1960, Aug. 21
Hospital Gets
New Look

Building Razed

Red Cross Hospital Gets New Look—$60,000 Worth

RED CROSS HOSPITAL is getting a face-lifting and an amputation in one $60,000 operation.

The new face will be a tile-and-marble-trimmed brick addition to a wing completed in 1951. It will house a spacious lobby contrasting sharply with the cramped, antiquated admissions area that now greets incoming patients.

The amputation will rid the hospital at 1436 S. Shelby of its 50-year-old central building, which cost the hospital temporary loss of accreditation in 1957.

This three-story building, condemned because of open stairwells and other hazards, will be razed and the site landscaped. This will provide a spot of green in an area almost solidly filled with buildings and a parking lot.

Administrative offices now in the old central building will be moved to the hospital's modern wing, in a corridor leading from the new lobby.

"We hope to eliminate the bad impression patients may get when they walk into the (present) admission office," hospital administrator Waverly Johnson said.

The renovation, he said, is expected to place the patient-reception area on a par with the hospital's rooms, which are colorfully decorated and furnished with modern equipment.

Two older buildings on the hospital property will be spared by the wrecking crews. They are a building at the rear of the hospital which houses a nurses' home, employees' dining room and lounge, and a building north of the hospital fronting on Shelby used for staff conferences.

The remodeling, being done by Schickli Contracting Company, is expected to be completed in October. Architects are Thomas J. Nolan & Sons.

3 Story, 50 year old central building razed

$60,000 Makeover, 1960

Central Building is Razed

This in-process draft carries a now-aged newspaper clipping which reveals the deteriorated condition of the news clippings shown in this presentation.--Author

Courier Journal article in
The University Archives

LOUISVILLE CHAMBER OF COMMERCE
INCORPORATED
300 WEST LIBERTY STREET, LOUISVILLE 2, KENTUCKY

Mr. Johnson
She Hospital ~~You've~~ made news we think is newsworthy for LOUISVILLE Magazine too.
Is this story accurate?

Please check and return to Mrs. Alice Newman, Editorial Assistant ~~Miss Clara Mudy, Assistant Editor~~, LOUISVILLE Magazine, 300 West Liberty, Louisville 2, Kentucky.

Copy deadline 1st of month, issue date 20th of month.

Could we have the architect's drawing of either the outside remodeling or the lobby?

Red Cross Hospital Gets
New Look—$60,000 Worth

1961 Sept. 14: Open House

Red Cross Hospital Sets Open House

Tours To Cover New Facilities

SEP 14 1961

Red Cross Hospital, founded 62 years ago and with a $70,000 modernization program newly completed, will have an open house from 1 to 6 p.m. Sunday.

The hospital, at 1436 S. Shelby, is a Red Feather agency of the Community Chest. But funds for the modernization came from the hospital's endowment projects of the hospital auxiliary, a $30,000 bequest from the late Miss Lisette Hast, and a Ford Foundation gift.

The improvements include air-conditioning of the lobby, remodeled administrative offices, and changes in the nursery and postoperative recovery room.

Recently acquired equipment includes a defibrillator for restoring normal heartbeat in certain heart stoppages, a positive pressure resuscitator for postoperative care, and a special incubator for premature or very ill newborn babies.

Enlarged parking facilities behind the hospital and a garbage-disposal unit and dishwasher are other improvements.

Tours of the hospital will be conducted by Waverly B. Johnson, the hospital's administrator, who was recently elected to the American College of Hospital Administrators, and other staff members.

President of the hospital is Arthur P. Evans, Jr.

1961 Pamphlet

"... with Charity for All"

RED CROSS HOSPITAL

LOUISVILLE, KENTUCKY

RED FEATHER AGENCY OF THE COMMUNITY CHEST

Not affiliated with the American Red Cross

1961 Fund Raising Pamphlet: Accredited

ENDOWMENT FUND

". . . The Greatest of These"

The hospital depends, of course, upon the donations, large and small, contributed by the citizens of Louisville and Jefferson County, through the annual solicitation of the Community Chest but, in addition, many a loyal soul may want to make a gift or bequest to the hospital through the Endowment Fund.

These policies of the Board of Directors should be borne in mind:

1. All bequests and all gifts during lifetime which so specify are added to the principal of the Endowment Fund.
2. The investment of the Endowment Fund is completely in the hands of a local trust company.
3. The income of the Endowment Fund is spent for special projects and equipment which would not otherwise be available through the regular income of the hospital.

Gifts to the Endowment Fund should be made payable to "Endowment Fund of the Red Cross Hospital." Gifts are, of course, tax deductible.

OUR FIRM FOUNDATION

The hospital's Board of Directors believes that the institution must stand firmly on three broad principles or objectives:

1. To maintain a hospital of the very highest standards in equipment, service and accreditation, which will provide services at rates within the reach of lower and middle income groups.
2. To provide a training ground for Negro physicians, hospital administrative personnel, technicians and nurses, so that they will be in a position to take advantage of new opportunities offered and to compete with all other persons similarly skilled.
3. To make an increasingly progressive and positive contribution to the health and welfare of the community of which the hospital forms a part.

The directors believe further that as the population of our community continues its upward trend, so also grows the need of the hospital. It has been a tower of strength to the health and welfare of the community in the past as it is today. And the directors dedicate the hospital to the needs of the community of tomorrow.

OFFICERS

Arthur P. Evans, Jr.
President

J. Waymon Hackett
Vice President

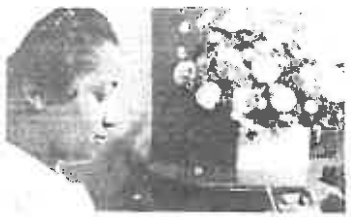
Mrs. Goldie Beckett
Secretary

Henry R. Heyburn
Treasurer

Waverley B. Johnson
Administrator

DIRECTORS

D. W. Beard
Col. Geo. M. Chescheir
LaVal T. Duncan
Mrs. Hattie R. Givens
J. E. Hardy
Rev. D. E. King
Mrs. Effie Oglesby
Charles T. Steele
Woodrow M. Strickler
Mrs. Hugh Sympson
Eric S. Tachau
Whitney M. Young



U of L Photographic Archives

1961 Fund Raising Pamphlet: Lab

As funds become available, the hospital's equipment and facilities are being modernized.

A new air-conditioned lobby and remodelled administrative offices have been made possible by the generous bequest of Miss Lisette Hast.

Recent acquisitions include a defribrillator for restoring normal heartbeats to cardiac patients; a positive pressure resusitator for post-operative care and an isolette for the nursery to provide care for premature or very ill newly-born infants.

In addition, three new ranges have been installed in the kitchen.

The formula room in the nursery and the recovery room for post-operative care have also undergone recent, extensive remodelling as a result of gifts from The Ford Foundation.

A special committee of the Board of Directors constantly reviews the Hospital's need for new equipment, facilities and services, and strives to obtain these needs as rapidly as possible.

HOSPITAL AUXILIARY

"The Distaff Side"

Organized in January, 1954, its purpose is to promote the welfare of the hospital by interpreting the hospital story to the public through service to the institution and its patients, and through limited fund raising for special projects.

These services are diversified. Flower beds and boxes have been planted to beautify the entrance to the hospital. Some auxiliary members do volunteer sewing and mending at the hospital. Others decorate patients' trays with appropriate souvenirs on various holidays.

The auxiliary established and maintains the hospital Gift Shop, equipped to meet the needs of patients and visitors. Recently-activated is a TV rental service for patients.

Supplemental funds are raised through annual garden teas. These have been used to equip the hospital kitchen, renovate the dining room, install a garbage disposal and dishwasher and to purchase 100 chairs and a conference table. A contribution was also made toward increased hospital parking facilities.

A member of the State and National Association of Hospital Auxiliaries, membership in the organization is open to all persons interested in the hospital. Persons giving volunteer service are active members and pay annual dues of $3. Others are associate members who pay $2 annual fee.

Coordinator since its inception has been Mrs. Effie Oglesby. Mrs. Elizabeth Anderson is currently president.

1961 Fund Raising Pamphlet: Patients

A BRIEF BACKWARD GLANCE

Louisville's Red Cross Hospital has, for many years, played an important role in the health and welfare of the community. And, as this fine institution -- among the older hospitals of Louisville -- enters its sixty third year, its entire physical appearance, its facilities and equipment glisten with modernity. One might almost say the older and more venerable the institution becomes, the more modern becomes its facilities, the greater becomes its ability to serve the community.

Founded by a group of Negro doctors in 1899, the hospital has grown steadily in scope and quality of service since that time . . . best evidence of its growth — and accompanying importance to the community -- is the nearly 150% increase in patient load from 1944 to 1960. During this period patient days (including infants) increased from 8,737, in 1944 to 21,611 in 1960.

The hospital is governed by a board of directors consisting of 16 citizens of Jefferson County, both Negro and White.

The property and equipment are owned by Red Cross Hospital Association, a non-profit corporation, incorporated in Kentucky in 1904.

Although there are no restrictions as to race or religion, at the present time a majority of its patients are Negroes.

TODAY

Red Cross Hospital is fully accredited by the Joint Commission on Accreditation of Hospitals, the only recognized accrediting body for all American and Canadian hospitals.

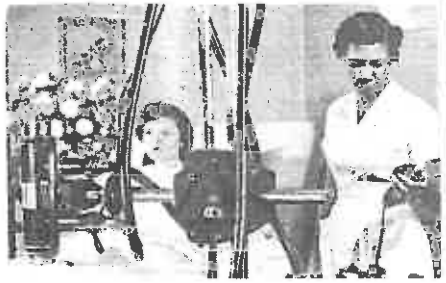
The hospital is a member of The American Hospital Association and the Hospital Conference of Metropolitan Louisville.

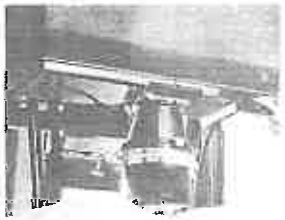
It is fully licensed under the Kentucky Hospital Licensing Law.

The medical staff, composed of physicians and surgeons of both races, is divided into four parts: Active, courtesy, consulting and honorary. Current officers are Dr. D. P. Green, president; Dr. Ralph C. Morris, secretary; Dr. Waldo R. Williams, president-elect.

Mr. Waverley B. Johnson was appointed the hospital's administrator in 1954. He is a graduate of Hampton Institute with a degree in Business Administration, and has a Master's Degree in Hospital Administration from Columbia University. He is a member of the American College of Hospital Administrators.

Both the medical and administrative staff are making important contributions to the community. The medical staff presented a one-day symposium on diabetes mellitus recently attended by many doctors from the area. The administrative staff brought to Louisville one of the nationally-known authorities in hospital administration for a workshop attended by hospital administrators here.





U of L Photographic Archives

1965 July Red Cross Hospital in Journal:

JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION JULY, 1965.
p332
RED CROSS HOSPITAL
Louisville, Kentucky
WAVERLY B. JOHNSON, Administrator

Red Cross Hospital is in its sixty-fifth year. In 1899, Dr. WV. T. Merchant and Dr. Ellis Whedbee established this hospital in a one story four room frame house on the corner of Sixty and Walnut Streets where the Convention Center now stands. It was born out of the need for medical care facilities where the Negro doctor could not be rendered in the home. In 1905 the hospital was moved to the present location, 1436 South Shelby Street, with apparently more room because the frame house at the new location was a two story one. In 1912 the first of the old brick buildings was built, then additional brick buildings were attached. In 1951 the Heyburn Building, the latest, was dedicated. In 1960 a portion of the older building was torn down and in 1962 additional remodeling was completed.

In the beginning struggling years, the hospital was supported by civic groups, church groups which raised funds by sponsoring fish suppers, raffles and teas. Eventually, the attention of philanthropic minded citizens of the city of Louisville such as Mrs. J. B. Speed, was attracted, and she became one of its most active supporters. Her influence was felt in securing funds from the City, State and W.P.A. The hospital was governed by a women's committee. The committee consisted of Mrs. Bertha Whedbee, wife of Dr. Ellis Whedbee; Mfrs. R. B. Scott, wife of Dr. R. B. Scott; Mrs. W. T. Merchant, wife of Dr. W. T. Merchant and Mrs. Ophelia Matthews, wife of Professor W. B. Matthews, principal of Central High School. In addition to Drs. Whedbee and Merchant, other doctors who labored for the advancement of the hospital until their deaths were Dr. Horace Morris, Dr. G. W. Reid, Dr. R. B. Scott and Dr. W. G. Synder. Until 1942, the nursing school was under the supervision of Miss Mary A Merritt, R.N., who was a native of Kentucky and a graduate of Berea, Kentucky. The nurses training school was discontinued after the abolition of the Kentucky Day Law which forbade the teaching of white and a Negro in the same class room.

1965 July Red Cross Hospital in Journal:

The hospital's first house physician, Dr. William B. Settle, was appointed in 1940. The first medical director, Dr. J. B. Bell joined the staff in 1941. Under his tutelage reorganization and revitalization began. Through his efforts, and the efforts of Dr. Hugh Level, Director of Health, Louisville, a $16,000.00 Rosenwald Fund was secured for capital improvements, and the City of Louisville appropriated $5,000.00 for the recruitment of trained laboratory and x-ray technicians. A Board of Directors was organized and a full time administrator, Houston A. Baker, was appointed. The medical staff was organized and integrated in 1942. Mr. Waverly B. Johnson was appointed administrator of Red Cross Hospital in 1954. Mr. Johnson, a graduate of Hampton Institute with a degree in Business Administration, was formerly business manager at Whittaker Memorial Hospital, Newport News, Virginia.

TODAY

Red Cross Hospital is fully accredited by the Joint Commission on Accreditation of Hospitals and holds membership in the American Hospital Association, the Kentucky Hospital Association, the Ohio Valley Hospital Conference and the Louisville Hospital Council. The hospital is also fully licensed under the Kentucky Hospital Licensing Law.

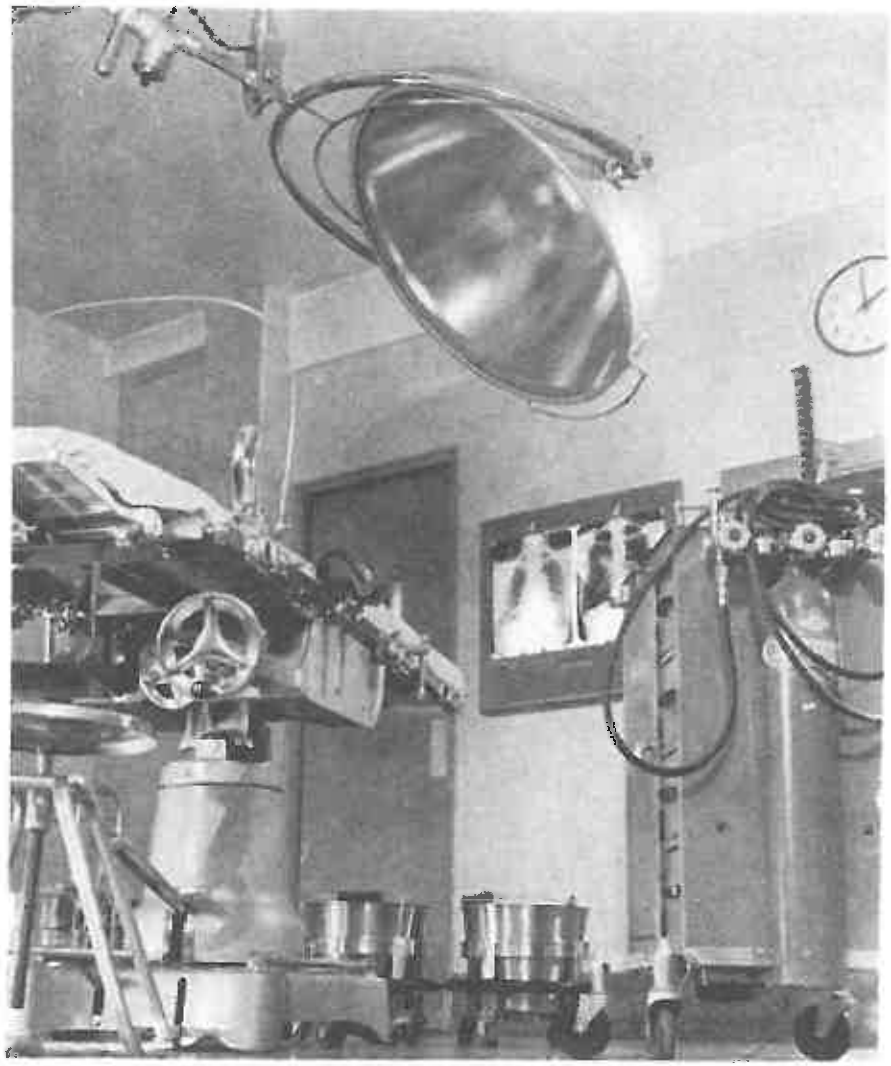
The medical staff, composed of physicians, surgeons and dentists of both races, is divided as following: Active, Courtesy, Consulting and Honorary. Current officers are Dr. Albert B. Harris, president; Dr. Nathan Levene, President-elect; and Dr. Marcelle Hamberg, secretary.

The Chiefs of services are: Dr. Waldo R. Williams, Surgery; Dr. C. M. Young, Jr., obstetrics and gynecology and Dr. Roscoe R. Bryant, Jr., medicine.

Red Cross Hospital offers three major services, medicine, surgery and obstetrics. It has three major operating rooms, a cysto room, a minor operating room and a fracture room. The operating suite also has a central supply unit and a recovery unit. The obstetrical service
utilizes a sound-proof labor room and two delivery rooms; a formula room, 14 obstetrical beds and 14 bassinettes. In 1964, 271 new-borns were delivered. This included three twin births and one triplet birth. The x-ray department is equipped for both diagnosis and treatment. In 1964, 2,843 patients were examined and treated. The laboratory department performed 29,786 examinations, 510 electrocardiograms and seven autopsies. This included
457 surgical specimens examined grossly and 426 examined microscopically. Founded by a group of Negro doctors in 1899, Red Cross hospital has grown steadily in scope and quality of service since that time. As this fine institution-among the older hospitals of Louisville- enters its sixty-sixth year, the physical appearance, facilities and equipment have been modernized. Evidence of its growth and accompanying importance to the community
is the nearly 150 per cent increase in patient load from 1945 to 1965. During this period patient days (including infants) increased from 8,737 to 21,611.

Louisville's Red Cross Hospital will continue to play an important role in the health and welfare of the community.

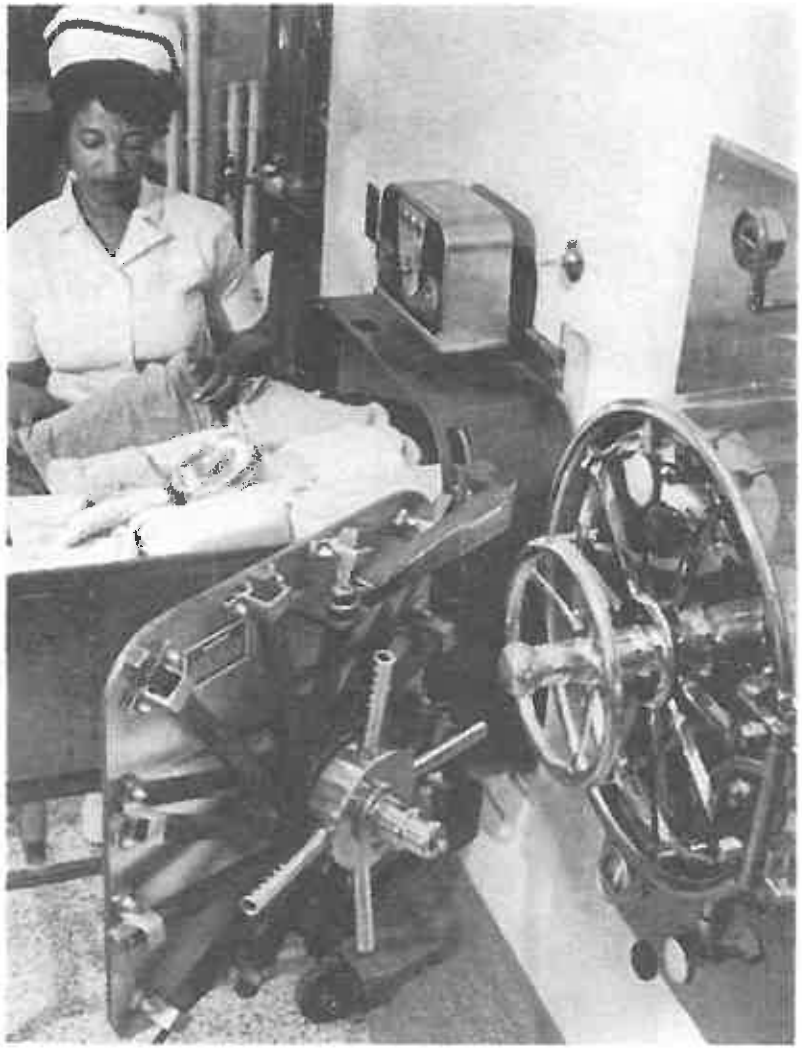
1965 Red Cross Hospital in Journal: Main Surgery, 4th Floor



One of major operating rooms.

JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION JULY, 1965. p332-333

1965 Red Cross Hospital in Journal: Sterilization, 4th Floor



Instruments and supplies are prepared for sterilization in the Central Supply Unit.

JOURNAL OF THE NATIONAL MEDICAL ASSOCIATION JULY, 1965. p332-333

1970 Hospital Rediscovered

Misnamed, Forgotten, Hospital Is Rediscovered

MAR 2[illegible] 1970

By PAUL BULLEIT
Courier-Journal Staff Writer

On the western edge of Louisville's Germantown area, a couple of blocks from the city incinerators, Red Cross Hospital sat almost forgotten this past winter.

At 1436 S. Shelby, Red Cross Hospital is just outside the shadow of Louisville's medical center in the east downtown area. The facility is too far from the center to be a part of it, and it's too close to be classed as a community hospital serving people unable to get to the center.

Its very name—Red Cross—is a misnomer. Red Cross Hospital actually is an acute-care, general hospital having no connection with the American Red Cross.

But above all, Red Cross Hospital has been an ironic victim of the changing times. Once the only hospital where Negroes could be admitted, Red Cross began a decline as integration progressed. Physicians began sending more and more Negro patients to other hospitals.

Just a month ago hospital authorities announced they were thinking about closing the hospital unless the patient load picked up. The patient census was down to 35, and had hovered about that total since early December, when hospitals are ordinarily busiest.

But a strange thing has happened in recent days. Red Cross Hospital has been rediscovered. Its patient load is on the rise and business generally is better than it has been for more than a year.

Because of a near-walkout by employes and uncertain conditions at Louisville General Hospital last week, Red Cross has four patients which ordinarily would have been in General today.

"But that caused only a small part of our patient increase," said Red Cross administrator Waverley B. Johnson. "We hope our high census is due to a new community awareness through recent newspaper articles that Red Cross Hospital is still here and ready to serve the ill and injured."

The hospital's board of directors will meet Thursday to assess new developments, Johnson said, "and, although I can't speak for the board, I feel there is no immediate danger of Red Cross closing its doors."

The hospital has 72 beds, but three sections were closed off some time ago when business dropped off. This left 57 beds available for patients.

Red Cross depends entirely on its patients for its income. It was a Community Chest agency until August, 1968. At that time it was believed the hospital was on firm financial footing and could meet its obligations without the annual allocations it had received from the Chest since [illegible].

Medicare, the federal program which pays hospital and medical bills of the elderly, has been a boon to Red Cross Hospital. About a third of its current patients are under Medicare.

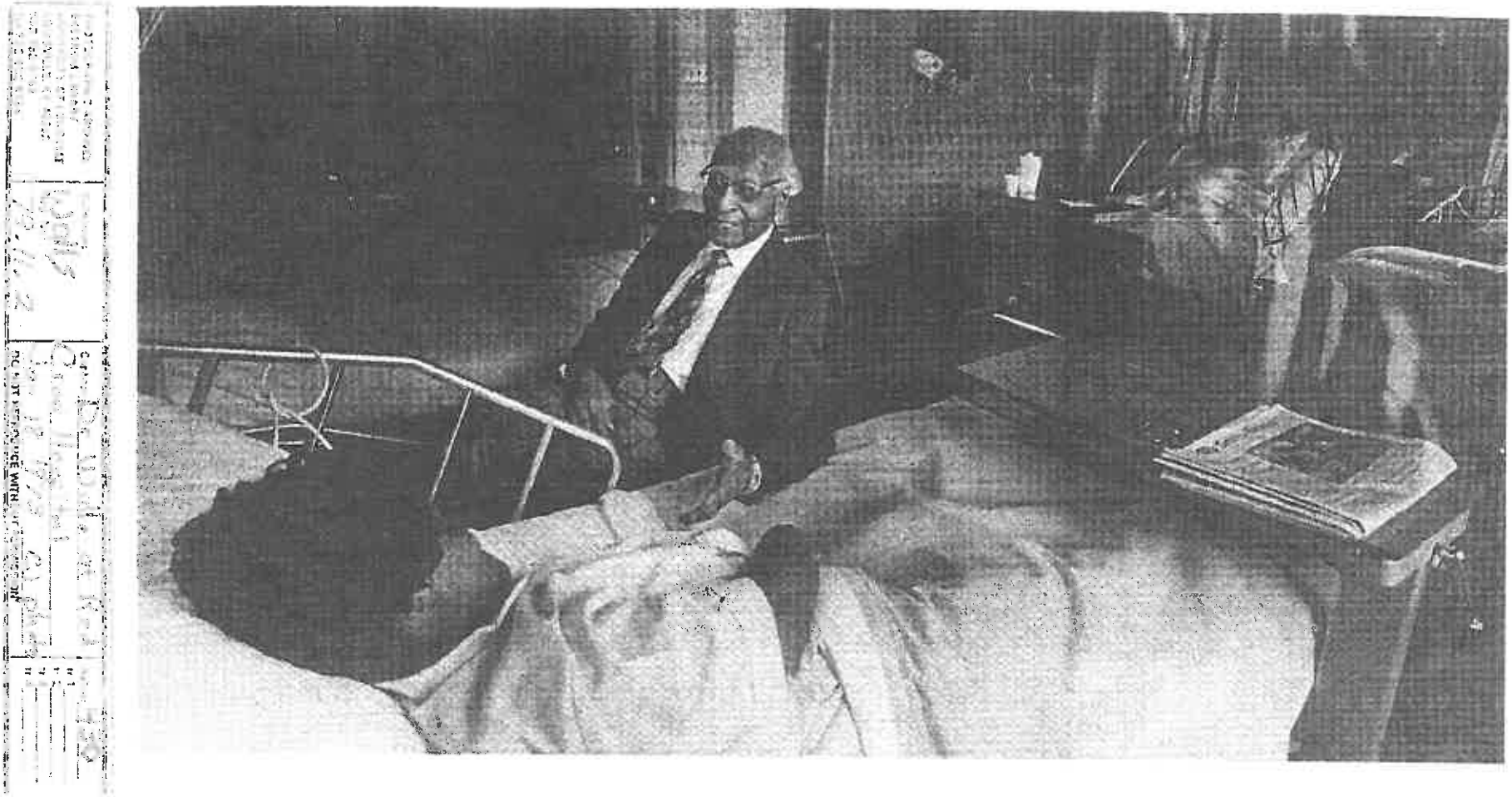
But Medicaid, the federal-state program for all persons financially unable to pay their hospital and doctor bills, has hurt. The length of paid hospital stays under Medicaid is much more limited than under Medicare.

"Some of our Medicaid patients must stay after government coverage expires, and in many of these cases the patient is unable to pay for those extra days," Johnson said.

Red Cross doesn't try to compete with larger hospitals, but gives "intermediary" services, including surgery and obstetrics.

Founded in 1899, Red Cross Hospital was once at Sixth and Walnut, present site of Convention Center. It was moved to its present location on South Shelby about five years later.

Dr. Wall: 1973



University Photo Archives

1974, Apr 24. Hospital May Move

Hospitals, Red Cross

Community Hospital may be moved

By MIKE BROWN
Courier-Journal Staff Writer

The Community Hospital may be moved, and three locations are being considered.

The three possibilities include a medical facility on Eastern Parkway, a site in western Louisville and the old Norton Memorial Infirmary, according to officials familiar with the situation.

William E. Summers III, chairman of the hospital's board of directors, emphasized yesterday that no decision has been made by the board on where to move or even if the hospital will move at all.

Summers said the only step taken so far has been the appointment of an ad hoc committee to consider the "feasibility and possibility" of moving.

But Dr. C. Milton Young III, the hospital's medical director, yesterday told a meeting of the Ministerial Coalition of the Louisville chapter of the National Association for the Advancement of Colored People (NAACP) that the hospital has "plans to move in the extremely near future."

He told about 25 ministers at the meeting at First Virginia Avenue Baptist Church, 3601 Virginia Ave., that a decision could be expected within the next 12 months. Young is chairman of the committee looking into the relocation possibilities.

The Community Hospital, 1436 S. Shelby St., used to be the only private hospital to which Negroes could gain admission. Until September 1972, it was named Red Cross Hospital (no connection to the American Red Cross).

Young said the facility now has 57 licensed beds with an occupancy rate of about 82 per cent. He said the patient population is predominantly black. The hospital is private and non-profit, Young said.

A few years ago, as black patients went to other hospitals, what was then called Red Cross Hospital fell on hard times. In 1970, officials considered closing the facility if the patient load didn't pick up.

Young yesterday noted the acquisition of new equipment, the completion of renovation, and other changes, and said, "We are alive, we are thriving, we do have plans to move in the extremely near future."

He said the hospital would surely "die" if it tried to remain on Shelby Street. He said the present facility is dated and that the physical location prevents expansion.

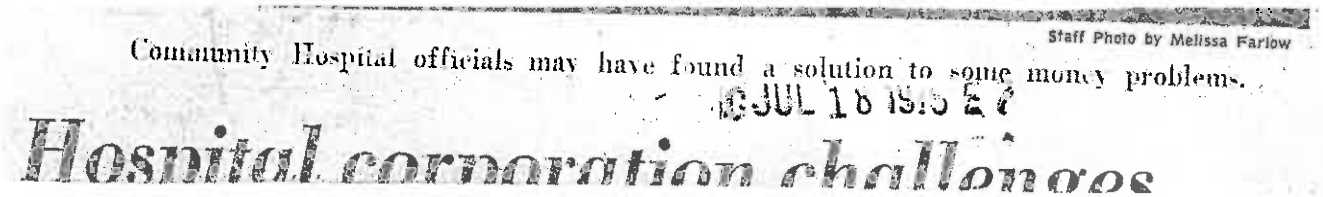
Asked in an interview if the decision to move was definite, Young said it wasn't definite but that it was the "general consensus."

In another matter yesterday, James M. Coleman, chairman of the Louisville school system's Community Development and Human Relations Department, told the coalition of steps his staff plans to take to help make the anticipated busing of school children this fall "a model."

Coleman said there will be human relations training provided for secretaries, custodians, bus drivers and monitors, lunchroom workers, teachers aides and their administrators and other groups that work in the city schools.

He said he did not know how long these training sessions would last or how many employes would be involved, but he said

1975, July 18. Solution



Staff Photo by Melissa Farlow

Community Hospital officials may have found a solution to some money problems.

JUL 16 15:5 E

Hospital corporation challenges

Alcohol Group Proposal: 1975

July 24, 1975

PROPOSAL FOR A DAILY ALCOHOLISM GROUP AT COMMUNITY HOSPITAL

In this paper, the basic format for a daily group will be outlined with a brief summary of the rationale behind the formation of such a group and a sketch of some of the major objectives of the group.

This is to propose the formation of a daily group for patients of the Alcohol Recovery Unit of Community Hospital. The proposed group would be held for the benefit of hospital in-patients who are in satisfactory physical condition to attend, for former Alcohol Recovery Unit patients who have been discharged from the hospital, for family members of these alcoholics, for Alcohol Recovery Unit staff and for other concerned professionals. The group will be an open membership group with daily membership consisting of all those who wish to attend on any given day. The group may be termed a "floating group."

The proposed floating group would be held daily, Monday through Friday in the Alcohol Recovery Unit of Community Hospital for approximately 1½ hours. The proposed time for the floating group is 1:00 to 2:30 P.M.

The group will be facilitated by the presenter of this proposal. A rotating system is suggested for regular staff attendance. It is suggested that one staff member attend for five consecutive days. Other staff members are welcome to attend as their schedules allow and as their interests lead. This rotating system will be an effort to allow staff members to conduct this meeting at least on some occasions within six weeks, if they so desire.

The purpose of the floating group will be to motivate patients who are receiving detoxification services from Community Hospital to assist patients in finding direction for their lives after discharge, and to help families and professionals become more understanding of alcoholism and the individuals affected by it.

The major objectives of the group are: 1-Alcoholism Education, 2-Resocialization, 3-Self-Knowledge, 4-Behavioral Changes, 5-Improved Relationships, 6-Vocational Guidance.

The methods to be employed are basic communications methods, role-playing, T. A., and psychodrama skits.

Meeting with AA Central Office: 1975

MEETING: July 24, 1975

A meeting was held with the central office of Alcoholics Anonymous. Those attending were Avolon Russo, Bill Gunn, Lee Comley, Art Adams and Bob Higgins.

The meeting started at 1:15 P.M. and ended at 2:20 P.M. Mr. Higgins opened the meeting. He explained the alcohol program. Two North was toured and eleven beds and additional was talked about and the assurance that ten beds would always be available for detoxification of alcoholics.

Lee Comley from the central office of Alcoholics Anonymous stated that she would be referring patients to us in the future.

University Archives

1975 Policy & Procedures of Alcoholism Recovery Unit: p1

COMMUNITY HOSPITAL ALCOHOLISM RECOVERY UNIT
Policies & Procedures

Definitions - This is an area of the hospital that has been staffed with personnel specially trained in the management of clinical problems arising as a result of the misuse or abuse of drugs, primarily geared to the treatment of alcohol abuse.

Location - The present location is Two North.

Objective -
A. To reduce the pain of alcohol withdrawal.
B. To establish long term out-patient care.
C. Provide the patient with the information as to whereby this can be accomplished.
D. Provide information on nursing care and alcohol treatment to other hospital areas.

Organization -
A. Staffing:
1. The directorship will be the function of the medical advisor.
2. The chief of staff will serve in this capacity when the medical advisor is absent.
3. Program Coordinator will be a specially trained counselor preferrably one with at least a B.S. degree or an equivalent of four years in the field, who will have the primary function of obtaining intake information and the secondary function of securing and following out-patient programs.
4. Nursing: Each of the eight hour shifts will be staffed with a licensed nurse. Her supporting staff will be composed of various number of nurse's aides, orderlies, and ward secretaries and etc. depending on the patient load.
5. Education: There will be on going in-patient educational programs which will be geared to the patient needs. This will be under the direction of the Program Coordinator: involving the use of movies, tapes, lectures, and etc.

After Care Program -
A. Alcoholics Anonymous group:
Each week there will be open ward Alcoholics Anonymous meetings.
B. Upon discharge of each patient, he will be given an after care treatment program and a "discharge packet", Alcohol Orientation, which will consist of the following:
1. List of Alcoholics Anonymous meetings in Louisville area, day, time and etc.
2. Alcoholics Anonymous free literature.
3. Where A.A. books can be purchased, Ie: Big Book, 24 Hour Book.
4. Signs and symptoms of alcoholism.
5. List of private counselors.

Policy & Procedures page 2

6. The National Council on Alcoholism literature.
7. List of treatment centers in the area of alcohol rehabilitation.

C. The unit will be available to counselors for the purpose of conducting on going treatment programs on a scheduled basis. Free use of this program is available to all attending physicians. Vigorous attempts for matched group counseling must be met, as well as attempts to have a counselor meet with the patient before discharge.

D. A continuing follow-up will be done on each patient by the program coordinator as follows:
1. Thirty days - telephone call or letter.
2. Ninety days - telephone call or letter.
3. Six months - telephone call or letter.

1975: Alcoholism Recovery Unit "Under Way"

THE COMMUNITY HOSPITAL OF LOUISVILLE

TO: The Medical Staff of Community Hospital

FROM: Administration

SUBJECT: Alcoholism Recovery Unit

DATE: July 28, 1975

We wish to inform you that the Alcoholism Recovery Unit is under way at the hospital. Working under our alcoholism psychiatrist's direct supervision is Mr. Arthur Adams, an Alcoholic Detoxification counselor, with many years experience.

The program consists of an acute care stage which will probably average five days stay in-house. The out-patient treatment program for follow-up will be based upon the patients' needs.

We are not able to offer the program to individuals whose insurance does not cover this service. Patients may deposit $300 at the admission desk when entering the hospital. We have discovered that several companies in town will pay for this type of medical attention in a general hospital: Ford, General Electric, International Harvester, Seagrams, and Federal Employees. Medicare will pay for this service when the patient is suffering with D. T. s.

Two North is being converted to use as the Alcoholism Recovery Unit and most patients of this type will be moving to that area. Enclosed is our brochure for your information. If you need further information, please contact Mr. Adams, or myself.

RH/kl

Alcohol Unit Announcement

THE COMMUNITY HOSPITAL
OF
LOUISVILLE
1436 South Shelby Street
P. O. Box 1834
LOUISVILLE, KY. 40201

The Board of Directors of Community Hospital of Louisville, Kentucky wishes to advise you of the operation of its Alcoholism Recovery Program. This announcement is made to hospitals, Social Services agencies, counseling facilities, Mental Health agencies, private counselors, and other concerned community resources.

This alcoholism program offers comprehensive in-patient and out-patient services. In-patient detoxification services are available with an estimated average length of stay of five days. Out-patient counseling services, at present include Alcoholics Anonymous meetings at 10:00 A.M. Monday thru Friday, group therapy sessions from 1:00 to 2:30 P.M. Monday thru Friday, and individual and family counseling. The out-patient program is oriented to alcoholism education services. Out-patient services are available upon an extensive long term basis.

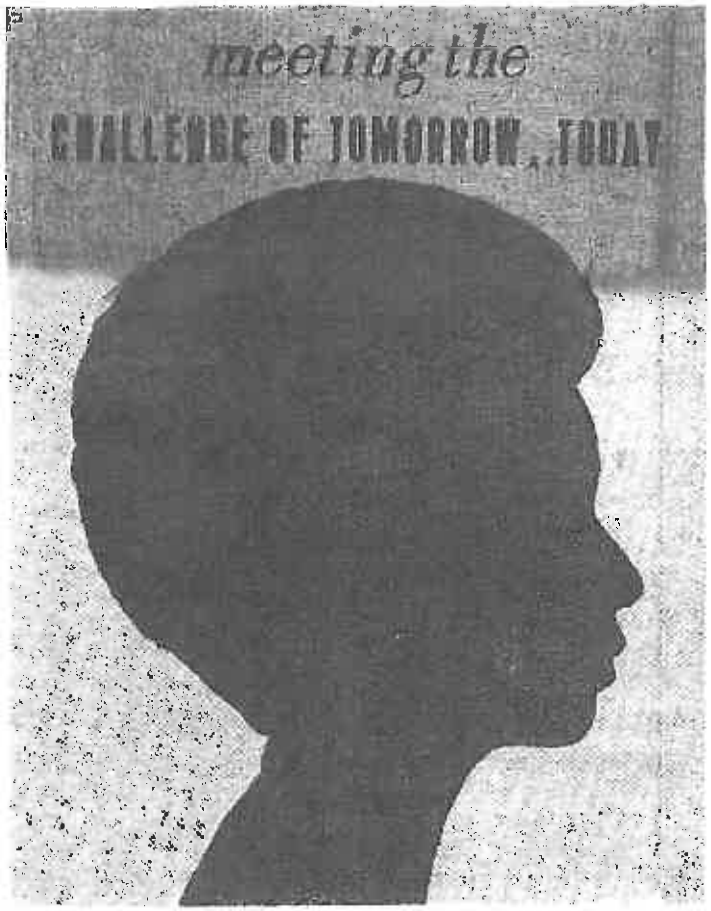
The program is under the direction of a hospital staff psychiatrist and is served by a program coordinator and other counselors. Future program developments will be announced as they occur.

All referrals are welcomed. Additional information concerning referrals, admitting and financing is obtained by contacting Mr. Arthur Adams at the Community Hospital. The telephone number is 636-1311.

Sincerely yours,

Art Adams
Program Coordinator

1975 Advertisement in The Louisville Defender



The Louisville Defender
Feb. 13, 1975

All of today's modern hospitals must prepare for rapid growth and changes. With the fastest technological and medical advances in history, we are making every effort to prepare for the challenge of tomorrow's new horizons and new concepts in advance patient care.

In order to meet these changes, we are constantly improving our medical efficiency. We are employing the use of the latest automated equipment and best trained people available.

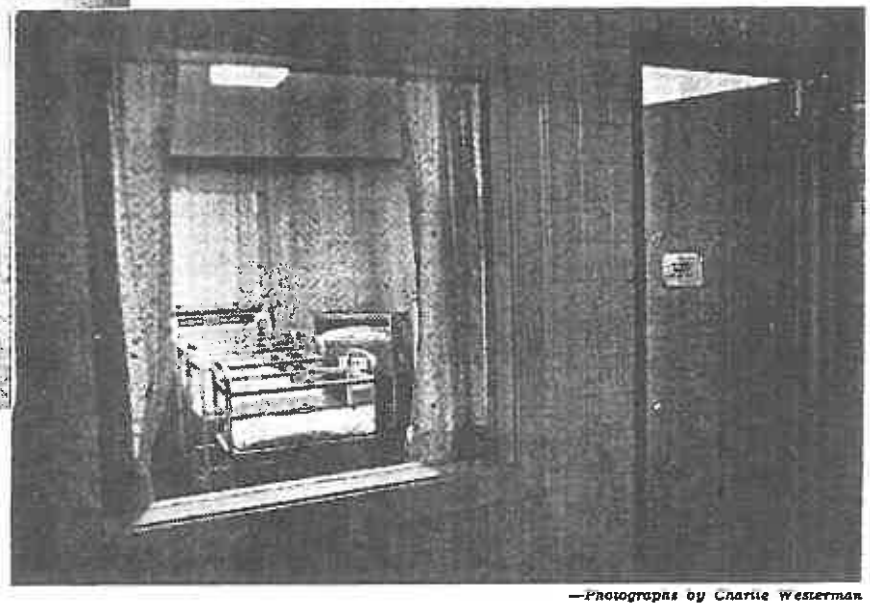
Equally important is our overall effort to get each patient well as fast as possible and for the most reasonable cost.

Yes, we are involved in a institution dedicated to meeting the challenge of tomorrow... TODAY

Community Hospital

Source: The Louisville Defender

1975: Empty Halls



Hollow halls

Echoes resound through the near-deserted corridors of the Shelby Street hospital. A wheelchair patient (above) sits in solitude, even as the maternity ward houses only empty cribs (right).

—Photographs by Charlie Westerman

Bare beginning

The Red Cross Hospital (no connection with the American Red Cross) was founded by two black doctors in 1898. In 1902 the struggling little infirmary, receiving virtually no help from area whites moved from a three-room cottage at Sixth and Walnut to its present site on South Shelby in the Ge—antown area.

For a time the hospital lacked ac itation. Then, under the medi direction of Dr. J. B. Bell, th stitution's standards were raise nd the hospital was approved the American College of Surgeons in 1944.

But by then its chief white benefactor, Mrs. James B. Speed,

Waverly B. Johnson became the administrator in 1954 and has led the hospital ever since. Johnson is well qualified, holding an M.S. degree in hospital administration from Columbia University.

A further $70,000 modernization program was completed in 1961. The hospital acquired a defibrillator, expensive cardiac monitoring equipment, and an incubator for premature babies.

It was in the 1960's that Red Cross Hospital became a victim of integration. Many blacks went to the formerly all-white hospitals, forsaking the institution that had rendered invaluable service to Louisville's Negro community for over 60 years.

When the patient census at the

The first floor has been remodeled and turned into an extended-care facility for geriatrics patients. The nursing staff has been increased, so the ratio of nursing personnel to patients is among the most favorable in Louisville.

Bob Decker, one of the city's leading certified inhalation therapists, provided instruction in the use of the hospital's new $800 pressure breathing equipment. Decker has single-handedly rejuvenated the hospital's respiratory therapy program.

Ms. Jackson has created a new position as "nurse technician," providing several capable employees the opportunity to work at an intermediate level between the aides and nurses.

There are still some problems. The hospital cannot compete with other institutions in salaries offered. Nursing personnel work for up to 59 cents an hour below the wage scale at other local hospitals. But few employees are there for the money.

Patient plea

During the last 10 years the hospital's image has been declining. Some people living in Louisville are unaware of its existence. Unfavorable statements have been made about the hospital, which are untrue. It is now fighting for both civic recognition and its existence.

The next several months could be crucial in the hospital's survival. Employees are dedicated and willing to provide their services; the equipment is top-rate. All the hospital needs now are some patients!

1975 Sept. 18
Hospital Closes

Community Hospital closes after 81 years

CJ 9-18-75

By MERVIN AUBESPIN
Courier-Journal Staff Writer

Community Hospital, the city's only predominantly black-operated hospital, closed its doors for good yesterday when the last 10 patients were either discharged or transferred to other local medical facilities.

The 97-bed hospital, at 1406 S. Shelby St., had been in operation for 81 years.

In recent months, the hospital has had a decline in patient load and acute financial problems.

At a board of director meeting last month, board president William E. Summers III announced that members had voted to close out the operation.

At that time Summers indicated that unless a $50,000 current deficit was eliminated immediately the hospital would have to go out of business.

A campaign was conducted, but apparently was not successful in raising the money.

"I hate to see the hospital close, but we the board) had to face reality . . . the reality just was not generating the cash necessary to continue operations," Summers said in a telephone interview last night.

Summers said that although the hospital has closed, the board of directors will still be a working body. He said that an immediate priority will be to assist employes with finding jobs and to satisfy the hospital's creditors.

Robert E. Higgins Jr., administrator of the hospital, said that the hospital began discharging and transferring patients Monday under the supervision of attending physicians.

He also said that the hospital is assisting about 100 employes in finding work in other local medical facilities.

Frank L. Eaves, the hospital's vice president, said last night that the board will consider sale of hospital equipment and property to satisfy its debts.

He said that in the near future the board will begin a study to determine medical service needs in Louisville and possibly what role the hospital could play in meeting that need.

He indicated that the board will seek funds from the city for the study.

Eaves said that newer and larger medical facilities, the limited number of black doctors and isolation were the primary causes of the hospital's closing.

In recent years, Community, which first opened in 1899 as Red Cross Hospital, had renovated its physical structure, purchased new equipment and improved its outpatient facilities in an effort to increase business.

KSU might name new president today

The Courier-Journal Bureau

FRANKFORT, Ky.—The Kentucky State University (KSU) Board of Regents will have a special meeting today, possibly to name a new president to succeed Carl M. Hill, who is retiring.

Regents' Chairman Dr. Joseph Leone of Frankfort could not be reached for comment yesterday. But Vice Chairman O. M. Travis Jr. of Lexington said the presidential succession question will be discussed.

"But whether we name a successor or not, I don't know," Travis said. Travis and several other regents close to the search for a president said yesterday that there are now two leading candidates—Dr. William A. Bullis, a professor of history at Mississippi Valley State College, and Dr. Gus T. Hodgel, chairman of KSU's Department of Business and Economics.

VOA Converts to Rehab 6-11-1980

Times Neighborhoods June 11/12 1980

Community Hospital renovation

Hospitals – Red Cross

Site to be used for Volunteers of America center

By MILFORD REID
Staff Writer

John Wilson is happy.

The Rev. Robert Gray is happy,

Willis Ewing is happy.

And Maj. Donivan Matherly is very, very HAPPY!

What are they happy about?

The long-vacant Community Hospital property at 1436 S. Shelby St. is being renovated.

The Volunteers of America purchased the 2½-acre site last year for $150,000 and will move its men's rehabilitation center there, according to Matherly, executive director of the Volunteers. The center is now at 1501 Lytle St. in Portland.

The Volunteers, a group that offers meals and a place to stay to homeless men, operates on money from donations and sales of used goods in its five stores.

Also at the renovated Community Hospital property will be a satellite primary care center operated by the Louisville Memorial Primary Care Center, 2215 Portland Ave. "O lawyers have drawn up the contracts and all we have to do is sign them," said Oscar Canas, an executive of the Louisville Memorial Center.

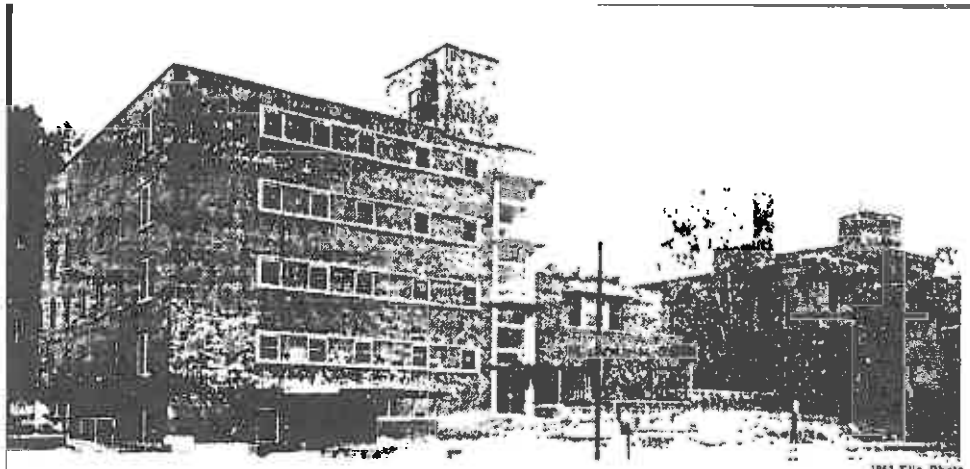
Canas said the satellite center could open by January 1981. It would offer such services as prenatal care, drug counseling, physical examinations and hearing and vision testing.

The Volunteers program probably will be in the building by December, said Matherly.

Neighborhood leaders said they are glad because the building, at the juncture of the Shelby Park, Schnitzelburg and Meriwether neighborhoods, has long been a weedy, trashy eyesore and a target for vandals.

"We're really happy about the plans for the building," said Ewing, president of the Schnitzelburg Area Community Council. "And we're really looking forward to the clinic, because

See COMMUNITY



1952 File Photo

The long-vacant Community Hospital, at 1436 S. Shelby St., shown here when it was Red Cross Hospital, is being renovated into a shelter for homeless men by the Volunteers of America.

Times Neighborhoods June 11/12 1980

Community Hospital

Site being converted to rehabilitation center

Continued from Page One

there aren't any nearby medical facilities around here anymore."

The old St. Joseph Infirmary at Preston Highway and Eastern Parkway has been closed and its operations moved to the new Audubon Hospital on Poplar Level Road.

Other leaders are excited about the Volunteers plans for the other buildings on the site. The main four-story hospital building is being renovated. Matherly said $100,000 from private sources and $225,000 in Community Development block grant funds will be used to repair the first three floors and the basement.

But Matherly said that eventually he wants to use the other three buildings to provide:

- Housing for homeless women and children.
- A recreation center for participants in his program and neighborhood residents.
- A Volunteers store.
- Meeting rooms for neighborhood and civic groups.

The total project would cost about $1 million, which would come from donations and government sources, he said.

"This area needs something like that," said Wilson, chairman of the Meriwether Area Community Council. It would be beneficial to everybody in the area.

"Our group will do what it can to help."

Gray, head of the Shelby Park Neighborhood Association, said he doesn't care what goes in the building — he's just glad it's finally being used again.

The hospital was originally known as the Red Cross Hospital. It was founded in 1898 at Sixth and Walnut streets and was moved to Shelby Street five years later.

Until the 1940s it was one of the few hospitals in Louisville that admitted blacks.

When other area hospitals began to admit blacks, the hospital had fewer patients. The owners renovated the hospital and changed its name to Community Hospital in the early 1970s. But that couldn't forestall its closing.

Matherly said the Volunteers had been looking for years for a new location for its rehabilitation program because it was getting cramped at its present location. He said that now it has 91 beds and that the dorm rooms are on top of the group work center, where discarded paper and clothes are baled and used furniture is repaired.

"We have been uneasy about the present setup because of the danger of fire," Matherly said. "Plus this place is in an industrial area, and there's little for the men to do."

He said the Shelby site will have 250 beds and will allow the men to mingle with members of the community.

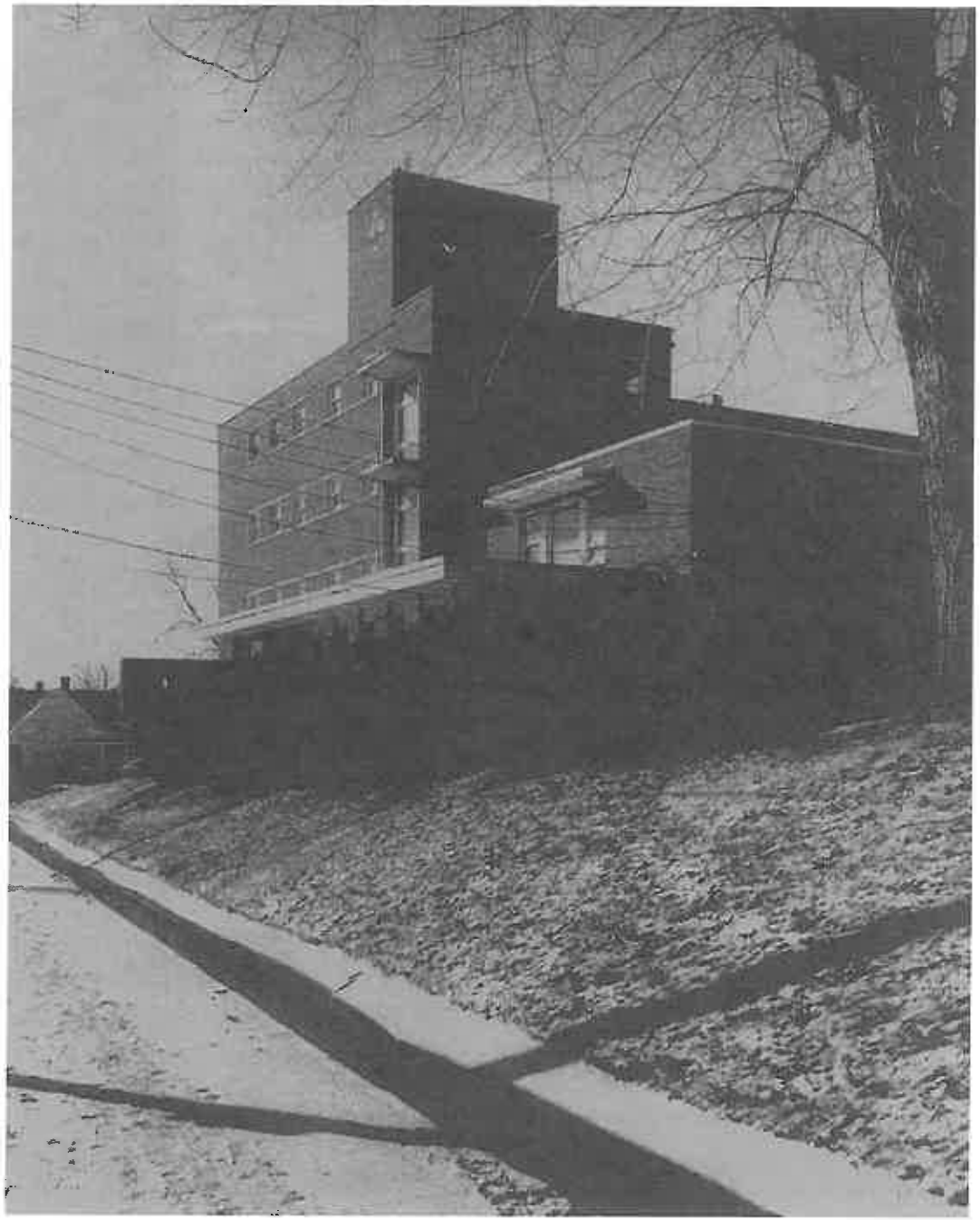
He said the dorm space at the Lytle site will be used for other work activities. And he said the space could be used for some community project in Portland.

But now Volunteers officials are concentrating on the Shelby Street project.

"We have a lot of plans for this place," Matherly said as he gingerly stepped between broken glass, plaster and puddles of water on a tour of the site last week. "It's going to take faith to get it done. But we've got faith."

2nd Floor Connection to North Wing;
It would be razed in 1981

1981 Feb 25 Heyburn Building to get New Health Center



Took Pain Out 2-21-1988 page 1

Hosps Red Cross IRE254 Red Cross Hosp ; Afro Amer

It 'took the pain out of being poor'

For 79 years, Louisville's blacks claimed Red Cross Hospital as their own

C-J Feb 21, 1988

By EVERETT J. MITCHELL II
Staff Writer

Sallie Sykes-Childs relished the sounds of happy feet — the pitter-patter of youngsters scampering about Red Cross Hospital's children's ward.

"It was the best feeling to see the doctors straighten out their legs and mend their twisted bones," she said, recalling her years as a nurse at the only hospital in Louisville founded for blacks by blacks.

"When they got to walking, they would walk day and night; it would be hard to get them to sit still," Sykes-Childs said. "We would put them in the bed and those little rascals would get out. They were so proud to be walking. It made your heart glad to see it." Had Red Cross not existed, she said in a recent interview, many of those black boys and girls might never have experienced the simple joys of walking and running.

Born in an era of segregation, Red Cross Hospital closed in 1975. It died like a person who had lived a long, full life out of the limelight — quietly.

But for as long as it lasted, the hospital was an institution that Louisville's blacks proudly claimed as their own.

Red Cross Hospital was founded in 1896 by black physicians, who because of their skin color, weren't allowed, no matter how competent, to practice in the city's public or private hospitals. (It was never connected with the American Red Cross.)

At the time, blacks who needed to be hospitalized, regardless of their ability to pay, had only two options: They were Louisville General Hospital, which served indigent blacks or those with serious medical problems, and Waverly Hills Sanitarium, which specialized in tuberculosis treatment.

For 79 years, Red Cross Hospital was where black doctors and nurses treated their patients with medicine — and with compassion and dignity. "This was a place you could go and know you were going to get helped, not hassled," said Dr. C. Milton Young III, who practiced at Red Cross. "It was an oasis." With "an esprit de corps."

Red Cross began in a two-story frame building on Sixth Street between Walnut and Liberty. In 1905, the hospital moved to 1436 S. Shelby St., and remained there until it closed. It now houses a Volunteers of America family shelter.

Better-educated and better-employed blacks sought treatment at Red Cross, but the hospital cared for all who came, regardless of economic or social status.

"Red Cross took the pain out of being poor," Young said. "Whether they could pay or not, they stayed until they got well. But most took pride in paying their bills," added

See BLACKS
PAGE 6, col. 1, this section

1988 Took Pain Out 2-21-88 page 2

Blacks claimed hospital as own

CJ 2/21/88

Continued from Page B 1

Sykes-Childs, who worked at the hospital from 1946 until 1973.

Though the doctors and nurses at Red Cross struggled to provide quality care, they sometimes were hampered by the hospital's financial problems.

That was especially tough in the 1930s and early 1940s. Red Cross had lost its certification to train nurses. Its facilities were worn. Its laboratory equipment became obsolete.

But the staff pressed on.

Besides their medical duties, the nurses collected bills, scrubbed floors *and* washed windows.

The doctors filled out patients' medical charts themselves, purchased drugs in small amounts at retail prices from a neighborhood pharmacy, *and* brought their own medical instruments from home because the hospital had none.

"There was no such thing as going away to seminars; we weren't invited," said Ray Oglesby, a Red Cross nurse for 23 years. "We had to read to keep up on what was happening in the field."

The hospital was kept afloat largely by a few concerned whites, occasional foundation grants, city funds and by its directors and women's auxiliary. Efforts to turn Red Cross around began in 1941 and started to show results in 1945.

Among the improvements were the combining of two boards of trustees, and the appointment of an administrator, a medical director and a superintendent of nurses. Also, a record clerk, a laboratory technician, a dietitian, a bookkeeper and an X-ray technician were hired to work full time.

As the fund-raising efforts succeeded, Red Cross Hospital's prognosis improved.

A $56,000 campaign in 1946 provided new equipment and an increase in beds from 38 to 54.

In 1948, Red Cross became the only black private hospital in the nation approved by the American Cancer Society to operate a cancer clinic. At the small clinics, specialists treated 10 patients twice monthly for minor growths.

FILE PHOTO

This group of children looked forward to story hour at the old Red Cross Hospital in 1940. The hospital closed in 1975.

That same year, Red Cross opened a school for practical nurses — and 51 women applied for the 15 positions.

Red Cross' bed capacity rose to 100 in 1951, when a $850,000 wing was added. It contained five operating rooms, two delivery rooms, two nurseries, a complete X-ray suite, a clinical laboratory, a dental clinic, a laundry and a heating plant.

Young, like most Red Cross Hospital doctors, was a graduate of Meharry Medical College in Nashville, Tenn. In later years, he would become the medical director at Red Cross, where his father, the late Dr. C. Milton Young Jr., had practiced from 1928 until it closed.

In the years of segregation, Meharry and the medical school at Howard University in Washington, D.C., produced many of the country's black doctors and nurses.

"If you got into Meharry, that was an statement unto itself," Young said. "Red Cross had highly skilled doctors, who could have competed with their white peers at the other hospitals in the city. Patients were getting good, competent medical care, within the limitations of the institution."

A few white doctors also worked out of Red Cross; caring primarily for blacks whose white employers had asked their doctors, as a favor, to do so, Oglesby said.

By the late 1950s there was a move toward integration in Louisville's medical community. The arrival of integration led to Red Cross Hospital's final decline.

By the early 1970s, many would-be Red Cross patients chose to be treated at formerly all-white hospitals that were larger and technologically more advanced.

Still, Red Cross tried to compete.

In 1972, its name was changed to Community Hospital, and modernization continued. But by 1975, the hospital was $50,000 in debt and unable to keep its 57 beds filled.

"The hospital outlived its usefulness," Young said. "I know that's a sad way to put it, but it couldn't compete with the larger institutions." And the increase in "rules and regulations coming out, dictating what you could and couldn't do, took its toll."

More Recent View of Building

Sources Cited

Courier Journal Newspaper Clippings from Louisville Main Public Library, 2nd Floor
Subjects Headings: "hospitals", "negro hospital" "sanitarium."

Courier-Journal Newspaper is indexed on Microfilm at Louisville Public Library, 2nd Floor.
Subject Headings: "Red Cross Hospital" entries from 1918 to 1981.

"The Fascinating Story of Black Kentuckians", by A. A. Dunnigan.

The Filson Historical Society graciously helped locate key photos of the Hospital, including:
Souvenir: A Quarterly Magazine. by St. Clair, Lucille E. Filson Club; Subject Red Cross Hospital, African Americans, Louisville. 24 pp. Pamphlet Collection, Pamphlet 362 S136.

Founding Red Cross in 1899. From Life Behind A Veil By George C. Wright.

"1899 Founding Red Cross Hospital." From The Encyclopedia of Louisville By John E. Kleber.

Fundraising Brochures: "Our Last Appeal, 1959", "At the Crossroads, 1957, and "Red Cross Hospital, 1946"; Accreditation Letter and Report from the American College of Surgeons, 1940; various unmarked photos of buildings and staff. The Kornhauser Library, 500 S. Preston St., Louisville, KY.

Kentucky Crippled Children's Commission. Hutchins Library, Special Collections & Archives
"Headed for Louisville: rethinking rural to urban migration in the South, 1930-1950." Journal of Social History. Winter, 2006 by Luther Adams. www.kyvl.org/kentuckiana

K.N.E.A. Journal. Official Organ of the Kentucky Negro Education Association. Vol. XVII, December, 1945-January, 1946, No. 2. William Perry, Executive Secretary.

Sources Cited

K.N.E.A. Journal. Official Organ of the Kentucky Negro Education Association. Vol. XVIII, 1946, No. 1. $4,000 appropriated for Red Cross Hospital.

K.N.E.A. Journal. Official Organ of the Kentucky Negro Education Association. Vol. ?, 1946. William Perry Passes October 13, 1946.

LPN at Red Cross Hospital: ww.lrc.ky.gov/record/06RS/HR96/bill.doc

Mary Merritt reference. "Early History of Black Berea." www.berea.edu/hutchinslibrary/specialcollections.

"Mary Merritt And Her Dream:" quoted at www.kytales.com

"Leave No Point Unguarded." Fundraising Brochure, 1948. Louisville Public Library.

Personal Papers of William H. Perry, part of the grass-roots collection, the Lost Creek Historical Society.

Photo Archives, U of L Library, Basement: the best hospital photos are here: surgery, exterior of original buildings, street and trolley.

"Professor William H. Perry, Sr. passes," *KNEA Journal*, vol. 18, issue 1 (1946), pp. 12-13.

The Southern Workman By Samuel Chapman Armstrong, Hampton Normal and Agricultural Institute (Va.), Hampton Institute.

Tom Owen graciously offered Archival Expertise at U of L Library Archives Department, 4th Floor, and his personal account of trucking to the Archives 36 boxes of Hospital Records per Court Bankruptcy Order.

1994 General Electric Major Upgrade to Building

500 GE Workers all came in one day to rehab the 4 Story Heyburn Building
These very skilled people:

- Painted the entire interior of the building
- Built the accessibility ramp at rear of building
- Built the accessibility ramp at rear of Freedom House
- Built the Kitchen on 4th Floor for Third Step Program, donated Refrigerator,
- Freezer, Oven, and Dishwasher.
- Added modern Storm Windows to entire building
- Air Conditioning was added to building
- Laundry Room was added to Third Step Program on 4th Floor

2007 Modern Phone System Installed

All Staff Offices received new phones with wide range of services such as Voice Mail, Call Forwarding, numerous others

All Staff thus received a direct phone number, thereby replacing the outdated system of all outside calls coming to the Front Desk, and Transferred by that receptionist to any Staff.

Fax Lines were installed directly to Staff Offices.

Data Lines for Computers were installed directly to Staff Offices.

2008 Computer Network Installed

The Computer Network Project took place over past two years or more.

Installation of new DSL lines bringing a Quad outlet to all Staff offices.

Main Office at 933 Goss had two modern Servers installed over time.

Lastly, all Staff computers were brought online to those Servers.

Computer Traffic turned out to be much greater than expected, and flooded the single line to Goss, making extremely slow network service for Shelby Street offices.

A Server was installed in Shelby Street 4 Story Heyburn Building that immediately brought very fast service to all building computers.

Meanwhile, teleconferences with VOA Staff in the 4 State Region were utilized regularly in 2007-8, revealing how much more was needed to upgrade the computer network in all their offices.

Red Cross Hospital Web Page

Red Cross Hospital http://special.library.louisville.edu

Collection : Community (Red Cross) Hospital records

Date/Extent : 1907-1976; 45.5 linear ft., 1 reel microfilm

Description : The Red Cross Hospital was founded in 1899 by a group of African American physicians in order to have a place to treat African American patients in segregated Louisville, Kentucky. In 1972 it was renamed Community Hospital. Due to financial difficulties, the hospital closed in 1975 and filed for bankruptcy in 1976. The collection contains correspondence, minutes of the board of directors and its committees, minutes of medical staff meetings, financial records, and patient records. Additional material relates to administration, fund drives, professional achievements of staff, and the eventual integration of Louisville hospitals. Community Hospital social service records contain files from 1973 to 1975, including out-patient referrals and services, patient folders, Mini-Home Project patient forms, lists of social workers and their addresses, volunteer work, River Region Elk Center patients' files.

Also included is one reel of microfilm documenting the period from 1945 to 1952. Scrapbooks contain clippings and some correspondence, as well as documentation of fund drives in 1945 and 1948 and dedicatory exercises for a new addition to the hospital in 1951. **Repository: University Archives**

Synopsis of the Century

COMMUNITY HOSPITAL RECORDS

History

In 1899, a group of Louisville's Black physicians established Red Cross Hospital in order that they might have a place to treat their own patients. The facility remained financially hard-pressed throughout most of its history, but segregation of the city's hospitals provided the impetus necessary to keep Red Cross afloat.

The first thirty years were particularly difficult ones for the hospital. Local Blacks supported the hospital as best they could, but the philanthropic backing of whites such as Hattie Bishop Speed was crucial. The converted residences which served as the hospital were painfully inadequate, but the predominantly Black staff managed to provide successful care. The 1940s brought great changes to the institution. Under the direction of Dr. Jesse Bell and later, Houston Baker, the hospital was modernized and a successful community-wide fund-raising campaign conducted. A modern wing was built in the early 1950s and the older structure renovated. Following these improvements the hospital enjoyed a short period of relative economic security and professional achievement.

The racial integration of Louisville's hospitals, the impact of federal and state health programs, and the tremendous increase in the cost of operating a hospital which occurred during the 1960s presented small, private hospitals with insolvable problems. Administrators adopted a modernization program that included changing the name to "Community" hospital in 1972, but this effort failed to save the facility. The last patient was admitted in September, 1975, and in January, 1976, officials filed for bankruptcy.

The records of the Community (Red Cross) Hospital date from 1902 to 1976. Included are documents created by the board of directors, administrators, medical staff, and department heads. These records reflect the various activities connected with the administration of a hospital including the construction and maintenance of a facility capable of meeting the needs of a rapidly changing field, the financial problems confronting medical institutions during the 1950s and 1960s, and the effects of integration and federal health programs on a hospital which served a predominantly Black community. Patient records reveal the types of illnesses and injuries suffered by the city's residents and the medical treatment which they received.

The University of Louisville Archives became the permanent repository for Community Hospital records by court order following a declaration of bankruptcy on the part of the hospital. According to the provisions of the order, archivists supervised transfer of the material and agreed to retrieve patient records for individuals with the appropriate documentation for a period of five years. Patient records are restricted to the patient and attending physician.

