

# The Realization of a Dream: The Development of Hospital Hill



*Western Historical Manuscript Collection*  
*Kansas City*

## Charles N. Kimball Lecture

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Kansas City, Missouri

April 22, 1996

## The Charles N. Kimball Lecture Series

is a tribute to our late friend and civic leader, Dr. Charles N. Kimball, President Emeritus of the Midwest Research Institute, to acknowledge his support of the Western Historical Manuscript Collection-Kansas City and his enduring interest in the exchange of ideas.

Charlie Kimball was a consummate networker bringing together people and ideas because he knew that ideas move people to action. His credo, “Chance favors a prepared mind,” reflects the belief that the truest form of creativity requires that we look two directions at once – to the past for guidance and inspiration, and to the future with hope and purpose. The study of experiences, both individual and communal – that is to say history – prepares us to understand and articulate the present, and to create our future – to face challenges and to seize opportunities.

Sponsored by the Western Historical Manuscript Collection-Kansas City, the Series is not intended to be a continuation of Charlie’s popular *Midcontinent Perspectives*, but does share his primary goal: to encourage reflection and discourse on issues vitally important to our region. The topic of the lectures may vary, but our particular focus is on understanding how historical developments affect and inform our region’s present and future. The Lectures will be presented by persons from the Kansas City region semi-annually in April, near the anniversary of Charlie’s birth, and in October. Additionally, presentations may occur at other times of the year, if opportunities present themselves.

WHMC-KC appreciates the substantial financial underwriting and support for this Series provided by the **Charles N. Kimball Fund** of the Midwest Research Institute and by other friends of Charlie Kimball.



**1911-1994**

## INTRODUCTION

to the Second Charles N. Kimball Lecture

**Charles B. Wheeler, M.D.**  
Mayor, Kansas City, Missouri, 1971-1979

Welcome to the second annual Charles N. Kimball Lecture. You know that Charlie was a transplanted Kansas Citian who took great pride in his adopted city and always looked for ways to make it better. I think he would enjoy today's lecture because our speaker is another transplant who also came from New England in the early 1950s and found a home where his energy and talents were needed and appreciated. Little did Al Mauro know, more than 40 years ago when he arrived in Kansas City to intern with Perry Cookingham, that his primary duty was to midwife the birth of a new medical center. But that he did and the result was an integrated program of medical service and education which today remains a model of public and private cooperation.

Mauro's parents had both emigrated from Italy. His father worked for a railroad in Pennsylvania and later moved to New Haven, Connecticut, where he and his wife raised four children – all of whom were sent off to college. Mauro went to the University of Connecticut, where he earned a bachelor's degree in 1951 in international relations and government and a master's degree in public administration a year later. That's when he came here as an administrative intern in the Public Works Department. A few years later he was assigned to help administer the city's health budget. That is when the story he has to tell really begins.

As a *Star* article said a few years back, "Al Mauro's handiwork is all over Kansas City." Not just in the integration of General Hospital and the construction of the Truman Medical Center, but also in the creation of the New Zoo and in projects which have resulted in over a \$1 billion in capital improvements to streets, bridges and parks. He has helped develop the Allis Plaza Hotel. He's been on the boards of institutions involved in health care and education, arts and mass media, and child welfare. Until a few years ago he was vice president and secretary of Kansas City Southern Industries Inc. He remains chairman of the Downtown Council; chairman of the Eye Foundation of Kansas City; chairman of the executive committee of the Swope Ridge Geriatric Center; consultant to Landon H. Rowland, president and chief executive officer of Kansas City Southern; and he remains a major force in the new expansion of the Kansas City Zoo, including fundraising for the \$16.3 million Deramus Education Pavilion and Sprint IMAX.

One of the purposes of this series honoring Charlie Kimball is to bring forward ideas from the past which might be applied to the present. Certainly, Al Mauro's experiences of forming the Medical Center and Medical School can reward us with new insights. Al...

## **The Realization of a Dream: The Development of Hospital Hill**

**Mr. Albert P. Mauro**

April 22, 1996

This presentation today results from a lunch meeting last fall with Jim Olson and Charles Wheeler when they asked if I would follow the lecture of Bob Kipp last April on the development of Crown Center with the history and development of Hospital Hill. I agreed, even though there are several others who are better qualified and would be more appropriate. My presentation will not be a recounting of acts and chronological events. These are presented in a thorough manner and supported by visual material in the recent publication, *Hospital Hill: An Illustrated Account of Public Healthcare Institutions In Kansas City, Missouri* [by James L. Soward]. I have utilized that book to double-check my facts and my recall of significant events. The most definitive description of the development since 1962 is described by Dr. E. Grey Dimond in his recent monograph, *The Originals*. In fact, instead of this presentation I should have sent each of you a copy and spared you the next hour.

I will focus on the period from 1950 to the present and attempt to deal with significant events, insights, and interpretations, and in some instances give firsthand knowledge of events which are not generally known. I also wish to provide, in a brush stroke manner, the dynamics that made certain events in the Hospital Hill development a reality. I will, of course, refer to many of the individuals who were involved with making the Hospital Hill dream a reality. In doing so, I will, because of time constraints and out of necessity, leave out the names of some.

The development of Hospital Hill is, in my opinion, significant as an example of a community that energized and organized itself to achieve a major goal and correct deficiencies in the delivery of an essential public service: health care for the indigent ill of Kansas City and Jackson County. The Hospital Hill development has received much national recognition as a role model to activate dedicated citizens to organize themselves and accept the responsibility delegated by a local government to operate and manage a traditional necessary public service which was previously operated solely by public institutions. Keep in mind that, when the vision was first presented in 1962, it served as the basis for creating the Kansas City General Hospital and Medical Center Corporation, a not-for-profit corporation.

