division director at the Oak Ridge Gaseous Diffusion Plant, also known as K-25. The board’s vice chairman, George Rothery, general manager of operations for American Industrial Transit, became chairman in September and served until February 1956. Others who served on that first board of trustees in 1949, selected by AEC’s Oak Ridge management from a list of 40 community leaders, were:

- Edward C. Cain, assistant superintendent of the AEC’s electromagnetic separation plant, also known as Y-12, secretary.
- Oral Rinehart, general office manager for the Carbide and Carbon Chemicals Company in Oak Ridge, treasurer.



The original Oak Ridge Hospital sprawled in many directions, shown here in 1956. The two-story white building at the left is the Oak Ridge Institute for Nuclear Studies Hospital and Laboratory.

Betty Daley Displays Spirit of Volunteering

An invitation from a next-door neighbor to join her as a volunteer at Oak Ridge Hospital led to nearly a lifetime of volunteer service for Betty Daley. Completing her two-week training as a Gray Lady through the American Red Cross in 1949, she has volunteered for all but a year and a half for nearly 60 years, a record no one has matched.

Arriving as a volunteer only six years after the hospital opened, Mrs. Daley has seen the responsibilities of volunteers increase and the number of volunteers grow through her years there. At first, she said, volunteers weren't allowed to perform many duties at the hospital.

"We delivered flowers and took mail around, and we were allowed to sit down and write a letter if somebody needed it and felt they were not capable of doing that. Of course, the hospital was very small at that time," she recalled. Gradually, the hospital handed the volunteers more responsibilities, including greeting visitors at the hospital entrance, maintaining a recreation room for patients, lending radios to patients, and eventually operating a hospital gift shop.

"I think that we became more and more valuable to them as the years went on because they were willing to turn more and more things over to us," she said. And many volunteers remained for 10 or more years, she added. "Once you got started in it, you enjoyed it so much that you wanted to keep on serving."

Mrs. Daley recalled having more interaction with patients as volunteers' responsibilities increased. In her early days as a volunteer, when long hospital stays were more common, she enjoyed getting to know patients who might remain in the hospital for two or more weeks. Still a volunteer, now as one of the Pink Ladies, she serves four hours each Monday as a patient representative on 3- West, providing a listening ear,

asking patients their opinions of hospital services, seeking solutions to any concerns, and reporting the results to managers. She has been a patient representative since the program started in 1973.

"It is a most enjoyable service. I get a lot more out of it than I've ever given," she said. She has given an estimated 180 hours a year for more than 58 years and she continues to serve once a week as a volunteer.

Mrs. Daley came to Oak Ridge in March 1944, when her husband Fletcher, who had been a chemist with Alabama Ordnance Works at Childersburg, Ala., came here to work for Tennessee Eastman.

Olive Gregory, a Gray Lady who reported on news of the volunteers in *The Hospiscope*, wrote of Mrs. Daley in 1952:

Mrs. Daley, who was born and brought up in Atlanta, Ga., had a saucy gleam, reminiscent of Scarlet (of "Gone with the Wind" fame), in her big brown eyes when she insisted loafing and sleeping were her chief interests and offered to tell me all about her birthmarks and incision scars. Seriously, this pretty young mother has two children, Buddy, 7, and Donna, 4, is actively interested in the Woman's Club and in her church, (First Methodist) where she is a choir member and she and her husband are members of the Couples Class. She became a Gray Lady in October 1949 and serves generally on Tuesday evenings. (The Daleys had a third child, Michael, after this was written.)

Mrs. Gregory also described the duties of Gray Ladies in a 1957 edition of *The Hospiscope*. She noted that Gray Ladies bought their own uniforms and furnished their own transportation. "Her job is to furnish that particular service not covered by nurse,

doctor or even the family – the matches or toothbrush you forgot to bring, the errand you can't wait for your family to do, the radio you might like to borrow, or even sometimes just someone to talk to for a while," Mrs. Gregory wrote. The Gray Ladies also supplied and distributed books, magazines, Bibles, writing paper and matches, among other items, for patients. They provided robes, gowns and other small necessities to patients who arrived at the hospital without them.

"From their own funds the Gray Ladies have furnished a recreation room, bought 22 radios and several pairs of pajamas and robes for loan to the patients. Last Christmas they presented an electric juicer to the Cancer Clinic and this Christmas will supply Pediatrics with a large number of toys and games for the children. In addition they frequently give money or gifts to sick and lonely patients," Mrs. Gregory wrote in a 1955 edition of *The Hospiscope*.

Sources

Betty Daley, Oral History for Methodist Medical Center of Oak Ridge, March 17, 2009.

Olive Gregory, "News of the Gray Ladies," *The Hospiscope of Oak Ridge Hospital*, August 1, 1952; "Gray Lady News," *The Hospiscope*, January 1, 1955; "Know Your Hospital—Gray Ladies Service," *The Hospiscope*, March 1957.

- Ralph Callahan, controller for the Roane-Anderson Company.
- Logan B. Emler, chief of the Operations Division at ORNL.
- Carl C. Martin, public works division manager for Roane-Anderson Company.

The non-profit hospital corporation, under a prime cost-reimbursement contract with the AEC, became responsible for all hospital administration and service. Managed by AEC's local office, the contract provided federal funds to support the hospital. The government expected that this transition would centralize all hospital functions within the hospital, reduce the subsidy that the hospital had been receiving, and offer a more efficient use of hospital facilities, the hospital's second annual report noted.

Also on March 1, Carl D. Jeffries became director of the hospital, succeeding Dr. Lucius A. Salisbury, who had served three years as the hospital's first civilian director. Selected from more than 30 applicants for the job, Jeffries came to Oak Ridge from Sharon, Pennsylvania. Among his first and most significant actions as new administrator was to advocate for a new hospital to replace the haphazard, Army-style facility that had been rushed to completion for the war effort.

"In 1950 Oak Ridge Hospital still looked like an Army hospital and the town's overworked physicians were crowded into a barracks-like building with cramped office space and waiting patients lined up in uncomfortable straight chairs in the halls," Dick Smyser, former editor of *The Oak Ridger*, wrote in *Oak Ridge 1942–1992, A Commemorative Portrait*.

Even doctors referred to the hospital as "the old tarpaper shack," its thin walls offering little privacy as doctors conferred with patients.

"When one considered the sprawled out arrangement of facilities, caused by several additions to the original structure, the temporary type of materials used in the construction of all the component parts, save wings 'B'

and 'D,' and the 1,800 feet of connecting corridors, only then could the effective management of the hospital be brought into proper focus," wrote Fred W. Ford and Fred C. Peitzsch in *A City Is Born, A History of the Oak Ridge Community Operations*.

"By March 21, he (Jeffries) recommended consideration of a new hospital building due to the cost of maintaining the present building being prohibitive," Peggy Spitzer wrote in *An Affectionate History of Oak Ridge Hospital*. "The Trustees decided to ask emergency assistance from the Atomic Energy Commission to make a study of the entire plant and the possible need for constructing a new one." Since the federal government was still responsible for the hospital in the town administered by the AEC, the trustees asked the AEC to provide funds for construction of a new hospital.

Hospital Request Stalls in Washington

A bureaucratic frenzy ensued, with Congress, two Presidents and several federal agencies involved in the issue of building a new hospital for Oak Ridge before that goal was reached, nearly a decade later. Hospital trustees kept up the pressure for the new hospital for years, finding an ally in the region's congressman, U.S. Rep. Howard H. Baker Sr. of Tennessee's Second District.

Spitzer cited multiple references to a new hospital, and increasing costs, in minutes from the next few years' hospital board meetings. The first mention was April 11, 1949, when trustees agreed to a study documenting the need for a new hospital. A group of local engineers working for Carbide volunteered to study the hospital's structural adequacy. They determined that "a high level of maintenance would be necessary because of the temporary and substandard wartime construction of the building," according to a hospital report.

Then the hospital hired consultant Jacques Norman,



Betty Daley, the longest serving volunteer at Methodist Medical Center of Oak Ridge, started in 1949 and continues to volunteer once a week in 2009.



Red Cross volunteer Billie Gillespie, at the desk, lends a helping hand at the hospital.

from Greenville, South Carolina, to prepare a study and a formal request to the AEC. The temporary construction of the Army hospital required excessive maintenance and presented a fire hazard, he reported in September 1949, recommending a hospital of new construction with 175 beds. If the AEC had to continue covering the deficit of at least \$400,000 a year for operation and maintenance of the old hospital, the cost of a new hospital could be recovered in savings during a period from five to eight years, he said.

Dr. Lucius Salisbury Is First Civilian Hospital Director

Dr. Lucius Salisbury, described as a quiet and unassuming administrator and a realist not inclined to “mollycoddle a bad situation,” served as Oak Ridge Hospital’s first civilian director of hospital service from 1946 to 1949.

He arrived in February 1946, taking over from Lt. Col. Charles E. Rea, who had served as medical director during World War II at the hospital. Salisbury remained until March 1, 1949, when the federal government transferred responsibility for operating the hospital from the Roane-Anderson Company to the new non-profit corporation, Oak Ridge Hospital, Inc.

Within a few weeks of his arrival, almost everyone in town had heard of him, the *Oak Ridge Journal* reported. He arrived as the hospital was transferred from Army to civilian control, which meant that some who formerly got hospital services for free would now have to pay for them, “and some didn’t like it,” the *Journal* noted.

Among his accomplishments, he succeeded in having Oak Ridge Hospital selected as an official detection center and diagnostic clinic for cancer patients, a designation which brought with it the newest equipment in this field.

Born in Sandy Creek, New York, he received his un-

dergraduate degree from Brown University and his medical degree from Harvard University Medical School in 1908, followed by a two-year internship at Boston City Hospital. He was a surgeon in New York City from 1910 to 1935, with one of those years spent in the National Guard and two in the Army in Europe during World War I.

The *Journal* said Dr. Salisbury was not one to “mollycoddle,” citing an example from his service in France in World War I. As a young officer, he was dissatisfied with the method of evacuating wounded and recommended a method to speed the wounded to hospitals with increased safety. The procedure was adopted by the Army during World War II.

Called into the Army again during World War II, he served as a surgeon in Ft. McClellan, Alabama, and was with the Inspector General’s office in Washington, D.C. Dr. Salisbury arrived in Oak Ridge after the war, shortly after his discharge from the Army.

Sources

Oak Ridge Journal, “Dr. Lucius Salisbury Arrives; Will Direct Hospital Services,” February 21, 1946; “Meet Dr. Salisbury,” May 1, 1947.

Board minutes reflect the increasing costs as the project was delayed. August 1950 minutes noted that the budget for a new hospital was reported to be \$1,960,000 for a somewhat smaller facility, with 140 beds, to be completed in September 1952. By March 1952, the board directed Jeffries to submit a budget of \$3.5 million for a 175-bed hospital.

For several years, the hospital’s annual reports also commented on the ongoing process of gaining Congressional and Presidential approval for construction of a new hospital. “This apparently has been caught in the general savings policy by Congress and is not in the making at the present time,” the fiscal 1951 annual report stated.

The saga continued, according to the fiscal 1952 annual report. “During the year, the president and director... interviewed several architects and corresponded with several others to ascertain potential costs for a new hospital building and preliminary architectural costs. These findings, together with some estimates of operation, resulted in forwarding to the AEC a request for a new hospital to be included in the budget. We understand that this was approved for submission in the fiscal 1954 budget,” board president Rothery reported.

However, the AEC determined that it would not request funds for construction of a new hospital in Oak Ridge in the 1954 budget. The federal agency recognized that maintenance of the existing hospital building was uneconomical, but considerations relating to community “disposal,” or moving the town toward normalcy, led to the delay, according to the hospital’s fiscal 1953 annual report. “The board will continue efforts to secure new and efficient hospital facilities and eliminate the continuing deficit of this institution,” Rothery stated.

That same year, a severe influenza epidemic in the community resulted in full use of hospital facilities. Rothery said that the January 1953 epidemic caused

some waiting for admission, but added, “The lack of complaint on care and facilities is good commentary on the fine job done by the personnel of the organization.”

Room rates and service charges were adjusted in 1953 in an effort to maintain parity with Knoxville area hospitals. Earlier, in 1951, room rates were \$7 for a ward bed, \$8 for a semi-private room, and \$11 to \$12 for a private room. Rates were increased in the first quarters of 1953, 1954, 1956, 1957 and 1958.

Meanwhile, the AEC attempted to move Oak Ridge toward incorporation so the federal government could get out of the business of town management. The first vote on incorporation in 1953 was a failure, with 1,120 votes for and 4,584 votes against. Residents worried about high taxes and losing the advantages of a living in a government-run town.

Pressing on with its request for a new hospital, the hospital board authorized a survey of necessary repairs and improvements to the existing facility. Expenditures of about \$479,500 would be needed in the next five years, and during successive five-year periods, to maintain the building, according to the fiscal 1954 annual report. The board sent the survey to the AEC.

“In April 1954, the Atomic Energy Commission forwarded to the Joint Committee on Atomic Energy certain proposed legislation to effect disposal of government-owned communities,” hospital board chairman Rothery noted in the 1954 annual report. That legislation failed to provide for a new hospital for Oak Ridge, again frustrating the trustees, who wrote a June 10, 1954, letter to the Chairman of the Joint Committee on Atomic Energy, emphasizing “the unsatisfactory conditions which would occur in the Oak Ridge Hospital and the excessive cost to the community if the legislation were enacted in the form proposed.” The trustees again asked for sufficient funds to build a 175-bed hospital and that the AEC turn the new hospital over to a nonprofit corporation. Once that was done, there would be no need for a subsidy, they said.

Finally, the AEC in Washington included funds for the new Oak Ridge Hospital in its 1956 budget proposal, but that appropriation nearly disappeared in Congress.

Congressman Howard Baker Intervenes

Rep. Howard H. Baker Sr., Second District Congressman from Huntsville in nearby Scott County, proved to be a passionate advocate for a new hospital in Oak Ridge.

Carl Jeffries Directs Hospital from 1949 to 1959

A local newspaper editor once commented on the parade of local doctors one evening into the home of Carl D. Jeffries, the second civilian director of Oak Ridge Hospital, Inc.

“Shortly after we moved to Osage Road next door to the late Carl Jeffries, early hospital administrator, we wondered what sort of calamity had occurred one night when we noticed a high percentage of the community’s doctors entering the Jeffries place,” wrote *The Oak Ridger* Editor Dick Smyser in his Editor’s License column in 1991, looking back on the 1950s. “But it was not a severe illness or major accident – just their weekly poker game.”

Smyser was noting the closeness, “this sort of after-office-hours fraternity,” that the physicians of this era enjoyed and shared with the hospital director.

Jeffries assumed his position as hospital director on March 1, 1949, the same day a new non-profit corporation took over responsibility for hospital operation. He served the hospital for 10 years.

Jeffries came to Oak Ridge after serving 21 years as superintendent of the Christian H. Buhl Hospital in Sharon, Pennsylvania, which had more than doubled its bed capacity while Jeffries was there.

He began his career as chief accountant and office manager of the Niagara Falls Memorial Hospital shortly before World War I. After Army service, he returned to the hospital. He later became assistant superintendent of the Toledo, Ohio, hospital and held the same position at the Williamsport, Pennsylvania, hospital.

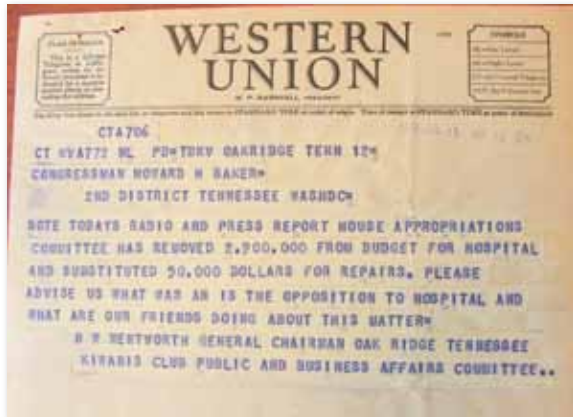
In Oak Ridge, he met and married Eloise Caldwell, who was at that time Chief X-Ray Technician at Oak Ridge Hospital. She had two daughters, Meta and Anne, and Jeffries brought his 12-year-old dog Barkus into the family.

Jeffries remained at the hospital until after a controversial citywide referendum gave ownership of the hospital to the Holston Conference of the Methodist Church. He assisted in making the transition a smooth one before the Methodist Church took over on April 1, 1959.

Sources

The Oak Ridger, “Carl D. Jeffries Named Director Of O-R Hospital,” March 3, 1949.

The Hospiscope of Oak Ridge Hospital, “Five-Year Service Awards,” March 1, 1954.



H.W. Wentworth, a committee chairman for the Oak Ridge Kiwanis Club, sends a telegram seeking Congressman Howard Baker's help on July 13, 1955, the day he hears the new hospital appropriation is in trouble.



Congressman Howard Baker quickly responds with a Western Union Telefax assuring Mr. Wentworth he will do "everything I can." *Used with permission from the Howard H. Baker Jr. Center for Public Policy, University of Tennessee, Knoxville*

His heartfelt arguments for federal dollars to build the hospital, focusing on the patriotic efforts of Oak Ridgers whose work helped end World War II, were instrumental to resolving the stalemate. His Congressional papers at the Howard H. Baker Jr. Center for Public Policy at the University of Tennessee, Knoxville, provide details of his involvement.

In June 1955, the Congressional Joint Committee on Atomic Energy submitted a report authorizing appropriations for AEC that included \$2.9 million for the new hospital in Oak Ridge. By mid-July, however, the House Appropriations Committee had cut the funds from the federal budget, substituting \$50,000 for repairs to the hospital. Frantic telegrams, such as the following from the Oak Ridge Kiwanis Club on July 13, 1955, were sent to Baker:

Note today's radio and press report House Appropriations Committee has removed \$2,900,000 from budget for hospital and substituted \$50,000 for repairs. Please advise us what was and is the opposition to hospital and what are our friends doing about this matter?

"I shall offer an amendment on the floor of the House seeking to restore the money for the new hospital at Oak Ridge and do everything I can to obtain its passage," Baker responded by telegram the same day.

Baker presented the amendment restoring the \$2.9 million for the hospital on July 14, according to the Congressional Record. In his comments, he referred to "disposal" of Oak Ridge by the federal government, a part of its efforts to make Oak Ridge a normal, American community. The government planned to sell the Army-built homes to individuals and turn municipal facilities, including the hospital, over to the community. Congress had passed Public Law 221 in 1955, which provided for the disposal of federally owned property in Oak Ridge.

"The only objection in the committee report is that we are about to dispose of Oak Ridge and that, therefore, we should not build them a hospital on the very eve of disposal," Baker said. "Here you have a newborn child which we, the Congress, brought into being with no money to build a hospital...It is just inconceivable to me that we would for a moment not provide for this community of 35,000 people among whom are scientists from all over the world...The people agreed in town meetings and other ways to accept the responsibilities of self-government, and a part of that integral and essential proposal was this \$2,900,000 hospital," Baker added.

"They have 28 of the finest doctors in the world at Oak Ridge," Baker told House members that day. "They tell me that they will not operate that hospital if we dispose of Oak Ridge and do not give them a new hospital. They do not have the facilities. The Government is losing \$100,000 a year there now because it is absolutely uneconomical to run it the way it is."

Rep. Carl T. Durham, of Chapel Hill, representing North Carolina's Sixth District, added his support: "But let us build them a decent hospital there so that we may not some day wake up to face a disaster there and realize we have no facilities at Oak Ridge to meet it."

Baker won over his colleagues in the House and restored the \$2.9 million for the hospital.

Several House members announced that Baker's arguments had swayed them to his side before the vote of 72 for and 44 against Baker's amendment. Baker's "heroic, last minute effort" restored the appropriation, which was then approved by Congress on August 4, 1955, Ford and Peitzsch reported in *A City Is Born*.

Within days, Baker had thank-you notes on his desk from many Oak Ridgers, including Ann Nance, wife of Oak Ridge surgeon Dr. Dana Nance and later a member of the Oak Ridge Town Council, and from Dr. Paul Spray, one of Oak Ridge's first orthopedic surgeons. "I

am sure it will be a day of great rejoicing in Oak Ridge,” Mrs. Nance wrote Baker early on the morning of July 15. “You may be interested to know that the Oak Ridge doctors were discussing the erection of a Medical Arts Building with an expert from Atlanta when the chilling news of the hospital cut came to them. Now they will attack the plan with renewed enthusiasm.”

“Like every other person concerned with the health and welfare of Oak Ridge I greatly appreciate your action on the floor of the House of Representatives restoring the proposed new Oak Ridge Hospital to the Atomic Energy Commission budget bill,” Dr. Spray wrote.

Trustees Face Final Budget Battle

Despite the elation experienced in Oak Ridge, the battle in Washington for a new Oak Ridge hospital continued. The Bureau of the Budget, which controlled the federal purse strings, wasn’t convinced that renovation of the old hospital had been adequately studied, despite local studies and a report for the AEC by a New York architectural-engineering firm. In May 1956, the bureau sent two representatives to Oak Ridge to review the issue, and they determined that considerable savings would result if wings of the old hospital were updated and a minimum of new space constructed.

A February 1956 feasibility report presented several options, including retaining one or two wings of the old hospital, but the hospital board of trustees continued to insist that a new hospital was the best option. The Bureau of the Budget, after the May review, insisted on a building plan that retained one or two concrete block wings of the hospital.

On July 20, 1956, Logan B. Emler, who had been named hospital board president five months earlier, wrote Baker to again ask for any help he could provide in releasing the funds from the Bureau of the Budget.

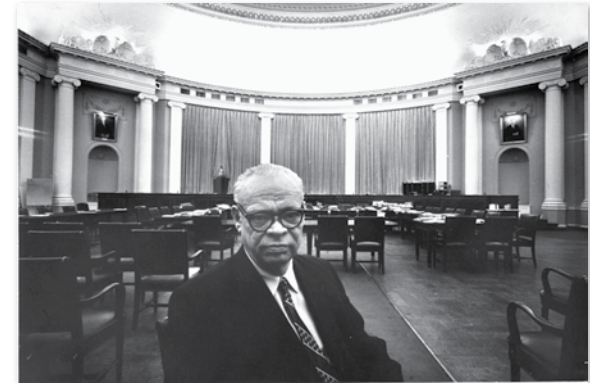
Rep. Baker wrote Bureau of the Budget Director Percival F. Brundage on July 24 urging him to release funds for a completely new hospital. Brundage wrote back on August 14, saying that preserving the two wings with a new hospital would result in cost savings and be “in the best interest of both the community and the Federal Government.”

On August 17, hospital trustees were surprised to learn that President Eisenhower had approved construction of a 63,000-square-foot hospital that included two existing wings, as recommended by the Bureau of the Budget. Finding the news “disconcerting,” they wrote in another letter to Baker urging him to intervene with the President.

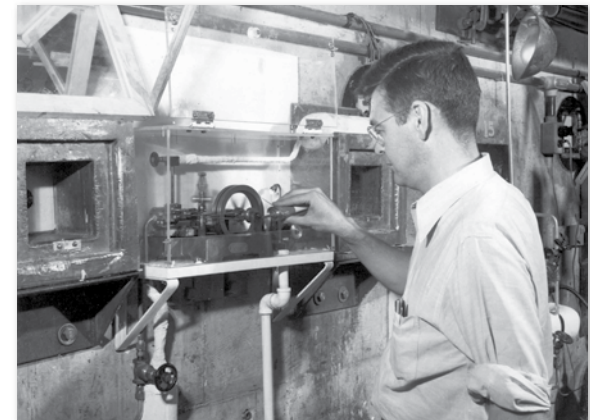
“Such a scheme was studied by qualified architects-engineers and hospital experts but was discarded as being completely impractical,” Emler wrote to Baker on August 30. The trustees were seeking a completely new building of 108,000 square feet, with construction on an adjoining site that would not disrupt operation of the existing hospital, noting that its costs were \$147,000 less than the plan approved by President Eisenhower. And, Emler noted, the AEC concurred with the hospital’s proposal.

Baker responded in a September 4 letter: “I am greatly interested in this new hospital and feel that the adoption of my amendment in the Appropriation Bill including funds for its construction, after a unanimous adverse report by the Appropriations Committee, was my most important single achievement in the last Congress. I make this statement solely as a statement of fact and in no sense in a boasting manner.”

Baker came to Oak Ridge for lunch with hospital trustees on September 20, 1956. The next day, Baker wrote Budget Director Brundage to again urge that a completely new hospital be built with the \$2.9 million appropriation. “The Board of Trustees and I fully share your desire and purpose of saving any money possible to the government, but we do want a hospital



Congressman Howard H. Baker Sr., shown here in a Congressional hearing room, was a passionate advocate for a new Oak Ridge Hospital, working for two years to assure its funding. He served in Congress from 1950 until his death in 1964, when he was the second ranking Republican on the House of Representatives’s Ways and Means Committee. *Used with permission from the Howard H. Baker Jr. Center for Public Policy, University of Tennessee, Knoxville*



Logan Emler, hospital board chairman from 1956 to 1959, adjusts a small steam engine powered by the atomic energy generated by the Oak Ridge National Laboratory’s graphite reactor. This motor was the first to be run by nuclear power, on September 3, 1958. Emler was chief of the Operations Division at ORNL. *Photo by Ed Westcott*



Congressman Howard H. Baker Sr., center, joins President Dwight D. Eisenhower and others at the Republican National Convention. Baker intervened with the President's budget director to get funding approved for a new Oak Ridge Hospital. *Used with permission from the Howard H. Baker Jr. Center for Public Policy, University of Tennessee, Knoxville*



The architectural-engineering firm of Sherlock, Smith & Adams, in Montgomery, Alabama, provided this drawing of the design for the new Oak Ridge Hospital.

of completely modern design and one that will be a credit to the United States for the foreseeable future. This is extremely important in view of the possibility of catastrophe at Oak Ridge," Baker wrote.

Baker then brought hospital representatives to Washington to meet with Brundage. At that November 21 meeting, Brundage indicated that if the hospital board and AEC could show adequate hospital use for the existing concrete block wings of the present hospital, the bureau would be in a position to authorize construction of an entirely new hospital. By the end of the month, the hospital board reported that the two existing concrete wings could be preserved for expansion of the Oak Ridge Institute for Nuclear Studies (ORINS) Cancer Hospital and for a nursing school.

By March 1957, Brundage was gone. With an acting director at the helm of the Bureau of the Budget, Baker continued to press for the new hospital. Finally, the efforts of Baker and the hospital trustees were rewarded.

"The Board of Trustees of the Oak Ridge Hospital is happy to report that during Fiscal Year 1957 the stalemate on the planning of a new hospital facility was resolved. On May 31, 1957, President Eisenhower approved a directive authorizing the Atomic Energy Commission to proceed with the design and construction of a completely new hospital facility," board president Emlet reported in the hospital's 1957 annual report.

The architectural-engineering firm of Sherlock, Smith & Adams in Montgomery, Alabama, was engaged by the AEC to handle the engineering. Foster and Creighton Construction Company of Nashville began preliminary foundation work for the new hospital on West Tennessee Avenue in June 1958. The site for the new hospital was the parking lot outside the main entrance to the old hospital, between Tennessee and Tyrone Avenues. Construction could proceed without disrupting service at the existing hospital.

Board of Trustees activities "are unparalleled by

any previous year's history in the operation of the Oak Ridge Hospital," Emlet noted in the hospital's 1958 annual report. "The start of the construction phase of a completely new hospital for Oak Ridge is the fulfillment of nine years of work, negotiations, and planning by the Board of Trustees."

The hospital represented one of the more important facilities in the AEC's disposition plans for Oak Ridge, according to Ford and Peitzsch. "Oak Ridge's \$2,900,000 modern hospital was the government's most generous gift to the community," they wrote in *A City Is Born*.

Hospital Referendum Is Next Challenge

The celebration was short-lived. With the new hospital building finally in sight, after years of setbacks and frustration, the Oak Ridge Hospital board and staff faced another huge challenge, a referendum on ownership of Oak Ridge Hospital in 1958. A step in the AEC's plan to transition Oak Ridge from a federal reservation to an independent city, the referendum would let the citizens determine who would own and administer the hospital as the AEC ended its relationship with the hospital.

The federal government sought an owner that would operate the Oak Ridge Hospital independently, without a federal subsidy. Subsidies continued to decline throughout the 1950s but hadn't been eliminated entirely.

With Oak Ridge's population at about 30,200 in 1949, the hospital had an average patient census of 129 and an operating deficit of \$498,324. The hospital board and administration reduced the deficit to \$74,761 by 1954, when both the city's population, at 33,500, and the hospital's average census, at 169, had increased. In 1957, the deficit was \$10,291, as the average census remained steady at about 165, but population dropped to 28,600.

As Oak Ridgers considered which entity should take over ownership of the hospital, they became embroiled in “one of the most heated political issues in the young city’s history,” Joan Wallace wrote in a story on “The Hospital Referendum” in *These Are Our Voices—The Story of Oak Ridge 1942–1970*. The hospital ownership referendum “would arouse and divide the community as no other topic would in the community’s existence,” Ford and Peitzsch wrote in *A City Is Born*.

“It was a referendum like none other before or since likely anywhere,” wrote Dick Smyser in his “Editor’s License” column in the August 4, 1988, *Oak Ridger*. “When else have citizens of a still legally non-existent city been asked to vote on who should own and operate a yet-to-be-constructed \$3 million hospital that the federal government would present to the community?”

The three contenders that appeared on the referendum ballot, all approved by the AEC as qualified for operating the hospital, were:

- The Oak Ridge Hospital Association (ORHA), the first group to indicate interest, representing Oak Ridge Hospital Inc., the non-profit organization that had operated the hospital since 1949 under contract with the AEC. Its board had fought long and successfully for the new hospital.
- The Holston Conference of the Methodist Church. The Methodist Church operated hospitals in other locations and had a National Board on Hospitals and Homes to rely on for expertise in hospital operation.
- The City of Oak Ridge, which was on its way to incorporation. It was referred to on the ballot as “the Future City of Oak Ridge.”

Current hospital officials formed the non-profit, non-sectarian ORHA, opening it up to public membership for \$10 each, later lowering the fee to \$5, with funds used to pay for care of indigent patients. Logan Emler, hospital board chairman, served as chief

spokesman during the campaign. The bylaws for the association were adopted November 6, 1957, and the first annual meeting of the association was scheduled for July 24, 1958. Association members would elect trustees, establish broad operating policies and serve on appointed committees. The board increased the number of trustees from seven to nine.

“The trustees believe that the Oak Ridge Hospital can serve the needs of the community if the authority for its operation rests with a nonprofit association in which the membership is open to all. With this in mind, the Board of Trustees has created such an association for the permanent operation of the Oak Ridge Hospital,” Emler stated in the foreword to a booklet “A Permanent Organization for The Oak Ridge Hospital.” The hospital’s board made plans for a new medical arts building adjacent to the new hospital and for a nursing school in the “B” wing of the old hospital.

The hospital’s trustees believed that the association offered local control, community participation, non-political and non-sectarian operation and nine years of experience operating the hospital. They anticipated operating the hospital in the black, placing any revenues in excess of expenses back into the operation to either raise the level of services or reduce the cost to patients.

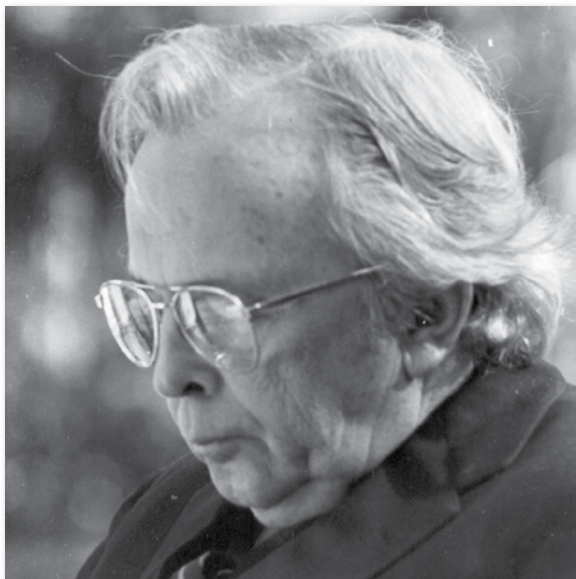
Emler and the trustees solicited written comments in support of the hospital association from Dr. Stafford Warren, who headed Manhattan District Medical Services during World War II, and Dr. Dwight E. Clark, a respected surgeon on the staff of Oak Ridge Hospital from 1944 to 1946, among others. Dr. Warren was dean of the University of California Medical School and Dr. Clark was professor of surgery at University of Chicago at the time.

“Budgets would be political rather than factual,” Dr. Warren warned in speaking of city ownership. “There are fine municipal hospitals, but this is not the general rule.”