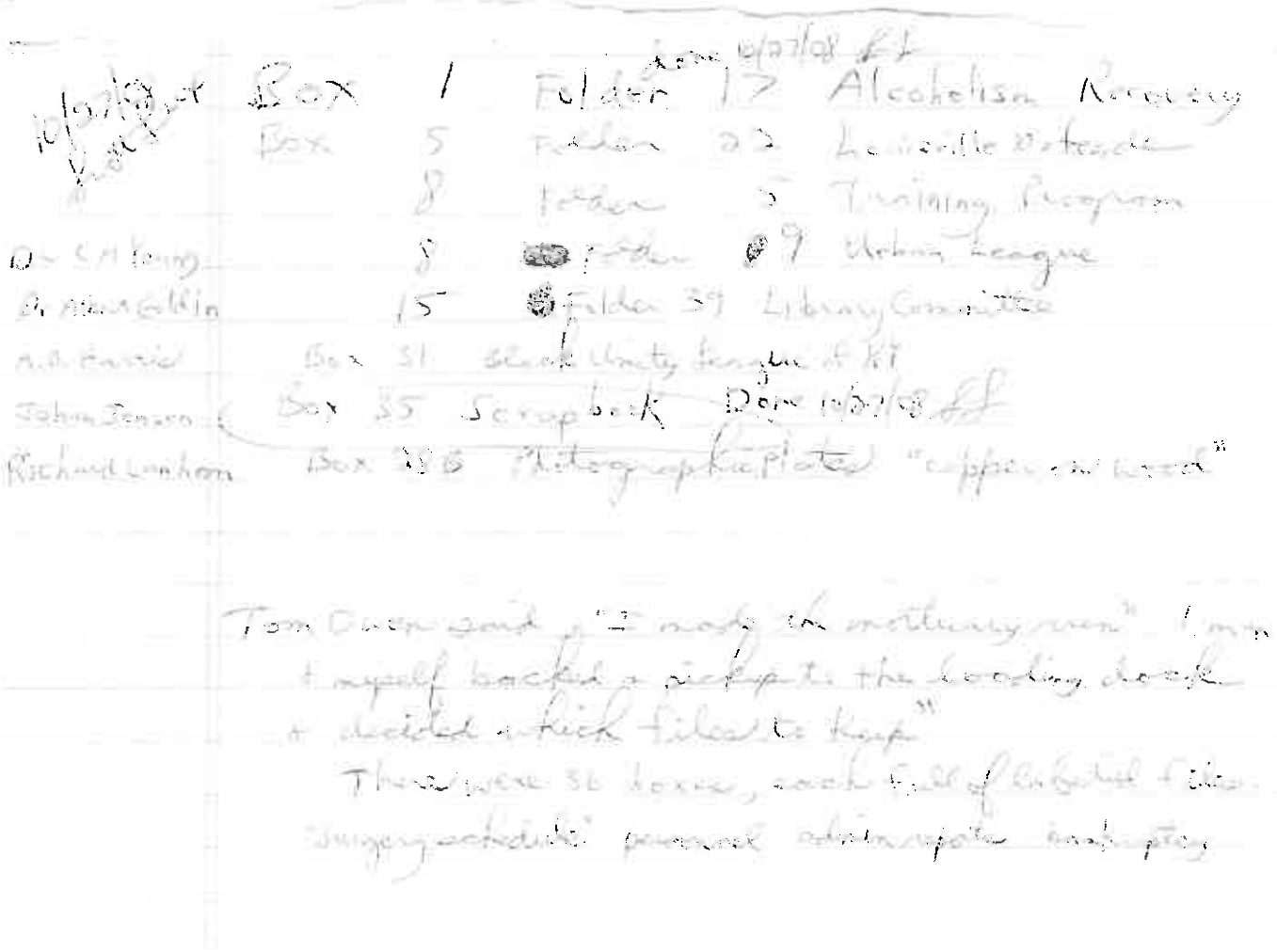
Restrictions: Patient Records 120.5 linear feet., 276 reels of 16mm microfilm

See also:

Henry R. Hayburn (RG 167) .15 lin. ft.
LaVal T. Duncan 1957-1965 (RG 118)
Houston Baker Scrapbooks, 1945-1948, 1951; microfilm project 32
Minutes of General and Committee Meetings of Board of Directors, 1949-1976;
Minutes of Medical Staff Meetings; Patient Records, administrator subject files, memoranda, and correspondence, financial records--audits, ledgers, insurance policies; blueprints.

U of L Archives, 4th Floor:
36 Boxes of Hospital Records

A sample of raw research!



Volunteers of America
KENTUCKY

Hope for the Holidays
Meeting Agenda
Monday, July 13, 2009
933 Goss Avenue
4-5:00 p.m.

Moment for Mission.....Farrah Ferriell

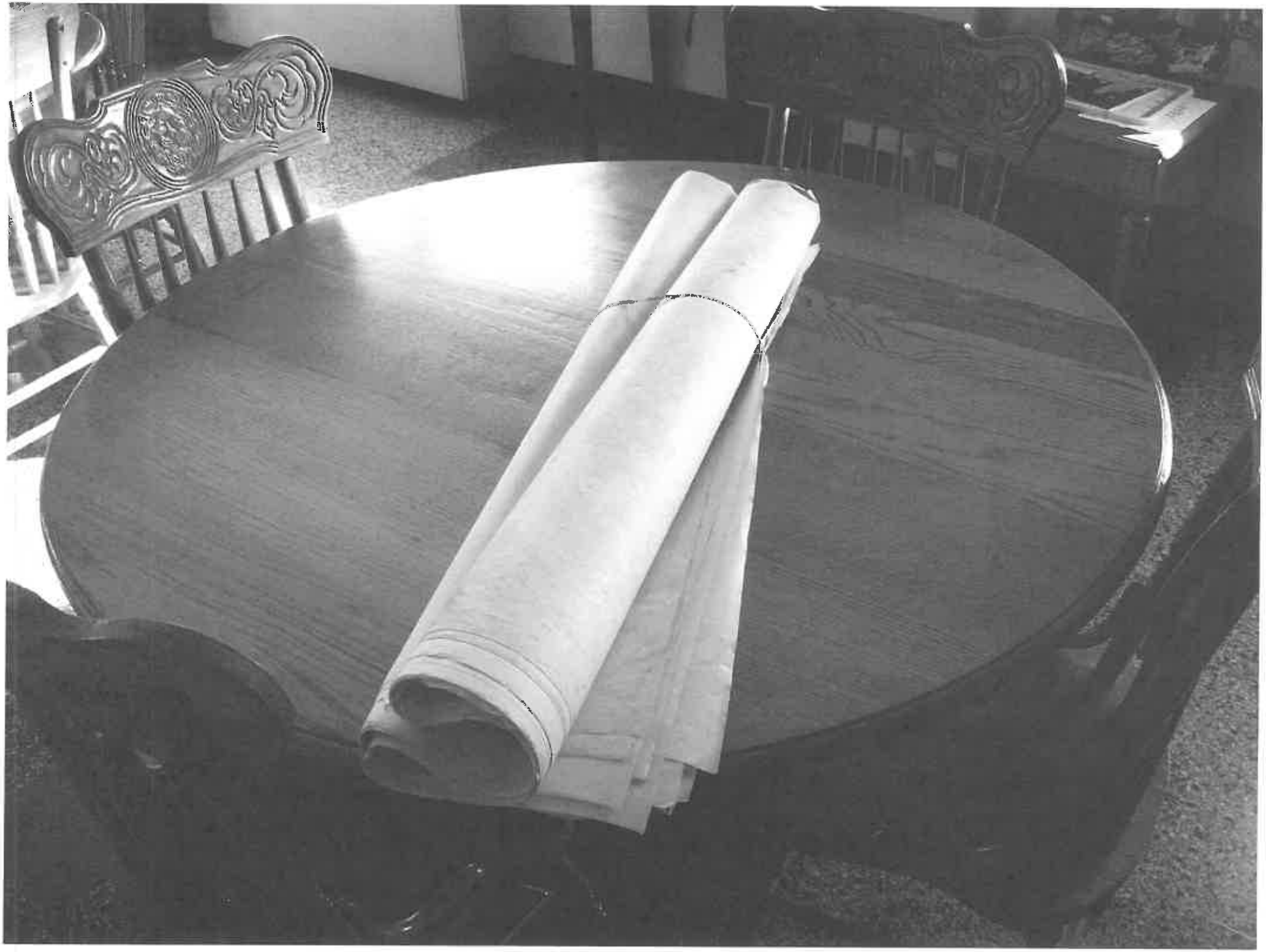
2009 Highlights (successes and challenges) .....Tandee Ogburn

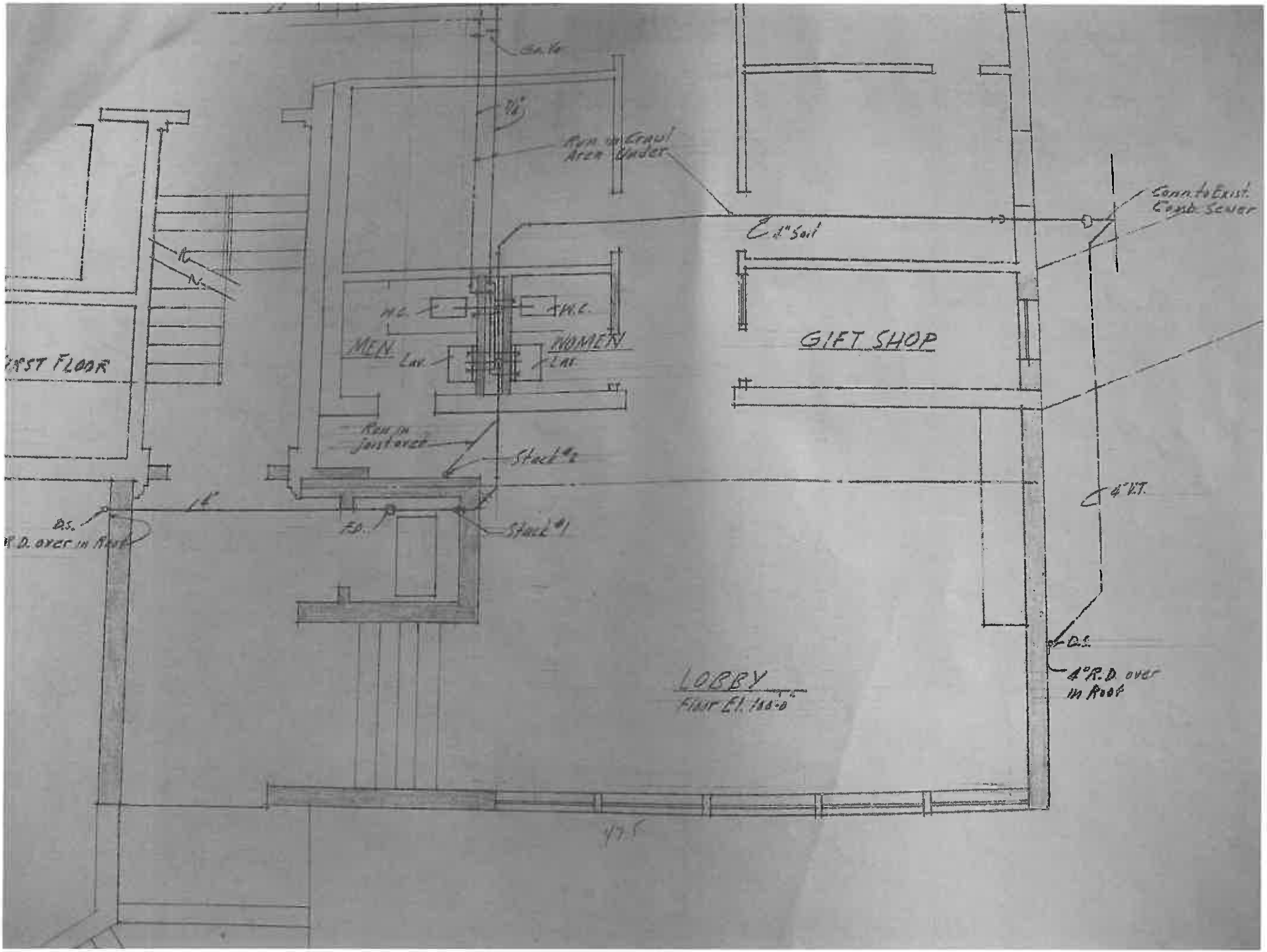
2010 Timeline.....Farrah

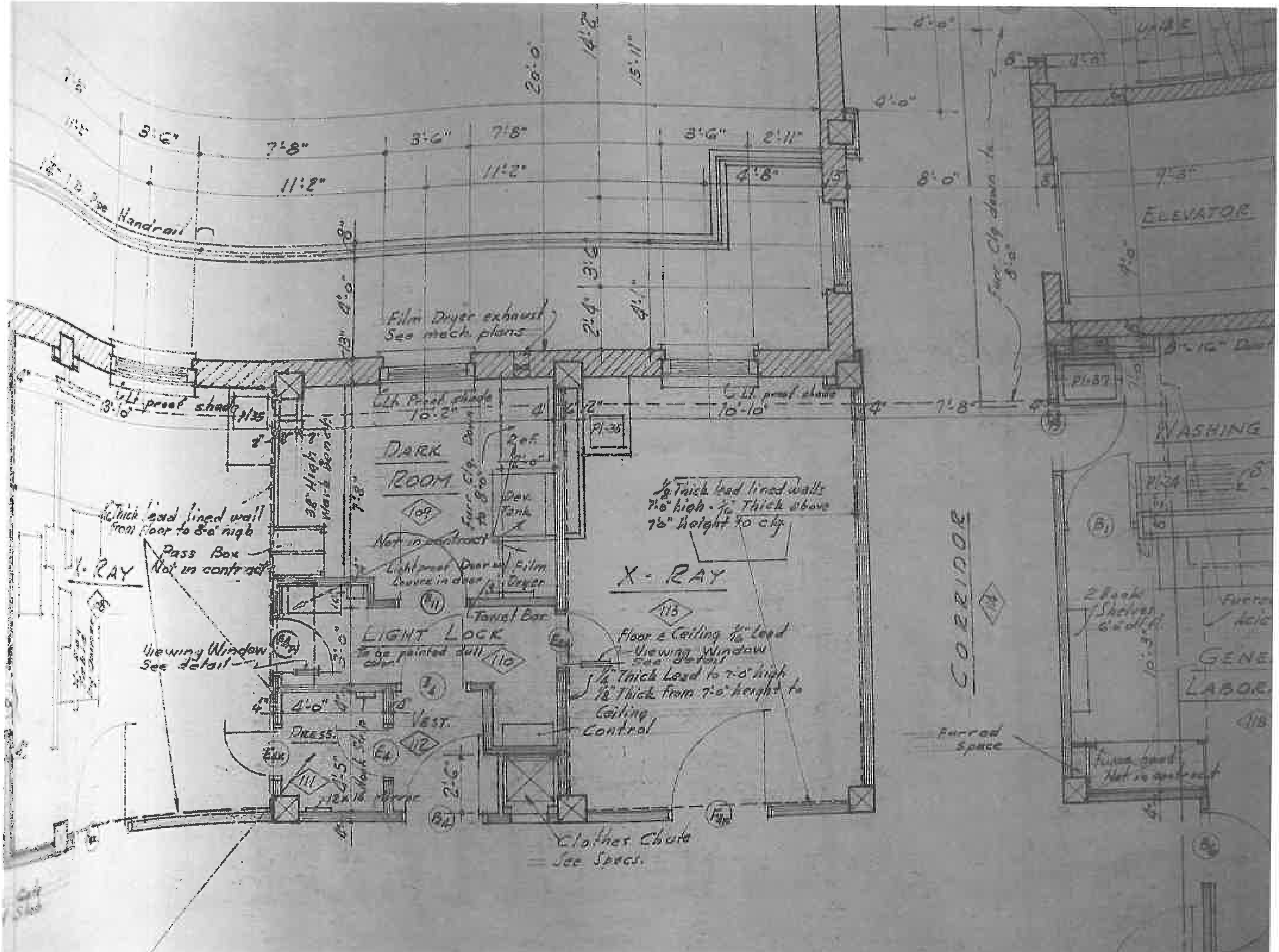
Profile Forms .....Tandee

Development and Program responsibilities .....Farrah

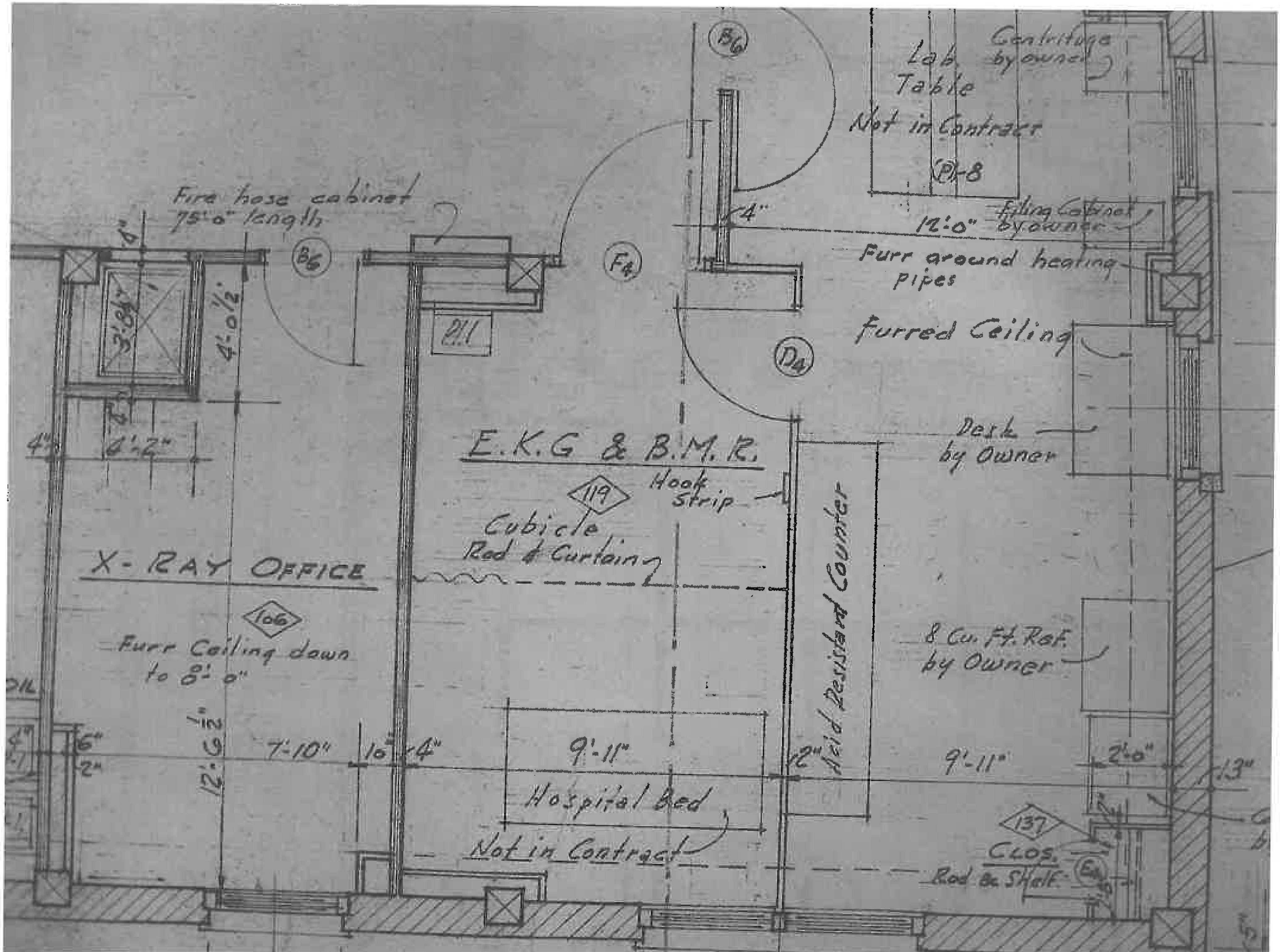
Discussion over disseminating information .....All



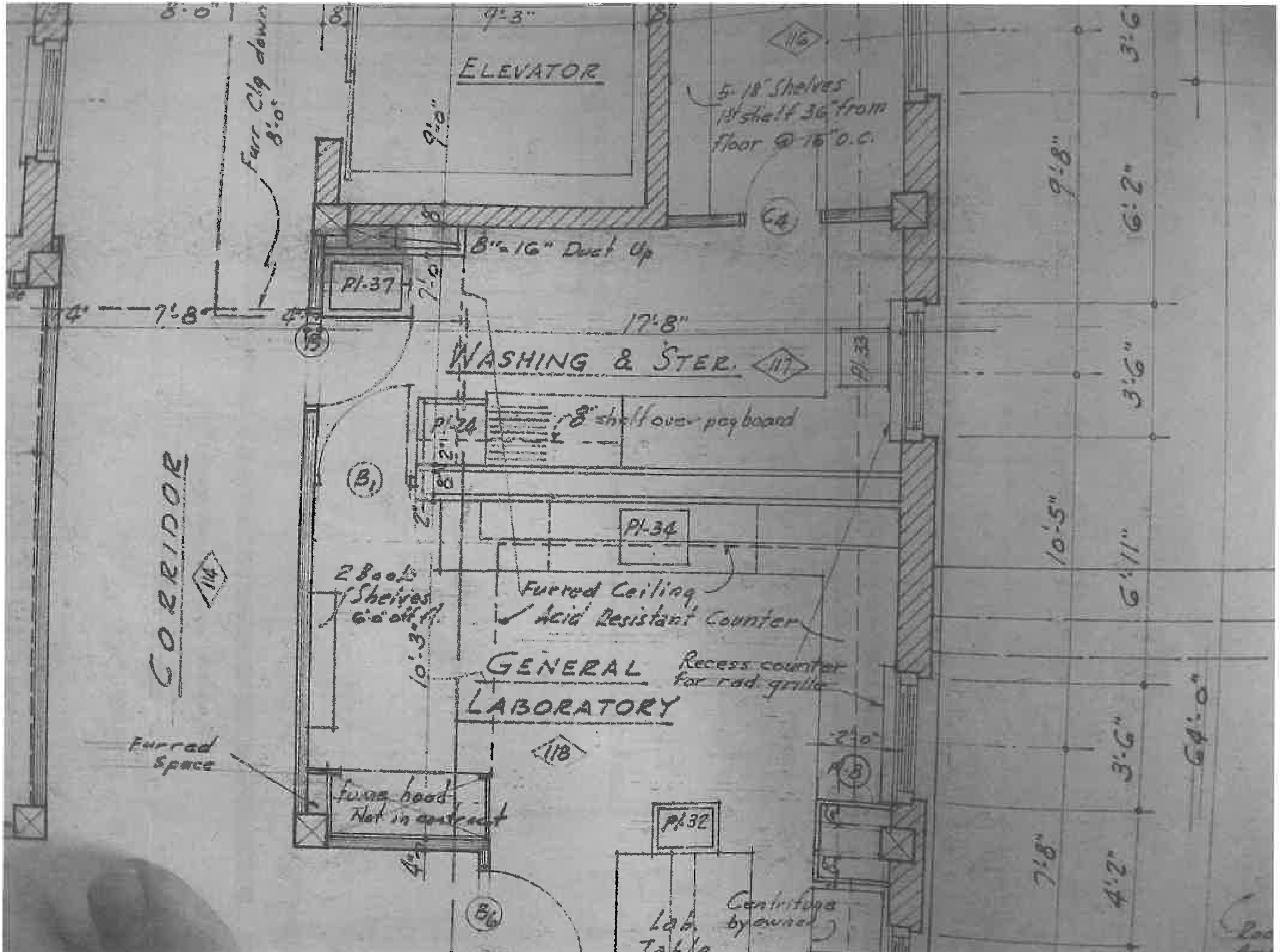

Run in Grout Area Under
Conn. to Exist. Comb. Sewer
4" Soil
GIFT SHOP
MEN
WOMEN
Run in Joist area
Stack #2
Stack #1
4" V.T.
D.S.
4" R.D. over in Roof
LOBBY
Floor El. 116'-0"
47.5

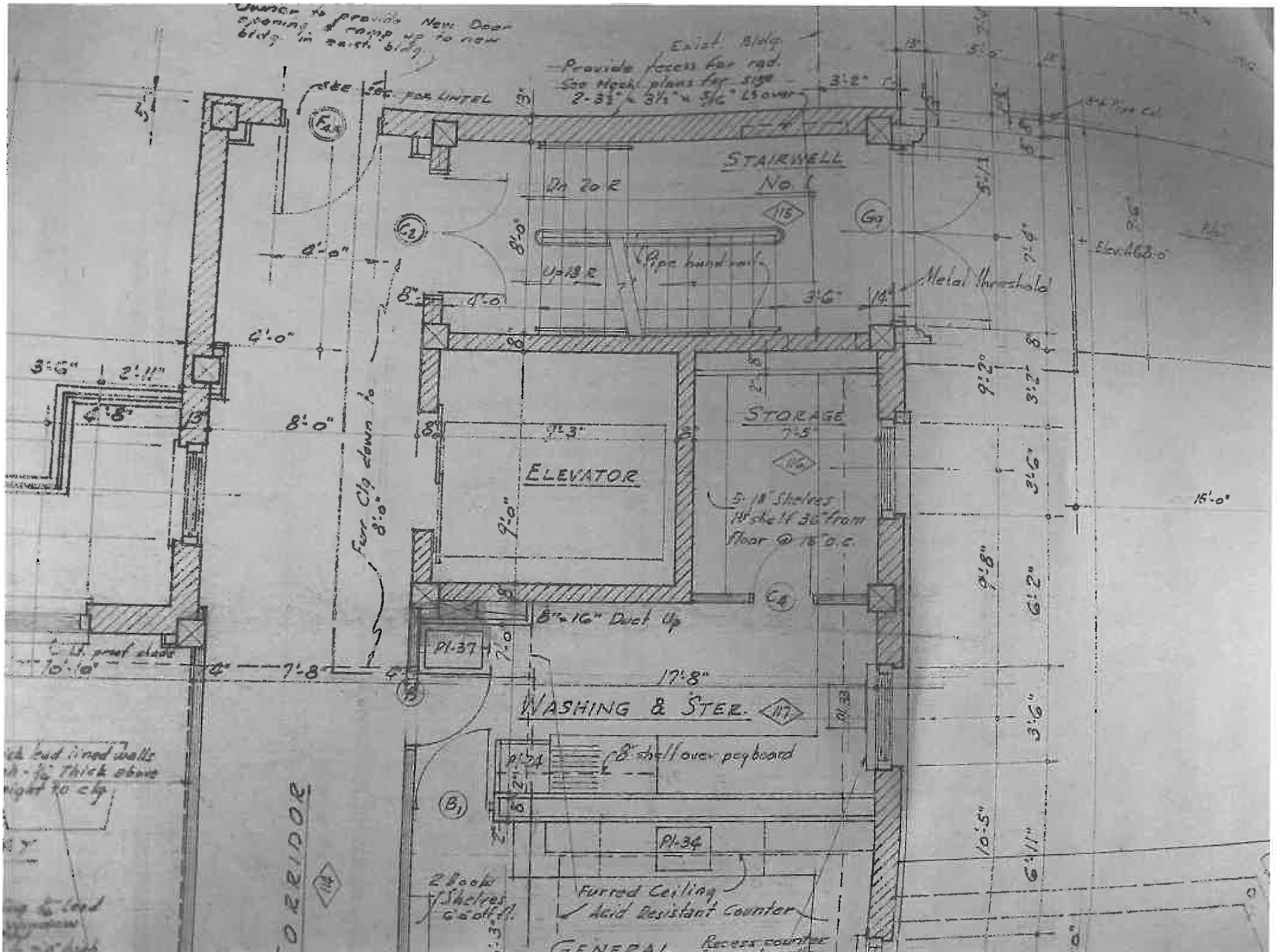


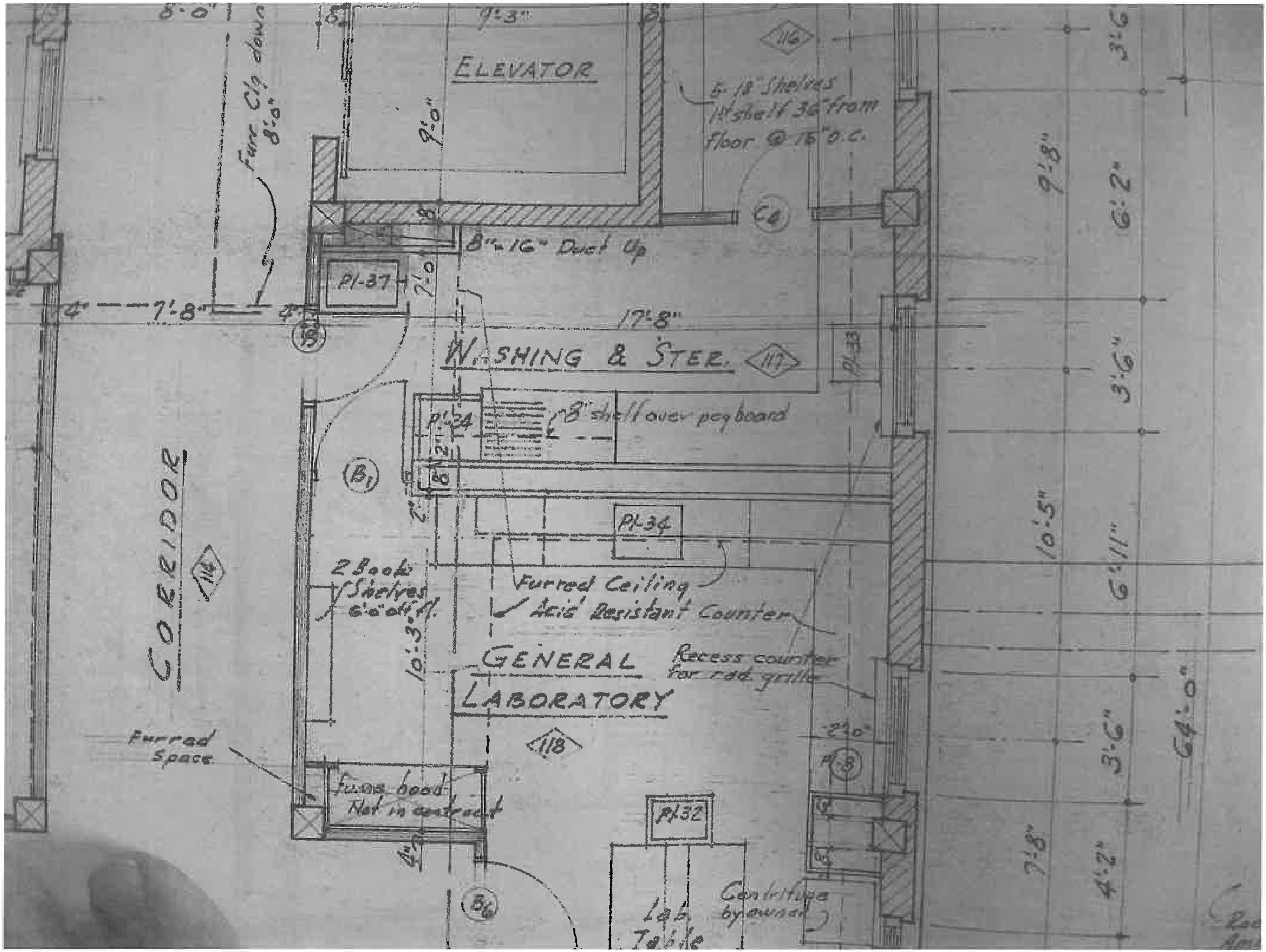
DARK ROOM
109
X-RAY
113
LIGHT LOCK
110
DRESS.
111
VEST.
112
CORRIDOR
ELEVATOR
WASHING
Film Dryer exhaust See mech. plans
1/8" Thick lead lined walls 7'-0" high - 1/16" Thick above 7'0" height to clg.
Floor & Ceiling 1/16" Lead
Viewing Window See detail
Pass Box Not in contract
Not in contract
Light proof Door w/ Film Louvre in door Dryer
Towel Bar
Dev. Tank
Ref.
Viewing Window See detail
1/4" Thick Lead to 7'-0" high 1/8" Thick from 7'-0" height to Ceiling
Control
Clothes Chute See Specs.
Furred Space
2 Book Shelves 6'-0" off fl.
Fume Hood Not in contract
Handrail



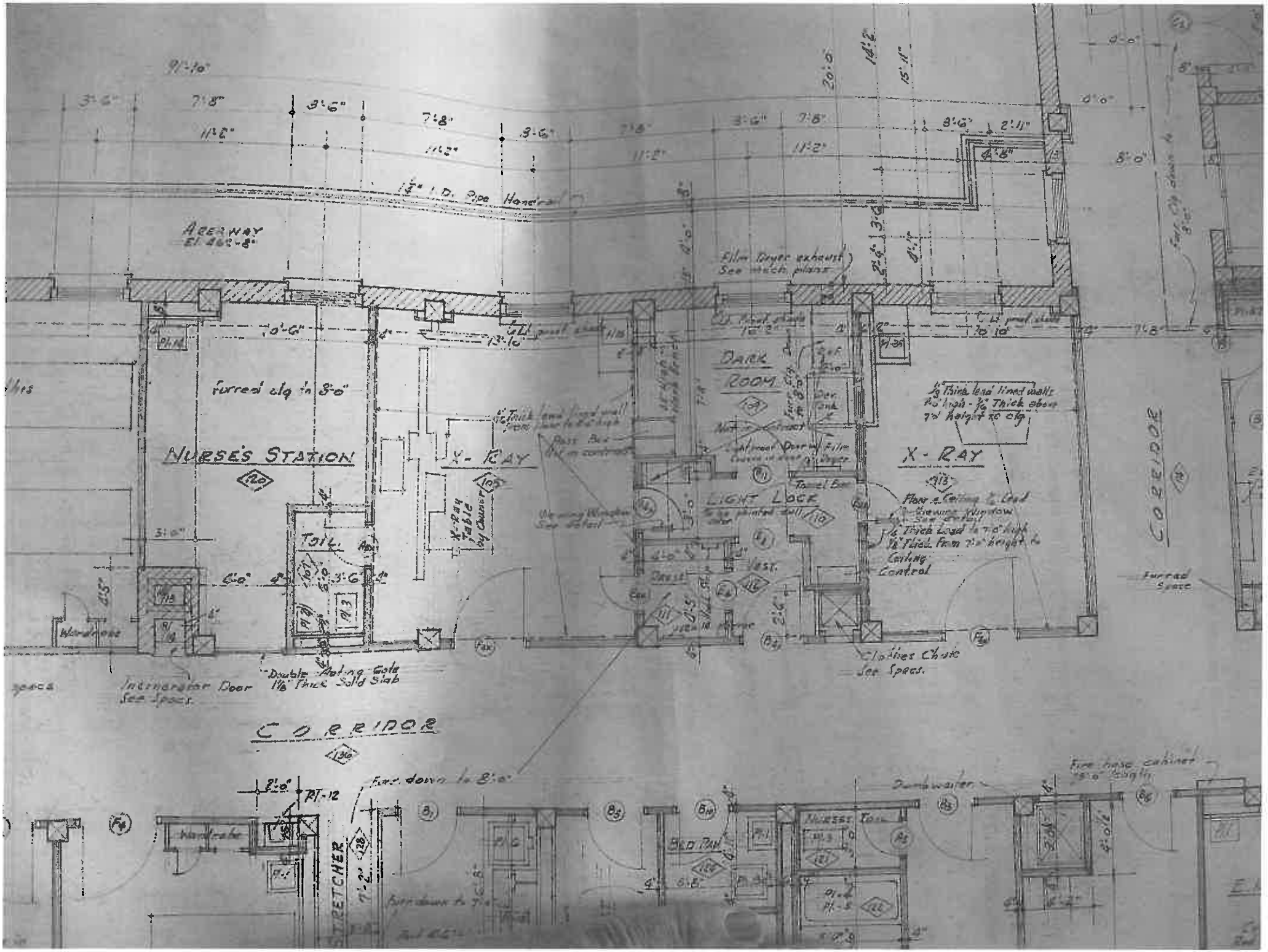
Fire hose cabinet
75'-0" length
B6
F4
B6
Lab. Table
Centrifuge by owner
Not in Contract
P-8
4"
12'-0"
Filing Cabinet by owner
Furr around heating pipes
Furred Ceiling
D4
4'-0½"
4'-2"
4"
211
E.K.G & B.M.R.
119
Hook Strip
Desk by Owner
Cubicle Rod & Curtain
X-RAY OFFICE
106
Furr Ceiling down to 8'-0"
Acid Resistant Counter
8 Cu. Ft. Ref. by Owner
12'-6½"
7'-10"
10"
4"
9'-11"
12"
9'-11"
2'-0"
13"
Hospital Bed
Not in Contract
137
CLOS.
Rod & Shelf

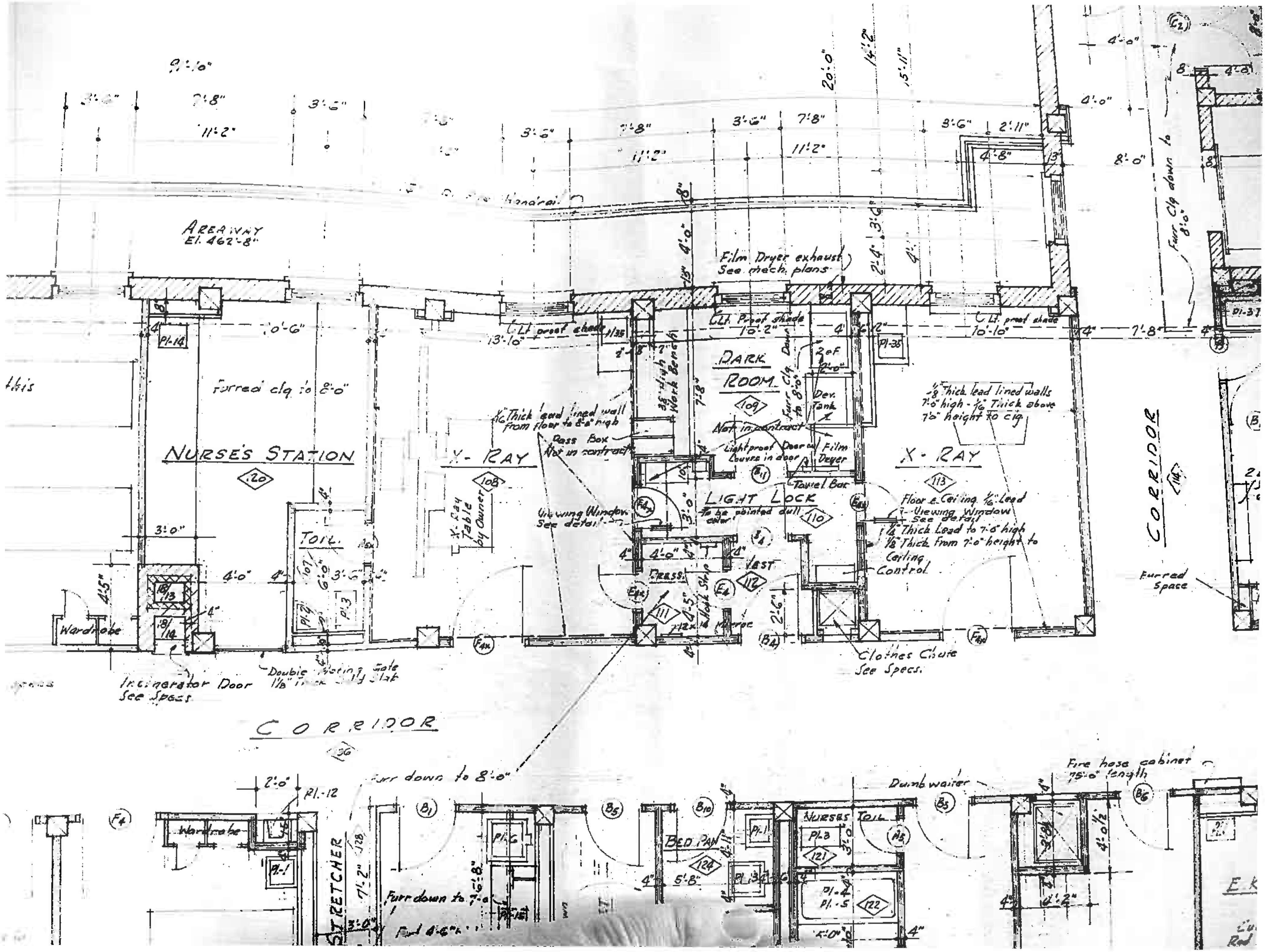

ELEVATOR
9'-3"
8'-0"
9'-0"
116
5-18" Shelves
1st shelf 36" from
floor @ 16" o.c.
Furr Clg down
8'-0"
8"x16" Duct Up
Pl-37
7'-0"
7'-8"
17'-8"
WASHING & STER.
117
Pl-33
8" shelf over pegboard
Pl-24
CORRIDOR
114
2 Book
Shelves
6'-0" off fl.
Pl-34
Furred Ceiling
Acid Resistant Counter
GENERAL
LABORATORY
118
Recess counter
for rad. grille
10'-3"
Furred
Space
fume hood
Not in contract
2'-0"
Pl-32
Centrifuge
by owner
Lab
Table
9'-8"
6'-2"
3'-6"
3'-6"
10'-5"
6'-11"
3'-6"
7'-8"
4'-2"
64'-0"


Owner to provide New Door opening & ramp up to new bldg in exist. bldg
Exist. Bldg.
Provide recess for rad.
See Mech. plans for size
2-3½" x 3½" x 5/16" Ls over
See sec. for lintel
STAIRWELL No. 1
115
Dn 20 R
Up 18 R
Pipe hand rail
Metal threshold
Elev. 168.0
ELEVATOR
STORAGE
116
5-18" Shelves 1st shelf 36" from floor @ 15" o.c.
Furr Clg down to 8'-0"
8" x 16" Duct Up
Pl-37
WASHING & STER.
117
8" shelf over pegboard
Pl-24
Pl-34
Furred Ceiling
Acid Resistant Counter
Recess counter
2 Book Shelves 6'0" off fl.
CORRIDOR
114
GENERAL
15'-0"
17'-8"
9'-3"
9'-0"
8'-0"
7'-8"
10'-10"

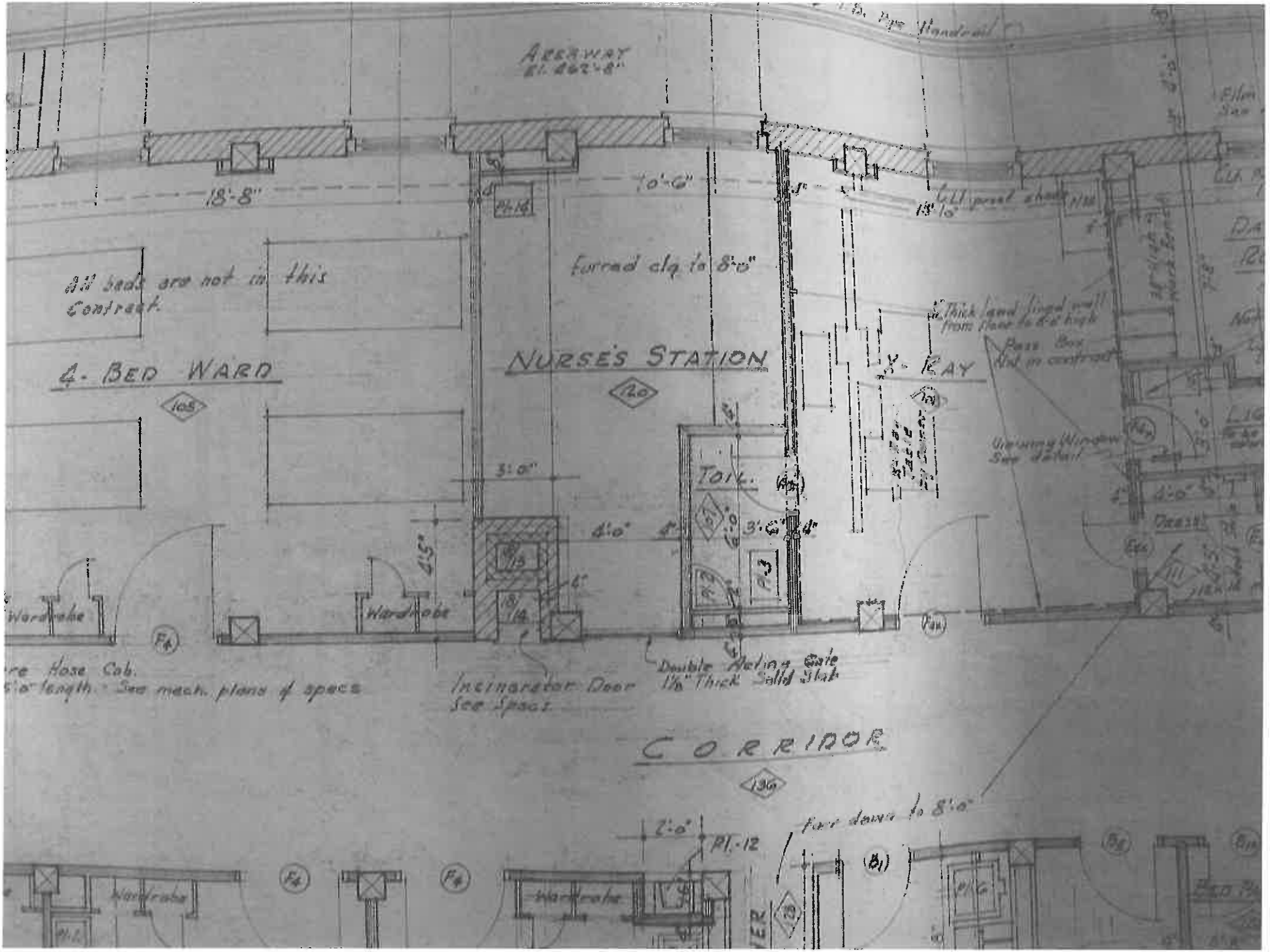


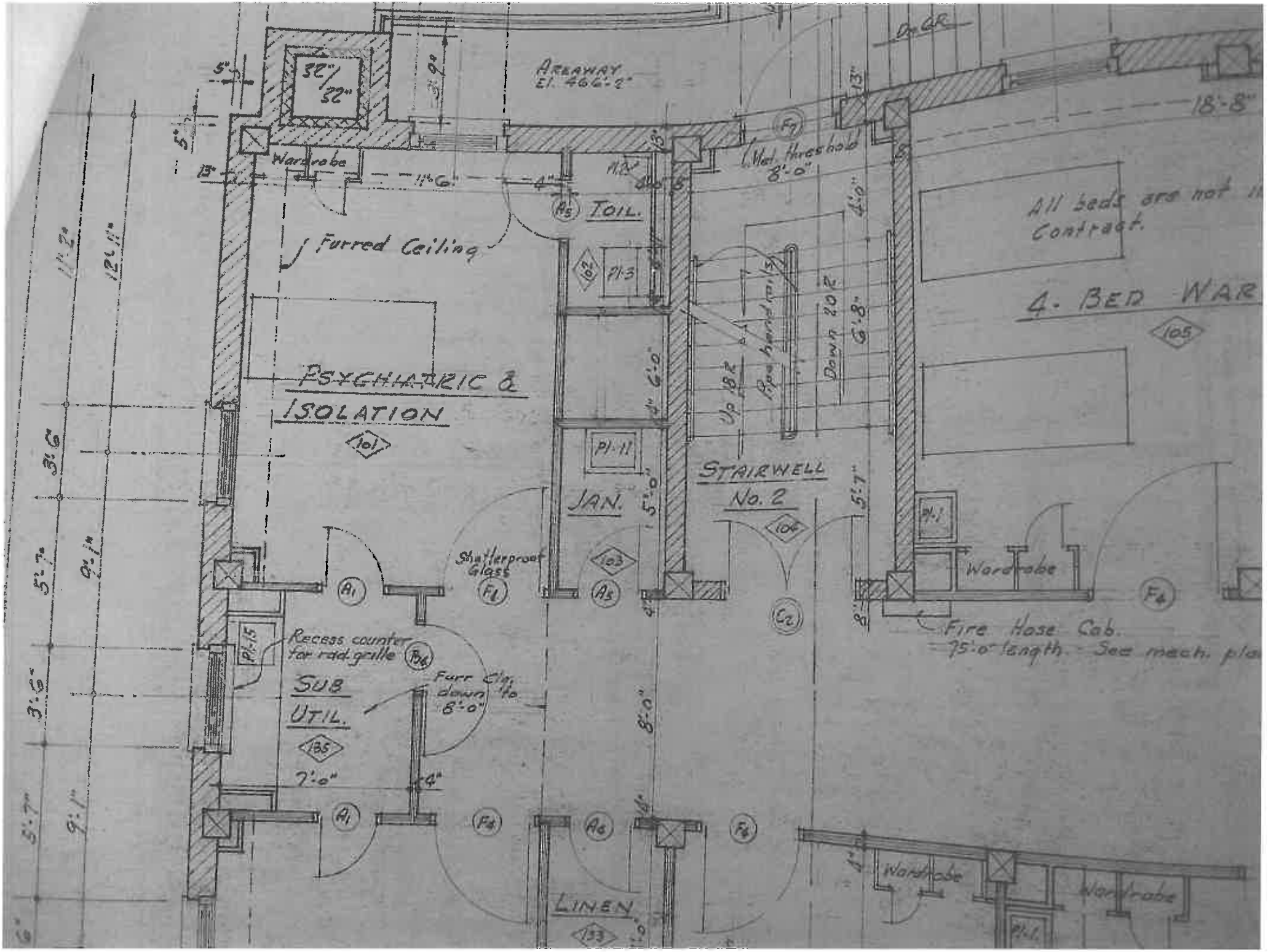
8'-0"
9'-3"
ELEVATOR
Furr Clg down 8'-0"
9'-0"
116
5-18" Shelves
1st shelf 36" from
floor @ 15" o.c.
C4
8"x16" Duct Up
Pl-37
7'-0"
4"
7'-8"
4"
17'-8"
WASHING & STER.
117
Pl-33
3" shelf over pegboard
Pl-24
B1
CORRIDOR
114
Pl-34
2 Book
Shelves
6'-0" off fl.
Furred Ceiling
Acid Resistant Counter
GENERAL
LABORATORY
Recess counter
for rad. grille
10'-3"
118
2'-0"
Pl-8
Furred
Space
Fume hood
Not in contract
Pl-32
B6
Lab
Table
Centrifuge
by owner
3'-6"
9'-8"
6'-2"
3'-6"
10'-5"
6'-11"
3'-6"
64'-0"
7'-8"
4'-2"

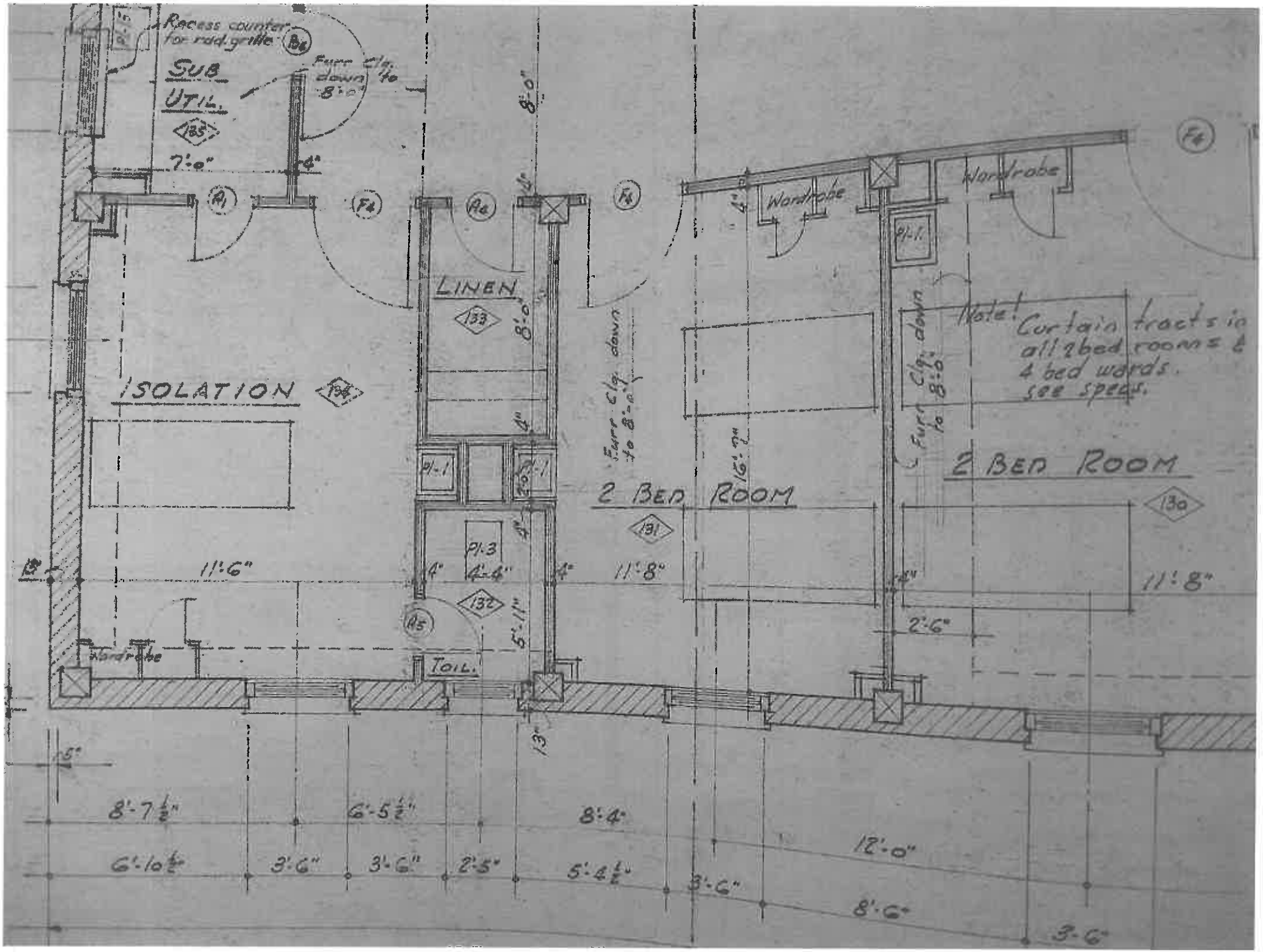

Furred clg to 8'-0"
NURSE'S STATION
X-RAY
TOIL.
DARK ROOM
LIGHT LOCK
X-RAY
CORRIDOR
Incinerator Door
See Specs.
Double Rolling Gate
1½" Thick Solid Slab
Clothes Chute
See Specs.
Furred down to 8'-0"
STRETCHER
Handrail
Nurses' Toilet
Soiled Linen
Drinking Fountain
Fire hose cabinet

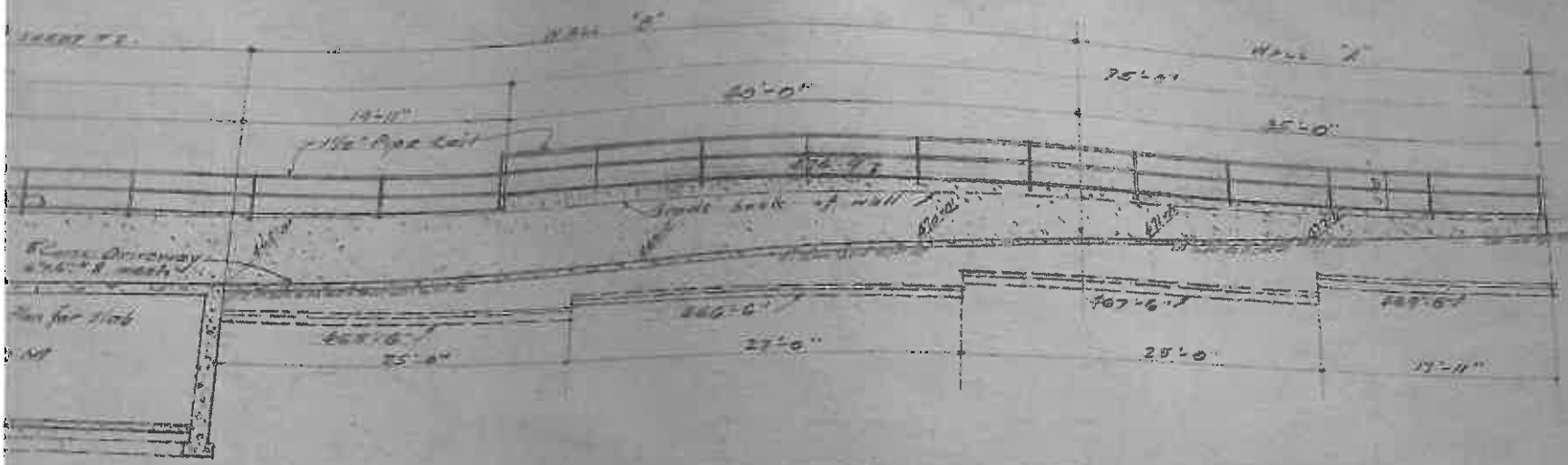


AREAWAY
El. 462'-8"
Film Dryer exhaust
See mech. plans
Lt. proof shade
DARK ROOM
109
Furred clg to 8'-0"
NURSE'S STATION
120
X-RAY
108
X-Ray Table by Owner
1/16" Thick lead lined wall from floor to 8'-0" high
Pass Box
Not in contract
Viewing Window
See detail
36" High Work Bench
Dev. Tank
Film Dryer
Lightproof Door w/ Louvre in door
Towel Bar
LIGHT LOCK
110
To be painted dull color
X-RAY
113
1/16" Thick lead lined walls 7'-0" high - 1/16" Thick above 7'-0" height to clg.
Floor & Ceiling 1/16" Lead
Viewing Window
See detail
Control
CORRIDOR
114
Furred Space
TOIL.
DRESS.
111
VEST
112
Wardrobe
Incinerator Door
See Specs.
Double Acting Gate
Clothes Chute
See Specs.
CORRIDOR
136
Furr down to 8'-0"
Dumbwaiter
Fire hose cabinet
75'-0" length
Wardrobe
STRETCHER
128
Furr down to 7'-0"
BED PAN
124
NURSES TOIL.
121
122


Aisleway
El. 462'-8"
18'-8"
10'-0"
furred clg to 8'-0"
All beds are not in this contract.
4- BED WARD
105
NURSE'S STATION
120
X-RAY
TOIL.
3'-0"
4'-0"
4'-5"
Wardrobe
Wardrobe
Wardrobe
Double Acting Gate 1⅛" Thick Solid Slab
Incinerator Door See Specs
CORRIDOR
136
2'-0"
Pl.-12
furr down to 8'-0"

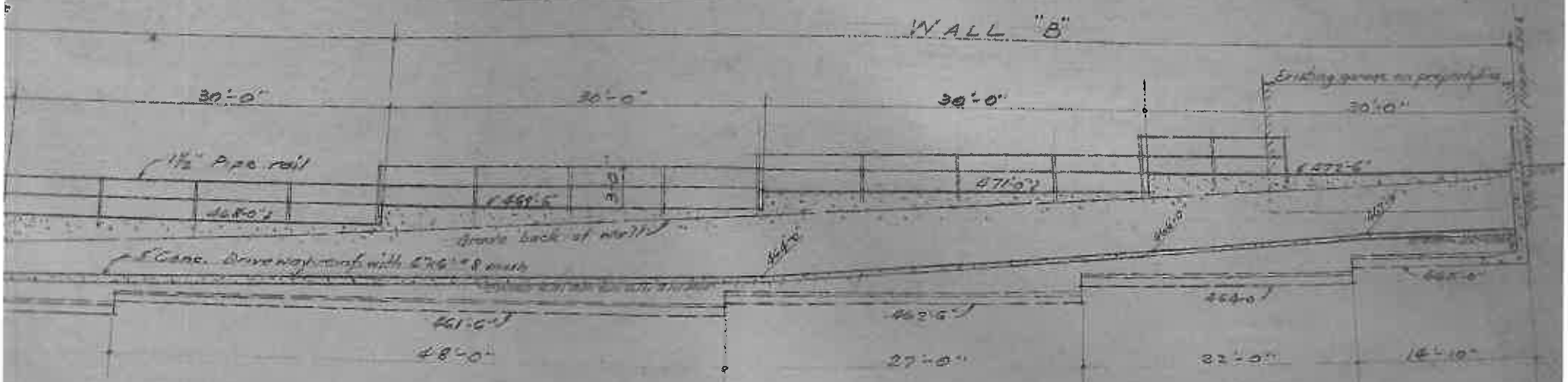

Areaway
El. 466'-2"
32" x 32"
Wardrobe
Furred Ceiling
PSYCHIATRIC &
ISOLATION
101
TOIL.
102
Pl-3
Pl-11
JAN.
103
Shatterproof Glass
STAIRWELL
No. 2
104
Dn. 6R
(Mat. threshold)
8'-0"
18'-8"
All beds are not in
Contract.
4. BED WAR
105
Up 18'2
Down 20'2
6'-8"
4'-0"
Pl-1
Wardrobe
Fire Hose Cab.
-75'-0" length. - See mech. pla
Recess counter
for rad. grille
Pl-15
SUB
UTIL.
106
Furr C'ling
down
8'-0"
7'-0"
LINEN
133
Wardrobe
Wardrobe
Pl-6
12'-11"
11'-2"
9'-1"
5'-7"
3'-6"
2'-1"


Recess counter for rad. grille
B6
SUB UTIL.
133
Furr clg. down to 8'-0"
7'-0"
4"
A1
F4
A6
8'-0"
LINEN
133
8'-0"
Furr clg. down to 8'-0"
ISOLATION
134
P.-1
P.-1
2 BED ROOM
131
P.-3
4'-4"
4"
11'-8"
132
A5
5'-11"
11'-6"
Wardrobe
TOIL.
13"
Wardrobe
Wardrobe
P.-1.
Furr clg. down to 8'-0"
16'-7"
Note! Certain tracts in all 2 bed rooms & 4 bed wards. see specs.
2 BED ROOM
130
11'-8"
2'-6"
8'-7½"
6'-5½"
8'-4"
12'-0"
6'-10½"
3'-6"
3'-6"
2'-5"
5'-4½"
3'-6"
8'-6"
3'-6"



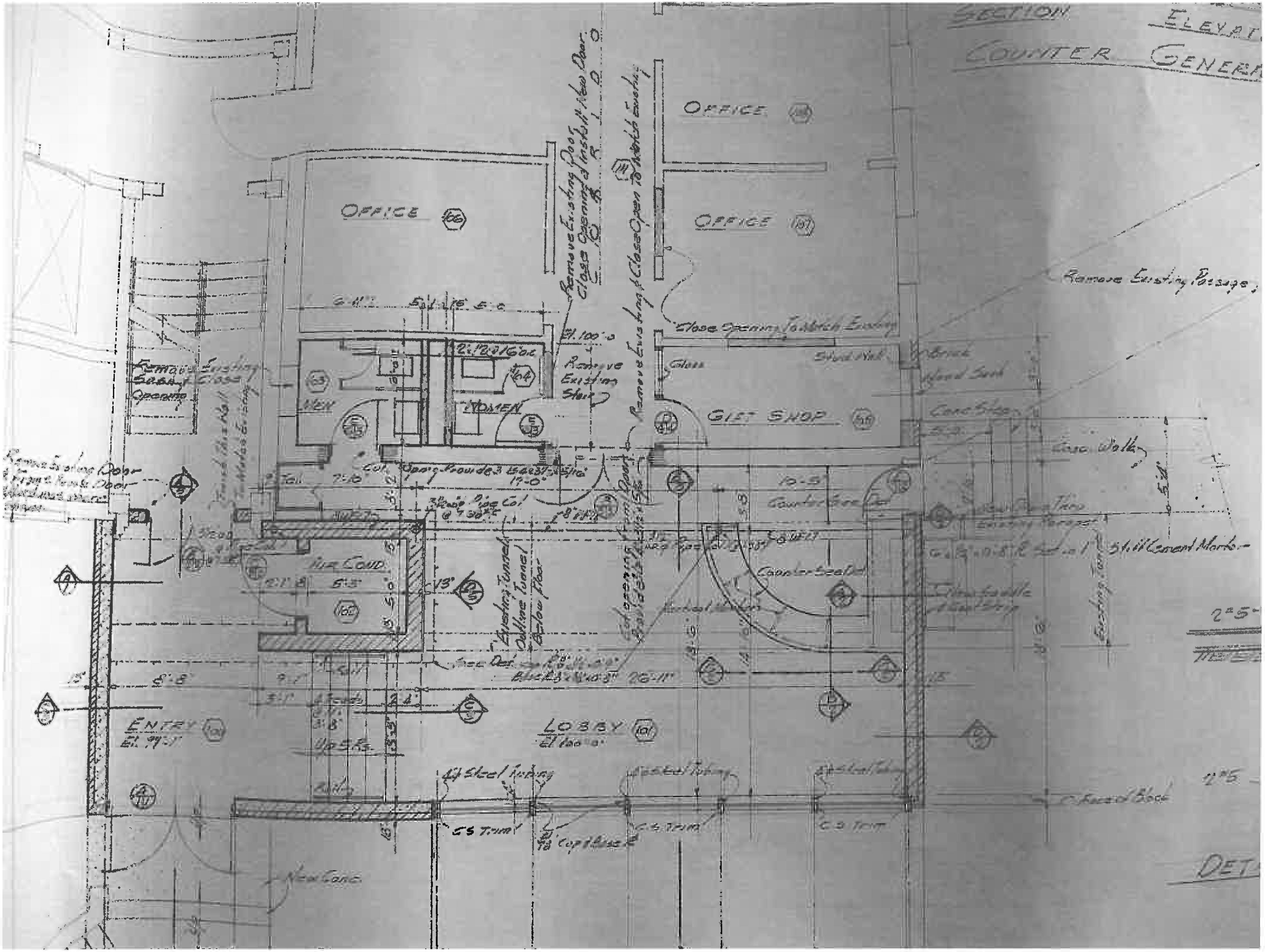
ELEVATION OF RETAINING WALL ON WEST PROPERTY LINE

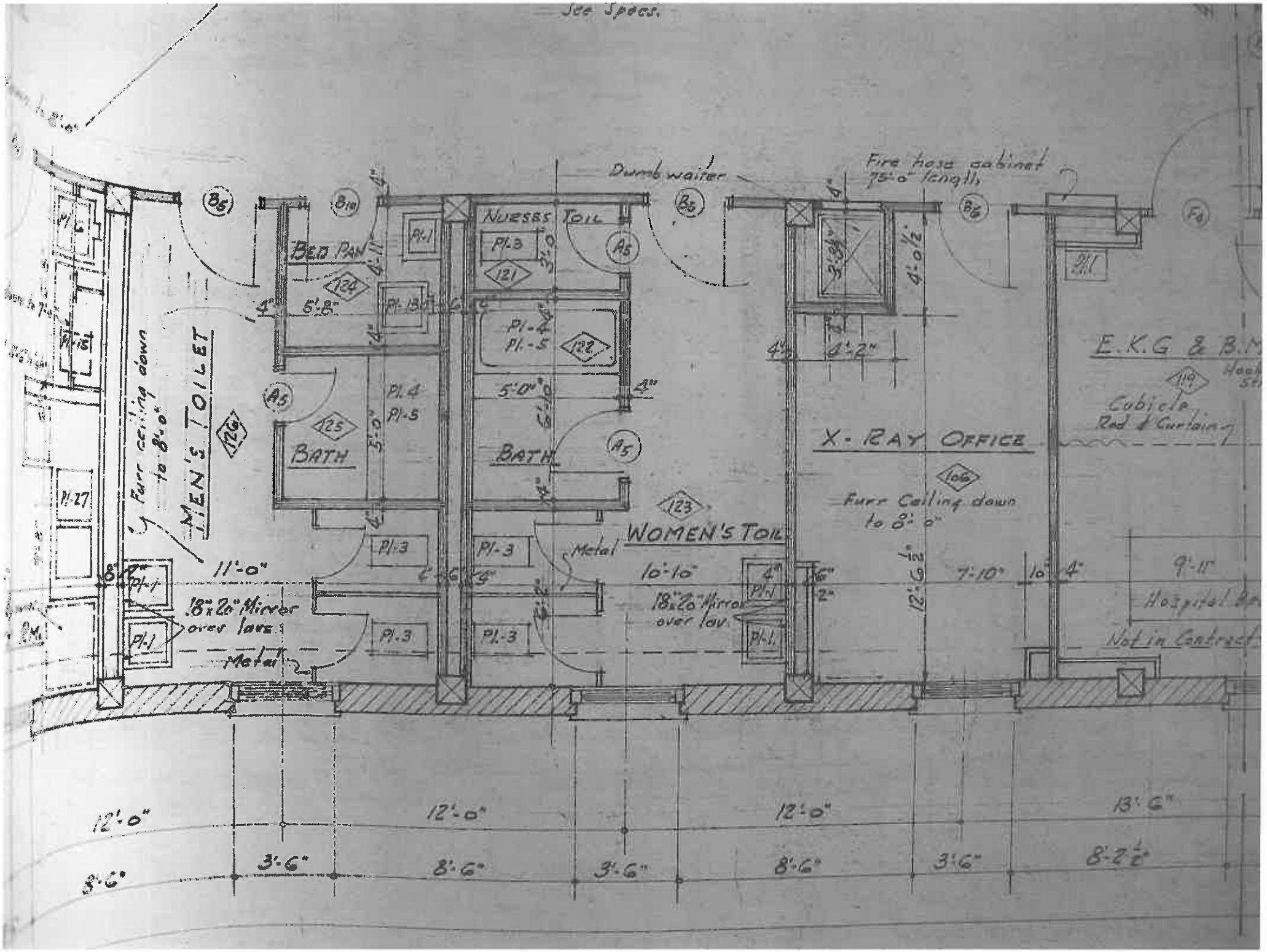
1/8" = 1'-0"

