An aerial photograph of the Morton Plant hospital complex. The image shows several large, multi-story buildings with light-colored facades and flat roofs. There are numerous parking lots filled with cars and some construction areas. The hospital is surrounded by green trees and is situated near a large body of water, likely a bay or harbor. In the background, a long pier extends into the water, and a small island with some buildings is visible. The sky is clear and blue.

*The Spirit of Morton Plant  
A Retrospective:  
1916-1991*







# Contents

<b>Foreword</b> .....	1
<b>Chapter 1</b> A hospital for Clearwater.....	3
<b>Chapter 2</b> Surviving the 1930s and 1940s .....	17
<b>Chapter 3</b> Growth and challenge in the 1950s.....	39
<b>Chapter 4</b> The hospital grows up: 1960-1977.....	71
<b>Chapter 5</b> The modern era: 1977-1991.....	118
<b>Chapter 6</b> Facilities 1967-1991.....	153
<b>Chapter 7</b> The value of volunteers.....	179
<b>Chapter 8</b> A major role for philanthropy.....	190
<b>Chapter 9</b> The philanthropists.....	210
<b>Chapter 10</b> Time line.....	222
Leadership.....	233
<b>Afterword</b> .....	241



# Foreword

**H**istorians would later see it as a watershed, the end of the old world order and the beginning of the new.

For contemporary Americans, however, 1914 was a time of watching and waiting, as growing conflict south of the border and across the Atlantic threatened international peace and stability.

In April, President Woodrow Wilson moved to protect American interests to the south by sending United States Marines and naval forces to Mexico, where civil war was being waged.

By August, the assassination in Yugoslavia of Austrian Crown Prince Ferdinand had plunged Europe into the war nobody wanted.

In Washington, President Wilson struggled to keep America out of the escalating conflict by issuing a proclamation of neutrality.

Meanwhile, Americans by and large

continued to enjoy the benefits of increasingly rapid scientific and cultural change.

Motorists in Cleveland, for example, were advised to use caution when passing through the intersection where the nation's first electric traffic signals had been placed in operation.

Along Fifth Avenue, New Yorkers rode double-decker buses for the first time.

In Detroit, the first American workers to receive a minimum wage of \$5 for eight hours work were finishing an automobile every 93 minutes, using an assembly line technique perfected by Henry Ford.

At the Rockefeller Institute for Medical Research in New York, Dr. Alexis Carrel announced the first successful heart surgery ever performed on an animal.

On the second Sunday in May, grateful sons and daughters around the nation paused to pay tribute to a special

group of Americans on the first Mothers Day.

In the sky over Los Angeles, 20-year-old Georgia Thompson, a member of the Bradwick Aviation stunt team, leaped from a biplane to become the first American woman to make a parachute jump.

At South Bend, Ind., and around the country, "Monday morning quarterbacks" discussed the "forward pass," a secret weapon used by the University of Notre Dame in a stunning win over a powerful squad from the United States Military Academy.

Travel by sea became faster and less

hazardous with the opening of the Panama and Cape Cod canals, the latter reducing the journey between Boston and New York by 75 miles.

In Hollywood, director Mack Sennett began production on the first six-reel motion picture, "Tillie's Punctured Romance," a comedy starring Marie Dressler and Charlie Chaplin.

On Florida's west coast, a 23-minute flight by hydroplane from St. Petersburg to Tampa initiated the nation's first regularly scheduled air passenger service.

And across Tampa Bay, the town of Clearwater officially became a city.

## Chapter 1

# A hospital for Clearwater

**B**y any measure, it was an impossible dream. The newly established city of 2,500 was struggling to come of age and times were hard.

Thirty-five cents bought a complete dinner at a downtown restaurant.

A night out at the movies cost 20 cents.

A prime bayfront building lot, measuring 105 by 528 feet, along Edgewater Drive sold for \$2,500.

Nobody doubted that Clearwater desperately needed a hospital.

The public-spirited ladies of Clearwater, encouraged by Dr. John T. Bowen, were determined to build one. But public reaction to efforts to raise money for the building fund had been disappointing. Guests at the Osceola Inn, for example, had contributed \$28 and another \$50 was subscribed in the community. Sixteen dollars was raised from boxes placed strategically throughout town. The ladies of the Episcopal Church of the Ascension had only \$75 to show for two years of operating a tea room in support of the building fund.

But everything would change with the offer of funds from a vacationing millionaire. An enthusiastic overflow audience accepted the offer by acclamation on the evening of March 23, 1914, at the Pinellas County Courthouse, with Lee Bronson Skinner representing the newly established West Coast Hospital Association.

Now there would be no turning back. The dream would be fulfilled. Clearwater would have its hospital.

## Railroads and rutted roads

Morton Plant Hospital began seemingly by accident — a car accident. In 1912, there weren't many cars in Pinellas County. But one of them was involved in an accident, badly injuring the 17-year-old son of millionaire Morton Freeman Plant.

The boy's name was Henry Plant II and he was the grandson of Henry Plant, the railroad baron whose South Florida Railroad had opened up the west coast of Florida in 1884. Tourists flocked to Henry

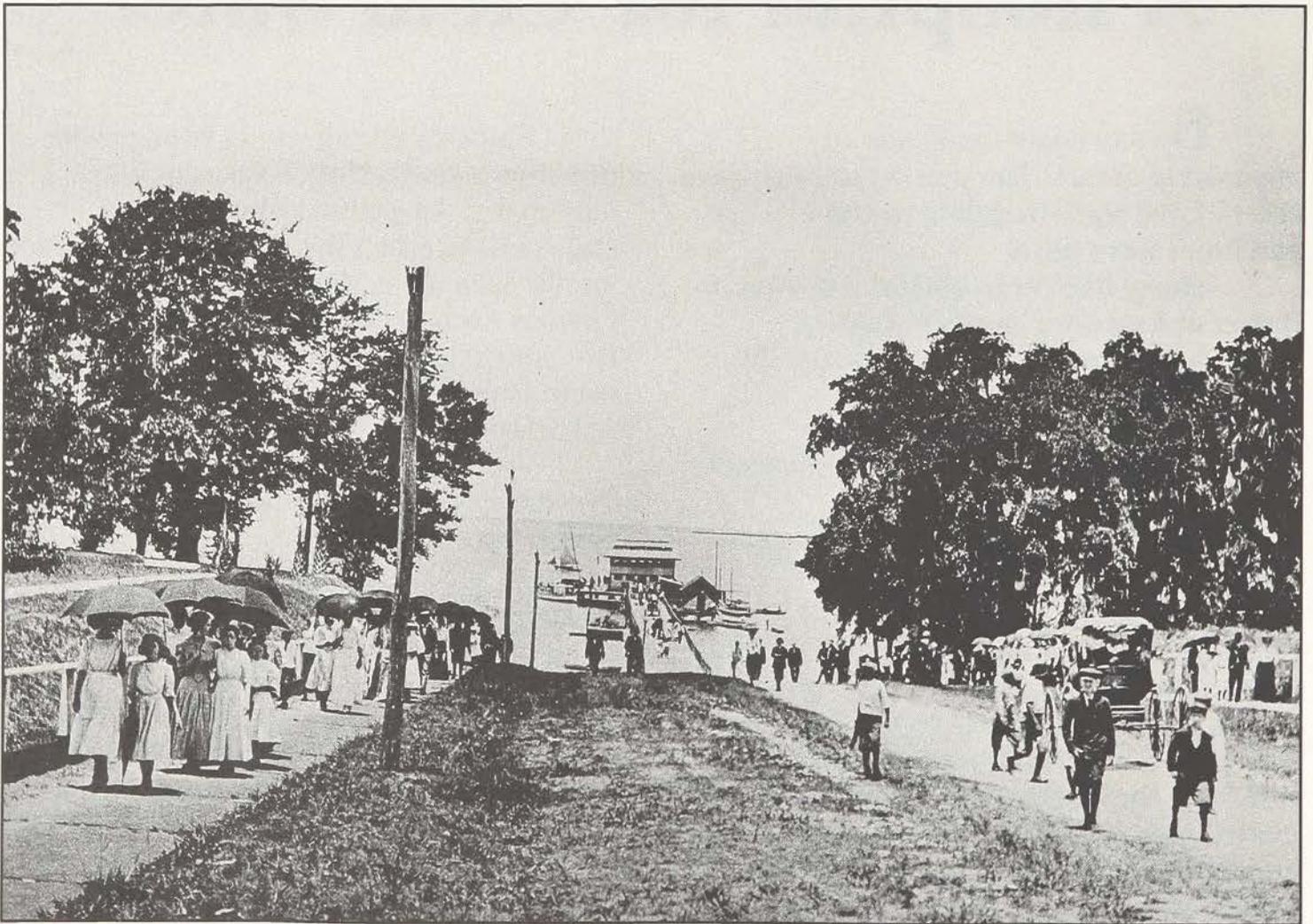
Plant's lavish Tampa Bay Hotel (now part of the University of Tampa) and the Belleview Hotel (now the Belleview Mido Resort Hotel), located just down the street from today's hospital.

Henry Plant had died in 1899, two years after the Belleview Hotel opened. His 47-year-old son, Morton, known until then primarily as one of the era's foremost yachtsmen, succeeded him as the head of the family holdings and the family fortune of \$73 million.