The Friends of Oak Ridge Hospital, chaired by



Dr. Robert Bigelow, a surgeon, joined the medical staff in 1949. In this 1950 photo, he is with a group of Oak Ridge physicians who came during World War II. They are, from left, Dr. Kenneth O’Connor, Dr. John DePersio, Dr. Bigelow, Dr. Raymond Johnson and Dr. Lewis Preston. *Used with permission of Marlys Bigelow.*



The Rev. Arthur Graham, Oak Ridge Unitarian Church

L. P. Riordan and A. E. Sands, campaigned in support of ORHA, joined by doctors and nurses. Several ministers publicly offered their personal views about hospital ownership. The Rev. Arthur Graham, of the Oak Ridge Unitarian Church, declared ORHA as the most democratic choice in a Sunday sermon. “It has run the hospital competently; it has invigorated the medical staff to strict standards; it has secured at some risk, the new hospital for Oak Ridge,” he said, *The Oak Ridger* reported.

The Methodist Church entered the fray late, only a month before the original May 20, 1958, date set for the referendum. The church asked for a delay until after a June annual meeting of church officials, and the referendum was rescheduled for August 7. Carroll H. Long, chairman of the Holston Conference Board of Hospitals and Homes of the Methodist Church, wrote to the Oak Ridge Town Council requesting inclusion of the Methodist Church on the ballot:

Its purpose in seeking the privilege of operating the Oak Ridge hospital is to offer to serve the people of the community by administering their institution for the care of the ill according to the teachings of the Great Physician. Methodists believe that a church hospital should minister to the spirit, as well as to the body, and that by this dual approach to illness God’s purpose for His children can best be served.

Dr. Long, a physician from Johnson City, Tennessee, explained that the church had been operating hospitals since the Revolutionary War. By 1958, the church was managing hospitals with a bed capacity of 18,409, and its hospitals cared for nearly 1.4 million patients in 1957. He assured the Town Council that any excess income would go not to the church but into hospital expansion or reducing patient costs.

“Methodism believes in collective bargaining and observes union regulations in matters of wages, hours and working conditions,” Dr. Long wrote. That line would become a focal point during labor unrest at the hospital in the next decade.

The church proposed to operate the hospital with a 24-person board of trustees appointed by the Holston Conference, with three-fourths of those members of the church and a majority of them citizens of Oak Ridge.

Campaigning for city ownership was the group Citizens for City-Owned Hospital (CCOH), chaired by Paul Elza. The Rev. Samuel Howie, minister of the First Presbyterian Church, was described in *The Oak Ridger* as “an ardent adherent of the city-owned cause” and served as a speaker for the cause at public events. City ownership won the endorsement of the Oil, Chemical and Atomic Workers Local 9-288 at the Oak Ridge Gaseous Diffusion Plant, or K-25, and from *The Oak Ridger*.

Elza, who managed administration at ORINS from 1949 to 1977, commented many years later that though he had respect for the hospital administrators and physicians, he and others believed it would be a big mistake to hand over several million dollars of taxpayers’ money to a group that had an inherent self-interest, referring to the doctors associated with ORHA. He also saw a church-state conflict in transferring public assets to a private religious group.

A Community Information Committee’s Hospital Subcommittee, which studied all three candidates, noted in a July 22, 1958, report that no one was in a position to explain how the future city might operate a hospital. A special report commenting on city hospital administration described a possible scenario in which the city manager would appoint the hospital administrator, and city council would appoint an advisory board, with the hospital operating as a city department. The subcommittee recommended that voters consider one of the two non-profit organizations in the referendum, while a subcommittee minority



The Rev. William Pollard, St. Stephen’s Episcopal Church

report took issue with the recommendation, saying instead that the group should have provided “reliable, unbiased information on the complex issues involved... to assist each citizen in arriving at an intelligent and informed position of his own.”

Among issues that surfaced as Oak Ridgers examined the three candidates and their proposed policies were how racial issues would be handled, how doctors would be selected, and care of the needy. ORHA promised that there would be no racial discrimination in services offered, but stated that races would not be mixed in two-bed or four-bed units. Before the new hospital opened, black patients stayed on a separate floor from white patients. The Methodist Church said that it would furnish equal facilities to all races and abolish discrimination “in other areas” as rapidly as the people of Oak Ridge indicated willingness to accept such a policy.

The August 7, 1958, referendum led to a runoff between the top two contenders, the Methodist Church, with 2,766 votes, or 35 percent, and the Oak Ridge Hospital Association, with 2,599 votes, or 33 percent. The future City of Oak Ridge was not far behind, with 2,487 votes, or 31.7 percent. A runoff was scheduled for November 4 because none of the candidates received a clear majority. A total of 7,852 votes was cast in the 12 Oak Ridge precincts, more than double the votes in a 1957 Town Council election, indicating intense voter interest in hospital ownership.

Votes for the top two entities indicated that Oak Ridgers favored non-profit ownership over municipal ownership. Supporters of the future city ownership thought that they were handicapped by lack of an official voice for the future city and by not having any official plan for hospital operation.

Days before the November 4 runoff election, local radio station WATO, with assistance from the League of Women Voters, sponsored a forum on hospital ownership in which representatives of ORHA and the

Methodist Church presented their positions for hospital ownership.

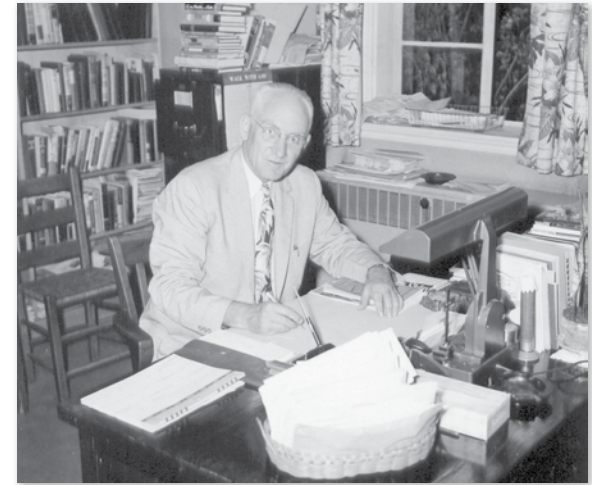
William G. Pollard, executive director of ORINS and a previous supporter of city ownership, spoke in support of ORHA. “The hospital was built by the people of the United States as a gift to the people of Oak Ridge. It is not appropriate that public property and community facility be transferred to any particular group,” said Pollard, who was also an Episcopal priest. Joining him were Dr. Raymond Johnson, from the hospital’s medical staff, and Carl C. Martin, vice president of the hospital’s trustees.

Chris Keim, director of the Technical Information Division at ORNL, emphasized the long experience of the Methodist Church in operating hospitals. The Rev. Paul Brown, pastor of Trinity Methodist Church, and Sarah Ketron, guidance director for Oak Ridge Schools, also lent their support to the Methodist Church.

The Methodists won the runoff election with a 1,259-vote margin. They received 4,209 votes, and the Hospital Association, 2,950. The Methodists had prevailed over what citizens called “the doctors’ group,” or the Hospital Association. An AEC spokesman announced that the agency would turn the hospital over to the Methodists when construction on the new building was completed, scheduled for January 1960. In fact, the transfer took place earlier, in April 1959, at the request of the Oak Ridge Hospital board. Oak Ridge Hospital officials were gracious in defeat, promising an orderly transition to the Methodist Church and good service in the interim.

The Methodists expressed thanks for the vote of confidence. The Rev. Herbert D. Hart, minister of Kern Methodist Church in Oak Ridge and chairman of a new hospital committee, issued this statement that night:

The Committee for Methodist Operation of the Oak Ridge Hospital is humbly grateful for



The Rev. Herbert Hart, Kern Methodist Church

Oak Ridge Hospital, Inc., Medical Board from 1952 to 1955

John D. DePersio, M.D., Chief of Medicine, Chief of Staff

Dana W. Nance, M.D., Chief of Surgery

Lewis F. Preston, M.D., Chief of Pediatrics

C. Julian Ragan, M.D., Chief of Obstetrics and Gynecology

John P. Crews, M.D., General Practice

Five Longtime Oak Ridge Physicians Serve on 1950s Medical Board

As Oak Ridge Hospital celebrated its 10th anniversary in 1953, five physicians who served on the hospital's Medical Board, responsible for reviewing and recommending applicants for the hospital's medical staff, would remain on the board together for several years in the 1950s. They each continued to practice in Oak Ridge for the remainder of their careers.

Three, Dr. John DePersio, Dr. Lewis Preston and Dr. Julian Ragan, were among the physicians who came to Oak Ridge Hospital during World War II. Dr. Dana Nance and Dr. John Crews arrived shortly after the war.

Dr. DePersio's leadership as the first Chief of Staff after the Army years is highlighted in Chapter I. Here are profiles of the other four physicians who served on the Medical Board during several years of the Oak Ridge Hospital's time as a non-profit, government-owned hospital.

DR. DANA W. NANCE, CHIEF OF SURGERY



Dr. Dana Nance, right, Chief of Surgery at Oak Ridge Hospital in the early 1950s, looks over medical equipment with Dr. Raymond Johnson, an Oak Ridge ophthalmologist who was later Chief of Staff from 1959-1964.

Dr. Dana Wilson Nance performed surgery under the worst of conditions as a civilian prisoner of war of the Japanese during World War II. Early in the war, he challenged prison guards who at first refused to allow him to get supplies to deliver the baby of a pregnant prisoner in labor, and he once performed a successful appendectomy on a prisoner when no anesthetic was available.

Doctors and nurses held as prisoners of war in Camp John Hay and Los Baños in the Philippine Islands continued to provide medical care in the prison camps with whatever supplies they could find, often improvising with any materials available. They experienced near-starvation conditions before the war ended. Several nurses and missionaries imprisoned with Dr. Nance who wrote memoirs of that time, and historians researching the era, wrote of the surgeon's

charisma, resourcefulness and assertiveness as prison camp medical director.

For his contributions, Dr. Nance received the U.S. Medal of Freedom for meritorious service from 1942 to 1945. "During his internment at Los Baños Internment Camp, Dr. Nance performed many operations and helped maintain a high standard of health throughout the camp, despite lack of proper facilities and medical supplies. As a member of the camp Executive Committee, he continually risked his life on behalf of the internees. By this inspiring bravery and resourcefulness, Dr. Nance made a distinct contribution to the welfare and morale of internees during the Japanese occupation of the Philippine Islands," the citation reads. He was one of 2,100 internees at Los Baños.

Before his capture, and with Japanese advancing, Dr. Nance sent medical equipment, surgical instruments, supplies, and even an x-ray machine from a U.S. military camp in Baguio to a nearby civilian hospital. Later, after surrendering to the Japanese, he was able to bring many of those supplies with him to the prison camp.

"When he turned himself in to the Japanese on January 1, 1942, he brought with him many of these supplies. We were extremely grateful for these things. They saved many lives—but they also gave Nance tremendous political clout. The Japanese, at Nance's suggestion, made one of the houses across the parade ground from the barracks into a hospital, and he seemed to be the natural choice to head it," wrote Donald Ernest Mansell, part of a missionary family interned at Camp John Hay, in *Under the Shadow of the Rising Sun*, a book written with Vesta West Mansell.

"Nance was about five-feet ten-inches tall and powerfully built. He was the son of missionaries to China, grew up in that country, and understood the Oriental mind and ways very well. His knowledge and skill as a

physician added to his influence, both with the internees and with the Japanese,” Mansell wrote. Dr. Nance convinced the Japanese to let internees buy meat and vegetables with their own money, and he was able to sneak a radio into camp, Mansell wrote.

Dr. Nance came to Oak Ridge as a surgeon shortly after his release as a prisoner of war and return to the United States. He had received his undergraduate degree from Vanderbilt University in Nashville, Tennessee, in 1925 and his medical degree from there in 1929. He interned at the U.S. Marine Hospital in New Orleans from 1929 to 1930. After serving as Assistant Surgeon for the U.S. Public Health Service, Philippine Islands, from 1931 to 1933, he practiced surgery in Shanghai, China, from 1933 to 1941. In 1941 he was named Medical Director for Benguet Consolidated Mining Company, Baguio, Philippine Islands, where he was when World War II began.

Born in Nashville in 1904, he was reared in China, where his father was president of Soochow University and his parents were missionaries for 53 years.

Dr. Nance and his wife, Ann, were both active in the Oak Ridge community. An early advocate of civil rights, he also served as president of Oak Ridge Music Association. Mrs. Nance served as vice chairman of Oak Ridge Town Council from 1957 to 1959. After Ann’s death, and a year before he died, Dr. Nance married Irene Miller, who had worked with him in the prison camp.

Silvia Aliberti, the hospital’s medical records librarian, wrote that Dr. Nance was a connoisseur of food, enjoying being a chef as well as consuming food. He told friends that after his experience in the Philippines, he planned to miss no more meals.

A Dana W. Nance Fund, endowed by his family and friends, provides scholarships for outstanding pre-med students at Vanderbilt University. He died in 1987

at the age of 82.



Dr. Lewis Preston, Chief of Pediatrics in the early 1950s, holds one of his new patients.

DR. LEWIS F. PRESTON, CHIEF OF PEDIATRICS

In a twist of fate, the Army assigned a 28-year-old pediatrician destined for General Douglas MacArthur’s forces in the Pacific during World War II to a military hospital in Oak Ridge instead. Dr. Lewis F. Preston arrived in Oak Ridge in November 1944, wondering if he were still in the United States. The town, still under construction and managed by the Army, was oozing mud on streets and sidewalks and overrun with people.

To many new arrivals, Oak Ridge had the appearance of a frontier town. Despite its looks, the young doctor was thankful for the detour to the place he chose to call home for the rest of his career.

He was among 1,000 Army doctors at Carlisle Barracks in Pennsylvania in 1944 when two Army doctors from Oak Ridge, Col. Charles Rea and Major Joe Ryan, offered Dr. Preston and six others, some of

them Mayo Clinic-trained doctors like Dr. Preston, a chance to volunteer for top-secret duty at a stateside location. All seven, including Drs. Ray Johnson, Julian Ragan, Jack Murphy, Kenneth O’Connor, Ed Donohue and Bill Valentine, volunteered.

“When I got to Oak Ridge, I found there were 88,000 people with many children in town and only eight Army pediatricians,” Dr. Preston told Dick Smyser, author of *Oak Ridge 1942–1992: A Commemorative Portrait*.

His patients included the children and grandchildren of children he cared for during World War II at Oak Ridge Hospital. The native Texan remained in Oak Ridge, caring for generations of children throughout his six decades as a pediatrician.

Born in Austin in 1916, Dr. Preston received his undergraduate degree from the University of Texas and his medical degree from Baylor University College of Medicine, graduating in 1939. He entered general practice for a year after interning at the Scott-White Hospital in Temple, Texas, from 1939 to 1940, and held a fellowship in pediatrics from 1942 to 1944 at the Mayo Clinic in Minnesota.

Soon after that, with World War II in progress, he joined the Army, and within months received the offer to work in Oak Ridge. He was an Army lieutenant until November 1946, when he became a civilian again and began seeing the same patients in his private practice.

He was one of the first doctors to pay taxes in Anderson County, buying 150 acres just outside Oak Ridge in 1950, when the city was still managed by the federal government and its residents didn’t own homes or pay taxes. There, he built a home, raised cattle, and kept horses. Dr. Preston was a founding member of St. Stephen’s Episcopal Church in Oak Ridge.

The Texan had told his colleagues during the war

years that he planned to return to Texas, where he wouldn't be fenced in, referring to his early experience in this Tennessee city behind a fence. Instead, he came to love Oak Ridge, dedicating his career to the city that provided a home for him and his family during World War II.

Dr. Preston and his first wife, Mary Sue, had five daughters and two sons. He married Beverly Godfrey Pratt after Mary Sue's death. Dr. Preston died in 2006 at the age of 89. He continued to care for children until just months before his death.

DR. C. JULIAN RAGAN, CHIEF OF OBSTETRICS AND GYNECOLOGY

Dr. C. Julian Ragan joined a group of Army physicians at Carlisle Barracks in Pennsylvania who were offered an opportunity to serve stateside in a secret installation in Tennessee. He arrived in Oak Ridge on November 19, 1944, greeted by a torrential downpour and lots of mud. He soon recruited a Tulane University Medical School classmate, Dr. William W. Pugh, and both would remain in Oak Ridge to practice obstetrics and gynecology after being discharged from the Army.

"Of course, we were glad to be here, glad not to be in the Pacific Islands or the Battle of the Bulge," Dr. Ragan told *The Oak Ridger* when he retired in 1986.

He delivered about 300 babies a year between 1944 and 1972, when he ended his obstetrics practice and continued with gynecology. In all, his career spanned 42 years before his retirement in 1986.

Dr. Ragan said the Army paid doctors \$325 per month and took out \$90 for housing. "Patients paid the Army a fee of \$56 for prenatal care, lab work and delivery. Dr. (Kenneth) O'Connor and I figured we had done about \$200,000 work in obstetrics alone for the government," Dr. Ragan told *The Oak Ridger*. At the time, doctors,

and especially obstetricians, were given housing priority because they needed to be near the hospital.

Born in 1914 in Georgia, Dr. Ragan grew up in Birmingham, Alabama, and attended Howard College. He received his medical degree from Tulane in 1938. He served a one-year internship at the University of Iowa Hospital before returning to Tulane for a three-year teaching fellowship, serving at Touro Infirmary and New Orleans Charity Hospital. Dr. Ragan then spent two-and-a-half years at the Louisiana Charity Hospital in Pineville.

He was called into the Army in 1944, and remained an Army medical officer until his discharge in 1946. His memorable encounter with Gen. Leslie Groves, the gruff commander of the Manhattan Project, when he discovered the general resting in the maternity ward of the hospital, is described in Chapter I.

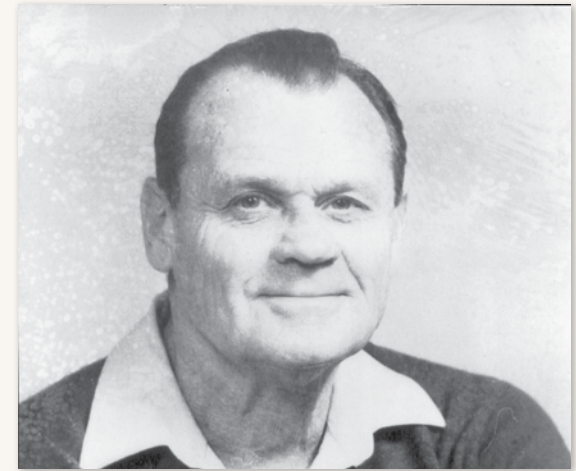
Later, he recalled that Gen. Groves was a regular visitor to Oak Ridge Hospital. "When he would come to Oak Ridge, he would not stay at the Guest House, but at the hospital. He stayed in a room at the end of the hall in the OB (obstetrics) wing. He was the only man there, and he really got super treatment," Dr. Ragan told *The Oak Ridger*.

Dr. Ragan and four other physicians converted an old dormitory on Tyrone Road to the Doctors Building when the hospital decided to build a new Medical Arts Building. He practiced there for 22 years.

Considered an expert equestrian, he also farmed and raised cattle. He and his wife, June McCann Ragan, had three children. After her death in 1972, he married Josie Hatfield. He died in 1989 at the age of 75.

DR. JOHN P. CREWS, GENERAL PRACTICE

Dr. John P. Crews, on active duty with the Army, was placed on alert with other paratroopers for an in-



Dr. John Crews

vasion of Japan in the summer of 1945 when the atomic bomb that Oak Ridge helped develop ended World War II. Two years later, he arrived in that same town to establish a general practice as a family physician, remaining here throughout his 40-year career.

Fellow physicians and his family recall that his diagnostic skills and his listening skills set him apart from other physicians.

"Dr. Crews had an incredible ability to know what was wrong with a patient before any series of tests were made. He knew, almost instinctively, what was going on. Possibly only one in 30 doctors has this trait—it's not learned in medical school. I have great respect for him as a man and a physician," Dr. David Compton, who joined his Oak Ridge Family Practice in 1984, told *The Oak Ridger* when Dr. Crews died in 1992 at the age of 72. "He listened to his patients when they told him how they felt. He knew their failings and their high points."

Dr. Crews's family members noted then that Dr. Crews had said more than once that if he could teach

one thing to physicians entering medical practice, it would be to listen.

“Patients still tell me how much they miss him and what a good diagnostician he was,” Nancy Crews, his widow, said. She noted that patients could call him at any time, and that he continued to make house calls long after others had stopped. “He was on call certain times, but if his patient was in the hospital, he was there,” she recalled.

Dr. Crews was also a masters swimming champion, winning 55 national and international championships and holding many national and world records. He was co-founder of the Oak Ridge Masters Swim Club in 1972 and served as a U.S. Swimming certified official. He was inducted into the Tennessee Swimming Hall of Fame in 1984 and the Oak Ridge Sports Hall of Fame in 1991.

As a freshman at the University of Tennessee, he excelled in freestyle swimming events. He was on track to attend the Olympic swimming trials when the start of World War II cancelled the 1940 Olympics.

A native of Georgia, he grew up in Knoxville and attended UT and Mississippi State University before graduating from UT Medical School in Memphis in 1944. He interned at Knoxville General Hospital before being called to active duty in the Army. Discharged in 1946, he came to Oak Ridge in 1947. Dr. Crews served as team physician for the Oak Ridge High School football team beginning in 1947 for about eight years. He helped found the Oak Ridge Boys Club. He semi-retired in 1986, continuing to see patients on a part-time basis.

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This photo appeared in *The Hospiscope of Oak Ridge Hospital* on November 1, 1953, when the Eastern Star donated a television set to the Children's Ward. With Frances McCallum, Director of Nursing, are, from left, William Blackwell, Sandra Wall, Jennifer Hall, Joyce Neeley, and Julia Tudor.

the vote of confidence given by Oak Ridge Citizens in today's referendum. We now reaffirm our purpose to seek in the new Oak Ridge Hospital the very best hospital care that is possible for the people of Oak Ridge and surrounding territory. The achievement of this goal is a tremendous task that will require the wholehearted concern and active cooperation of a united community. We believe that people of all churches, races, and walks of life have shared in the decision just made at the polls. We now cordially invite them and our friends of the Hospital Association to a continued effort to reach the goal which all of us have sought.

"The referenda did not bring peace to the community, for the wounds have been slow to heal, and some residents continued to react critically to hospital issues on into 1960," Ford and Peitzsch wrote in *A City Is Born*.

Care Continues Inside the Hospital

As the hospital board and administrator dealt with the challenges of the referendum and of getting a new hospital built, those working at the hospital continued their service to the community. On June 14, 1950, *The Oak Ridger* reported the birth of Oak Ridge's first set of triplets, born that day shortly after 6 a.m. Mr. and Mrs. Kyle O. Abernathy expected twins and were surprised by triplets, all boys. Sadly, one died shortly after birth, which came about three months prematurely. Abernathy was a pharmacist, and his wife, a pediatric nurse, both on the hospital staff. The triplets were the first in 6,407 births recorded at Oak Ridge Hospital up to that date in 1950.

By 1951, Blue Cross and Social Security became available to employees of the hospital, and most employees elected to enroll in the health insurance

program and accept the provisions of Social Security, hospital director Carl D. Jeffries reported to the board.

An advance in food service came in 1952, one that patients appreciated. "Centralized tray service has been made possible by installing equipment for preheating containers in the main kitchen," hospital director Carl D. Jeffries reported in that year's annual report. "This has resulted in more acceptable food service, as supervision by a dietitian over the preparation of each tray is now possible and, in addition, the food is hot when it reaches the patient."

By the early 1950s, several physicians who would spend their careers in Oak Ridge had joined the staff, adding to the specialties offered at the hospital. Dr. Paul Spray, who joined the staff in 1950 as its only orthopedic surgeon, was another Mayo Clinic-trained physician who practiced here for 48 years until his retirement. Dr. Robert Bigelow, a surgeon, arrived in 1949 and remained in practice for 40 years. Others included Drs. John Crews, general practitioner; William Hardy, pediatrician; Dana Nance, surgeon; and Hyman M. Rossman, a general practitioner who later became a psychiatrist. Dr. Avery P. King, among the first urologists in Oak Ridge, arrived in 1957.

Dr. Betty Cooper also joined the staff in 1951 as head of the Department of Anesthesia on a part-time basis, sharing time with ORINS. Under her direction a School of Anesthesia was started on June 1, 1952, with two former hospital nurses attending the first class, helping to meet the shortage in nurse anesthetists.

A planned intern training program didn't fare as well. In 1952 the American Medical Association approved the program. Although one intern arrived in 1953, Chief of Staff Dr. John DePersio told the hospital board in 1954 that it had been impossible to secure more interns and that the hospital could lose its accreditation for its intern training program.

"Medical school students, upon conclusion of their training, usually return to their home cities for

internship and training, but, to date, few Oak Ridge residents have completed medical school. It is also felt that the unattractive appearance of the Oak Ridge Hospital is a factor. Both of these situations will be remedied in time,” DePersio reported in the hospital’s 1954 annual report.

Later that year, the hospital welcomed to the medical staff its first doctor who had graduated from Oak Ridge High School. Dr. Harvey Keese, Jr., came to Oak Ridge with his family in 1944. He attended undergraduate and medical school at the University of Tennessee, graduating in 1951. After interning at Jackson Memorial Hospital in Miami, Florida, and serving in the Air Force for two years, Dr. Keese came to Oak Ridge as a general practitioner with his wife and two-year-old son.

The hospital began “a desirable and mutually advantageous relationship” with the Health Physics Division of ORNL and the Medical Division of ORINS in 1954 by sharing post-resident assistants in radiology. Dr. Walter P. Quigley, native of Wisconsin, was the first, arriving July 1, according to Dr. Robert P. Ball, head of the hospital’s Department of Radiology. The collaboration continued in subsequent years, as more AEC fellows in health physics arrived to serve as assistants in radiology.

The Hospiscope, the hospital newsletter, announced on April 1, 1954, that Oak Ridge Hospital was on the “fully accredited” list of the Joint Commission of Accreditation of Hospitals, a national organization for rating medical facilities. One of 37 Tennessee hospitals so listed, Oak Ridge Hospital was among 3,418 hospitals given full and provisional accreditation of the 7,500 hospitals in the U.S. and Canada.

Also in 1954, a radioisotope laboratory was placed in operation, under the direction of a committee of the medical staff, with Dr. Ball in immediate charge. The committee had received approval for use of radioactive iodine and phosphorus from the isotope division of

How *Hospiscope* Got Its Name

The Hospiscope, the newsletter for employees of Oak Ridge Hospital, started July 17, 1946, as a biweekly mimeographed publication. Louise Teater, head nurse on the Contagion Ward, won the contest held to name the newsletter, first published without a name.

In 1954, *The Hospiscope* asked Miss Teater to describe how she hit upon the name. Here’s her account that appeared in the September 1, 1954, *Hospiscope*.

“Poor paper! No name! And the first issue was quite interesting too. With such a staff and interested readers and contributors, it must have a bright future.

“After a day’s duty I flung myself on the bed, read the first edition and started thinking. Now this paper would be instrumental in reflecting the inside news and happenings at our hospital, not an ‘atom smasher’ but a ‘news hasher,’ but that’s no name for a paper! My thoughts ran on. Maybe the word ‘atom’ has been overworked these days???

“This paper would cover a wide scope of things—life, death, marriage, happiness, sorrow, joy, business, pleasure—there’s nothing that can’t and doesn’t happen in a hospital and with the personnel. Our paper would be the instrument by which we could look in on the actual happenings. Instrument, scope, microscope, horoscope, periscope, otoscope, ophthalmoscope, telescope—‘Hospiscope’—why not? This would be an instrument of our hospital to cover a wide scope of things—an insight into the inside—and thus the origin of my suggestion.”

Source

“Hospiscope History,” *The Hospiscope of Oak Ridge Hospital*, September 1, 1954.



The staff of *The Hospiscope of Oak Ridge Hospital*, the hospital newsletter, gathered for this photo that appeared in *The Hospiscope* in December 1952. Staff members, and the departments they reported on, were, seated from left, M. Farrelly, Operating Room and Anesthesia; Irene Nathan, Medical Arts; Alice McLean, assistant editor; Ennis Ayles, editor; and Marci Cannon, Laboratory. Standing, from left, are Dorothy Eldridge, X-ray; Edith Brady, Nursing; Ann Alfaro, Medical Arts; George Anna Yates, Dietary; Silvia Aliberti, of Medical Records, Profiles; Hy Africk, of the Pharmacy, Sports; Juanita Shoopman, Nursing; and Martha Madison, Administrative.



Hospital employees who volunteered to publish the hospital newsletter, *The Hospiscope of Oak Ridge Hospital*, gather to meet their deadlines. The newsletter was published beginning in 1946 and throughout the 1950s. Photo by Ed Westcott



Hospital employees served on a variety of committees in the 1950s. Frank Snyder, fourth from left, Maintenance Department, was active on the Recreation Committee, and this photo is believed to be of that committee. The committee planned dances, picnics, and other gatherings for employees.



The hospital softball team was pictured in *The Hospiscope* on September 1, 1954. Standing, left to right, are Alex McConkey, Rubin Brown, Danny Dolan (an extern from Vanderbilt Medical School in Nashville and an Oak Ridge High School graduate), Bob Bigelow (surgeon), Jim Richards, Bob Stuhlmiller and Jim Kile. In front are Gil Scarbrough, Frank Snyder, (maintenance department) manager, mascot Mike Brown, Jack Diamond and Hy Africk (pharmacist). Absent when the picture was taken were team members Ray Johnson (physician), Nick Orlando, Virgil Richardson and John Tigie. *Used with permission of Marlys Bigelow.*

the AEC, which regulated such radioactive materials, along with managing communities that developed nuclear energy during World War II. The radioactive materials were used for both diagnostic and treatment purposes. The American Cancer Society had also approved establishment of a tumor clinic at Oak Ridge Hospital that year.

During the 1950s, sports and recreation after hours continued to offer team-building activities as well as relaxation from the stress of hospital routine. *The Hospiscope* reported on highlights from bowling leagues and softball games, often with a lighthearted touch.

Dean Van Hoozer, the hospital's chief accountant, wrote of the blooper league softball boys, who played Wednesday nights at the Midtown Softball Field, in the October 1, 1954, *Hospiscope*: "Our softball boys ... have had a good season and we have enjoyed the fine sportsmanlike manner of play. We won't, however, elaborate on the outcome of the last two games since 'Blooper Ball' Africk (our ace right-hander) was out of town, although Frank Snyder, M.D. (Maintenance Department) and 'Mr. Big' Bigelow did a pretty good job of pitching for just plain country boys." The "Mr. Big" he mentioned was Dr. Robert R. Bigelow, a surgeon. "Blooper Ball" Africk was Hyman Africk, the hospital's chief pharmacist. Africk was also described as the hospital's top bowler, and held the title of City Champ in that sport for 1953.

Indigent care received support in 1956 when the Ford Foundation awarded a grant of \$99,800 to Oak Ridge Hospital, allowing the hospital to admit such cases for the first time. The hospital received the first half of the grant in April to defray hospital costs for residents of communities surrounding Oak Ridge, primarily Anderson, Roane and Morgan counties. During the first year of service to the indigent, 54 patients received care at a cost of \$10,567 covered by the Ford Foundation Free Bed Fund. Professional care was provided by the medical staff to those patients free of charge, the May 1957 *Hospiscope* reported.

In 1957, the first public funds in substantial amounts became available for care of indigent patients in the area. Jeffries reported that a combination of federal, state and county funds for hospital care of people on welfare rolls was offered in December 1957. Only a smaller hospital care program carried on by the Oak Ridge Department of Welfare had supported indigent patients earlier.

Oak Ridge Hospital continued its efforts to train the next generation of hospital workers when it accepted its first class of eight student practical nurses. The training

First Employees Reach 10-Year Service Anniversaries

Carrie Baldwin, head nurse on D-2, was the first employee to complete 10 years of service with Oak Ridge Hospital in 1953. She came to Oak Ridge from Wheatlaw, Wyoming, on September 13, 1943, reporting for work before the hospital opened on November 17.

“She has served competently and efficiently in the position of Head Nurse on D-2 for over nine years and is well liked by her co-workers,” *The Hospiscope*, Oak Ridge Hospital’s newsletter, reported on October 1, 1953. The newsletter also noted that Miss Baldwin had been an outstanding member of the hospital bowling team for a number of years. She was married after her anniversary and was later known as Carrie McKelvey.

Others who reached their 10-year anniversaries soon after that were:

Virginia (Jean) Smith, who had been employed at the hospital since November 1943. Smith came to Oak Ridge Hospital just four days before the official November 17, 1943, opening. Employed as a special service nurse at first, she was promoted to Nursing Supervisor in April 1944 and served in that role for the next nine years. She was Virginia Kennard when she arrived, and married Roy Smith in June 1953.