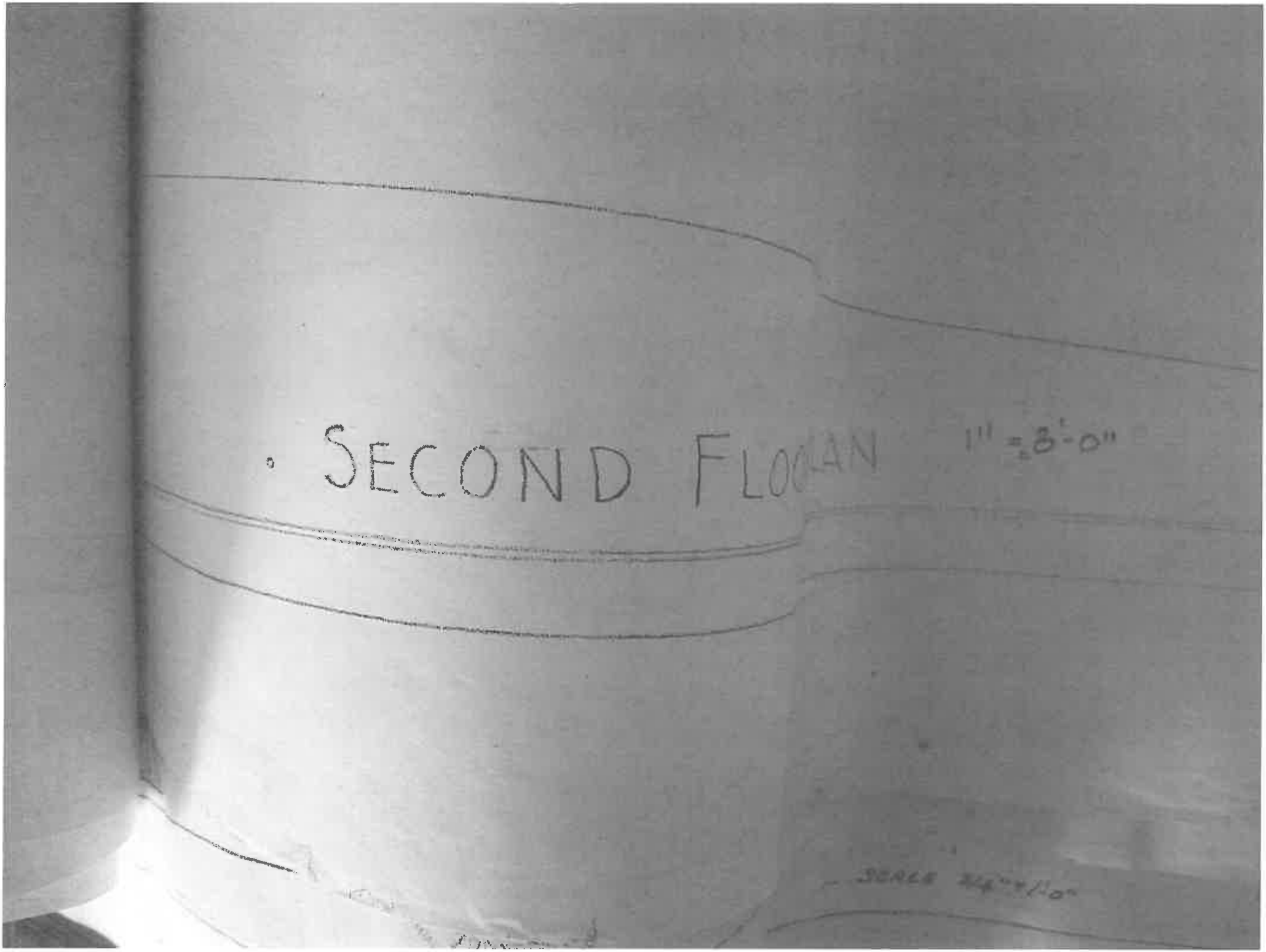


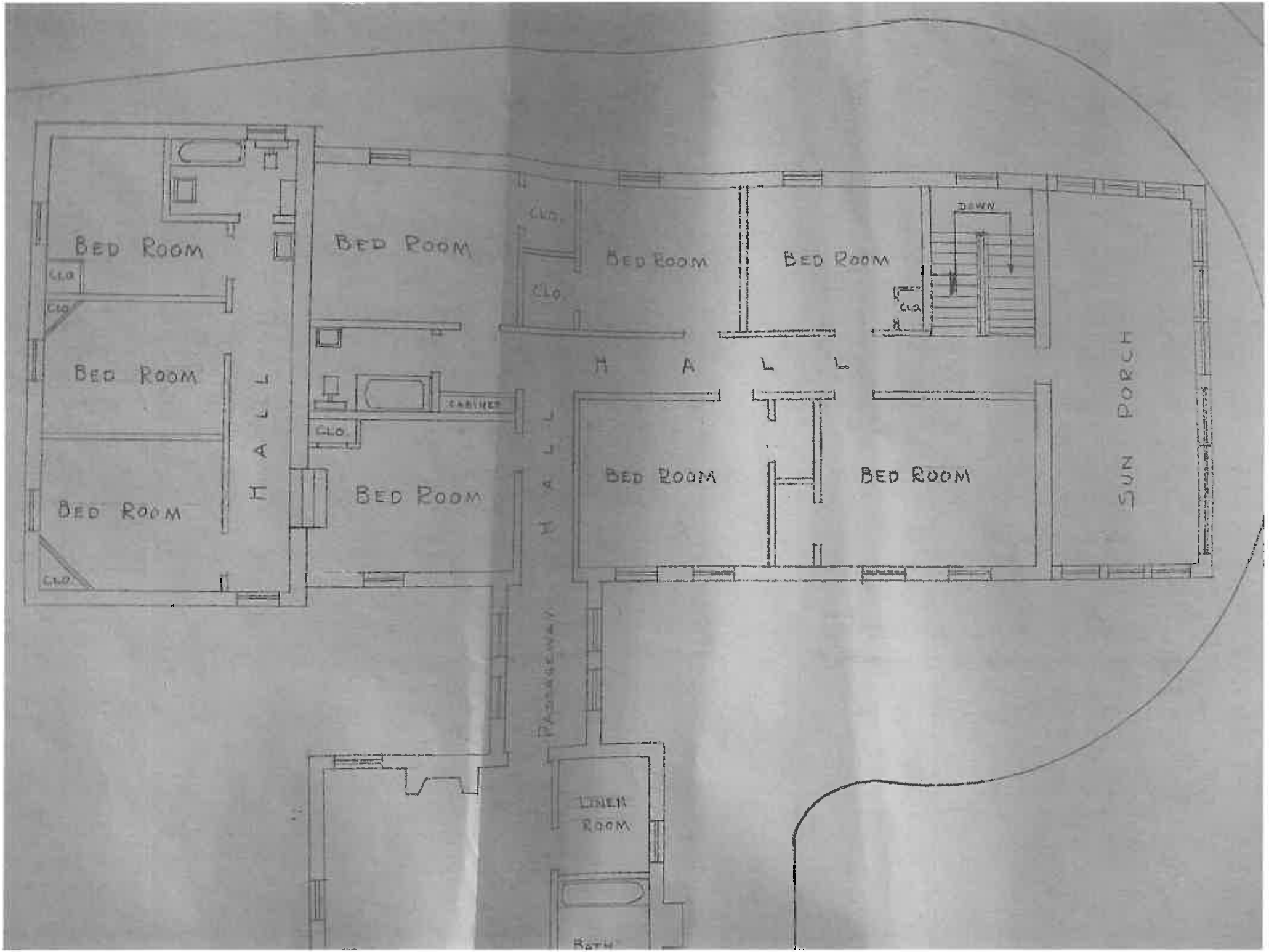
ELEVATION OF RETAINING WALL ON SOUTH PROPERTY LINE

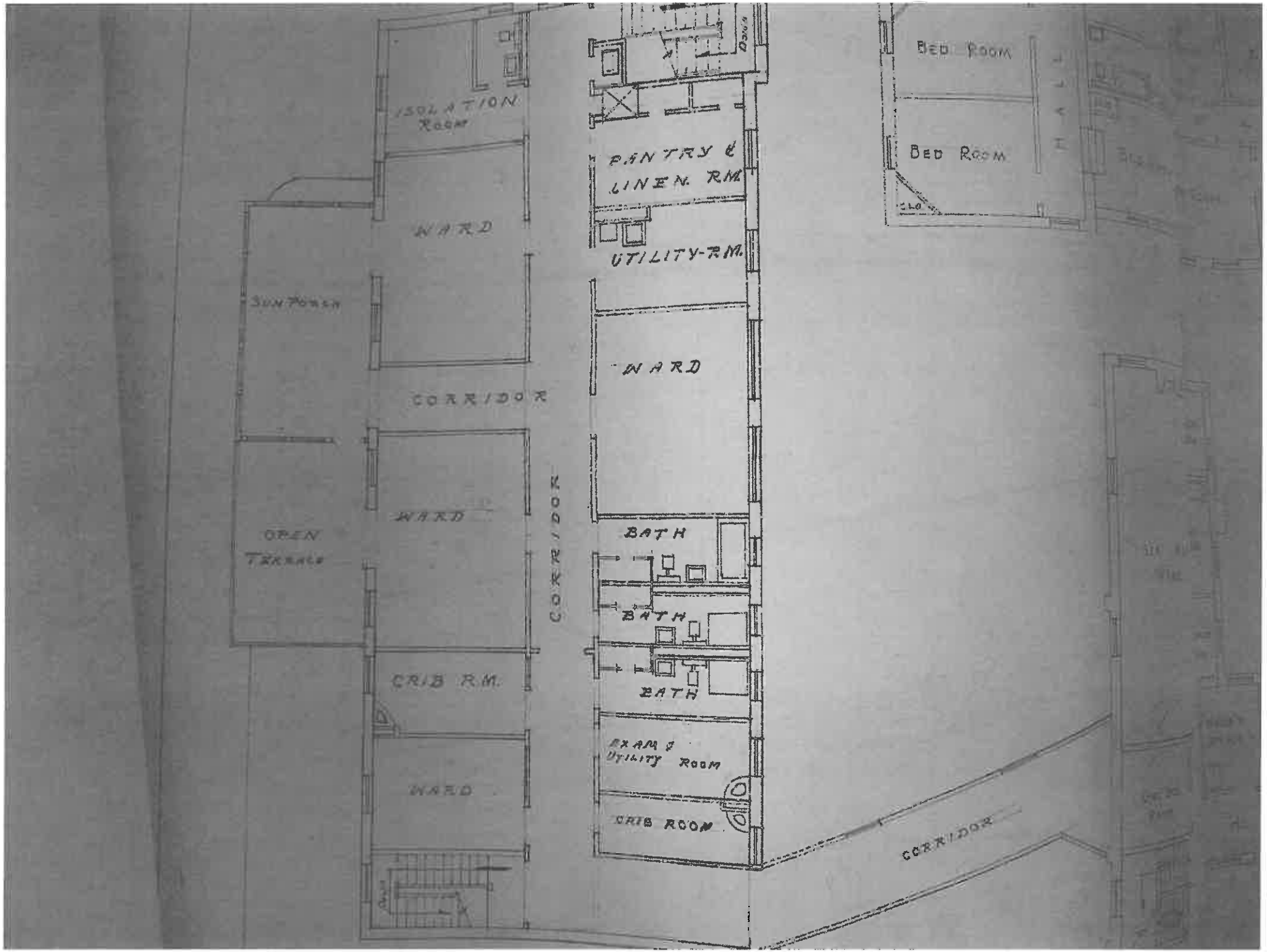
1/8" = 1'-0"

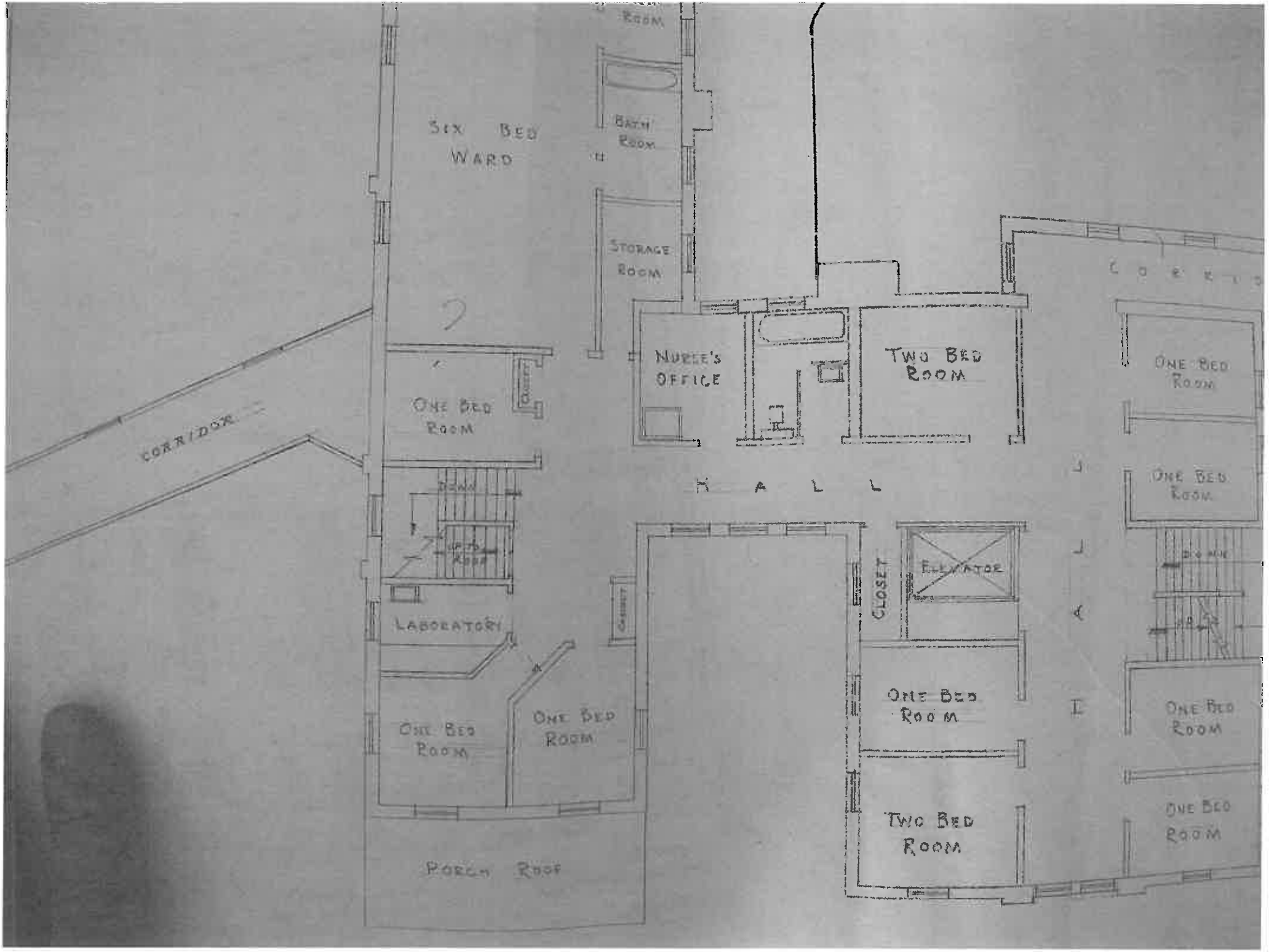

SECTION
ELEVAT
COUNTER GENER
OFFICE 108
OFFICE 106
OFFICE 107
Remove Existing Door, Close Opening & Install New Door
CORRIDOR
Remove Existing & Close Open to Match Existing
Close Opening To Match Existing
Remove Existing Passage
Remove Existing Stair
Stud Wall
Brick
Glass
MEN
WOMEN
GIFT SHOP
Conc. Slab
Conc. Walk
AIR COND.
Counter See Det.
Existing Tunnel Outline Tunnel Below Floor
ENTRY
El. 99'-1"
LOBBY 101
El. 100'-0"
Up 5 Rs.
Railing
C.S. Trim
New Conc.
Face of Block
DET

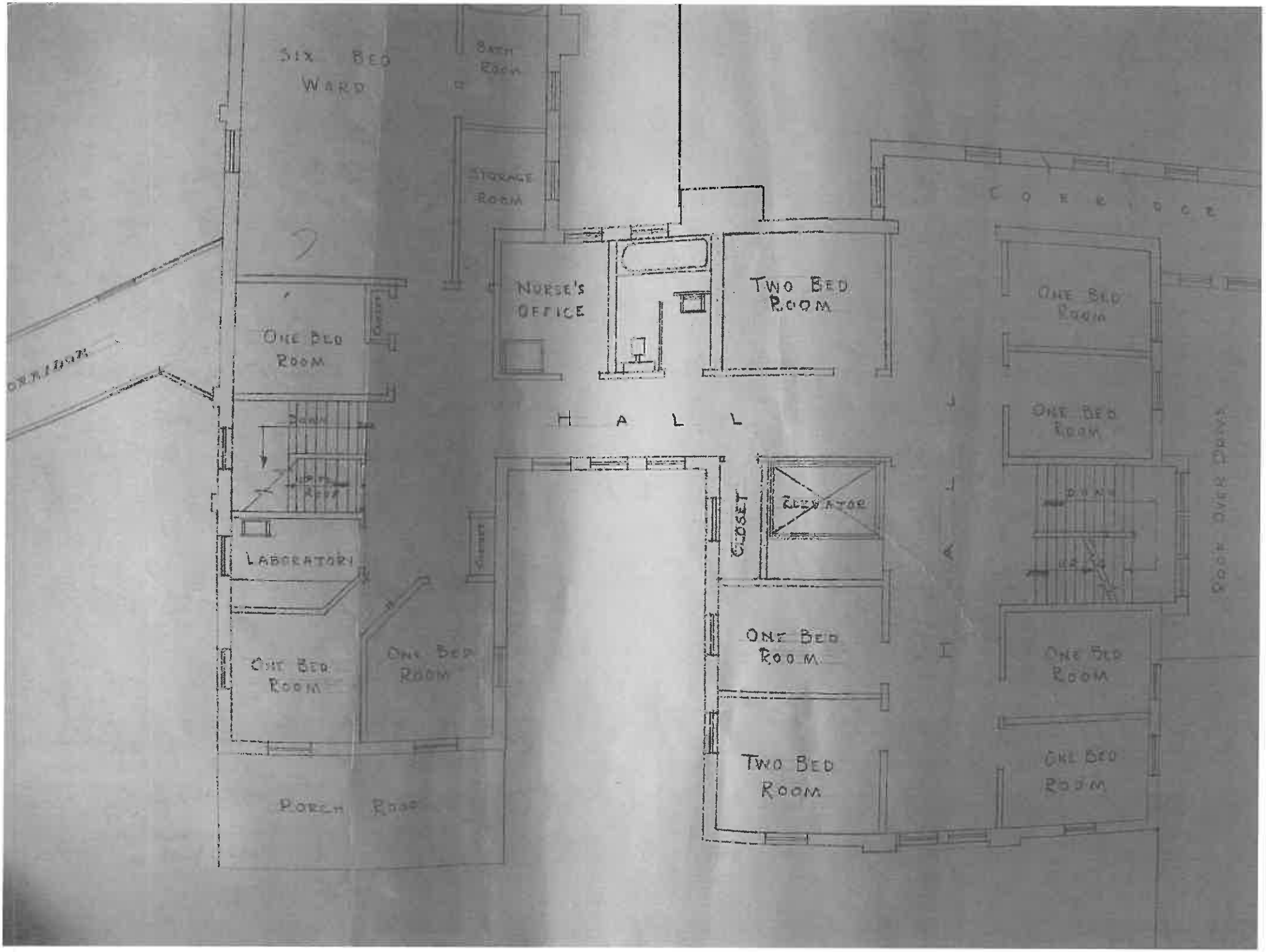

See Specs.
Dumb waiter
Fire hose cabinet
75'-0" length
NURSES TOIL
BED PAN
MEN'S TOILET
Furr ceiling down to 8'-0"
BATH
BATH
WOMEN'S TOIL
X-RAY OFFICE
Furr Ceiling down to 8'-0"
E.K.G & B.M
Cubicle Rod & Curtain
Hospital Eq
Not in Contract
Metal
Metal
18"x24" Mirror over lav.
18"x24" Mirror over lav.
11'-0"
10'-10"
7'-10"
9'-11"
12'-0"
12'-0"
12'-0"
13'-6"
3'-6"
3'-6"
8'-6"
3'-6"
8'-6"
3'-6"
8'-2½"

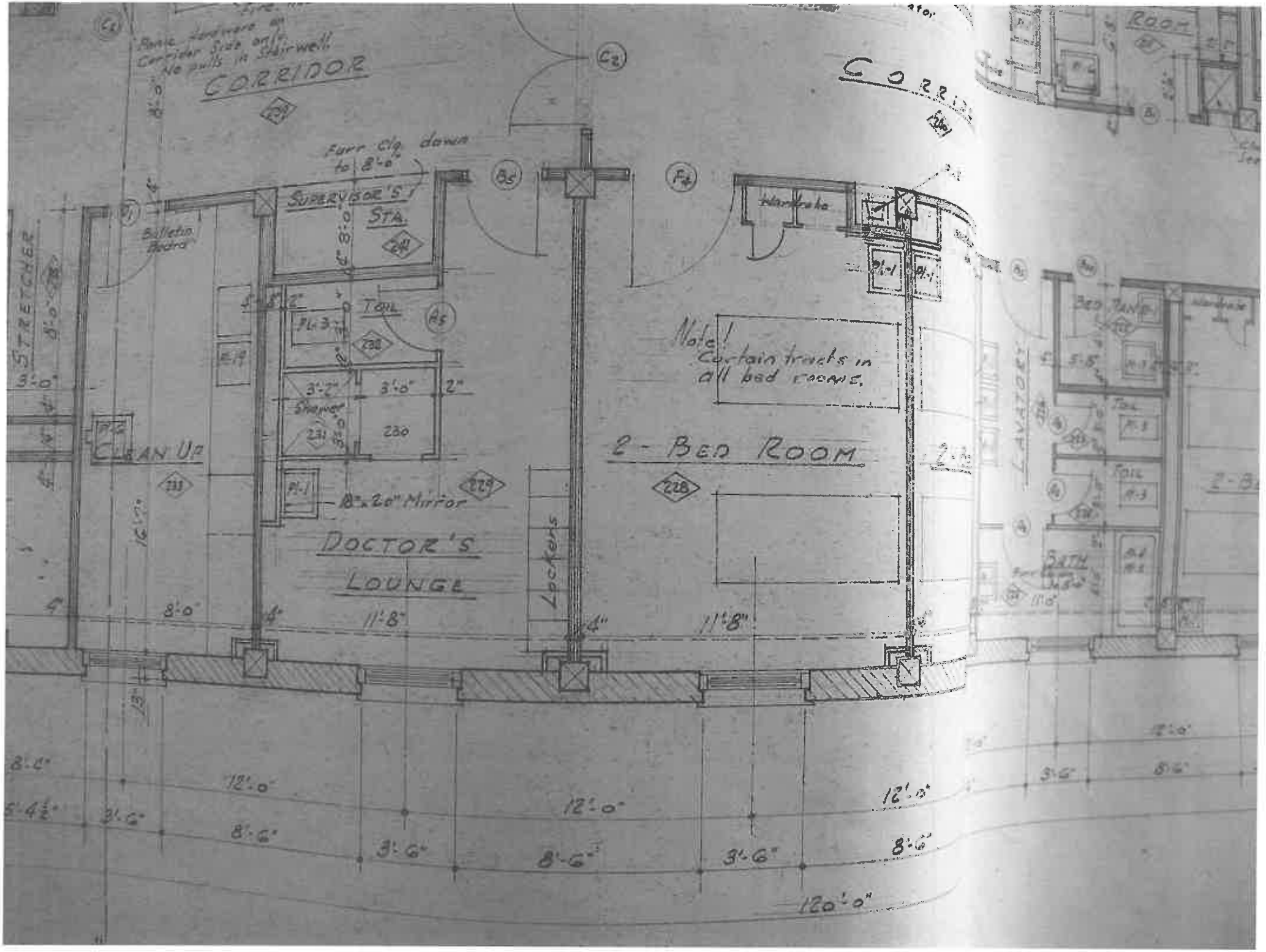

SECOND FLOOR PLAN
1" = 8'-0"
SCALE 1/4"=1'0"


BED ROOM
BED ROOM
BED ROOM
BED ROOM
BED ROOM
BED ROOM
BED ROOM
BED ROOM
CLO.
CLO.
CLO.
CLO.
CLO.
CLO.
CLO.
CABINET
HALL
HALL
HALL
PASSAGEWAY
DOWN
SUN PORCH
LINEN ROOM
BATH

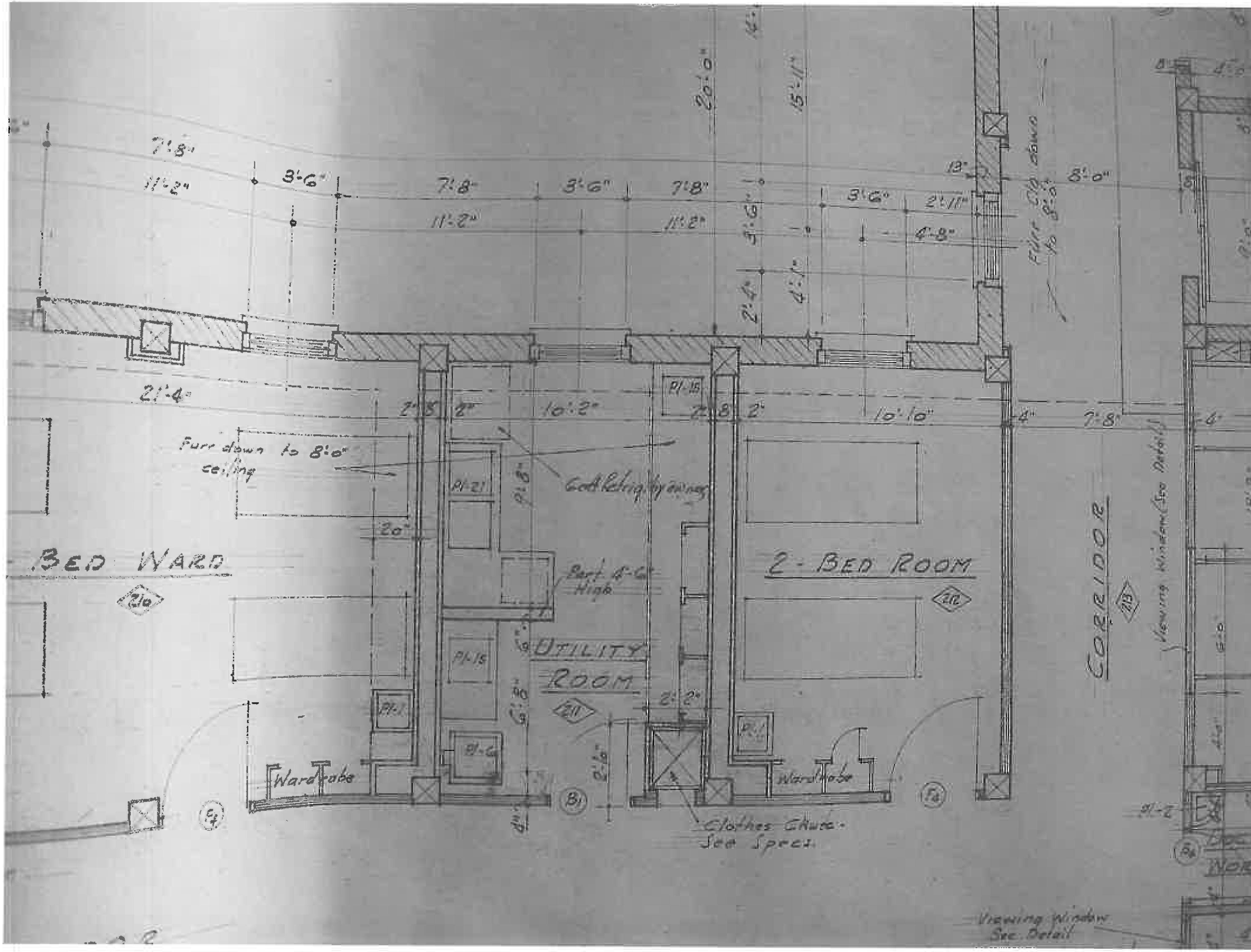

ISOLATION Room
WARD
SUN POWER
CORRIDOR
WARD
OPEN TERRACE
CRIB RM.
WARD
CORRIDOR
PANTRY & LINEN. RM.
UTILITY-RM.
WARD
BATH
BATH
BATH
EXAM & UTILITY Room
CRIB ROOM
BED ROOM
BED ROOM
CORRIDOR

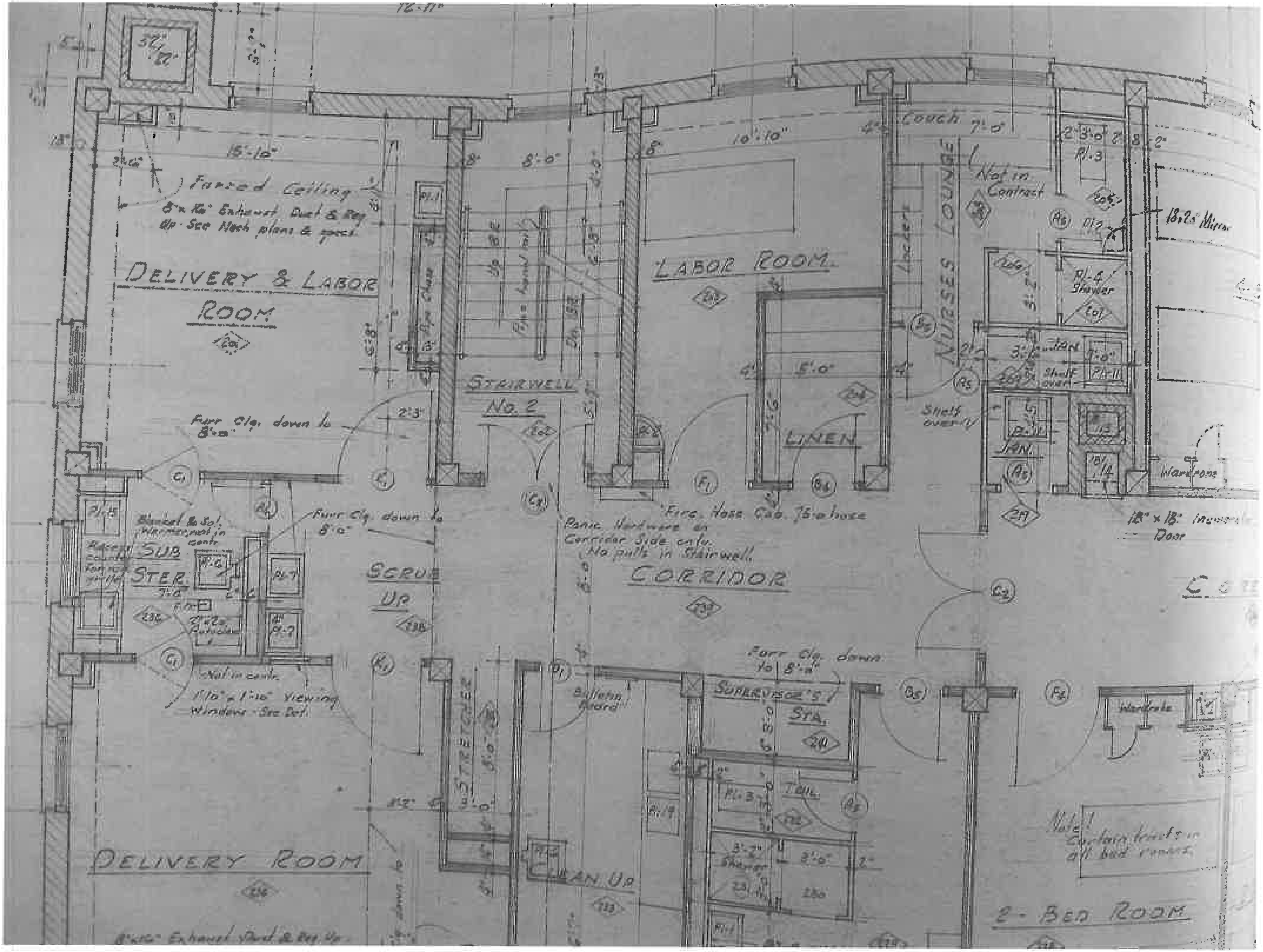

Six Bed Ward
Bath Room
Storage Room
Nurse's Office
Two Bed Room
One Bed Room
Corridor
Hall
Closet
Elevator
Down
Up to Roof
Laboratory
One Bed Room
One Bed Room
Porch Roof
One Bed Room
One Bed Room
Two Bed Room
One Bed Room
One Bed Room
One Bed Room


SIX BED WARD
BATH ROOM
STORAGE ROOM
NURSE'S OFFICE
TWO BED ROOM
CORRIDOR
ONE BED ROOM
ONE BED ROOM
HALL
CLOSET
ELEVATOR
LABORATORY
ONE BED ROOM
ONE BED ROOM
ONE BED ROOM
ONE BED ROOM
TWO BED ROOM
ONE BED ROOM
PORCH ROOF
ROOF OVER DRIVE

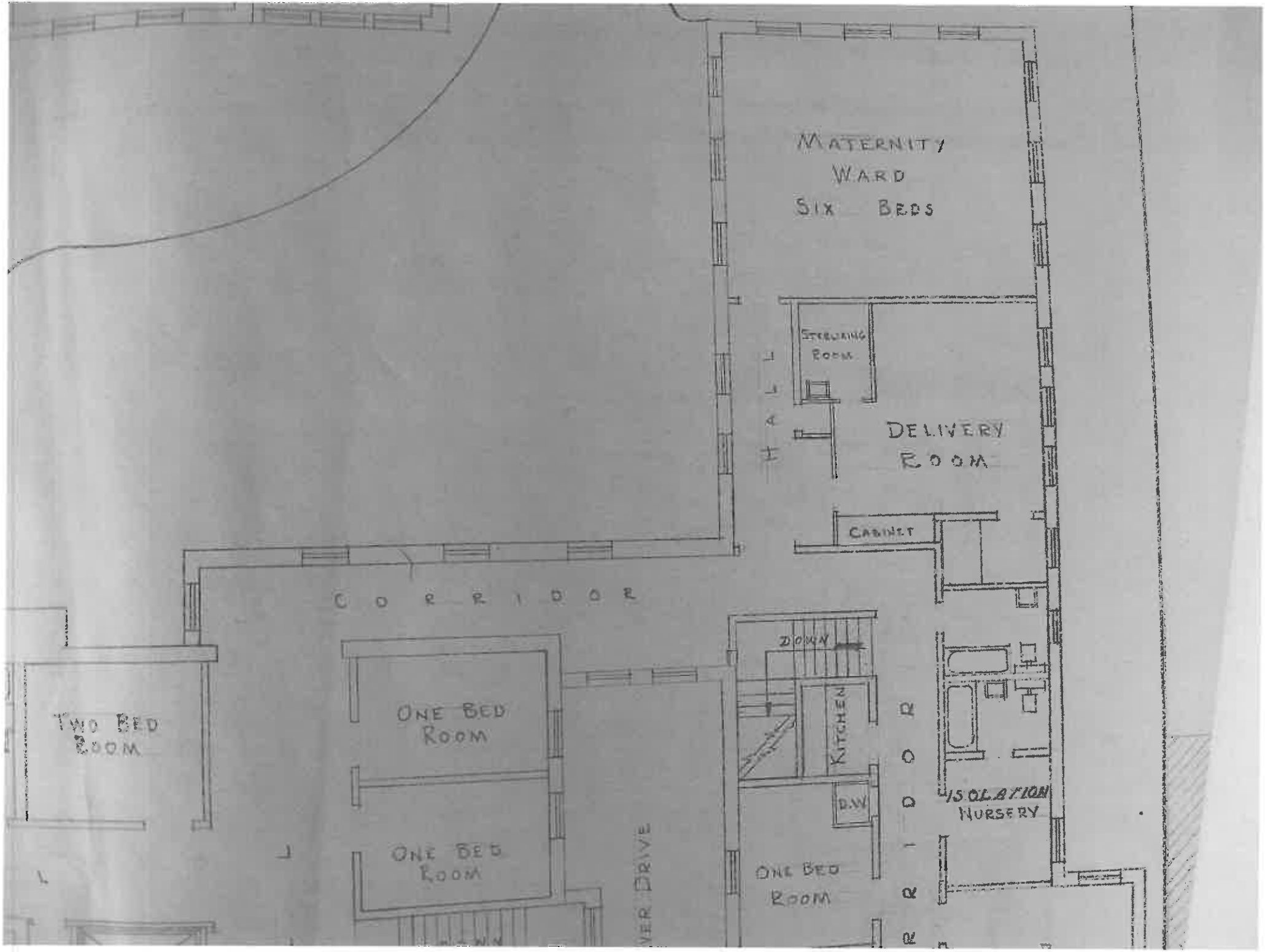

Basic hardware on Corridor Side only. No pulls in Stairwell
CORRIDOR
C O R R I D O R
Furr Clg. down to 8'-0"
SUPERVISOR'S STA.
Bulletin Electric
TOIL.
Note! Certain tracks in all bed rooms.
STRETCHER
CLEAN UP
2 - BED ROOM
18"x20" Mirror
DOCTOR'S LOUNGE
Lockers
11'-8"
8'-0"
12'-0"
8'-6"
3'-6"
120'-0"
LAVATORY
BATH

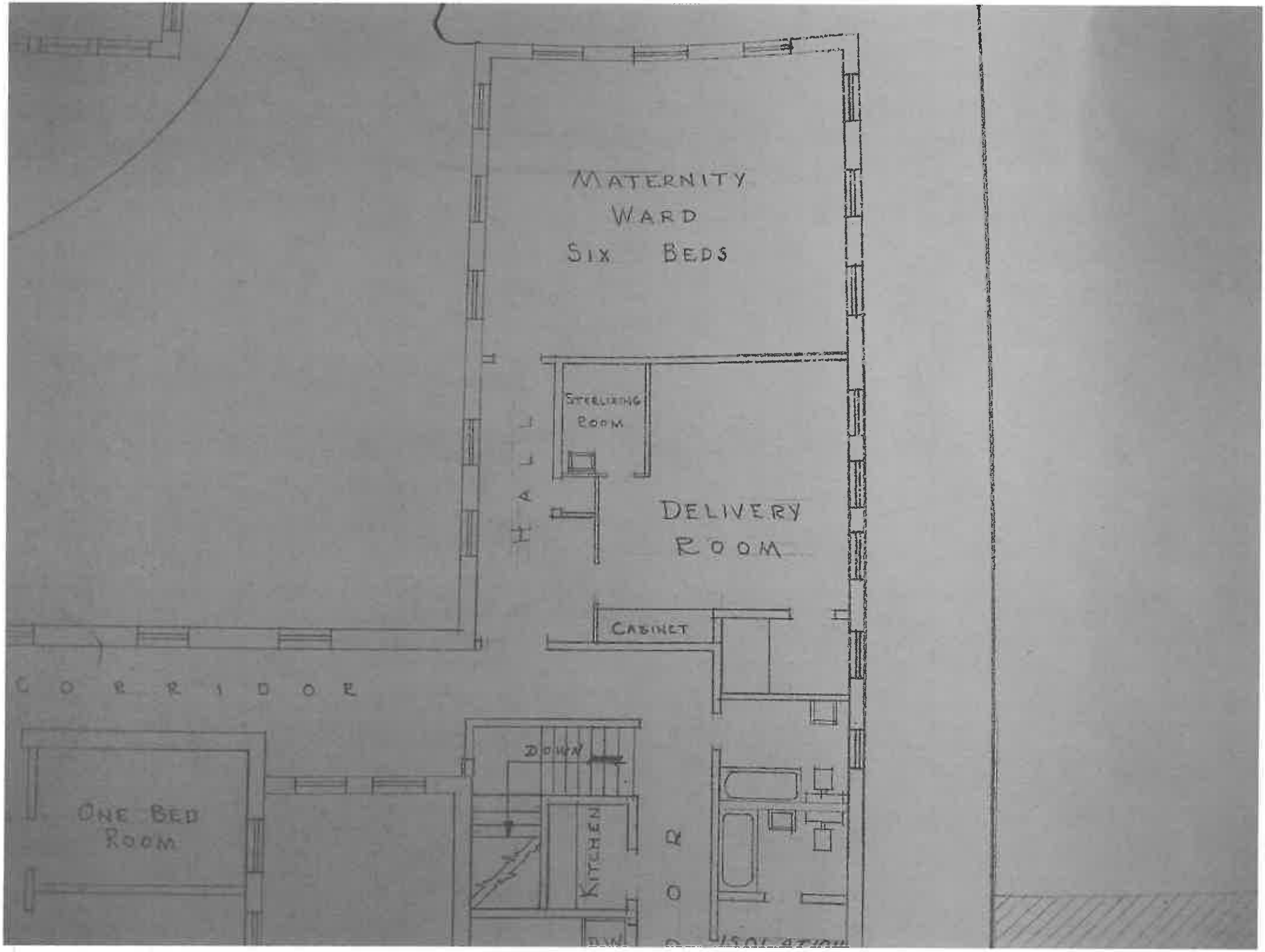

SECOND FLOOR PLAN
Scale 1/4" = 1'-0"
JAMES A. HAMILTON &
Hospital Consultants
ADDITION TO
RED CROSS
1436 So. Shelby St.
THOMAS J.
DRAWN BY
H. Jones
CHECKED BY
H. Jones
REVISED
DATE
DATE
DATE
DATE

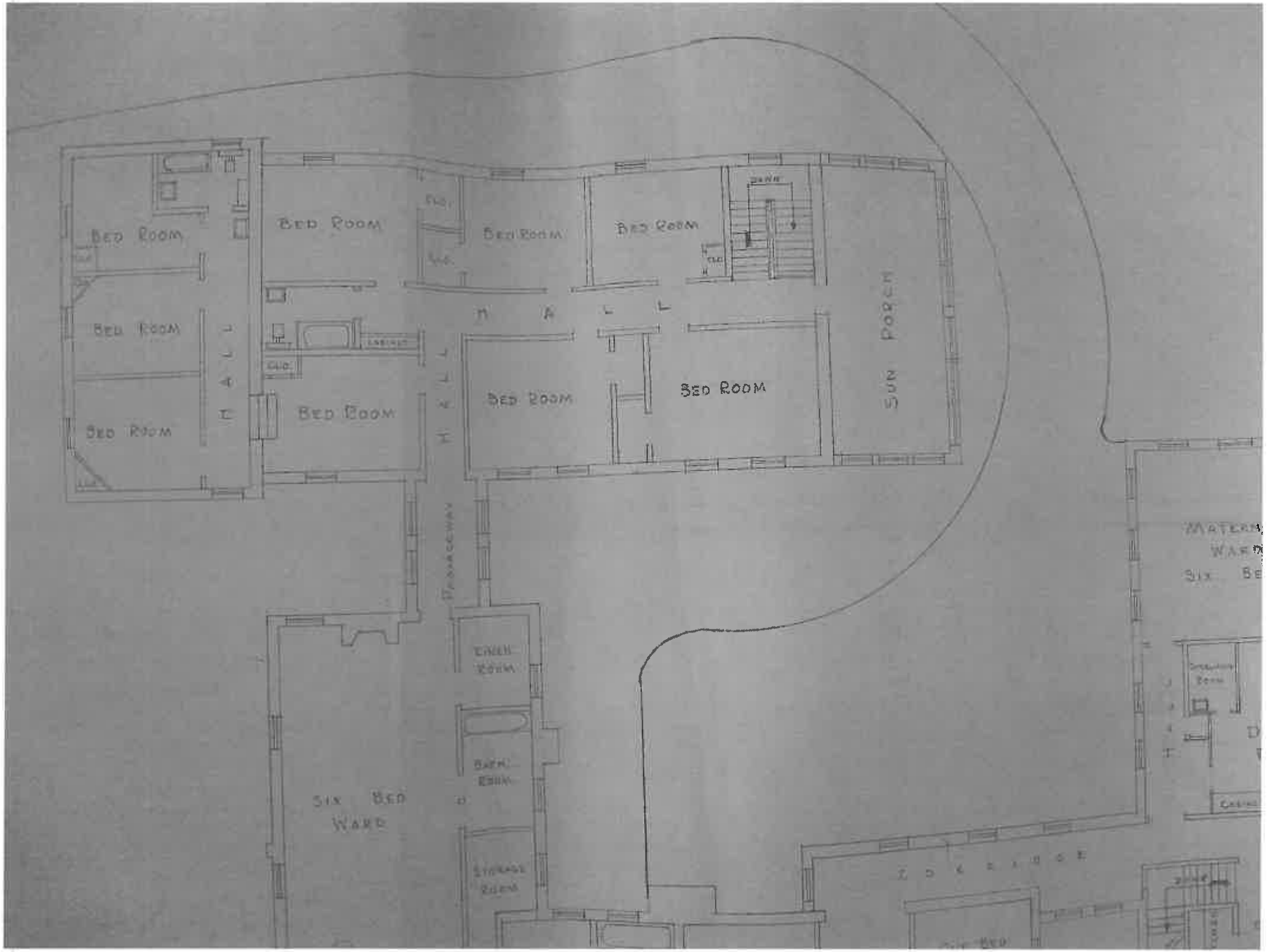

7'-8"
11'-2"
3'-6"
20'-0"
15'-11"
8'-0"
2'-11"
4'-8"
21'-4"
10'-2"
10'-10"
Furr down to 8'-0" ceiling
P1-21
P1-15
BED WARD
210
Part 4'-6" High
2 - BED ROOM
212
CORRIDOR
213
UTILITY ROOM
211
P1-1
2'-2"
Wardrobe
Wardrobe
Clothes Chute - See Specs.
Viewing Window See Detail

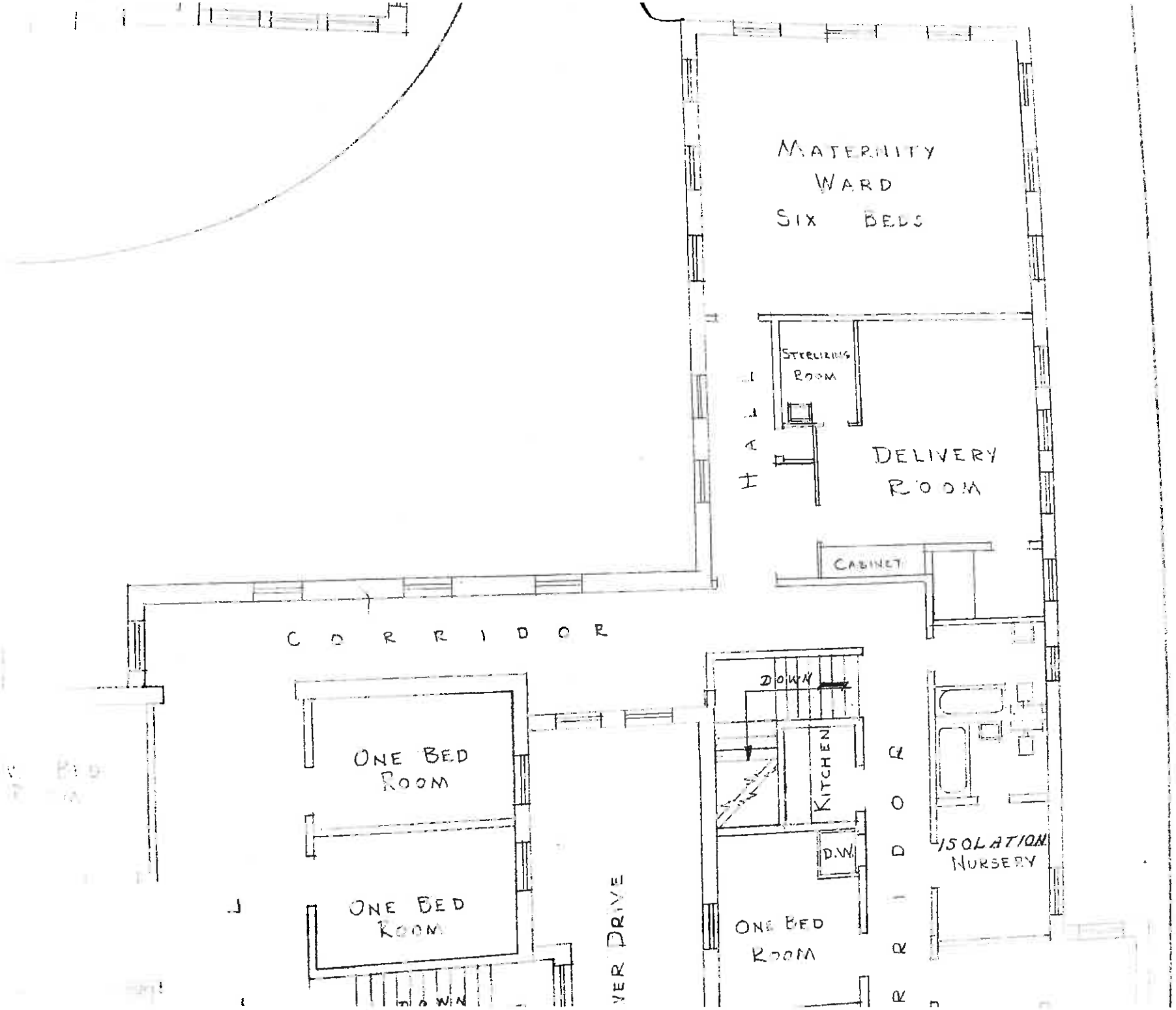


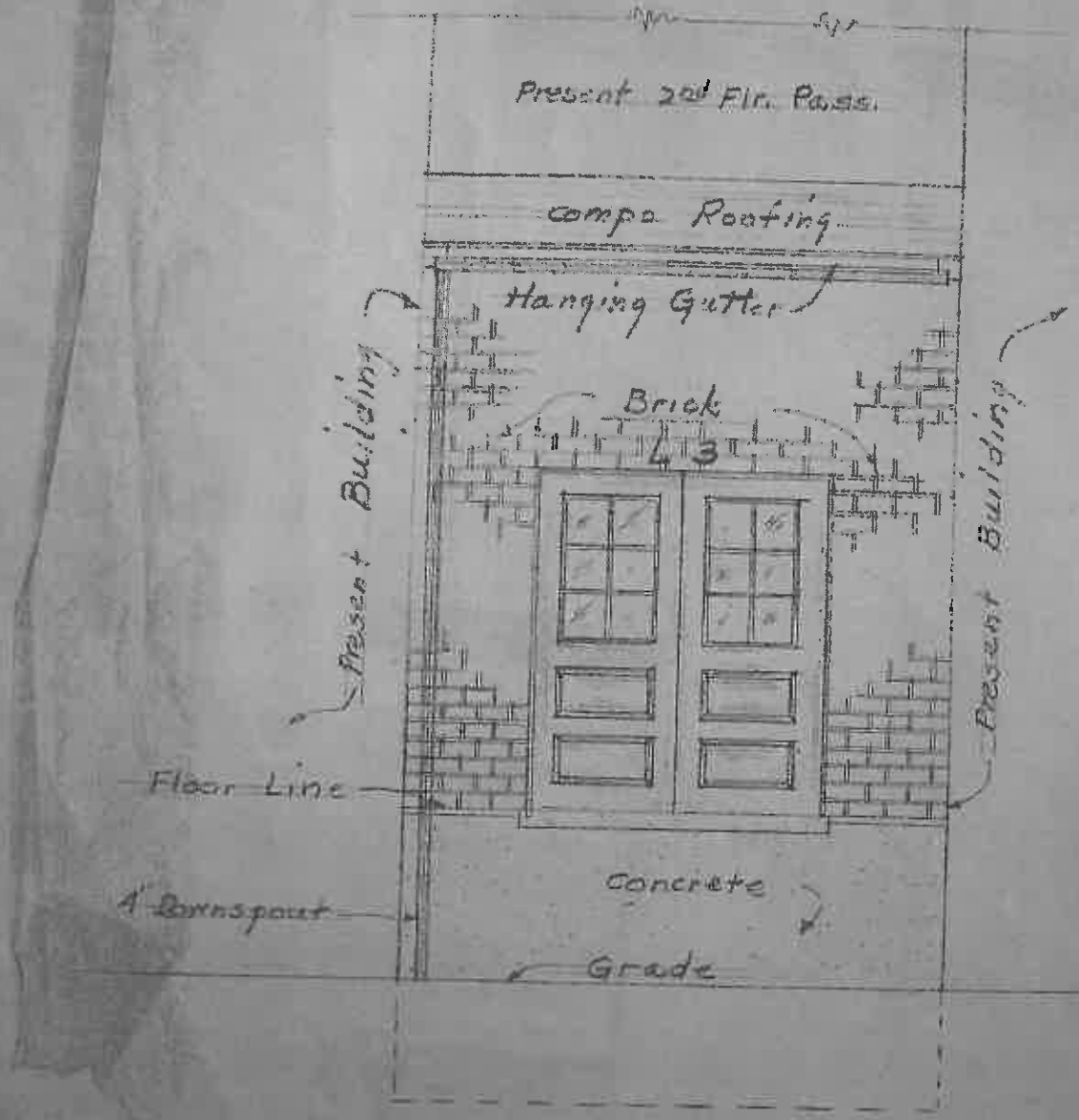
Furred Ceiling
DELIVERY & LABOR ROOM
STAIRWELL No. 2
LABOR ROOM
NURSES LOUNGE
Couch
Locker
Not in Contract
Shower
JAN.
Shelf over
LINEN
Furr Clg. down to 8'-0"
SUB STER.
Not in contr.
SCRUB UP
Fire Hose Cab. 75'-0 hose
Panic Hardware on Corridor Side only. No pulls in Stairwell.
CORRIDOR
Wardrobe
Furr Clg. down to 8'-0"
Bulletin Board
SUPERVISOR'S STA.
STRETCHER
Toil.
Shower
DELIVERY ROOM
CLEAN UP
2 - BED ROOM


MATERNITY
WARD
SIX BEDS
STERILIZING ROOM
DELIVERY ROOM
HALL
CABINET
CORRIDOR
DOWN
KITCHEN
D.W.
ISOLATION NURSERY
TWO BED ROOM
ONE BED ROOM
ONE BED ROOM
ONE BED ROOM
RIVER DRIVE
CORRIDOR

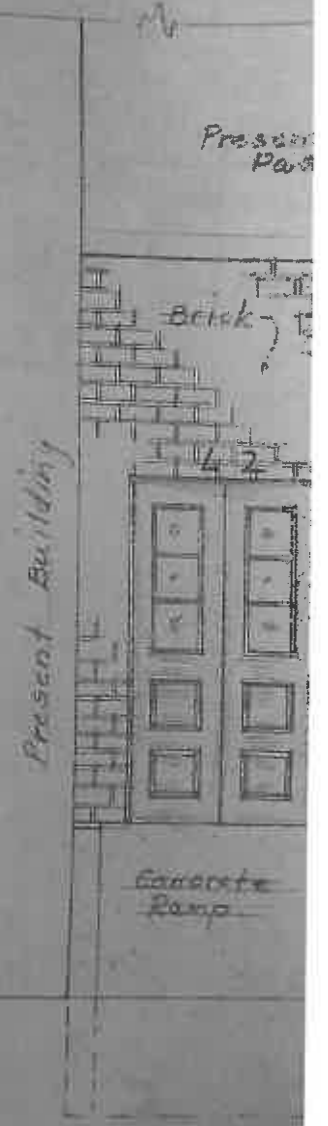

MATERNITY
WARD
SIX BEDS
STERILIZING ROOM
HALL
DELIVERY ROOM
CABINET
CORRIDOR
ONE BED ROOM
DOWN
KITCHEN
CORRIDOR


BED ROOM
BED ROOM
BED ROOM
BED ROOM
BED ROOM
BED ROOM
BED ROOM
BED ROOM
BED ROOM
HALL
HALL
HALL
SUN PORCH
SIX BED WARD
LINEN ROOM
BATH ROOM
STORAGE ROOM
LOCKER ROOM

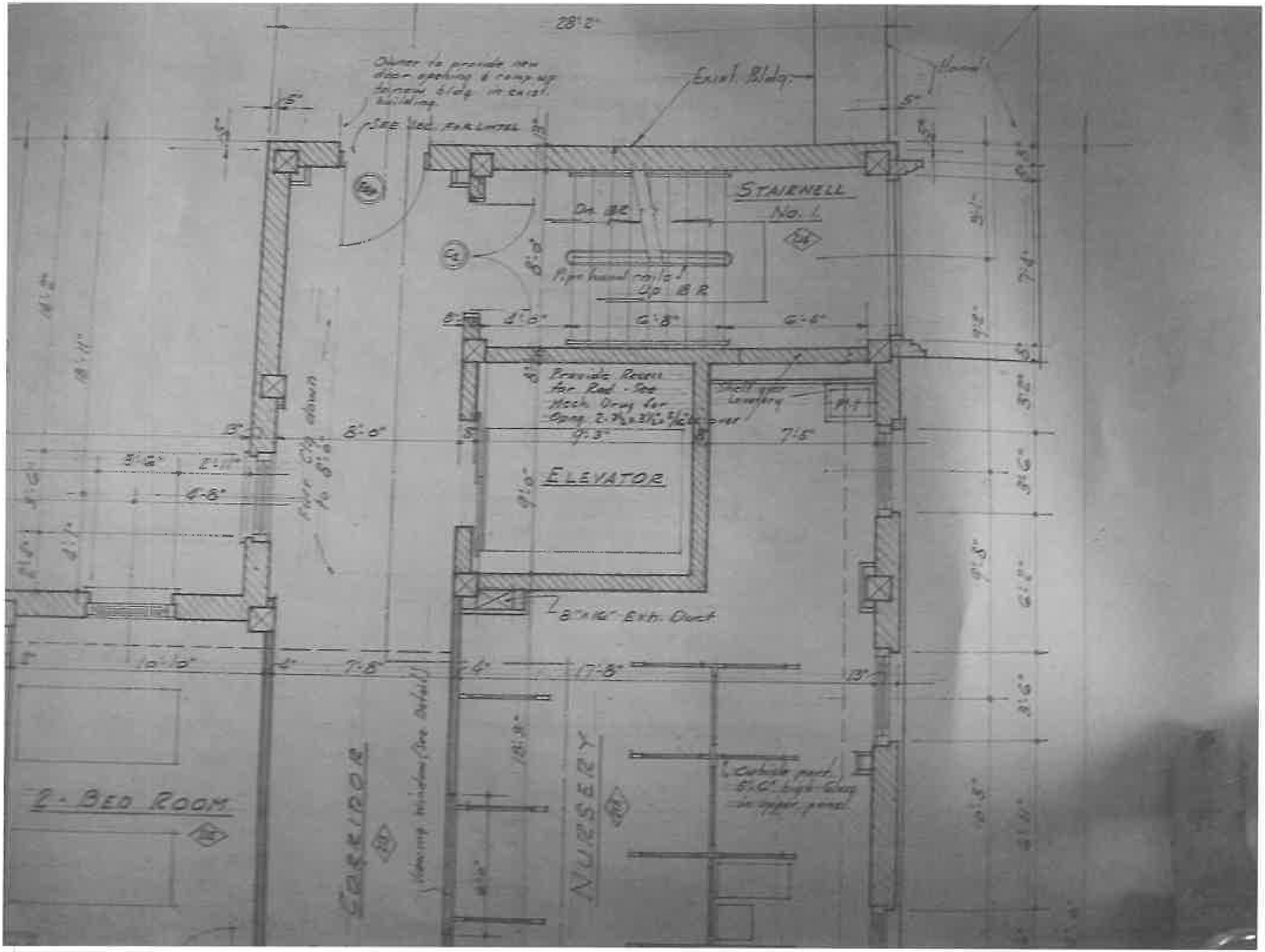

MATERNITY
WARD
SIX BEDS
STERILIZING
ROOM
DELIVERY
ROOM
CABINET
CORRIDOR
ONE BED
ROOM
ONE BED
ROOM
DOWN
KITCHEN
D.W.
ONE BED
ROOM
ISOLATION
NURSERY



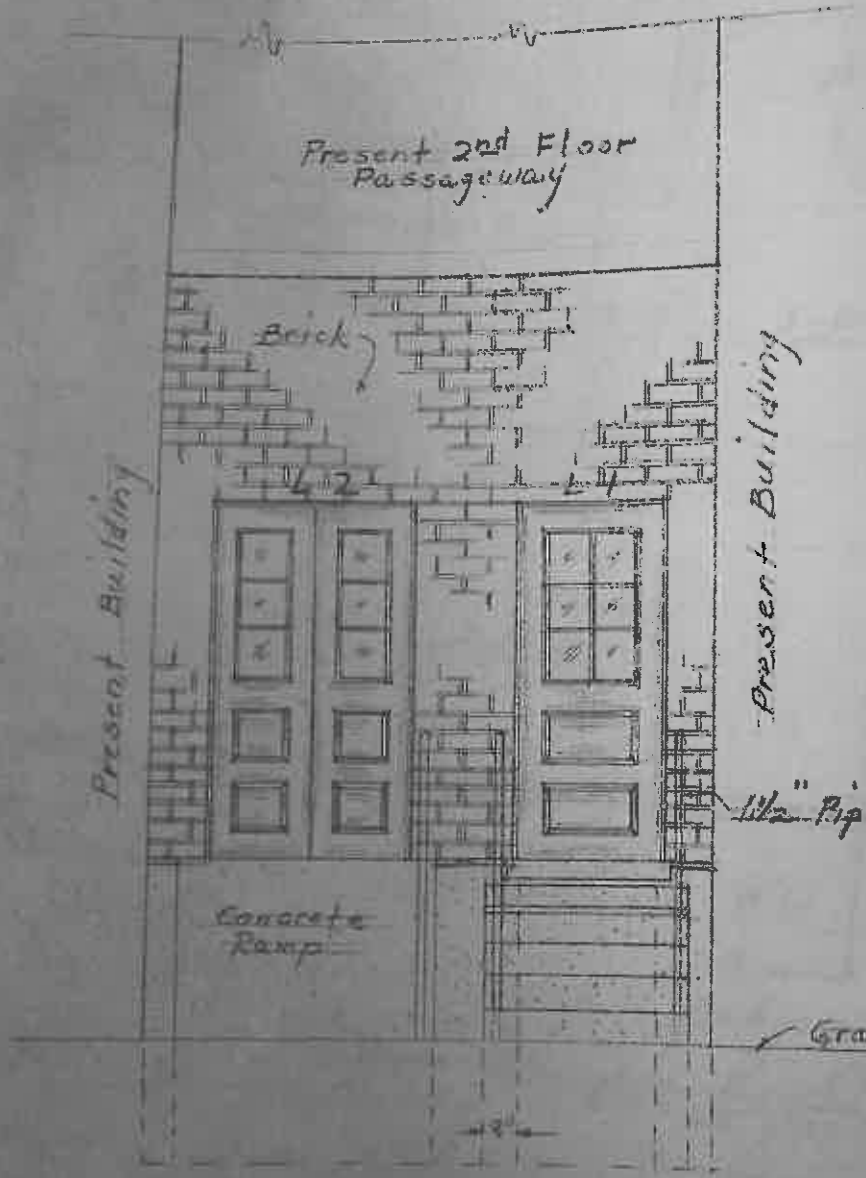
FRONT ELEVATION OF NEW PASSAGEWAY
Scale - 1/4" = 1'-0"



REAR ELE
PASS


28'-2"
Owner to provide new door opening & ramp up to new bldg. in exist. building.
Exist. Bldg.
STAIRWELL
No. 1
Dn. BR
Pipe hand rails
Up BR
Provide Recess for Rad. - See Mech. Dwg. for Spcg.
ELEVATOR
8"x16" Exh. Duct
2 - BED ROOM
CORRIDOR
NURSERY
Viewing window (See Detail)
Cubicle part. 5'-0" high - Glass in upper panel

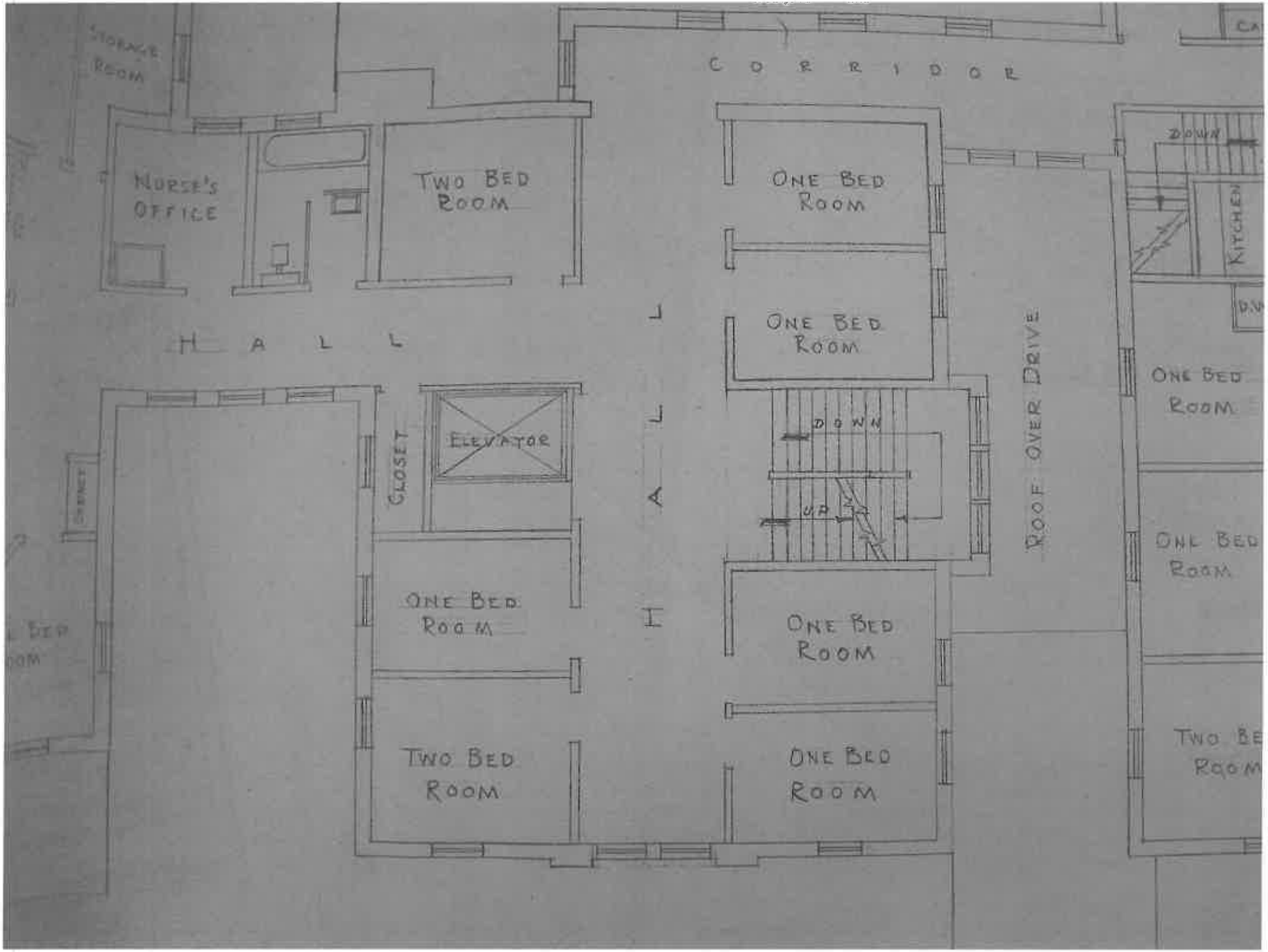
SECTION
Scale - 1/4" = 1'0"

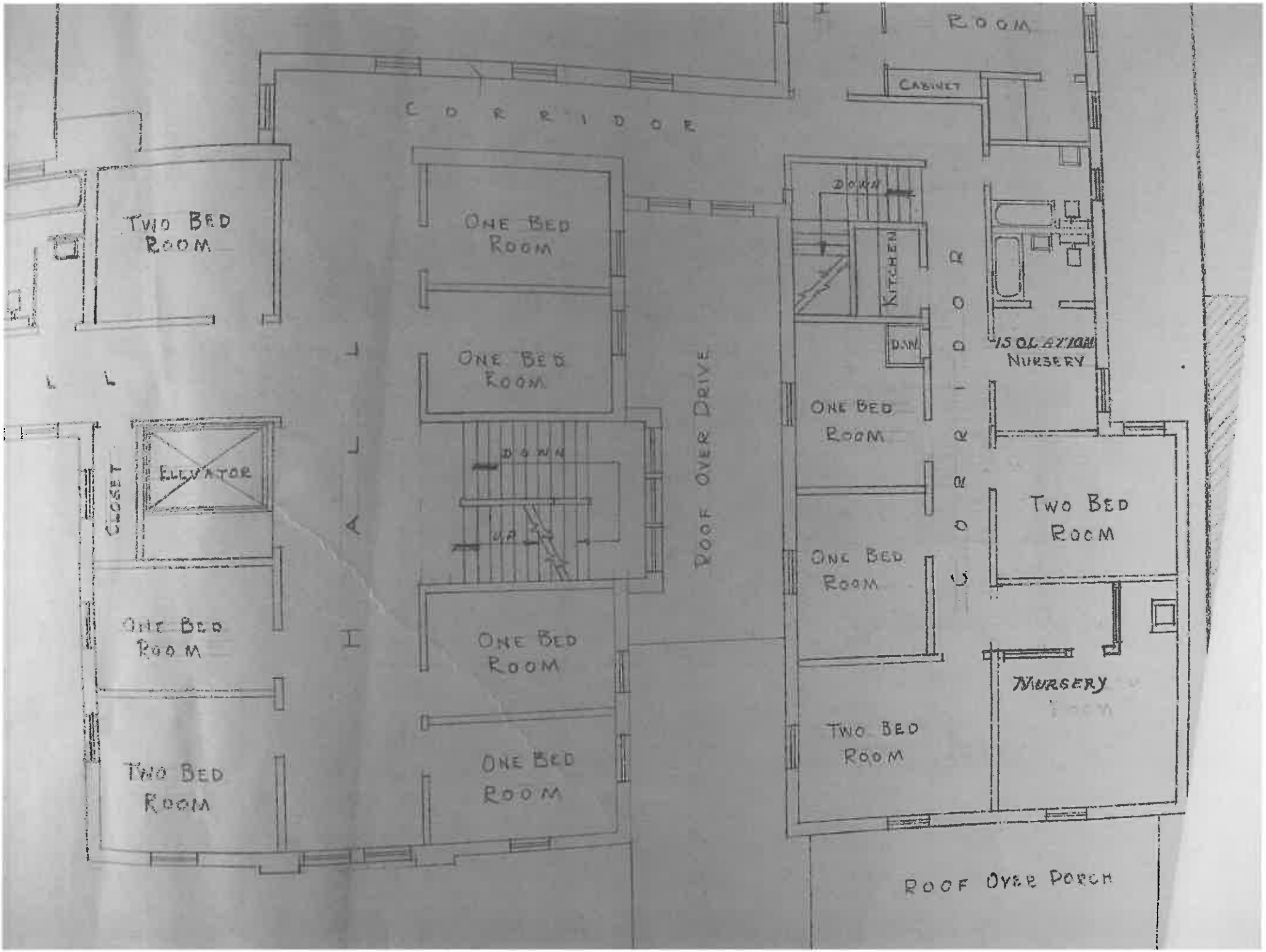


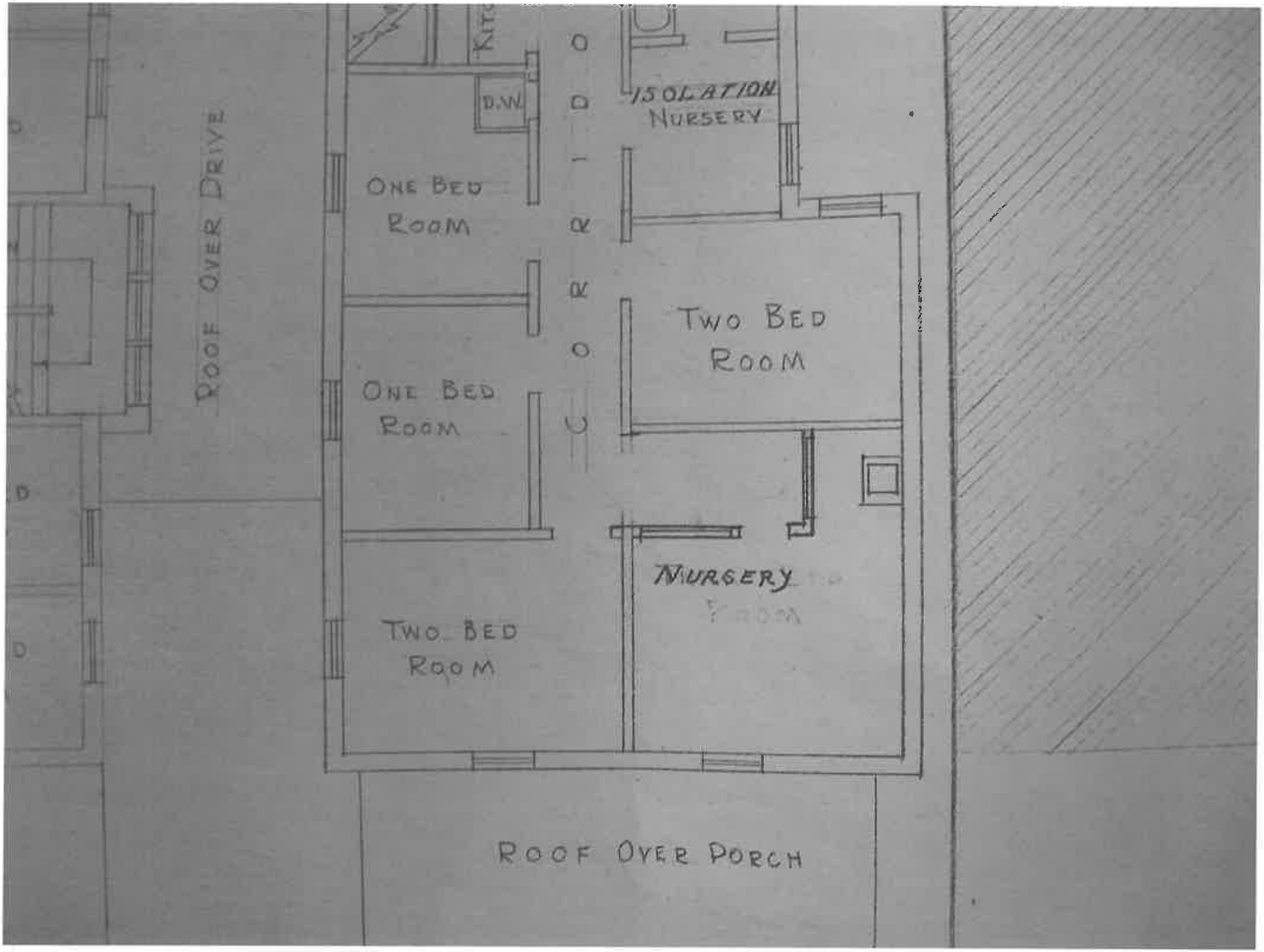
REAR ELEVATION OF NEW
PASSAGEWAY
Scale - 1/4" = 1'0"

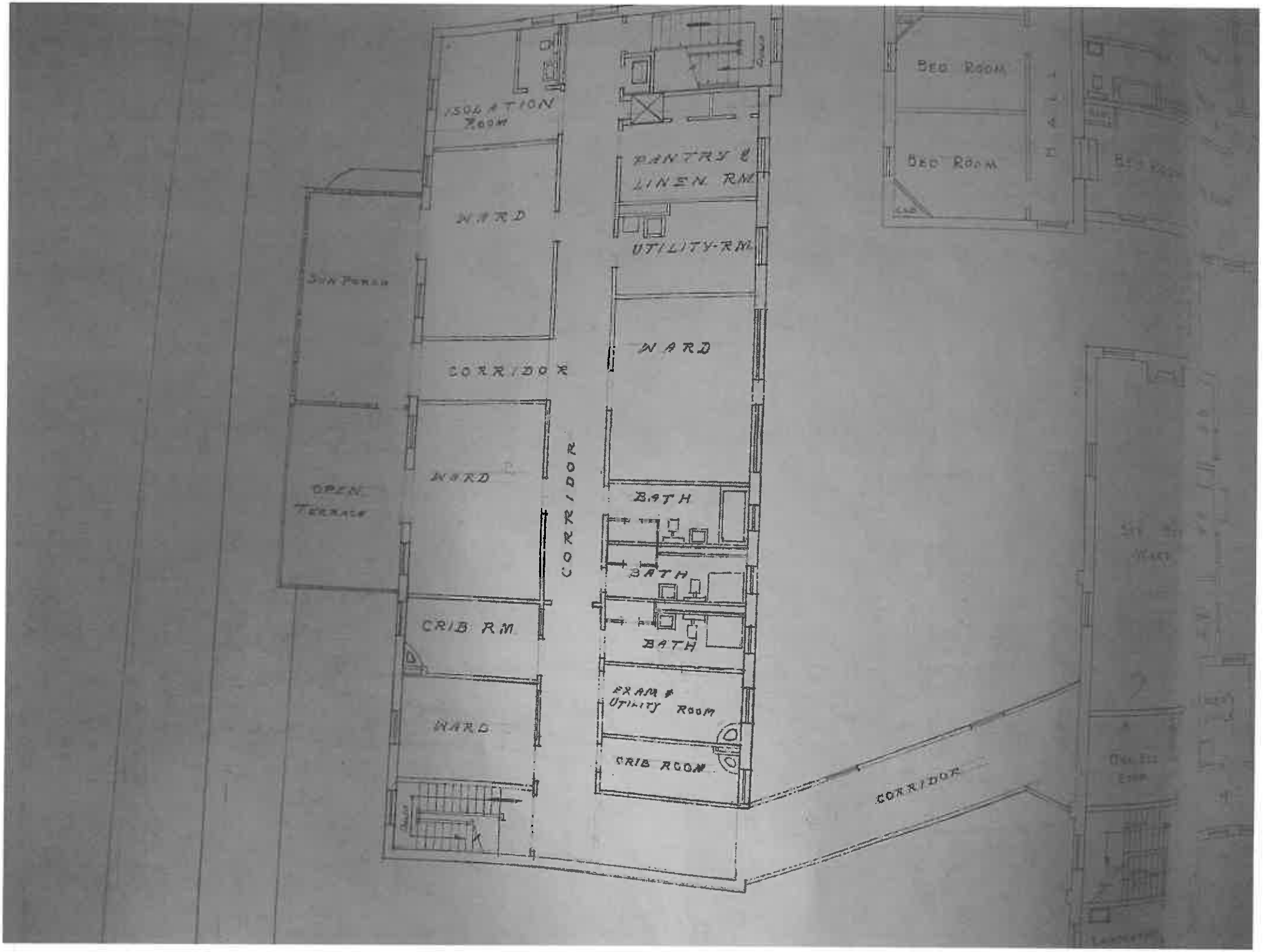
LINTEL SCHEDULE		
MARK	MEMBERS	SECTION
L1 L2	3-3½" x 3½" x 5/16"	
L3	3-3½" x 4" x 5/16"	
Lintels to have at least 8" bearing.		

