1908-2008 THE FIRST 100 YEARS A PRESBYTERIAN

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By Mo Palmer and Bill Beck

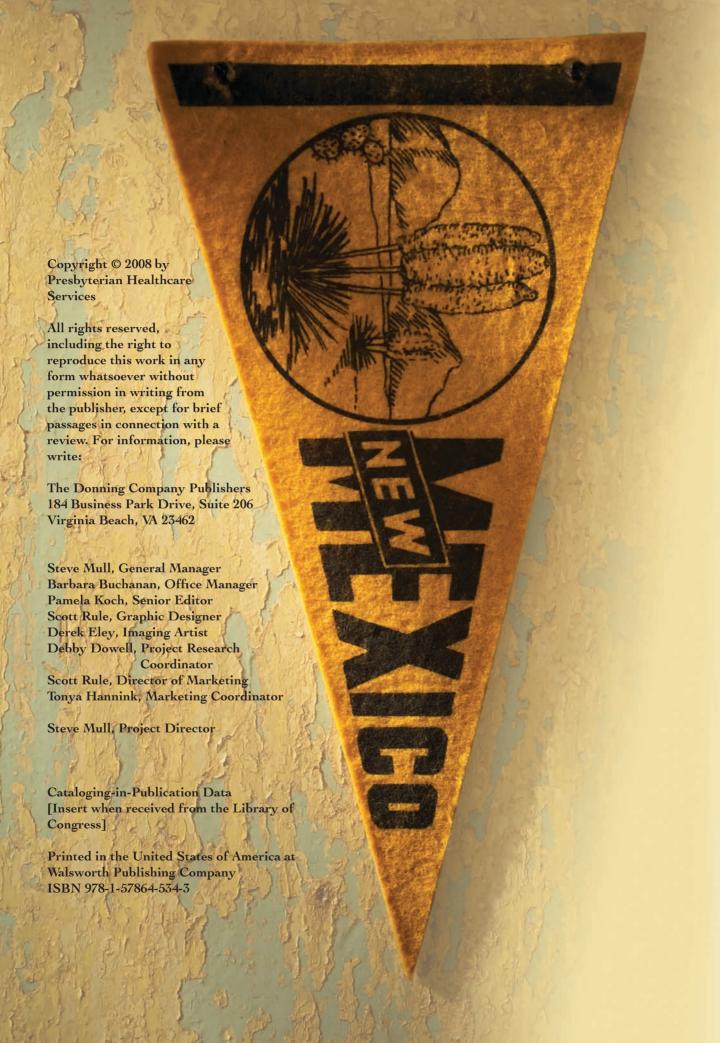


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FOREWORD

don't remember her name. She pushed a large cart through the halls of Presbyterian Hospital, stopping at each room to deliver patients' meals. I'm certain I asked what her name was when she came back to my room a second time one morning. I think I might have written it down, but I have been unable to find any such record. I had more than one powerful painkiller flowing through me at the time, and the pain (and the painkillers) probably dictated what I would remember and what I would not. But that morning, I clearly recall thinking that someone at Presbyterian had instilled in her how important a small thing can be in the life of a hospital patient.

The history of Presbyterian Healthcare Services speaks of the "subculture" that formed among the "lungers" who came to the "San" for the "cure." Hospital patients everywhere form similar subcultures. (So do their families and friends. Journalists often find themselves in hospitals, watching these subcultures struggle to adjust to a new and often difficult way of life. I have watched it happen many times over the course of thirty years in the newspaper business.)

The world looks different from a hospital bed, and toward the end of 2006, for almost a week, I became a member of that subculture, inducted by way of a ten-hour back surgery.

As the history of Presbyterian unfolds in these pages and the spirit of the hospital's founders begins to take shape, I found myself thinking about that young woman who delivered meals to patients. In my memory, she represents everything Presbyterian set out to be one hundred years ago.

In the hierarchy of the hospital, I doubt that her name would be found in too lofty a spot on the organizational chart. From a chart's point of view, she would be hard to find. From a patient's point of view, his world turned inside out, her value exceeded anything a chart could reflect.

When she returned to my room that morning, it struck me that either I had stumbled upon someone with an uncommonly generous nature or she worked in a place that put a value on uncommon generosity and encouraged its employees to do whatever small thing might make a patient's difficult day less so, no matter how small the measure of relief might be.

She came to my room on the second day after surgery. The times of events are a jumble in my memory, but at some point early after the surgery, a nurse had gently lectured me about pain. Sensing perhaps (correctly, I'm afraid) that she had on her

hands a patient who might delude himself into thinking that he could "tough it out," she explained that it was best to keep the pain under control, to tamp it down before it grew too strong, making control a much more difficult challenge.

"All of our knee patients and hip patients deal with significant pain," she said. "Only our back patients are sometimes brought to tears."

The words would turn out to be a little too prophetic for my taste on both counts—the futility of "toughing it out" and the reality of a pain I didn't know could exist. She was but one of many medical professionals I would meet at Presbyterian who not only possessed knowledge and expertise far beyond anything I might imagine, but also were blessed with common sense and the ability to offer it in a way that brought clarity to a patient who had not seen the world too clearly in more than forty-eight hours. It was a long, difficult surgery. It was a long, difficult recovery. I had never been through anything like it in my life, but I had been blessed with surgeons and nurses of the highest caliber. I had been the beneficiary of technology I could not begin to explain or fully understand.

Yet it is that young woman pushing the food cart who stays with me. I thought about her again when I came to chapter 4 in this fine history of the hospital—"Albuquerque in the Time of Tuberculosis."

Speaking of the "lungers," it is written: "All passengers were on the same boat, sailing through unknown waters."

I don't know that a direct line can be drawn from an unnamed young woman pushing a food cart in 2006 and the determination of the hospital's founders to give the best care possible to very sick people. Even as a believer in small investments paying large dividends, I don't know if I can say the young woman whose name I cannot remember represents one hundred years of a place that has sewn itself into the fabric of a community the way Presbyterian has done in Albuquerque.

But there is no question in my mind that it is such people who do the job of weaving an organization into a community's fabric, and in Presbyterian's case that fabric stretches to cover a state, not just the city. It includes a health plan and doctors and hospitals that make its name synonymous with health care in every corner of the state.

Day by day, in ways difficult, if not impossible, to measure, such people slowly insinuate the organization into the community's consciousness, until one day the name—Presbyterian—becomes synonymous with the community. They become so

easily recognized, so easily called to mind, that it is impossible to separate them. It's as if the community and an organization hospital become a single entity.

I don't remember what I asked her to do that morning. I remember her saying that she would have to deliver all the food on her cart first, and then go back to wherever the trays were assembled and the carts loaded before she could return and fulfill my request. I thought at the time that I was asking too much. She had her hands full with the requirements of the job. She didn't need me to add another, unexpected responsibility.

About half an hour later, there she was, standing in the doorway of my room, and I found myself thinking that it was such a small thing I had asked and that she had to go a long way out of her normal routine to fulfill the request, and yet there she was, smiling, walking into the room.

"Is this what you wanted?" she said.

If an organization becomes large enough, it runs the risk of becoming impersonal, of losing what made it special to begin with. For all the various and sundry reasons organizations grow in different directions, some succumb to this impersonality and grow distant from the people the organization ostensibly is there to serve. Others don't. Why? I don't know. That's a mystery I'll leave to someone else to solve.

In chapter 3, "Angel of the East," there is this: "Mrs. Van cared in many ways. Scrubbing floors, emptying bedpans, running the kitchen when a dietician quit without notice, typing, handwriting notes for every gift...paying bills, helping overloaded nurses. No chore was beneath her."

When I saw that young woman reappear that morning in my room, I thought to myself that someone at Presbyterian Hospital had instilled in her the importance of such small things, and that in fact they aren't small at all. They are at the heart of what began one hundred years ago.

Jim Belshaw

INTRODUCTION

he story of Presbyterian's first one hundred years is a tribute to the people who built the organization and the patients and members they have served. Personal reflections and historical facts are woven together to describe Presbyterian's journey within the context of the New Mexico communities that have supported us.

The book is divided into three eras, each introduced by an essay recounting the medical, economic, and cultural progress of New Mexico. The related chapters contain the stories of those who created our history, recounting their challenges and achievements, often in their own words and sometimes in the words of others. To create the medical interludes, the authors and editors sought advice from our clinicians and historical records.

More than sixty Presbyterian physicians, volunteers, employees, and retirees contributed their perspectives as part of the research to develop the book. Some offered their stories directly through interviews; others brought personal photo albums and records. We are privileged to have received these treasures and have taken great care to be true to those who shared them.

Our hope is that this commemorative publication will serve as a guide for those who will carry Presbyterian into the next one hundred years and as a tribute to the Founders who brought us to this incredible milestone.

Michelle Campbell



ERA I ESSAY Albuquerque and the San, 1908–1952



Albuquerque, in the first decade of the twentieth century, was a bustling railroad town with more promise than people. The railroad arrived in 1880, and by 1900, the population of the city was six thousand, with another four thousand people living in surrounding Bernalillo County.¹

What had been a Wild West town during the 1880s and 1890s had taken on the appearance of civilization as the twentieth century dawned. During the late nineteenth century, the city incorporated in 1885, more than a quarter-century before New Mexico became a state in 1912. Albuquerque was sometimes concerned with regulating and taxing the town's brothels and bordellos, yet new sewers, clean water, and electric arc lights brought a veneer of urban modernity to the city in the closing years of the century.

Schools, churches, banks, and a thriving business section in New Town made Albuquerque a commercial center for much of New Mexico Territory during the early 1900s. Albuquerque also began to develop a reputation for its healthy climate that boasted mild temperatures even during the winter, low humidity, and clear blue skies on a majority of days. The exotic Alvarado Hotel opened in 1902. Native Americans sold handmade pottery, jewelry, and rugs on the brick walk around the hotel, which beckoned to tourists from back East. As a result of the climate, victims of tuberculosis began arriving in the city as early as the 1890s and lived in boardinghouses and hotels, hoping that the salubrious climate would help cure their affliction.

"Taking the cure" in rural areas far from the smoke-shrouded cities of the East and Midwest became a recommended course of treatment for tuberculosis patients. Albuquerque became a Mecca for those suffering from the white plague.

In 1902, the Sisters of Charity opened St. Joseph, a three-story, \$50,000 sanatorium in Albuquerque.² The sisters came to Albuquerque in the early 1880s from their motherhouse in Cincinnati to revive Catholic education. When they saw the need for treating the city's growing number of tuberculosis patients, they raised money and built St. Joseph. It would be the first of an estimated half-dozen sanatoria built in Albuquerque during the 1900s and 1910s to care for the growing number of tubercular visitors.

Rev. Hugh A. Cooper moved to Albuquerque in 1903 as a tuberculosis patient, and the climate and rest gave him renewed vigor within a few months. Prior to moving to Albuquerque, the Pennsylvania-born pastor had been ministering to a church in Centerville, Iowa, just north of the Missouri border, when the congregation hosted a revival by the famed preacher Billy Sunday. Cooper served as a substitute pastor at Albuquerque's First Presbyterian Church and, in 1904, was asked to become the congregation's pastor. He stepped in to finish a new building for First Presbyterian, dedicated in 1906, but Cooper could not ignore the squalor he saw among some of the tuberculosis victims he often visited since arriving in the city in 1903. In 1907, Cooper convinced the Presbyterian Synod of New Mexico to establish a Presbyterian Sanatorium for indigent visitors.

Albuquerque residents looked outward to the world during the 1910s. In 1916, General John J. "Blackjack" Pershing's unit passed through Albuquerque before encamping in El Paso, Texas, where he chased Pancho Villa across the border into

Mexico. The next year, New Mexico National Guard soldiers from Bernalillo County and throughout the state rode through Albuquerque on their way to fighting in the Great War. In 1918, the city suffered through the Spanish influenza pandemic that killed more people worldwide than had died in World War I.

The visitors that arrived in Albuquerque who were not able to afford hotels had to live in rental housing or cheap boardinghouses. Although most tuberculosis patients in the early years were from the East, many who recovered ended up staying in Albuquerque. Even though Albuquerque still had a frontier edge to it in the 1910s, especially for those from the more settled precincts on the East Coast and in the industrial Midwest, there was a great appreciation for what the city was able to accomplish.

The city began spreading outward in the 1920s, growing east of the University on to the East Mesa. At the turn of the century, the city's built environment comprised about two thousand acres. William J. Leverett, a tuberculosis patient who had sought the cure in Albuquerque, founded the Monte Vista Corporation to build subdivisions in mid-decade in the East Mesa area.

In rapid succession, the Terrace Addition, the Monte Vista subdivision, Nob Hill neighborhood, and other neighborhoods populated the East Mesa. Monte Vista Boulevard, which bisected that neighborhood, was planted with Siberian elms and graceful Lombardy poplars.

The Monte Vista Corporation also donated an old homestead for the Monte Vista Elementary School, which was framed in steel and built in the Spanish Colonial Baroque style. It became a local historic landmark in the late twentieth century.

The mission style gave way to Pueblo Deco, the Southwest's own version of Art Deco, in the late 1920s and 1930s. Wright's Trading Post on Gold SW, the Skinner Building at Eighth and Central, and the Albuquerque Indian Hospital on Las Lomas were all examples of Albuquerque's Pueblo Deco. Meanwhile, the 1922 opening of the eight-story First National Bank building at Third and Central gave Albuquerque its first skyscraper. Five years later, the KiMo Theatre opened two blocks away, at Fifth and Central.

A transportation milestone of sorts was marked during the late 1920s. In 1926, U.S. Route 66 linked Albuquerque with California to the West and Chicago to the East. The first route alignment of Route 66 in the late 1920s and 1930s ran in a north-south direction through Albuquerque and linked the city to Santa Fe, Santa Rosa, and several of the state's larger Indian reservations. For the most part, Route 66 through New Mexico was unpaved until 1937.

Reverend Cooper's son, Hugh P. Cooper, who managed a thriving dealership downtown, represented the automobile culture. The automobile's ascendancy was further marked in 1928 when the Albuquerque Traction Company stopped operating trolleys. After that date, Albuquerqueans rode buses or drove their own cars to get

where they needed to go. That same year of 1928, Albuquerque residents could enjoy a convenience that had worked its way westward: KGGM, Albuquerque's first radio station, went on the air.

Flash flooding, which always plagued the area, was finally alleviated when the Middle Rio Grande Conservancy was organized in 1925. In 1930, the Conservancy began building dikes and digging conversion channels to help control the sometimes-unruly Rio Grande.

The onset of the Great Depression left its fair share of misery in the Albuquerque community. But the city fared somewhat better than eastern cities that were tied more closely to a manufacturing economy. Albuquerque suffered bank failures, had soup kitchens, and endured greater-than-normal unemployment. The maintenance shops of the Atchison, Topeka & Santa Fe Railway shrunk employment by 40 percent and reduced hours for much of the Depression. City residents were reminded daily of the scope of the Depression nationwide as Albuquerque became a way station for many of the nation's dispossessed passing through en route to California.

Much of eastern New Mexico blew away in the dust storms of the 1930s, and bank failures in small towns across the state became so severe in the winter of 1933 that the state declared a bank holiday in March, a week before President Franklin D. Roosevelt shut down all the nation's banks to restore calm.

New Mexico Governor Clyde Tingley, Senator Dennis Chavez, and others proved to be masters of utilizing the federal alphabet agencies spawned by the Roosevelt Administration to create jobs for out-of-work Americans. Works Project Administration (WPA) projects built the Albuquerque Municipal Airport, a new Coal Street Overpass, the city's first underpass at Central, and the railroad tracks, city parks, and sewage treatment plants. In 1938, WPA funds paid for the restoration of the fairgrounds at San Pedro and Central, two miles east of the city limits, which became the home of the New Mexico State Fair.

Governor Tingley, who served in office during the depths of the Great Depression, and his fiancée, Carrie Wooster, stayed in Albuquerque when Carrie sought treatment for her TB twenty-five years before. The Reverend Cooper married the couple at his home, and Tingley went on to become one of New Mexico's most successful politicians. Tingley left his name on Tingley Beach in Rio Grande Park and on Tingley Field Stadium, completed in 1937 as the home of the minor league Albuquerque Cardinals, and on Tingley Drive and Tingley Coliseum.

The coming of World War II in December 1941 put to rest the economic woes of the Great Depression and created the military and scientific underpinning of Albuquerque's economy. Only thirty-three years removed from its territorial roots in 1945, New Mexico became home to some of the nation's most important defense establishments during the war. The top-secret Manhattan Project expelled a boys' school on the high, inaccessible mesa at Los Alamos.

Albuquerque's new municipal airport was completed just as Hitler invaded Poland in 1939. Drawn by the city's near-perfect flying weather, the government leased land west of the Manzano Mountains foothills. U.S. Army Air Corps scientists began testing proximity fuses on the desert mesa near Kirtland in 1940, and by Christmas 1941, the Albuquerque Army Air Base near Kirtland was designated as a training facility for bomber crews. Pilots learned to fly heavy bombers at this new Kirtland Army Air Corps Base, named in 1942 to honor longtime pilot Roy C. Kirtland, friend of the Wright brothers. Kirtland was home to military and War Department personnel during the war, including actor Jimmy Stewart, who spent most of 1942 in Albuquerque, training B-17 pilots before being rotated to England to command a heavy bomber squadron of his own.

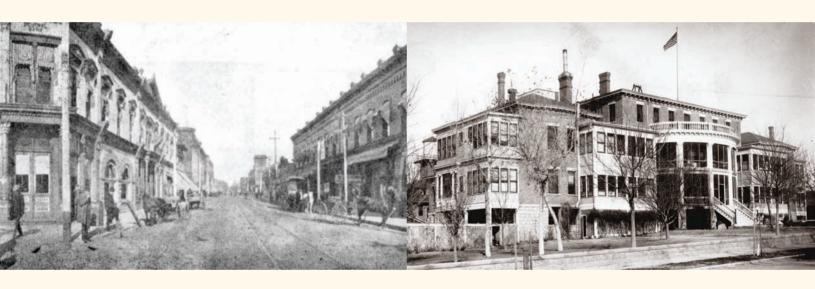
Successful detonation of the atomic bomb at the Trinity Site located thirty-five miles southeast of Socorro, New Mexico, led to the end of World War II, when the weapon was dropped on Hiroshima and Nagasaki in Japan. The end of the war in 1945 did not mean the end of government spending in Albuquerque and New Mexico. Rather, the opposite would come true. The establishment of the Los Alamos National Laboratory in 1945 and the creation of Sandia Laboratories in Albuquerque three years later ensured that New Mexico would retain a pivotal role in the development of the nation's nuclear future. Similarly, the expansion of Kirtland Air Force Base after the war meant that Albuquerque would continue to play a key part in America's postwar defense posture.

For thousands of New Mexico veterans, the immediate destination following the war was a classroom at the University of New Mexico in Albuquerque. Most were using GI Bill education benefits to pursue a college degree, a postwar phenomenon that would pay dividends for New Mexico in the years to come. Hundreds of scientists, military personnel, and physicians stationed in New Mexico during the war would go home, only to return in short order with their families.

For the San and other sanatoriums in Albuquerque, a welcomed but unexpected challenge that came out of the war development was effective sulfa drugs. Originally designated to treat combat wounds, the sulfa drugs were found to be effective in the treatment of the bacillus that caused tuberculosis. From 1945 to 1955, the widespread use of sulfa drugs and other antibiotics all but eradicated tuberculosis in the United States. With tuberculosis effectively cured, the San had to find another mission if it wanted to remain in business.



CHAPTER ONE Coming Home





everend Hugh A. Cooper helped his wife step down from the train at Albuquerque's Santa Fe Railway depot. To the south he saw a rickety viaduct and wondered if it could support the buggies and wagons it carried. To the north were the railroad signal tower and a few buildings. The elegant Alvarado Hotel, opened the previous year in 1902, sparkled under the desert sun, making its shady portals look cool and inviting. Delightfully dressed locals strolled the brick walk, exchanging greetings, enjoying this new town center, and watching passengers come and go.

The exhausted couple, with six- and eleven-year-old sons in tow, walked toward the complex. American Indians in brightly colored clothes smiled at tourists who stopped to examine turquoise jewelry, exquisite pottery, and hand-woven rugs. The children were disappointed, as no cowboy was in sight.



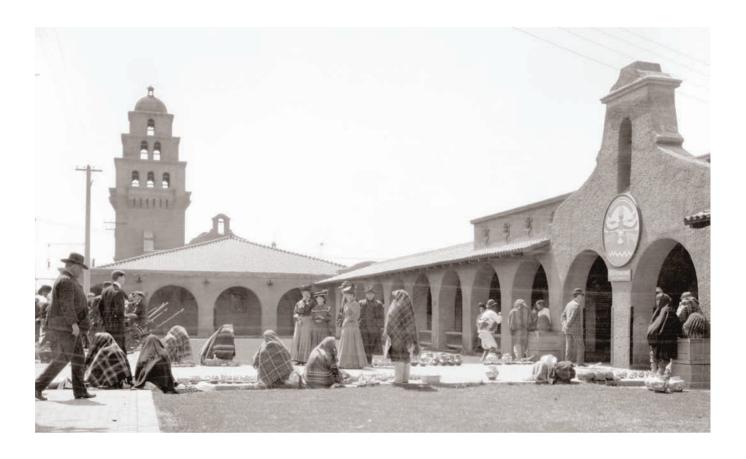
Top: Reverend Hugh Albert Cooper
Presbyterian Healthcare Services Photoarchive
circa 1905

Above: Viaduct over railroad tracks Courtesy: The Albuquerque Museum PA 1999.017.026 photo by John Seth 1903

Right: The Alvarado Hotel
Courtesy: Center for Southwest Research
PA 1978.050.855

1978.050.855 1903





Delia Cooper noticed the unpaved streets, the dust, and the high wind that threatened to blow her hat away. Silently, she asked God for the strength to make do in this exotic land while her husband's lungs healed. She couldn't know that they would remain so far away from the green, treelined streets of Ohio, to create not only a home, but an institution that still serves New Mexico more than a century later.

Gratefully, the family boarded the Presbyterian minister's carriage, and rode through the tiny city to their rented house. "Thank goodness Presbyterians help their own," mused Dr. Cooper as they trotted by Second and Gold, nicknamed "Bankers' Corner" for the financial institutions that graced the four corners.

Top: The Atchison, Topeka, & Santa Fe Railway Depot and the Fred Harvey Indian Room at Alvarado Hotel

Courtesy: Western History and Genealogy, Denver Public Library

circa 1905



Above Left: Mrs. Delia Cooper
Courtesy: First Presbyterian Church Photoarchive
circa 1905

Above: Central Avenue looking west from First Street
Courtesy: The Albuquerque Museum circa 1910





The pastor proudly pointed out his teeny church at Fifth and Silver. It was hard to picture a congregation of two hundred worshipping together in that wee chapel.

Dr. Cooper healed rapidly and, in 1904, became full-time pastor of First Presbyterian Church, a position he held for twenty-three years. He spoke regularly from the pulpit of the small church they passed on the way home from the depot. The town was growing, and so were churches. The Methodists opened a new one at Fourth and Lead, so Cooper's first job was to build a larger church, one that would surely hold his growing flock forever. It was dedicated in 1906.



Top: "Banker's Corner" Second Street and Gold Avenue

Courtesy: The Albuquerque Museum, "Chief City of a New Empire in the Southwest"

1908

Above Left: Original First Presbyterian Church, Fifth Street and Silver Avenue

Courtesy: The Albuquerque
Museum
PA 1990.013.118
photo by William Henry Cobb
circa 1883

Left Photo

First Presbyterian Church, Fifth Street and Silver Avenue

Courtesy: The Albuquerque
Museum
PA 1992.005.195
photo by William Walton
circa 1915



Left: Senator George Coffin (Kansas) playing Carom with his grandson, P. G. Cornish Jr., Cornish home, 224 South Walter

Courtesy: Center for Southwest Research, 000-119-0358 circa 1900

Below: Family dwelling, location unknown

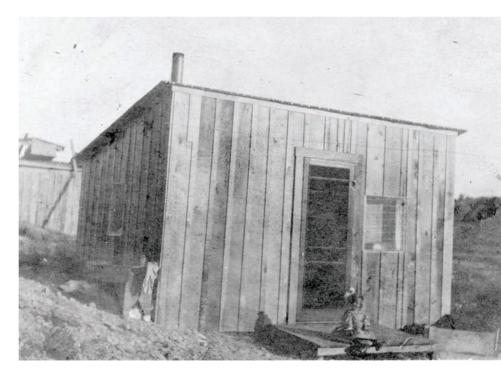
Courtesy: The Albuquerque Museum, AP#525 PA 2001.059

circa 1905

The Coopers moved into the parsonage at 115 South Walter, a two-story house in Huning's Highland, Albuquerque's first subdivision; the rectory sat cater-corner from Dr. P. G. Cornish's stately mansion. These new neighbors, the Cooper and Cornish families, would walk many miles together in decades to come.

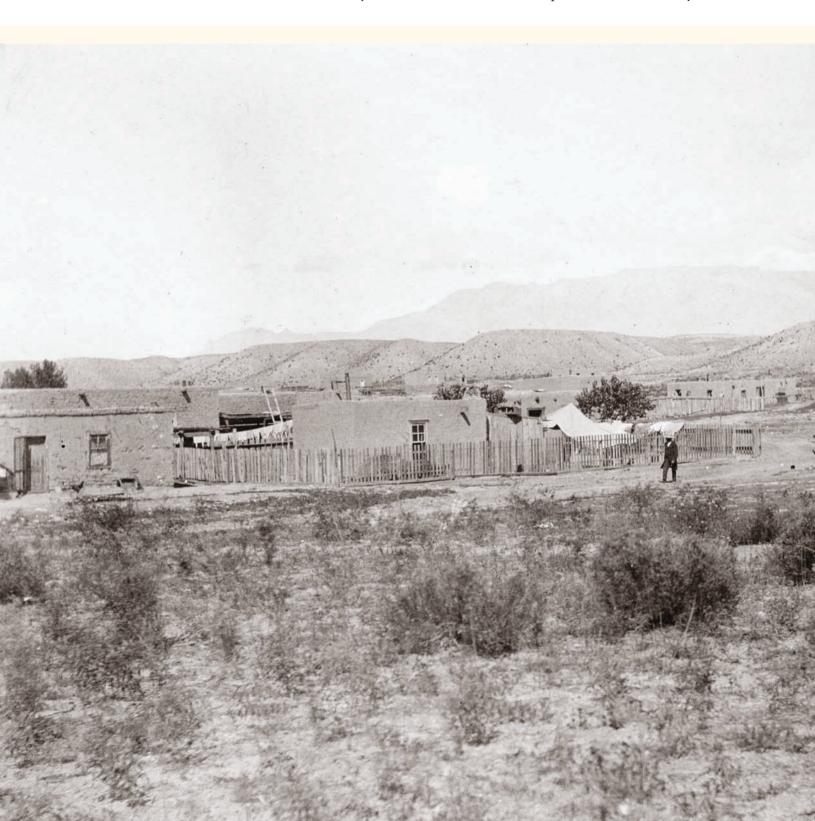
Hugh Cooper was not a great orator. Although he worked hard on his sermons, he's remembered as a great pastor rather than a great preacher. He was a humble and compassionate man. When he was able, he and Mrs. Cooper called upon those without resources, many of whom were concentrated in the sandhills that stood between the river valley and the long expanse of flatland, or mesa, from Yale Boulevard to the Sandia Mountain foothills.

Homeowners often added small rental cottages for the sick to their property. Other patients lived in

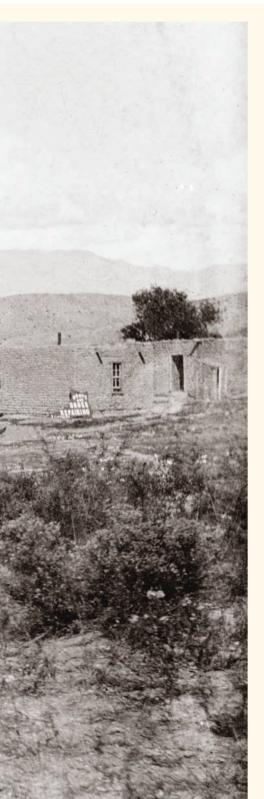


shacks, along dirt paths on south Arno, Edith, and Walter, where there were no defined avenues. Entire families lived in one room, the healthy spouse and the children caring for the most dreadfully ill.

St. Joseph Sanatorium was bursting at its new seams, filled with both paying and indigent patients. There were more people than resources, and still they came. "I am reminded," Cooper wrote, "that twenty-



five of the New Testament miracles were 'healings' and am aware that throughout the country, the Catholics and the [new] Seventh-Day Adventists are becoming involved in care for those who are ill...it seems that Presbyterians must join this worthy cause." And so one man, haunted by the misery he saw, decided to create a new mission for his church, and to establish Albuquerque's second tuberculosis sanatorium.





Left: Sandhills and Sandia Mountains viewed from Martineztown
Courtesy: The Albuquerque Museum, PA 1973.012.035
circa 1903

Above: St. Joseph Sanatorium, 800 East Grand Avenue Courtesy: The Albuquerque Museum, PA 1992.005.718 photo by William Walton circa 1910

The Care and Cure of Tuberculosis

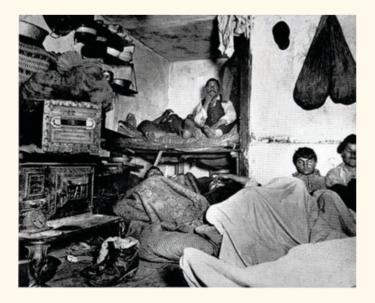


Above: **Lord Byron on his Deathbed**Joseph-Denis Odevaere

circa 1826

Below: Unauthorized immigration lodging, New York tenement
Library of Congress, LC-USZ62-16348
photo by Jacob Riis

circa 1890



The Coopers came to Albuquerque because Hugh Cooper had tuberculosis (TB), the "white plague" of the nineteenth and twentieth centuries.

Epidemiologists trace TB's roots as far back as ancient Egypt. Mummies show evidence of infection. Epidemics rolled across Europe and Asia, killing thousands. The ubiquitous disease, called "consumption," captured cultural imagination as victims wasted away with fever-brightened eyes and translucent, ethereal skin.

Tuberculosis was featured prominently on stage and screen. In the movies, Greta Garbo expired elegantly, sans coughing or spitting, in Robert Taylor's arms, in Alexander Dumas' *Camille*. Weaklunged beauties somehow belted out booming arias in operas such as *La Boheme* and *La Traviata*. Fashionable ladies applied white powder to imitate that pale "consumptive look." The poet Lord Byron desperately desired to be borne away by TB, after languishing long in a moribund pallor. To his disappointment, he apparently succumbed to a banal common cold.

Despite the drama, what caused the disease was anyone's guess. Perhaps it was heredity, a weakness of character, a predisposing personality or body type, or a socioeconomic class—it did seem to be more prevalent among the crowded, impoverished apartment dwellers.

Although no cure followed Dr. Robert Koch's identification of the causative airborne bacillus in the 1880s, the rapid spread in teeming tenements was better understood. Improved knowledge led to quarantines and visiting nurse programs.

Palliative treatment—outdoor air, absolute rest, a regimented schedule and robust diet seemed to save some. Grand, resort-like hospitals, catering to

the well heeled, developed during Europe's 1850s Sanatorium Movement.

These notions sailed across the Atlantic in 1885, when tubercular New York physician Edward Livingston Trudeau opened the "Little Red Cottage" in Saranac Lake, New York. Trudeau believed the European model helped him, and opened his small new facility to treat two infected factory girls.

Lung disease specialists soon decided that high, dry air and sunshine, which New Mexico had in abundance, offered the best odds. This did not surprise physician Josiah Gregg, who traded over the Santa Fe Trail in the 1830s and 1840s, and lost his tuberculosis along the desert way.

Some, like Gregg, came by covered wagon, while others walked. The arrival of the railroad in 1879 provided easier transportation for these "health seekers" who poured into the state, seeking only a little more life. Doctors sent patients westward, for to stay

in the polluted, crowded Midwest and East meant certain demise. Despite a faint glimmer of hope, "go west, young man" was an indeterminate banishment from family, friends, loved ones, and roots.

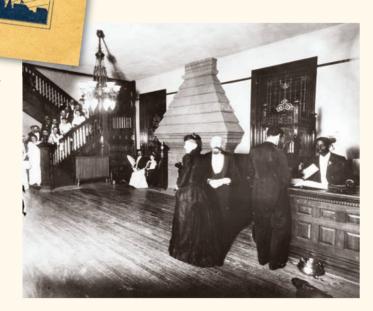
New western villages were proud of their settlements. "Boosting the town" meant bragging in pamphlets, booklets, and advertisements designed to attract businesses and residents. Such publications tended to "accentuate the positive and eliminate the negative," and on occasion, outright lied. Albuquerque was no exception. City



Above: Getting Well brochure
Presbyterian Healthcare Services Archive

Left: The Albuquerque Booster
Courtesy: The Albuquerque Museum, E 289 A
circa 1905

Below: Former Mayor and Mrs. Henry Jaffa, Commercial Club, interior, Gold Avenue and Fourth Street Courtesy: Center for Southwest Research, 1978.050.107 1892



THE ALBUQUERQUE BOOSTER

To the health-seeker Albuquerque offers certain restoration of health to those who come in time. With an altitude of 4,965 feet and three hundred sunshiney days in the year the invalid soon takes new courage and gains a new lease of life. During the past year the Commercial Club purchased a plot of ground on the mesa and here will be located the Sanitorium by Presbyterian Synod. Here too, is located the St. Joseph's Sanitorium, a thoroughly equipped hospital, costing \$100,000. For those who do not need hospital service, Rosdale Ranch offers an ideal place to rest and recuperate. Albuquerque local physicians can all be termed specialists in the treatment of tubercolosis; many of them coming here as health-seekers themselves.

With their knowledge of the disease, they are a great help in properly mapping out the right course of treatment to secure the best results.

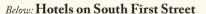
Top: The Albuquerque Booster Courtesy: The Albuquerque Museum, E289A

circa 1905

Right: The Metropolis of the Land of Sunshine booster booklet

Courtesy: The Albuquerque Museum,

1908



Courtesy: The Albuquerque Museum, 1990.013.024 photo by William Henry Cobb

1905

Che Metropolis



fathers, members of the Commercial Club, ancestor of today's Chamber of Commerce, met in rooms with stylish dark woodwork in the organization's red sandstone structure at Fourth and Gold. They created "booster booklets" to tout Albuquerque's salubrious climate, its number of sunny days, total lack of snow, and persistently pleasant temperatures. Of course, they didn't reflect one-hundred-two-degree days and ten-degree nights. All of this,

> the literature boasted, comprised the "heart of the well country" in which afflicted lungs would surely heal.

hopeful, The hopeless, and the neardeceased arrived on the Atchison, Topeka, and Santa Fe. W. Strong and Sons Undertakers operated ambulances that retrieved quick in an enclosed

carriage drawn by white horses, and the dead in one led by somber black equines. (Strong's greatgranddaughter Cézanne Fritz now leads the Presbyterian Healthcare Foundation.)

The sick had no place to go. Those with money rented rooms in boardinghouses, hotels catering to travelers and railroad workers, and private homes. Those without money settled for tents, shacks, and sheds. Albuquerque native, Lena Duran recalled an entire tent city near her home on North Twelfth.

The Sisters of Charity of Cincinnati, sent to Santa Fe after the Civil War, opened St. Vincent's, the first hospital in the New Mexico Territory in 1865. By 1880, they were in Old Albuquerque, where the indefatigable Sister Blandina Segale built a twostory adobe schoolhouse/convent, and the order erected St. Joseph, a threestory sanatorium, in 1902, on Grand Avenue (Martin Luther King Boulevard) and Walter Street. City fathers gave the sisters a horse and buggy, as their hospital was so far away from town. Most assuredly, "Albuquerque will never grow that far east." Five years later, a second sanatorium was opened by the Presbyterians.

Patients followed the strict European model, sleeping outdoors, lying under the sun on "chaise lounges" or long chairs. This became known as "chasing the cure." Whilst chasing, they ingested an inordinate

amount of meat, dairy, and milk laced with sherry and raw eggs.

Rest was enforced, and at times, even reading was disallowed. Surgeons often induced pneumothorax, or performed a thoracoplasty, removing ribs. Both methods collapsed a lung and let it rest.

Tuberculosis afflicted a quarter of Albuquerque's population in the early 1900s, and the U.S. Census Bureau estimated that one out of every twenty-one deaths in 1936 was due to TB. No cure was effected until after the discovery of streptomycin and other antibiotics during World War II. Some victims healed, some died, and some simply lived on with TB.

This malady and its medical mysteries would consume the remainder of Reverend Hugh Cooper's days.



Above: St. Joseph Sanatorium, 800 East Grand Avenue

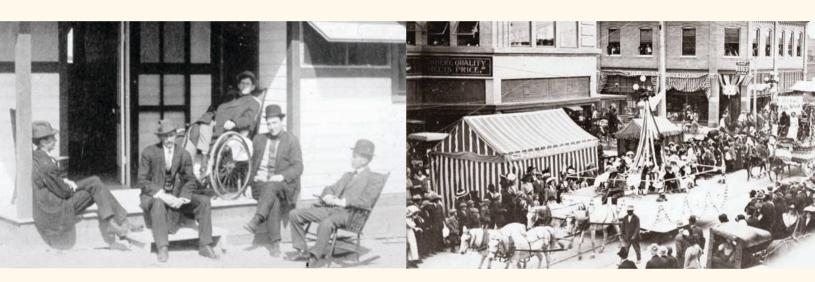
Courtesy: The Albuquerque Museum, 1975.063.757 **1902**

Right: Nellie Weigand
"chasing the cure,"
Southwestern
Presbyterian
Sanatorium
Courtesy: Mary Olin Harrell
1915





CHAPTER TWO House on a Hill





compassionate desire. He relentlessly pressed his church's governing body, the Presbyterian sponsor its own sanatorium in Albuquerque. Dr. Cooper pled eloquently. "Can we not, and should we not," he said, "manifest the same spirit as of old and can we not

The reverend's goal was to provide for those who couldn't afford expensive care—the impoverished. He remained profoundly affected by the suffering he witnessed. By fall of 1907, the Synod finally agreed. Before a single

stone was turned, La Aurora, the church's official newsletter, was publishing items about its projected San. By the time the first cottage

opened, the little paper presented "frightful" statistics, touted the climate, and asked all Presbyterians to donate, for "six thousand dollars will build and endow a cottage." If that was not affordable, "Ten cents

Top: Albuquerque, looking west from sandhills to volcanoes

Courtesy: Center for Southwest Research, 000-119-0552 photo by William Henry Cobb

1905

Above: La Aurora, May 15, 1908 Presbyterian Healthcare Services Photoarchive

Right: Wool wagons on East Railroad (Central) Avenue

Courtesy: Museum of New Mexico Photoarchives

circa 1900



each from the two million Presbyterians North and South" would suffice.

A committee was assembled to seek an appropriate site and start building. After the members traveled around New Mexico, Albuquerque was selected. George Arnot had four acres and a well, four miles east of town on Railroad Avenue (Central). But City Council member and "bicycle doctor" Henry Brockmeier's property was chosen, with acreage and a five-room cottage only a mile from town and just down the hill from the nineteen-year-old University of New Mexico.

"Why, with a cottage," thought Cooper, "we can open at once." And they did.

The Commercial Club pledged to raise \$2,000, and eventually did. But Cooper couldn't wait. He and Mrs. Cooper borrowed the earnest money, solicited donations from his old congregation in the east, and took out a personal \$1,000 mortgage with Agnes McAlpine, the pastor's assistant and "invaluable right hand" at First Presbyterian Church. Fundraising is a tradition that goes back to Presbyterian's roots.

The new facility opened in August of 1908 with two patients. The Brockmeier Place was renamed "Riverview Cottage." From its



Top: University of New Mexico, UNM Hill, Hodgin Hall, East Railroad Avenue and Plum (University) Street Courtesy: The Albuquerque Museum. 1980.159.012 circa 1898



Bottom Left: Commercial Club, Gold
Avenue and Fourth Street
Courtesy: The Albuquerque Museum, PA1990.013.057
photo by William Henry Cobb
1892

Below: Brockmeier/Riverview Cottage, Railroad (Central) Avenue and Oak Street

> Presbyterian Healthcare Services Photoarchive 1908

> > Right: Newspaper clipping Courtesy: The Albuquerque Journal 1908

Opposite: Territorial Certificate of Incorporation, Southwestern Presbyterian Sanatorium

Presbyterian Healthcare Services Photoarchive 1908

hill, one could see the silver, shining Rio Grande, the volcanoes, and the Sandia Mountains standing sentinel to the east. A first expenditure was \$2.50 for a professional photograph, which appeared in a 1909 La Aurora. Although considered a frivolous expense at the time, the image provides an early look at the small beginnings of a large future. Southwestern Presbyterian Sanatorium was incorporated October 24, 1908—the official birth date of the "San" and Presbyterian Healthcare Services.

Miss McAlpine lost her long battle with the white plague in 1910 and bequeathed the

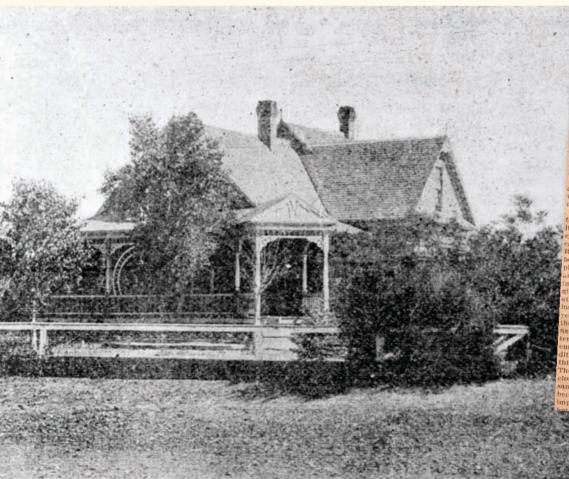


at which every member was present, at which every member was present, at which a Cooper, in charge of Rev. Hugh A. Cooper, in charge of the location and site for the proposed Southwestern Presbyterian sanitarium for consumptives, appeared before the board and presented the sire which has been selected for the first building of the institution, which if she plans of its promoters are realized, will in a few years become the largest institution of its kind in the country. When the sanitarium was definitely located in Albuquerque the club agreed to furnish the site at a cost not to exceed \$2,000. Mr. Cooper has obtained options on the Henry Brockmeier property, on the university road and on lots surrounding it, giving amule ground for the first buildings which it is proposed to erect. For the purchase of this property a sum close to \$2,000 is needed. The directors of the club approved the site and appointed the following committee to act with the officers and directors of the club in raising the funds necessary to buy the site:

Dr. W. G. Hope, W. H. Hahm, R. W. D. Bryan, Hugh A. Cooper, C. E. Lakens, A. B. McMillen, J. S. Raynolds, E. W. Dobson, A. E. Walker, D. A. Macpherson, P. G. Cornish, D. S. Rosenwald, F. B. Schwentker, A. B. McGaffey, A. J. Alger, E. L. Washburn, E. S. Stover.

This committee is to begin its work at once and it is hoped that no time will be lost in raising the small sum needed.

The importance of closing the mat-r of the site becomes known when is announced that the Presbyterian t is announced that the Presbyteria yrod has not only approved the it atton of the sanitarium here, but the text. Mr. Smith, in charge of the wor efore the synod, has already secure ledges of considerable sums of moue and that the backers of the sanitar im hope to have ample funds to be in construction of the main building to one so as to be able to open the stitution by August first. This is: at as sooner than the most hopeful of





CERTIFICATE OF COMPARISON.

O, Nathan Jaffa, Secretary of the Territory of .

New Mexico, do hereby certify that there was filed for record in this office at Two oclock, P. Mo., on the Twenty-fourth day of October, A. D. 1908,

Articles of Incorporation Of

THE SOUTHWESTERN PRESBYTERIAN SANATORIUM

No. 5654.

and also, that Thave compared the following copy of the same, with the original thereof now on file, and declare it to be a correct transcript therefrom and of the whole thereof.

Given under my hand and the Great Seal of the Territory of New Mexico; at the City of Santa Fe; the Capital on this Twenty-fourth day of October,

A. B. 1908.

Hathan of Son Secretary of New Mexico



Albuquerque Morning Journal praised her philanthropic and missionary work, despite her persistent illness. Agnes lived long enough to see Dr. Cooper's sanatorium dream become a reality. Riverview was renamed McAlpine in her honor, and so it remained until it was razed to make room for the modern Presbyterian Hospital.

Top: The Albuquerque Sanatorium, East Central Avenue and Gold Street

> Courtesy: The Albuquerque Museum, Postcard 151

> > circa 1915

Above: Dr. Abraham Shortle with daughter Sarah, Albuquerque Sanatorium

Courtesy: Sarah Shortle Blue

circa 1914

Other actors in Albuquerque's healing drama soon arrived. A tubercular physician, Dr. William Randolph Lovelace, came to Sunnyside (Fort Sumner), New Mexico, in 1906, where he practiced until moving to Albuquerque. One day, his legacy would intersect with Reverend Cooper's. Dr. Abraham Shortle combined his honeymoon with his chest disease studies in Europe. He practiced at the San, and founded the Albuquerque Sanatorium in 1908, just two blocks east of Presbyterian, where he lived with his growing family. His daughter, Sarah Shortle Blue, said in a 1994 interview that after she became a toddler, they had to move to a house in town. Apparently her "terrible twos" were incompatible with patients chasing the cure.

Family doctors Walter Hope, who served on the San site selection committee; John Pearce; James Wroth; and Cooper's neighbor, P. G. Cornish Sr., earned the soubriquet "The Four Horsemen," according to historian Jake Spidle, because one could always be spotted tearing around in a buggy. As family doctors, all faced the medical challenges presented by consumption.

The infant San grew immediately. By 1910, twenty-four tent cottages dotted the San grounds like mushrooms after a summer rain. The petite palaces had canvas roofs and windows, rolled up or flapping in the breeze to let in the curative air. Each had a wood-burning

stove but no plumbing. Receptacles were emptied each

morning.

Dr. Cooper fretted about fire and wanted real buildings to phase out the tents. Meanwhile, the railroad brought a new



Top: Dr. Walter Hope's office and home, Bryant Family Delivery Service Courtesy: The Albuquerque Museum. PA1990.013.029 circa 1915

Left: Tent cottages,
Sanatorium grounds, artist
rendering, La Aurora
Presbyterian Healthcare Services Photoarchive
1908

Below: Drury Cottage, San patients
Presbyterian Healthcare Services

Presbyterian Healthcare Services Photoarchive

1908



自由由由自



Top: Highland Hotel, looking east on Railroad (Central) Avenue from tracks

Courtesy: The Albuquerque Museum, 1981.001.003

circa 1905

Below Right: Albuquerque Fire Department, 200 block North Second Street

Courtesy: Center for Southwest Research, 000-119-0474

1900

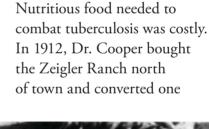
Bottom: Burned cottages, Southwestern Presbyterian Sanatorium

Presbyterian Healthcare Services Photoarchive

1918

culture, language, social customs, and architectural preferences that sneered at the indigenous adobe, or "mud dog kennels," as they were sometimes called. Wood-frame buildings in a land of little rain were doomed, and by the time the Coopers arrived, two luxury hotels and the opera house were fried. Cooper's worries about fire were justified when, in 1905, the Highland Hotel, east of the tracks, blazed out in a glorious rainbow, easily seen from the Coopers' home. The whole town turned out to enjoy pyrotechnics created when the saloon's brightly colored liqueurs exploded into the dark sky.

