

**SAN LUIS VALLEY
REGIONAL MEDICAL CENTER
A HISTORY OF SERVICE**

by Gordon E. Gillson



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DEDICATION

ELTON A. REESE

35 Years of Distinguished Service

Alamosa Community Hospital, 1946-81

Elton A. Reese was born at Shelton, Nebraska on June 7, 1917. He was raised in Seward, Nebraska, attending Lutheran parochial schools. In 1937 Mr. Reese received his Bachelor of Science degree from Concordia College in Seward. Reese taught in the parochial and public schools of Monte Vista, Colorado from 1938 through 1941. He entered the United States Army in January 1942, and was attached to the 9th Armored Division, 97 Infantry and Air Corps in Intelligence and Reconnaissance. His discharge was granted in December 1945. Mr. Reese taught for several months in Monte Vista during 1946 before being employed by the Alamosa Community Hospital on June 10 as Business Manager in charge of hospital administration. This title was changed to Superintendent in 1949, and to Administrator in 1966. Reese became Executive Director of the hospital on January 1, 1979, a position he held until his retirement on June 10, 1981.

Elton Reese is Past President of the Colorado Hospital Association, and currently serves that organization as a member of the Board of Trustees. Mr. Reese is a Colorado delegate to the Association of Western Hospitals; he also is a Life Member of the American College of Hospital Administrators.

Mr. Reese married Lucille Schaefer of Monte Vista on April 30, 1944. A son, James, was born on December 29, 1948. Jim is married and is the National Sales Manager for DeSoto, Inc., a chemical manufacturing company in Chicago, Illinois. A daughter, Kathleen Ann, was born November 2, 1952. Kathy is married and is the Personnel Manager at Honeywell, Inc., in Colorado Springs, Colorado. Elton and Lucille Reese live at 76 El Camino Drive in Alamosa.





Aerial view of original "Y"-shaped hospital, 1951.

ALAMOSA COMMUNITY HOSPITAL:

A HISTORY OF SERVICE

by Gordon E. Gillson

INTRODUCTION

Alamosa Community Hospital is the third largest employer in the city of Alamosa, and the largest non-governmental employer. With 175 employees (160 F.T.E.'s), the hospital has become a major institution vitally important to the local economy. A hospital gives a community much more than financial stimulus, of course; its value must be measured by the effectiveness with which it directly serves people. The emphasis of this study is on administration: providing modern facilities, adopting wise policies, and hiring quality personnel to assist doctors and nurses in caring for patients. Residents of the San Luis Valley have long recognized that first rate health care has been ready and waiting for them in Alamosa.

Efficient medical service has resulted in part from a rather unique ownership-operation agreement worked out in 1937. The Alamosa Community Hospital Association represents the community and owns the hospital. The Lutheran Hospital Association of the San Luis Valley leases the hospital and has sole responsibility for operating it. In practice, each organization has been represented by a Board of Directors, more recently entitled Board of Trustees. The reader of this monograph might well become confused in attempting to identify the two boards without a brief explanation of the terminology employed by the author. The terms are not original, all of them having been used quite frequently for more than four decades. The Alamosa Community Hospital Association sometimes is referred to as "the Association," "the Community Hospital Board," and "the Uptown Board." The terms used by the author which refer to the Lutheran Hospital Association of the San Luis Valley are "the Board," "the Hospital Board," "the Board of Directors," "the Lutheran Board," "the Operating Board," "the Governing Board," and "the Board of Trustees."

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The real story of Alamosa Community Hospital and its predecessor, Lutheran Hospital, has been its growing capacity to deliver essential health care to people of the San Luis Valley. Viewing the impressive modern structure today from Blanca Avenue, one is strikingly impressed by this concrete example of achievement during the past two decades. Nostalgia then compels the viewer to think back to a time when the hospital and the medical services it could provide were more modest. Community leaders as well as hospital officials and employees over the years have given generously of themselves in serving the public and building for the future. The time is appropriate to honor in print those dedicated men and women of vision who founded the institution, planned its growth, and kept it operating during times of adversity. The people of Alamosa and the San Luis Valley needed a good, sound, well-run hospital in 1928, and they got one. But even before the establishment of Lutheran Hospital, the Valley had been fortunate in the quality of medical care available in Alamosa.

Early in the 20th century, physicians frequently operated a small hospital in rooms adjacent to their office if the building were sufficiently large to accommodate a few inpatients. So it was in Alamosa. In 1906 Dr. Edgar Lee Freiberger, a young man of 33, came to Alamosa to open a practice as physician and surgeon. By 1908 he saw need of a hospital. Dr. Freiberger planned, erected, and equipped the hospital at a cost of more than \$25,000. According to a newspaper account, Alamosa Hospital was "the finest institution of its kind in the San Luis Valley." Its doors were opened in 1910, but Dr. Freiberger's untimely death the following year brought the building's medical history to an end.¹ The "Freiberger Building" still survives as a large, white, three-story structure near the northwest corner of Main Street and Hunt Avenue, its rooms currently being used primarily as office space.

Dr. Charles A. Davlin, another young physician and surgeon, opened his own "Alamosa Hospital" at 402 San Juan Avenue in 1912. Dr. Davlin's medical offices continued at this location for several decades although the hospital remained there for only six years. Among the most respected physicians serving on Davlin's medical staff was Dr. John K. Rupert, who earlier had worked with Dr. Freiberger. In 1918 Dr. Davlin moved his hospital to 715 Main Street, a location later associated with the offices of the Valley Courier, and in 1981 the place of business of B.J.'s Country Crafts.² The rear section of the lengthy hospital building, extending back nearly to the alley, today is being used as a warehouse by Curtis Brothers furniture store. This hospital accommodated more patients than previous ones, partly because it contained no physicians' offices. Many residents of the San Luis Valley still remember the hospital on Main Street which was run for ten years by Dr. Davlin, and another ten years by the Lutheran Hospital Association.

Other hospitals of one kind or another existed in Alamosa during this era, but information about them is very limited. Dr. Charles L. Orr operated a small hospital in his home beginning in 1908. Its location was on Main Street just west of the present Rialto Theatre. Mrs. Alma Sheesley's "hospital" could be more accurately described as a maternity home where for many years doctors came in and delivered babies. This building on the northeast corner of Third Street and Bell Avenue has been converted into a private residence. The Butler-Showalter mortuary also served as a hospital for a brief period during the 1920's.³

The Cornum Hospital, operated by Mrs. Lily Cornum and her daughter (both of whom were Registered Nurses), provided the community with another hospital for approximately ten years during the 1920's and 30's. Located at the present site of the Pizza Hut on Main Street, this three-story brown structure earlier had been known far and wide as the elite Alamosa Club House. Appendectomies and tonsillectomies commonly were performed there, and many babies were delivered. The drawback of this hospital was the necessity of taking patients from the upper floors to the surgery below by stretcher, and then returning them by the same cumbersome means. The Medical Staff included some of the same physicians and surgeons who served Dr. Davlin's hospital nearby.⁴

The Alamosa Hospital operated by Dr. Davlin was far and away the largest hospital in town during the 1920's. But Davlin was a busy man with a thriving practice, so in 1927 he decided to reduce his burden by giving up the hospital. Accepting the responsibility of running the institution was the newly-organized Lutheran Hospital



Miss Lulu Noess, deaconess nurse, 1930. Miss Noess was Hospital Superintendent, 1934-1941.



Dr. Charles A. Davlin, pioneer physician, surgeon, and hospital administrator, 1929.



Freiberger Building, 1981.

Association. On December 7 a number of concerned Lutherans met in Monte Vista "to consider [a] plan of taking over the operation and management of the Alamosa Hospital." They agreed that the name of the corporation should be "The Lutheran Hospital Association of the San Luis Valley," and that St. Peter's congregation of Monte Vista and Trinity congregation of Alamosa should be represented in approximately equal numbers on the Board of Directors. For purposes of convenience, the President, Secretary, and Treasurer were to be Alamosans. 5

The Lutheran men attending the organizational meeting on December 7, 1927 agreed that a Lutheran Registered Nurse was to be appointed Superintendent and placed in full charge of managing the hospital. Among her responsibilities was the receiving of all monies — terms were to be "cash" — and the payment of bills authorized by the Board. The Board of Directors was given total responsibility for overseeing the operation of the hospital. Another of the resolutions adopted December 7 declared that the entire Board (thirteen members) must meet every six months, and Alamosa members were to convene monthly. Any profits accruing to the Board would be put back into the hospital. 6

The Lutheran Hospital Association of the San Luis Valley and its Board of Directors invariably maintained an identical membership, although a legal distinction between the two organizations continued for many years. President of the Board was O.A. Hiller, long-time executive of the American National Bank and one of the founders of Trinity Lutheran Church. Reverend Walter H. Brott of Alamosa was elected Secretary, and held this position until he left the community in 1932. Shortly thereafter, Christian Wuertele, German immigrant and well-known Alamosa shoemaker, was chosen Vice-President and Treasurer. A very active leader in spearheading the organization was Reverend Martin L. Mueller of St. Peter's Church, a member of the Executive Committee while serving the Board as representative and reporter in Monte Vista. Other members of the original Lutheran Hospital Association and Board of Directors were Fritz Higel, H.H. Bakken, G.C. Hofman, C.F. Monter, Edward Meier, Ernest Mueller, Gus Jungck, C.N. Petersen, and George Graf (who later served as President of the Board from 1944 to 1955). Carl A. Petersen joined the Lutheran Hospital Association during the summer of 1928 to begin more than fifty years of faithful service, being President of the Board for nearly a quarter century preceding his retirement in 1979. 7

In February 1928 the "Lutheran Hospital" was open and functioning. A renewable six month lease was signed with Alamosa Realty Company at \$125 per month rent. Dr. Davlin's hospital furniture and equipment were purchased for \$2800, the deal being completed later in the year. The Lutheran Deaconess Association⁸ of Beaver Dam, Wisconsin, sent nurses to take charge of the actual operation of the hospital. First deaconess on the job was Miss Amelia Doctor who remained in charge of surgery and obstetrics until 1932. Miss Clara Dienst arrived in March and became Superintendent of the hospital until 1934. Registered nurses were paid \$90 per month, far more than other employees. Hospital charges were meager: \$10 for major surgery, and \$5 for minor surgery. 9

The Lutheran Hospital on the north side of Main Street was a long, narrow structure with a white front. Entering the building, a patient or a visitor was confronted by a rather sizable waiting room flanked by the business office on the left and a ward on the right. The person proceeding farther into the hospital would ascend some steps and go through swinging doors. Most patients were in private rooms, although two wards contained six to eight beds. A census of approximately 24 patients was the limit. An X-ray room was halfway down the hall, and the nurses station was in the hall itself. Toward the rear were the surgery-delivery room, the nursery, the kitchen, and the nurses' dining room. The hospital was equipped adequately, and served the community well for several years. 10

Four well-trained deaconesses ran the hospital during this early period. The total number of employees, including nurses, was only ten. Not all nurses were deaconesses; in 1929 Mrs. Esther Houser, R.N., who still resides in Alamosa, was employed by the hospital, coming to the community from Cleveland, Ohio. Nurses were expected to take a utilitarian approach to their profession, occasionally painting beds during a slack time. Superintendent Dienst administered anesthetic in addition to



Lutheran Hospital, 715 Main Street, May 1938.

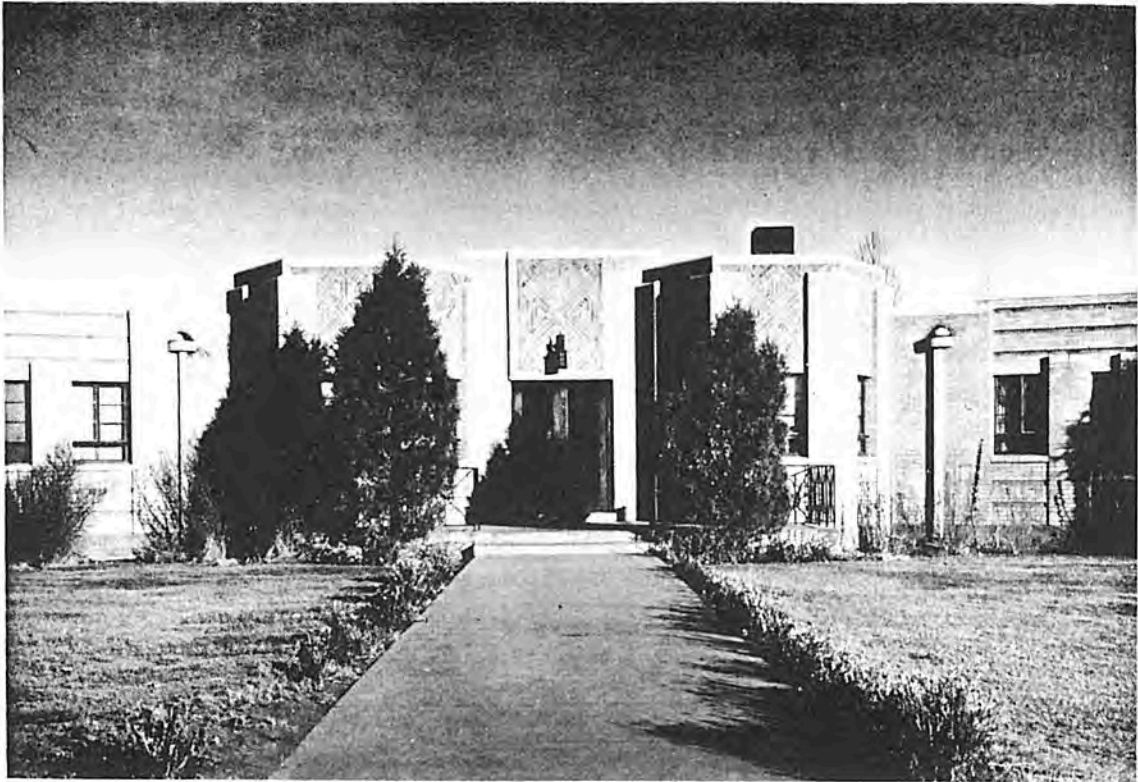
her administrative duties. The hospital was run very efficiently and had a Christian atmosphere. Nurses frequently held devotions in the dining room before going on duty.¹¹

Not all went well at the hospital. By 1930 the Board of Directors and Miss Dienst were not seeing eye to eye on administrative matters which prompted the Superintendent to threaten to resign. She stayed, but the conflict recurred sporadically. Another difficulty was the need of a new x-ray machine at \$1845.80. Staff doctors donated \$220; nevertheless, the Board found it necessary to borrow \$1000. The Great Depression took an increasingly heavy toll in the hospital's financial resources during these years. In 1932 the salaries of some nurses and other employees were reduced by more than 20%. Fortunately, the Board was able to secure a reduction of the monthly rental to \$100. But hospital charges necessarily remained very low. A resolution adopted by the Hospital Board in August 1932 revising maternity rates downward reflected the problem: "Maternity rates and charges are \$5.50 a day, in ordinary cases. These are flat rates covering everything, such as room and board, delivery room, anesthetic, routine nursing, laboratory examinations, medicines, dressings, surgical supplies, and care for the baby." The hospital continued to function without curtailing services largely because local doctors cooperated with the Board in arranging with patients a long-term schedule for paying their anticipated bills prior to the time they were admitted.¹²

In the meantime some important personnel changes were taking place. In 1932 Reverend Brott resigned as Board Secretary and was replaced by Reverend Mueller. Also in 1932 Miss Doctor resigned her position as Assistant Superintendent of the hospital to commence ten years of work in India as a missionary nurse. Her replacement was Deaconess Lulu Noess who had been with the hospital since 1928. Two years later, in 1934, Miss Noess became Superintendent when the Hospital Board voted to request the Deaconess Association to recall Clara Dienst. Miss Dienst, according to the Board, had been uncooperative, and was guilty of disregarding regulations and instructions. In January 1935 Reverend Henry Niermann, newly-inducted Pastor of Trinity Lutheran Church in Alamosa, was elected to the Board. Reverend Niermann served the hospital in various capacities for more than fourteen years.¹³

By 1935 talk began to surface around town concerning the desirability of constructing a new hospital, preferably one with 50 beds. Taking the lead in the community were Dr. Sidney Anderson and Mayor Everett Cole. The Lutheran Hospital Association quickly established a committee on the "New Hospital Building." Dr. Anderson met with this committee and lauded the existing institution as "one of the finest little hospitals in the State," but suggested that all local physicians favored something larger. Anderson indicated that Lutherans should be given first opportunity at proceeding with the project, but that two other church organizations were ready to go ahead with it. Anderson brought in a member of the Federal Relief Board for the San Luis Valley to inform the committee of government assistance which might be available. The Relief Board, according to this official, could provide most of the labor and some raw material. Mayor Cole was also encouraging. He informed the committee that he opposed the idea of a hospital owned and operated by the city or the county, and favored having a private organization assume primary responsibility.¹⁴

Regardless of promises of federal assistance, the real burden of building a new hospital was to fall on the people of Alamosa and the surrounding area. Discussions with officials of WPA and PWA came to naught, and a request for assistance sent to the Lutheran Laymen's League was greeted with a negative response. Finally, at a Board meeting held in August 1936, the decision was made to encourage Alamosa businessmen to organize and construct the building and then lease it to the Lutheran Hospital Association.¹⁵ But apprehension was expressed that Roman Catholics in the community would now act promptly and build a hospital of their own. Father Edward J. McCarthy, Pastor of Sacred Heart Parish, was actively promoting the notion that a fifty-bed "Sisters' Hospital" was needed. By 1936 approximately \$5000 already was available for this project, with strong indications that outside help would be forthcoming.¹⁶ Certainly the Lutheran Hospital Association was confronted with cause for concern.