In 1950, General Hospitals One and Two had barbaric facilities for mental health patients, and it was proposed that additions be made to each hospital to provide better facilities. This was at the time when national attention was focused on mental health facilities and care, brought to the public notice in the movie, Snake Pit. Kansas City indeed had two snake pits. Mrs. Margaret Kemp, wife of Mayor William Kemp, headed a committee concerned with the issue of mental health which forcefully opposed the additions to the hospitals since it would in fact just be making larger snake pits, and called for an alternative solution to be found. She galvanized public opinion and political action. The result was the decision to build on Hospital Hill a free standing Psychiatric

Receiving Center (PRC) with modern treatment therapies for the intensive care of patients with mental health problems. Mr. Mag and Homer then took the initiative to energize and form the Greater Kansas City Mental Health Foundation and proceeded to contract with Kansas City to provide the new PRC with professional staff who were employees of the foundation. Another objective was to have the foundation offer psychiatric resident training in order to furnish trained physicians for this community.

Here we see a major break away from city government supplying municipal services in the traditional manner through city agencies, with city employees, and with little if any community involvement, except to pay taxes.

In the 1950's the city hospitals' facilities and services were limping along because of limited financial resources with the volunteer medical staffs having to make do with what was available. There was constant stress between the hospital, the volunteer staff, and the budget department, especially concerning the budget for drugs. The hospital wanted a blank check for drugs without regard to staying within their budgets. This resulted in a public exchange with the attending volunteer medical staff, and during a public hearing before the city council, I, as the budget analyst responsible for the health budget, got my baptism of fire.

As the city budget staff was preparing the budget it became clear that without additional revenues, city operations had to be scrutinized for savings, efficiencies, and reductions in order to maintain the existing services. It appeared to Chuck Curran and me that Kansas City could no longer continue to operate two hospitals – one for blacks and one for whites. As we reviewed the data, it was obvious that the census and occupancy numbers would support a recommendation to consolidate the two hospitals into General Hospital One. Of course this would integrate both operations in every respect. The 1956 budget that was prepared for a preliminary review by Mr. Cookingham with the city council proposed that \$700,000 to \$800,000 could be saved on an annual basis while improving the level of service in a consolidated General Hospital. As was the tradition, the city council met with the city manager and staff on a Sunday afternoon and evening at the Kansas City Club, at that time a segregated club, to discuss the proposed budget before its public presentation. At that meeting, Mr. Cookingham made the proposal regarding the consolidation of the hospitals, which clearly would integrate the two public facilities in what was a *de facto* segregated city. The mayor and council asked a series of questions with particular emphasis on feasibility and cost savings. The city manager answered in the affirmative and referred to the analysis made by the budget staff. From the meeting he telephoned Dr. Hugh Dwyer, the director of health, to ascertain his opinion on the proposal. Dr. Dwyer responded that if that were the decision, it could be done.

The next day the consolidation proposal was made public. All hell broke loose. I was asked to attend a meeting at General Hospital with the commissioner of hospitals and review our proposal. We had not consulted this with him prior to the discussion with the council, as I knew he would not support it. At the meeting I was confronted with the leadership of the volunteer medical staff. After making my presentation, it was clear that most of those in attendance were hostile, and our decision to not discuss it prior to our council presentation was correct, as it would have jinxed the idea. The tenor of the questions did not deal with the fact that there could be more effective use of hospital

funding and resources. The objections were that the combination of the two separate intern and residency programs would, in their opinion, affect the quality of the programs at Number One. Another factor concerned patient toilets – that there would not be sufficient toilets to serve the combined census. My response was that the hospital had a licensed and stated bed capacity which was utilized in reporting operating statistics, and as of that date, we had never heard concerns expressed about the number of patient toilets which had supported the existing beds. I asked if the thrust of the questions and concerns, in fact, was an unwillingness to integrate the hospital by consolidation. Thus I could only conclude that the basis for the question was that General Hospital One was not large enough to accommodate segregated wards and segregated toilets. I further responded that, if in fact it proved more toilet facilities were needed to serve each desegregated ward, we would of course factor that into the budget and provide for resources to do that. The meeting concluded and I returned to City Hall to report the results of my meeting.

Next came a full-blown evening meeting with the city's finance committee and the entire volunteer medical staff. At that meeting Mr. Walter Scott, chairman of the committee, stated he wanted to hear from the staff on the proposed consolidation. The chairman of the staff and other doctors expressed their views. Some were strongly opposed; others wanted specifics regarding the proposal. These questions were directed to Mr. Cookingham. As staff, we were in attendance to observe and take notes. The next thing I heard was, "Mauro will present the proposal and will respond to your questions." Well, it was quite an evening. I presented the details of the proposed consolidation supported by the analysis of the facility, census, and operating data.

The meeting concluded with the medical staff position, "that with all due respect to the city budget staff," a qualified consultant should be hired to review the proposal and analyze and make recommendations on facility, staffing, and equipment needs. The city manager agreed and asked the medical staff to submit a list of consultants acceptable to them. Shortly after the meeting Dr. Herman Smith, a nationally recognized consultant, was hired with the concurrence of the staff.

The 1956 budget was adopted and included the consolidation of the hospitals. The city council also passed a resolution establishing May 1, 1958, as the effective date for the total consolidation. This date was not met for a number of reasons – mainly continued opposition and lack of response from within the hospital operations. Councilman Tom Gavin was committed to the consolidation and introduced a resolution, which was adopted, establishing another date with the proviso that if the consolidation was not accomplished by that date the city manager was instructed to close General Hospital Two. When questioned by those in authority at General Hospital One as to whether this resolution would be implemented, I responded that Mr. Gavin's and the council's intent was clear and the city manager had no alternative but to implement the resolution and order the hospital closed, and we would do so. Quickly attitudes began to change and we received cooperation and timely data when requested.