Albuquerque had a paid fire department by 1900, but all the equipment in the world could not produce more precious water. The reverend's nightmare was realized one morning when someone's cabin ignited while people were eating breakfast. No one was hurt, but several cottages were gone with the wind, according to a patient interviewed by Mrs. Marion Woodham. Charred timbers in the 1911 main building were discovered when it was razed in 1967.







hundred acres to farming. Milk, eggs, cream, butter, and fresh vegetables augmented meat purchased at Farr's downtown butcher shop. Owning a farm never stopped necessary fundraising; it just changed the needs. For a few hundred dollars, one could donate a whole cow.

New Mexico became the forty-seventh state in 1912, after decades of being perceived as too foreign, too backward, and too remote to be an American state. Much celebration followed the hard-fought battle to win statehood.

The San, with Albuquerque and the rest of the planet, weathered World War I. So many men were gone during "The War to End





Top: Reverend Hugh A. Cooper at the Sanatorium farm, north of Albuquerque

Presbyterian Healthcare Services Photoarchive **1912**

Above: New Mexico Statehood Parade, Central Avenue and Fourth Street

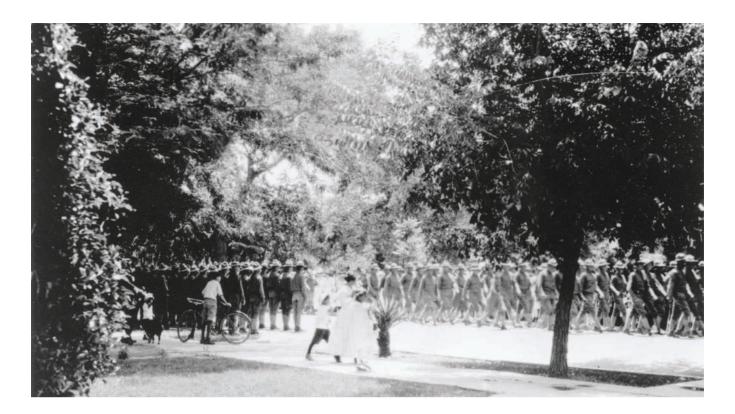
Courtesy: Sarah Shortle Blue

1912

Left: Alvarado Hotel dressed up for first "State Fair"

Courtesy: Center for Southwest Research, 000-119-0741

1911





Top: WWI soldiers marching past Robinson Park, Shortle children observing

Courtesy: Sarah Shortle Blue

1918

Above: Rutledge family, Armistice Day, YMCA, Central Avenue and First Street

Courtesy: James and Betty Rutledge

1918

All Wars" that women drove the city's electric trolleys. Jaunty ladies in their uniforms and caps were termed "motorettes." The military had an encampment on the University grounds named Camp Funston. New Mexico's National Guard was hardened for war during a year of active duty, after Mexican revolutionary Pancho Villa invaded the tiny town of Columbus, New Mexico.

The 1918 Spanish Flu epidemic hit Albuquerque. "Well Country" folks thought that this magic would protect

them from the invader. Enchantment failed, and by October, the town was locked down. The "Great White Way," Central Avenue, was dark. No incandescent marquees advertised the Gish Girls and Charlie Chaplin. No children's voices punctuated dusk, and no lights shone through Ward School windows. All five sanatoriums doubled as hospitals, and a doctor at the Santa Fe Hospital died, from exhaustion it was said. Six hundred and fifty-five homes were under quarantine. Five thousand New Mexicans died.

But life at the San went on. Matrons Anna Hatfield and Ella Bartlett, medical director Dr. S. G. Sewell, first cook Henry Goetz, nurses, tray boys, and townspeople who served in the face of pestilence and death continued to lay the dedicated foundation for all of today's "Presbyterian People."

The years 1911 through 1929 saw generous donations and an everenlarging campus. But no building, physician, donation, or patient affected the Southwestern Presbyterian Sanatorium as much as did one young woman, "westering" to be with her sweetheart.

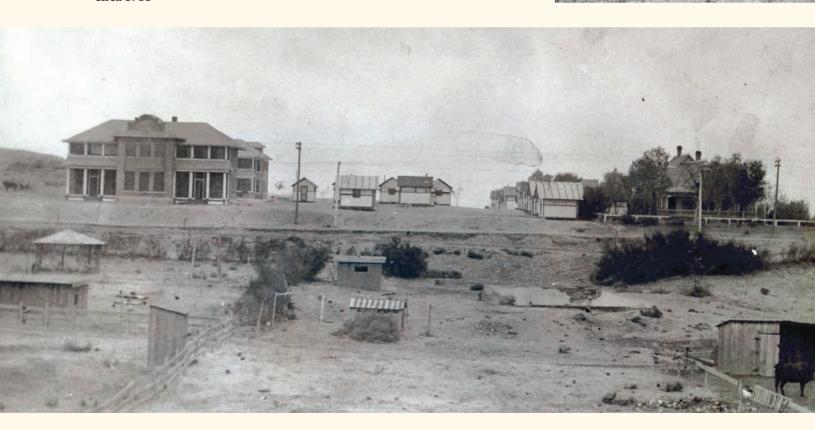




Top Right: Matron Ella Bartlett and Betty Fitzhugh

Presbyterian Healthcare Services Photoarchive 1917

Below: Looking south at Central Avenue and the main building, tent cottages, and Brockmeier Cottage—The San Presbyterian Healthcare Services Photoarchive circa 1911 Right: Henry Goetz, first Sanatorium cook, back door, main building
Presbyterian Healthcare Services Photoarchive circa 1920





CHAPTER THREE Angel of the East



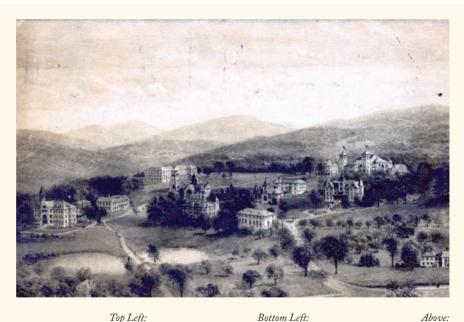




arion Lea Kellogg was a new world woman born into an old world. When she was born in 1893, a nascent women's movement was developing, but Victorian ladies generally operated within their assigned "domestic sphere," with some of them gritting their teeth as they performed endless, mindless, repetitive chores. Seen in a photo at age five, Marion is wearing boys' clothes as punishment for chopping off her hair; she smiles confidently and is unperturbed. The image is a harbinger of her future, for she was born to break the mold and to do something different.

Marion hated school at P.S. 54 in New York. She was bored. Since most students were new immigrants learning basics, she found she could stay ahead by attending only two days each week. She and a chum went off to the public library instead. Naturally, their escapades were discovered. Her parents were predictably not pleased, and it was off to boarding school for Miss Kellogg.

She was sent to Northfield Seminary, a girls' school near Boston, founded by American Evangelist Dwight L. Moody. The Seminary strengthened her relationship with God, a bond that never wavered.



Top Left:

Marion Lea Kellogg

Songs in the Night

Dennis Saylor with Lora Dunnam

Presbyterian Healthcare Services

Photoarchive

1893

Marion Kellogg in boy's clothes Songs in the Night Dennis Saylor with Lora Dunnam Presbyterian Healthcare Services Photoarchive Northfield Schools
Northfield,
Massachusetts
Courtesy: Mo Palmer
circa 1915

1898

Marion maintained a child's faith in a loving Father, who always heard and answered prayers, even when the answer was "no." From adolescence on, she yearned to serve.

This absolute assurance sustained her through eight decades of challenges, troubles, and triumphs—with credit for the latter going to Him. She also learned that no one is too good for any job that needs doing. "Everyone worked an hour a day—no maids." It was, she recalled, a good leveler. And a solid foundation for her life's work.

Young ladies of the day who did not have to work were expected to stay in their fathers' homes until they moved into their husbands' domiciles, performing household duties, embroidering, playing the piano, and entertaining gentlemen callers in the parlor. Despite her

training as a singer and a naturally lovely voice, music was not enough for Marion Kellogg. She ran a successful baking business out of her mother's kitchen. Eventually, she accepted employment at a baked goods company, studying typing and bookkeeping at night school.

Mother and Father were not pleased. It was unnecessary and unseemly for her to work. "There was just absolute stone silence and then my father hit the ceiling and my mother right after him." The Kelloggs

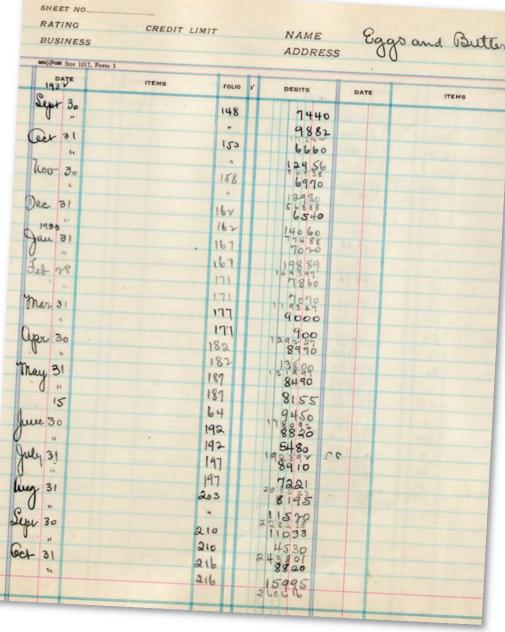
Top Right: Marion Kellogg Van Devanter

Presbyterian Healthcare Services Photoarchives

circa 1925

Right: Mrs. Van's bookkeeping ledger Presbyterian Healthcare Services Photoarchives 1932







may have been overprotective, as Marion was their only surviving child. But her determination won out. Her parents, assuming she could only last a week, conceded. Marion not only held that job but also acquired new skills and remained until she left for strange and distant New Mexico in 1921.

Relatives lived in Virginia, and the Kelloggs frequently visited. During one stay in 1911, Marion and her cousins were en route to a church picnic when they happened upon two fellows going their way. Pretty Miss Kellogg was introduced to tall, handsome Jimmie Van Devanter. Jimmie was instantly smitten, as was Marion. He told his surprised mother he had met his future wife.

And so he had, but eleven years and more than two thousand miles passed before they were wed in a faraway land.

Jimmie was an athlete, a football player, and a poor minister's son who worked his way through college to a master's degree. He taught high school until the Lord called him to attend seminary. But in his second year, Jimmie broke down with tuberculosis. He spent a year in a New York sanatorium but did not heal.

Van Devanter moved to Roswell, New Mexico, and felt somewhat better. He went on to Navajo country as a missionary and suffered a

critical breakdown after carrying an injured nurse to safety. He relocated to Albuquerque to seek relief at Southwestern Presbyterian Sanatorium.

Jimmie and Dr. Cooper, sharing ministerial bonds, became quite close. But rest, diet, and desert sunshine failed to conjure a cure. He remained frail and fragile for the remainder of his days. Mrs. Van later reflected that a cough, or even a sneeze, could exacerbate his condition and set off a new round of bloody hemorrhages.



Top: James Van Devanter at military school

Songs in the Night
Dennis Saylor with Lora Dunnam
Presbyterian Healthcare Services Photoarchive
circa 1910

Left: Jimmie Van Devanter "Chasing the Cure"
Courtesy: The Albuquerque Museum, 1996.082.186
circa 1925

The young couple filled mailbags with their loving letters. By 1921, it was clear that the 1920s would not "roar" for Jimmie. Dr. Abraham Shortle concluded that there was nothing more to be done. Jimmie's sister, Anne, was staying at the San, operating the switchboard and helping her brother. Anne's heart was sad as she sent news to Marion—Jimmie should go home to Virginia.

Marion left for New Mexico to help Anne bring Jimmie home to die. When she arrived, she found that everyone save the patient had been consulted. "We're going to ask *him* if he wants to go or if he wants to stay," she told Anne.

Jimmie decided instantly. "If I go, I will surely die. If I stay, I have a possibility of getting well." His answer, and Marion's support, changed the course of their lives and the history of an institution. Dr. Cooper was in Scotland at the time, on a trip with the new Rotary International. So Marion talked to Mrs. Cooper, who promised her employment in a secretarial position. Marion returned home to resign her job, put her affairs in order, and face her family, whom, she said, "just nearly had a fit." But Marion prayed and knew God wanted her to go. She left with only her mother's blessing.



Above: Marion, Jimmie, and Anne Van Devanter

1925

Songs in the Night
Dennis Saylor with Lora Dunnam
Presbyterian Healthcare Services Photoarchives

Below: AT&SF locomotive at the Alvarado Hotel
Courtesy: The Albuquerque Museum, PA 1982.180.096









Fortuitiously, Dr. Cooper's and Marion Kellogg's work styles were perfectly matched. In no time at all, he didn't know how he had done without her. Because Dr. Cooper frequently traveled to solicit donations, Marion's responsibilities grew. Hugh A. Cooper trusted her. She never let him down.

After Marion arrived, Anne Van Devanter went home. Even though bobbed hair, flappers, bathtub gin, and women's suffrage were changing America, it was still considered quite improper for a single woman to attend her fiancée. Dr. Shortle was firmly opposed to their getting married, but Anne's departure and the pair's obvious devotion overcame his medical concern. And so, when Jimmie was able, he donned a suit over his pajamas, and Dr. Cooper married the happy couple in April 1922. Marion Kellogg became Mrs. James Van Devanter, to be known as "Mrs. Van" for the next seven decades.

Top Left: Reverend Hugh A. Cooper, Marion Kellogg Van Devanter

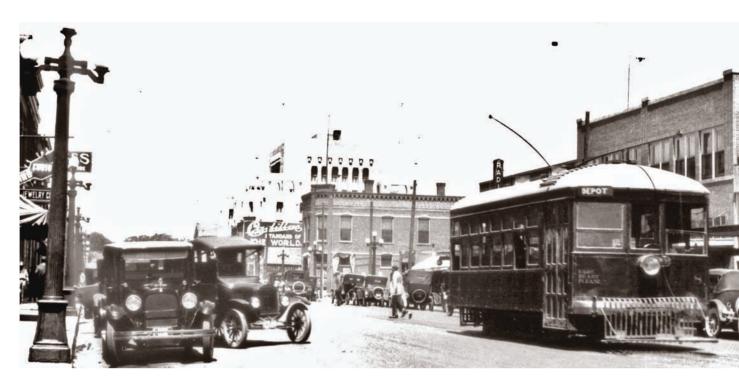
Presbyterian Healthcare Services
Photoarchive
circa 1927

Marion K. and
Jimmie Van
Devanter
Presbyterian Healthcare
Services Photoarchive

Top Right:

circa 1922

Left: Marion K.
Van Devanter
Courtesy: The
Albuquerque Museum,
PA 1996.082.183
circa 1922



Life wasn't easy. Jimmie's health fluctuated. They lived at 124 S. Cedar, now a parking lot, unless he was hospitalized. Mrs. Van worked mornings, rode the streetcar or walked to downtown offices—the tiny trolleys sometimes derailed or were blown about by winds that decimated silk stockings. She dashed home to cook the midday meal for her husband and the two boarders she took in to defray expenses, then, back to the office. Mrs. Van used her vocal training to sing in the Presbyterian Church choir, and performed at weddings and funerals for five dollars an engagement. Marion's father upheld his promise to give his errant daughter nothing, so the Vans made it on their own.

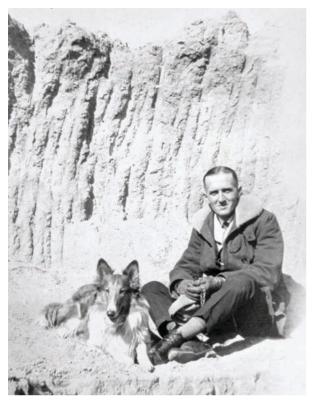


Above: Trolley between Fourth and Fifth streets

Courtesy: The Albuquerque Museum, 1982.180.452 circa 1926

Below: Downtown, First and Central looking west

Courtesy: The Albuquerque Museum, PA 1992.005.727 **1927**



Above: Jimmie Van Devanter and Fuzzy
Courtesy: The Albuquerque Museum, PA 1996.082.189
circa 1922

Below: James Van Devanter Memorial Arch, Southwestern Presbyterian Sanatorium

Presbyterian Healthcare Services Photoarchive

The days were endless, hard, and tiring. Evenings were devoted to cooking, caring for Jimmie, helping him with sermons he hoped to someday offer, entertaining dinner guests, and playing with Fuzzy, the collie they bought with a fifteen-dollar wedding check.

Dr. Cooper developed a habit of calling Mrs. Van every day during lunch for this, that, and the other—things not "absolutely necessary." Three or four days went by without calls. Finally, Dr. Cooper asked, "Where were you at noon?" Replied Marion, "I was home, why?" "Your line was busy."

"So I went home and said, 'Jimmie, what did you do?"
He had been taking the telephone off the hook so
they could eat in peace. Their seven-and-one-half-year
marriage was full of fun and laughter, even though he
never was really well.

It was always touch and go, but faith, love, and humor abided. Jimmie died September 22, 1929. Dr. Cooper

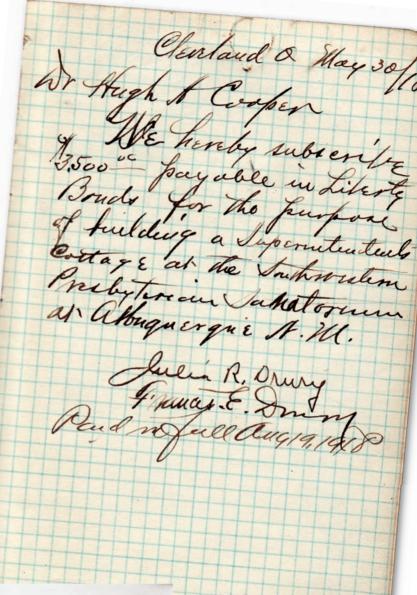
was traveling and couldn't officiate at the memorial. Anne, who was visiting, and Marion took the long train home to Virginia, where Iames Van Devanter was interred.

Mrs. Van said goodbye to her husband and returned to New Mexico eight days later. It didn't occur to her to stay in the east, for she had found God's purpose for her life. Jimmie told her to remarry, but she never did. When she whispered "I love you forever," she meant it.



Mrs. Van cared in many ways. Scrubbing floors, emptying bedpans, running the kitchen when a dietitian quit without notice, typing, handwriting notes for every gift, putting Dr. Cooper's nearly nonexistent records in order and maintaining them, paying bills, hiring and correcting employees, and helping overloaded nurses. No chore was beneath her

During monsoon season, Albuquerque's sudden, voracious rains swallow everything in their path—streets, sidewalks, homes, and belongings. In the "olden days," people grabbed what they could and headed for the sandhills. When soaked, buckled pavement broke a gas line, the San was without hot water and stoves. Kitchen staff built a bonfire on the grounds, while Mrs. Van dashed downtown to buy paper plates and cups since they couldn't disinfect dishes. They brewed up a mulligan stew, with hot coffee and toasted





Above: Dr. Cooper's notebook, record of pledge

Presbyterian Healthcare Services Photoarchive circa 1915

Left: Barelas Bridge falling into Rio Grande after a flood

Courtesy: Center for Southwest Research, 000-119-0624

circa 1910



Housekeeper Mrs. Carver with patients Lee, Fran, and Mrs. Kay Courtesy: Mrs. Clarence Gilfillan photo by Clarence Gilfillan

1930

marshmallows for dessert. The picnics continued until the gas line was repaired, so nobody went without a hot meal. It was lighthearted fun as well. The only thing left undone was the San's behemoth laundry. Washing could wait—people couldn't.

Mops are critical to hospitals. When housekeeping went over budget and ran out of mop tops, Mrs. Van said, "Cut up the old, worn blankets from Linen and convert them to mop heads." They worked and did the job.

She was equally creative with human dilemmas. A young girl from Mexico came, so terrified she didn't speak. Mrs. Van tried every trick in her "motherly bag" and nothing succeeded. Finally, a ten-dollar donation appeared in the mail, and Mrs. Van "bought a little radio and gave it to her...that was the beginning of her coming out of herself." With new confidence, the young woman attended Menaul Mission School, became a teacher, and spent years helping the isolated children of Truchas, New Mexico.

She called patients her children. Healed "lunger" John Doran says, "Mrs. Van had *hundreds* of children." And hundreds of stories come to light as Presbyterian approaches its centennial. People don't forget

kindness, and hers touched many who preserve and perpetuate her memory today.

Despite caring for Jimmie, working for Dr. Cooper, and singing, Marion found time to visit, to get acquainted, and to do special things for patients that made their interminable stays more pleasant. She never forced her beliefs on others but felt that holidays should be spiritual as well as secular. A scripture verse or inspirational poem always appeared on trays during the seasons.

Mary Helen Allburt of Indiana was only nine when stricken with TB. The San was unprepared to meet the needs of little people and didn't accept anyone under eighteen. But when she and her mother showed up at the front door in 1931, she was admitted to Minister's Cottage by Mrs. Van's intervention. "I was really kind of a pet, being the only



Mrs. Van with Fuzzy
Presbyterian Healthcare Services Photoarchive
circa 1925



child, and everybody from the busboys to Mrs. Van were interested." Mary Helen not only survived, but also became a longtime friend and shared her memories and photographs in preparation for Presbyterian's centennial celebrations.

Emory Nielsen came in the thirties, afflicted with tuberculosis. Carolyn Nielsen Sedberry thinks her mother stayed with her father at the San, which is likely because Mrs. Van believed families should stay close whenever possible. Carolyn was born in the brand new hospital in 1934. "Mrs. Van cared for me as an infant, and sent me a birthday card every single year until she died." That thoughtfulness meant a great deal to Carolyn.

A California seminary friend called in 1939. "We have a Japanese Christian student," he informed her, "who has broken down." Mrs. Van raised money for Emma Fukuda's care. The lass was miserable, as her church music studies had earned her a coveted place at the Westminster Choir School in New Jersey. When her doctor declined to send her to such a damp place, she was heartbroken, so Mrs. Van arranged music and art classes at the University of New Mexico.

After Pearl Harbor, Emma needed to go home to work with the Japanese people. She and Mrs. Van took the Santa Fe Chief to New

York. Fukuda faced no problems in Albuquerque, a city of many cultures, but hostility and suspicion were quite evident as the ladies traveled. Emma embarked on the Gripsholm, a Swedish ship. She married a dermatologist and the pair worked first at a leper colony in Thailand and later in India. Emma wrote a book, Ai, Love, dedicated to "Mother Van." Many more patients and employees would echo Emma's thoughts in the forty years that would follow.

Opposite: Nurse Melois Beam, Mary Helen Allburt, Minister's Cottage Courtesy: Mary Helen Allburt 1930

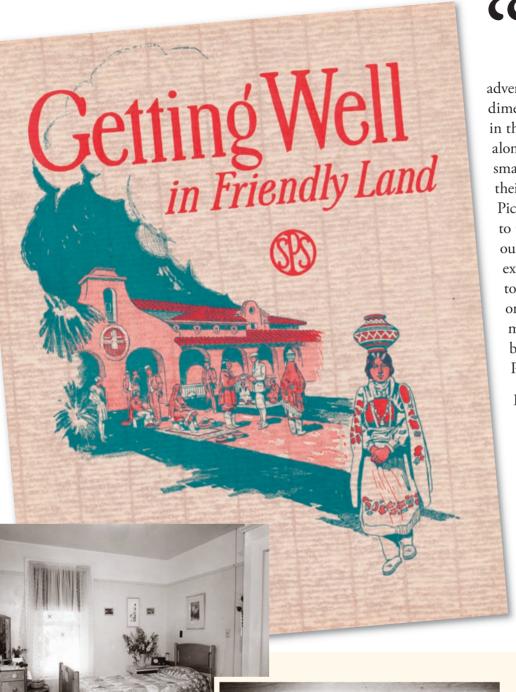
Below: Emma Fukuda
Presbyterian Healthcare Services Photoarchive
1940





CHAPTER FOUR Albuquerque in the Time of Tuberculosis





oing west" to chase the cure was not the dramatic, romantic adventure promised by popular dime novels and western films in the early 1900s. People came alone and frightened, with only a small glimmer of hope to sustain their weakened bodies and spirits. Picked up by ambulance, or ferried to the San in hacks that lingered outside the Santa Fe Depot, exhausted patients were grateful to be ensconced in a tiny cottage or in a clean, white room in the main or one of the auxiliary buildings at Southwestern Presbyterian Sanatorium.

Everything possible was done to stabilize a newcomer's condition. Absolute bed rest, fresh air, and establishing a rigid schedule were priorities. Mountains of healthy food, served on trays or in the dining hall once a person was ambulatory, might help speed healing, or at the least, put a little meat on starving bones.

Top Left: Getting Well in Friendly

Land brochure

Presbyterian Healthcare Services Photoarchive

Center Left: "Clean White Room" in old main building

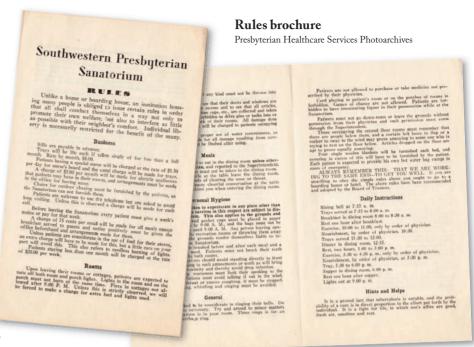
Presbyterian Healthcare Services Photoarchive

Bottom Left: Food Tray
Presbyterian Healthcare Services Photoarchive

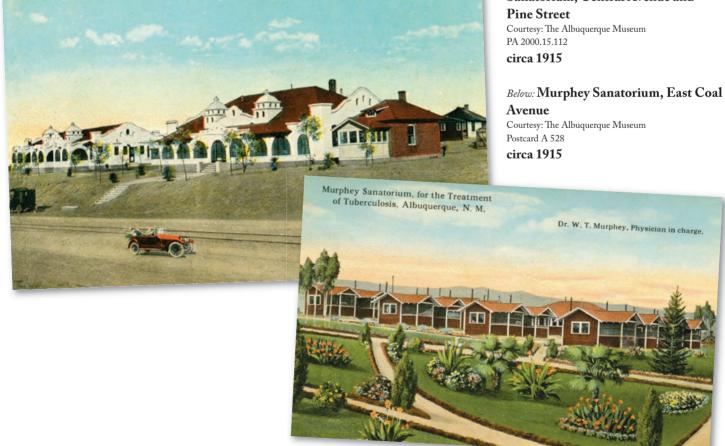
But for all the efforts of welcoming, friendly doctors, nurses, and staff, it would be other "lungers" who offered the greatest comfort and consolation. All passengers were on the same boat, sailing through unknown waters. Hearing others' stories of near death, slow recovery, and optimism for the future may have been the strongest medicine available.

Because Albuquerque had a flotilla of sanatoriums, Central Avenue was colloquially referred to as "Lungers' Avenue" and "Tuberculosis Row," with five major

institutions within spitting distance. Everything from bathrobes, pajamas, dressing gowns, and slippers to three-piece suits and fancy frocks were de rigueur for the day. A tubercular subculture quickly emerged.



Left: Methodist Deaconess Sanatorium, Central Avenue and Pine Street





Top: Girl in fancy frock,
Madeline Darby
Courtesy: Gilfillan family
photo by Clarence Gilfillan

Right: Bob by the Christmas tree
Courtesy: Gilfillan family

photo by Clarence Gilfillan
1931

1931

Below: Patients in Halloween costumes

Presbyterian Healthcare Services Photoarchive

circa 1922

Country, a Methodist Deaconess San house organ published by patients Larry Glasebrook and future New Mexico Senator Clinton P. Anderson.

Every holiday was festive. Halloween brought witches, goblins, and ghosts, as celebrants attempted to outdo one another's costume. Mrs. Van always made Christmas,

Thanksgiving, and Easter—potentially the loneliest

News, gossip, and patient "doings" were shared amongst facilities through newsletters such as Presbyterian's *Sanatorium Quarterly*, and the *Herald of the Well*

and most depressing days—merry and meaningful.

Christmas trees with presents, sometimes collected from the community, Easter baskets, colored eggs and cards, religious services, and traditional holiday dinners took the edge off melancholy and made everyone feel at home.

Lasting bonds were formed, at times bittersweet. Photographs capture folks cutting up, using laughter to elevate their days and preserve their determination to make the best of a sad situation. At times,







scribbled words reflect a gloomy outcome, as one photo of a laughing girl is simply labeled "Died, 1932."

Outings for the relatively robust were encouraged. The military encampment at the University of New Mexico made its riding horses available. The Alvarado Hotel, Sandia Mountains, the pueblos, the Rio Grande, and Santa Fe provided memorable day trips. Some patients were fit enough to whip south to Isleta to view the

Above: UNM military horses, Clarence Gilfillan and friend

Courtesy: Gilfillan family

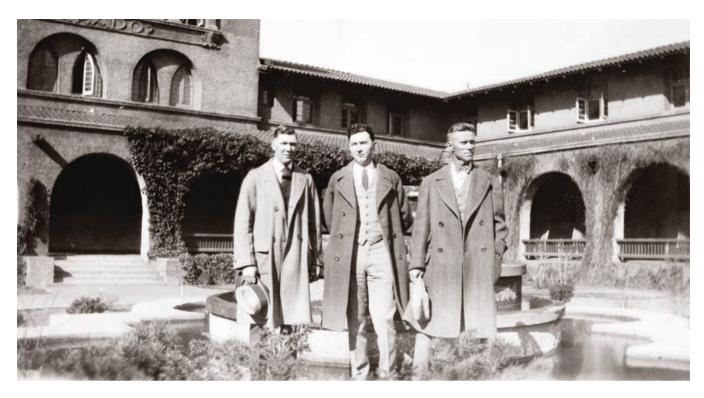
1931

Right: Chick Han, Korean patient, pushed in wheelbarrow by unidentified patient

Courtesy: Gilfillan family photo by Clarence Gilfillan

1931





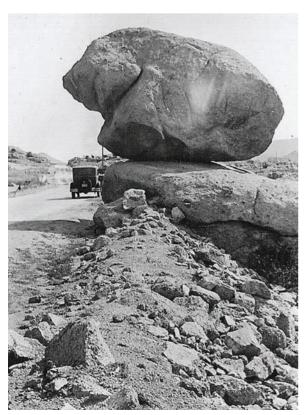
Above: Three unidentified "lungers" at the Alvarado Hotel

Presbyterian Healthcare Services Photoarchive circa 1920s

wreckage of the infamous Pickwick-Greyhound bus-Santa Fe mail train crash in 1930. Every album dated 1929–1931 has images of the First American Pageant, Albuquerque's answer to the Gallup Indian

Ceremonials, a tourism fiesta everyone attended.

The local economy offered a change from hospital fare. Mary Helen Allburt says food was delivered by young boys who raced, with trays on their shoulders, "to deliver





Left: Outing to Elephant Rock,
Tijeras Canyon
Courtesy: Ward Greenberg family
photo by John Ward
1930

Above: Pickwick Greyhound bus and Santa Fe mail train accident, Isleta

Courtesy: Ward Greenberg family photo by John Ward

1930

1930

hot meals hot." But on Sundays, her mother bought wonderful hamburgers at a "greasy spoon" in town, the week's anticipated treat. She cheerfully gained fifty pounds on the San's repasts, prompting her internist, Dr. Brown, who was also recovering from TB, to order daily walks around the expansive grounds and in the nearby neighborhoods. Mary Helen, however, found a secret niche where she sat instead, quietly watching traffic.

Sometimes, patients stayed on as staff. Dick Webb remained at the San to groom the grass, tend the ponds and statues, and keep flowers



Below Left: Mrs. Allburt, Reverend Allburt, and Mary Helen Allburt, Minister's Cottage Courtesy: Mary Helen Alburt 1930 Below Right: Mary Helen Allburt, after San treatment
Courtesy: Mary Helen Allburt
1931

Above: First American Pageant Parade, Central Avenue between Second and Third streets Courtesy: Ward Greenberg family photo by John Ward







Above: Southwestern Presbyterian Sanatorium grounds

Presbyterian Healthcare Services Photoarchive circa 1930s

Below: C. Richard "Dick" Corwine First Presbyterian Pharmacy

Presbyterian Healthcare Services Photoarchive

circa 1950



and bushes blooming long after his lungs healed. According to Mrs. Van, he often paid for seeds with his own money.

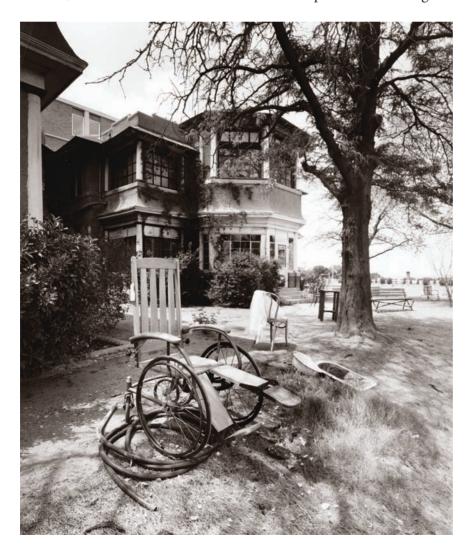
Romance bloomed as well. C. Richard "Dick" Corwine was very ill when he arrived. Despite his illness, or perhaps to spite it, he started a small commissary in his room where patients could buy toothpaste and other sundries. Recovery led him to UNM's new pharmacy school, from which he graduated in 1949. Dick started Presbyterian's first apothecary in the basement and remained a pharmacist until he retired.

Along the way, Dick met the recuperating Emily Hanna. The couple married in 1952. They honeymooned, and then resided, in his cottage. When their chalet was to be razed in preparation for a new hospital, Mrs. Van intervened, and the bungalow was moved to

South Richmond Street. The Corwines lived there until they moved to Arizona in their "golden years." Emily became quite the bridge champion around town, competing with other ladies, when the game was all the rage. Dick played the piano, and when the old San buildings were emptied, says old friend John Doran, Mrs. Van gave him a baby grand.

John Doran and his twin brother, Paul, were sent west from Tennessee to the San in 1940. Paul remained ill, although he eventually mended. John recovered sufficiently to continue his education, followed by decades of teaching Albuquerque's middle schoolers. John returned to the San for several years for a follow-up pneumothorax, or collapsed lung, riding the bus to and from the lab. When asked it if hurt, John said, "It could give you a heart attack!"

Vivacious redhead Vivian Morton met John while visiting a sister, an aunt, and a cousin at the San. Their courtship led to a wedding





Above: Vivian Morton and John Doran's wedding, chapel, old main building

Courtesy: John and Vivian Doran 1947

Left: Auxiliary's tag sale at old main building

Presbyterian Healthcare Services Photoarchive circa 1967



Above: Eddie Gallegos, former tray boy, singing for Mrs. Van Presbyterian Healthcare Services Photoarchive circa 1960s

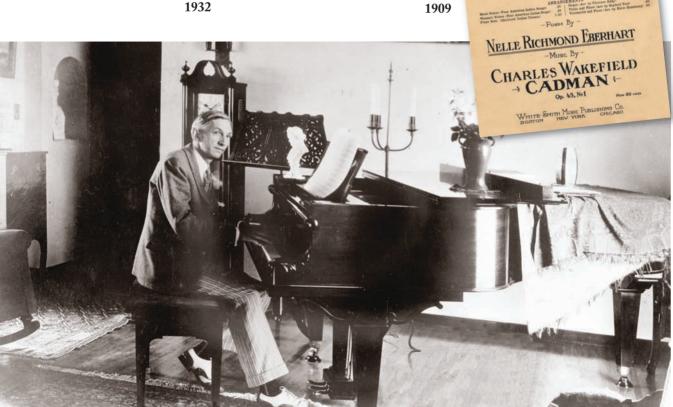
Below: Charles Wakefield Cadman at home in San Diego Courtesy: San Diego Historical Society in the main building's chapel in 1947. Their nuptials were celebrated there so their friends, who couldn't attend an outside ceremony, could come. Mrs. Van arranged everything from flowers to a cake from National Bakery downtown, and even sang a hymn. A gala reception followed in the recreation building. John and Vivian celebrated their sixtieth anniversary on Christmas Day, 2007.

There was an occasional celebrity. Eddie Gallegos was a tray boy who made good. For fifty years, he played at La Placita Restaurant in Old Town. As part of Eddie Gallegos y los Conquistadores, he and his band recorded songs, and they traveled with New Mexico Governor Ed Mechem to promote the state's many attractions.

Charles Wakefield Cadman was a Tin Pan Alley–era composer whose fascination with American Indian lore took him in a direction different from Irving Berlin, George M. Cohan, and others of that genre. Cadman collected and studied native

music and wrote operas. He is best known for "From the Land of the Sky-blue Water,"

Right: "From the Land of the Sky-blue Water," Charles Wakefield Cadman 1909



which became a household tune when it was used for Hamm's Beer commercials. Mr. Cadman took the cure in a tent cabin in the early teens.

Some convalesced and came back. Clarence Gilfillan was in the San in 1930 and 1931, in the heart of the Great Depression. He was well enough to travel around the state and take many photographs, which are a valuable record. He went home to Pennsylvania and married, but always thought of Albuquerque and wanted to return. In 1950, he did. His wife was a registered nurse who worked in the old hospital and in the Ruth Hanna Wing after it opened in 1952.

Some came and never left. Mary Olin Harrell lived in a San cottage with her brother, mother, and aunt Nellie in 1915. Nellie passed away, but the family stayed on. Mary says, "I used to sit by Dr. Hugh Cooper in the First Presbyterian Church and he carried cloves in his vest pocket. He would slip me one and we would sit there sucking on cloves during the church service." The Olins, Coopers, and Van Devanters were close friends. Mary remembers going to visit Jimmie with her dad.

Below: Nellie Weigand, son Karl, sister Mary with baby at the San Courtesy: Mary Olin Harrell 1916



Above: Clarence Gilfillan on steps of San
Courtesy: Gilfallan family
1931



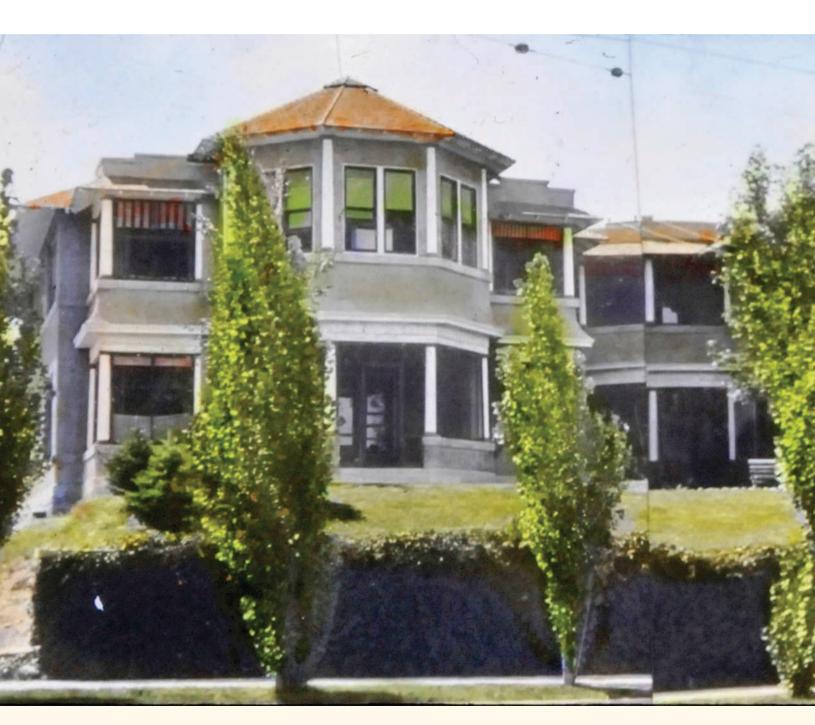
Opposite: Chicago Joe and John Ward in kilt Courtesy: Ward Greenberg family

1931

Below: Southwestern Presbyterian Sanatorium, glass slide

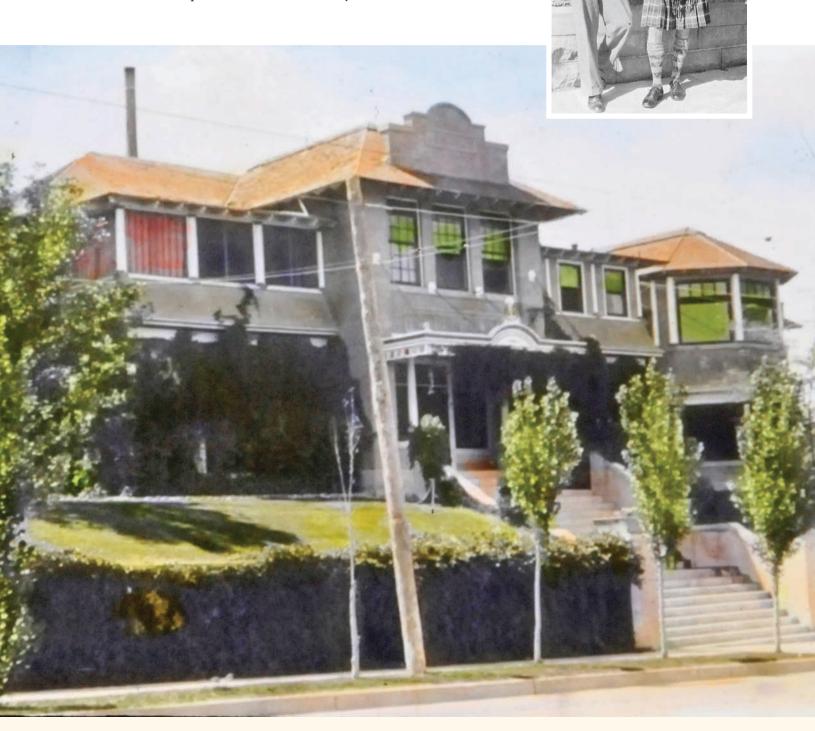
Presbyterian Healthcare Services Photoarchive circa 1925

Robert Ward arrived in 1929, followed by his brother John. Sons of a preacher man, they were housed in Minister's Cottage. Robert succumbed to TB, but John survived. His descendants, the Ward-Greenberg family, are still here to tell the tales. According to San scuttlebutt, John earned the title "Jack of all hearts and master of none" until he met his future bride, Virginia Williams, on a city bus. John and his mother, Pearl, worked at Casa Loma Mountain Lodge, a TB "resort" in the Sandia Mountains. Ward worked for Albuquerque's prominent Ilfeld merchant family and for Reidling



Music, then spent the remainder of his career with another local health organization. He helped found the Albuquerque Symphony Orchestra, and two of his great-granddaughters are professional race car drivers.

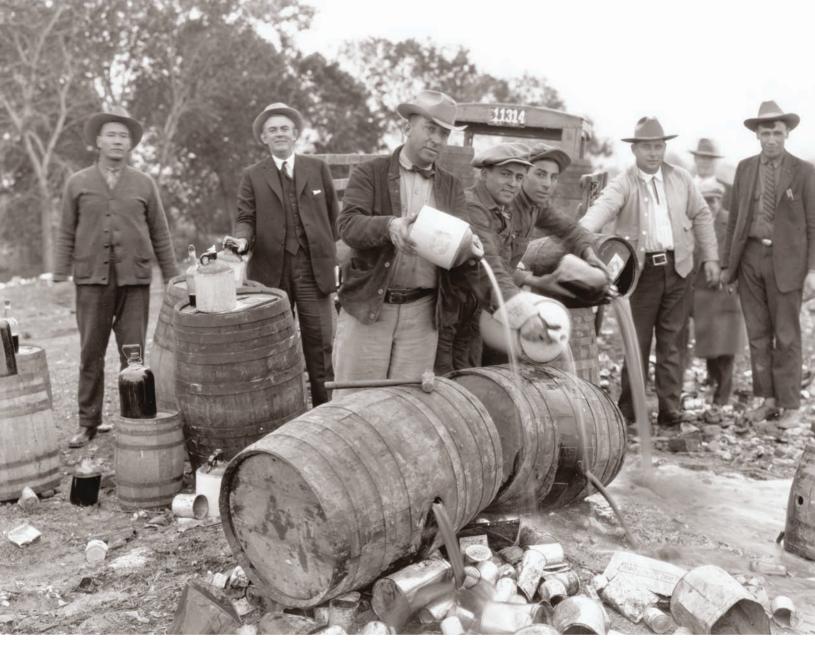
Southwestern Presbyterian Sanatorium served as much more than a hospital. It was a place to heal, to hospice, to make friends, to fall in love, to work, and to remember. Like a green growing tree, its branches have spread so far that now they shade all of New Mexico.





CHAPTER FIVE Troubled Waters





Above: Agents breaking up a still, East Mountains

Courtesy: The Albuquerque Museum, 1978.151.200

1930

he twenties were a time of growth and change in Albuquerque as well as at the San. There wasn't much bathtub gin since there weren't very many bathtubs, but during Prohibition, G-men, T-men, and revenuers did locate and "bust up" several stills.

Aviation landed in 1928 when Frank Speakman and William Franklin established the Albuquerque Airport. The buildings included a nightclub, which was so far out—on what is now South Wyoming Boulevard—it took a long distance call to book a dine-and-dance reservation. Charles Lindbergh, Laura Ingalls, Jackie Cochran, and other famous aviators dropped in.

Ohio machinist Clyde Tingley was Phoenix-bound with his tubercular fiancée, Carrie Wooster, and her mother. Mrs. Wooster



caught cold, so Albuquerque's Dr. Walter Hope treated her. One look at Carrie's flushed face prompted him to detain her to chase the cure. Dr. Cooper married the couple in the parsonage on South Walter, and the Tingleys moved into a TB cottage on the south side. Carrie healed and thereafter helped the community's sick, calling on them every day and providing financial assistance.

Because his wife was wealthy, Clyde didn't work and could get

acquainted with his adopted town. In no time at all, he was involved in local politics. Starting as ward alderman, he worked his way up to "mayor." No matter what form of government Albuquerque operated under—mayor or chair—Tingley always called himself "mayor." Albuquerque's self-appointed guardian would play a major role in the future.

Albert Gallatin Simms and his brother, John Field Simms, came west as "lungers" in the 1900s; both recovered and entered politics. Widower Albert and Ruth Hanna McCormick, widow of Senator Medill McCormick, met when they were both U.S. representatives and wed. When Albert's TB recurred in the thirties, the newlyweds came back to New Mexico. Albert purchased the Elena Gallegos Land Grant, an old Spanish property that extended from the Rio Grande to Sandia Crest. Prominent



Left: Albuquerque Airport
Courtesy: The Albuquerque Museum, PA 1968.001.253
photo by Three Hawks
1928

Above: Biplane on runway, Albuquerque Airport

Courtesy: Ward Greenberg family photo by John Ward 1930

Below: Carrie and Clyde Tingley, tuberculosis cottage, South Iron Street

Courtesy: The Albuquerque Museum, PA 1976.142.004 circa 1911









Top Left: Albert Gallatin Simms
Painting by Randall Davey
Courtesy: Simms family
circa 1940

Top Center: John Field Simms Sr.
Painting by Theodore Van Solen
Courtesy: Simms family
circa 1940

Top Right: Ruth Hanna McCormick
Simms
Courtesy: Sandia Preparatory School

photo by Laura Gilpin circa 1935 Southwestern architect John Gaw Meem designed their home, Los Poblanos, and the La Quinta Cultural Center, built to serve the people of Albuquerque.