Front (west) side of hospital, 1938-1958.

Later in 1936 the Lutheran Board devised a plan for raising money, but without great success. A projected \$23,000 loan from an insurance company fell through, and some Alamosa businessmen were reluctant at first (for political, religious, or economic motives) to serve on a fund-raising committee. Moreover, bill-collecting efforts were not particularly rewarding despite gargantuan efforts. An important break came early in 1937 when a sizable tract of land at First Street and La Veta Avenue became available to the Board at less than \$2000. Plans for raising capital then materialized rapidly. The land at First and La Veta was never acquired because of the difficulty of gaining a clear title, but later in the year the Cole Long site "immediately west of the Edgemont Addition" was purchased for \$1500.¹⁷

Two preliminary problems had to be resolved before a concerted campaign in support of a new hospital became feasible. First of all, the Lutheran Hospital Association and community leaders were fearful that Roman Catholics might be determined to go ahead with their own hospital. The picture brightened in May 1937 when Father McCarthy agreed to give Lutherans until July 1 to raise funds. McCarthy also informed some Alamosa businessmen that Mother Superior had indicated that if Lutherans would build a hospital, Catholics would not. Secondly, the existing Hospital Board was not legally able to handle all the financial agreements which had become imperative. Consequently, several business leaders organized an entirely new non-profit body, the Alamosa Community Hospital Association. The purpose of this corporation was to erect a structure to be known as Alamosa Community Hospital, and then to lease the building to the Lutheran Hospital Association which would operate it.¹⁸

The fund-raising campaign was well organized and well supported by local business, but acquiring a substantial sum of money through contributions in 1937 was no mean undertaking. The first move by the Alamosa Community Hospital Association was to import Louis D. Barr, an experienced campaign manager from California. The "Campaign Organization" was headed by A.L. Moses, prominent Alamosa attorney, and included six committees. Ultimately, more than 150 progressive citizens of the San Luis Valley were involved in this effort. "Living Memorials" (i.e., large donations) were especially encouraged; investors were offered twenty year, first mortgage Hospital Association bonds paying 4%.¹⁹

An attractive, informative brochure was issued by the Alamosa Community Hospital Association with a hard-sell approach. The brochure suggested that getting the hospital constructed could well represent the difference between life and death in Alamosa. The structure of the Campaign Organization (along with the names of the leaders) was laid out in detail, the methods by which interested parties might contribute financially to the building were clarified, and a sketch of the proposed Alamosa Community Hospital (as provided by architect Walter H. Simon of Denver) was presented. Beneath the sketch was the admonition: "Build the modern hospital now -- You may need it tomorrow." Elsewhere in the brochure was a page headed by the words, "The Problem Is Yours!" Beneath this heading were some pointed statements designed to impress the public:

YOU HAVE A DUTY TO PERFORM. That duty is to provide to the utmost extent of your means, adequate hospital facilities for this Valley, for your neighbors, your own family -- yourself. **EVERY HUMAN HAS A RIGHT TO LIVE.**

NOW, IN ONE UNIFIED EFFORT, this Valley must awaken to the seriousness of the hospital situation. With less than half of the required number of hospital beds for the area we now serve, we must not continue to endanger the lives of those near and dear to us.

THIS PROBLEM MUST BE SOLVED NOW! There can be but **ONE** effort -- the effort which is **NOW** being made.

Opposite this page was a sketch of the proposed entrance to the hospital with the words, "The Doorway to Renewed Hope."²⁰

One might well conclude that such verbosity would guarantee the total success of the campaign, but it did not. Neither the offer of bronze plaques to be displayed in the hospital as "Living Memorials" nor the sale of first mortgage bonds in units as small as \$50 could attract the necessary \$75,000 by July 1. Yet, by all accounts, the month of June must have been exciting. The fund drive was launched by a dinner given for

campaign workers at the Presbyterian church annex. Although the drive centered in Alamosa, John B. Reed of Sanford, President of the Alamosa Community Hospital Association, supervised by La Jara, Manassa, and Sanford districts. Reverend Gerban Zylstra supervised Waverly. Stress was placed by promoters on the fact that the hospital was to be owned by the community, and that no money would ever be diverted to the Lutheran church. Another point frequently made was that every cent of money raised would go to the hospital, there being no administrative expenses. The hospital's excellent Medical Staff formed a committee headed by Dr. J.K. Rupert to assist in the fund-raising. On the committee were Drs. Sidney Anderson, H.W. Byrn, C.A. Davlin, R.J. Day, R.C. Diaz, Charles Dorsey, L.L. Herriman, T.F. Howell, J.R. Hurley, Delmar Johnson, E.S. Stong and H.F. Walsh. 21

The fund drive started with a bang. On Opening Day nearly \$6000 was raised; after three days, more than \$12,000. Various ladies meetings were held in support of the project, local service clubs invariably cooperated, and individual businessmen spoke in favor of an investment they regarded as vital to the future of the community. Everywhere, it seemed, were small signs advising Valley residents to "Buy Hospital 4% Bonds." Optimism was expressed in Alamosa newspapers that the utopian goal of \$75,000 could be achieved within the month. But 1937 was a Depression year, and money was scarce in the San Luis Valley. Furthermore, Monte Vista stayed almost entirely outside the drive. On July 1, therefore, the Alamosa Community Hospital Association had accumulated only \$40,000. 22

Virtually all workers involved in the fund drive agreed that their accomplishment had been a major one and that they should persist in their efforts toward the larger goal. However, Father McCarthy also had accumulated some \$40,000 to build Sisters' Hospital, and was convinced that the community-wide effort had failed. McCarthy wanted to pursue his project, but was advised by his bishop that he needed broader support and should be patient until Lutherans were ready to concede that they must "fade out the picture" because of money deficiencies. Reluctantly, Father McCarthy agreed. The drive for pledges of funds to support the community hospital concept continued, reaching \$56,000 by August 10. In mid-December the Community Hospital Association, seemingly within \$8000 of its ultimate goal, proceeded to let the general contract for construction to T.W. Mitchell and Sons of Colorado Springs. No target date for completion of construction was announced. 23

Fund-raising had by no means been a total success. With the building nearly finished in July 1938, the Alamosa Daily Courier informed the public that a "final drive" was underway to raise \$10,000 in additional money and to collect on unpaid pledges. The new hospital was ready for occupancy by the end of September, so "moving day" was set as October 2. Alamosans were gratified that finally the hospital was being removed from the downtown area and was being placed in a much larger, modern, fireproof structure in relatively quiet surroundings near the western edge of town. Two weeks earlier the Lutheran Hospital Association signed an agreement with the Uptown Board 24 providing a ten year lease on the building and the land at \$250 per month rent with option for renewal. Most of the \$6600 in new equipment ordered for the hospital was purchased directly by the Operating Board. 25 This expense caused the Board to obtain a \$3000 loan from the Lutheran Deaconess Association. All was ready by October 2, and transfer to the sparkling new facilities took place apparently without a flaw. 26

Architecturally, the Alamosa Community Hospital was unique. Designed by architect Walter Simon, the building took the shape of the letter "Y". All patient rooms (in theory, at least) were guaranteed access to adequate light and air, and their location made possible unusually efficient service by nurses. A person entering the front door from Crestone Avenue viewed the waiting room to the right and business offices to the left, but was struck most by the convenient nurses stand straight ahead. Under a crowning skylight, nurses on duty readily could view virtually the entire ground floor of the hospital. East of the stand were rooms for major surgery, minor surgery, x-ray, and laboratory, plus the delivery room and nursery. Both northwest and southwest of the nurses stand were patient wards and private rooms. Those two wings completed the "Y". Kitchen, employee dining room, records storage, and heating facilities were in the basement. 27

The two patient wings contained nineteen private rooms and four wards. Two wards had seven beds, and two had five. The 19 private rooms brought patient capacity to 43, and at least 7 of the private rooms were thought to be large enough to accommodate more than a single bed. All private rooms were furnished with entirely new equipment, and telephones were available if desired. The wards were divided into cubicles to permit privacy when needed. A new buzzer and light system allowed patients to summon a nurse quickly. For still better service to patients, each wing had its own nurses' service room nearby. Walls in the patients' rooms were painted in pastel colors to harmonize with the furnishings.²⁸

The east wing contained the major surgery and the minor surgery adjoining one another on the north side of the hall. Striking the visitor in 1938 were the intense surgical lights provided for each room, the translucent glass bricks in the walls, and the beautiful terrazzo floors. The delivery room was across the hall in the southeast corner. The adjacent x-ray room was located near the ambulance entrance, a convenience in accident cases. Near it were the laboratory and the doctors' and nurses' dressing rooms. A colorful feature of the new hospital was the dumbwaiter near the nurses stand which brought food from the kitchen below on trays for distribution to the patients. All floors in the building (except surgery) were covered with inlaid linoleum. Radiators were all recessed and hidden. Light fixtures provided both direct and indirect lighting. Windows were equipped with steel frames, and arranged for indirect ventilation.²⁹

Sunday afternoon, October 15, was the day of the gala open house. The community owned the hospital, and the community (along with the Lutheran Hospital Association) hosted the reception and tea. More than 680 Valley residents took advantage of the opportunity to view the new institution. Two weeks later Dr. Sameul B. Scholz, President of the Medical Directors' Association of America and also Medical Director of Penn Mutual Life Insurance Company, visited Alamosa and examined the hospital. Dr. Scholz commended the citizens of Alamosa on their well-managed, well-equipped hospital, and observed that they owed a great debt of gratitude to those who had devoted their time, energy, and efforts to bring the project to fruition. "I know of no towns the size of Alamosa," he said, "that have as modern and complete a hospital."³⁰

Amid the exciting fund-raising campaign of 1937 the Lutheran Board made an important move: it hired a Business Manager for the hospital. The first person to hold the new position was Leo Reifel, previously residing in Crestone, who was employed in this capacity until his promotion to Superintendent in 1941. But the Depression lingered on. In 1939 Reifel found it necessary to borrow \$600 from the American National Bank to meet the August 1 payroll.³¹ A persistent problem was the responsibility given to the Board of landscaping the hospital grounds. The city of Alamosa furnished and planted 211 trees during the fall of 1938, but evidently the planting was unsatisfactory. By 1940 an issue with employees was a new group hospitalization plan called Blue Cross. The Employees' Hospitalization Agreement gave each employee the option of becoming a member. At the same time, however, the hospital discontinued its normal 25-50% employee discount. The institution suffered chronically from lack of capital. In June 1940 the Board of Directors considered the possibility that it might be necessary to reduce all wages, but fortunately it was never compelled to do so.³²

The difficulties confronting Alamosa Community Hospital were understandably exacerbated by World War II. Shortages of personnel were characteristic of both public and private institutions throughout the nation. A significant change in administration occurred late in 1941 when the Lutheran Deaconess Association informed the Board of Directors that Miss Lulu Noess, who had served so competently as Superintendent since 1934, was leaving Alamosa. Miss Noess became the last deaconess to be employed by the hospital. Immediately Leo Reifel, Business Manager for nearly five years, was assigned the title of Hospital Director.³³ Reifel assumed the immense responsibility for finding the skilled personnel to keep the doors open during a critical period of time. Doctors and nurses constantly were in short supply, one technician functioned in both laboratory and x-ray, and one clerk was employed in the Business Office. Yet the community never lacked for sound health care.



Elton Reese at his desk, 1957.

No administrative difficulties resulted from the opening in 1942 of a Lutheran hospital in Monte Vista. By mutual agreement the Monte Vista members of the Lutheran Hospital Association were released. However, some changes in the Association's by-laws became necessary, and were made in 1943. As before, an annual meeting was to take place each January; upon adjournment, the Board of Directors convened. Membership in the Lutheran Hospital Association and Board of Directors remained identical. But membership on the Hospital Board was now limited to ten, all of whom were required to be members of the Association, and a majority of whom must be members of Trinity Lutheran Church in Alamosa. The "Operating Board," as it was sometimes called,³⁴ was directed in the new bylaws to "exercise charge, supervision, and control of all funds of the Association and the funds collected and expended in the operation of the hospital. . . ." Responsibility for management was unaffected by the withdrawal of Monte Vista members, although an important personnel change found Reverend Niermann of Alamosa replacing Reverend Mueller as Board Secretary.³⁵

Fiscal difficulties continued to plague the hospital during the war years, but the acute nursing shortage proved to be equally serious. A small number of dedicated nurses played a major role in maintaining an effective hospital routine. At times only one nurse was on duty. With graduates of nursing schools in critical demand by the armed services, several married nurses living in and near the community worked long hours caring for patients while they were raising their own families. An eight hour day was normal, although requirements for special skills often lengthened the day. Mrs. Erna Hammarstrom, who succeeded Mrs. Henrietta Walsh and Mrs. Mary French as Superintendent of Nurses, was almost constantly on call because of her experience in laboratory work and x-ray. The slim crew of nurses included Mrs. Etta Pursley, Mrs. Ada Andis, and Mrs. Mabel Gilmore. The hospital scarcely could have remained open without the well-trained nurses' aides who volunteered so many hours of service without compensation. The Lutheran Ladies Aid played a vital role in keeping the hospital supplied during a time of scarcity. The ladies served meals, raising money to buy dishes, silverware, pans, etc. for the kitchen where Mrs. Rose Gumper was cook. Mrs. Katie Graf was the chief seamstress, but all the Lutheran ladies volunteered countless hours in making towels, bandages, gowns, and bibs, and in repairing sheets.³⁶

The hospital's capacity for serving the community frequently was overtaxed during those World War II years. Many times, all rooms were full and patients had to be put in the halls. On one occasion the lobby was cleared of visitors to make room for five additional patients. An even greater problem with overcrowding was the obstetrics area. The nursery became extremely full when occupied by twelve babies, but sometimes the hospital was faced with the necessity of handling still more. Babies then had to be tended in a number of unlikely places, including cardboard boxes and dresser drawers. Getting the infants to their mothers for regular feedings was nearly a full time job. The heavy census of mothers and babies resulted primarily from the "ten day stay" which during the 1940's still was standard procedure in obstetrics practice.³⁷

The President of the Lutheran Hospital Association, from its inception in 1927, was prominent Alamosa banker O.A. Hiller. Failing health in 1944 led Hiller to indicate to the Board of Directors that new leadership was required. Veteran railroadman George Graf was elected as his successor. In 1945 Leo Reifel, who had served so effectively as Hospital Director during the difficult war years, announced that he was leaving the hospital to go into private business. The frustrations associated with shortages of doctors, nurses, and clerical help unquestionably contributed to his decision. The Board of Directors named Reverend Henry Niermann, Board Secretary, as temporary "manager" of the hospital at a compensation of \$1.00 per hour.³⁸

The Niermann administration at Alamosa Community Hospital was brief (lasting less than a year), but productive. Reverend Niermann saw his position as a supervisory one, leaving other hospital personnel a high degree of discretionary authority. He was well-liked and respected, being thought of particularly as "a good sport." Yet the institution ran smoothly and efficiently. The shortage of doctors and nurses gradually was alleviated, and a second clerk was employed. But the Hospital Board wanted a permanent, full-time administrator. The first name to be discussed was that of Elton A. Reese of Monte Vista. A committee was appointed to meet with Reese on May 23, 1946. The committee recommended that the applicant be hired, and five days later the Board agreed unanimously.³⁹ So began a new era in the history of Alamosa Community Hospital.