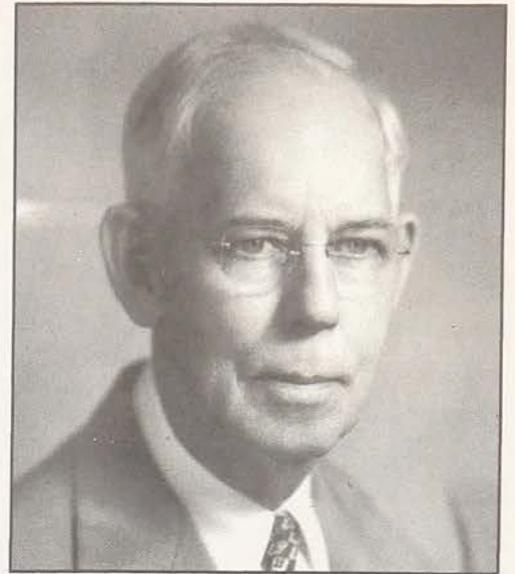
Morton Plant's family — son Henry, wife Nellie Capron Plant, and her ward, Mary Bradley (who would marry a Clearwater man, Arthur Cushman) — often

wintered at the Belleview Hotel, where Plant indulged in another of his hobbies, automobiles. However, local roads were in poor condition, prompting Plant to offer to pay one-third of the cost of paving South Fort Harrison Avenue from Turner Street to Belleview Boulevard, an offer gratefully accepted by the city of Clearwater.

Young Henry's accident left him with a badly crushed hip and leg. Upset by the lack of local hospital facilities, his distraught father ordered a railroad car outfitted with doctors, nurses and the latest equipment to be rushed from Chicago. For months, the boy recuperated in the makeshift hospital, parked on a



**Spring 1910 was a good time to walk down to the municipal pier at the end of Cleveland Street.**



**Dr. John T. Bowen (above), encouraged the women of Clearwater in their drive for a hospital.**

**Henry Plant's Belleview Hotel (now on the National Historic Register) opened in 1897.**

siding next to the Belleview.

Meanwhile, the civic-minded women of Clearwater, encouraged by Dr. John T. Bowen, had begun a drive to build a hospital. But after two years, the committee (Mrs. J.W. Carr, Mrs. S.W. Watkins, Mrs. Richard Hoople, Mrs. J.J. Mendenhall, Mrs. Charles Kingsbury, Mrs. J.L. McClung and Mrs. Julie South) had raised only \$150.

Obviously, a larger gift was needed to encourage the community to support the project. With that in mind, the committee paid a call on Morton Plant, who told them to come back the next day. When they did, he refused to give them an outright donation, but offered a permanent endowment of \$100,000 in Atlantic Coast Line railroad stock — if the town could raise \$20,000 to cover the building costs in

a reasonable time.

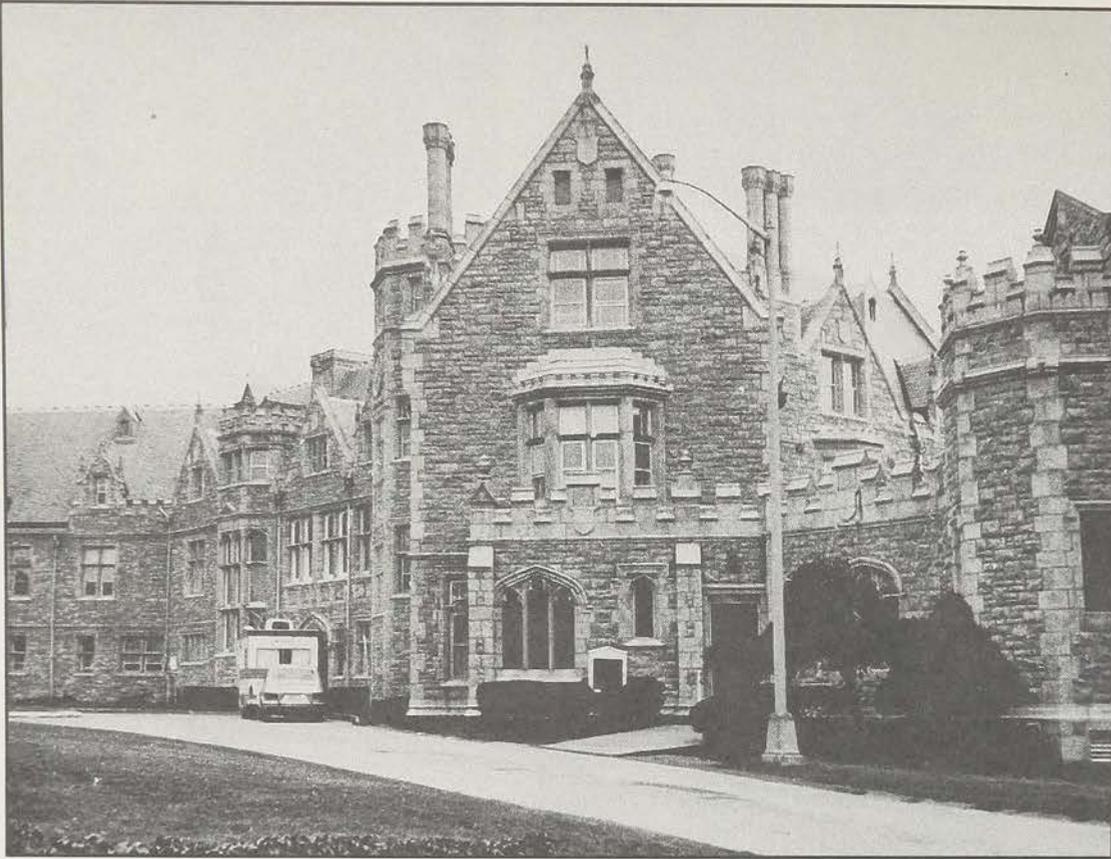
Even though the population of Clearwater was less than 2,500, the goal was reached in a mere two months, its progress charted on a giant “thermometer” downtown. Just as construction began, millionaire Richard C. Lake topped off the goal with an additional \$7,500 to outfit a surgery suite.

The hospital opened Jan. 1, 1916, and a month later, Morton Plant's gift bore fruit in his own life when his son, Henry, was admitted.

## The man behind the name

Morton Freeman Plant was born in Branford, Conn., on Aug. 18, 1852, the son of Henry Bradley Plant and Ellen Elizabeth Blackstone Plant.

He graduated from Russell College



**Morton F. Plant's mansion, Branford House, was built in 1907 at a cost of \$3 million, on Avery Point, Groton, Conn. Today it belongs to the University of Connecticut.**



**Morton Freeman Plant**

and at 16 had his first job with the Southern Express Co. of Memphis, Tenn., which was owned by his father.

Morton Plant's business interests were wide and varied. In addition to being a director of the Atlantic Coast Line railway and owner of the Plant Steamship Lines, Plant was president and director of the Chicago, Indianapolis & Louisville Railroad; chairman of the board of the Southern Express Co.; trustee of the Connecticut Trust and Safe Deposit Co., Hartford; vice president and director of the Peninsular and Occidental Steamship Co.; director of the Interborough Rapid Transit Co., New York; director of the Lincoln Trust Co., the Windsor Trust Co., the Bowling Green Trust Co., and the Casualty Co. of America, New York; and the National Bank of Commerce, New London.

A lover of sports, "Commodore" Plant's chief interests were yachting and baseball. His yachts were among the best designed and most famous in the world,

especially the Ingomar, which won 21 out of 25 races in the European racing season of 1906. His steam yacht *Iolanda*, built in 1911, required a daily operating cost of \$1,000. The third largest yacht in the world, its launching was celebrated with a luncheon in one of the huge smokestacks.

A baseball enthusiast, Plant owned the New London franchise in the Eastern League, which had pennant-winning teams. The team was called the Planters and Plant Field was the biggest baseball park in Connecticut. Plant was also a large stockholder in the Philadelphia team of the National League.

The 80-acre Plant estate at Avery Point, in Groton, Conn., was one of New England's showplaces. Its \$3-million family mansion, called Branford House, was designed by Mrs. Plant, who had studied architecture at the Sorbonne. The estate's farms and dairies supplied the Griswold Hotel in Eastern Point, which Plant built in 1903 at a cost of \$1 million, and which provided a summertime terminus for the socialites who frequented the Bellevue Hotel in the winter.

After Plant's first wife died in 1913, he married May C. Manwarren and adopted her son Phillip, whose flamboyant lifestyle and unsuccessful marriage to actress Connie Bennett made him one of the most famous playboys of the 1920s.

It was at the second Mrs. Plant's request that the first swimming pool was built at the Bellevue Hotel, its one-million ceramic tiles installed by tile setters from Italy. When she fancied a large diamond (some sources say a double strand of Oriental pearls) at Cartier's jewelers in New York, Plant traded his Fifth Avenue townhouse for the bauble. The building was the home of Cartier's for more than 70 years.

It was to be a short-lived marriage; Plant died of pneumonia in 1918.



**Richard  
Leandri**

"I've known Morton Plant Hospital since I was a baby. My grandfather was the head gardener for Morton Plant, who had his estate in Groton, Conn. The estate is still there. During World War II, it was turned into a Coast Guard Base. Today it's a branch of the University of Connecticut.

My memories go back to several occasions at Christmas when I got a gift from the Plants. It was always a little wooden model train. That's how Plant made his money, and I guess that was sort of his signature. I remember Grandpop bringing that train home in a little box, nicely wrapped.

I've met Morton Plant's son, Henry II. I remember the thing that impressed me the most was the Plant's formal living room. They had gorgeous paintings and some of the biggest, tallest windows, with these velvet drapes, that I've ever seen in my life. They must have gone from floor to ceiling, and they were probably 18 to 20 feet high.

I also remember the gardens, because I used to walk around the estate with my grandpop every once in a while. The memories are all good ones."