Albert and John Field Simms were prominent in government, banking, business, and community service. Ruth Hanna was dedicated to education and founded Sandia School for Girls, the predecessor of today's Sandia Preparatory. She generously donated time and money to various philanthropic causes. John's son, John Jr., grew up to be governor of New Mexico, while his brother, Albert, attended medical school and practiced at Presbyterian. Ruth and Albert had no children, but she had three from her marriage to



Above: Dr. Albert Gallatin Simms

Courtesy: Simms family

circa 1946



Above: Sandia School for Girls, Gibson Boulevard at Maxwell
Courtesy: Sandia Preparatory School photo by Laura Gilpin
circa 1939





McCormick. In 1938, her son died in a Sandia mountain hiking mishap.

By 1930, three modern "skyscrapers" stretched nine stories into the sapphire sky—First National Bank, the scientifically air-conditioned Sunshine Theater, and the Pueblo Revival-style Franciscan Hotel. The KiMo, America's foremost Indian theater and Albuquerque's grandest picture palace, opened in 1927.

The San added new buildings, but demand always outstripped supply. Dr. Cooper and Mrs. Van were frequently frustrated by turning away the needy.

Right: KiMo Theatre, Central Avenue and Fifth Street

Courtesy: The Albuquerque Museum, PA 1978.151.857

circa 1927

Above Left: First National Bank Building, Central Avenue and Third Street

Courtesy: Museum of New Mexico Photoarchives circa 1925

Above Right: Dr. P. G. Cornish I, office in First National Bank Building Courtesy: The Albuquerque Museum, PA 1975.063.725 circa 1925





Dr. Cooper's desire to help never diminished. In 1927, after working two jobs for twenty years, he resigned his pastorate at First Presbyterian Church to devote himself full time to obtaining money for the San. He said he was facing the biggest challenge of his life. Because Dr. Cooper was reluctant to divert any funds from the San, his small salary was paid by a friend in the east.

The San's farm was sold in 1928, but the sale was annulled. Presbyterian owned the land for some time but never again produced homegrown food.

Mrs. Van had scarcely returned from her husband's funeral when the stock market crashed in 1929 and the country tumbled headlong into the Great Depression. Almost simultaneously, the Great Plains blew away with the Dust Bowl. Times would get harder in the thirties, but in 1929, nobody realized exactly how hard.

Optimism ran high at the San, with hopes for the new Maytag Research Laboratory.

Washing machine producer and distributor Frederick L. Maytag's daughter, Freda Lucille, was a patient at the San. He was anxious to

Above: First issue, Sanatorium Quarterly, published four times annually until the mid-1970s

Presbyterian Healthcare Services Photoarchive

May 1923

Right: Dust storm in Clovis, New Mexico

 $\label{eq:Library of Congress, Farm Security Administration} \begin{tabular}{ll} Photo by Dorothea Lange \\ \end{tabular}$

1935



find a cure for the disease. He donated \$150,000 to establish a new experimental facility, with the proviso that the San raise \$350,000 to guarantee several years of research. The board was positive it could comply, and a stylish stucco building with an ornate entrance was erected on Oak Street. It is one of only two buildings left over from tuberculosis times.

Timing for a new lab couldn't have been worse. The San was supported by donations, and in those troubled days, people could no longer give. The *Quarterly* was full of ashamed apologies: "Regret

Below: Maytag Research Laboratory, South Oak Street Presbyterian Healthcare Services Photoarchive circa 1933





Above: Presbyterian Hospital, Gold Avenue

Presbyterian Healthcare Services Photoarchive 1933

Below: Southwestern Presbyterian Sanatorium birth certificate, Sidney Ash

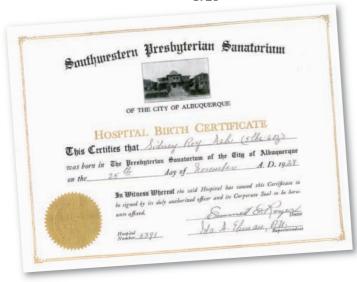
Courtesy: Sid Ash

1928

cannot assist this year. Write me in 1932." One headline read, "Hundreds send regrets." Patients couldn't afford their \$65 per month fees, but no one was about to put them on the street. Much of the institution's money was invested in real estate contracts and rentals, and debtors fell delinquent in payments. Foreclosure was necessary to recoup the property, but doing so contradicted the San's giving philosophy and was emotionally difficult.

Previous plans to build a real hospital went forward. Dr. Cooper felt the need was great and the monies already earmarked. Despite later criticism, meeting the demand for general health care was urgent. Mrs. Van recalled that beds in the halls were "always a fact of life."

Babies were delivered in mothers' rooms in the main building. Albuquerque native Sid Ash was born there in 1928, and ironically, his mother died in the same building decades later. Every iota of space was always ingeniously used.





The hospital opened in 1933, with Obstetrics, X-Ray, Laboratory and Surgery areas, and more sickrooms. Predictably, it overflowed.

Albuquerque overflowed as well, with transients heading for California on Route 66, John Steinbeck's "the mother road, the road of flight." At first, citizens tried to help, letting families live in garages and abandoned buildings. The Albuquerque police allowed them to sleep in their building at Second Street and Tijeras Avenue. Eventually, the town had to quickly dispatch bedraggled travelers, as locals needed the limited resources.

A small Hooverville appeared on the city's southern fringe. As the Depression deepened, the San appealed to distant physicians to keep terminal cases at home. The city passed a resolution forbidding married women earning \$125 or more monthly to work so the jobs could be given to men. This

Above: Operating room, Presbyterian Hospital

Presbyterian Healthcare Services Photoarchive 1933

${\it Below:} \ {\bf Great\ Depression\ transients\ in} \\ {\bf Albuquerque}$

Courtesy: New Mexico Route 66 Association circa 1935



action generated a great deal of editorial hoopla all over America, as other places enacted similar ordinances.

Four downtown fires added to 1933's misery—three on the same night. The Occidental Building, the McCanna home, Fourth Ward School, and Presbyterian Church suffered major damage. The church organ was ruined. What caused the suspicious blazes was never determined. School children were left to attend classes in nearby houses, and Presbyterian's congregation met in the KiMo Theater.

Dr. Cooper grew weary, and the San became a bit shabby. Mrs. Van successfully made some of his fundraising trips and was often away. She disliked leaving her "children" but did what had to be done with a prayer and a smile.

Marion Van Devanter was resourceful. During the Great Depression's bank holiday, the San's assets were frozen. Payroll was due, and bills were delinquent. With twenty-five personal dollars, she bought penny postcards, mailed them, and collected enough dimes and dollars to float the San until the bank reopened.

Mr. Maytag was upset because no studies or experiments were conducted in his building. The San tried, in good faith, to uphold its bargain, but good faith can't create cash. When Maytag demanded his gift be returned, the Synod and board quickly formulated a plan for work to begin. A first project tested Albuquerque school children

Below: Occidental Insurance Building Gold Avenue and Third Street

Courtesy: The Albuquerque Museum, PA 1992.005.374 photo by Alabama Milner

circa 1932

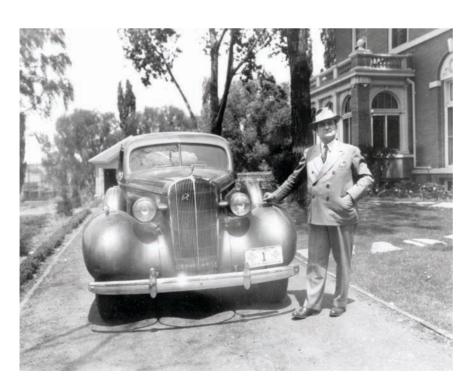


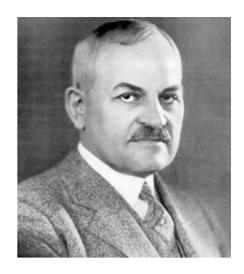
for tuberculosis. Still unhappy, Maytag sued. After he died in 1937, legal action was halted, and an agreement satisfactory to all parties was reached. Research finally became a reality in 1935, after delays and disappointments.

Dr. Cooper suffered a massive heart attack on December 12, 1934, at Cooper Motor Company, his sons' automobile dealership on West Gold. He died instantly. Testimonials to his goodness and sorrow at his passing filled local newspapers. His earthly job was well done. Mrs. Van broke the news to Delia Cooper.

Marion Van Devanter and Hugh P. Cooper, Dr. Cooper's son, carried on. Hugh P. Cooper returned to Cooper Motors with his brother, Lester, in 1938, purveying Marmons, Roosevelts, and Pierce Arrows. The San's board appointed Chicago hospital administrator Frank Gabriel as superintendent. He saw the San through difficult days while adding his own innovations and programs.

Clyde Tingley, governor of New Mexico by 1935, Senator Dennis Chavez, and other politicos helped relieve Albuquerque's financial pain. President Franklin Delano Roosevelt enacted the New Deal, and his fondness for salty Clyde Tingley, who mangled English and ran government by "Tingleyism," enabled Albuquerque to garner more than its share of monies from the "alphabet agencies"—the WPA, PWA, CCC, et al.





Above: Frederick L. Maytag
Presbyterian Healthcare Services Photoarchive, Maytag
Research Labaratory Brochure
circa 1930



Above: Hugh P. Cooper
Presbyterian Healthcare Services Photoarchive
1938

Left: Governor Clyde Tingley
Governor's Mansion, Santa Fe
Courtesy: The Albuquerque Museum, PA 1978.152.222
1934

Men were put to work and food was on the table, as laborers built Roosevelt Park, Zimmerman Library, the first "subway" under the railroad tracks, a second underpass on Tijeras, and a new Coal Avenue viaduct. Many venerated edifices today bear witness to the Great Depression. The San benefited from repaired sidewalks and other small jobs. The crown jewel was a new municipal airport at the south end of Yale. A water park with a lake, swimming, boating, water skiing, bathhouses, and a concession stand provided inexpensive entertainment. Conservancy Beach was renamed Ernie Pyle Beach to honor the world-famous local war correspondent. But it was dubbed, and remains known as, Tingley Beach on Tingley Drive.

The flamboyant couple in the governor's mansion also spearheaded a new hospital in Hot Springs, New Mexico, now known as Truth or Consequences. Polio ravaged America's youth, and Carrie Tingley Hospital for Crippled Children provided a place for physical therapy, respirators, and what little could be done to help them. Mrs. Tingley always delivered Christmas gifts for every little one, even when her husband was dying.

Below: Zimmerman Library
Courtesy: University of New Mexico
circa 1938

One project, a basalt masonry gazebo and wall around Old Town Plaza, was instantly and unanimously loathed. The newly formed Old Albuquerque Historical Society's first project was to cheerfully demolish both.



The San limped through the dark days as best it could, never compromising patient care but making frequent appeals for help through the *Quarterly*, which was sent all over the country. Donors were shown what their money might provide. For five hundred dollars, the monthly milk bill was paid, and for one thousand, fuel and light bills were covered for a month. Running a sanatorium wasn't cheap, even in the thirties.

When Hitler invaded Poland in 1939, America moved relentlessly closer to World War II. The country, Albuquerque, and the San would weather more crises in the 1940s.



Above: Iron lung for Carrie Tingley Hospital
Courtesy: FDR Presidential Library
circa 1935

Below: Tingley Beach
Courtesy: The Albuquerque Museum, PA 1968.001.258
1933





CHAPTER SIX Welcome to the Boomtown





ife in Albuquerque and in America changed when the Japanese attacked Pearl Harbor in 1941. The United States entered World War II, already ravaging Europe. The war was fought on the battle lines as well as at home. Patriotic fervor swept the country—a common sense of purpose that, for the most part, made everyone feel united.

Albuquerque rose to the grim occasion. The railroad, flagging because of the rise of automobile and airplane travel, rebounded. Maintenance shops ran round the clock, keeping locomotives at the ready. Troop trains stopped at the Alvarado, where community maidens and matrons provided hot meals and smiles, knowing some boys would never come home. Uniformed Gray Ladies of the Red Cross, the Salvation Army, and many volunteer groups rolled bandages, knitted, and

assembled "care packages." Homes with fighting sons and daughters proudly displayed stars in their windows—one for every child serving. One local home boasted five.

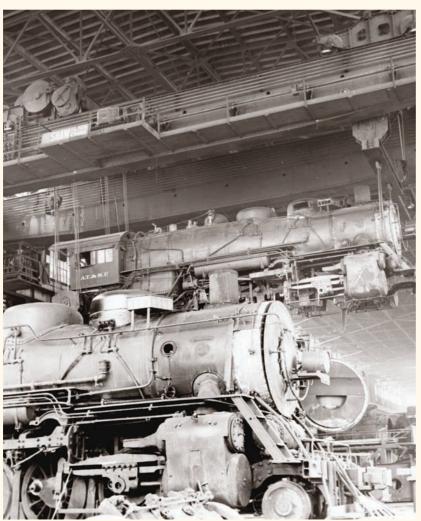
Students at Albuquerque High joined the scrap metal drive. The San collected cancelled stamps and silk stockings. People grew victory gardens; one was near the Elks Club at Fifth and Gold. The San had its own, so patients enjoyed tomatoes, carrots, corn on the cob,

Above: Pearl Harbor attacked, headline

Courtesy: The Albuquerque Journal

December 8, 1941





Left: Japanese submarine on parade, Central Avenue between Second and Third streets

Courtesy: The Albuquerque Museum, PA 1982.119.019 photo by Chester Bebber

circa 1944

${\it Below\ Left:}$ Locomotives in railroad shops

Courtesy: The Albuquerque Museum, PA 1980.184.898 circa 1944

Below: Military personnel at Alvarado Hotel

Courtesy: The Albuquerque Museum, PA 1982.180 circa 1945

Bottom Right: Gray Ladies rolling bandages

Courtesy: Martha Stevens circa 1945





Right: U.S. government ration stamps



Below: Girl and soldier dancing, Albuquerque High Gymnasium Courtesy: The Albuquerque Museum, PA 1986.019.009 photo by Clarence Redman circa 1945

No one remained uninterested or uninvolved. A waterworks building at Broadway and Tijeras became the USO club, where soldiers from

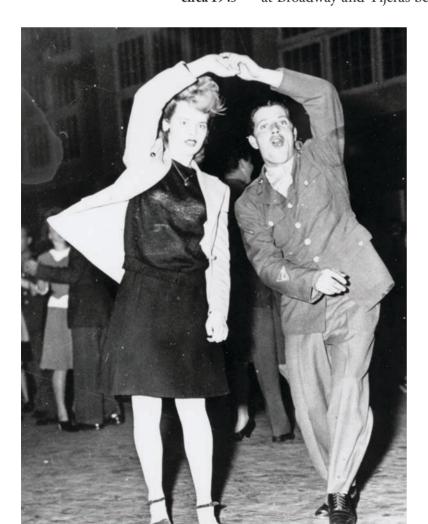
butter, and meat were limited. Rationing was hard on sanatoriums, where treatment depended on nourishment. Mrs. Van said that it was

difficult to "scramble menus to meet the shortage."

the growing base could eat donuts, drink coffee, write letters, visit, and sometimes go to dances at the high school gym. The military presence expanded. Clyde Tingley, ex-governor and once again mayor, huffed and puffed, "We can have a military base, but there will be *no* loose women."

Ruth Hanna McCormick Simms closed Sandia School for Girls, out on the southeast mesa near the base, and the elegant structures served convalescing wounded for a time. Mrs. Simms died in 1944. Her nephew, Albert Gallatin Simms II, earned his medical degree. He and his wife, Barbara Young, would be stalwarts of Presbyterian and Albuquerque in the years to come.

Everyone went off to war—nurses, tray boys, doctors, dieticians, kitchen workers,





Left: Sandia School for Girls, nurse taking temperatures

Courtesy: Sandia Preparatory School photo by Laura Gilpin circa 1939

housekeepers—and yet the San was fully occupied. At times, to Mrs. Van's frustration, there were waiting lists.

Nurses? Well, we have less than half of those needed and they are all worked harder than we like. We are using paid nurses' aides and they have been truly a godsend to us and the patients. Other employees?

They too have been fewer than ever and it seems to be getting steadily worse. Good women employees to replace men are hard to find, and so we go on from "hand to mouth," so to speak, and live one hour at a time, and fall into bed at night utterly weary, and after a good night's sleep we rise up again and follow through.

The San Quarterly, September 1944

Space in the *Quarterly* was devoted to news, stories of successful recoveries, inspirational articles and poems, jokes, praise for the fighting men, and gentle requests for needed items, especially for

Below: Patients at Minister's Cottage during WWII
Presbyterian Healthcare Services Photoarchive



circa 1943



Above: Southwestern Presbyterian **Health Stamps**

Presbyterian Healthcare Services Photoarchive

circa 1945

Above Right: Mrs. Van working

Presbyterian Healthcare Services Photoarchive

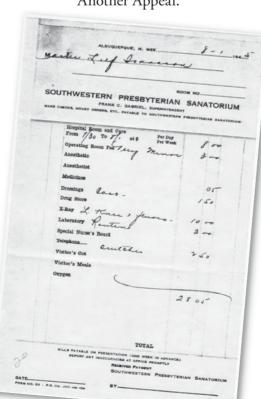
circa 1940s

at her desk

Right: Southwestern Presbyterian Sanatorium treatment receipt

> Presbyterian Healthcare Services Photoarchive

> > August 1945



replacement, as inexperienced help inadvertently

Mrs. Van carried on Dr. Cooper's fundraising tradition. In 1942, she started Health Stamps that

featured the San "in the Heart of the Well Country." They sold for a penny and were issued in early summer to avoid conflict with the National Lung Association's Christmas Seals. She never lost her sense of humor and once poked fun at herself in an article headed "What? Another Appeal."

> Frank Gabriel and Mrs. Van ran the San as best they could. Although antibiotics loomed on the experimental horizon, they were not yet available, so people still followed the hopeful sun west, chasing the ephemeral, elusive cure. Maintaining the San's grounds as a peaceful oasis was a priority.

After Mrs. Van's "children" were tucked in for the night, the pair worked on developing a health plan for New Mexicans. The embryonic insurance cost \$1.50 for a family and seventy-five cents for individuals per

month. In May of 1945, Blue Cross and Blue Shield of New Mexico adopted most of the plan's components and hired a paid director. Gabriel and Van Devanter continued to serve diligently on the board. Frank Gabriel spurred the organization of the New Mexico Hospital Association and wielded the presidential gavel in 1945 and 1946.

Meanwhile, back at the Los Alamos Boys Ranch School, scientists of the Manhattan Project were feverishly creating the first atomic bomb. The former school was on an isolated mesa, approachable only by a winding dirt road and hidden from view. The effort was so top secret, mail was picked up in Santa Fe and occupants were furtive about attracting any attention. One slip allegedly occurred when Ethel Rosenberg's brother, David Greenglass, passed secrets to a Russian spy. David and his wife, Ruth, lived in an unassuming apartment in Albuquerque's Huning's Highland.

Below: Los Alamos Boys' Ranch School
Courtesy: Museum of New Mexico Photoarchives,
001318
circa 1940





Above: The Trinity Site southeast of Socorro, New Mexico Courtesy: Museum of New Mexico Photoarchives, 147362

Parts and pieces of the "gadget" were surreptitiously trucked to Albuquerque, where they traveled on a railroad spur to the Trinity Site, near Alamogordo. On July 16, 1945, the experiment successfully exploded over the Jornada del Muerto (Journey of the Dead Man), an old Mexico-to-New Mexico trail. Director J. Robert Oppenheimer watched the unbearably bright and deadly detonation and quoted the *Bhagavad-Gita*: "I am become Death, the Shatterer of Worlds." The blast was felt and the light seen all over the state. The flash was so intense that a blind girl's darkness was momentarily lightened. World War II ended when two atomic bombs were dropped on Hiroshima and Nagasaki, major Japanese cities. Albuquerque welcomed the war's end. Drivers honked their horns, and Mary Della Smith said in an interview, "We could hear the noise from downtown" all the way out on North Twelfth Street. An impromptu conga line clogged traffic, but nobody cared. The long siege was over.

The San celebrated V-E and V-J days. The victory created unanticipated predicaments. Soldiers' wives, serving as nurses, were transferred out, exacerbating the shortage. Donors employed in high-paying defense industries were laid off and unable to support the



Left: Kirtland Air Force Base
Courtesy: The Albuquerque Museum, PA 1980.061.482
circa 1946

San. As antibiotics hit the general market, the need for sanatoriums dwindled. Gradually, the august institutions disappeared. Miramontes on the Mesa, a TB resort at Carlisle and Menaul, became Regina Coeli, a Catholic school. Methodist Deaconess Sanatorium was razed, as the denomination built Bataan Methodist Memorial Hospital near the Lovelace Clinic on Gibson. Dr. Shortle's original Albuquerque San, AHEPA, the Greek Sanatorium, became offices, while St. Joseph expanded services already offered at its late-1920s general hospital.

After the war, former patient Mary Helen Allburt returned to the San to see Nancy Secrest, a friend from Indiana who had become a patient. "It was about nine o'clock at night. I arrived by bus from El Paso and got out of the taxi," said Mary Helen. "Nancy's room overlooked the driveway. She called to me and she said that Mrs. Van had my old room ready. You know, it was kind of little, but Mrs. Van had the bed all made up and linens there for me, so it was old home week."

Albuquerque was in the midst of a population explosion. The military base expanded, bringing in service families. Some who had been stationed here came back to work or to retire in the small city they'd so enjoyed. Sandia Laboratories attracted top scientists—at one time, Albuquerque boasted more PhDs per capita than any other U.S. city. The University of New Mexico (UNM) grew to meet high-tech educational demand and to accommodate exmilitary on the G.I. Bill.





Right: Marcia Crosby digging foundation for home, Constitution and Bryn Mawr; Montgomery Ranch, San Mateo and Montgomery in background Courtesy: The Albuquerque Museum, PA 1993.041.024 circa 1950

> Below: Nob Hill Shopping Center Central Avenue at Carlisle Boulevard

> > Courtesy: Center for Southwest Research, 995-023-0011

1949

Bottom: Patient "room" in hallway
Presbyterian Hospital

Presbyterian Healthcare Services Photoarchive circa 1949





Housing was nonexistent. Families bunked in travel trailers on base, while motels were packed with those awaiting new homes or rentals. Some tourist courts only allowed a one-to three-day stay, to offer everyone



respite. Subdivisions rushed toward the mountains, with row upon row of tiny dwellings, xeriscaped by rocks, lizards, and tumbleweeds. This trend would expand in the fifties, as ranches circling the town became ranch-style homes. Nob Hill Shopping Center opened its doors in 1949, an omen of retail fantasies to come.

The newcomers, children, mothers-to-be, retired, and the elderly—all needed care. The San and hospital were at capacity. Pushing beds into halls and using screens as walls created impromptu wards.

Planning for fresh facilities began in earnest. Premier architect and recovered "lunger" John Gaw Meem was engaged to design an additional story to the existing hospital. When its foundation proved inadequate, another plan was launched. Raising funds was difficult, as the Methodists were simultaneously soliciting.

Albert Gallatin Simms, still living at Los Poblanos, provided \$200,000 for a maternity wing in honor of his wife, who had been vitally concerned with women's and children's health. The generous seed he sowed would become a permanent monument to her passion, the Ruth Hanna Memorial Wing.

The San, in 1949, sat at a crossroads between decades of service and devotion to a now curable disease, and its desire to go forward into a different world.

Below: Frank Gabriel watches the foundation pouring for Ruth Hanna Memorial Wing.

Presbyterian Healthcare Services Photoarchive circa 1950





ERA II ESSAY Growing with New Mexico, 1952-1984



The New Mexico that emerged after World War II was vastly changed. The war brought a huge demographic and economic transformation that reinvented Albuquerque. The boom in the city was so pronounced in the early 1950s that the city experienced a housing shortage. Married students, most of them veterans with a GI Bill allocation, jammed the University of New Mexico. They lived in motels, hotels, garages, travel trailers, and, in some cases, cars. Some even lived in barracks at Kirtland Air Force Base after military officials converted hospital wards to tiny apartments to cope with the city's postwar housing shortage.

New Mexico's population enjoyed its greatest ten-year increase ever in 1950, with 150,000 new residents boosting the state's population to 681,000,¹ the 28 percent growth figure that characterized the state during the 1940s. Then between 1950 and 1960, New Mexico's population increased to 951,000, a jump of just less than 40 percent.²

In 1952, construction downtown began on the Simms Building at Fourth and Gold, what boosters called the largest and most modern office building in New Mexico when it opened in 1954. It was built on the site of the original Commercial Club, where civic boosters had pledged \$2,000 to start the San back in 1908. Some of the sandstone from the Commercial Club was incorporated into an exterior wall of the Simms Building so Albuquerque residents could forever remember the city's founding business fathers.

The city looked both backward and forward in 1956. The "Enchantorama" pageant and celebration recognized 250 years of Albuquerque history since its founding in 1706. Meanwhile, the Eisenhower administration's backing of a national defense highway system ensured that Albuquerque would become a southwestern logistics hub when highway engineers sited Interstate 40 and Interstate 25 through the city. Ten years later, the Big I, the I-40 and I-25 interchange in Albuquerque, would open.

Albuquerque completed its Civic Auditorium in 1957, and the first McDonald's franchise in the city opened two years later. The sixteen-story Bank of New Mexico Building on east Central topped out in 1961 to become the city's tallest building, and work began in 1963 on the Sunport, the city's new airport terminal south of town. Albuquerque and New Mexico continued to rely on the growth of what President Eisenhower called the military-industrial complex for its economic development.

A youthful John F. Kennedy, in one of his last campaign rallies in November 1960, recognized the impact that federal spending had on Albuquerque and New Mexico. Five days later, by a slim, 2,500-vote margin, New Mexico gave its four electoral votes to John Kennedy. Three years later, the entire state and the nation mourned when the young president was assassinated in Dallas.

The death of Clyde Tingley in 1960 marked the passage of a legend. Having served as governor of the state during the Great Depression and chair of the Albuquerque City Commission from 1940 to 1953, Tingley's influence on politics in New Mexico was immense.

New Mexico's growth during the 1960s continued to be fueled by U.S. government spending on defense and scientific facilities. Blessed with a succession of long-serving U.S. senators, including Clinton P. Anderson, Pete V. Domenici, Dennis Chavez, and Joseph Montoya, jobs for thousands of New Mexicans were protected as they nurtured this military and scientific investment.

In the 1960s, another group of residential real estate subdivisions cropped up across the metro area. Taylor Ranch was the first major development on the city's northwest side. Located south of Paseo del Norte, it was bounded on the east by the Rio Grande and on the west by the volcanic mesa. Meanwhile, on the opposite side of the city, Albuquerque's Northeast Heights continued to fill in with residential housing. In 1966, the Sandia Peak Tramway, the longest such tramway in North America, began operating over the Cibola National Forest.

Growth of the University of New Mexico during the 1960s helped spur growth in the Albuquerque region. Health care was given a boost with the opening of what is now UNM Hospital in the mid-1950s, followed by the University Medical School in the early 1960s. University Arena, commonly known as "The Pit," opened in 1966. And the campus came to the attention of state lawmakers twice in the early 1970s when student radicals demonstrated in Yale and Roosevelt parks and shut down the university to protest U.S. involvement in the Vietnam War.

The city began its reputation as one of the best ballooning environments in North America when the Albuquerque Balloon Fiesta launched in 1973 with 138 balloons. The year previous, sixteen balloons had lifted off from Coronado Mall. In 1978, Albuquerque balloonists Maxie Anderson, Ben Abruzzo, and Larry Newman piloted the balloon Double Eagle II in a first-ever flight across the Atlantic Ocean.

The 1970s and early 1980s were also a time of innovation for the local community. In 1974, Bill Gates, Paul Allen, and homegrown MITS Inc. began building and marketing the Altair, the first affordable home computer. Gates and Allen later moved their company to Seattle and renamed it Microsoft. In 1981, Intel Corporation opened its massive semiconductor plant in newly incorporated Rio Rancho.

Population growth slowed between 1960 and 1985, but New Mexico counted more than 1.4 million people by the middle of the 1980s. Fully two-thirds of the state's population was rural in 1940. However, the changes in the state's demographics because of the war benefited the cities. The rural-urban mix in 1950 was roughly equal, and by 1960, this had flipped and two-thirds of New Mexicans lived in urban areas. The rural component of New Mexico's population would continue to decline through the remainder of the century, and by 2000, three of four New Mexicans lived in the state's cities.³ Thousands of new residents moved to Albuquerque, Las Cruces, and Santa Fe, the state's biggest cities. Albuquerque, with a population of 35,000 in 1940, increased nearly sixfold to a population of 200,000 in 1960⁴ and nearly doubled in size again, to a population of slightly more than 350,000 by 1985.

Like much of New Mexico, Albuquerque was a mixture of Hispanic, Native American, and Anglo residents, leavened with many cultures, with much smaller Greek, Italian, African American, Asian, and other communities. The city's population included military retirees and young professionals attracted to the city's growing atomic technology sector centered on the Sandia National Laboratories complex.⁵ The shift from rural to urban New Mexico by a growing number of the state's residents resulted in a rapid increase in Albuquerque's Hispanic populations. Hispanics increased their presence to 34 percent of the city's population by 1990.⁶



CHAPTER SEVEN Nothing Short of Success





Above: Family at entrance to Presbyterian Hospital

Presbyterian Healthcare Services Photoarchive photo by C. E. Redman

circa 1952

Below: Downtown Albuquerque, Second and Central

Courtesy: The Albuquerque Museum, PA 1980.186.243

circa 1950

resbyterian emerged from the war with the reason for its existence challenged. The discovery of streptomycin had all but eradicated tuberculosis, forcing hundreds of sanatoria around the world to close during the late 1940s and early 1950s. Presbyterian was one of the few sanatoria to make the transition to a general hospital, due in great part to the sharply increased demand for health care in a booming postwar Albuquerque. But the change wasn't accomplished without its share of struggle.

While the organization was shifting from a sanatorium to a general hospital, the spirit of caring that had survived the depression and World War II continued to be visible in the 1950s. One such story follows the Reverend Kenneth Neuber and his family. Reverend Neuber moved to Albuquerque in 1951, suffering from nephritis, a kidney disease, long before the advent of dialysis and transplants. He brought his wife, Lavina, and five growing girls—including a set of twins. Neuber became pastor of Bethany Presbyterian National Missions Church in the South



Valley. As his illness inexorably progressed, he was hospitalized off and on at Presbyterian from 1951 to 1954, when he passed away. Mrs. Van visited daily, and got to know the Neubers spiritually and emotionally. She was "a tremendous support to Mom and Dad," the sisters recall. Mrs. Van knew that Lavina must support herself, as had she, and put her to work on the newsletter, the *San Quarterly*, to bring her typing and shorthand skills up to a "marketable speed." In 1955, Mrs. Van lobbied for and helped create a new position at Presbyterian, Secretary to the Director of Nursing. Lavina subsequently did that job for twenty years, enabling her to raise five children alone, and to have a decent retirement.

In October 1952, the Sanatorium board of trustees hired Ross Garrett, a well-known hospital consultant, to advise it on the direction the San needed to take. Garrett's advice was tough: get rid of the San, concentrate on the hospital, get out of debt, and hire a professional administrator. The board agreed with Garrett's analysis. If they didn't follow his advice, the San was likely to fail. The board of trustees authorized Garrett to begin the search for a new administrator. He recommended that they interview two candidates, one of whom was Ray Woodham, who was hired on November 14,

1952, and was introduced to the Presbyterian family atmosphere.

The Woodham Years

Ray Woodham found his passion for running hospitals while serving in the U.S. Army. Born and raised in southern Alabama, Woodham served in the Army Medical Corps during World War II and saw combat in North Africa, Italy, Southern France, and Germany. After the war ended in 1945, Woodham took the advice of several Army comrades who urged him to get a college degree in hospital administration. He returned to Alabama to complete his bachelor's degree from the School of Business at the University of Alabama. After





Top: Dale Bellamah Homes, New Northeast Heights Courtesy: The Albuquerque Museum, PA 1980.186.75 circa 1952

Above: The Neuber family, left to right (rear): Ken, Joyce, Lavina, Marilyn, (front): Anita, Janet, Nancy

Courtesy: The Neuber family

1952



Ray Woodham
Presbyterian Healthcare
Services Photoarchive
circa 1950



Right: Ray Woodham, promotion to first lieutenant, France Courtesy: Ray and Marion Woodham circa 1944

completing his bachelor's degree, Ray and his wife, Marion, an Oregon native he'd met while in the service, moved to Minneapolis where he completed his master's degree in hospital administration at the University of Minnesota.

After living in snowy Minnesota, in 1949 the couple moved to Dallas, Texas, where Ray did his residency in hospital administration at Baylor University Hospital. It was clear that he wouldn't get a chance to move up at Baylor for quite a few years. "The CEO was not much older than I was," Woodham said. "He wasn't going anywhere, so I was looking for a job."

When he arrived in Albuquerque, Ray expected to stay three or four years and move on to a bigger hospital. However, what Woodham found was a challenge, and he stayed most of the rest of his career at Presbyterian. In the process, Ray helped transform Presbyterian from a struggling tuberculosis sanatorium to a thriving, multihospital

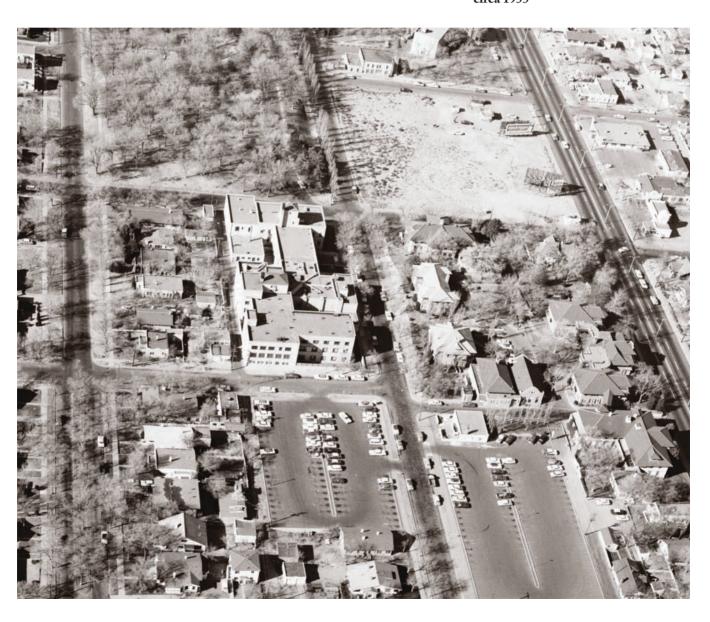
healthcare center that serves the needs of generations of New Mexicans.

When Ray arrived in 1952, he felt that "it really wasn't a hospital." Presbyterian still had 120 tuberculosis beds, most housed in cottages dating from the San's early days. The campus had several buildings scattered across three square city blocks. The board of trustees, who were appointed by the Presbyterian Synod of New Mexico, had just finished overseeing the construction of a wing with thirty obstetrical beds, partially donated by Albert Simms in memory of his late wife, Ruth Hanna. Additionally, there were fourteen pediatric beds in a crowded ward, and another sixteen beds for medical and surgical patients.

Below: Aerial view, Presbyterian campus, before I-25

Presbyterian Healthcare Services Photoarchive photo by C. E. Redman

circa 1955





Left: Groundbreaking for Ruth Hanna Memorial Wing, Judges Mabry and Simms, Cale Carson, Mrs. Van, nurses, Clara Nebel, far right

Presbyterian Healthcare Services Photoarchive photo by C. E. Redman **July 6, 1950**

Below: Ruth Hanna Memorial Wing, construction

Presbyterian Healthcare Services Photoarchive photo by C. E. Redman 1951



For Ray Woodham, there were two challenges outstanding. Presbyterian simply had to be converted from a sanatorium to a hospital, and it had to become financially stable. "They were living on the hump of the camel," Woodham said of Presbyterian in 1952. "Funds had been raised earlier for TB, but they pretty soon were exhausted. It was just a panic time for the board."

By the end of 1952, the hospital was flirting with bankruptcy. Accounts payable were six months overdue. On the day Woodham started at Presbyterian, a local grocery wholesaler telephoned the new administrator to tell him that he would only deliver food to the hospital on a cash basis. "Being young and ambitious," Woodham said, "I didn't know any better than to take a job like that. But that's the kind of job to take, because you can't go any further down. All you can do is go up."

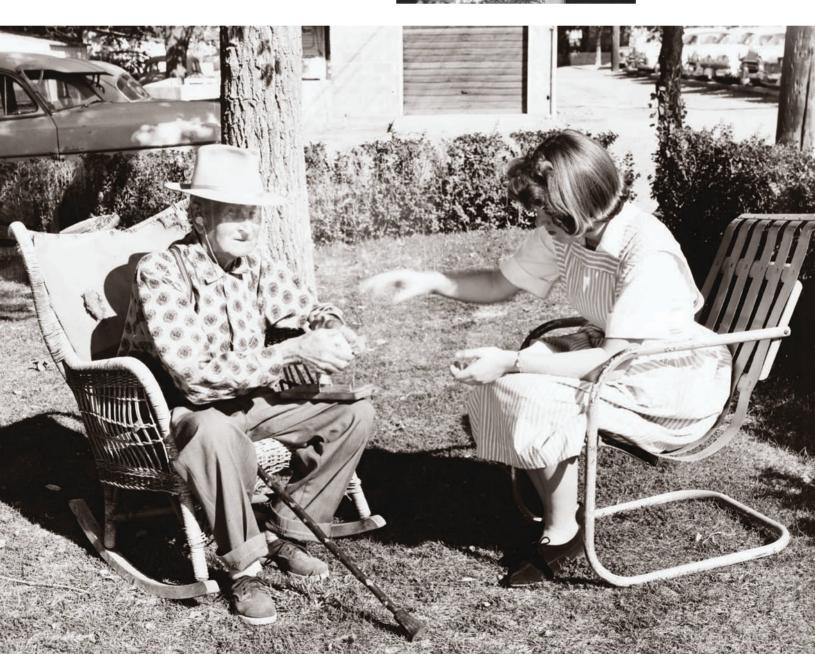
Woodham's priority was to make Presbyterian financially sound by addressing sanatorium patients. Most were paying \$150 a month or less for a room, three meals a day, and maid service. It was cheaper to stay at Presbyterian than to rent a room in the community. And because of streptomycin, most had been cured of their tuberculosis.

Woodham enlisted the aid of Mrs. Van to explain to the TB patients why Presbyterian needed to double their room and board rates. Some left and others agreed to the new rates. Presbyterian was able to tap a reserve fund to help those who were unable to afford the new rates but still needed care.



Bottom: Patient with volunteer on grounds, Presbyterian Hospital Presbyterian Healthcare Services Photoarchive circa 1954

Left: George Savage presents award to Mrs. Van, The Alvarado Hotel Presbyterian Healthcare Services Photoarchive photo by C. E. Redman circa 1955



"Ban-Ban"

The transition from a tuberculosis sanatorium to a full-fledged hospital didn't mean that Presbyterian abandoned its mission to eradicate tuberculosis. During the 1950s, while Presbyterian was demolishing much of the infrastructure from the first days of the San to make way for new additions, the hospital responded to the healthcare needs of the community by taking in hundreds of American Indian children afflicted with tuberculosis.



Above: Dismantling McCormick
Dining Hall and Service Building
Presbyterian Healthcare Services Photoarchive

photo by C. E. Redman

August 28, 1959

The disease was endemic on the Navajo reservation, which sprawled across the northwestern corner of New Mexico and adjacent parts of Arizona. In the 1950s, Presbyterian contracted with the U.S. Public Health Service to treat Navajo tuberculars, one of the few hospitals in the Southwest to mount such an outreach effort to the American



Indian community. Particularly heartbreaking were the Navajo children afflicted with the disease.

In 1954, Presbyterian set up a children's ward to treat twenty-four Navajo children from across the reservation. They came to Central Avenue in Albuquerque from across the land of the Dine, from places like Toadlena, Sheep Springs, Shiprock, Littlewater, Nakaibito, and Yah-ta-hey. The children ranged in age from three-and-a-half months to fifteen years old.¹

Medical staff, nurses, and employees adopted the Navajo children, took them on outings, and bought them toys. Mrs. Van was attached

to the youngest children and made them her personal charges. The Navajo language has no "v" and the children called her "Ban-Ban." Presbyterian outfitted a special classroom for the children so they would not miss school while hospitalized.²

Children weren't the only Navajos to suffer from tuberculosis.
Presbyterian also treated adult
Navajos. As late as the mid1960s, Presbyterian provided
geriatric care to Navajo patients

Left: American Indian children, tuberculosis patients

Presbyterian Healthcare Services Photoarchive, photo by C. E. Redman

circa 1958

Below: Mrs. Van with American Indian children, old buildings

Presbyterian Healthcare Services Photoarchive photo by C. E. Redman

circa 1958

Bottom: American Indian children in Presbyterian classroom

Presbyterian Healthcare Services Photoarchive photo by C. E. Redman

circa 1958





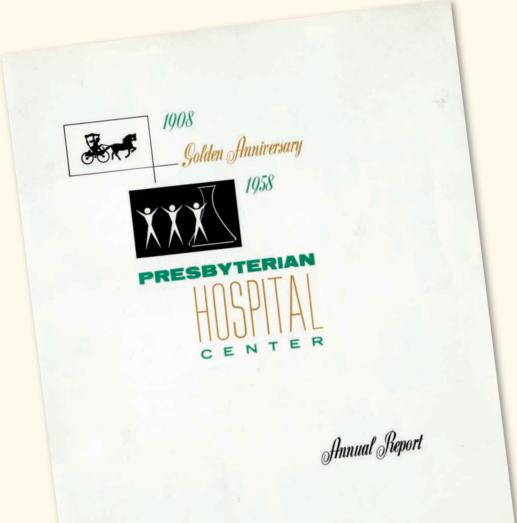


Above: American Indian tuberculosis patients, front lawn, Main Sanatorium Building

Presbyterian Healthcare Services Photoarchive circa 1958

stricken with tuberculosis. Presbyterian staff made every attempt to accommodate the cultural and language differences of their patients from the reservation. The hospital employed a Navajo dietitian who discussed patients' food preferences in their own language.³ When the last Navajo patients were discharged from their rooms in the Main Building in June 1967, baker Robert Grethel of the kitchen staff baked them a cake with icing that wished luck in Navajo.⁴

As the organization reached fifty years, several hundred employees, medical staff and community members gathered at Albuquerque's new civic auditorium to celebrate. A five-tiered birthday cake topped off the evening as leaders acknowledged the past and prepared for the population boom of the sixties.



Left: Fiftieth Anniversary Annual Report

Presbyterian Healthcare Services Photoarchive 1958

Below: Golden Anniversary Celebration, J. R. Modrall, Mrs. Van, Ray Woodham, Cale Carson, Mrs. Nelson, and Jack Stromberg

Presbyterian Healthcare Services Photoarchive photo by Far West

1958



The Art and Science of Surgery



Above: Surgery in Victor Wing Presbyterian Healthcare Services Photoarchive

circa 1918

Below: Surgery, new hospital operating room
Presbyterian Healthcare Services Photoarchive

1933



Even before it was renamed in 1952, Presbyterian Hospital had a long reputation for the quality of its surgical programs. As far back as the 1900s, Albuquerque's Cornish family provided the Southwest Presbyterian Sanatorium with surgical leadership. During the Great Depression and World War II, Albuquerque and New Mexico residents were referred to the San for a variety of surgeries.

In the late 1940s, Albert Simms was the only board-certified surgeon at Presbyterian and the chief of the San's surgical staff. Simms, the nephew of lawyer and former congressman Albert Simms, completed his residency at Bellevue Hospital in New York City. For thirty years, he was one of Albuquerque's preeminent surgeons, retiring in the late 1970s.

Bill Kridelbaugh was the second board-certified surgeon at Presbyterian. When he arrived at the invitation of Dr. Wallace E. Nissen in 1953, surgeons in Albuquerque generally had medical privileges at Presbyterian, St. Joseph's, or at the Bataan Medical Center. Kridelbaugh recalls that Presbyterian was very small and had fewer than one hundred beds.

The operating room was in the Ruth Hanna Building. Marian Leech was the hospital's OR nurse, and she ran the operation with an iron hand. In 1957, four years after Dr. Kridelbaugh arrived, she hired two Canadian nurses who became a key part of the institutional memory of Presbyterian for the next half-century.

Helen Evans was from Quebec, and Faith Delaney was from the Canadian Maritimes. They met when both were students at nursing school in Sherbrooke, Quebec, in the early 1950s. The two worked at a hospital in Peterborough, Ontario, for a year and then, like many Canadians during the early postwar

years, headed south to the United States. They worked at Duke University Hospital in Durham, North Carolina, for several years and then headed west. They were on their way to California when they stopped in Albuquerque and got jobs at the Bernalillo County Medical Center. Evans and Delaney were working at the county hospital when they heard about openings at Presbyterian.

Surgery was still in its formative stages when Evans and Delaney came to work at Presbyterian a half-century ago. Anesthesia was just over a century old, discovered

by a Boston dentist in 1846 who soaked a sponge in ether and placed it over the mouth and nose of a surgical patient. By the 1950s, surgeons and anesthetists were using mechanical ventilators to help avoid complications in patients.

The first successful human blood transfusion, based on the then-new ABO system of blood typing, came to American operating rooms in 1907. Dr. Paul Dudley White, who would go on to become President Dwight Eisenhower's heart doctor in the 1950s, became one of America's first cardiologists in 1913. White and others would pave the way for the increasingly sophisticated cardiac surgery techniques that Presbyterian would incorporate in the formation of the organization's heart group in 1970.

Dr. John H. Gibbon successfully used a heart-lung machine during a girl's operation in 1953. Dr. Bernard Fantus began the nation's first blood bank at Chicago's Cook County General Hospital two years later. Surgeons on the far-flung battlefronts of World War II advanced the art and science of surgery more in four years than their predecessors had in forty. By the mid-1950s, surgeons in Albuquerque and elsewhere were performing



Above: Manuel Chavez, Marian Leech,
Mrs. Van, Olive Hall
Presbyterian Healthcare Services Photoarchive photo by C. E. Redman
circa 1955

Below: Helen Evans and Faith Delaney Courtesy: Evans and Delaney families circa 1950





numerous surgical procedures, including abdominal, orthopedic, brain, and neurosurgery. Presbyterian in the mid-1950s had a well-deserved reputation for its eye surgery, attracting patients from around the state of New Mexico.

In the hospital, advanced cancer in the 1950s was treated either by surgery or radiation therapy. Neither at the time was considered a cure for cancer but, rather, a removal of the malignancy. Presbyterian, like most hospitals in the 1950s, kept several surgeons busy with the removal of infected tonsils and adenoids from the city's growing population of baby boom juveniles.

Above: Drs. E. Royer, W. Woolston, P. G. Cornish Jr., W. Werner, J. Hannett, B. Kempers, Ruth Hanna Memorial Wing, Physician Building Fund Committee

Presbyterian Healthcare Services Photoarchive photo by C. E. Redman

1950

Below: Drs. John and Bennett Roberts
Medical Arts Square Office

Courtesy: Dr. T. C. Roberts

1967



In 1957, the OR schedule was 7:00 a.m. to 3:00 p.m. With emergency exceptions, Helen Evans and Faith Delaney were on the day shift for the next twenty years. Both recalled that there was a formality to working in the operating rooms that doesn't exist in the twenty-first century. Evans and Delaney were Nurse Evans and Nurse Delaney. Marian Leech was never Marian, always Mrs. Leech.