Dr. Smith submitted his report with detailed recommendations as to facility and equipment needs, as well as staffing. The major facility needs were new and larger emergency room facilities, a new central radiology, and new labor and delivery, nursery, and maternity beds. The development of the final report with medical staff cooperation

would not have been possible without the effective leadership of the chairman of the medical staff, Dr. Martin Mueller, and Dr. Sam Rodgers, a leader at General Two. The funds committed by the city council were supplemented with Hill Burton Funds to implement the Dr. Smith's recommendations to construct the Diagnostic and Treatment Center at 23rd and McCoy.

The city manager and council designated me as the staff person to coordinate the consolidation. Mr. Cookingham held a public meeting at City Hall to report to and receive comments from the public. Groups and individuals packed a hearing room voicing questions and concerns principally centered on how job assignments would be handled and whether there would be terminations. Those in attendance were assured that there would be no terminations nor reductions in salary due to the consolidation. In 1962, as interim executive director of the General Hospital Corporation, I met with a department head who planned to delete a position and terminate the employee filling that slot. I was quite familiar with that long-term employee who had held a senior position at General Two. I informed the department head that such an action would not be approved by me, as it would breach a commitment made when the consolidation of the hospitals was put in effect. I then called a meeting of senior managers of the medical center to reaffirm the pledge that had been made during the consolidation discussions and that those commitments would be honored by the corporation.

During the period when the consolidation policy decision was made (which had been triggered by a fiscal crisis), Community Studies, commissioned by both the city and county, undertook to prepare, *A Study of Public Health and Medical Care Needs of Jackson County and Kansas City*. This report was presented in 1956 and among its recommendations was the establishment of a combined city-county health care system. The proposal received much discussion but languished with no action taken. Homer Wadsworth, however, continued discussions with civic and political leaders and in 1960 the Citizens Study Committee, chaired by Homer, was established to again look at city-county health programs. In October 1960, the committee recommended that a hospital district be formed to operate and manage the city-county hospitals. Legislation was introduced in Jefferson City, sponsored by both the city and county, and hearings were held, but no action resulted. Perhaps one reason for this may have been that there were more employees than patients at the Jackson County Home for the Aged.

Regardless of the failure of the city and county agreements, Wadsworth persisted in seeking a solution to the problem. He kept the Citizens Committee alive and they continued to meet in the living room of Meyer Goldman every couple of weeks.

The scene was now ripe and set for action. Political leadership had changed at City Hall in April 1959. The *Kansas City Star* "Year End Review" on January 3, 1960, summarized the state of the city in a feature article headed, HAZE ON CITY'S COURSE, stating that, "the new council still searches for income to operate its many services" and,

*the new council elected last April on pledges of economies and administrative streamlining that would provide additional funds for basic services, still is groping for enough revenue to keep the services going. Efforts to reduce the cost of hospitalization for the indigent ill have*

*resulted in confusion, disagreements, and controversy. The problem still is with us.*

A significant event took place with the change at City Hall which organized the medical community to support a change. That event was a major story at the time but has faded as memories become dim.

Several things occurred after the city election in addition to the search for funds described by the *Star*. The new council replaced Mr. Cookingham with his public works director, Reed McKinley. Under direction of the city council, department heads were replaced, and most of the senior administrative staff left city government. I had been approached to stay in my position as assistant to the manager and agreed which afforded me a vantage point to see the goings-on – especially the one I will describe. The director of health then under Mr. Cookingham was Dr. Abraham Gelperin, a physician with a graduate degree in public health from Yale. He had replaced the venerable Dr. Hugh Dwyer who had served as director since Mr. Cookingham's arrival in 1940. City charter requirements were quite specific as to the qualifications for the health director position.

One afternoon when I was in the office of the manager, he received a phone call from Mr. William Royster, the leader of the council majority. The conversation clearly informed Mr. McKinley that it was the council decision to replace Dr. Gelperin with a local physician. Mr. McKinley was distressed with the call, and when he hung up we discussed it. He stated that he had no alternative but to implement the wishes of the council in accordance with the terms of his acceptance of the city manager position. After our discussion it was clear that my contrary view would not prevail regardless of the fact that under the charter, the city manager appointed and removed department heads without the consent of the council. I left the meeting and drove to the offices of the Jackson County Medical Society to visit with Bill Bartleson, executive director of the society. I had developed a good working relationship with Bill on health and hospital matters, and he had a very close relationship with the volunteer medical staff at General. I informed him that the manager, under the direction of Bill Royster, was removing Dr. Gelperin without cause and would replace him with a physician selected by the council. He found this difficult to accept, because it had been the precedent of the city manager in the past to advise the society of changes at that level. Within a few days the announcement was made, and the new director was identified as Dr. John Feist, a local physician with no training in public health as required by the charter.

Again all hell broke loose. The medical community reacted quickly and decisively, led by Dr. John Mayer, chairman of the General Hospital staff and Drs. Hector Benoit, John Growden, and Ralph Coffey. Telegrams were sent to physicians asking them to attend a special meeting at the auditorium of General. The physicians met, made a public statement, and released a letter to the mayor, council, and city manager expressing their opposition to the health director situation and stating that they would consider initiating a recall of the council if their actions were not rescinded. Dr. Feist, who was an innocent participant, removed himself from consideration and, faced with such a quick and unexpected reaction, the council relented. Dr. Hugh Dwyer agreed to return and serve as director. Shortly thereafter I quietly resigned and joined the Redevelopment Authority as deputy director.