Elton Reese began 35 years as hospital administrator on June 10, 1946. His title for the first three years was that of Business Manager. Mr. Reese's higher education included a B.S. degree in Education from Concordia Teachers College in Seward, Nebraska, and training in languages and the Social Sciences as part of the A.S.T.P. (army) program at Carleton College, Northfield, Minnesota. Reese had several years' experience teaching in public schools, had taught briefly in the Monte Vista parochial school, and had been employed as bookkeeper for the Green and White Oil Company. His four years in the U.S. Army during World War II included a stint with the Historical Section of the Intelligence Department at Lowry Field in Denver. When applying for the position as Business Manager at the Hospital, Mr. Reese was teaching in the Monte Vista public school system. In his letter of application Reese observed not only that he qualified for training under the G. I. Bill of Rights, but suggested further the possibility that Alamosa Community Hospital could be designated by the federal government as an apprentice training center. 40

Head of the Veterans Training Program at Adams State Teachers College was Doyle Clark. Clark attended a Lutheran Board of Directors meeting, explaining the procedure for making the hospital a training center and Elton Reese a trainee. The decision was made to appoint Reverend Niermann, Board Secretary and former hospital manager, as Reese's instructor. The arrangement succeeded beautifully as the two men became close friends. The personable Niermann was gifted with outstanding organizational ability as well as the tact needed to work with doctors, hospital personnel, and the Hospital Board. The Board was gratified both that Mr. Reese was receiving excellent on-the-job training, and also that the federal government was paying nearly half of Reese's salary. The training period was rather brief, but the program was not terminated totally at the hospital until April 1, 1948. 41

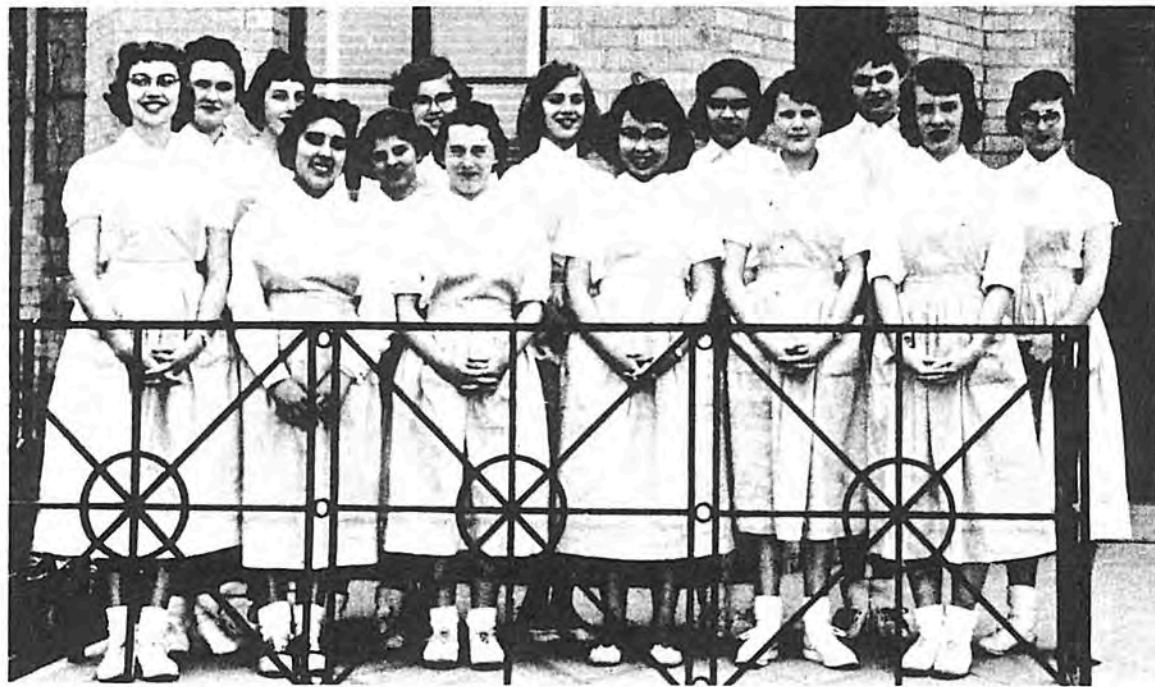
For the next two decades the administration of Alamosa Community Hospital was largely a "one man show." "Elton Reese did the whole thing," according to Dr. Littleton J. Bunch who came to Alamosa in 1952 partly because of a cordial personal letter he received from Reese in contrast to Chamber of Commerce brochures sent to him by other administrators. Dr. Bunch particularly was impressed by the backbone Reese demonstrated in the face of criticism by some members of the Medical Staff. Staff meetings frequently were inharmonious, occasionally degenerating into "big old hassles." Physicians sometimes viewed Mr. Reese as stubborn, and certainly he could not be intimidated in matters relating to hospital management. In explaining the ubiquitous presence of the Superintendent, 42 Dr. Bunch related in a humorous manner the shock he experienced when he first saw Reese working at the dumbwaiter, personally bringing food trays up from the kitchen to give to the nurses for distribution to patients. 43

Dr. Sidney Anderson, who has served the San Luis Valley so admirably since 1929, presented a similarly favorable view of Elton Reese. Reese "did a helluva job!," Anderson remarked. Dr. Anderson was impressed by Mr. Reese's insistence that physicians cooperate in their use of hospital facilities rather than being self-centered and demanding. Dr. Anderson and Dr. Bunch agree that Reese's businesslike methods of collecting bills caused some of the friction with the Medical Staff, and Anderson is convinced that much of the "guff" the Superintendent took from the community was of similar origin. Dr. Anderson regards Mr. Reese as having been a first rate organizer and businessman. Without him, Anderson insists, "the hospital really would have been in a hole." 44

The Lutheran Board (known as the Operating Board or Governing Board) of Alamosa Community Hospital accepted in 1947 some changes and clarifications in the Medical Staff by-laws. These revisions had been adopted by the Medical Staff upon recommendation by a two-man committee consisting of Dr. James R. Hurley and Dr. Delmar Johnson, Chief of Staff. The revisions were aimed at specifying proper procedure whereby the Governing Board was to appoint physicians to the staff, and could later suspend them. 45 The Medical Staff grew during the years after World War II. In 1946 Dr. Robert Bradshaw commenced his many years of service at Alamosa Community Hospital, becoming in 1964 the hospital's first anesthesiologist. During the 1950's and 60's the community was fortunate to have many outstanding young physicians join the Medical Staff. A dental staff was organized at the hospital in 1949. 46



Central nurses stand in old hospital, 1938-1968. Superintendent of Nurses Ann Edstrom is seated.



The "WHO" girls (WHO-We Help Others), 1957. Hospital volunteers through Girl Scouts.

The acute nursing shortage was slightly alleviated following the end of World War II. Some nurses and nurses' aides stayed, and others were added. Mrs. Erna Hammarstrom was succeeded in 1945 as Superintendent of Nurses by Miss Julia Malouff, R.N. (Mrs. Julia Germer); upon Miss Malouff's resignation in 1949, a Canadian, Miss Ann Dolcini (Mrs. Ann Edstrom), R.N., accepted the position and remained for well over two decades. Registered nurses living in the community, such as Mrs. Inez Stevens, Mrs. Mable Gilmore, Mrs. Hada Clarke, and Mrs. Loa McClintock, served Alamosa Community Hospital over long periods of time. An interesting experiment was Elton Reese's attempt to attract Canadian nurses. The girls from Canada were superb practitioners of their profession, and many of them liked Alamosa. There was another incentive: nurses pay in Canada was below San Luis Valley levels. The experiment eventually was terminated because of the great difficulty in getting these valuable imports registered with the State Board of Nursing which feared that Colorado might be inundated with substandard newcomers.⁴⁷

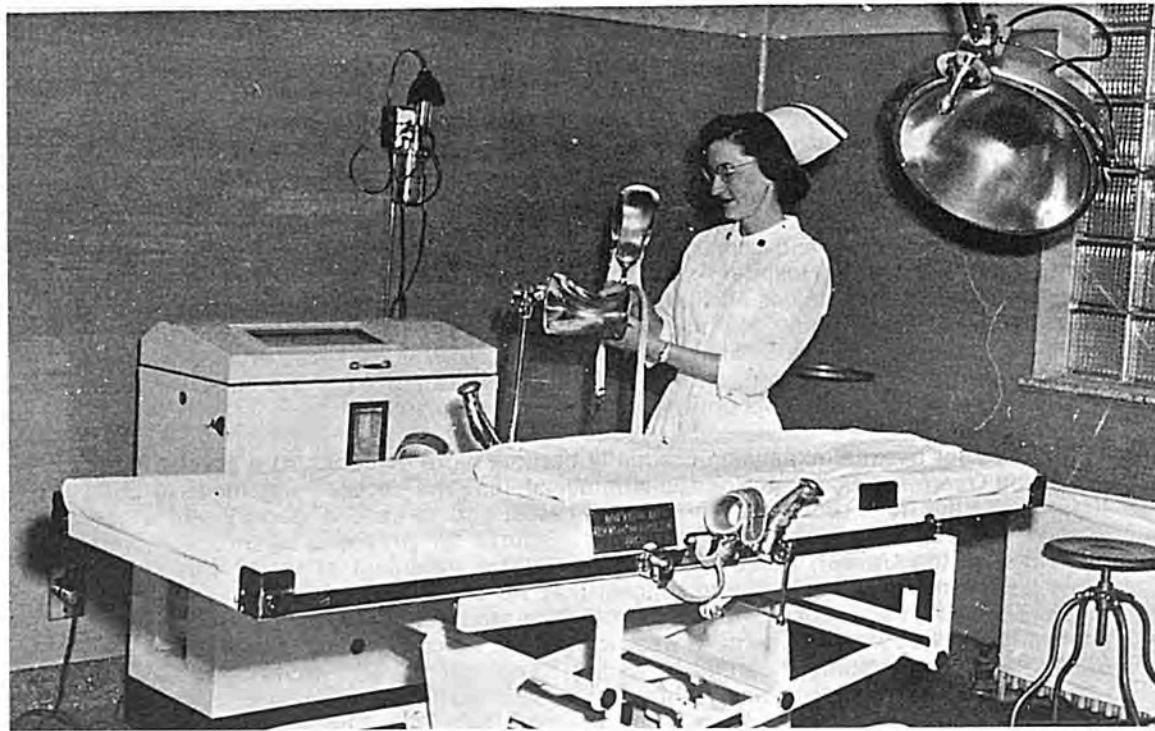
The Lutheran Hospital Association increasingly was being confronted with requests for hospital expansion. By 1947 many Alamosans seemed convinced that the nine-year old structure was not adequate to serve the needs of the community. Members of the Medical Staff and a committee of the Alamosa Community Hospital Association discussed adding a modern obstetrics wing, and hired architect Walter Simon to present plans. The Lutheran Hospital Board, already strapped financially, showed no immediate interest. The Board's predicament became clear in September 1947 when the all-important sump pump malfunctioned. With the hospital kitchen located below the city sewer system, a pump was required to lift the sewage and other waste up to the proper level. When the sump pump failed, the kitchen became a disaster area. At a special Board of Directors meeting Mr. Reese reported that a contractor would make all necessary repairs for \$753. Appealing to the Community Hospital Association for financial assistance, the Board was informed that any help it might receive in making repairs or improvements would necessitate more rent. Rent payments, according to the "Uptown" body, were used for insurance, interest on bonds, and retirement of bonds. The Lutheran Board thus was thrown back on its own devices, and eventually paid the bill.⁴⁸

The Board received a jolt in 1948 when its ten year lease expired. The Alamosa Community Hospital Association was prepared to grant another ten year lease, but proposed that the monthly rent be raised from \$250 to \$600. Dr. William T. Meyer, Board Treasurer, was appointed to head a three-man committee to discuss the new proposal with Harry Zachels and Roy B. Hellman, prominent Alamosa businessmen representing the Association. After negotiations, the rent was set at \$400; three months later, the figure was returned to the more modest \$250 level. The presence of Dr. Meyer, Professor at Adams State Teachers College, on the committee was a reflection of the active and constructive role played by Meyer from the time of his election of the Lutheran Hospital Association in 1943 until his death in 1979. Insurance man Fritz Hammarstrom was elected to the Board in 1947, and later served briefly as President. Business leader Herman Wuckert was elected in 1954, serving until his untimely death eleven years later. Roland Hiller, son of the first President of the Lutheran Hospital Association, was Secretary of the Board from the time Reverend Niermann left Alamosa in 1949 until his own departure in 1954.⁴⁹

The need for hospital expansion gradually became more evident. At a special meeting of the Operating Board during the summer of 1951 the decision was made to build first an addition to accommodate obstetrical cases, and to build a laundry and a new kitchen if enough money became available. Figures for proposed construction were presented to the Uptown Board in September. The statement of intent was clear: "The Lutheran Board would like to suggest that we build a complete OB wing and as much of a kitchen and laundry as possible." The proposal stated that if necessary the kitchen-laundry addition to the northwest wing could be constructed merely as a frame or shell without plumbing, heating, or wiring. The cost thereby would be reduced to just over \$15,000. The sizable OB addition to the southwest wing, according to the proposal, could be completed for a figure of about \$47,000. The \$3500 architect fee brought the total to nearly \$66,000.⁵⁰ Agreement was reached between the two hospitals, so work was able to proceed expeditiously.



New Nursery, Obstetrics Department, 1953.



Delivery room, Obstetrics Department.



**ERECTED IN MEMORY OF
FREDERICK C. C. H. GROENING**

1855 — 1930

AND HIS WIFE

MATHILDE EMPERIUS GROENING

1870 — 1949

**PIONEERS OF THE
SAN LUIS VALLEY OF COLORADO**

**THE GENEROUS BEQUEST OF
MATHILDE EMPERIUS GROENING
TO THE
ALAMOSA COMMUNITY HOSPITAL ASSOCIATION
ENABLED THAT ASSOCIATION
TO RETIRE ITS INDEBTEDNESS AND
ALSO ASSURED ITS FINANCIAL SECURITY.**

**MAY THOSE WHO BENEFIT BY THE
GENEROSITY OF THESE PIONEERS
HOLD THEM IN APPRECIATIVE MEMORY.**

Large memorial plaque mounted on a wall in the hospital lobby.