Dr. P. G. Cornish Jr. was one of the city's better-known surgeons and specialized in chest surgery for tuberculosis patients. He practiced with Dr. Stanley Woolston. As a general surgeon, Dr. Kridelbaugh gravitated toward the practice of abdominal and soft tissue surgery. Drs. Edward Forbis and John Boyd practiced orthopedic surgery in Albuquerque during the 1950s and 1960s.

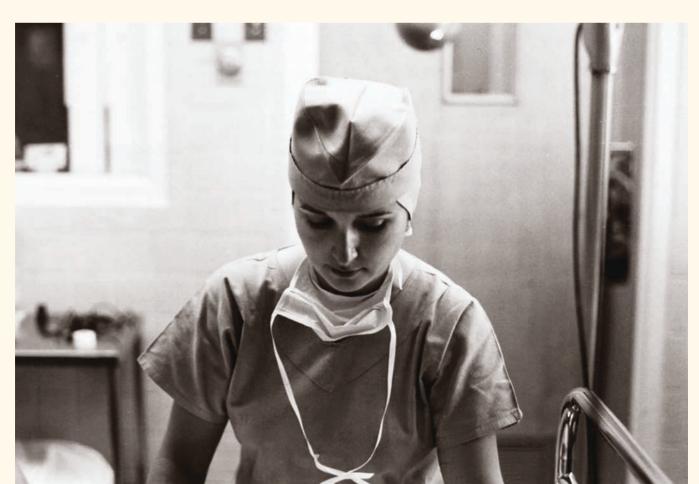
Because Presbyterian was a sanatorium for most of its first fifty years, several of the older surgeons still performed chest surgery into the late 1950s and early 1960s. Helen Evans remembered Dr. Langlois and Dr. Gorman collapsing a lung or doing surgical work on it or even removing a lung for TB when she first came to Presbyterian. With the postwar baby boom, more children meant more tonsillectomies. Evans recalled that Dr. Bennett Roberts, the first

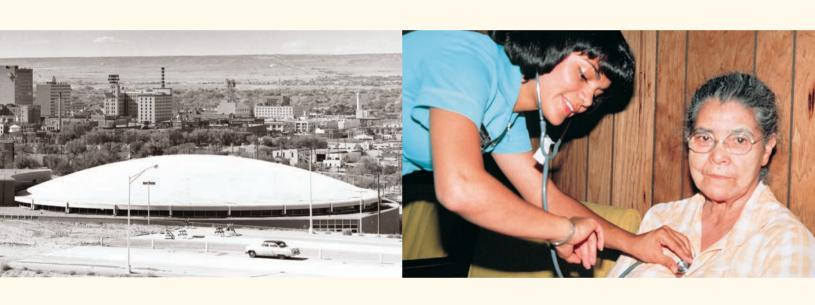
of three generations of Roberts men who became physicians and practiced at Presbyterian, came in the morning and had eight or ten tonsils done by eleven o'clock.

Everything in the OR had to be sterilized and prepared by hand for the day's surgery. Mrs. Leech came in early and boiled water in order to sanitize instruments. Presbyterian did have an autoclave, a pressurized device to heat water above the boiling point, in which nurses could flash-sterilize surgical instruments. The OR nurses made their own packs upstairs with linen. When they circulated the instruments, nurses tied the packs with string. After the pack was used, nurses would then have to wind the string up to use it again. Everything was cloth at that time. Nothing was disposable.

In fifty years of working the OR at Presbyterian, Helen Evans and Faith Delaney witnessed huge changes in technology, procedures, and care. But what never changed was the *esprit de corps* and the mutual feeling of respect and caring that characterized the medical staff, nurses, and employees of the hospital.

Below: Maurcena Wells, RN, Ruth Hanna operating room Courtesy: Maurcena Wells
1967





CHAPTER EIGHT A Commitment to the Community's Health





Above: Entrance to military bases
Courtesy: The Albuquerque Museum, PA 1982.181.005
circa 1950

n the early 1960s, Albuquerque was growing at an increasingly rapid pace. The city's population exceeded 200,000 in 1960, double the number living in the city ten years earlier. Although Kirtland Air Force Base and Sandia National Laboratories experienced a slight contraction during the administration of President John F. Kennedy, the rapid run-up in defense spending to fund the Vietnam War fueled growth at both the Air Force Base and the National Laboratories.

Military spending also created thousands of new private sector jobs in the city and surrounding Bernalillo County. New companies locating in the region included Sparton Southwest, which opened a plant on the west side in 1961 to manufacture switches for military applications. General Electric opened an aircraft engine factory in 1967 to produce components for military and commercial aircraft. The Aerospace Division of Boeing and military contractor EG&G also opened plants in Albuquerque in the 1960s.¹

Spearheaded by realtor Gene Hinkle, civic leaders formed the Albuquerque Industrial Development Service to diversify the local economy and recruit new industry to the community. The completion of I-25 and I-40 through the city by 1966 made Albuquerque a logistics hub for much of the intermountain west.



The explosion of population and the strong economy created a residential and commercial real estate boom. Developers built thousands of houses across the North Valley and the Northeast Heights. Subdivisions with names such as Snowheights, Hoffmantown, and Princess Jeanne Park sprouted across the rapidly expanding suburban edge of the city.² Residents could buy new tract homes for as little as \$10,000 and finance the purchase with a thirty-year mortgage at 5 percent.



Top: View of blocks cleared for I-25

Courtesy: The Albuquerque Journal

April 1, 1960

Above: New Interstate 25, next to
Civic Auditorium
Courtesy: The Albuquerque Museum, PA 1982.180.399
circa 1960

Left: Peter Topp, General Chennault NE, looking west on Candelaria Courtesy: Heidi Topp Brooks 1954



Above: Entrance to Princess Jeanne Park, Eubank and Constitution; Lola Jamme at the wheel, Bill Jamme, Jennifer Bell, Margaret Jamme

Courtesy: Madelon Jamme Brown and Margaret Jamme Brizzee

December 25, 1955

Top Right: Intersection of Constitution and Wyoming NE, view to future site of the Winrock Center

Courtesy: The Albuquerque Museum, PA 1990.057.002 circa 1960

Bottom Left: Hoffmantown Shopping Center, Menaul and Wyoming NE Courtesy: The Albuquerque Museum, PA 2001.059 circa 1952

Bottom Right: Aerial, Winrock Center Courtesy: The Albuquerque Museum, PA 1996.006.375 circa 1965 The Northdale Shopping Center in the North Valley and the Eastdale Shopping Center in the Northeast Heights both opened in 1961, the same year Winthrop Rockefeller opened his Winrock Shopping Center in Albuquerque. In the early 1960s, the Horizon Land Company began developing Paradise Hills on the West Side.³

For Presbyterian and St. Joseph, the population boom necessitated expansion. Presbyterian's 1961–1964 expansion of the Central Avenue campus and the clearing of many of the buildings from the original San gave the institution an advantage in the increasingly competitive









healthcare market. St. Joseph Hospital completed its new, twelve-story hospital in 1966.

Above: Old Main Sanatorium Building being razed Presbyterian Healthcare Services Photoarchive 1967

Shoebox Management

In 1965, Presbyterian had just added 120 beds and increased the height of the Central Avenue campus tower to five stories. Presbyterian wasn't that far removed from the financially difficult years of the late 1940s and early 1950s, and Ray Woodham kept a close tab on revenues and expenses.

Woodham practiced what he called "shoebox management" during the 1960s. "You just spend what you have. You know every day how many patients you've got, what you can expect," Woodham explained. "You don't wait until the end of the month and all of a sudden your census was down. If so, you are halfway through the next month before you do anything about it. If the census was going down, we would freeze employment. We always hired nurses, but we just froze hiring new employees or replacing employees if the census was down. That's shoebox management."

Below: Nurse checking patient's vital signs
Presbyterian Healthcare Services Photoarchive circa 1970



Right: Adding third floor to Ruth Hanna Memorial Wing

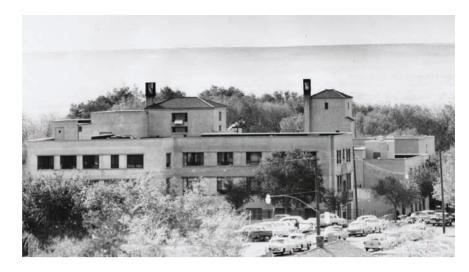
Presbyterian Healthcare Services Photoarchive

1958

Below: Ray Woodham, Dick Olsen, John Glass, and George Brewer in Woodham's office in the old building.

Presbyterian Healthcare Services Photoarchive photo by C. E. Redman

circa 1956



Presbyterian tapped into Federal funds made available by Hill-Burton legislation. In 1946, this legislation allocated funds for new hospital construction. Presbyterian had received these funds once before in 1954. Now that Hill-Burton legislation had been amended in 1962 to provide for the formation of state and regional health planning agencies to advise states and municipalities on construction priorities, Presbyterian would try this funding source again. With its tremendous growth, Albuquerque qualified for an ever-increasing allocation of Hill-Burton funds.



"You went up, told them what you wanted and needed, and so forth," Woodham explained of the Hill-Burton qualification process. "We had our plan on graphs and pictures, and nobody else in the state had it. So we looked like we knew what we were talking about, and we were quite successful in getting Hill-Burton funds to match what we could put up."

Presbyterian was successful in qualifying for Hill-Burton allocations for all of the hospital expansion that took place in the late 1950s and early 1960s. For Ray Woodham and several other members of Presbyterian's board, the expansions on Central Avenue were certainly needed. But Woodham also felt that Albuquerque's growth dictated that Presbyterian would need to consider satellite locations to serve the community that was spreading beyond the traditional city limits.

However, not all of Presbyterian's board members shared Woodham's vision Below Left: Construction of new B Tower, Gold and Oak SE Presbyterian Healthcare Services Photoarchive circa 1960

Bottom: New B Tower and entrance, old San in the background
Presbyterian Healthcare Services Photoarchive
1961





Above Right: Ray Woodham with model of new buildings on **Presbyterian campus**Presbyterian Healthcare Services Photoarchive

circa 1965

1949

Right: Albuquerque Gravel Products, future site of Anna Kaseman Hospital Courtesy: The Albuquerque Museum, PA 1980.185.920



Building Kaseman

In 1966, Woodham resigned and accepted a management position with the American Hospital Association in Chicago. John Beyer, the assistant administrator since 1958, replaced Woodham for about a year. When Woodham returned to Presbyterian in 1967, he became executive director, an indication the board was moving toward a multihospital system. Beyer remained as administrator.

Woodham continued to advocate the construction of a new hospital in the Northeast Heights. Before he left for Chicago in 1966, a forprofit hospital had purchased a site near Wyoming and Constitution. Woodham convinced the board in early 1968 to take an option on ten-plus acres at Pennsylvania and Mountain Road. But when the for-profit hospital abandoned the Albuquerque market later in 1968, the board decided to purchase the vacant land at Wyoming and Constitution for its hospital.

Woodham explained that the Anna Kaseman Hospital was named for a wealthy Albuquerque resident who had left a substantial portion of her estate to Presbyterian when she died in 1964. "I had a board chairman at that time who thought everything had to be unanimous. If anybody voted against it, you just couldn't do it. We did a good study of the Northeast Heights about where our patients came from and where the patients' doctors' office were. To me it looked like a winner." Woodham told the then-chairman, George Savage, "If the board isn't going to build that thing, would you care if I build it?" Woodham recalled. Well, he squinted his eyes a little, and they finally OK'd it."

Presbyterian built Kaseman Hospital for about \$3 million, and within a year the hospital's revenues were exceeding expenses. Ray Woodham





Above: "City of Neon," downtown
Albuquerque in its heyday.
Courtesy: The Albuquerque Museum, PA 1996.009.001
circa 1960s



Above: Mrs. Van, Mr. and Mrs. Trexler, and Dick Olsen at the new Anna Kaseman Hospital
Presbyterian Healthcare Services Photoarchive
September 1970

Left: Anna Kaseman Hospital
Presbyterian Healthcare Services Photoarchive
circa 1970



promoted Presbyterian's assistant administrator Dick Olsen as Kaseman administrator. Woodham had the satisfaction of seeing Kaseman become the success that he had long predicted it would be.

With Kaseman in the black, Presbyterian began seeking other avenues to test its theories about creating a multihospital system. The management team would receive encouragement from a remarkable new board chairman who put his stamp on health care in New Mexico.

Building a Base

In 1968, the Presbyterian board accepted Ray's recommendation to seriously consider starting a foundation for Presbyterian Hospital. He recommended that the organization use the \$1 million endowment that was restricted to paying for Presbyterian ministers as the corpus of the foundation. "We should go out and try to get

financial support through others and grow this amount of money into a solid foundation," proposed Ray. One of the earliest contributors was the Women's Auxiliary, which donated \$8,000 in 1969. In later years, the Women's Auxiliary would include men, become known as the Presbyterian Volunteers, and by 2008, proceeds from gift shop sales and other activities allowed a donation of just over \$345,000.

In the late 1960s, Ray Woodham began to consider how to set up Presbyterian for success in the future. Ray believed that he was

Above: New administrators Dick Olsen and Dick Barr, Sanatorium Quarterly Presbyterian Healthcare Services Photoarchive

T 40=

June 1970

Below: Volunteer with a bouquet for a patient

Presbyterian Healthcare Services Photoarchive

circa 1970





Left: Mrs. Van with auxiliary members Presbyterian Healthcare Services Photoarchive circa 1960 trained to "run a good hospital. But to run a great hospital, you've got to have a foundation. A community foundation ensures that support creates a base for financial stability in the years to come."

The auxiliary, the foundation, and chaplaincy services naturally fit together as support services for hospital programs. In 1954, the hospital appointed The Reverend David Reiter, a member of the board of directors, as the first official chaplain. The Reverend Floyd Sovereign became chaplain in 1963 and is credited with starting the formal chaplaincy program, which continues to offer support for the spiritual, emotional, social, and intellectual dimensions of patient care to people of all faiths and beliefs.

Although the foundation started off slowly, it quietly grew, and over the years, contributions from individuals in the Albuquerque community to the Presbyterian Healthcare Foundation have consistently provided a strong base of support for Presbyterian operations.



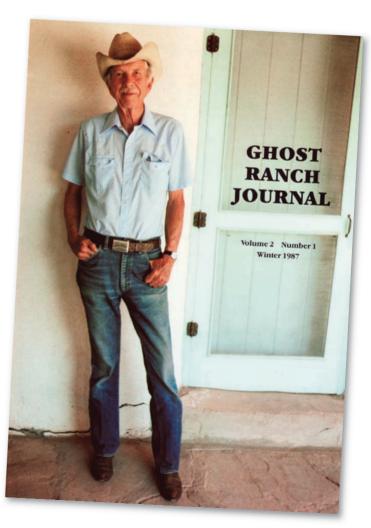
Above: Auxiliary volunteers serving a patient
Presbyterian Healthcare Services Photoarchive circa 1960

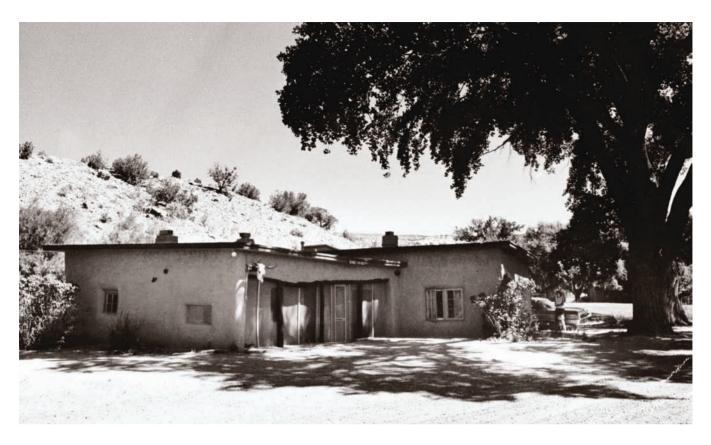
Below: **Jim Hall**Ghost Ranch Journal, Winter 1987

The Legend of Jim Hall

Presbyterian's expansion into rural New Mexico was shepherded by the Reverend Jim Hall Sr., the Presbyterian minister who served on the Presbyterian board for many years and chaired the board for ten years in the 1970s. The son of a cowboy missionary, Hall grew up in Albuquerque, went to seminary in Chicago, and served his first pastorate in Alaska during World War II, where he ministered to his parishioners aboard the boats of the fishing fleet. He worked in the shipyards of San Francisco before heeding the call of a parish in the copper fields of Morenci, Arizona. He served in Texas and in Hobbs, New Mexico, where he worked in the oil fields while not preaching.⁴ Hall was as comfortable dealing with the movers and shakers of commercial Albuquerque as he was having sandwiches with the followers of Reyes Lopez Tijerina, the leader of the 1966 land revolt in the mountains of northern New Mexico.

"Jim Hall was legendary," said Dick Barr. "He was probably the only true renaissance man I've





Above: Original ranch house, "Ghost House"

Presbyterian Healthcare Services Photoarchive photo by Jim Rawls

circa 1970

Below: **Abiquiu**Coutesy: Palace of the Governors Photoarchive
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ever met and had the opportunity to know personally. He was well read, highly educated, a great conciliator."

In 1960, Arthur and Phoebe Pack, whose stamp collection financed the establishment of the Española Hospital, donated their 23,000-acre ranch near Abiquiu to the Presbyterian Church. The next year, Hall was named director of what became known as Ghost Ranch. Hall and his wife, Ruth, a noted paleontologist, ran Ghost Ranch as a retreat center for the Presbyterian Church for the next twenty-five years.⁵

The 23,000 acres that comprise Ghost Ranch were part of a land grant to Pedro Martin Serrano from the King of Spain in 1766. The grant was called Piedra Lumbre (shining rock). The name "Ghost Ranch," or its local Spanish name "El Rancho de los Brujos," was derived from the many tales of ghosts and legends of hangings in the ranch's history.

Georgia O'Keeffe lived and painted at Ghost Ranch. She and Jim Hall were colleagues, and she donated funds to build a new director's house. Over his tenure, Jim Hall marshaled and shepherded the Presbyterian Church, friends, and supporters to build the programs, facilities, and grounds into a well-known study and conference center.

Pastors, college students, families, and individuals from New Mexico and across the nation find rest and renewal among the red cliffs and vividly clear stars. In 1976, Presbyterian began a thirty-plus-year tradition of sending managers and leaders to Ghost Ranch for an annual retreat. A garden is donated in Dick Barr's recognition and appreciation for his years as CEO and a pavilion and stained glass window were donated in honor of Jim Hall's years of service on the Presbyterian board.

"A Very Good Answer"

While healthcare expansion paralleled the growth in New Mexico's cities, rural communities needed assistance to fund hospitals and attract physicians. Presbyterian took its first steps in moving beyond the city when it purchased the twenty-one-bed hospital in Belen from Luis Torres in 1971. Later, the Valencia County residents raised funds to help build a replacement hospital.

The need for health care in smaller communities was great and as board chair, Jim Hall provided the motivation for the hospital's expansion in New Mexico. The next year, Presbyterian signed management contracts with the hospitals in Artesia and Ruidoso and, in 1975, entered into an agreement to build a new Clovis Memorial Hospital. In 1976, the nation's bicentennial year, Presbyterian added the operation of Socorro County General and McKinley General in Gallup to its growing network of hospitals. These additions were followed by Española Hospital in 1977 and Dan C. Trigg Memorial Hospital in Tucumcari in 1978 and Nor-Lea General in Lovington in 1980.





Above: Belen General Hospital
Presbyterian Healthcare Services Photoarchive
circa 1971

Below: Ruidoso–Hondo Valley General Hospital Presbyterian Healthcare Services Photoarchive circa 1970





Above: Clovis Memorial Hospital
Presbyterian Healthcare Services Photoarchive
circa 1970

Left: Congressman Manuel Lujan presenting American flag to George Savage, Ray Woodham, and Dick Barr Presbyterian Healthcare Services Photoarchive circa 1971



Above: John L. (Jack)
Rust. In Late
1972, Jack began
his thirty-year
plus involvement
with Presbyterian
as chair of the
board regional
committee.
Presbyterian Healthcare

Services Photoarchive

Right: Presbyterian began its expansion outward from Albuquerque in the early 1970s, and by 1980 owned or managed hospitals in nine other New Mexico communities.

> Presbyterian Healthcare Services Photoarchive

Woodham was fortunate in that he had capable administrative help at the Central Avenue campus. Dick Barr, a 1961 graduate of Dartmouth College who in 1963 earned his master's degree in hospital administration from Woodham's alma mater, the University of Minnesota, came to Presbyterian as administrator in 1969. Having Barr at "Pres Main" enabled Woodham to spend more time building and nurturing the regional hospital system.

Woodham explained: "We didn't want to lose patients to other hospitals. Well, along came the Artesias, the Ruidosos, the Clovises, the Tucumcaris, Gallup, Socorro. All those people had a need."

Jack Rust takes a little bit of Woodham's bluntness with a grain of salt. Rust, an Illinois native who bought into the local Caterpillar franchise and became one of the state's pre-eminent heavy equipment

dealers (as well as an elder statesman of New Mexico's business community), joined Presbyterian's board in 1965. Rust, who chaired the committee on regional expansion for board chair Jim Hall, recalled the 1972 discussion about managing the hospital in Ruidoso.

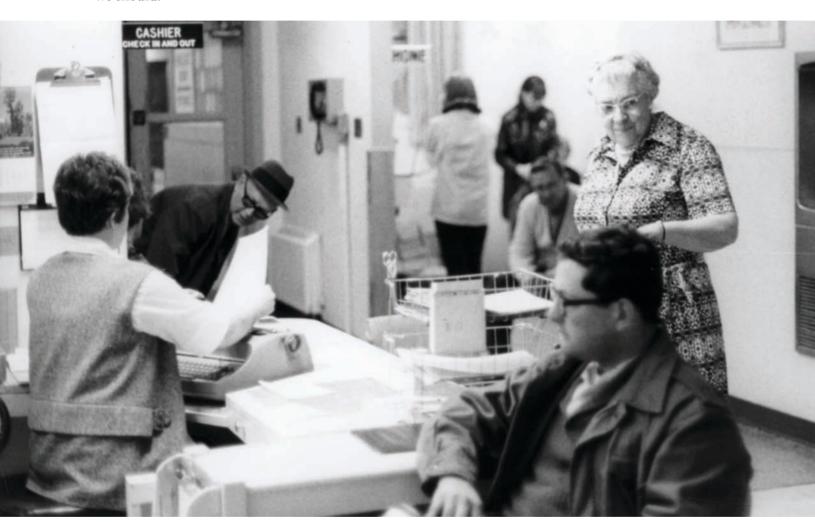
Rust remembered asking Woodham, "'Now Ruidoso is a long ways away. We are not without problems here at Pres. What in the world can we do to help Ruidoso?' Ray thought about that. And he said, 'I guess the answer is we can help to make sure health care continues to be available in Ruidoso,' which was a very good answer."

Dick Barr recalled that the extra workload from adding the regional hospitals necessitated a rearrangement of how the management staff approached its new duties. Woodham and Barr held a meeting with supervisors to get their input on the workload. Barr explained, "We needed them to understand and know what this opportunity was, and would like to know what reactions they had and what counsel they would like to give us."



Some in the room felt overworked, and some felt that Presbyterian needed to hire more people to make the regional acquisitions work. Barr asked Mrs. Van to comment and what she said epitomized Presbyterian's culture.

"I know and am concerned about whatever toll it takes on you in this room and your families," Mrs. Van said, "but I think if we can help, we should."



Our Salvation and Our Blessing

Mrs. Van's comment swayed the conversation to how important good health care is to the residents of rural communities in New Mexico. And few articulate that need better than Johnny Montoya.

Soft-spoken with a full head of gray hair, Montoya spent almost a half-century providing the farmers of the Española Valley with feed and seed from his mill in Española. Along the way, he helped Above: Mrs. Van visiting the emergency room

Presbyterian Healthcare Services Photoarchive 1964



Above: Española Hospital
Presbyterian Healthcare Services Photoarchive
circa 1954

Below: Johnny Montoya receiving his thirty-year board recognition. Presbyterian Healthcare Services Photoarchive circa 2007



his community by serving on the board of just about every civic organization he could, including 4-H, the Chamber of Commerce, the local school district, and the Kiwanis Club.

Montoya also served on the board of the town's hospital, which was then owned by the United Brethren Church. Montoya recalled that at his first board meeting, the chair, G. K. Brasher, told the group that the facility was unable to meet payroll.

"Of course, being in business," Montoya said, "I knew a little about what that meant. And I thought to myself, 'What am I getting into?' I'll never forget this, because it made an impact on me. I remember him saying we cannot meet payroll, and him being president of the local bank, he wanted authorization to extend a \$100,000 line of credit to Española Hospital to meet payroll."

Prior to that time, at the end of every year, the United Brethren Church would write a check for the difference of income and expenses. In the early 1970s, the church decided it could no longer support the hospital, and that's when Johnny Montoya and his colleagues on the board started looking for a partner.

Fortunately, Española Hospital had a champion in the area. The Reverend Jim Hall, a Presbyterian minister, was director of nearby Ghost Ranch. Hall had personally known Arthur and Phoebe Pack, the hospital's original benefactors and the last private owners of Ghost Ranch. At the time, Hall had also just succeeded to the chair of Presbyterian's board of directors. Hall turned the matter over to Jack Rust, who began acquisition negotiations with the Española Hospital board in late 1973.



When the agreement for Presbyterian to purchase and manage Española Hospital was announced in 1974, Montoya recalled a weight being lifted off his shoulders. "The whole board was relieved that now we had somebody with some expertise and some financial capabilities of running a hospital," he said. "I think there was some apprehension among some people about a big city hospital taking over. That was natural, and I think it's in every community."

Later, when a mil levy to fund an expansion of Española Hospital was up for election, Montoya crisscrossed Rio Arriba County urging his neighbors to vote for improved health care for the community.

"The two things that saved us as a community," Montoya said, "and I call them our salvation and our blessing, is Presbyterian and the fact that we were able in Española to pass the mil levy."

Montoya capped his thirty-plus-year exposure to healthcare service in rural New Mexico in 1999 when he was named to the Presbyterian system's board of directors. Along the way, he watched Española Hospital evolve from "a Band-Aid station to a viable hospital with a good medical staff, good equipment, good technology."



Above: Dan C. Trigg's hospital board member Grant J. Morper, served the Tucumcari community for nineteen years and was vice chair of the system board during the mid-1990s. Grant credits Tucumcari's partnership with Presbyterian for keeping hospital services in his home town.

Presbyterian Healthcare Services Photoarchive circa 1996

An Affair of the Heart



Above: New construction on ICU-CCU bays

Presbyterian Healthcare Services Photoarchive

1972

If there is any medical specialty that Presbyterian is known for, it is cardiac care. And perhaps no other specialty carries as much emotion for the system. Launched with a catheterization laboratory and a handful of cardiologists in 1970, Presbyterian's reputation for heart care has grown exponentially since. Presbyterian has done hundreds of heart bypass operations since 1970 and has performed more than one hundred heart transplants. The hospital's outcomes in cardiac care are a tribute to the vision of hospital administrators and to the iron will and determination of the cardiac surgeon who created and guided Presbyterian's cardiac care team for thirty years.

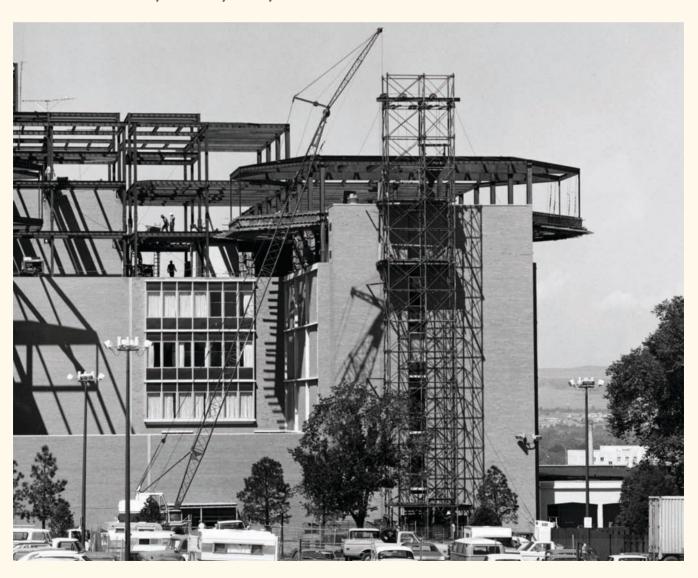
Heart surgery and cardiac care made giant strides in the late 1960s. The Cleveland Clinic perfected revolutionary bypass surgery in 1967 that has improved the lifespan of millions of heart patients worldwide. Surgeons from South Africa to Houston experimented with heart transplants that captured the world's attention in the late 1960s and 1970s.

For much of the twentieth century, heart disease was the nation's number one killer. The medical community didn't understand the role that exercise, diet, and smoking played in the complex arena of human heart health. It was during the Korean War that military autopsy specialists began to notice a frightening increase in coronary arteriosclerosis among men still in their twenties. A landmark study in Framingham, Massachusetts, in the 1950s and 1960s followed up on the Korean War findings and convincingly revealed the impact that cholesterol and hypertension can have in the onset of heart disease.

In 1957, Houston's Dr. Michael DeBakey performed the world's first carotid endarterectomy. DeBakey's groundbreaking surgical techniques opened the way for surgeons to treat arterial blockages that caused so many heart attacks and cardiac deaths.

Surgeons at the Cleveland Clinic next took up the baton for advancements in cardiac surgery. Dr. Mason Sones performed the world's first coronary angiography in 1958, and Argentina's Dr. Rene Favalaro is credited with the first coronary bypass surgery at the Cleveland Clinic in 1967. The bypass surgery, which involved placing the patient on a heart-lung bypass machine and stripping veins out of his or her legs to replace blocked sections of artery, revolutionized cardiac surgery. By the mid-1970s, 250,000 heart bypass surgeries were being done nationwide each year. Today, nearly a half-

Below: Construction, new bays
Presbyterian Healthcare Services Photoarchive
1972





Above: Completed addition
Presbyterian Healthcare Services Photoarchive photo by Dick Kent
1973

million Americans undergo cardiac bypass surgery each year.

An indication of how far coronary surgery had come in the late 1960s was the first human-to-human heart transplant in December 1967. Dr. Christiaan Barnard performed the surgery at Groote Schuur Hospital in Cape Town, South Africa. Louis Washkansky, the recipient of the heart of a recently deceased patient, lived for eighteen days after the procedure. Barnard's accomplishment was followed in June 1968 by Dr. Denton Cooley's first U.S. heart transplant at St. Luke's Hospital in Houston, Texas.

Presbyterian made its decision to create a hospital cardiology program in mid-1969. Bill Lovekin, an internist/cardiologist presented Woodham with a paper outlining his rationale for a cardiology program at Presbyterian. Presbyterian already cared for more patients with cardiac diagnoses than any other hospital in Albuquerque. Woodham shared this paper with Barr during his interview. The hospital started with plans to expand the small CCU and to develop a catheterization laboratory. Jerry Goss, who joined Lovekin in practice, was hired as its part-time medical director.

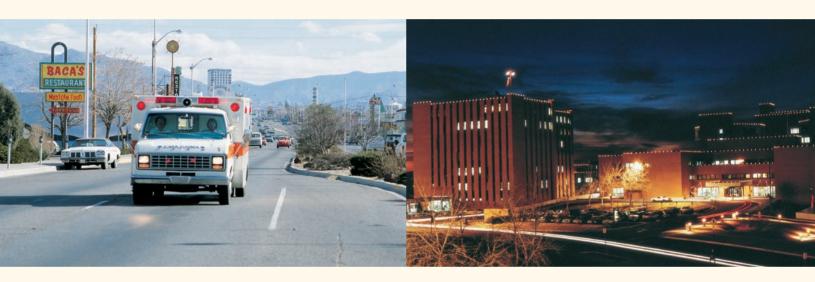
In early 1970, Bud Wilson left the University of New Mexico to begin his cardiac surgery practice at Presbyterian, convinced of the hospital's commitment and ability to care for his patients. He was supported in practice by Bob Castillo's general surgery group, and Ed Gerety soon devoted his practice exclusively to cardiac surgery. Shortly, Wilson recruited Drs. Deane and Hoyt.

Goss remembered the first surgery done on Lucy Baca in 1970 to repair a mitral valve prolapse, one of 175 surgeries the first year. In 1995, twenty-five years later, Presbyterian Hospital honored Lucy for being the first to undergo the surgery.

As the cardiology program grew, additional cardiologists and surgeons joined Goss and Wilson. The hospital was significantly impacted by the demands of caring for more and more acutely ill patients. Emily Tuttle's nursing staff kept pace with the changes. Nursing units were remodeled to accommodate more CCU and ICU beds. In 1975, these units occupied new space on the distinctive cantilevered top floors of the B and C towers that would hold the caregivers that would heal the hearts of thousands of New Mexicans in the years to come.



CHAPTER NINE Big Enough to Stay Small





Above: Riot near Presbyterian
Presbyterian Healthcare Services Photoarchive
1972

Below Left: Dick Barr, Marion Leech,
Dick Olsen, anniversary party
Presbyterian Healthcare Services Photoarchive
1972

Below Right: **Dick Barr** Presbyterian Healthcare Services Photoarchive **1977** resbyterian was torn between two opposing phenomena during the 1970s. The hospital was committed to expansion to meet growing community needs and to compete with the for-profit and not-for-profit healthcare facilities going after a share of Albuquerque and New Mexico markets. Meanwhile, Presbyterian was equally committed to remaining small enough to provide personalized service to the generations of patients who had come to know and trust the hospital and its staff.

Dick Barr, who served as Presbyterian Hospital's administrator during the 1970s, called the concept "big enough to stay small. That's one of my originals. I am proud to copy many other people, but that's one of my originals. What I meant and hoped to inspire people to buy into is that we should be big and healthy in order to have the financial resources necessary for success. Yet we should stay small enough to remain local, independent, and not-for-profit and to continue to control our own destiny and reinvest in the community."

Barr, a Milwaukee native started working part time in hospitals when he was in New Hampshire. Barr completed a residency at the University of Kansas Medical Center in Kansas City and remained in Kansas for seven years before a mutual friend told him of an opening at Presbyterian with Woodham in Albuquerque. Barr applied for the job and was hired as Presbyterian's administrator in the summer of 1969. He worked with Ray Woodham until Woodham's retirement in 1981.





He coined his "big enough to stay small" observation several years later. "I think a number of people understood that size and critical mass are important, but at some point, they probably start working against you. But if your vision is something different, you will strive to not allow that to happen. You will strive to maintain your focus on growth as a means to achieve your purpose."

"No Surprises"

Dick Barr became president shortly after Jack Rust became chairman, and Jack remembers he had one firm request of Dick: "that we would have no surprises. That's important, whether you are dealing with your banker or your wife, or whatever, you'd better not have any surprises."

Jack was serving on a number of community boards, "but the Pres board, in my way of thinking, was the best example of how a board ought to run" says Jack. "There were no silent people who didn't express opinions. It wasn't a 'kissing your sister' board. They needed our opinions, wanted them and listened to us. There was always good discussion, and frankly, I do not ever

remember a vote that was not unanimous. We kept discussing until we reached agreement."

The idea of teamwork on the board was important: setting goals, keeping them in focus. "We never had a problem with attendance remembers Rust. "I never asked a board member about a committee or a commitment that they didn't agree to. People were there because they believed in Pres and believed in what the organization was doing in the community."



Above: Downtown Albuquerque failed as new malls and motels drew customers away. The Alvarado Hotel was demolished.

Courtesy: The Albuquerque Museum, PA 1996.062.901 **1970**



Above: Breaking ground for surgery wing
Presbyterian Healthcare Services Photoarchive
1969

It was under Jack's tenure that physicians were asked to accept board service. The idea had surfaced, been discussed, and in true form the board finally reached a unanimous decision. Physicians were added and, according to Rust, have been great board members. Jack remembers asking cardiologist and board member Paul Cochran: "'Take that stethoscope out of your pocket and put it around your neck and answer this question as a doctor.' We needed to hear from them as doctors."

Albuquerque's Surgical Hospital

Below: New surgery wing
Presbyterian Healthcare Services Photoarchive
1970

In the 1970s, Presbyterian was a good-sized, four-hundred-bed community hospital, with a broad array of surgical services. There were approximately 250 physicians on the medical and associate

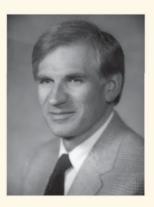
















medical staff, or those who were admitted and worked at the hospital. The number did not include the courtesy staff or the consulting staff from the University.

The largest hospital in Albuquerque and in the state, Presbyterian had all of the surgical specialties, essentially, except for cardiovascular surgery. Barr recalled, "The internists we had were basically generalists. This was really just at the beginning of the subspecialization of internal medicine into pulmonary, cardiology, nephrology and endocrinology, etc., so some of our general internists had a focus in one of those subspecialties. For example, there were two in cardiology at the time, but they were not full-fledged cardiologists."

Barr worked closely with the hospital's surgeons and physician leaders, including Jim Hutchinson, Bud Hodgin, Donald Wolfel, Steven Feagler, Andrew Horvath, Paul Cochran, Donald Rodgers, Bruce Lovett, and Clark Haskins.

At the time, there were no perinatologists and neonatologists. Those specialties were just emerging in medical centers in large teaching

Above: Presbyterian Hospital medical staff presidents in the 1970s: (top row, left to right) Jim Hutchinson, MD; Bud Hodgin, MD; Donald Wolfel, MD; Steven Feagler, MD; (bottom row. left to right) Andrew Horvath, MD; Donald Rogers, MD; and Clark Haskins, MD
Presbyterian Healthcare Services Photoarchive

Presbyterian Healthcare Services Photoarchive circa 1970s

Right: Dr. G. B. Moneymaker, Dorothy Norman RN, Maurcena Wells RN, Surgery Suite, Ruth Hanna

Courtesy: Maurcena Wells 1967

Below: Surgery
Courtesy: Maurcena Wells
1979



hospitals in the late 1960s. Presbyterian did have an intensive care medicine program with specialized critical care beds, but it was only an eight-bed unit.

"Pres was the leading surgical hospital," Barr said. "It had excellent radiology and clinical laboratory services, and it already had one of the lower lengths of stay of large hospitals in the country. The reason: Albuquerque hospitals, including Presbyterian, had a difficult time in the 1950s and 1960s continuing to grow to meet the demand for caring for more patients as the population here exploded. As a



result, the hospitals, particularly Presbyterian, were organized to facilitate through-put of patients, and the physicians were used to practicing in that method."

If anything, Presbyterian was at full capacity. "When I came," Barr said, "there were many months of the year when, if a physician wanted to admit a patient, he had to think pretty seriously about which one of his patients he was going to discharge. We often had hall beds set up in the end of the nursing station for a night admission."

"How Well Medicine Was Practiced"

Bright young physicians flooded into the city in the late 1960s and early 1970s. "Physicians of that era almost all had a service obligation to the military," Barr explained. "There were many physicians exposed to Albuquerque by their service obligation, either in New Mexico or in this part of the country. They were young physicians, they were specialists, they were well trained. They recruited into their practice groups colleagues from residency programs around the country, literally from the East to the West Coast."

Albuquerque was blessed by the fact that it had both an Air Force base and an Army post at the time. New Mexico had public health service facilities sprinkled around the state, and it had other defense installations, such as White Sands Missile Range at Alamogordo. The merger of Kirtland, Manzano, and Sandia Air Force bases in 1971 created one of the largest Air Force installations in the Southwest, ensuring that dozens of young Air Force doctors would be getting out of the service every year in Albuquerque.

Andrew Horvath was one of those young physicians who arrived in Albuquerque in the early 1970s, albeit not with the military. Horvath escaped from his native Hungary in the wake of the 1956 revolution against the Soviets; he went to college in Pennsylvania and medical school at the University of Wisconsin in Madison. Horvath did a

surgical internship in Boston, spent two years in the Peace Corps, and did his residency training and fellowship in hematology at the National Institutes of Health in Bethesda. In 1972, he decided to move west and arrived in Albuquerque.

The city, Horvath recalled, "was on the verge of a growth spurt, and you could feel that this community was going to really evolve rapidly. It was very attractive because of the tricultural heritage

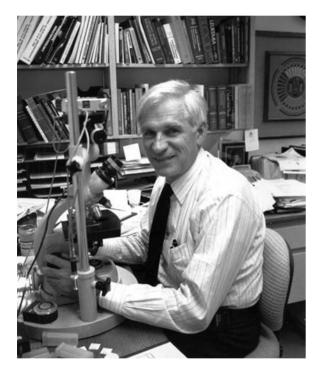
Below: Pathologist Andrew Horvath, MD, arrived in Albuquerque in the early 1970s and has been affiliated with Presbyterian ever since.

Courtesy: Andrew Horvath, MD 1977



here. Having been in South America, I liked the Hispanic flavor to it as well."

Horvath recalled being impressed by the caliber of medicine practiced at Presbyterian in 1972. "The hospital itself was a very impressive tertiary care hospital, even in 1972," he said, "and when I came out here for interviews, it actually surprised me how well medicine was practiced in this institution compared to places like Boston, Madison, or Washington, D.C. That was one of the main attractions that brought me here, a very dedicated group of physicians, as well as a really well-run and compassionate hospital."



Above: Andrew Horvath, MD
Courtesy: Andrew Horvath, MD
2000

Horvath, specializing in pathology, joined Albuquerque Pathology Associates, a hospital-based physicians' group, in 1972 as the group's fourth physician, and he has remained affiliated with Presbyterian for decades. Horvath attributes this longevity to the hospital's leadership on a number of fronts. As a member of the Presbyterian system board of directors for almost two decades, he is particularly struck by the hospital's adaptation to medical technology.

"Presbyterian has always been at the forefront of adapting technology as it became proven," Horvath explained. "We were never really at a point where we were experimental. I can't even think of any programs that we instituted which we had to discontinue because it didn't pan out or it was superseded by something else that came along. We were early adopters, but early adopters of only proven technologies—certainly in the first wave of adopters in many things."

Like most physicians, Horvath is thankful for the advances in medical technology during the past thirty-five years.

"We certainly didn't have CT scanners and MRIs and all the other sophisticated gadgetry that we use now," Horvath said. "Oh, we started doing hip replacements, knee replacements, and had defibrillators. We had heart valves, and we had open heart machines; but I remember in the 1970s, I spent a lot of time stopping the bleeding in patients who had open heart surgery because the pump technology wasn't that good. A lot of things just didn't go as smoothly, and each operation was a major undertaking."

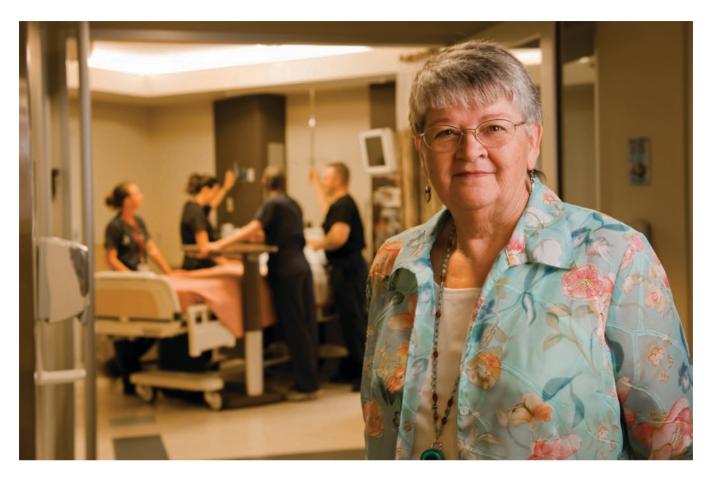
"Answering the Light"

Fortunately, many young nurses were also seeking employment in Albuquerque. Pat Phillips came to work at Presbyterian in 1972 and as of Presbyterian's centennial, she continues to work as a weekend hospital supervisor. Born and raised in the small town of Carbondale, near Aspen, Pat married, moved to California, had children, and went to college to receive her associate degree in nursing. "I came to Presbyterian because my dad followed construction all his life and had ended up in Albuquerque. He was working on I-40 when it was first built and so I moved here to be around my family. This is the only place I ever interviewed in town. I'm still here because Presbyterian has been very good to me, so."

Below: Emily Tuttle, RN, director of nursing
Presbyterian Healthcare Services Photoarchive circa 1972

Pat's nursing career began on the general medical unit where she worked with the director of nursing, Emily Tuttle, who was carrying forward in nursing the commitment to service that Reverend Cooper and Mrs. Van had begun. "You know, the really nice thing about Emily was she knew everybody," remembers Pat. "Emily knew every nurse in the building and she was out and about. She saw the patients and if a patient had a complaint, she followed up on it. She was a real leader in that she went back and got her doctorate, in a day when nobody was doing that. Emily set a good example for the nursing staff. She could do any area of nursing herself and would if that's what it took. If she walked down the hall and there was a patient light on, she stopped and answered the light."





Above: Pat Phillips, RN, began her career with Presbyterian in 1972, and retired in 2008.

Presbyterian Healthcare Services Photoarchive ${\it photo} \ by \ Michael \ Barley$

2008

Doctors and nurses are integral to the practice of medicine, and their working relationships reflect the changes in society and medicine. "When I first started working as a nursing assistant back in 1960," Pat Phillips remembers, "if a doctor came in the office you stood up. You gave doctors all the room they wanted. They had the authority to do anything and everything and we called each other Doctor and Nurse with our last names. It was that kind of arm's length relationship in the '50s and '60s and even into the '70s somewhat. And it doesn't work that way any more. It is a much more collaborative effort, which is really nice. Except I still call physicians Doctor, even if they call me by my first name. They deserve the respect. They are the ones that went to school and learned all the hard stuff. Only now I don't stand up just because they are there."

Nobody Told Him It Was 15 Below in January

In the 1970s, Presbyterian not only attracted physicians and nurses from across the nation, it sought out technicians and medical administrators from one end of the country to the other. Indianapolis native Dave Hicks had just graduated from Indiana University in 1971 and was working in the x-ray and nuclear medicine departments at St. Vincent Hospital in the Hoosier capital city. With his college education and background in radiology and nuclear medicine, Hicks was a sought-after commodity in the medical community. He put a classified advertisement in several hospital journals and received a call from Dick Barr, who asked if they could meet at O'Hare Airport while Barr was in Chicago for an American Hospital Association meeting.

In late March 1971, when Hicks left Indianapolis, there was a foot-and-a-half of snow on the ground, and when he arrived in Albuquerque for the interview, the temperature was 75 degrees. He asked Barr if he could stay over a day to enjoy the spring-like weather, and Barr assured him that "the weather is like this all year long." "I found out later it was -15 in January of that year, and nobody told me that one," said Hicks.

Presbyterian quickly offered Hicks the job of chief technologist, essentially to serve as the hospital's radiology manager. Hicks promptly accepted the position. "In those days," he said, "radiology

Below: Dave Hicks was recruited by Dick Barr in 1971 and has spent his thirty-eight-year career in the Presbyterian Hospital radiology department.