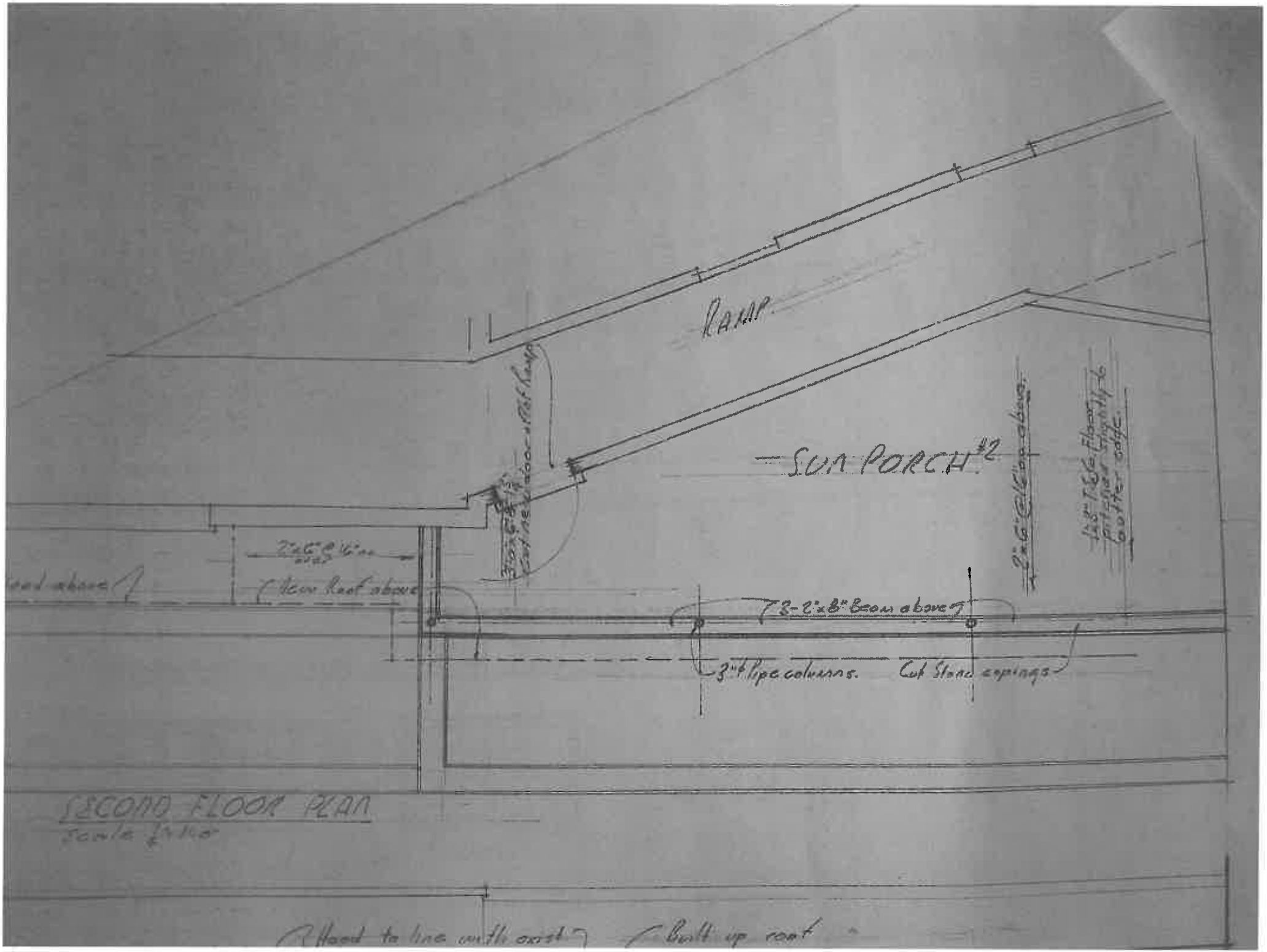
BASEMENT
SCALE - 1/


STORAGE ROOM
NURSE'S OFFICE
TWO BED ROOM
CORRIDOR
ONE BED ROOM
ONE BED ROOM
DOWN
KITCHEN
HALL
HALL
CLOSET
ELEVATOR
DOWN
UP
ROOF OVER DRIVE
ONE BED ROOM
ONE BED ROOM
ONE BED ROOM
ONE BED ROOM
TWO BED ROOM
ONE BED ROOM
ONE BED ROOM
TWO BED ROOM

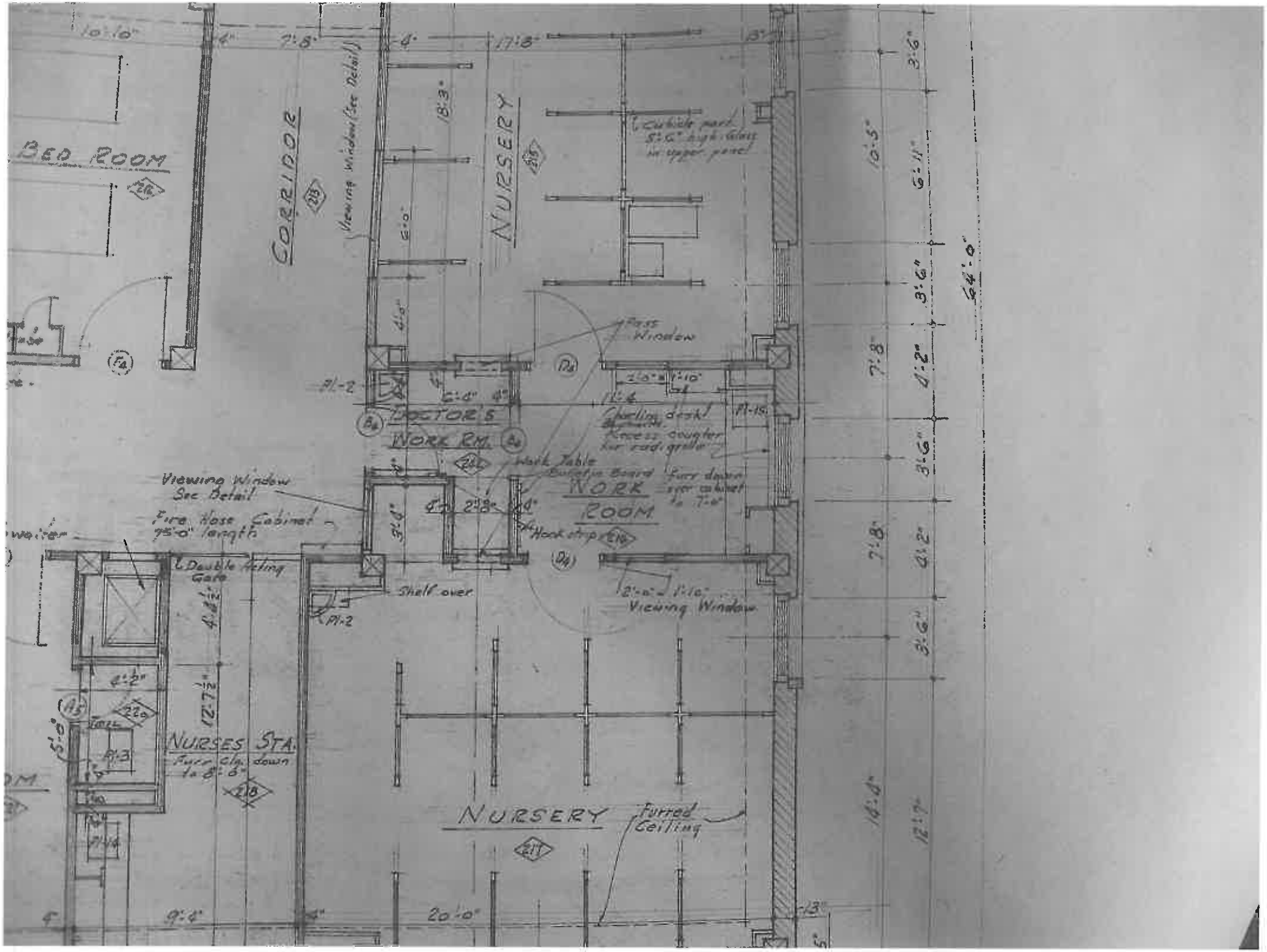

ROOM
CABINET
CORRIDOR
TWO BED ROOM
ONE BED ROOM
ONE BED ROOM
DOWN
KITCHEN
DAN
ISOLATION NURSERY
ONE BED ROOM
TWO BED ROOM
CLOSET
ELEVATOR
DOWN
UP
ROOF OVER DRIVE
ONE BED ROOM
ONE BED ROOM
NURSERY
ONE BED ROOM
TWO BED ROOM
ONE BED ROOM
TWO BED ROOM
ROOF OVER PORCH

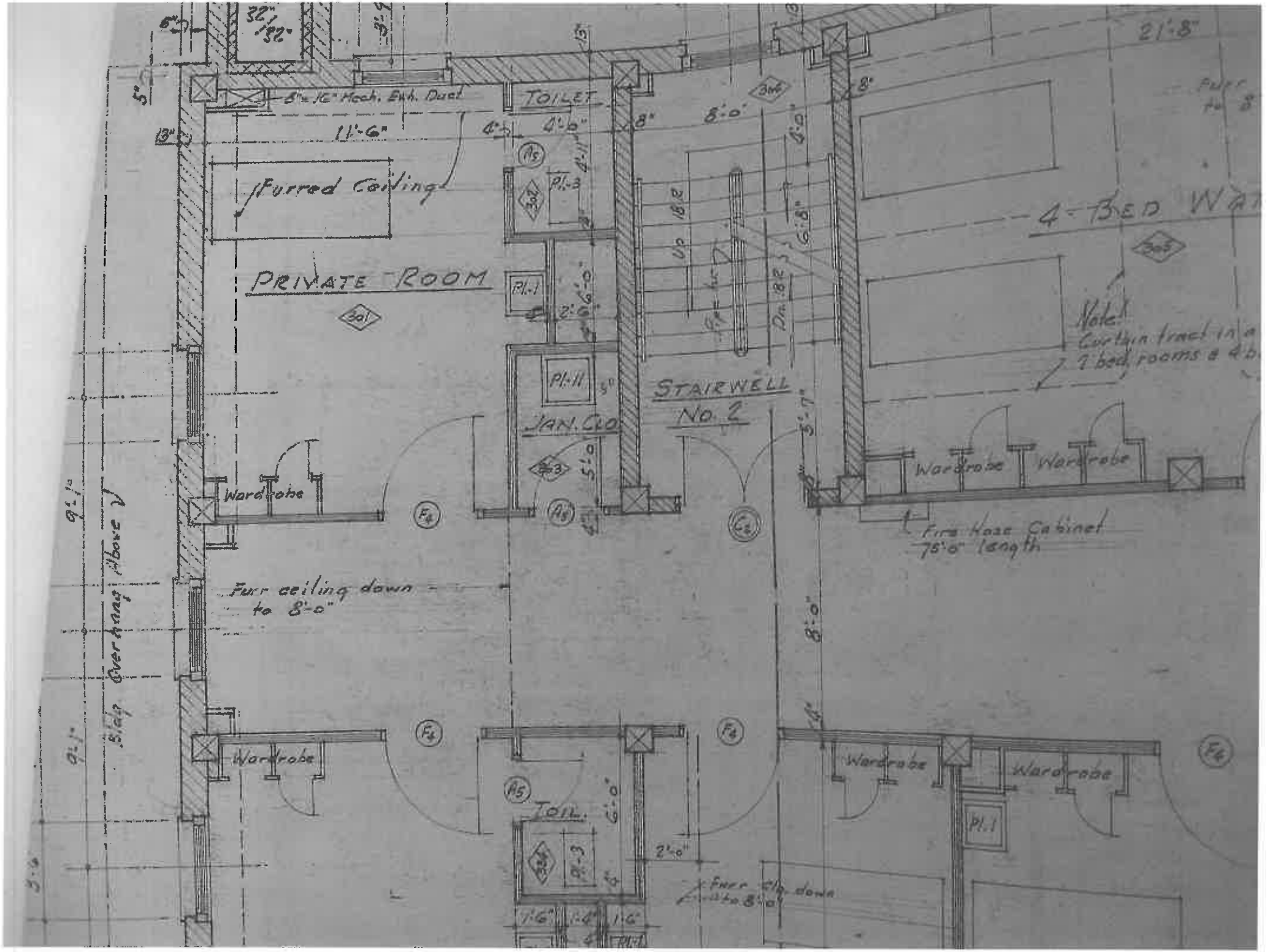

ROOF OVER DRIVE
D.W.
ISOLATION NURSERY
ONE BED ROOM
ONE BED ROOM
TWO BED ROOM
NURSERY
TWO BED ROOM
ROOF OVER PORCH

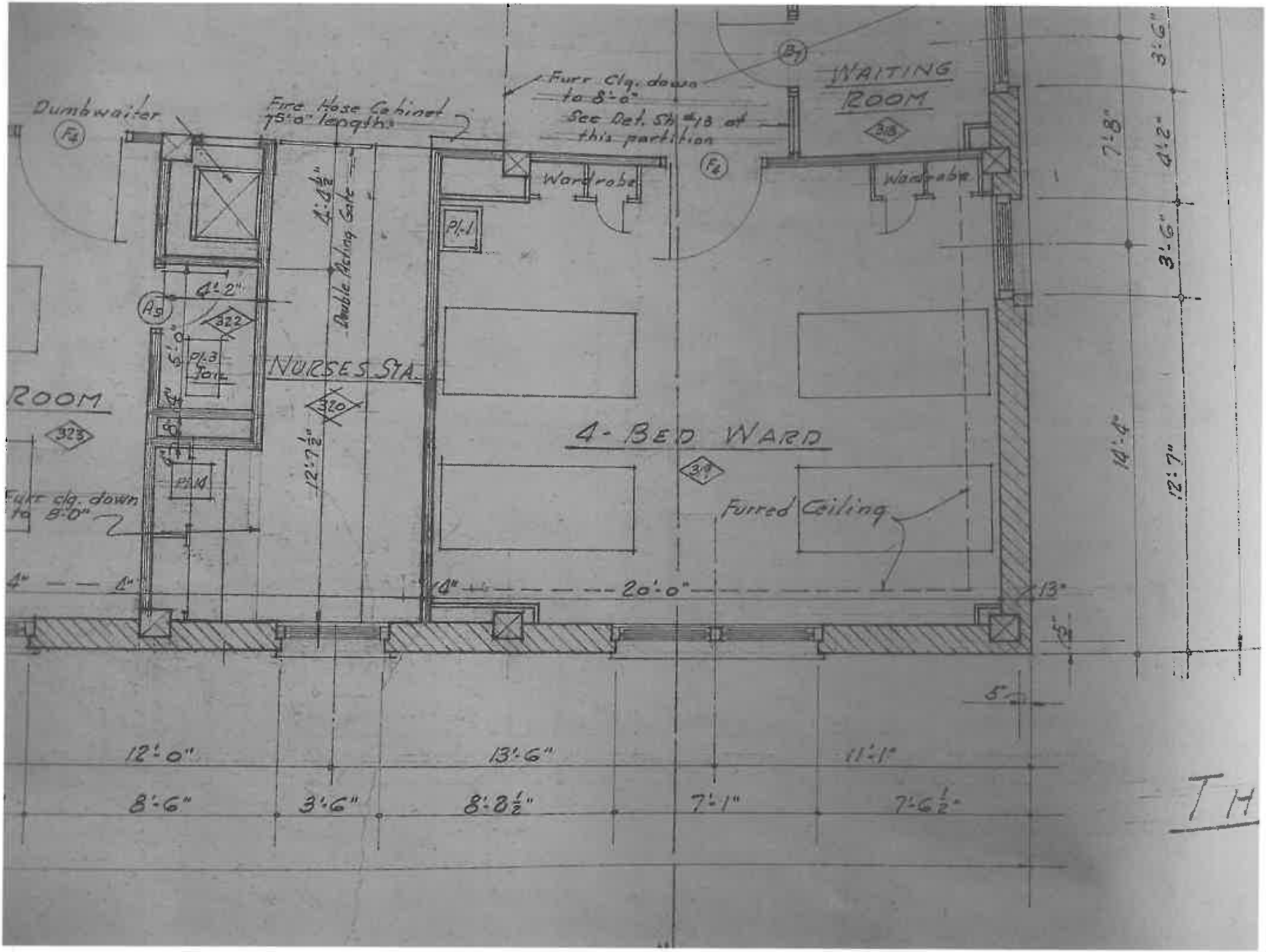

ISOLATION ROOM
PANTRY & LINEN RM.
NARD
UTILITY-RM.
NARD
CORRIDOR
NARD
OPEN TERRACE
BATH
BATH
CRIB RM
BATH
EXAM & UTILITY ROOM
NARD
CRIB ROOM
CORRIDOR
BED ROOM
BED ROOM



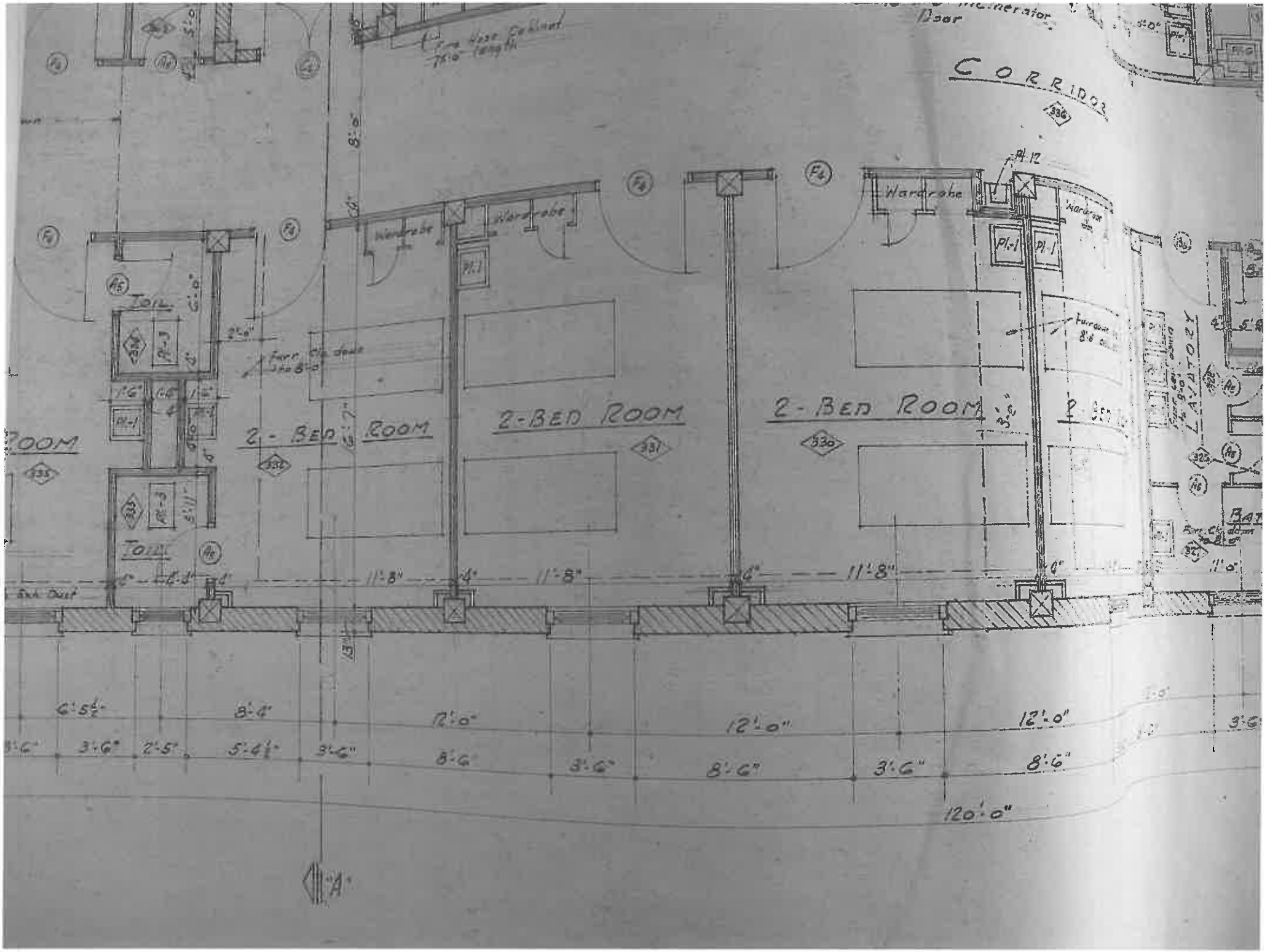
SECOND FLOOR PLAN
Scale 1/4"=1'

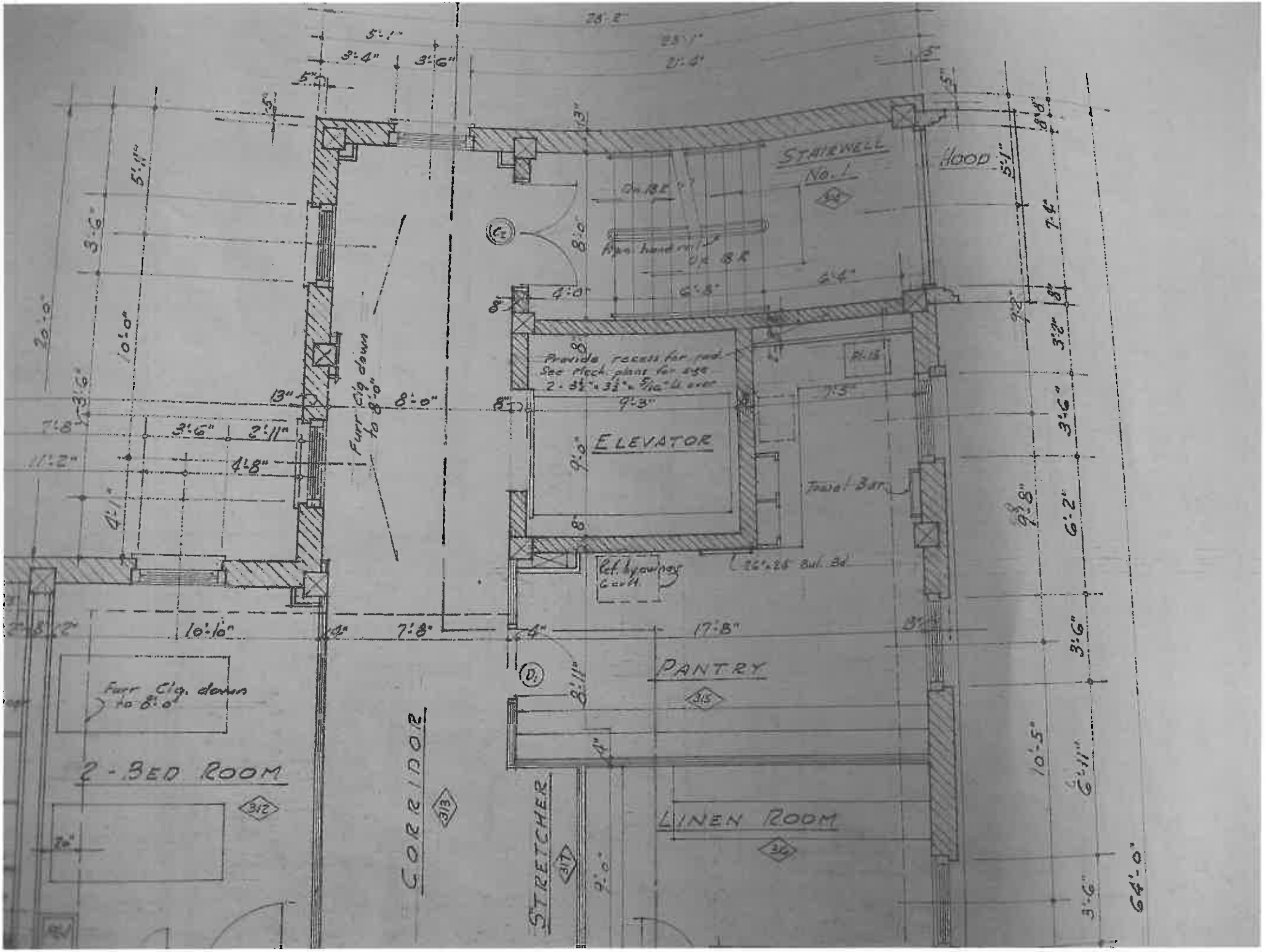

BED ROOM
CORRIDOR
Viewing Window (See Detail)
NURSERY
1 cubicle part 5'-6" high, glass in upper panel
Pass Window
DOCTOR'S WORK RM.
Sterling desk
Recess counter for radiogrille
Work Table
Butcher Board
Furr down over cabinet to 7'-0"
WORK ROOM
Viewing Window See Detail
Fire Hose Cabinet 95'-0" length
Hook strip
1 Double Acting Gate
Shelf over
2'-0" 1'-10" Viewing Window
NURSES STA.
Furr clg. down to 8'-6"
NURSERY
Furred Ceiling
10'-10"
17'-8"
18'-3"
64'-0"
20'-0"
9'-4"

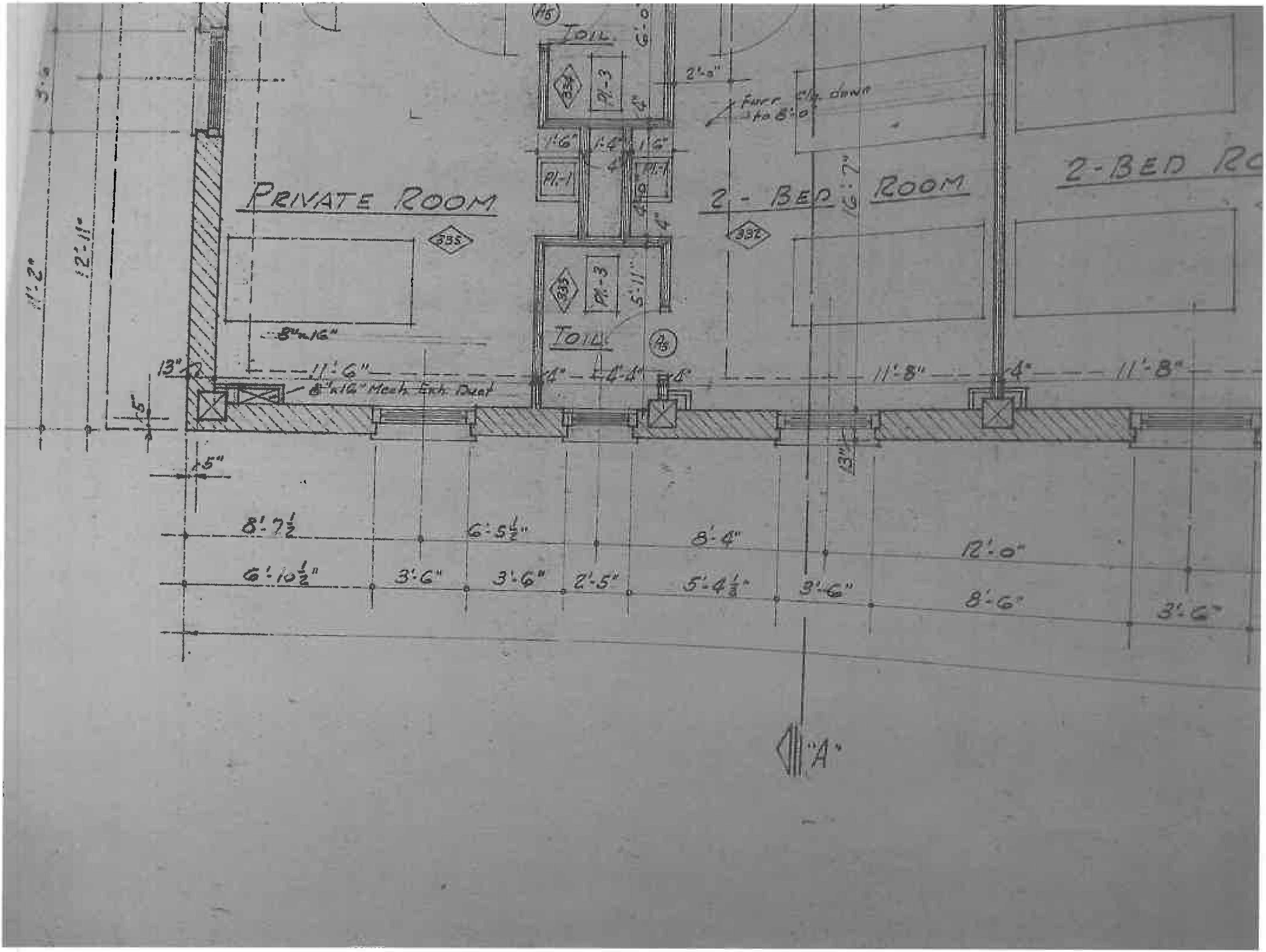

8"x16" Mech. Exh. Duct
TOILET
11'-6"
Furred Ceiling
PRIVATE ROOM
Pl.-1
Pl.-3
Pl.-11
JAN. CLO
STAIRWELL NO. 2
4'-6"
8'-0"
21'-8"
4-BED WA
Note:
Wardrobe
Wardrobe
Wardrobe
Fire Hose Cabinet
75'-0" length
Furr ceiling down to 8'-0"
Slab Overhang Above
TOIL.
Pl.-3
Pl.-1
Furr clg down to 8'-0"
1'-6"
1'-4"
1'-6"


Dumbwaiter
Fire Hose Cabinet 75'-0" lengths
Furr Clg. down to 8'-0" See Det. Sh #13 at this partition
WAITING ROOM
Wardrobe
Wardrobe
Double Rolling Gate
NURSES STA.
ROOM
4-BED WARD
Furred Ceiling
Furr clg. down to 8'-0"
20'-0"
12'-0"
13'-6"
11'-1"
8'-6"
3'-6"
8'-8½"
7'-1"
7'-6½"
7'-8"
4'-2"
3'-6"
14'-4"
12'-7"

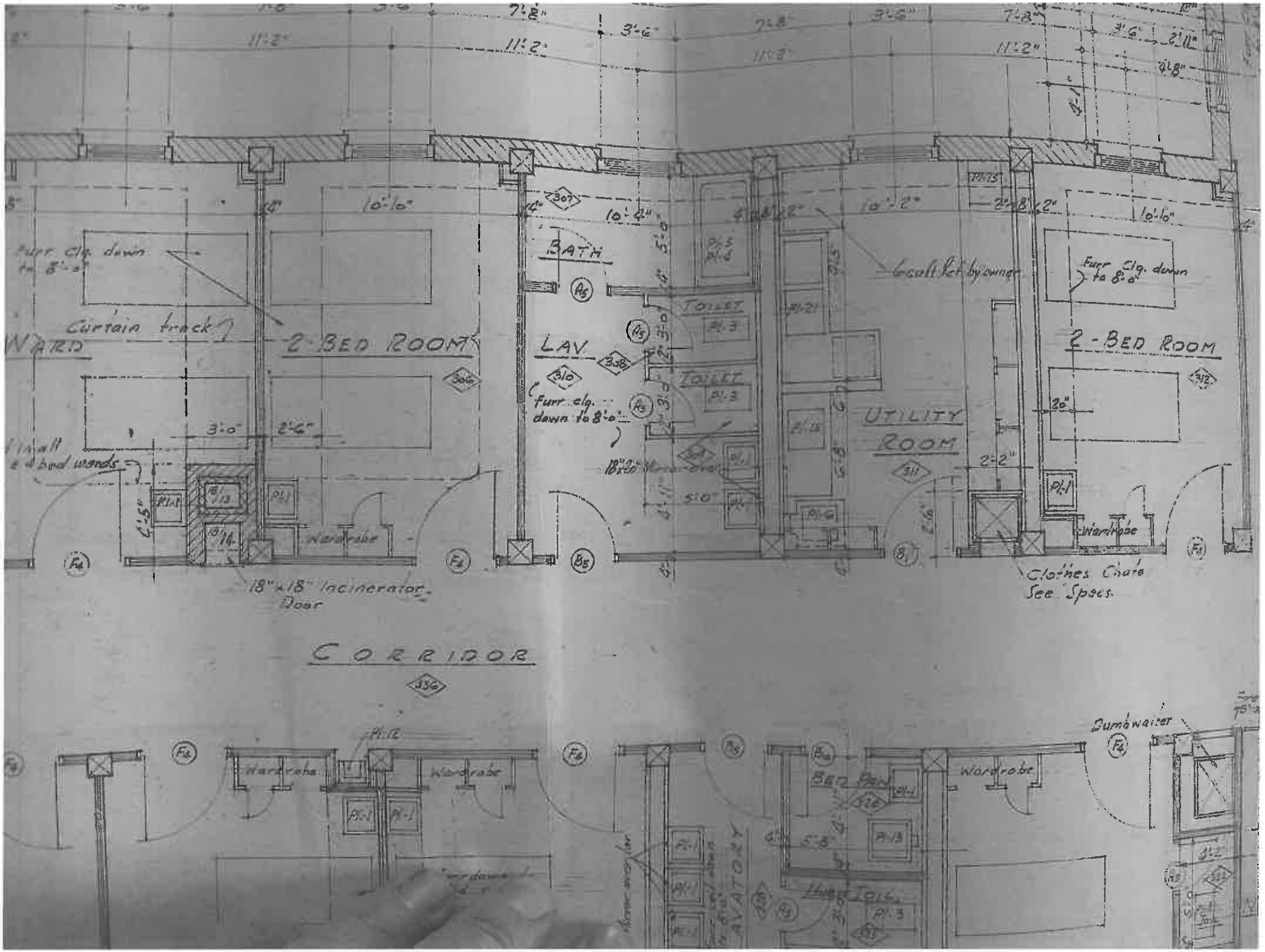

THIRD FLOOR PLAN
Scale 1/4" = 1'-0"
JAMES A. HAMILTON & ASSOCIATES
Hospital Consultants
ADDITION TO
RED CROSS HOSPITAL
1436 So. SHELBY St. LOUISVILLE, KY
DRAWN BY H. Jones
DATE 10/25/49
CHECKED BY H. Jones
DATE 10/28/49
REVISED H.Jones
DATE 11-23-49
REVISED
DATE
THOMAS J. NOLAN & SONS
Architects

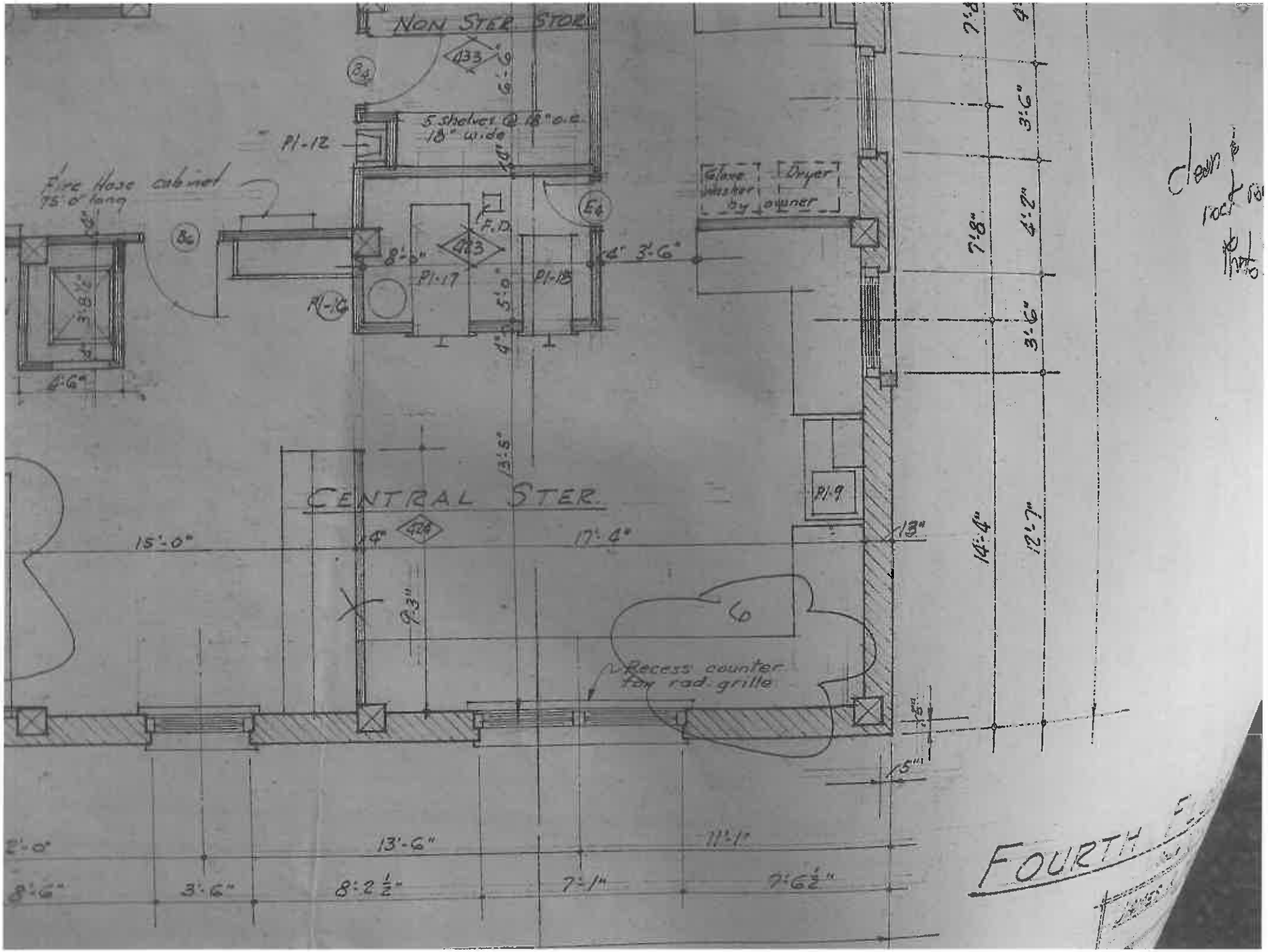

CORRIDOR
2-BED ROOM
2-BED ROOM
2-BED ROOM
Wardrobe
Wardrobe
Wardrobe
Wardrobe
Pl.12
Pl.1
Pl.1
Pl.1
Furnace
Toilet
Toilet
Fire Hose Cabinet
Door
11'-8"
11'-8"
11'-8"
12'-0"
12'-0"
12'-0"
8'-6"
8'-6"
8'-6"
8'-6"
3'-6"
3'-6"
3'-6"
120'-0"
A

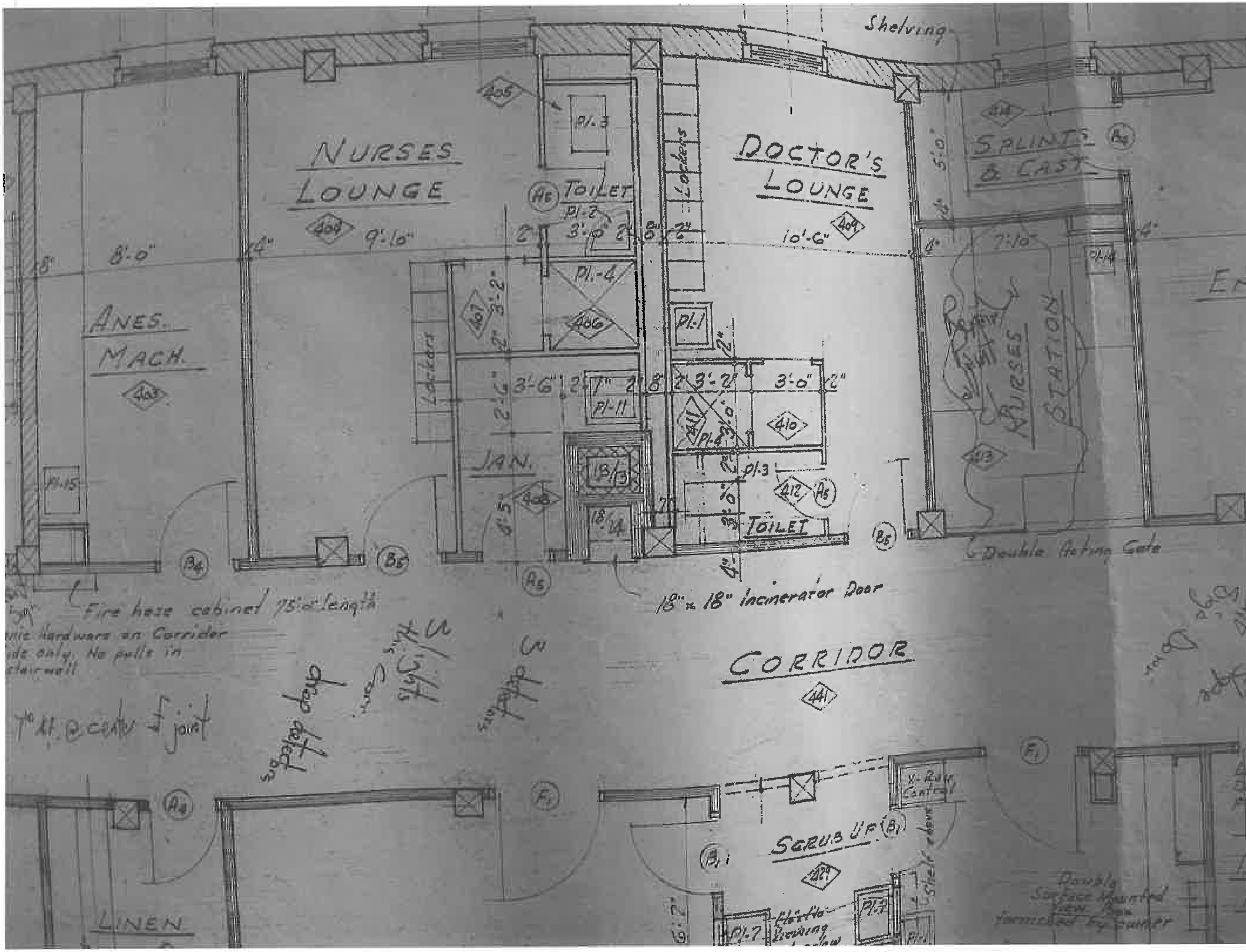

STAIRWELL No. 1
HOOD
ELEVATOR
PANTRY
LINEN ROOM
CORRIDOR
STRETCHER
2 - BED ROOM
Furr Clg. down to 8'-0"
Provide recess for pad
Ref. by outline
64'-0"

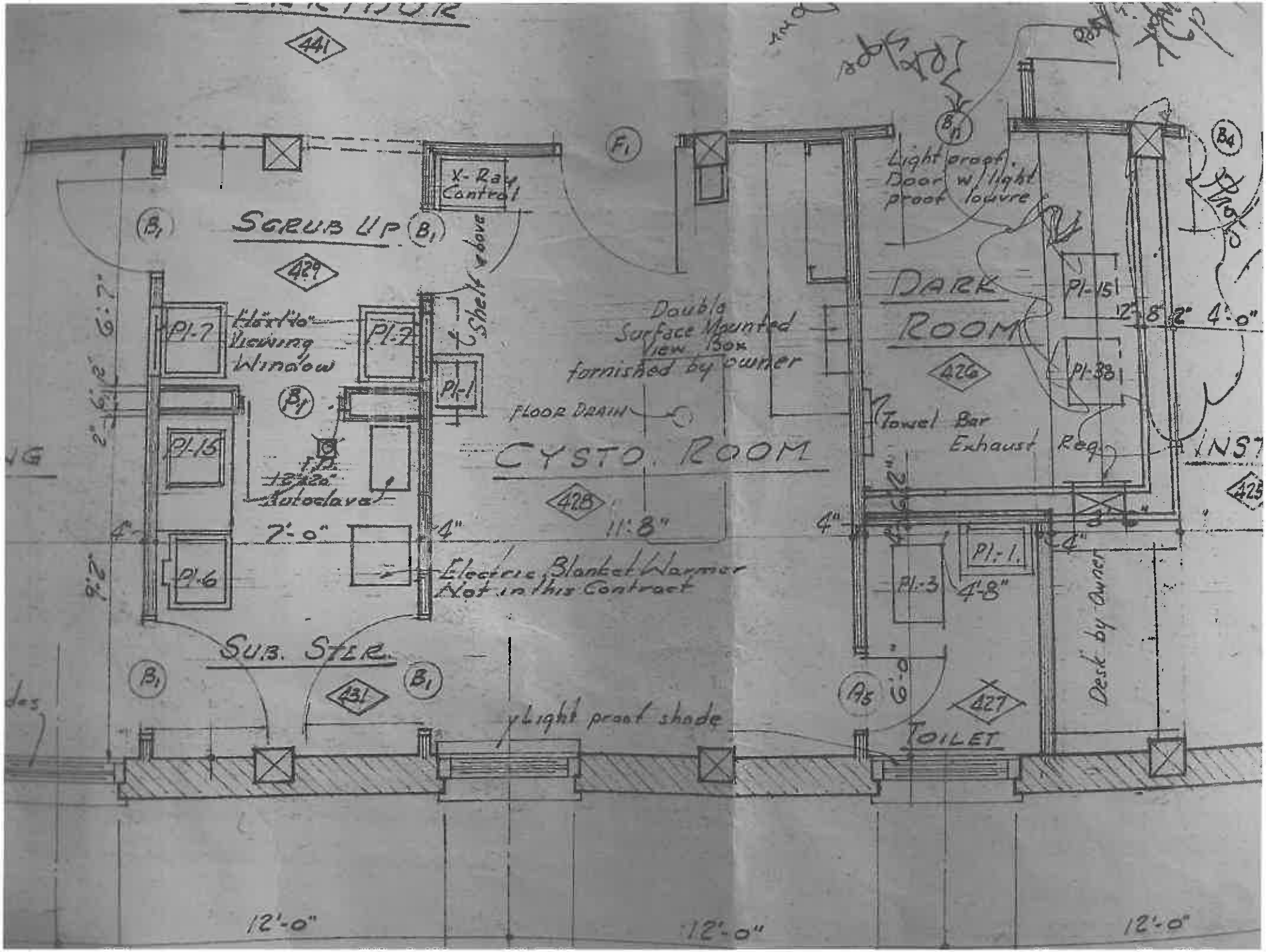


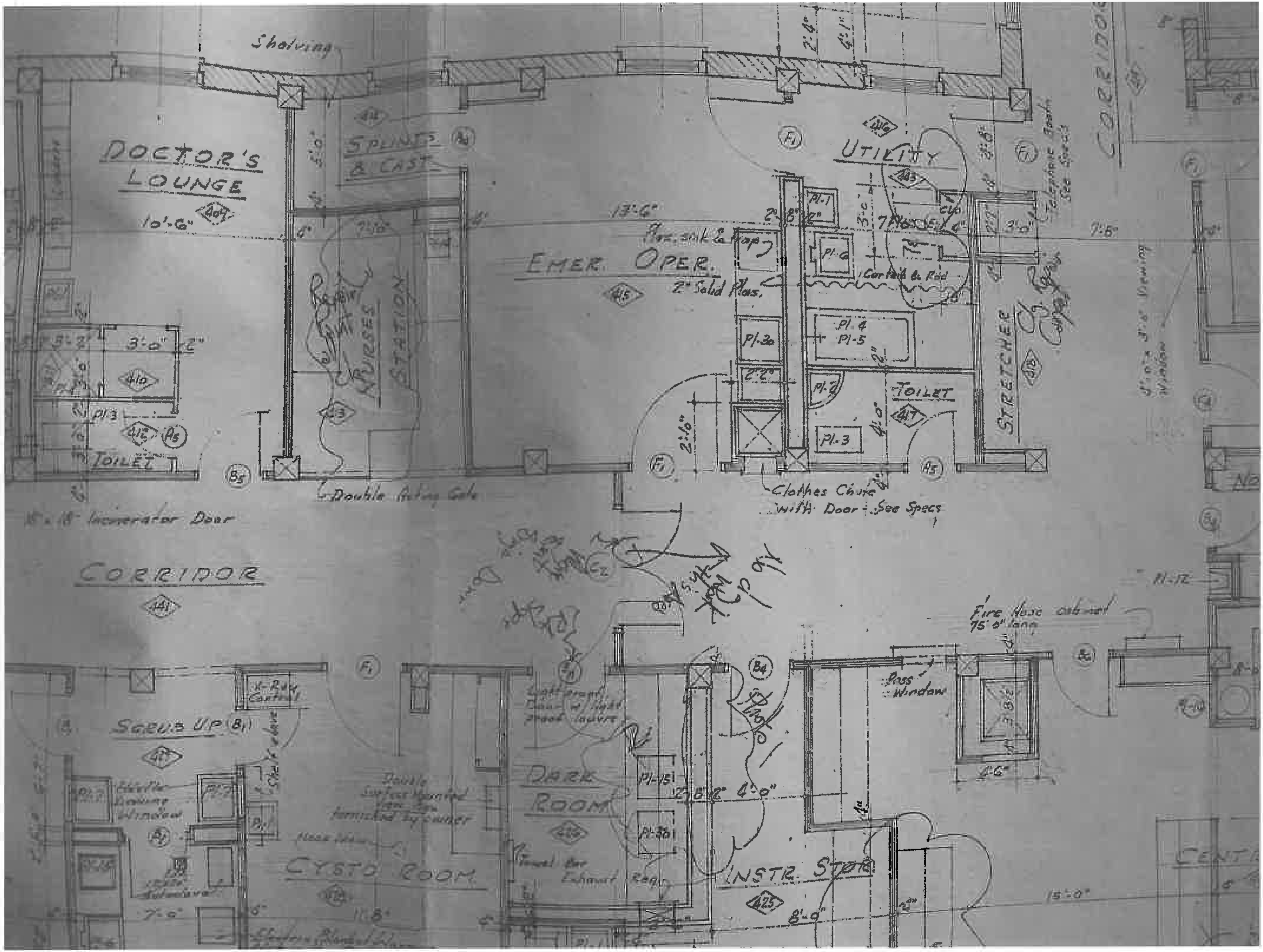
PRIVATE ROOM
335
2 - BED ROOM
332
2-BED RO
TOIL.
TOIL.
334
333
Pl-3
Pl-1
Fur. clg. down to 8'-0"
8"x16" Mech. Exh. Duct
11'-6"
11'-8"
11'-8"
8'-7 1/2"
6'-5 1/2"
8'-4"
12'-0"
6'-10 1/2"
3'-6"
3'-6"
2'-5"
5'-4 1/2"
3'-6"
8'-6"
3'-6"
"A"

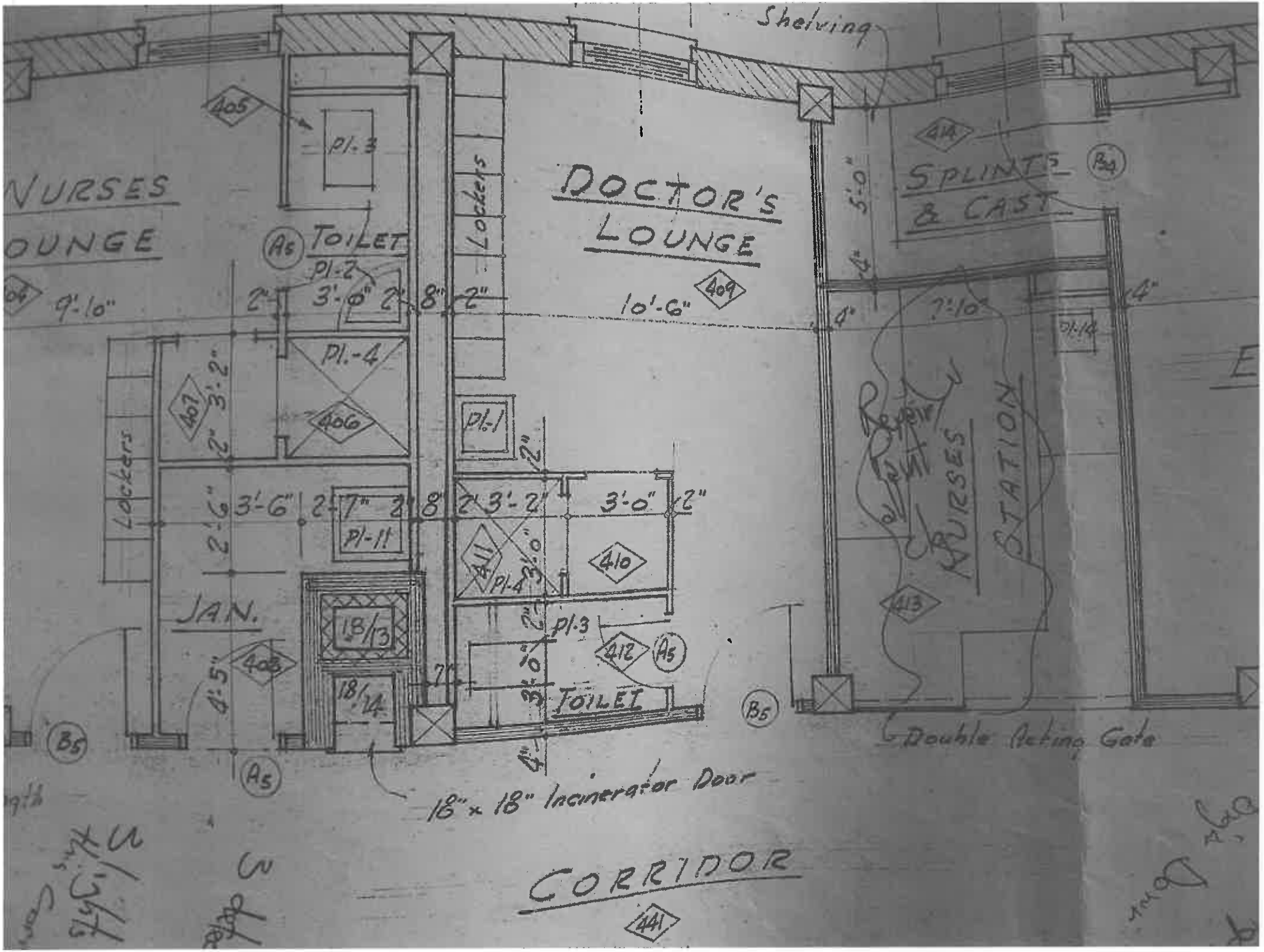

WARD
2-BED ROOM
Curtain track
Furr clg. down to 8'-0"
BATH
LAV.
TOILET
TOILET
Furr clg. down to 8'-0"
UTILITY ROOM
2-BED ROOM
Furr clg. down to 8'-0"
Grab bar by owner
Wardrobe
Wardrobe
Wardrobe
Clothes Chute See Specs.
18"x18" Incinerator Door
CORRIDOR
Wardrobe
Wardrobe
Wardrobe
Dumbwaiter
BED PAN
LAVATORY
TOILET

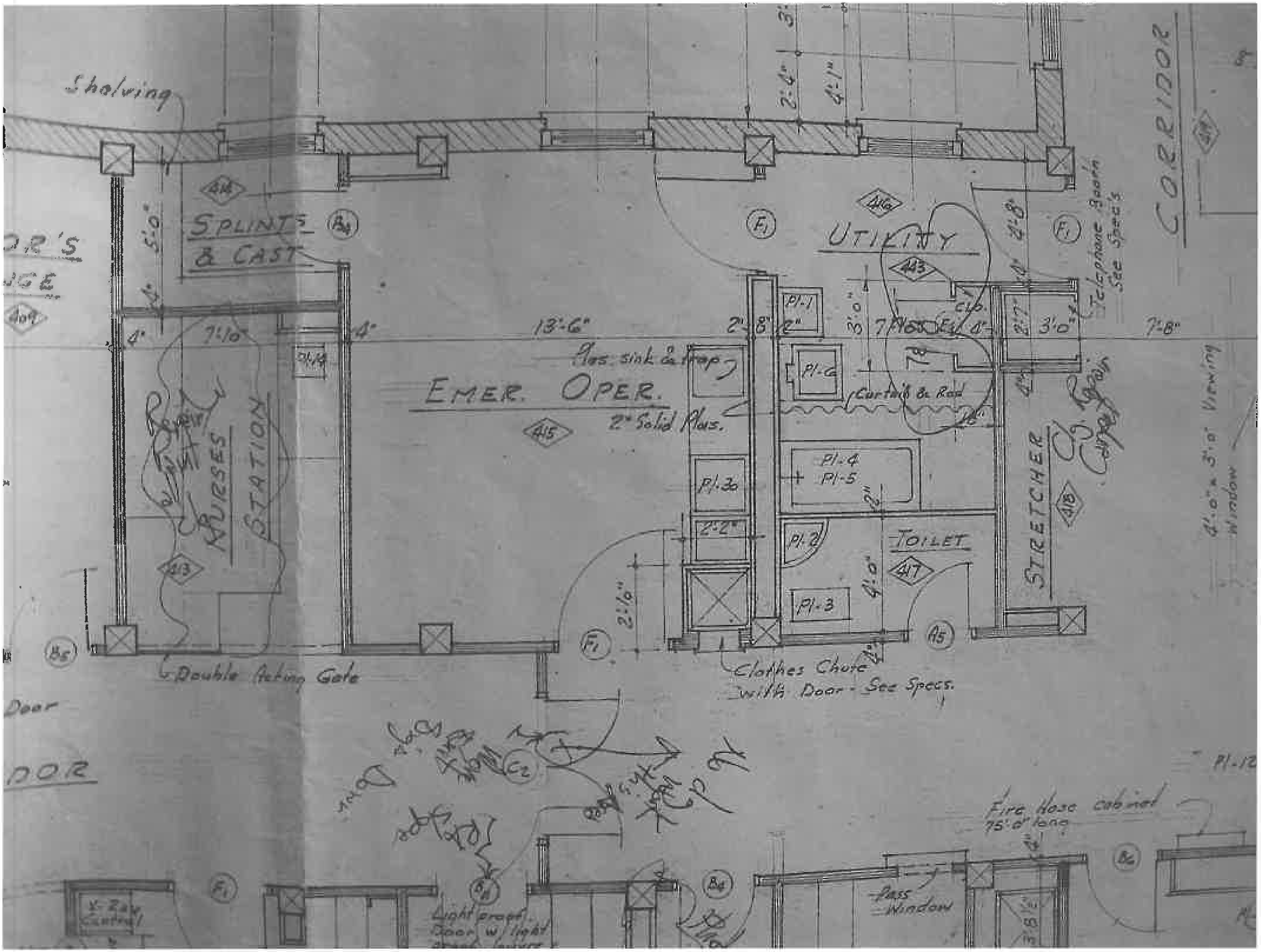

NON STER. STOR.
433
5 shelves @ 18" o.c.
18" wide
P1-12
Fire Hose cabinet
75' of hang
F.D.
433
8'-0"
P1-17
P1-18
P1-16
5'-0"
4" 3'-6"
Glove washer by owner
Dryer
7'-8"
4'-2"
3'-6"
3'-6"
6'-6"
13'-5"
CENTRAL STER.
P1-9
15'-0"
4"
426
17'-4"
13"
14'-4"
12'-7"
9'-3"
Recess counter fan rad. grille
15"
15"
2'-0"
13'-6"
11'-1"
8'-6"
3'-6"
8'-2 1/2"
7'-1"
7'-6 1/2"
FOURTH

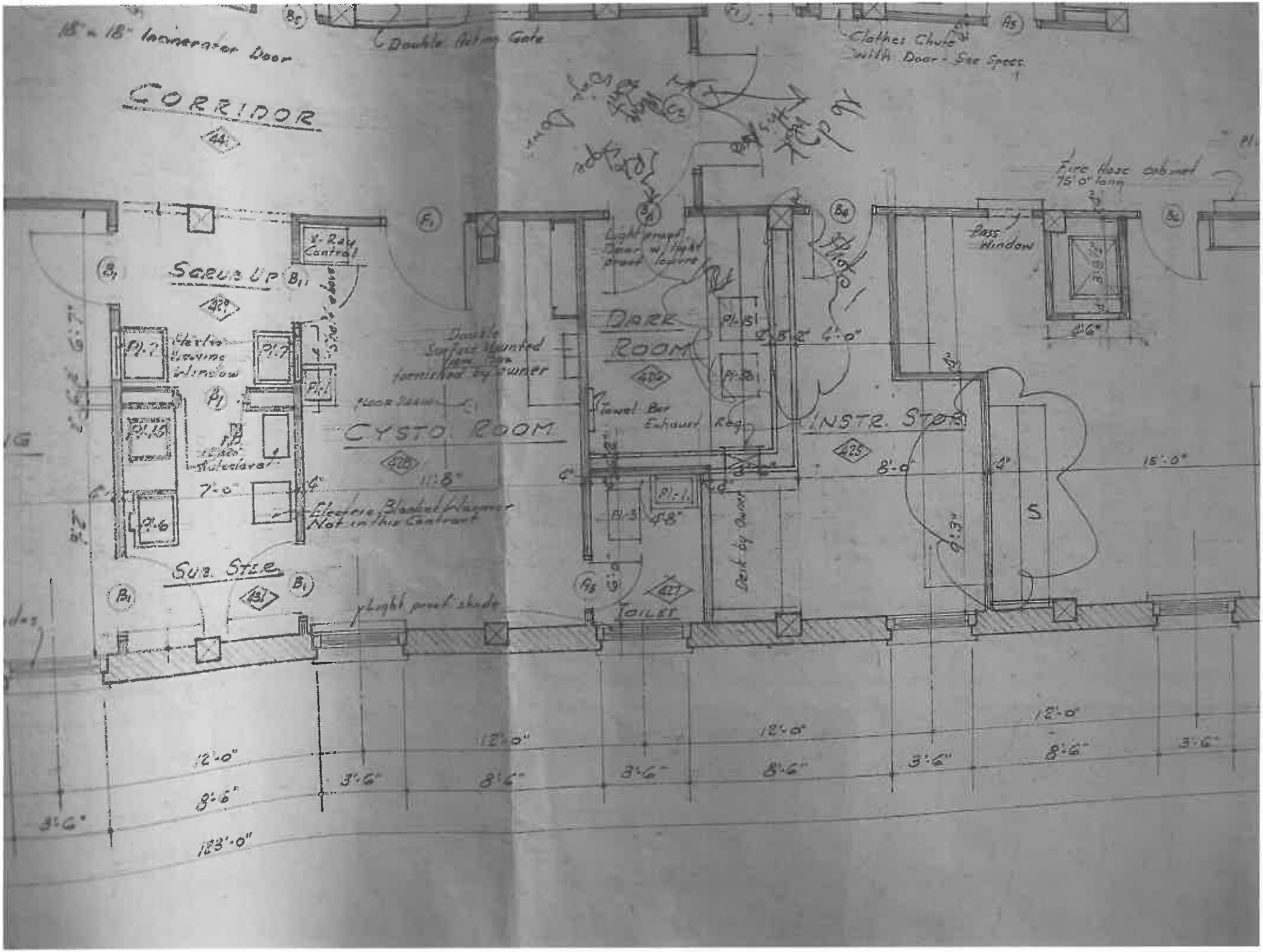

Shelving
NURSES LOUNGE
404
DOCTOR'S LOUNGE
409
SPLINTS & CAST
ANES. MACH.
403
TOILET
Lockers
JAN.
408
TOILET
NURSES STATION
413
Double Acting Gate
Fire hose cabinet 75'-0" length
18" x 18" Incinerator Door
CORRIDOR
441
X-Ray Control
SCRUB UP
LINEN
Double Surface Mounted View Box furnished by owner