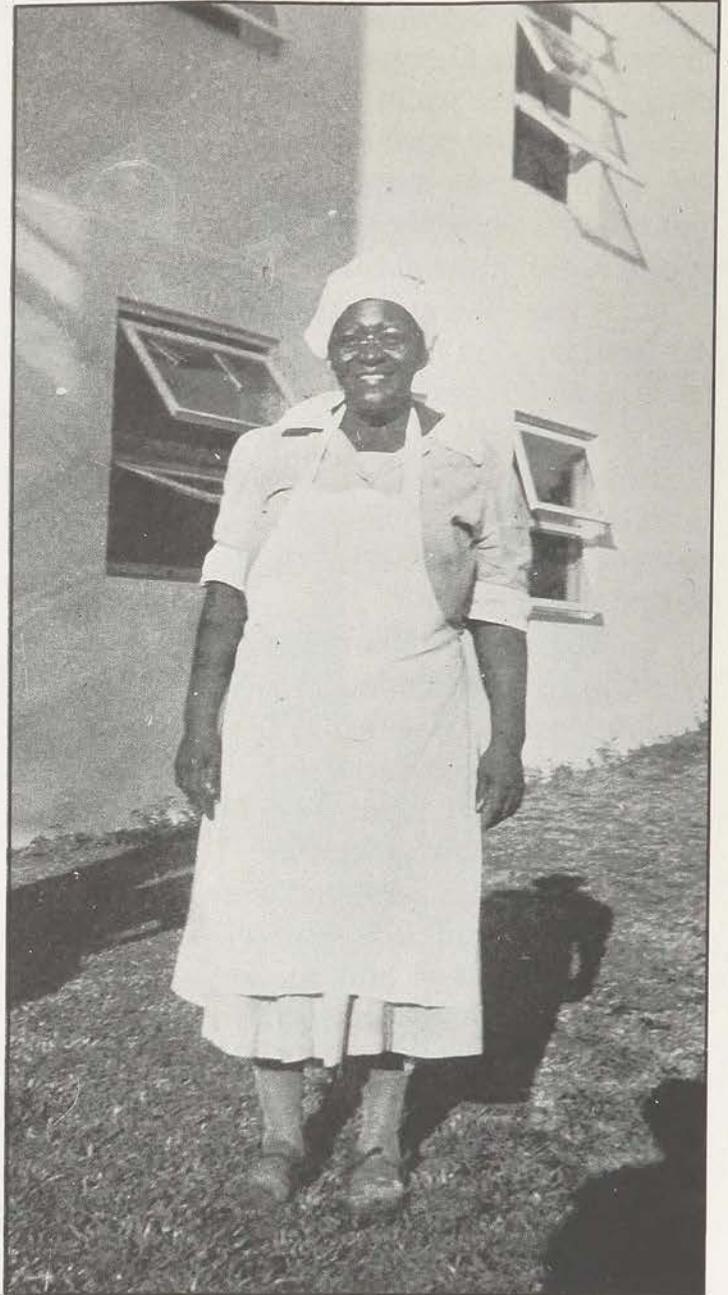
*— Richard A. Leandri  
Former board member*

## All in the family

**“**My mother was Laura Rowe. She worked first in the laundry because she liked to be off on Sunday. But with her cooking reputation they kept after her and finally, in 1927, she went to the kitchen. And for many years she was the only cook there.

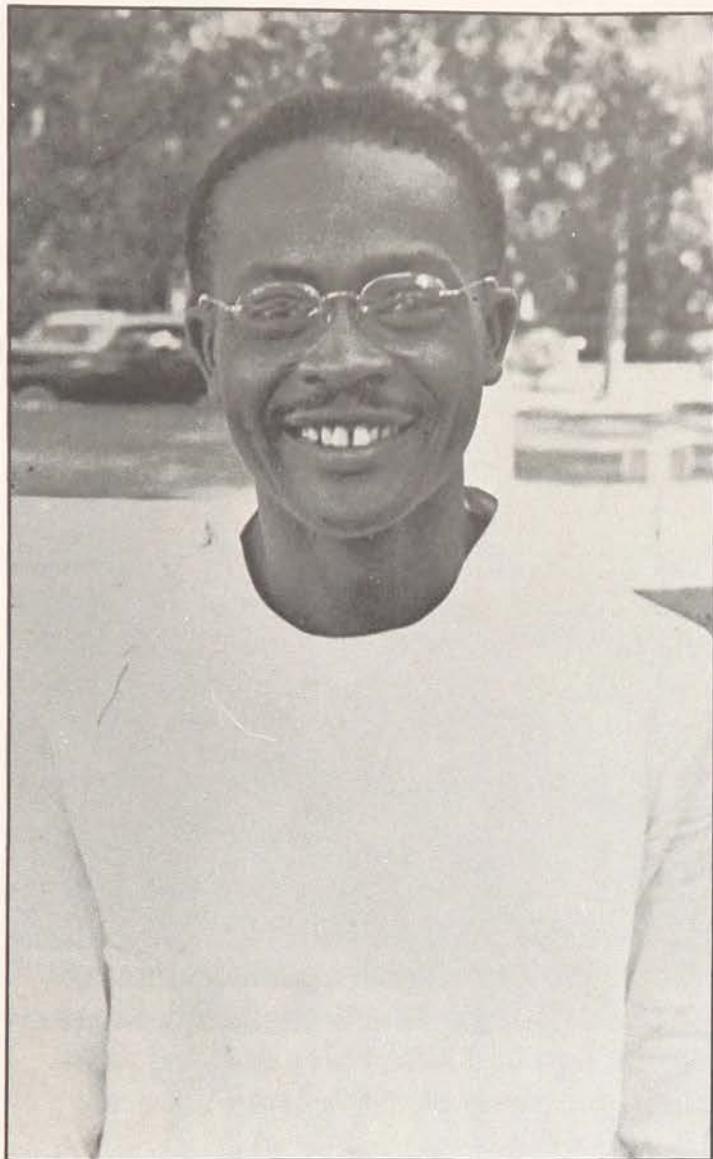
I would come in the mornings when I was in school. I would bring her in at 6 in the morning and I'd make the coffee and sweep the halls and get the laundry up and whatever. I was kind of a handyman.

I was paid for it. Not a whole lot, I think about a dollar a day. I was in junior high school.



**Laura Rowe, the head cook (pictured in 1945 after 18 years on the job), retired in 1957.**

After I got a little older, they moved me up on the floor and started training me as an orderly. There were just two orderlies at that time. We trimmed the casts by hand with a hook blade knife and vinegar. That is before they came out with a saw. We'd just scratch a little mark in the cast and take a medicine dropper and drop vinegar down and that kind of softened up the plaster cast.



**P.J. Rowe**

During that time you did whatever came to hand. Made the beds. If they were short of nurses, you'd give a bed bath to the men, then change the linens. I also drove people in and out of the emergency room when they were taking them home. Sometimes, if somebody didn't show up, they'd run and tell me 'You're gonna have to give so many bed baths this morning.'

They taught me how to do other things; how to do a culture of the skin and wipe it. They kept the needle wrapped in gauze. After operations I would help in the operating room; I'd clean up.

My contact with Morton Plant continued until maybe 1947 or 1948. Then I

---

*'My mom was noted for her food. A lot of doctors and the board members would come down to the hospital and have Sunday dinners. We were known for Sunday dinners. And before I became an orderly, we'd make a five-gallon jug of homemade ice cream, and I did all the cranking.'*

*—P.J. Rowe*

---

worked 21 years for Clearwater Federal, and I did a lot of different jobs there, too.

At Morton Plant I remember Dr. Dickerson, Dr. Black, Dr. Haygood, Dr. Hagen, Dr. Bowen, Dr. Karaphillis, Dr. Canan. We also had a black doctor come in and work with us for awhile. I can't recall his name.

My mom was noted for her food. A lot of doctors and the board members would come down to the hospital and have Sunday dinners. We were known for Sunday dinners. And before I became an orderly, we'd make a five-gallon jug of homemade ice cream, and I did all the cranking.

My mother made all the custard and

everything, and she was noted for her pies. She was an all-around cook. She could cook meats and pastries. And we had a big garden. It was sort of rich, mucky land down there behind the hospital.

Later on, people began to donate land. I think the first donation the hospital got was the Danley home. And then the next place I think was the Wheatley home.

Mr. Siple, who owned the Garden Seat Restaurant, was a patient in the hospital and I was his orderly. I prepped him and used to shave him.

I did most of the shaving of the men patients. The men couldn't shave themselves, and so I was the shaving man. Not only did I shave them for the operation but I also shaved the beards off. There's just so many pleasant memories we had around there.

The first addition Mr. Roebing put on, he put a new elevator in there and it went to the roof. So then we started having dinners up on the roof.

When we had a hospital drive, we'd have a parade. I would drive the truck and have the nurses on the back of the truck, sitting around the iron lung. At that particular time, that was something for the public to see, an iron lung.

My mother worked at Morton Plant, I worked there, and now my son works there. His name is Peter, same as mine. My sister, Haddie Rowe, also worked there.

A lot of the kitchen had never been finished. The kitchen was in the basement. Basements were not too popular in Florida because of the water. They didn't know how to waterproof things. I can remember so many mornings after we had a lot of rain, we'd come in to cook and have five or six inches of water in the basement. We tried to stay away from electrical gadgets. Once, when I was washing this place on the wall, I had a wet rag and went right over a wall plug, and boy, did that thing rattle my

teeth. From then on, I remembered not to put water into a plug when I was washing the walls because that's not very pleasant. It shakes you all over.

We got our eggs from a woman named Ogran, I think. During that time you could keep chickens in the city limits. When we ran out of a particular kind of food, we'd have to run to Wallace's store on the corner of Fort Harrison and Jeffords. And we'd also go to the Little Big Market up on Fort Harrison.