The attempt to appoint Dr. Feist, and the reaction of the medical society and the medical staff, was a most significant event which today goes unnoticed. At that time there were forces at work, headed by Councilman Charles Shafer who advocated closing the city hospitals and farming out the care with the expectation that the city could cap its costs. During the consolidation debate, Mr. Shafer at one point proposed keeping General Two open and contracting with Wheatley Provident, a black hospital, to operate it. Wheatley occupied a facility which could not meet licensing standards and was the center of controversy among practicing black physicians. This proposal got little if any support, since it would have ensured continued operation of segregated hospital facilities. Mr. Shafer was part of the majority who controlled the new council. It was fairly predictable that his agenda to get the city out of direct ownership and operation of the hospitals would be brought forward under new health department leadership and a cooperative city manager.

With this background, the long-standing efforts of Homer Wadsworth and Nathan Stark came to a head. The city proceeded through a succession of city managers starting with Mr. McKinley. Homer went to lunch with the city manager, Mr. Robert Weatherford, and outlined the study and work that the Citizens Study Committee had undertaken and the product that they had developed over a period of time. Mr. Weatherford was interested, in view of the public interest and controversy concerning the city hospitals and the financial pressures facing the city. Homer proposed that a not-for-profit corporation be authorized along the lines of the Mental Health Foundation and that the city contract with the corporation to operate and manage the city hospitals. He presented a scenario with the potential to stabilize city financial support, relieve the city of the day-to-day management responsibilities, and get state support for a medical school on the Hill. With access to grants, foundation support, and other funding, the hospitals could be revitalized. Mr. Weatherford asked Homer to put his proposal in writing. Homer did so in a detailed letter in February 1962. Upon receipt of Homer's letter, Weatherford changed the greetings and salutation and sent it to the mayor and council, proposing the city authorize the establishment of a not-for-profit corporation that would contract to operate the city hospitals. Mayor Bartle, an advocate of the concept, organized city council support and within a short time, studies were initiated under the leadership of Homer and Nathan to determine financing needs and costs, and flesh out the terms of an agreement.

Action was quick. A formal agreement was authorized, the Kansas City General Hospital and Medical Center Corporation (predecessor to the present Truman Medical Center Corporation) was formed, and June 1, 1962, was set as the effective date of the transfer.

However, there are always gremlins at work. I, at this time, had joined Community Studies as a research associate and was serving as executive director of the Civic Research Institute and was assigned to work with the committee to set up the not-for-profit corporation. Because of my prior experience at City Hall and my work relating to health, hospitals, and the consolidation, I was to become the interim director of the medical center as an assistant to Nathan Stark, chairman of the corporation. A week before the scheduled adoption of a city ordinance approving the operating agreement and appropriating the funds to operate the medical center, I went to City Hall to arrange for

the orderly transfer of the hospitals and their assets. I met with Mr. Les Creel, director of finance and an assistant to the city manager, and discovered that the ordinance to be introduced had reduced the \$4,216,000 to be appropriated by Kansas City by more than \$300,000. I expressed surprise and stated that the appropriation had been negotiated with the mayor, council, and city manager, and in view of the change, I would recommend not proceeding with the transfer unless the original figure agreed upon was in the ordinance. I called Nathan from the meeting and informed him of the latest saga in the "Perils of Pauline." He told me to sit tight and he would call back. He did so and informed me that the mayor and council leadership said that the previously agreed dollar amount was set and they had not authorized the lesser number. That Friday at City Hall, the approval process and formal signing was delayed while the council met in private caucus in a back room to agree to amend the ordinance and formally approve it the next week on May 18, 1962.

This was a major breakthrough. The operating agreement was for a period of four years and eleven months, subject to extension by mutual agreement for an additional five years to 1971. It recognized that the physical condition of the facilities was unsatisfactory and that additions or repairs would be supported by proceeds from bonds issued by the city or other sources. Also the city agreed that in establishing future bond improvements it would give due consideration to the needs of the hospitals. The agreement also required that within one year the corporation provide the city with a master plan for the development of the hospital facilities, and the city would use its best efforts to acquire additional real property to enable the medical center to carry out programs approved by the city. In addition to the authority to operate and manage, these terms providing for future expansion would prove to be most significant in realizing the dream: for without land, it would not be possible to carry out the plan.

The original board of the Medical Center Corporation consisted of: Nathan Stark, Chairman; Dr. Girard Bryant, Secretary; Bishop Leslie DeLapp; Dr. Hugh Dwyer; Robert Fizzell; Tom Gavin; Meyer Goldman; Lee Kinser; Berndt Kolker; James Marshall; Louis McGee; Carl Migliazzo; Jim Spellman; Dale Thompson; Howard Hill; Robert Bates; and Homer Wadsworth.

I never saw a more energized group of men who were anxious to get to work. Board meetings were scheduled for Saturday mornings, under the operating principle that they would be open to the press and media. Hospital personnel were transferred from the city to the corporation. Contributions were sought and received to make changes to the physical appearance of the hospital's interior spaces, wards, outpatients' clinics, and interns' quarters. Paint was donated. Unions furnished labor to install donated fixtures and the women's auxiliary donated funds to replace handmade directional signs. Another action to emphasize the change was to establish official holidays and to no longer recognize city elections as official non-working days.

In December 1962, Mercy Hospital announced its decision to relocate to Hospital Hill rather than a site close to the University of Kansas Medical Center. Also the General Hospital Corporation contracted with Mercy for pediatric care and closed its pediatric wards and clinic operations.

Discussions began between the University of Missouri and the medical staff and board, establishing a dialog about the role of the university in graduate medical education at the medical center.