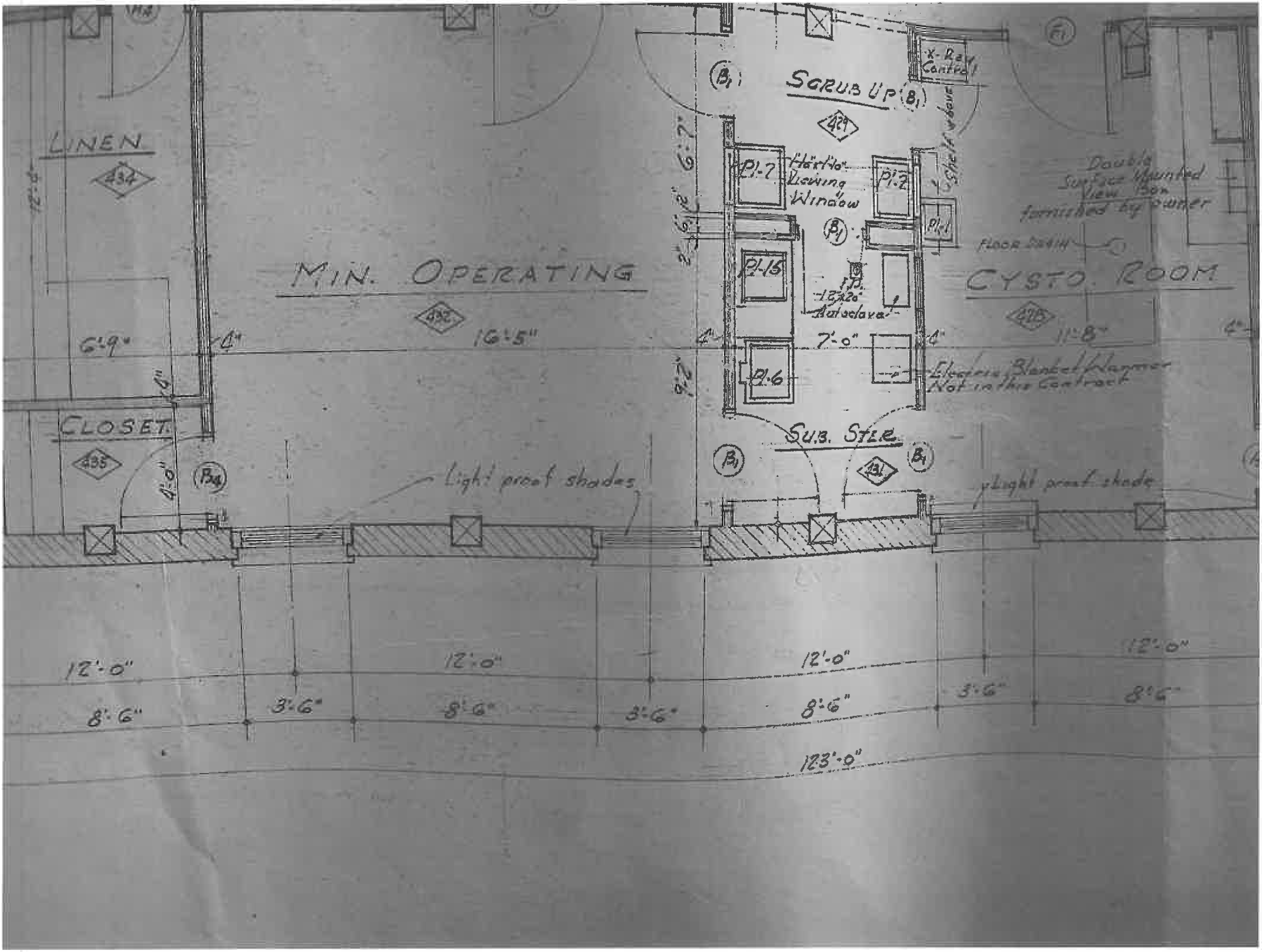

441
X-Ray Control
SCRUB UP
429
Shelf above
Pl-7
Pl-2
Pl-1
Pl-15
Pl-6
Horiz. Viewing Window
Double Surface Mounted View Box furnished by owner
FLOOR DRAIN
CYSTO. ROOM
428
Autoclave
7'-0"
11:8"
Electric Blanket Warmer Not in this Contract
SUB. STER.
431
Light proof shade
DARK ROOM
426
Pl-15
Pl-38
Towel Bar
Exhaust Reg.
Pl-1.
Pl-3
4'-8"
Desk by Owner
427
TOILET
Light proof Door w/ light proof louvre
12'-0"
12'-0"
12'-0"

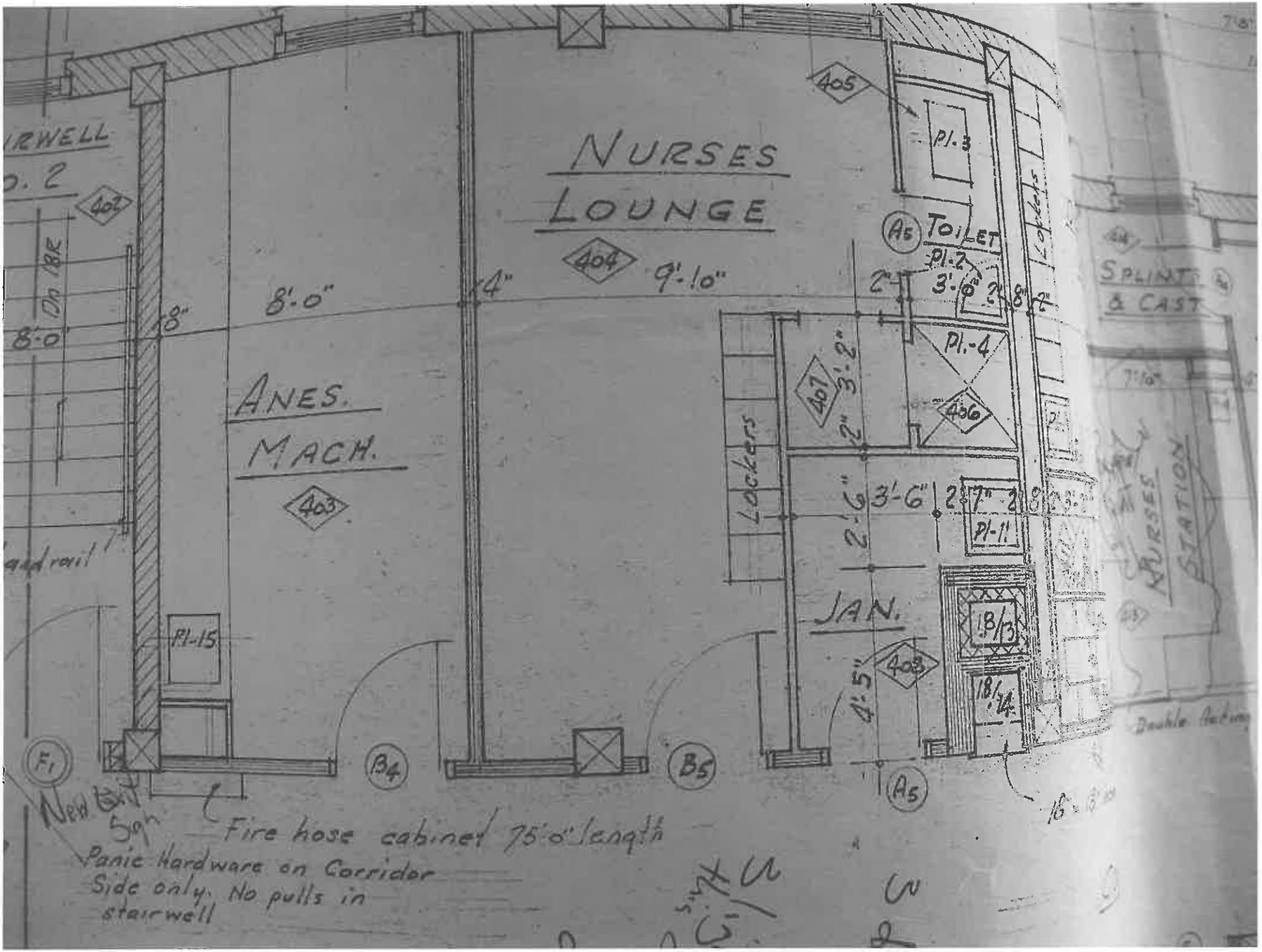

Shelving
DOCTOR'S LOUNGE
409
SPLINTS & CAST
414
UTILITY
416
EMER. OPER.
415
2" Solid Plas.
Curtain & Rod
NURSES STATION
413
TOILET
417
STRETCHER
418
TOILET
Double Acting Gate
Clothes Chute with Door - See Specs
CORRIDOR
141
Fire Hose cabinet
Pass Window
SCRUB UP
427
X-Ray Control
DARK ROOM
426
CYSTO ROOM
INSTR. STOR.
425

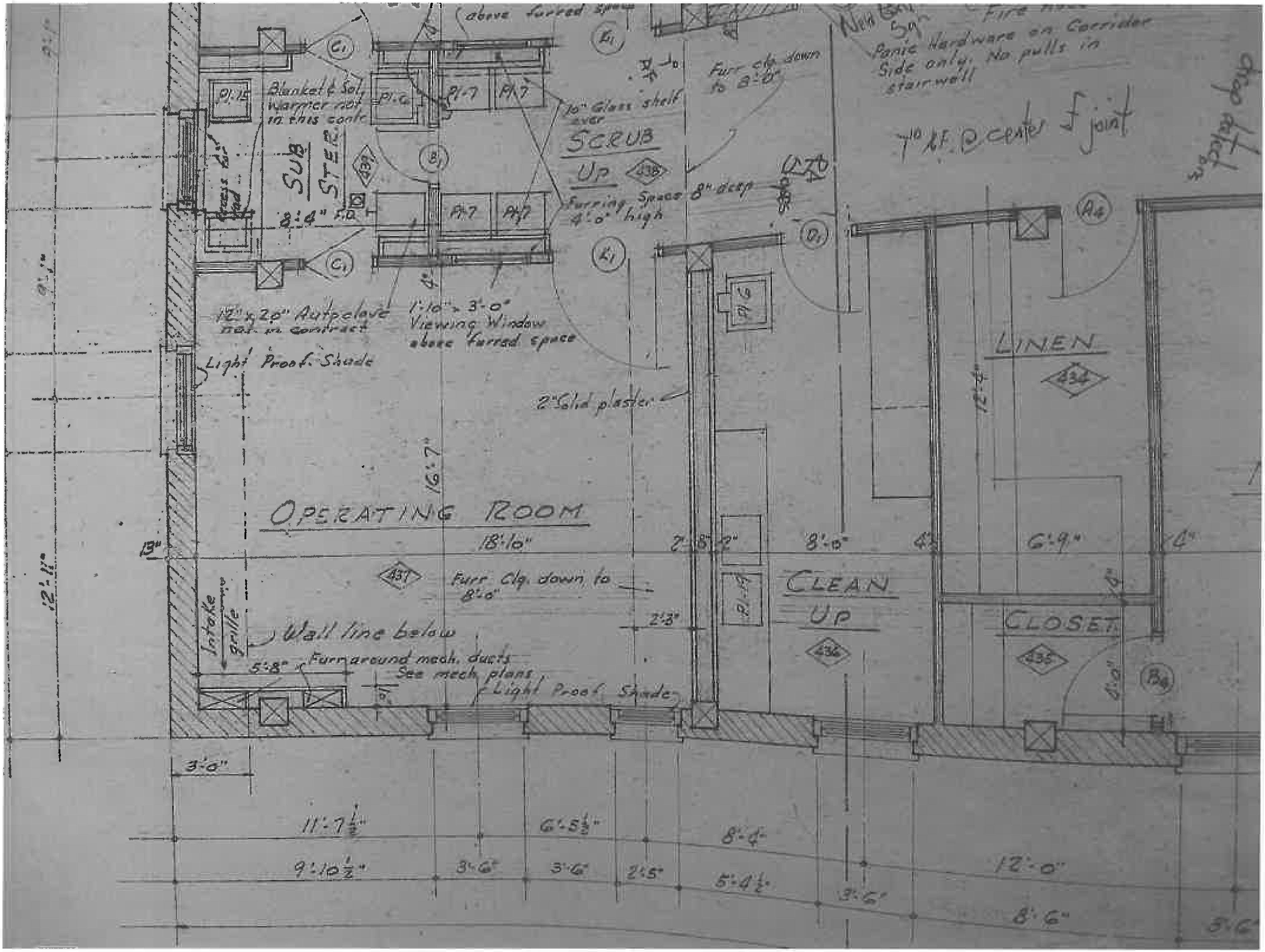

Shelving
NURSES
OUNGE
405
Pl-3
A5
TOILET
Pl-2
3'-0"
Lockers
DOCTOR'S
LOUNGE
409
10'-6"
414
SPLINTS
& CAST
B4
5'-0"
7'-10"
Pl-14
Pl-4
406
407
3'-2"
Lockers
Pl-1
Pl-11
3'-6"
3'-2"
410
411
Pl-4
3'-0"
JAN.
408
18/13
18/14
4'-5"
Pl-3
412
A5
TOILET
413
NURSES
STATION
Repair
Pant
B5
B5
Double Acting Gate
A5
18" x 18" Incinerator Door
CORRIDOR
441

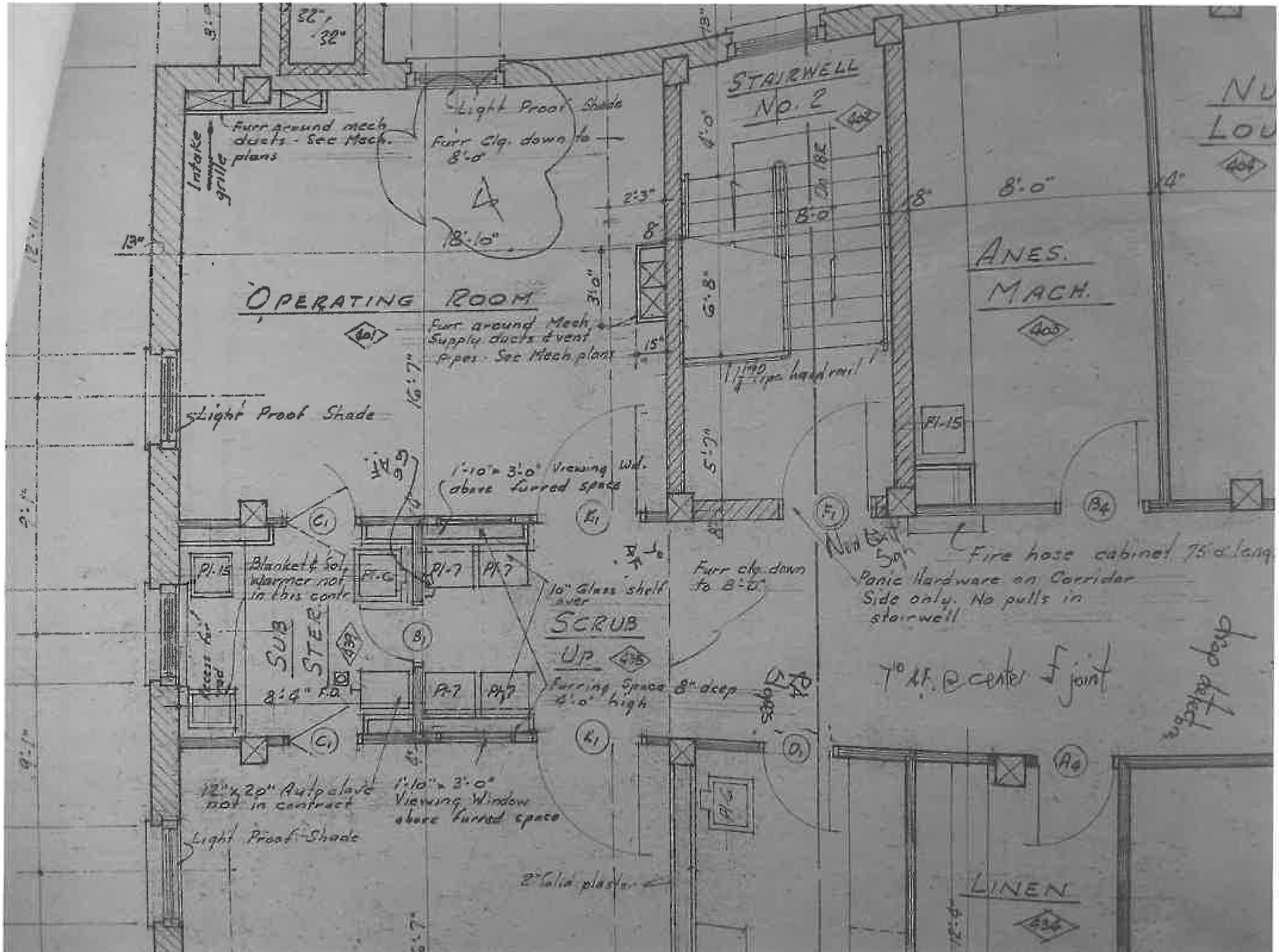

Shelving
SPLINTS & CAST
UTILITY
CORRIDOR
Telephone Booth See Specs
EMER. OPER.
Plas. sink & trap
2" Solid Plas.
Curtain & Rod
NURSES STATION
STRETCHER
TOILET
Double Acting Gate
Clothes Chute with Door - See Specs.
4'-0" x 3'-0" Viewing Window
Fire Hose cabinet 75'-0" long
Pass Window
Light proof Door w/ light proof louver
X-Ray Control
13'-6"
7'-10"
7'-8"
Pl-1
Pl-2
Pl-3
Pl-4
Pl-5
Pl-6
Pl-12
Clo.


18" x 18" Incinerator Door
CORRIDOR
Double Acting Gate
Clothes Chute with Door - See Specs.
Fire Hose cabinet 75'-0" long
Light proof Door w/ light proof louvre
DARK ROOM
Double Surface Mounted Item furnished by Owner
Towel Bar
Exhaust Reg.
INSTR. STOR.
Pass Window
X-Ray Control
SCRUB UP
Electric Blanket Warmer Not in this Contract
CYSTO. ROOM
SUP. STER.
Desk by Owner
TOILET
Skylight panel shade
12'-0"
8'-6"
3'-6"
123'-0"

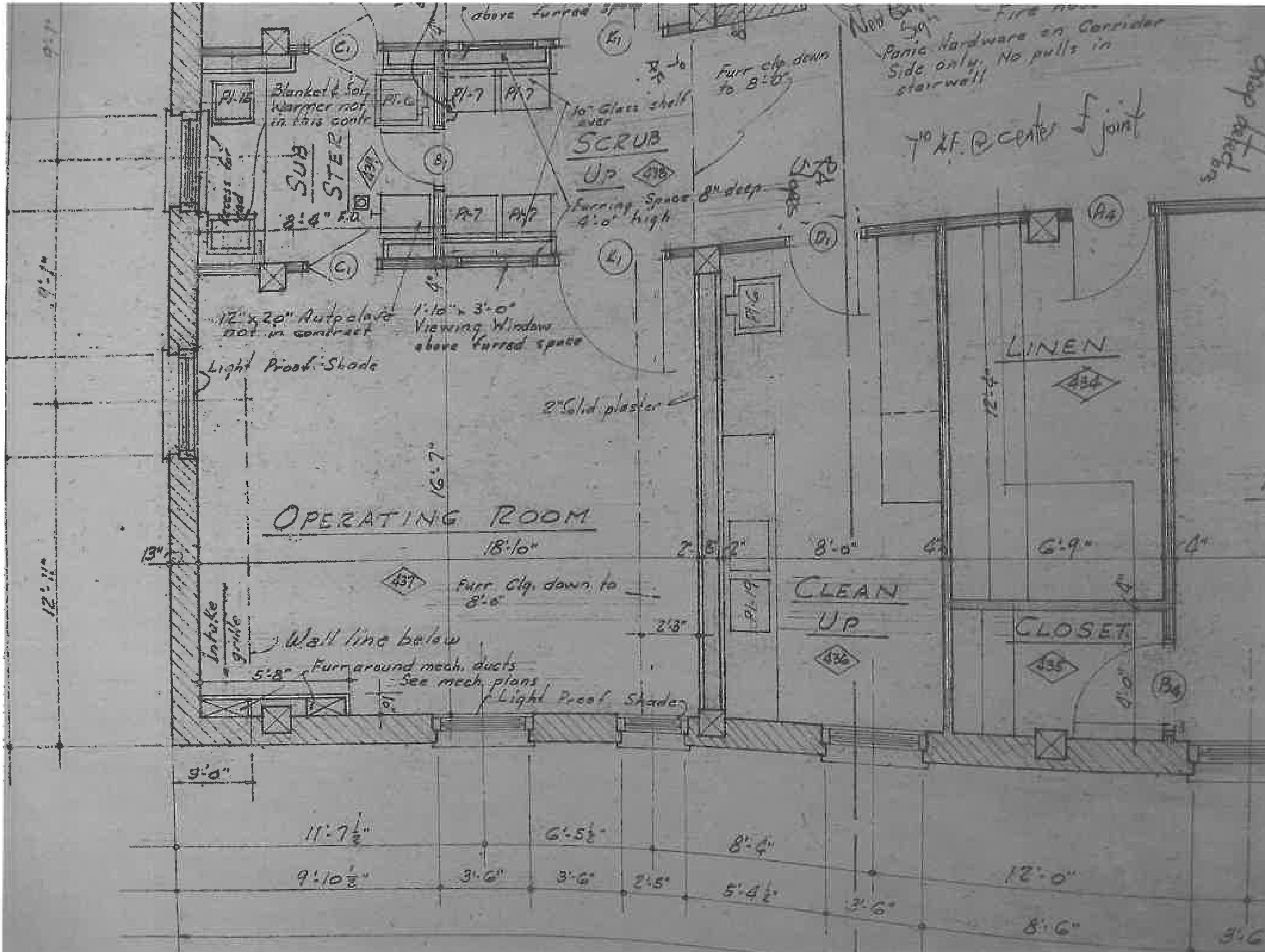

LINEN
434
CLOSET
435
MIN. OPERATING
432
16'-5"
SCRUB UP
429
X-Ray Control
Shelf above
Hatch Viewing Window
12"x20" Autoclave
7'-0"
SUB. STER.
431
Electric Blanket Warmer Not in this Contract
Double Surface Mounted View Box furnished by owner
FLOOR DRAIN
CYSTO. ROOM
428
11'-8"
6'-9"
Light proof shades
Light proof shade
12'-0"
8'-6"
3'-6"
123'-0"

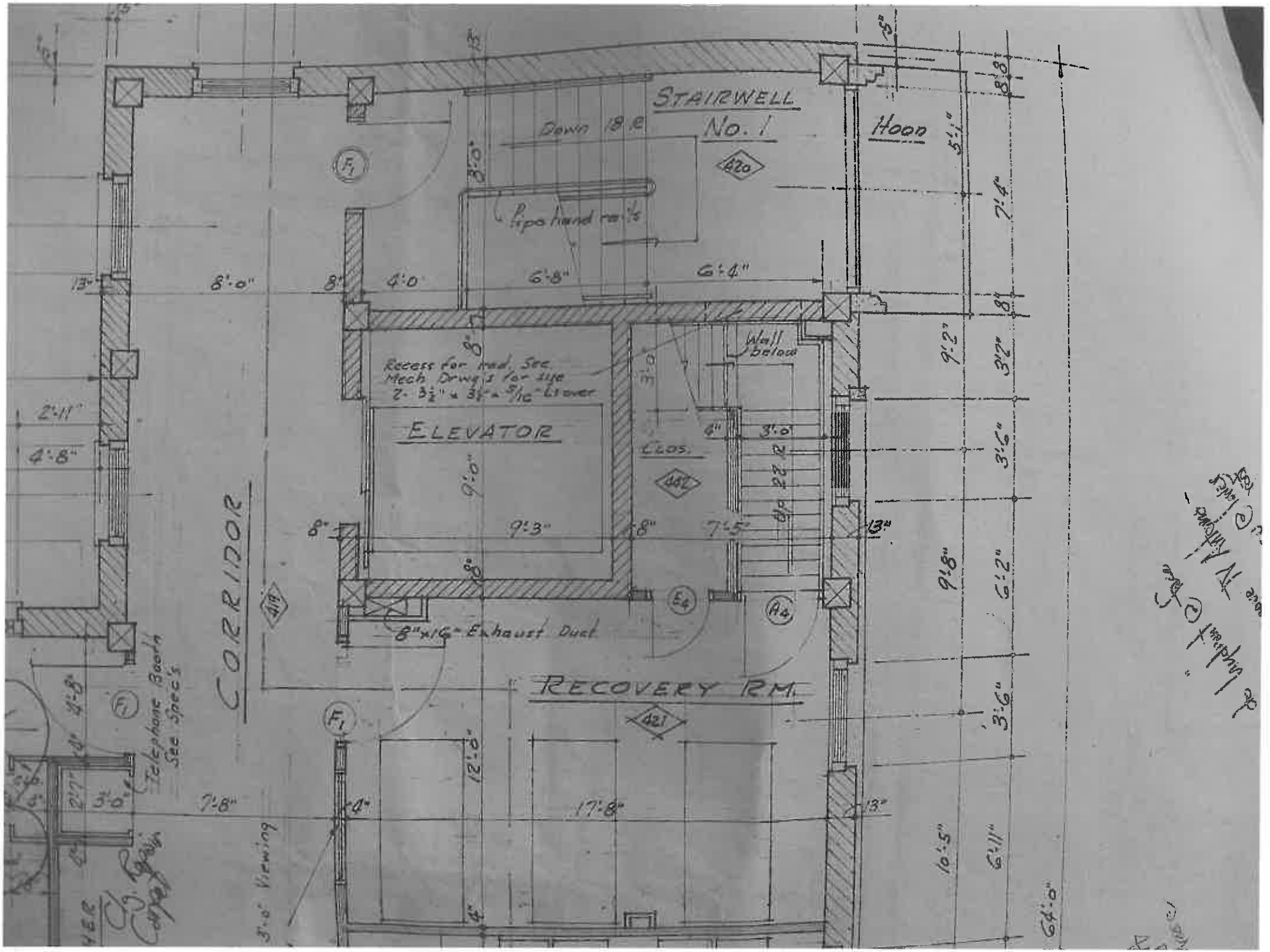

NURSES LOUNGE
404
9'-10"
405
Pl.-3
A5
TOILET
Pl.-2
3'-0"
Pl.-4
406
407
3'-2"
Lockers
ANES. MACH.
403
8'-0"
8'-0"
Dn 18R
Handrail
Pl.-15
JAN.
408
Pl.-11
18/13
18/14
4'-5"
2'-6"
3'-6"
7"
SPLINT & CAST
NURSES STATION
Double Acting
F1
B4
B5
A5
New Exit
Fire hose cabinet 75'-0" length
Panic Hardware on Corridor Side only. No pulls in stairwell

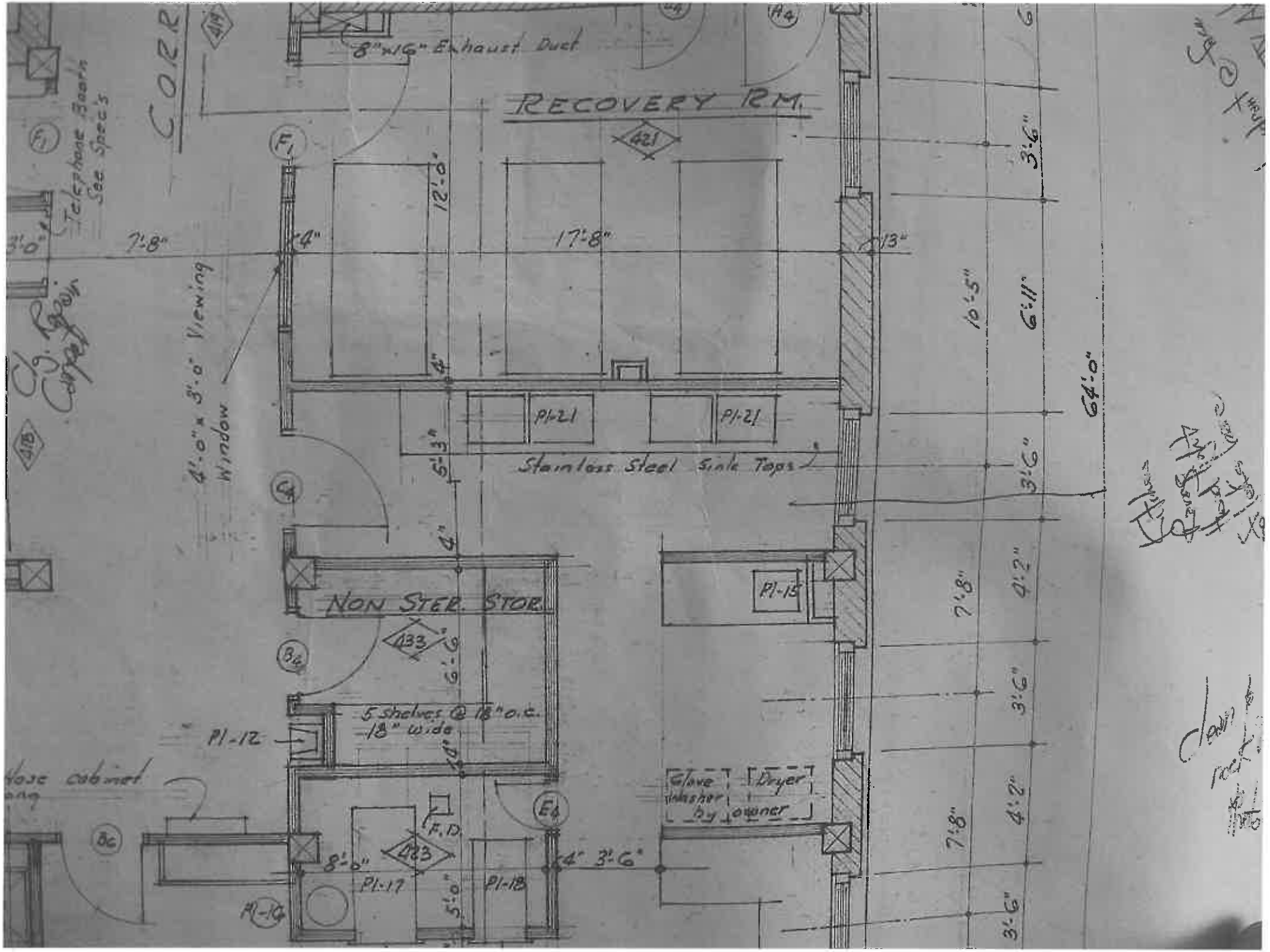

above furred space
Panic Hardware on Corridor Side only. No pulls in stairwell
Furr clg. down to 8'-0"
7'0 A.F. @ center of joint
Blanket & Sol. Warmer not in this contr.
SUB STER.
439
8'-4"
10" Glass shelf over
SCRUB UP
438
Furring Space 8" deep 4'-0" high
12" x 20" Autoclave not in contract
1'-10" x 3'-0" Viewing Window above furred space
Light Proof Shade
2" Solid plaster
LINEN
434
OPERATING ROOM
16'-7"
18'-10"
437
Furr. Clg. down to 8'-0"
8'-0"
6'-9"
CLEAN UP
436
CLOSET
435
2'-3"
12'-11"
Intake grille
Wall line below
5'-8"
Furr around mech. ducts See mech plans
Light Proof Shade
3'-0"
11'-7½"
6'-5½"
8'-4"
9'-10½"
3'-6"
3'-6"
2'-5"
5'-4½"
3'-6"
12'-0"
8'-6"

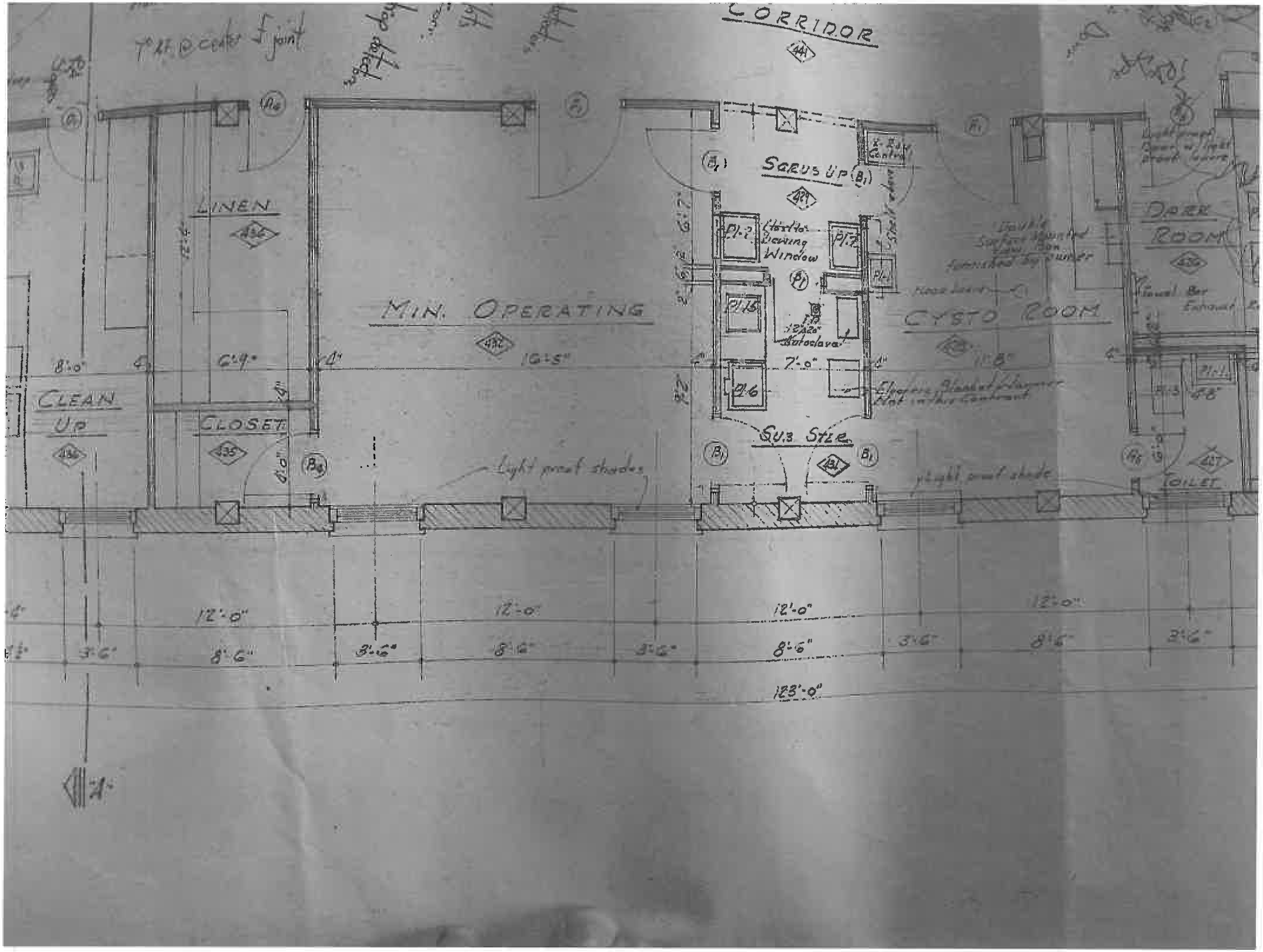


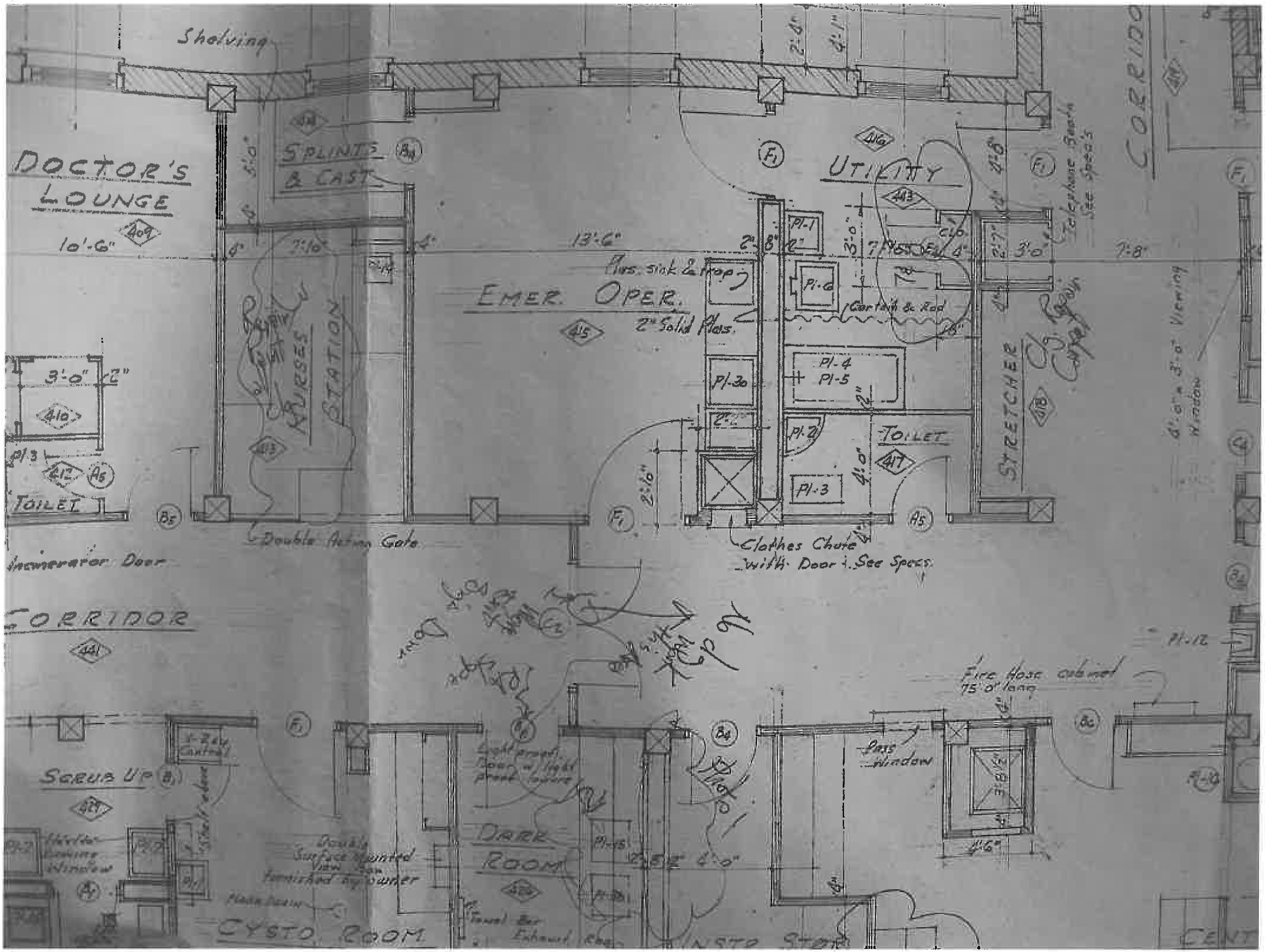
STAIRWELL No. 2
Light Proof Shade
Furr around mech ducts - See Mech. plans
Furr Clg. down to 8'-0"
Intake grille
OPERATING ROOM
Furr around Mech Supply ducts & vent pipes - See Mech plans
1 1/4" pipe hand rail
ANES. MACH.
Light Proof Shade
1'-10" x 3'-0" Viewing Wd. above furred space
Blanket & Sol. warmer not in this contr.
10" Glass shelf over
SCRUB UP
SUB STER
Furr clg down to 8'-0"
Fire hose cabinet
Panic Hardware on Corridor Side only. No pulls in stairwell
Furring Space 8" deep 4'-0" high
12" x 20" Autoclave not in contract
1'-10" x 3'-0" Viewing Window above furred space
Light Proof Shade
2" Solid plaster
LINEN


OPERATING ROOM
437
SCRUB UP
438
SUB STER
LINEN
434
CLEAN UP
436
CLOSET
435
Blanket & Sol. Warmer not in this contr
12" x 20" Autoclave not in contract
1'-10" x 3'-0" Viewing Window above furred space
Light Proof Shade
2" Solid plaster
Furr Clg. down to 8'-0"
Wall line below
Furr around mech. ducts See mech. plans
Intake grille
Furring Space 8" deep. 4'-0" high
Panic hardware on Corridor Side only. No pulls in stairwell
18'-10"
16'-7"
11'-7 1/2"
6'-5 1/2"
8'-4"
9'-10 1/2"
3'-6"
3'-6"
2'-5"
5'-4 1/2"
12'-0"
8'-6"
9'-0"

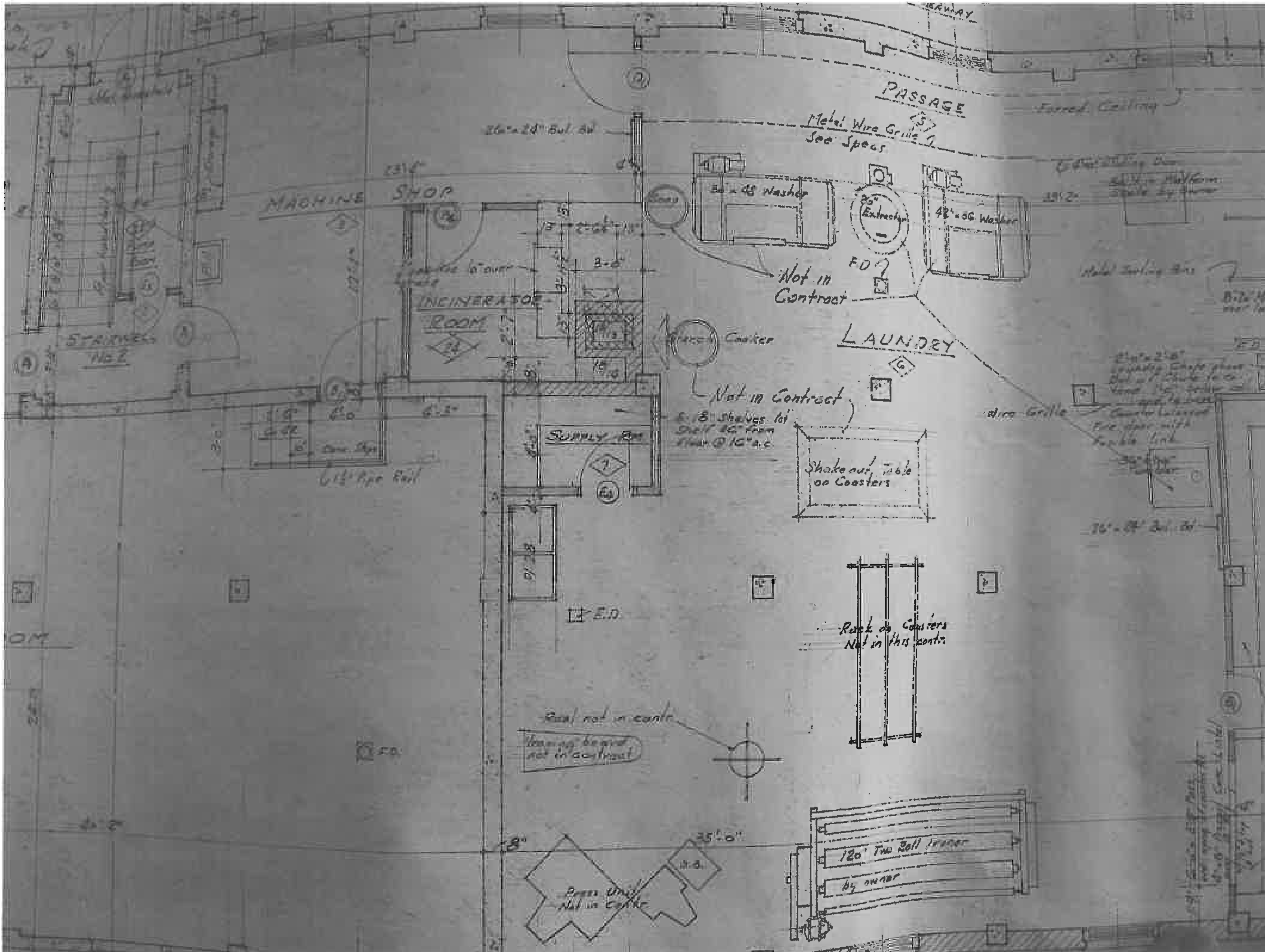

STAIRWELL
No. 1
Down 18 @
Hoon
Pipe hand rails
Wall below
Recess for Ind. Sec. Mech. Drwg's for size 2- 3½" x 3½" x 5/16" Lt over
ELEVATOR
Clos.
CORRIDOR
8"x16" Exhaust Duct
RECOVERY RM.
Telephone Booth See Spec's
3'-0" Viewing
8'-0"
4'-0"
6'-8"
6'-4"
9'-0"
9'-3"
12'-0"
17'-8"
7'-8"
7'-5"
9'-8"
6'-2"
3'-6"
10'-5"
6'-11"
64'-0"

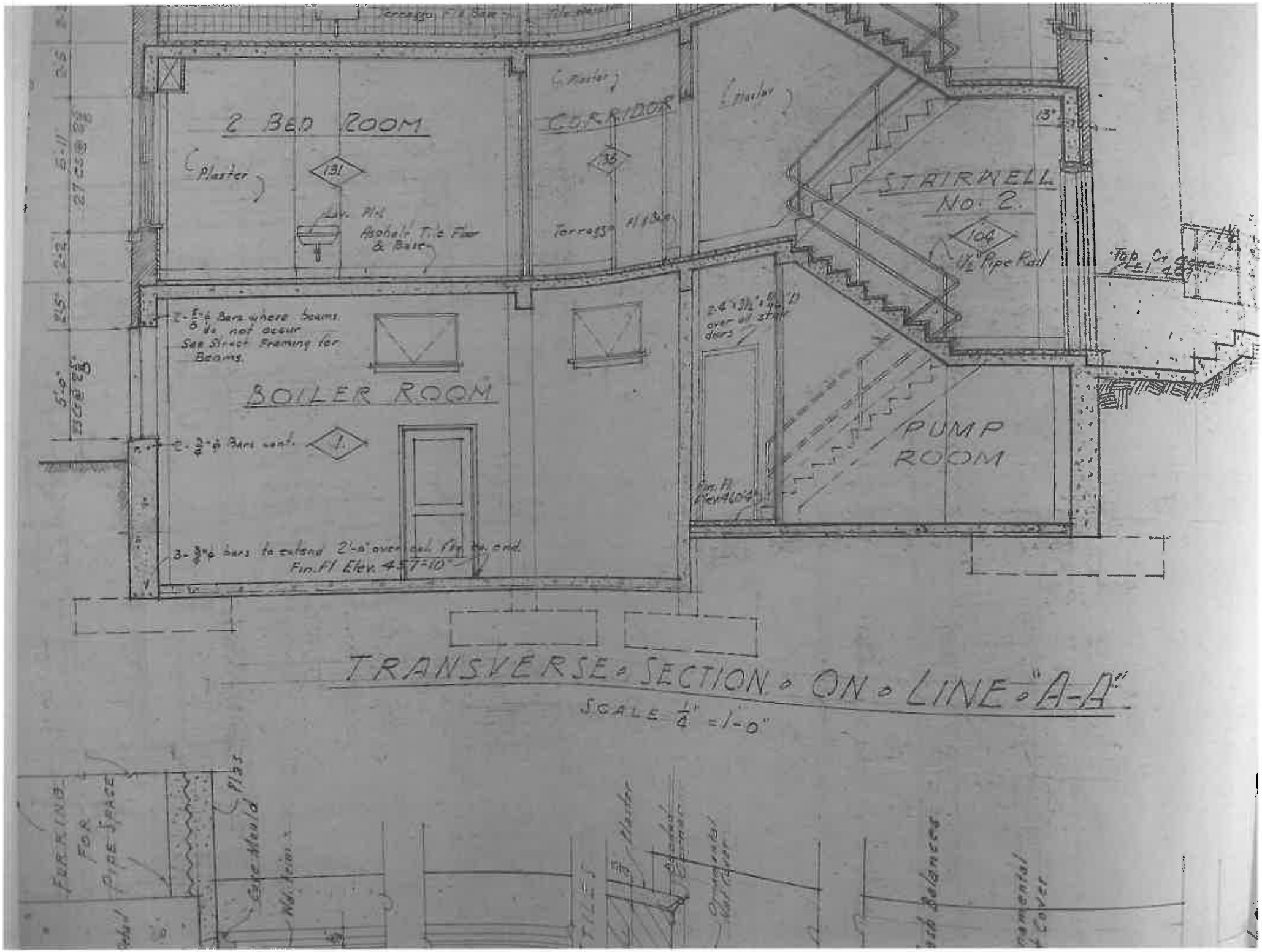

8"x16" Exhaust Duct
RECOVERY RM.
421
12'-0"
17'-8"
P1-21
P1-21
Stainless Steel Sink Tops
4'-0" x 3'-0" Viewing Window
NON STER. STOR.
133
5 Shelves @ 18" o.c.
18" wide
P1-12
P1-15
Glove Washer by owner
Dryer
F.D.
123
8'-0"
P1-17
P1-18
P1-16
Telephone Booth See Spec's
64'-0"
10'-5"
6'-11"
7'-8"
4'-2"
3'-6"


CORRIDOR
441
LINEN
436
MIN. OPERATING
432
SCRUB UP
429
Double Surface Mounted View Box furnished by owner
CYSTO ROOM
OPER ROOM
CLEAN UP
CLOSET
435
SUB. STER.
TOILET
Light proof shades
Autoclave
Window
12'-0"
8'-6"
3'-6"
123'-0"
16'-5"
7'-0"
6'-9"
8'-0"



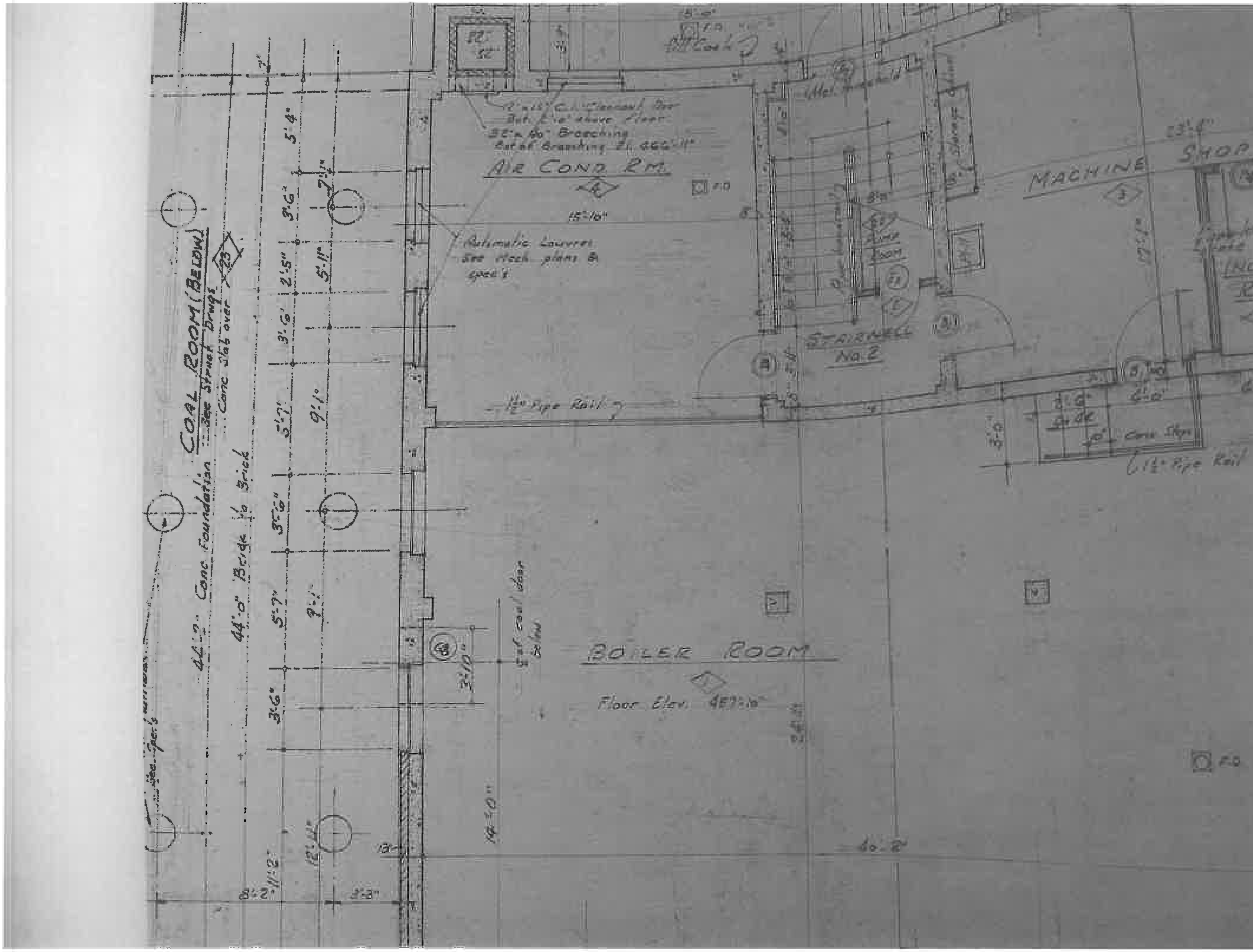
Shelving
DOCTOR'S LOUNGE
409
10'-6"
SPLINTS & CAST
UTILITY
443
EMER. OPER.
415
13'-6"
Plas. sink & trap
2" Solid Plas.
Curtain & Rod
NURSES STATION
413
P1-1
P1-2
P1-3a
P1-4
P1-5
P1-7
P1-3
CLO.
TOILET
417
STRETCHER
418
Telephone Booth See Spec's
4'-0" x 3'-0" Viewing Window
CORRIDOR
3'-0"
410
P1-3
412
TOILET
Double Acting Gate
Incinerator Door
Clothes Chute with Door - See Specs.
CORRIDOR
441
P1-12
Fire Hose cabinet
Pass Window
X-Ray Control
SCRUB UP
Double Surface Mounted View Box Furnished by owner
DARK ROOM
Towel Bar
Exhaust
CYSTO ROOM

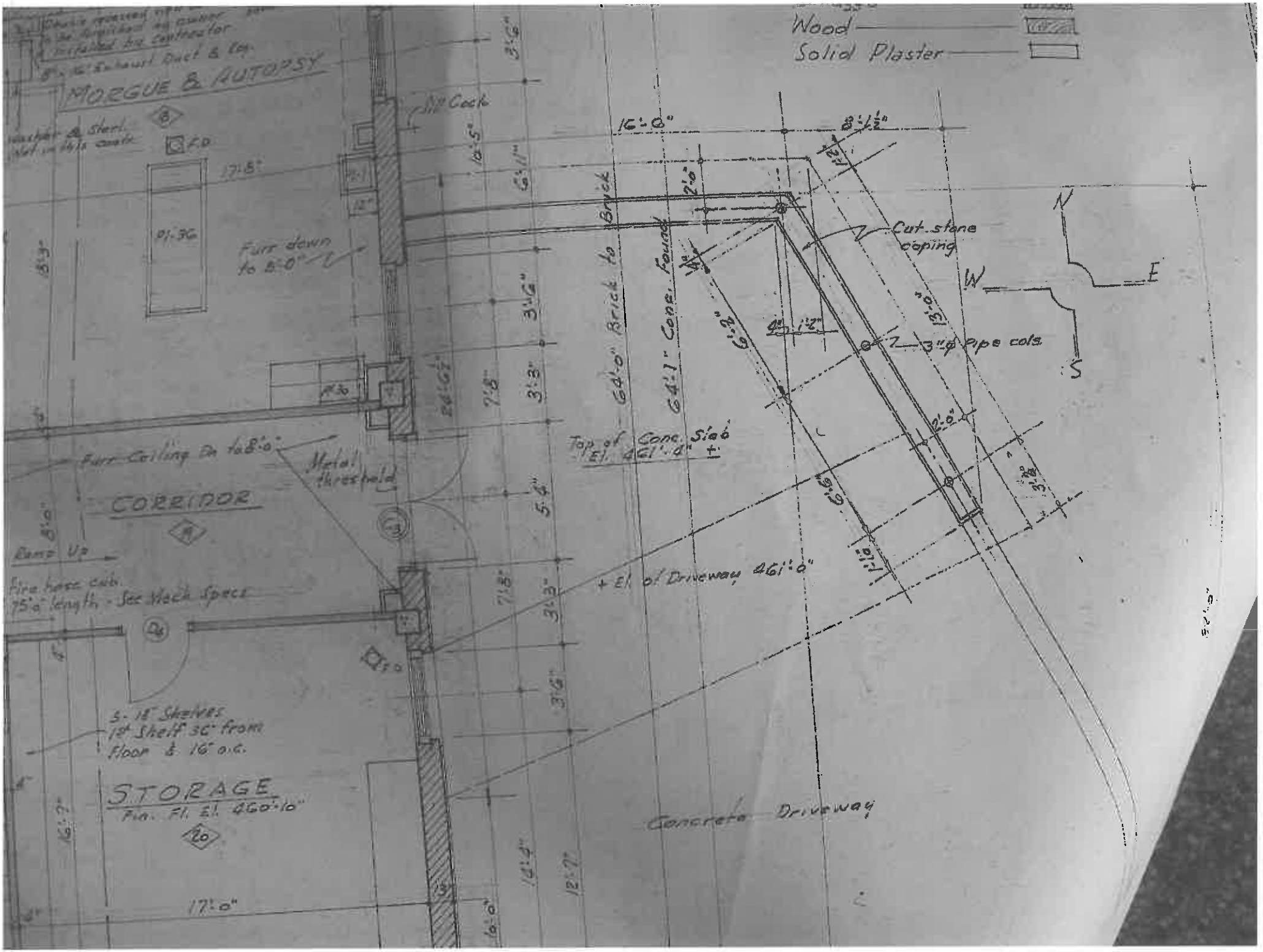

PASSAGE
Metal Wire Grille
See Specs
Furred Ceiling
MACHINE SHOP
INCINERATOR ROOM
STAIRWELL No. 2
36"x48" Washer
Extractor
42"x56" Washer
Not in Contract
Cooker
LAUNDRY
Not in Contract
SUPPLY RM
Shakeout Table on Coasters
Air Grille
Rack on Coasters Not in this contr.
Reel not in contr.
Ironing board not in contract
Press Unit Not in Contr.
120" Two Roll Ironer by owner
35'-0"
6'-0"
6'-3"
F.D.

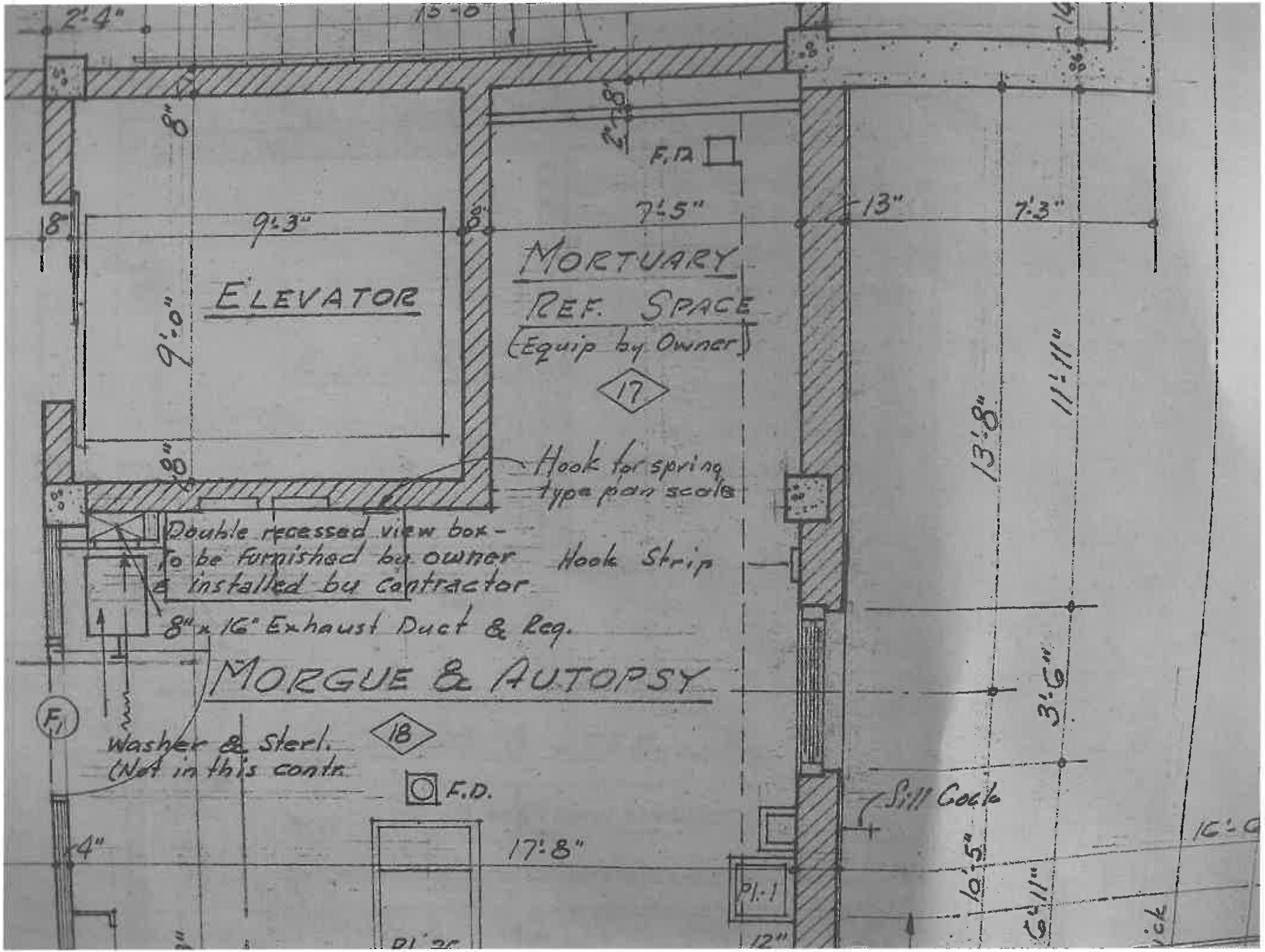


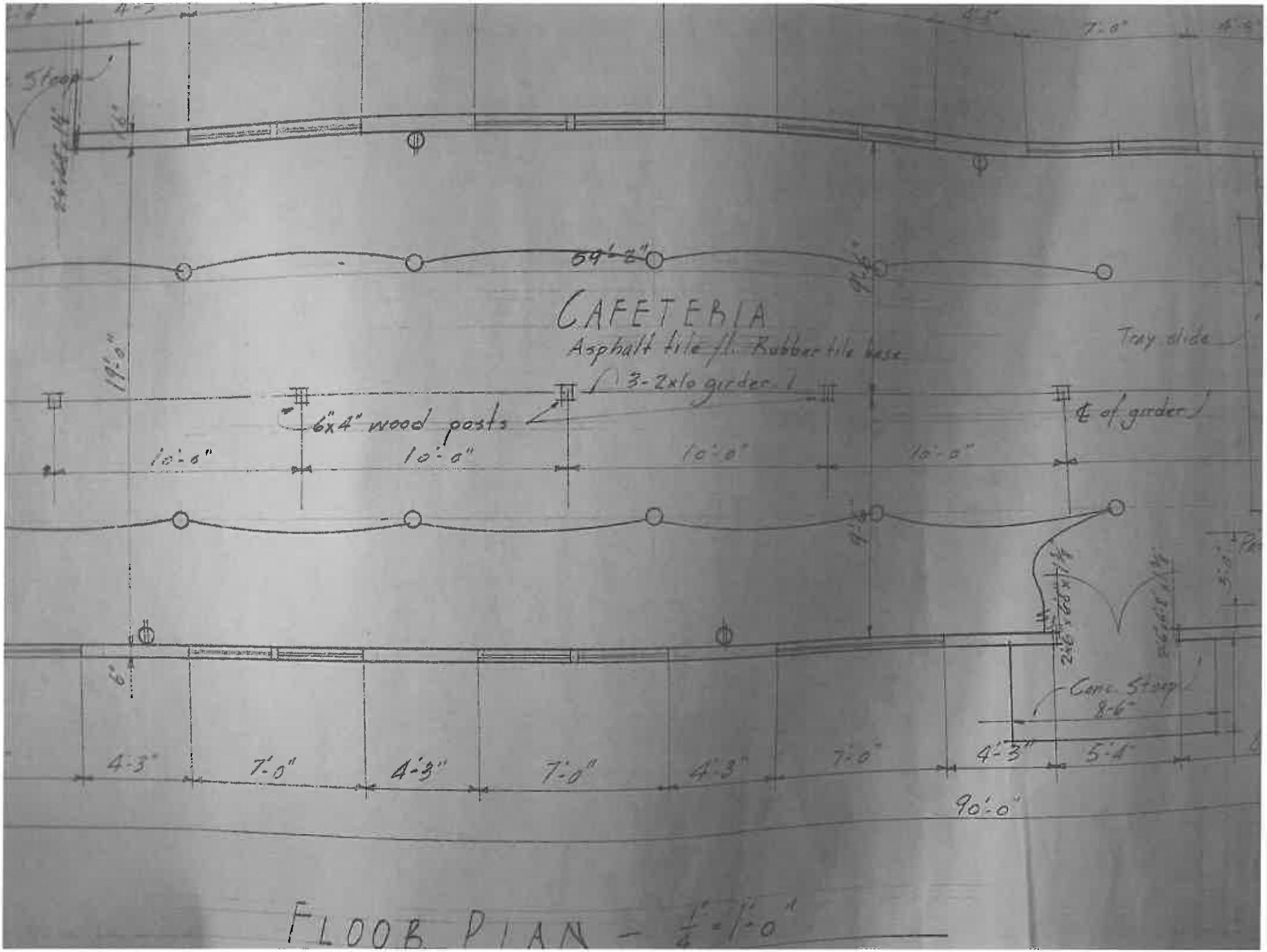
TRANSVERSE SECTION ON LINE "A-A"

SCALE ½" = 1'-0"

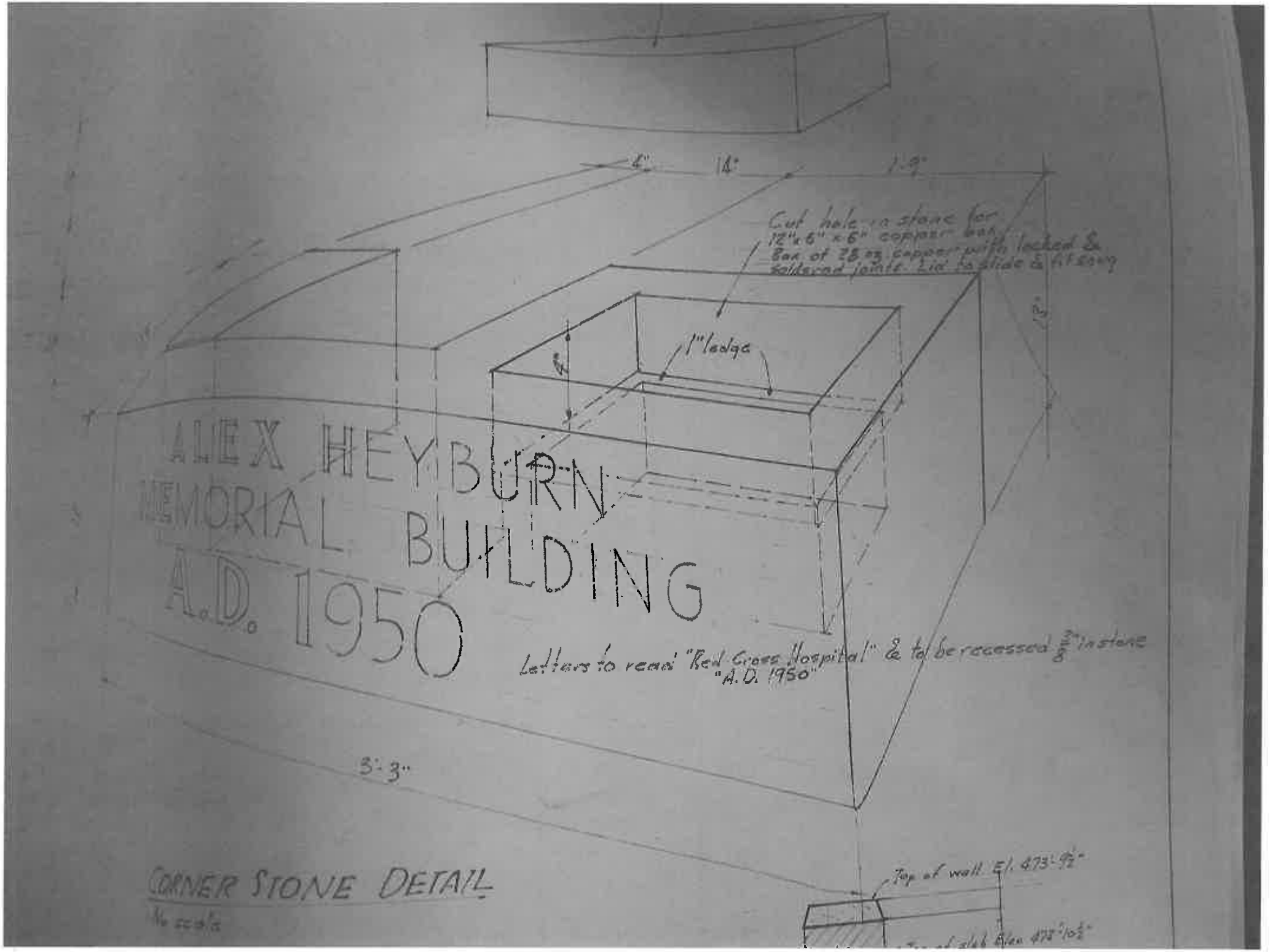

AIR COND. RM.
Automatic Louvres See Mech. plans & spec's
STAIRWELL No. 2
MACHINE SHOP
COAL ROOM (BELOW)
Conc. Foundation
Conc. Slab over
44'-0" Brick to Brick
BOILER ROOM
Floor Elev. 457'-10"
1½" Pipe Rail
Conc. Steps
15'-10"
40'-8"
23'-8"
F.D.