The people of Clearwater generally had a high opinion of Morton Plant. For a long time, there was no hospital in Dunedin and people in all the surrounding towns had to come to Morton Plant. A lot of people back in those days would come in to take a rest. The food was good and they'd come in as a patient just for a rest.

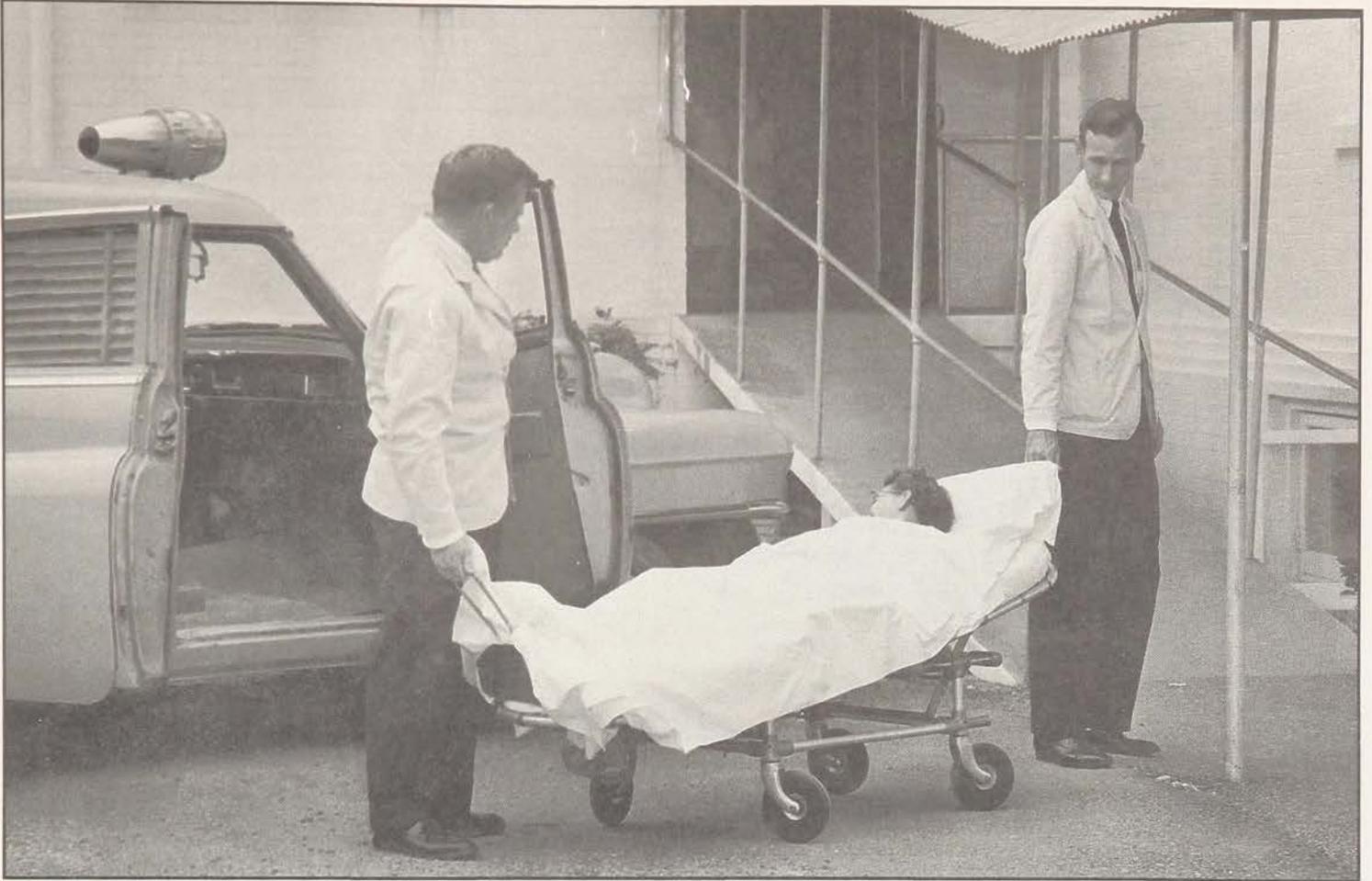
During that time we worked 12 hours a day and thought nothing of it because everybody worked 12 hours a day.

The city began to grow and things began to change. Finally the hospital got big enough and Miss Foley decided we'd keep an orderly at night. I was the first night orderly.

Mr. Roebing opened up the basement and paved it out. He made a men's ward and a women's ward and a delivery room. They started taking black patients then. I think I was the first black patient in there, because Dr. Black took my tonsils out. And that was recorded in the paper, the first black patient.

Well, I'd say about 20 years I put in there all together. When my mother was vacationing, me and my sister would do the cooking. And I hate cooking."

*—P.J. Rowe  
Former employee*



**In the early 1960s, getting patients up the ramp leading into the old Emergency Room was a challenge for the ambulance drivers.**

## First ambulance service

“**M**oss-Feaster (Funeral Home) began as an ambulance service with Morton Plant in 1928, and the service lasted until 1968. We had three ambulances and two hearses and we were on call 24 hours a day. The police or the family usually called us, rather than the hospital.

The only equipment was the resuscitator, using oxygen. The doctors told us not to mess with the patients, just get them there as soon as possible.

We often took mothers and babies home — we had a regular OB service. Families sometimes took them home, but the doctor sometimes recommended the ambulance.

In 1943, we charged \$3 for an ambulance call anywhere in Northern Pinellas County, \$5 for St. Petersburg.

There were no restrictions on speed. The police would often escort us, sirens wide open, 70 mph down Cleveland Street. We never had an accident. But we were happy to see EMS (emergency medical service) come.

Morton Plant treated everyone like they were human beings. This community has always been like that, the friendliest people in the world.”

— *Robert Manuel, president Moss-Feaster Funeral Home*

**In brief . . .**

**Ball helps raise funds for hospital construction**

CLEARWATER, FL — Feb. 28, 1915 — Leading socialites from New York, Chicago, Boston and Clearwater, many of whom are spending the winter season at the Belleview Hotel, danced last night away at an elegant ball held to help raise funds for the construction of the Morton F. Plant Endowed Hospital.

Music provided by the French Orchestra of New York City filled the lobby and music room of the Belleview, made available for the fund-raiser free of

charge by the hotel management.

With professional dancers from New York and Chicago setting the pace, guests performed competitive dance routines to earn prizes.

Proceeds of \$1,075.32 raised by the ball have been credited to the hospital's account in the People's Bank, according to an announcement by Lee Bronson Skinner, president of the West Coast Hospital Association.

**Morton F. Plant Endowed Hospital opens**

CLEARWATER, FL — Jan. 1, 1916 — Morton F. Plant Endowed Hospital opened here today.

The two-story, 20-bed health-care facility, which has been under construction for a year, is the first hospital to be built in northern Pinellas County.

The hospital was built for the West Coast Hospital Association by J.E. Kennedy and Co. of Tampa at a cost of \$21,298.

Lee Bronson Skinner, president of the board of directors, announced the appointment of Miss Lillian Hollohan, of St. Petersburg, as the first superintendent of the hospital.

She will be responsible not only for nursing but also bookkeeping, admitting, records, and



“anything else that needs to be done,” according to Skinner.

Skinner also announced the first appointments to the Morton Plant medical staff. They include Drs. John Bowen, Lucian B. Dickerson, N.E. Mighell, and J.F. Ruff.

## **In brief . . .**

### **First baby boy born at hospital**

CLEARWATER, FL — Jan. 4, 1916 — The first baby to be born in Morton F. Plant Endowed Hospital was delivered here today.

The infant son of Florence Dodge Servis was brought into the world at 8 a.m. by Dr. Lucian B. Dickerson.

According to hospital superintendent Lillian Hollohan, mother and baby are doing fine.

“Dr. Dick,” as Dr. Dickerson is more commonly known, said in-hospital birthing was something of a new experience for him.

With most babies still being born at home, “Dr. Dick” is more familiar with making pre-dawn rides on his bicycle to attend deliveries.

### **Hospital accepts charity patients**

CLEARWATER, FL — Jan. 20, 1916 — Charity patients will be admitted to Morton F. Plant Endowed Hospital next week for the first time.

Both the city of Clearwater and Pinellas County have been notified that the hospital will be able to care for charity patients at a rate of \$7 per week in ward beds. Private patients will pay \$12 per week for similar accommodations.

Hospital officials said the charity care program would be financed with proceeds from the second annual Charity Ball, held Feb. 15 at the Bellevue Hotel. The gala event raised a net of \$945.74.



**Jessie  
Coachman  
Brooker in  
1986**

### **First baby girl born at hospital**

CLEARWATER, FL — April 19, 1916 — The second baby to be born at the Morton F. Plant Endowed Hospital arrived at 7 a.m. today.

The first girl born at the hospital, she is the daughter of Jessie Coachman and is also named Jessie.

### **Room rates to increase**

CLEARWATER, FL — Feb. 10, 1917 — It will cost more to be a patient at Morton F. Plant Endowed Hospital beginning today.

The first increases in room rates since Morton Plant opened its doors on Jan. 1, 1916, were announced today by Lee Bronson Skinner, president of the board of directors of the West Coast Hospital Association.

Under the new pricing system, ward beds will increase from \$12 to \$15 per week, and private rooms will rise by \$5 to \$35, \$40 and \$45 per week.

The hospital will hold steady the charge for obstetrical patients at \$5 per day and continue to treat charity patients sent by the town or county at \$7 per day.