In 1961, Dr. Felix Sabates, a member of the University School of Medicine at MU, had been participating in the ophthalmology program at General. The conditions and facilities in the outpatient clinic in which he had to operate were so below standard that it is difficult to describe them. Despite those obstacles, and due to his dedication and commitment, he became a key player and contributor to developing an outstanding patient care and teaching program in ophthalmology, realized in the Eye Foundation now on Hospital Hill. The Eye Foundation, with state-of-the-art techniques and a dedicated staff and faculty, is a national model providing the most sophisticated eye care in a sensitive and cost-effective manner.

The medical center concluded the final stage of the consolidation of the two city hospitals with the completion of the diagnostic and treatment center, and the labor and delivery facilities. General Hospital Number Two was closed. This was followed by the closing of the Leeds Tuberculosis Hospital after a complete study which recommended that outpatient care be provided within General Hospital, and that the State of Missouri Mt. Vernon Hospital be used for long-term hospitalization.

The first full-time executive director for the medical center was Dr. Frederick J. Sparling, who was recruited from Johns Hopkins Medical Center and served from 1962 to 1964. The operating mode of the board was tested when Dr. Sparling was being recruited for the position. He was to meet the board at a 7:00 a.m. breakfast meeting at the Muehlbach Hotel. I was present, and at the appointed time, Dr. Sparling was not in evidence. I called his room and he was surprised, not believing that the board would meet at such an hour, or that he would be expected to attend. I told him that the meeting was indeed scheduled for 7:00 a.m., that he was expected, and he should get used to it since that was the Kansas City style, as board and committee members wanted to be back at their business desks at 8:30 a.m. In spite of that, he accepted the offer and acclimated himself to such sunrise board and committee meetings.

In June 1963, the Joint Board Building Committee was established with the General Hospital Corporation, Children's Mercy Hospital, the University of Missouri, and the city as members. Its mission was to plan and coordinate the development of Hospital Hill. My perspective as a participant in the development of the medical center changed from the role of interim director to that of the director of planning and development for the medical center and staff of the Joint Board Building Committee. I continued this role as a member of Community Studies on loan to the medical center. It was an enviable position to be able to not only participate in, but to see firsthand the development of a dream into reality. It was during my period as interim director that Dr. John Arnold was recruited. He had an international reputation in malaria research and brought to the medical center a large grant on malaria drugs which put into place a first class research laboratory, including a state-of-the-art electron microscope. John also served at the medical center as the chairman of medicine and was highly regarded as a clinician and teacher.

The medical center's first major land acquisition came during the first year and led the way to the purchase of the rest of the land necessary for Hospital Hill. Research Hospital was building its new facility on Meyer Boulevard and Prospect. In October 1962, Homer Wadsworth and Nathan Stark met with Mr. Roy Dietrich, a longtime civic leader and board member of Research Hospital, to discuss the purchase of the old Research Hospital facilities, including the power plant, nurses' residence, and all the buildings east of General Hospital. The medical center obtained creative financing, negotiating a small cash down payment with the balance to be paid when Research finally moved into its new home. It was a bold and major accomplishment, with strapped resources, which later made it possible to initiate and be granted an urban renewal project on Hospital Hill to plan and acquire necessary land for future development. The purchase of the old Research Hospital also allowed the medical center, through the city renewal agency, to obtain a federal grant for land acquisition, clearance, relocation, and street improvements for Hospital Hill. Applying as a non-cash credit the purchase price for Research Hospital, there was no requirement for a substantial city cash contribution for a local match to the federal grant.

A major board asset was the indomitable Carl Migliazzo, an original board member who had developed insights and relationships with the medical and hospital community in his role as president of Lakeside Hospital. Carl's leadership was evident throughout, but most particularly when he followed Jim Marshall as chairman of the Buildings and Grounds Committee.

I will always remember a meeting which cemented for me that the dream would become a reality. That meeting was arranged by Nathan Stark with Mr. Joyce Hall in his apartment on top of Hallmark. Mr. Stark was a senior vice-president at Hallmark. At that meeting, Mr. Hall had present Mr. Victor Gruen, the internationally recognized architect and urban planner who had been developing a master plan for Hallmark to accomplish the Mr. Hall's vision to rebuild Signboard Hill and revitalize the neighborhood around Hallmark. They presented the plan, which encompassed an area as far east as Holmes and Campbell Streets, 27th street on the south, and the terminal tracks on the north. Mr. Hall said he was most pleased with the decision to form the not-for-profit corporation and its objectives to establish a medical center adjacent to Hallmark. He stated that Hallmark, under a straw name, had been acquiring significant real estate east of Gillham Road and that those properties would be held until the medical center was prepared to implement the Hospital Hill plan. Further, he pledged his support and the assistance of Hallmark and its management, to achieve the medical center objective. Hallmark made its talented management available as volunteers to assist the medical center in special assignments, which included facility evaluations, electrical and energy evaluations, and real estate development, all at no cost to the medical center.

The medical center also developed close relationships with the various neighborhood associations contiguous with the center, particularly the Longfellow and Beacon Hill groups. I had the good fortune of meeting with representatives of those groups and homeowners in the evenings in their homes and churches to present our plans and discuss their goals and concerns. We made a determined effort to keep them fully advised and to see that they were not taken advantage of by land speculators. Later, representatives of those communities became members of the medical center board when it was expanded to obtain participation and input on patient care issues.