Presbyterian Healthcare Services Photoarchive photo by Michael Barley

2008



was doing the conventional fluoroscopy and radiographs, a little bit of nuclear medicine. Ultrasound was not even a diagnostic tool at the time. We had an A-mode ultrasound machine, which was used for mitral valves. It was way prior to CT and MRI. Nuclear medicine was actually in a little closet. It had one machine in there."

For Hicks, a thirty plus year employee, the growth of radiology and Presbyterian has been an exciting venture. But he has never forgotten why he got into the field in the first place. "Sometimes I think that we get so caught up in all of our little processes and things that we need to remind people of the original intent, why most of us got in the business," Hicks said. "I came from a non-medical family background and I didn't fulfill my grandmother's dream of becoming a medical missionary, but we were always taught to help others, and I ended up in this business. Helping caregivers, helping others."

Trying to Be a Good Neighbor

Below: Fortune-teller on
1213 Central Avenue SE
Presbyterian Healthcare Services Photoarchive
1970s

Like most community hospitals that started small and grew with the times, Presbyterian Hospital experienced a series of expansions. The red brick hospital on Central Avenue seemed to steadily grow into the Silver neighborhood. In order to expand, Presbyterian needed



to buy many of the small early subdivision houses and some early tuberculosis cottages. Dick Barr wanted to be a good neighbor, so he established a program called "Lifeline." Under the terms of Lifeline, people sold their house to Presbyterian but could live in it for the remainder of their lives.

Pat Phillips remembers one of the houses in Dick's program. "There used to be houses all over the place," said Pat, "little houses on Central, houses on Silver, and actually, there was a house out in the middle of our physicians' parking lot. That house was there for a long, long time. I used to laugh, because that little man who lived there would feed the pigeons. He liked the pigeons. Of course, they made a mess on all the doctors' cars. A little bit of get even, I think."

Revathi A. Davidson, who started with the organization in 1979, remembers working with Joyce Godwin, Ray Woodham, and Dick Barr in the system offices in the Zia building. During their lunch breaks, they used to enjoy watching people go in and out of the fortune-teller across the street on Central Avenue.



Above: House being razed for
Professional Building parking lot
Presbyterian Healthcare Services Photoarchive
photo by Dick Ruddy
1970s

"The Evolution of Remaining Community Owned"

As the seventies ticked away, the hospital's ties with the Presbyterian Church weakened. The indirect financial support from congregations around the nation waned since a cure for tuberculosis was found after World War II. Still, the spiritual underpinnings of the organization were very much in evidence, led by the work of Mrs. Van and others as a near daily reminder of Presbyterian's commitment to caring.



But there was a second commitment that was evident to Barr from the start of his career at Presbyterian. "One of the things that I learned early on was the organization's commitment to excellence," Barr said. "And I always perceived that as really doing a good job for each and every patient we had the opportunity to care for. I

Above: Dick Barr, Mrs. Van, and leaders Presbyterian Healthcare Services Photoarchive circa 1978



think this is a very rich legacy rooted in the community. Presbyterian had been and would continue to be a not-for-profit healthcare organization."

"In the late 1970s, we adopted a formal board policy not to consider selling the organization to a for-profit hospital management company," Barr explained. "This was an emerging trend, and our board felt that it was important to retain local direction and control of our destiny. To the best of my knowledge, we were the first to take a stand like that."

Above: ER nurse with patient
Presbyterian Healthcare Services Photoarchive
1969

Returning Value to the Community

The hospital's not-for-profit structure allows Presbyterian to return value to the community it calls home. Barr cites Presbyterian's purchase of Albuquerque Ambulance as an example.

"I'm not sure we would have ever invested in Albuquerque Ambulance if we had not been a community hospital," Barr said, "and had a board that understood our recommendation."

Below: Ambulance driver Clifford Gonzales, East Central Avenue, west of Carlisle Boulevard

 $Presbyterian \ Health care \ Services \ Photoarchive$

1979

There were two ambulance services in Albuquerque in 1973. Both raced to address a call for help, and at least once, attendants had fistfights over which ambulance crew would render aid to a patient. Service suffered as a result, and the lives of Albuquerque residents were at risk if something wasn't done.



To rectify the situation and bring professional service to the city, Presbyterian and St. Joseph agreed to form a joint venture to buy one of the ambulance companies in order to upgrade services. "We bought an ambulance service with staff that had no professional training," Barr explained. "It was before the days of formally trained paramedics. It had no medical direction and barely even had supplies in the ambulance."

Presbyterian and St. Joseph quickly built the service a new garage and dispatch center at Mulberry and Central. "We basically replaced the old rigs almost immediately with new vehicles that were designed to be ambulances, and we began to professionalize the medical model of an ambulance service," Barr pointed out. For Albuquerque Ambulance, it was the first step on a journey to national awards for excellence.



Above: Albuquerque Ambulance rigs
Presbyterian Healthcare Services Photoarchive
1979

"A Career in His Home Town"

In 1980, Presbyterian was increasingly the hospital New Mexicans turned to for a wide range of treatments. Presbyterian was doing a good job of meeting the medical needs of New Mexicans, but it was facing a major change in the way it would deliver that care in the future.

Jim Hinton finished his graduate degree in December 1982 and returned to Albuquerque to take an administrative residency at Presbyterian Hospital. "It was a learning experience from a healthcare perspective," he said. "I actually didn't want to come back to Albuquerque, but I sat and talked with Dick Barr about the opportunity."

Hinton never thought he would make a career at his hometown hospital. The Albuquerque native and third generation New Mexican grew up hearing stories about Presbyterian Hospital. After graduating

from the University of New Mexico, Hinton left to earn his graduate degree at Arizona State University in Tempe where he met and married Carol Finkelstein.

Barr had replaced Ray Woodham as Presbyterian's president. Hinton recalled that the hospital was an exciting place to work in 1983. "Presbyterian was just about to open the East Addition," he said. "It redefined the look of



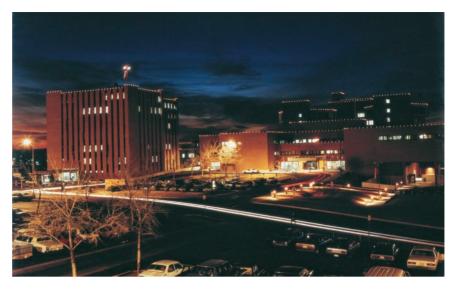
Below: Jim Hinton with Mrs. Hinton and brothers Rick and Tom. All three brothers are in health care; Rick practices psycology in Tucson and Tom is a radiologist in Midland, Texas.

Courtesy: Jim Hinton circa 1970s



Left: Carol and Jim Hinton wedding reception, Phoenix, Arizona.
Courtesy: Jim Hinton
1983





Above Left: Dick Barr and Ray Woodham Presbyterian Healthcare Services Photoarchive 1978

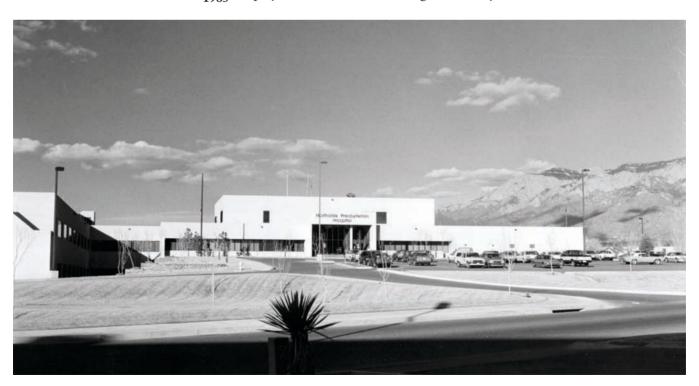
Above Right: Christmas Luminarias Presbyterian Healthcare Services Photoarchive circa 1975

Presbyterian Healthcare Services Photoarchive

Below: Northside Presbyterian Hospital

the main campus. It anticipated the need for large spaces for patient care. And we were about to open Northside Hospital. It was our second satellite in Albuquerque. Kaseman was the most successful hospital in our system, and it was blowin' and goin' in 1983."

Albuquerque itself was blowin' and goin' in 1983. The town was abuzz with basketball talk that spring, which reached a fever pitch when the NCAA Men's Division I Basketball Tournament arrived in town the first week of April for the Final Four.² The games were played at the Pit to standing-room-only crowds, and none who were





there would ever forget North Carolina State University Coach Jim Valvano dancing across mid-court, his arms raised in triumph, celebrating the improbable victory by his Wolfpack team.

For Albuquerque, the tournament was a chance for the city to shine. CBS-TV crews descended on Albuquerque and aired shots of the city on lead-ins to the Saturday and Monday games.

"Jim, Do You Know the Way?"

In 1983 when Hinton served as the hospital's administrative resident, Mrs. Van, who had remained the soul of Presbyterian, was becoming increasingly frail. Sixty years after her arrival, she was still asking people at Presbyterian if they needed any help. Vision impaired

Above: The UNM Pit, basketball game Courtesy: University of New Mexico Archive circa 1978

Right: Mrs. Van visiting a young patient
Presbyterian Healthcare Services Photoarchive
1980s



and a bit unsteady, she still made rounds, checking on patients. "How are you?" she'd say, "I am Mrs. Van." Suddenly, surgery wasn't as frightening, the hospital not so big, and the patient's room not so lonely.

One of Hinton's duties at the time was seeing that Mrs. Van made it from her home to the hospital where she made her daily rounds. "I remember her smile and her attitude and her optimism," Hinton said. "You had to get her for her 9:30 a.m. walk. She would walk across what is today the doctors' parking lot. People would line up to give her a hand. She was pretty frail, and she still loved to be

around people."

Founders' Day
Presbyterian Healthcare Services Photoarchive
1983

Below: Jim Hinton, Mrs. Van,



Mrs. Van still had the puckish sense of humor that endeared her to generations of Presbyterian employees. "'Jim, do you know the way?' she would ask me," Hinton recalled with a smile. She died the next year, and Hinton often wished he had taken the time to get to know her better. "At age twenty-three," he said, "I couldn't fully appreciate my time with her. I had student loans, and I was getting married. Looking back, it

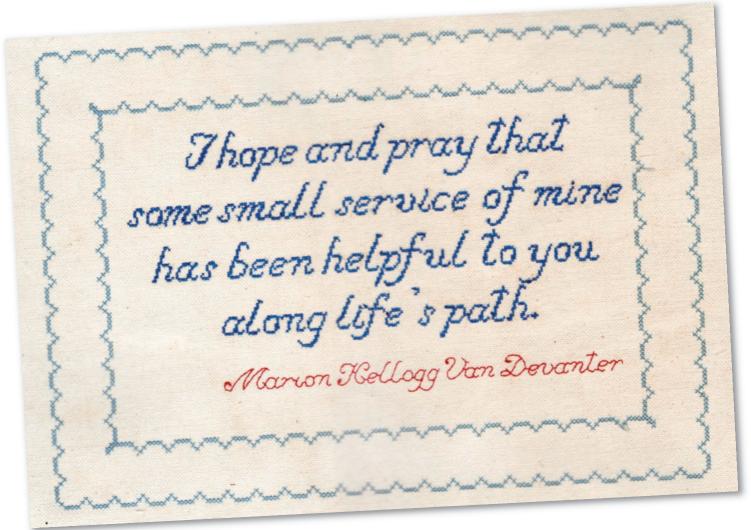
makes you think about the people you meet along the way and taking the time to appreciate them."

He knows now what an impact Mrs. Van had on the organization and has helped to define her impact for others. "If I could talk to her again and if I could ask her a question, I might ask her if she was proud of us. I'd like to know if she thought we had continued to do what Presbyterian was created to do."

"I wish I could ask her if the faith-based mission of this organization has been honored, if we have used the gifts that have been given to us to their highest and best use." Hinton would want to know if the current generation of Presbyterian people was fulfilling Mrs. Van's hopes and aspirations.

Mrs. Van died in 1984. Her beloved San had evolved into Presbyterian Hospital, had grown into a system, and at the time of her passing was serving Albuquerque residents with three campuses and the residents of New Mexico with hospitals from one end of the state to the other.

Below: Embroidery sampler,
Marion Van Devanter
Presbyterian Healthcare Services Photoarchive





CHAPTER TEN Mrs. Van's Family





Above: Mrs. Van standing behind her statue Presbyterian Healthcare Services Photoarchive circa 1984

visitor to Albuquerque's Presbyterian Hospital noticed a fascinating phenomenon one late summer afternoon. The visitor was waiting in the main lobby area to meet a hospital executive who was unfortunately tied up in rush hour traffic on nearby Interstate 40.

As the visitor passed the time, he watched the steady stream of employees, medical staff, families, and patients passing through the main entrance of the hospital. As he waited near the hospital's information desk, he began to notice a fascinating pattern. Just past the front entrance is a bronze statue of Marion Kellogg Van Devanter

and her collie, Fuzzy. Invariably, family groups with young children, either entering or exiting the hospital, would stop by the bronze statue. The visitor watched a half-dozen family groups stop in front of the statue during the forty-five minutes he waited for the executive. In each case, the youngest child in the group was the one who tugged on a parent's hand, pointed, and dragged parents and siblings over to the statue.

The stream of family groupings was a veritable snapshot of New Mexico culture: Anglos, Hispanics, Blacks, Native Americans, and South Asians. Mrs. Van and Fuzzy attracted just about every toddler and small child who passed by. And when the little ones approached the statue, it was with the same exuberance they approached a petting zoo. Little hands caressed the bronze hem of Mrs. Van's dress and petted Fuzzy as if they had all known each other for years.

Below: Mrs. Van, portrait
Presbyterian Healthcare Services Photoarchive,
photo by Ravini Studio
circa 1980s

Mrs. Van's enduring legacy to Presbyterian people and patients is nicely summed up in the reaction of the children of twenty-first-century Albuquerque to her statue. During her more than sixty years of service, Mrs. Van established a record of compassion and connectedness to Albuquerque, New Mexico, and its people. Her kindness and her resolve to do whatever needed to be done to advance the institution's purpose of improving the health of the people of New Mexico is as alive today as it was during the six decades she ministered to the community. Hundreds of Presbyterian people have first-hand memories of Mrs. Van, and thousands who never knew her have heard the stories of Mrs. Van from those who did.

For the proof of Mrs. Van's enduring fascination, you need go no further than the statue opposite the information desk at the main entrance of Presbyterian Hospital.



Working on the Finite

While she was bringing that faith and love to her mission at Presbyterian, she also worked on the finite. Jim Hinton called it "working on the tangible." She helped the organization make good decisions, to be good stewards of the resources that they had been given. She worked on building insurance programs with Blue Cross and Blue Shield and recognizing the practical aspects of a business. "From that standpoint, she had such depth of insight and such a depth of willingness to give that she was a force multiplier," says Hinton. "She was a person who created spiritual and caring and compassionate leverage."



Above: Mrs. Van visiting with a patient
Presbyterian Healthcare Services Photoarchive
circa 1978

Hinton is convinced that Mrs. Van's legacy is so important "because she did not see an either—or world. She saw a world where we were given gifts and we were expected to use those gifts. Sometimes that gift was simply the insight that a person needed a hug, or they just needed somebody to sit next to them, and sometimes it was the insight that a person needed a very sophisticated healthcare system to help them deal with life-threatening illness."

"Making Friends for the Hospital"

One of the things that was absolutely so endearing about Mrs. Van was her self-effacing sense of servant leadership. A larger-than-life figure, she had the common touch, the ability to make friends for the hospital that would bond Presbyterian to the community. And she was always willing to share those friendships. Ray Woodham was a self-described "young punk from Dallas" when he arrived in Albuquerque in 1952 to take the reins of an institution that was attempting to transform itself from a money-losing sanatorium to a general hospital. It disconcerted him to discover that Presbyterian was still ministering to 120 tuberculosis patients, many of them who had been cured by the new streptomycin drugs. Woodham despaired of rectifying the situation, but he had already discovered that Mrs. Van's "strength was tuberculosis patients and making friends for the hospital."

The Most Godly Woman

Dick Barr recalled Mrs. Van as "the most Godly woman who never wore it on her sleeve that you could ever imagine. She just exuded caring. She walked the halls daily. She'd get up in the middle of the night if she needed to. And she was always concerned about somebody, always trying to figure out what to do for somebody."

Barr, who succeeded Woodham as Presbyterian's chief executive officer, remembered being more than a little suspicious of Mrs. Van when he first arrived as Presbyterian's administrator in early 1969. "She seemed wonderful," Barr recalled, "but I honestly didn't believe that. And so, I was sitting in my office the first week, and I had a cast on my left ankle. Mrs. Van came in, closed my office door."

Woodham and the board had told Barr that Mrs. Van was always a help and never a hindrance, and Barr wanted to believe the stories. But he was afraid Woodham was pawning her off on him.



Above: Ray Woodham presents fifty-year service award to Mrs. Van. Presbyterian Healthcare Services Photoarchive 1971

Right: Mrs. Van in the kitchen Presbyterian Healthcare Services Photoarchive circa 1979

Below: Linda Barr, Mrs. Van, Dick Barr
Presbyterian Healthcare Services Photoarchive
circa 1983





"She stood there," Barr recalled bracing himself, "and I thought, 'oh boy, here it comes. This is where I find out what my instructions are.' And she said, 'I just want you to know that my job is to help you, so call on me any time you think I can,' and she turned around and left." In the next quarter-century, Barr called upon Mrs. Van for help hundreds of times.

The Personal Mrs. Van

The personal Mrs. Van was a widow of deep faith and compassion, who read *Reader's Digest*, enjoyed a fine meal, listened to religious programming on the radio, and shared her life with the Presbyterian community.

Joyce Godwin got to know Mrs. Van when she arrived in Albuquerque with her physician husband in 1973. The Washington, D.C., native had grown up in Washington and Florida and worked in health care and chamber

of commerce administration in California and Texas while her husband Earl completed his internship and residency and then served in the U.S. Navy. When her resume landed on Dick Barr's desk, he called her for an interview. Godwin and her husband only intended to stay in Albuquerque for two or three years, but in 2008, some thirty-five years later, she is still at Presbyterian, serving as a volunteer member of the board of directors. And her first meeting with Mrs. Van in 1973 is engraved indelibly in her mind.

Mrs. Van asked Godwin to come visit her at her house across Silver. Joyce looked forward to the meeting.

"I went over to see her," Joyce recalled, "and she said, 'Well, you're finally here.' And I said something like, 'Oh, I'm mistaken; I thought I had the right time. I'm sorry if I'm late.' But she said, 'No, you're finally here.'" Mrs. Van proceeded to tell Godwin that she had been praying for her to arrive for a number of years, and she would know Godwin anywhere. "You are the person who I have seen," Mrs. Van told Joyce, "and you are finally here. Let's sit down and talk about what you need to do."

Over the next eleven years, Godwin worked closely with Mrs. Van

on a number of projects. She got to see a side of Mrs. Van that even those who had known her for years might not have suspected. Mrs. Van read her Bible every day until her eyesight began to fail her at the age of eighty, and then she listened to Bible studies on her radio. She had always gotten tremendous exercise just walking the halls of the hospital, and when her health began to fail her, she kept her exercise regimen intact, walking through her tiny house for a half-hour while she listened to the Bible programs on the radio.

She loved listening to Billy Graham, and through her husband's family in North Carolina had a longstanding connection to the evangelist and his wife. She was a devotee of Oswald Chambers, a twentieth-century religious writer, and she was never averse to asking others to pray with her.

She lived her faith and never tried to impose it on others. Godwin worked with Mrs. Van until her death in 1984

Below: Earl and Joyce Godwin at Mrs. Van's award dinner. Courtesy: Joyce Godwin September 1978





Opposite: Mrs. Van at home on Silver Avenue SE, hand-carved doors from

and spent more than twenty years as an employee of Presbyterian. Then, in 1997, she joined the Presbyterian board of directors. Joyce has often thought of what Mrs. Van would think about the hospital today, nearly a quarter-century after her death.

"She would feel good about the emphasis on the legacy and the foundational values," Godwin said. "She would be delighted that those are used in orientation of new employees. She may be a little

embarrassed at what was said about her in the video. She would rather not be here for that part of it. But she would also say, 'Well, if you can use it for a good purpose, okay.'"

Larry Stroup joined the Presbyterian Hospital board in 1987 and began serving as chair of the system board in 1993. Stroup said that even though Mrs. Van died in 1984, he and his colleagues on the board "still feel that the spirit of Mrs. Van is the driving culture for everybody in Presbyterian.

Brockmeier cottage
Presbyterian Healthcare Services Photoarchive
circa 1975

on the legacy and the
would be delighted that

Brockmeier cottage
Presbyterian Healthcare Services Photoarchive
Presbyterian Healthcare Services Photoarchive

circa 1975



She spent so much of her time helping patients, helping families. We go to great lengths to train people throughout Presbyterian to continue to have that same feeling of service excellence."

Not Just A Marketing Campaign

Mrs. Van served as Presbyterian's spiritual leader for more that sixty years, and her legacy remains and will remain for decades beyond. Jim Hinton, the system's president and CEO, grew up in Albuquerque with residents who were on a first-name basis with the first lady of Presbyterian Hospital. Since assuming leadership at Presbyterian in 1995, Hinton has struggled with just what Mrs. Van has meant—and still means—to the people of Presbyterian. Since 1997, employees see a commemorative video of her years of service as part of their orientation.

"I honestly don't remember sitting in my office and a bolt of lightning striking me, saying, 'this lady's legacy needs to be preserved,'" said



Above: Mrs. Van singing at a worship service, Anna Kaseman Hospital Presbyterian Healthcare Services Photoarchive circa 1972

Jim. "It would have been neat, but that would not be the truth. The question is, 'What does Mrs. Van really represent?'" Hinton asked. "Because I think it would be hard to keep her legacy alive if we turned it into a marketing campaign. I think there's something a lot deeper and more important about her than just a Mrs. Van video or other communications venues. So many people were touched by this lady that you almost couldn't ignore the impact, and as you understood who she was, it was so obvious that all organizations, all institutions would love to have somebody mean for them what Mrs. Van has meant for us."

Hinton is convinced that Mrs. Van "represents what's right about health care. She represents a person who could live in a world of paradox and do it with grace. And the paradox, of course, in health

care is that patients' needs are infinite, yet the resources are always finite. So what Mrs. Van drew on herself was the infinite resource of her faith in God and the infinite resource in her belief in people and who they are and that they are worthy of love and respect. She was able to tap those resources of her faith and her belief in people to supplement the finite shortcomings of health care in Albuquerque in the 1920s and 1930s, and even into the 1980s."

Below: Mrs. Van's birthday
Presbyterian Healthcare Services Photoarchive
1973





ERA III ESSAY Anticipating Change, 1984–2008



Albuquerque and New Mexico were centers of high technology development from the mid-1980s into the twenty-first century. Sandia National Laboratories grew throughout the period to employ more than 7,600 people in Bernalillo County. Intel, a major high-volume producer of microchips, opened a plant in Rio Rancho in 1980 with fewer than twenty-five employees.

During the next twenty-eight years, Intel New Mexico became the largest private-sector industrial employer in Albuquerque, with more than 5,200 employees in 2008.² At the same time, Presbyterian was the largest private-sector employer in the state, providing jobs for 9,500 New Mexicans.

The growth of long-standing economic engines, including the University of New Mexico and Kirtland Air Force Base, contributed to the strong population growth of Albuquerque during the period. As the nation's military establishment shrunk in the wake of the first Gulf War, Albuquerque residents were shocked in 1995 when the Pentagon announced that Kirtland was on the base closure list. But veteran U.S. Senator Pete Domenici, with the help of the state's business community, used his influence to convince the Department of Defense it would cost more to close Kirtland than to keep it open. Similarly, New Mexico's congressional delegation was able to save Cannon Air Force Base near Clovis in 2005.³

When the Clinton administration and Congress began to look at ways to reduce the federal budget deficit in the mid-1990s, questions were raised as to why the nation needed two nuclear weapon design laboratories, at Los Alamos and the Lawrence Livermore Laboratory in California. New Mexico's congressional delegation again stepped up to bat, creating a new mission that both laboratories could share. "Stockpile stewardship," introduced at Los Alamos at the beginning of the millennium, ensured the viability of the nation's nuclear weapons and design program without requiring live testing of nuclear bombs.

As a result of the growth of New Mexico's Air Force bases and weapons laboratories, the state maintained its leadership in the amount of federal spending for every dollar sent to Washington, D.C., in taxes. Since 1981, when the Independent Tax Foundation began its ranking of tax burdens by state, New Mexico has consistently ranked number one in the nation. By 2005, New Mexico received \$2.03 for every dollar paid in federal taxes.⁴

The continued growth of the complexes in New Mexico created a specific benefit for Presbyterian during the 1980s and 1990s, attracting doctors, nurses, and other medical specialists who elected to stay in New Mexico when their tour of duty was over.

The state's economy, however, wasn't all driven by military and federal spending. New Mexico's natural resources have made the state a leader in mineral and fuel production. The state is number one in uranium mining, sixth in coal mining and fourth in natural gas production. New Mexico continues to produce about 85 percent of the nation's potash, a critical component of agricultural fertilizer. Like Texas, eastern New Mexico is cattle country; sales of cattle account for more than half of the state's agricultural marketing receipts. Development of the state's natural resources is due partly to the wisdom of the state legislature in establishing the permanent fund from excise taxes.

With numerous state and national parks, monuments, and historic sites, New Mexico is a magnet for tourism and recreation. People have long flocked to Ruidoso and the White Mountains, while loyal readers of Tony Hillerman's Jim Chee and Joe Leaphorn mysteries make the pilgrimage to New Mexico to partake of the state's fascinating American Indian culture.

A 21 percent jump in population propelled Albuquerque to its ranking as the sixtieth largest metropolitan area in the county, a gain of eighteen places in twenty years.⁵

Albuquerque has undergone several downtown revitalization efforts in the last forty years, beginning with the Tijeras Urban Renewal Project in 1969. Since 1999, the city has invested \$400 million in downtown revitalization, including construction of a four-hundred-room Hyatt Regency convention center hotel and an aquarium, a botanical garden, and several museums in Old Town.

Albuquerque's mixture of the old and the new has attracted the attention of magazine and blog editors nationwide. Internet site MSN called Albuquerque "the best city to start a business or career," and in 2005, *Forbes* called the city "the lowest cost city for doing business." Yahoo named Albuquerque its top "work and life balance city," while *The Rise of the Creative Class* author Richard Florida dubbed it "first in medium-sized cities in creativity."

As it entered the twenty-first century, Albuquerque began to think about sustaining the environment for future generations. With Sandia Laboratories providing groundbreaking research on solar, wind, and other alternative energy technologies, the city has become a leader in environmental commitment. City-owned facilities are mandated to use at least 15 percent wind energy in their electric power requirements.⁷

In 2008, Presbyterian remains the largest acute care hospital in New Mexico and provides a full range of medical and surgical healthcare services, including nationally recognized heart care, the Women's Healthcare Center, a Level III high-risk neonatal intensive care unit, a pediatric surgery program, the Eye Center, and the Joint Replacement Center.

Presbyterian's century-long love affair with New Mexico is neither pre-ordained nor an accident. The organization has lasted a century because it continues to work hard to improve the health of individuals, families, and communities. Others have tried and failed to match that commitment. Through the evolution of health care in the coming years, Presbyterian will firmly fulfill its mission to improve the health of the people and the communities it serves.

Roght: Downtown failed
as merchants and
residents flocked to the
Northeast Heights.
KiMo Theatre,
abandoned.

Courtesy: The Albuquerque Museum. PA1990.013.029 **1970s**





Left: Decades of glitz and glamor fell to the wrecking ball in 1970. Alvarado Hotel, razed.

Courtesy: The Albuquerque Museum, PA1996.43.901 photo by Joe McKinney

1970

Roght: Cottonwood Mall, New Mexico's largest, would be built on this site in 1996. Black Ranch and 7-Bar Airport.

Courtesy: The Albuquerque Museum. PA1996.65.43

1970s





Left: Downtown
revitalization restored
and recreated buildings
lost to urban renewal.
KiMo Theatre, restored.
Courtesy: Thunder Bay Press
photo by Simon Clay
2005

Right: Downtown revitalization recreated the Alvarado and station. New Greyhound - Amtrak Depot

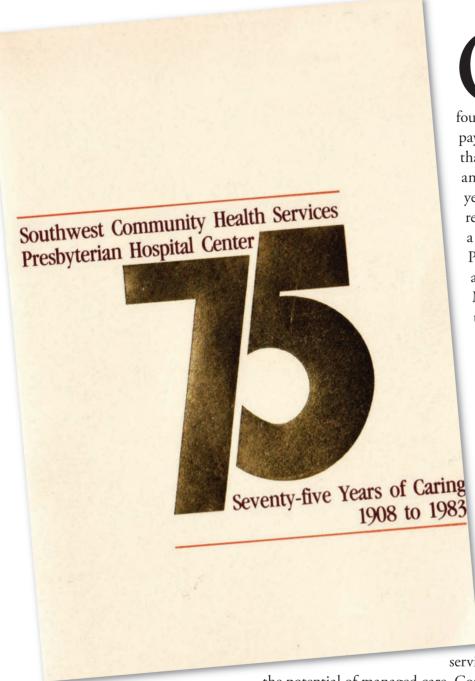
Courtesy: Thunder Bay Press photo by Simon Clay
2005





CHAPTER ELEVEN When Good Isn't Good Enough





n the eve of the organization's seventyfifth anniversary, the Reagan administration found that 71 percent of all medical payments were to hospitals, and that Medicare's costs were rising at an average rate of 15.4 percent per year. To rein in spending, Medicare reimbursement changed from a cost model to the Prospective Payment System to pay hospitals a predetermined rate for each Medicare patient. The sudden shift to fewer dollars, combined with new medical advances, forced hospitals to become more efficient and reduce patient length of stay.

Another federal initiative encouraged Americans to enroll in Health Maintenance Organizations (HMOs), a Nixon-era program, to increase coverage for the uninsured. Both initiatives would continue to have a profound impact on health care nationally.

Presbyterian was becoming a system managing regional hospitals, expanding specialty service capability, and exploring

the potential of managed care. Competition was increasing in the Albuquerque market. Clearly, being a good hospital was not good enough. Presbyterian had to keep changing and keep getting better.

Above: Announcement of the Southwest Community Health Services, Presbyterian Hospital Center seventyfifth anniversary

Presbyterian Healthcare Services Photoarchive 1983

"I Wanted to Be a Part of This Organization"

"One of the reasons for calling it Southwest Community Health Services, which was a real mouthful," said Peter Snow, "was that there was a need to emphasize the system and take the focus off Presbyterian Hospital in Albuquerque."



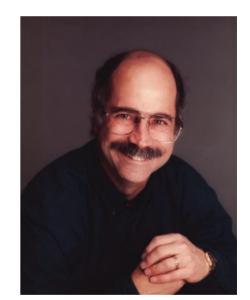
Left: Presbyterian had facilities throughout New Mexico.
Presbyterian Healthcare Services Photoarchive illustration by Paul Murray circa 1970s

Below: Peter Snow joined Presbyterian in 1983.
Courtesy: Doris Buckman 1985

A Salt Lake City native, Snow's life took him to Whitman College in Walla Walla, Washington, to Brazil with the Peace Corps, and to graduate school at the University of Chicago before he joined a Chicago consulting firm in 1975. In 1980, he began commuting to Albuquerque to assist Presbyterian leadership with its first strategic plan in 1982.

A year later, Presbyterian hired Snow to create the system's first planning function. "One of Presbyterian's characteristics is an openness for people to come in, do their best, and contribute to building the organization." Snow explained.

"I'm from the West originally," Snow said, "and I liked the organization, liked the values of the system and the people here, and so I was very pleased when they got around to making an offer. I wanted to get off of airplanes. Dick Barr sent a handwritten letter offering me the position. It was a very easy decision for me. I wanted to be a part of this organization."



"Connecting Communities"

Albuquerque native Robert Garcia came back with a master's degree in Healthcare Administration in 1983, from Iowa. Garcia, whose family had been in New Mexico since the days of the Spanish land Below: Robert Garcia has helped to forge relationships between Presbyterian and its community hospitals throughout his career.

Courtesy: Robert Garcia circa 1983

Bottom: A Presbyterian home healthcare nurse visits a patient in rural New Mexico.

Presbyterian Healthcare Services Photoarchive photo by Michael Barley 2005



grants in the sixteenth and seventeenth centuries, grew up down the street from the Hinton family.

Garcia joined Presbyterian in 1983 as assistant regional administrator. He was responsible for the operations of the community hospitals that Presbyterian had begun to support in the 1970s.

"I would do a number of things," Garcia said. "If there was an administrator who was on leave, I'd go out and fill in for him. I was involved in the hospital in Gallup for a while, the hospital in Socorro for a while, the hospital in Belen. I did special projects. I had the good fortune, together with a physician from the medical staff, of doing an education program for boards, medical staff, and department directors, for every community hospital in the system. I traveled to every one of them."

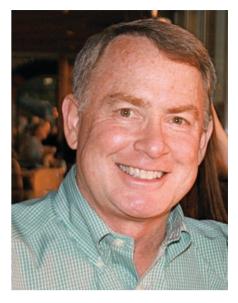
Garcia's career has gone full-circle in the twenty-five years since he joined Presbyterian. In the organization's centennial year of 2008, Garcia is once again serving as a regional administrator.

Garcia's personality and on-site presence did wonders to allay the suspicions the community hospitals had for the Presbyterian umbrella. "It was a great experience," he said, "because I got to know the system and I got to know the people. Most important, I got to know how Presbyterian was forming its regional community delivery system, what Albuquerque did to support the community hospitals and their relationship with what they called Big Pres."



In 1979, Henry G. Walker (Hank) arrived at Presbyterian from Chicago where he stepped off of the certain track to partnership in the consulting firm Booz Allen in order to gain experience in hospital operations. His first assignment was supporting Española Hospital with a much-needed turnaround. Hank logged many miles on the New Mexico highways helping community boards and facility administrators fit local healthcare needs into the newly developing system. "Sometimes the local needs and the system didn't match up," remembers Hank. "For example in Gallup, we helped community leaders pull off a complex local merger. It was the best course for the community, even though the newly formed Gallup Hospital chose not to be a part of Southwest Community Health Services."

Hank left Presbyterian in 1992 for chief executive roles in large health systems, first in Tucson and then in Seattle. "I'll always have a soft spot for Presbyterian. In my years at Pres, I learned valuable lessons about developing healthcare systems, the impotance of values, developing people, teams, and teamwork. I also learned the role of working with communities to create lasting value."



Above: Hank Walker first oversaw regional operations before leaading Presbyterian Hospital and Albuquerque operations.

Presbyterian Healthcare Services Photoarchive photo by Peter Snow

circa 1991

"Two Developing Systems"

The Lovelace Clinic was founded in in the early twentieth century by doctors William Lovelace and Edgar T. Lasseter in downtown Albuquerque. In 1947, with Lovelace's nephew, Dr. Randy Lovelace, a new Mayo-modeled clinic opened in a John Gaw Meem Pueblo Revival Style building on the city's southeast side. The Clinic and the Lovelace Foundation merged with Bataan Memorial Methodist Hospital in 1975. The idea was to build a Mayo-like clinic in New Mexico.

By 1983, Lovelace Medical Center was in the market to build a new hospital to replace the outmoded facilities on Gibson Boulevard. Snow wondered about the possibility of Presbyterian and Lovelace merging.

One of the broader issues facing the system was economy of scale. At the time, Presbyterian was investing in a hospital on the north side of town. The idea of merging Presbyterian and its major competitor, Lovelace, was logical to someone who just arrived in the community. "So we took a run at that," Snow said, "but it was not successful."



Above: Lovelace Clinic
Courtesy: The Albuquerque Museum, PA 1980.186.383
1951



Above: An orthopedic surgeon at
Presbyterian Hospital
Presbyterian Healthcare Services Photoarchive
photo by Michael Barley
2005

The reality was that the two physician groups were totally and mutually separate. Physicians on the Pres medical staff had privileges at St. Joseph but almost never at Lovelace. And members of the Lovelace medical staff almost never had privileges at Presbyterian. "There have been separate systems for much of the history of medicine in Albuquerque," Snow said. "Lovelace evolved as a multispecialty group practice with employed physicians and a hospital. Presbyterian evolved as a hospital with a private, independent medical staff." Each was building a health plan.

There Was Clearly a Need

Albuquerque's physicians were coming to terms with the new competitive realities, the development of managed care, and the awesome potential of new medical technologies. One area of specialty that Presbyterian developed in the 1980s can be traced to the early days. Presbyterian first began its transformation from a tuberculosis

sanatorium into hospital care in the field of obstetrics and maternity care. Nearly a century later, more than six thousand Albuquerque residents each year claim their birthplace as Presbyterian Hospital.

So it was only fitting that Presbyterian should build a service to help the people of New Mexico deliver at-risk babies safely. The hospital's Level 3 Newborn Intensive Care Unit (NICU) dates to 1988 and has been the difference in survival for scores of premature and at-risk New Mexico babies born in subsequent years.

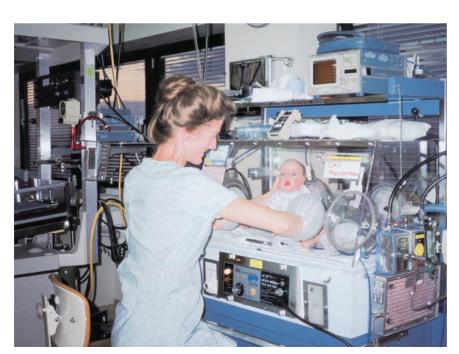
In 1987, there was only one NICU in the state: at the University of New Mexico Hospital in Albuquerque. Sydney Swetnam had just finished her residency at UCLA and was back at the University of New Mexico, where she had completed medical school, teaching in the neonatology division and working in the NICU. Swetnam grew up in Jemez Springs, New Mexico, where her father was the district forest ranger. The family didn't have a lot of money but scrimped and saved to send their daughter to medical school.

"I always had this love of Presbyterian Hospital," she said. "My mother had been hospitalized there several times when I was a child. I think it had a profound impact upon me, as far as watching the process that she went through. You know, I always felt like I wanted to be a physician from my earliest memories, and I always wanted to be a physician here at Presbyterian."

Swetnam felt that the forty-bed NICU at the university was too small for New Mexico's growing need to serve at-risk mothers and babies. She approached hospital administration about starting an NICU at Presbyterian. Dick Barr was initially skeptical.

Swetnam pleaded her case. "We have the capacity, and high-risk moms and high-risk babies are so numerous that they are being flown out of state for care."

Barr understood the need and the team began to evolve from neonatal care and other pediatric specialists at Presbyterian Hospital.





Above: Sydney Swetnam, MD, helped convince Presbyterian to start a Neonatal Intensive Care Unit at Presbyterian Hospital.
Presbyterian Healthcare Services Photoarchive circa 1980s

Below Left: Neonatal Intensive Care Unit Presbyterian Healthcare Services Photoarchive circa 1980s

Caring for the Very Smallest



Above: Modern technology gave premature babies a chance for survival.

Presbyterian Healthcare Services Photoarchive photo by Dick Ruddy

Below: Presbyterian's Neonatal Intensive Care Unit was established in 1988.

 $Presbyterian \ Healthcare \ Services \ Photoarchive$

circa 1988



A contemporary NICU combines compassion and state-of-the-art technology. Swetnam calls it "a phenomenal technology world on the fifth floor. It'll seem fairly quiet and dark to you, but then you'll start hearing the monitors and the ventilators and IV drips, and all the oximeters. Any given baby who is critically ill may have four monitors and machines keeping them going."

Neonatal care began in the late nineteenth century when physicians recognized that preterm infants can not regulate their temperature. The incubator was the first step in caring for these infants. The development of formula in the twentieth century created a way to feed "preemies." In the early 1950s, Dr. Virginia Apgar created a viability scale for newborns. It became standard in all birthing rooms in North America.

Advancements in artificial ventilation since the 1960s and 1970s have saved thousands of infants. Miniaturized equipment makes neonatal surgery techniques possible that were unfeasible a generation ago. Advancements in microprocessors resulted in monitoring activities critical in watching over premature infants.

Babies cared for in the Presbyterian NICU often suffer from birth complications such as extreme low birth weight, respiratory distress syndrome, perinatal asphyxia, sepsis, or retinopathy of prematurity. Infant stays in the NICU may be for as little as a few hours after birth for observation, or for as long as several months.

An increased survival rate among premature infants is the NICU's greatest contribution to medicine. In the 1970s and 1980s, babies less than three pounds or thirty weeks' gestation rarely survived birth. Twenty-first-century technology gives infants of two pounds, or those born between twenty-six to

twenty-eight weeks gestation, a fighting chance for survival.

For Presbyterian, a purposeful commitment to invest in critical care for at-risk infants in 1988 received a fitting new home when the new Women's Center Labor and Delivery Wing opened in 2004.



Left: This little boy's mom was stricken with HELLP Syndrome, a form of pre-eclampsia that makes the mother very ill and places the baby at risk. Baby R. was delivered at twenty-four weeks and weighed only fifteen ounces, smaller

than his teddy bear.

Presbyterian Healthcare Services Photoarchive



Above: Baby R. stayed four months in Presbyterian's NICU, where he received the best of care and the constant prayers of friends and family. "The nurses," say Mom and Dad, "were great."

Presbyterian Healthcare Services Photoarchive



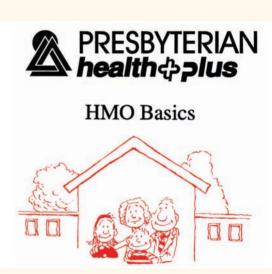
Above: Baby R. is now three and a half years old, loves to speak French, and plays the piano by ear. He is a healthy, happy, talented kid.

Presbyterian Healthcare Services Photoarchive

Left: A Presbyterian pediatrician performs a well-baby check-up. Presbyterian Healthcare Services Photoarchive photo by Michael McDermott 2002







CHAPTER TWELVE Financing Health Care Locally





Above: With the belief that the financing and delivery of health care go hand-in-hand, Presbyterian reentered the HMO market.

Presbyterian Healthcare Services Photoarchive photo by Michael McDermott 2002

resbyterian's culture encouraged innovation and learned from mistakes. For every two steps forward, Presbyterian sometimes took one step back. After Presbyterian's first attempt into managed care in the early 1980s, the organization was determined to try again. This laid the foundation for Presbyterian's current integrated model of care.

"The First Experience"

Dick Barr believed that financing and delivery of health care went hand in hand. Presbyterian's interest in managed care increased when the Nixon administration announced \$375 million in planning grants and loan guarantees to help develop new HMOs.¹

The idea was to organize a local, provider-sponsored health plan, different from an HMO operated by a for-profit insurance company. Presbyterian approached St. Joseph and Lovelace in 1973 about a joint venture. The senior medical staffs were in favor of the arrangement. For a while, it looked as if Lovelace physicians would join their colleagues at Presbyterian and St. Joseph in the proposed venture.

"Lovelace showed up at a meeting one night and said they were going to go do their own thing," Barr recalled. "I'll never forget the meeting. Afterwards, five of us huddled in my office: Jack Roberts, a second-generation physician serving as the president of the medical staff at St. Joe and a leader on our medical staff as well, Dr. Johnson, Dr. Warren, and Ray Woodham were there."

"I asked, 'What are we going to do?' And Dr. Roberts said, 'Well, we obviously have to do something between Pres and St. Joe.' The next morning, we met with Sister Celestia, the administrator of St. Joseph, and we launched MasterCare."²

Albuquerque was coping with the economic slowdown that afflicted the American economy in the wake of the Arab Oil Embargo of 1973. Most of the 375,000 citizens of Albuquerque and Bernalillo County were more concerned with long lines at gas stations than they were with health insurance.

Ray Woodham knew that the venture was a gamble. When Presbyterian started MasterCare, he said, "There were only a couple of HMOs in the entire country. Kaiser Permanente in California was one of the pioneers. We were one of the first, and we really got our feet wet." But, he added, "We were pioneers in a lot of things in those days. Other people were talking about it. We were doing it."³

By 1983, MasterCare had 18,000 members as compared to Lovelace's six thousand, but experienced financial losses. In 1984, Presbyterian and St. Joseph closed the plan but expected members would stay with their physicians, who were on the Presbyterian and St. Joseph staffs.

That didn't happen. "To our surprise, patients actually liked HMOs, and the opposite occurred," Peter Snow recalled. "During the next few years, there was growing anxiety about the number of medical charts being sent from Presbyterian to Lovelace as former MasterCare patients joined the Lovelace HMO.

The seven years Presbyterian operated MasterCare gave the organization invaluable experience in the area of healthcare financing. Barr and other leaders knew that Presbyterian would try again. "It was not a commitment as much to managed care as it was a commitment to establishing a financing link that made insurance affordable and available to the communities we serve," said Barr.⁴

"I Didn't Know How to Spell HMO"

Mrs. Van said, "If something doesn't work, we'll try something else." In 1984, Presbyterian organized Cooperative Healthcare Company



Above: Bennett Roberts, MD, president of the medical staff in 1973
Presbyterian Healthcare Services Photoarchive
1973

Below: Dick Barr
Presbyterian Healthcare Services Photoarchive
circa 1970s



Below: Dick Barr was featured on the cover of Modern Healthcare magazine.

Presbyterian Healthcare Services Photoarchive

December 6, 1985



(CHC), a joint venture preferred provider plan with St. Joseph Hospital and Blue Cross of New Mexico.

Before CHC officially opened, it almost died. Snow explained, "The joint venture partners could not agree on board representation, and Blue Cross walked out. With them went 99.9 percent of the capability and expertise. Dick Barr came to me, and asked 'What do we do?' And I didn't know how to spell HMO at the time."

Presbyterian faced an uphill task. The Albuquerque economy roared back from the recession of 1981–1982. Economic growth in Bernalillo County clipped along at 7 percent a year in 1984 and 1985. The management team was convinced that managed care could make Albuquerque a national model for how to control inflationary healthcare costs.

Presbyterian enlisted Gerald Landgraf and Bob Simons with HealthPlus of Michigan. Presbyterian and St. Joseph were natural collaborators. Jim Hinton was an administrative resident working for Dick Barr, and he learned a valuable lesson when Presbyterian went outside the organization to find expertise to launch the new venture. Hinton said. "We imported leadership from

Michigan. I hope we have the humility to recognize people who are experts, who are specialists, and that when a business is getting started, you need to recognize those unique talents."

Presbyterian was in it for the long haul and allied the concern of physicians about restricting referrals with HMOs. The hospital system understood the potential of health maintenance organization as well as its capability to improve health care and benefit the community.

JJ Parsons came to Albuquerque from Ohio to work for US West. In 1984, she joined Mary Poole in the Community Relations Department at Presbyterian. Two years later, Parsons worked with Dr. Neil Kaminsky and the Michigan HealthPlus team to help

market Presbyterian HealthPlus.

"Presbyterian had one of the strongest reputations in the marketplace," Parsons said. "People knew and respected Presbyterian as a hospital and over the years it continued to have just an excellent reputation. Over time, the reputation extended to the health plan and the medical group."

Below: Robert Simmons, HealthPlus

President at an employee celebration

Presbyterian Healthcare Services Photoarchive

circa 1980s

Dr. Kaminsky, Parsons, and CFO Billie Peterman assembled a team to staff HealthPlus. Their first hire was an irreverent accountant who spent the previous decade assisting Robert O. Anderson, the New Mexico cattleman and chairman of Atlantic Richfield Company.