Wood
Solid Plaster
MORGUE & AUTOPSY
Sill Cock
F.D.
01-3G
Furr down to 8'-0"
Furr Ceiling Ht. to 8'-0"
Metal threshold
CORRIDOR
Ramp Up
Fire hose cab. 75'-0" length - See Mech. Specs.
5-18" Shelves 1st Shelf 36" from Floor & 16" o.c.
STORAGE
Fin. Fl. El. 460'-10"
Brick
64'-0" Brick to 64'-1" Conc. Found.
Top of Conc. Slab El. 461'-0" ±
+ El. of Driveway 461'-0"
Concrete Driveway
Cut stone coping
3"φ pipe cols.
N
W
E
S
10'-0"
8'-1½"
17'-8"
17'-0"


2'-4"
13'-8"
8"
2'-8"
F.D.
7'-5"
13"
7'-3"
9'-3"
8"
ELEVATOR
9'-0"
MORTUARY
REF. SPACE
(Equip by Owner)
17
13'-8"
11'-11"
Hook for spring type pan scale
Double recessed view box - to be furnished by owner & installed by Contractor
Hook Strip
8" x 16" Exhaust Duct & Reg.
MORGUE & AUTOPSY
18
3'-6"
F1
Washer & Sterl. (Not in this contr.
F.D.
Sill Cock
4"
17'-8"
10'-5"
6'-11"
P1-1
12"

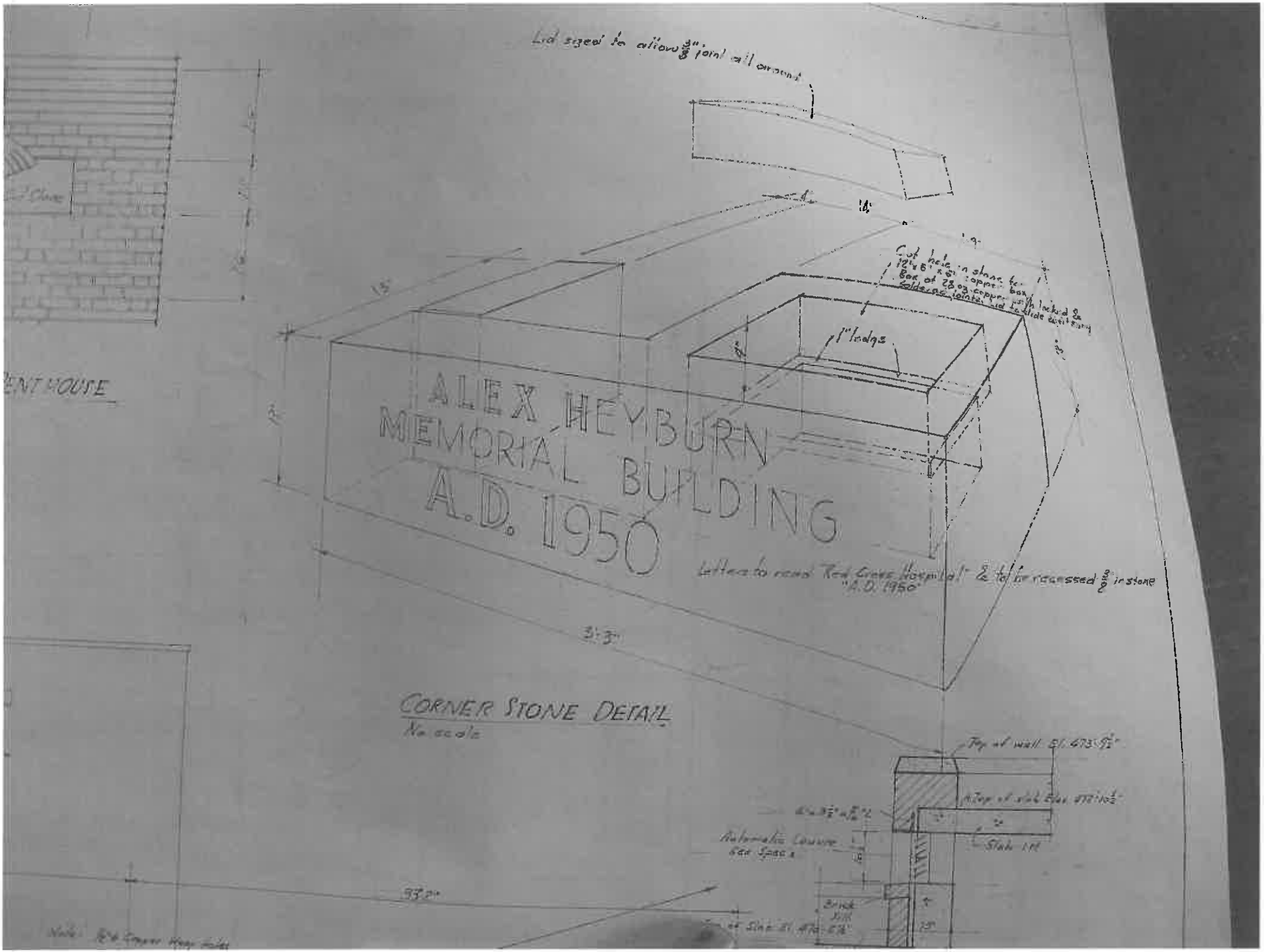


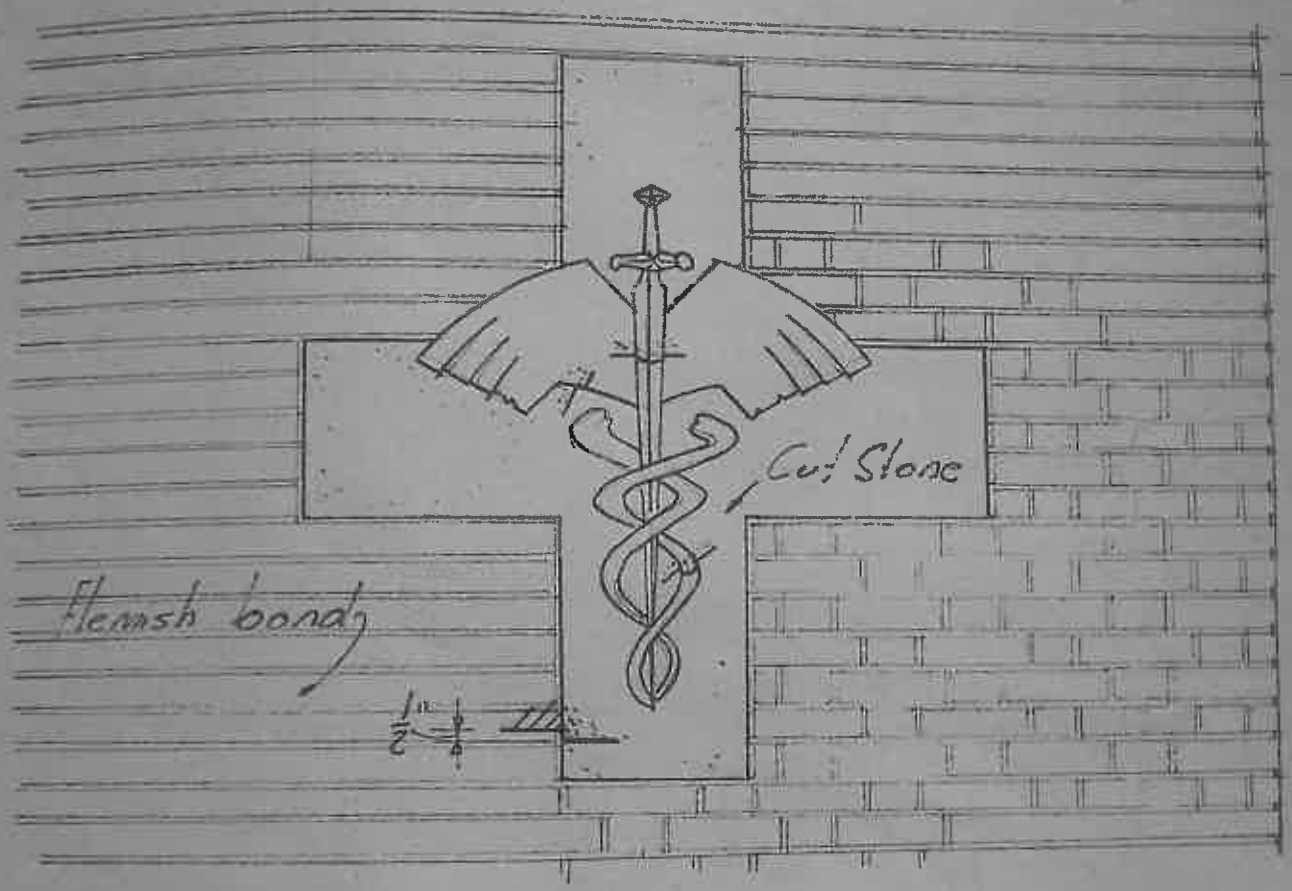
FLOOR PLAN - $\frac{1}{4}$"=1'-0"



CORNER STONE DETAIL

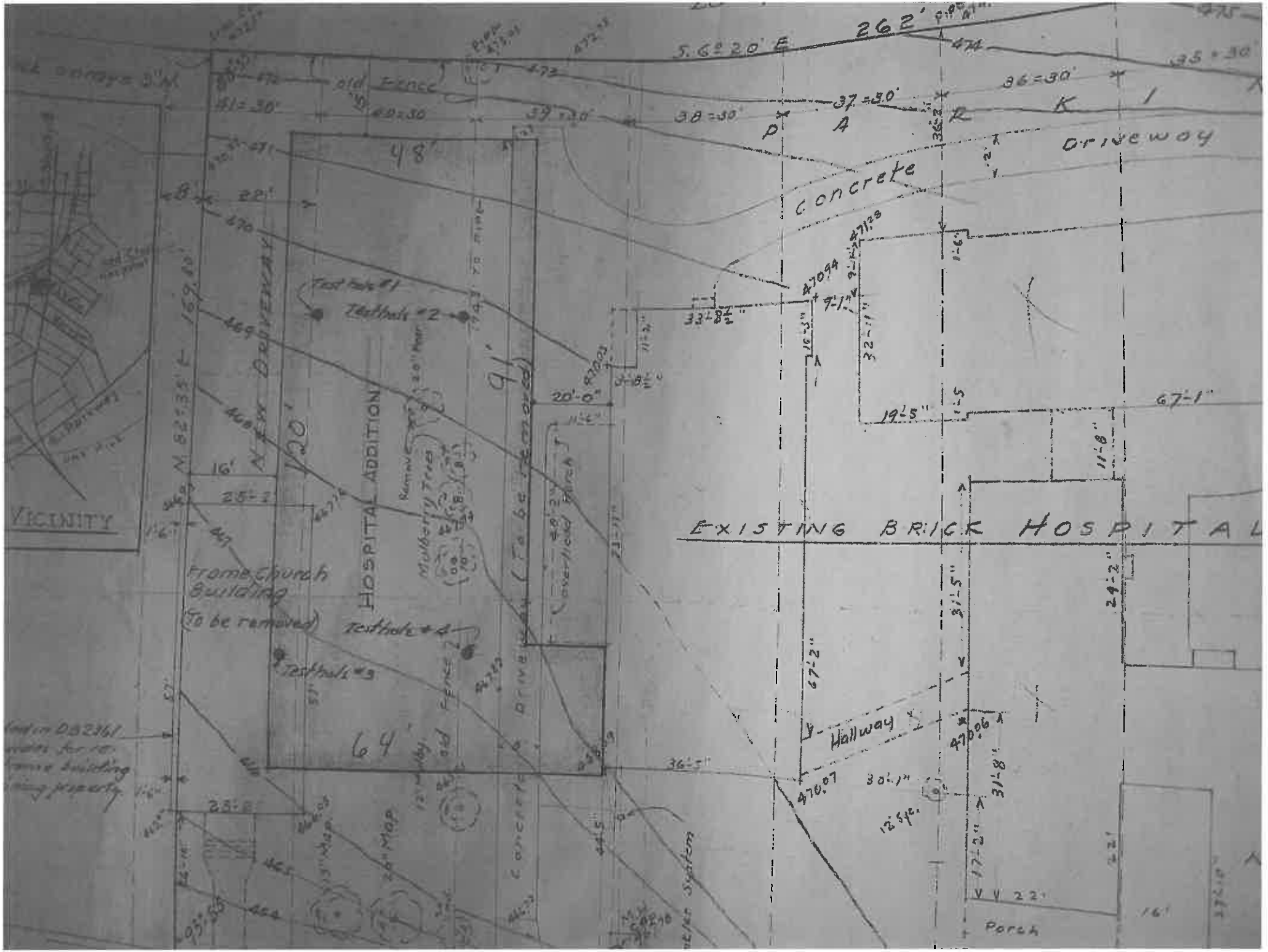
No scale

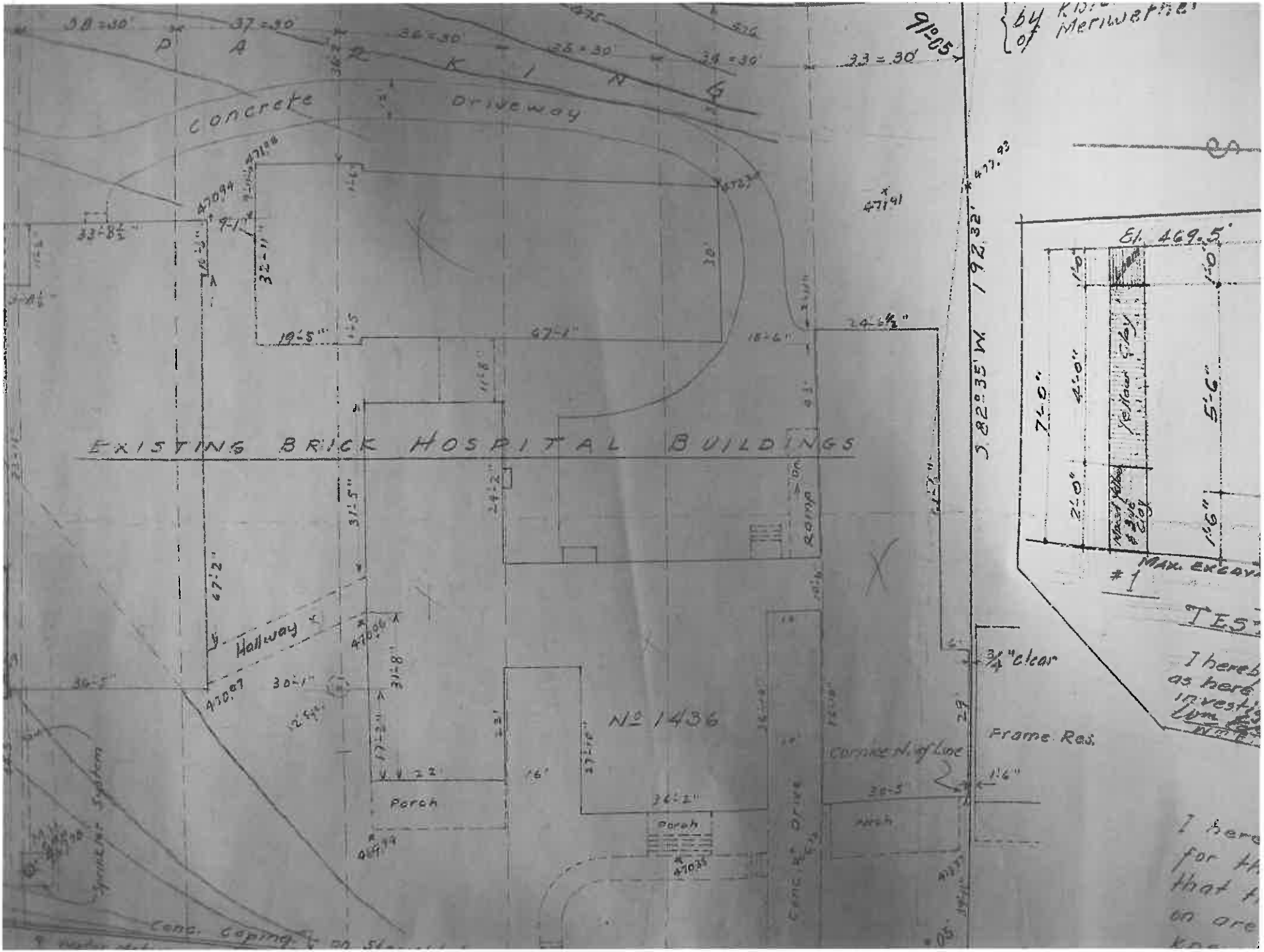

Lid sized to allow ⅜" joint all around
Cut hole in stone for 12" x 6" x 6" copper box
Box of 28 oz copper with locked & soldered joints, lid to slide easily
1" ledge
ALEX HEYBURN
MEMORIAL BUILDING
A.D. 1950
Letters to read "Red Cross Hospital" & "A.D. 1950" to be recessed ¾" in stone
3'-3"
CORNER STONE DETAIL
No scale
Top of wall El. 473.5'
Top of slab Elev. 472.10'
Automatic Louvre
Slab 1'-0"
Brick
Sill
93'-0"
Top of Slab El. 472.6"
ENT HOUSE

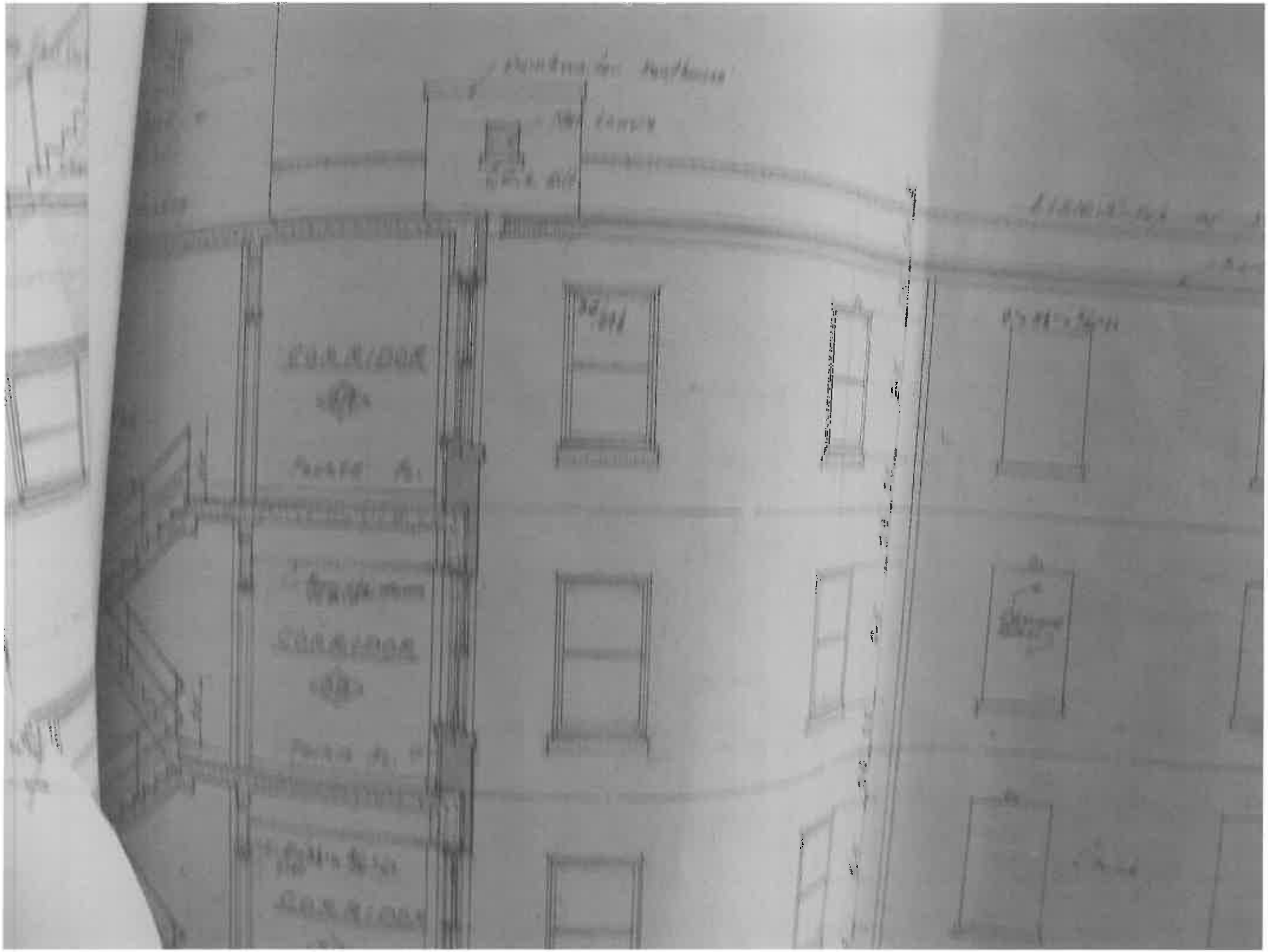


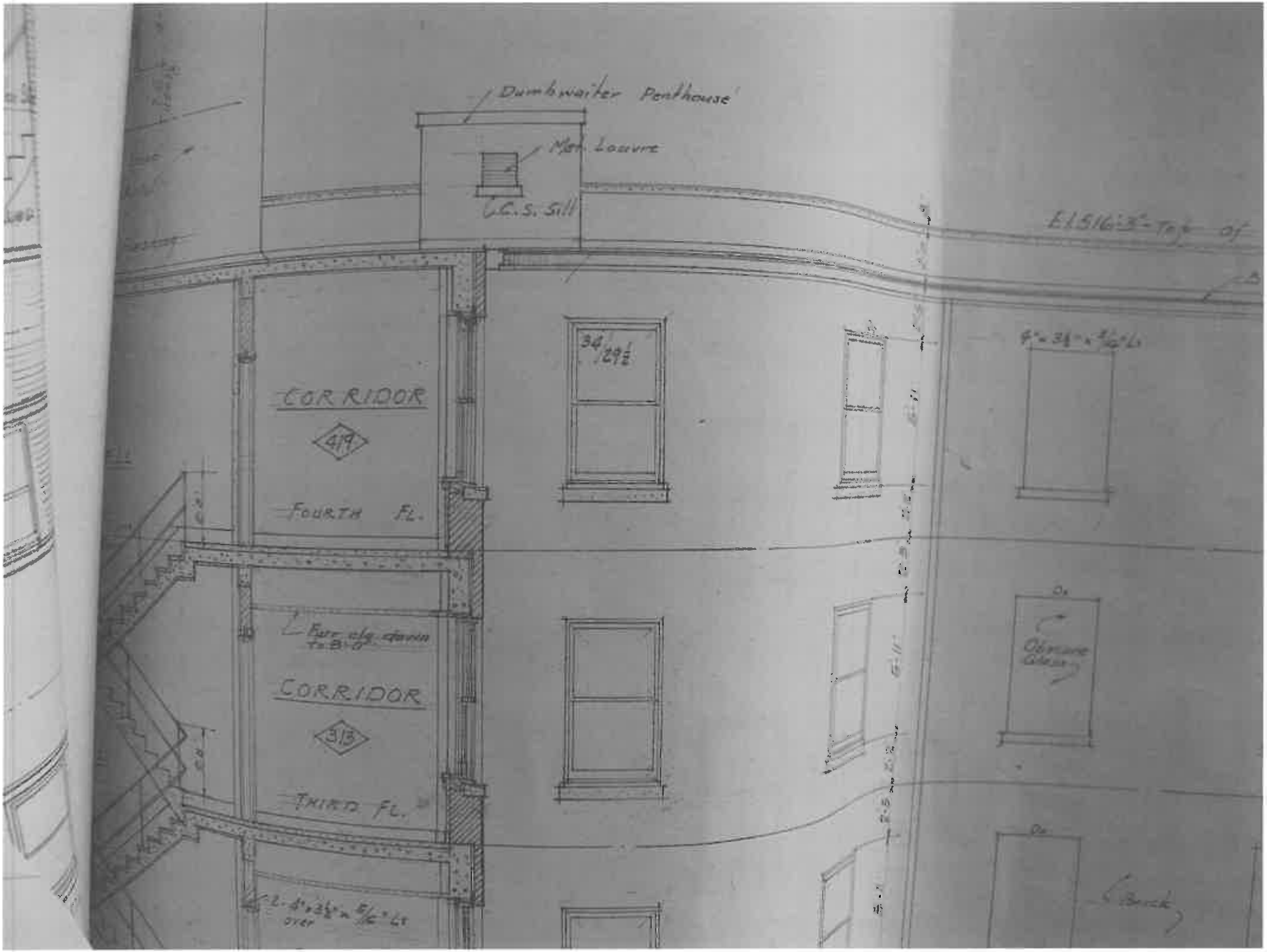
DETAIL OF C.S. CROSS ON PENT HOUSE

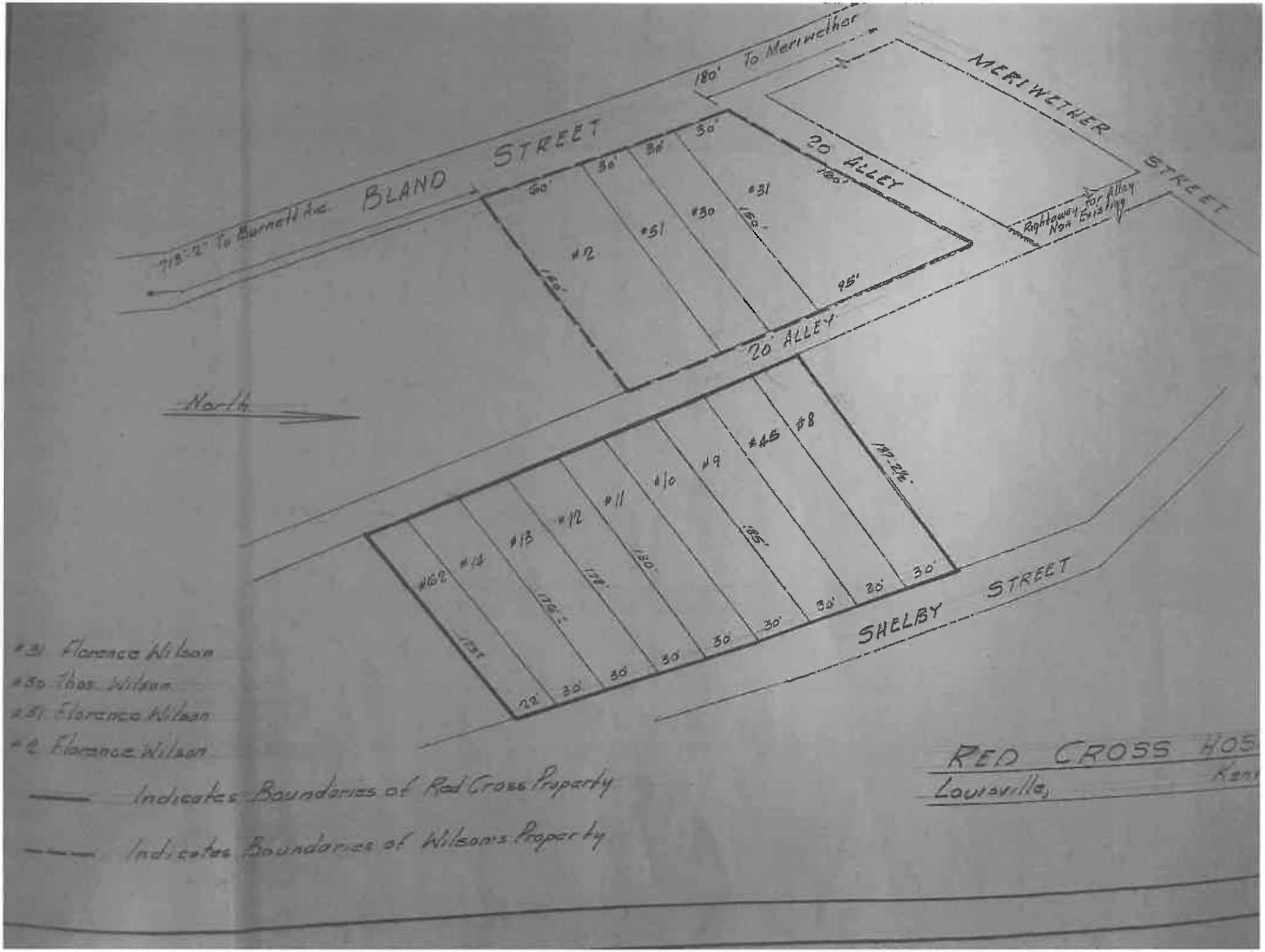
Scale 3/4" = 1'-0"


S. 6° 20' E 262'
old Fence
Driveway
Concrete
EXISTING BRICK HOSPITAL
HOSPITAL ADDITION
Frame Church Building (To be removed)
Testhole #1
Testhole #2
Testhole #3
Testhole #4
Hallway
Porch
VICINITY
48'
91'
64'
120'
67'-1"
19'-5"
24'-2"
22'
16'


PARK
Concrete Driveway
EXISTING BRICK HOSPITAL BUILDINGS
Ramp
Hallway
Porch
No 1436
Frame Res.
Corner N. of Line
Conc. Drive
Conc. Coping
Sprinkler System
S 82° 35' W 192.32'
91°-05'
33 = 30'
El. 469.5'
MAX. EXCAV.
#1
3/4" clear
Porch



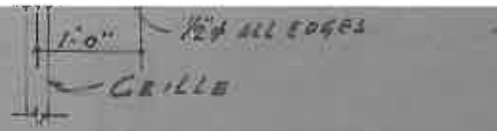

Dumbwaiter Penthouse
Mech. Louvre
C.C.S. Sill
EL 516'-3"- Top of
CORRIDOR
419
FOURTH FL.
CORRIDOR
313
THIRD FL.


180' To Meriwether
MERIWETHER
STREET
BLAND STREET
715'-2" To Burnett Ave.
20' ALLEY
#31
#30
#51
#2
Right of way for Alley Not Existing
20' ALLEY
North
#45
#8
#9
#10
#11
#12
#13
#14
#162
SHELBY STREET
#31 Florence Wilson
#30 Thos. Wilson
#51 Florence Wilson
#2 Florence Wilson
Indicates Boundaries of Red Cross Property
Indicates Boundaries of Wilson's Property
RED CROSS HOS
Louisville,

FNT HOUSE

2-5/8" ϕ PIPE COL. TO CONC. COL.

SLAB 2M



BM 515

BEAM SCHEDULE

BEAM NO. 2ND FL.	BEAM NO. 3RD FL.	BEAM NO. 4TH FL.	WIDTH	DEPTH	REINFORCING Str.	REINFORCING Bt.	STIRRUPS NO.	STIRRUPS SIZE	STIRRUPS SPACING	NOTES
NO BEAM	NO BEAM	400	12"	20"	2-7/8" ϕ	2-7/8" ϕ	4	3/8" ϕ	3/6/7/8/	SEE DETAIL
201	301	401	8	26"	2-7/8" ϕ	2-7/8" ϕ	6	3/8" ϕ	4½/9/10/11/12/13/	
202	302	402	8	26"	2-½" ϕ top 1-¾" ϕ bot.	1-¾" ϕ	4	3/8" ϕ	5/10/11/12/	
203	303	403	8	26	1-¾" ϕ bot.	1-¾" ϕ	4	3/8" ϕ	5/10/11/12/	
204	304	404	8	26	1-¾" ϕ bot.	1-¾" ϕ	4	3/8" ϕ	5/10/11/12/	
205	305	405	8	26	1-¾" ϕ bot.	1-¾" ϕ	4	3/8" ϕ	5/10/11/12/	
206	306	406	8	26	1-¾" ϕ bot.	1-¾" ϕ	4	3/8" ϕ	5/10/11/12/	
207	307	407	8	26	1-¾" ϕ bot.	1-¾" ϕ	4	3/8" ϕ	5/10/11/12/	
208	308	408	8	26	2-½" ϕ top 1-¾" ϕ bot.	1-¾" ϕ	4	3/8" ϕ	5/10/11/12/	
209	309	409	8	26	2-7/8" ϕ	2-7/8" ϕ	6	3/8" ϕ	4/9/10/11/12/13/	
210	310	410	8	26	1-7/8" ϕ	1-7/8" ϕ	4	3/8" ϕ	5/10/11/12/	
211	311	411	8	26	2-½" ϕ top 2-½" ϕ bot.	———	NONE			
212	312	412	8	26	2-1" ϕ	2-1" ϕ	7	3/8" ϕ	3/6/7/8/9/10/11/	
213	313	413	8	26	2-½" ϕ top 2-½" ϕ bot	———	NONE			
SEE BELOW	314	414	8	11	2-½" ϕ top 2-7/8 ϕ bot	———	3	3/8" ϕ	4/8/9/	SEE DETAIL
215	315	415	8	26	2-7/8" ϕ	2-7/8" ϕ	6	3/8" ϕ	4/8/9/10/11/12/	
216	316	416	8	26	2-½" ϕ top 2-½" ϕ bot.	———	NONE			
217	317	417	8	26	1-5/8" ϕ	1-5/8" ϕ	3	3/8" ϕ	5/10/12/	
218	318	418	8	26	1-5/8" ϕ	1-5/8" ϕ	3	3/8" ϕ	5/10/12/	
219	319	419	8	26	1-¾" ϕ	1-¾" ϕ	4	3/8" ϕ	4/9/10/11/12/	
220	320	420	8	26	1-¾" ϕ	1-¾" ϕ	4	3/8" ϕ	4/9/10/11/12/	
221	321	421	8	26	1-¾" ϕ	1-¾" ϕ	4	3/8" ϕ	4/9/10/11/12/	
222	322	422	8	26	1-¾" ϕ	1-¾" ϕ	4	3/8" ϕ	4/9/10/11/12/	
223	323	423	8	26	1-¾" ϕ	1-¾" ϕ	4	3/8" ϕ	4/9/10/11/12/	
224	324	424	8	26	1-¾" ϕ	1-¾" ϕ	4	3/8" ϕ	4/9/10/11/12/	

5"	458'-5"	457'-5"	457'-5"	457'-5"	455'-11"	454'-11"	454'-11"	455'-11"

BM 602

BM 513

2"x3½"x⅝" L

40"

SLAB SCHEDULE

SLAB No.			TYPE	DEPTH	REINFORCEMENT	NOTES
2A	3A	4A	FLAT	6"	⅝"ϕ 6" O.C. ALT. BT.	
2B	3B	4B	FLAT	5"	½"ϕ 10" O.C. STR. bot. ⅜"ϕ 10" O.C. STR. top	
2C	3C	4C	STAIR	5"	⅜"ϕ 8" O.C. ALT. BT.	
2D	3D	4D	STAIR	5"	⅝"ϕ 8" O.C. ALT. BT.	
2E	3E	4E	FLAT	5"	½"ϕ 8" O.C. ALT. BT.	
2F	3F	4F	FLAT	7"	⅝"ϕ 6" O.C. ALT. BT.	
2G	3G	4G	FLAT	7"	½"ϕ 10" O.C. ALT. BT.	
SEE BELOW	3H	4H	CANT.	4"TO 7"	½"ϕ 10" O.C. ALT. BT. DOWN	SEE DETAIL
2J	3J	4J	STAIR	6"	⅝"ϕ 6" O.C. ALT. BT.	
2K	3K	4K	STAIR	6"	⅝"ϕ 6" O.C. ALT. BT.	
2L	3L	4L	FLAT	5"	½"ϕ 8" O.C. STR.	
2H			CANT.	8"TO 7"	½"ϕ 6" O.C. top ALT. BT. DOWN	SEE DETAIL
2M			CANT.	4"	½"ϕ 8" O.C. ALT. BT.	SEE DETAIL

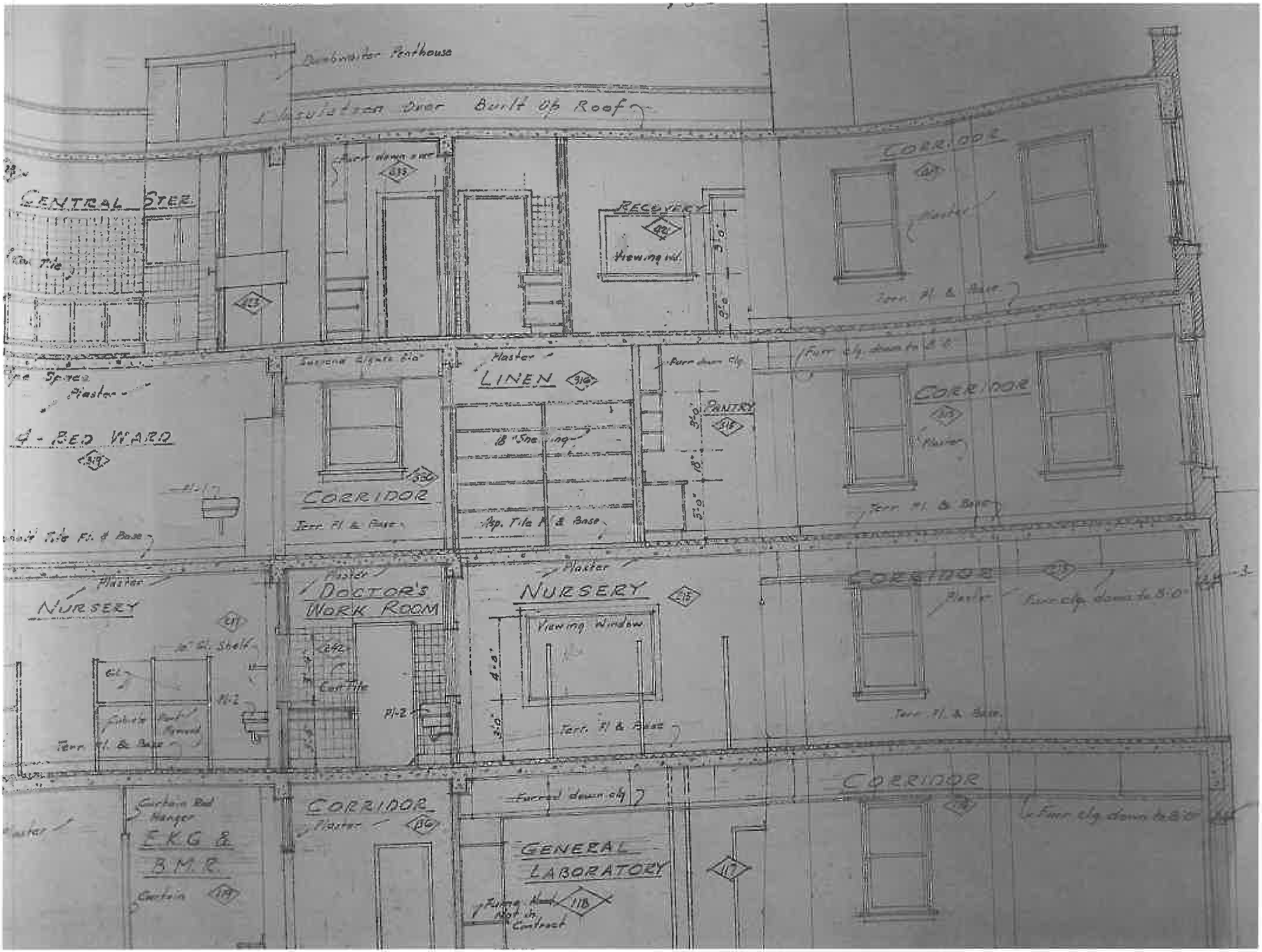
ROOF SLAB SCHEDULE

5A	FLAT	5"	⅝"ϕ 7" O.C. ALT. BT.	
5B	FLAT	5"	½"ϕ 10" O.C. ALT. BT. bot. STR. top ⅜"ϕ 10" O.C.	
5C	FLAT	5"	½"ϕ 10" O.C. ALT. BT. bot STR. top ⅜"ϕ 10" O.C.	
5D	FLAT	5"	⅝"ϕ 6" O.C. ALT. BT.	
5E	FLAT	4½"	½"ϕ 6" O.C. ALT. BT.	TOP AT ELEV 512'-8"
5F	CANT.	8"TO 7"	½"ϕ 10" O.C. ALT. BT. DOWN	SEE DETAIL BMS 15

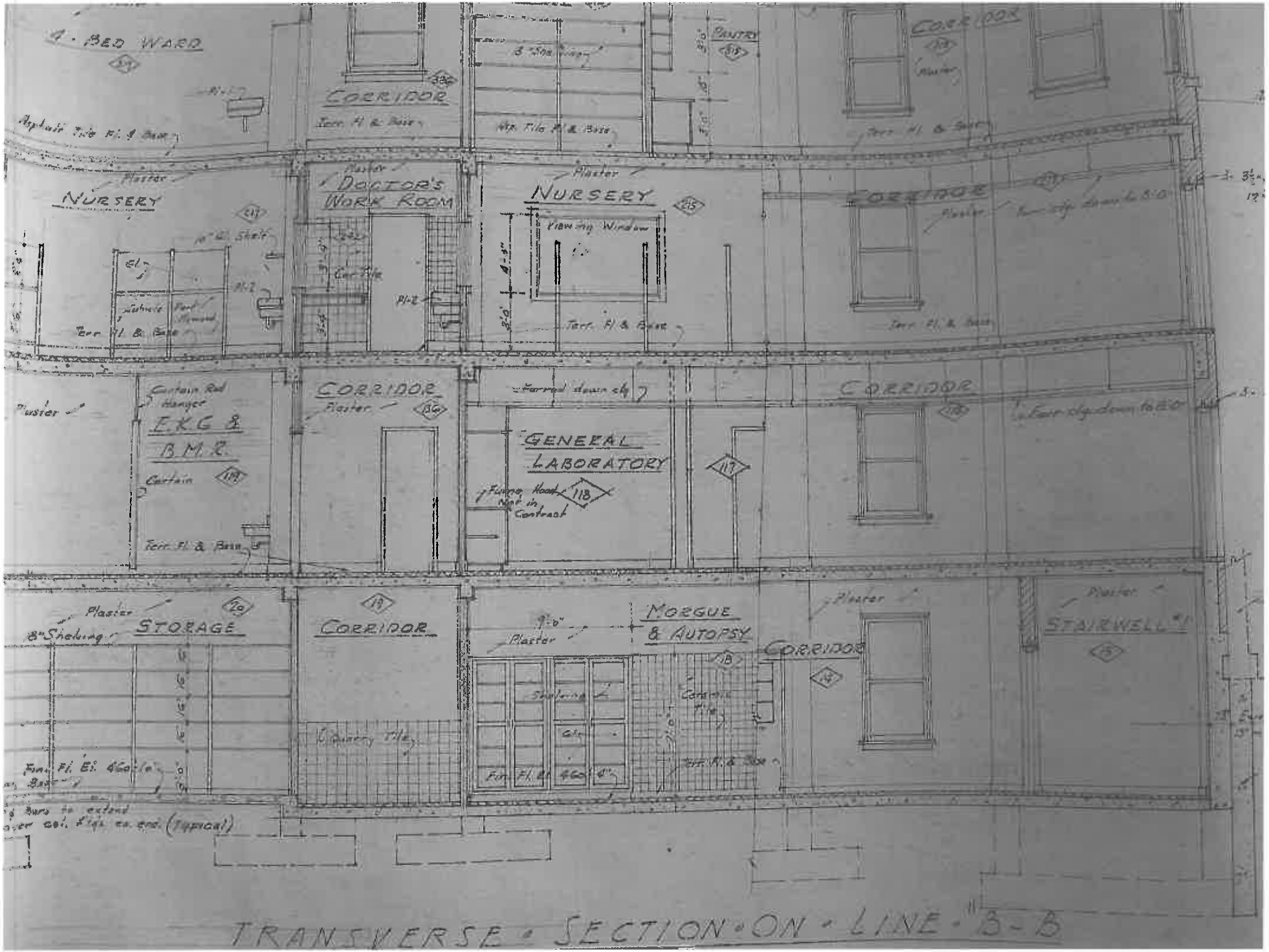
PENT HOUSE SLAB SCHEDULE

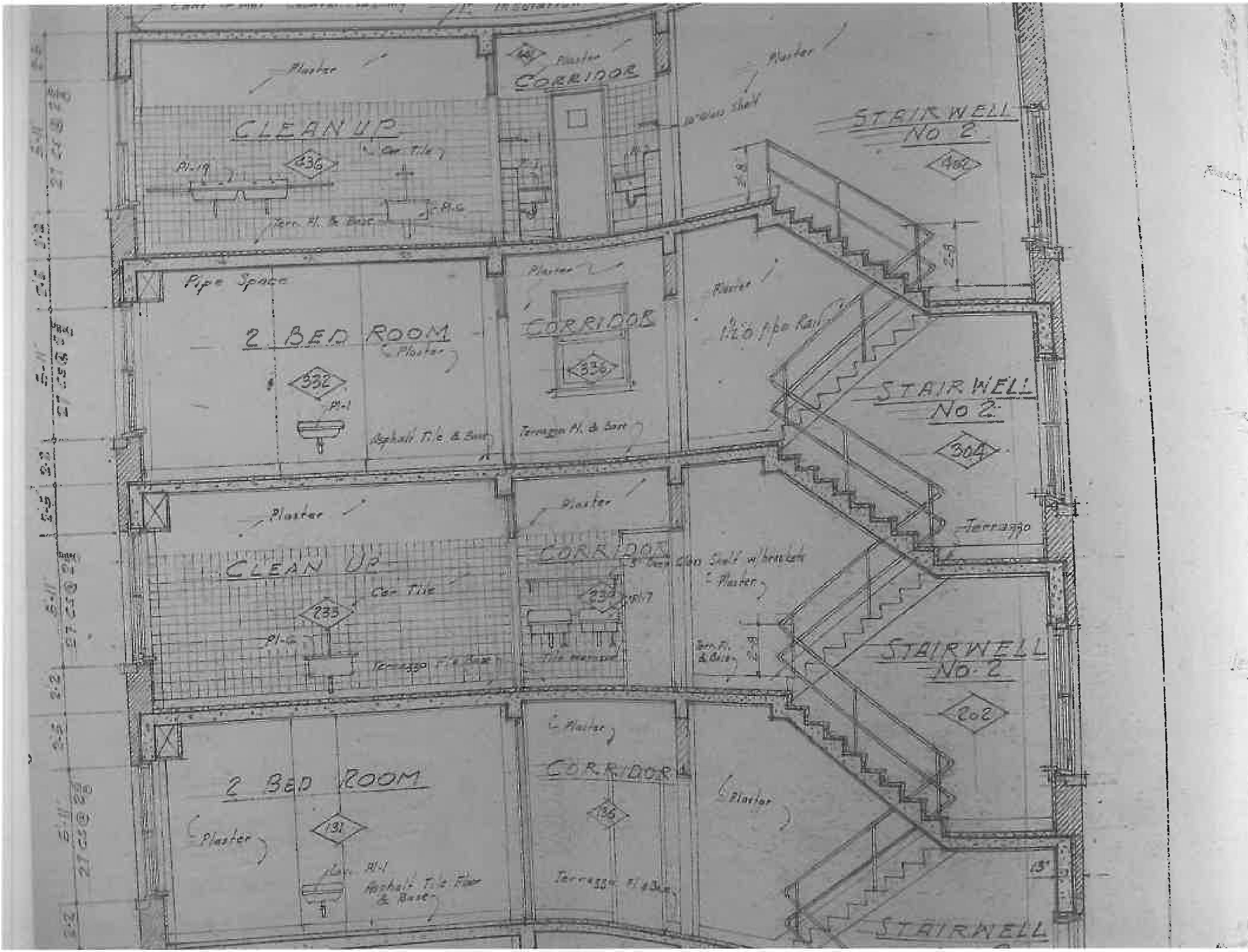
6A	FLAT	4½"	½"ϕ 6" O.C. ALT. BT.	TOP 516'-3"
6B	FLAT	4"	½"ϕ 9" O.C. ALT. BT.	
6C	STAIR	4"	½"ϕ 8" O.C. STR.	

NOTE: INTERIOR SLABS TO HAVE ½"ϕ 18" O.C. TEMP BARS, [illegible] SLABS ½"ϕ 12" O.C.



Dumbwaiter Penthouse
Insulation Over Built Up Roof
CENTRAL STER.
RECOVERY
Viewing Wd.
CORRIDOR
Plaster
Terr. Fl. & Base
Furr. clg. down to 8'-0"
Plaster
LINEN
PANTRY
CORRIDOR
4 - BED WARD
CORRIDOR
Terr. Fl. & Base
Asp. Tile Fl. & Base
NURSERY
DOCTOR'S WORK ROOM
NURSERY
Viewing Window
CORRIDOR
Cer. Tile
Terr. Fl. & Base
CORRIDOR
Furred down clg.
CORRIDOR
E.K.G. & B.M.R.
Curtain
GENERAL LABORATORY


4 - BED WARD
CORRIDOR
PANTRY
CORRIDOR
Asphalt Tile Fl. & Base
Terr. Fl. & Base
Mtr. Tile Fl. & Base
Terr. Fl. & Base
Plaster
NURSERY
DOCTOR'S WORK ROOM
NURSERY
CORRIDOR
Plaster
Plaster
Plaster
Plaster
Flowering Window
Terr. Fl. & Base
Terr. Fl. & Base
Terr. Fl. & Base
Curtain Rod & Hanger
Plaster
EKG & BMR.
Curtain
CORRIDOR
Plaster
Terr. Fl. & Base
GENERAL LABORATORY
Fume Hood Not in Contract
CORRIDOR
Plaster
STORAGE
8" Shelving
CORRIDOR
Quarry Tile
Plaster
MORGUE & AUTOPSY
Shelving
Cabinets
Fin. Fl. El. 460.0
Fin. Fl. & Base
Plaster
CORRIDOR
Plaster
STAIRWELL #1
Bars to extend over col. & 1st. ea. end. (Typical)
TRANSVERSE SECTION ON LINE "B-B"



CLEAN UP
336
Cer. Tile
CORRIDOR
STAIR WELL
No 2
402
Plaster
Pipe Space
2 BED ROOM
332
CORRIDOR
336
STAIR WELL
No 2
304
Asphalt Tile & Base
Terrazzo Fl. & Base
Terrazzo
CLEAN UP
233
Cer. Tile
CORRIDOR
STAIR WELL
No 2
202
2 BED ROOM
131
CORRIDOR
136
Asphalt Tile Floor & Base
Terrazzo Fl. & Base
STAIRWELL

UNIVERSITY OF LOUISVILLE

ORAL HISTORY CENTER

Interview with Maurice F. Rabb

Conducted by Dwayne Cox

August 15, 1977

Tapes 404 and 405

University of Louisville Archives & Records Center

DWAYNE COX: And just for the record this is an oral history interview with Dr. Maurice
Rabb. My name is Dwayne Cox. I'm from the University of Louisville Archives. And today is August 15, 1977. And we're at Dr. Rabb's home, 4400 Greenwood Avenue in Louisville, Kentucky. Dr. Rabb, as I told you in my letters, this is part of an oral history project on the black community in Louisville. And we're interested in your career as a physician in Louisville, in your medical education in Nashville, and in your public life outside of strictly medical affairs. And like I said I think in the letter I always feel comfortable taking things in chronological order. And maybe we ought to start off by having you say a little about where you were born and your parents, your upbringing, how did you decide to become a doctor and what was it like to be a medical student at Meharry Medical College in Nashville during the 1920s?

MAURICE RABB: I was born in Columbus, Mississippi and I was very early stimulated by Dr. T.V. James, who was our family physician. He was a Negro, and he delivered all of my brothers and me and he encouraged me to get into the medical profession. I remember that I decided that I would be a doctor, oh, when I was in second or third grade.

DC: Where did you go to school in Columbia? Can you talk some about that?

MR: Columbus. Columbus, Mississippi. I went to Union Academy and at that time, Union Academy was the one school that we had to walk all the way across town to get to, even though there was a junior high school directly in front of my house. Yet we had to walk all the way across town to the Union Academy. From which I graduated in 1919 or somewhere about like that. Union Academy had only ten grades. There were two white high schools that had four year high school courses and I remember that my father went and talked to his good white friend on the school board and he asked him not to make our school twelve grades like the whites had, but to increase it one more year. And I remember that his good friend on the school board told him, "No." Immediately. He didn't bite any tongue at all. When he said "No," says, "that's all they need." Well, my father said, "I want my son to have more than ten grades." And he says, "Alright. Send him to Tuskegee."

Therefore, after ten grades at home, I went to Fisk University in the high school department. Fisk had a high school department at that time, and that's where I got my undergraduate training. I graduated from Fisk six years later -- I had two years in high school and four years in college -- and got an A.B. degree from Fisk. Then I went to Meharry Medical College.

DC: So you left your home in Mississippi -- was your father a leader in the town in Mississippi?

MR: Well, he was sort of a leader, but he ran a meat market. My father had only about four or five or six grades education and he was able to educate all of us, my brothers and I. He educated us all. He sent us all to college if they wanted to go. But some of my brothers did not want to go. I had three brothers who went to college along with me. But my father paid all our expenses.

DC: What do you remember about growing up in Mississippi? What do you remember about race relations in town and that sort of thing?

MR: I remember that there was a policeman friend of ours, or supposedly a friend of ours, that we knew him real well. And he had been drinking on one occasion, and he came by and told my father that he was going to come back and get him that night. And we were going to burn his house down or something. So my father sent my younger brother and me around to my grandmother's house and he took my older brothers -- there were two of them -- and he took a neighborhood friend, and he put them all in the house with pistols and guns. But he called the police and told the police about this man's threatening, about having threatened us. So that night the man didn't show up and we were very thankful that he didn't show up. I have had some bad experiences. I remember that when I was a, I had graduated from tenth grade, and my father decided that -- he hadn't decided that I would go to school any further -- and I remember that there were two white boys who were riding along with a wagon, and as I rode by on my bicycle one of these boys threw their rawhide whip around my waist. And it made me very angry. So that when we caught them, we were in between them and their houses, where they lived. So my brother and I jumped on them and we whipped them pretty severely. My father that night tore my behind up. He said, "You're going to cause me more trouble by fighting these white boys." As a result, my father finally decided that he was going to send me away to school. That's why I went to, I happened to go to school, why I went to Fisk University in the high school department. So those were some of the experiences we had. My father was very afraid of the white people, agitating the white people in Mississippi, in Columbus.

DC: Did you find that -- well, talk a little about, tell me about your days at Fisk: what you studied and were the race relations different in Nashville than they were in rural Mississippi...?

MR: No, I remember that there were... I remember getting on the street car in Nashville, and I remember that they had a custom that whites sat up front

and blacks sat in the rear, and I remember a man coming in, there was a long seat along the sides of the street car and I remember a white man coming in and saying to me, "Get up boy, and let me sit down." And I didn't move because I had some of my big football friends sitting there beside me. So I just sat there and so he stood up. He didn't sit down. But that was the only incident that I had like that.

And I remember also that when I was in college at Fisk, I remember that we had sort of a riot – well, we had a demonstration where we decided we weren't going to school for a few days. W.E.B.

DuBois, do you remember that name? DuBois had spoken to the student body the year before and we had decided that we would -- it was time to get some things done that needed to be done at Fisk. For instance, we had no athletic association, we had no student paper, we had no fraternities, we had no sororities, we were very limited in our social life activities at Fisk. And DuBois had come in and made the statement that he was so disappointed with the situation at Fisk. And he was Fisk graduate, incidentally. He had graduated from Fisk in 1888. He admitted in his speech that he gave to us the year before that anything that he had accomplished had been in result of his continuing from what he had done at Fisk. That he was the editor of the Crisis Magazine of the NAACP, and that it was just a continuation of his editorship of the Fisk Herald, which was our local paper. And he said that the only reason that he was there, that they had asked him to speak, was that he had, his daughter was graduating from Fisk at that time, Yolanda DuBois, and he had only one child and he sent that one child to Fisk. And that any honors he had gotten from being at Harvard had been as a continuation of his education at Fisk, and that's the way he felt about it.

The only incident that I can recall right now -- oh yes, then we decided we were not going to school for a few -- we were not going to cooperate with the administration. And the night that the demonstration took place, I had been playing basketball with a club, of which I was a member. And my roommate and I both had -- were tired and we came in and went to bed, went to sleep. And then the boys decided that they would go over and tell the girls during the night, at the girls' dormitory that we weren't going to go to school tomorrow. So when the president saw them marching toward his house, he thought they were coming to get him and he called the police. And the police came and they put in a riot call. And when I woke up that morning, the police were breaking in my door and my roommate was halfway up to go ahead and open the door. And here came these pistols and flashlights pointing at us.

DC: That was all as a result of the students being dissatisfied with...

MR: Dissatisfied with the fact that they had no fraternities, no sororities, no social life, no student councils, student paper, anything of that sort.

DC: You mentioned, of course, that DuBois was a Fisk graduate, and surely there are a lot of outstanding people who were Fisk graduates. Were there any greats and near greats that you went to school with at Fisk, who you knew well there and had classes with?

MR: Well, I had class with, one of my classmates became a reporter for the New York Times. But I can't think of any person who became real outstanding. I can't. The coach at Kentucky State College, Mr. Henry Arthur Kean, was a student there and President Atwood was a student when I first entered, but they were much above me. They were almost god-like in my estimation, because they were seniors in college and I was a second year high school student. So, you can see the difference. Mr. Atwood, President Atwood was one of the students there, who was graduating at the time and so was Mr. Henry Arthur Kean, who is from Louisville, who was from Louisville, he's dead now. Dr. Atwood is still living.

DC: What sort of course did you study at Fisk as an undergraduate?

MR: I took chemistry particularly because I wanted to be a physician. And at that time to be, to get into Meharry, you had to be a Fisk graduate, that was all. You could have any major that you wanted, but just being a Fisk graduate you were eligible to enter into Meharry, but that's not true today, because Meharry has a lot of requirements that I couldn't -- I wouldn't be eligible to enter the freshman class at Meharry today with my past record from Fisk.

DC: Talk some about medical study in the 1920s. It surely has changed an awful lot from today--

MR: Well, I remember this: I finished fourth in my class of about sixty and there was not a full point between the first place person and the fifth place person. There wasn't a full point between the averages for the year. We had histology in the first year, we had anatomy in the first year, and we had physiology and pharmacology and physiological chemistry...medicine, surgery, ear, eye, nose and throat. Those are some of the subjects that we had, and as I said, I would probably not be able to enter the freshman class at Fisk today on the basis of what I had had. My qualifications at the time. Every school has changed its qualifications over the years, so that I'd never. Course, now at that time we could only go to one or two medical schools in the country: Howard in Washington and Meharry in Nashville; other than

that we just couldn't go to any school at all, they just wouldn't do that. But we had a quota system, a very small quota of blacks who were able to go to certain medical schools up North, but certainly, I remember that when the University of Louisville opened its doors to Negro students... I remember that my son was entering college about that time, so we sent him over to University of Indiana and he stayed over at the University of Indiana for the first two years, and when the University of Louisville opened up its doors -- voluntarily opened up its doors, after we had brought a suit. We had brought the suit, and then they volunteered and opened up, because we felt that they were, they felt that they were going to lose the suit. So, they voluntarily opened up everything; they volunteered to open up everything. So my son went over to the University of Indiana for two years; then he transferred during the summer to the University of Louisville and he was still an undergraduate; he transferred to the University of Louisville as a junior and he finished up the next year. Then he took a one year post-graduate course and he got an AA degree, he got an AB degree, an MS degree from the University of Louisville and then he got an AA degree, and then he went, he was accepted into medical school at the University of Louisville. I had never thought that ever would happen during my lifetime. I never thought that would ever be a Negro student at the University of Louisville during my lifetime.

DC: So you were, we have you up to Meharry Medical College and you're a medical student and studying pretty much the same course that other medical students were studying in the late 1920's. Was there any problem with clinical facilities in Nashville as far as -- did Meharry have a hospital attached to it?

MR: Yes. Meharry had, the Hubbard hospital was attached to Meharry and it was named after the president. One of the founders, one of the early presidents of -- Hubbard Hospital, was the name of it. Now, Meharry was founded by the Meharry brothers. You know of the story on that? Well, okay.

DC: Let me ask you this, did... I've studied medical history a little bit, and I know a little bit about it. One curious thing that I found in the records of U of L was that during the '20s and '30s, that of course the University had some sort of agreement that had to do with attaining a human corpse for dissection in the medical classes. They had a different agreement for corpses of blacks than they did for corpses of whites.

MR: I didn't know that.

DC: I don't remember what the difference was, I think just in the title of the agreement, the substance of it was exactly the same. But that caused me to

think at that time, did students at Meharry Medical School get all black corpses?

MR: All black corpses. And they were indigent people and I never did see any white corpse. I can recall that two or three of my classmates quit the day we had to go down there and dig these corpses out of the vat. We kept them in – Now, today the situation, they have refrigerated places at Meharry right now, and you just run your people in there and you bring them out; the next day, if you are dissecting a few things, then you run them back into the ice box. But we had formaldehyde vats. We just dumped all of the corpses in there and we'd go down there and pick out -- And I'd remember the man ask us, our instructor ask us if you recognized anybody, just come over and whisper to us and we will try to see if we can't move that body, but we didn't recognize anybody.

DC: Were most of the students at Meharry southern?

MR: Well, I'd say most of them were southern-born and southern-educated. We had one or two foreigners, we had two foreigners in my class -- three, three foreigners in my class, and they had come from the Bahamas, from one of the African states, and one from Bermuda. And they were all black, they were all Negroes.

DC: What about the professors? Where were they from?

MR: We had one man, Dr. Quinlan, who was a West Indian; Dr. Bent was a Panamanian. But Dr. Stewart was a Harvard graduate. These were all black, I'm talking about. We had several white instructors. And we had instructors at Fisk who were white. We had a lot of white teachers at Fisk. I think half of the student body -- half of the faculty was perhaps white at Fisk. And I remember that we had three or four white teachers at Meharry. President was white, the controller was white, but I can't recall that there were any others that were white.

DC: Did the students think anything about that? Did they look on that with a little bit of suspicion -- that here we had an all-black college with a white president?

MR: Well, I think what we wanted at Fisk was, that we should have a black president eventually, but we weren't asking for that at the moment of our demonstration, when we had decided not to go to school. We had to face the Prudential Committee at that time at Fisk. The Prudential Committee decided that either you agreed with our policy or you would have to leave the school. I remember one of my classmates, who lives here in Louisville now, Victor

Perry. Victor Perry, his brother Will Perry had had some trouble with the President, so Victor spent --

[END OF TAPE 404, SIDE ONE]

[BEGINNING OF TAPE 404, SIDE TWO]

MR: Will Perry had had some trouble with the president at Fisk and as a result of that, Will Perry became a principal of the school here in Louisville -- and my wife talked with Victor Perry, who was my classmate at Fisk. Will Perry became a principal of a junior high school here.

DC: What did, you might not know the answer to this, but how were the white teachers at Fisk and at Meharry looked upon by white people in Nashville?

MR: Well, I didn't know that they weren't looked on disparagingly. I don't know that. But, I would think that they were more or less accepted by the whites in Nashville; I just don't know that. I can't answer that question.

DC: You graduated from Meharry, you had your MD in 1929.

MR: Yes.

DC: But you didn't come to Louisville until --

MR: 1946.

DC: 1946. So that's a period of about seventeen years.

MR: Fifteen years.

DC: Fifteen years. Between the time you finished in Nashville and came to Louisville?

What did you do during those fifteen years?

MR: Well, I interned first at Kansas City General Hospital. We had a rotating internship. I interned at the General Hospital in Kansas City. There was segregation in Kansas City at that time and we were at an all-black hospital. But it was called General Hospital Number Two. We didn't like that, but there was nothing we could do about it. Internships were very hard to get, of any sort, at that time. So we just had to put up with whatever we could get. One of the best internships was in St. Louis, and one of the few of the better

institutions was in Kansas City; had one in Baltimore, one in Harlem and you had Freedman's Hospital at Washington, Hubbard Hospital at Nashville. But only certain ones of those were acceptable. So I was able, I was very fortunate in getting to intern at Kansas City. I felt very grateful to it.

DC: Were there any of your classmates who weren't able to find a suitable place to do their internship?

MR: I don't know that, but I know at least one of my fellow classmates did not intern. He went right on into practice immediately following his graduation. But in certain states you could do that.

DC: This might not be a fair question but . . . I guess a lot of people would say that someone who goes to medical school surely must be a good student, must be reasonably intelligent, good student, hard worker; but at the same time a lot of people think that people go to medical school because doctors can make a lot of money. Did you think that -- Let me put it around another way: did you get any sense that your classmates at Meharry had any common goals in mind, were they oriented toward making money? Were they oriented toward -- did they have a sort of a missionary zeal to help their people? Was there any of that at all?

MR: I think yes, a lot of my classmates, and schoolmates, who felt that that was, their duty was to help the Negro people throughout the country. Now, there were some who wanted to make some money, naturally you would have some of them, but I would I say it was a small proportion. But I feel that most of the people wanted to help; they wanted to do big things, good things for Negro people.

DC: So, you were intern at Kansas City General Number Two, which was a segregated hospital. Was there any difference – did you ever go to Kansas City General Number One? Did you see any differences?

MR: No, we very seldom got over there. I didn't know the difference between the two hospitals. Incidentally, we opened up a new hospital, General Number Two, and we spent a little time with General Number One -- No, we spent a little time at the old General Number Two, but then while we were interning, they opened up a new building, brand new, and it had all the facilities in it. We felt it was ideal.

DC: Where did you go when you finished Kansas City?

MR: When I finished there, I went to Shelbyville to practice and I practiced there from 1930 to 1946.

DC: Shelbyville, Kentucky?

MR: Yes. Kentucky. You see, I came through Louisville, and my wife is from Louisville. And so I came through here to visit her. And somebody told me about a town over there named Shelbyville, so we went.

DC: It needed a doctor. Can you talk some about your practice in Shelbyville?

MR: Well, my practice in Shelbyville was very, I think it was remunerative in a lot of ways. Financially. But, even in those days we were paid the lowest wages and a lot of times I had to take vegetables. I had one family who each year they raised a hog for me; and they fixed it up into bacon and hams and shoulders and sausage and whatever it was, and that was my pay for that year. I was able to go a lot of times and get chickens and eggs and fish, frog legs, doves, quails -- I mean, we were able to eat even though we didn't make a whole lot of money. The relationship with the white doctors was fair. I remember a case where a young lady came to me and she wanted her tonsils removed and I wasn't removing tonsils at that time. But, I noticed some lesions on her and I decided to take her blood test because of the lesions and it came back positive for syphilis. And I had told her mother "Don't let anybody take her tonsils out, not even me," because she needed some treatment for the syphilis before she could do that. And I remember that she went up farther, I saw her on the street two or three days later, and I had given her one shot and the parents had taken her to see another doctor in town. And it happened to be a white doctor, because I was the only black doctor there. So this doctor told her that he was going to take her tonsils out and she needed them out pretty badly. And so I went up to see him and I told him that, what I found when I had my, the tests that I had run on her showed that she had syphilis. And she said, "Let's go down there right now and talk to her." Cause he wasn't going to take her tonsils out under the circumstances. But I told him, "No," I didn't want any part of it, it was his case, and they had left me and had gone to him. So they went to another doctor, her parents took her to another doctor, and this doctor said, "Did Dr. Rabb say that she had syphilis?" and he said, "Then she has syphilis" and that was the end of it. So that was the story on it. But I had to warn her that.. But this doctor that said, first doctor was going to take out her tonsils. But he just admitted that I was a little more thorough than he had been, because I had taken a blood test on her. And I had the report that said she was positive. The blood test showed [Louies?].
And so he said, "Well, Dr. Rabb, you just were more thorough than I," and said, "Therefore, let's go down and talk to them." I said, "No that's your job. I don't want any part of it." So he went down there and told them about it.

He wasn't going to do it. Then they took her to the second doctor, and the doctor said, "Did Dr. Rabb say she had syphilis?" and then he said "Yeah."

DC: So you felt like that the white doctors in Shelbyville respected your ability?