Nellie L. Brandenburg, head nurse on D-1, who celebrated her anniversary on December 6, 1953. She was a Kentuckian who received her nurses’ training at Good Samaritan Hospital in Lexington and spent two years at Kings Daughters’ Hospital in Ashland, Kentucky, before coming to Oak Ridge in 1943.

Dimple Joslin, nurse’s aide, who celebrated her anniversary in December 1953. No other information was available on her.

Arbutus Dyer, nurse’s aide, who marked her

anniversary January 5, 1954. Commuting by bus from Maryville, she worked the night shift in the nursery for the last several years of her employment before her anniversary. She worked as a nurse’s aide in Greeneville, Tennessee, for a year before coming to Oak Ridge.

Jesse McQueen, pharmacy technician, who completed 10 years of service March 18, 1954. A native of New Orleans, he started in the purchasing department and worked as a storeroom clerk and assistant storekeeper before transferring to the Pharmacy Department. A resident of Knoxville, he worked at the Fort Sanders Iron Mill for two years before coming to Oak Ridge Hospital.

Juanita Shoopman, at first a nurse’s aide, who celebrated 10 years on May 18, 1954. An active member of the Licensed Practical Nurses Association, she took her state boards and became an LPN in September 1951. A native of Oliver Springs, she worked in Oak Ridge for a year with Stone & Webster before working for Oak Ridge Hospital.

Lillie S. York, at first a nurse’s aide, who celebrated her anniversary on August 1, 1954. She worked at two private hospitals in South Boston, Virginia, and one year each at Vanderbilt Hospital and Fort Sanders Hospital before coming to Oak Ridge. She became a Licensed Practical Nurse in 1952.

Frances I. Hall, R.N., who completed 10 years of service as a general duty nurse on August 2, 1954. She received her nurse’s training at Newell Sanatorium in Chattanooga, Tennessee and worked in Chattanooga for 10 years before coming to Oak Ridge.

Tommye B. Britton, general duty nurse, who marked her anniversary August 17, 1954. Nearly all of her years had been spent on the afternoon shift, from 4 p.m. to midnight, in the Emergency Room. A nurse for 15 years before she came here, she had worked in

Public Health, with State Tuberculosis Control, at Middlesboro Hospital in Kentucky and Fort Sanders Hospital in Knoxville.

Levert Madden, porter, who celebrated his anniversary August 21, 1954 with a perfect attendance record. Commuting from Knoxville by bus, he had never been tardy or absent during his 10 years at the hospital. He had worked on every floor in the hospital and in the Medical Arts Building. Before coming to the hospital, he worked for TVA in Knoxville for nine years.

Willie F. Coleman, general helper in the Dietary Department, who celebrated 10 years on September 25, 1954. He was the first dietary employee to reach the 10-year mark. Before coming to Oak Ridge, he worked in the Dietary Department of the University of Georgia in Athens from 1935 to 1944.

Robert E. Simpson, purchasing agent, who observed his anniversary November 15, 1954. His first job at Oak Ridge Hospital was as supervisor of first aid stations. He became procurement officer in 1945 and was named purchasing agent in 1949. Simpson served as field medical supervisor for Stone & Webster Engineering Company for 18 months in 1943 and 1944 and worked for the Tennessee Valley Authority from 1933 to 1943. His hospital training began with the Hospital Corps of the U.S. Navy.

Mary M. Bayless, nurse attendant, who marked her anniversary December 15, 1954. She served in the delivery room for her first 10 years. A resident of Alcoa, she commuted by bus.

Source

The Hospiscope of Oak Ridge Hospital, 1943, 1944, and 1945 issues.

ORINS Expands Nuclear Medicine Education and Services

As the Oak Ridge Institute for Nuclear Studies broadened its reach in the emerging field of nuclear medicine in the 1950s, its relationship with Oak Ridge Hospital expanded as well. The institute and the hospital shared some staff members and students during that decade, and each benefited from their proximity as next-door neighbors.

ORINS formally organized and staffed its Medical Division in 1949, after the Atomic Energy Commission asked the organization to establish a clinical research program to study the use of radioactive materials in treating and diagnosing diseases. This medical research assignment expanded the ORINS role in education and training related to nuclear materials.

As part of its new assignment, ORINS began work on its Cancer Research Hospital, a 30-bed hospital and laboratory adjacent to Oak Ridge Hospital, administered by the ORINS Medical Division. Located in the former E-wing of Oak Ridge Hospital, with a two-story addition for the laboratory, the facility opened on Vance Road in 1950. The first patients were those with diseases that had previously been treated with radioisotopes. The staff also focused on investigating new types of isotope treatments.

The research hospital offered patients newly developed treatments using radiation as cancer therapy, and the institute's Medical Division became a national resource for physicians, including those in Oak Ridge, who wanted to learn more about nuclear medicine. From its beginning, the Medical Division served as an international resource as well, accepting its first two international students, one from India and another from England, for isotope training in 1949.

March 19, 1949, when the gates to Oak Ridge were opened, marked the opening of the ORINS-managed

American Museum of Atomic Energy, known today as the American Museum of Science and Energy. The museum provided the public its first glimpse of the potential for use of atomic energy and complemented the ORINS medical mission.

Among research conducted by the Medical Division was a radioiodine uptake calibration program. Several photographs from the 1950s show Dr. Marshall H. Brucer, first chairman of the ORINS Medical Division, surrounded by fashion store mannequins that ORINS purchased for that research project. The mannequins were used to measure the uptake of iodine by the thyroid. Assisted by Dr. Harold Oddie, an Australian scientist on temporary appointment in Oak Ridge from the University of Arkansas, Dr. Brucer mailed half-body mannequins to scientists in this country and several European countries with instructions on using them to measure the uptake of iodine.

The mannequins had artificial thyroid glands with mock iodine in their necks, with the rest of the body cavities packed with material to simulate body background. The mannequins were shipped with a metal cup containing a dose of what Dr. Brucer described as the "atomic cocktail" that he wanted administered. ORINS asked each laboratory to use its own instruments to measure the dose and uptake in these silent patients. The scientists gave the mannequins such names as Euphemia, Drucilla, Rhoda, and Anne Boleyn.

In 1957, the Medical Division completed the first two phases of the thyroid uptake calibration program. Scientists compared and analyzed results, using them to establish a standard system of calibration, ensuring more accurate results in measuring the uptake of iodine by the thyroid gland, Brucer reported.

In another project from the early 1950s, the Medical Division partnered with the M.D. Anderson Cancer Research Hospital at the University of Texas

to design a cobalt-60 teletherapy unit, which was tested in Oak Ridge in 1951 before being shipped to the Texas hospital in 1952. Scientists sought to develop external radioisotope sources that could be used in place of x-rays to produce an external beam directed into the body for treatment of cancer. The Medical Division organized a teletherapy evaluation program in 1952 with 22 medical schools, looking at the most promising isotopes for this type of therapy.

Among staff members who shared their time between Oak Ridge Hospital and ORINS were Dr. Ralph Kniseley, pathologist for the hospital and the cancer research hospital from 1951 to 1955, who later returned to Oak Ridge and became associate chairman of the Medical Division; Dr. Walter P. Quigley, a Wisconsin native who arrived in 1954, a radiologist and the first of a planned rotation of post-resident assistants to serve in both places; and Dr. Betty Cooper, head of Oak Ridge Hospital's Department of Anesthesia.

Many consulting physicians from Oak Ridge, Knoxville, and university medical schools associated with ORINS contributed to the care of patients throughout the years of the cancer hospital's operation, usually without financial compensation.

In 1956, ORINS celebrated its 10th anniversary, obtaining 36 acres in central Oak Ridge. ORINS, now known as Oak Ridge Associated Universities, built its permanent headquarters there, where they remain today.

Dr. Gould Andrews, who joined ORINS in 1949 and was Medical Division chairman from 1962-1975, wrote in *ORAU: From the Beginning* of an incident that gave Medical Division scientists an unplanned research role:

A totally unexpected duty fell to the Medical Division in mid-June 1958 when eight men were exposed to total body neutron and gamma radiation in an accident at the Y-12 Plant in Oak Ridge. Doses ranged from 23 to 365 rads (units of absorbed radiation

energy), with five of the men receiving more than 225 rads. They were all treated at the Medical Division with the help of many consultants. Two of the exposed men reached serious levels of bone marrow depression, but all recovered uneventfully.

Under Dr. Brucer's leadership throughout the 1950s and early 1960s, the ORINS Medical Division's programs placed the organization in the forefront of nuclear medicine research for diagnosis and treatment of disease and gained international attention. Nearly 70 different radioactive isotopes were investigated for diagnostic and therapeutic uses, and advances were made in the design and application of devices that aid in the handling, administration, detection, and evaluation of radioactive substances, according to the web site for Oak Ridge Associated Universities, the name given to ORINS in 1966.

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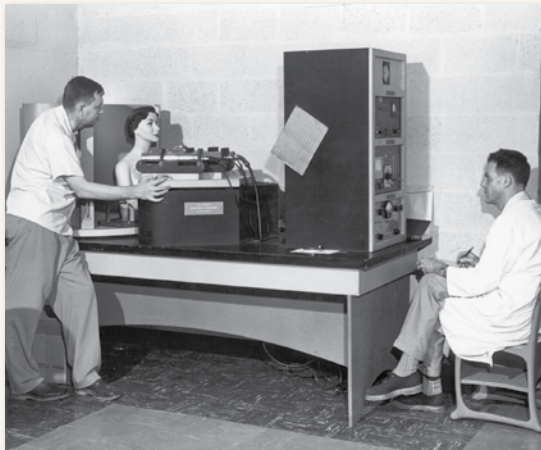
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William G. Pollard, *ORAU: From the Beginning*, with Gould A. Andrews, Marshall H. Brucer, Joseph H. Hamilton, Courtland Randall, Hilton A. Smith, Alvin M. Weinberg, Oak Ridge Associated Universities, Oak Ridge, Tennessee, 1980; chapter on "The Medical Division," by Gould A. Andrews, M.D., pages 91–102.



Eleanor Roosevelt, the former first lady when she toured the ORINS Medical Division in 1955, receives a greeting from the division's head nurse, Mary Sutliff.



A mannequin is the subject of tests in the ORINS Medical Division's extensive and successful radioiodine-uptake calibration program developed by Dr. Marshall Brucer, first division chairman.



Dr. Marshall H. Brucer was the first chairman of the ORINS Medical Division.

A Pig Tale

Comer's pig and the Chanel No. 5 perfume used to mask its odor gained legendary status at the Oak Ridge Institute for Nuclear Studies in the early 1950s. Oak Ridge Hospital's anesthesiologist, Dr. Betty Cooper, had a role in this pig tale that concerns the use of a research animal to determine the dosage of a radioisotope, gallium-72, in treating bone tumors. Dr. Marshall Brucer, named chairman of the new ORINS Medical Division in 1948, had asked Cyril Comer, who had a large animal radioisotope research laboratory just outside Oak Ridge, to feed a small piglet until it reached human size, or about 100 pounds. ORINS researchers planned to administer the first human-sized dose to the pig, and then scan the animal while alive before performing an autopsy to check external radiation counts against tissue samples.

The pig reached 100 pounds, but the logistics for preparing the radioisotope were "formidable," Dr. Brucer said, and at least another week was needed. Comer continued to feed the pig, Dr. Brucer noted.

Dr. Cooper, whose services were requested the day of the experiment to ensure humane treatment of the pig, joined the hospital staff on May 15, 1951, as head of the Anesthesia Department, working on a part-time basis with ORINS. Joining her and Comer's pig were an internist, physiologist, pathologist, the ORINS medical division's chief nurse, a radiologist, and health physicist. Dr. Cooper brought an extra-large pediatric face mask for the pig's snout and an extra can of general ether anesthesia if needed.

When the oversized pig arrived, Dr. Cooper was glad she brought the spare can of ether. With most of those attending holding down the pig, Dr. Cooper discarded the pediatric face mask and wrapped her lab coat around the pig's nostrils. She administered the ether while Comer rushed to get an electric fan to

blow the evaporating fumes away from the researchers gathered there. As they administered the Ga-72 radioisotope, Dr. Cooper returned to the hospital for more anesthetics.

Medical technician Carolyn Rust returned with another contribution, a bottle of Chanel No. 5. She applied the whole bottle to the pig, masking its odor and that of the mess deposited when the pig "relaxed a number of his sphincters," Dr. Brucer said.

Although the external scans didn't work, the autopsy results showed that a therapeutic dose of Ga-72 could be delivered to a specified region. This experiment provided significant steps forward in the treatment of bone disease with the radioisotope.

Source

William G. Pollard, *ORAU: From the Beginning*, with Gould A. Andrews, Marshall H. Brucer, Joseph H. Hamilton, Courtland Randall, Hilton A. Smith, Alvin M. Weinberg, Oak Ridge Associated Universities, Oak Ridge, Tennessee, 1980; chapter on "Early Clinical Research," by Marshall H. Brucer, M.D., pages 67-72.

program, sponsored by the Vocational Education Department of Fulton High School in Knoxville and the Knoxville District Hospital Council, brought in students for a nine-month clinical training period on March 26, 1957. Applicants were between the ages of 20 and 50 and had completed two years of high school. In the first class were Ophelia Hodge, Thelma Hamilton, Thelma Wiley, and Annie Weaver, all of Knoxville; Vera Cline, of Clinton; Elizabeth Stinnett and Ruby Manning, of Oak Ridge; and Treva Pennycuff, of Jamestown, according to the April 1957 Hospiscope.

Dr. John DePersio commented that both the medical staff and the town were experiencing stability in 1957: "During the past year we witnessed fewer changes in the staff personnel than in any year since the organization of the hospital. This is probably indicative of the increasing stability that is taking place in the whole town and signifies that most staff members now look upon Oak Ridge as a permanent abode."

After a strike that disrupted the hospital in the mid-1960s, the Oak Ridge Hospital of the Methodist Church experienced modernization and expansion in the remaining decades of the 20th century. From its beginnings as a small community hospital, the Methodist Church-managed facility widened its reach, becoming the heart of an ever-growing region as it developed into a modern medical center.

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Hospital Board of Trustees from 1953–54

The following men were serving on the Board of Trustees of Oak Ridge Hospital, Inc., during the 1953–54 fiscal year, when the hospital celebrated its 10th anniversary.

George A. Rothery—President
 Logan B. Emler—Vice President
 George H. Dykes—Secretary
 Oral Rinehart—Treasurer
 Thomas D. Clines
 Carl C. Martin
 J. Hoyt Mason
 John D. DePersio M.D., Ex-officio

Oak Ridge Hospital Administration 1953–54

The following people served on the administration of Oak Ridge Hospital, Inc., as the hospital celebrated its 10-year anniversary.

Carl D. Jeffries—Director
 Frances E. McCallum, R.N.—Director of Nursing
 E. Dean Van Hoozer—Chief Accountant
 Nancy Perry—Chief Dietitian
 Julia M. Greene—Executive Housekeeper
 Robert E. Simpson—Purchasing Agent
 Ruth W. Levy—Chief Telephone Operator
 Hyman Africk—Chief Pharmacist
 John Geffel—Maintenance Superintendent
 Martha Madison—Payroll Supervisor
 Silvia Aliberti—Medical Records Librarian
 Magnolia Anderson—Physiotherapist

Physicians Affiliated with Oak Ridge Hospital at 10th Anniversary

The following is a list of physicians on the medical staff, called the visiting staff, of Oak Ridge Hospital, Inc., in 1953–54, when the hospital celebrated its 10th anniversary.

Visiting Staff

GENERAL PRACTICE

Dr. Martin J. Costello
 Dr. John P. Crews
 Dr. Jack L. Diamond
 Dr. Parley M. Dings
 Dr. Thomas G. Fortney
 Dr. Jack M. Hays
 Dr. William B. Holden
 Dr. Harvey Keese
 Dr. Paul R. Marsh
 Dr. Hyman M. Rossman
 Dr. Nathan B. Williams

EYE, EAR, NOSE AND THROAT

Dr. Dexter Davis
 Dr. E. Martin Dings
 Dr. Raymond A. Johnson

INTERNAL MEDICINE

Dr. John D. DePersio
 Dr. Samuel W. Root

SURGERY

Dr. Lawrence C. Ball
 Dr. Robert R. Bigelow
 Dr. Dana W. Nance
 Dr. Henry B. Ruley

OBSTETRICS AND GYNECOLOGY

Dr. Robert DePersio
 Dr. Charles J. Ragan
 Dr. William W. Pugh

ORTHOPEDICS

Dr. Paul Spray

PEDIATRICS

Dr. Lewis Preston
 Dr. William P. Hardy

UROLOGY

Dr. George E. Murray

ANESTHESIOLOGY

Dr. Betty M. Cooper

PATHOLOGY

Dr. Ralph M. Kniseley

RADIOLOGY

Dr. Robert P. Ball

Source

Fifth Annual Report, Oak Ridge Hospital, Incorporated, Oak Ridge, Tennessee, for the Year Ended June 30, 1954.

Oak Ridge Hospital Revenues and Expenses, 1949–1958

Revenue & Expense	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Operating Expense	\$1,092,943	\$964,435	\$1,075,264	\$1,155,054	\$1,150,636	\$1,226,951	\$1,266,795	\$1,236,951	\$1,310,777	\$1,365,314
Operating Revenue	\$594,619	\$639,749	\$1,075,264	\$981,648	\$1,021,644	\$1,152,190	\$1,208,500	\$1,211,666	\$1,300,486	\$1,342,383
Deficit	(\$498,324)	(\$324,686)	(\$207,570)	(\$173,406)	(\$128,992)	(\$74,761)	(\$58,295)	(\$25,285)	(\$10,291)	(\$22,931)

Oak Ridge Hospital Occupancy, 1949–1958

Hospital Occupancy	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Patients Admitted	7,949	7,678	8,651	8,924	8,640	8,991	9,263	8,894	9,133	8,868
Births	—	—	858	924	960	1,078	1,161	1,032	1,077	979
Patient Days of Treatment	48,453	45,598	58,609	63,150	59,475	61,341	60,331	59,130	60,213	58,430
Average Daily Census	129	125	164	173	163	169	165	161	165	160

Oak Ridge Hospital Per Diem Costs and Income, 1949–1958

Per Diem Costs and Revenue	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Patient Day Costs	\$20.74	\$18.60	\$16.18	\$16.10	\$17.05	\$17.46	\$18.20	\$18.34	\$19.18	\$20.56
Patient Day Income	\$10.29	\$11.32	\$12.29	\$13.12	\$14.06	\$15.39	\$16.37	\$17.04	\$18.22	\$19.45
Net Patient Day Loss (Cost)	\$10.45	\$7.28	\$3.89	\$2.98	\$2.99	89¢	\$1.83	\$1.30	96¢	\$1.11

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THE METHODIST HOSPITAL YEARS

1959 – 1995

Five Spring City High School football players had surgery at the Oak Ridge Hospital of the Methodist Church in the fall of 1962, two for arms, two for knees, and one for a shoulder. Bill Robinson arrived after his upper arm had taken a beating as he played center on offense and linebacker on defense on the Spring City team in Rhea County, near Oak Ridge. A bruise that wouldn't heal and a lingering, aggravating soreness led to surgery to make sure the wounds weren't masking something more serious.

As Robinson awoke after surgery in a four-man ward, he heard World War II vets in the three other beds talking of their experiences. It was late October, and he also heard newscasters commenting on the Cuban missile crisis, when a confrontation between the United States and the Soviet Union over Soviet missiles in Cuba brought the two superpowers to the brink of nuclear war.

"I started hearing all this stuff on the news about the big stare-down in Cuba. So I was scared to death," Robinson recalled. He told his mother, a pharmacist, "Have them knock me out. I want to go back to sleep." His vivid imagination conjured up images of a missile heading to Oak Ridge with the message on it, "From Moscow, with love."

At the time, a visitor talking with his mother commented on what a nice hospital the Methodists had. "Those doctors are so considerate," Robinson recalled the visitor commenting. "Every five minutes they stop and have a prayer." His mother said she didn't know that and wondered how the visitor knew. The visitor said she had just heard over the hospital's public address system, "Doctors, pray! Doctors, pray!" She thought the doctors were being called to pray during the missile crisis.

Robinson's mother let the visitor know that the voice was simply paging "Dr. Spray! Dr. Spray!" She recognized the name because orthopedic surgeon Dr. Paul Spray had operated on her son. Robinson recovered, played football again that season, and went on to play football and rugby at West Point. He became an architect, often recalling his days in the hospital in Oak Ridge as he did design work for other hospitals.



Plaque commemorating the federal government's gift to Oak Ridge

Dr. Paul Spray Honored as Humanitarian and Surgeon

Dr. Paul E. Spray's desire to become a doctor was almost derailed when he was in college. He had wanted to be a physician for as long as he could remember. When the University of Pittsburgh refused to admit him, thinking he might die of tuberculosis before he could graduate, he was devastated. Though his TB test was weakly positive, he suspected he was misdiagnosed and continued to seek admission to medical school.

His persistence led him to medical school at George Washington University, to a residency at the Mayo Clinic, and eventually to a 48-year orthopedic surgery practice in Oak Ridge. His Quaker upbringing, interest in world issues and desire to help led him on medical missions throughout the world. A number of organizations have recognized his international humanitarian contributions.

Dr. Spray and his wife Louise went on their first medical mission in 1959, traveling to the Middle East.

"In 1959, I learned of an organization of orthopedic surgeons, some of whose members I had known at the Mayo Clinic, called Orthopedics Overseas. These doctors agreed to take turns, paying their own expenses, to work for a month in a poorer country of the world," Dr. Spray wrote in a brief autobiography. The first place selected was Palestine, in an area then under the control of Jordan. A United Nations agency was charged with providing help for Palestinians, who had been driven off their lands by the establishment of Israel. He went to a hospital on the Mount of Olives in Jerusalem.

Four years later, he led a group that included physicians from Oak Ridge, Knoxville, Maryville, Crossville and Cincinnati to Algiers after Algeria won its independence and the French, including French doctors, were forced out. Arranged by CARE-

Medico, it was the first medical mission to take Oak Ridge Hospital physicians and nurses to international sites in need of health care. Dr. Spray had offered medical care in 17 countries in Africa, Asia, and South America by the time he retired in 1998. He continued to volunteer for 10 years at the Interfaith Health Clinic in Knoxville.

"We tried to help the local surgeons with treatment and surgery when indicated. We took them books and audiovisual materials and some surgical supplies and implants. We helped some of them travel to other countries to attend orthopedic meetings and improve their surgical knowledge," he said.

Among his honors, Dr. Spray received the first annual Vocational Service Award from Oak Ridge Rotary in 1979 for service to third world countries. The American Medical Association honored him with its Humanitarian Service Award in 1967 and 1972. Orthopedics Overseas presented him its Humanitarian Award in 1992.

A Pennsylvania native, Paul Spray was drawn to Tennessee after he and Louise visited friends from the Mayo Clinic near Crossville, Robert and Ethel Metcalf. Dr. Metcalf, an internist who started a clinic based on the Mayo model, recruited other doctors to help him.

"Dr. Metcalf felt there was not enough orthopedic surgery for me to really make a living in Crossville, but if I would come to Oak Ridge, I could make a living there as an orthopedic surgeon and I could come over and help out in their clinic maybe once a week or so. I decided to do that," Dr. Spray recalled.

Another influence drawing him to Tennessee was the Oak Ridge Institute for Nuclear Studies Research Hospital for treatment of cancer.

"Of course, in those days there was no Medicare, and no Medicaid and not much private medical

insurance. People who had cancer not only had a bad time to look forward to as a result of the disease, but also a lot of expense. They could come to ORINS for free and be treated with radioisotopes," he explained. "They needed a surgeon to help some with biopsies and palliative amputations. I felt it would be exciting to be part of trying to find an effective treatment for bone cancer, which was almost always fatal in those days."

As the only orthopedic surgeon in Oak Ridge when he arrived in 1950, and the only one outside of Knoxville, Chattanooga and Nashville, he established a very busy practice. After 10 years, Dr. Joe Tittle, a Knoxville native who finished an orthopedic residency at the University of Tennessee Medical Center, joined Dr. Spray's practice.

Many other Oak Ridge doctors have, like Dr. Spray, taken their medical skills to remote corners of the globe, including Dr. Charles Dye and Dr. George Smith, plastic surgeons; Dr. Elaine Bunick, an endocrinologist; Dr. Randy Robbins, an orthopedic surgeon; Dr. James Michel, cardiologist; Dr. Richard Parrish, pulmonologist; and Dr. Robert Walker, an ophthalmologist. Dr. Robert Dunlap, a friend from the Mayo Clinic, was a missionary surgeon in Lahore, Pakistan, when Dr. Spray invited him and his wife Jinny to settle in Oak Ridge. Dr. Dunlap and Dr. Spray traveled together later to Bangladesh and Kenya.

Sources

Dr. Paul E. Spray, Oral History for Methodist Medical Center of Oak Ridge, November 5, 2008.

Dr. Paul Spray, "Brief and Informal Autobiography," unpublished paper.

Paul Bjork Contends with Deficits, Strike

When Paul Bjork took over as administrator of the Oak Ridge Hospital of the Methodist Church on April 1, 1959, he likely didn't foresee what a struggle for survival the hospital would face under his leadership.

The hospital's new owners, the Holston Conference of the Methodist Church, had won the controversial referendum on ownership in 1958. With new owners and a new hospital building under construction, courtesy of the Atomic Energy Commission, the hospital appeared headed in a positive direction.

The end of AEC subsidies for the hospital, after a May 1959 referendum in which the citizens of Oak Ridge voted to incorporate, resulted in financial difficulties, however.

Continued deficits plagued the hospital into the 1960s, and a climate of ill will lingered in the community from the hard-fought referendum. Faced with the challenge of guiding the hospital to a sound financial position without government subsidy and with very little capital, Bjork concentrated on the hospital's survival, not on the community emotions stirred by the referendum.

Bjork was also confronted with the hospital's first strike in 1966, an emotionally charged event in the community that generated more hard feelings toward the hospital. He managed, however, to keep the hospital open for the duration of the seven-week strike.

"The strike took its toll on his energies and emotions," Peggy Spitzer reported in her history of Oak Ridge Hospital. He resigned as Executive of Oak Ridge Hospital the next year, in 1967, to take a job in Louisiana.

Among his accomplishments, he took steps to bring racial equality to the hospital. In one of his first directives as administrator, he had the "white" and "black" signs removed from the hospital facilities, and he began phasing out the ward that segregated blacks.

He also directed that all hospital workers dine in the same cafeteria.

Bjork also guided the design and construction of the Medical Arts Building, long-awaited by physicians in the community. The long-term care facility, Westmall, was also developed under his leadership. He laid the foundation for a future medical complex to surround the hospital and offer a variety of medical services, according to Spitzer.

"Paul ran a very tight ship," commented William J. Wilcox, a hospital board member for six years during the 1960s, in his oral history for Methodist Medical Center. Wilcox described him as a "very strong-minded director of the hospital."

In his six years, Wilcox saw the evolution of the hospital "from one which was very much concerned with its own survival and not too concerned about its image in the community... to a hospital which was determined to build a great reputation in the community by providing the best quality health care it possibly could."

A native of Sterling, Illinois, Bjork was 41 when he arrived in Oak Ridge with his wife and three children. He had served as director of the Sterling Hospital from June 1951 until his appointment as director here. Before that, he was assistant administrator of the Kenosha Hospital Association in Wisconsin for more than two years. He also served five years in the U.S. Army and was a graduate of Marquette University College of Business Administration.

Sources

Peggy Spitzer, "An Affectionate History of Oak Ridge Hospital," unpublished paper, 1983.

William J. Wilcox, Jr., Oral History for Methodist Medical Center of Oak Ridge, August 1, 2008.



Dr. Paul Spray organized a medical team for CARE-Medico to serve an Algerian hospital in March 1964. With Dr. Spray are, back row, from left, his son, Tom Spray, now a pediatric cardiovascular surgeon; Dr. Lloyd C. Davis, of Knoxville; Dr. B.B. Blevins and Dr. Robert Bigelow, both of Oak Ridge; Dr. Dewey Peters and Dr. Walter Benedict, both of Knoxville. In the front, from left, are Dr. Boyer, of Cincinnati, Dr. Robert Metcalf, of Crossville, Marlys Bigelow, Dr. Bigelow's wife and a nurse who worked with the medical team; a representative from CARE; Dr. Spray; and Mrs. Boyer.



Paul Bjork



New owners bring the hospital a new name: the Oak Ridge Hospital of the Methodist Church.

The Methodists became owners of the hospital in 1959 after the controversial 1958 referendum on ownership, but they didn't solicit prayers over the PA system. Paul Bjork, the new executive director of the Oak Ridge Hospital of the Methodist Church, and Frances McCallum, director of nurses who had worked at the hospital since 1945, emphasized that the religious nature of the new owners who took over April 1, 1959, would not change the philosophy of hospital operation or tolerance of people of all faiths.

"Our philosophy of service is governed entirely according to human need," Bjork told *The Oak Ridger* on April 1. Patients would find little or no difference in their treatment at the hospital, and administrators would not tolerate anyone trying to "convert the patients," he added. McCallum noted that nurses would continue to be hired on merit alone, without consideration of religious belief. "One thing we require of all our nurses is tolerance," she said.

The tone was serious that April Fool's Day when Oak Ridge Hospital, Inc., under the direction of a non-profit association supported by the federal government for the past 10 years, was officially turned over to the Holston Conference of the Methodist Church, winner of the 1958 referendum. That morning, the hospital's name officially changed to the Oak Ridge Hospital of the Methodist Church, Inc. Carl Jeffries, the hospital's director, was out. Bjork, who had arrived in Oak Ridge from Sterling, Illinois, was the new director. Logan Emler retired as board president of the Oak Ridge Hospital Association, and Chris P. Keim took over as the board president of the new corporation.

Bjork and Keim thanked previous hospital officials for assisting with transition details. Keim commented, "We appreciate the excellent relations we have had with Mr. Emler, Mr. Jeffries and others in bringing about such an orderly transfer."

The new owners took over the existing 216-bed hospital just months before the contract was set to

expire between the Atomic Energy Commission and Oak Ridge Hospital, Inc., and before completion of the new hospital under construction next door to the existing facility.

The charter of incorporation listed the original 16 board members: the Rev. Paul E. Brown, Roy C. Brown, H. E. Buckminster, L. P. Cushman, Harry S. DeLozier, Eleanor F. Gifford, the Rev. Herbert D. Hart, William S. Herron, J. P. Hess, Dr. P. M. Huggin, Chris P. Keim, Glenn C. Knight, the Rev. W. M. Seymour, George H. Smith, Edgar H. Stohler and Margaret D. Weinberg. The charter called for a 24-member board appointed by the Holston Annual Conference of the Methodist Church, with 18 of them residents of the area served by the hospital, 16 of them members of the Methodist Church and three of them Methodist ministers.

Meanwhile, the Atomic Energy Commission, which would soon hand over a new hospital to the Methodists, achieved the final step in moving the city toward self-sufficiency. On May 5, 1959, Oak Ridge citizens voted 5,552 to 395 in a referendum to incorporate the city, 16 years after the federal government built the town of Oak Ridge to support the war effort. Before that vote, all city functions were managed by the AEC. On the heels of that vote came the June 2, 1959, election of the first official city council and school board, replacing the advisory boards that had served the city previously.

In the school board race, Dr. Robert R. Bigelow was among 20 candidates for five seats. Dr. Bigelow, a surgeon in Oak Ridge since 1949, received the highest vote total of anyone running for school board or city council. His fellow board members elected him chairman of the school board, a position he held until 1967.

Oak Ridge Receives a New Hospital

"The new hospital seems off to a fine start—a beginning of operations consistent with the excellent facility that the building represents," *The Oak Ridger* editorialized

Surgeon Serves Community in Education, Science Roles

Dr. Robert R. Bigelow embraced the Oak Ridge community, taking care of its residents in the operating rooms of Methodist Medical Center and giving service in education, science, and other areas outside the hospital.

The surgeon arrived in Oak Ridge with his wife Marlys and their family in 1949. He was recommended by Dr. Dwight Clark, one of Oak Ridge's original surgeons, who had returned to Chicago to educate future surgeons. Dr. Bigelow, who practiced medicine in Oak Ridge until his retirement in 1985, was the city's first physician to serve on the Oak Ridge Board of Education and its first chairman.

Regarded by Oak Ridgers as one of the city's most respected residents, Dr. Bigelow exhibited a dedication to the healing ministry and a commitment to serve the community he chose to call home, his obituary noted. He was elected in the first official school board election after Oak Ridgers voted to incorporate in 1959, serving as chairman of the school board from then until 1967. He had also served on the advisory school board for two years before the city incorporated, from 1957 to 1959. Dr. Theodore (Ted) Rogers, a dentist, served with him on the first school board.