"You Might Want to Read This"

Jana Burdick went to work for HealthPlus in January 1986. The Washington state native moved to Farmington as a seventh-grader and subsequently earned her degree at New Mexico State University. In 1985, Burdick and her husband moved to Albuquerque. She was looking for a job when a friend suggested she contact Peterman.

"I came for an interview," Burdick said, "and she talked to me about the job. Mind you, I had been keeping books for a radio station, a cattle company, and a historical trust for ten years, and Billie was talking about HMOs and PPOs and IPAs. I had absolutely no clue what she was talking about."

Burdick had the credentials and experience, so Peterman hired her on the spot. Burdick's infectious humor and entrepreneurial instincts would serve Presbyterian well in the years to come.

But first, Burdick had to learn something about the managed care business. The job was the accounting position in a one-man shop. "It was Billie and me at that point in time," Burdick said. "Billie handed me a book on managed care as I was leaving her office after my interview. She said, 'You might want to read this and start to get some ideas of what you are actually going to be doing for a living."

The first healthplan member was enrolled in March 1986. Presbyterian was once again in the managed care business, and this time intended to stay.

Health Plus grew steadily, and Presbyterian eventually bought St.

Joseph's interest in Health Plus. In the mid-1990s, the organization changed the name to Presbyterian Health Plan to more closely connect the health plan with the hospital.





Above Presbyterian's HMO, Health Plus, was developed in the late 1980s.
Presbyterian Healthcare Services Photoarchive circa 1980s



Above: Neil Kaminsky, MD,
Billie Peterman, and JJ Parsons were
on the original Health Plus team.
Presbyterian Healthcare Services Photoarchive
circa 1980s

Left: Carol Knowlton and Jana Burdick were among the health plan's staff of thirteen in 1986.

Presbyterian Healthcare Services Photoarchive **circa 1990s**



CHAPTER THIRTEEN Always More to Do





Above: Urgent Care and family healthcare facilities were opened throughout Albuquerque to make primary care more accessible.

Presbyterian Healthcare Services Photoarchive

circa 1980s

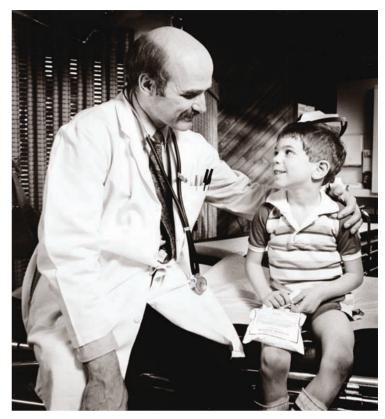
hen Presbyterian established centers for primary and urgent care around Albuquerque in the late 1980s and early 1990s, the goal was to bring primary care closer to where residents of the metropolitan area live. A key consideration was to balance longstanding physician relationships with the need to affiliate with primary care practices and assure their availability for a growing number of customers.

Organizing formal agreements with primary care practices was difficult. In the late 1980s, the first partnerships were called Practice Development Agreements, which were not as effective as hoped. When the Presbyterian Medical Group offered employment contracts to physicians in 1995, the concept took off.

"Left for Iowa"

Physicians across the nation were in a tough position in the mid-1980s. Federal reimbursements declined, malpractice insurance premiums increased, and medical school tuition costs saddled young doctors with thousands of dollars in debt.

This problem came to life in 1985. "We realized that community physicians weren't necessarily connected to any one organization," Peter Snow explained. "One of our busy primary care physicians tacked up a note to his door that said 'left for Iowa.' Although we made major capital investments in programs and services, physicians could leave for Iowa for good. This was a testament to the fluid nature of an independent physician model compared to a group practice such as Lovelace."



circa 1980s

Above: Dr. Jurgen Upplegger provided primary care services in the community.

Presbyterian Healthcare Services Photoarchive

Presbyterian built a primary care physician group, and worked with community physicians to increase specialty care at Presbyterian Hospital. In the late 1980s and early 1990s, the first personal computer played a significant role in planning how to best accomplish these new developments.

"The Coolest Thing We'd Ever Seen"

In the mid-1980s, mainframe computers were used for payroll, billing, accounts receivable and payable, and a myriad of tasks essential to running a hospital.

Peter Snow and one of his analysts visited Presbyterian's auditors in 1985. "They had personal computers, and we watched the PC do a set of numbers, change a number, and recalculate a spreadsheet. We just thought this was the coolest thing we'd ever seen."

At the time, most residents were not aware that Albuquerque had played a role in the development of the desktop computer. In the Below: Mainframe and personal computers were introduced in the organization in the mid-1980s.
Courtesy: Jana Burdick circa 1980s





Above: Peter Snow has led Presbyterian's strategic planning activities since 1983.

Presbyterian Healthcare Services Photoarchive photo by Michael Barley 2008

mid-1970s, Bill Gates and Paul Allen worked for locally based MITS Inc., which had designed and built the Altair, the first truly affordable home computer. Gates and Allen provided the software component of the Altair 8000. In 1975, Gates and Allen founded Microsoft and eventually moved to Seattle, Washington.

Within a year, personal computers were an office staple, which foreshadowed the vital role information technology plays in health care in succeeding years.

An Entrepreneurial Approach

The personal computer assisted with framing and analyzing options, which helped the organization with decision making. This capability was important especially during the development of the first physician groups.

Hinton explained that Presbyterian signed practice development agreements with physician practices across the Albuquerque metropolitan region. "We perceived the private physician practice model was a strength. Physicians basically are entrepreneurial and operate their own businesses," said Dick Barr. "They have to succeed medically and financially."

Presbyterian also wanted to connect different groups with a unifying identity for patients. "In order for physician practices to be connected with Presbyterian, you needed to have a unique construction to clearly identify them," Robert Garcia explained. "For example, you'll see a lot of the red roofs. The practice had to be located in specific areas based on analysis."

In 1989, Albuquerque's West Mesa Family Practice was the first physician group to align with Presbyterian. The practice, which had six doctors, served patients in the rapidly growing neighborhoods west of the river. From the air, the neighborhoods appeared as one continuous urban area stretching from Bernalillo to Belen. Rio Rancho, which anchors the north portion, was growing and became the state's fastest-growing city by 1990.¹ With a population of 35,000 and corporate residents such as Intel, Bergen Brunswig, and Taco Bell, Rio Rancho was fertile ground for growth.



Above: J. Daytoon Voorhees, MD has cared for thousands of Rio Rancho residents. Dr Voorhees began his career with Presbyterian Medical Group twenty-one years ago.

Presbyterian Healthcare Services Photoarchive circa 2000

Below: Presbyterian Family Healthcare in Rio Rancho serves the state's fastest growing city.

Presbyterian Healthcare Services Photoarchive circa 1990





Above: Elaine Papafrangos, MD, was one of the first Presbyterian doctors on Albuquerque's west side.

Presbyterian Healthcare Services Photoarchive

Below: West Mesa Family Practice serves patients from the rapidly growing neighborhoods west of the Rio Grande.

Presbyterian Healthcare Services Photoarchive photo by Michael McDermott

2002

West Mesa

The second doctor West Mesa Family Practice hired in 1990 was Elaine Papafrangos. From her office on the West Mesa, Papafrangos could see the Albuquerque Plaza Office Tower, rising twenty-two stories into the New Mexico sky. The daughter of first-generation Greek Americans, Papafrangos grew up in rural Oklahoma and did her residency at a community-based family practice group in Tulsa. In 1990, she and her husband moved to Albuquerque where they began their medical careers. Ironically, Papafrangos' husband joined a physician practice associated with Lovelace Medical Center.

"We interviewed for the other person's spot. My husband naturally gravitated toward Lovelace because he liked the structure, style, and reputation of Lovelace. I naturally gravitated toward West Mesa because I liked the quiet private practice," said Papafrangos.

In three years, West Mesa expanded from six doctors in one location to seventeen doctors in three locations. The quiet, private little practice that Papafrangos joined wasn't so quiet and wasn't so little. It wasn't financially successful either.

Papafrangos recalled the monthly operational meetings with Jim Hinton. It became apparent that neither Papafrangos nor her colleagues at West Mesa knew much about running a business. Previously, many doctors were eminent financial successes; however, the models were changing from the traditional family practice to physician groups. This necessitated accountants, business managers, and office staff to handle the increased complexity.



Over the next five years, the physicians had several compensation discussions with administrators. Sometimes these conversations were unplesant since the practice was in the red.

Presbyterian Medical Group

Papafrangos called it "a turning point where Pres said, 'we're not sure this arrangement is appropriate, and think we should hire you as employees.' That was a real make-orbreak point for our practice. Those of us who were entrepreneurially geared had a crisis of conscience and asked, 'should I just go ahead and get a paycheck from Presbyterian?' A few people split off and stayed solo, but the majority of our group became the Presbyterian Medical Group."

Over the next decade, Presbyterian Medical Group doubled in size and, in Presbyterian's centennial year, had 485 practicing physicians in multiple specialties in more than thirty-three locations throughout the state.

Care at Traditional and New Settings

Health care, and how to pay for it, was on everybody's minds after the 1992 presidential elections. First Lady Hillary Clinton put the issue in the national spotlight in 1993–1994 when she chaired a national task force responsible for reforming health care in the United States. Presbyterian watched national developments closely. Managed care at Presbyterian moved forward, the Presbyterian Medical Group grew, and at Presbyterian Hospital, specialty care for the critically ill advanced. Cardiology, pediatrics, women's services, cancer, and orthopedics became key services.

Medical technology changed quickly and medical staff expanded capabilities in the hospital, surgery centers, and their offices. Advances in anesthesia reduced the required recovery time and made it possible for procedures like foot and nose surgery that once required overnight stays to be completed in physician offices. At Presbyterian, a good deal of "outpatient" specialty care started at the Kaseman Hospital campus.

Presbyterian Medical Group expanded mostly in primary care but also attracted physicians in specialty service areas like obstetrics and gynecology and rheumatology. Ed Benge was one of the original members of Presbyterian's rheumatology practice located on the Kaseman campus. Raised in Lovington, New Mexico, Ed's father was also the town's pharmacist for decades. Medicine attracted both Ed and his younger brother Bill, who became a cardiologist. In 1990 Ed began practicing with Presbyterian under the Practice Development Agreement arrangement. His group joined Presbyterian Medical Group in 1994. He served on the PHS Board from 1995 to 1998 and became Vice President of Medical Staff Affairs in 2001. "These were times of substantial change, both in terms of the number of



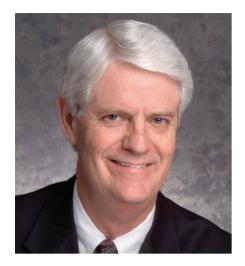
Above: In 1992, Anthony R. Vigil II, MD, began his affiliation with Presbyterian and came to work for the Medical Group in 1998
Presbyterian Healthcare Services Photoarchive circa 2000

Below: Kaseman Hospital was home to many of Presbyterian's outpatient specialty care services.

Presbyterian Healthcare Services Photoarchive photo by Michael McDermott

2002





physicians who decided to practice in an employed model and what we were able to offer patients due to scientific advances."

I Wonder What It Feels Like

As more and more Americans faced the trauma of cancer, the development of a radiation therapy center at Kaseman was an important addition to medical oncology services already being provided. Revathi A-Davidson lead a team to design the new radiation treatment center. "I had done a number of feasibility studies for Pres, so I was intrigued by radiation therapy. It is such a daunting kind of therapy. The massive machines, you are behind a

very, very heavy door, you are by yourself. And I kept thinking, 'I wonder what it feels like.' While working with the radiation oncologists, it became clear that we should talk to patients about how to set up a new center like this."

A-Davidson and her team held focus groups with patients to understand how the flow from registration to payment should be organized and designed the area to be sensitive to patient needs for privacy. A large aquarium was placed in the main waiting area because patients said they really liked the sense of tranquility they felt from watching fish glide through the water and weave in and out of the

seaweed. The tank remained when the center entered into a new and exciting phase a decade later.



Top: Ed Benge, MD, began his career with Presbyterian as a rheumatologist and has since served on the PHS board and as vice president of Medical Staff Affairs.

Presbyterian Healthcare Services Photoarchive 2003

Above: Revathi A-Davidson helped design the radiation treatment center for cancer patients.

Presbyterian Healthcare Services Photoarchive photo by Michael Barley

2008

Right: Cancer center patients enjoy the tranquility of watching the fish in this aquarium as they await treatment.

Presbyterian Healthcare Services Photoarchive 2008



Leadership in Twos

By 1993, Jim Hinton moved from leading Presbyterian Medical Group to chief operating officer for Albuquerque hospitals. He guided the development of key hospital services by pairing administrative and physician leaders. This concentration brought better performance in operations and clinical outcomes for patients.

The surgery program benefited when Richard White, MD, founded the New Mexico Center for Joint Replacement Surgery at Presbyterian Hospital. White received many of his credentials in Texas at Rice University, Texas Southwestern, and Parkland Memorial in Dallas. After his orthopedic residency at UNM Medical School, Rick joined New Mexico Orthopedics and researched improvements in successful hip and knee replacement surgery techniques. In conjunction with hospital administrators and surgery program medical director Bill Kridelbaugh, MD, White designed a special clean room with state-of-the-art ventilator equipment that was built as part of the Presbyterian Hospital operating rooms.

The heart program continued to advance as new technology arrived in the catheterization labs. In 1994, Presbyterian completed the 100th heart transplant. The skills and teamwork that brought the program to this milestone had evolved from 1986 when Presbyterian conducted New Mexico's first heart transplant. In the initial years,

Below: Thomas W. Hoyt, MD, shown here sitting on the sidewalk, led the team responsible for Presbyterian's first heart transplant.

Presbyterian Healthcare Services Photoarchive photo by Dick Ruddy

1986





Above: Thomas W. Hovt, MD, was killed in a plane crash on his way to receive a donor heart.

Presbyterian Healthcare Services Photoarchive

circa 1984

Below: Article about Thomas W. Hoyt, MD, and a tribute sculpture

Courtesy: The Albuquerque Journal

circa 1994

Thomas W. Hoyt, MD, headed the transplant surgical team. Hoyt often flew his own plane to receive donor hearts. Sadly, in 1990, Dr. Hoyt and a physician assistant, Bill Cobb, were killed in a plane crash on the way to receive a donor heart. An endowment in Dr. Hoyt's honor began the following year and assists heart transplant patients and their families.

Cardiologist Paul Cochran remembers the mid-nineties as a time of rapid medical progress.

Paul was a founding member with Southwest Cardiology Associates, one of the larger cardiology practices in Albuquerque. "By 1994, the cardiovascular care at Presbyterian was equal to that available at any other cardiovascular center in the country," said Dr. Cochran. "The quality of our physicians and staff and the institutional support for our heart program was truly exceptional. So much was happening in cardiovascular medicine and surgery at the time. Yet, the excitement of such great technological advances and expansion of services created a great deal of tension in the heart program. Even so, physicians, nurses, and staff produced good outcomes for patients, which led Presbyterian to be designated as one of America's top one hundred hospitals for cardiovascular care in 1999."

Sculpture To Honor Heart Transplant Surgeon's Career

received money, said Donna Pr heart transplant coordinator at

JOURNAL STAFF WRITER

Dr. Thomas Hoyt's gift of renewed life — performing heart transplants at Presbyterian Hospital — ended when he ided in a plane crash in September 1990. While Hoyt's career already is commemorated through an endowment, on Thursday another memorial to his accomplishments is scheduled to be unveiled.

accompissments is scheduled to be unveiled.

A bronze sculpture representing Hoyt's work will be dedicated at 11:30 a.m. in the Presbyterian Hospital lobby. Artist Edwin Bogucki offered to make the sculpture because Hoyt had purchased many of Bogucki's sculptures.

"The artist had a lot of respect for Tom, and this sculpture pays tribute to the enormous work of all heart surgeons, not just Tom," said Dr. Diane Sansonetti, co-chair of the Hoyt Endowment Committee.

Hoyt and physician's assistant William Cobb, 30, were killed Sept. 11, 1990, when the plane Hoyt piloted crashed southeast of the Double Eagle II Airport.

The two men were on their way to Las Cruces to pick up a heart for what would have been Presbyterian Hospital's S2nd heart transplant.

Hoyt's death came just days after he and his four partners celebrated the hospital's S0th transplant. He established the transplant program at Presbyterian, served as its director and later set up the heart-lung transplant procedure.

Since the program's inception, 90 people have received new hearts at Presbyterian.

The Thomas W. Hoyt, M.D., Memorial Transplant Endowment was started in July 1991 to help heart transplant patients in financial need. The idea came from Hoyt's wife, Christine, and began with about \$50,000 donated to Presbyterian's transplant program after her husband's death

program after her husband's death. To date, \$270,000 has been

Income earned from the endowment is used for patients and their families. It will not pay for medical bills but rather for post-operation costs,

In the past year and a half, about 20

"This money has gotten so many patients and their families over the hump," Pacheco said. "We pay for things like gas money and meals that you don't usually associate with medical expenses."
Transplant coordinators and transplant social workers, who know all the patients personally, recommend to committee members who they think should receive money.

Members of the committee include Hoyt's wife, one of his former partners, a transplant patient and several Presbyterian staff members.

Thursday's program will be an all-hospital reception, with several transplant patients speaking on their experiences. The sculpture will be presented at that time.

"This program celebrates a remarkable career and blends the careers of all heart specialists with the courage and choices patients make to take on the endeavor of a transplant," Sansonetti said.

Edwin Bogucki dep ed Sept. 11, 1990, when the plane Hoyt piloted crashed sout of the Double Eagle II Below and Right: Presbyterian air and ground ambulances are vital components of the heart transplant program.

Presbyterian Healthcare Services Photoarchive photo by Dick Ruddy

1986



José Martinez joined the staff of Presbyterian in 1994 because he was attracted to Presbyterian's response to the needs of an entire state. A native Filipino, Martinez received his medical degree at the University of Santo Tomas in Manila and completed his postgraduate training at Children's Hospital in Wisconsin and at the University of Florida. Martinez helped to build a pediatric intensive care unit in Rockford, Illinois, and hoped to do the same in Albuquerque.

"There was a very rapidly growing neonatal intensive care unit at Presbyterian, along with several subspecialists that created a synergy to become the fastest-growing pediatric service in the state," Martinez explained. "Pediatric Cardiology Associates moved their services from the University of New Mexico to private practice in the community and developed a significant affiliation with Presbyterian. This highlighted the issue of the need to have a pediatric intensive care unit at Presbyterian and further develop a more comprehensive children's center."

Carl Lagerstrom joined the Presbyterian Medical Staff in 1992 and is one of the physicians who helped create the Children's Medical Center within Presbyterian Hospital. Although an expert in surgical management for adults and children, Lagerstrom has a special passion for the children he sees with congenital heart disease. When the need

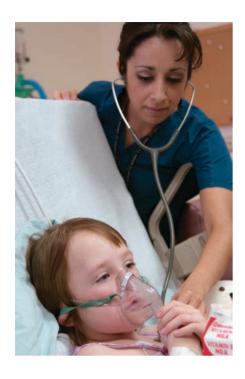
Below: Cardiologist Paul Cochran, MD, served as president of the medical staff in 1988–89 and was a founding member of Presbyterian Heart Group.

Presbyterian Healthcare Services Photoarchive **1988**

Bottom: José Martinez, MD, joined Presbyterian in 1994 and helped develop the Children's Center. Presbyterian Healthcare Services Photoarchive 2005







Above: The Children's Medical Center at Presbyterian Hospital works with referring physicians all across the

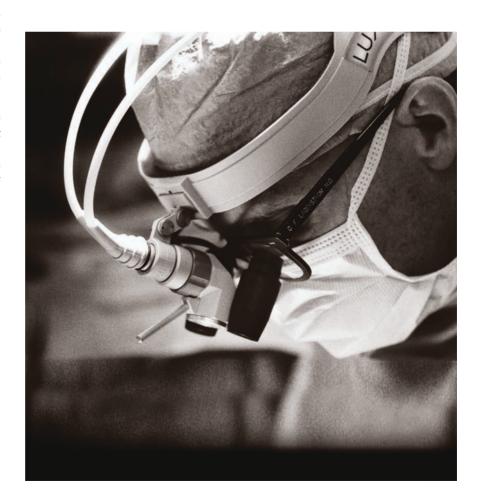
state.Presbyterian Healthcare Services Photoarchive **2002**

Right: Carl Lagerstrom, MD, is the only board-certified pediatric heart surgeon in New Mexico.

Presbyterian Healthcare Services Photoarchive photo by Michael Barley 2001 arises, he frequently donates his time to the nonprofit charity, Healing the Children, and brings lifesaving skills to those in need from other countries.

Martinez said the growth of the Children's Medical Center is a tribute to the clinicians, staff, and to the organization's leadership and vision. "Our volume basically says that we fulfill the need of our community, and I tell you it's been amazing for the thirteen years that I have been here. The responsiveness of leadership in regards to meeting the needs of New Mexico's children not just in terms of hospital resources, but pediatric specialties, emergency, urgent, and primary care is impressive."

Presbyterian works with referring physicians all across the state. Martinez, Lagerstrom, Swetnam, and other staff members are frequently in contact with their counterparts at the Indian Health Service, referring children from the state's Navajo, Zuni, and White Mountain Apache reservations, as well as New Mexico's numerous pueblos.





"Really Makes You Do What You Do"

For Swetnam and the NICU and PICU staff, the rewards of their work are found in the happy faces of children, healthy children who might never have had the chance to grow up if it hadn't been for their efforts. "We have an annual NICU family reunion where the families can come back to visit," Swetnam said. "We send out invitations to thousands of families, and we get a phenomenal response. They all come back with their twins, triplets, ex-premature babies, and they remember their time at Presbyterian. They remember the physicians, but they really bond to the nurses. It's the nurses who make the difference to them. At the last reunion, we had a family who came back from Carlsbad with their thirteen-year-old. She was twenty-three weeks gestation at delivery, so seventeen weeks early.

That was at the very edge of viability, especially thirteen years ago."

Swetnam remembered the little girl like it was yesterday. "This poor baby had every known complication. Her name is a legend in the NICU because she had everything go wrong. Surgical issues for intraventricular hemorrhages, infections, you name it. It was just the nicest family that you want to ever meet, and they bonded very deeply with the nurses.



Above: Sydney Swetnam, MD
Presbyterian Healthcare Services Photoarchive
2000

Above Left: Ibuki Suga, MD, is one of a team of pediatric hospitalists at the Children's Medical Center.

Presbyterian Healthcare Services Photoarchive photo by Michael McDermott

2002

Below: The NICU invites former patients and their families to an annual reunion.

Presbyterian Healthcare Services Photoarchive **1997**





Above: The Children's Medical Center's Child Life program help patients overcome their fears of a hospital stay.

Courtesy: The Albuquerque Journal
2001

Right: Every checkup includes a weigh-in.

Presbyterian Healthcare Services Photoarchive photo by Michael McDermott

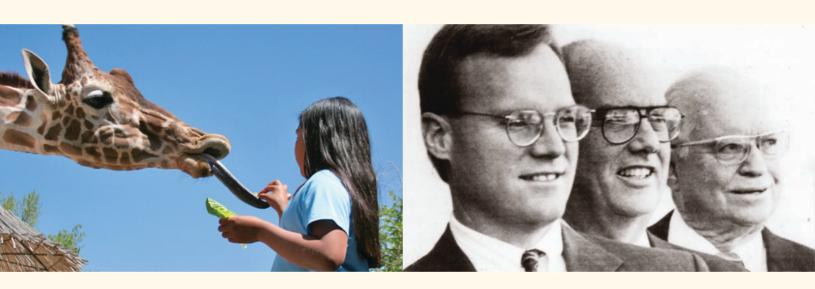
2002

Opposite: Stella Martinez, RN, labor and delivery nurse, holds one of the 8,000 babies born at Presbyterian Hospitals throughout the state.

Presbyterian Healthcare Services Photoarchive |photo by Michael Barley 2007 "The little girl went home, and the family kept in contact the next thirteen years. Fortunately, I was at the 2007 reunion when she returned as a seventh grader. The outcomes aren't always that rosy, but this one in particular really makes you do what you do."







CHAPTER FOURTEEN A Purposeful Expression





Above: Veronica Krupnick,
Rio Grande Zoo
Photo by Mike Krupnick
2007

lbuquerque's economy was booming in 1995, and Presbyterian shared in much of that prosperity. More than three thousand construction workers arrived at building sites each morning in the metropolitan area, erecting new plants for such technology giants as Intel, Motorola, and Phillips Semiconductors. Intel alone injected more than \$1 million a day into the Albuquerque economy at its massive building project in nearby Rio Rancho. Tourism and recreation received a huge shot in the arm with the opening of the \$22 million Albuquerque Biological Park on the grounds of the Rio Grande Zoo. The only major aquarium in a desert in the United States, the park made Albuquerque a destination for aquarium lovers nationwide.1

In 1995, Presbyterian served almost four hundred thousand New Mexicans, operated seven hospitals and three rural clinics, and employed more than

six thousand New Mexicans. More than eight hundred New Mexico employers provided health insurance from Health Plus to 134,000 individuals in twenty New Mexico counties. Presbyterian's medical staff totaled about one thousand with forty-two employed physicians. Organizing the system and confirming the benefits for the community was a top priority for Presbyterian leaders.

Passing the Baton

Had he known more about what awaited Presbyterian in the midto late 1990s, Jim Hinton might have politely declined the board's offer to be chief executive officer. However, Hinton's selection as Presbyterian's CEO put the right man at the helm at the right time. Larry Stroup, a board member who had just become the chair of the Presbyterian system board, shared his memories of the CEO search. "We were surprised by Dick's decision to step aside after only seventeen years," said Stroup. "Jim's appointment followed a rigorous evaluation and multiple conversations with physicians, leaders, and board members to determine what Presbyterian needed in a CEO. We considered it our responsibility to look nationwide for a person with vision and energy in a time of dynamic changes in the industry and Jim Hinton stood at the top."

Looking back on it, Hinton said he almost missed the boat. "My first memory of interacting with the board around this question of who was going to be the next CEO was that I did a series of individual interviews with board members," Hinton said, "and then I was called to a meeting of the Executive Committee of the board out at Northside. My office was down at Presbyterian Hospital." Hinton drove to Northside a little anxious about the meeting, not knowing exactly what to expect. He and the executive committee talked for about an hour and then they excused him. "I thought I was excused, period," Hinton said. "I got in my car and drove back to Presbyterian Hospital. As soon as I got back to my office, there was an urgent message for me to call Northside, because the executive committee wanted me to come back to hear the news."

The search commmittee recommended to the board that Hinton be the next CEO of the organization. The recommendation became

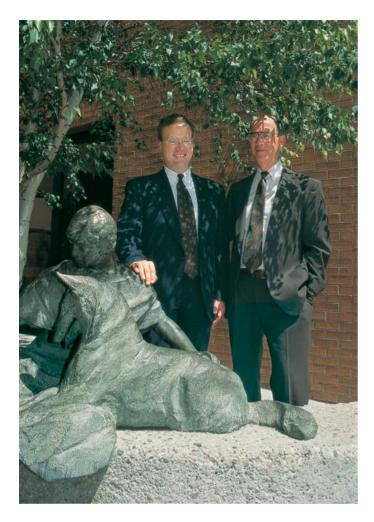
official at the 1995 June board meeting. "It's hard to imagine that whole process and how it played out in those few months," Hinton said. "It was obviously a very emotional





Above: Larry Stroup, Chairman, Presbyterian Board of Directors Presbyterian Healthcare Services Photoarchive circa 1996

Left: Jim Hinton was thirty-six years old when named CEO in 1995.
Presbyterian Healthcare Services Photoarchive photo by Wendy Walsh
1996



Above: Incoming CEO Jim Hinton and outgoing CEO Dick Barr
Presbyterian Healthcare Services Photoarchive
1995

Below: Three generations of Presbyterian CEOs: Jim Hinton, Dick Barr, Ray Woodham Presbyterian Healthcare Services Photoarchive 1995



time for everybody in the organization as Dick prepared to step aside and I was passed the baton."

A Business and A Mission

At thirty-six, Hinton was one of the youngest healthcare CEOs in America. "It was pretty clear to me that the organization had benefited greatly from Dick Barr's leadership and that he was a very accountable leader with good connections to people, a hearty respect for nurses, as well as a very deep belief in the core hospital business," Hinton said. "Dick had also led us to what at that point was a relatively immature role in managed care and in our physician practice, and it was equally clear to me that we had some key questions in front of us."

For Hinton and the board, Presbyterian was at the point of whether or not it would stay the course in developing an integrated system or emphasize the traditional hospital business. "This was at a time where a lot of systems around the country were beginning to retreat from integrated

delivery," Hinton said, "We were clearly at that same point."

For Larry Stroup, there was an essential duality to the business that Hinton was being asked to run. "Shortly after I became involved with Presbyterian, I recognized that it's more than a business," Stroup said. "It's very different than just a business. It is a *big* business, it's a complex business, but Presbyterian also has a charitable purpose."

"Seeking to Earn the Letter"

In the fall of 1996, Jim Hinton brought senior leaders and board members together to reaffirm the essence of Presbyterian's purpose. A series of conversations resulted in only one change in the purpose statement that had guided Presbyterian since the beginning. A reference to improving the health of the communities, which had always been implicit, was added. Hinton's idea was to collate Presbyterian's purpose, vision, values, and strategies into one

document and the team "hatched" the Presbyterian Sense of Mission Vision EGG. The graphic depiction of a yellow To earn from each community served: oval divided into four parts has Dear Presbyterian You were born and raised here because we needed remained fairly stable for over a a place for healing and caring. As we grew and changed, Presbyterian you have grown with us. You serve each individual and family decade, with the exception of with compassion and sensitivity. By your example, you teach us serves to improve to take better care of ourselves. We are willing partners with you the health of individuals. the strategy quadrant that in making our communities better places to live. You have met the challenge of making your services accessible, affordable, and families and communities. changes as external conditions accountable to the community. It's no wonder you are recognized nationally for healthcare excellence. We are proud to call you our own. shift. The vision statement is Communities Throughout the Southwest C.A.R.E.S. written as a symbolic letter that To benefit patients and members, Presbyterian is dedicated We value clinical and service excellence through: Presbyterian seeks to earn from to national excellence by the achievement of 3 Things: - People helping people 1. Malcolm Baldrige Quality Award - continuously improve - Stewardship the communities served and processes to produce nationally excellent clinical, service - Integrity and business results. -- Honest, caring relationships is modeled after the hundreds 2. Top 10% in Patient Safety - create the safest possible -- Totality of health: body, environment for those who place their trust in us mind and spirit. "AA" Rating - control expenses while growing of thank you letters employees our business to sustain positive financial receive from customers. The essence performance and to fund Values Strategies of the vision came from the thoughts of Sense of Mission more than three hundred managers. "We were

"We asked our leaders to write about what makes them get out of bed for work in the morning, what motivates them to be in health care at Presbyterian. What came back actually formed our vision."

at Ghost Ranch for the annual retreat," remembers Hinton.

Larry Stroup took part in refining the organization's purpose. "We simply concluded that our only reason to exist was to improve the health of individuals, families, and communities," he said. "There isn't any reason for us to be here, other than that. Every decision we make is tested against this purpose. If it doesn't fit, the board and

management agree that's not part of what we do as an organization." Testing decisions against the purpose statement would guide the organization through turbulent years ahead.

"Our Model Made Sense"

After the organization reconfirmed the sense of mission, the question of what business model would be most effective also needed affirmation. "I've always had a pretty deep belief that health care needs to be a more coordinated experience for the people we serve," said Hinton. "After many thoughtful conversations with our board, we collectively reached the conclusion that our model of integrating the financing and delivery of care made sense. So we set out to grow the health plan and

Above: Presbyterian's Vision, Values, Purpose, and Strategy-The Egg-was developed in 1995.

Presbyterian Healthcare Services Archive

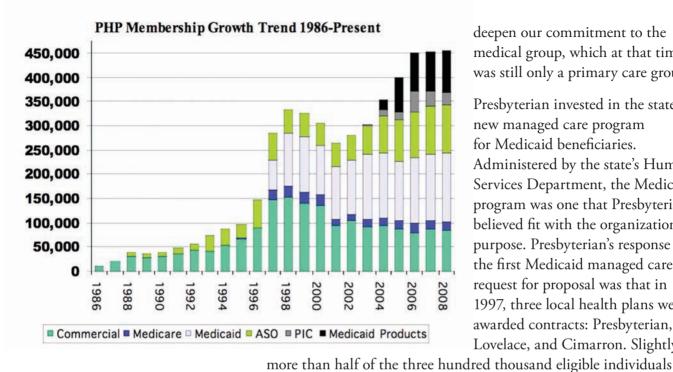
Below: Presbyterian's vision is to earn this symbolic letter from the communities it serves.

Presbyterian Healthcare Services Photoarchive circa 1990s

DEAR PRESBYTERIAN:

you were born and raised here because we NEEDED A PLACE FOR healing and caring. AS WE GREW AND CHANGED, YOU HAVE GROWN WITH US. YOU SERVE EACH INDIVIDUAL AND FAMILY WITH compassion and sensitivity. BY YOUR EXAMPLE, YOU LEACH US TO TAKE BETTER CARE OF OUR-SELVES. WE ARE WILLING partners WITH YOU IN MAKING OUR COMMUNITIES BETTER PLACES TO LIVE. YOU HAVE MET THE CHALLENGE OF MAKING YOUR SERVICES accessible, affordable AND accountable to the community. It's no wonder YOU ARE recognized nationally FOR HEALTHCARE excellence. We are proud to callyou OUIT OW Π .

—COMMUNITIES THROUGHOUT THE SOUTHWEST. Our vision is to earn these thoughts from the people we serve



deepen our commitment to the medical group, which at that time was still only a primary care group."

Presbyterian invested in the state's new managed care program for Medicaid beneficiaries. Administered by the state's Human Services Department, the Medicaid program was one that Presbyterian believed fit with the organization's purpose. Presbyterian's response to the first Medicaid managed care request for proposal was that in 1997, three local health plans were awarded contracts: Presbyterian, Lovelace, and Cimarron. Slightly

Above: Health Plan membership has grown steadily for more than two decades.

Presbyterian Healthcare Services Photoarchive 2008

Below: Presbyterian Health Plan announces the acquisition of FHP.

Presbyterian Healthcare Services Archive

1997

selected Presbyterian.

the time, we did not participate in this type of insurance to any great degree. We certainly took care of Medicare fee-for-service patients, but only had about two thousand seniors enrolled in our Medicare managed care plan. Both Lovelace and FHP had upwards of twenty thousand members each." In 1998, Presbyterian purchased FHP of New Mexico, transferring the bulk of thirty thousand commercially

"We also wanted to develop managed Medicare," said Hinton. "At

insured New Mexicans and twenty thousand seniors into Presbyterian Health plan.

The result of both new health plan business lines was a 40 percent increase in plan membership that stretched health plan staff and physician practices striving to meet patient and member needs.

Most health plans in the state were also growing, and yet, more than four hundred thousand New Mexicans were still uninsured. This unfortunate situation meant New Mexicans sought care in hospital emergency rooms, putting off preventive medicine as they attempted to find solutions for personal and family healthcare needs in a system in which they did not have insurance. The new State of New Mexico Salud program would begin to make a difference for eligible Medicaid beneficiaries who enrolled in managed care for the first time.

Presbyterian Healthcare Services forms Medicare Partnership with PacifiCare Health Systems

These two companies are jointly introducing a leading Medicare HMO to New Mexico and El Paso, Texas. Presbyterian to acquire FHP of New Mexico and expand healthcare delivery services.

ALBUQUERQUE, NM-May 22, 1997-

Presbyterian Healthcare Services and Californiabased PacifiCare Health Systems, Inc., (NASDAQ: PHSYA and PHSYB) announced today a longterm, exclusive agreement. The agreement includes developing and operating PacifiCare's successful Medicare HMO, Secure Horizons, in New Mexico and El Paso, Texas. To accomplish the agreement, Presbyterian will acquire FHP of New Mexico and will provide managed care services for FHP's 58,000 commercial and Medicare members. FHP New Mexico has been owned by PacifiCare since February of 1997. The transaction is subject to various federal and state regulatory approvals...

A View from New York

In September 1998, Presbyterian had provided care for Salud members for about a year. Other states were also moving or had already moved to the managed care approach for their Medicaid programs. Presbyterian Healthcare Foundation prepared to celebrate its thirtieth anniversary with a community dinner. United States Senator Pete Domenici and Mario Cuomo, former governor of New York, delivered the keynote speeches.

Albuquerque's Hyatt Regency's ballroom was packed, and Governor Cuomo shared, in his compelling style, the benefits managed Medicaid brought to the State of New York. Cuomo was able to balance a state budget that had been out of control in large part due to costs for fee-for-service Medicaid. Said Cuomo, "One of the first things I did as a lawyer was to represent hospitals in New York when it was fee-for-services. We couldn't afford the cost. When people became ill and felt they couldn't afford a doctor, they went to an emergency room when it would have cost a fraction to be treated in a clinic or doctor's office. It was time for a change. Managed care was an attempt to introduce greater efficiency into the dispensation of health care without sacrificing quality," continued Cuomo. "We moved hundreds of thousands of people into managed care and it created significant savings. We saved 9 percent the first few years. There was a much greater emphasis on preventative and primary medicine. That was the most attractive part of it to me."

Senator Domenici's and Governor Cuomo's remarks expanded the community perspective at a time when the state had just started a large program that was new, appeared to be untested, and set a goal of improving the health of the most vulnerable New Mexicans.



Above: New Mexico Governor Bruce King and wife Alice King with Representative Pauline Guebbels during Presbyterian Healthcare Foundation's thirtieth anniversary dinner Presbyterian Healthcare Services Photoarchive

Presbyterian Healthcare Services Photoarchive
1998

Below: Mario Cuomo, former governor of New York, Jim Hinton, and Senator Pete Domenici at Presbyterian Healthcare Foundation's thirtieth anniversary dinner

Presbyterian Healthcare Services Photoarchive 1998





CHAPTER FIFTEEN Protecting a Core Service





Above: The Wall Street Journal announces a showdown over heart care in Albuquerque on its front page. Courtesy: The Wall Street Journal

1999

opinions differed over the question of who should control quality and finances. One reaction to the increase in managed care was the emergence of niche or specialty hospitals where physicians held investment positions.

n the late nineties, enrollment in managed care

plans increased

declined. Managed care also changed practice dynamics. By economic necessity, "care" was being "managed," and

reimbursements

The Stark Laws, sponsored by Congressman Pete Stark in 1992–1993, were originally designed to prevent Medicare fraud and limit physician incentives for self-referral and ownership of laboratories and medical services. The laws provided a whole hospital exception if physicians owned an interest in an entire hospital. This exception became a mechanism for physician ownership of niche hospitals.

Cardiology, with its high margin, became the predominant specialty for these for-profit hospital joint ventures. The tab for treating heart patients in America during the late '90s approached \$200 billion a year, about 20 percent of the healthcare economy, and represented between 2 and 50 percent of a typical hospital's revenues.

In 1997, MedCath, a North Carolina hospital investment company, created a physician joint investment model for cardiology. It opened several for-profit heart facilities in other communities, and began conversing with Albuquerque cardiologists. The issues surrounding the venture created a firestorm of controversy that the Albuquerque Journal dubbed "Heart Wars," and the Wall Street Journal would call "A Showdown in Albuquerque."

"We Were Just First"

For Presbyterian and most other community hospitals, heart care is a high margin program that subsidizes other services that traditionally

lose money. Thus, the prospect of losing core cardiology services comes with serious consequences.

Neal Shadoff came to Albuquerque in 1985. A graduate of Boston University Medical School, Neal completed his fellowship in cardiology at Duke University. An original founder of the New Mexico Heart Institute, Dr. Shadoff is a well-known interventional cardiologist. Neal practiced with his group for thirteen years before MedCath came to Albuquerque.

MedCath's proposal was enticing but worrisome. "When MedCath came into our community," Neal Shadoff said, "they already had a few hospitals up and running around the country. Their basic message was that physicians could have more control of the daily activities involved in taking care of heart patients and have an investment position. MedCath looked at the total package of heart care, with emphasis on cardiac surgery and procedures in the catheterization lab. I'd say MedCath's model was procedurally oriented because they felt those procedures brought the greatest margin. Obviously, money could be made in this model, or at least that was what they presented to our group. We would earn not only professional fees, but also a cut of the institutional fees."

Although this sounded like a venture to improve patient care, Dr. Shadoff noted, "It was really about the money. The proposal created a different cash flow for cardiovascular care in Albuquerque. There could be some improvements in efficiency and patient care, but those would be secondary."²

In 1997, Southwest Cardiology Associates (SWCA) and New Mexico Heart Institute (NMHI), the city's largest cardiology practices, met with outside firms about starting their own hospital. The two groups approached Presbyterian and St. Joseph to create a four-way arrangement to serve heart patients.

"The mid-to-late 1990s was a time of significant growth in this organization," said Jim Hinton, "and I think it was that growth that led to some of the physician issues, most typified by the now-infamous 'Heart Wars.' I think independent specialty physicians saw that Presbyterian and the health plan were growing and may have felt that we would use our size to their detriment. Well, that was never our intent."

Hinton said he could certainly understand how independent physician groups could perceive that. "This led to the initiative to Below: Cardiologist Neal Shadoff, MD, has been on the Presbyterian staff since 1985.
Presbyterian Healthcare Services Photoarchive





Above: Presbyterian Heart Group began with (left to right) Chris Wehr, MD; Carl Lagerstrom, MD; Joseph Mnuk, MD; Neal Shadoff, MD; Michael Harding, MD; Paul T. Cochran, MD; and Dan Friedman, MD

Presbyterian Healthcare Services Photoarchive 1998

build the Heart Hospital of New Mexico, where two of our very committed heart groups decided to join and support that effort. The result was that both groups essentially split, and thirteen of the physicians decided to work at what is now the Presbyterian Heart Group."

What Presbyterian didn't fully understand at the time, Hinton continued, "was that we were a microcosm of what was soon to happen all over the country. We were just early. We were in the first

handful of communities to have these very public and acrimonious fights that pitted doctors against hospital institutions that wanted to protect their community missions."

St. Joseph President Steve Smith disagreed with Hinton, noting that the four-hospital St. Joseph system "looked at the market and decided to put physicians in the rightful place of medical management." For Hinton and Presbyterian, the matter was "a philosophical disagreement about whether a community hospital should abandon a core service and whether physicians should admit patients to a hospital in which they have an investment position."

"A Forest Fire Makes Its Own Weather"

Presbyterian, St. Joseph, and the two physician groups continued their discussions through the fall of 1997. After careful assessment with the board about how the venture fit with Presbyterian's mission and the community needs, Presbyterian pulled out. The other parties contracted with MedCath to build a 90,000-square-foot hospital in the parking lot just east of St. Joseph Hospital.

In December 1997, Paul Cochran, who was a longtime Albuquerque physician and the lead senior physician with Southwest Cardiology, accepted an employment offer with Presbyterian. "There were considerably different ideas from some of our physicians about how Presbyterian would meet them and continue as a premier heart program," said Cochran. "I joined the Presbyterian Heart Group

because I believe cardiovascular care is best delivered in a general hospital. However, many of our fine cardiologists and surgeons committed themselves to the Heart Hospital and continued to serve patients at Presbyterian Hospital. Others chose to dedicate themselves to the success of the Presbyterian Heart Program by partnering with Presbyterian to build the Presbyterian Heart Group," said Cochran. Shortly after Paul's decision, twelve younger cardiologists and surgeons from NMHI and SWCA joined the Presbyterian Heart Group.

For Jerry Goss, who had been associated with cardiology at Presbyterian since 1970, the idea of a competing heart hospital was an anathema because of the division it would cause. "When the Heart Hospital surfaced," Goss said, "there were people who wanted the new hospital and people who didn't and others took the opportunity to leave."

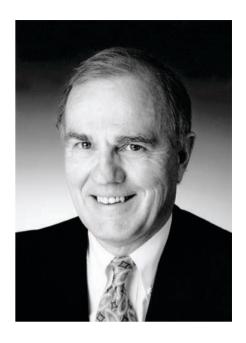
For Goss, the heart controversy was almost a force of nature. He said, "A forest fire ultimately makes its own weather. Well, that's what happened with this heart war thing. It started because of the Heart Hospital, but it suddenly made its own weather."

For New Mexico Heart Institute cardiologist Kathleen Blake, the idea of directing quality at a new facility motivated her decision to remain with her group and practice at the Heart Hospital. Blake felt that some doctors believed growth in managed care was coming at the expense of the heart programs. "They were focused on other matters. I just wanted a good place to work and take care of my patients," Blake told the *Wall Street Journal*.

"Old Cars and Old Friends"

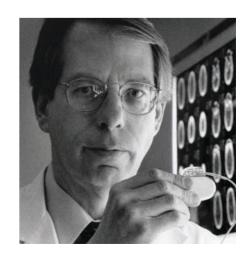
For some in Albuquerque's medical community, the heart wars were a time of choosing sides. "My decision to leave my group was very difficult," said Dr. Charles Karaian, who had been a cardiologist with Southwest Cardiology Associates for fifteen years. "I looked back at my relationship with the Presbyterian system, and it confirmed for me the right decision was to join the Presbyterian Heart Group. I felt I could deliver excellent care to my patients, I had very good relationships with the community hospital, and I just didn't see how MedCath would improve my ability to take care of my patients."

"I also thought that specialty hospitals, although interesting, were not the way to treat patients," said Karaian. "Unfortunately, a lot of



Above: Jerry Goss, MD
Presbyterian Healthcare Services Photoarchive
circa 1995

Below: Charles Karaian, MD, of Presbyterian Heart Group, specializes in noninvasive cardiology. Presbyterian Healthcare Services Photoarchive circa 2001





Above: New Mexico Heart Hospital
Presbyterian Healthcare Services Photoarchive
circa 2005



Above: Presbyterian was the first New Mexico hospital to be ranked among the top one hundred hospitals in the nation for interventional cardiology.

Presbyterian Healthcare Services Photoarchive

1999

our patients are like old cars, and they have engine trouble. They may also have transmission or brake problems. The analogy I make is that with these older cars, you've got to take care of all the problems that may appear. In a single specialty hospital, it really is a problem to get access to other specialists and techniques to be able to take care of your patient in total."⁵

For some of the doctors involved, there was a silver lining. "When I made the switch in 1998 to Presbyterian Heart Group, I had gone from a self-employed model to being an employee," said Michael Harding. "Psychologically, this was difficult. I think with any change, you look at your losses and not necessarily at your gains, but I can say categorically, this is the best thing that ever happened to me. There are a few disadvantages in working in a large system, but the infrastructure available really helps a group function. There are a lot of business issues that we don't have to deal with, and people can concentrate on their work in providing good care."

Dr. Shadoff reflected on the status of Presbyterian Heart Group years later. "To me we are winning in that we take care of patients in our group the way we think they ought to be managed. And we do not have any extraneous pressure to do something for reasons of some bottom line. So we are certainly winning on an ethical basis."

For Rob Lasater, the acrimony that erupted over the Heart Hospital of New Mexico engendered a feeling of sadness. The Kansas native, who since 1976 was one of Presbyterian's outside counsel with the Rodey law firm of Albuquerque, brought an outsider's perspective to the controversy.

"I guess my first impression was sort of sadness, because in the 1970s and early 1980s, the hospitals here seemed to have their own sphere of influence," Lasater said. "St. Joe's had its cancer treatment, Pres had its heart program, and Lovelace had its astronauts and their physical fitness programs. They respected each other's areas of expertise, and that all broke down in the late 1990s. The heart wars were obviously part of that."