MR: Well, this man did, this second man did, but I don't know about the fact that the first man... I was disappointed that he admitted that he was going to take out her tonsils in view of the fact that... I'm sure he saw the lesions.

DC: What were... you were in Shelbyville during the... in the middle of the Depression. Can you talk some about that?

MR: Well, I remember this: that the first December I practiced, I collected over $500. And I didn't get back up to five hundred dollars in any one month until ten years had passed, or seven or eight years had passed. I remember that we were trying to build our house, buy a house, pay for the furniture, pay for the car, pay the rent for the office. I had grossed lower than $150 per month. Can you imagine that? Grossed.

DC: That's not very much.

MR: No, less than $150 a month and that was my total income. I didn't get back up to $500 a month until, well, four, five or six or seven or eight years. That first month, that first December, I made $500-some dollars a month. I mean for that month. And then I didn't do, I didn't get back up to that at all, it was rough then. I remember that we had a girl who kept, cleaned house for us and helped my wife and we were paying her $2.50 a week. That's what we were paying her. And she was perfectly satisfied with it. We couldn't have paid much more.

DC: What were health conditions like in Shelbyville when you went there?

MR: We had a hospital there, a very inadequate hospital for blacks. Whites only went to the King's Daughters hospital, but that wasn't true of us. I couldn't practice in the King's Daughters hospital. As a matter of fact, when I came to Louisville, I couldn't practice at any white hospitals. There was a black hospital here called the Red Cross Hospital. So we had to practice in the Red Cross Hospital. We just couldn't practice in, you couldn't have a patient in the King's Daughters Hospital in Shelbyville. It just wasn't thought of. Nobody would think of it. It would be ridiculous for us to assume that you could...

DC: Were there any cases in which they maybe. . . I guess King's Daughters Hospital was larger, or was it than the. . .

MR: Much larger and much better equipped.

DC: Were there cases in which you needed equipment that they had there?

MR: We could send over and get x-rays, and I guess we could have done some laboratory work over there. But it was just, brute strength that we were able to diagnose without benefit of laboratory of findings and x-rays. So, we just had to do that.

DC: Why did you come to Louisville? Why did you leave Shelbyville?

MR: Well, I'll tell you, when I left Shelbyville they were planning to have -- they were floating a bond issue. And the bond issue was to build a gymnasium, build a swimming pool for whites. And they were going to build -- and you know who was going to use the swimming pool, the whites were going to use it. And we were going to get an incinerator, that's what we were going to get out of the bond issue. And I objected to that strenuously. Then about that same time I had bought a piece of property. Now on this street, there was a highway, and Highland Manor, that was a dividing line between Johnsonville where the blacks lived and Highland Manor where the whites lived. But a white man bought this lot that joined in Johnsonville and he, while living there, they auctioned off some Highland Manor lots and he decided that he was going to buy those lots. So he bought the lots, there were two lots; in other words, he lived in Johnsonville but he bought the two adjoining lots to his property in Highland Manor. Well, he sold all the property to me and there was quite a hullabaloo about it. And they had mass meetings and they did everything. And the man who bought the property, who sold the property originally, came to me and said, "Doctor, why don't we let you -- Why don't I give you back the money that I got for that piece of property." And I said, "Well, no, I don't want that." I wouldn't accept it anyways. He said, "Well, you can't live in it, you can't live on the property, you can't. . . " And there will always be a question about where the restrictive covenant is on it. This property says it is not to be leased, rented, sold or conveyed to anybody of African descent. So that meant that -- that was in the deed, and I bought that deed, I bought that property knowing that was in the deed. So the man said, "Why don't you let me give you back your money that I got for the property? I'll be glad to give it back to you and let that property go." I said, "No." Well he said "You can't live in it and it's going to be a problem to you." Well I said, "Mr. Brown, I have put aside $1,000," which was a lot of money back then, this was about 1944 or 1945.

I said, "I put $1,000 aside that I am going to fight this case with if it comes to that."
In the meantime, the NAACP had begun to fight restrictive covenants and they sent a man – I never thought that I would have to call on the NAACP for anything – but they sent a man who is now a federal judge in Washington to Shelbyville. And this man, Spotswood Robinson, III came to Shelbyville on this piece of property and as a result we were able to finally win the case. It stayed in the courts for two or three years -- but we were finally able to -- and I didn't know the terminology. They used the word "with prejudice." And it was "with prejudice" that I didn't like. But with prejudice meant that it couldn't be reopened. I didn't know what the "with prejudice" meant. But it meant this, that the decision that had been given was given "with prejudice," which meant it couldn't be reopened. So that, and along with, I had a fire that burned my house down and -- it didn't burn it down, but it damaged it. And that with the fact that the bond issue, and the property, and therefore when the fire happened, it happened on January 1, and so we left there January 15.

DC: What was the origin of the fire?

MR: Oh, I was right there when it happened. Everybody said that I was burned out, but I wasn't.

DC: Oh.

MR: No, I wasn't burned out. It so happened that everybody assumed that I had been burned out.

DC: Well I did too, so...

MR: Because I had been a controversial subject. I remember the school situation there. My wife taught in the schools and I remember that -- we had two school boards, a school board for the blacks, school board for the whites -- there came a law passed by the state legislature, which says that you could have no more dual school boards. So we decided that we would -- we had to do away with one of the school boards and you know which one left, the black school board left. So they turned over all that money and they were paying the teachers as little as $67.50 a month. And they turned over some money to the white school board. They should have increased their salaries. It was horrible. You see, I think they reduced the salaries from $75 down to about $67 or $63, I don't know what it was, but it was ridiculously low. So, that was one of the situations too. I just didn't, it didn't jell at all with me. I just couldn't see that.

DC: I guess you'd probably, living in Shelbyville, you'd already spent some time in Louisville, you already . . . it wasn't like you'd come in from. . . .Cleveland...

MR: Oh no. I was in pretty good shape. I had bought a piece of property. As a matter of fact Dr. Young, Dr. C. Milton Young, Jr. invited me in to his office, and I stayed at his house. I stayed at his house and he allowed me to see patients in his office -- in other words, if you came there to see me and you were next in line then I saw you because you were next in line. And no matter, in other words we took the patients as they came. If a patient came for him, then he was in charge. Then when my patient came, I was in charge. We would just move around, and he would go out of the office, and I'd go in.

DC: Can you talk some generally about medical practice in Louisville and especially in the black community when you first came here in '46? You mentioned the Red Cross Hospital --

MR: We were on the Red Cross staff, and we could not be on any other staff. It just wasn't done. You didn't think about it. It didn't cross one's mind. It just wasn't done. So, in other words, everything that we did in the hospital line, we did in Red Cross hospital. We had at that time, about four or five hundred whites on our staff. They were all courtesy staff members, most of them. But we had a few active staff members, on the staff. But we had four or five hundred staff, because after all, the white doctors would ---

[END OF TAPE 404, SIDE TWO]

[BEGINNING OF TAPE 405, SIDE ONE]

MR: --a rarity for us to have a white patient in the hospital. But we were permitted to have them. I remember that I delivered one white woman in the Red Cross Hospital. But there were a lot of doctors who were doing surgery at Red Cross Hospital. They would do surgery there. Most of them were only courtesy staff, and for that reason I was being called on to give anesthesia to some of their patients, particularly the black doctors, and I had had no formal training in anesthesia. So earlier in my career I started asking a lot of questions of people who were doing anesthesia and I got a lot of information from them and they were very cooperative and so I got a little bit interested in anesthesia. I remember that Mr. Tachau's brother, the man that told you about calling, getting in touch with me.

DC: Eric Tachau?

MR: No, not Eric Tachau, but Charles Tachau. Charles Tachau's brother was on our staff, was on our board, and that's Eric's father. Eric's father was on our board and was very interested in the Red Cross Hospital. So I got in touch with Eric's father and asked him about getting some training, some formal training. You see, they had a Day Law; do you know about the Day Law?

DC: Generally, yes.

MR: Well, anyway, the Day Law, there was a man named Day, who was a legislator and he went up to Berea College, which was supposed to be a college for blacks and Indians and he saw a white girl walking across the campus there with a Negro man and he went back to Frankfort and there was a big celebration the day that they passed the Day Law. The Day Law said something like if you taught a class where blacks and whites sat in the same class you would be subject to something like a thousand dollars a day per student, per day, plus imprisonment. So you didn't teach any classes with whites and blacks in the same class. Well, we got them to change the law that said that. . . if you don't allow the black doctors to get training, post-graduate training, they're going to be washing your clothes and attending your children and cooking your meals. Therefore, you ought to let us get some training, post-graduate training in the health sciences. So they passed the law. Which says this: that any hospital that wants to may and it didn't make it required . . . it wasn't required. So when we got that part of the law changed so that we could get post-graduate training in medicine, then I applied to the Louisville General Hospital for training in anesthesia because I was giving some of the anesthesia and I hadn't had any formal training. So I went up there and I was trained. [Pause]

DC: So this was the first modification of the Day Law.

MR: Oh yes. Now this was the date of November 28, 1948: there was a first Negro to train at General Hospital, here is accepted by white patients and doctors.

DC: And that's you, right?

MR: That's I. That was in 1948.

DC: That was just two years after you had been here.

MR: Oh yeah, I had been there a very short time. And then, later on, about that same time, Jefferson County voted to -- the Jefferson County Medical Society -- voted to drop the word "white" from their requirements. So we

applied. And then they decided that it had been done incorrectly and then it was tabled, and it was tabled for another two or three years. And then when the last time, it came up again. . . I applied immediately and I was accepted. [Pause]

DC: About this time too, weren't you the first black doctor on the staff at several local hospitals?

MR: Oh yes. I was on St. Joseph's Hospital, I was on Jewish Hospital; I was trained at General; and I became a staff member at the Veteran's Hospital.

DC: In 1948 you were admitted to training in anesthesiology at General Hospital; around that same time you were admitted, or at least they changed the wording in the charter of the Jefferson County Medical Society and later you were admitted. Around the same time you were admitted to the staffs of several formerly all-white hospitals. Were you agitating for all this yourself? Did you take these steps alone? I guess is what I'm saying.

MR: Well, I don't know this, but the black doctors themselves were in favor of it. But, you see, I've been very active with NAACP all these years and... Well, I just didn't like what was happening in Shelbyville. The reason I left there was because of the bond issue, the swimming pool for the whites and the incinerator for the blacks. I mean, I just didn't -- it was just too much. Well, anyway, that's why I really felt that . . . I've been active with the NAACP ever since I've been in Louisville. I've been a life member of the NAACP since 1954, and that's about twenty-three years.

DC: It was about the same time, wasn't it, that there began to be -- well, U of L began to, the U of L medical school began to receive some money from the state around 1948, and wasn't it soon after that that there began to be some talk about the integration of the University generally and the medical school particularly?

MR: Well, the first person to be admitted to the University of Louisville freshman class of medicine was Joe Alexander. Joseph Alexander. He was a Fisk graduate and he was . . . I didn't know until the last minute whether he was going to be first in his class or not, but he was a very outstanding student. But he finished third in his class of about a hundred. Now, Joe, Joe Alexander . . . his teacher in anatomy and his teacher in pathology told me that Joe was the best student that they had. And if you know anything about anatomy and pathology you know they are very difficult subjects. So I didn't know whether Joe was going to lead his class or not. But they told me that, those two professors told me to my face that Joe Alexander was the best student in that class.

DC: Did you have anything to do with him being admitted?

MR: No. No, we had been agitating for the change of the Day Law and finally the legislature passed, the U.S. government passed a law saying that you couldn't segregate and so when that law, the other law just took off the Day Law, off the books entirely. So we were, NAACP was pushing for that, and I was a part of the NAACP then, a very small part, but I was active in anything that would bring about desegregation.

DC: You said that . . . a while ago you said that someone, I don't know whether you said the NAACP but someone threatened to sue the University of Louisville.

MR: Oh yes, Al Branch, Al Branch sued the University of Louisville and they argued this: that "we are not a public school, we are a private institution." So, we knew they were, that the University of Louisville was getting funds from the city and from the county, and from the state. And so we told them, "Well, all you got to do is to go to the court and prove that you are a private school," and if they proved they were a private school it was against the law to take public monies and put it into a private school. So they gave up and they voluntarily opened all their doors. But even so, there were certain athletes who couldn't make their basketball team because, I felt that Peck Hickman was a prejudiced coach. And therefore, we had several fellows that -- Peck finally had to take one of those fellows, Wes Unseld because he was so outstanding -- but we were agitating for desegregation of all things. But the one place that didn't open up was basketball. Basketball didn't open up at all.

DC: So you felt like that Peck Hickman didn't recruit--?

MR: Oh no. He turned them down. He didn't recruit them; he just didn't bother with them. And Peck Hickman had some good teams, even in those days, but Peck Hickman, wasn't like this man you have now. And Rupp was not like that. Do you know that North [i.e., Texas Western] Texas played in the finals against the University of Kentucky and they had seven black players and they started five of them and they substituted twice and they were both all blacks and Rupp had an all-white team and they just washed them off the court. They really beat them. That was North Texas. Do you remember?

DC: I remember that. That was when Louis [Dampier?] and. . . .

MR: It probably was. They had a good team; they had gotten to the finals and then North Texas just beat the socks off them. The boys stole the ball two or three times. And I think that woke Rupp up because Rupp had held strictly to whites on his basketball team.

DC: What were some of the things that you've been involved in, locally outside of strictly medical affairs?

MR: Well, I've been interested in the Human Relations Commission; now, there is an editorial here that I think you need to know about at least. There is an editorial here written by Frank Stanley, Sr.

DC: Uh-huh. In the Louisville Defender?

MR: In the Louisville Defender. And it says, "The recent announcement that the Louisville police department has now added Negro officers to their motorcycle division and to homicide and patrol wagons is certainly a level of desegregation that should have been attained long before now. The almost sole credit for these achievements are due to Louisville Human Rights Commission member, Dr. Maurice Rabb who pretty much in a one-man campaign has documented some fourteen or more practices of discrimination in the police department." I had fourteen points.
One was at -- if there was no segregation in the police department, why had I never seen a black riding a motorcycle? And another was that only blacks would be in the second and fourth districts, which were the black neighborhoods. "Of course, the above-mentioned achievements will not suffice. The ultimate goal must be total desegregation of the entire department. For too long Louisville has basked in the false glory of a desegregated police department when in actuality it was not true. For example, it is explained that formerly, in the patrol wagon service, that either two Negroes or two whites had to man the vehicle or it would not move. Now, we are advised that any two policemen, Negro or white, are assigned. Furthermore, one of the best showplaces of all for any police department is for Negro and white officers to be in evidence directing traffic, particularly in downtown areas. Some years ago, a brief beginning of traffic police desegregation was attempted at Second and Market, but it was quickly abandoned. Of course, on occasions like a Derby or the coming of a president or what-have-you, we find Negro policemen detailed to traffic duty solely because almost every man on the police force has to get into the handling of traffic. But this is the rare exception and not the rule. One of the hitches has been the objection of white motorists over being cited by Negro police officers for a traffic violation. Many years ago in the east end section of town, a Negro directing traffic at the intersection of a Negro school cited a white motorist and it caused quite a furor. Recently a Negro officer was

reportedly struck by a white motorist who objected to being given a ticket. In spite of the delicacy of situations of this kind, nothing justifies keeping Negro police officers out of traffic or any other departmental function. Presently, it is reliably reported that no Negroes are on duty at the first and third districts; that most if not all Negro officers are predominately serving in the second and fourth districts, respectively. This, of course, is a mistake. It is based on the assumption that Negro officers should largely police Negro citizens. The fallacy of such a practice encourages prejudiced whites to object to being cited by Negro policemen. On the other hand, the department truly integrated its Negro personnel throughout the city and made sure that they were in evidence in every section, in all capacities. Then there would not be any problem of Negroes policing whites, even prejudiced whites. The time is long overdue for this policy to be fully and conscientiously instituted. The time also is long overdue for Negroes in the department to be advanced to higher levels. As editorialized in the newspaper many times, it is apparent that the rank of lieutenant is a fixed level of achievement for Negro officers. None has been appointed beyond it or even seriously considered as far as we can ascertain. At the same time, considerable cities all over the nation not only have Negro policemen in the top ranks but have them serving as chief of the force." Now, I mentioned the fact that I had known Lieutenant Edwards for twenty years and ever since I have known him he has been Lieutenant Edwards. And everybody who was in his class has been promoted to Major, Colonel, something that... And later on, Lieutenant Edwards became Colonel Edwards of the -- he was the safety director. You remember that?

DC: Right, uh-huh.

MR: Alright. [Resumes reading from paper] "The time is now to rectify these injustices, and if for no other reason than a segregated police department cannot honestly and effectively enforce local civil rights ordinances. Their very practice fails to inspire businesses and citizens to comply with a law that is practiced in actuality by our police force. Thanks again to Dr. Rabb. All of us are obligated to give him full support in this endeavor until the true objectives of integration are fully achieved in the Louisville police department."

DC: That editorial was from The Defender and that was February 18, 1965.

MR: February 18, 1965 and you can look that up if you so desire.

DC: And that was about the time that you were advocating the integration of the police department.

MR: I had several things written down. Why would the patrol wagon -- I had fourteen points and these were fourteen points of segregation. One thing I've mentioned is the fact that Lieutenant Edwards, since I've known him, has always been Lieutenant Edwards, and everybody else has been promoted in the class that he was in. And I've known him for twenty years and he was not... And the paddy wagon wouldn't roll if they couldn't find two whites to man it or two blacks to man it. It just wouldn't roll. And you never saw any integration in officers riding in the beats. And the next thing about it, we found that there was a car, car number so-and-so, that was always manned by a black person and there was another car that was always manned by a white person. Whites were always in that car and blacks were in this car. So, I had fourteen points and I called them -- I mentioned them all in succession and that these people, that was segregation, that's all. That was just all. The very fact that you had all blacks in the second and fourth districts, and not in the first and third. [Pause]

DC: What were --

MR: Also, when we had our sit-ins, in 1960, do you remember that?

DC: Right.

MR: There were six hundred people arrested. [Reading from paper] "During the 1960 sit-ins in Louisville, when more than six hundred arrests were made, Dr. Rabb was a most influential factor in seeing that bond money was available for those arrested." Some of my colleagues gave me $500 so I would have enough money because the banks were closed. You had to make cash bond, and so in order to get these people out we had to have the cash on hand. Druggist up here told everybody up there to empty the cash register if I came in and wanted money. Empty the cash register. If I came in and wanted money. It so happened that I had a lot of money on hand and I was giving bonds for everybody who was arrested. And also, in 1962, during the NAACP convention in Chicago, I was one of our physicians who picketed the American Medical Association for racial bias in health matters.

DC: Who were some of the people that you worked with in the sit-ins of the 1960s. . . who were some of the people who. . . ?

MR: Reverend W.J. Hodge, Bishop Tucker, and Frank Stanley, Jr.

DC: Can you review just a little bit for the benefit of the tape? What was the purpose of the sit-ins?

MR: Well, I will tell you this: I was invited by Taylor Drug Company, and Taylor had a store on Fourth Street right across the street from where the Floresheim Shoe Company was, do you remember where that was? Now, I was invited by Taylor's to come in there and buy at a reduced rate because I was a physician. I went there and went up to the counter and asked for a Coca-Cola and the lady said, "Doctor, Mister, I'm so sorry but I can't serve you." And I said, "Well, why can't you serve me?" She says, "Well, I just can't serve you; I've got orders not to serve you." I said, "Is it because I'm colored?" And she said, "Yes." And I said, "Where's the manager?" So I went up to the manager and the manager told me, he said, "Doctor, I'd be happy to serve you if you'll drink this coke up here." And I said, "Mister, I wouldn't drink this Coke up here for $10,000. I want to drink it out there" Now that's one of the situations. My wife went in and sat in Kaufman's. She sat there for two hours or more and they wouldn't serve her. [At this point Dr. Rabb yells to his wife, "Jewell? Jewell? Jewell?"] Well anyways she sat there for two or three hours. And that was about the time when they were pouring ketchup over the people who sat in at the – [yells "Jewell"].

[END OF TAPE 405, SIDE ONE]

[BEGINNING OF TAPE 405, SIDE TWO]

DC: So, we're talking about the sit-ins of 1960. I guess if we were going in chronological order, one of the next big eras as far as civil rights activities in Louisville was when in --- was it in '64, in the spring of '64, the open housing demonstrations?

MR: Open housing was later on. It was later. I've been an advocate of open housing all these years. I feel that housing has been the biggest bugaboo that we have had. If we could get open housing we would solve all of our problems. The fact that you have neighborhoods -- you take the school situation. There wouldn't be any problem, if we had open housing. There would be blacks living where whites live and it wouldn't be necessary to bus students.

DC: After your past experience collecting bail bond money did they ask you to do that again for the open housing?

MR: No, they didn't ask me for that. I was very interested in open housing. And I mentioned all along that we would have no problems with a lot of things. You take for instance, your jobs. If people lived out there it would help employment. If the people lived close to the Ford Motor Company or General Electric they would just go on to work. Their children would be growing up there and -- open housing would solve all our problems. I don't

know whether you would be interested in the fact that I was a charter board member of the Kentucky Civil Liberties Union or not, but I was.

DC: When was that begun? Just curious.

MR: Oh, that's been 15-20 years ago. But I was a charter board member.

DC: You mentioned awhile ago, you said, just sort of an interesting thing, I have asked this same question to several of the people that we have interviewed. Course I don't know where it's just nowadays, or whether it's something that's always been true. People get tied up with terminology and with symbols and with different words that mean the same thing and you said awhile ago that when you went to the counter at Walgreen's that a woman wouldn't serve you and then you said "Is it because I'm colored." Now some people would say that you should have said --

MR: "Black."

DC: -- "black." Some people would say you should've said --

MR: "Negro."

DC: -- "Negro." Do you have any --

MR: No. That doesn't bother me at all. I will accept any of the terminologies. As far as I'm concerned I am a "Negro," I'm "black," I am "colored," so I have no qualms about it. But I was grown up into the atmosphere where it was proper to say "Negro" with a capital "N" and I will definitely call you to task if you write "Negro" with a small "n." I just don't like that. I was brought up in the theory that the proper way to address me would be to say "Negro" but it's popular now to say "black," it's very popular to say "black" and not say "Negro." As far as I'm concerned it doesn't make any difference. And I will accept the word "colored." But technically, I don't agree with the word "black" but I will accept it, because honestly, I don't think that I'm black. And my wife is certainly not black.

DC: You were reading off of the sheet there, is that sort of a biographical summary --

MR: No, I have a biographical summary in here somewhere. This was prepared for the NAACP. I was a candidate for the national board of the NAACP. I am a member of the national board. I've just been re-elected for a three year term. This is our curriculum vita.

DC: This is interesting: "He also was instrumental in obtaining vast improvements in assignment procedures for applicants for public housing." There was a fellow on TV just yesterday, I forget the name of the program, well the head of public housing in Louisville was talking about --

MR: Oh, yes, Nathaniel Green.

DC: Right, Right, was talking about that. Can you say something about that?

MR: Well, I think this, that housing is our -- Now mind you in public housing, I felt that integration in housing was very desirable. Now, I felt that the easiest way to cut a tree down was to get an ax and start to chopping away. The easiest place to chop at the public housing was in the federal housing. And therefore, I didn't think it was practical to have a bunch of eligible applicants and a bunch of vacancies and not put the two together. So what we did, we proposed that you would take the applicants and the vacancies and put them together. But we found that it was very difficult because some of the people did not want to go out to Iroquois, some of the blacks didn't want to go out to Iroquois and none of the whites wanted to go to Beecher Terrace, or Carter Homes. But that law was passed and we had integration in public housing and I felt that that was the easiest way to do it. If you're going to start somewhere, public housing was the place to start. So that's what I felt. And I argued that all along and as a result of that, we were able to get some results. We had whites living in Carter Homes, Lange Homes, and we had some blacks living up here on Jefferson Street. What the name of that one up there?

DC: I think I know where.

MR: Clarksdale or one of those things up there. But Iroquois, Iroquois Gardens, that was one. We had a hard time getting blacks to go out there.

DC: What do you feel like, maybe this is another unfair question –

MR: Go ahead, ask it.

DC: -- but I ask everybody this: What do you feel like has been your greatest accomplishment? And on the other hand, what do you feel like has been your greatest failure?

MR: Well, my greatest accomplishment has been through working through the NAACP. I'm a strong advocate of the NAACP. I have solicited at least 390 life members of the NAACP and as a result of the NAACP's accomplishments,

I've been a little part of that. For instance, the University -- the NAACP raised the money to integrate the University of Louisville and I think that my little part in that has been a great accomplishment. The very fact that we have blacks graduating from medical school at the University of Louisville, which was unheard of years ago. And I honestly never thought that the day would come when I would witness a black graduate from the University of Louisville. I really didn't think so, and yet my son is a graduate of University of Louisville Medical School. You might be interested to know that my son is now associate professor in the medical school at the University of Illinois. Dr. Maurice F. Rabb, Jr. is associate professor in the medical school at the University of Illinois in Chicago.

DC: On the other side, is there an area where you feel like you haven't lived up to what your expectations were, what your hopes were?

MR: Well, I can't pick out anything right now... but if we hadn't gotten integration... the housing situation is still not ideal by any means. Now, I am very unhappy about the situation about these people being bombed out here. Do you know what I'm talking about? Out here in the south of Louisville, people who have moved in out there, blacks that have moved in and they've had their -- that's bad. I would just love to see that happen; I would love to see something done about that. I don't think that the authorities have taken a real interest in that. That's one of the -- And the next thing that I'm very disappointed in is this Shelby Lanier thing. Now Shelby Lanier was the first man that rode a motorcycle. When I was arguing about the police department, about discrimination in the police department, Shelby Lanier, when they opened up that, Shelby Lanier became the first rider of a motorcycle. And I don't like the situation about Shelby Lanier.

DC: What don't you like about it?

MR: I don't like the fact that he has been fined, because there were policemen doing worse things than that during the busing situation. There were policemen riding along honking their horns, when they should have been enforcing the law.

DC: You are saying that is just as much a political gesture --

MR: That's worse. I think that's worse than what he did. Now mind you, I didn't buy what Mrs. Morris was selling at all. Mrs. Morris, I don't think had a chance of being elected mayor of the city of Louisville, but I think that she should have been able to run. I agree that she should have been able to run. And I voted for her, and a lot of blacks voted for her. But I don't think she had a ghost of a chance of being elected. But I still think she had a chance

to run. And I think Shelby Lanier was speaking for his company, for that black policemen's organization, they were supporting Mrs. Morris.

DC: What do you -- while we're on that -- what do you see as the -- how are race relations in Louisville different today than they were when you came here, and what do you see about the directions of things --

MR: Well, the very factor that we can go to any theatre in the city, and we can go to any restaurant in the city. Those were things that were just basic, that you just couldn't do. I remember this, that you had a segregated bus station at Fifth and Broadway. You had a segregated train station. You had segregated schools. The University was segregated. There have been changes. Been admirable changes. And I'm very happy of the changes that we have had so far. It's not anything like it was when I came here. We can feel a lot prettier walking the streets. The parks were segregated. I know this, that I can remember that when Central High School tried to play a baseball game down here in Chickasaw Park with a white team that was coming over from Indiana, the white team was told to get out, because it's a segregated park. So, you know, when you consider all these things... I remember this, that when we opened up the parks for golfing, you see the golf -- you didn't have any golfing in Chickasaw. So when Dr. Sweeney sued for the right to play golf in the courts, he got permission, but if we went there and picnicked, we ate our lunch out under the trees, we'd be picnicking and that was illegal. But now you can go into any of the locker rooms, go into any of the nineteenth holes and get yourself a beer, a drink or whatever you could get, you could get a sandwich. So much change. It has been very, very encouraging.

DC: One other thing, if you were in my place, if you were trying to tape record the memories of people who have been influential in the black community in Louisville who are some of the people you would talk to?

MR: Lyman Johnson, Lyman Johnson. Have you talked with him? L-Y-M-A-N. Lyman Johnson. By all means you should talk to him. Of course you have talked to Dr. Walls. Frank Stanley is dead. I would say, if he were alive, you should talk to him. I wouldn't hesitate to tell you to talk with Nevil Tucker and Carl Hines. I think by all means you should talk with -- this is a white man, but Galen Martin. Now, here's an article written by a classmate of mine when I was at Fisk, he came here, this is the New York Times.

DC: This was the New York Times article around February. . . .

MR: Around, I don't see the date on that, but I wish I had the dates on it. But that was around the fact, you see there that I am on the staff, its some where right after 1948.

DC: Forty-eight.

MR: Oh. I've got to tell you one other thing. I have to read this and I'll let you see this. We received a card from the American Cancer Society [Reading card]: "The Kentucky division of the American Cancer Society extends a cordial invitation to practitioners of medicine in Kentucky to attend a cancer symposium at St. Joseph's Infirmary, Louisville, Kentucky on August 21, 22 and 23." A few days later, we received this: [Reading letter] "Dear Dr. Rabb: Recently invitations were issued by the Kentucky division of the American Cancer Society in cooperation with the Kentucky State Medical Association to physicians and surgeons in Kentucky to attend a cancer symposium at St. Joseph's Infirmary on August 21, 22 and 23. Through an error on my part invitations were issued to physicians and surgeons who are not members of the Kentucky State Medical Association and although I regret very much to write this letter, I have been instructed to advise you that only members of the Kentucky State Medical Association are eligible to participate. We hope that arrangements may be made with Falls City Medical Association to hold a cancer symposium during the early fall. We would like very much to cooperate with them and develop a training program on the diagnosis and treatment of cancer." Well now this was to the American Cancer Society and we didn't feel that since we were donating to the American Cancer society that we should be discriminated against.

DC: That was around when, July 1947?

MR: I'll tell you just when it was. It was before the integration.

DC: Whatever happened to. . . ?

MR: 1947. July.

DC: Did the Falls City Medical Society just disband when...?

MR: No, it's still going. When we got into the Jefferson County, there was not too much reason for continuing in the Falls City Medical Society, but the Falls City is still in existence.

DC: Are you still a member of that?

MR: Well, I am supposed to be a member, but I'm not. I'm slowing down.

DC: I wonder whatever happened to the -- that's an old society, I wonder whatever happened to the records, I guess they kept minutes---

MR: I'm sure they did. I wasn't in officer and I never was.

DC: Who would know about that, do you have any idea?

MR: Dr. Walls, Dr. Bell, Dr. Morris. [Pause] I was at one time a member of the board of the Urban League and the Urban League honored me – let me see... [Long pause]

DC: Would you mind if I, can I borrow your vita and make a copy of it and send it back to you?

MR: That would be fine. If you will send it back to me.

DC: I will. I'll send it back you.

MR: Please do. That's the only one I have.

DC: I'll make you a couple of copies then if you want.

MR: Alright, send me back two or three copies.

DC: Okay.

MR: That's the only one that I have. Now I want to show you something here. I was honored by the Urban League. They gave me the award of the year. Along with Mrs. Dorcas [Ruthenberg?]. They always honor a white and a black every year. Well, I can't find that. I tell you what I'll show you, I'll show you the plaque that I got. Come here just a minute. [Tape shuts off, resumes.]

DC: This is the award that you received --

MR: This is the award that I received from the – this is what I was looking for.

DC: In 1974 from the –

MR: From the Urban League.

DC: Urban League. [Pause.] Well, I've sure enjoyed talking to you.

MR: This was a speaker at their equality award. Vernon Jordan, who is the head of the Urban League, and he was trained in the NAACP. He got his start in the NAACP. Whitney Young was also in the, got initiated through the NAACP. Oh, by the way, I want to tell you that the American Cancer Society finally backtracked on that and we went and I had a meeting with all of the doctors in Louisville at my office. I told them that you want to go in there and you want to spread out around to everybody and you don't want to come in and sit down beside me, because if you do, I'm going to get up and move.

DC: So you met with all the black doctors?

MR: I got all the black doctors together and I instructed them to scatter out, and not to go.

DC: So you didn't want to appear to be clannish.

MR: No, I didn't want to that.

[END OF TAPE 405, SIDE TWO]

Oral History Center

University of Louisville Archives and Records Center

Interview with D.W. Beard

Red Cross Community Hospital

By Olivia Frederick

Interview Date: November 29, 1979

Tape number 794

Transcribed by Mindy Glenn

Transcriber notes:

Olivia Frederick identified throughout as OF

D.W. Beard identified throughout as DB

[] indicates transcriber's notes

[Side A]

OF: This is Olivia Frederick with the University of Louisville Red Cross or Community Hospital oral history project. Today, November 29, 1979 I'm talking with Des Moines W. Beard in his office in Louisville, Kentucky. Mr. Beard was born on March 19, 1914 in Newton, Kansas. His parents were William Beard and Georgeann Beard. Mr. Beard, first tell us a little about yourself, your education, the type of work you've done, that sort of thing.

DB: [Laughs.] Wonder why I'm laughing. Lord. I'm really a farm boy and I left that area when I was eighteen when I finished high school, and migrated into Louisville by way of Chicago. And I've taken up residence here ever since. Now, am I speaking loud enough?

OF: Mmm-hmm.

DB: In a sense, I came to Louisville really to try to go to college, and I did enter Louisville Municipal College which was the black branch to the University of Louisville at that time. I worked at a number of jobs as all poor people do, laborer, worked for Walgreens, and I took several civil service examinations and one of them was with housing because at that time housing was under the United States Housing Authority and the developments that were coming into being were directly built by the government, with no subsidy required. And of course you had to have a Federal classification to get jobs through civil service. At the time that I took the examination I was in Louisville Municipal College. I passed the examination but they didn't have a position in that classification for me. They did ask me if I would be willing to take something else until such time that a managerial job came along and I told them yes, so I started in the maintenance department as laborer. I moved up from laborer to maintenance person, and then the higher classification, maintenance mechanic, and then maintenance supervisor and then I became manager then of one of the early developments at Cottage Court. And I've been in management ever since except that as a career situation I've moved up the ladder from manager to superintendent of occupancy to assistant director of

management to director of management, and I'm now special assistant for community development for the executive director of the Housing Authority. I've spent my adult life in this kind of work. I have a B.A. degree in economics from the University of Louisville, I have a Master's equivalency from the University of Georgia on [Morrill?] scholarship in management and gerontology and I have a degree in Music from Beauregard School of Music and Art, and I've of course been in and out of school and training sessions all of my adult career.

OF: So your adult career and life has been spent in Louisville and working here?

DB: Yes.

OF: When and how did your association with Red Cross Hospital begin? Do you recall?

DB: Well, my association with the hospital really started from a health standpoint, family getting service then, because at the time that I really became associated with Red Cross Hospital there wasn't any integration in the other hospitals here except for General Hospital at the time.

OF: This was in the early 50's? Late 50s?

DB: Yes, very early 50's around 1950. The black physicians were not practicing in any hospital except Red Cross Hospital, so it mean that practically all the medical services as a black that you would get for you and your family would be through Red Cross Hospital. And due to the fact that I'm a fraternity person, a number of the black physicians belonged to the same fraternity I do, Alpha Phi Alpha, and we built up friendships and then of course my family physician practiced in Red Cross Hospital and that way I got in to know people and at some time down the road there, it was suggested that I participate as a board person.

OF: You were on the board a long time.

DB: Close to twenty years up until the time that the hospital closed. That is I left the board just before the hospital closed and there's reasons for that.

OF: I want to get back to the changes and sorts of things you witnessed and were a part of during that period. I'd like to ask you first, in the period before integration of health facilities in this city was it primarily a more affluent element of the black population that used the Red Cross Hospital or was there any sort of breakdown like that or distinction?

DB: I think that, if the term affluent is apropos, that would be true, but at the same time it was used by those persons who might have been of a lower economic status but might have had various hospitalization coverages on their employment and so forth, where they might need a hospital service and they could go there for that.

OF: We have practically no records for the period before 19-, well the late '40's. We have some board minutes for this period, but nothing else. Evidently, I don't know, but perhaps some of the records were disposed of when they moved into the new.

DB: I think so, yes.

OF: Yeah, so I always like to talk about that period with anybody who was there or knew anything about it. I guess another way of asking it was did Red Cross handle many really indigent cases do you know?

DB: Yes, they had to handle certain number of indigent cases because that was a requirement of the accreditation system. Say, for instance, in order to be accredited and remain accredited, there's certain criteria that you had to adhere to. Say for instance, so many autopsies within a year's period, so many indigents that they could write off as charity, and so forth, so it did participate in that kind of thing I guess.

OF: Did you serve on the board during the period when Houston Baker was administrator?

DB: No, I went on after Houston Baker left the city.

OF: I get the impression from reading the minutes and going through the financial records that perhaps the late '50's and early 60's were the most healthy financially period for the Red Cross, do you think this is true?

DB: I think that is true, I think that is true, yes.

OF: Do you think there was any particular reason for this, or reasons for this or a combination of factors perhaps?

DB: I hadn't thought about it but it must have been a combination of factors. I think the population that it served was becoming more aware of its existence and the services that could be obtained there. Of course, the black physicians, the specialists, etcetera that worked there. Of course they served broad community, and it was during that period I think that the Red

Cross Hospital that really came to the fore in the knowledge of the people who made up the population, particularly to the black population. Not only that, I think that there's another factor and that is, it was during that period that the people that it served began to have confidence in the practitioners there. There has been a situation that's existed down through the years and it's been implanted in certain ethnic groups' minds that you had to be white to be right. Which caused them to not have a lot of faith in the black practitioner at whatever level. But then, during the early '60's and through the '60's, that began to break down where it was learned that the skills were there and were applicable to anybody because after the hospital system integrated, not only was there a flow of black doctors to the white institutions, but there were whites that came and serviced the Red Cross and placed patients there, white and black and all colors. And I think that in itself helped to build the confidence that this institution is here, it must be of value, it must give a good service because other people are coming into it.

OF: One person told me that they thought that there had been some horror stories rising out of the period 1930's and maybe 1940's that they had to overcome. When people like Dr. Bell came in in the 1940's and Houston Baker, that this sort of turned this situation around but it took a long time. That's really what you're saying.

DB: It took a long time. That's right, it took a long time.

OF: I suppose given the hard times in the '30's, a black institution suffered perhaps more than other institutions.

DB: That is true. I'm not so sure that attitudinally the system of evaluation was much different than it is even today and that's this: people fail to remember that, say for instance, in a hospital there are people who are born, there are people who service and get well, and there's also people who die. And we're not talking about the reasons, but it's easy to say, "Well, something happened over there, and I'm just not going there, I'm not going to send my child there," and so forth and so on. The analogy I would make is some of the same systems that exist now, if you will note, many times in the press, if something happens in a given area of the town they will designate it as "the West End" if it happens on a given street they'll say in the West End, but if that same thing happened up on the East End of the Bardstown Road, they give an address and forget it, they don't say in the East End, in Indian Hills, in Hurstbourne. They just give an address. But they designate, "in the West End." I think the same thing applied to the hospital - "Oh, it happened at Red Cross" - but nobody gave a thought, the same thing was happening in all the other hospitals, and the percentage was probably the same but they might have had a larger population.

OF: I remember reading in one board, in the minutes of one board meeting, someone talking saying in effect the same thing that if something would have happened at the Jewish Hospital, the same incident, no one would have thought anything about it, but I guess the fact that there was only one hospital serving predominantly the black community there was nothing to compare it if something bad happened, there was {inaudible} it could be looked upon as almost an indictment at times, I guess.

DB: Yes, that is true, that is true.

OF: During those nearly twenty years on the board, there must have been changes perhaps there may have been changes in the character of the board, the sorts of things it did, perhaps, the role it took, did it take, for instance did it take a more active role at any given period do you think?

DB: Yes, in the very late '50's and early 60's, the board began to take a real active part in the total operation of the hospital. And I recall the fight, well, I might say fight, that existed over a long period of years wherein doctors wanted to be represented on the board, and the board structure didn't think that doctors should be on the board.

OF: Now is this the accreditation agencies?

DB: No, no, this is right within the institution, this is right within the institution and of course I was a member of the board when the first doctor was elected to the board as a representative of the medical profession, operation in the hospital. It's one of those changes that came about, and after it came about nobody gave it a second thought. It functioned as though it had always been, but it was a barrier that had to be overcome. I saw many changes take place in that hospital. So much so, that prior to its closing a tremendous amount of money had been spent, in that all the equipment had been renewed. I don't know whether you have gotten this information of not, the latest types of equipment, of beds, and push button this, that and the other. I think that possibly Red Cross, when it got this equipment in the laboratory, it was probably one of the only hospitals that had it. I've forgotten what you call it, but it eliminated a lot of the laboratory work that had to go out to laboratories, in that they could take a blood sample and put it in this electronic machine and get fourteen or fifteen different evaluation tests on it. I recall we used to meet jointly sometimes with the Jewish board, or some of its members at breakfast either at Red Cross or at Jewish, and other hospitals. But I recall discussion one time that sort of astounded me, at the same time made us feel very good. They were wondering how we could obtain and retain such good nursing service at the

Red Cross. The possibility was they had qualified nurses and nursing directors and all that, but it might have been that the concentration might have been better because the population was small. It could have been one of the reasons for financial problems it had, began to have, in that it had highly paid people and probably had more than the units' required work would require.

OF: It seemed to me that there were many nurses and other people who worked at the hospital for a long period and were very dedicated to the hospital.

DB: That's right, over a long period of time.

OF: I don't know, but perhaps you've served on other boards in the community....

DB: Many.

OF: I thought so, you must have. How did the Red Cross board compare with perhaps some others in terms of member interest, the role it took in the financial or administrative running of the hospital?

DB: The board, when I went on it, was in a state of change or flux. The thinking was beginning to change on the board, and there were certain people who had been on the board for a considerable period of time that did not adjust to the changes that were desired and they left the board and that left openings for new people to come in with new interest and new ideas. And I think that the revamping of the board was part of the thing that could be seen in bringing about changes in the hospital operation.

OF: Now you're talking about the late '60's?

DB: Yes, the late '60's or mid 60's and then into the late '60's. New people brought on board, and they were interested and had experience in the community. They were easy learners about hospital operations. And it was a benefit to the board because the board helped to bring about some changes in the administrative structure of the hospital, change in policies and so forth. Then of course, the last administrator the Red Cross had, I don't know if you knew him, Mr. Waverley Johnson, whether you've talked to him or not, which I feel is one of the finest hospital administrators I've ever been exposed to, any place in this country and I've been exposed to many. The... I'm slowing along because I want to think this out. The board structure again changed, began to change, and there was a desire for some to bring on the board some of the younger people in the community who had been

closely allied with the "Black is Beautiful" movement. I say that in quotes, but it encompasses a time of sort of attitudinal turmoil, you understand what I'm saying? When some of those people came on the board they brought new ideas, and eventually a doctor became president of the board. It seemed to me that, and I'm not saying this critically, I'm just saying it as a matter of fact, there began to, there came about a sort of choosing of sides.

OF: Among board members?

DB: Among board members. And then some of...

OF: Over proposed changes?

DB: Proposed changes, yes. Then some of the doctors brought in new ideas and the board accepted some of those ideas that proved to be very expensive and costly, and made it difficult for the hospital to operate day-to-day and some of these doctors were not giving their full practice to the hospital. When the movement, or the issue of integrating hospitals came about, many of the doctors there began to practice in other hospitals. Now, they give their reasons, and it's hard to counter medical reasons if you're not a medic, but there became an issue: the question of why, then, so many blacks began to go to other hospitals for the same services they had gotten at Red Cross. The public, certain board members, staff people, contended that the doctor, in order to build his prestige and for ego reasons, began to practice, would take his patients to other hospitals. The doctors when questioned about that issue, said that the doctor doesn't take the patient to a hospital, the doctor takes the patient where the patient wants to go. So if they say they want to go to X hospital, that's were we service them. I don't know that that issue was ever settled, but it became one of the sort of termite issues that began to beset Red Cross. And when I say termite issue, I talking about that thing that eats away at a foundation until it collapses on you and you really don't know what's happening. That issue never was settled. The doctors began to move to other hospitals. And that was not, as I see it, based on the economics of the practice and all of it was not based on this ego trip that I spoke about. Some of it was based on what I define as professional jealousy.

OF: Yes, I've heard references or seen references to, you mean between older and younger doctors?

DB: Yes, professional jealousies. Here's a doctor who's been doing surgery here, then he falls out with the anesthetists, so he goes to another hospital, and what I'm saying, this began to happen between and among the professionals there. And were any of them sitting here now, they would deny

it, but there are certain things that you can interpret and discern that's sort of a in between the line type of thing, that is there to be interpreted if somebody takes the time or knows enough of the background to interpret it, and I think that was part of the problem.

OF: I think it was a many-faceted thing and I think it reflects something that I've become sort of aware of in working on this project and it's seemed the, at least what I perceived and I'd like to know how you feel, the almost ambivalence or almost schizoid sort of emotion that blacks must feel in a situation like this, where they're called upon to have a sense of pride in an institution that is theirs, has a long history of service, at the same time wanting the benefits on integration and acceptance by a larger wider community and how do you resolve - maybe there is no resolution - but it seems to me this would be a very difficult thing to handle, to deal with.

DB: It is, because integration being the issue that is has been and is, is a peculiar thing. Martin Luther King used to say that a law will not make a man not love me, but it may delay him in hanging me and give him time to learn about me to begin to respect and love me. Integration, whenever a regulation or a law comes about and says that this tradition shall not exist anymore, it's got to change.

OF: Just a second, I've got to turn, no, we've got a few more minutes.

DB: It's got to change, and integration is a good point here in that when this happens integration usually flows from the black towards the larger community which is usually white, rather than it flowing form the white over to the black. It may flow both ways but in much smaller...[?] Which meant that when hospitals integrated, really for their services there were more blacks that moved into white hospitals than there were whites that moved into black, although some did. And that's true in any area of our living. The one thing that doesn't apply here, say housing, it's something like the universe, they say there's an expanding universe, it just keeps expanding and expanding. As the blacks became more affluent and wanted better homes, there wasn't an influx of whites into the black communities, they moved, they expanded and moved farther out and farther away and blacks are following, and it's been hard for our society to learn that something Joe Louis said way back years ago, that we can run but we can't hide. It's one of those things and in hospital operations some of that same situation exists.

[End Side A]
[Portion redacted at the request of the interviewee.]

[Start Side B]

DW: It isn't something necessarily that should go on this tape, I was just discussing in relation to either, we're analyzing from the general down to the specific, at the Red Cross, or from the specific out to the general. All of these things reflected on the success or failure of Red Cross Hospital.

OF: Okay, that's leading up to what I was going to ask you, and I think you've answered it indirectly perhaps, do you think the black community suffered a loss with the passing of the Hospital?

DW: Yes. Yes.

OF: A loss to their sense of identity and pride, and...

Identity, pride, school or internship location for young physicians. And then that sense of having a stake in the rock. Owning a piece of the rock, institution. At one time, the two largest black employers in Louisville - when I say, I'm talking about black owned and operated institutions – was Mammoth Life Insurance and Red Cross Hospital. Controlled by blacks. With white employees. [Laughs.] Red Cross is gone, Mammoth Insurance is about the largest, I suspect. It's that, it's having a stake in something, an institution, a service center, for public good. Yes. There was a loss.

OF: Now to get back to perhaps more specific things. On several occasions, the board discussed the possibility of abandoning its acute care status, and becoming a [?] as an extended-care facility, as a means of dealing with the problem of, well, the financial problem –

DW: the patient load

OF: Patient load, and all this, they had I think done some sort of advisory commission or something outside agency, at least on one occasion and maybe twice,

DW: that's right.

OF: and they debated this issue off and on for years. And where did you stand on the question, and why didn't they ever – why did they debate it so long without ever really resolving the issue. It's unclear from the minutes, you know it goes on, you know it comes up periodically, the question.

DW: It comes from that point that I discussed before. Sort of a division of opinion on the board. Each side being supported by the professionals in the

hospital who had their own axes to grind. And I'm not saying that derogatorily, I mean it's perfectly human, if you understand, I should have put it another way.

OF: Differences of opinion.

DW: Went so far as to rehab part of first floor, one time, for this [initiative?], and they wanted to tie in to Park DuValle Health Center,

OF: Some question of buying the old Norton's I think at one point.
DW: Yes. Seems to me some kind of service that they could render out of what used to be the old Marine Hospital, and down in the Portland area. Now, there were some new thoughts that came into the hospital through some of the medical professionals, particularly doctors, that some of the board members got the feeling that there was some desire on their part, and this has to got to be handled very carefully, for the hospital to not succeed as an acute hospital, because there was some thinking – it was thought that there was some thinking – of it becoming a proprietary.

OF: I guess I – a private, do you mean owned by an individual, a group of people.

DW: That's right. So much so that they idea of Nortons came up. If we can't get this, then we'll get Norton's and so forth and so on. I said this has to be said very carefully, at least that's the view of some, that certain moves that were made were indicative that it wasn't a matter of whether the hospital failed as an acute hospital, certain people get their hands on it so they could run it as a private, profit-making institution. And of course, all of these [?] and ideas being debated around as to which direction to go, made it very difficult for administration to make ends meet, because over the long haul, some of these same debates caused attitudinal problems between and among certain professionals who pulled out and said, "well, I'll go elsewhere, I don't have to put up with this." You understand what I'm saying, that all this is a part of that, what I call total orange. Under the covers, some seeds and some juice and some meat and some so forth to make the total orange. You may not see what's under there because it's got a cover on it, but I think that's all part of this thing that I spoke about way back, diverse attitudes as to what direction to go. And it reached the point where the, from the board structure standpoint, where those who were more or less opposed to continuing as an acute hospital became a majority. Do you mind my smoking?

OF: No, no.

DW: became a majority of one or two and made it very difficult because... I wonder if you could close that.

[Tape shuts off and then resumes]

OF: okay, you were talking about the conflict between, among board members over...

DW: yes, eventually, the board's composition changed so that the pros and the cons and so forth, one side became predominant, in the thinking of what should happen to the hospital, and it was at that time that the administrator left the hospital. The day of the vote of the board, to change administrators, the politics, internal politics had been played so keenly, that he received only two votes, with some absentees.

OF: Reading the minutes themselves, you know it just sort of comes out of the blue, suddenly, you get this impression that, of course you know it couldn't possibly have been that way. But that, I think it was in January of 1974, something like, maybe it was a little earlier than that.

DW: '73 or '74.

OF: Yeah, I guess maybe it was a two year period. And suddenly your reading and they're saying that he's being asked to resign, in effect. And given only two or three weeks in which to leave –

DW: That's right.

OF: and without really any reason being given in the minutes for this.

DW: But that had been brewing for some time. Because there was this choosing of sides, getting together and so forth and so on. And at the time, a doctor who is now deceased became president of the board and was also chief of the medical staff. Which made, didn't make sense to some of us, but that's the way they had it. And it had been brewing for some time, and it had been discussed. But it think some of this didn't get into the minutes.
OF: It didn't, no, only a very...

DW: Didn't get into the minutes. But it eventually came to the point that the minutes indicate, that he resigned. And it was right behind that that the hospital was just practically through, the day he walked out the door.

OF: I had gotten the impression, again I'm not sure if this is one of these things that it's never really – it's just an impression you get. That he was

really asked to do too much. The studies that the, the accreditation studies and the audits done by auditors and these sort of things, they often made recommendations about the financial handling of the hospital and I'm sure, well I know each board member got these. And year after year they said, "Well, you know, this should be done, and this should be done," and many times it was the same thing. But it just seemed to be that Waverley Johnson was really asked to do two or three jobs.

DW: He was asked to do about six different jobs that different people should have been doing. He was asked to do entirely too much, that is true.

OF: and after he left, they then divided up the duties, didn't they.

DW: That's right.

OF: without too much success, evidently.

DW: Mr. Johnson wasn't liked by some of the people with whom he worked because he was a stickler for good business administration, a good operation, good staff procedures, and particularly medical procedures. He fought with doctors day in and day out about finishing their reports and signing off on them. And it wasn't until the accreditation came wherein they put us on probation that they could get them in to sign. You know there were just stacking up by the thousands, they just had rooms full of them. Doctors would have to come back and you couldn't.

OF: I heard he had to chase doctors around the hall

DW: He had to chase them everywhere to try to get them in, to finish up those documentations. They didn't like that. They didn't have the time. He's hounding me. What does it matter? You know what I mean? And so forth and so on. But as administrator, he had to do it, you see.

OF: Especially once Medicare, or those medical programs you had to have it to be funded.

DW: that's right. Many times, you couldn't get the records in because the charts were not complete.

OF: What do you think could have been done, in any one or two things that could have been done differently that would have perhaps saved the Red Cross Hospital?

DW: Out there, I think, this is heck of a thing to say, but I think taking it in the times that it happened, there shouldn't have been a practicing physician on the board. Practicing physician should not have been president of the board and chief of staff at the same time.

OF: It's just too much of a conflict?

DW: It's just entirely too much of a conflict of interest, because what happened, when your chief of staff who directs the medical services is also chairman of the board that makes policy, that puts the administrator in a spot, because that makes him, makes the, puts him in a vice.
OF: He really can't do anything

DW: and there isn't anything he can do except what he's directed to do you see. Either stay out of the way, or you do this the way I want it and so forth and so on. That was one of the big mistakes. If that had been done differently, I think that was probably the straw that broke the camel's back. And if it had been done differently... we talk about it every now and then, particularly [?] but also Dunbar, since we work together, we saw this thing so clearly, that after Mr. Johnson was asked to leave – he got two votes, Dunbar and I – we both resigned. Not, we didn't resign that day or anything, but down the road, very shortly, we did, because we saw the handwriting on the wall, and we didn't want to be a part of this thing of having to vote to close that hospital, among other things. So we both resigned off the board. And he can speak for himself. But that's when the slide really came.
OF: I think, I know that least one other long-time board member who I think had resigned before that, maybe a year before, but who essentially saw this, saw the same sort of conflict, Eric Tachau, I talked with him.
DW: Eric Tachau was a good board member, yes. Eric, I think he could see it, too. Because he left before we did.
OF: He left in '72 I think it was. But it was over that issue, I think as I recall. Well that's all my questions. Perhaps you can think of something we should discuss.
DW: I think I would like to give you a copy of something. I've got some notes here, 1966. [Laughs.] I don't know whether you'd want them or not. These handwritten notes, gosh I've got a stack of them. But out of that, I sat down and typed this thing up, I don't even know what I said, but, but this was a confidential thing to Mr. Johnson. "Excuse typing as I did it myself for confidentiality." Let me make you a copy of this. It's just things that I wanted to talk to him about that I didn't want to become an issue.
OF: I'll turn this off
DW: and I'll answer any other things.
[END OF INTERVIEW.]

Oral History Center

University of Louisville

Interview with Jesse B. Bell

Red Cross Community Hospital

Interviewed by Olivia Frederick

Interviewed July 28, 1979

Tape number 773

Transcribed by Mindy Glenn

University of Louisville Archives & Records Center

Transcriber notes:

Olivia Frederick identified throughout as OF

Jesse B. Bell identified throughout as JB

[] indicates transcribers notes

[BEGINNING TAPE 773, SIDE ONE]

OLIVIA FREDERICK: This is Olivia Frederick with the University of Louisville Red Cross Hospital oral history project. Today is July 28, 1979. I'm talking with Dr. Jesse B. Bell at his apartment in Louisville, Kentucky. Dr. Bell was born April 20, 1904 in Tallulah, Louisiana. He now resides at the 800 apartments in Louisville, Kentucky. His parents were Ella Stanberg Bell and John Bell. Dr. Bell, first tell us a little about yourself, your education, your family...

JESSE BELL: Well, as has been stated above, I was born April 20, 1904 in Tallulah, Louisiana, a very small town that was possibly well-noted for its sawmill activities and of course was in a rural and farm setting. I attended school there until the seventh grade, but because of the shortness of the school term, which averaged approximately 3 months out of the year for black students, those months being December, January, and February, then I was able to leave or rather was forced to leave, in order to speed up my education by going away to school in Mississippi. I went to Alcorn College, which at that time had an elementary school. I began there in seventh grade in 1918 and finished high school there in 1924. After which time then, I transferred to Morehouse College in Atlanta, Georgia, because in my high school I had had the privilege of having some professors from Morehouse College and I therefore went, through their advice, to Morehouse. There, my courses were speeded up as I was a bit behind, because of my early training and I did my college work there in three years. I was not given my degree at that time but was given my degree one year later after I had spent my freshman year at Meharry Medical College in Nashville, Tennessee. I began my medicine there in 1927, and I graduated in 1931 at Meharry Medical College. After graduating in 1931 I did my internship, which was a rotating one, in the college for one year. After leaving there and taking the state

board, I began practice in Frankfort, Kentucky in June of 1932. So that gives my early background in the schooling and in the practice of medicine.

After that time I was in Frankfort where I practiced for a while. Later, transferred to Louisville, in fact because of illness. There was no hospitalization available. I transferred to Louisville. After again beginning to work, I began to work for the health department in Louisville where I worked and did eleven years full-time resident work at Waverly Hills Sanatorium. After working there for eleven years on a full-time basis, I began a part-time practice in Louisville in 1946 that I continued until 1977, at which time I went into retirement. That, I think that gives a brief statement of what coverage from my beginning to present.

OF: Ok, I'll ask a couple of questions to perhaps sort of supplement that.

JB: Yeah.

OF: You talked about your early education in Louisiana, what were children doing the other nine months of the year?

JB: The most time they were simply doing those types of the things around, such as working on the farm, which I did a good bit.

OF: Did you have brothers and sisters?

JB: No, I was an only child.

OF: What sort of work did your father do?
JB: He was a section foreman for the Missouri Pacific Railway and because of his occupation then that enabled me to have finances to aid me in going to school away from home.

OF: Did you live with family when you went to Mississippi?

JB: No, I stayed in the boarding school. The college at that particular time -- a goodly many of the colleges -- had boarding schools in connection with them because the college students were there so there were dormitories that were different, but they did have provisions for people living on the campus.

OF: What part of Louisiana was this town, your hometown in?

JB: It was in northeastern Louisiana, being very closely identified with, or at least, seventeen miles west of a city that is well known for its historic

connection with the War Between the States, which is Vicksburg -- Vicksburg, Mississippi.

OF: Certainly. Your association with the medical practice in Louisville then goes back a number of years. When did you first begin to professionally use the Red Cross or Community Hospital?

JB: The first cause that I began to use the hospital on a professional basis was in 1941. In 1941, as I stated earlier, that I was working with the health department. Our director of health, Dr. Hugh Leavell at that time was my superior, and because that there were very few facilities for the practice of medicine with the black physicians, he chose me to go and attempt to develop the Red Cross Hospital, which up to that time had been used, but no effort had been made necessarily to bring it up to standard hospital procedures. It was used more or less by people who were not too acutely ill, and if they were acutely ill they just had to receive the best treatment that they could there because they were not admitted to the other local hospitals. So Dr. Leavell was a very fine man who graduated both Yale and Harvard and inasmuch as I had hospital training coming in from Nashville, and having had staff exposure in Waverly Hills Sanatorium, he chose me to go and attempt to get the hospital started on an accredited basis and this we did. Began there in 1941 organizing the staff to the best we could through the aid of funds that were received. As I recall -- figures may not be exact, but about $7,500, a donation from the city at which time the mayor was Wilson Wyatt, Sr. We received about $16,000 from the Rosenwald Foundation, which was headed by a Dr. Bousfield. Dr. Bousfield was then located in Chicago or, but he was in the Army since war started about that time. That alone, with other contributions, we were able to set the Red Cross up on a basis that allowed gradual development. We were later able to obtain some funds and make a small addition to the hospital, and provide it with laboratory facilities, with a registered stenographer, and developed and got an X-ray department. Prior to that beginning organization, actually the X-rays were taken then by the giant] who happened to be another fellow by the name of Bell, don't you understand. So, that would give you some idea as to what little professional help was being given, yet it was the best that could be given, see. [TAPE RECORDER STOPS, RESTARTS]

OF: Can you tell us a little bit about what the physical plant was like itself in those early years? I find references to one buildings, two buildings, three buildings -- what existed in those early, mid-40's, before the new addition?

JB: Well, the physical plat was very limited, really one part being attached onto the other, was about the best that we could say, with one exception, and there was a structure that had been built that was separated from the

main structure. And this structure was built, as I recall, through or in connection with the Crippled Children's Agency. It was used primarily for the orthopedic services that were carried on, and that is where the black children were admitted. That was the last, now I believe that structure was built in 1929, I believe the history on it is. The other part, of course, was, it was all of brick construction and all, but was very cramped because of the smallness of the site, don't you see.

OF: I did some research and newspaper accounts for the period, I think it was in 1919 they were trying to raise funds for a children's ward because children under four, black children under four years of age, could go to no hospital in Louisville, which just appalled me. I guess I – course, I guess people didn't go to the hospital in general as much then, but to think there were no facilities at all to care for young children. So I guess this was built in....

JB: Well, I'm glad your research supports my memory, or my memory supports your research to a reasonably agreement. I said I think, it was my idea that the building was built in 1929, so if you saw in 1919 -- so you have a gap there of ten years.

OF: Well, they were just starting to try to raise funds.

JB: Well, that's it. And I'm pretty sure it was. The great benefactor of the hospital was, as we all know, was Mrs. Hattie B. Speed see, and the funds that came to the hospital for the most part was a fundraising rally that was always conducted on February 12th or Lincoln's birthday and the institution was very small. And that was when they got a few thousand dollars, it was considered a great gift and a bonus. And at the time I began to go there and was placed in charge as medical director, the nurses were receiving thirty dollars per month, that was their salary, along with however their maintenance. [Music and recorded speech play in the background, growing louder.] They stayed, that is, those who were single, stayed in the building. Of course those who were not, why they had to, I don't recall whether or not that they got any extra compensation, but to the best of my knowledge they didn't. [Background music diminishes.]

OF: Now at this time in the forties were any blacks admitted to any wards at General Hospital or?

JB: To be perfectly frank, they were admitted to some, yes, no question of that...

OF: But they couldn't be treated by.....

JB: They couldn't be treated by their own family physician because there was an exclusion, and on the books to, at that particular time, they just were completely strictly separated and segregated.

OF: How much of the expense was paid by patients during these early years or was there a great deal of charity work done on the part of Red Cross Hospital?

JB: Well, it was a good bit of charity work. That was, first of all different individuals would come on that type, because I realize that the – well, first of all there wasn't a great deal, and the expenses were moderate because it was dealing with an underprivileged population and that underprivileged population didn't have a lot of money to pay, and of course those people who were working possibly for industries such as Ford, Harvester, whatnot, could pay some but a lot of the other people didn't have a lot with which to pay.

OF: I've, I guess one thing I was trying to get at was, were -- was it the more affluent or well to do blacks in the city who went to Red Cross or, and the more indigent went to General. or was there any breakdown like that?

JB: Well, I frankly don't know, but I think that there were just certain types of people -- and it was my opinion that the well-to-do or affluent people, many of them sought training at General because of the facilities that were there. Now, that was one of the types of things that I didn't mention: we brought in, in '41 or the first part of '42 the first intern or resident physician at Red Cross. We had to bring him in as a resident after he had done an internship some other place because with the hospital not being accredited, it would not serve as a basis for internship, but this was a resident that we brought in. He was a Dr. William B. [music swells.] who had done his internship in Pittsburgh, I believe it was or Philadelphia, I don't recall at the present.

OF: Were many of the patients out of town patients? From elsewhere in the state?

JB: There were a good many who would come, see, because the other hospitals, other towns, were even possibly less well off than Louisville because Louisville did have Red Cross while many other towns had no hospital.

OF: I was thinking of your statement concerning Frankfort.

JB: I did that was no, there was -- the only work, when I worked in Frankfort as a practicing physician, only facilities we had there was just a single shotgun house with what little equipment that you could put in for sterilizing and so forth.

OF: I guess this is sort of how Red Cross Hospital must have gotten its start from the accounts I read, with Dr. Whedbee and Merchant, set up the hospital down at Sixth and Walnut at the turn of the century.

JB: That's right. Yeah, they were the two pioneers that you see.

OF: Did as part of the updating of the facilities and things at the Red Cross Hospital, was there some sort of nursing training program established? Or when was that?

JB: That was, it all began in 1941. At that particular time we had a woman, we had a Mrs. Miller, who we obtained and who was qualified and had to be, in order to be able to head the nursing school. We had a training school. But she stayed a short time only because of the lack of adequate living facilities, see. And in order to head the hospital staff and school we used, in connection with the Jewish Hospital, we used as our directors of nurses, the directors of nurses at Jewish Hospital. She -- in name at least -- carried the title as our supervisor and director of nurses, see. [Recorded voice in background.]

OF: How long did this sort of, that last, that sort of situation?

JB: Well, frankly, I would say two or three years, until we were -- later on we got a directress of nurses, but then as we went along with the whole progress coming along, the nursing school itself was abandoned -- I don't recall exactly when -- but that went along as long as the nursing school because there were people in training there at that time. But I would say three or four years or possibly something to that effect.

OF: How long did you serve as medical director?

JB: From 1941 till 1946.

OF: Was there an administrator during these years?

JB: At the time that I was there, I was able to get a Mr. Houston Baker who was a mathematic teacher I believe at Central High School. And with the cooperation that we had, as I stated from and with Dr. Leavell, from and with Dr. John Walker Moore, who was dean of the medical school and

administrator of General Hospital, and I believe with a Mr. [Buschmeyer], not too sure about his name, but we'll say the administrator of General, anyhow. We were able to work out -- Mr. Baker was well-trained and because of the stimulation that he got from being at Red Cross Hospital, he later became an assistant administrator at Freedman Hospital in Washington,. D.C.

OF: We have some of his papers in our scrapbooks, but he....

JB: That's true, see he's a very brilliant type of fellow.

OF: What do you think were the differences that quickly come to mind to you about the Red Cross Hospital say between 1945 and 1955, what sort of things? How would you characterize the hospital? Maybe even between 1945 and 1965, how do you think the hospital changed?

JB: Well, to be perfectly frank, the hospital went along. I don't know exactly what the year was Mr. Baker left he was still there when I was and I don't remember the year that he left. But there were changes that came about and possibly the early changes in progress and routing to the Red Cross began to drop off some because the other hospitals had opened up, and that within itself made other alternatives available. And that is what I feel may have been the decline in the continuous patronage and you can readily see that many physicians, regardless of how devoted they were, they attempted to keep their patients together. I did throughout. And where the individuals were able to admit all their patients to Jewish, or all their patients to Norton's, both black and white, why then there would be a tendency to put them all together for their own convenience, see. Now for a period in there, I would say, up maybe until at least '50, that the hospital went along on a reasonable even keel, but I would say sometime after '50 that there possibly began to be less visible support for the hospital. Of course after Mr. Baker left, there was another administrator that came in, and he was Mr. Johnson, Waverley B. Johnson and he did a good job on that type. But after all you have to have patients to run a hospital and... I believe though that possibly after '50, and after Mr. Johnson left, and then Dr. Young III came and he was administrator, but during the time that he was administrator -- a good portion of it -- a good many of my patients [?] during this whole situation, the patients to my mind and way of thinking, received adequate care. But I was possibly not affected because the people that I admitted were medical patients, and the goodly many of the patients, as you know, who are hospitalized are surgical patients and that's where that individual often will look for the more modern, let us say, or more sophisticated material for having that coverage. But if I had an individual who needed medical care then under supervision and outlined you could take care of them one place

about as well as you could another, unless let us say that you had some individual that you had to have 24-hour monitoring of, such as the cardiac coronary care unit or something of that nature.

OF: One doctor has told me that he didn't and he implied that other doctors just didn't admit their most seriously ill patients to Red Cross because they didn't receive as good of care perhaps. Do you think that's true?

JB: Well, that is what -- I just attempted to give the explanation that I said, the individual who had his critical patient admittedly didn't have all the facilities and that would be an obvious factor, don't you understand, see. For instance, let us say that you had someone who had to have brain surgery or you had someone who had to have open heart surgery, or you had that -- but the hospital was not in a position to have all of the facilities and there's certain ones you can't. For instance, at the present time the hospital that is being opened shortly, by Humana out there, they are wanting certain types of sophisticated instruments and stuff, but the certificate of need is denying that out there, don't you understand. So that will be a handicap. But obviously -- and we all recognize -- where that you had a larger population to draw on, and not only a larger population, but a population that was better able to pay high fees. And after all, I think it may be a long time before we are able to ignore the dollar sign.

OF: I'm afraid so. I really am. Do you think the quality of care declined any, say in the late 60's? I tell you why I ask that question, this week I ran across some medical staff minutes from 19, May and June of 1969, in which the doctors talk very candidly -- including yourself -- about the lack of competent nurses and other support staff at the hospital. And I know, I think, I assume it was you, they just identified the person as Dr. Bell in the transcription from the minutes, talked about come upon a woman who had evidently had a heart attack, he had worked over her massaging, I guess her heart and whatever, and about six to eight people came into the room over a half hour period and didn't know how to attach an oxygen tent. And the descriptions of the other doctors who worked very hard, obviously, to maintain good standards of care, it was really very touching because you they were, you got the sense they were putting out all they could, but yet were very frustrated in their efforts to provide quality care at Red Cross Hospital. Do you think that's a true assessment and if so why was this? Was it just a lack of financial support at the hospital?

JB: To my way of thinking, that would be the answer. It would be a lack of support. I tell you, any of the meetings and minutes and stuff that you read that I had there, I have attempted to be very candid about all the things that I've done, whether they were medical or not. And that possibly was a

type of a thing -- and I said, that you don't find yourself trying to play down life because life to me is a sacred thing, don't you see. And you'll find in a number of instances individuals will not follow through. And of course a goodly many times it is due to supervision, you understand. But again, with a small patient population you can readily see, your staff is bound to be limited, and with a limited staff, you are bound to get limited service, don't you see. And that much we can see that it just happened, as has been over at General, when recently they were having their cutback and when the individuals ceased to work overtime, why then they had to cut back on the patient care and things. And there seems to be an effort to push some things further than you can push them. Understand, if you aren't able to get well-trained people because they elect to work some other place where they get a better salary or where they get better working conditions then the people who are less well-trained simply don't deliver the service, regardless and even under good supervision. You've got to have something to work with regardless of how much guidance you give them, you see, and I'm sure that is the case...

[END TAPE 773, SIDE ONE] \
[BEGINNING TAPE 773, SIDE TWO]

OF: Return for just a moment to the question of integration of hospital facilities in the city. When did that really begin here in Louisville?