His interest in science led him to the Oak Ridge National Laboratory, where he helped Dr. Charles C. Congdon, group leader of the Mammalian Recovery Group at ORNL from 1955 to 1973, with surgery on small laboratory animals. Dr. Bigelow volunteered for the work, but Marlys Bigelow recalled that the lab paid him \$1 a year, because of a government requirement then that all employees be paid.

"He was always interested in the laboratory side of things. We had a project where we thought he could help with some surgery, so he came out there a number



Dr. Robert Bigelow, right, performs surgery on a mouse as Dr. Charles Congdon and an assistant observe.

of times. He was a very busy surgeon," Dr. Congdon recalled. At the time, Dr. Congdon was working mainly with mice, removing lymph nodes during research on the immune response of mice. Dr. Congdon's research during his career at ORNL and later as a professor at the University of Tennessee Medical Center focused on radiation and cancer, bone marrow transplantation, experimental pathology, hematology and immunology.

"He was very affable and easy to talk to and very helpful," Dr. Congdon said of Dr. Bigelow. "He was a very highly respected individual." At his death on January 13, 2005, at the age of 85, Dr. Bigelow's family said that his work was "fortified by an unwavering Christian faith that was evidenced by a prayer session in each of his pre-surgery preparations."

A native of Pittsburgh, Dr. Bigelow moved as a child with his family to Hammond, Indiana. He earned a full scholarship to University of Chicago, where he received his undergraduate and his medical degrees. He served in the Army from 1945 to 1947 and completed his

internship and residency at Billings Hospital in Chicago before coming to Oak Ridge.

Dr. Bigelow served as the first president of Contact, now Contact Helpline, and was a member of the United Fund board of directors. For many years, local residents were guests at the Bigelow home when the family lighted a large blue spruce in their yard for the Christmas holidays, serving refreshments and singing carols.

Sources

Marlys Bigelow, Interview with Kay Brookshire, March 10, 2009.

Dr. Charles Congdon, Interview with Kay Brookshire, July 21, 2009.

The Oak Ridger, Dr. Robert R. Bigelow Obituary, January 14, 2005.



Dr. Robert Bigelow, second from right, was the first chairman of the first official Oak Ridge Board of Education. With him are school board members, from left, Dr. Robert Charpie, physicist at ORNL; Frank Wilson, attorney and later a judge; Hubert Diggs, a local businessman; and Dr. Theodore Rogers, a dentist.



The new Oak Ridge Hospital opened in 1960. *Photo by Bob Kernohan*

on February 25, 1960. The newspaper called the hospital “the most handsome and the most humanitarian building in town.”

On February 13, 14 and 15, an estimated 15,000 people toured the new Oak Ridge Hospital, although only 5,000 were expected. Dedication ceremonies for the \$2.9 million hospital, a gift from the federal government, were delayed until February 15 by one of the city’s heaviest snowfalls. Julia Greene, executive housekeeper, expressed delight with the care taken by the thousands of people to keep the halls as spotless as possible in spite of the snow and slush outside. At the dedication ceremony, Chris Keim, hospital board president, said the Methodists accepted the building with a “great sense of responsibility.”

Among modern touches was air conditioning throughout the new hospital. The old Army hospital wasn’t air conditioned, and extra ice had to be purchased during hot summer months. “On very hot days, the ice in patients’ water pitchers would be melted almost before the pitcher reached the bedside,” R. E. Simpson, Purchasing Agent, said.

The 109,000-square-foot building, with four floors, basement and a penthouse, had a capacity for 175 beds and could be expanded to serve 234 patients by adding extra beds in some rooms. The first floor included administrative and service facilities, as well as x-ray and emergency suites. The second floor was designed for medical and surgical patients, its south wing serving as the maternity ward with two delivery rooms and three nurseries. The third floor contained four operating rooms and single, double and four-bed rooms for surgical patients. The fourth floor housed the children’s ward and adult patient rooms. The penthouse featured two intern or on-call staff bedrooms and machine and fan rooms. The cafeteria and kitchen were in the basement.

“We strive to make the hospital more than the large, complex, well equipped health center that it is. We hope that you will feel the warmth and friendliness of the

staff—the heart of the hospital. We strive to help you feel at home among friends,” Bjork wrote in an information booklet on the new Methodist-owned hospital.

Moving day from the old to the new hospital nearby was February 22. Among the babies born the day before, the last day of operation for the old hospital, was the son of Ken and Roberta Sommerfeld. It was the first visit for Ken Sommerfeld, who would later serve on the board of Oak Ridge Hospital and become its first non-Methodist board chairman. He drove Roberta to the hospital late the night of February 20, through a heavy snowfall, and joined several other expectant fathers in the waiting room. It was a busy evening in the maternity ward.

“After six other deliveries, the nurse came and said, ‘Everything is fine. You have a nice young boy. The doctor will meet you in a couple minutes,’” Sommerfeld recalled. He walked out to the hallway to meet Dr. William Pugh, one of the original Oak Ridge Army doctors who opened his practice here after World War II. “He leaned up against the wall. He almost slid down the wall from exhaustion. He said, ‘Sommerfeld?’ I said, ‘Yes.’ ‘Everything is fine. Your wife is fine. Your baby is fine. I’m so tired I can’t talk. I’m going home.’ So that was my first exposure to the hospital,” Sommerfeld said.

The next day, his wife and their son were among the first patients at the new hospital.

On moving day, ambulances transported patients, while moving vans and pushcarts were used to move equipment into the new hospital. It took only four hours and 20 minutes to move 125 patients, according to *The Oak Ridger*. By 10:34 a.m. that day, the first baby had been delivered at the new hospital. Dr. Henry Hedden delivered the son of Mr. and Mrs. Earl Simmons of Clinton.

“One of the hardest worked sections was Emergency. It had to remain set up in the old building until everyone was removed and then be set up in the new building in time to treat any cases which might come

in,” *The Oak Ridger* reported. The old hospital treated its last emergency case, a broken bone, at 5:30 p.m. and its first case in the new hospital at 6 p.m.

The opening brought a revised visitor policy with the hospital’s single public entrance. “It certainly seems a wise revision. In the old building, there were more than 20 doors leading to the street, this because of the rambling nature of the structure. With so many exits and entrances, it was virtually impossible to control visitors effectively,” *The Oak Ridger* commented in an editorial. “The unfortunate visitor situation in the old hospital has been the subject of much complaint... And often patients were visited by persons they had no desire to see (and) did not even know.”

Wings B and D of the old hospital were retained, with B held for future development and D assigned to the Oak Ridge Institute for Nuclear Studies.

The AEC officially turned over the new hospital, with building, property and equipment valued at nearly \$3.6 million, to the Methodists on July 1, 1960. The hospital and the newly incorporated city, along with the AEC, were charting a new course, according to Fred Ford and Fred Peitzsch in their book, *A City Is Born*:

On July 1, 1960, the AEC, the City of Oak Ridge, and the Oak Ridge Hospital of the Methodist Church, Inc., all three entered upon new and strange paths. The AEC would no longer be responsible for the ownership and management of the community facilities. The agency would be engaged in administering the final stages of the Atomic Energy Community Act, the financial assistance provisions in Chapter 9. The City and the Hospital, and through them the residents of the community, would have to bear the burden of ownership and management. Local self-government had been achieved with much planning, persuasion, discussions, public

hearings, legislation, administrative actions, referenda, and elections, involving jointly the AEC and the residents for the past 13 years, and also the Congress and the President, and the state of Tennessee on various occasions during the past five years.

Deficits that plagued the hospital throughout the 1950s were expected to be eliminated after the move to the new hospital. Continued deficits, however, drew the AEC back into hospital operations, as the new owners pleaded for help to get the hospital on a stable financial footing. Both the AEC and hospital officials noted an unusual decline in the hospital census that continued for months after the February move, Ford and Peitzsch wrote.

“The Methodists believed that the situation could create a financial hardship and eventually might force closing the Hospital,” Ford and Peitzsch reported. The hospital revealed a fiscal 1961 deficit of \$123,000, due to loss of income that wasn’t offset by substantial reductions in expenditures. “Increases in room rates could not then be resorted to in view of the bitter experience of spring, 1960, when the protests of a small group against the rate increases seemed to have adversely affected the Hospital’s patient load,” the two authors wrote.

They also noted that a “climate of ill will” had persisted after the 1958 referendum, which the Methodists found difficult to overcome. They said that some people believed local patients were going to Knoxville hospitals “because of the animosity engendered during the months of debate back in 1958, and stirred up again during April through July 1960, in connection with the rate increases and the transfer of the hospital.” Temporary assistance from the AEC and an increase in charges for various services at the hospital, rather than room rates, gradually improved the hospital’s finances.

“One of the great difficulties with the Oak Ridge Hospital is the existence of a feeling by the general



Anna Rose Eskridge, L.P.N., tends to a newborn in the nursery.



Dr. William Pugh

Dr. Elvyn Davidson Is ‘First Black Physician They Have Ever Seen’

A restaurant owner from nearby Clinton rushed his daughter to the emergency room at Oak Ridge Hospital one night. Her leg was cut and bleeding badly. He asked for a particular doctor, who wasn't available, but the nurse told him Dr. Elvyn Davidson was working in the ER that evening.

“I don't want no colored doctor working on my daughter,” Dr. Davidson heard the man tell the nurse on duty. She said he'd have to take his daughter to St. Mary's Hospital, then, because Dr. Davidson was the only doctor there.

“And his wife said, ‘Well, let him sew her up. He's a doctor,’” Dr. Davidson recalled, while recounting his experience as an emergency room doctor in Oak Ridge from late 1958 to 1961 for the Veteran's Oral History Project at University of Tennessee.

Dr. Davidson cleaned the child's leg, numbed it and stitched the cut, as her father looked on. Dr. Davidson instructed him to take the girl to their family doctor to have the bandage changed and later, to have stitches out. A week later, however, the father brought his daughter back to Dr. Davidson to clean the wound and change the bandage. And a week after that, they returned to Dr. Davidson to have the stitches removed.

The doctor's competence and confidence during the emergency had chipped away at the prejudice the white father exhibited in the hospital that night. Nurses remarked on Dr. Davidson's stoicism when racist comments were directed his way. He had come to Oak Ridge with a wealth of international experiences, courtesy of the Army and World War II, and he refused to let comments fueled by ignorance bother him. Dr. Davidson had been in the Army's 92nd Division Buffalo Soldiers, a black infantry unit serving in

Italy during World War II, and with the occupation troops in Japan after the war.

The first African American physician to work at Oak Ridge Hospital, Dr. Davidson had completed college on the GI bill at Lincoln University in Pennsylvania before graduating from Meharry Medical School in Nashville. He then returned home to New York for his internship and residency in surgery at Harlem Hospital. He and his wife, Esther, came to Knoxville in 1958 to be closer to her father, who was ill. Dr. Davidson had heard that Oak Ridge Hospital was looking for a doctor to work in emergency on nights and weekends and was hired for the job.

“I was the first black physician they had ever seen. And to be a surgeon,” Dr. Davidson said. Most patients coming to the emergency room were white, and some were “very stunned.” Many, when told they would have to go to Knoxville if they wanted another doctor to treat them, relented, discovering that Dr. Davidson knew what he was doing.

In this period before the Civil Rights Act, when segregation was more common, few hospitals in the Knoxville area accepted blacks as patients, Dr. Davidson said. The University of Tennessee Hospital did, as did Oak Ridge Hospital, though segregating them on the third floor before hospital director Paul Bjork opened the entire hospital to blacks. Dr. and Mrs. Davidson inadvertently, and peacefully, desegregated an Oak Ridge hotel one evening during his time in Oak Ridge. The Oak Ridge physicians had invited the Davidsons to their holiday party, and when the couple arrived, a black man in the parking lot told them they would have to enter the hotel through the back door.

“You have to go around to the back, Doc,” the man told the doctor. “We're not allowed to go in the front door.” Dr. Davidson, however, considered himself an

invited guest, escorted his wife through the front door, sat down with the hospital's chief of staff, and had a wonderful time.

“I couldn't see it happening any other places in Tennessee, other than right there in Oak Ridge at that time. It was just at the right time and the right place, and I had enough rapport with the doctors over there in Oak Ridge and was accepted,” he said.

Before he left Oak Ridge to spend full time at his own office in Knoxville, Dr. Davidson assisted Dr. Paul Spray with orthopedic surgery. When he left Oak Ridge Hospital, Dr. Davidson had his own general practice with a surgical specialty established. He later served as an assistant professor of surgery at UT. Now retired, his daughter has taken over his practice in Knoxville.

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populace of Oak Ridge that it is still, or should be, getting a subsidy from the United States Government to offset the difference in patient costs and patient charges,” wrote consultant Jacque Norman in an October 1960 report for hospital officials. He recommended a public education program on the operation of a community-owned, non-profit hospital. He also recommended that every effort be made to increase use of the hospital by patients from outside Oak Ridge, as a way to increase the hospital census.

Intensive Care, Long-term Care Arrive in the 1960s

Dramatic changes in health care practices and technology took place from the 1960s through the mid-1990s, during the period the Methodist Church was affiliated with the hospital. Recruiting physicians, keeping state-of-the-art equipment and facilities, and continuously improving service were priorities throughout those decades. In the 1980s, administrators referred to that as a commitment to complete the “circle of care” for patients, providing the most complete medical and surgical services in the most caring environment.

Among its initial steps to offer advanced health care, Oak Ridge Hospital opened the first Intensive Care Unit in East Tennessee in January 1962, providing a four-bed unit to provide care for acutely ill patients. Frances Sanderson, R.N., who was named head nurse in ICU, studied ICU procedures at North Carolina Memorial Hospital in Chapel Hill.

In March 1962, physicians finally got their new, long-awaited Medical Arts Building, replacing the old Medical Arts facility built by the Army. The four-story, \$500,000 building initially housed 16 physicians and a dentist: Drs. Robert R. Bigelow, Ernest L. Hendrix, Kenneth L. Crouse, Dexter Davis, John DePersio, Robert DePersio, Jack L. Diamond, Earl Eversole, T. Guy Fortney, Harvey Keese, William P. Hardy,

Raymond A. Johnson, Avery P. King, Dana W. Nance, Henry B. Ruley, Frank Genella, and Nathan E. Wilson, a dentist.

The hospital’s volunteers continued to take on more responsibilities, opening the Pink Placebo gift shop on May 1, 1962. A second volunteer organization, the Pink Ladies, was formed to manage the gift shop, while the Gray Ladies, volunteers organized and trained by the local Red Cross, continued to provide services for patients and visitors. Before the new hospital opened, the Gray Ladies presented a \$5,000 gift to the hospital, used to help complete one operating room. The contribution came from five years’ worth of proceeds from vending machines.

In an effort to expand mental health services, the hospital’s trustees provided two acres of land east of the Medical Arts Building to the Oak Ridge Regional Mental Health Association for new facilities in March 1964. In exchange, the association gave the hospital the New York Avenue property housing its mental health clinic. The new facility would provide a comprehensive community care center with inpatient and outpatient services. Dr. Earl Eversole, an Oak Ridge surgeon, served as chairman of the Mental Health Association board at the time.

Those interested in becoming licensed practical nurses had an opportunity to study closer to the Oak Ridge Hospital when the Oak Ridge Board of Education started such a program in cooperation with the hospital in April 1964. Previously affiliated with the Knoxville school system in training LPNs, the hospital found this new arrangement to be more practical administratively, Bjork explained. Students had classroom instruction at Pine Valley School and training at the hospital.

The first graduates of the Oak Ridge School of Practical Nursing in May 1965 were Lillian Cantrell, Justine Fritts, Lena Parker, Lois Beachley, Margie Gooch, Susie Rivers, Jean Sessoms, Esther Wescott, Pauline Barwick, Eleanor Wade, Faye Holbert, Anita



Acute care nurses use state-of-the-art equipment to monitor cardiac patients.



Dr. T. Guy Fortney

Volunteers Devote Thousands of Hours to Hospital and Patients

During the Methodist years of hospital ownership, the volunteers offered ever-expanding levels of service, accepting the added responsibilities that the hospital administration handed them. As they gave freely of their time, they also sought ways to raise funds for hospital needs.

In 1962, hospital administrator Paul Bjork asked several women to consider starting a gift shop. Seven women formed a new volunteer group to manage the new endeavor, named the Pink Placebo, and borrowed \$2,200 from the hospital for start-up costs. Serving needs of patients and families, the shop soon would generate profits that would contribute to hospital needs.

“We seven starters were enthusiastic, if maybe a trifle ignorant,” wrote Jeanie Wilcox in recording some of her recollections as a volunteer and later, an employee. She was among those original seven who started the Pink Placebo, and in 1972, she became the first Director of Volunteer Services at the hospital. “Mel Sturm, a very successful Oak Ridge children’s clothing store owner, came in and lectured us on some of the basics of running a ‘business,’ like how to work the cash register!”

Joining Wilcox in forming the Oak Ridge Hospital Women’s Organization were Silvia Aliberti, Mary Ann King, Grace Tench, Elaine Trauger, Nell Whitcomb and Janet McPherson, who was the first chair of the organization. They were known as the Pink Ladies, so named for the pink coats they wore in the Pink Placebo. Mary Ann King continues to volunteer in the Pink Placebo.

After eight weeks of operation, the gift shop showed a profit of \$165, the hospital’s newsletter, “The Pulse,” announced. During the 1960s, the Pink Placebo would



Jeanie Wilcox, right, joins Marshall Whisnant and Nettie Hill, a volunteer, at a volunteer luncheon.

not only retire its loan, but would fund equipment for the hospital and Westmall, the long-term care facility, volunteer Corrine Palko wrote. The Pink Ladies also volunteered at Westmall and helped develop a garden there.

“In 1969, the Pink Ladies decided to apply some of their earnings to the project of redecorating some of the patient rooms, and they asked me to head a committee to work with Nelle Harris of the hospital to do a pilot project to give rooms a homier, less institutional look,” Wilcox recalled. “Geneva Melroy and Nell Whitcomb were on our volunteer team, and this proved to be the beginning of our hospital’s fine and continuing transition to a much warmer, friendlier décor for patient rooms.”

Meanwhile, the Gray Ladies of the American Red Cross continued to offer their volunteer services at the hospital. The Red Cross had trained 53 women to serve as the first hospital volunteers in 1944. In the 1960s, they staffed the lobby desk, delivered mail and flowers, circulated the book cart, welcomed incoming patients, and helped in pediatrics, in emergency, and with discharge. The Gray Ladies began serving as a liaison between families and the medical staff in the



Pink Placebo, a gift shop operated by volunteers, opens in 1962.

surgery waiting room and consultation room in 1971. Red Cross regulations prevented Gray Ladies from selling anything for a profit, so they couldn’t operate the gift shop.

Also in 1971, a Candy Striper program began, allowing teenage girls to serve as volunteers in the hospital. In 1972, the hospital had three large groups of volunteers: the Gray Ladies, headed by Lee Young; the Pink Ladies, under Louise Spray; and the Candy Stripers, with leaders Cina Anderson and Elaine Trauger, each providing different services and each with their own officers and governing organizations, according to Wilcox.

“Looking ahead to the need for even more volunteers and recognizing the challenges of working with multiple groups in organizing new programs and in training new volunteers, the hospital decided to establish the new post of Director of Volunteer Services,” she said. Wilcox was hired to take the part-time position in January 1972.

Wilcox had been a volunteer in the gift shop and at Westmall for 10 years before becoming the first Director of Volunteer Services. Originally from Newport, Tennessee, she and her husband, William J. Wilcox Jr., were among Oak Ridge's earliest residents, arriving in 1943.

"Talking it over with my husband, Bill commented that I probably should consider doing the job on a volunteer basis so I'd be freer to make my own schedule. Our college age, budding feminist daughter Kitty, overhearing this discussion, was incensed. 'How can you talk like that, Dad? You get paid for the work you do all day,'" Wilcox recalled. "I accepted Ralph's offer of the job eagerly, and, as you might guess, decided to accept the pay, too!"

In September 1973, volunteers started the Patient Representative program, still in use today, in which volunteers seek patient opinions and comments about their hospital stay, follow up with any immediate needs, and forward comments in a written report to the management team.

"The Patient Representative Service is a relatively new concept of patient care in this country, and I am proud that the Oak Ridge Hospital is one of the first in the state of Tennessee to initiate it as part of the Volunteer Department," Marshall Whisnant, hospital President, said at the time. The program was so well received that many hospitals in the region patterned their programs after the one at Oak Ridge Hospital.

Volunteer Lee Young headed the first group of Patient Representatives, who were Olive Bezik, Suki Greer, Judy Rosenvinge, Mary Rainey, Betty Sawicki, Lois McCracken, Marsha Robinson and Betty Daley, who continues to serve as a Patient Representative today.

In a major change in the volunteer operation, the three separate volunteer groups agreed to come

together as one volunteer organization in 1977, uniting a group of 210 volunteers. Ann Anthony was elected president of the first board, and Louise Spray was president-elect. The volume of business at the Pink Placebo increased so much that the hospital hired volunteer buyer Grace Rose to take on the job part-time in 1979. She continued to volunteer additional time.

The Hospice program was begun in 1983, and by 1985 there were 43 volunteers involved. That year, the hospital's new Birthing Center opened, and the volunteers purchased equipment for one unit of the center.

After 17 years directing Volunteer Services, Jeanie Wilcox retired in 1989, and Lois Ward, then Lois Smith, assumed the role of director. Wilcox resumed her former job at the hospital, that of a volunteer. She continues to volunteer at the medical center.

"I'll be happy to do whatever needs to be done," she said upon her retirement. "I've done a little bit of everything over the years, so I think I'll come in handy."

Lois Ward came to the new position after five years at Methodist Medical Center, first in Customer Service and then as special events coordinator in the Marketing Department. She has led the volunteers for 20 years.

By the hospital's 50th anniversary in 1993, the volunteer organization had grown from 53 in 1943 to 264, including men and women. It was the second largest work force at Methodist Medical Center, surpassed only by the nursing staff. Volunteers had contributed more than 36,000 hours of service in the past year.

"It's the only department that is solely responsible for all of its own recruitment, interviewing, scheduling and training," Lois Ward told *The Oak Ridger*.

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Nurses Mary Ann Dennis and Esther Weinberger

Carmichael, Constance Combs, Minta Orange, Nila Stegall and Virginia Holt.

Westmall, an extended care facility located in the B wing of the city's original hospital, accepted its first patient on December 2, 1964. The conversion of the wing began with a gift from Mr. and Mrs. Nestor Marx and was supported by a grant from the Ford Foundation. Rooms provided for graduated levels of care, with more residential-style rooms on the first floor and rooms for those requiring a higher level of care on the second floor. Westmall had 60 beds, providing a residence with health services for ambulatory and non-ambulatory patients. It was one of the first two nursing homes to be accredited in Tennessee, and the first to operate in Oak Ridge.

Dr. Raymond A. Johnson, Chief of Staff in 1964, welcomed Dr. Hyman M. Rossman back to Oak Ridge in his annual report to the hospital and noted that the former general practitioner was extended privileges in psychiatry. After a stroke left him blind, his wife assisted him in reading for his studies in psychiatry, and he completed a residency program in Boston before returning to Oak Ridge. He remained here until his retirement in 1975, when he moved to Israel.

Five employees who had begun their careers at the original Army hospital completed 20 years of service in 1964. They were Virginia (Jean) Smith, R.N., Assistant Director of Nursing; Carrie McKelvey, R.N., Head Nurse on 3 North; Nellie Brandenburg, R.N., Head Nurse on 3 South; Arbutus Dyer, Nurse Attendant in the Nursery; and Clouris Rodgers, General Helper, Dietary.

Hospital Experiences Labor Unrest

Dr. Carroll Long's letter to Oak Ridge Town Council during the 1958 referendum on hospital ownership would be a point of contention throughout months of labor unrest at the hospital in 1966, particularly among some on the losing sides of the referendum. As

chairman of the Holston Conference Board of Hospitals and Homes, he stated the position of the Methodist Church on collective bargaining in the church's bid to be included in the referendum: "Methodism believes in collective bargaining and observes union regulations in matters of wages, hours and working conditions."

The church's position, and the active unions already in Oak Ridge at the federal facilities, led the Building Service Employees International Union to begin organizing at Oak Ridge Hospital in the spring of 1966. The rumblings began in late March, when a petition signed by 83 employees sought improvements in salaries, shifts, and some procedures for registered nurses, licensed practical nurses, nurses' aides and orderlies.

As with room rates, the hospital aimed to keep salaries on a par with those in Knoxville area hospitals, although the Tennessee Nurses Association noted that Knoxville hospitals had some of the lowest wages in the state. Already at work on revised hospital personnel policies with added benefits, the administration accelerated the revisions after receiving the petition and incorporated suggestions considered to be fair, hospital director Bjork noted.

He pointed out to the hospital's board, however, that the petition included errors that "grossly understated the salaries at the hospital, which encouraged people to sign."

Meanwhile, the BSEIU applied to the Oak Ridge Hospital of the Methodist Church for the right to represent employees, professional and non-professional, on May 5, 1966. Ed Rayson, a Knoxville attorney representing the hospital, released a statement the next day saying that the hospital corporation adheres to the Methodist Church discipline supporting the right of employees to organize for collective bargaining, but added, "The Church's discipline does not, however, require recognition of an outside agency to represent employees. This hospital concludes that

direct communication between management and the employee(s) without intervention or representation by outside agencies best serves the interest of the public, the employee, and the hospital.”

The result was a strike by the union beginning July 9. An *Oak Ridger* editorial commented, “What many believe to be the first hospital strike in Tennessee history... is a sad distinction for Oak Ridge and for what has been one of the state’s best hospitals.” The walk-out involved 137 full-time and 13 part-time employees, according to hospital records. At the time, the hospital had about 325 employees. The hospital hired both permanent and temporary replacements, contracted its food service and continued its volunteer services, providing full patient care as the strike continued through the summer.

In assessing the underlying causes of the conflict, hospital officials noted that while the 1958 referendum had been blamed for the current problems, the root cause was not the referendum itself but the zeal with which church spokesmen sought to win the referendum. Since then, and particularly in recent years, the hospital had been dedicated to improvements, a memo to the board of trustees pointed out—upgrading standards to maintain full hospital accreditation, implementing a long-range personnel program, including a new retirement plan, as well as adding the new Intensive Care Unit, building a new Medical Arts Building, and developing Westmall as an extended care facility.

Few registered nurses joined the walkout, and the hospital entered discussions with the Tennessee Nurses Association later in July to begin resolving concerns that nurses had earlier expressed. Bjork reported to physicians on August 1 that both the TNA and hospital anticipated no difficulties in resolving matters discussed.

Community concern heightened during the strike, with City Council calling for a resolution and a citizens group forming to offer suggestions to both sides. *The*

Oak Ridger covered the strike in depth, reporting comments freely given by union representatives. Early in the strike, Bjork and the board issued statements but referred questions to the hospital’s attorney, an approach that didn’t help public perception of the hospital. “In most instances the Methodist Church and the Board and Administration of the Hospital are taking the brunt of the public attack,” an internal hospital memo said.

Dr. Earl Eversole, an Oak Ridge surgeon, recalled one patient whose story relates the high regard a striking nurse had for Oak Ridge Hospital. During the strike, an ambulance brought a girl with a ruptured liver to the emergency room. A tractor had fallen over on her and she needed surgery.

“I was on call, and her mother, who was an R.N. on strike, brought her to this emergency room and had me operate on her. We saved the girl, and she did have to have a couple more operations, but eventually she had complete regeneration of her liver and went on to live a normal life,” Dr. Eversole recounted. “Even though (the mother) was on strike, she wouldn’t send her daughter to another hospital. She brought her to this hospital.”

The strike lasted seven weeks, ending August 28, 1966, after a weekend of meetings between hospital and union. The union dropped its demand for a check-off system, which would allow the union to collect dues through automatic payroll deduction, and the hospital, which earlier had said it would only rehire strikers as jobs opened, agreed to fully reinstate the striking workers. The agreement also called for the hospital to sign new personnel policies developed just before the strike and for creation of a three-person grievance board. Neither side claimed victory.

The hospital, seven years under Methodist ownership, had survived the 51-day strike. What followed were nearly annual rate increases as medical costs continued to rise. At an August 25 public meeting, just before the strike ended, the hospital issued a



Dr. Earl Eversole



Marshall Whisnant greets a visitor in his office overlooking the hospital lobby in this 1989 photo.
Photo by Ruth Carey

statement highlighting the financial pressures of managing a non-profit hospital. It included comments from hospital board president J. Merrill Bird:

“Our first priority job has been that of providing as high a quality of patient care as possible at the lowest possible cost. Patients may be interested in having a choice of what they pay in terms of room charges, but no one is interested in second-class medical facilities or health service; when it comes to our families, we want the best care we can get. Through the years the costs of hospital care have soared because of a number of factors: new techniques and medical procedures needed for diagnosis and treatment for sure, but in addition because of higher salaries and shorter work weeks for our personnel. Hospitals everywhere have been caught in the dilemma of how to resolve this problem of providing even better quality care, the new kinds of facilities, higher quality of personnel and resulting increased salaries needed, and yet at the same time keeping charges down to levels that most of the patients can pay.”

Bishop H. Ellis Finger, Jr., of the Methodist Church’s Holston Conference, wrote to Oak Ridge City Council almost a year later that the settlements reached with BSEIU and with TNA at about the same time “have been followed by excellent relations with all concerned.” He added, “The Oak Ridge Hospital, by means of careful administration, has become self-supporting. The transition from a heavily subsidized program to a solvency that requests no federal assistance represents a significant advance.”

A lingering issue from the strike concerned what the hospital did with income generated by the rate hikes and whether the hospital gave the Methodist Church any of the “profits,” despite public annual reports detailing income and expenses and assurances that any income generated by the non-profit hospital was reinvested in hospital operating expenses, equipment or expansion. Hospital officials also reported that the hospital’s charter prevented distribution of any

proceeds to owners.

“If we want to replace wartime equipment with up-to-date equipment, as we are currently doing in x-ray, or if we wish to take advantage of advances in medical technology and purchase new equipment which will undoubtedly become available in the near future, we must go ahead and set aside funds for these purposes,” the board said in a statement issued during the strike.

The Whisnant Era Commences

After the tumult of the mid-1960s, Oak Ridge Hospital embarked on a new era that would span three decades.

Marshall Whisnant was hired as hospital President/CEO in 1967, replacing Paul Bjork, who resigned to take another job. What followed were years of maturing and growth as he and his team focused on providing quality service to the Oak Ridge community, recruiting new physician specialties, improving business processes, and expanding the service area. New service concepts and new technology and advances, including heart catheterizations and open heart surgery, highlighted this period. The team Whisnant assembled was focused on quality care, intent on keeping the hospital at the heart of the ever-widening community it served.

Ralph Lillard was an early member of that team, arriving in Oak Ridge in 1964 for a two-year program as an administrative resident from George Washington University. Paul Bjork had signed up as a mentor for the GWU program. An Arkansas native, Lillard had grown up in a small town, Siloam Springs, and applied for the residency in Oak Ridge because it was the only small town on the list.

He witnessed the strike and the struggle for financial survival the hospital experienced in the mid-1960s, after the new owners took over a new hospital with no government subsidy to help operate it. Administrators spent significant effort on issues of generating cash flow, paying payroll and operating the more than

200-bed hospital. The strike left a lasting impression in terms of relating to people and developing trust, fundamental issues incorporated in all the administrators did in the next 30 years, Lillard recalled in an oral history recorded for the Methodist Medical Center 65th anniversary history project.

With Whisnant came a change in corporate titles and a new vision for the hospital. He aimed to build an organization based on new business principles and values, to improve the hospital services, and to provide value to the community. Healing the scars from the labor conflict and from the earlier referendum, both in the hospital and in the community, was among the top priorities.

“We went out and became integral parts of various community activities to explain the hospital story and also to do work on behalf of the community. We also addressed making sure that the community leaders were on the hospital board,” explained Lillard, who became senior vice president and second in command under Whisnant’s leadership.

By 1971, he and Whisnant had recruited a nurse executive to manage Nursing Services, addressing a major need at the hospital. They sought a “world class person” to fill that role. “One of the things that the labor outage reflected was that we needed to put a higher emphasis on quality patient care. We also needed to make sure that nurses had an education program here internally, as well as a greater expertise from the management point of view,” Lillard said. Assisting in the national search was Rebecca Culpepper, Executive Director of the Tennessee Nurses Association, who suggested Elizabeth Cantwell, R.N.

Cantwell, who worked for the American Nurses Association in New York City, accepted the job at Oak Ridge Hospital, a decision that Lillard viewed as a blessing for the community and the hospital. She arrived January 2, 1971. She would become the first nursing director in Tennessee to be named a hospital vice president.