The cost of the new undertaking was of great immediate concern. After lengthy discussion the Lutheran Board rejected the suggestion that a substantial sum of money would have to be borrowed. The Board seemed convinced that money could be found. The close working relationship between the Operating Board and the Uptown Board was demonstrated by the ensuing arrangement. The Lutheran Board proposed that the monthly rent paid to the Alamosa Community Hospital Association be reduced from \$250 to \$50, the remaining \$200 to be placed in a special building fund to complete the kitchen and laundry. The Uptown Board agreed to a compromise solution: hospital rent was reduced to \$100 per month. But large sums of money were required to complete the construction which was well underway by 1952.⁵¹

The overall success of the project was assured by the final settlement of the Groening will. A sum of money ultimately amounting to \$102,371.90 was bequeathed to the Alamosa Community Hospital Association by Mrs. Mathilda Emperius Groening who died in 1949. This generous bequest was used by the Association (the Uptown Board) to retire old bonds and to provide most of the funds required in building the new obstetrics wing of the hospital. An attractive plaque hanging in the lobby of Alamosa Community Hospital memorializes this gift.⁵²

The "OB wing" of the hospital was completed early in 1953. The new, modern facility established an obstetrics department at a time when few community hospitals were so far advanced. Twelve mothers and babies could be accommodated in excellent surroundings. Two spacious wards and four private rooms alleviated the overcrowded conditions previously existing. A modern delivery room and an attractive nursery were vital parts of the OB department, and for the first time the hospital had a separate labor room. Doctors' and nurses' lounges were provided for their convenience and relaxation. The new facility was viewed as topnotch by 1953 standards, so the community joined hospital officials in expressions of pride.⁵³

The kitchen-laundry addition to the northwest wing of the 1938 structure was built approximately at the same time. It balanced the OB addition to the southwest wing, keeping the building somewhat symmetrical. Dirty laundry no longer would have to be sent elsewhere for cleaning; the hospital now could take care of its own. The new kitchen was a vast improvement over the old one with its sewage problems. The new dining room accompanying the kitchen also was a functional facility, adequate for the 1950's. As with the OB wing, the successful completion of the kitchen and laundry was largely the result of a gift. Dr. R.J. Day urged his friend, Albert Simms, owner of the famous Trinchera ranch, to visit Elton Reese concerning the hospital's construction plans. A brief explanation by Reese was all that was necessary; the hospital received \$15,000 from Simms, a donation he made in memory of his wife.⁵⁴

Not everything went well for Alamosa Community Hospital during the 1950's. In the San Luis Valley--and virtually everywhere else--leaks in flat roofs are not uncommon. Long before the hospital was ten years old, leaks began to appear. The Board and the Superintendent kept the roof repaired, but at a substantial cost. The hospital went to court in 1951, suing the Southern Roofing Company, a Pueblo concern, for damages. The court was generous, rewarding the plaintiff \$2500. When the company filed for a new trial, the hospital settled out of court for \$1365. Attorney's fees reduced the new award to a mere \$925.26. And the roof still leaked.⁵⁵

More fundamental, perhaps, was the question of how to secure adequate professional coverage in the Emergency Room. Fortunately the "ER problem" was not as difficult in the 1950's as it became in the 1970's. Younger doctors often regarded an Emergency Room assignment as an opportunity to treat patients who might be seeking a good family doctor. But the hours were long, and many physicians increasingly looked upon ER work as a burden. Moreover, a physician normally accepted this responsibility for a month at a time. Despite the endless dispute over the proper means of securing the public first rate emergency medical care, the commitment of both the hospital administration and the Medical Staff to serving the needs of the community remained unflinching.⁵⁶

Hospitals frequently have encountered great difficulty in attempting to maintain up-to-date medical records. Dr. Bunch has clarified the problem: "Doctors like to take care of patients, but hate to do the paperwork afterwards. It's like doing the dirty dishes." Yet medical charts continue to be a significant factor in determining hospital

accreditation. The Joint Commission on the Accreditation of Hospitals did deny Alamosa Community Hospital its accreditation for a brief period during the 1950's because many of its charts were far from current. When Dr. James W. Ruddell became Chief of Staff in the 1960's, he had some success in remedying the situation by taking a firm stand with his colleagues. The hospital administration has been empowered to enforce the rules by denying delinquent physicians the privilege of admitting patients, but always has been reluctant to act because patients usually do not understand and see themselves as the victims. 57

Nurses' pay remained an issue from 1928 until the present wage system was adopted in the 1960's. Traditionally, nurses at Alamosa hospital received salaries, plus meals when on duty, plus laundry service for their uniforms, plus vacations and some lesser fringe benefits. The tendency of most nurses to favor increased salaries even if it might mean reduced fringes led to many discussions by the Hospital Board concerning the best means of providing satisfaction. Nurses' pay escalated rather rapidly during the 1950's and 60's, partly as a direct result of supply and demand throughout the nation. Furthermore, Alamosa Community Hospital was becoming a more extensive operation in terms of facilities, equipment, and patients, with a resulting increase in the demands placed upon individual nurses. The public desired first rate nursing services, and got them. 58

The salary of the Hospital Superintendent likewise trended upward quite sharply during the 1950's. Probably, in the light of Elton Reese's growing reputation as a hospital administrator, the increases should be considered moderate. In 1953 Reese was honored by being elected Vice President of the Colorado Hospital Association, and the following year he became President. This distinction accorded him by his peers was indeed a remarkable one for a person still in his thirties. An attractive offer from Alamogordo, New Mexico, nearly lured Elton Reese away in 1957, but the Hospital Board acted quickly to keep him in Alamosa. Reese also passed up offers of administrative posts by hospitals in St. Louis, Missouri; Sioux City, Iowa; Libby, Montana; Aspen, Colorado; and Colorado Springs. As with the nurses, the Superintendent's responsibilities grew along with the hospital, and Mr. Reese was virtually the entire administration. Not until 1958, when John R. Burt, who was in charge of credit and collection, agreed to take over for 30 days, did Reese go on an extended vacation. During this era and until he relinquished his position as Administrator at the end of 1978, Elton Reese served the Hospital Board in a further capacity: he became Acting Secretary to insure that no important transactions at Board meetings would be inadvertently omitted. 59

Problems of almost any kind which appeared at the hospital were the province of the Lutheran Hospital Board. The Board's membership varied from five to eight, all of them dedicated, unpaid public servants. Their burden was particularly oppressive during times of hospital expansion when bids and contracts were involved and frequent meetings were called, sometimes with very little notice. The annual meeting for 1955 was held in July rather than January, and this procedure became permanent. Elected President of the Board in 1955 was Carl A. Petersen, a local rancher and member of the Board from its earliest days in 1928. Petersen went on to serve with distinction as a Board member for more than 50 years, and as President for 24 years. Carl Petersen now is retired and lives with his wife Edna in Cheyenne, Wyoming.

A chaplaincy program was instituted at Alamosa Community Hospital in 1959, with Reverend Norman Heimsoth, pastor of Trinity Lutheran Church, as the hospital's first chaplain. The Board outlined two general statements pertaining to the chaplain's responsibility: 1. He should call at the hospital daily to obtain a list of admittances, and should relay the information to all clergymen wanting a report. 2. He was expected to call on all Lutheran and unchurched patients "and serve them according to their desires and his ability." A small compensation was paid to Trinity Church for the loss of time involved in having its pastor provide this service to the community. The chaplaincy program continued for a decade and a half, only to be dropped in 1975. The Hospital Board re-instituted the program in 1981 on a strictly voluntary basis involving a commitment by Pastor John-Paul Meyer of Trinity Lutheran Church. 60

Crowded conditions prevailed in laboratory and x-ray as those areas increasingly were called upon to expand their functions. Both the laboratory and the x-ray room were very limited in size during most of the 1950's, and for many years one technologist in each area was considered sufficient. Beginning in 1948, x-rays were sent to St. Francis Hospital in Colorado Springs where Dr. Vernon Bolton, respected radiologist and formerly an Alamosa physician, read them and sent back a report. The reports later were teletyped to Alamosa, permitting local doctors to receive information more rapidly than many Colorado Springs physicians. Dr. Bolton came to Alamosa periodically, and service was expanded after Dr. David Labouisse joined Bolton. When Dr. Labouisse moved his practice to Alamosa, he became the hospital's first resident radiologist. More x-ray rooms were sorely needed. Similarly, the demands placed upon the pitifully small 1938-style laboratory gradually overwhelmed available facilities.⁶¹

When word was received early in 1956 that the hospital was to become recipient of a Ford Foundation grant amounting to \$20,500, serious consideration began on the best way to use the money. Doctors and nurses were invited to a Board meeting in January to present their views. Emerging from the discussion were four suggestions as to how the funds could be expended most effectively: 1. A new laboratory 2. A recovery room 3. A small wing to house the chronically ill 4. A new heating plant. At a later meeting the Board was informed that the hospital also needed new floor coverings, air conditioning for the surgery, and individual room thermostats. On May 14 a meeting with the Alamosa Community Hospital Association (which was to receive the grant) was held in Roy Heilman's insurance office. Agreement was reached on construction priorities based upon opinions expressed by the State Department of Health. An outpatient wing to include an emergency room, a laboratory, an EKG room, x-ray facilities, examining rooms, etc. was designated first choice; the heating plant was relegated to second choice. Within a few days a sketch of the proposed outpatient addition was ready.⁶²

The decision to go ahead with a much larger construction project than originally had been intended compelled the Operating Board once again to call upon the Uptown Board for financial assistance. The two boards could count on the \$20,500 Ford Foundation grant, and by 1957 they had secured a commitment for \$28,000 in Hill-Burton funds from the federal government. But the cost of this southward expansion of the old east wing was set at nearly \$55,500, and equipment for the new structure was estimated at \$7000. In September the Lutheran Board voted to give the Community Hospital Association the needed \$12,000 to permit work on the "outpatient wing" to proceed. The Board then charged out that amount from current revenue at the rate of \$500 per month. The hospital necessarily raised its fees more than once during the 1950's, but certainly the public was getting more in available health care. This latest addition, built by local contractor George Van Iwaarden, was completed in 1958. Alamosa Community Hospital now could offer for the first time an adequate emergency room, laboratory, and x-ray section.⁶³

The outpatient wing did not remain the latest addition for long. Within two years the hospital again had expanded, this time in a more extensive and expensive manner. The most notable feature of the 1959-60 construction program was the "new wing" designed to house 26 patients, built northeastward from the central nurses stand. Secondly, a small front wing, or "administrative wing," was added at the main entrance on the west side. Finally, the building program included a much-needed boiler room on the east side with a completely new boiler for the entire hospital. But public interest centered on the attractive, modern 26-patient nursing wing which even today is very much in use, and is still called the "new wing."⁶⁴

Superintendent Reese stressed the need for these additions to the hospital at a special Board meeting in January 1959. Reese, in urging immediate action, asserted that overcrowded conditions had resulted in patients being refused medical care, and had caused nursing services to become unsatisfactory. Discussions with the Alamosa Community Hospital Association got underway, and the two boards concluded that they might have to borrow \$200,000. Bunts and Kelsey, Architects, a Colorado Springs firm, presented a preliminary estimate in April that nearly \$226,000 would be needed to complete the project. Some money was on hand, so the boards then agreed that a loan of \$185,000 would be enough. However, the loan actually made by the Colorado

National Bank of Denver in conjunction with the Alamosa National Bank was for only \$170,000. By the time this loan was approved the Superintendent told the Lutheran Hospital Board that the total cost might well run to \$250,000. When it became evident that his pessimism was justified, Mr. Reese flew to Denver and was able to get another \$35,000 loan from the same source at the same 5½ % interest rate.⁶⁵

Construction got underway October 20, 1959, and proceeded remarkably well. Godwin Bevers Company of Colorado Springs was awarded the construction contract, and was able to have the two new wings and the boiler room ready to go by the following May. One problem: The Valley Courier, in headlining the story of the open house for the new additions which was held May 22, 1960, stated in bold print that the total cost had been \$272,000. Fortunately the same article explained to the local public the benefits which were to be derived. Certainly the community stood to gain whenever the hospital expanded its capability to serve.⁶⁶

The administrative wing added clerical office space, a Board room, and a new office for Mr. Reese. For public use it contained an attractive new visitors' entrance and a large visitors' waiting room. The boiler room, though much less conspicuous, was vitally important to everyone in the hospital. This unit was located east of the main building, and was connected by a trench. The new boiler, in addition to heating the hospital, provided steam for sterilizers, laundry, etc. It also included a standby generator to back up the hospital's completely new electrical wiring system.⁶⁷ Another feature of the building program was the remodeling of the surgical area by adding a new central supply and sterilizing facility. For the comfort of patients and hospital personnel, all rooms (both old and new) were equipped with individual thermostats. The striking 26-bed wing contained six private rooms, three 5-bed wards, and one 5-bed pediatric ward. Alamosa Community Hospital now had 72 beds.⁶⁸

There it was! The community had an institution large enough and modern enough for the 1960's. But, No! It was not to be. By 1962 building discussions were again underway, only this time on a much grander scale. This time the hospital was to have a three or four story structure, one which would truly make it a leader in southern Colorado. Why not think really big in upgrading institutional health care? The man with the awesome vision, of course, was Elton Reese. Reese became convinced that merely constructing new wings -- "pimples," he called them -- would never satisfy the needs of the community. The 1960 additions costing \$272,000 had been a grandiose undertaking, but that program was about to be eclipsed in its magnitude by plans the Hospital Superintendent now had in mind.⁶⁹

The hospital often was faced with a crisis situation in its determination to care for patients. The completion of the "new wing" in May 1960 had alleviated the overcrowded conditions, but the problem was by no means solved. Hospital records reveal that in February 1960 the percentage of occupancy was 94%; 95% in March, and a staggering 98% in April. The 26-bed addition had the effect of reducing the occupancy rate to 88% in May and 89% in June, but the percentage was still very high. During the next two years, occupancy normally ran about 80% for the summer and more than 90% for the winter months. Anything approaching 90% monthly occupancy normally means overcrowding in light of the fact that the patient census would be higher on some days than others, and also that 100% occupancy was virtually impossible because it usually would have required housing males and females in the same room. Before the new building was completed in 1968, ten or twelve or more patients sometimes had to be placed on army cots along hospital halls.⁷⁰