St. Joseph went forward with the MedCath venture and closed its heart program. In 2001, its owner, Catholic Health Initiatives, sold St. Joseph to Ardent Health Services. The Presbyterian Heart Group grew to twenty-one with very little turnover. The Heart Hospital of New Mexico and Presbyterian are the two leading providers of cardiology services in the state.

Waiting for a Heart

In the summer of 1999, the *Wall Street Journal* published "A Showdown in Albuquerque," an in-depth front-page story on the heart controversies. Two days later, national television crews landed at Albuquerque's International Sunport.

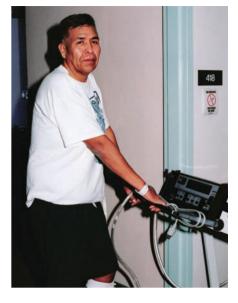
On the day that Jim Hinton was to interview with ABC News, he first visited Milton Hancock, a member of the Navajo nation, who spent nineteen months as a patient in Presbyterian Hospital waiting for a heart. Mr. Hancock lived at Presbyterian with a HeartMate. This device was essentially a tube surgically implanted into the chest and attached to a large computer unit. It helped the patient's heart to beat. A heart had been found, and Mr. Hancock was one week postop from transplant surgery.

In Milton's room, Jim noticed a cardboard box with religious materials: an eagle feather and flute he used as he sang songs of his people. He was finally free of his HeartMate and openly shared his relief and gratitude for the new heart in his chest. Milton spoke of how his new heart gave his children a new father and his wife a new husband. "As I left Mr. Hancock," remembers Hinton, "I thought of

the Navajo people with TB who lived for extended periods at the San in the '50s, under the caring concern of Mrs. Van. In Milton's case some forty years later, Presbyterian caregivers were following her lead as dozens of nurses and staff served him for almost two years, bringing over sixteen hundred meals, changing the linen on his bed over five hundred times, and giving thousands of smiles and words of comfort."

"I felt great," reflected Jim. "I was vividly reminded that Presbyterian employees live a tradition of caring for those in need with the same dedication as in

the days when Mrs. Van was with us. I felt fortified by talking with Milton. His story is a perfect example of how Presbyterian is different, what community-based health care stands for, and why we stand to protect it."



Above: Milton Hancock waiting for a new heart.

Courtesy: Milton Hancock family 1999

Below: Milton Hancock family Courtesy: Milton Hancock family 2004





Left: Today Presbyterian
Hospital is home to a
twenty-one-bed cardiac
care unit, a fifty-four-bed
cardiac telemetry unit,
and a full-service cardiac
catheterization lab.

Presbyterian Healthcare Services Photoarchive

circa 2001



CHAPTER SIXTEEN A New Way to Improve Health





Above: Presbyterian Health Plan staff
celebrated the enrollment of its
100,000th member
Presbyterian Healthcare Services Photoarchive

Presbyterian Healthcare Services Photoarchive 1996

ven though managed care enrollments were increasing, New Mexico continued to have one of the highest rates of uninsured individuals in the nation. The state's low per capita income and high number of small businesses combine to produce a huge number of working, uninsured adults and an even greater number of uninsured children living in low-income households. Even if individuals had coverage through federal and state programs, a large number of New Mexicans did not have access to routine medical care. By growing the health plan, the board knew that the organization could expand access to primary and preventative care services.

Just three months after the ten-year anniversary, on June 25, 1996, Presbyterian Health Plan enrolled its 100,000th member. Presbyterian Health Plan gave a "hats off party," thanking local insurance brokers for their role in helping the organization reach this milestone. The guest of honor was Thomas O. Maine, the actual 100,000th member.

"Growing Pains"

David Scrase, a Michigan native who had vacationed in the Southwest for much of his life, took the plunge in early 1997. He wrapped up his private practice of internal medicine in Ann Arbor and began seeking work in Albuquerque. His application landed on Peter Snow's desk, and within a few months, Scrase was offered the position of chief medical officer of the health plan.

For Scrase, it was a perfect fit. "The reason that I moved here from Michigan was because of Presbyterian's purpose, which is to improve the health of individuals, families, and communities. I wanted to continue my career in not-for-profit, purpose-driven health care, and so I felt a great connection with Presbyterian."

Six months after arriving in Albuquerque, Scrase was named president of the health plan and was immediately faced with significant financial challenges.

By 1998, Presbyterian Health Plan was the state's largest HMO, with about 314,000 members. The growth stretched operations and finances were in trouble. The health plan lost \$25 million in 1998 and \$35 million in 1999, was forced to close the El Paso Medicare plan and limit enrollment in the remaining Medicare communities.

"The health plan faced some hard times, although folks here weren't necessarily aware of it initially," said Scrase.

The health plan board was aware of the problems, and system leaders Stroup and Hinton worked with Scrase to develop a plan of action. Presbyterian leaders knew that things would not turn around overnight. Albuquerque, for example, had the lowest Medicare inpatient reimbursement cost per patient in the nation. According to Scrase, "The insurance industry is not something you turn on a dime. It takes roughly eighteen months to see the results."

Hinton worked with the congressional delegation to increase managed Medicare reimbursement, and Scrase built a team of top-flight medical and administrative staff who addressed losses in



Left: David R. Scrase, MD
Presbyterian Healthcare Services Photoarchive
2003



Above: A Plains Regional Medical Center nurse tests a diabetes patient's blood.

Presbyterian Healthcare Services Photoarchive photo by Michael McDermott

2002

Below: Dennis Angellis, MD
Presbyterian Healthcare Services Photoarchive
2001



medical expense. One of the team members Scrase recruited was Dr. Dennis Angellis who had worked for Scrase in Michigan.

Scrase admitted using Albuquerque's weather to entice Angellis to the Southwest. Scrase called every two weeks and reported that Albuquerque's temperature was 67 degrees under sunny skies. Angellis responded that he hadn't seen the sun in Ann Arbor in weeks. After several months, Angellis agreed to come to New Mexico for a visit. Soon after, he agreed to replace Scrase as the chief medical officer of the health plan. Angellis used evidence-based protocols and quality processes to guide the development of prevention and disease management programs.

Targets were established for key areas and were met because of the dedicated workers who processed claims and made sure the plan's back office ran smoothly.

Jana Burdick left the health plan in 1998 to try her hand at consulting. Less than a year later, she returned to Presbyterian because she missed the camaraderie of her co-workers and the challenges and rewards of working in health care.

"Our goal is to be so good and consistent that people forget who we are. When we do things wrong, we can impact our patients, members, and providers. Unfortunately, someone might be in the middle of a traumatic personal health situation, and we don't want our processes to add complications." said Burdick.

Preventive care targets were also being met. "As a physician, it was very invigorating to lead a team to balance financial management and also make sure that people got the health care they needed," said Scrase. "We had to make sure we were really helping people to get needed and appropriate care. We have lots of statistics to show that we have definitely improved the health of New Mexicans through the work of the teams in the health plan."

"I'll Get Paid When You Get Paid"

The Health Plan's management team tried to ensure that the staff's can-do spirit carried over to the quality and finance. "We have an enormous amount of information in the Health Plan," Scrase said, "and being able to store that information and use it to improve people's health is of great value. We set up systems where we send doctors lists every three months of all their patients who



Left: Presbyterian Health Plan staff at the Albuquerque Balloon Festival Presbyterian Healthcare Services Photoarchive circa 1990s

need a mammogram or need a Pap smear or who haven't had their cholesterol checked. I'm particularly proud of the work we did to give doctors tools that they could really use, if they chose to, to help improve people's health."

Solving another problem that the health plan faced was trickier. Since 1996, the organization didn't have the medical community's confidence. In some cases, Scrase recalled, local physicians were outright angry about the payment process. "We had gone through a computer conversion before I arrived," he said. "We weren't able to pay claims effectively. Physicians were running into serious cash-flow problems."

DocNet, a local New Mexico web-based server, was a hotbed of physician complaints about the slow pay climate at Presbyterian Health Plan as well as issues with managed care in general. Scrase began to respond to some of the complaints on DocNet. He shared with physicians that the health plan had improved the timeliness of claim payments.

A local doctor responded, noting, "That's really easy for you to say because you still get paid every

Below: Health Plan staff annually donate thousands of pounds of food to Albuquerque's Roadrunner Food Bank

Presbyterian Healthcare Services Photoarchive **2000**





month. And we're not." Scrase replied that he agreed completely and proposed what he considered to be a fair exchange. "I am going to withhold my paycheck for the average number of days that it takes to play claims," Scrase wrote. "I'll get paid when you get paid." Later he changed it to withholding his paycheck until the oldest claim in the system got paid.

Business Plan 2000

As the healthcare industry entered the new millennium, many organizations experienced strong economic strain. Nearly half of the

public hospitals in the United States faced negative margins, up from one-third less than five years earlier. The main cause for this was reliance on government payers like Medicare and Medicaid. Overall, the amount hospitals received in revenue from government payers was less than the cost of care with an average cost-to-payment ratio of 74 percent. In addition to tackling lower revenue, hospitals and health systems also dealt with shortages of personnel and rising costs in pharmaceuticals and medical and surgical supplies. This unforgiving economic environment set the stage for one of Presbyterian's most difficult financial challenges it faced since the Great Depression.

Above: Computerization at the Health Plan in the late 1990s allowed for the storage of enormous quantities of data, which could be provided to doctors to help improve the health of their patients.

Presbyterian Healthcare Services Photoarchive photo by Michael Barley

2005

Above: Operating margins dropped significantly in 1998 and 1999.

Presbyterian Healthcare Services Photoarchive

1999

Presbyterian was not immune to these national trends. Admissions

for hospital services increased as more specialists joined the children's program and other critical care services. The Medical Group expanded throughout Albuquerque and in communities where Presbyterian supported regional hospital care. Membership in the Health Plan had tripled after enrolling its 100,000th member less than two years before.

"We had two very, very bad years in 1998 and 1999," Hinton explained. "We lost organizational discipline and had grown too fast. The financial models in the health plan caused us to pay health



care claims twice, and it's almost impossible to be viable paying claims twice. New Mexico was among the states receiving the lowest level of federal payments for Medicare HMOs. To make a long story short, we lost a total of \$35 million in 1999."

Some organizations would make knee-jerk cuts in facilities, services, and personnel to stem the losses. However, this was not Presbyterian's traditional approach in times of struggle. Hinton looked at the financial losses as an opportunity to create more discipline and infuse new and better management processes. "We came up with Business Plan 2000, which focused on achieving a \$50 million turnaround for the bottom line," Hinton said. "We essentially wanted to reverse the loss and have a \$15 million in profit."

It was an intense time for employees yet cooperation was at an all-time high. "Regardless of the question asked that year, the response was 'What part of the \$50 million rebound does this solve?' When the dust settled in 1999, we achieved a \$53 million turnaround, and exceeded our goal by \$3 million. In many respects, we regained confidence."

Do the Right Thing

For Hinton, the first five years of his tenure as president had taken a

toll. He remembered dealing with stress that he had never before encountered in his career. Fortunately, members of Presbyterian's board were sensitive to the demands that were being placed on the shoulders of their new, young CEO.

"I felt in over my head on some of this drama. Two people stand out as having been incredibly steadfast and supportive. One was the former system board chair, Jim Williams. Jim invited me to lunch and asked how I was doing."

Williams reminded Hinton that Presbyterian was successful because it had been willing to do the right



Above: Business Plan 2000 sought to preserve core services such as pediatrics.

Presbyterian Healthcare Services Photoarchive photo by Michael McDermott

2002

Above: The organization's newsletter announced successful results of Business Plan 2000.

Presbyterian Healthcare Services Archive 2000







Above Left: Jim Hinton, Tim Otero, and Ray Tuegel Presbyterian Healthcare Services Photoarchive 2001

Above Right: Jim Hinton with

Leslie Rettinger
Presbyterian Healthcare Services Photoarchive
2008

thing. "He encouraged me to continue to seek the truth and the right course of action. He urged me not to avoid a tough discussion if that was needed to ultimately get to the right place," says Hinton.

The other person Hinton recalled being supportive was Larry Stroup. "I think Larry has always had a very keen sense of markets," Hinton noted. "Markets really represent people. They are the economic organization, but ultimately it is about people and their perception of how well you serve them."

Stroup was conscious of Presbyterian's record of management stability. Hinton was the sixth CEO in the organization's history. Presbyterian has been blessed with strong leaders able to guide the organization for an average of twenty years apiece. Stroup did not want Hinton to get demoralized and discouraged by the difficult events early in his tenure as CEO.

"There apparently has always been an understanding that leadership within Presbyterian needs to be supported," Stroup said. "Leaders can be guided, they can be led, but, most of all, they have to be supported. When I see CEO turnover, I know that the executive leadership isn't comfortable, isn't being supported, or there is a lack of communication going on between governance and management."

The longevity of Presbyterian leadership and the commitment to provide the best possible medical care has allowed the organization to surmount fiscal crises and remain a community-based organization.

Presbyterian survived the difficult years of the late 1990s by looking to its strengths and putting in place a plan that would give the system a new path and audacious goals for the twenty-first century.

While every organization needs competent legal counsel, Presbyterian was fortunate to receive expert guidance from attorneys Gene Walton and Diane Fisher that was not only helpful and welcomed but brought a wealth of ethical insights and values to complex and difficult issues. For the past thirty years, Presbyterian has benefited from some combination of legal representation by Gene and Diane. Both of these individuals contributed beyond the traditional definition of their legal roles, serving as champions for fairness and meeting community needs.

Gene Walton served Presbyterian for more than twenty years, beginning in 1978 as a member of the Rodey Law Firm. He was instrumental in shepherding Presbyterian through the legal organization of the health plan, heart group, and medical group. He guided Presbyterian through the purchase of FHP of New Mexico and also served four years as chair of the Foundation Board. On November 23, 2002, Gene passed away from cancer. Later that year, Jim Hinton reflected upon his service, "Gene was brilliant, loved a good joke and was sincerely dedicated to Presbyterian. He was fundamental to shaping the evolution of the organization."

Diane Fisher worked with Gene on several key projects beginning in 1980 before joining Presbyterian as chief legal counsel in 2002.

Her previous experience in private practice and as general counsel with the New Mexico Department of Health was instumental to Presbyterian's entry into the New Mexico's Medicaid managed care program. As an advocate and strong voice for those in need within the community, Diane keeps Presbyterian's charitable purpose in the forefront of conversations and infuses decisions with her high standards of ethics and fairness.



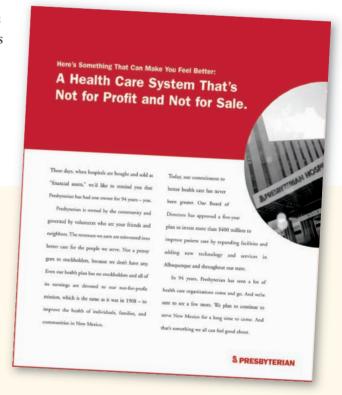
Left: Diane Fisher
Presbyterian Healthcare Services
Photoarchive
circa 2003



Above: Gene Walton
Presbyterian Healthcare Services Photoarchive
circa 1996

Below: Presbyterian reminded the public of its community ownership in this newspaper ad.

Presbyterian Healthcare Services Archive **2002**





CHAPTER SEVENTEEN A Different Kind of Journey



November 1999

INSTITUTE OF MEDICINE

Shaping the Future for Health

TO ERR IS HUMAN: BUILDING A SAFER HEALTH SYSTEM

ealth care in the United States is not as safe as it should be--and can be. At least 44,000 people, and perhaps as many as 98,000 people, die in hospitals each year as a result of medical errors that could have been prevented, according to estimates from two major studies. Even using the lower estimate, preventable medical errors in hospitals exceed attributable deaths to such feared threats as motor-vehicle wrecks, breast cancer, and

Medical errors can be defined as the failure of a planned action to be completed as intended or the use of a wrong plan to achieve an aim. Among the problems that commonly occur during the course of providing health care are adverse drug events and improper transfusions, surgical injuries and wrong-site surgery, suicides, restraint-related injuries or death, falls, burns, pressure ulcers, and mistaken patient identities. High error rates with serious consequences are most likely to occur in intensive care units, operating rooms, and emergency departments.

Beyond their cost in human lives, preventable medical errors exact other significant tolls. They have been estimated to result in total costs (including the expense of additional care necessitated by the errors, lost income and household productivity, and disability) of between \$17 billion and \$29 billion per year in hospitals nationwide. Errors also are costly in terms of loss of trust in the health care system by patients and diminished satisfaction by both patients and health professionals. Patients who experience a long hospital stay or disability as a result of errors pay with physical and psychological discomfort. Health professionals pay with loss of morale and frustration at not being able to provide the best care possible. Society bears the cost of errors as well, in terms of lost worker productivity, reduced school attendance by children, and lower levels of population health status.

A variety of factors have contributed to the nation's epidemic of medical errors. One off-cited problem arises from the decentralized and fragmented nature of the health care delivery system--or "nonsystem," to some observers. When patients see multiple providers in different settings, none of whom has access to complete information, it becomes easier for things to go



Errors...are costly in terms of loss of trust in the health care system by patients and diminished satisfaction by both patients and health professionals.

in the decades following World War II were on a "bricks and mortar" path, building facilities, adding technology, and attracting physicians and nurses to meet the needs of a growing postwar population. In the eighties and nineties, organizations responded to medical advancements in technology and practices at a frenetic pace. Although industries such as aviation and manufacturing also experienced technological advancements, they adopted quality disciplines to reduce variation in the production of their products. Health care, however, was slower to adopt the quality movement.

ealthcare organizations

Academic reports and journals focused often on influencing clinical outcomes within a specific medical discipline rather

than the industry as a whole. It was rare if an academic medical report addressed how hospitals and physician practices should operate. When the Institute of Medicine released *To Err Is Human*, the report estimated that between 44,000 and 98,000 people died in U.S. hospitals every year from preventable medical errors. If accurate, the estimate meant that hospital medical errors were the fifth leading cause of death in the country—more than motor vehicle crashes, breast cancer, or even AIDS. Despite the best intentions of caring and dedicated professionals, the wide variation of practices and the lack of reliable processes left patients at risk.

To Err Is Human, and the follow-up 2001 report Crossing the Quality Chasm, urgently called for fundamental change to close the quality

Above: Institute of Medicine report

To Err Is Human

Courtesy: Institute of Medicine

artesy. Histitute of ivic

gap. This caught the attention of the board members, physicians, and leaders at Presbyterian. At one level, Presbyterian admitted that its hospitals were not immune to these findings and defined the elements of a quality journey that deeply involved every part of the organization in the years to come.

Why Don't We Call It That?

For Jim Hinton, the turnaround engineered by Business Plan 2000 brought a question Presbyterian needed to address. "After we achieved this turnaround, we asked ourselves, 'So what did we learn from that?' I think it's true that Presbyterian never fails at anything it gets serious about achieving. Sometimes we say we're serious and we're not and we don't do so well; but, when we really get serious, we are a very focused and successful organization. Our organization has been this way since Reverend Cooper's time."

It was clear to Hinton and the board that a key lesson learned during the turnaround was that Presbyterian could compile excellent financial results when the organization set its mind to it. It was also clear that excellent financial results would not be enough. Hinton said, "The Institute of Medicine findings were a wake-up call for the industry. For Presbyterian, the imperative was clear. It was time to improve the overall operational quality of the organization, to improve the safety of the services we provide, and to maintain a positive trajectory of our financial performance. We wanted to set stretch goals over multiple years and to measure our progress with external indicators that would push us to perform among the nation's best. We were committing to national excellence and using external measures of our progress."

Hinton recalled telling his marketing leaders that "we've come up with these three goals: the National Baldrige Award, top 10 percent in patient safety, and a double-A financial rating, and we want something catchy. They went into a room and put flip chart paper up and had all the things that marketing people like to do. They came back with these really outrageous names for what we should call our new strategy. At the end of the day we decided that we're basically a pretty simple organization, and if we're going after three things we ought to just call it 'the three things."

Below: Presbyterian's strategy for national excellence includes three things.

Presbyterian Healthcare Services Photoarchive **2002**

- 1. Malcolm Baldrige Quality
 Award—continually improve
 processes to produce
 nationally excellent clinical,
 service, and business results.
- 2. Top 10% in Patient Safety create the safest possible environment for those who place their trust in us.
- **3.** "AA" Rating—control expenses while growing our business to sustain positve finiancial performance and to fund excellence.



Below: Sarah Kotchian chairs the Quality Committee of the Presbyterian system board of directors.

Presbyterian Healthcare Services Photoarchive 2002

"Never Stop Improving"

Sarah Kotchian grew up in Connecticut and came to New Mexico in 1978, served as the director of Environmental Health for the City of Albuquerque for many years, earned masters and doctoral degrees in public health, and then joined the Institute of Public Health at the University of New Mexico. In 1991, Joyce Godwin recruited her for the Presbyterian system board where Sarah chairs the Board Quality Committee. "Even before To Err Is Human came out, Presbyterian began to work on quality. The report and our decision to pursue nationally excellent health care for New Mexicans helped us set a goal to rank in the top 10 percent nationally in patient safety," explained Sarah. "This has been very challenging for a group of people who are trained to be excellent and used to working independently, but we've made a lot of progress."

Making measurable progress in quality outcomes requires the use of standard protocols of care. Physicians in the health plan, medical group, and hospital medical staff put into service a number of quality practices. Ed Benge, MD, led a team in the hospital that conducted chart reviews

to identify preventable medical errors. After investing in information technology, physician orders and proven treatment protocols were automated and made accessible from computers throughout the hospital. The organization introduced bundles of care practices that were required for patients on ventilators and those with a central line.

Patient medicines were also completely automated, starting with Rosie the Robot in the hospital basement pharmacy. Rosie fills every prescription with 99.9 percent accuracy, and nurses at the bedside with bar code scanners validate that the patient receives exactly the right dose of medication.

Mike Nelson, MD, serves as medical director for Presbyterian Medical Group. After twenty-seven years of medical practice, he achieved certification as a quality engineer and Six Sigma black belt. Mike leads teams that are working to standardize how care is delivered in outpatient settings. Diabetes care is one of their success stories. By using a proven chronic disease model, adults with diabetes are instructed on the proper use of insulin. Correct insulin keeps patient's blood sugar at the right level, which helps prevent

complications such as blindness and loss of limbs. "Evidence tells us that the optimal formula is a team that has a certified diabetes educator, a registered nurse, and an automated patient registry managed by a physician. These elements give the best results for reaching, teaching and supporting our patients who are struggling to live with diabetes," explained Mike. "After several years of hard work, we improved the number of our patients who have their blood sugar under control.

We're very proud that our performance in working with our senior patients is in the top 10 percent of the nation."

Dennis Angellis, MD, and his team in the health plan use member claim data to make measurable improvements in the number of individuals who take advantage of health screenings. "The goal is to prevent disease," says Angellis. "We have a number of processes we use to reach our members. All of them are backed up with data from physician claims and member activity. It is the way the health plan supports physicians who provide care for our members." To help with early detection of breast cancer, women members receive birthday mammogram reminders. Children enrolled in Presbyterian Salud receive dental care and the immunizations they need. For example,

Above: Automated medicine dispensing, which includes bedside bar code scanners, ensures that patients receive the right dosage at the right time.

Presbyterian Healthcare Services Photoarchive
2003

Below: Mike Nelson, MD, Gail Blackwell, Dennis Angellis, MD, and Laura Valdez lead the quality team that is improving the management of diabetes patients within the Presbyterian system.

Presbyterian Healthcare Services Photoarchive 2006





Above: Health Plan quality initiatives include dental care and immunization reminders to parents of children enrolled in Presbyterian Salud.

Presbyterian Healthcare Services Photoarchive 2002

the immunization rate of Salud members increased by more than 25 percent from 2006 to 2007. These and other initiatives have earned the health plan excellent ratings from the National Center for Quality Accreditation from 2005 to 2007.

Sarah sees the role of the board Quality Committee as monitoring progress, challenging when appropriate, and supporting Presbyterian employees. "They love their work," says Kotchian, "and I want to make sure we sustain a place where people who are taking care of people have a

good environment for their work. I would like to have our quality processes become part of everyday work so that people say, 'This is just the way we do things—we are improving everything we do, we never stop improving, there is nothing we can't question to find out how we can do it better."

Below: Reviews and ratings by external organizations like NCQA enable the Health Plan to improve health outcomes for its members.

 $\label{eq:Presbyterian Healthcare Services Photoarchive, photo by \\ Michael McDernott$

New Mexicans Deserve the Best

What National Excellence and the Three Things represented was a belief on the part of the Presbyterian board and senior leaders that New Mexicans deserve the best. "I actually have a copy of the New



2004

Mexico State Constitution," Hinton said, "and nowhere in there does it say that New Mexico has to be on the bottom of any national ranking. There's nothing in the state constitution that dooms us to mediocrity. Given that there's no constitutional restriction, I think it's imperative for any business in New Mexico to aspire to achieve its full

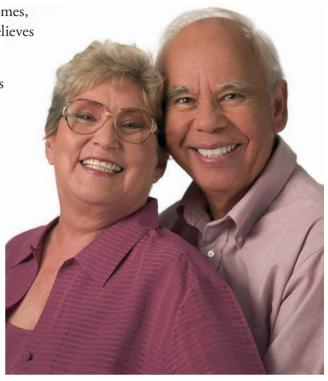
potential. In health care, it means that we have better outcomes, better access, and the cost is affordable. Our board really believes that."

Presbyterian's board has always believed that New Mexicans deserve the same or better quality than others in America. "What the journey for National Excellence represents is an outside-in definition of success," Hinton said. "We cannot achieve our goals based on self-analysis. We can only achieve our goals when the Baldrige examiners, rating agencies, or the myriad of quality organizations that closely scrutinize safety, quality, and consistency of health care, say that we are excellent."

"The Same Applies for Board Members"

In late 2001, media headlines across the country were focused on corporate scandals and other financial irregularities in U.S. businesses. In early December, Enron, the world's largest energy trader and seventh-largest U.S. corporation, filed for bankruptcy. In the ensuing months, it was discovered that Enron had an extremely weak governance structure; many Enron directors had conflicts of interest; and the audit committee did not perform its fiduciary responsibility of internal controls or checking the external audit. Shortly after Enron's announcement, other companies like WorldCom and Global Crossing announced significant restatement of their financial earnings. Throughout the country, the general confidence in government, corporate, and professional organizations and investor relations diminished considerably.

Many people called for reform, and in mid-2002, Congress responded with the Sarbanes-Oxley Act. This new legislation was intended to restore confidence in American securities markets and to protect investors and the public through reforms in corporate governance. Although the Sarbanes-Oxley Act primarily addressed publicly traded organizations, the country's temperament was to improve governance overall. Even though Presbyterian is a private organization, Joyce Godwin, a system board member, felt strongly that the New Mexico communities Presbyterian served deserved not just good governance, but great governance.



Above: The Health Plan's Medicare Consumer Advisory Board provides input regarding services, products, and programs for Medicare plan members like Katie and Ray Gonzales.

Presbyterian Healthcare Services Photoarchive **2002**



Above: Anthony C. Leonard
Presbyterian Healthcare Services Photoarchive
2008

Below: Joyce Godwin
Presbyterian Healthcare Services Photoarchive
2002



In 2002, Presbyterian went through a major overhaul to reduce the number of members on the system board and to involve more communities in board committees. Tony Leonard credits the shift to a much smaller board of eleven members and better governance to Joyce Godwin. Leonard, a New York native who came to New Mexico to pursue his business career in 1980, first joined the Presbyterian Foundation board of directors in 1985. He became acquainted with Godwin and her work in community endeavors and when Godwin retired from Presbyterian and joined the hospital's board, Leonard and Godwin became colleagues.

"When she retired from Presbyterian, Joyce embarked on a second career of consulting not-for-profit organizations on governance matters," Leonard explained. "We were fortunate to have an internal consultant who could lead us in overhauling our governance structure."

Because of its connection to many New Mexico communities, Presbyterian was inclusive when it came to appointments to the system's board of directors. As a result, Presbyterian's board had become unwieldy, with as many as fifty or more people serving on the board and committees at any given time.

Both Larry Stroup and Jim Hinton felt that the board was too large and not as effective as it should be. With the green light from Stroup, Godwin formed a governance task force with volunteers to look into restructuring the board. Leonard, Stroup, Hinton, and Sarah Kotchian were among the members who met for a year to determine alternate ways Presbyterian might be better governed. Their objective was to carry Presbyterian's strategy for national excellence into the organization's governance systems.

Understanding Cultural Sensitivity

Sarah Kotchian recalled the task force discussions and notes that changing to a smaller board actually gave members a greater voice in the system's affairs. "Having a smaller board means that we can have more frank discussions," Kotchian said, "and there is more opportunity for people to speak. Each person can be heard, called on, and brought out, especailly if they tend to be quieter. It's been possible to introduce topics and have discussion on some of the related social issues, such as the health of communities. Earlier, this was not really seen as core to our mission or relevant in the same way."

2004



Left: Members of
Presbyterian boards
around the state reflect the
diversity of New Mexico's
population.
Presbyterian Healthcare Services
Photoarchive

Reducing the size of the board changed the board's composition. Kotchian noted that when she first became a member in 1991, the board tended to be white, male, and local business—oriented. The board's restructuring brought much-needed diversity to the decision-making processes. Kotchian noted that the governance task force wanted members with ties to the community who had wisdom about the political process, and had expertise in quality, finance, and auditing. "We want people who have had experience managing a customer-focused enterprise," she said. "And people who managed a complex, large system, like Sandia Laboratories. We have asked industry experts outside New Mexico to sit on our board. They can bring a national perspective to us. We looked at age range and we have people from their forties to late sixties on our board right now."

"Following a Tradition of Service"

Dr. Tom Roberts is one of the younger members of the board who joined in early 2008. Roberts is an infectious disease physician and is the president of Presbyterian's Central New Mexico medical staff. His grandfather, Dr. Bennett Roberts, moved to Albuquerque in the 1930s and opened a solo practice as an eye, ear, nose, and throat specialist and often treated his patients at Presbyterian. Dr. Bennett

Below: Thomas Roberts, MD, is a thirdgeneration physician and joined the Presbyterian Healthcare Services board in 2008.

Presbyterian Healthcare Services Photoarchive 2008



Roberts had two sons, one who died at age five from bacterial meningitis that was a complication of an ear infection in that preantibiotic era. His second son, Dr. John Roberts, also became an eye, ear, nose, and throat physician and joined Dr. Bennett Roberts in the early 1960s in a father-and-son practice.

Dr. John Roberts often took his son, Tom, with him to Presbyterian Hospital on his weekend rounds. In addition to exploring the campus in his younger days, Dr. Tom Roberts got to know the staff, nurses, physicians, and volunteers. Presbyterian always has had a special place in his heart "because it is where so many important events in my life have occurred. It is where my grandfather, who I adored, died and where I saw my father break down and cry for the first time in my life. It is where my four-year-old brother's brain tumor was treated and where my father was cared for after his debilitating stroke. It is where my baby brother and sister were born and where my own twins were born. And it's where I've had the privilege to care for and help thousand of patients and help guide the organization's pursuit of excellence as a board member."

Below: Presbyterian sent Frank Sisneros to college to study culinary arts. Frank began his career at the organization forty-two years ago. Presbyterian Healthcare Services Photoarchive



"If the Patient Is Happy"

People at Presbyterian in all levels of the organization embrace quality. Frank Sisneros is one of them. A native of Albuquerque's south valley, Sisneros graduated from Albuquerque High School at Broadway and Central avenues in 1966. Albuquerque installed its new tramway to Sandia Peak the week Sisneros graduated from high school. Two days after his graduation, he applied to Presbyterian and was hired almost immediately. "I was always fascinated by this hospital," Sisneros said, "and I would see that there were patients who needed some help, so I decided to put my application in here."

Sisneros' first job at Presbyterian connected him directly to the hospital's roots. He began his forty-two-year career by delivering food trays to patient rooms. "We used to take carts through the side streets by the hospital, to the tuberculosis and the infirmary buildings," Sisneros said. "The tuberculosis building was on the south side of Central. Parallel to that was a catwalk that went across Mulberry to the infirmary." Later, Sisneros apprenticed in the hospital's kitchen under the legendary Edith Aragon. Presbyterian eventually sent Sisneros to the University of New Mexico to study culinary arts under Doug Dunning.

During his early years at the hospital, Sisneros became acquainted with Mrs. Van. For nearly twenty years, he baked cookies for her annual Christmas open house held for employees, physicians, and patients. When he went into her home, he always brought along a doggie treat for Mrs. Van's collie, Fuzzy.

Sisneros, who made his life's work improving service to patients at Presbyterian, was enthusiastic about the Three Things and the organization's search for quality. He remembers thinking at the time, "We can do this, we'll always do this. Quality service is what we are here to deliver for the patients. When you come right down to it, if the patient is happy, that makes us happy."

"All About the People"

For Julie Bowdich, reaching national excellence is about improvement. "There are always opportunities for more improvement," she says. It is also "all about the people. It is so much about the people. I get involved with employees because of allocations we make from the Foundation and I see their dedication."

Below: Julia B. Bowdich
Presbyterian Healthcare Services Photoarchive
2007



Below: "The employees of Presbyterian are what will win the Baldrige Award, keep a Double-A financial rating, and drive the improvement in patient safety and service," says

Julia Bowdich.

Presbyterian Healthcare Services Photoarchive 2007

Bowdich, the daughter of longtime board chair Jack Rust, was a two-term chair of the Presbyterian Foundation board of directors. She says, "the employees of Presbyterian are what will win the Baldrige Award, keep a Double-A financial rating, and drive the improvement in patient safety and service. There are so many examples. Kathy Davis of the nursing leadership team, Mary Ann from Catering, who



has been here forever and will always check on you, Gail Beatty from our office staff. There are amazing people around here."

Julie identifies with the people of Presbyterian and their commitment to make a difference in improving the health of New Mexico, the ultimate goal that the Three Things support.





CHAPTER EIGHTEEN You're Only as Good as Your Customers Say You Are





Above: Improvement is a recurring theme at Presbyterian's Leadership Development Institute.

Presbyterian Healthcare Services Photoarchive 2007

In the eight years following Business Plan 2000, there was an increased concentration on understanding customers' needs. Hinton reminded the organization that the journey would be difficult. "As we start to tease apart our systems and processes, we are likely to be disappointed because there are wide differences between how good we think we are and what our customers think. By placing our customers in the room with us as we analyze our processes and determine the steps that are valuable from their perspective, we will improve. For us, improvement will be a matter of conscious choice, and it will not be a short journey."

"The Best Way to Get Better Faster"

The Three Things set clear goals for Presbyterian—to achieve national excellence for patients and members in quality, patient safety, and

financial measures. By 2002, Presbyterian began an intense journey to earn the Malcolm Baldrige National Quality Award. Given by the President of the United States, the award goes to businesses and education, healthcare, and nonprofit organizations that demonstrate outstanding quality practices and produce excellent results. Hinton summed it up for the organization when he described Baldrige as "The Best Way to Get Better Faster."

Quality New Mexico, a statewide organization that stimulates the use of Baldrige principles to help state businesses improve, was a valuable resource as Presbyterian began its Baldrige application process. Joyce Godwin and JJ Parsons were among the first from Presbyterian to get involved in Quality New Mexico, and by 2008, more than one hundred leaders from Presbyterian would participate as state level examiners.

Parsons served on the Quality New Mexico Board for many years and championed the use of the multilevel application process. "Our first state application was pretty rough and very elementary," said Parsons. "Years later, when we received the Zia Award (the highest state award possible), we were proud of the results we delivered to our customers and of our measurable progress." In 2005 and 2006, Presbyterian completed national quality applications and was one of seven and six healthcare organizations, respectively, that earned a site visit from Baldrige examiners. "The interesting part about trying so hard to earn Baldrige recognition," said Parsons, "is that it's ultimately not about an award at all. The excellence we will have built when we're good enough to win will be the achievement."





Below: JJ Parsons, QNM president Julia Gabaldon, Governor Gary Johnson, and Senator Pete Domenici at the 1998 Quality New Mexico annual awards banquet

Courtesy: JJ Parsons

1998

"Adding Products and Members"

As part of the organization's overall drive for quality, new care management and preventive programs in the health plan were also making a difference for members dealing with chronic diseases and increasing availability for needed health screenings. The health plan first attained national quality accreditation in 2000, and in four out of eight years, all three health plan products (Medicaid, Medicare, and Commercial) received "excellent" ratings by the National Committee of Quality



Assurance (NCQA), an independent dedicated to measuring the quality means and were up to

Above: Presbyterian Senior Care members Del and Margie Greene Presbyterian Healthcare Services Photoarchive 2002

Below: The Health Plan's commercial HMO, Medicare HMO, and Salud (Medicaid) products have all earned the rating of "excellent" from NCQA.

Presbyterian Healthcare Services Photoarchive 2006

Assurance (NCQA), an independent, not-for-profit organization dedicated to measuring the quality of America's health care.

"Our customers were asking for value, quality, and choice. To better meet their needs, we expanded our products to include different levels of co-payments and different kinds of plans," explained David Scrase. "Many customers also became aware of quality measures and accrediting organizations and were demanding to know how we measure up to our competitors."

Presbyterian Salud, the Medicaid managed care plan, continued to attract a large membership by serving nearly 50 percent of the state's eligible Medicaid members. In 2008, the New Mexico Human

Mexico's children had better

immunization records than ever before. Keeping members

healthy is consistent with

purpose and is something that all of our members are

requesting."

Presbyterian's and the state's

Services Department awarded a contract to the health plan to continue its role as the largest managed care organization for the state's managed Medicaid program. Mary Eden, a longtime Albuquerque resident, has served as executive director for Presbyterian Salud for ten years. A tireless advocate for the needs of Salud members and families, Mary reflects on her years of service, "I am especially pleased when mothers are able to give their children primary care and preventive care like immunizations and dental screenings. Presbyterian and the other health plans in the state have steadily increased the number of immunizations. By 2006, New

Commercial HMO/POS Medicare Medicaid

PRESBYTERIAN

Congratulations!
NCOA Accreditation
2000-2009

Presbyterian Health Plan

On April 1, 2006, health plan employees celebrated their twentieth anniversary by dressing in costumes from the '80s, including health plan president David Scrase. "Over the past twenty years, Presbyterian Health Plan has grown from serving ten thousand members with one product to a company with eight distinct product lines and over one hundred different types of insurance solutions," said Scrase in his remarks that day. David Scrase left his position



as health plan president in February 2007 to become the executive vice president and chief operating officer for Presbyterian Healthcare Services. The health plan named its new president, Dennis Batey, MD, later that year. Batey returned to New Mexico from Fallon Community Health Plan in Boston, Massachusetts, where he served as chief medical officer for five years. Earlier in his career, Batey had been the vice president and chief medical officer of FHP International for Utah and New Mexico operations.

By mid-2008, health plan membership had grown to more than 450,000 members supported by more than nine hundred health plan staff and clinicians working to improve the health of each New Mexican in their care. With a new health plan leader in place, it was obvious that the health plan's future obstacles would include decisions regarding the high rate of uninsured New Mexicans, differing models of universal health care, and New Mexico's continuing struggles to provide doctors and needed medical services to rural areas.

"A Changing Way to Serve Patients"

Many of the individuals and employers who chose Presbyterian Health Plan did so because the health plan offered a wide network of physicians and supporting healthcare providers. Health plan members weren't limited to the employed medical group physicians, and they could choose from well-respected independent medical groups and specialists.

Longtime Presbyterian board member and pathologist Andrew Horvath, MD, explained how the physician structure had evolved.

Left: Presbyterian health plans serve employer groups and individuals.

Presbyterian Healthcare Services Photoarchive photo by Michael McDermott 2006

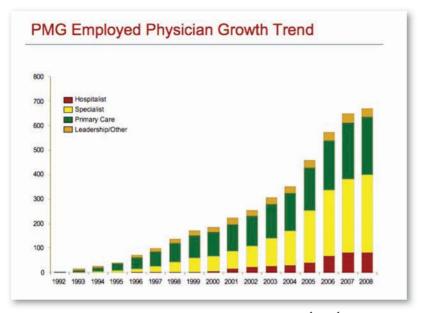
Below: David Scrase at the Health Plan's twentieth anniversary celebration

Presbyterian Healthcare Services Photoarchive 2006



Below: Dennis Batey, MD
Presbyterian Healthcare Services Photoarchive
2006





"Physicians today practice differently than they used to," said Horvath. "The solo practitioner is a real rarity. There is a whole new cadre of physicians, the hospitalists who work fixed hours and rotate shifts. A lot of office-based physicians don't even come in the hospital, and obviously hospitalists don't go to the offices. Now we have a significant number of independent physicians and we have a significant number of employed physicians who are fully integrated into the system. From where I sit, though, I think that care has gotten better because it is more

Above: Presbyterian Medical Group is the fastest-growing medical group in New Mexico.

Presbyterian Healthcare Services Archive 2008

Below Left: President of Medical Staff, Rebecca Shoden, MD

Presbyterian Healthcare Services Photoarchive

2007

Below Right: Jim Romero, MD, communicates with a patient using e-Care.

Presbyterian Healthcare Services Photoarchive 2007

integrated and more responsive. I think it's a good model."

Rebecca Shoden, MD, is a practicing obstetrician and gynecology physician. Dr. Shoden was the first woman elected president of the Presbyterian Hospital medical staff. Becky came to Albuquerque in 1983, fresh from her obstetric and gynecology residency in Dallas at Parkland Hospital. She has practiced independently for more than twenty years. "Most of the independent physicians see Presbyterian as the best place to practice, and we are committed to improving patient care. While the entire medical staff is working together toward improvement, and care is certainly better, I don't think we are moving fast enough. Quality is an ever-elusive goal."



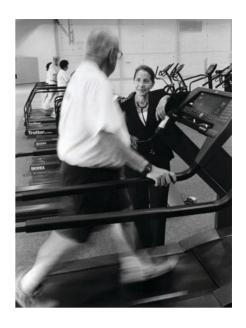


"Investing in More Health Care"

After the success of Business Plan 2000, Presbyterian was dedicated to keeping pace with patient needs and technology. This spurred Presbyterian to system-wide investments in many services. In 2003, Presbyterian began a \$350 million investment plan over a five-year period to expand hospital services in Lincoln County, Española, and Rio Rancho and in its Albuquerque hospitals. The centerpiece of these investments was a \$55 million expansion of Presbyterian Hospital in downtown Albuquerque.

What was referred to as the "East Expansion" added 150,000 square feet of new space spread across three hospital floors and enhanced the space for the Women's Center, Children's Medical Center, and Heart Center.

The Heart Center saw modernization and additions to create twentyone private rooms with the latest technology; the Children's Medical Center added a fifty-bed neonatal intensive care unit for the tiniest and most fragile patients as well as a twenty-one-bed pediatric intensive care unit for sick children. The Women's Center grew to



Above: Heart Group physician Jane Schauer, MD, with a patient at the Presbyterian Healthplex

Presbyterian Healthcare Services Photoarchive photo by Michael Barley 2002



Above: Robert Garcia, Mayor Martin Chavez, Congresswoman Heather Wilson, and board member Tony Leonard at the ribbon-cutting ceremony to open Presbyterian Kaseman Hospital's expanded ER

Presbyterian Healthcare Services Photoarchive

2002



Above: Board chairman Gary Mitchell cuts the ribbon to celebrate the opening of the renovated Lincoln County Medical Center.

Presbyterian Healthcare Services Photoarchive **2000**







seventeen labor and delivery rooms for expectant moms and forty-three mother-baby rooms for new parents.

Above: Presbyterian Hospital expanded yet again in 1999.

Presbyterian Healthcare Services Photoarchive 1999

Top Right: Dr. Karaian greets a patient in the skywalk connecting the Heart Group's offices to the hospital.

Presbyterian Healthcare Services Photoarchive

2003

Bottom Right: A \$55 million expansion of Presbyterian Hospital was completed in 2004.

Presbyterian Healthcare Services Photoarchive 2004

"We've tried to remember that it's not just a patient in a hospital bed getting better, but there are loved ones that are aching right along with our patient," said Dr. Charles Karaian, medical director of the Presbyterian Heart Group. "The new cardiac intensive care unit combines everything we know about what helps a patient get better, what helps the family and friends through a stressful time, and what helps our caregivers do their job the best."

Tony Leonard, longtime chairman of the Central New Mexico Hospital Board talked about the planning that went into the expansion: "Presbyterian took great pains to design and build a facility that incorporates the newest technology with safe patient care as the central focus. The units are outfitted with the latest technology to improve medication safety and improve communication among caregivers with new electronic tools."

At the same time Presbyterian was expanding, hospitals in Albuquerque were undergoing some of the biggest changes the community had seen in decades.

In 2002, Nashville, Tennessee–based, for-profit Ardent Health Services announced it would purchase the St. Joseph Health System from Catholic Health Initiatives. In 2003 Ardent purchased Lovelace Health Systems from Cigna Corporation. The Lovelace banner was maintained and the two local health systems were combined.

This signaled the end of St. Joseph's, which had served Albuquerque as a not-for-profit, Catholic hospital since 1901. The consolidation also started a series of changes for the Lovelace system.

The Lovelace Hospital on Gibson Boulevard was closed, inpatient behavioral health services stopped, and the historic Lovelace Medical Group became independent.

Change was also underway at the Heart Hospital of New Mexico. Established as a "focused factory," the singular concentration on heart care began to shift in 2008. Efforts to attract surgeons in

other specialties and billboards on I-25 promoted Emergency Room services for all patients, not just those experiencing chest pain.

During the same years, the University of New Mexico Health Sciences Center opened the Barbara and Bill Richardson Pavilion in Albuquerque. The UNM Physician Group announced in 2008 a new joint venture with Legacy Health Partners, a new Texas-based for-profit firm, to build a new hospital in Rio Rancho.

Below: The M. D. Anderson Cancer Center Radiation Treatment Center at Presbyterian Kaseman Hospital Presbyterian Healthcare Services Photoarchive 2007



"Nationally Recognized Cancer Expertise"

According to the sobering findings in the Health Care Advisory Board report, new cancer cases are expected to increase 23 percent nationally by 2010. While survival rates have increased, the nation's aging population and improved care for other diseases means that patients live long enough to develop cancers later in life. It was a logical time to define a comprehensive cancer program and



Silent Skies

On September 11, 2001, New Mexicans like the rest of America watched the attacks on our homeland in dismay and disbelief. The shock reverberated through the stunned hearts and minds of Americans like nothing anyone could remember. Employees at the Presbyterian Administrative Center near Albuquerque's International Sunport saw plane after plane landing in rapid succession as air traffic controllers cleared the skies. No one was exactly sure of what should or could be done. Communication went electronically through the organizational Intranet system and the nine thousand caregivers across the system prepared in case Presbyterian emergency rooms were needed. Thankfully, they were not, but New Mexico and America would never be the same.

For Presbyterian, one small yet meaningful difference was the singing of the national anthem at every Presbyterian gathering going forward and a moment of silence for fallen Americans and those in arms. The rhythm of the organization included annual meetings of board members, leaders, and regular employee gatherings. At the annual Ghost Ranch retreat, Spring Leadership retreat, the "Laughter Is the Best Medicine" Foundation fundraiser, and then at the Governor's Prayer Breakfast when Presbyterian assumed sponsorship of this signature community gathering in 2006, the national anthem became a honored way to begin.

bring the needed services to New Mexico. Although Presbyterian provided cancer treatment through an oncology unit in the hospital, an outpatient radiation therapy center, and an infusion center for chemotherapy, cancer services did not encompass the full range of cancer care.