Elizabeth Cantwell Drawn to “The Heart of Tennessee”

One of the best holiday gifts bestowed on Oak Ridge Hospital in 1971 was Elizabeth “Betty” Cantwell, who arrived in town two days before Christmas to assume the newly created role of Vice President/Chief Nursing Officer. Recruited from New York City, she was a highly regarded master’s-degreed nurse with a wealth of experience to offer the hospital following the labor unrest in the late 1960’s.

A native of North Carolina, she longed to return to a smaller community. “Anatomically you might say I left the bowels of New York for the heart of Tennessee,” she told *The Oak Ridger*.

During her tenure, Cantwell focused on opening new patient care services, developed ongoing educational programs, was responsible for the dietary and housekeeping departments, and hired Clinical Specialists. These nurses with advanced degrees were assigned to specialty areas and served as consultants on patient care. Her passion for education resulted in an affiliation agreement with the University of Tennessee to provide clinical rotations for students in the nursing program. Recruiting nurses was made easier because of the culture that she created.

As a 20-year member of the senior management team, Cantwell participated in extensive expansions to the facility, along with the development of a new vision for the hospital. This new direction not only broadened service to a five-county area, but resulted in the 1984 name change to Methodist Medical Center to better convey its image.

“When Oak Ridge Hospital was established, it started as a facility that wanted only the best because of the urgency of the mission here. Many were drafted to come here. The result was that they got the best, the highest quality. That’s still true. We have a marvelous,



Elizabeth Cantwell, held in high esteem by the nurses she worked with, works in her first floor office in this 1989 photo. *Photo by Ruth Carey*

varied medical staff,” she told *The Oak Ridger* in 1989, shortly before she retired. “We’re fortunate to have a lot of excellent, experienced nurses who have stayed on over the years. I’m proud to say we’re considered a very good employer.”

Even after her retirement in 1991, the foundation laid by Cantwell towards a focus on excellence and education has continued to be a major factor in the success of the hospital.

Source

Joan Wallace, “Elizabeth Cantwell: From nursing to vice-president,” *The Oak Ridger*, May 21, 1989.



Barbara Bovee, R.N., reviews a cardiac telemetry strip.



Hyman Africk, Chief Pharmacist for more than two decades, arrived at the hospital on March 3, 1945, and became Chief Pharmacist in March 1947.

Another signal that the hospital intended to offer quality service was the opening of its first Coronary Care Unit on January 21, 1970. Nurses, who were trained for the unit at Baptist Hospital in Nashville, Tennessee, reported to Allis McLaughlin, R.N., head nurse of the first CCU. Coletta Manning, R.N., now Director of Clinical Effectiveness at Methodist Medical Center, was among the nurses who opened the unit. Manning, who had helped open two other Tennessee CCUs in Murfreesboro and Memphis, joined the other nurses when they returned from training to start the four-bed unit, where monitors provided constant reading of heart activity.

She recalled that Dr. Lewis Preston, a pediatrician, was the only doctor in the hospital one Sunday morning when the nurses had their first experience in the unit with a patient whose heartbeat stopped. The nurses had defibrillated the patient, who was awake and talking by the time Dr. Preston reached CCU. “Oh, this is amazing. This is just amazing,” he told the nurses.

The Physical Therapy Department expanded and evolved to a new level beginning in 1970, with the hiring of Donald Russell as department head. His wife, Helen Russell, served as administrative secretary to Paul Bjork and later, to Whisnant and Lillard. Also, new Business, Administrative, and Admitting offices, as well as a new Dietary Department, were added in 1970.

Another couple, Chef Ruben Brown, in the Dietary Department since 1947, and his wife, Irene Brown, a nurse, spent their careers at Oak Ridge Hospital. Both retired on August 29, 1975. Irene, in charge of ordering and sterilizing instruments, came to the hospital during World War II and retired after 31 years. Ruben was chef in charge of food production at his retirement.

The early 1970s also brought improvements in business processes with increased use of electronic data processing. Lillard recalled, “The cards were flying everywhere, and those card sorters were going all night. We were getting bigger and more complex. We needed

information on a faster basis, and we were trying to incorporate some efficiencies in how we took care of our business side.”

By 1973, recruiting efforts resulted in the addition of new specialists in dermatology and endocrinology. Other physicians recruited had specialties in gastroenterology, nephrology, hematology, oral surgery, otolaryngology, neurology, pulmonary medicine and allergies.

“We knew that having the physicians available to serve the patients was the lead strategy for us,” Lillard recalled. “If we did not have them, the people folks wanted to take care of them when they were sick, we would not have a full-service hospital,” Lillard said. Having the specialists assured patients that they would have quality care.

By September 1974, the hospital had successfully recruited 22 new physicians in the past 20 months, “an almost unheard of feat during a time when nationwide hospital competition for additional doctors has been at an all-time high,” the 1974 annual report stated.

Another major change that year was contracting for full-time physician coverage in the Emergency Department. That guaranteed that a physician would be in the hospital and allowed other physicians to take calls based on the emergency physician’s referral. Dr. Herschell K. King was the first Emergency Department physician, and other specialists in emergency medicine soon joined him. Patients were taken care of more quickly, and physicians didn’t have to split time between their own practices and emergency room calls.

“The establishment of Emergency Associates, Inc., headed by Dr. Herschell King... has gone a long way toward solving many problems for the patient who does not have a private physician or the individual with a serious sudden medical emergency. This full-time physician coverage of our Emergency Department is indeed one of the major turning points in the provision of health care in the community and

in the surrounding area,” Dr. Dan Thomas, 1973–75 Chief of Staff, wrote in the 1974 annual report.

The hospital soon needed to recruit an executive to manage financial services. The fourth key team member recruited, joining Whisnant, Lillard and Cantwell, was Richard Stooksbury, who also happened to be the first person born at Oak Ridge Hospital to later hold a management position there. With Ernst & Ernst, a major accounting firm that was the hospital auditor, Stooksbury had been responsible for the hospital audits and knew the organization well. Lillard said the hospital counted it a success to recruit a man of his integrity and intelligence as vice president of finance.

Whisnant, Lillard, Cantwell and Stooksbury functioned as the senior management team at the hospital for nearly 20 years, their visionary leadership ensuring that the hospital had the facilities, staff and services to provide care to the expanding region that the hospital served. “We were very lucky that we enjoyed a highly stable, competent and committed senior leadership team for such a long period of time,” said Jan McNally, who began her career as a nurse at the hospital in 1980 and retired as Chief Administrative Officer in 2007.

The management team then focused on facilities to serve the increasing volume of patients. A new patient care wing was added in January 1976, the largest expansion since the hospital was built. The \$8.8 million, four-story west wing brought acute care patient services to one location and introduced a concept new to the area, decentralized nursing stations, bringing care and supplies closer to the patient. Floors were designed so that charts, sterile supplies and other materials were kept in patients’ rooms, allowing the nurse and doctor to travel to the patient room for charts and supplies, rather than to a centralized nursing station. Each floor was directed by a clinical manager.

The ground floor of the new wing expanded services for Intensive Care, Coronary Care, Surgery and Emergency. That cluster of special units in the same

place represented a change for the hospital, Whisnant explained in later years to *The Oak Ridger*.

“A person in the emergency department has everything available, contiguous—x-ray down the hall, the lab. We are in position to respond quickly because of the geography of the place,” Whisnant said.

In praising the huge building and renovation project, Oak Ridge Mayor Alvin Bissell said, “The hospital has always played a major role in our city’s progress. It has always tried to competently fill the health care needs of our people—often in spite of misunderstanding, criticism and apparent apathy on the part of the citizens it serves.”

Bonds were sold to finance the addition, with \$1.8 million of them sold locally, “a high tribute to the hospital and to how well it is regarded in the area we serve,” said David Bolling, chairman of the hospital board of trustees in 1975.

Nursing innovations under Cantwell’s guidance included the hiring of clinical specialists, those holding a master’s degree with a specialty in some area of nursing. Micki Blanton was the first nurse hired as a specialist in acute clinical care, according to Peggy Spitzer’s history. Cantwell also broadened the hospital’s continuing education programs to include all employees in the hospital.

With the coming of Medicare and Medicaid, the federal government health insurance programs for elder citizens and the poor that began in 1965, hospitals saw the need in later years to expand social services. Oak Ridge Hospital started its Social Services Department in 1972 with a grant from a regional medical program, and Katherine Beasley, R.N., was the liaison nurse for that service, Spitzer reported.

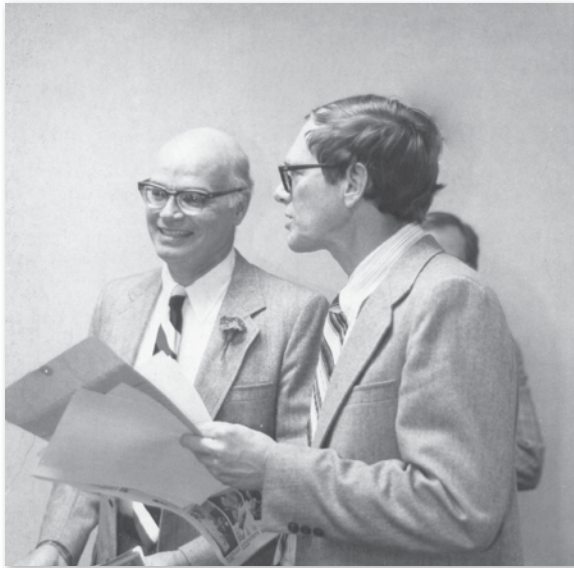
In 1975, the difference between government payment for Medicare and Medicaid and the actual cost to the hospital amounted to nearly \$300,000. Non-paying patients, those who either were indigent or simply didn’t pay, left behind bills totaling \$436,741, and those costs



Jim Howard and Ruben Brown, chef in charge of food production, prepare meals in the hospital kitchen.



Dietary department staff prepare patient trays.



Hospital President Marshall Whisnant and Herman Postma, chairman of the hospital board, implement the new mission for the hospital.



Jack Chambers, the medical center's first 40-year honoree, received an engraved Gerber pocket knife with 3 diamonds.

were subsidized by paying patients at the not-for-profit hospital, according to the hospital's annual report.

The hospital reported \$7,699,585 in revenues and \$7,181,427 in operating expenses, as well as more than \$700,000 in uncollectable accounts, in 1975. Admissions totaled 10,657 for the 217-bed hospital, and the Emergency Department experienced 27,333 visits. The hospital expected uncollectable accounts from Medicare, Medicaid and non-paying patients to surpass the \$1 million mark in 1976. That happened a year later, according to the hospital's 1977 annual report, when uncollectable accounts amounted to \$1,277,875.

In 1979, the hospital's annual report to the community emphasized the growth of wellness programs as outreach into the community to prevent disease, reduce health hazards and assist in recuperation. The hospital's Education Department, headed by Judy Walker, R.N., offered classes in cardiac disease prevention, cardiopulmonary resuscitation, and diabetes control. It also teamed with the local Childbirth Education Association to offer classes for expectant parents. The highest attendance for a hospital program came at a seminar on "Life and Transition" with the renowned Dr. Elisabeth Kubler-Ross, author of a number of books on treatment of terminally ill patients, including *Death and Dying*.

Another native son returned to Oak Ridge Hospital in 1979. Dr. Cletus J. McMahon, orthopedic surgeon, graduated from Oak Ridge High School and went on to receive his undergraduate degree from Tennessee Technological University in Cookeville and his M.D. degree from the University of Tennessee. After an internship and residency at the University of Tennessee Center for Health Sciences in Knoxville, Dr. McMahon established his practice in Oak Ridge.

Medical Center Develops New Mission and Vision

In the late 1970s, the hospital management team began exploring what its mission and vision should be. The concept of becoming a medical center serving a wider region came from those discussions.

"Patients were having to drive past Oak Ridge for health care offered only in Knoxville. They wanted more health care options closer to home," Whisnant told Lillard at the time. "We determined it was our mission to provide those options," Lillard said.

In 1984, Oak Ridge Hospital came forward with a new vision: "To be the leader in meeting the health care needs of all the people in our region." The board approved this new approach that would expand the service areas from Oak Ridge and parts of Anderson and Roane counties to Anderson, Roane, Morgan, Campbell and Scott counties, a five-county area with a population of about 185,000 at the time.

To reflect the new vision and expanded service area, the hospital's name was changed from the Oak Ridge Hospital of the United Methodist Church to Methodist Medical Center of Oak Ridge on June 4, 1984. A dramatic change in the facility would soon follow. After much discussion among the administration, board members and physicians, the hospital's front entrance was redesigned and moved from Tennessee Avenue to the Oak Ridge Turnpike during a three-year expansion and renovation completed in 1986. The hospital had slowly and quietly purchased property along the turnpike, including landmarks such as Snow White Restaurant and Mills Florist, to make the new front entrance possible. In the expansion, the hospital also added a fifth floor and built Physicians Plaza. A for-profit subsidiary, Healthcom, Inc., was formed by the medical center to own the new physicians' building, so that industrial revenue bonds could be used to finance it.

George Jasny, chairman of the Methodist Medical Center's board at the time, said the board believed this would be the last "brick and mortar" change at the hospital. "Given that, aesthetics assumed a larger role. We were breaking away from the government look. Aesthetics was just a portion of the cost," Jasny told *The Oak Ridger*. Ken Sommerfeld, a past board chairman, said the change was desirable from a visibility standpoint, to provide a more attractive and pleasing entrance.

In May 1986, the medical center held an open house to celebrate the additions, including a new One-day Surgery Center, an expanded Koala Drug and Alcohol Treatment Center, the Gastrointestinal Laboratory and the Laser Eye Surgery Center. The medical center had grown to 301 beds and 22 specialty departments with a staff of 104 physicians in 33 specialties.

With the broadened mission and vision came the need for an additional member of the management team to focus on hospital operation. George Mathews was recruited to take this new position, Chief Operating Officer, to manage the hospital on a day-to-day basis. He came to the hospital with more than 30 years of experience in business and health care management.

"What a wonderful find that was for us," said Lillard, who had met Mathews initially when the new COO was working at Baptist Hospital in Knoxville. "He is a wonderful man—good values and a good match for us."

Attention turned again to the medical staff in 1985. Whisnant and Lillard, now Executive Vice President, had been recruiting family practitioners because they had learned that a strong primary care base had to be developed in order to keep the Oak Ridge medical specialists busy. Methodist Medical Center formed East Tennessee Family Clinics in 1985 to provide support to family practitioners through office management, recruiting, and other means to help make their practices more successful.

"We gave them databases so they could do their own quality assurance within their practices, and we became, in effect, a very supportive alliance with the family practitioners," Lillard said. Over the next few years, a number of family practice clinics were added in towns outside Oak Ridge. Another company, Tennessee Medical Management, was formed in 1986 to provide similar family clinic services outside the hospital's market area.

As service to the region grew, Methodist Medical Center evolved into a larger Methodist Healthcare System having two divisions, one not-for-profit and the other for-profit. The not-for-profit division was the Methodist Medical Center and later the Methodist Medical Center Foundation. The for-profit division included such services as Tennessee Medical Management, outpatient services outside the medical center's Oak Ridge campus, Healthcom, Inc., and half ownership with Knoxville's Ft. Sanders Regional Medical Center in a health insurance company.

East Tennessee Family Clinics and Tennessee Medical Management were managed by McRae Sharpe, and off-campus outpatient services were managed by Jim Self. Both were new and very talented additions to the management staff, Lillard said.

In 1988, one remaining wing of the original Army hospital was demolished to make room for more physicians' offices. The two-story wing had housed maternity and pediatrics wards and delivery rooms until the new hospital was completed in 1960. Westmall, an extended care facility, then occupied the wing for several years. Its final use before demolition was as classroom space for Roane State Community College.

New Services Complete 'Circle of Care'

With a number of specialists already located in Oak Ridge, the hospital sought two more specialties,



The main hospital entrance moved from Tennessee Avenue to the Oak Ridge Turnpike. Physicians Plaza is adjacent to the hospital.



Herman Reed and Joe Diehl watch as Marshall Whisnant eliminates reserved parking at the medical center.

Local Doctors, Nurses Learn About Nuclear Medicine from ORAU, REAC/TS

As nuclear medicine continued to develop in the latter part of the 20th century, doctors and health care providers at Oak Ridge Hospital, and later, Methodist Medical Center, were well situated to observe and learn from Oak Ridge Associated Universities.

ORAU, formerly the Oak Ridge Institute for Nuclear Studies, had opened its 30-bed medical research hospital in a former wing of the first Oak Ridge Hospital and built its two-story Medical Division laboratory facilities on the western end of the wing in 1950, all in close proximity to the old Army hospital and the new hospital that opened in 1960. Also in 1960, ORINS received another wing of the old Oak Ridge Hospital, the D wing, for the Medical Division. The wing provided administrative space, laboratory facilities and patient rooms.

During its pioneering research into new cancer therapies and study of radionuclides to diagnose and treat disease, the Medical Division of ORINS, and later ORAU, offered training to health care providers from around the world in the field of nuclear medicine. Those from the Oak Ridge health care community had access to the training in their own backyard. One program, the Radioisotope Training School, operated from 1948 to 1974.

Local health care providers also had front row seats as ORAU developed the program to send first responders to national and international emergencies involving radiation and to train hospital and emergency management personnel to deal with such accidents. The Radiation Emergency Assistance Center/Training Site (REAC/TS) began in 1975 and was located in a building adjacent to Methodist Medical Center in 1976. It is managed by ORAU for the U.S. Department of Energy.

Dr. Marshall Brucer, the first chairman of the



A REAC/TS team prepares to check for signs of radiation in this emergency drill.

ORINS Medical Division, formulated the concept for the division, developing its physical facilities, hiring staff and developing programs. Dr. Gould Andrews, first a senior staff member of the division beginning in 1949, succeeded Dr. Brucer as chairman of the Medical Division, from 1961 to 1975. Dr. Clarence C. Lushbaugh, who had led a NASA-funded study of accidental and therapeutic total body radiation in anticipation of exposures associated with manned space flights, was named division chairman in 1975. Dr. Ralph Kniseley, a former pathologist at Oak Ridge Hospital, was assistant and later associate chairman of the Medical Division. The division name was changed to Medical and Health Sciences Division, and the scope of the program was broadened.

The Medical Division's program in clinical cancer research ended in 1975, when the Atomic Energy Commission was incorporated into the new Energy Research and Development Administration, and two years later, into the new Department of Energy. The cancer research program had been expensive, since federal regulations prevented collecting charges from patients or insurance carriers.

“Although not part of its stated mission, the clinical program did care for many patients who might otherwise have found only limited medical resources,” wrote Dr. Andrews in *ORAU: From the Beginning*.

As the interest in effects of radiation and prevention and management of radiation accidents grew, Drs. Andrews and Lushbaugh visited sites where accidents had occurred and attended national and international meetings on the topic. Their work, and the capabilities developed in this area, led to development of REAC/TS in 1975.

“REAC/TS is, perhaps, the ORAU program that is most global in scope,” Wanda Penland Olson wrote in her 2006 “History of ORAU,” an unpublished paper. “In performing one of its primary missions, emergency response, REAC/TS has responded to more than 1,200 calls for assistance regarding medical advice and consultation for radiation accidents in the United States and abroad during its more than 30-year history.”

REAC/TS maintains a team of physicians, nurses and health physicists on call around the clock for deployment in case of a national or international nuclear accident or emergency. It is one of only two World Health Organization Collaborating Centers in the United States and one of 13 worldwide in WHO's network to assist in radiation emergencies. REAC/TS continues to provide practical, hands-on education programs for those who must quickly manage and support medical aspects of human exposure to radiation. More than 20,000 medical and health physics professionals have attended REAC/TS training programs. In 1978, REAC/TS medical education programs were accredited by the American Medical Association.

In 1986, REAC/TS and other medical staff from ORAU provided assistance to the U.S. State Department and advised the Soviet Union after the Chernobyl nuclear reactor accident.



Nurses participate in a drill during a REAC/TS training course.

Other key dates from the mid-1900s through 2008 at ORAU include:

1966—ORINS changes name to Oak Ridge Associated Universities to reflect a scope of work that had expanded beyond nuclear energy education, training, and medical research to new areas, that now include national security, emergency preparedness and environmental monitoring. ORAU continues to facilitate partnerships among research universities, government entities, national laboratories, and private companies.

1971—ORAU formalized its efforts to collect, disseminate and improve radiation dose calculation techniques and established the Radiopharmaceutical Internal Dose Information Center. RIDIC maintained a database, offered courses, responded to requests for information from around the world and organized international symposia.

1980—The Medical and Health Sciences Division was reorganized to include an environmental and occupational health sciences branch and a radiation and nuclear medicine branch.

1985—The Professional Training Program provided assistance to the City of Oak Ridge in monitoring mercury and other contaminants released in the 1950s and 1960s.

1994—RIDIC developed a systematic computer model that would allow patient-specific dosimetry to be calculated for patients undergoing treatment with radiopharmaceuticals.

1997—REAC/TS received approval to be a source for distributing a rarely used pharmaceutical called Prussian Blue for the treatment of individuals contaminated with radiocesium or radiothallium.

2001—After the September 11 terrorist attacks, several ORAU programs responded to the nation's homeland security needs. Among them, REAC/TS senior staff members were sent to advise, consult with and train government officials. Others from ORAU provided training to U.S. Customs Service agents on the detection and handling of radioactive material.

2008—The ORAU consortium encompasses 97 doctoral degree-granting universities across the United States, the United Kingdom, and Puerto Rico.

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George Mathews observes as nurses Francis Broome, Helen Goodwin, and Donna Kramer demonstrate equipment.



Senior Vice President Ralph Lillard cuts ribbon at the new Clinton Family Clinic.



Dr. William Prater conducts a cerebral angiogram.



Dr. Wendell Lawson and Marsha Todkill, R.N., are at work in the Cardiac Cath Lab.

cardiovascular surgery and neurosurgery. With those specialists recruited, and new cardiovascular and neurosurgery suites completed between 1988 and 1990, patients had access in Oak Ridge to the same type of medical services available in Knoxville. “That’s what we called completing the circle of care,” Lillard said.

Methodist Medical Center opened its new \$1 million Cardiac Catheterization Laboratory, expanding its cardiac care capability, in 1988 as part of a \$5 million Imaging Center that housed x-ray machines, ultrasound equipment, nuclear medicine scanners and a computerized tomography scanner.

The medical center’s first heart catheterization took place July 7, 1988. Dr. James Michel, director of the new Cardiac Catheterization Laboratory, and four other team members performed the 30-minute procedure on a 45-year-old man, who was released within 24 hours. Dr. Michel came to the laboratory with four years of experience, having already performed about 1,200 catheterizations. He described the procedure as a study of the heart muscle to determine the strength of the heart or previous damage from a heart attack. The equipment also would enable the staff to perform cardiac angioplasty, a possible alternative to heart bypass operations.

Marcia Todkill, R.N., was working in ICU when she learned that Dr. Michel, the new cardiologist, was starting a cath lab, and she wanted to be part of the new team. She was transferred there, and she and Becky Cox, R.N., trained at East Tennessee Baptist Hospital to work in the new cath lab.

“It was remarkable that in an emergency situation a team of three or four people could go into a room with a critically ill patient and do all those things that needed to be done with little verbal communication,” said Todkill, who worked 17 years in the cath lab. “Sometimes the patient would not survive, but our efforts often provided the only chance for survival. More often than not, the heart attack would be interrupted or the patient stabilized enough to have heart surgery and

eventually be discharged to their home. What more can health care givers ask for?”

When a patient did not survive a heart attack, the experience was traumatic for family and for staff, she related. “All I could really do is sit down with that family, cry with them and prepare their loved one to look as presentable as possible,” she said. “It is a necessary task and, in reality, it is a privilege. Giving the deceased patient a clean face, a clean gown and placing them on clean linens is a caring service to them and to their family. It is the last thing you can do for that patient to maintain their dignity and your compassion.” The cardiologists were compassionate with family and with staff, Todkill said. After spending time with the family, they would come back to talk with the cath lab staff, to discuss what had happened and allow any questions to be asked about the case.

“It was a debriefing of sorts. It meant everything to us as staff to have them take the time to do that. The gamut of emotions is run in a cath lab and in a hospital,” she said.

The cath lab team looked for opportunities to share humor with patients and each other, recognizing its value in the high stress lab environment. Todkill recalled one older patient, “just as warm and sweet as could be, there for an elective heart cath. We had him on the table, getting him ready, and we always played the radio. I asked him, ‘Is there any kind of music you would like to hear?’ He looked at me and said, ‘Lady, I don’t care what you play, as long as it’s not “Nearer, My God, to Thee.” We just started laughing. Patients appreciate some humor and not being so serious. I think it is serious enough for them. Yes, we laughed a lot with our patients.”

Marshall Whisnant described the Cardiac Catheterization Laboratory as the first step toward completing plans for open heart surgery.

The first open heart surgery was performed at the medical center in October 1989 by Dr. William “Bill”

Hall, cardiovascular surgeon recruited by Whisnant and Lillard. Dr. Ed Ware, who started the cardiac surgery program at East Tennessee Baptist Hospital in 1976 and had established satellite programs at other area hospitals, had earlier recruited Dr. Hall to Knoxville.

Dr. Hall arrived in July, and performed the first few open heart surgeries for Methodist at Baptist Hospital. The Baptist heart program served as a mentor to employees at Methodist Medical Center. Once operating room staff and ICU nurses were trained, Dr. Hall performed a four-vessel bypass during the first open heart surgery at Methodist, completing 12 such surgeries in 1989. Since the program began, more than 5,000 open heart surgeries have been performed at the medical center.

“To complete the circle of care at Methodist Medical Center, they (Whisnant and Lillard) wanted to have a cardiac surgery program,” Dr. Hall said. He has performed practically all of the open heart surgeries at Methodist, supported by surgeons in his group, East Tennessee Cardiovascular Surgery Group.

The first neurosurgeon joined the Methodist Medical Center staff in June 1988. Dr. Alan Weems came after administrators conducted a search and recruited the surgeon to start a new department. Upon his arrival, he commented that the doctors here were excellent, the people were progressive, and the medical center had the finest operating microscopes in the world. His arrival brought the medical staff to 125 physicians representing more than 30 specialties.

Among other new programs, services and technology introduced at the medical center in the 1980s were:

- *Hospice*

The Hospice program at Methodist Medical Center began in 1983, offering support and care for terminally ill patients and their families. In its early years, the program had one staff member and a group of volunteers. Wilma Pack-Brantley, R.N., an early director of Hospice, said staff and volunteers tried to be a “circle of hope” for the terminally ill,

offering comfort and support. “As they struggle with the highs and the lows, with different stages of grief, they teach us important lessons about courage and stamina and patience, and about what’s really important in life,” she said.

- *Birthing Center*

The former second floor maternity unit experienced a facelift, becoming a new Birthing Center in December 1985. The center reflected the new attitude toward childbirth, encouraging family involvement in the birth of a new family member. New Genesis birthing beds allowed women to go through labor, delivery and recovery in the same bed, rather than moving from bed to stretcher to delivery room in the midst of labor. The four birthing rooms allowed parents to welcome a new baby in the privacy of that room.

- *One-day Surgery Center*

The center was opened on the first floor, next to the Operating Room, in 1986. Although the medical center had been performing surgery on an outpatient basis for the previous three years, a steady increase in the number of outpatient procedures led to expanded facilities and services. Advances in technology allowed the growth of outpatient surgery, with less invasive procedures and faster healing.

- *Laser Surgery*

A newspaper headline noted that a “Star Wars” tool had come to the operating room when lasers were introduced for surgical procedures at the medical center in the mid-1980s. Laser surgery was first performed in 1986 to treat pulmonary and gynecological disorders. Ophthalmologists and dermatologists soon began using lasers, and physicians expected many future uses to be developed for the new surgical tool.

The Methodist name remained prominent in the medical center’s title, but the church’s involvement had diminished over the years. With an active role



Dr. Bill Hall and the cardiac surgery team perform an open-heart procedure.



Dr. Allen Loy, pathologist, works in his lab.



Mary Frances Willis, R.N., and Leslie Barnes, R.N., welcome patients at the One-Day Surgery Center.



John Moore, R. N., reassures a One-Day Surgery patient.

after the referendum awarded ownership to the Holston Conference of the Methodist Church, now United Methodist Church, the church appointed 16 Methodists to the 24-member board. By 1987, however, only the church's district superintendent, the Rev. John Trundle, represented the church on the much smaller, 12-member board. Other board members were George Jasny, William K. Kaspar, Dr. Earl Eversole, Nathaniel Revis, Percy Brewington, Hank Cooper, Louise Dunlap, Kenneth Jarmolow, Donald Maxwell, Dr. Lee Smalley, and Marshall Whisnant. The medical center facilities were owned and operated by a non-profit corporation, and the Holston Conference's key role was to confirm new board members nominated and elected by the board and to approve changes in the bylaws.

Methodist Medical Center once again held the title to its building on July 12, 1988, after bonds borrowed on behalf of the medical center were paid off with \$14 million. In essence, the hospital was leasing the property until it was paid off, making payments equal to the principal and interest on the bonds to the Anderson County Health Facilities Board, which held the deed.

Creating a smoke-free environment at the medical center, to eliminate both health and safety concerns raised by smoking, became a priority in the late 1980s. Smoking was phased out of certain areas, such as hallways, waiting rooms, Intensive and Coronary Care Units and the Emergency Department, the cafeteria, and all employee areas by mid-1989. On January 1, 1990, the hospital was declared smoke free. Only those patients with special permission from their physicians would be allowed to smoke inside the medical center.

The 1990s—Giving and Measuring Quality Care

Marshall Whisnant kept up with his reading on quality improvement, finding one pioneer in quality control whose approach would exert a strong influence on the

way service was provided and measured at Methodist Medical Center. W. Edwards Deming, a statistician, educator, author and consultant, developed his quality control methods for industry, but Whisnant believed the medical center could benefit from Deming's process of improving and measuring quality.

"He (Whisnant) became very passionate about that, a very strong believer that this was a way for an organization to change how it operated and to achieve superior results," said Jan McNally, former President and CAO of Methodist Medical Center, now Corporate Director for Leadership Development at Covenant Health.

Whisnant and his team became pioneers in incorporating quality improvement ideas from industry into the not-for-profit hospital world. Their work drew visitors from hospitals across the state to study the new approach and requests from hospitals across the nation for information on the medical center's innovative processes. Their efforts would result in a prestigious statewide quality award, the first for any hospital in Tennessee.

Before his ideas were widely regarded in the United States, Deming was credited with revitalizing Japanese industry after World War II, training business leaders there beginning in the 1950s in quality control methods that would contribute to the country's competitive position in the world market. In his 1982 book, *Quality, Productivity, and Competitive Position*, Deming wrote that organizations could improve quality and reduce expenses simultaneously, while increasing productivity at the same time. He placed responsibility for doing this on an organization's management.

Before they learned about Deming's approach, the hospital's management team members traveled to other medical centers to learn about successful management processes and practices. Richard Stooksbury went if the focus was finances or business efficiency. Elizabeth Cantwell and some of the clinical specialists investigated

new nursing practices. Ralph Lillard looked into organizational issues. Whisnant identified areas for study. After discovering the statistician's teachings, Whisnant brought the management team together to learn how Deming thought companies should improve quality.

With Deming's teachings in mind, the medical center's vision in 1990 was not only to be a health care leader in the region, but to provide high quality, low cost health care that could be measured, Lillard said. The medical center wanted to provide quality care and service with the statistics to back up its claims.

"You improve the quality, you improve the service, and you lower the cost concurrently. That was our definition of value," Lillard said. "We started the process to implement a total quality approach to management based on W. Edwards Deming's philosophy." Whisnant enlisted assistance from Chuck Holland, the former Quality Manager at Y-12, who was founder and President of QualPro, Inc., a Pellissippi Parkway firm steeped in the Deming approach and successful in helping businesses achieve results.

First, key management personnel, medical staff members and medical center board members spent one week in training at QualPro, where Holland and his staff taught them how to incorporate Deming's approach in the not-for-profit medical center, the first time QualPro had applied the approach in a hospital setting. Upon their return, all made a commitment to begin that process at Methodist Medical Center, Lillard recalled. It was the beginning of a rigorous journey toward continuous quality improvement, McNally added.

As the medical center embarked on its new Quality Together, or QT, process, its vision remained the same, but its management sought guiding principles, inviting the entire organization to participate in developing them. That meant many sessions with many employees to determine what was at the core of what they did.

"What really drives us? What really will bring

trust and a unity of purpose to us? We settled on four things," Lillard explained. "One was a quality policy—we wanted quality care and products. The next one was a service policy, because we wanted to satisfy the customer. The third one was a people policy—we wanted to promote teamwork and mutual trust. The last one was a resource policy, one that allocated all of our resources wisely. Those were the guiding principles of the Quality Together effort."

Quality Together aimed to unify everyone in the organization, from the board to every employee, in how each approaches work. The four guiding principles of customer service satisfaction, statistical quality control, participative management and problem-solving teams provided the direction.