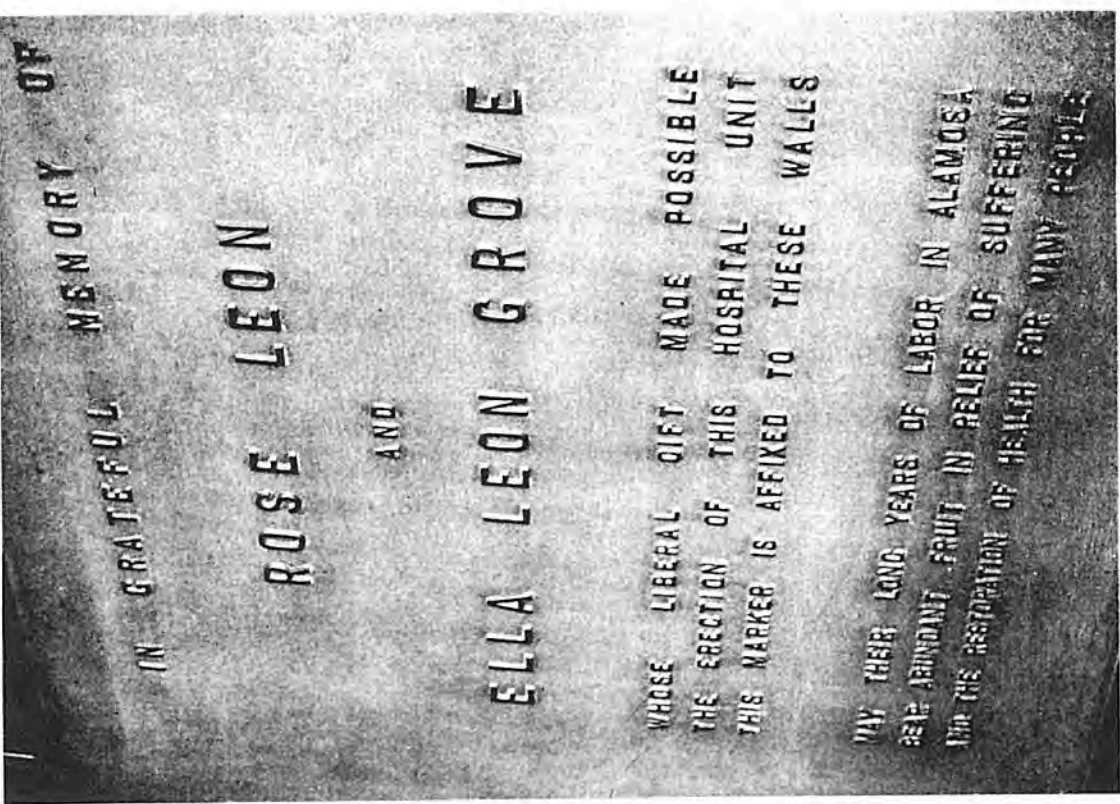
Parts of the existing hospital increasingly were subjected to criticism because of their limited size and their age. By 1963, half of the hospital already had served the community for a quarter century, and some facilities, notably the rooms for major surgery, obviously were outdated. Drs. Sherman D. Nichols and James W. Ruddell informed Mr. Reese that substantial improvements in the hospital facilities would have to be made if they were to establish their practices in Alamosa. A modern new building appeared to be necessary, but the question of how to raise the required money was not answered for several years. Not until December 1966 did the hospital have the needed funds. A large federal grant, a large loan, and a large private donation brought reality to a magnificent dream.⁷¹

The initial effort to raise money failed. Elton Reese discovered that the Area Re-development Administration (ARA) within the U.S. Department of Agriculture had some \$900 million to spend on economic development in depressed areas. Reese decided in 1962 to request \$825,000 (50% of the original estimated cost) for expansion of Alamosa Community Hospital, although he was informed that his project might not qualify. In pursuing his objective for well over a year, Reese made two trips to Washington, D.C., and filled out the stacks of paper required in the application for money. The Lutheran Board and the Uptown Board formed a joint ARA Committee to assist Reese in his appeal for this very substantial federal grant. At times it appeared that they were about to attain their goal. Disappointment came in 1963 when a definitive decision was reached in the nation's capital: ARA money, it seemed, could best be spent elsewhere. But by no means was everything lost; much of the paperwork, particularly the planning done by the architectural firm of Bunts and Kelsey, could be used later.⁷²

In his determined effort to gain federal assistance for the new hospital, Elton Reese submitted some interesting information in 1962 to support his request. Reese maintained that Alamosa Community Hospital was a non-profit, charitable institution which had always been operated to provide the best possible health care at the lowest possible cost. The hospital, he declared, had never refused care to a person because of race, creed, or color, but that it had not been unusual during the previous 18 months to deny admittance for lack of room. Reese compared statistically the extent of hospital utilization in 1961 with 1951. Admittances were up 60%, patient days had doubled, the number of outpatients had tripled, and the percentage of occupancy was up from 54% to more than 80%. Among the reasons given by Reese for those dramatic increases were the young doctors coming to Alamosa whereas surrounding communities had a shortage of physicians, increased demand for hospital treatment, the growth of Adams State College, and hospitalization provisions for old age pensioners. Mr. Reese pointed out that architects were in the process of formulating plans and specifications which not only would increase the patient capacity of the hospital to at least 100, but would establish a number of departments: Laboratory, X-ray, Surgery, Emergency Room, Central Sterile and Supply, Administration, and a Dietary area.⁷³

The failure to get ARA money was a setback, but not of drastic proportions. All along, Elton Reese had considered applying for a Hill-Burton grant as a logical alternative. The Hill-Burton program was instituted by Congress in 1946 to assist local sponsors throughout the nation in constructing public and other non-profit hospitals. Alamosa Community Hospital had received \$28,000 of these funds in completing its outpatient wing in 1958. But as the two hospital boards and Mr. Reese turned to the Hill-Burton alternative in 1963, they were thinking in terms of a \$1.5 million building. Two vital questions remained unanswered. 1. Would the new building be a two-story, a three-story, or a four-story structure? 2. Would it be built directly east, or directly west, of the old hospital? The crucial decisions were made at a joint meeting of the boards representing the Lutheran Hospital Association and the Alamosa Community Hospital Association held on March 24, 1964. The two boards voted unanimously to build a four-story hospital "immediately in front of the present hospital." They resolved further to purchase the property on the block immediately west "to allow for this and future expansion." Unanimity also prevailed in their determination to seek Hill-Burton funds to assist in completing the construction program.⁷⁴

Patience can be a virtue, but sometimes it becomes the most difficult of attributes. Very little progress toward a new hospital could be made until the extent of Hill-Burton funding, if any, became known. Mr. Reese apprised both boards in November 1964 that although they were seeking the maximum \$1.2 million of a \$2.4 million expanded building program -- the boards had approved a four-story hospital -- they probably would receive much less. Excessive numbers of applications for Hill-Burton money from Colorado communities led Reese to conclude that \$250,000 to \$500,000 would be the extent of the funding for Alamosa. The Superintendent suggested that if \$500,000 were the figure it might be advisable to proceed in the hope of receiving additional money the next year. A further blow was struck two months later when the two boards were informed by the Colorado State Department of Public Health that Hill-Burton grants no longer were to exceed one-third of the total assessed valuation of the entire completed project, and that the hospital must raise one-third in cash.⁷⁵



Memorial plaques mounted on a wall in the hospital lobby.

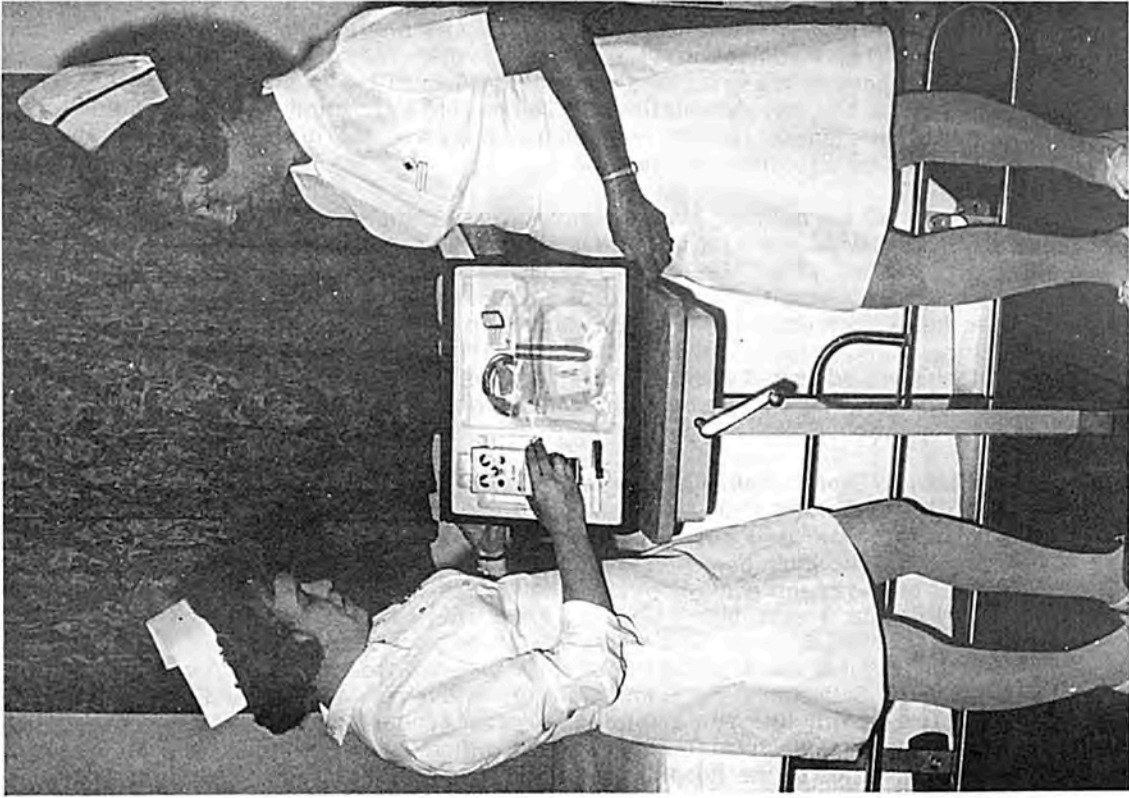
The course to pursue now seemed evident; the project would have to be scaled down in some way. The Superintendent—not until 1966 would Mr. Reese's title become "Administrator"—wrote to Dr. Roy L. Cleere, Executive Director of the State Department of Public Health, proposing that the program be continued on a reduced basis without a reduction of federal assistance. In April 1965 Dr. Cleere informed Reese that his proposal had been approved, and that a \$400,000 Hill-Burton grant was being made for the fiscal year beginning in June. Already the Lutheran Hospital Association and the Alamosa Community Hospital Association had decided, very reluctantly, that the fourth floor⁷⁶ of the new building was not vital. The boards were told that scrapping the fourth floor would reduce their total obligation from \$2,214,660 to \$1,883,886, thereby saving nearly \$331,000. However, when the official application for Hill-Burton money was submitted in June to the Department of Health, Education and Welfare, the figure given was \$1,979,400.⁷⁷

The \$400,000 commitment was extremely encouraging, of course, but a second Hill-Burton grant of \$400,000 during the following fiscal year remained a necessity. Essential in getting the project underway was the generous bequest by Miss Rose Leon and her sister, Ella Leon Grove, to the Alamosa Community Hospital Association. This donation, the largest ever given to the hospital, amounted to more than \$500,000. But at least \$600,000 still had to be borrowed, even assuming that eventually the full \$800,000 in Hill-Burton funds became available. The two boards once again agreed in determining the proper course of action. Elton Reese assisted the Uptown Board, the legal owners of all hospital property, in securing the loan. Harry Zacheis and the Alamosa National Bank were able to gain substantial participation by the Denver United States National Bank in the \$600,000 loan at 6%.⁷⁸

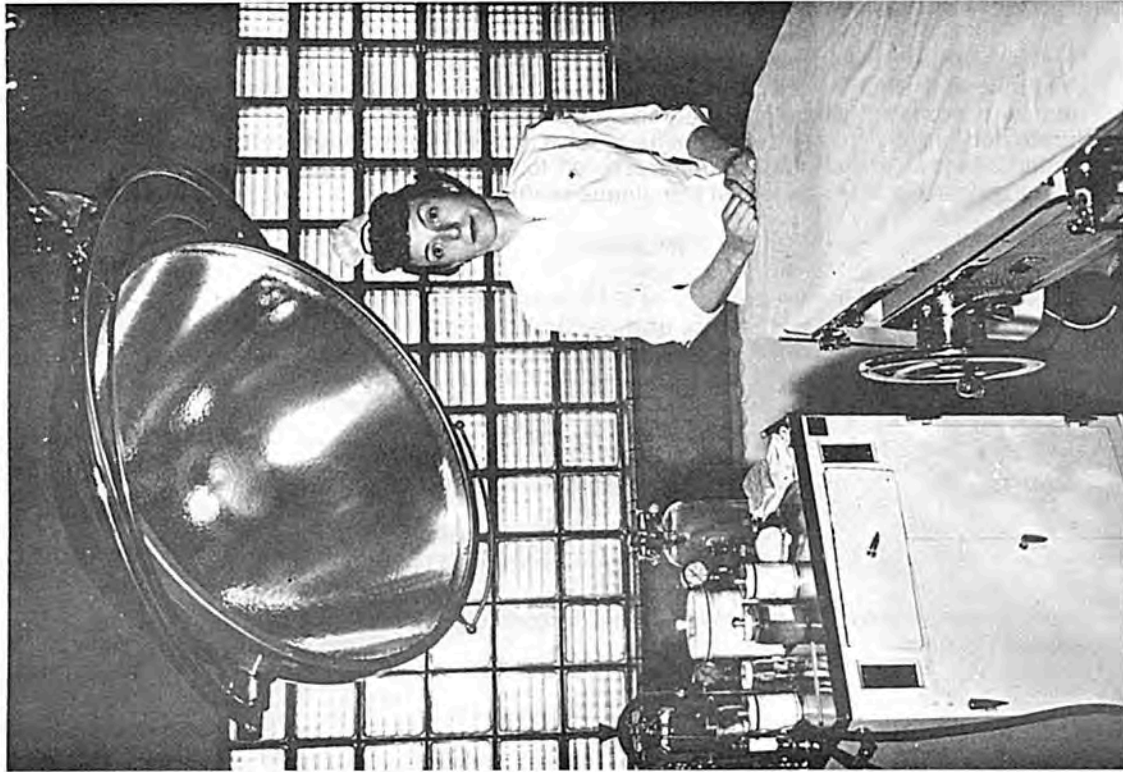
The acquisition of property from the existing hospital westward to Blanca Avenue proceeded during a period of about 12 months in 1965-66. Elton Reese, in the meantime, went to the Planning Commission, the Zoning Board, and the City Council to get approval for closing Crestone Avenue and rezoning the area. In December 1965 Reese was authorized by the two boards to complete all plans and specifications for the new building in anticipation that construction could get underway the following summer. The Administrator (Reese's new title) reminded Lutheran Board members at a meeting in January that the plans still had to be approved by state and regional offices of the Department of Health as well as the Surgeon General's Office in Washington prior to bidding. Later, at a joint meeting of the two hospital boards, the question arose as to whether the architect should be instructed to design the building to support future additions, specifically a fourth, and even a fifth, floor. The decision was against this proposal out of concern that the added \$80,000 in construction costs might jeopardize the \$800,000 Hill-Burton grant.⁷⁹

Construction bids were let during the spring of 1966, and by June architect Edward L. Bunts could report that the low bidder was B.H. Baker, Inc., of Colorado Springs. Bunts also reported to the two hospital boards that the final estimated construction costs had risen to \$2,057,811. It seemed evident that the \$600,000 loan would prove insufficient to complete the project, so Elton Reese was authorized to check with the Denver United States National Bank in an effort to get an additional \$150,000. But when the bank asked 6½% for the added money, the boards agreed to commit \$150,000 of their reserve operating capital rather than accept the terms. They also considered reducing their contingency fund and even their equipment list. Two months later the bank note was signed for the original \$600,000 at 6%.⁸⁰ The real coup came in December when the federal government, at Administrator Reese's urging, came through with another \$83,715 in Hill-Burton funds. Reese was ecstatic, pointing out that Alamosa Community Hospital was about to receive nearly 45% of its total construction cost from Hill-Burton, a most unusual achievement.⁸¹

Work began in July 1967, but for several months progress came at a snail's pace. The difficulty involved greater than expected frustrations in attempting to build a basement when confronted by a high water table. Extra-thick cement walls were used to prevent leakage, and a special black, tar-like substance was put on the outside for further protection. Digging the 14 x 14 elevator shaft became a special challenge, one which threatened to disrupt the entire schedule. The construction crew used five pumps to extract water, but excavation could continue at the rate of only two inches per



Nurses Mary Ann Lee and Betty Eavenson display an external pacemaker for coronary care, 1971.