JB: Frankly and truly I can't tell you that date, I don't have it.

OF: Did it occur without a great deal of dissention, and?

JB: Oh, I think it did, really and truly. I think it did occur without a great deal of dissention. You see, most of the hospitals inasmuch as they were receiving [Hill Burton?] money then the federal government required that they begin to integrate, don't you see. And of course, in the beginning there may have been some friction, but for the most part it went along reasonably smooth. It was possibly like the integration of the school system. In the beginning, the people were prepared for it. Actually, the racial relationship had been reasonably good after the black physicians were admitted into the medical society, different individuals knew each other quite well. And I believe, and to my knowledge I have not put -- I know on my own self, now it may be that other people had a difference, but I did have maybe a little different approach to the problems that I had because, as I stated in the beginning, through the years I had worked out at the sanatorium and I had been thrown with the white physicians a great deal, and had grown to know most of them and I had been around the other hospitals or other places. Many times even from the clinics, with reports going out over your

signature, it allowed a number of individuals to know you by name if not in person. And I confess that most of the places, I have found they have been very courteous and cooperative, so far as my person is concerned.

OF: Getting back to those minutes I was talking about earlier, the 1969 medical staff minutes, one doctor talked very emotionally about the lack of pride in the black community concerning the Red Cross Hospital and that unless this developed the hospital would not survive. Another occasion Whitney Young in a board of directors meeting bemoaned the passing of black run or predominately black institutions like the Red Cross Hospital. Do you think the black community lost something with the passing of that black institution?

JB: Yeah. I would think so. I'll tell you why I say that I would think so. [Voice from television or radio is audible in background.] It doesn't mean that an individual doesn't want integration on different types of things, but there are certain types of the things that people like to cling to. Now, I think if the institution had been developed and carried on on a basis of par with other institutions, it would really and truly not have been a completely ever a totally black place. Because I myself admitted white patients out there, and I want you to you understand. But it would have given maybe the younger individuals an incentive, you know motivation is a type of a thing that stimulates a lot of people, and I believe that it was a loss of a type of thing, not because that there wasn't a good treatment other place, but it took away a landmark and there are a lot of people, if they see something that is oriented -- for instance, we would wonder why there would still have to be a Baptist Hospital, or a Catholic Hospital, or a Jewish Hospital, or a Methodist Hospital, and there are a number of individuals who because of their religious faith and whatnot, they just elect to go to one of those institutions. I don't think that it's by any means that it's a must, I don't think it's narrow, I think it's just a matter of having pride in a project that you would feel that you were closely identified with, see.

OF: Wonder why that the black community never did develop this pride and association with the Red Cross Hospital. Do you think its location perhaps was something of a factor? It was fairly well removed from the center of black population wasn't it, or was it? Again, getting back to those minutes, one of the doctors talked about this, that there were black militants out urging all sorts of action and support for all sorts of things, when there was this institution with a long history of black identification and service to the community, yet they showed no interest in its survival, and why do you think that was?

JB: Well, I think maybe, I mean, it would be only a guess -- the individual, let us say, who has had only the short end of most things whatever they are -- let us call food -- and because he has only had food that was limited to ordinary variety, then the next thing that he wants, if opened up and get the opportunity, he wants to shoot for caviar. Human nature is a human nature regardless, I believe, to whatever it is, it's a matter of trying something different, don't you understand. After you try something different for a while if you get away from it, then you will find, maybe, the other people who come along have never been endowed with that basic or gut feeling so to speak, so they drift with the tide, don't you see. I mean that would be my feeling about it and not only about the hospital, but about many other types of the things. I think there is a tendency to want to change. You know, and you wonder why, I think it terms of this type of thing, those of us who are older -- and you'll find after you grow much older -- you feel like certain types of things that happened in the distant past was the thing to have been done. I mean, for instance, if it's a matter of getting up and giving a lady a seat or if it's this or that, but with the putting on par, the association with the woman in the coal mine, with the woman at the operating table, with the woman now is Thatcher heading the British government, and the one in France -- Villie I believe, or whatnot. I think it's going to be your guess or mine as to how long before there will cease to be the jumping up and giving a woman a chair. Now, if there is any comparison that I make of that, I make of it simply to say that change has come about over which no one has a control, or things that you can't give a definite belief for except one is, that people will say, "I want to change," or "I'm going to try a change and if it turns out that I go to a hospital, let us say Jewish, and I like the treatment there and I have children who visit me there and see what treatment I get," then many times they would never return to Red Cross, don't you understand. On the other hand it is and was black-oriented, but they still put down their roots there, don't you see. So I mean it's just one of those --

OF: There just a certain ambiguity...

JB: Yeah, that's right, it is an ambiguous equation as to why, but people will follow in for changes, irrespective of what comes along. Right or wrong, they still look out for a change, don't you see.

OF: They may feel very attached to the hospital emotionally --

JB: No, that's what I say....

OF: -- but yet --

JB: There's one thing about it, though, but I think on the basis of illness or health [?], there are not many people -- it's the same type of thing with insurance companies, the same type of a thing with everything, don't you understand -- it's the same type of thing with politics. You read how individuals do things and they know that they are not doing the type of a thing, or that thing was not done in the best interest of all, and yet some individuals will follow some people irrespective of what they do, don't you see. It is regrettable but I think this -- I think if it had survived and with a good bit of plugging and pushing, it may have been something that would have well gone as it would have been. But actually one other factor, the location had been one thing. Now you take Norton's Hospital, Third and Ormsby out here, you see where Norton's Hospital is, now? You take the Jewish Hospital that was at that particular time over, I don't recall exactly where it was but it was a long distance when it moved over it came into the medical center, you take the General Hospital there. You've got a medical center, alright? So you can readily see there is a tendency again for physicians to find themselves rallying to something that gives the most convenience. Now, as you've seen from the press, that the Methodist Hospital has gone on record apparently buying the two towers over there, south and north, right next to them. And I know that Southwest Jefferson Community Hospital is to put up a building right next to them, and I know Suburban Hospital and all. So it was really a long distance out, and that made it difficult and that plays a big part on survival, too.

OF: This feeds into what you were just saying. You've discussed one or two factors, do you think there any other factors that account for the failure of the hospital to survive? Or what do you think perhaps could have been done differently to have saved the hospital if anything?

JB: Well, possibly I think a change in location would have been one thing. Now can we imagine such an institution as St. Joseph's, an institution that got everything in the world – heritage, and every type of a thing -- but actually I believe the change of the location was – now, at one time a Mr. Tachau, Charles Tachau, who was on our board brought back to our board a fact that he could obtain this situation, a place for Red Cross upon which Jewish Hospital is now located, don't you see. He brought that back and discussed it. But the old board turned it down, see, because they felt like they wanted to remain where they were because of its nostalgic value possibly or whatnot. And chances are, if it had been gone and placed where the Jewish Hospital is now, it may have been a surviving institution, because it would have been close into the situation, don't you understand. I said maybe, I don't know don't you see.

OF: Sure. About when was that?

JB: I don't know, but it must have been about '43 or '44, somewhere like that, don't you understand. See I believe it was -- whatever time it was but I do know that he brought that back to the board.
OF: There was talk of moving the hospital even up until the very time it closed I think, moving into the west end, moving it into the old Norton's --

KB: Old Norton's, and they had thought the old Parkway Medical Center, you see, but none of those -- but you see, you would have still be out of -- now you move it into Parkway Medical Center, you would have had the Medical Arts building right next door. But the big factor is a hospitalization and most people you go and prune your hospital staffs and you'll find... I know it was the firm of certain orthopedic people, that did their work at a certain place because they know the staff there understands their procedures and what they want, don't you see. But now if you've got to go over here a distance and instruct and set up a conference before you can get a scalpel or something like you want, you find yourself going back where they know what you want.

OF: I can see that. One doctor I interviewed indicated that he felt there was a lot of animosities among doctors who used the Red Cross Hospital a lot, do you think that is true, that that sort of situation existed?
JB: Well, frankly, not to my knowledge. I mean frankly, as I said, if so, I wasn't knowledgeable; of course you are going to find differences wherever you are, but I don't know...
I don't know that there was any more -- sure, you can find some individuals that get animosity. Even out of group practice, one guy wants one thing and one wants another, but I don't really know the great animosity that might have existed. Sure, I recognized that there were differences, but I mean I didn't -- any hard fighting. I know there were about two different factions. There were some individuals that wanted to come and wanted to extend the use of abortions in the hospital and so forth, and there were those who opposed to that and I'm one in the opposition. And so it's just a matter...

OF: This is the affiliation with the Hammer Clinic?

JB: ...that type of thing you see. And there are sometimes, some individuals feel like I can put a patient in, and let him go there. But I was chairman of the utilization committee, don't you understand, and to the best of my knowledge through the years that I was, if I found an individual overstaying in the hospital, I let the physician know. If I found it, I just said, I haven't found but one way to go along with lying, and that's right straight down, and when you that then I think you do the thing that ought to be -- some of my close friends, if they had somebody they just wanted to tag along with, I

mean it just isn't fair. It may have been that I was a little more conscious of it than some because I was connected with an insurance company and you can receive types of reports where some individual has something that is very, very minor and then you got a long tie up on that thing you can recognize that it's over utilization that's all, don't you understand, see.

OF: In 1967 a study was done by a hospital consulting firm who advised the board of directors, and I guess the physicians who used the hospital, to turn Red Cross into an extended care facility rather than an acute care facility. This was evidently debated back and forth from well, until it closed its doors. And I guess some sort of extended care facility or ward or something was set up at some point. Do you recall this debate and if so how did you feel about it?

JB: Well, I'll tell you the truth about it: I really don't recall because I didn't participate in it.
After I left as the administrator of the hospital, I attended staff meetings and all but the administration of the hospital as such, I don't know just what it was. I know there was some discussion but I don't think that it ever got very far. First of all, I don't know that it would have been a good unit for extended care, and the basis is – course, there was a lot of changes would have to be made, it's only got one elevator. The next thing about it, in extended care places and all you've got to have very wide halls and all. See they'll build on the thing, that's why sometimes I think failures come about, where that you try to make something out of something that isn't adequate, don't you see. And I think [?]. But I didn't ever participate in or attempt to make any decision regarding its conversion into that. I heard some individuals say after it had closed that they were going to attempt to open it up as a nursing home or whatever the situation is, but I wasn't interested to that extent.

OF: Well, that's all the questions I have, is there anything else that you can think of that you would want to share with us?

JB: No, I think to the best of my knowledge that we covered most of the things as they came along, and as they were approached on that -- I think, and you may have gotten that previously, the seed work and the ground for the Red Cross establishment first, in addition to Dr. Whedbee and Merchant that you mentioned, that the finance and all that came from Mrs. Speed because of her connection with Mrs. Merrick who was the nurse that went with her, don't you see, most times traveled with her, Mary Merrick.

OF: Did you know Mrs. Speed?

JB: Yeah, knew her quite well, don't you see.

OF: Was she around the hospital a lot?

JB: A good bit. She was.

OF: She must have been quite elderly.

JB: She was, but she was always pretty keen, don't you see. We had a very close and a good relationship.

OF: When did she die?
JB: I don't remember the year now, but it must have been... '65?

OF: I know she was a big supporter back in.... War World I

JB: She have died somewhere along the early '50s, I think, somewhere along about that time.

OF: She was a supporter up till the very end, I gather.

JB: Oh yeah, yeah, yeah. [?] I'll tell you, otherwise, she was really one of the those individuals who was not pushy toward changing the status of the hospital a lot, because and rightfully so it had served its purpose as she did and maybe she felt like if somebody else wanted to change it, it was up to them to change it. But this one thing that she has said to me over and over, when we would run into difficulties when you wouldn't have something and she would supply the fund, and she said "Dr. Bell, I'm going to do the most I can for the hospital while I live because I have see a lot of things where people intended for certain things to be done that after they passed on they wouldn't do, don't you understand." She's a very mild and affectionate type of lady, don't you see. They called her around the place [?] Old Miss, don't you understand and see this means that she really was. But to the best of my knowledge that gives at least my connection with the hospital at that time and after a period of about two and a half years or three years, we had complete approval from the American College of Surgeons, don't you understand.
And during that time we held staff meetings regularly. I recall one meeting that we had, I think we had forty-two people there, don't you understand. See it would really -- I had a pretty good background in hospitalization as I said about it, we had just built a new hospital in Nashville, and then with my association at Waverly and all, so... we just carried it right along. But again, the person, the stimulus behind the background was Dr. Hugh Leavell, don't you understand.

OF: I gather that the hospital was, its sort of heyday, was from the end of War World II or maybe starting during World War II, to the end of the '50's?
JB: That's right, that was known as its best time. But as I said and after that -- you know things can go along well for a while, but there is something that everybody wants, to change.
And that change has brought about... For instance, people who have invested recently and heavily in automobiles and all, they got a change that is going to be natural. We like to look out here and see the Cadillacs out there on brown brother's lot. But with the gasoline shortage, you going to change, see. But it's just a matter of a difference of convenience, and sometime it's one thing -- there was a song once that said, "one little tear let me down." I don't know if you ever heard of it or not, but that's what they say, one little thing, a guy makes his mind that he's going to do a certain thing but because of the reaction that you get from something else, and it's something over which you have no control. But when I think in terms of big empires like Penn Central Railway Company or big cities -- New York, Cleveland, San Francisco, and some of them, a lot [?] in Los Angeles -- they have to be bailed out. You can readily see that everything just doesn't succeed.

OF: No.

JB: Regardless of what it is it just doesn't succeed and it becomes a reason, sometimes not
apparent, but there isn't any other reason see.

OF: Yes, well, thank you Dr. Bell.

JB: Well, it is well -- thank you.

Oral History Center

University of Louisville Archives and Records Center

Interview with D.W. Beard

Red Cross Community Hospital

By Olivia Frederick

Interview Date: November 29, 1979

Tape number 794

Transcribed by Mindy Glenn

Transcriber notes:

Olivia Frederick identified throughout as OF

D.W. Beard identified throughout as DB

[] indicates transcriber's notes

[Side A]

OF: This is Olivia Frederick with the University of Louisville Red Cross or Community Hospital oral history project. Today, November 29, 1979 I'm talking with Des Moines W. Beard in his office in Louisville, Kentucky. Mr. Beard was born on March 19, 1914 in Newton, Kansas. His parents were William Beard and Georgeann Beard. Mr. Beard, first tell us a little about yourself, your education, the type of work you've done, that sort of thing.

DB: [Laughs.] Wonder why I'm laughing. Lord. I'm really a farm boy and I left that area when I was eighteen when I finished high school, and migrated into Louisville by way of Chicago. And I've taken up residence here ever since. Now, am I speaking loud enough?

OF: Mmm-hmm.

DB: In a sense, I came to Louisville really to try to go to college, and I did enter Louisville Municipal College which was the black branch to the University of Louisville at that time. I worked at a number of jobs as all poor people do, laborer, worked for Walgreens, and I took several civil service examinations and one of them was with housing because at that time housing was under the United States Housing Authority and the developments that were coming into being were directly built by the government, with no subsidy required. And of course you had to have a Federal classification to get jobs through civil service. At the time that I took the examination I was in Louisville Municipal College. I passed the examination but they didn't have a position in that classification for me. They did ask me if I would be willing to take something else until such time that a managerial job came along and I told them yes, so I started in the maintenance department as laborer. I moved up from laborer to maintenance person, and then the higher classification, maintenance mechanic, and then maintenance supervisor and then I became manager then of one of the early developments at Cottage Court. And I've been in management ever since except that as a career situation I've moved up the ladder from manager to superintendent of occupancy to assistant director of

management to director of management, and I'm now special assistant for community development for the executive director of the Housing Authority. I've spent my adult life in this kind of work. I have a B.A. degree in economics from the University of Louisville, I have a Master's equivalency from the University of Georgia on [Morrill?] scholarship in management and gerontology and I have a degree in Music from Beauregard School of Music and Art, and I've of course been in and out of school and training sessions all of my adult career.

OF: So your adult career and life has been spent in Louisville and working here?

DB: Yes.

OF: When and how did your association with Red Cross Hospital begin? Do you recall?

DB: Well, my association with the hospital really started from a health standpoint, family getting service then, because at the time that I really became associated with Red Cross Hospital there wasn't any integration in the other hospitals here except for General Hospital at the time.

OF: This was in the early 50's? Late 50s?

DB: Yes, very early 50's around 1950. The black physicians were not practicing in any hospital except Red Cross Hospital, so it mean that practically all the medical services as a black that you would get for you and your family would be through Red Cross Hospital. And due to the fact that I'm a fraternity person, a number of the black physicians belonged to the same fraternity I do, Alpha Phi Alpha, and we built up friendships and then of course my family physician practiced in Red Cross Hospital and that way I got in to know people and at some time down the road there, it was suggested that I participate as a board person.

OF: You were on the board a long time.

DB: Close to twenty years up until the time that the hospital closed. That is I left the board just before the hospital closed and there's reasons for that.

OF: I want to get back to the changes and sorts of things you witnessed and were a part of during that period. I'd like to ask you first, in the period before integration of health facilities in this city was it primarily a more affluent element of the black population that used the Red Cross Hospital or was there any sort of breakdown like that or distinction?

DB: I think that, if the term affluent is apropos, that would be true, but at the same time it was used by those persons who might have been of a lower economic status but might have had various hospitalization coverages on their employment and so forth, where they might need a hospital service and they could go there for that.

OF: We have practically no records for the period before 19-, well the late '40's. We have some board minutes for this period, but nothing else. Evidently, I don't know, but perhaps some of the records were disposed of when they moved into the new.

DB: I think so, yes.

OF: Yeah, so I always like to talk about that period with anybody who was there or knew anything about it. I guess another way of asking it was did Red Cross handle many really indigent cases do you know?

DB: Yes, they had to handle certain number of indigent cases because that was a requirement of the accreditation system. Say, for instance, in order to be accredited and remain accredited, there's certain criteria that you had to adhere to. Say for instance, so many autopsies within a year's period, so many indigents that they could write off as charity, and so forth, so it did participate in that kind of thing I guess.

OF: Did you serve on the board during the period when Houston Baker was administrator?

DB: No, I went on after Houston Baker left the city.

OF: I get the impression from reading the minutes and going through the financial records that perhaps the late '50's and early 60's were the most healthy financially period for the Red Cross, do you think this is true?

DB: I think that is true, I think that is true, yes.

OF: Do you think there was any particular reason for this, or reasons for this or a combination of factors perhaps?

DB: I hadn't thought about it but it must have been a combination of factors. I think the population that it served was becoming more aware of its existence and the services that could be obtained there. Of course, the black physicians, the specialists, etcetera that worked there. Of course they served broad community, and it was during that period I think that the Red

Cross Hospital that really came to the fore in the knowledge of the people who made up the population, particularly to the black population. Not only that, I think that there's another factor and that is, it was during that period that the people that it served began to have confidence in the practitioners there. There has been a situation that's existed down through the years and it's been implanted in certain ethnic groups' minds that you had to be white to be right. Which caused them to not have a lot of faith in the black practitioner at whatever level. But then, during the early '60's and through the '60's, that began to break down where it was learned that the skills were there and were applicable to anybody because after the hospital system integrated, not only was there a flow of black doctors to the white institutions, but there were whites that came and serviced the Red Cross and placed patients there, white and black and all colors. And I think that in itself helped to build the confidence that this institution is here, it must be of value, it must give a good service because other people are coming into it.

OF: One person told me that they thought that there had been some horror stories rising out of the period 1930's and maybe 1940's that they had to overcome. When people like Dr. Bell came in in the 1940's and Houston Baker, that this sort of turned this situation around but it took a long time. That's really what you're saying.

DB: It took a long time. That's right, it took a long time.

OF: I suppose given the hard times in the '30's, a black institution suffered perhaps more than other institutions.

DB: That is true. I'm not so sure that attitudinally the system of evaluation was much different than it is even today and that's this: people fail to remember that, say for instance, in a hospital there are people who are born, there are people who service and get well, and there's also people who die. And we're not talking about the reasons, but it's easy to say, "Well, something happened over there, and I'm just not going there, I'm not going to send my child there," and so forth and so on. The analogy I would make is some of the same systems that exist now, if you will note, many times in the press, if something happens in a given area of the town they will designate it as "the West End" if it happens on a given street they'll say in the West End, but if that same thing happened up on the East End of the Bardstown Road, they give an address and forget it, they don't say in the East End, in Indian Hills, in Hurstbourne. They just give an address. But they designate, "in the West End." I think the same thing applied to the hospital - "Oh, it happened at Red Cross" - but nobody gave a thought, the same thing was happening in all the other hospitals, and the percentage was probably the same but they might have had a larger population.

OF: I remember reading in one board, in the minutes of one board meeting, someone talking saying in effect the same thing that if something would have happened at the Jewish Hospital, the same incident, no one would have thought anything about it, but I guess the fact that there was only one hospital serving predominantly the black community there was nothing to compare it if something bad happened, there was {inaudible} it could be looked upon as almost an indictment at times, I guess.

DB: Yes, that is true, that is true.

OF: During those nearly twenty years on the board, there must have been changes perhaps there may have been changes in the character of the board, the sorts of things it did, perhaps, the role it took, did it take, for instance did it take a more active role at any given period do you think?

DB: Yes, in the very late '50's and early 60's, the board began to take a real active part in the total operation of the hospital. And I recall the fight, well, I might say fight, that existed over a long period of years wherein doctors wanted to be represented on the board, and the board structure didn't think that doctors should be on the board.

OF: Now is this the accreditation agencies?

DB: No, no, this is right within the institution, this is right within the institution and of course I was a member of the board when the first doctor was elected to the board as a representative of the medical profession, operation in the hospital. It's one of those changes that came about, and after it came about nobody gave it a second thought. It functioned as though it had always been, but it was a barrier that had to be overcome. I saw many changes take place in that hospital. So much so, that prior to its closing a tremendous amount of money had been spent, in that all the equipment had been renewed. I don't know whether you have gotten this information of not, the latest types of equipment, of beds, and push button this, that and the other. I think that possibly Red Cross, when it got this equipment in the laboratory, it was probably one of the only hospitals that had it. I've forgotten what you call it, but it eliminated a lot of the laboratory work that had to go out to laboratories, in that they could take a blood sample and put it in this electronic machine and get fourteen or fifteen different evaluation tests on it. I recall we used to meet jointly sometimes with the Jewish board, or some of its members at breakfast either at Red Cross or at Jewish, and other hospitals. But I recall discussion one time that sort of astounded me, at the same time made us feel very good. They were wondering how we could obtain and retain such good nursing service at the

Red Cross. The possibility was they had qualified nurses and nursing directors and all that, but it might have been that the concentration might have been better because the population was small. It could have been one of the reasons for financial problems it had, began to have, in that it had highly paid people and probably had more than the units' required work would require.

OF: It seemed to me that there were many nurses and other people who worked at the hospital for a long period and were very dedicated to the hospital.

DB: That's right, over a long period of time.

OF: I don't know, but perhaps you've served on other boards in the community....

DB: Many.

OF: I thought so, you must have. How did the Red Cross board compare with perhaps some others in terms of member interest, the role it took in the financial or administrative running of the hospital?

DB: The board, when I went on it, was in a state of change or flux. The thinking was beginning to change on the board, and there were certain people who had been on the board for a considerable period of time that did not adjust to the changes that were desired and they left the board and that left openings for new people to come in with new interest and new ideas. And I think that the revamping of the board was part of the thing that could be seen in bringing about changes in the hospital operation.

OF: Now you're talking about the late '60's?

DB: Yes, the late '60's or mid 60's and then into the late '60's. New people brought on board, and they were interested and had experience in the community. They were easy learners about hospital operations. And it was a benefit to the board because the board helped to bring about some changes in the administrative structure of the hospital, change in policies and so forth. Then of course, the last administrator the Red Cross had, I don't know if you knew him, Mr. Waverley Johnson, whether you've talked to him or not, which I feel is one of the finest hospital administrators I've ever been exposed to, any place in this country and I've been exposed to many. The... I'm slowing along because I want to think this out. The board structure again changed, began to change, and there was a desire for some to bring on the board some of the younger people in the community who had been

closely allied with the "Black is Beautiful" movement. I say that in quotes, but it encompasses a time of sort of attitudinal turmoil, you understand what I'm saying? When some of those people came on the board they brought new ideas, and eventually a doctor became president of the board. It seemed to me that, and I'm not saying this critically, I'm just saying it as a matter of fact, there began to, there came about a sort of choosing of sides.

OF: Among board members?

DB: Among board members. And then some of...

OF: Over proposed changes?

DB: Proposed changes, yes. Then some of the doctors brought in new ideas and the board accepted some of those ideas that proved to be very expensive and costly, and made it difficult for the hospital to operate day-to-day and some of these doctors were not giving their full practice to the hospital. When the movement, or the issue of integrating hospitals came about, many of the doctors there began to practice in other hospitals. Now, they give their reasons, and it's hard to counter medical reasons if you're not a medic, but there became an issue: the question of why, then, so many blacks began to go to other hospitals for the same services they had gotten at Red Cross. The public, certain board members, staff people, contended that the doctor, in order to build his prestige and for ego reasons, began to practice, would take his patients to other hospitals. The doctors when questioned about that issue, said that the doctor doesn't take the patient to a hospital, the doctor takes the patient where the patient wants to go. So if they say they want to go to X hospital, that's were we service them. I don't know that that issue was ever settled, but it became one of the sort of termite issues that began to beset Red Cross. And when I say termite issue, I talking about that thing that eats away at a foundation until it collapses on you and you really don't know what's happening. That issue never was settled. The doctors began to move to other hospitals. And that was not, as I see it, based on the economics of the practice and all of it was not based on this ego trip that I spoke about. Some of it was based on what I define as professional jealousy.

OF: Yes, I've heard references or seen references to, you mean between older and younger doctors?

DB: Yes, professional jealousies. Here's a doctor who's been doing surgery here, then he falls out with the anesthetists, so he goes to another hospital, and what I'm saying, this began to happen between and among the professionals there. And were any of them sitting here now, they would deny

it, but there are certain things that you can interpret and discern that's sort of a in between the line type of thing, that is there to be interpreted if somebody takes the time or knows enough of the background to interpret it, and I think that was part of the problem.

OF: I think it was a many-faceted thing and I think it reflects something that I've become sort of aware of in working on this project and it's seemed the, at least what I perceived and I'd like to know how you feel, the almost ambivalence or almost schizoid sort of emotion that blacks must feel in a situation like this, where they're called upon to have a sense of pride in an institution that is theirs, has a long history of service, at the same time wanting the benefits on integration and acceptance by a larger wider community and how do you resolve - maybe there is no resolution - but it seems to me this would be a very difficult thing to handle, to deal with.

DB: It is, because integration being the issue that is has been and is, is a peculiar thing. Martin Luther King used to say that a law will not make a man not love me, but it may delay him in hanging me and give him time to learn about me to begin to respect and love me. Integration, whenever a regulation or a law comes about and says that this tradition shall not exist anymore, it's got to change.

OF: Just a second, I've got to turn, no, we've got a few more minutes.

DB: It's got to change, and integration is a good point here in that when this happens integration usually flows from the black towards the larger community which is usually white, rather than it flowing form the white over to the black. It may flow both ways but in much smaller...[?] Which meant that when hospitals integrated, really for their services there were more blacks that moved into white hospitals than there were whites that moved into black, although some did. And that's true in any area of our living. The one thing that doesn't apply here, say housing, it's something like the universe, they say there's an expanding universe, it just keeps expanding and expanding. As the blacks became more affluent and wanted better homes, there wasn't an influx of whites into the black communities, they moved, they expanded and moved farther out and farther away and blacks are following, and it's been hard for our society to learn that something Joe Louis said way back years ago, that we can run but we can't hide. It's one of those things and in hospital operations some of that same situation exists.

[End Side A]
[Portion redacted at the request of the interviewee.]

[Start Side B]

DW: It isn't something necessarily that should go on this tape, I was just discussing in relation to either, we're analyzing from the general down to the specific, at the Red Cross, or from the specific out to the general. All of these things reflected on the success or failure of Red Cross Hospital.

OF: Okay, that's leading up to what I was going to ask you, and I think you've answered it indirectly perhaps, do you think the black community suffered a loss with the passing of the Hospital?

DW: Yes. Yes.

OF: A loss to their sense of identity and pride, and...

Identity, pride, school or internship location for young physicians. And then that sense of having a stake in the rock. Owning a piece of the rock, institution. At one time, the two largest black employers in Louisville - when I say, I'm talking about black owned and operated institutions – was Mammoth Life Insurance and Red Cross Hospital. Controlled by blacks. With white employees. [Laughs.] Red Cross is gone, Mammoth Insurance is about the largest, I suspect. It's that, it's having a stake in something, an institution, a service center, for public good. Yes. There was a loss.

OF: Now to get back to perhaps more specific things. On several occasions, the board discussed the possibility of abandoning its acute care status, and becoming a [?] as an extended-care facility, as a means of dealing with the problem of, well, the financial problem –

DW: the patient load

OF: Patient load, and all this, they had I think done some sort of advisory commission or something outside agency, at least on one occasion and maybe twice,

DW: that's right.

OF: and they debated this issue off and on for years. And where did you stand on the question, and why didn't they ever – why did they debate it so long without ever really resolving the issue. It's unclear from the minutes, you know it goes on, you know it comes up periodically, the question.

DW: It comes from that point that I discussed before. Sort of a division of opinion on the board. Each side being supported by the professionals in the

hospital who had their own axes to grind. And I'm not saying that derogatorily, I mean it's perfectly human, if you understand, I should have put it another way.

OF: Differences of opinion.

DW: Went so far as to rehab part of first floor, one time, for this [initiative?], and they wanted to tie in to Park DuValle Health Center,

OF: Some question of buying the old Norton's I think at one point.
DW: Yes. Seems to me some kind of service that they could render out of what used to be the old Marine Hospital, and down in the Portland area. Now, there were some new thoughts that came into the hospital through some of the medical professionals, particularly doctors, that some of the board members got the feeling that there was some desire on their part, and this has to got to be handled very carefully, for the hospital to not succeed as an acute hospital, because there was some thinking – it was thought that there was some thinking – of it becoming a proprietary.

OF: I guess I – a private, do you mean owned by an individual, a group of people.

DW: That's right. So much so that they idea of Nortons came up. If we can't get this, then we'll get Norton's and so forth and so on. I said this has to be said very carefully, at least that's the view of some, that certain moves that were made were indicative that it wasn't a matter of whether the hospital failed as an acute hospital, certain people get their hands on it so they could run it as a private, profit-making institution. And of course, all of these [?] and ideas being debated around as to which direction to go, made it very difficult for administration to make ends meet, because over the long haul, some of these same debates caused attitudinal problems between and among certain professionals who pulled out and said, "well, I'll go elsewhere, I don't have to put up with this." You understand what I'm saying, that all this is a part of that, what I call total orange. Under the covers, some seeds and some juice and some meat and some so forth to make the total orange. You may not see what's under there because it's got a cover on it, but I think that's all part of this thing that I spoke about way back, diverse attitudes as to what direction to go. And it reached the point where the, from the board structure standpoint, where those who were more or less opposed to continuing as an acute hospital became a majority. Do you mind my smoking?

OF: No, no.

DW: became a majority of one or two and made it very difficult because... I wonder if you could close that.

[Tape shuts off and then resumes]

OF: okay, you were talking about the conflict between, among board members over...

DW: yes, eventually, the board's composition changed so that the pros and the cons and so forth, one side became predominant, in the thinking of what should happen to the hospital, and it was at that time that the administrator left the hospital. The day of the vote of the board, to change administrators, the politics, internal politics had been played so keenly, that he received only two votes, with some absentees.

OF: Reading the minutes themselves, you know it just sort of comes out of the blue, suddenly, you get this impression that, of course you know it couldn't possibly have been that way. But that, I think it was in January of 1974, something like, maybe it was a little earlier than that.

DW: '73 or '74.

OF: Yeah, I guess maybe it was a two year period. And suddenly your reading and they're saying that he's being asked to resign, in effect. And given only two or three weeks in which to leave –

DW: That's right.

OF: and without really any reason being given in the minutes for this.

DW: But that had been brewing for some time. Because there was this choosing of sides, getting together and so forth and so on. And at the time, a doctor who is now deceased became president of the board and was also chief of the medical staff. Which made, didn't make sense to some of us, but that's the way they had it. And it had been brewing for some time, and it had been discussed. But it think some of this didn't get into the minutes.
OF: It didn't, no, only a very...

DW: Didn't get into the minutes. But it eventually came to the point that the minutes indicate, that he resigned. And it was right behind that that the hospital was just practically through, the day he walked out the door.

OF: I had gotten the impression, again I'm not sure if this is one of these things that it's never really – it's just an impression you get. That he was

really asked to do too much. The studies that the, the accreditation studies and the audits done by auditors and these sort of things, they often made recommendations about the financial handling of the hospital and I'm sure, well I know each board member got these. And year after year they said, "Well, you know, this should be done, and this should be done," and many times it was the same thing. But it just seemed to be that Waverley Johnson was really asked to do two or three jobs.

DW: He was asked to do about six different jobs that different people should have been doing. He was asked to do entirely too much, that is true.

OF: and after he left, they then divided up the duties, didn't they.

DW: That's right.

OF: without too much success, evidently.

DW: Mr. Johnson wasn't liked by some of the people with whom he worked because he was a stickler for good business administration, a good operation, good staff procedures, and particularly medical procedures. He fought with doctors day in and day out about finishing their reports and signing off on them. And it wasn't until the accreditation came wherein they put us on probation that they could get them in to sign. You know there were just stacking up by the thousands, they just had rooms full of them. Doctors would have to come back and you couldn't.

OF: I heard he had to chase doctors around the hall

DW: He had to chase them everywhere to try to get them in, to finish up those documentations. They didn't like that. They didn't have the time. He's hounding me. What does it matter? You know what I mean? And so forth and so on. But as administrator, he had to do it, you see.

OF: Especially once Medicare, or those medical programs you had to have it to be funded.

DW: that's right. Many times, you couldn't get the records in because the charts were not complete.

OF: What do you think could have been done, in any one or two things that could have been done differently that would have perhaps saved the Red Cross Hospital?

DW: Out there, I think, this is heck of a thing to say, but I think taking it in the times that it happened, there shouldn't have been a practicing physician on the board. Practicing physician should not have been president of the board and chief of staff at the same time.

OF: It's just too much of a conflict?

DW: It's just entirely too much of a conflict of interest, because what happened, when your chief of staff who directs the medical services is also chairman of the board that makes policy, that puts the administrator in a spot, because that makes him, makes the, puts him in a vice.
OF: He really can't do anything

DW: and there isn't anything he can do except what he's directed to do you see. Either stay out of the way, or you do this the way I want it and so forth and so on. That was one of the big mistakes. If that had been done differently, I think that was probably the straw that broke the camel's back. And if it had been done differently... we talk about it every now and then, particularly [?] but also Dunbar, since we work together, we saw this thing so clearly, that after Mr. Johnson was asked to leave – he got two votes, Dunbar and I – we both resigned. Not, we didn't resign that day or anything, but down the road, very shortly, we did, because we saw the handwriting on the wall, and we didn't want to be a part of this thing of having to vote to close that hospital, among other things. So we both resigned off the board. And he can speak for himself. But that's when the slide really came.
OF: I think, I know that least one other long-time board member who I think had resigned before that, maybe a year before, but who essentially saw this, saw the same sort of conflict, Eric Tachau, I talked with him.
DW: Eric Tachau was a good board member, yes. Eric, I think he could see it, too. Because he left before we did.
OF: He left in '72 I think it was. But it was over that issue, I think as I recall. Well that's all my questions. Perhaps you can think of something we should discuss.
DW: I think I would like to give you a copy of something. I've got some notes here, 1966. [Laughs.] I don't know whether you'd want them or not. These handwritten notes, gosh I've got a stack of them. But out of that, I sat down and typed this thing up, I don't even know what I said, but, but this was a confidential thing to Mr. Johnson. "Excuse typing as I did it myself for confidentiality." Let me make you a copy of this. It's just things that I wanted to talk to him about that I didn't want to become an issue.
OF: I'll turn this off
DW: and I'll answer any other things.
[END OF INTERVIEW.]

Oral History Center

University of Louisville

Interview with Waverley Johnson

Red Cross Community Hospital

By Olivia Frederick

Interview Date: August 30,1979

Tape number 791

Transcribed by Mindy Glenn

Transcriber notes:

Olivia Frederick identified throughout as OF

Waverley Johnson identified throughout as WJ

[ ] indicates transcriber's notes and uncertain transcriptions

Side A

OF: This is Olivia Frederick with the University of Louisville Red Cross Hospital project. Today, August 30 [1979], I'm talking with Waverley Johnson at the West End Medical Center, in Louisville, Kentucky. Mr. Johnson was born on August 17, 1917, his father's name was James Johnson and his mother's name was Sally Johnson. Mr. Johnson, first why don't you tell us a little about yourself, where you were born, your education, that sort of thing.

WJ: I was born in a town called Dendron, Virginia, which is located in Surry County in the southeastern part of the state of Virginia. At a very early age, we moved to Pittsburgh, Pennsylvania or in the vicinity of Pittsburgh, in a town called Wilmerding, Pennsylvania, and there I began my schooling, took my elementary school and secondary school training there. I was graduated from Turtle Creek High School in the year 1936. Then I pursued employment with the Westinghouse Air Brake Company where I worked as a clerk for a number of years. In 1945 I was inducted into the Armed Services of the United States where I served from there until 1947 or latter part of '47, in the Air Force as well as in the Infantry. I was discharged as a corporal. In 1948, I entered college to pursue the course of business administration at Hampton Institute in Hampton, Virginia. I graduated three years later in 1951. 1952 I entered Columbia University at New York City to pursue the course of hospital administration. There I finished that course in June of 1954. Upon the completion of that job, I was employed at the Red Cross Hospital, which was located at 1436 South Shelby Street in Louisville, Kentucky, and I came to Kentucky at that time. Since 1954 I have been living in Louisville.

OF: How was it that you learned about the Red Cross Hospital, or they contacted you?
WJ: I learned about the Red Cross Hospital through the placement office at Columbia University.

OF: What were your early impressions of Louisville and the hospital?
WJ: Well, I thought I was going to the hinter lands when I came here, but at the same time, I found Louisville to be a very pleasant place to live. And of

course the hospital itself was struggling, and as all small private black institutions were at that time in the mid '50's. I found it to be very challenging and I gave it twenty years of my life.

OF: Now I believe there have been interim administrator between you, between Mr. Baker and yourself, when you took over, am I correct?
WJ: Yes. I understood that a Mrs. Hyatt, I believe, was the acting administrator during that period of time.

OF: What sort of, I guess, I'm wondering how large was the hospital at this time, how many patients?
WJ: At the time when I came to Louisville, the hospital could handle about a hundred and, well, say maybe a hundred beds. It was about a good 100-bed hospital, but all of the beds were not, you might say, at par level so that we tried to run about an eighty-five bed hospital.
OF: Is this considered a small, or?
WJ: Yes, small hospital.
OF: Small hospital. This was soon after the Heyburn Addition was built, is that correct?
WJ: I came after the Heyburn addition was built, yes. I think it was built in 1951 and I came there in 1954.

OF: What was the relationship of the administrator to the Board of Directors? And did it change over, during the period you were administrator?

WJ: I found that during the years that I worked at the hospital that there was a very good relationship between the administration or the administrator and the board of directors. However, as time go on you get new blood in and people don't always agree with the things that have been going on, they want to bring in new ideas and thoughts, and of course we had other pressures at that time, too. I came in here just as the integration thing had broken throughout this country, when there was declared not to have segregation anymore, and so that during the earlier periods, period of my time, primarily most of the we said, private paying patients, were using the Red Cross Hospital. And as the years passed and the other institutions and the advent of the Medicaid and Medicare program, where they began to push about non-desegregation and all of that, that the other institutions began to open up and therefore we had to, we had other, those kinds of problems to face, which meant that people coming in was trying to develop ideas and all on the basis of survival. And I felt, and I still feel, that a small institution to survive, must be very efficient, give high quality of care, and it can still survive, but you can't survive if you're going to continue to compete with the larger institutions because if they buy a piece of equipment and then you going to try to buy it and the next thing you're in the hole. So that many of the things that we did, or that was proposed to do, to try to save, so to speak, Red Cross Hospital as an institution, were not feasible. And so toward the latter part of my

administration there, there seemed to be a feeling that, well, of division, so to speak, a slight division began to come in, and so I felt it was best that I go resign, let them have it, because doing the first twenty years of it and under the philosophy in which I was brought up under and how an institution was supposed to be run, I did not particularly buy modern buildings as giving good health care. I mean they're alright, but the buildings themselves are not, it's the people who give the care. And of course if you've got competition with the newer hospitals, and the newer techniques and whatnot, so that it made us look further back in terms of that, but still I don't believe that even until today, that any hospital including your most efficient new hospital, give the type of TLC that Red Cross gave.

OF: I've been processing the papers, I ran across letters from patients and that sort of thing testifying to that, to the quality of the personal attention they got at the hospital. You touched upon many things I want to try to get back to, during the course of this interview, but first I'd like to go back to the question of the board. Then there were divisions that developed, were you referring to over what course the hospital should take?
WJ: Towards the end, yeah.

OF: Towards the end, on the board. I know in about 1968 there were consultants who were brought in I think [inaudible] and Associates, who made a study and recommended that Red Cross become a convalescent care hospital rather than an acute care hospital, or perhaps go into nursing home sorts of care. And this would seem to me, it was debated back and forth and was discussed even before this, and I'm wondering if this was the type of split you were talking about on the board?

WJ: No, because at that time the board, I think the board was fully, had a strong feeling that, in the earlier days, and I say earlier days, I'm talking about in some of the days of its infancy and all, Red Cross perhaps was looked upon more or less as a nursing home type situation and not as a hospital per se. Now, once the hospital got its accreditations and all as being a full fledged small community hospital, they did not want to add to the hospital, and that time it was discussed, a wing for convalescent care, or a wing for nursing home care, because it felt it would take away from giving, we thought, acute care. Now in retrospect, I can tell you that many institutions that added those wings wished they hadn't now, because it did do something to the, we call primary focus, which was delivery of health care and getting people out, and not to be a place where they can, you know, stay around. So, no the split didn't come over that, I think the split came, when I say the split, if there was a split or disagreement, was that in terms of, we were getting short, there was a shortage of black physicians in this community and we were trying to get more and more physicians in, and at that time [it] was very difficult to bring them in because the hospital was short of funds itself. And that the only thing that we brought them in, then the hospital would be delivering healthcare

without the private doctors. See Red Cross Hospital was one of the very few hospitals in this area, that the entire staff was private practicing physicians. There were no paid physicians on the staff. We had a house physician once or twice, but basically our hospital was supported by the community doctors, see. So they were trying to find a way to bring in more doctors and they felt that by changing the image, they called it, used the term "image" of the hospital, the first thing they did was change the name. They went from Red Cross to Community, they thought this would help it. My feeling was then, and still is, anything that is new people will go to. So when the other hospitals became open for integration, they, or the people who felt that they could get better service there, went. But I think if you would have a survey made and analyzed, that if they would be honestly about it they will tell you the service was no different. But they felt this way, it's the way of feeling, you know. If you're riding in a Ford and you've always wanted a Cadillac, you always feel that if I get that Cadillac it'll do things the Ford won't do. But once you get the Cadillac, you'll find that the only thing it will do is take you where you want to go and it will bring you just like the Ford will. Now you may do it in a little more comfort, but where the hospitals are concerned, I've always felt that as long as we offered quality care, tender loving care, to our patients even though our hospital was not totally air conditioned, you may say, well that's the reason I don't want to go. These are things that I believe that people went to other institutions at the beginning. And of course we know that in 1976 that under some reasons they closed and what reason it was then I don't know because I wasn't there, I wasn't a part of it at that period of time.

OF: Well, that explains the situation with the patients. Why were so many black physicians, or why didn't they use Red Cross Hospital, or go to other hospitals and not use Red Cross.

WJ: They did. I would say that all the black physicians in the community utilized Red Cross Hospital. However, when as I say when other hospitals opened up and certain doctors were given privileges, their reasoning to me was, that their patients requested to go there. Alright, one of the other things that the other hospitals offered that our hospital could not offer, and that was coverage of a physician. We didn't have a house staff, and we were short a house staff, so when other hospitals had house staffs, that if they needed to see a doctor three o'clock in the morning, instead of having to call the doctor, getting him out of his bed to came to the hospital, they had a doctor on site. That was, those were some of the things that I feel that caused our doctors to go to other hospitals.

OF: I you know ran across this in the records a lot, the efforts to try to find the board, the administrators and yourself and the ones that followed you, to try to get the physicians to use the hospital through various techniques, [inaudible], peer pressure, letters and all this sort of thing, and so I wondered what the reasons were?

WJ: I think those were the basic reasons, and then again when you have, let's put it this way, when Red Cross Hospital started, for a number of years, we classified it as a general practice hospital, okay? We had surgeons, and you must remember that prior to 1954, that there were, black doctors could not operate in the other hospitals in the city, and they didn't have, you know, they had the training and all, but they were not a part of what we call the total system. Then when the doors opened, and these doctors were given privileges there, that it was very difficult to say that, here you walk into a surgical suite and you have all the people and all the personnel and everything you need at your fingertips, and then you say bring them to another one where you had the personnel, true enough, but you didn't have as many, and you don't have as much equipment to work with, you know in a hospital equipment means a lot. A lot of times what we call life saving equipment is the type of equipment that you may need once this year and that's all. But somebody has to pay for it, you understand, and the hospital didn't have the money to buy this kind of equipment to protect. Now you said the doctor or the patient in the event of a catastrophic problem.

OF: Do you think that status was any part of it, that it was...?

WJ: Well, some say it was, you know, but I cannot, since I was not at that level, I can't say it was just a status symbol. It might have been a status symbol, how do I know, I don't know, I can't answer that.

OF: I've, in some of the records and then in talking with a board member and then a doctor, I've run across references to splits among an older and younger generation of doctors. That it was, that happens, you think, at most places? It was the older ones who were really dedicated to the Red Cross Hospital because for various reasons, one long time service....

WJ: Right, right. You know, the older doctor had much more experience in reference to what happened down in this community for blacks in terms of their middle class structure, okay? Now, General Hospital is always open to the indigent, it was always open to the indigent. The middle class black that had a fairly decent insurance and all could not be taken anywhere, the other hospitals would not be taking them. Our doctors knew this, but when the younger doctors came up, when the younger doctors came in, they could get privileges at these hospitals, you understand?
OF: Uh, huh.

WJ: So that when you ask them to come over to here, to this institution, that this other doctor has worked hard and tried to [inaudible] and all that many of the people, I understand the doctors, I'm not going to blame the doctors for it, even though people say the doctors are the cause of it. Many of the people wanted to go to these institutions, too, as well as the doctors enjoy practicing

there. Now, I have been told many, many times that the doctor controls where his patient goes, but this is something that I have to say that I believe, to a degree, because I feel that if I wanted to go to another place my doctor would carry me. Some people say the patient goes where the doctor say goes, well, it's up to the people, but I feel that people wanted to go to Jewish or to Baptist or to Norton's and if these places had available space and these doctors on the staff there, and this doctor would satisfy this patient, because after all this is relationship between the patient and the doctor. You see, the hospital really didn't have the relationship between the patient and the hospital because the hospital was not providing the service. The service was being provided by these private practicing physicians, who had this patient load or this patient panel. They wanted to keep this patient panel, so if the patient wanted to go to X hospital, they would take them to X hospital. And yet when the younger doctors came in, and like in every generation, we talked about the generation gap for years here, and that the older people had a basic way of doing things, and a way of thinking, and the younger ones wanted to come in change and go this other way and because of their lack of experience, they felt that this was the thing, this was needed now to attract them, and of course a lot of changes were made. Not only I don't think only in our institution was it a problem, but it was a problem in many of the institutions, because the seniors want to hold onto them and the young ones just want to get in.

OF: Uh, hum. I think that's human dimensions everywhere, human interactions. I guess this takes me into a more general question, of why are or why don't you think that the black community supported or are identified more closely with the Red Cross Hospital. I'm thinking of one board meeting, there was a very moving statement by Whitney Young, decrying the passing of black dominated institutions and his, and he's speaking of the Red Cross particularly, and bemoaning the fact that it wasn't supported enough among the black community in Louisville. Do you think this was true? And if so, why?

WJ: Red Cross Hospital at that time when Whitney Young made that plea, I don't know what year it was now, but I can remember it. Throughout the country, there seemed to have been a movement that anything that was run and operated by blacks was not up to standards. They had to be inferior to some degree. It happened to the school systems, many of our schools were closed they merged into the system and all that. In other words, when the system, they had to [divide] the school system and they were going to move in, who lost their jobs were the black teachers and whatnot. So this movement was going on, it happened to the fraternal world, it happened to the health field and all of it. Now many of these communities have had their hospitals throughout the country. I could name you a few, a few are still existing, that hospitals had to close. They closed because of the fact that, they said we can't stand, we don't want this now, in other words so we want to go here. I feel at the time he was trying to help to develop enthusiasm - I think the same fever hit Louisville. The same fever hit Louisville, that well, why have a Red Cross

Hospital that's not up to par. And the thinking of people, what they call up to par. I say we were up to par. Why? Because we were able to pass the joint commission surveys and all just like everybody else. So we have our certificates and everything, so I say we are up to par. But that doesn't mean anything to the individual out in the street, you understand? Because if another patient goes out and says well they treated me bad there and they say that's why I don't want to go there anymore, you know. You get both pro and con and I think in your best institutions you still get these problems, 'cause that's why they have public relations people and all try to keep these things at a minimum for the people who go. Now, being involved in the hospital field, and being involved in the health field, I have talked to people, service station attendants and all that about going to X hospital and they say don't take me to X hospital now, and these were NOT Red Cross, understand? But the point is that this is I think is a common thing but being a minority group and a minority hospital like it was, and I felt that, well we felt that within the people, within the new educational setting and whatnot, that people were saying well, we were not, they want business for themselves, yes, but they're saying that now, but then they was thinking that most things we had were not at the same level. Our colleges were not at the same level, we couldn't produce educators and yet men like Whitney Young came out of black schools, you understand?
OF: Yes.

WJ: So that, I don't know why, I can't explain to you why that the country would get a feeling - and however, maybe it was because of the Supreme Court decision in 1954, by proving the inferiority of these people in separate schools. And maybe that's a carryover from that, they say well it had to be inferior. That in itself was not the real, to me was not the real answer.

OF: How big a factor do you think the location of the Red Cross Hospital was in its failure to survive. For instance, if it had been in the West End, do you think it would have survived as a hospital?
WJ: Uh.....from what you have been able to obtain, have you been able to find what caused the demise of it?
OF: No, I think what I see, there were many factors involved.
WJ: Well, I will say this, alright. Okay.
OF: I think that may have been part of it.

WJ: Let's put it this way. I've heard many times that Red Cross was in the wrong location. Basically, from the map and all Red Cross was centrally located for the blacks in Louisville and Jefferson County, okay? Let's go back to the early '60's. There was no Baptist East, there was no Humana, there was no Southwest General or whatever is the name of it now hospital, so that from the black community, which was a concentration at that time which was the West End, you might have said that the people did not have transportation or didn't have this, that and the other. But, the way I saw it, and the way I see it now, is that we still got automobiles, gasoline was cheaper, people go where they

want to go, and that Red Cross, that was not the primary factor. I would think the primary factor was, that the, well, let's try to put it this way: for any institution to survive, there has to be a group of people who are solidly, 100% behind. For a hospital to survive, you have to have doctors, doctors, not just one or two, but you have doctors who will bring in patients to the institution. Now, and I do feel that toward, well even until today, we don't have that many black doctors in the community. Our whole population of black doctors has diminished and yet not been replaced. And I feel that when you have a small group, and if some of them split off, you take the dominant group which is [inaudible] white physicians, you got say nine thousand doctors in the community. So if one or two pull away to go somewhere else, you really don't miss them. But if you've got twenty, and three or four decide to use this institution and three or four who's getting too old and retire, they don't, not doing for the work, you don't have the people to bring you the patient load. And I think this is one of the reasons, one of the major reasons was, that there wasn't enough providers, health providers, to maintain it. Now, had the hospital gone and say under today's standards where you have all these governmental programs and all these other things being done and so the hospital board had said that well alright, we want to start delivering healthcare to an underprivileged group and that we'll get a 100% government financing or 75% government financing. And then the hospital could have gone out and hired the younger doctors coming out of medical school to say you're on our payroll, we're paying you to see these people, that's one thing. But when you're depending upon the doctors to voluntarily bring you patient load, and that they for any reason or for whatever the reason may be, not a personal reason, but whatever the reason may be, that this patient load he has doesn't want to utilize this institution, then you're going to begin to hurt, begin hurting. And so I feel that, too, was a large part to play into that. And the doctors began to get older, like Dr. Bell and all the others who begin not active anymore, real active, who want to be active and then you didn't have that many new young ones coming in to take their place. Years ago I understood that there was about fifty doctors in this town at one time, black doctors.
OF: Oh really?

WJ: This from what I'm made to understand, at one time and I know that when I left from up there I think we had about twenty. Now I don't know how many were active, but we had about twenty in the community.
OF: I wonder why doctors, black doctors aren't attracted to Louisville?
WJ: That I cannot answer, I cannot answer that.
OF: Maybe unanswerable.
WJ: Well as far as I'm concerned it is. I think that the community has a lot of offer culturally, educationally, and all. They can continue their education here with University Medical School and all that. But why they have not, I would say, migrated to Louisville area, I don't know. I don't know if whether because of an industry, not enough industries hiring blacks, that they feel they can make a decent living and whatnot, I don't know, I mean, I can't say.

OF: What effect did the federal health programs of the '60's have on Red Cross Hospital, was it harmful or helpful?

WJ: I would say it was helpful, since I was there until '74. It was helpful because many people that we were not being able to get monies from we were able to get money from because they became part of these programs. Under the Kentucky Medical Assistance Program, and under the Medicare Program for elderly people, you know many of them didn't have the funds to pay and yes, that helped the hospital tremendously to have the cash flow that carried on.

OF: Did it also increase the paperwork?
WJ: Oh yes it increased the paperwork, yes it increased the paperwork tremendously, and we had to bring on more employees and we had to have more reporting. Actually all governmental work brings on that. More inspections, because you have to have more auditing and whatnot. And those were the things that I felt it did make a heavier load that away with medical records and keeping things up for Blue Cross audits and for Medicare audits and Medicaid audits and then your joint commission accreditation surveys and then your state surveys and you know all these things are all a part of the daily job you know.

OF: I guess it increased your work more than anyone's.

WJ: It increased the workload of the people, it increased the workload of the staff, increased the staff, and so that as you increase the staff and of course the increase in wages played a part, too. Minimum wage went up, kept going up, that played a part when especially people hollered about healthcare and the healthcare cost was rising, you want to keep your healthcare cost down. And the wages was going up, I mean, you're just like caught between a rock and a hard place you know.

[END SIDE A]

[BEGINNING SIDE B]

OF: I guess the biggest problems of Red Cross, or one of the biggest was it's constant financial struggle. Do all hospitals have this sort of problem?

WJ: Yes and no. I will say both yes and no. It depends upon the philosophy of the institution, and the board and all that. For years, the financial setup of a hospital - many, many years ago - was that with the three classes of patient load, I would call the private, semi-private and ward patient, would be that you had a few ward beds to take care of people who were paying less than cost for services. You had the semi-private that you felt would be paying the cost of the services, and of course you had a few privates who were supposed to be

paying the cream of the crop. Now in Red Cross Hospital, we didn't have enough private beds to have that group, most of our beds were, went under [the New Haven Wing] were set up as semi-private beds, which means that you just [about most you get out of that was] your cost, your cost there was no really big profit.
And when you are in competition with other institutions, you really can't go that far from them in terms of cost and in terms of services because we try to keep them within a certain parameter. We had problems, we had problems there in terms of, I would say that overall financial problems, yes, but at the same time, in the twenty years I was there we were not in such a strife that we couldn't meet payroll, or we couldn't pay our vendors. You know, we may have to delay payment [inaudible] sometimes because of cash flow. But basically, there was no funds available for expansion. You know, there wasn't that kind of a program. Patient load kept about the same level, there was no growth in patient load, in terms of patient days. We kept about the same level of patient days, and the funds that we needed and we asked for, we had a mail order campaign, I call them mail order solicitation program, for a while that did very well, helped us along with your cash flow. Then we went into the community chest, they took us in as an agency in the community chest, and of course that's when the studies came up about well, you're not making money here, you're not making money there, you ought to cut out this service, you ought to cut out that service, like, well, like Community Hospital for a time began to cut out OB services, because OB is a costly service. We never did run the emergency room so we didn't have that cost on our hands, but OB was a losing proposition. ...But people, what the doctors wanted for the convenience of their patients was to have babies [inaudible]. Now, it was recommended that this area be closed, don't have it you know.

OF: By Community Chest you mean?

WJ: By Community, well, by the consultants that check this wing of the building here, and open up this and do that and try to do these things to keep, we call a cash flow, or keep the thing moving, you know, to make it attractive. I would say that we never had any surplus of funds that we could just go out here and do anything with, you know. I say anything, I'm talking about, if we decided that we want a new piece of equipment, we would appeal to the doctors for it, or we'd appeal to somebody to try to help give it us, like the Crusade for Children helped us with the nursery and others, the Lions, I think it was the Lions, or the eye bank, or the Lions, one or the other, gave the vehicle for the [inaudible] to the place, you know. We didn't have that kind of money to spend. But we just probably just had enough to keep moving, there was no big reserve there. Of course, as an institution like ours, if you wanted to put in new services and whatnot you needed funds. If you need funds for renovation, or we had, we built a new lobby, we tore down one of our old buildings because it didn't meet standards. And we tore it down and we tried to... would you cut that off for a minute?

[Tape resumes]

WJ: You know, try to find other ways because, okay, what was happening was that, your going to have your cost centers. Look at your cost centers in a hospital, you find that one area is making money, another area is making money, another area is losing money, other area is losing money. Alright. We were losing money in surgery and we were losing money in OB. Because they cut them out because [we couldn't do no surgery if there were no surgeons you know] so that we couldn't do it. Now, then they came up with a feeling that people should be paying for the costs of services, okay? That's when the prices, wages and film rates began to shoot up high in the city, because you'd have to try to recover costs, the government wants you to recover costs. In other words, they didn't want you to be, costing you fifty dollars for something and you be charging ten. They want you to be charging at least fifty dollars, and if you didn't collect it, well, of course they'd be there to help, but at least you were charging that. So they want your charges to be in the realm of costs, not to be that you're underwriting it, see. And that was one of the problems, when we began to increase rates and all that, and then we began to give competitive rates to other institutions and of course we began to measure then, what you have to offer for these. And yet, the basic component of that is the same in all hospitals and that's labor. Your labor is your biggest component, you see, of your dollar, and so to have the kind of service would cost that.

OF: The hospital received state and city money I think for some years, why did that end, do you know?
WJ: Integration.
OF: Integration?
WJ: You see when all these institutions were segregated, the state felt it was an obligation to help provide for their constituents. See, the black constituents they provided hospital services, the state paid it, the city paid it and at that time you couldn't go down to General Hospital to be a nurse, you couldn't go to General Hospital to be a lab tech, you couldn't go to General Hospital to be an X-ray tech. All you could do was be a patient there and because this was free. And so that many people were denied, until the state felt that here's an institution here that can provide these services, because in the earlier days I'm told that crippled children, all the crippled children in Kentucky used to come there. Many years ago, before crippled children commission began to take over all that. That was the only place for the black kids to come because all the other agencies were segregated. But after that stopped, then you'd be saying what is the need for it, unless it can carry on its own self. I mean, why should we support it. So that's when the state, because in other words they began to show had they supported us and not supported another institution, then they would say it's segregation. You see, because if they were supporting us and giving us money to help operations, and they wouldn't give it to a white

institution to help operations, then of course it would be segregation, so they cut it out.

OF: That's about all the questions I had. Can you think of anything that we should talk about concerning the hospital that hasn't occurred to me? Are there administrative problems that you encountered perhaps? That you felt were .....

WJ: Well, as I look back, and maybe things are much more pleasant when you look back than what they were when you're going through them, but when I look back at the years I spent at that institution, trying to build it and trying to help build it and trying to maintain it, that I felt that the people in the community, the type of board that we had, and all, was very, very cooperative, you know, it was very cooperative. That was prior to the time, now when I was here, when the shift came to the West End, I don't know how long you've been in Louisville?

OF: Oh, I was born here.

WJ: You were born here, okay. Many years ago, you know, the black population was concentrated between twenty-sixth street and down here and all that, then the shift came to the West End. And as you look out today, the shift is to the County. The West End now is beginning to fall and the shift is to the County, so that the shift of population and the new people coming in, and the old people passing, that it was a continuing problem of trying to keep people informed of the institution, and especially the right information about it, and trying to solicit their support. See because when you begin to get in the competitive world, there are fields that you have no knowledge of, or what's happening in those fields, because you're concentrated over here in your area. So you're a librarian, so you're not really interested in what doctors are doing, how it's progressing, whether it's progressed or not. So that I looked at it in that way, here we are here running an institution and there are people coming into the community with new jobs and all, and they say I want a doctor, I want to go to a hospital, you know. And unless somebody was there with a good favorable attitude and say, "Well, here's a good hospital, here's a good doctor here that you can go to," they will choose the first thing that comes, because they feel, "I have the money to pay for it." You see, that created, the KMAP program and the Medicare program and all, created that independence in people that was not exactly there before, because they felt before, that "I don't have the money, where can I get the services," if I say I'm going to give it to you they'll come to me. But once they get dollars in their hands, they say, "Well I have my own choice." So it became a problem then of trying to keep up. I said a problem, it was a task, it was a challenge to keep the hospital in the eyes of the public, in a bright light, you see? Which means you couldn't let anything mar its image. And the people that we've had on our board, and I don't know which board member you talked to, which ones you talked to, but there were some that were on there for many numbers years. Now, I know

that Mr. Heyburn was on there for the whole time I was there and Mr. Tachau was on there....
OF: I talked to him.

WJ: You talked to Eric Tachau? And we had Mr. Strickler from University of Louisville on our board and Ms. [Nevillecamp?] and Dr. Whitney Young and Mr. Hackett who is retired now with the [inaudible] school here, [Demoyne?] Beard from down the Housing Authority. We had a very good board, LaVal Duncan who is passed now, was with the Housing Authority for years on the board. And I felt we had a very good relationship. But toward the end, in the middle '70's... toward the end of it, I think many of these people had passed from the scene, the older people had passed from the scene, young ones coming in with their ideas and all, you know, they just didn't mesh. And of course at the same time, predictions could be made after seeing what was happening throughout the country. Well even I predicted that the hospital wouldn't continue unless they begin to look at a certain approach to it, because you couldn't be always competing, you see, you can't be always competing, you know.

OF: Do you think they should have specialized then to a degree rather than, is that what, am I misinterpreting....

WJ: When I say competing, I meant to try to be doing everything because somebody else is doing it, you understand? To pick up an area and say look this is the area we are going to work with. We're going to deal with this area. Whether it's going to be general practice medicine, or whether it's going to be obstetrical medicine, to try to become a lying-in hospital or whatever you want to call it, but to be something that's it, and let that be it, and not to try to have some of everything. Should we be having surgery, when open heart surgery was becoming popular and all that. Could we afford that? No. So would it be really necessary to run a surgical suite in this hospital. This was the kind of questions I would bring up, see. Even though I know we had surgeons who would want it. But now when surgeons, when this doctor passed and left the scene, alright there's nobody else to perform the surgery. What good is having the surgical suite? You see, these rooms could be used for something else. You know, these are the kinds of things that happen as time goes on, so that you have to make a pick or choice. Now, I understand from my reading that throughout the country that Jewish Hospital is noted now for hand surgery. People from everywhere come for hand surgery. So they are specializing in a particular form, or open heart surgery or whatever they're doing, you see. With our tertiary hospitals coming up with a whole new system of hospitals that's called secondary hospitals, and tertiary hospitals and your primary cares. That you move up the ladder, that these, what used to be you wanted a big scene in a small area, and our hospital is no different that Shelbyville. We are right there in the same class as Shelbyville, Carrollton and these little small community hospitals. They couldn't afford everything, you understand? But we were in the midst of a city where they had all this, see? So that in Shelbyville,

they don't need open heart surgery out in Shelbyville, but they do need obstetrics [inaudible] for people being born. They do need some kind of surgical suite where they can do some kind of minor operations and all that, but if you have to have a major operation, you have your center here. So that's how they push it up. So therefore it is relieving, and so that I could see that when I was there, the way health picture was going, that the hospital would have to go into a given, confined area of healthcare, whether it be preventive, or whether or not it would be worth it to carry on.

OF: It has become so specialized that in a large urban setting, you have to concentrate in one or two areas, you can't spread yourself so thin, especially when you have limited resources to begin with.

WJ: Resources and personnel, yeah.

OF: Well, I thank you very much for participating in this.

[END OF INTERVIEW.]

LPN at Red Cross Hospital
www.lrc.ky.gov/record/06RS/HR96/bill.doc
A RESOLUTION adjourning the House of Representatives in honor of and tribute to Loreta Kline Westfield, upon the occasion of her ninety-second birthday.
WHEREAS, Loreta Kline Westfield was born on January 29, 1914, a native of Cleveland, Tennessee, subsequently becoming a seventy-one year resident of Louisville Metro, Kentucky; and
WHEREAS, Loreta Kline Westfield is the eldest of seven loving children born to the late Reverend William Mack Kline and the late Alice Smith Kline of Cleveland, Tennessee; and
WHEREAS, Loreta Kline Westfield is a graduate of College Hill High School in Cleveland, Tennessee, where she was valedictorian of her senior class, and Louisville Municipal College in Louisville, Kentucky, where she obtained an Associates Degree in Nursing; and
WHEREAS, Loreta Kline Westfield was, for 65 years, the dedicated and adored wife of the late Louis Albert Westfield who traversed these earthly bounds on October 13, 2000; and
WHEREAS, Loreta Kline Westfield is the adored mother of two daughters, Deloris Jann Ballard and Wilma Rita Clayborn; she is the proud grandmother of Dara Christmon, Cassetta Smith, William Ballard, Terrence Clayborn, and Jocelyn Clayborn; and she is the cherished great grandmother of Caslyn R. Christmon, Kegan D. Christmon, Tomika D. Smith, Ajami R. Smith, Ronnie Smith, Jaelin M. Smith, Madison A. Clayborn, Marlee A. Clayborn, Myah A. Clayborn, Jason L. Clayborn, Sean L. Clayborn, Daria J. Raymore, Lenisa J. Raymore, Nicholas A. Raymore, and Sidnii J. Raymore; and
WHEREAS, Loreta Kline Westfield was employed at the Kentucky Military Institute, where she enjoyed a distinguished career; at the Louisville Red Cross Hospital, where she proved herself to be an exemplary Licensed Practical Nurse; and at the Louisville General Hospital, where she was one of the first two African-American nurses employed by that hospital; and
WHEREAS, Loreta Kline Westfield served as editor of the Licensed Practical Nurses Magazine for over ten years; as President of the Parent Teachers' Association at Mary B. Talbert School and at Newburg Elementary Junior High School in Louisville, Kentucky; as an official in the state Parent Teachers' Association in Kentucky; and as a girl scout leader in the College Court Community; and
WHEREAS, Loreta Kline Westfield has been actively involved in her church, the Church of God Sanctified, and her church family for an abundant number of years as a member of the Utopia Union Gospel Choir; as a member of the Shadows of the Cross Singers; as a member of the College Court Singers; as a member of the Church of God Gospel Aires; as President of the Holiness Young Peoples' Union and author of the organization's name; as President of the Church of God Foreign Mission; and as National Assistant Secretary of the National Youth Convention, which is composed of state and local Holiness Young Peoples' Unions, Usher Boards, and Sunday Schools; and
WHEREAS, Loreta Kline Westfield has, for 28 years, tirelessly and unselfishly given of her time and labor as a National Missionary to England and Jamaica, collecting funds, clothing, and personal hygiene supplies, and making annual trips, at her own expense, to

foreign nations to deliver and distribute these funds, clothing, and supplies to the poor and needy; and

WHEREAS, Loreta Kline Westfield is the founder and namesake of the Loreta Kline Westfield National Aid to Education Fund, a scholarship fund providing financial assistance to Church of God Sanctified students to attend colleges and universities throughout the United States; and

WHEREAS, Loreta Kline Westfield continues to be a revered and esteemed member of the Church of God Sanctified, 1114 South 15th Street, Louisville, Kentucky 40211; she has demonstrated a lifelong commitment to the service of others; she has lovingly earned the name "Mother" from those who know and love her; and she has continually manifested her love for the almighty God; and

WHEREAS, on Sunday, January 29, 2006, Loreta Kline Westfield will be ninety-two years young, and will celebrate her birthday at a reception on Wednesday, January 25, 2006, from 4:30 p.m. until 6:30 p.m. at the Wilderness Road Senior Center, 8111 Blue Lick Road in Louisville Metro, Kentucky;

NOW, THEREFORE,

Be it resolved by the House of Representatives of the General Assembly of the Commonwealth of Kentucky:

Section 1. This honorable body does hereby express its heartfelt appreciation to Loreta Kline Westfield for her contribution to the citizens of the Commonwealth of Kentucky and for her lifelong dedication to the Louisville Metro Community.

Section 2. This venerable institution does hereby recognize Loreta Kline Westfield upon the occasion of her ninety-second birthday, and does hereby express its best wishes for the continued health and healing of Loreta Kline Westfield.

Section 3. When the House of Representatives adjourns this day, it does so in honor of and tribute to the ninety-second birthday of Loreta Kline Westfield.

Section 4. The Clerk of the House of Representatives is hereby directed to transmit a copy of this Resolution to Mrs. Loreta Kline Westfield, c/o Wilma Rita Clayborn, 6206 Leisure Lane, Louisville Metro, Kentucky 40229; to Jann Ballard, 6101 Cooper Chapel Road, Louisville Metro, Kentucky 40229; and to the Church of God Sanctified, 1114 South 15th Street, Louisville, Kentucky 40211.