In 1963, the University of Kansas City became a part of the University of Missouri and the UMKC campus became a reality. Also that year, the medical center finally acquired the former Research Medical Hospital and established facilities that would later be known as the Holmes Street Annex. In 1964, a significant event was the success of the board, in cooperation with the city and with the assistance of the civic and political leadership, in transferring title of General Hospital Number Two to the state of Missouri for conversion to the Western Missouri Mental Health Center. The assistance and leadership of Thomas Eagleton as Attorney General, and later as Lieutenant Governor under Governor Hearnes, was of immeasurable help. This relationship with Tom proved of great value later as we sought federal assistance for construction funds for the hospital and medical school and other federal grants.

Upon the resignation of Dr. Sparling as executive director, Dr. John Buessler, an assistant dean at the University of Missouri School of Medicine, became interim director. At that time, Dr. Richardson Noback, an assistant dean at the University of Kentucky School of Medicine, had been a consultant to the board on the master plan and associated matters. I had developed a close relationship with Dick and an appreciation for his professional and technical expertise. I noted to Nathan, Homer, Carl, and others that I didn't think they needed to look elsewhere for a new executive director because I believed Dick would be the obvious person for that position. However, he would have to be convinced to leave his position at Kentucky, an established medical school, to gamble on the Hospital Hill dream. They had already reached the same conclusion and Homer, Nathan, and Dr. Vern Wilson had flown to Lexington to visit with Dick. In September 1964, Dr. Noback was named the executive director.

Under the leadership of Mayor Ilus Davis and city council members Art Asel and Vic Swyden, the city produced in 1965 a bond campaign where the voters authorized a \$2 million bond issue to improve General Hospital, and acquire and clear land for Hospital Hill. The public campaign was a barometer of public support we could expect later. Bea Davis organized women's groups to tour the hospital to see firsthand the needs, and also to share the dream. Busloads of women were brought to the hospital, after provision had been made for parking their cars at Liberty Memorial.

An interesting incident occurred to one of these tours. We had planned a major public event at the old General and were awaiting the arrival of Bea and a busload of women. When they had not appeared at the appointed time I went to the emergency room entrance to inquire and saw a bus full of women. They had been held up by a police officer who was trying to direct them to the VD clinic across the street. It was the city jail's daily procedure that each morning the "women of the street" arrested the previous night were processed through the VD clinic before their court appearance. I informed the officer that this bus was not the one he was waiting for. With a red face, I escorted the ladies to the auditorium to be educated on the needs of General Hospital.

In 1966, the UMKC Dental School received federal funding, to be coupled with university funding, to build and equip the new dental school on a site donated by Kansas City under the urban renewal plan. Dean Hamilton Robinson, an early and energetic supporter of the Hospital Hill plan, went full steam ahead with the new dental school. Later, he would take a proactive role in establishing comprehensive dental services at the

Jackson County Hospital, which later came under management of the medical center board.

In August 1966, the public was presented with the long-range plans for Hospital Hill. The following year the dream took another major step toward reality when Jackson County proposed a \$102 million bond issue to build the two sports stadiums, \$14 million for the proposed teaching hospital on Hospital Hill, and \$2 million for the Jackson County Home for the Aged. The bond package did not start out this way, which was an interesting development that has not been widely known. Harold Fridken, county counselor for the Jackson County Court, with Charles E. Curry, Floyd L. Snyder, and Morris Dubiner, members of the Court, established and led perhaps the best organized and balanced bond campaign in this area. A citizen's committee was established and undertook to study county needs, with access to professional and nonpolitical consultants to assist in the analysis and costing of the projects. The sub-committee dealing with health and aging had developed its report and recommendations. As is always the case, the proposals from each sub-committee exceeded the financial capacity of the county and when the first cut was made, there was no mention of Hospital Hill. Recognizing that it would be an uphill battle to have a proposed new teaching hospital included, I received permission from Nathan, Homer, Carl, and others, to approach Harold Fridken with whom I had worked and developed a rapport. He invited me to meet with him at his home since his time was limited during the day. With full recognition that the proposed teaching hospital was to replace a city hospital that was Kansas City's responsibility, we talked well past midnight. I reviewed for him the Hospital Hill plan with a key aspect being the establishment of a University of Missouri School of Medicine at Kansas City. Also, he was brought up to date on the dental school funding, the decision of Mercy Hospital to build on the Hill, the redevelopment plan, the state's acquisition of General Hospital Number Two, the purchase of the old Research Hospital facilities, the Brothers of Mercy extended care facility, and the Crown Center Redevelopment Plan. We discussed the fact that the proposed bond packages were giving heavy emphasis to sports stadiums and roads, and that there was a perception the package did not balance human needs. I also explained to Harold that if we could find a way to fund the teaching hospital then it would be less of a challenge to get the university to approve a medical school since it would not be necessary for the university to fund and operate a costly, but required, teaching hospital. Parenthetically, it was my belief that if we could accomplish this, it would give one less cause for opposition from certain university officials who were less than enthusiastic about a proposed medical school in Kansas City. At the conclusion of that meeting, Harold said he was intrigued and would present the proposal to the county court the next day. I told Harold that if the project could be included, the medical center and its supporters would give their full support to the entire bond program. Within several days, he called and said that he had met with the entire court and with Davis Jackson and Abe Yeddis, chairmen of the Citizens' Committee, and that they would jiggle the projects and reduce the amounts for proposed roads and other projects so as to include \$14 million for the teaching hospital. The bond package was finalized and the campaign to educate the citizenry was a classic example of presenting a balanced program and proceeding to explain and sell it to the voters. The medical center, board, staff, employees, and their supporters took on the task with almost a religious fervor and attended almost any breakfast, lunch, or dinner meeting that we could find.

We went to women's groups and to lunches in their homes. We went throughout the county to anyone who would listen and told our story and the vision for the Hill.