Minor surgery (old building), 1951. The nurse is Inez (Young) Stevens.

day. At this point Elton Reese went to the architect and the contractor, and told them to raise the building two feet. The alteration was made, and work proceeded expeditiously. This modification of the original plan elevated the new building, resulting in the need to construct a ramp sloping down to the existing hospital. Mr. Reese maintains to this day that putting a basement in the hospital was one of the two major errors of the entire 1966-68 construction program, the other error being the failure to provide for a future fourth floor.⁸²

Throughout 1967 the building moved rapidly toward completion. The target date for opening the new hospital originally had been October, but everything could not be in place until February 1968. Before the imposing facility was occupied by hospital personnel, a gala "Dedication Dinner" was held Saturday night, February 17, and a huge open house took place the following afternoon. The open house attracted more than 2000 interested persons who were conducted through the building by members of the Alamosa Gray Ladies and young women from the Spur organization at Adams State College.⁸³ The long wait was over; Alamosa Community Hospital had been given a marvelous new look.

The Dedication Dinner was a tribute to the many public-spirited people who had contributed their time and their talents to bring the massive construction program to fruition. Generous praise was heaped upon the Alamosa Community Hospital Association, the body which had been instrumental in raising money and was the owner of all hospital property and equipment. Present at the dinner were all members of the Community Hospital Board: Harry Dawson, President; Roy B. Heilman; A.J. Jordan; R.R. Lindsley; Robert S. Lowe; and Harry W. Zacheis. Honored for their efforts on behalf of the hospital were members of the Lutheran Board: Carl A. Peterson, President; Werth C. Hage; Fritz Hammarstrom; William T. Meyer; and Edward P. Wuckert. Among the 163 who attended the dinner were prominent local civic, business, and professional leaders. Nearly every member of the Medical Staff was present. All branches of the hospital personnel were represented, as was the State Department of Public Health. Four architects and contractors from Colorado Springs delivered short talks. The Master of Ceremonies and main speaker was Dr. John Turano, Vice President of Adams State College.⁸⁴

The greatest plaudits on that memorable evening were reserved for Hospital Administrator Elton A. Reese. An especially touching tribute described Reese as "the man with a dream" whose idea had become a reality. Aside from the numerous honors bestowed upon the leader who had been the driving force behind the entire undertaking, a special plaque was presented to Mr. Reese by the members of the two hospital boards. The citation on the plaque read:

IN APPRECIATION

For twenty-two years of successful management of Alamosa Community Hospital and particularly for his tireless and devoted efforts in planning, funding and supervising construction of the new front wing of the hospital, this testimonial is gratefully presented to the Superintendent

Elton A. Reese

by

the Alamosa Community Hospital Board

and

the Lutheran Hospital Association

Alamosa, Colorado February 17, 1968

Reese wrote a personal letter to each board expressing his appreciation for the plaque and the citation.⁸⁵

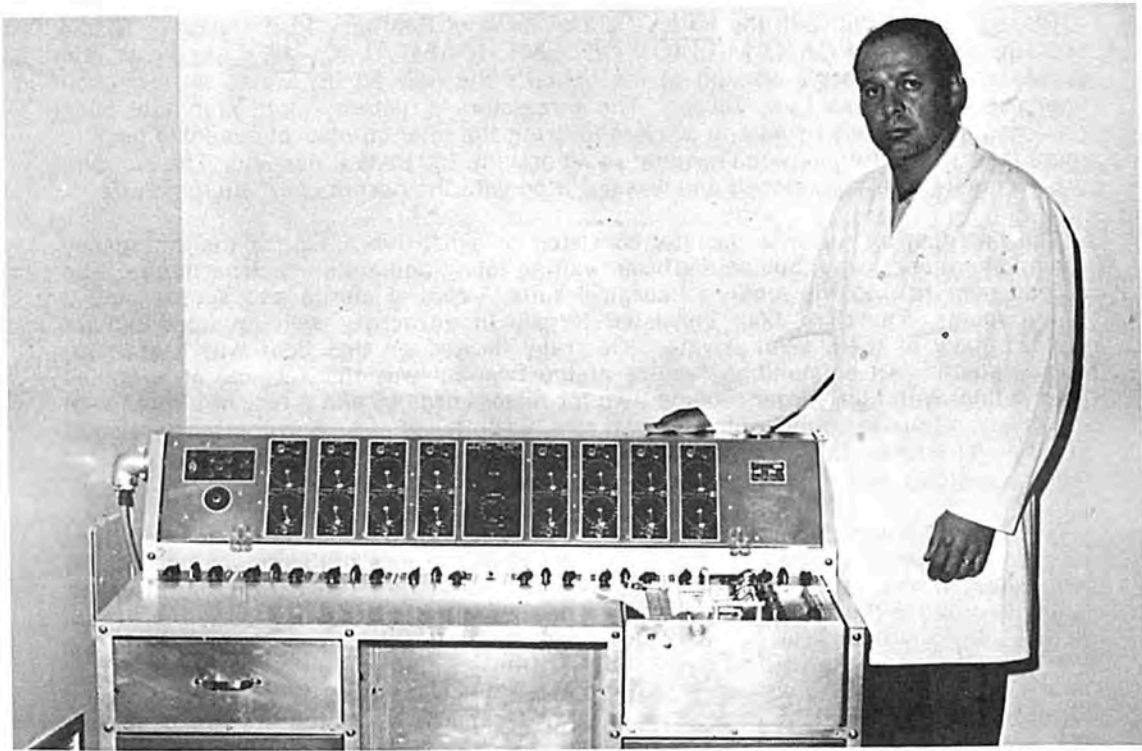
Blazing red headlines in the Valley Courier issue of February 15 declared: "OPEN HOUSE SUNDAY FOR \$2 MILLION DOLLAR HOSPITAL." The Courier article presented Elton Reese's account of the benefits the new facility would bestow upon Alamosa and the San Luis Valley. The three-story structure would eliminate overcrowding immediately by adding 36 beds to bring the total number of available beds to more than 100. Ultimately the hospital could provide 150 beds if needed. The building was completely air-conditioned and was outfitted with the best modern equipment.⁸⁶

The first floor of the new hospital consisted of expansive areas for the emergency room, laboratory, x-ray, business offices, waiting room, and a dietary department. The second floor housed the modern "surgical suite," central sterile and supply, and a Board room. The third floor consisted largely of attractive, well-equipped patient rooms, many of them semi-private. Centrally located on this floor was a spacious nurses stand. An outstanding feature of the hospital was the surgical area on the second floor with four surgery rooms (two for major surgery) and a recovery room with the most up-to-date equipment then available. The hospital also expressed particular pride in its kitchen facilities which were designed to permit scientific preparation of food for patients and employees.⁸⁷

Never again would Alamosa Community Hospital be plagued by crowded conditions for any length of time. During the first years after the new building was opened, 96 beds were in use, and the hospital was running 80% full. This desirable situation began to erode in the 1970's, triggered by a decline in the total number of patient days. Finally, the Board of Trustees (the new name for the Lutheran Hospital Board) felt compelled to take action by officially reducing the hospital to 70 licensed beds. This figure has been maintained since that time despite some discussion in 1976 that a further reduction might be in order.⁸⁸ A partial explanation of the lowered census in the mid-1970's was the increasing practice by physicians of keeping their patients hospitalized for shorter periods of time. A second explanation was the dramatic growth experienced in outpatient care. The substantial increase in the number of patient days in 1980 frequently has been attributed to the arrival of two orthopedists in 1978.

The striking new building made available to San Luis Valley people in 1968 was easily the largest and most impressive of the many additions to the original 1938 community hospital. Each expansion was a significant achievement in its own time; each construction project required planning, and hard work, and money. Success in these enterprises was primarily the product of a close working relationship between the Lutheran Hospital Association which operated the hospital and the Alamosa Community Hospital Association which provided moral and financial support. This rather unique system involving two non-profit organizations functioned so effectively and productively because of a strong foundation of trust. When Elton Reese and the Lutheran Board went to the Community (Uptown) Board to explain what needed to be done and why it needed to be done to provide better health care to people in Alamosa and the surrounding area, the response invariably was one of commitment to getting on with the job. Mr. Reese describes his own professional relationships with the Lutheran Board of Trustees in managing hospital affairs as having been "excellent," and characterizes the approach of the Uptown Board as being "extremely cooperative." "A better arrangement I have never seen," asserts Reese proudly, "It's the one outstanding feature of my career."⁸⁹

The amount of property owned by the Alamosa Community Hospital Association had grown rapidly during the 1950's and 60's, and the 1970's were to witness one more significant addition. The financial arrangements between the Uptown Board and the Operating Board were modified substantially in 1966. The rent paid by the Lutheran Board remained at the nominal figure of \$100 per month for use of all hospital property, the significant change being that the agreement was extended for 22 years. Moreover, the banking institution providing the loan required that in the future all equipment as well as buildings and real estate be owned exclusively by the Alamosa Community Hospital Association. No longer could any question be raised as to the ownership of the institution's movable property. The 1966 loan was for 20 years at 6%; the two boards repaid it within 13 years. Both boards remained proud that no local tax money had ever been used in either the construction or the operation of the hospital.⁹⁰



An additional laboratory service became available in 1973 when the hospital purchased this EEG machine. Donald Lentz is Chief Laboratory Technologist.



Medical building adjacent to hospital.

The administrative structure of the hospital was modified in 1968 when the Lutheran Board employed a Hospital "Comptroller" (Controller). Mr. Reese and the Board had for years sought a likely candidate, and had interviewed some young men and discussed contracts. Accounting skills were stressed by the Board. The first man to be hired was Robert L. Staker of Moline, Illinois, and the title given to him was Comptroller. Staker resigned two years later, to be succeeded by others (including one woman) who bore similar titles and were primarily concerned with business matters. Currently the Director of Finance (the new title) is Calvin Brummund, who came to Alamosa from Omaha, Nebraska in 1979. At each meeting of the Board of Trustees, Mr. Brummund is expected, as part of his duties, to present the financial report for the previous month. Eugene Erickson was the first person to be granted the title of Assistant Administrator, but after one year he resigned in 1975. Jerome L. Miller succeeded him in 1976, and was appointed Administrator in 1979.⁹¹

The Summer Resident program was introduced in the 1970's at the suggestion of Concordia College, Moorhead, Minnesota. Each summer a selected graduate of the hospital administration curriculum at Concordia has spent three months in Alamosa Community Hospital receiving a broad range of on-the-job training. Some of these young professionals later were employed by the Alamosa Hospital, and all have gone on to responsible positions. The Summer Resident in 1981 was Miss Karin Kalli of Maple Lake, Minnesota. Miss Kalli was given the opportunity to observe every department, ask questions, and work alongside regular hospital personnel. Her special interest was public relations and marketing: devising improved means of explaining to the public the services a hospital can provide. Miss Kalli remarked that her experience in Alamosa was "fantastic," especially working with such helpful, cooperative people.⁹²

Notable during the 1970's was the rapid growth in the number of hospital personnel. From a figure of 50 to 60 employees in the old building during most of the 1960's, the hospital payroll had jumped to 160 by 1981. This threefold increase, far outstripping the increase in the number of patients, reflected the adoption of health care delivery techniques common to other progressive hospitals. Mrs. Mary Ann Lee, Director of Nursing since 1971, remarks that in recent years advanced technology has made nursing much more complex. A nurse may be expected to have a knowledge of coronary care monitoring, or of innovations in respiratory therapy or intravenous therapy, and of many different types of medication. Mrs. Lee's Staff by 1981 consisted of 25-30 full-time and part-time Registered Nurses and 22 Licensed Practical Nurses (L.P.N.'s), approximately three times the nursing staff of 20 years before. Notable contributions of time have been made since 1961 by members of the Gray Ladies, a service organization of the Red Cross, who assist hospital personnel in performing patient care services. Some 20 women from the community provide more than 2000 hours of volunteer work each year.⁹³

Among the areas of most spectacular growth at Alamosa Community Hospital has been the laboratory. When Donald Lentz became Chief Laboratory Technologist in 1963, he had only one person under him. By 1981 his staff was up to six full-time technologists, one technician, and three laboratory aides. As with nursing, the fundamental explanation for this dynamic surge centers on technological advances. Mr. Lentz asserts that the greatest increases have come in the past five years. Gerald McIlvenna, Chief Technologist of Radiology, has had a similar experience the last four years. The Department of Radiology employs six full-time and one part-time radiologic technicians. It has been divided into three sub-departments: 1. Diagnostic radiology 2. Nuclear medicine 3. Ultra-sound. The radiologist, a member of the Medical Staff, is Robert L. McHugh, M.D.⁹⁴

Several parts of the old hospital building, particularly the areas added in 1953, 1958, and 1960, have remained vitally important. The "new wing" on the northeast of the old structure still accommodates 21 patients, and often is used for coronary care and orthopedic patients. The obstetrics and nursery department, the southwest section of the old building, converted one of the existing wards into a birthing room in 1979 in response to community demand, but in doing so reduced its normal capacity to only nine OB patients. On one unusual weekend during July 1981, the burden in OB became so intense that two mothers were housed in the labor room and one in the doctors' lounge. With the northern section of the new building (Emergency Room,

Radiology, Laboratory) considered the primary outpatient wing, several rooms from the old outpatient area have been taken over by Physical Therapy and Continuing Medical Education. The laundry still occupies the end of the northwest wing; most of that wing is used for storage. A person headed westward toward the ramp which slants upward to the new building will notice on his left a small chapel established by the hospital in 1979. Farther west, but still in the old building, are the offices of Personnel Director Mark Pottenger and Medical Records Director Norma Stamps. Agreement exists that many facilities in the old hospital such as plumbing, electricity, and heating are far from satisfactory, and the roof still leaks. Renovation is seen as a possibility, although professional studies have indicated that such an undertaking would confront the Hospital Board with a very tall mountain to climb.⁹⁵

The hospital added another large building in 1974: the San Luis Valley Medical Professional Clinic. The Medical Professional Corporation, established in 1971, requested that the hospital construct a modern new facility, and then lease it to the physicians. Most of the clinic was occupied by members of the Professional Corporation (PC), although Valley Wide Health Services occupied the western end for several years. Vista Optical has maintained a small office on the east end. The medical building is directly south of the hospital and is connected to the hospital by a ramp. The idea of the clinic originated with Dr. Sherman Nichols, an advocate of the Health Maintenance Organization concept of group medical practice, who was convinced that the general level of health in the community could be improved through preventive medicine. The outcome, however, was that each member of the PC practiced largely on his own, with the Business Manager of the Corporation handling administrative and financial affairs for all of them. Projections for the autumn of 1981 have indicated full occupancy of the 13 physicians' offices by members of the Medical Professional Corporation. The building is staffed by 25-30 support personnel.⁹⁶

Cost containment has remained a constant goal of the Hospital Board despite the monetary demands placed upon the Board in its primary quest, the continual upgrading of health care services. A resolution adopted in 1978 declared, ". . . the Board and Administration of this hospital pledges its efforts for voluntary cost containment in the future to the extent possible . . . and consistent with good medical care." Alamosa Community Hospital has been able to maintain a sound financial structure in the face of several negative circumstances. For one thing, Alamosa's hospital is one of four community hospitals within a radius of 30 miles. A second, and obvious, problem has been the escalating cost of purchasing essential equipment, and the necessity of increasing wages and salaries sufficiently to prevent valued employees from becoming the victims of inflation. A further negative factor has been the failure of the United States government to reimburse the hospital satisfactorily for services rendered under federal programs, particularly Medicare and Medicaid. In addition, the hospital is obligated by the government to provide charity care amounting currently to about \$80,000 a year to pay back the money it received as grants from Hill-Burton in 1965 and 1966.⁹⁷