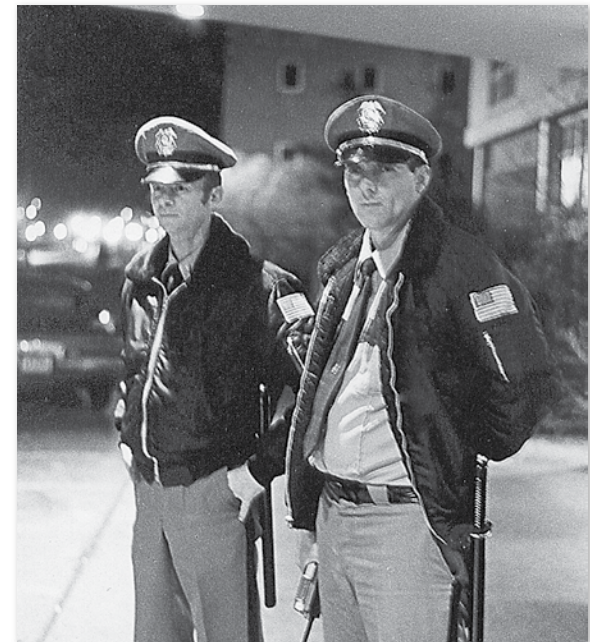
The process, presented as an appeal to employees to participate, not an order, required a change in the culture of the medical center, which took several years to achieve. Quality Together gave employees the tools to not only measure their own work, but to continually improve it. Lillard said he, Whisnant, and others knew that the culture had changed when they could randomly walk up to an employee and ask what the mission, the vision and the guiding principles at Methodist were, and 85 percent of the employees would easily give the correct response.

Joining the art and science of health care with the process control methods industries used to achieve quality results represented a new direction for the medical center, one that would serve it well at a time of major change in the health care industry.

"Health care providers have always been very passionate about doing what is right for their patients, and I think we are so fortunate to be in an industry where for most people, it's a calling. It's something that they feel passionate about and that they really can connect back to that purpose on almost a daily basis. They see the difference that they make in people's lives," Jan McNally said of the constant, unchanging role of



Dr. Scott Peters and Dr. Ken Miller use the hospital's new laser technology.



Security officers Benny Jones and Robert Hall

Marshall Whisnant Leads with Vision and Creativity

Marshall Whisnant received a tough assignment when he arrived at the Oak Ridge Hospital of the Methodist Church in 1967. The new President and Chief Executive Officer had the skills to handle it, according to those who worked with him.

“His first assignment was to heal the wounds of the strike and bring about a new era of worker-management relations. He exhibited a personality that could identify with people in all positions of the hospital. He was capable and was able to work with boundless energy,” Peggy Spitzer wrote in her history of Oak Ridge Hospital.

Whisnant was the longest-serving chief executive in the history of the Methodist Medical Center of Oak Ridge. He served 28 years, ushering in an era of growth and focusing on quality management during years of tremendous change in the health care industry.

William Manly, Methodist Medical Center board chairman when Whisnant retired on his birthday, October 17, 1995, said that Whisnant had “demonstrated progressive and thoughtful leadership in hospital management and community service during his tenure. His energetic stewardship of our medical facility and his hands-on championship of the hospital’s total quality management program have earned MMC an enviable reputation as a leader in Tennessee health care.”

Described as intellectual, visionary and creative, Whisnant recruited a leadership team with a range of strengths and skills and encouraged new ideas and open discussion among those he worked with.

“He always wanted the people that were really in touch with the patient to bring their ideas because they were on the front line, and he encouraged that,” his wife, Ashlyn Whisnant, commented in her oral



Marshall Whisnant, seated on right, meets with his senior management team: Elizabeth “Betty” Cantwell, and standing, from left, Richard Stooksbury, George Mathews and Ralph Lillard.

history for Methodist Medical Center.

The scope of medical services available in Oak Ridge expanded dramatically under his leadership as the service area spread to five counties, the hospital grew into a campus-style medical center, and steady recruitment efforts quintupled the number of physicians serving the community.

While serving MMC, Whisnant was appointed by two different state governors as the sole hospital representative on the Tennessee Health Facilities Commission for 13 years. He was vice chairman of the American Hospital Association Council on Management. A Fellow of the American College of Hospital Administrators, he was honored in 1992 with the Distinguished Service Award from the American College of Healthcare Executives and the President’s Award from the Tennessee Hospital Association.

After his retirement, he remained active in community affairs in Oak Ridge until his death on July 22, 2006. He served on the board of the Oak Ridge Public Schools Education Foundation and

was a member of the Oak Ridge Regional Planning Commission and the board of the Roane State Community College Foundation, among many other organizations.

Before coming to Oak Ridge, Whisnant was Assistant Executive Director of Holston Valley Community Hospital in Kingsport, Tennessee, from 1955 to 1967. After graduating from Davidson College in 1950, he served an administrative residency at Charlotte Memorial Hospital and then was administrator for the new Sea Level Community Hospital in Sea Level, North Carolina.

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Ashlyn Whisnant, Oral History for Methodist Medical Center of Oak Ridge, August 27, 2008.

those who work in health care. The idea of controlling the process, improving quality and measuring the results was new to the health care field, and to the health care providers at Methodist Medical Center.

Describing how the process evolved, McNally said, “We had to really come together with our key stakeholders and think about the entire process of, for example, how a patient undergoes a surgical procedure: what you must do to prepare the patient for surgery, and once the patient has had surgery, how they are recovered, and what you must do to get them ready to go home... What are the critical steps to insure the very best outcome for the patient?”

“It is a process. What are the steps in that process, and how do you measure the output of your process?” she added. “I think that one of the biggest changes in health care is learning how to do that in a very rigorous way. Yet, we must recognize every individual is different, and so it’s not the same as applying those principles to making a muffler for a car. We must be able to distinguish the science and when to apply it strictly, and yet appreciate the fact that the art of physician and caregiver judgment must also come into play. We are still learning how to marry these two different methodologies.”

Dr. Francis R. (Randy) Reid, ophthalmologist who was Methodist Medical Center Chief of Staff from 1991 to 1993, continues to be an advocate for the quality improvement process he learned about as leader of the medical staff. “I give credit to our leadership and management, Marshall Whisnant and Ralph Lillard. They spearheaded the quality effort. They got the medical staff to take days out of their practice to go to class to learn about quality monitoring and quality programs,” Dr. Reid said in a recent oral history for Methodist Medical Center.

“For the last 15 years, I’ve had the pleasure of serving on a national faculty and giving leadership seminars for medical staffs across the country. Basically what I do is

export the lessons that I learned from Marshall, Ralph, George Mathews, Jan McNally and Mike Belbeck (current MMC President and Chief Administrative Officer) to these meetings,” he added.

After several years of work in quality improvement, Whisnant directed his team to enter the medical center in the Tennessee Quality Awards program, begun in 1993 by Gov. Ned McWherter to encourage organizations to achieve world class standards of excellence through quality management practices. Methodist Medical Center received a Level Three Quality Achievement Award for four consecutive years, from 1993 to 1996, before becoming the first and only hospital to receive the state’s highest quality award in 1997, the Tennessee Quality Governor’s Award. With employees participating in quality teams, the medical center made improvements that resulted in shorter waiting times for patients, improved pain control, better cost control, and a stronger emphasis on the privacy and dignity of patients and their families, according to George Mathews, President and Chief Administrative Officer of Methodist Medical Center at the time.

“We know that quality isn’t a destination,” Mathews told *The Oak Ridger*. “It’s an ongoing process that will continue to be important at Methodist Medical Center.”

Medical Center Campus Expands

Methodist Medical Center continued expanding its campus in the early 1990s to serve an increasing number of inpatients and outpatients. Construction activity began in 1990 with a \$12 million expansion and renovation of acute care units, including critical care, emergency and surgical departments. The work included a 5,800-square-foot expansion of the Emergency Department, nearly doubling its size. That department at the time was the second busiest in Knoxville area, treating 36,000 patients in 1989, an increase of nearly 13,000 from 1984. The project also



Diane Harris and Nancy Haynes, both R.N.s, evaluate a patient in the new Post-Anesthesia Care Unit.

Pharmacist and Pediatrician Serve in State Legislature

Dr. Gene Caldwell and State Sen. Randy McNally each had careers in health care before deciding to seek seats in the Tennessee General Assembly. Though from different political parties, each had similar reasons for seeking election—to help the citizens of their districts and to advance causes they passionately believe in through public service. For the two men whose careers have been dedicated to helping others, their approach to service in the state legislature isn't surprising.

Sen. McNally, a pharmacist at Methodist Medical Center of Oak Ridge for 30 years, was first elected as a state representative in 1978, serving four two-year terms before seeking a seat in the Tennessee Senate in 1986. Dr. Caldwell, a pediatrician for 33 years and Chief of Staff at Methodist Medical Center from 1979 to 1981, retired from his practice at Children's Clinic of Oak Ridge in 1993 and first ran for state representative in 1995, winning the election.

"I think the reason I chose pharmacy is the same reason I decided to enter politics, to be able to help people, work with people, and help them with the problems they face," said Sen. McNally, a Republican. He became a pharmacist at MMC in 1978, the year he ran for office.

The drive to bring about positive change in causes he believed in led Dr. Caldwell first to serve as MMC Chief of Staff and later to run for the office of state representative. A Democrat, he took his concerns about children's health and safety, health care and education to the state legislature. There, his gentlemanly approach to politics, coupled with his fair and deliberate manner, won him the respect of his fellow legislators. As the only physician in the state legislature, he had a unique perspective on issues of health, education and welfare.

Sen. McNally, concerned about the impact of



Dr. Gene Caldwell works at his desk in the state legislature.

crime on citizens, has worked to impose tougher penalties on criminals. Through his work as a pharmacist, he has seen the pain and suffering caused by intoxicated drivers. His calm and steady approach and effective leadership skills have helped him rise to advanced roles in the state senate and made him a trusted colleague there.

Among his accomplishments, Sen. McNally sponsored the bill that mandates a minimum 48-hour sentence for those convicted of DUI (driving under the influence). He has worked to pass laws imposing stiffer penalties for use of illegal controlled substances, and he has sponsored a bill that gives judges more leeway in admitting evidence in court. He has served on the state's Methamphetamine Task Force, serving as prime co-sponsor on a bill to crack down on that substance. The senator was honored as an Outstanding Legislator by Mothers Against Drunk Driving and presented the Distinguished Service Award from the American Council on Alcohol Problems in 1994.

Though there have been other pharmacists in the



State Sen. Randy McNally has worked in the hospital Pharmacy since 1978 and served in the state legislature since 1979. Here, he is at work with pharmacist Laura Fellers.

state legislature, he is now the only one in the senate. In the 2007-2008 session of the General Assembly, he served as chair of the Senate Finances, Ways, and Means Committee and vice chair of the Senate Rules Committee. He is a past chair of the Senate Education Committee. An Oak Ridge High School graduate, he graduated from the University of Tennessee College of Pharmacy in Memphis in 1969. His wife, Jan, also pursued health care as a career, serving as a nurse, Vice President and then President and Chief Administrative Officer of Methodist Medical Center, before joining Covenant Health in an executive position.

During Dr. Caldwell's six years in the legislature, he sponsored bills to upgrade standards for day care centers, reducing the number of children per caregiver and increasing training for child care staff. He advocated for patient rights and access to quality health care, as well as for improving the quality of education in the state. Interested also in promoting

the technological resources in Oak Ridge, he was instrumental in passing legislation needed for the Spallation Neutron Source to be located at Oak Ridge National Laboratory.

The state representative was recognized for his work on behalf of the elderly and disabled by the East Tennessee Human Resources Agency Area Agency on Aging. Dr. Caldwell has provided leadership on legislation providing options in addition to nursing homes through home and community-based services. He was also named a Tennessee Children's Champion by the Tennessee Association for the Education of Young Children.

Dr. Caldwell retired from the legislature in 2002 to devote time to grandchildren and community activities. He recently won election to the Oak Ridge Charter Commission. He continues to work on education and children's issues, and he will soon co-chair a campaign to raise funds for Emory Valley Center, a non-profit providing a variety of services to adults with developmental disabilities.

Dr. Caldwell was familiar with politics and public service long before he ran for election. His late wife, Bobbie, had long been involved in state politics, serving as vice chair of the Tennessee Democratic Party and traveling to state and national party meetings, often with Gene at her side.

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MMC Foundation Discovers Giving Spirit in Hospital and Community

To accomplish great things, we must not only act, but also dream; not only plan, but also believe.

—Anatole France quote included on the first agenda of the Board of Directors of the Methodist Medical Center Foundation, March 20, 1990

David McCoy, a past Executive Director of the Methodist Medical Center Foundation, practically held his breath as he awaited a decision from the board of the medical center's Volunteer Services.

After the board meeting, he learned the volunteers planned to contribute \$300,000 over five years to the Foundation for the da Vinci robotic system, relying on gift shop proceeds and hospital sales. The volunteers were one of the largest contributors to the new \$1.3 million robotic surgery system installed at Methodist Medical Center in 2007.

The in-house support, as well as contributions from the community to bring robotic surgery to Oak Ridge, reminded him once again of the giving spirit both within and outside the medical center that has helped the Foundation reach its goals.

The Methodist Medical Center Foundation was established in 1990 to acquire and accept charitable gifts for Methodist Medical Center of Oak Ridge. The Foundation aimed to advance the highest quality of health care services and assist those in need, regardless of ability to pay.

From the Foundation's beginnings, those within the hospital provided critical support. The very first gift came from a group of MMC employees, and soon after, the volunteer organization contributed \$9,000 from proceeds from the Pink Placebo gift shop.

Kenneth Menefee was the first Foundation director, hired by Marshall Whisnant to start the new organization from scratch, recruiting board members,



Karen Wilken, seated right, chaired the 1994 Holiday Lights for Health event. With her are, Wilma Brantley, director of oncology services, Dr. Larry Lee, standing right, radiation oncologist, and Glenn Landy, Methodist Foundation President.

developing lists of potential donors and establishing programs. He had spent seven years at Fort Sanders in Knoxville before leaving to start a hospital foundation in Terre Haute, Indiana. Menefee had grown up in Oak Ridge, his son had been born at Methodist Medical Center, and he was interested in coming home.

Among those serving on the Foundation's first board were Don Maxwell, George Jasny, Herman Postma, Tom Young, John Dabbs, Dr. Gene Caldwell, and the Rev. Ben St. Clair.

The Methodist Medical Center Foundation's first event, proposed by Menefee, was Holiday Lights for Health. He wanted an event that would not only bring in gifts, but also promote a greater awareness of the Foundation. Lights were purchased in honor or in memory of individuals, and those lights provided decoration on the front of the hospital. The event is still held annually.

Other annual events sponsored by the Foundation

are the Casino Night, the Acorn Classic Golf Tournament, and the Pancake Breakfast served by medical center staff physicians and employees.

The Foundation has raised funds to open the Hospitality Houses, Manly House and CALM House, offering free accommodations for cancer patients and for families of hospital patients who live more than 30 miles away. Foundation funds also support the Wellness Center, the Cancer Center, the Hospice Program, indigent care, and many other programs. The Foundation is wrapping up its campaign for the Breast Cancer Initiative in 2009.

Menefee remained almost three years. Heading the Foundation after Menefee was Glenn Landy, who remained until 2000, when Dave McCoy became director. Mary Sue Greiner was named Director of Development in 2008, and she is assisted by Quincey Harrington, Development Coordinator. Greiner is a certified fund raising executive (CFRE) by the Association of Fundraising Professionals.

"This was clearly their hospital, for the community and surrounding area," Menefee said of the community attitude as the Foundation began. "Oak Ridge was a generous community where the leadership of the area stepped forward, and they were committed to making things happen."

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doubled the size of the Coronary and Intensive Care Units, for a total of 11,800 square feet, and added five new operating rooms to the Surgery Department, for a total of 12. In all, the medical center added about 45,000 square feet and renovated about 25,000 square feet.

The expansion also included construction of a new Outpatient Surgery Center in 1990, a patient-friendly addition bringing all activities associated with outpatient care before and after surgery to one site. A new physicians' office building also took shape west of the medical center on the site of the former Westmall extended care facility, the original site of the hospital. The 68,000-square-foot building was planned to accommodate the increasing number of physicians coming to Oak Ridge. Whisnant said at the time that 23 new physicians had come to Oak Ridge between 1983 and 1989, bringing new specialties that included open heart surgery, neurosurgery and plastic surgery. Designed to resemble Physicians Plaza, completed in 1983, the new Westmall Medical Park opened in 1990.

Later expansions and additions included:

- Renovation of the medical center's fifth floor to provide 36 new patient rooms, including a pediatric unit, medical-surgical patient rooms and a "sick bay" for children with minor illnesses, providing a place for parents to bring children too sick to go to day care or school. Formerly an empty shell with some offices and storage facilities, the 19,768-square-foot fifth floor opened in 1991. Its cost was \$1.85 million for construction and equipment.
- Renovation of 23,000 square feet on the second floor to enlarge the Family Birthing Center, adding eight new family-centered maternity care rooms and 13 private patient rooms in 1992. The new rooms offered a home-like setting for the birth experience, allowing labor, delivery and recovery in a single room. Along with the expansion, nurses were specially trained to take care of both mother

and the baby throughout their stay, providing more personalized care.

- A new \$1.7 million outpatient Physical Therapy Center, built on the site of the former French's supermarket in Security Square, across Oak Ridge Turnpike from the medical center. Completed in 1993, the two-story, 15,000-square-foot building houses physical and occupational therapy services and some of the hospital's business offices.
- A new Methodist Medical Center Chapel for use by patients, visitors and employees. Located near the main lobby, the chapel replaced a former "quiet room" available for patients and families. Employees, the volunteer organization, the Methodist Medical Center Foundation, and the community joined in raising funds for building and furnishing the chapel, completed in 1993.
- A new Methodist Regional Cancer Treatment Center. The \$3.5 million cancer center, with 17,500 square feet and two stories, opened in early 1995 at the corner of New York and Vermont avenues in Oak Ridge. Uniting medical oncology and radiation oncology in one building, the center houses a team of physicians, nurses, therapists, and dietitians.

Joe Diehl, manager of Engineering Services at Methodist Medical Center, made a valued contribution in coordinating these projects successfully with the architects, engineers and contractors, as well as the physicians and medical center personnel.

The size of the five-county area served by Methodist Medical Center presented difficulties for family practice physicians, who increasingly found it impractical to treat patients in the hospital while maintaining their busy office-based practices. To address this concern, the medical center made a major change in medical staffing in 1993, forming a group of hospitalists, made up of primary care and internal medicine physicians, to admit patients to the hospital and attend to patients referred by their primary care physicians.



Holiday lights decorate the medical center during the Holiday Lights for Health event.



The Medical Park stands on the site of Westmall and an original wing of the hospital.



The new Family Birthing Center incorporated a homelike atmosphere.



The Cancer Committee assisted in the planning for the new Methodist Regional Cancer Center.

The new Methodist Medical Group, headed by Dr. Richard Dew, was formed to provide better patient care by improving the patient-physician relationship, to free up physicians who want to do more office-based work, and to create an atmosphere for recruiting more physicians in primary care. Dr. Dew, who left the Family Clinic of Oak Ridge to head the new group, was joined by Drs. Frederick A. Fiedler, Anthony Garton and Riley Senter when the program began. The group of hospitalists, with about 15 physicians today, continues to provide 24-hour hospital-based coverage.

Ralph Lillard viewed the program as a key recruiting tool at a time when more primary care physicians were needed. He noted that the hospital's close relationship with the medical staff made the transition to this program an easy one, with strong support from the medical staff and close collaboration between in-hospital and office-based physicians.

By the time Marshall Whisnant retired as President of Methodist Medical Center in October 1995 after 28 years at the helm, the hospital had experienced extraordinary changes. The longest-serving director in the hospital's history, Whisnant had assembled a team whose members remained with the medical center from 20 to more than 30 years, giving the hospital stability and visionary leadership during a period of change, technological advances, upheaval in the health care field, and growth.

Lillard, who replaced Whisnant as President and CEO, spent 32 years in senior leadership at the hospital, from 1964 through 1996. He recounted the changes in those years, seeing the hospital grow from a more than 200-bed facility to one with 301 beds, and from a hospital and single Medical Arts building to a campus-style complex with several free-standing centers and three physicians' buildings, with a fourth soon to open. The medical staff had grown from about 30 physicians when he started to 175, representing 35 specialties. The evolution of the hospital serving a limited area to a full-

service medical complex for the region serves as a testament to the leadership of the board and management in completing the circle of care at Methodist Medical Center of Oak Ridge.

A Time for Transition

Methodist Medical Center was fortunate to have access to corporate expertise as the health care business began to change in the 1990s.

Clyde Hopkins became familiar with mergers and acquisitions during his 44 years of employment with the companies that managed U.S. government facilities in Oak Ridge. He was involved when Martin Marietta Corporation acquired General Electric Aerospace Division and, shortly after that, when Martin Marietta and Lockheed merged to form Lockheed Martin Corporation. Hopkins, who joined the Methodist Medical Center board in 1991, was president of Lockheed Martin Energy Group when he retired in 1996.

Bill Manly, the medical center's board president in the mid-1990s, was also no stranger to corporate transitions. He had joined Oak Ridge National Laboratory in 1949 as a metallurgist, but later left to work for the private sector. After stints with Union Carbide, Haynes Stellite, and Cabot Corporation, he retired and moved to lakefront property near Kingston, Tennessee, in 1986. A call from ORNL director Herman Postma brought him back to the laboratory as a consultant. The business background of these two individuals would be invaluable to Methodist Medical Center as transitions designed to streamline operations in the corporate world began to have an impact on health care facilities.

Managed care was having a stronger effect on operations, as health insurance contracts with individual companies often determined where employees would go for their health care, eliminating a choice of hospitals.

Medicare and Medicaid, as well as indigent care, continued to upset the bottom line, adding to the costs of care. New technology and state-of-the-art equipment costs were skyrocketing. Government regulations and uncertainties about health insurance created added levels of stress for hospital administrators.

All these concerns provided the backdrop for a decision that would confront the board in the mid-1990s: whether to continue as an independent medical center, or to consolidate with another health system. Having those with experience in corporate transitions on the board proved helpful in the decision-making process.

Hopkins described Manly as “one of the best all-around business people I’ve known. He was crusty. He could get under people’s skin. He was analytical, just an extremely bright guy, and willing to devote the time to serve as president.”

George Mathews recalled that Manly brought valuable executive experience developed with Union Carbide and later Cabot Corporation. “He insisted on us really tightening up our financial plan. We did that in the early 1990s, and it was really helpful to us. In fact, he helped the hospital weather some pretty severe storms,” said Mathews, the hospital’s Chief Operating Officer then. Manly’s insistence on building reserves helped the medical center make it through a period when insurance reimbursements didn’t fully cover the costs of services.

By the mid-1990s, the hospital’s board and administration became aware that Fort Sanders Health System was quietly making long-range plans for mergers and acquisitions, leading to concerns about how that might impact Methodist Medical Center. With the broader concerns about the health care field in mind, the board asked the administration to study the issue of merger or consolidation with another entity and report back to the board, Hopkins related.

“I think our leadership team here and our board were very much committed to maintaining Methodist

as a not-for-profit health care facility. There was really not an interest in pursuing partnership with an entity that was for-profit. They felt like that would not be in the best interests of the community,” Jan McNally said.

The hospital’s administration came back to the board with the recommendation that the Methodist Healthcare System join Fort Sanders System. “They thought in the long term, we could survive much better with Covenant Health (the new name of the united Fort Sanders and Methodist systems) than on our own,” Hopkins said. “Part of the logic was that in addition to becoming much stronger financially as a unit, the possibilities were there for saving dollars by combining overhead functions.” Two areas where cost savings could be immediately realized were purchasing and technology used in business functions, and there were many others, Hopkins said.

In negotiations leading up to the transition, the Methodist board was careful to secure an agreement that the Methodist Medical Center would have representation in the new board and in the management structure of Covenant, a lesson learned from board members’ past experiences in corporate mergers. “We wouldn’t have had it any other way, because we wanted to protect the interest of the medical community here, as well as the interest of the hospital,” Hopkins said.

In one of his final jobs as a member of the Methodist Medical Center board, Hopkins was among those meeting with the bishop of the Holston Conference of the United Methodist Church, which still had a formal relationship with the hospital, though no financial involvement. The bishop gave his blessing to the new arrangement, which would continue the not-for-profit ownership of the hospital and bring to an end the Methodist era.



Dr. Richard Dew (standing), MMC’s first hospitalist physician, and Ralph Lillard discuss the new program.



Bill Manly

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THE COVENANT YEARS

1996 – 2008

On June 10, 1996, Methodist Medical Center and Fort Sanders Health System formally announced their intention to consolidate and create a new health care organization to provide unprecedented leadership in improving community health in the future. While the specific details and new name were not known at that time, the announcement was the birth of East Tennessee's largest not-for-profit health care system, Covenant Health.

Methodist Board Chairman Bill Manly said he applauded both health system boards for taking a “gutsy,” proactive approach to prepare for the future.

“The health care environment will continue to change, with or without us,” said MMC Healthcare President Ralph Lillard. “By taking a leadership role we can create something that is right for our community—an organization committed to improving the health of all the people we serve.”

The consolidation brought the two divisions of MMC Healthcare System, the not-for-profit medical center and foundation, and the for-profit services outside of the medical center campus, into Covenant Health. Included were the 301-bed Methodist Medical Center of Oak Ridge, staffed by more than 165 physicians representing 30 medical and surgical specialties, as well as primary care clinics in Oak Ridge, Oliver Springs, Clinton, Kingston and Norris. The organization also included an outpatient physical therapy center, Methodist Regional Cancer Center, and several physician and support office buildings.

The consolidation became official on September 17, 1996, following state and federal approval of the new venture. The executive leadership of Covenant Health would be a five-person team composed of Alan Guy, former CEO of Fort Sanders Health System who became the Covenant CEO, and four executive vice presidents: Ralph Lillard, former president of MMC Healthcare; Richard Stooksbury, former executive vice president of MMC Healthcare; and Joe McDonald and Marvin Eichorn, both former executive vice presidents of Fort Sanders Health System.



Covenant Health Founding Board of Directors

Thomas R. Bell, *chairman*

William (Bill) D. Manly, *first vice-chairman*

Larry B. Martin, *second vice-chairman*

Grady Arnold, M.D.

Archer W. Bishop, Jr., M.D.

Peter T. Denton

Larry Fleming

Ann B. Furrow

Alan C. Guy, *Covenant Health president & CEO*

William E. Haslam

Clyde C. Hopkins

Robert H. Kirk, H.S.D.

Randolph M. Lowry, M.D.

Tommy McGaha

Cletus J. McMahon, Jr., M.D.

James R. (Bob) Merriman, Ph.D.

Ruby Miller

Virginia K. Morrow

J. David Owen, M.D.

Elisabeth Rukeyser

R. B. Summitt II

Thomas K. (T.K.) Wright

In November, a newly constituted board of directors for Covenant Health was announced. The group was a combination of members from the previous boards of both Methodist and Fort Sanders, representing leaders in area business, industry, finance and education, as well as the medical community.

In its 1997 application for the Tennessee Quality Awards, Methodist highlighted the major impetus that led to the consolidation with Fort Sanders. The trend toward managed care in health insurance was changing the way health care providers did business. There was no stopping this trend; the choice was to fight it out as is, or make a change to set the hospital up for success in the future. Methodist chose the second option. Managed care was going to impact market share, cash flow, customer satisfaction, quality clinical performance and employee satisfaction. Methodist had seen the need to affiliate with an organization that would secure the hospital's ability to provide a cost-effective continuum of care and negotiate the best managed care contracts available.

Change is never easy. The consolidation with Fort Sanders was no exception. Oak Ridgers and Methodist employees, affectionately known as “MMCCers,” had always taken great pride in their hospital. Finding and sharing best practices between the new sister hospitals of Covenant Health was a great benefit, but also a challenge. For many, “bigger” did not necessarily mean “better.”

In an unpublished class research paper, a group of Methodist employees discussed the benefits of the consolidation with a local physician who acknowledged the value of size in buying power, managed care negotiations and information technology structure. But, at the same time, the physician lamented the feeling of getting lost in a large organization and questioned financial operations and overhead costs.

The research paper also acknowledges the difficulty in merging the cultures of the two organizations, with

employees expressing loss of the “family” feeling. Physical divides—the Fort Sanders people were “across the river”—and historic working relationships added challenges. But, that same physician also acknowledged that these challenges may have come not because of the consolidation but in spite of it. He said, “All health care providers are being squeezed by insurers. Without funds we can't do the business of providing quality health care for those in our service area.”

Ralph Lillard echoed the same concern when he said, “Health care was changing rapidly. The marketplace was driving that change. The future belonged to those who could bring value to the customer and the patient. In 1996, it began to be clear that how those patients choose their hospital may or may not be their own choice. Who made that choice was who paid the bill.”

The change was made, and a new vision was created for Methodist as a member of Covenant Health. “When the insurance companies started making the choice of driving where the patients went for care, we compromised to a certain degree,” said Lillard. “In our minds, how we could maintain full services for our market for the longest period of time would be to consolidate... As it turned out, that vision was correct.”

The Rev. Jack Sills, medical center chaplain since 1988, recalled the difficult environment around the time of the consolidation. “There was just a change in the air, attitude, identity. We kind of lost our identity,” Sills said in his oral history interview. “We did not know who we were, and I, as chaplain, was getting a lot of the anguish from our staff... It was a tough time. I kind of felt a call to stay.”

Many others also felt that call, despite the changes. “We have come a long way now and we feel part of Covenant,” Sills stated. “There is a difference in me as an MMCCer now and me as an MMCCer before the merger. Many did not survive, many left, many changed. Many did survive. We've still got a lot of good people here... a lot of good effort, so I'm happy to be here.”

In the midst of the challenges of transition, Methodist continued to expand its services to provide the best care for the community and to be recognized for its accomplishments. The behavioral medicine unit of the hospital launched a geriatric assessment and treatment program and an outpatient psychiatric program, including clinical assessments, therapy and partial hospitalization. A new medical office building was opened at the intersection of New York and Vance Avenues, providing more than 57,000 square feet of physician office space. In 1996, Methodist received its fourth consecutive Level 3 Tennessee Quality Award recognizing quality care and management practices.

In January 1997, a new program was added at Methodist that has touched the lives of many patients and their families, and has generated a dedicated group of volunteers and supporters throughout the community—the Hospitality House. A free lodging facility for patients and their families, the Hospitality Houses (a second house was added in 2006) have served hundreds of guests with care and compassion. Founding director Cande Seay recalled the variety of guests who have stayed at the houses: families from rural neighboring counties whose homes had dirt floors and no running water, former State Senator Annabelle Clement O'Brien, guests from as far away as Bath, England.

The Hospitality Houses are supported completely by donations. The annual Methodist fund raising event, Holiday Lights for Health, generated \$85,000 in contributions in December of 1996 to support the opening of the original Hospitality House.

Methodist Is Tops in Quality

“We are an unusual organization. We take away customers’ clothes, withhold their food, probe them and poke them, make them swallow unpleasant things and then ask if they are happy with the way we have treated them.”

Methodist President and CAO George Mathews wasn’t making a joke when he made that statement while accepting the Tennessee Quality Governor’s Award on Methodist’s behalf in January of 1998. But, the irony is clear. How does an organization, whose primary method of business often causes discomfort and stress, create a positive environment of care and quality for its customers?

Methodist had clearly discovered the answer and was recognized for its accomplishments as the first hospital in the state to win a quality award based on Baldrige criteria—Tennessee’s top quality recognition, the Governor’s Award.

“Methodist Medical Center of Oak Ridge has been systematically applying quality principles to our health care work since 1989,” Mathews said in his acceptance speech. “We’ve learned in those nine years that quality is a process, not a destination. Quality is teamwork and respect. Quality is listening and responding to our customers. Quality is giving tools, feedback, and yes, sometimes, even giving permission to fail.”

The journey to this accomplishment took many years. Sparked by the decision of Marshall Whisnant, Ralph Lillard and the medical center board of directors to begin a total quality approach to management based on W. Edwards Deming’s philosophy, a unified “Quality Together” process was implemented throughout the hospital. Self-assessment followed several years later, using Malcolm Baldrige National Quality Award criteria. The teams and processes that came from that approach led to marked improvements in patient and employee satisfaction.

The most widely used application of the quality improvement process was CareTrax. These diagnosis-specific day-by-day plans of care for patients were developed by teams of hospital staff and physicians to standardize service and improve quality. These plans reduced costs by lowering the variability of care, improved patients’ understanding of their treatment,



Tennessee Governor Don Sundquist (2nd from right) and Marie Williams, president of the Tennessee Quality organization (far left), presented the Tennessee Quality Governor’s Award to Methodist Medical Center representatives George Mathews, Molly Hampton, and Dr. William Molony.