The proof was in the pudding. On June 27, 1967, the hospital issues received more than an eighty percent approval throughout Jackson County, getting the highest positive vote. Political observers declared that the hospitals swept in the stadium proposals because voters perceived that the package was balanced and gave due deference to human needs. Again, we had jumped across another hurdle when faced with the challenge to deliver.

In 1967, Dr. Charles Wheeler was elected a member of the county court to join Charles Curry and Alex Petrovic. This was a most propitious event since Charles was committed to Hospital Hill and we knew we would have continued political support on the county level.

In September 1968, Chancellor James Olson appointed Dr. E. Grey Dimond as his consultant for health affairs. Grey had been in close consultation with Nathan and Homer since 1962, and now the plans were full steam ahead. Grey proceeded to develop the university commitment to authorize a medical school on Hospital Hill. However, the University hierarchy was less than enthusiastic, in spite of the efforts of Grey, Dr. Vernon Wilson, Homer, Nate, Carl Migliazzo, Dr. Noback, and others. The appointment of Dr. Brice Ratchford as president of the University of Missouri System was of great assistance to the cause, as he was sympathetic to the Kansas City project. In October 1968, the Board of Curators of the University established the medical school in Kansas City contingent on additional state funding for the University.

The next step was to obtain state funding for the initial planning of the school. Senator Don Manford became an advocate and Grey organized community, political, and business leadership support for the state appropriation. We contacted major businesses, as well as local political leadership, to identify and get their support to ask for the necessary votes.

The most visible effort was at a hearing held in the legislature in Jefferson City one evening. Mr. George Powell, Sr. made available the Yellow Freight over-the-road van to take business and community leaders to Jefferson City to attend the meeting. The contingent included Bill Deramus, Jack Morgan, Miller Nichols, George Powell, Sr., and Al Lighton. I was included along with Dr. Dimond, Dr. Noback, Homer, Nathan, and Carl. The trip down was used to brief the executives in preparation for the committee hearing. It was indeed an impressive array of power and support when they walked into the hearing room and indicated they were to speak in favor of the modest university request for planning a new medical school.

Dr. Dimond and Dr. Noback, using their formidable energy, reputation, and contacts, recruited chairmen for the clinical departments at the hospital, and put together a small team to plan the medical school and teaching hospital and prepare the federal funding applications for both. Office space was made available at Community Studies at Armour and Gillham, and Dr. Dimond, Dr. Noback, and I were the initial group, later joined by Dr. Mosser and Bob Brown, and others. Concurrently, this group and others under the direction of Dr. Dimond prepared the application for accreditation of the medical school.

The challenges of acquiring approval to start a medical school, while putting together funding for the construction of the school from federal, county, and conventional lending sources, were at times daunting. With regard to the school, Drs. Dimond and Noback were to face a site visit of a team of physicians and medical deans who had been trained in schools very different from the innovative Kansas City plan which would take students directly from high school into a six-year program to receive a baccalaureate and medical degree upon completion. In addition, these young men and women would be exposed to patients throughout their six years starting with their first week. The teaching hospital affiliated with the new school was to be owned by the county, on land donated by the city, and managed and operated by a not-for-profit corporation formed in 1962, with operating funds from the city. Imagine explaining that to a team of site visitors who graduated from and were teaching in very traditional settings.

I recall the first visit I made with Dr. Noback to meet in Washington, D.C. with the HEW Division of Physician Manpower, and we informed them that we intended to submit applications for federal money for constructing the new school and teaching hospital in the same funding cycle. We further explained that we were anticipating the scheduling of the accreditation site visit. It was a polite reception, but the message was clear that they had never funded first-time applicants and that they did not know how we could prepare the applications in such a short time span, in view of the fact that we had not as yet received preliminary accreditation for the new school. We obtained the application forms and regulations and left. We met with Dr. Dimond that evening at his Washington home and reported to him. He listened and said he was not surprised at the response, but that he was undaunted and we would stay the course and submit the applications. In March 1970, we received notification that the applications for construction funds for both the new school and the teaching hospital had been approved.

The rest is history. The education was priceless, if one wants to do it again in the afterlife. The key ingredients to achieving the accreditation and funding were clear goals, committed professional and community leadership, political support, land, and a secure financing package to match the federal funds when granted. Our two senators and Congressman Dick Bolling provided continual support and were effective when called upon. In no small measure the funding for the medical school was made a reality when Dick Bolling asked the White House to assist in granting the federal money for the medical school in return for support and leadership that Bolling had given President Nixon to pass legislation the President had initiated. Bolling said he told the White House he would only ask for this project in return for that outstanding chit.

On August 1970, upon receiving news of the approval of the medical school funding of \$8.9 million, there was joy in River City. In the next round of approvals the teaching hospital funding was granted.

Dr. Edward Twin became the executive director of the medical center in 1970 since Dr. Noback was devoting full time to the development of the medical school accreditation and funding applications for the school and hospital, recruiting of faculty and clinical staff, and developing the school curriculum. In recognition of this work, Dr. Noback was appointed the first dean of the UMKC School of Medicine in 1971.

Construction of the school of medicine began in 1972, financed by state, federal, and city bonds on land contributed by Kansas City. On September 8, 1973, groundbreaking for Truman Medical Center started the last leg of the journey that was only a dream in 1962. Even the last leg wobbled a bit, when in June 1973, \$4,400,000 of the conventional financing part of the package ran into trouble the night before the closing documents were to be signed and funds wired to the trustee, United Missouri Bank. That night I received a call from our attorney telling me that counsel for the conventional financing had just raised an issue which would require certain guarantees from Jackson County in order to close the transaction the next morning. Further, if the guarantees could not be obtained then the closing would be postponed. I called Nathan and Harold Fridken. Harold was less than pleased but said he would see if the county legislature would consider the matter at their meeting the next morning. Dr. Harry Jonas was chairman of the Jackson County Legislature. We had the proposed documents delivered to Harold Fridken and we appeared at and were guests of the bank at lunch. At one o'clock I received a call from my assistant who was at the legislative meeting in Independence informing me that the resolutions had passed. The closing took place and the funds were wired to the trustee. Finally the "Perils of Pauline" had concluded.