Lauren Cates began working to expand Presbyterian's oncology program in 2005. Lauren joined Presbyterian in 1999 after receiving her masters from Arizona State University. As Vice President for Operations for Presbyterian's Albuquerque Hospitals, Lauren speaks about Presbyterian's efforts to bring more cancer care choice to the area. "Increasing options for New Mexicans in medical oncology and radiation therapy by bringing M. D. Anderson radiation therapists to New Mexico is an incredible benefit for the community," said Cates.

For Presbyterian, the first step toward its coordinated system of cancer care was an affiliation with internationally respected M. D. Anderson Cancer Center in Houston, Texas. Perennially ranked as the top one or two cancer hospitals in the nation by *U.S. News and World Report* since 1990, the partnership with Presbyterian was the first radiation treatment center for M. D. Anderson outside of Texas. "Our desire as an organization is to bring nationally excellent health care to New Mexico," Jim Hinton said. "We felt an arrangement with M. D. Anderson would benefit our community."





Above: Lauren Cates, vice president, Central New Mexico Delivery System Presbyterian Healthcare Services Photoarchive 2006

Below Left: Ramesh Gopal, MD, PhD, medical director of the M. D. Anderson Cancer Center Radiation Treatment Center at Presbyterian Kaseman Hospital, and Mitchell Binder, MD, medical director of the Cancer Center at Presbyterian brought a team of board-certified medical oncologists/hematologists to the community.

Presbyterian Healthcare Services Photoarchive 2007

A Twenty-first Century Hospital

Below: Presbyterian's Rio Rancho Medical Center is scheduled to open in 2010.

Courtesy: Dekker/Perich/Sabatini, Architect 2008

When Presbyterian began its Rio Rancho hospital development in 2007, it used evidence-based design for the future, focused on patient safety and innovation, driven by the desire to use proven methods that positively impact safety, efficiency, environment, and patient, physician, and employee satisfaction.



At the groundbreaking ceremony for the Presbyterian Rio Rancho Medical Center on August 1, 2008, Presbyterian acknowledged the need to provide hospital services to the rapidly growing areas west and north of Albuquerque, but also that it was investing in the healthcare needs of New Mexicans for the next one hundred years. Approximately four hundred people gathered under white tents on sixty-six acres of land located on the east side of Unser Boulevard alongside the Sandoval County line.

The \$205 million hospital represents the single largest investment in Presbyterian's history. With 340,000 square feet, the medical center in the first phase is designed to have one hundred private patient rooms, a full-service emergency department, state-of-the-art women's center with labor and delivery unit, operating rooms, catheterization lab, and a four-story medical office building. When the hospital opens in 2010, it will employ more than 500 full-time employees and support patient care provided by more than 140 physicians.





Left: Patients and PMG physician Darcie Robran-Marquez turn the dirt.

Presbyterian Healthcare Services Photoarchive photo by Peter Snow 2008

Above: Jim Hinton, New Mexico Lt. Governor Diane Denish, Clay Holderman, and Lauren Cates stand at the site of the Rio Rancho Medical Center.

 $Presbyterian \ Healthcare \ Services \ Photoarchive \\ {\bf 2008}$

Below Left: A young area resident turns a symbolic shovel of ground at the groundbreaking ceremonies for the Rio Rancho Medical Center.

 ${\bf Presbyterian\ Healthcare\ Services\ Photoarchive} \\ {\bf 2008}$

Below Right: Española Hospital Board Chairman Raymond Chavez at the opening of the Presbyterian Medical Group facility at Española Hospital. Presbyterian Healthcare Services Photoarchive 2008





Bottom: Española Hospital board members with Marcella Romero and Robert Garcia break the ribbon to open the expanded facility in June 2008.

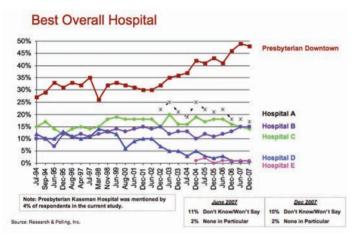
Presbyterian Healthcare Services Photoarchive 2008



For Presbyterian, the Rio Rancho Medical Center completes two decades of steady investment in the healthcare needs of Rio Rancho and Albuquerque's West Side where many physicians and staff are actively involved in the community.

At the groundbreaking, Jim Hinton shared, "Today, Presbyterian remains a not-for-profit institution, rooted in the community and responsive to the needs of the community that owns us. You can draw a straight line from the passion and calling that led Reverend Cooper to the ground we stand on today. The desire to respond to an unmet healthcare need leads us to the Presbyterian Rio Rancho Medical Center."

Below: Market research by Brian Sanderoff's company Research & Polling shows how Presbyterian is perceived by the community. Courtesy: Research & Polling, Inc.



2008

"Customer Reactions"

Staying on top of customer perception is a priority. Across the system one can find hundreds of graphs showing patient and member satisfaction rates and flowcharts that document processes that are being improved. They serve as reminders for employees about their responsibility to constantly look for ways to improve the customer's experience.

Below: Presbyterian built its brand on the reputation of the red brick building that is Presbyterian Hospital.

Presbyterian Healthcare Services Photoarchive ${\color{red}2002}$



Brian Sanderoff is recognized throughout New Mexico for market research and as an observer and commentator on New Mexico trends that has supported Presbyterian with market research for more than twenty years. "Over the years," says Sanderoff, "I have watched major changes in the healthcare industry in New Mexico and have observed Presbyterian's evolution from being known as the 'red brick hospital' in downtown Albuquerque to an organization with a comprehensive healthcare delivery system. Two decades ago, a vision emerged for growing the organization that would cover the healthcare needs of New Mexicans throughout the state. The risk was obvious; with growth often comes a loss of connection with one's customers. Despite Presbyterian's growth, it managed to become one of the most trusted organizations in the state. Numerous studies confirm that Presbyterian is perceived as being a very trustworthy and good corporate neighbor."

Perhaps no other study among the hundreds conducted by Research and Polling was received with as much positive reaction as the study on trustworthiness of businesses. Receiving this perspective from the community was especially gratifying to Jim Hinton and other members of the Presbyterian Board.

In the thirteen years since becoming CEO, Hinton worked hard to advance the organization in multiple arenas while also seeking independent validation of Presbyterian's progress toward national excellence. Presbyterian has earned and maintained AA financial rating, has received two national Baldrige examiner site visits, and has moved the needle positively in patient safety. "Being rated as the most trusted and being viewed as a good neighbor," said Hinton, "is the kind of customer endorsement that would have made Mrs. Van and Reverend Cooper smile."



Left: Presbyterian serves to improve the health of individuals, families, and communities. Max Chavez and his family represent four generations who were born at Presbyterian. Clockwise from lower left: Michacla, Matthew, Dennis Chavez, Virginia Saiz, Max, Viola and Gabriela Chavez, and Rita Torres.

Presbyterian Healthcare Services Photoarchive $\mathbf{1996}$



CHAPTER NINETEEN A Way for More to Help



Top Left: Volunteer Corliss Fenimore donates her time to the Presbyterian Hospital Gift Shop.

Presbyterian Healthcare Services Photoarchive

1999

Top Right: Foundation board member Kathy Komoll chaired the Daffodil Days fund-raiser in 2003.

Presbyterian Healthcare Services Photoarchive 2003

Bottom Left: Presbyterian Hospital volunteers donate their talents as well as their time to the organization. They have handcrafted countless baby blankets, more than 10,000 caps for newborns, and over 7,000 stuffed animals for pediatric patients. (standing, left to right) Laura Newsom, Regina Martinez, Norma Wicks and (seated, left to right) Betty Bullington and Nikki Lucero. Presbyterian Healthcare Services Photoarchive 2005

Bottom Right: Andrea Hanson was one of 500 volunteers who helped support Daffodil Days 2006, which netted over \$135,000 for Presbyterian Home Healthcare and Hospice.

Presbyterian Healthcare Services Photoarchive

2006

Below: Mary Poole, Presbyterian Healthcare Foundation executive director, 1976–1992

Presbyterian Healthcare Services Photoarchive 1977











ervice on one of Presbyterian's boards is one way the community guides the institution; the other is involvement in the Presbyterian Healthcare Foundation. Participation comes from physicians, business leaders, community volunteers, and employees. Since the Foundation began, the number of contributors has grown to more than twenty-one thousand. The growth has been steady, thanks to the dedicated leaders who raise and allocate funds to areas of critical need.

Mary Poole was the executive director of the Foundation for almost eleven years. She supported the Foundation board in building the endowment from \$500,000 to \$10 million. The major part of the income from the endowment is allocated annually to programs in the hospital and throughout the community.

In 1997, the Foundation created a fundraising event called *Laughter is the Best Medicine*. This annual gala features a nationally recognized comedian, and funds raised have benefited a variety of needs at Presbyterian. Over the last ten years, *Laughter* has raised almost \$1.4 million that has supported programs like the Heart Center, Children's Medical Center, Nursing Education, and the Women's Program. In 1998, the Foundation endowment totaled more than \$21 million and total allocations to Presbyterian were more than \$5 million. The board grew to more than seventy volunteers and developed several new outreach programs into the community.

Cézanne (Zizi) Fritz, granddaughter of W. Strong, became executive director in 2004. By 2007, Foundation volunteers had grown the endowment to more than \$75 million. Fritz's goal is to grow the Foundation with an emphasis on making a personal connection with each donor.

"Use It as You See Fit"

Decisions to contribute to the Foundation are very personal. Mary Helen Allburt had been working for

several years when, out of the blue, her mother suggested that it was time she started thinking about fulfilling her father's pledge to the San. "Somewhere along the line," recalls Mary Helen, "there had been a building program and my father made a pledge. Well, along came the Depression, and then he died a couple of years later, so he was never able to follow through. So I started sending small checks to Mrs. Van asking her to use them wherever she saw fit. And she'd send me letters telling me how she had spent my check. I remember one time she paid for a family to spend the night in a motel. After she died, I sent those checks to a chaplain. Then, he departed, and quite frankly, I forgot about it. And, out of the clear blue sky, I got a telephone call one day from a Foundation staff member and started giving again."

Mary Helen has been giving to Presbyterian for decades. Her checks are designated to help children. "I have had a pretty long and wonderful life as a result of the San," shares Mary Helen, "and have a

deep gratitude that can never really be paid, so anything I can do in a small way to help is very important to me."

"Making an Impact"

Julie Bowdich and her parents, Jack and Donna Rust, embody community connections with Presbyterian. In 2003, the longtime Presbyterian board chair and his



Above: Michael Freccia, 2008
Foundation board chair; Zizi Fritz,
Foundation executive director, and
Julia Bowdich, 2007 Foundation
board chair

Presbyterian Healthcare Services Photoarchive 2007

Below: Mary Helen Allburt has long supported the Presbyterian Foundation in appreciation for the care she received at the San as a patient in the 1930s. She is pictured here on the left at the opening of Rachel's Courtyard.

Presbyterian Healthcare Services Photoarchive 2005





Above: In 2007, Jack and Donna Rust announced their unprecedented financial gift to the Foundation, which would be used to increase the number of nurses in New Mexico. (left to right) Jack Rust, Donna Rust, Jim Hinton, Kathy Davis, RN Presbyterian Healthcare Services Photoarchive

wife gave Presbyterian \$1 million for nursing education and chaplain services, which was followed by a \$3 million gift from the family just two years later.

"We worked long and hard to make it possible to do something like this," said Jack. "My first board meeting was in 1965. Item number one on the agenda was the shortage of nurses and recruitment and how we were going to find nurses and how we would provide them training. I don't think this has changed much. The nurse profession is an honored profession. As the medical technology and community go forward, the need for highly trained nurses that have the passion will always

be here. We were convinced that by helping nursing as a profession at Presbyterian is where we could make an impact on health care in this community."

"I can remember the day like it just happened yesterday instead of five years ago," said Kathy Davis, RN, who serves as chief nursing officer and senior vice president for patient services. Davis came to Presbyterian in 2003. Kathy had known Jim Hinton since she was a girl, and was attracted to Presbyterian's commitment to national excellence. Originally from Long Island, New York, Kathy's twentyfive-year nursing career included helicopters, operating rooms, and meeting rooms.

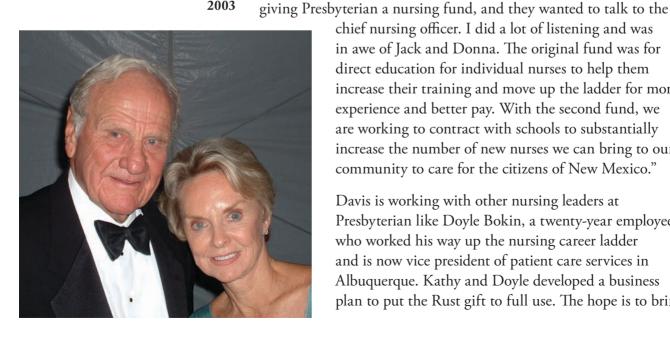
"I had been with Pres for two weeks and had a meeting with Jack and Donna Rust," remembers Kathy. "They were in the process of

> chief nursing officer. I did a lot of listening and was in awe of Jack and Donna. The original fund was for direct education for individual nurses to help them increase their training and move up the ladder for more experience and better pay. With the second fund, we are working to contract with schools to substantially increase the number of new nurses we can bring to our community to care for the citizens of New Mexico."

Davis is working with other nursing leaders at Presbyterian like Doyle Bokin, a twenty-year employee who worked his way up the nursing career ladder and is now vice president of patient care services in Albuquerque. Kathy and Doyle developed a business plan to put the Rust gift to full use. The hope is to bring

Below: Jack and Donna Rust Presbyterian Healthcare Services Photoarchive 2003

2007



nurses to New Mexico who will uphold the legacy created by Emily Tuttle, Faith Delay, Helen Evens, and Pat Phillips," says Davis. "These are the heroes in my book. Nurses are the heroes in the hearts of thousands of Presbyterian patients. Thanks to the generosity of Jack and Donna Rust, we will be able to attract nurses who will be the heroes of our future."

\$ PRESENTERIAN

2007

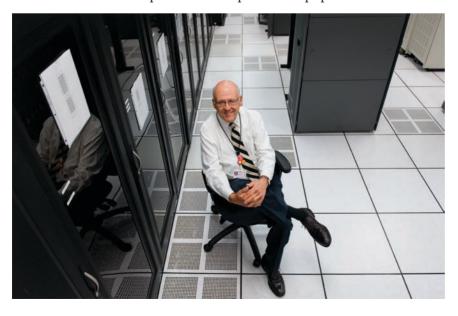
Above: (left to right) Jim Hinton, Jack Rust, Zizi Fritz, and Donna Rust Presbyterian Healthcare Services Photoarchive photo by Michael R. Brown

"A Program Starter"

Stan Stark came to Albuquerque as a pediatric oncology specialist and immediately secured privileges at Presbyterian. Originally from Cheyenne, Wyoming, Stark had family in New Mexico, one of the things that attracted him to Albuquerque in 1964 from the snowy Upper Midwest. During those forty-plus years of practicing medicine, Stark has seen amazing change.

At the twilight of his medical career, Stark looks for ways to give back to the community. His mother was part of Albuquerque's Gardenschwartz family. About twenty years ago, Stark directed money from the Gardenschwartz estate to establish the Gardenschwartz Foundation within the Presbyterian Foundation. The Gardenschwartz Foundation endowment has grown to more than \$100,000 in the years since.

"The idea of the money is to be able to support new programs," Stark said. "It's not to put names on pieces of equipment. It is a



Left: Stan Stark, MD
Presbyterian Healthcare Services Photoarchive
photo by Michael Barley
2008



Above: As part of the Child Life Program's "Christmas in June" event, motorcyclists ride up to Presbyterian Hospital, bringing gifts and distributing them to young patients. Presbyterian Healthcare Services Photoarchive

Presbyterian Healthcare Services Photoarchiv

2007

Below: Michael D. Freccia is a longtime member of the Foundation board and serves as the 2008 chair.

Presbyterian Healthcare Services Photoarchive

2008



program starter, that's what the money is used for." Early in his career, Stark watched colleagues lose as many as one pediatric patient a week to such common killers as leukemia and other solid tumors. One of the early programs supported by the Gardenschwartz Foundation was an international conference that brought to Albuquerque experts

studying a childhood tumor, the Wilms' tumor. Such sharing of information has led to a 90-plus percent cure rate for this tumor.

"Our second effort was to help absorb some of the start-up costs of the Child Life Program at Presbyterian," Stark said.

"That Becomes Part of Your Nature"

Stan Stark's enthusiasm for the work of the Gardenschwartz Foundation is no surprise to Michael Freccia or Julie Bowdich. Freccia, who grew up in New York City, moved to Albuquerque in 1973 to open Alan's Apparel. From clothing, he became an insurance broker, representing Presbyterian and many other companies for many years. Freccia joined the Presbyterian Foundation board in 2003 after serving a number of years on the St. Joseph Hospital Foundation board.

"There is an underlying culture at Presbyterian of striving for excellence, continually reviewing everything you've done to see if there is a better way," Freccia said. "I think that impacts the entire organization. It impacts the employees, and it impacts senior management. But it also impacts the staff of the Foundation. And that becomes part of your nature."

Freccia recalled that his first year on the Foundation board was very much a learning experience. "We had a committee that decided how to divvy up portions of money that were allocated for distribution," Freccia said. "I remember going to the first meeting and hearing

them talk about different things within the system that money could be used for, and I walked out and thought, 'I am really stupid. I don't know what half of these things are.' And the big joke has always been the bili light. They use the bili light in the neonatal unit to keep children warm. I finally had a tour of it about six months ago, and I got to see it, and I thought, 'there it is, the bili light.' That's what we were talking about."

"A couple of years ago, I became one of the co-chairs of the allocation committee. In 2008, the committee approved over \$2 million to Presbyterian and the community," Freccia said. "And that's very important money. It's seed money to start new things; it's providing the hospital with things that are not in their capital budget and allows us to do our part to continue on the road of excellence."

For Julie Bowdich, the spirit of caring is embodied in the art of the possible. "You always want to do more," she said. "And you always want to be able to fund more. There are some things that we are in the middle of that will happen in the next couple of years, that I'll be around to see them finished and be a part of it all."

"For Those Who Come After Her"

Rachel's Courtyard opened in January 2005 and cost more than \$1.2 million, all of which came from private donations of more than two thousand individuals. Foundation board members, passionate in their





Above: The Neonatal Intensive Care
Unit is one of many hospital programs
that receives support from the
Foundation. Suzanne Gonzalez and
her baby Emma called the NICU
home after Emma and her twin
brother Arturo were born.

Courtesy: The Gonzalez family

2007

Below Left: The Foundation helps fund the purchase of capital equipment at Presbyterian hospitals.

Presbyterian Healthcare Services Photoarchive photo by Michael Barley

2005

Below Right: Foundation allocations are made across the organization to advance and support health care for New Mexicans.

Presbyterian Healthcare Services Photoarchive photo by Michael McDermott

2005





Above: A patient enjoys the sunshine and fresh air in Rachel's Courtyard.

Presbyterian Healthcare Services Photoarchive
2005

Above Right: Rachel's parents, Tom and Julie Laub, and brother William
Presbyterian Healthcare Services Photoarchive
2005



enthusiasm for the one-of-a-kind hospital addition, organized the project.

The "playground in the sky" was built as a balcony extending the hospital's sixth floor Children's Unit. The unique space gives hospitalized children the chance to play in the sun, take a breath of fresh air, and just be a "normal kid" for a little while each day.

The project started because of the Laub family's experience with the illness of their daughter Rachel and her short and medically intensive lifetime. A chronic illness meant Rachel spent most of her five years traveling between her home and Presbyterian Hospital, tethered to medical equipment around

the clock and closely monitored by her healthcare team. During this time, everyone involved in her care realized that the ability to go outside for a little while each day might have helped Rachel and her family better cope with the situation. The courtyard named in her memory has made this a reality for so many children hospitalized at Presbyterian.

"A Strong Presence"

Christine Esquivel is a native New Mexican who grew up in Albuquerque's North Valley with a special connection to Rachel's Courtyard. As a child, she remembers her grandmother and mother talking about Presbyterian. "For me," reflects Christina, "Presbyterian has always been a strong presence in this community for as long as I can remember. Growing up during the turbulent '60s, I became pregnant at seventeen. Young and scared, the only place I would even



consider having my baby was at Presbyterian. On June 26, 1971, I started labor and was taken to Presbyterian to deliver my baby. I was scared and alone, but once wheeled into labor and delivery, the nurse who took care of me realized what I was going through and began to talk to me. This nurse became my anchor during this very emotional period. That night, I gave birth to a beautiful baby boy who I named Erick.

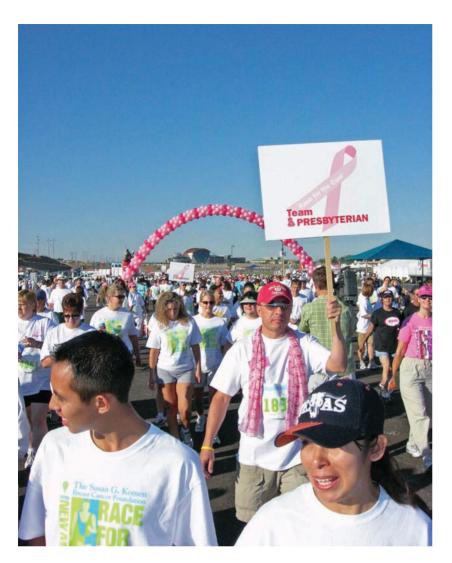
Thirty-six years later, I still feel Presbyterian's strong presence in the community; only now I am part of that presence as a nurse in one



Above: Rachel's Reach is a series of mesh panels that comprise the west wall of Rachel's Courtyard. It features Rachel reaching out to catch a falling star. Each panel has an inspirational word as part of its design: diversity, balance, generosity, courage, compassion, truth, contemplation, hope, gratitude, confidence, love, and curiosity. Presbyterian Healthcare Services Photoarchive 2005

Left: Presbyterian Hospital, Rachel's Courtyard. The playground in the sky stands as a sparkling example of the community's generosity, a tribute to the spirit of Rachel Laub, and a focal point of pride for Presbyterian employees and physicians.

Courtesy: *Thunder Bay Press* photo by Simon Clay **2005**



Above: The annual Central New Mexico Race for the Cure is one of many community events in which Presbyterian employees participate, raising money for the Susan G. Komen Breast Cancer Foundation.

Presbyterian Healthcare Services Photoarchive ${\it photo~by~Norma~Sanchez}$

2006

from meetings, and I can see Rachel's Courtyard from the freeway. Seeing this new addition always makes me smile and helps me to remember a very young girl, a wonderful nurse, and the care I received one summer night thirty-six years ago."

of the Presbyterian Medical Group clinics. I pass by the hospital to and

A Legacy of Involvement

Volunteerism and philanthropy are traditions for Presbyterian employees and physicians. From serving on statewide councils to improving healthcare policy to making free flu shots available to seniors, Presbyterian employees give time, expertise, and donations to make our communities better places to live.

Through Presbyterian's Employee Volunteer Program more than 300 employees participate with more than 120 other nonprofits throughout the state as board members, volunteers,

and organizers of community events. Presbyterian employees consistently participate in United Way and in 2007 donated \$1.3 million to the United Way of Central New Mexico.

Employees like Robert Thoesen express their passion for giving and helping nonprofits reach their goals. Robert is a project manager for Presbyterian Medical Group and leads Presbyterian's team in the American Diabetes Association's annual walk to raise money for diabetes research. "Because diabetes takes such a toll on New Mexicans where almost one in ten struggles with the disease, we are driven to help in any way we can. The Walk is a way for all Presbyterian employees, particularly those who don't provide handson patient care, to help people with diabetes."

More than 95 percent of Presbyterian's forty-three senior leaders serve as volunteer board members or active members of the ninety local and

national organizations. Presbyterian's Joyce Godwin and Jim Hinton have served as chairmen of the Greater Albuquerque Chamber of Commerce.

In 2006 Presbyterian was asked to assume sponsorship of the Governor's Prayer Breakfast. Designed after the national prayer breakfast, the annual event is hosted by the Governor of New Mexico. More than four hundred leaders from communities throughout the state join for a morning of fellowship and a recommitment to community service.



Left: Jim Hinton and Governor Bill Richardson at the Governor's Prayer Breakfast

Presbyterian Healthcare Services Photoarchive

2007



Above: Jim Hinton is a regular participant in the annual Diabetes Walk.

Presbyterian Healthcare Services Photoarchive 2002



Left: **The New** Mexico Chapter of the National Society of Fund **Raising Executives** named Presbyterian New Mexico's Outstanding Corporation in Philanthropy in 1999.

Presbyterian Healthcare Services Photoarchive 1999

The Care and Management of Diabetes

I'm stepping out to fight diabetes.



Above: Presbyterian employees participate in the American Diabetes Association's annual "Step Out to Fight Diabetes" walk, wearing t-shirts designed for the occasion.

Presbyterian Healthcare Services Archive

Diabetes and Non-Diabetic High Blood Sugar: The Basics

What is Diabetes?

Diabetes is a disease marked by high levels of sugar (glucose) in the blood. It can be caused by:

- the body not making enough insulin, the body not being able to completely use the insulin it does make,
- · or by both of the above.

If not managed, it can lead to a number of other health problems such as heart disease, kidney disease, numbness in the hands and feet, wounds that don't heal, and blindness.

What is Non-Diabetic High Blood Sugar?

Non-Diabetic High Blood Sugar (sometimes called hyperglycemia) is usually a temporary condition where there is a rise in blood sugar tevels. It can be caused by surgery, an acute illness, certain medicines, or emotional

Although Non-Diabetic High Blood Sugar usually goes away when what is causing it goes away, it is still important to treat the high blood sugar levels while they exist.

Why? Because high blood sugar levels alone can cause many of the same complications as true diabetes, especially wounds that don't heal well after surgery.

www.phs.org

Below: At-risk inpatients at Presbyterian Hospital receive informational brochures about diabetes.

Presbyterian Healthcare Services Archive

2007

To be a successful twenty-first-century healthcare organization, Presbyterian must meet the needs of the communities it serves. This dedicated approach to addressing a community need has changed little from a century ago when the San was founded to treat the tuberculosis victims in Albuquerque.

As Presbyterian reaches the centennial mark, an estimated eighteen to twenty million Americans, more than 6 percent of the U.S. population, are living with diabetes. About one million adults are diagnosed with diabetes each year. New Mexico ranks twenty-ninth in the nation in residents afflicted with diabetes. There are two types of diabetes: Type 1 is when the body fails to produce any insulin, and Type 2 diabetes occurs when the insulin produced doesn't help convert food into energy.

Poverty and diabetes go hand-in-hand, and New Mexico is among the poorest states per capita. Anyone can acquire the disease, although people over the age of forty-five who are overweight, physically inactive, and who also have a family history of the disease are far more susceptible to diabetes than the general population. In fact, family history results in Type 2 diabetes for as many as one in two cases of diabetes in children.

Diabetes researchers in 1993 reported that intensive therapy involving diet and medication was perhaps the best way to delay long-term complications, such as blindness and sepsis, associated with Type 1 diabetes. The study did note that strict blood sugar control helps prevent complications of diabetes, such as blindness, amputation, stroke, and heart attack.

Today, New Mexico State Health Department data indicates that more than 130,000 New Mexicans have diabetes, which equates to roughly one out of eleven residents in the state. Estimates are that 38,000 of the 130,000 diabetic New Mexicans do not know they have diabetes. The numbers of diabetics are concentrated on New Mexico's

Indian reservations and pueblos and in counties that are predominantly Hispanic. Native Americans are three times more likely to develop diabetes than Anglos, and Hispanic Americans are twice as likely as Anglos to develop the disease.

Long-term complications of diabetes are sobering. The risk of developing cardiovascular disease or having a stroke is two to four times higher among diabetics. Half of diabetic New Mexicans also are diagnosed with high blood pressure. In 2003, more than 25,000 diabetic New Mexicans were hospitalized, and of those hospitalized, almost 75 percent were for complications related to cardiovascular disease.

Diabetes is the leading cause of end-stage renal disease in New Mexico, and eye diseases are endemic among diabetics in New Mexico and the nation. Almost 40,000 of the state's diabetics suffer from diabetic retinopathy, and diabetes remains the leading cause of blindness among the state's population aged twenty to seventy-four. Gestational diabetes, or diabetes during pregnancy, causes both the mother and infant to be at risk. Each year, an estimated 1,500 New Mexican women are diagnosed with gestational diabetes.

Below: Posters are made available to employer groups enrolled in Presbyterian Health Plan, describing the signs and symptoms of diabetes.

Presbyterian Healthcare Services Archive

2007

DIABETES: ARE YOU AT RISK?



Signs and Symptoms*

- · Excessive thirst
- Irritability
- · Tingling and numbness in hands or feet
- Frequent skin, mouth or bladder infections
- · Frequent urination

- Blurry vision
- · Unusual weight loss
- · Slow to heal cuts
- · Increased fatigue

*Note: You may not have any symptoms. Many people have diabetes for five years or more before noticing symptoms.

Risk Factors You Cannot Control

- You have a family history of diabetes a brother, sister or parent with the disease.
- You are older than 45 years of age.
- You are Latino, African American, Native American, Asian American or Pacific Islander.
- You had diabetes when pregnant or gave birth to a baby weighing more than 9 pounds.

If you are at risk because of the above factors, contact your healthcare provider to test you for diabetes.

www.phs.org

PRESBYTERIAN



Above: Vicente Perez, MD, Kathy Garcia, Laurie Yelvington, and Marci Crawford led Española Hospital's community-based diabetes management pilot project.

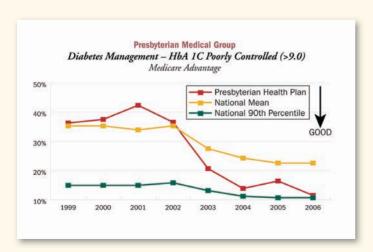
Presbyterian Healthcare Services Photoarchive

2005

Below: The number of Senior Health Plan members seen by Presbyterian Medical Group physicians whose HbA 1C was considered poorly controlled has dropped dramatically since 1999.

Presbyterian Healthcare Services Archive

2006



The cost of treating diabetes is staggering. Estimated direct and indirect cost of treating diabetes, coupled with premature death and lost productivity is in excess of \$1 billion in New Mexico each year. Presbyterian's core strength is and always has been clinical care. In recent years, Presbyterian embraced a public health prevention project that emphasizes controlling diabetes in New Mexico. The pilot project was undertaken in Española and has a goal to improve the health of people in that community who are unable to live full lives because of diabetes. Once the concept has completed its test in Española, Presbyterian intends to share the results of the project with all of the communities it serves in New Mexico and will bring chronic case competency to the uninsured, first in the regional communities and then throughout New Mexico.

Presbyterian's community health campaign against diabetes is a way station along the organization's century-long journey to connect itself with the people and the communities it serves. Presbyterian acknowledges that improving the health of New Mexicans sometimes involves going well beyond the organization's core strength of clinical care. However, the people of Presbyterian know that the effort is worth it.

The good news is that diabetes is a disease that Presbyterian knows how to manage. The key to making progress is to effectively and consistently treat the disease to improve life for those who are struggling with diabetes.



Above: Intercept interviews are one tactic in Presbyterian's community outreach effort to improve diabetes selfmanagement in uninsured adults.

Presbyterian Healthcare Services Photoarchive

2008

Left: Presbyterian had the largest corporate team and was the largest fundraiser for the 2007 American Diabetes Association Walk.

Presbyterian Healthcare Services Photoarchive

2007





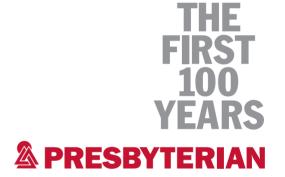


A friend A vision An oasis

AFTERWORD The Next 100 Years







A cornerstone

What was it that motivated nursing director Emily Tuttle to do any task necessary to get the job done for patients, to take time to answer every patient call light that was on as she passed through the halls of Presbyterian Hospital? I believe what motivated Emily and the thousands of caregivers who built Presbyterian is best summed up by Mrs. Van, who often was heard to say, "If we can help, we should"—six unassuming words that express the spirit of this institution.

Presbyterian's story is really the story of the remarkable people who chose to work here. Starting with Reverend Cooper who began our journey in 1908, the hard work of thousands of physicians, employees, board members, and other volunteers brought Presbyterian from a tiny tuberculosis sanatorium to a statewide healthcare system, serving more than 700,000 New Mexicans. These pages reflect some of their stories and memories. People with unique talents, backgrounds, and personalities, bound by a shared commitment to help build something here that would be bigger than individuals could accomplish by working alone.

We know that successful organizations honor their past as they create their future. So over the decades, we worked hard to maintain our values of service and humility while we pushed steadily for progress in good times and in hard times. Perhaps this commitment to the values of our legacy combined with our commitment to progress is why generations of people have been attracted to Presbyterian, why they stay, and why their dedication attracts others.

Our history is a series of large and small actions as caregivers and caring individuals responded to emergencies, delivered babies, performed surgeries, or guided a heath plan member through a difficult course of care. Often, everyday events were unseen turning points as Presbyterian moved forward with each careful decision. Many were sound and some missed the mark. All were motivated by a dedication to sustaining local, not-for-profit health care. We know, however, that good intentions alone will not secure success. Whatever success Presbyterian has earned and will earn in the future comes not with a single grand act or a sweeping change but results from daily deeds completed for the right reasons by good people who chose to contribute their very best.

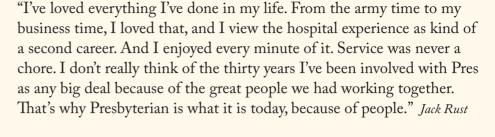
Presbyterian was founded to provide a healing station for those debilitated by tuberculosis. The disease of our founding has practically disappeared since the fifties, replaced by a series of new healthcare challenges as each decade unfolded. As we begin our next one hundred years, this pattern will continue and new challenges will be plentiful. Despite vastly improved technology and medical science, heart disease still brings premature death, cancer is increasing, and diabetes is prevalent throughout our state. Our patients and members have access to some of the best care in the world, yet health care is harder and harder to afford, too many of us are without insurance, and those with insurance sometimes question the value they receive.

As we celebrate our Centennial, I am moved by the trust that generations of New Mexicans have placed in Presbyterian and the very personal connections we have been privileged to develop with individuals, families, and communities across our state. I am also mindful that even a legacy as strong as Presbyterian's is no guarantee for the future. Those who will take our place in the decades to come will need to work just as hard and care just as deeply in order to preserve this valuable community resource. For my part, I can't wait to play a part of the next one hundred years and what we will deliver for the state we love.

Because, after all, if we can help, we should.

Jim Hinton





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"When it was established in 1908, the San was an outreach of the Presbyterian Synod and there was this aspect of a spiritual calling. Although Presbyterian has not been officially part of the church for decades, the mission remains and touches each of us differently. I discovered that Presbyterian has been an outlet for me to live my spiritual and moral obligations as an individual. My service here has given me something that is higher than just doing work and is more meaningful even than my professional career. I have put my church commitment together with my community commitment and my business commitment, and do it all in one place." *Larry Stroup*

"People want to be part of something great. Building Presbyterian seems to be a motivating goal for those who come here. A lot of us never got to win that high school football championship, be on the winning debate team, or play first chair in the school orchestra. While there are, I'm sure, a few people at Presbyterian who have been in these kinds of positions, the majority of us have never quite been at that level in our lives. So what Presbyterian offers our people is a place where people can realize their dreams by helping others." *James H. Hinton*

"Some of us wonder how we had the courage, without a dollar, to undertake such a task. We are assured that we did so because we did not realize how heavy the burden would be. We believe just as truly, however, that we were guided by the good providence of God, for this institution will be a life-saving station both physically and spiritually when all of us who have worked for its success have passed away." *Reverend Hugh A. Cooper*

"My appreciation to Presbyterian is unbounded. I would not be here today if it were not for your excellent care. My wife, Babs, and I are continuing clients and we purchase our health insurance from Presbyterian Health Plan. We, your patients, and you, our providers, are human and all of us show our human failings despite doing our best. Still, I know should I need medical treatment of any kind, from life threatening crisis care to the simplest health maintenance procedure, Presbyterian will provide me and my family with the best healthcare medicine has to offer." *Mike Langnar*



APPENDICES

Endnotes, Chairmen of the Board, Chief Executive Officers, Timeline, Acknowledgements



Chairmen of the Board and Chief Executive Officers

Years of Service
1908-1934
1935
1935-1967
1967–1971
1971–1981
1981–1993
1993-2010

Chief Executive Officer	Years of Service
Hugh A. Cooper	1908-1934
Hugh P. Cooper	1934-1938
Frank C. Gabriel	1938-1952
Ray Woodham	1952-1981
Richard R. (Dick) Barr	1981–1995
James H. (Jim) Hinton	1995-

Timeline

Presbyterian's 100th Anniversary History

1903

Hugh A. and Delia Cooper and their two sons arrive in Albuquerque from Iowa.

1906

Hugh A. Cooper completes the new building for the First Presbyterian Church.

1908

Southwestern Presbyterian Sanatorium is founded by the Reverend Hugh A. Cooper on the site of the former Brockmeier Farm just east of downtown Albuquerque.

1910

The San houses twenty-seven patients in twenty-four tent cottages, and donations for the year are nearly \$4,200, a not insignificant sum at a time when a fully equipped Ford automobile sold for \$950.

1911

Mrs. Cyrus McCormick, one of the era's foremost philanthropists, donates \$10,000 to the San for construction of a building in her name.

1912

New Mexico gains statehood.

1913

The San reports it is housing ninety tuberculosis patients, up from the first three patients admitted in 1908.

1914

The San begins the new year with property valued at \$100,000, including four large buildings, twenty-five tent cottages, and a one-hundred-acre farm.

1916

The City of Albuquerque paves Central Avenue out to the University of New Mexico, forcing the San to build a three-foot retaining wall along the street.

1918

More than one thousand New Mexicans succumb to the

1918 influenza pandemic, which kills as many as 750,000 Americans and upwards of twenty million people worldwide.

1921

Marion Kellogg Van Devanter comes to work at the San.

1922

The San reports it is using thirty rooms on the sprawling medical campus for general hospital purposes, mostly for obstetrics, gynecology, and surgery.

1922

Insulin is first used for the treatment of diabetes.

1923

In its first issue, the *San Quarterly* reports that 160,000 Americans die each year from tuberculosis, and that the economic impact of TB is \$240 million annually.

1926

The San opens the newly constructed \$75,000 Hazeltine Infirmary.

1928

Sir Alexander Fleming discovers penicillin, a discovery that wins him the Nobel Prize for Physiology seventeen years later.

1929

The U.S. stock market sheds one-third of its value when Wall Street crashes on Black Thursday in October. Shortly after, the United States enters into the Great Depression.

1931

The San dedicates the \$150,000 Maytag Building, a gift of the Iowa washing machine manufacturer, as Albuquerque slips further into the Great Depression.

1934

Dr. Hugh A. Cooper suffers a fatal heart attack. His son, Hugh P. Cooper, is named manager pro tem and runs the San for the next four years.

1935

The first vaccine for yellow fever becomes commercially available.

1936

The San signs a contract with Dr. Van Atta to operate the laboratory and X-ray facilities.

1937

The American College of Surgeons certifies the San.

1938

Frank Gabriel is named superintendent of the San.

1939

The U.S. Army Air Corps leases land at the foot of the Manzanos to build a flight-training base that would become Kirtland Air Force Base.

1940

Prominent Albuquerque banker Cale Carson is elected president of the San's board of trustees. Frank Gabriel and Mrs. Van pioneer the first hospitalization insurance plan by forming Hospital Services, Inc. In 1945, this plan would develop into New Mexico Blue Cross and Blue Shield.

1941

The United States declares war on Japan following the attack on the American naval base at Pearl Harbor, Hawaii; Nazi Germany declares war on the United States the next day.

1942

At the start of World War II, the San's occupancy is at 57 percent, while the hospital's occupancy is at 82 percent. Meanwhile, eighteen of the facility's fifty-seven doctors have left and are serving in the U.S. military.

1943

Microbiologist discovers the antibiotic streptomycin, which proves to be effective in the treatment of tuberculosis.

1944

The hospital is completely occupied, and the San copes with Albuquerque housing shortages by putting employees up in an unused building.

1946

In the first postwar year, the San admits seventy-two tuberculosis patients, only one from New Mexico. The hospital, meanwhile, has an average patient count of 150 a

day, necessitating placing hospital beds in the hallways.

1947

The San adds twenty-six doctors to the medical staff, which totals ninety physicians by mid-year.

1948

In fifteen years, the population of Albuquerque and its suburbs nearly triples, but the number of hospital beds at the San only increases from fifty-seven to seventy-two.

1950

The average hospital stay shortens to three days, partly because of the increased use of antibiotics. Meanwhile, the hospital establishes a separate pharmacy department.

1951

The Ruth Hanna Wing opens, adding sixty maternity and pediatric beds along with thirty bassinets.

1952

The San changes its name to Presbyterian Hospital Center (PHC), hires Ray Woodham as administrator, and forms the first hospital auxiliary.

1953

Presbyterian has 115 hospital beds, 43 bassinets, and 68 beds at the San. The hospital adds a purchasing department and opens a new kitchen.

1956

Presbyterian opens the School of Practical Nursing, which would be approved by the National Association for Practical Nurses Education the following year. By 1975, the school would graduate more than seven hundred nurses.

1957

Presbyterian establishes a chronic care unit and adds a fulltime pathologist to its laboratory staff.

1958

The hospital completes a thirty-eight-bed addition to Ruth Hanna, adds two operating rooms and a recovery room, and starts a physical therapy department and a pediatric service.

1959

The board of trustees initiates a \$600,000 building campaign.

1960

Presbyterian starts an inhalation therapy department, adds a serology department to the laboratory, and remodels Old Main for a geriatric unit.

1961

Presbyterian opens the new B Tower building, adding 120 beds to the Central Avenue campus.

1965

Presbyterian announces the addition of twenty-four beds in the Maytag Building.

1965

President Lyndon B. Johnson signs legislation establishing Medicare.

1967

George Savage, prominent Albuquerque real estate and insurance investor, replaces Cale Carson as chair of the Presbyterian board of trustees.

1968

The Presbyterian Healthcare Foundation is established.

1969

Dick Olsen is appointed administrator of Anna Kaseman Hospital to supervise the construction; Dick Barr succeeds Ray Woodham as Presbyterian Hospital administrator. Woodham remains president and chief executive officer of the hospital system.

1970

The Anna Kaseman Hospital opens on Albuquerque's northeast side, and the Central Avenue campus of Presbyterian opens its first cardiac laboratory.

1971

Presbyterian branches outside the Albuquerque market for the first time when it acquires the Belen Hospital.

1972

The Presbyterian Synods of New Mexico and Arizona merge, and Presbyterian Hospital amends its bylaws to provide for

fifteen members on the board of trustees. Presbyterian and St. Joseph's form Cooperative Health Services (CHS), which provides a health insurance called Mastercare.

1973

The Presbyterian Professional Building opens, and CHS purchases Albuquerque Ambulance Service.

1978

During the 1970s, Presbyterian adds to its hospital network and has operations in Belen, Ruidoso, Artesia, Clovis, Socorro, Gallup, Española, and Tucumcari. In the early 1980s, Presbyterian will add operations in Lovington, Raton, and Springer.

1981

Presbyterian is awarded a state Certificate of Need to build the 120-bed Northside, which opens in 1985. PHC changes it name to Southwest Community Health Services (SCHS); Dick Barr is named president of SCHS and Presbyterian Hospital. Mastercare is discontinued. Presbyterian evaluates hospital information systems for patient registration, order entry, results, ancillary communication, and nurse charting.

1982

Presbyterian selects Technicon Data Systems (TDS) as the new computerized hospitalization information system called PACIS (Patient Care Information System).

1983

Presbyterian opens its first three urgent care centers in Albuquerque. The PACIS name is patented for Presbyterian use only. Presbyterian Hospital begins using the PACIS system, becoming the first hospital in New Mexico to be computerized. Transcription is autometed using the new WANG system.

1984

Presbyterian and St. Joseph form Cooperative Health Care (CHC) to reenter the health plan market. Mrs. Van dies in Albuquerque in her sixty-third year of service to Presbyterian.

1985

CHC launches a health maintenance organization (HMO) called Health Plus of New Mexico. PACIS is implemented at Kaseman Hospital.

1986

The hospital performs its first heart transplant and first kidney transplant.

1988

Presbyterian purchases St. Joseph's interest in Health Plus. PACIS is implemented at Northside Hospital.

1989

Presbyterian's Newborn Intensive Care Unit (NICU) pioneers the use of surfactants for infants suffering respiratory failure.

1990

Presbyterian performs the state's first bone marrow transplant.

1991

SCHS changes its name to Presbyterian Healthcare Services (PHS). Presbyterian implements a new electronic billing system called "Medipac."

1993

Albuquerque businessman Larry Stroup succeeds Jack Rust as chair of the Presbyterian board of directors.

1995

Albuquerque native Jim Hinton succeeds Dick Barr as president of PHS. Health Plus changes its name to Presbyterian Health Plan (PHP). Computerized Physician Order Entry using PACIS is made available to providers.

1996

PHP enrolls its 100,000th member, an employee of Albuquerque's Garcia Honda.

1997

David Scrase is named president of Presbyterian Health Plan. PHS forms the Presbyterian Heart Group.

1998

What the media dubs "Heart Wars" pits doctors of the Presbyterian Heart Group against other cardiac care physicians in Albuquerque. The first computers on wheels are implemented at Presbyterian Hospital: new laboratory, radiology, and surgical services information systems are implemented.

1999

Presbyterian Hospital is recognized as the state's most electronically wired hospital.

2000

PHP receives accreditation from the National Committee for Quality Assurance. RobotRX is implemented at Presbyterian Hospital Pharmacy, allowing automated storage, dispensing, returning, restocking, and crediting of bar-coded medications.

2001

PHS commits to achieving the Three Things: the Malcolm Baldrige Award, a AA-financial rating, and a top 10 percent ranking in patient safety. Medication-dispensing cabinets (AcuDose) implemented across nursing units.

2002

PHP creates the Presbyterian Insurance Company to offer products beyond HMO plans. Medication Administration utilizing barcode technology (AcuScan) is implemented and the Physician Portal is deployed.

2003

Presbyterian opens a cardiac care unit and a pediatric intensive care unit. Electronic clinical documentation begins for nursing, and fetal monitoring and electronic documentation is implemented.

2004

Presbyterian opens its new Women's Center Labor and Delivery Wing, which includes seventeen family birthing center rooms, forty-three mother/baby care rooms, and a fifty-bed NICU. A new order management system by McKesson replaces PACIS. Electronic clinical documentation begins for some ancillary departments.

200

Rachel's Courtyard opens at Presbyterian Hospital.

2006

Presbyterian embarks on the new Computerized Provider Order Entry by McKesson and implements Electronic Medical Imaging. Presbyterian opens Emergency Room and a professional building in Rio Rancho.

2007

PHP serves 439,000 members in all thirty-three New Mexico counties. Order entry is automated at Española Hospital.

2008

Presbyterian celebrates one hundred years of improving the health of New Mexicans.

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