During the 1970's the Emergency Room issue increasingly became a bone of contention between the Lutheran Hospital Board and the Medical Staff. The physicians took the position that the hospital should hire special Emergency Room doctors for "in-house"⁹⁸ duty 24 hours a day, 7 days a week. Members of the Medical Staff thereby would be freed from the onerous obligation of providing periodic Emergency Room service. Alarmed at the projected cost, the Board was unwilling to go that far. The hours local physicians were expected to be "on call"⁹⁹ for Emergency Room service have been sharply reduced, but some hours on call still are required. An important breakthrough was an agreement signed in 1975 with a Michigan-based corporation entitled Rocky Mountain Emergency Physicians, and the arrival in January 1976 of Dr. D.G. Fourrier to provide full weekend coverage. Other Emergency Room doctors joined Fourrier later to cover weekdays from 10 a.m. to 10 p.m. The "Michigan Group" remained in Alamosa more than three years, and then was replaced by a special, locally-based coterie of Emergency Room physicians. In 1980 Spectrum Emergency Care, Inc., of St. Louis, was contracted to take over the Emergency Room. Spectrum's coverage extends from 10 a.m. Fridays until 6 a.m. Mondays, and from 10 a.m. until 10 p.m. Monday through Thursday. Members of the local Medical Staff handle the remaining hours.¹⁰⁰

An important step, the establishing of the Nursing Scholarship Fund, was taken by the Hospital Board in 1976 at the suggestion of Elton Reese. The origin of the fund was a gift of \$5000 by a surgical supply company in recognition of a salesman who for many years had worked a large area, including Alamosa. The Board matched the \$5000 to provide a solid foundation. In 1977 an additional \$6870 was added to the fund in memory of Claudia Bradshaw Lopez, R.N., and the name of the Nursing Scholarship Fund was changed to "The Alamosa Community Hospital Fund for Professional Education in Recognition of Anthony Amato and in Memory of Claudia Bradshaw Lopez, R.N." The fund has been the recipient of a number of significant donations such as those in memory of Dr. William T. Meyer and Christian Wuertele, both of whom served on the Hospital Board with particular distinction. The Alamosa Community Hospital Association added \$5000 in 1981 to honor Elton Reese for his many years of service to the community. According to the stipulations, only accrued interest from the fund can be used to subsidize those receiving assistance in furthering their professional education. A five-person committee headed by the Director of Nursing determines the awards. The nine young students who have been recipients, 1977-80, are listed in the back of this monograph.¹⁰¹

A favorite long-range project of Elton Reese has been the instituting of a nursing program at Adams State College. Schools of nursing for R.N.'s being non-existent in the San Luis Valley, Mr. Reese concluded that a two-year Associate of Arts degree curriculum would best serve the needs of the hospital, the community, and those receiving the education. Dr. Kay O. Watkins, Chairman of the Division of Science, Mathematics, and Technology at the college, strongly favors Reese's proposal; the two men have worked assiduously on a plan to present to state educational authorities for approval. The San Luis Valley has been fortunate in having a training center for Licensed Practical Nurses. Alamosa Community Hospital, perceiving a need for the one year L.P.N. program, maintained an agreement with Trinidad Junior College from 1968 to 1972. In 1973 the program was taken over by the Vocational School near Monte Vista, and Miss Rosalina Velasquez became Director. Since 1979 the San Luis Valley Area Vocational School has operated out of the Old Central School building in Alamosa with Miss Velasquez still in charge of L.P.N. training. The four Valley hospitals have cooperated by making their facilities available to the trainees. A sizable number of nurses are produced each year by this vocational program, and several have been employed by Alamosa Community Hospital.¹⁰²

Two notable changes took place in the makeup of the Lutheran Hospital Board during the 1970's. R. Paul Wagner, M.D., prominent ophthalmologist, was elected to the Board in 1975, thereby becoming the first person ever to be a member of both the Medical Staff and the Hospital Board. The first woman to be elected to the Hospital Board was Mrs. Betty Young, homemaker and educator, who was chosen by the other Board members in 1979.

An innovation adopted by the Lutheran Hospital Board in 1975 was the Summer Retreat. This brief annual meeting, another idea of Elton Reese, has been held in attractive settings at some distance from Alamosa, where the agenda has included both business and pleasure. The purpose of the retreat has centered on getting the Board away from issues pertaining to the day-to-day functioning of the hospital, thereby providing time to discuss long range planning. Among those presenting informative programs at these retreats have been Arvid R. Brekke, President of the Colorado Hospital Association; Kay R. Phillips, Vice President of the CHA for Planning, Marketing, and Public Affairs; and Larry H. Wall, Vice President of the CHA for Rural Hospitals and Operations. In 1980 an architect from Bunts and Kelsey of Colorado Springs discussed with the Board the possibilities of future construction. In 1979 Mrs. Mary Ann Lee, Director of Nursing at Alamosa Community Hospital, and Mrs. Inez Stevens, Assistant Director, were invited to the retreat to explain the future needs of the hospital's nursing staff.¹⁰³

The hiring of Jerome L. Miller as Assistant Administrator in 1976 gave Elton Reese the opportunity to present the Hospital Board a proposal: he would conclude his duties as Administrator in 1978, and assume the new position of Executive Director. Reese had indicated earlier that he would like to step down as Administrator, so Mr. Miller came to the Hospital with the expectation that before long (two years, four months) he

would move up to the top post. The Board agreed to this arrangement, so Reese could now assign Miller a variety of responsibilities which would prepare the young Minnesotan for the changeover on January 1, 1979. The contract between the Hospital Board and Elton Reese delineated clearly the duties which were to be his as Executive Director: 1. Reese was to be a consultant to the Board and to the Hospital Administration. 2. He was to recruit doctors. 3. He was to be in charge of any contemplated building program. 4. He was to maintain his membership in state and regional hospital organizations. 5. He was to be the hospital's chief fund raiser. 6. He was to supervise any hospital foundations or educational trusts. 7. He was to continue public relations work. 8. He was to arrange for legal assistance in court cases involving the hospital. 9. Reese could be given other specific administrative assignments.¹⁰⁴

Elton Reese served the Hospital Board as Executive Director for two and a half years. Reese saw himself as "Mr. Outside" for the hospital, and indeed much of his time was spent on the road. Mr. Reese's monthly reports to the Board described his incessant efforts to recruit doctors and nurses throughout a broad area of the country, his discussions with the architect as to the feasibility of future construction, his meetings with state and regional hospital officials, and his plans for the nursing program at the college. Reese also continued to arrange the summer retreats. Some disappointment was expressed by Mr. Reese that more frequent meetings could not have been arranged between the Lutheran Board and the Alamosa Community Hospital Board, a body which had been revitalized during the 1970's by President Harry Dawson. The hospital functioned smoothly during the brief period when Jerome Miller, the Administrator, was in charge of running the hospital, and Elton Reese handled relations with the outside. It all ended June 10, 1981. By mutual agreement between Mr. Reese and the Board, the retirement of the Executive Director was announced exactly 35 years from the date he originally had been employed in 1946.¹⁰⁵

A remarkable career thus ended, or nearly so; Reese agreed to serve "on demand" as a consultant to the Hospital Board, and to continue with some projects already underway. Mr. Reese remains convinced that the community needs more doctors, and that facilities must be provided for them. Reese views a new obstetrics department as a first priority. Construction appears to be the only solution, Reese feels, in light of detailed studies by architects which show that the old building cannot be renovated in a cost-effective manner. The opinion that the 1938 structure and its additions may virtually have outlived their usefulness has been expressed rather freely in recent years.¹⁰⁶

Jerome L. (Jerry) Miller came to Alamosa in 1976 from Arlington, Minnesota, where he was administrator of a 32-bed municipal hospital. Mr. Miller received a B.A. degree in Business Administration in 1974 from Moorhead State University, Moorhead, Minnesota, and completed the program in Hospital Administration at Concordia (also in Moorhead) the same year. So Jerry Miller is a dividend of Alamosa Community Hospital's "Minnesota connection." The Board has been fortunate in its choice of Miller as Hospital Administrator. For three years Mr. Miller has demonstrated competence and confidence in the face of a formidable challenge: succeeding Elton Reese. The entire community ultimately may be expected to experience the benefits resulting from the smooth transition in administrative authority effected by those two men. The commitment to providing people of the San Luis Valley the finest in available health care has remained constant. Mr. Reese is proud of the administrator-department head organization which he instituted, and Mr. Miller has remarked that his burden in running the hospital has been lightened immensely by the administrative structure he found in place. Things were under control, morale was high, and the top grade people needed to make the departmental system function effectively had been employed. Miller has added some excellent personnel and reduced the number of departments to 11, but the foundation for future growth clearly was laid during the Reese era.

Numerous accolades have been showered upon Elton Reese since the hospital announced his retirement. Carl A. Peterson, Lutheran Board member for 51 years and President of the Board for 24 years, credited Reese with having done "wonderful and constructive work." Edward P. Wuckert, current President of the Board, observed that "after 35 years, Reese's presence will really be missed. Elton Reese has done a terrific job in serving the people of the San Luis Valley." Harry Dawson, for many years the President of the Alamosa Community Hospital Association, declared enthusiastically, "I can't say enough for what Elton Reese has done for the Alamosa Hospital and for the community. It was his foresight that made the present hospital a reality. It was his dream."¹⁰⁷ No one could have said it better, so only a single thought remains. Not only has the present Alamosa Community Hospital been the dream of Elton Reese; today it is his monument.



Jerome L. Miller, Hospital Administrator, 1979.

LUTHERAN HOSPITAL ASSOCIATION OF THE SAN LUIS VALLEY

Edward P. Wuckert (businessman) - President
Werth C. Hage (retired businessman) - Vice-President
James S. Gray (businessman) - Secretary-Treasurer
Gordon E. Gillson (professor)
Fritz Hammarstrom (retired businessman)
R. Paul Wagner, M.D. (ophthalmologist)
Betty P. Young (homemaker and educator)

ALAMOSA COMMUNITY HOSPITAL ASSOCIATION

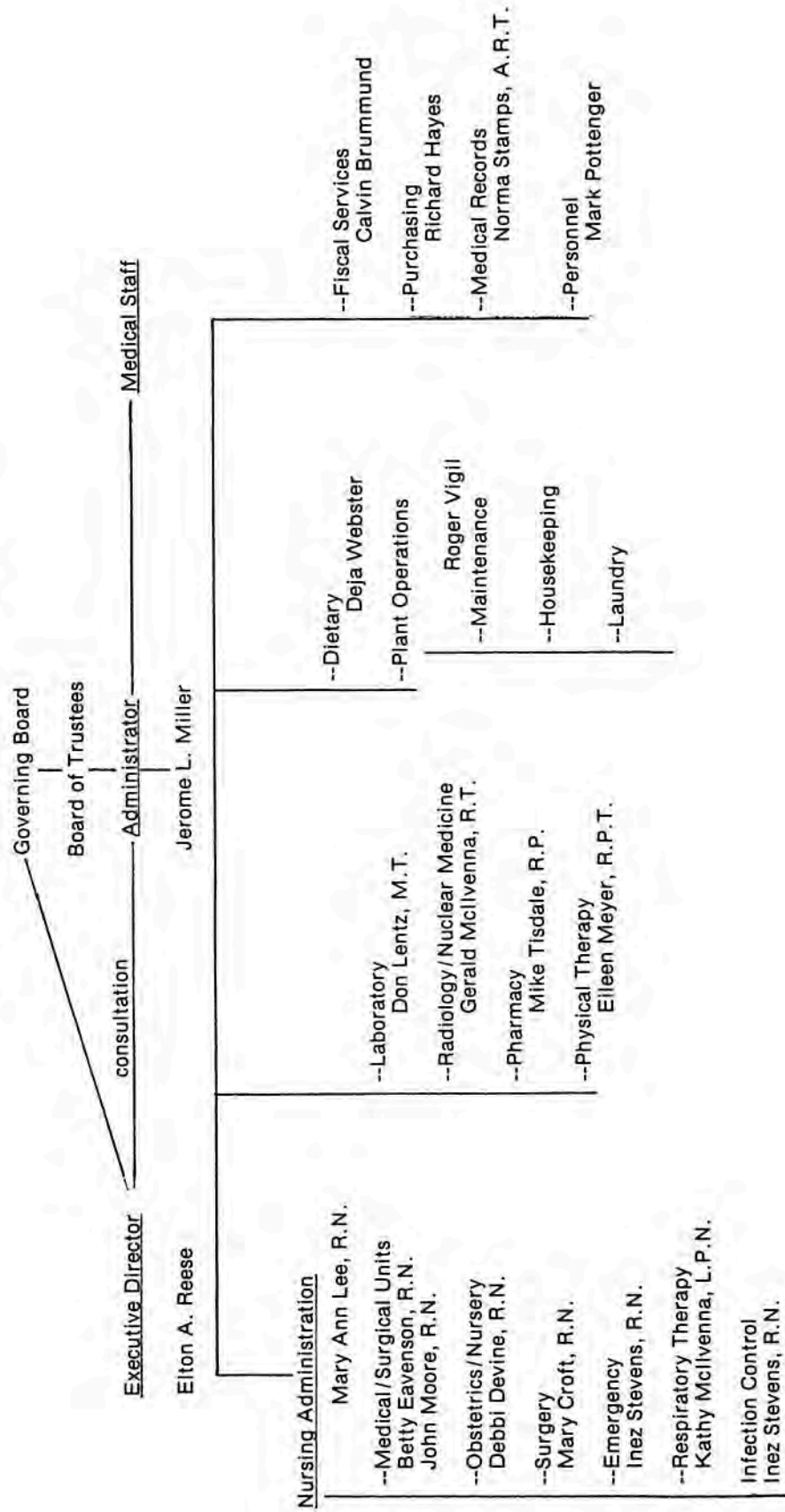
Robert R. Foote (businessman) - President
Arthur L. Gilbert (businessman) - Vice-President
Harry F. Riggerbach (businessman) - Secretary-Treasurer
Roy B. Heilman (retired businessman)
A.J. Jordan (businessman)
Marvin D. Motz (professor)
George W. Woodard (attorney)

ALAMOSA COMMUNITY HOSPITAL *LONG AND LOYAL SERVICE*

Inez Stevens	36 years
Luella Lowe	28 years
Mary Sloan	26 years
Roger Vigil	22 years
Donald Lentz	22 years
Norma Stamps	22 years
Mary Croft	21 years
Betty Eavenson	21 years
Lucy Garcia	21 years
Mary Ann Lee	19 years
Theresa Olguin	17 years
Priscilla Vigil	17 years
Frances Salazar	17 years
Jane Walstrom	17 years
Reynalda Romero	17 years
Eleanor Hernandez	16 years
Edith Woodward	16 years
Wynogene Ellison	15 years
Vicki Rehberg	15 years
Genevieve Vigil	15 years
Gabe Atencio	14 years
Pauline Ruybal	14 years
Mary Ann Perea	13 years
Emelia Lopez	12 years
Josephine Samora	12 years
Emma Ortiz	12 years
Gladys Terpstra	12 years
Ruth Heersink	11 years
Maria Romero	11 years
Keith Fisher	11 years
Toke Sloan	10 years

ALAMOSA COMMUNITY HOSPITAL

ORGANIZATIONAL CHART - January 1, 1979 - June 10, 1981
 With the 11 Department Heads and the Nursing Supervisors



PHYSICIANS ON MEDICAL STAFF OF ALAMOSA COMMUNITY HOSPITAL (August 1981)

SAN LUIS VALLEY MEDICAL PROFESSIONAL CORPORATION

Raymond Culp, M.D.	Psychiatry
Jan O. Dahlin, M.D.	Orthopedic Surgery
Burt R. Erickson, M.D.	Family Practice
John M. Faggard, M.D.	Orthopedic Surgery
Harry L. Ferguson, M.D.	General Surgery
Robert R. Kelly, M.D.	Pediatrics
William A. MacLeod, M.D.	General Surgery
Herbert Nason, M.D.	Family Practice
James W. Ruddell, M.D.	Family Practice-Surgery
Lee Stelzer, M.D.	Orthopedic Surgery
Joseph D. Thomas, M.D.	Family Practice
R. Paul Wagner, M.D.	Ophthalmology

VALLEY WIDE HEALTH SERVICES

Michael Firth, M.D.	Internal Medicine
Daniel Gonzales, M.D.	Family Practice
Ronald L. Gooder, M.D.	Family Practice
Donald Jacobs, M.D.	Family Practice
Joel Kaufman, M.D.	Family Practice
Robert Linden, M.D.	Internal Medicine

ALAMOSA COMMUNITY HOSPITAL

Robert McHugh, M.D.	Radiology
Jeffery Holmberg, M.D.	Emergency Medicine
Don Lemke, M.D.	Emergency Medicine
Vicki Hawes, M.D.	Emergency Medicine

INDEPENDENT PHYSICIANS

Sidney Anderson, M.D.	General Practice
Littleton J. Bunch, M.D.	General Practice

MEDICAL-DENTAL STAFF

Jack Cooper, D.D.S.
Thomas Warrington, D.D.S.
Stephen Schiffer, D.D.S.