This was a long and perhaps tortuous story. However, who said that all visions become reality. I have, due to time constraints, not dealt with events which were key parts of this puzzle, such as the transfer of the Jackson County Medical Society Library to the medical center and building new quarters for the library in the former School of Nursing at General, assisted by a significant contribution from Dr. Gustave Eisenman; the commitment of the Mercy Hospital Board to relocate to Hospital Hill rather than a site close to the KU Medical Center; relocating the medical school and hospital from its original location adjacent to Mercy to the two block site east of Holmes; the role General Hospital and its emergency services played in caring for victims of the riots at the time of the killing of Martin Luther King; or, the establishment of the Truman Medical Center Foundation in 1979, with receipt of \$800,000 from the distribution of assets from the Volker Foundation through the efforts of Mr. Roy Dietrich, a trustee of the fund.

Personally, I was fortunate to have been a witness to what has taken place at Hospital Hill and to have played a role in various phases of its development, as well as its many crises. It is an extraordinary story accomplished through the efforts of many, including the dedicated leadership of a core of committed individuals: Homer Wadsworth, Nathan Stark, Carl Migliazzo, E. Grey Dimond, Dick Noback, Chuck Curran, Meyer Goldman, Ike Davis, George Lehr, Bob Fizzell, Harold Fridken, Vernon Wilson, Jim Olson, Ham Robinson, Herman Sutherland, Dick Bolling, Harry Jonas, Frank Sebree, and Charles Wheeler. Carl Migliazzo was a remarkable person, not only with his time, energy, and skills, but with his ability to set out some basic operating principles which have served as a gyroscope for me, and which I remember at appropriate times: "If you tell the truth, you don't have to remember what you said" and "I can keep a secret, but it's who I tell can't keep their mouth shut". Ah, wisdom. Simple, but always applicable.

On June 1, 1984, Homer Wadsworth concluded the Carl Migliazzo lecture with the following:

*Hospital Hill, and the many institutions it serves, is still something of a puzzle to the rest of the country. Many find it hard to believe that a state university could be persuaded to bail out a private university hanging on the financial ropes with a rather uncertain future. But it happened. The suggestion that a city government would contract with a not-for-profit corporation to manage a public hospital, giving to this agency the power to hire its own personnel, purchase supplies as needed, and work towards affiliate arrangements with a university that at [the] time was 140 miles away, has attracted considerable skepticism. But it happened. Many felt that it was stretching things a bit to assume that a wide range of state services could be persuaded to locate on Hospital Hill and to take over the expense of operating psychiatric services already present. But it happened. There were doubters as well as vested interests who opposed the notion that a medical school of quite different style and objectives could be put together. But it happened. Many had doubts about the effort to persuade the State of Missouri to appropriate general funds to offset in part the city's expense in providing services to medically indigent people. But it happened.*

Homer died April 13, 1994. Homer, indeed it happened. Today Hospital Hill is made up of ten institutions with total annual budgets of \$445,000,000, with 5,800 employees annually treating 170,000 patients, providing 550,000 outpatient visits and 100,000 emergency visits – providing approximately \$100,000,000 of health care for the indigent. It is ranked as the 8th largest employer in Greater Kansas City. Presently there is \$150,000,000 of construction underway. There are 100 housing units on the Hill campus with 124 more units under construction and an additional 300 units planned.

I close my presentation with these observations. The Hospital Hill story is replete with abortive attempts to make change, but there were other priorities and agendas. When a crisis presented itself, public and political attention and action resulted. Fortunately, action oriented individuals had been thinking about the delivery and funding of medical care for the indigent ill, and submitting ideas and programs which were based on facts and analyses, and hence were able to support alternative solutions. The not-for-profit corporation model was successful in large part because of the quality, diversity, commitment, and spirit of teamwork of each member of the founding board and successor boards. The board was a working board. It was not a typical volunteer board, where most members make a commitment to attend board meetings and then go about their business. The board had political know-how, and because of this its members had the ability and capacity to understand and communicate with the political process, as well as with the civic and business community. I believe that the lesson we can take from the not-for-profit corporation contracted to operate the city hospitals (and afterward Truman Medical Center West and East) is that the role it played, and continues to play, is not merely to supplement public services with contributions and volunteers, but instead to take on the responsibility to provide public services and manage public business through non-traditional arrangements. Of course, reporting and oversight are necessary ingredients in order to protect the public interest and to be accountable.

Perhaps the General Hospital not-for-profit model can be dusted off by a committed citizens committee to propose alternative ways to provide another necessary public program or service that does not quite now work very well. Does anyone have a suggestion? The public school crisis perhaps?

Thank you.

# WHMC-KC

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Questions about the use of or donations to the Collection should be directed to David Boutros, Associate Director of the Kansas City office. (816) 235-1543.

**Cover Photo:** Groundbreaking for the UMKC Medical School, January 18, 1972. Right to left: Ilus Davis; Homer Wadworth; C. Bryce Ratchford; Nathan Stark; James C. Olson; Richardson K. Noback; Irvin Fane; Charles B. Wheeler, Jr; George W. Lehr; Edward B. Cross; E. Grey Dimond.  
*James L. Soward Papers (879kc), WHMC-KC*

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