**In brief . . .**

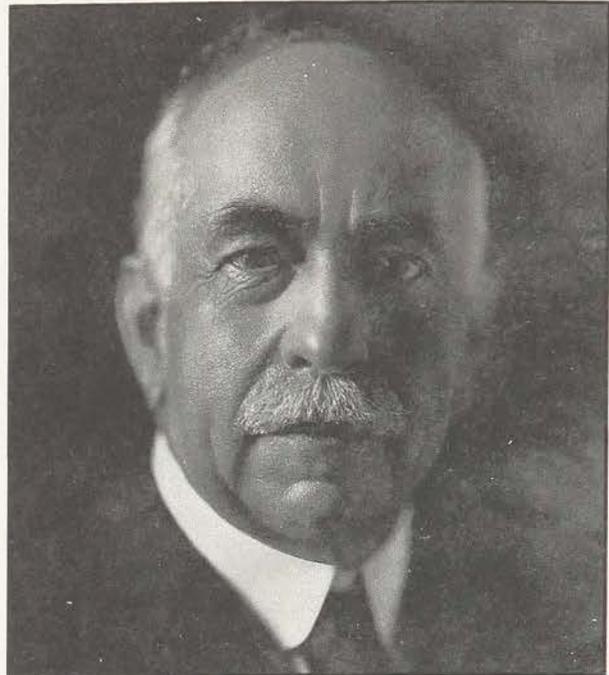
**Life member of West Coast Hospital Association honored**

CLEARWATER, FL — Feb. 20, 1917 — Richard L. Lake was today honored as the first Life Member of the West Coast Hospital Association.

Lake and his wife are frequent winter visitors to Clearwater and have been active in various fund-raising events sponsored by residents of the Belleview Hotel, including the first Charity Ball.

Lake also contributed funds for the operating suite at Morton F. Plant Endowed Hospital.

He is a charter member of the West Coast Hospital Association, which was established in March 1914 to serve as the corporate board of directors for the hospital.



**Richard L. Lake**



**Lee Bronson Skinner**

**Santa comes early**

CLEARWATER, FL — Dec. 15, 1917 — Santa Claus came early this year for the employees of Morton F. Plant Endowed Hospital.

Hospital president Lee Bronson Skinner announced today that members of the board of directors had approved the first Christmas bonuses to be awarded by Morton Plant.

Skinner said hospital superintendent Lillian Hollohan, who is paid \$100 per month, will receive a Christmas bonus of \$25; members of her nursing staff will receive \$15 each, with other employees receiving lesser amounts.

The bonus program, Skinner said, was intended to show the appreciation of the board to the employees for their hard work and dedication during the two years since the hospital opened its doors.

**In brief . . .**

**Medical staff holds first official meeting**

CLEARWATER, FL — Nov. 15, 1919 — The members of the medical staff of the Morton F. Plant Endowed Hospital held their first official staff meeting yesterday.

Dr. Lucian B. Dickerson, who has been serving as chief of the medical staff, said the meeting was requested by the board of directors of the West Coast Hospital Association to find ways of facilitating communication between members of the board and the growing number of physicians on the staff.

Following their meeting, the members of the medical staff agreed

to meet on a regular basis in the future.

The principal reason for the meeting held last night was to solicit physician support for a children's clinic, soon to be established in Clearwater.

The clinic will be operated under the joint sponsorship of Morton Plant and the Red Cross Home Service.

At their meeting, members of the medical staff agreed to take turns seeing patients at the clinic, which will be open the first and third Monday of each month.

**Clearwater responds to fund-raising drive**

CLEARWATER, FL — Oct. 7, 1925 — Clearwater residents responded overwhelmingly to the first Tag Day fund-raising drive ever held for Morton F. Plant Endowed Hospital.

Total contributions from the community exceeded \$6,000, according to Lee Bronson Skinner, president of the board of directors.

Skinner said local automobile dealer Larry Dimmitt, a recent addition to the board, was responsible for the outstanding success of the drive.

The money will be placed in the hospital's expansion fund. A sharp increase in admissions has placed severe strains on the hospital in recent months.



**Morton Plant Hospital in 1924.**

Making maximum use of all available space, including porches, hallways and public rooms, the hospital can currently provide 16 private rooms, 10 ward beds and 10 bassinets.

**In brief . . .**

**Town clerk to serve as bookkeeper**

CLEARWATER, FL — May 1926 — The clerk of the town of Belleair will spend her early morning hours making sure the financial records of Morton F. Plant Endowed Hospital are in good shape.

Josephine Cromer Smith said she has agreed to serve as the hospital's first bookkeeper.

She will work on hospital records from 7 to 9 a.m. before beginning her duties at the Belleair town hall.

Her participation in the life of Morton Plant is indicative of an increasing growth of interest and involvement on the part of north county residents in the progress of their hospital.

**Hospital solves housekeeping problems**

CLEARWATER, FL — June 1927 — Morton F. Plant Endowed Hospital has solved its housekeeping problems by hiring Aileen Drew Black as its first housekeeper. Mrs. Black has just finished a business course to prepare her for the job.

She is responsible for sewing, cleaning, bookkeeping, cooking when necessary, ordering supplies "and keeping us all in line (without even raising her voice!)," staffers say. She also is raising four daughters.

Mrs. Black is already becoming a favorite with patients, who enjoy the fresh flowers she puts on their meal trays.



**Aileen Drew Black (left), and daughter Mary Alice Bartlett**

## Chapter 2

# Surviving the 1930s and 1940s

**T**he growth of Morton F. Plant Hospital was stalled for nearly 20 years as Clearwater struggled first through the Great Depression and then through World War II.

However, thanks to the generosity of Donald Roebing, the hospital managed to meet the basic needs of the community, leaving major expansion to the decades to follow.

Although he was a man of great wealth, Roebing reveled in physical labor and personally swung a sledge hammer through the wall of the surgery in 1931, making way for the hospital's first addition since its inception. By the time the dust had settled, Roebing's construction crews had increased the number of beds from 20 to 54, rebuilt and equipped a new operating suite, enlarged the labor and delivery room, paved the driveway and landscaped the

grounds. No records were kept of the expense; however, the hospital spent only \$2,000 for new furnishings.

At Roebing's insistence, the first ward for black men and women and a nursery for their children were also added to the hospital — a milestone in the history of Clearwater. Previously, blacks had to travel to Tampa to seek hospital care.

Yet despite the new facility, mortality rates jumped for both races in the early 1930s because hospital care was a luxury, especially for those who could barely afford to put food on the table. Nor was life easy for doctors. Medical staff emergency duty lasted 24 hours a day for a full month.

While Donald Roebing was changing the look of Morton Plant, the staff was working hard on changing the hospital's status. In 1931, the hospital received



**Born three months premature, Sara and Laura McMullen made front-page news across the state in 1939.**

accreditation by the American College of Surgeons for the first time — not bad for a little hospital that admitted 345 patients and performed 49 major surgeries a year.

But cash was hard to come by. The 1933 National Recovery Act had levied a 5-percent tax on dividends, thus reducing the hospital endowment fund. And patients were more likely to pay for their care in chickens or oranges than greenbacks. A supper dance, underwritten by and held at the Bellevue Biltmore Hotel in 1934, raised \$800 for the charity fund and that helped a little.

As hard times softened, the patient census increased, nearly doubling from 368 in 1933 to 600 in 1935. Even maternity facilities were enlarged and the hospital added its first fracture bed and oxygen tank. The hospital finally received an emergency power system in 1937 when



**A nurse anesthetist for nearly 20 years at Morton Plant, Mary Jurick Phillipoff, R.N., assisted at the twins' birth.**

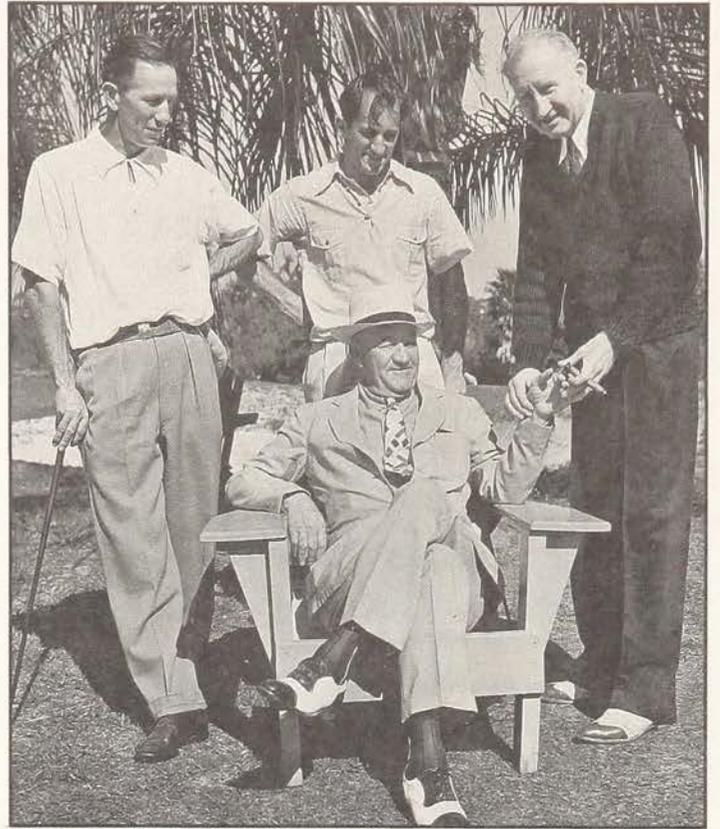
Roebing installed a new diesel electric plant to replace the old-fashioned power system — Coleman lanterns.