Recipients of the NURSING SCHOLARSHIP FUND Alamosa Community Hospital

Jane C. Gray - 1977
Donna L. Enomoto - 1978
Cindy Lee Snook - 1978
Rhonda L. Entz - 1979
Jerry E. Martinez - 1979
Sharon Anne Robins - 1979
Sharon Anne Robins - 1980
Jerry E. Martinez - 1980
Debra J. Keiry - 1980

Endnotes

1. The Alamosa Courier, Sept. 23, 1911, p. 1; The Independent Journal (Alamosa), Sept. 22, 1911, p. 2. Roy and Jennie Heilman, Alamosa, interview, June 3, 1981; Carl Johnson, Alamosa, a series of brief interviews relaying information from some older residents of Alamosa, June 1981.
2. F.A. McKinney, F.A. McKinney's Directory of Alamosa, Conejos County and Saguache County 1911 (Denver, n.d.), pp. 35, 79; F.A. McKinney, F.A. McKinney's San Luis Valley Directory 1913-1914 (Alamosa, 1913), p. 46; Heilman interview; Johnson interviews.
3. Johnson interviews; Sidney Anderson, M.D., Alamosa, interview June 10, 1981; Mrs. Esther Houser, R.N., interview June 16, 1981.
4. Anderson interview; Heilman interview; Houser interview; Johnson interviews.
5. Meeting December 7, 1927, "Record of Proceedings [of the Lutheran Hospital Association] 1927-1940," in the possession of the Administrator of Alamosa Community Hospital in a file with all other books of minutes recording transactions of the Lutheran Hospital Association to the present date.
6. *Ibid.*
7. Meetings Dec. 7, 1927, July 11, 1928, "Record of Proceedings 1927-1940."
8. A deaconess is a full time female church worker trained in theology and sociology to serve in congregations and institutions as educators, counselors, and social workers. She may also be a nurse.
9. Meetings Jan. 16, 1928, Feb. 19, 1928, March 15, 1928, "Record of Proceedings 1927-1940;" Letter of Dr. C.A. Davlin to the Lutheran Association, Oct. 19, 1928, "Record of Proceedings [of the Lutheran Hospital Association] 1940-1949."
10. Houser interview.
11. Meeting Apr. 12, 1918, "Record of Proceedings 1927-1940."
12. Meetings May 8, 1929, Apr. 9, 1930, Mar. 8, 1931, Aug. 10, 1932, Feb. 19, 1933, "Record of Proceedings 1927-1940."
13. Meetings June 16, 1932, Aug. 10, 1932, Mar. 8 and 18, 1934, Jan. 27, 1935, "Record of Proceedings 1927-1940."
14. Meetings May 14, 1935, June 19, 1935, "Record of Proceedings 1927-1940."
15. Meetings Oct. 16, 1935, Nov. 17, 1935, Aug. 26, 1936, "Record of Proceedings 1927-1940."
16. Carrol Joe Carter, "History of Sacred Heart Parish," (M.A. thesis, Adams State College, revised 1974), Vol. 1, pp. 206-10.
7. Meetings Nov. 8 and 18, 1936, Dec. 20, 1936, Apr. 23, 1937, "Record of Proceedings 1927-1940;" Meetings Nov. 29, Dec. 1, 1927, "Record of Minutes" [of the Alamosa Community Hospital Association]. Hereinafter cited as "Record of Minutes ACHA."
18. Meeting May 19, 1937, "Record of Proceedings 1927-1940."
19. *Ibid.*; The New Hospital, brochure published by the Alamosa Community Hospital Association, 1937.
20. The New Hospital brochure.
21. Various Alamosa Community Hospital newspaper clippings, among documents in the possession of the Administrator, Alamosa Community Hospital. Hereinafter cited as Hospital Documents.
22. *Ibid.*
23. *Ibid.*; Carter, op. cit., pp. 213-14.
24. The Alamosa Community Hospital Association.
25. The Lutheran Hospital Association.
26. Hospital Documents; Meetings Aug. 12, 1938, Sept. 21, 1938, List of Equipment 1938, "Record of Proceedings 1927-1940."
27. Hospital Documents.
28. *Ibid.*
29. *Ibid.*
30. *Ibid.*
31. A partial explanation of the fiscal exigencies perennially facing the hospital concerns woefully inadequate revenue. Charges adopted by the Board in October 1938 clearly are figures reflecting the Great Depression. The charge for a ward bed, for example, was \$3.50 per day, and for a private room bed, \$5.00. Drugs and dressings, telephone, radio, and bath involved small extra charge. The delivery room fee in obstetrical cases was \$5.00. Meeting Oct. 14, 1938, "Record of Proceedings 1927-1940."
32. Meetings Aug. 7, 1937, Nov. 16, 1938, Aug. 23, 1939, Mar. 3, 1940, Apr. 17, 1940, June 19, 1940, Oct. 16, 1940, "Record of Proceedings 1940-1949."
33. Meetings Oct. 22, 1941, Dec. 17, 1941, "Record of Proceedings 1940-1949."
34. The "Uptown Board," as noted earlier, represented the Alamosa Community Hospital Association, the body which owned all hospital property and leased it to the "Operating Board" for operation and management.
35. Meeting Jan. 24, 1943, "Record of Proceedings 1940-1949."
36. Mrs. Erna Hammarstrom, interview July 7, 1981; Mrs. Mabel Gilmore, telephone interview July 7, 1981; Mrs. Edna Pearson, telephone interview Aug. 20, 1981.
37. Hammarstrom interview; Gilmore interview.
38. Meetings May 16, 1944, Apr. 22, 1945, June 19, 1945, Nov. 20, 1945, "Record of Proceedings 1940-1949."
39. Anderson interview; Hammarstrom interview; Mrs. Inez Stevens, interview June 30, 1981; Meetings Apr. 22, 1945, May 20 and 28, 1946, "Record of Proceedings 1940-49."
40. Reese letter of application to the Lutheran Hospital Board, May 26, 1946, "Record of Proceedings 1940-49."
41. Meetings May 28, 1946, June 18, 1946, March 13, 1948, "Record of Proceedings 1940-49;" Elton A. Reese, first interview May 19, 1981.
42. Elton Reese's official title at the hospital was changed from Business Manager to Superintendent in 1949 to conform with the practice of most hospitals throughout the nation which earlier had taken similar action.
43. Littleton J. Bunch, M.D., interview June 5, 1981.
44. Anderson interview.
45. Medical Staff document, between pages 59 and 60, "Record of Proceedings 1940-49."
46. *Ibid.*; Meetings Dec. 17, 1946, Feb. 17, 1947, "Record of Proceedings 1940-1949;" Meeting Dec. 20, 1949, "Minutes [of the Lutheran Hospital Association] 1949-1956;" Robert Bradshaw, M.D., telephone interview, Aug. 21, 1981.
47. Hammarstrom interview; Reese, first interview; Meeting Sept. 21, 1948, "Record of Proceedings 1940-49;" Mrs. Julia Germer, interview July 16, 1981.

48. Reese, first interview; Meetings May 22, 1947, Sept. 3, 1947, "Record of Proceedings 1940-1949."
49. Meetings Jan. 24, 1943, July 24, 1947, July 20, 1948, "Record of Proceedings 1940-1949," Meeting July 20, 1954, "Minutes 1949-1956."
50. Meeting, Summer 1951 (no date), Proposal and specification sheet attached to p. 17, "Minutes 1949-1956."
51. Meetings Sept. 25, 1951, Aug. 28, 1952, "Minutes 1949-1956."
52. "Last Will and Testament of Mathilde Emperius Groening," "Minutes 1940-1949;" Miss Gretchen Clarke, interview May 1981; Mrs. Hada Clarke, interview July 1981; Reese, third interview; Meeting Sept. 19, 1949, "Record of Minutes ACHA."
53. Bunch interview; Stevens interview; Reese, first interview; Meeting Mar. 25, 1953, "Record of Minutes ACHA."
54. Ibid.
55. Meetings May 15, 1951, June 19, 1951, Sept. 18, 1951, "Minutes 1949-1956;" Reese, first interview.
56. Elton A. Reese, second interview June 22, 1981; Bunch interview.
57. Ibid.
58. Reese, second interview; Stevens interview; "Minutes 1949-1956," passim; "Minutes [of the Lutheran Hospital Association] 1956-1962," passim.
59. Reese, second interview; Meeting July 1, 1957, "Minutes 1956-1962."
60. Meeting Mar. 16, 1959, "Minutes 1956-1962;" Reese, second interview.
61. Bunch interview; Reese, third interview, July 20, 1981; Bradshaw interview.
62. Meetings Jan. 17, 1956, Mar. 20 and 28, 1956, May 14 and 25, 1956, "Minutes 1956-1962."
63. Meetings June 20, 1957, Sept. 1957, "Minutes 1956-1962;" Bunch interview; Stevens interview; Reese, third interview.
64. Press release by Elton A. Reese, May 1960, Hospital Documents, loc. cit.
65. Meetings Jan. 27, 1959, Mar. 16, 1959, May 19 and 26, 1959, June 15 and 16, 1959; The Valley Courier [Alamosa] May 19, 1960.
67. Reese press release, May 1960.
68. Ibid.; Valley Courier, May 19, 1960.
69. Reese, second interview.
70. Elton A. Reese, fourth interview, July 22, 1981; Board Reports 1959-60, 1960-61, 1961-62, Hospital Documents, loc. cit.
71. Reese, fourth interview.
72. Ibid.; Meeting May 25, 1962, "Minutes [of the Lutheran Hospital Association] 1962-1965."
73. A 1962 essay by Elton A. Reese outlining the need for new facilities, Hospital Documents, loc. cit.
74. Reese, fourth interview; Meeting March 20, 1964, "Minutes 1962-1965."
75. Elton A. Reese letter to all board members, November 16, 1964, and Meeting Jan. 12, 1965, "Minutes 1962-1965."
76. The proposal had been to "rough in" the fourth floor, creating a shell for possible future needs.
77. Meetings Jan. 18, 1965, Apr. 14, 1965, document of comparative construction costs, "Minutes 1962-1965;" Hill-Burton application, June 10, 1965, Hospital Documents, loc. cit.
78. Last Will and Testament of Rose Leon, filed in "Minutes 1962-1965;" Meeting March 1, 1966, "Minutes [of the Lutheran Hospital Association] 1965-1968;" Harry Riggenbach, Secretary of the Alamosa Community Hospital Association, conversation July 26, 1981.
79. Meeting May 19, 1965, "Minutes 1962-1965;" Meetings Dec. 15, 1965, Jan. 18, 1966, Mar. 15, 1966, "Minutes 1965-1968."
80. The amount of the loan temporarily had been increased to \$630,000.
81. Meetings June 22, 1966, Aug. 9, 1966, Dec. 12, 1966, letter from Reese to Dr. Roy A. Cleere, June 30, 1966, letter from Reese to the Alamosa Community Hospital Association, Dec. 22, 1966, "Minutes 1965-1968."
82. Reese, first and second interviews.
83. Undated newspaper clipping, Hospital Documents, loc. cit.
84. "Dedication Dinner," a guest list prepared by the hospital staff, Hospital Documents, loc. cit.
85. Plaque in the personal possession of Elton Reese; Reese letters, "Minutes 1965-1968."
86. The Valley Courier, Feb. 15, 1968.
87. Ibid.; Hospital press release June 13, 1967, Hospital Documents, loc. cit.
88. Reese, first interview; Meeting Sept. 21, 1976, "Record of Minutes [of the Lutheran Hospital Association] 1975-1977."
89. Heilman interview; Reese, second interview.
90. Lease 1966, Documents of the Alamosa Community Hospital Association, Harry Riggenbach, Secretary; Mortgage 1966, Hospital Documents, loc. cit.; Reese, second interview.
91. Board of Trustees minutes from 1968 to 1978.
92. Jerome L. Miller, interview July 27, 1981; Karin Kalli, interview July 27, 1981.
93. Mrs. Mary Ann Lee, R.N., interviews July 27, 1981 and Aug. 20, 1981.
94. Donald Lentz, interview July 28, 1981; Gerald McIlvenna, interview July 28, 1981.
95. Miller, interviews July 27 and July 29, 1981.
96. Thomas L. Phipps, Business Manager of the Medical Professional Corporation, interview July 29, 1981; Reese, second interview.
97. Meeting Sept. 26, 1978, "Record of Minutes Jan. 1977 - Dec. 1978;" Reese, second interview; Miller, interview July 29, 1981.
98. In the hospital.
99. In town.
100. Bunch interview; Miller interview, July 31, 1981.
101. Meeting July 10, 1976, "Record of Minutes 1975-1977;" Reese, letter to the Valley Courier, Jan. 24, 1978, "Record of Minutes, Jan. 1977 - Dec. 1978;" Reese, second interview.
102. Reese, second interview; Miss Rosalina Velasquez, telephone interview July 31, 1981; Dr. Kay O. Watkins, telephone conversation Aug. 1, 1981.
103. Reese, second interview.
104. Ibid.; Miller, interview July 24, 1981; Meeting Sept. 26, 1978, "Record of Minutes, Jan. 1977 - Dec. 1978."
105. Reese, second interview.
106. Ibid.
107. Miller interview July 29, 1981; Mr. Carl A. Petersen, telephone conversation July 19, 1981; Mr. Edward P. Wuckert, conversation June 7, 1981; Mr. Harry L. Dawson, telephone conversation June 7, 1981.



Biographical Sketch

Gordon E. Gillson was born at Elmore, Minnesota in 1928 and received his early education in the Elmore schools. He attended Mankato State University, receiving his Bachelor of Science Degree in 1950. Dr. Gillson taught for two years in the public school system of Spearfish, South Dakota. He pursued graduate study in the History Department of Louisiana State University, 1952-56 and 1958-59. The M.A. degree was awarded in 1954, and the Ph.D. in 1960.

Dr. Gillson has been a faculty member at Adams State College since 1956, attaining the rank of full Professor in 1966. He has taught a wide variety of courses in History and Government; his emphasis is American Social History. Dr. Gillson studied British history at Oxford University during the summer of 1963, and briefly examined the principles of free market economics at Hillsdale College in 1976. His publications include two articles: "Louisiana: Pioneer in Public Health" printed in Louisiana History, 1963, and "Nineteenth Century New Orleans: Its Public Health Ordeal" appearing in Louisiana Studies, 1965. His two books are histories of the Louisiana State Board of Health: The Formative Years and The Progressive Years, published in 1967 and 1976 respectively. In 1977 he contributed a monograph entitled "Public Health in the Progressive Era: A Louisiana Perspective" as part of the Jefferson Day celebration at Adams State College. Dr. Gillson received the Award for Excellence granted by the Division of History, Government and Philosophy on Thomas Jefferson Day, 1976.

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