Hospitality House Offers Warm, Welcoming Lodging for Patients

With the opening of the Methodist Regional Cancer Center in 1995 came the realization that cancer patients and their families would be traveling to Oak Ridge from the five-county geographic area that it served. Many of these patients would be receiving daily chemotherapy or radiation therapy for several weeks, which would put physical and financial strains on not only the patients, but their family members as well.

With this thought in mind, Wilma Brantley, R.N., Director of Oncology Services, and Cande Seay, R.N., Director of the Women's Center, contacted Sarah Whitley at the Fellowship Center in Knoxville, which provides free lodging for patients and their family members at Thompson Cancer Survival Center, Patricia Neal Rehabilitation Center and Fort Sanders Regional Medical Center. With her guidance, they were able to develop a proposal that was presented to the Methodist Medical Center Foundation board in the spring of 1996. The name "Hospitality House" was chosen to impart the message of a warm and welcoming atmosphere to the cancer patients it would serve. The mission was to serve primarily cancer outpatients and their families, but other guests that had family members at the hospital would be considered as well.

The business plan called for the renovation of one of two "E" houses, originally constructed during the war years for early Manhattan Project workers in Oak Ridge and now owned by the hospital. Both houses were located next to each other on West Tennessee Avenue, an ideal location in close proximity to the Cancer Center and Methodist Medical Center. The house that was selected for renovation faced the street and allowed ample room for parking.

In addition to the renovations, there would be other costs associated with furnishing the house and daily



Members of the 1997 Holiday Lights for Health committee gathered on the Hospitality House porch following a planning session for the annual fund raising event. Pictured left to right are (front row) Linda Dekanich, Hospitality House Manager Cande Seay, Jenny Edgar; (second row) Lee Young, Ann Lawson, Susan Tull, Wilma Brantley; (third row) Clay Good, Vicki Heidle; (fourth row) Steve Dekanich, Glenn Landy, Tom Adkins.

maintenance of the property. The MMC Foundation agreed to back the project, and the engineering department began the arduous task of renovating the house. Four family suites were designed, one of which was handicapped accessible. Each suite had a private bathroom and a sitting area. A common kitchen and dining area, a laundry room, a living room, and a small office were also included in the design plans. Several other departments in the hospital joined in the effort to provide security, housekeeping, and telephone operator assistance.

Community groups and private individuals stepped forward and made contributions that were both large and small. A church group, for example, adopted the kitchen as its project and urged members to make a donation for "a fork, a spoon, a toaster, or a microwave." Local retailers provided furniture, and other civic groups conducted fund raising activities and donated the proceeds to the

house. The Methodist Volunteer Organization was very generous in its support of the project, and one of the suites in the house was named in honor of the volunteers.

The Hospitality House was dedicated in January 1997 in a ceremony that included a blessing of the residence by the Reverend Jack Sills, the chaplain at Methodist. The first guests arrived that month and were welcomed by Cande Seay, who assumed management responsibilities, with assistance from volunteers who stayed during the day. A smaller group of night-time volunteers was organized to take call after business hours and on weekends. Their function was to check guests into their rooms and do light housekeeping if needed. No fees were charged, but guests were told they could make a donation if they wished. Generally, a distance of 30 miles from the Cancer Center was the requirement for staying at the house, but individual circumstances were considered.

The Holiday Lights for Health, originated in 1990 as a fund raising event for the Cancer Center, transitioned in 1997 and became the primary source of donations for the Hospitality House. The campaign, held annually in early December, features large wreaths, trees, and shrubbery that display a light for each donation. Lights are dedicated in memory, in honor, or in celebration of a family member or friend. At the ceremony the Methodist Christmas Chorus provides entertainment, and a recent guest of the Hospitality House tells the crowd about the support received during their stay.

The first guests were from Scott County and occupied the handicapped suite. They stayed for about a week and gratefully provided a donation of a five-dollar bill when they left. Guests arrived from all walks of life, but many of them came from impoverished areas of Appalachia and commented on the beauty of the Hospitality House. For many, the basics like running water, food in the pantry, and a comfortable bed were considered luxuries.

Late one Christmas Eve an elderly woman came to

the house after her husband became critically ill and was admitted to the hospital. After being escorted through the residence and shown to her suite, she was asked by the volunteer if there was anything else that she needed. The woman softly replied, “No, honey, I don’t even have running water in my house. This is like a palace to me.”

Through the years the house has also provided shelter for international visitors. A couple was visiting the area from Bath, England, and when one of them became ill they checked into the Hospitality House. Two guests from Scotland were welcomed to the house and entertained everyone with their charming stories about their homeland.

Following Hurricane Katrina in 2005, shelter was provided for two women who were brought to Knoxville on evacuation flights from the Superdome in New Orleans. Because their family could not be located, they stayed at the Hospitality House for two months. Later they were reunited with family in Louisiana.

The success of the Hospitality House led to discussions in 2003 about renovating the second “E” house on the adjoining property. David McCoy, then Methodist Foundation director, asked at a Rotary Club meeting for community support for the project. Lou Rabinowitz, a Rotarian and foundation board member, offered to approach the group CALM, the Cooperative Agreement Between Labor and Management, to ask if they would take on this community project. This group, representing the Knoxville Building and Construction Trades and the Department of Energy contractors that employed them, agreed to do the renovations. Meetings to discuss the project included representatives from Methodist as well as Bob DeBusk, CALM apprentice outreach administrator, Mel Schuster, the management co-director, and Ray Whitehead, the labor co-director.

Extensive renovations to the house were completed in 2006 with the additional assistance of Chris Hill, CALM

apprentice outreach administrator. The house was dedicated on October 22, 2006, and doubled the volume of guests that could be accepted. To honor the generosity, hard work and efforts of those involved, it was named the CALM House.

At the same time the original Hospitality House was designated as the Manly House to honor Bill Manly, who had made many generous donations in memory of his late wife Jane and had served on the Methodist Board of Directors.

One of the most touching ways that cancer patients have been supported while guests at the Hospitality House was made possible by the Ritzy Thimble Quilters, a local group of women and men who meet regularly to share their love of quilting. Through discussions with Jenny Edgar, who became the Hospitality House manager in 2005 when Cande Seay retired, the group makes lap quilts for each cancer patient so that, as they received chemotherapy or other therapies, their “security blanket” would be a reminder of the love and support being extended to them during their course of treatment. Each quilt is uniquely designed and guests are allowed to take their quilts home. Many have remarked about how proud they are to display them in their homes; one guest left instructions that she wanted to be buried with her quilt. The quilters have modestly declined invitations to present the quilts in person, stating, “No, we want to remain behind the scenes so that this is a true gift of love and not about us being thanked.”

Twelve years after the opening of the first Hospitality House, a local couple, Tim and Teresa Myrick, in cooperation with UT-Battelle, offered to financially assist with some much needed updates and repairs to the Manly House. In the summer of 2009, a contractor began making extensive interior and exterior repairs, which included new flooring, the addition of a storage room, a laundry, and new fire escapes. Other businesses in the community



The CALM House was dedicated in 2006, doubling the space available at the Hospitality Houses to serve patients and families in need.

stepped forward to provide interior design assistance, furnishings, and blinds for the windows.

Since 1997, the two Hospitality Houses have offered a sanctuary for hundreds of guests and their family members from all walks of life as they sought refuge during a difficult time in their lives. The many generous donors and volunteers who have provided their gifts of time, talent and resources are the unsung heroes who have continued to nurture this dream.

Sources

Jenny Edgar, Oral History of Methodist Medical Center of Oak Ridge, January 12, 2009.

Cande Seay, Oral History for Methodist Medical Center of Oak Ridge, August 19, 2008.



Coletta Manning, R.N.

standardized needed resources and reduced length of stay. CareTrax case managers interacted with staff, physicians, patients and families on a daily basis to ensure progress according to predetermined standards and to solve problems if the patient was not meeting the expected progress goals.

“We started off CareTrax as just a map for what was going to happen to you while you were in the hospital,” said Coletta Manning, R.N., Methodist director of clinical effectiveness. “We started with a surgical procedure, a total hip replacement, because we do a lot of those. I had one of the doctors partner with me to trial it on one of his patients. I took it to the orthopedic physicians meeting and said ‘Here is what we have done. I want you to be aware that you are going to be seeing it on the floors.’ Dr. (Cletus) McMahon who happened to chair the orthopedic section at the time said, ‘Well, can the rest of us use it?’ So, that was it! It took off immediately... it wasn’t very long before doctors were saying, ‘Can you do one for me?’ So, we did.”

CareTrax differed from “critical path” guidelines used by other hospitals because they were formal plans, included as a part of the patient’s permanent medical record. At the time of the Governor’s Award, Methodist had implemented 26 specific CareTrax and had been asked to share the process with hospitals in California, Texas, Nebraska, New York, Illinois and Florida as a best-practice model for the health care industry.

Awards for Methodist continued over the next several years with recognition for several Methodist departments by the Institute for Healthcare Improvement (IHI) Collaborative. The Emergency Department was presented with the highest award attainable from IHI, a level 5, for improvements in clinical quality, operations and customer service. Richard Hall, department manager at the time, attributed the success to the newly designed Fastrack which reduced wait time, placed patients more quickly into treatment rooms, and used overflow capability

and contingency planning. The congestive heart failure program at Methodist was also honored with level 5 awards from IHI, making Methodist the only hospital in the nation to garner two level 5 recognitions. The Comfort CareTrax for patients in end-of-life care was named a “best practice” by the Healthcare Advisory Board in Washington, D.C.

Leadership of Methodist transitioned in late 1998 as George Mathews left his position as hospital president and CAO to launch a system-wide integrity and compliance office for Covenant Health. Dan Bonk, who had been chief operating officer and associate administrator at Methodist, was promoted to president and CAO of the hospital.

Sherry Hoppe, chairman of the hospital’s advisory board at the time and president of Roane State Community College, commented, “Methodist has been an exceptional hospital under each of the chief executive officers who have served during the past 30 years, and it provides widely recognized quality medical care in our region. I am confident this commitment will continue.”

Mathews agreed, noting that the hospital’s formal quality improvement program would remain a major focus at Methodist and would be introduced at other Covenant Health facilities. “The hospital’s core values rest with the people who take care of patients, and they are still here,” he said. “Those values are in place, and I am confident the new leadership at Methodist will sustain them.”

According to incoming hospital president Dan Bonk, the greatest challenge facing the hospital was “to raise the bar of quality at a time when insurance companies and the government are decreasing the amount they pay for health care.”

The challenges of change from all fronts—the consolidation with Fort Sanders, the rise of managed care, and a new hospital CAO—brought out strong feeling all around the hospital. Some responded by focusing

Methodist Medical Center Presidents 1996–2008

George Mathews, 1996–1998, 2000–2001

George Mathews first came to Methodist in 1985 with 30 years of business and health care management experience in Jacksonville, Florida, and Knoxville and Martin, Tennessee. He was named administrator and chief operating officer at Methodist in 1985 and was promoted to executive vice president and CEO 10 years later. In 1998, Mathews became senior vice president of integrity/compliance for Covenant Health. He returned to Methodist to be president and chief administrative officer from 2000 through June 2001, then served as senior advisor until his retirement on January 4, 2002.



George Mathews

Mathews served four years in the Navy during the Korean conflict before receiving his bachelor's degree in business from Richmond Professional Institute. He received his master's degree in health administration from the Medical College of Virginia. He was also a fellow of the American College of Healthcare Executives. He and his wife, Karol, retired to a 14-acre farm in Roane County and have three grown children.

Dan Bonk, 1998–2000

Dan Bonk earned a bachelor's degree in community health and a master's degree in public health administration from the University of Wisconsin. He began his career at the Mayo Clinic as director of patient education. He served in management and executive leadership roles in St. Petersburg, Florida, and with

a multi-hospital system in Pennsylvania before joining Fort Sanders Alliance. Bonk was named a senior vice president for Covenant Health in 1996 and became chief operating officer and associate administrator of Methodist in February of 1998. He assumed the presidency of Methodist in September of 1998.



Dan Bonk

Jan McNally, 2001–2007

Jan McNally first came to Methodist as a nursing student extern in the summer of 1980. Following her graduation from UT School of Nursing in 1981, she was hired as an R.N. in Methodist's critical care department. She moved up to nursing supervisor, then manager of critical care before being promoted to director of nursing and then vice president and chief nursing officer. In 1998, McNally left Methodist to lead Covenant's homecare and hospice division. She returned in 2001 as part of a leadership succession plan and became president and CAO of Methodist later that year. She retired from Methodist in 2007 and currently heads Covenant Health's system-wide service improvement efforts, "Journey to Excellence" as corporate director of leadership development.



Jan McNally

McNally is a graduate of the J&J Wharton Fellows Program for Nurse Executives at the University of Pennsylvania. She holds a bachelor of science in biology from Mississippi University for Women, a bachelor of science in nursing from the University of Tennessee, and a master's in health services administration from the University of St. Francis.

McNally is married to Tennessee State Senator Randy McNally, a pharmacist at Methodist, and has two grown daughters.

Mike Belbeck, 2007–present

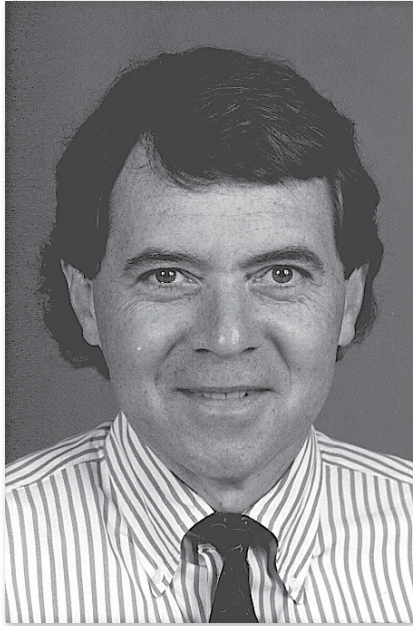
Mike Belbeck assumed the role of president and chief administrative officer at Methodist in July of 2007, after working with Jan McNally for several months as chief operating officer of the medical center. Previously, he had served as senior vice president and chief operating officer at Holy Spirit Health System in Camp Hill, Pennsylvania, and as a vice president of Baptist Health South Florida in Miami for 10 years.



Mike Belbeck

A native of Florida, Belbeck received his bachelor of science and master's degrees in business administration and health science from the University of Florida. He is a fellow of the American College of Healthcare Executives and is a recipient of the college's Regent's Award for Early Career Health Care Executive.

Belbeck and his wife, Janice, live in Oak Ridge and have three children.



Dr. Ron Lands

inward, resulting in the continuing improvements in quality and patient satisfaction. Some reached out, sharing the knowledge MMCers had gained from the “Quality Together” process and the use of the Baldrige evaluation criteria with other hospitals in the newly formed Covenant system. One popular Methodist physician, Dr. Ron Lands, turned to satire. His minutes of Methodist medical staff meetings were augmented by editorial columns called “For Lands Sake,” humorous asides, and friendly jabs at fellow physicians and hospital and health system leadership. Each commentary brought humor, perspective and focus to the current state of affairs at Methodist and became sought-after reading each month. His introductory “For Lands Sake” column of October 22, 1999, was no different:

A melodious snore rose from somewhere near the front of the room. It appeared to emanate from a relic of a man, wound into a tight package with his legs crossed, shoulders humped forward, right elbow resting on his thigh and his chin propped on the right hand. His eyes were closed, but he maintained a studious mask. Another contented snore, louder this time, floated from the front of the room, causing a ripple of laughter to surround the old physician.

The lights came on as the visiting lecturer finished recounting his experience in the laparoscopic wars. The old man jerked awake, glancing sheepishly about, to reassure himself that no one had witnessed his lapse. His tremor worsened with the anxiety of the moment, and he spilled a few drops of coffee. A colleague handed him a napkin.

The meeting adjourned. The old doctor rose noisily from the table, and moved toward the door in a festinating gait. The eyes of the medical staff followed him, poised to catch him if he stumbled.

“I wonder why he comes to the hospital at all?” wondered a vibrant young staff member. “He doesn’t practice, and he can’t need the CME (continuing medical education).”

The old doctor tottered through the afternoon, enjoying his visits with patients he had treated in decades prior, oblivious to the concerns of their current attendings, such as rising overhead, discounted fees, managed care, government intrusions and malpractice.

Dr. Lands finished off that edition of the medical staff minutes with a satirical prayer:

THE TENNCARE PRAYER

(with apologies to St. Ignatius)

Teach us, Oh State Government, to serve thee;
To give and not to count the cost;
To toil and not to seek for rest;
To labor and to ask for no reward,
Save that of knowing that we do thy will.

As the hospital neared the end of the 20th century, it offered its five-county area (Anderson, Roane, Campbell, Morgan and Scott) a full range of services that was continually expanding, including a 24-hour chest pain center in the emergency department and a full line of cardiac services with a stress lab, echo lab, catheterization lab, outpatient cardiac rehabilitation and a congestive heart failure program. Beginning in 1997 Methodist Regional Cancer Center was accredited by the American College of Surgeons, Commission on Cancer. Fewer than 50% of the cancer programs nationwide are accredited, and in 2007 the status of the accreditation was elevated to Comprehensive Community Cancer Program with Commendation, an achievement that speaks to the efforts of the MMC Cancer Committee. Also, the Methodist Regional Cancer Center was one of 400 centers in North

America participating in the STAR—the Study of Tamoxifen and Raloxifene—clinical trial for breast cancer prevention. Methodist Senior Connection had opened in the Oak Ridge Mall, recording over 14,000 visits by area seniors for screenings, exercise classes, educational programs, blood pressure checks, Medicare counseling, driving classes and notary services.

A New Millennium Brings a Perfect Storm

December 31, 1999, was an evening of celebration, but also of great apprehension, around the world. Would the dawn of a new millennium bring chaos to our computer systems and energy grid? Would the sun rise on January 1 to disaster or to hope for the new century?

Methodist, like so many other businesses and organizations, had a thorough plan in place to deal with all the possibilities of equipment, information systems and communications failures as a result of Y2K. Methodist Cath Lab employee Marcia Todkill was among staff who was assigned to celebrate the new year at the hospital.

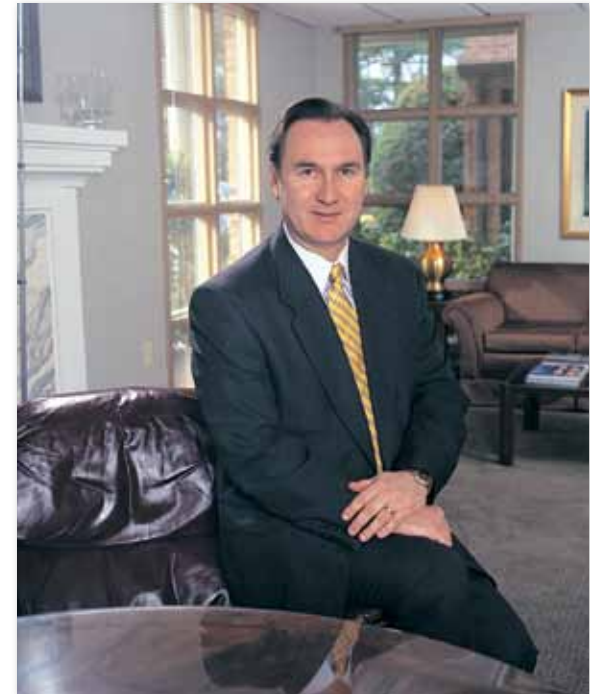
“The hospital was putting their best face on the situation by having food and punch in the cafeteria, and Pat Scruggs and I decided to do the same,” Todkill said in her oral history. “We wore our own New Year’s hats which we had created just for the occasion. Pat made this colorful hat like the damsels in distress in the times of knights and dragons. I had this clear plastic salad bowl, which I had made a hole in the bottom of and inserted one of those tinsel table decorations. It looked rather like fireworks shooting out from the top of my head.”

Todkill and her co-workers visited around the hospital, delivering some holiday cheer. “It turned out to be an enjoyable, memorable experience, not the odious thing we first thought it was going to be,” she recalled. “As it turned out, everything worked perfectly and, I think, before 3 a.m. they let us go home.”

The new millennium brought significant changes to the leadership structure of Covenant Health. In late 1999, both Richard Stooksbury and Ralph Lillard left their executive vice president positions with the health system. The founding health system CEO Alan Guy departed in April of 2000, and a three-person interim oversight committee of Covenant board members was put in place. Current Board Chairman Larry Martin became acting president, with board members Virginia K. (Ginny) Morrow and Clyde C. Hopkins completing the team. Hopkins, retired president of Lockheed Martin Energy Systems, provided important representation of Methodist during this leadership transition. Covenant Executive Vice President Anthony L. “Tony” Spezia became acting chief operation officer, reporting to the oversight committee, as a nationwide search began for a new CEO.

About five months later, the Covenant Health board announced that Tony Spezia had been named president and CEO of Covenant Health. Spezia had previously served within the health system as president and CEO of PHP Companies/Cariten Healthcare, and senior vice president of managed care. He came to East Tennessee in 1991 from Michigan to serve as executive vice president and chief operating officer of Peninsula, a behavioral health system which had joined Fort Sanders Health System in 1992 and later became a part of Covenant Health.

Around the same time in 2000, the leadership of Methodist transitioned as well. George Mathews returned to the hospital from his position with Covenant Health, replacing President and Chief Administrative Officer Dan Bonk. Shortly after Mathews’ return, another familiar face returned to Methodist—Jan McNally. Having just served for three years as CAO of Covenant HomeCare, McNally was named chief operating officer at Methodist. She had spent 16 years at Methodist before her time with HomeCare, working



Tony Spezia



Former Methodist President and CAO George Mathews was beloved among staff and volunteers for his jolly portrayal of Santa Claus at the hospital's annual holiday celebration, Turkey Day.

as a staff nurse, clinical manager, and ultimately vice president and chief nursing officer.

"Jan has well-respected relationships with the medical center, Covenant Health and the Oak Ridge community," said Tony Spezia. "It is that trust and continuity that will serve as a critical ingredient for the transition of leadership at MMC."

As Spezia's comment implied, Methodist's leadership was in transition, as George Mathews had announced his intention to retire at the end 2001. Over the next six months McNally worked closely with Mathews to plan a smooth transition and implement structure and plans for the future of the hospital. On July 11, 2001 Jan McNally assumed the duties of president and chief administrative officer at Methodist, with Mathews remaining on as a senior advisor until his retirement on January 4, 2002.

Upon Mathews' retirement, Gary Coxon, chairman of Methodist's advisory board, commented, "George has the respect of the whole team at Methodist and at Covenant Health. He has been a tower of strength and stability during tumultuous times in the health care industry. He is a great leader and has contributed in countless ways to the successes at Methodist and Covenant Health."

The Oak Ridger noted, "McNally assumes her new leadership role at Methodist at a critical time in health care...hospitals across the nation, including Methodist Medical Center, face the very serious challenge of providing high quality care despite decreasing reimbursements for that care."

Two days later, in an interview with R. Cathey Daniels of *The Oak Ridger*, McNally outlined the situation in grim detail. "I want the public to know that Methodist is struggling," she said. "We've got changes to make and challenges to meet. But we are strong and stable...we've got a strong balance sheet...we are not closing our doors."

As the newspaper aptly phrased it, "The perfect

storm has hit Methodist Medical Center." The hospital lost \$4.3 million on its operating budget in 2000. It wasn't alone—according to the Tennessee Hospital Association, 50 percent of the state's acute care hospitals had lost money in 1999.

"It really is almost the perfect storm analogy," said McNally, noting the effects of the Balanced Budget Act of 1997, which drastically reduced reimbursement for Medicare patient care. That impact was closely followed by the seriously under-funded TennCare rollout, then by the physician unrest and institutional concerns of the consolidation with Fort Sanders to form Covenant Health. The 2000 opening of Cheyenne Ambulatory Center, a joint venture between the medical center and a group of physicians, moved a large portion of outpatient surgery business away from the hospital proper. As a result, there was a significant reduction in the hospital's patient revenue. Human resources costs and stock market volatility also contributed to the storm.

McNally and the leadership team at Methodist, however, had a plan. The hospital had a strong balance sheet. Their goal was to finish the year in the black. A "wholesale change" process was begun that included management restructuring, layoffs, reduction of labor costs, renegotiation of managed care contracts, improvement of supply and productivity management, and identifying appropriate growth opportunities.

"While we are pinching pennies," said McNally, "we're still dreaming about where we need to be in the future."

Upon her return to Methodist, McNally had quickly learned that the Oak Ridge community had strong concerns about the future of its hospital. "As I got out and met with different folks in the community and the medical staff and the advisory board, there were pretty clear and troubling messages. 'We are not sure what Covenant is going to do.' 'We are not going to be a full-service hospital.' People had strong, and erroneous, beliefs about what they perceived Covenant's vision and

intent to be for Methodist Medical Center,” McNally recalled. “I shared with Tony Spezia very honestly that there would need to be a lot of work done to change this perception. I also asked... ‘Is there something that I have missed? What is your intent? What is the vision of the Covenant board for MMC?’ He said to me in no uncertain terms, ‘It is for Methodist to be a vital, full-service tertiary care hospital.’ I knew I was going to have to carve out a significant chunk of time to spend building relationships in the community.”

To counter what became an \$8 million loss over 2000 and 2001, the hospital took some drastic steps. “It is very expensive to operate a full-service hospital, incredibly expensive,” said McNally. “We looked at ourselves as honestly as possible from every angle and, as always, this proves to be painful. Because as I talked to community members, I really got an understanding of their perceptions of the hospital, their vision of where it should go, and their fears of where it might go.”

The hospital decided it needed an outside review to provide objectivity and critical benchmarking information for what was working at similar facilities in other markets across the country. After several months of meetings involving physicians, staff and leaders, a plan for turnaround was developed. Approximately 200 positions, including several layers of the existing management structure, were eliminated. But, no positions “at the bedside” were lost. Three service lines—inpatient pediatrics, the outpatient drug and alcohol unit, and the inpatient psychiatric unit—were closed. These decisions resulted in some stabilization of patient revenue and operational expenses and allowed the hospital to focus on areas for sustainable growth.

Ahead of the Curve

McNally proved to have a set of strong leadership skills on a par with those of her predecessors. Covenant Health was a trendsetter of sorts among health care systems

nationally, with three female chief administrative officers among its senior leadership team. Methodist followed suit with an all-female team that included its first female president, McNally, Chief Financial Officer Susan Hand, Chief Nursing Officer Sue Harris and Vice President of Support Services Suzanne Koehler.

Beginning in 2002, Methodist was once again working on expansion and growth of services targeted to benefit patient and community needs. The Comprehensive Chest Clinic had been opened the previous fall, primarily to reduce patient anxiety due to the time between the diagnosis of possible chest cancer and the completion of medical evaluations and treatment plans. The program, started with a grant from Thompson Cancer Survival Center Foundation, was one of the first of its kind in the nation, bringing together a team of oncologists, pulmonologists, thoracic surgeons and respiratory therapists to assess, diagnose and develop a plan of care.

As part of its renewed community focus, Methodist announced a major expansion of its health education program in 2002. Education Coordinator Cheryl Stallings, R.N., introduced a wide range of childbirth classes, including pre-pregnancy planning, early pregnancy care, childbirth, postpartum care and breastfeeding, along with classes for big brothers and sisters, fathers, and grandparents. Offerings for infant CPR, infant massage, first aid, family exercise, nutrition and cooking, and grief support were also included. The hospital was also offering smoking cessation training for community groups and churches. Later in the year, a new heart health program for women—The Women’s Heart Advantage—was launched in partnership with Covenant, the American Heart Association and Volunteer Hospitals of America to educate the communities about the unique risks and symptoms of heart disease in women.

The fall of 2002 brought the first news of Methodist’s improved financial status and most ambitious expansion

Oak Ridge Sister City Exchange



Dr. Ken Luckmann, right, meets in his office with Oak Ridge and Russian pulmonologists, Dr. Charles Bruton and Dr. Vera Litkova, during a 2002 visit by Russians sponsored by the Oak Ridge Sister City Support Organization. Dr. Luckmann has hosted visitors from Oak Ridge sister cities since joining the local organization in 1992.



Jan McNally, center, greets visitors from Russia for a tour of Methodist Medical Center in 2002. The Oak Ridge Sister City Support Organization hosted the Russians, many who work in health related services.



Charlcie Presley



The 20th and last Run for the Rose was held in 2006. The event promoted awareness of women's health issues. This photo captures three generations of a longtime Oak Ridge family celebrating together at an earlier run. From left, the women are Peggy Mitchell, her daughter Emily Mitchell, and Peggy's mother Therese Anderson.

to date. As R. Cathey Daniels noted in her September 20 *Oak Ridger* story, "Methodist Medical Center is back in the black this year and headed for growth."

Jan McNally said, "We've done a lot to reduce costs, and now we've got to focus on growth. We need facilities that meet the needs of the people we are trying to serve." Though plans were not complete at that time, the goal was to break ground in the next year or two with at least \$35 million earmarked by Covenant Health for the new and renovated facilities. The construction would mean a new emergency department, a parking garage, wider hallways and visitor areas, and mostly private rooms throughout the hospital.

Methodist was once again the recipient of high praise during the Tennessee Hospital Association annual meeting in November 2002. An unprecedented sweep occurred with three honorees from Methodist. George Mathews, Methodist's former president and CAO, received THA's highest honor, the Distinguished Service Award. Mathews was honored for his integrity, leadership and commitment to health care and THA during his 46-year career. Methodist physician, Dr. William "Bill" Hall, received the Meritorious Service Award for medical staff—one of just two physicians in the state honored with this award. Dr. Hall was recognized for his vision of a comprehensive cardiac program and his leadership as the hospital's chief of staff. Charlcie Presley, a volunteer at Methodist for 23 years who had, at that time, logged more than 10,000 hours of service, was presented the Meritorious Service Award for volunteers. Presley has also served on the Methodist Foundation board of directors and as president of the Methodist Volunteer Organization. The following year, another Methodist volunteer and past president of the Methodist Volunteer Organization, Arlene Haire, was also presented with the Meritorious Service Award.

The Oak Ridge Institute for Continued Learning (ORICL) and Methodist strengthened their relationship in 2003 when the hospital began offering

a series of medical lectures addressing everything from the common cold and joint pain to cancer research and the hospital's upcoming renovations. ORICL is a non-credit program offered through Roane State Community College. Dr. Paul Spray took a lead role in planning the medical lecture topics and offerings through Methodist to ORICL participants.

Continuing new growth in programs and quality included:

- The addition of brachytherapy at Methodist Regional Cancer Center for the treatment of prostate cancer. According to radiation oncologist Dr. Kenneth Strike, "Brachytherapy is a form of radiation therapy in which radioactive seeds are placed into the prostate gland, allowing a much more precise and accurate delivery of radiation to the cancer itself. It also spares normal tissue and is safer for the people around the patient."
- Recognition of the intensive care unit (ICU) by the Volunteer Hospitals of America, a national organization which helps not-for-profit hospitals improve effectiveness and efficiency. Methodist received the Transformation of the ICU Program award for its success in reducing complications and deaths in the ICU and for increasing communications between patients, families and staff.
- The launch of an occupational health clinic called MMC Healthworks to partner with area employers to improve workers' health while better managing health care costs. Services included pre-employment screenings, health and wellness education programs, CPR training, smoking cessation classes, chronic disease management, industrial rehabilitation, evaluations, EKGs, drug screenings, respirator fit evaluations, lung function testing, and chemical and biological tests.
- The opening of an advanced laparoscopic surgery suite to treat conditions involving the colon, rectum, liver, adrenal glands, gall bladder and spleen, as well as to repair hernias.

Medical Missions to Central America

In late 2003, the Fort Sanders Foundation and Covenant Health Office of Philanthropy began offering matching funds to support medical mission trips made by employees and physicians from Covenant Health, which includes Methodist Medical Center of Oak Ridge.

Methodist's Dr. James Michel, recently retired, recognized the value these matching funds could bring to his work in Central America. Since 2004, the Foundation has provided a \$5,000 matching fund grant to Dr. Michel's team each year for medical mission work in Nicaragua and Honduras. Other physicians and staff from MMC who participated on these teams included Dr. Jim Henry, emergency medicine; Dr. Chuck Mascioli, an intensivist; Dr. Tommy Daugherty, family practitioner; Dr. Greg Snodgrass, an anesthesiologist; and several nurses.

"Most but not all their health problems were minor, but the Nicaraguans' gratitude was huge," Dr. Michel said of a recent combined Methodist Medical Center/First United Methodist Church medical mission. In nine days, the medical teams treated about 1,150 people, and the vision teams dispensed 760 pairs of glasses. The team sponsored a hot meal and distributed "care packages" of food staples to those people who scavenge the city dump.