Clearwater became a household word throughout the state in 1939 when the premature birth — and survival — of Sara and Laura McMullen made front-page news

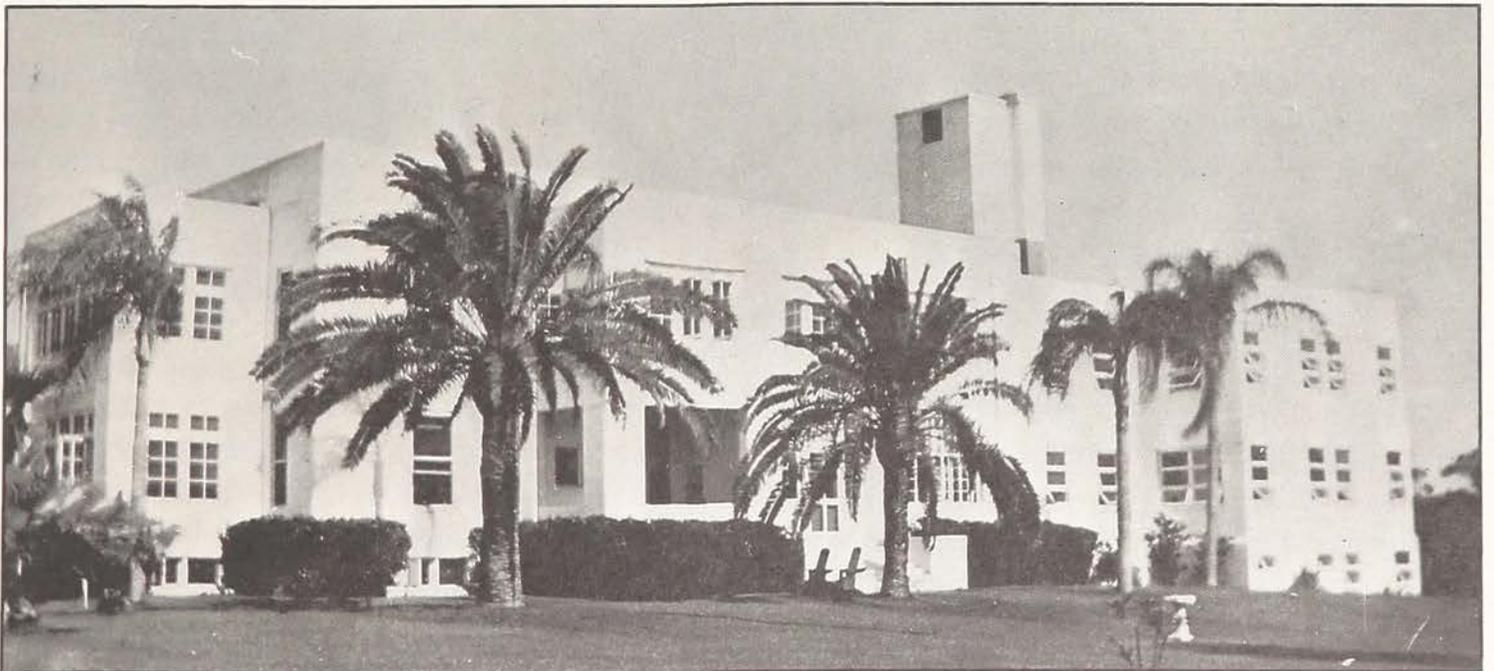
as far away as Miami. Born three months early, the tiny twins had a combined weight of less than five pounds. Cradled in an orange crate incubator lined with hot water bottles and light bulbs for warmth, the little girls were fed with delicate tubes and medicine droppers. Three months later, they were discharged to the family home in Safety Harbor, where the pioneering McMullens had settled 90 years before.

Clearwater continued to grow but the hospital facilities didn't. In 1938, an average of three patients a day were turned away. The town's permanent population of 11,296 doubled during the winter, leading to acute seasonal staffing needs. A record 1,081 patients were admitted in 1940.

That set the stage for expansion plans in 1940. Pledges totaling \$25,000 were collected for the construction of a new wing, and architect Roy Wakeling was consulted. But Roebling changed everyone's plans by presenting the hospital with a check for \$40,000, proposing that his construction company build the wing at cost — provided no other bids were



**Baseball star Dizzy Vance (seated) had his pulse checked by Dr. Lucian Dickerson at the Belleview Biltmore golf course in the mid-1930s. Vance had just spent three weeks in the hospital recovering from pneumonia.**



**Morton F. Plant Hospital in 1942, showing the new 1941 Building at right. The elevator shaft opened to a roof garden, which was popular with the staff in cool weather.**

considered. When the offer was accepted, several board members resigned in protest. However, pledges were returned and the wing was built, with the hospital spending only \$10,000 for furnishings.

The first Roebling Wing, dedicated in 1942, increased patient capacity to 75 beds and included 14 private rooms.

The advent of World War II brought advances in medicine and thousands of servicemen to the Clearwater area. Blackout shades on hospital windows offered night-time protection against air raids. Fighter planes and bombers based at Tampa's Drew Field shattered hospital quiet when pilots buzzed the city on their way to practice runs off the deserted beaches of Sand Key and Belleair Beach. Area hotels, including the Belleview Biltmore, were transformed into barracks. Marines stationed in Dunedin brought wives and children to be treated in the Emergency Room.

Advances in medicine began to change the practice of medicine. Penicillin came into use in 1943, dramatically

reducing the number of deaths from infection. Tuberculosis began a rapid decline with the discovery of streptomycin in 1943, and seasickness gave way to dramamine in 1949.

Hospitals were becoming places where cures were available and not just places to receive nursing care while the disease ran its course. With soldiers returning from the war, afflicted with chronic illnesses and injuries, hospitals across the nation were rapidly becoming overcrowded.

In 1946, Congress enacted the Hospital Survey and Construction Act (the Hill-Burton Act) to provide funds for the orderly planning and construction of hospitals. This enabled Morton Plant's board of trustees to begin looking at the needs of the community, which experienced a 50-percent surge in permanent residents between 1946 and 1949. Although the patient census continued its annual summer drop, the hospital was becoming a year-round institution.

## A role model for nurses

**F**rom 1929 to 1957, Lilly C. Foley, R.N., was the heart of Morton F. Plant Hospital, serving as head nurse, hospital superintendent and superintendent of nursing.

Well-known and well-beloved for her hard work and personal warmth, Miss Foley was a jack-of-all-trades at the fledgling hospital. Her duties included assisting in the delivery of babies (some 2,000 during her 28 years), helping out in the kitchen, and even firing up the furnace in an emergency.

As superintendent from 1932 to 1952, she was in charge of every department, with responsibilities ranging from personnel management to purchasing to nursing. She stepped down from that post when professional administrator Ted Jacobsen was hired.

A native of St. Louis, Mo., she first came to Pinellas County in 1928 for a vacation and to do private duty nursing.



**Lilly C. Foley, R.N.**

She put her name on the registry at the 24-bed hospital, which offered her a job as floor supervisor the following year.

Miss Foley graduated from DePaul Hospital School of Nursing, St. Louis, in 1919 and did post-graduate work at the University of Chicago. Before coming to Clearwater, she had done private duty nursing and served as head nurse at a hospital in her hometown.

"We were always busy in the winter," recalled Miss Foley. "The two big hotels — the Fort Harrison and the Belleview Biltmore — were full then, and there were also a lot of winter residents who brought all their help with them. All this, plus taking care of the local people kept us running. We worked 7 a.m. to 7 p.m. six days a week, with two hours off each shift."

Miss Foley died in April 1986, at the age of 97.



**Donald Roebling**

## The Donald Roebling years

**W**hile the philanthropy of Morton Freeman Plant led to the establishment of the hospital that bears his name, it was the vision, persistence and generosity of Donald Roebling that nurtured and sustained the hospital through its formative years.

Born in New York City on Nov. 15, 1909, Donald Roebling was heir to the Roebling fortune, as well as the Roebling genius for engineering. His great-grandfather, John A. Roebling, invented steel cable and used it to span Pittsburgh's Monongahela River when he built the world's first suspension bridge in 1846. The Brooklyn Bridge was completed in 1883 by Donald Roebling's grandfather, Washington A. Roebling. His father, John A. Roebling II, founded the Roebling Engineering Co. in Trenton, N.J.

After visiting his aunt, Anne MacIlvaine, in Clearwater, the 20-year-old Roebling decided to make the city his home in 1929, shortly before he inherited \$5 million at the age of 21. Considerable excitement greeted the front-page news of the young bachelor's plans to build a \$90,000 mansion in the elegant Harbor Oaks section of town. The 14-room Tudor-style home was set on a seven-acre estate, which Roebling named Spottiswood after his first wife, Florence Spottiswood Parker.

Although it seemed that Roebling had the means and personality to succeed at anything, his early domestic life was not happy, and two marriages lay behind him by the time he was 27 years old. The second divorce was a bitter, public affair and the proceedings went all the way to the Supreme Court and back before it was



**Spottiswood, Roebing's seven-acre estate, overlooked Clearwater Harbor.**

resolved. However, a third marriage in his mid-30s, to Joy McMahon Gilmore, lasted until his death. Roebing had no children, but raised a stepson, William Gilmore.

Spottiswood became the scene of Roebing's many kindnesses to the community. The Boy Scouts were invited to swim in its pool on Saturday afternoons, recalled Elwood Hogan, a chairman of the hospital board of trustees, who had been a Boy Scout himself. Servicemen, stationed in Belleair and Dunedin during World War II, were often guests. Spottiswood's doors were open to neighborhood children, who were invited to play with the pipe organ and an electric train in the basement. Guests at Roebing's annual Halloween parties could expect carefully engineered pranks, perhaps chocolates filled with tobacco or a collapsible footbridge over the

pool. His elegant New Year's teas were the talk of the town.

It is no exaggeration to say that scarcely a life in Clearwater went untouched by Donald Roebing — personally or by acquaintance. He was interested in everything and everyone. For years, he attended every fire in Clearwater; eventually, the fire department presented him with his very own hat. A great lover of flowers, he once had 59 varieties of chrysanthemums on his estate, and so respected his gardener that he left the man \$28,000 in his will. His yacht, the *Iorano*, which took him on an expedition for the Smithsonian Institution, later was offered to the U.S. Coast Guard during World War II. From 1938 to 1939, neighbors talked of his first-class radio transmitter, which he used to communicate with his wealthy friend,

**In the 1930s, Sea Scouts and Boy Scouts took a ride in Roebling's amphibious 'Alligator' on the south end of Clearwater Beach.**



Richard Archbold, who was exploring New Guinea.

Roebling was not only known for his wealth, genius and eccentricity, but for his sensitivity and humor, and most of all, for his warmth and generosity.

Roebling always gave altruistically, never for recognition. One of the hallmarks of his generosity was his desire for anonymity. Charity drives mysteriously reached their goals, worthy indigent students went to college under the sponsorship of an unknown benefactor, and food baskets appeared on the doorsteps of the poor. The mother of one of his workers, who was the organist at the Catholic church, came home to find a small organ in her living room — Roebling had heard how her arthritis was preventing her from going to the church to practice.

Although he preferred to keep a low profile, Roebling did make his presence known in a big way when the need arose. In 1933, during the height of the Depression

and a run on the People's National Bank, he stood on a table in the lobby, publicly declaring his faith in the institution, after which he grandly made a huge deposit. Other prominent businessmen followed his example and the bank survived to become today's First National Bank of Clearwater.

Among his acknowledged gifts were Roebling Hall at Peace Memorial Presbyterian Church, which provided the only basketball court in Clearwater for many years, and a lodge for the Boy Scouts on north Highland Avenue.

One of Roebling's greatest gifts was to the United States government and significantly affected the outcome of World War II. In the early 1930s, with technical advice and financial assistance from his father, he began work on an amphibious vehicle to be used for hurricane rescue work, test-driving it across Clearwater Harbor and over what is now Island Estates.

With the outbreak of the war,

---

*But it was in Morton F. Plant Hospital that Roebing's benevolence found its greatest devotion. Only 22 when he was invited to sit on the hospital board in 1931, he would serve as its president from 1934 to 1954.*

---

Roebing sold the patent for \$1 to the government, and the "Alligator" and its sister vehicle, the "Crocodile," became common sights in the Pacific theater. A special base in Dunedin was the site of the Marine Corps' training ground for amphibious assault in tropical terrain. In 1948, Roebing received the Medal of Merit for his contribution to the war effort.

But it was in Morton F. Plant Hospital that Roebing's benevolence found its greatest devotion. Only 22 when he was invited to sit on the hospital board in 1931, he would serve as its president from 1934 to 1954.

Not only did he offer financial assistance and advice, he frequently put his construction and engineering experience to work personally, and the big man, dressed in dusty work clothes and armed with tools, was a common sight on the hospital grounds. Whether it was yanking up shrubbery with a rope tied to his own car, or swinging a sledge hammer through a concrete wall, Roebing could be counted upon to be there in person to do it himself, or make sure others did it to his specifications.

One of his first acts was to renovate and enlarge the hospital, which had not changed since it was built. When the dust settled at the end of 1931, Roebing's construction crew had added space for 29 more beds, rebuilt and equipped a new surgical suite, provided the first wards for black people, enlarged the upstairs nursery and delivery room, paved the driveway and

landscaped the grounds.

A badly needed addition in 1941 owed as much to Roebing's take-charge personality as it did to his money. After friends of the hospital struggled to raise \$36,000 in pledges, Roebing changed everything with a \$40,000 donation and a deal that would cause some board members to resign in protest: The Roebing Construction Co. would build the wing at cost but no other bidders could be considered. When the furor died down, the hospital had a new building with 21 beds, and had spent only \$10,000 of its own funds to equip it.

Clearwater's population more than doubled in the 1950s, and Roebing's helping hand was once again evident when another addition was needed in 1953, bringing bed capacity to 135.

In 1953, Roebing abandoned Spottiswood for a six-bedroom house he built at 101 Bayview Drive in Belleair — in protest of Clearwater's rising property taxes.

By the late 1950s, his health had begun to deteriorate, partly because of the obesity that plagued him all his life. He was six feet, two inches tall, and weighed approximately 350 pounds. A diminutive Clearwater surgeon recalled having to climb on a gurney to operate on Roebing because he was too heavy to move to the operating room table. Moviegoers recall Roebing's double-wide chair at Clearwater's Capitol Theater, where he typically enjoyed a two-pound box of



**Donald Roebling enjoyed playing the gracious host. He and wife Joy (right) paraded during a costume party in 1958.**

chocolates during the film. The hospital's first administrator, Ted Jacobsen, recalled how Roebling installed an extra large chair in Jacobsen's office "because he was tired of getting stuck in my office chairs."

After a cancer operation in Boston in 1959, Roebling donated \$50,000 to buy laundry equipment for a newly completed wing of the hospital. Not long after, he died and the building, the third he had helped fund, was named posthumously in his honor.

He also had arranged for a fitting farewell to the hospital he had loved and nurtured. At his death, Morton F. Plant Hospital became the exclusive beneficiary of a \$1-million trust fund, which would be followed by an additional trust fund set up by his widow at her death in 1977.

Donald Roebling was a giant among men, as big in heart as he was in stature. His life left an indelible imprint on the life — and health — of Clearwater, and his legacy of generosity continues to sustain the hospital even today.

## Roebling's friend remembers

“I moved to Clearwater from St. Petersburg in 1925. The first time I had anything to do with Morton Plant was when Donald Roebling asked me to join the West Coast Hospital Association and come to a meeting with him one night. I think that was in 1947.

I met him through mutual friends, Stuart and Marion Carrew, who owned Florida Building and Concrete Products. I was an officer in their company. Donald invited me to dinner.

Donald was a great conversationalist and a gracious host. I never saw him be anything but gracious. I don't know why so many people were afraid of him; maybe because he was so outspoken. He also had a wonderful sense of humor.

We were friends for about 10 years before I went to work for him in 1957 as a sort of executive secretary. I paid his bills, paid the help, that sort of thing. So I ended up working for the Roebings for 20 years — after he died in 1959, I took care of things for his wife, Joy. She died in 1977.

Donald liked to do things himself. I remember, in 1957, he asked me to help him cut down some pine trees in front of the hospital where the parking lot is now.

He enjoyed most things mechanical and he had a mind like a steel trap. If it had to do with science or mechanics, he just gravitated to it. And he was a walking encyclopedia on plants. He had an incredible mind and used it all the time. He was happiest when he was doing something creative.

The hospital was on his mind a great deal. Even after he got pretty sick and had

to go to Boston for treatment, Charlie Emerson took pictures of the construction (the Roebling Building) and I sent them every day with notes.

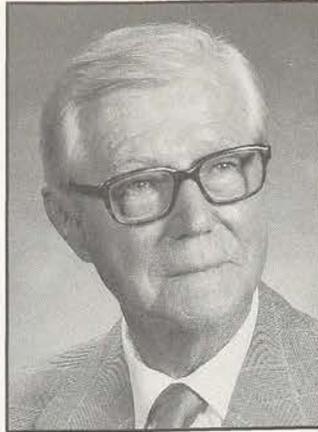
I've done volunteer work at the hospital for eight or nine years now. I volunteer at the TelMed desk, and I belong to the Foundation Representatives. We visit Association members who are in the hospital, to see if they have any problems and if we can be of help. If they have any complaints, we pass those along to somebody who can do something about it.

One of the things that impresses me most about the hospital, although it has grown enormously, it's still a very personal place. When I go and call on people to see what they think about the way they're being treated, most of them say it's an exceptional hospital, that the nurses and other people just seemed to take a personal interest in them. The atmosphere is like a family. The three or four times I've been in the hospital, I've felt like a spoiled brat. The nurses and the cleaning women always have a good word for you.

I think Morton Plant has grown gracefully. Because so many institutions, when they get to be big, they're institutions. Morton Plant is still a place where they have a personal interest in the patients.

For me, the hospital has been an experience that very few people have been lucky enough to have had. It's been a big chunk of my life and I wouldn't trade it for anything in the world.”

—Fred Schuck  
Donald Roebling's secretary



**Harold Martens**

## Paying the bills

“**I**n 1949 or 1950, Donald Roebeling invited me to a hospital board meeting. That is my first recollection of getting involved.

I came here in 1945 and we built our house in 1946. In those days, the board was a very informal board. Alfred Marshall and other oldtimers in town were all familiar with the hospital. They still had the old three-story wooden building and it was nothing like it is today, of course. I remember I went into the hospital for an appendectomy along about that time. I think I was the only patient in that particular wooden building. Although there were quite a few babies born that year, they were on the other floor. One of the interesting things I knew about, or at least the nurses told me about, was they didn't have more than a couple of cribs, so when they had more babies than that, why, they pulled the drawers out of the dresser and put the babies in there.

There were quite a few very fine nurses who were watching out for everybody, and the hospital itself was not too busy at the time. These were the days

when you didn't go to the hospital very often, you didn't think about it. Old Dr. Black did my operation and he had a pretty red-headed nurse who administered the spinal injection, so I got along just fine. There was no air-conditioning, though we had the windows wide open.