This aerial view shows the front entrance of the medical center prior to renovations.



An artist's rendering shows the new look of the hospital's main entrance, which opened in early 2006.

Rebuilt, Renovated, Reinvented

The applause could be heard on the Turnpike on March 11, 2004, when the plans for Methodist Medical Center's more than \$40 million expansion and renovation project were unveiled. The project would include over 84,000 square feet of new space and improvements to another 100,000 square feet of existing hospital areas. A redesigned main lobby with two-story atrium, new cafeteria and gift shop would freshen the public face of the hospital. Renovations would be made to the emergency department, same-day surgery, lab, communications, medical imaging and diagnostics. Oak Ridge would also get its first parking garage.

"Guided by input from our physicians, hospital staff and the community, we believe we have developed a blueprint that will carry Methodist's mission far into the future," said President and CAO Jan McNally. The project was the first major building campaign undertaken by the hospital in 20 years.

And, even in the midst of all the construction, Methodist showed once again that its commitment to quality was as strong as ever. Patient care remained the top priority—even when those patients were not the typical community members the hospital served. In September 2005, the emergency department, patient rooms, and Hospitality House were opened to provide support to evacuees from the New Orleans area following the devastation of Hurricane Katrina. In November, the hospital was ranked as the top Tennessee hospital in quality performance standards by Health Insight, a quality improvement organization which measures hospitals for the federal government's Centers for Medicare and Medicaid Services. In addition to being number one in the state, Methodist ranked in the 98th percentile nationally.

"This hospital's medical and clinical staffs have demonstrated an ongoing commitment to quality patient care," said then Methodist Chief of Staff

Dr. Duncan McKellar. "This recognition—by an independent and objective company—validates the quality of care that Methodist physicians, nurses and staff deliver to patients and families on a daily basis."

Methodist would repeat its outstanding performance in 2006, once again topping the Health Insights rankings for Tennessee hospitals. "While these results are gratifying, we know that our work will never be done. New technology, drugs and best practices are introduced nearly every day," said McNally. "Our ongoing challenge is to relentlessly focus on bringing these quality advances to the bedside with the goal of improving care for our patients."

The hospital celebrated the grand opening of its newly renovated and expanded facility in February 2006, touting "The New MMC: Building a Higher Standard." Special features of the new facility included:

- An emergency department double the size of the previous one, including a Fastrack area for non-urgent care, a chest pain center, an in-department imaging center with digital x-ray technology and a 16-slice CT scanner.
- Central registration for inpatient and outpatient procedures.
- The Secret City Café, much more than a hospital cafeteria and a popular eatery in Oak Ridge.
- An expanded Pink Placebo gift shop run by the Methodist volunteers.
- A beautiful two-story atrium lobby.
- A guest gathering area with a baby grand player piano.
- A new laboratory.
- An expanded orthopedic surgery suite.
- The new Ridge Conference Center, which can accommodate 150 people for events like Health Night on the Town.

Methodist's new Wound Treatment Center opened in May 2006, providing hyperbaric oxygen treatment for patients with chronic wounds that

Hurricane Katrina Victims Touch Hearts as They Receive Care

A personal account by Karen Wilken

Hurricane Katrina formed over the Bahamas in August 2005 and made landfall as a Category 3 storm on the morning of August 29 in southeast Louisiana. Due to the storm surge and the failure of the levee system, nearly 80 percent of New Orleans was flooded, displacing several thousand people.

It was a beautiful Saturday afternoon on September 3, 2005, when I received a call at home from the shift manager in the Emergency Department informing me that Methodist Medical Center was to receive patients from incoming “mercy flights” from New Orleans. The flights were to begin arriving at 1:30 p.m. Initial reports were that more than 300 patients would be triaged (sorted) at the airport and disbursed to area hospitals.

We immediately began to prepare disaster registration packets, checked supplies, alerted staff, and numbered every spare Emergency Department stretcher to help track patients when they arrived.

At approximately 5 p.m., the patients began to arrive by ambulance and bus. As we assisted them to wheelchairs and stretchers, it was evident that these were frail, tired, elderly people who had spent the last several days at the Superdome in New Orleans. The conditions there were deplorable, and they began to tell us tales of being unable to use the bathrooms, limited food and water, and lack of adequate security. Each carried a single piece of “luggage” – a black plastic garbage bag which contained their only possessions: a pillow and blanket from the airlines and a bottle of water.

Even for a seasoned nurse like myself, it was difficult to choke back tears as they exited the bus and their stories began to unfold. One woman brought a sombrero “from Tommie, the boat driver who rescued me. He was afraid that I was getting too much sun so he gave me his

hat. I want to find him someday and give it back to him.”

Another person struggled to walk barefoot with legs that were swollen twice their normal size. When I asked why no one had given him some shoes to wear, he said, “I can’t get them on. Have you ever heard of river poison? It’s from being in that dirty water.”

As I took one elderly lady into the Emergency Department, she spotted a bathroom and said, “We didn’t have bathrooms to use at the Superdome, so we limited our intake of food and water. Could I use your bathroom?”

After a quick physical assessment, it was determined that all of the patients needed a bath and a hot meal. To expedite the process, we put the patients on stretchers and the Emergency Department decontamination shower was transformed into a “patient carwash.” Staff members at the entrance of the showers undressed the patients and covered them with a blanket. Staff in the showers scrubbed and rinsed them, while staff at the exit provided a clean gown and a warm soft blanket.

As I assisted an 81-year-old woman in removing her clothing she said, “I’ve been wearing the same dress and underwear for six days.” She had gone from her flooded home to a neighbor’s attic, to evacuation by boat to the Superdome, then a flight to Knoxville, a bus to Oak Ridge, and finally to the doors of Methodist Medical Center. “My mother always taught us to change our underwear every day,” she said. She went on to say that her simple blue cotton dress and knee-high stockings “are all that I own in the whole world. Honey, promise me that you will never say that you have nothing to wear.” It’s an admonishment that I will never forget.

Several of us asked the patients if they would like for us to take their clothing home and launder it for them. They gratefully accepted and we returned it to them the next day. I recall washing the blue dress and knee-high stockings, all the while hovering over my washing

machine and praying that it would deliver the clothing intact. It did, and Granny Em, as she had instructed me to call her, was pleased.

After showering, the patients were wheeled to an adjoining room where Nutrition Services provided a turkey and dressing dinner, which was the first warm meal they had experienced in several days. I watched as one elderly lady savored a cup of tea, practically ignoring her food as she told me, “I don’t drink coffee and no one has been able to make me a cup of tea.”

The Red Cross was present to assist with patient identification and to attempt to reach other family members. Their volunteers also met with each patient to determine what size clothing they wore and then fanned out to local retail stores to make purchases of personal items.

Patients were evaluated for admission by Methodist hospitalist physicians, eight of whom returned after already completing their shifts. As we began preparing to take the admitted patients to their rooms, some of them told us that, even though they were strangers before they met at the Superdome, they now had bonded, so when possible we placed them in adjoining rooms to accommodate their new-found friendships.

By the next morning the patients, though stoic on arrival the day before, began to realize the enormity of what they had experienced. Many tearfully thanked the staff for their care. One of the patients took my hand and said, “I had a shower, slept in a bed, but most of all I feel safe. I can’t think of anything else that I could possibly need.”

Expansion and New Technology Were the Buzz Around Oak Ridge as Well as at Methodist

Oak Ridge National Laboratory began a \$350 million modernization campaign in 2002, resulting in a campus-style quadrangle housing a visitor center, offices, research laboratories and computational sciences center, with most of it completed by 2007. ORNL, managed by UT-Battelle for the Department of Energy, also opened the \$1.4 billion Spallation Neutron Source in 2006, providing scientists around the world a premier center for neutron science research.

At the Y-12 National Security Complex in Oak Ridge, offices were consolidated in 2007 in the newly constructed Jack Case and New Hope Centers, marking the entrance to the complex operated by B&W Y-12 for the National Nuclear Security Administration.

Near the center of the city, the Oak Ridge school system completed a \$61 million renovation and rebuilding of Oak Ridge High School in 2008. Government contractors, businesses and individuals contributed \$8 million to that project through the Oak Ridge Public Schools Education Foundation, and voters approved a half-cent sales tax increase to help finance the improvements.

have not responded to other treatments. At the time, Methodist was the first in the greater Knoxville area to offer dedicated hyperbaric treatment for chronic, non-healing wounds. During hyperbaric treatment, patients rest in a special chamber and breathe pure, pressurized oxygen. Pressurizing the oxygen enables them to dissolve more oxygen in their red blood cells and plasma. The oxygen circulates throughout the body, reaching tissues that are not receiving enough oxygen under normal circumstances.

“The high oxygen level has been found to stimulate new artery growth, which provides oxygen to ischemic feet and leg ulcers,” said Dr. David Stanley, medical director of the Wound Treatment Center and vascular surgeon. “This treatment is particularly beneficial in people with diabetes and patients with severe peripheral vascular disease.”

Methodist Medical Center Foundation was taking a very active role in renovation and expansion of the hospital services during 2006. During the previous three years, Foundation Director David McCoy and board chairman Lou Rabinowitz had worked in concert with the leadership of a local industry management and union organization called CALM (the Cooperative Agreement of Labor and Management) to renovate an “E” house next door to the existing Hospitality House and expand that outpatient lodging facility. In October 2006, those renovations were completed, and the doors of the CALM House were opened for guests. A similar renovation of the existing Hospitality House, now named the Manly House in honor of longtime donor and friend Bill Manly and his wife Jane, would take place in 2009.

A second philanthropic project was also announced in late 2006—a \$1.25 million capital campaign to bring the latest minimally invasive robotic surgery technology to the area. It was the largest fund raising effort ever undertaken by the Foundation.

As the Foundation grew and became stronger, the

board and staff became very passionate about doing what was needed for the hospital, Jan McNally said. “The Foundation committed to us that they were ready to take a major campaign and obviously wanted to find the right project.” McNally and other hospital leadership presented several options to the Foundation board of directors, and they felt that the surgical robot would resonate most strongly in the community. UT-Battelle’s Homer Fisher, Tom Tuck of TNBank and cardiologist Dr. Bill Hall agreed to co-chair the fund raising effort.

Led by the Methodist Volunteer Organization with a \$300,000 contribution and Methodist physicians contributing over \$100,000, the Campaign for Robotic Surgery was a success. More than \$1.3 million had been donated to purchase the robot, provide for physician and staff training, and maintain and upgrade the equipment in the future. Use of the robot in cardiovascular, lung and prostate surgeries at Methodist began almost immediately. In July 2007, Dr. Bill Hall performed East Tennessee’s first robotically assisted repair of an atrial septal defect, a congenital heart condition known as a “hole in the heart.” By the first anniversary of the program at Methodist, 81 robotically assisted surgeries had been performed, and eight physicians in four specialty areas, including gynecology, had been credentialed for robotic surgery.

Having led Methodist from the “perfect storm” to a “rebuilt, renovated, reinvented” hospital, Jan McNally announced her retirement as president and chief administrative officer at the end of July 2007. McNally, however, did not leave the medical field completely. She transitioned to Covenant Health corporate management as Director for Leadership Development. In that role, she would work with system affiliate leaders to make Covenant an extraordinary place for employees to work, physicians to practice medicine, and patients and customers to receive care and service.

Methodist’s new president and CAO was Mike Belbeck, who came to Oak Ridge from Pennsylvania. He

Lead Developer of Robotic Surgery Technology is Former Oak Ridger

In November 2006, the Methodist Medical Center Foundation hosted a “hands-on” demonstration of the surgical robot it hoped to fund through community contributions. As Foundation Director David McCoy planned the event with the surgical robot sales representative, she kept saying that she wished “Bill” were here to see this event. McCoy asked who “Bill” was and the domino effect began.

“She said it was ‘Bill Nowlin, our chief engineer. He is from Oak Ridge,’” remembered McCoy. “So I ran to my phone book and found a listing I thought was his parents, called them and invited them to the demonstration.”

The elder Nowlins insisted that Oak Ridge High School Advanced Placement calculus teacher Benita Albert also be invited to the demonstration, since she had been their son’s teacher. Not only did Albert come, but she also brought some of her most promising current students.

A few months later the Foundation made contact with the Nowlins and arranged a time for their son to come home and share his knowledge of robotically assisted surgery and its values with his hometown community.

William C. Nowlin, Ph.D., was Senior Director of Research and Applied System Development with Intuitive Surgical in California. Intuitive Surgical makes the daVinci™ Surgical System, the equipment the Foundation’s \$1.25 million capital campaign would purchase for Methodist. Dr. Nowlin shared the technological elements that make this surgical system one of the most sought after medical devices in the nation and explored where this technology may go in the future.



Bill Nowlin, Ph.D.

As senior research director, Nowlin leads the team responsible for researching advanced concepts and developing and testing all product software, control algorithms, and safety algorithms. He holds a Ph.D. in Applied Mathematics from Harvard University, where he was a member of the Robotics Lab studying tactile sensing. He has authored or co-authored several papers and holds more than a dozen U.S. and various international patents.

Nowlin is also a proud graduate of Oak Ridge High School, Class of 1982, and fondly remembers his days on the state championship cross country team. Much more than a coincidence, his contributions are still making an important impact on his hometown.



Homer Fisher



Tom Tuck



Dr. Bill Hall



Dr. David Stanley attends a patient in the Wound Treatment Center's hyperbaric oxygen chamber.

Clinton Athletic Director Has Big Win Against Severe Wound

In the fall of 2008, with a successful high school football season well under way, Clinton High School athletic director Jim Davis, 59, was ready for the challenge. He would not have been a few months earlier.

Davis has diabetes, which puts him at higher risk than other people for developing non-healing wounds. He had elective surgery to remove a cyst from his right ankle in December 2007. By early January, complications had developed in the form of a diabetic ulcer at the incision site.

“My wound was open to the bone,” he explained. “The worst case scenario was that I could lose my leg.”

His surgeon referred him to the Methodist Wound Treatment Center, the most experienced provider of hyperbaric oxygen treatment in this area, and it made all the difference for Davis.

“You get into the chamber, watch television or take a nap, and breathe the oxygen for about 90 minutes,” Davis explained. “It feels normal even though the oxygen is pressurized. It’s called a ‘dive.’” Davis had 39 treatments over eight weeks.

“There are several reasons wounds will not heal, including diabetes and peripheral artery disease,” said Dr. David Stanley. “People with these conditions have poor blood circulation that deprives cells of the oxygen and nutrients they need. The tissue may become infected, the infection may spread to the muscles and bones in the foot, and the tissue may eventually die. These wounds can be extremely painful and can rob you of your independence.”

Davis also received several traditional wound treatments including debridement to remove dead tissue, antibiotics, removal of the dressing and cleaning of the wound every day, and constant monitoring.



Coach Jim Davis

“It was mind-boggling how my foot ulcer healed,” he said. “The wound center is a remarkable organization. The treatment and the people were fantastic.”

Because of hyperbaric treatment, Davis has been able to keep up with the 15 sports teams he oversees as athletic director, play a major role in the recent renovation of his school’s football stadium, and play with his two-year-old grandson.

“I’ve lived in this area all of my life, and it’s amazing the technology we have in this valley.” He said. “The wound has closed, and I’m working now to rebuild the muscles.”

The timing could not be better!

Santa Claus Has Knee Replacement at Methodist Medical Center

Millions of children sit on Santa Claus' knees each Christmas, and that can cause a lot of wear and tear over the course of many years. So what did Santa do when his knees weren't feeling so jolly? He paid a visit to Methodist Medical Center's Joint Replacement Center for a bilateral knee replacement.

Santa Claus, who keeps a residence in Clinton, chose to use his summer slow season to have orthopedic surgeon Dr. Michael MacKay perform his surgery so that he could be back in "roof-top" condition by Christmas. Just one day after having his bilateral replacement, Santa Claus was entertaining his friends from WIVK. Wivick the Frog and "Colleen," host of Colleen's Country Café, visited Santa at Methodist's Joint Replacement Center to wish him a happy recovery. Santa assured them that he would be ready to join his friends at WIVK for his annual appearance in Knoxville's Christmas parade and many other holiday activities.



"Santa" visits with Wivick the Frog and on-air personality Colleen from WIVK following his double-knee replacement.



The 245 Methodist Medical Center volunteers who gave their time and talent to the hospital in 2008 provided more than 53,000 hours of service and support to staff, patients and their families.

had previously served in hospital administration for 12 years both there and in Miami. Belbeck came to Methodist as senior vice president and chief operating office for several months preceding his step up to the president's role.

"I have had the distinct privilege to work side-by-side with Jan during these last months," said Belbeck. "She has been an incredible mentor and I am truly grateful to have been given such a wonderful introduction to Methodist and this community."

McNally returned the praise, saying, "I really admire Mike's management philosophy and his commitment to do the right things for our patients and staff. He brings great enthusiasm and an impressive skill set to Methodist. As eager as I am to begin my next journey, I

am equally excited about this new phase in Methodist's history and envision an even brighter future ahead."

The praise for Methodist staff and programs continued to roll in throughout 2007:

- The Environmental Protection Agency awarded the hospital the Energy Star Label, recognizing its dedication to being both environmentally conscientious and energy efficient. Methodist was one of only 50 hospitals nationwide to receive the recognition, and the only hospital in Tennessee.
- Volunteer Hospitals of America presented Methodist with the Leadership Award for Clinical Excellence in preventing surgical complications and infections. Methodist was also one of only two

Standing Strong Together

A message from Covenant Health President and CEO Tony Spezia

There's an old saying: 'nothing is constant except change.' That is clearly the case in health care, and particularly in the history of Methodist Medical Center. Over the last 65 years, the hospital has seen significant changes in its governance, its physical plant, its medical technology, its financial status, and its service area.

In the midst of all that change, one thing has remained constant—a commitment to excellence and quality by compassionate and knowledgeable caregivers. Our patients expect that commitment, and both Methodist and Covenant are dedicated to achieving it.

As a member of Covenant Health, Methodist is prepared to thrive, despite the challenges of the current health care environment. We are financially stable and poised for growth to better serve our communities. The hospital has a tremendous legacy of recognition for quality and innovation to benefit our patients and their families. We will continue to raise the bar, making Methodist Medical Center and Covenant Health the best health care providers we can be.

We are proud of the legacy and commitment MMC Healthcare System and Fort Sanders Health System brought to the table in 1996 to form Covenant Health. It stands strong, with the resources to make a difference and an unwavering commitment to excellence.

hospitals in Tennessee to achieve the second highest level award for treating patients who have had a heart attack.

- In August, Methodist was the first hospital in the state to begin using the new iLab™ Ultrasound Imaging System to provide improved diagnosis and treatment of patients with coronary artery disease. Different from traditional angiography, a two-dimensional x-ray, the iLab offers intravascular ultrasound using high-frequency sound waves to create a three-dimensional view from inside the artery.
- The Vascular Diagnostic Center at Methodist was designated as a “signature lab” by the Society for Vascular Ultrasound, and also received accreditation from the Intersocietal Commission for the Accreditation of Vascular Laboratories. Both designations recognized the focus on quality assurance, scientific competency, professional education and commitment by the staff. Dr. David Stanley would be called upon the next year to advise the United States Department of Health and Human Services on national quality-of-care standards for vascular diagnostic services.

In early 2008, the Methodist Joint Replacement Center opened its doors. The Joint Replacement Center was specifically designed to meet the unique needs of people who are hospitalized for hip or knee replacement surgery. Patients visit the hospital two weeks prior to surgery for an educational program and tour. They meet with nurses and physical therapists who will provide their care. After surgery the patients are motivated to get out of bed and recover quickly. They wear their own clothes and exercise and dine with others in the center. The staff uses a series of best-practice guidelines and standard orders to treat patients efficiently and provide the best opportunity for optimal outcomes.

“Joint replacement surgeries are expected to grow in popularity as baby boomers get older, and our new center

is equipped to stay ahead of the curve with advanced procedures and treatments,” said founding Medical Director Dr. Duncan McKellar.

“All agree it is a much improved process,” said orthopedic surgeon Dr. Cletus McMahon, who took over as medical director of the Joint Replacement Center later in 2008. The staff and the patients were seeing the proof of the center’s group therapy and standardized care plan concepts. “People who have undergone hip or knee joint replacement in the past and choose Methodist to repair the other joint are surprised at how much better their second experience compares to the first.”

While the overhead speakers didn’t page “Incoming Wounded!” like Radar on “MASH,” the newly installed helistop at Methodist did begin offering a new option for air ambulance transport for the five-county region in July 2008. The FAA-approved on-site landing facility allows for transport of emergency patients from rural hospitals and remote areas. With the addition of interventional radiology and interventional cardiology, plus a new rapid access transfer process, the helipad was a logical next step in expanding services for the Methodist community.

“Just a few minutes can make the difference for heart attack victims or those who are critically ill, so having on-site air transport is just one more way we can continue to provide our patients with the highest level of care,” said Methodist President and CAO Mike Belbeck. “For more remote hospitals and communities, this will literally be a life saver for many critically ill patients who need immediate transport to our hospital.”

With the addition of air transport, new technologies, and expanded physician specialties, Methodist approached the end of its 65th year poised to provide the best care to all who need it in Oak Ridge and surrounding areas.

“We have a huge focus on the hospital’s ‘Journey to Excellence,’...every patient, every time, deserves excellent care,” said Belbeck. “We are positioning Methodist as a referral center for East Tennessee. It is all about the patients.”

From the day in mid-July, 1943, when Dr. Frank Bryant drove into a muddy construction site taking shape as the town of Oak Ridge, to the day 65 years later when Dr. William Hall used a robotic arm to perform cardiovascular surgery, much had changed at the hospital founded to serve the people who built and worked in this Manhattan Project town.

Dr. Bryant, were he alive today, would see no remnant of the Army-built hospital, its wings stretching in all directions, where record numbers of births and few deaths were recorded among the youthful population of wartime workers. All that remain are the stories, photographs and memories, some of which have been captured in this history of Methodist Medical Center of Oak Ridge.

Instead, he would see a sprawling medical campus, its centerpiece a modern medical center flanked by physicians' office buildings and centers for physical therapy, cancer treatment, outpatient services and surgery, breast cancer diagnosis, and more. He would likely be pleased with the modern design of the medical center and with the technological advances in medicine since he arrived in Oak Ridge as a 39-year-old physician.

Dr. Bryant would likely notice that some things hadn't changed. He would find a group of doctors, nurses, staff and volunteers just as dedicated and compassionate as those he encountered during World War II, demonstrating their commitment every day to provide service for those in need of health care. He would see a medical center still at the heart of its community, serving a much broader region 65 years later.

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Hospital staff celebrated the inaugural air ambulance landing at the new helistop.

METHODIST MEDICAL CENTER OF OAK RIDGE

CHIEFS OF STAFF

1947 – 2008

Dr. John DePersio1947–July 1959
 Dr. Raymond Johnson..... July 1959–July 1964
 Dr. Avery King July 1964–July 1967
 Dr. William Pugh July 1967–July 1969
 Dr. Guy Fortney July 1969–July 1971
 Dr. Earl Eversole July 1971–July 1973
 Dr. Dan Thomas July 1973–July 1975
 Dr. Charles Gurney..... July 1975–July 1977
 Dr. Elliott Kaebnick July 1977–July 1979
 Dr. Gene Caldwell..... July 1979–July 1981
 Dr. David Seay..... July 1981–July 1983
 Dr. Richard Brantley..... July 1983–August 1984
 Dr. Kenneth LuckmannSeptember 1984–November 1984
 Dr. Lee Smalley December 1984–July 1987
 Dr. Richard Brantley..... July 1987–July 1989
 Dr. David Stanley July 1988–July 1991
 Dr. Francis R. Reid..... July 1991–July 1993
 Dr. James Rouse July 1993–December 1994
 Dr. Cletus McMahon January 1994–June 1997
 Dr. William Moloney July 1997–June 1998
 Dr. David Compton July 1998–June 2000
 Dr. William Hall..... July 2000–June 2002
 Dr. Charles Sewal July 2002–December 2004
 Dr. Duncan McKellar January 2005–December 2006
 Dr. Joe Metcalf January 2007–December 2008

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1971–1974	Ken W. Sommerfeld
1974–1976	David Bolling
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1978–1980	Herman Postma
1980–1983	Robert Hart

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1987–1989	Percy Brewington
1989–1994	William Manly
1994–1996	Robert Merriman

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2003–2005	Ruby Miller
2006–2008	Louise Dunlap
2008–2009	Dr. Jerry Young

METHODIST MEDICAL CENTER LEADERSHIP 1943–2008

Though they may have had different titles, the following served as administrators of Methodist Medical Center and its predecessor hospitals:

Lt. Col. Charles Rea, Chief of Hospital and Clinical Services, 1943–1946

Dr. Lucius Salisbury, Director of Medical Services, 1946–1949

Carl D. Jeffries, Director, 1949–1959

Paul Bjork, Director, 1959–1967

Marshall Whisnant, President and Chief Executive Officer, 1967–1995

Ralph Lillard, President and Chief Executive Officer, 1995–1996

George Matthews, President and Chief Administrative Officer, 1996–1998

Dan Bonk, President and CAO, 1998–2000

George Mathews, President and CAO, 2000–2001

Jan McNally, President and CAO, 2001–2007

Mike Belbeck, President and CAO, 2007 to present

METHODIST MEDICAL CENTER ORAL HISTORY PROJECT PARTICIPANTS

Not all aspects of an institution's history are represented in written records. The memories of individuals contain a wealth of information that creates an even fuller picture of an institution. The Methodist Medical Center Foundation is grateful to the following individuals who so generously shared their rich stories of Methodist Medical Center as part of the research for this history book.

Elizabeth Cantwell	The Rev. Jack Sills
Nancy Crews	Ken Sommerfeld
Betty Daley	Dr. Paul Spray
Dr. Charles E. Darling	Dr. David Stanley
Louise Dunlap	Marcia Todkill
Jenny Edgar	Lois Ward
Dr. Earl and Connie Eversole	Ashlyn Whisnant
Clyde Hopkins	Bill Wilcox
Mary Anne King	Dr. Albert Wiley
Dr. Ralph Kniseley	
Delores "Dee" Kress	
Pam Lawson	
Ralph Lillard	
Margene Lyon	
Lois Mallett	
Coletta Manning	
George Mathews	
David McCoy	
Dr. Cletus J. McMahan	
Jan McNally	
The Honorable Randy McNally, Tennessee Senate	
Dr. Francis R. Reid	
Dr. Robert Ricks	
Cande Seay	

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THE METHODIST MEDICAL CENTER FOUNDATION HISTORY BOOK COMMITTEE

The History Book Committee spent more than a year collecting materials and raising funds to commemorate the 65th anniversary of Methodist Medical Center of Oak Ridge. The committee conducted nearly three dozen interviews of people associated with all eras of the hospital to preserve as oral histories and to use as research for this book.

The committee included historians with knowledge of Oak Ridge, and committee members took on the tasks of researchers, editors, and fund raisers, spending many hours beyond traditional committee work to present the hospital's history to the community. Written by Kay Brookshire, with assistance from Laura Wallace, this book is the culmination of the contributions of time, talent and dedication from the all-volunteer committee of Foundation board members and friends of Methodist Medical Center. Without them, this history project would not have been possible.

Michael R. Belbeck
 Patricia Clark
 Nancy L. Gray
 Mary Sue Greiner
 Quincey Harrington
 Stacy Myers
 Bonnie Nestor
 Kelly Owens
 Linda Smalley
 D. Ray Smith
 Dr. Paul Spray
 Dr. David Stanley
 Bill Wilcox
 Jeanie Wilcox
 Karen Wilken



Photo by Scott Fraker, The Oak Ridger

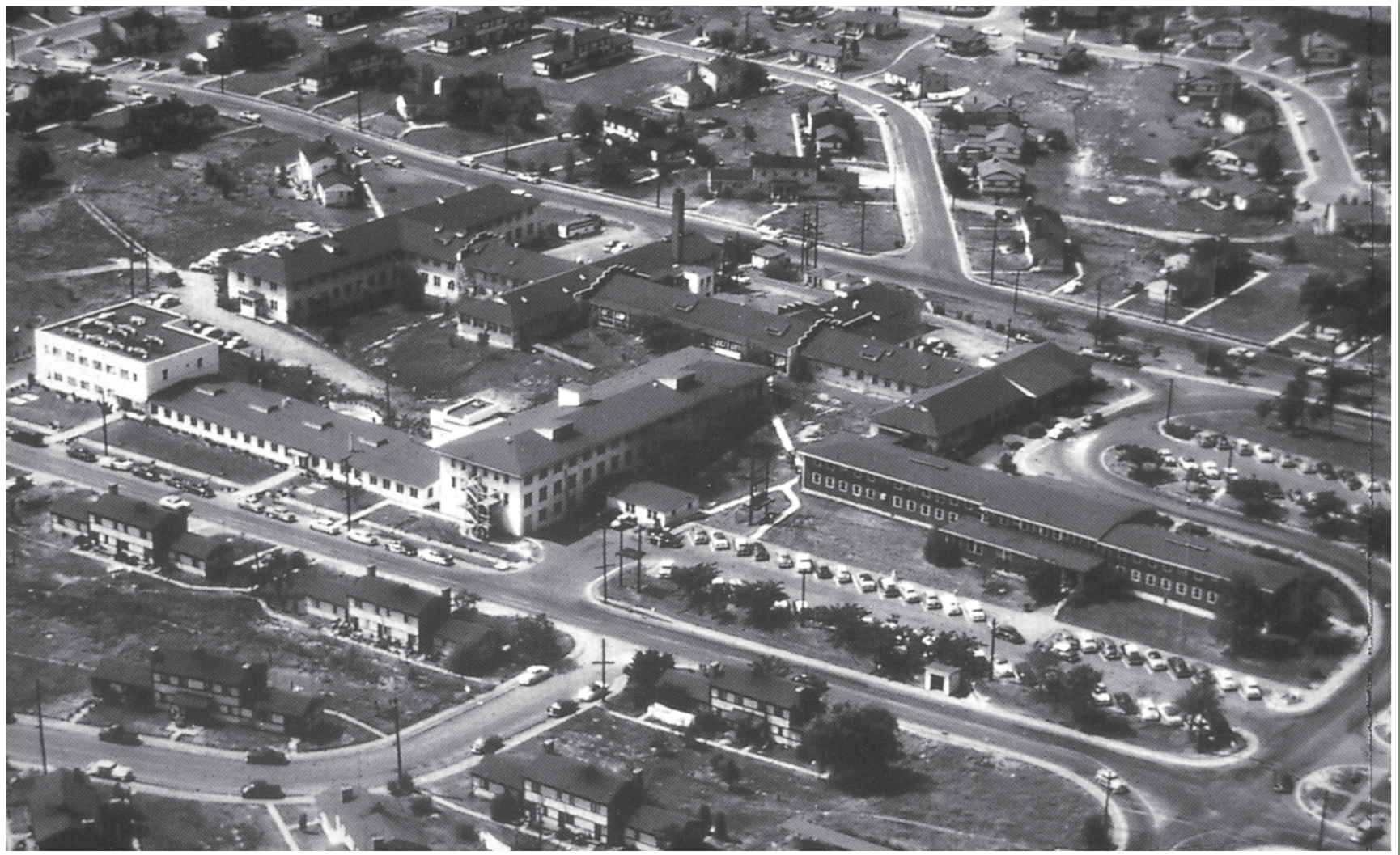
ABOUT THE AUTHORS


Kay Brookshire is a freelance writer and former newspaper reporter for the *Cincinnati Post* and the *Cincinnati Enquirer*. Her work has appeared in the *Atlanta Journal-Constitution*, *Cincinnati Magazine*, *Greater Knoxville Business Journal* and *The Oak Ridger*, among other publications. With a bachelor's degree in journalism from the University of Kentucky, she has been a student of Oak Ridge's rich history since moving there in 1987. Kay grew up in a medical family in Kingsport, Tennessee. Her father is a retired ear, nose and throat doctor, and her mother was a nurse. They met and married in Naples, Italy, during World War II, both serving in the Army, and that family history made the wartime history of the Oak Ridge Hospital come alive for her. Kay is married to Tom Beehan, and they have three children, Heather, Patrick and Michael, and two grandchildren, Simon and Sebastian.



Laura Wallace is the director of marketing and communications for the Covenant Health Office of Philanthropy, providing public relations support for fund raising efforts throughout the health system. She has been writing since high school and has a bachelor's degree in English and communications from Lambuth University in Jackson, Tenn. Laura moved from Jackson to Knoxville in 1988 to attend graduate school at the University of Tennessee. While completing her master's degree in journalism/public relations, she began working with Fort Sanders Foundation and has expanded her work in fund raising and public relations with Covenant over the last 18 years. Laura and her husband, Barry, live in Knoxville and have two children, Craig and Erin.





METHODIST
 **MEDICAL CENTER**
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