Then, when I was on the board of trustees, Donald became concerned about some of the finances so they elected me treasurer. I remember that, at the end of the month, why, we would sit down and see how much money we had taken in and then look at the piles of bills and decide which ones we would decide to pay, literally. You have heard the story of throwing the bills up in the air and those that stuck to the roof you paid, and that was just about the way it was. We never seemed to have enough money to pay everything. However, we always tried to keep current and we managed to catch up all the time. There was no Medicare in those days, and so everything was on a cash basis, but we did pay the bills.

Once, when General Eugene Harrison was chairman of the board, he called one of

the annual meetings. We used to have the meetings down in the basement where they keep all the sterile towels and things like that. But at that time, why, we used it as a cafeteria and that is where we held our meetings. Well, at one meeting we held, we couldn't get a quorum. So we all separated and went up into the hospital. I remember finding Dr. Crego Smith making his rounds and bringing him down. I told him he had to be present for the meeting so we could have an official quorum. He was not a board member, but we needed some more people for a quorum. I'm not sure what the board number was, but Alfred Marshall was a stickler for protocol, and he insisted we had to have a quorum to be able to vote at the meeting. Some of the other members also brought doctors and nurses down and they sat there so we could have a formal meeting.

Donald Roebeling was always interested in building projects. He was vitally interested to make sure everything was fine. At one time, he built a section of the hospital, or rather he was in charge of building a section of the hospital that now houses nuclear medicine.

So we went to this room, part of the section of the original hospital that Donald had built many years before and when we moved into it, he said 'Oh, just knock out the walls and make open spaces,' because that was what we needed for a laboratory. Well, John Logan said, 'Oh, that would be a very simple job, send a man here with a 10-pound hammer and start knocking out some of the walls.' The man worked two days and all he did was have the hammer bounce off the walls. I went to Donald and said 'What in heaven's name — how did you build that building?' He said it was built with poured concrete with steel rods through every six inches or every foot or so. 'You're not going to knock it down that way — you'll need an air hammer to knock

## 'Take two aspirin . . .'

“**W**hen I graduated from medical school, there were very few medicines we could give the patient. We had quinine for malaria; but we didn't have sulfa, we didn't have penicillin, or anything like that. So you prescribed medicines that mostly were compounded by the pharmacist. You would tell him, 'Use so much of this and so much of that.' We had laudenum, which is a tincture of morphine, and paragoric came a little bit later. But quinine and morphine and bismuth, that was about it. And aspirin, of course. Pharmaceuticals have been one of the big changes in medicine.

When I came here in 1946, the nurses folded the sponges. We had just begun the use of detachable blades on a scalpel. And the sutures, you threaded — the needles had big eyes on them.

We usually saw about 50 patients in the office in a day. A lot of times I had 31 house calls to do, and four or five operations.”

—*Dr. Everett Harrison*

it down.' He said the building was two stories high and was built so you can run a steam locomotive loaded with freight cars over that section and you wouldn't even know it below!

One of the errors that turned out to be a little funny, started as an innovation. Instead of carrying used laundry from the floors through the hospital and down to the laundry, we put in a chute on each floor. It looked like a four-foot stainless shell totally enclosed and was supposed to, theoretically, drop down to the laundry. Well, when they finally opened the wing they found the end of the drop was over the autopsy room in the basement. So, they had to change the autopsy room around to some extent.

I was the treasurer of the hospital for several years. Dr. Hunter, who at that time was head of the blood center with Dr. Leonard, became fairly ill. He had some type of illness that was progressive, and found he was not able to do it, so one day he asked me if I would consider becoming his assistant. I did. That was back in 1948. Ever since then, I was part of it. It was the Upper Pinellas West Coast Blood Bank at that time.

In January 1990, I resigned my position as chairman and became a member of the board of directors. Blood banks have become very complex. At one time, we only thought there were about two or three kinds of necessary tests that we were making. Now we're finding we're doing about 20 separate tests on blood. As you can imagine, blood has become so complex that now we test for everything.

We only thought there were about three kinds of hepatitis, and it turns out to be about seven or eight. Things have become so complex that it really is a medical problem. Now we have Dr. Leonard as head of the blood center.

The blood center is not part of

Morton Plant Hospital. It is separate, and we supply about 10 hospitals and seven other auxiliary types of operations. We all grew together. When I started with the hospital, the blood bank had one technician in the laboratory. We had one nurse who drew the blood and acted as a runner to take it to the hospital. It was in the basement. We had one small refrigerator to hold the blood. We used very little blood. It was only one or two, possibly three units a day at the time.

If you recall, the funeral homes used to supply the ambulances and they were free. They were on duty at all times. That all changed when they had to have registered technicians.

In those days Alfred Marshall contributed quite a bit. We all deferred to Alfred in many respects. He had a well-balanced mind. Freddy Schuck worked with Donald Roebing. They all performed many duties, of course, without compensation.

Anything we asked for we got. There was always a concern about free care. If an employee of the city was injured and came to the hospital, even when we were short of money, we might or might not get paid. There wasn't anything formal. It was always assumed that Morton Plant Hospital was a city hospital and would take care of the people."

— *Harold Martens*  
*Former board member*

## Primitive but progressive

“I was first in Morton Plant when I was five years old. It was great; it certainly was. Things were very primitive, of course, compared to now, but by the standards of the time we were quite modern and progressive.

People appreciated Morton Plant very much, but I must tell you, back then the hospital was looked at as a place to go to die. If you ever went to the hospital, you had to be in pretty bad shape.

During my first term on the board, Donald Roebing was the moving spirit. Before we hired an administrator, Miss Foley was the head nurse, and the head of everything in the business office, too. She did just about everything and it was, of course, way too much for any one person. Things became more business-like after

Ted Jacobsen arrived.

Ted Jacobsen had just come during the term that I served on the board. Shortly afterward, he hired his first assistant, Roger White. So I knew both of them. Ten years later, in 1967, after the Witt Building had been completed, I was asked to serve on the board again, and I did so for six years. In addition to these terms as a trustee, I began acting as counselor for the hospital about 1955.

I will never forget one of the first board meetings I attended back in 1957. We met in the basement underneath what was then the Operating Room, in the 1916 building. In those days we had a circular driveway where the ambulances would arrive. It was in disrepair and we were talking about repaving it. Roebing said,

'Well, let's get in touch with so-and-so and have him do it.'

General Harrison and some of the others took the idea of trusteeship very seriously, which they should have. So the general looked at Roebing and said, 'Well, Don, that's all well and good, but don't you think we ought to have competitive bids? After all, we're serving in a fiduciary capacity here.'

Well, Don went on about how this outfit was truly superior and they would do the job right and so on. It turned out he was right, but then so was the General. We should have put it out for bids. We were about to vote to do that when Don said, 'Well, never mind. I want it done right. I am going to get such and such a paving company. I will take care of it.'

He had his way and he wrote the check and paid it. He did not throw his weight around like that about everything. That wasn't typical of him. But it was typical of his insistence on things being first-rate.

General Harrison has to stick out in my mind as a prime leader. He was closely associated with the hospital for many, many years after he retired from the Army. He was president for several terms. Harold Hoefman is another one I particularly remember in that vein.

I will tell you about another director who has served well over many years. He was on the board when I went back on in 1957, and that was Vernon Burkett. It was John Messenger who was responsible for getting Vernon on the board. In talking to the president of the General Electric plant here, he said something about them giving us a little more help. Not only financially, but also with some of the good people they had who could be of help. Well, the G.E. executive said, 'I will give you the name of a guy you will consider a diamond in the rough, but I guarantee you that he will just



**J. Tweed McMullen**

be outstanding.'

That was Vernon Burkett. He is very direct and down to earth. Vernon has been in charge of most of our construction work for 20 years, I guess. And G.E. gave him whatever time he needed.

The hospital business is so much more complex now than it was 25 years ago. Remember, we were just getting into Medicare then and that's been a tremendous influence, along with great technical improvements, all of which are enormously expensive and do just miraculous things.

I always thought the nursing care at Morton Plant was very superior, very capable, not only competent but caring. I was very impressed with the sort of personal attention you always seemed to get.

I think Morton Plant is really tops in the heart area, and the catheterization program is super. I think we are quite good in the nuclear medicine field. Dr. Friedman and Dr. Kline, I think are quite excellent.

Morton Plant has always had splendid community support from individuals. We have had very poor community support from the city of Clearwater, from the government. Very poor. I think Clearwater ought to be ashamed. They give us no support. Imagine that! We are running an emergency room for them 24 hours a day, 365 days a year without even a 'Thank you.' "

— J. Tweed McMullen  
Former board member

## A restaurateur recalls 'the neighbors'

**“**My first introduction to Morton Plant was when we came to Clearwater in 1930. The first time I went to Morton Plant was with hernias in 1952, as a patient of Dr. Black.

Don Roebing was a long-time friend of my grandmother, Mary Boardman, and the family. I remember, in the early 1950s, when the property was bought that is now the parking lot on the west side of the hospital, running from what was then Lake Street and is now Druid Road.

I recall Don Roebing with his machete clearing that land off before any improvements were even done. That was the kind of person Don was. He was a very involved individual in the community and kind of a special person in my opinion. We enjoyed knowing him.

I will always remember the day that

he came with one of his Alligators. He had produced the vehicle for his father in the Everglades and made it in the machine shop over in Belleair. He came up the hill and crawled across the lawn, which the thing did on land, and came in the house, and hollered for Mary B. She was there and went out, jumped in the Alligator, they turned around, bounced across the lawn, down the hill and away they went. Mary B. was always ready for a good time or new adventure, at whatever age.

Interestingly enough, Morton Plant now owns about 85 percent of the original purchase that Mary Boardman made when she came to Clearwater in 1919.

The first part the hospital bought, of course, was the parking lot on the west side of the building. The second portion they came into was purchased through a second

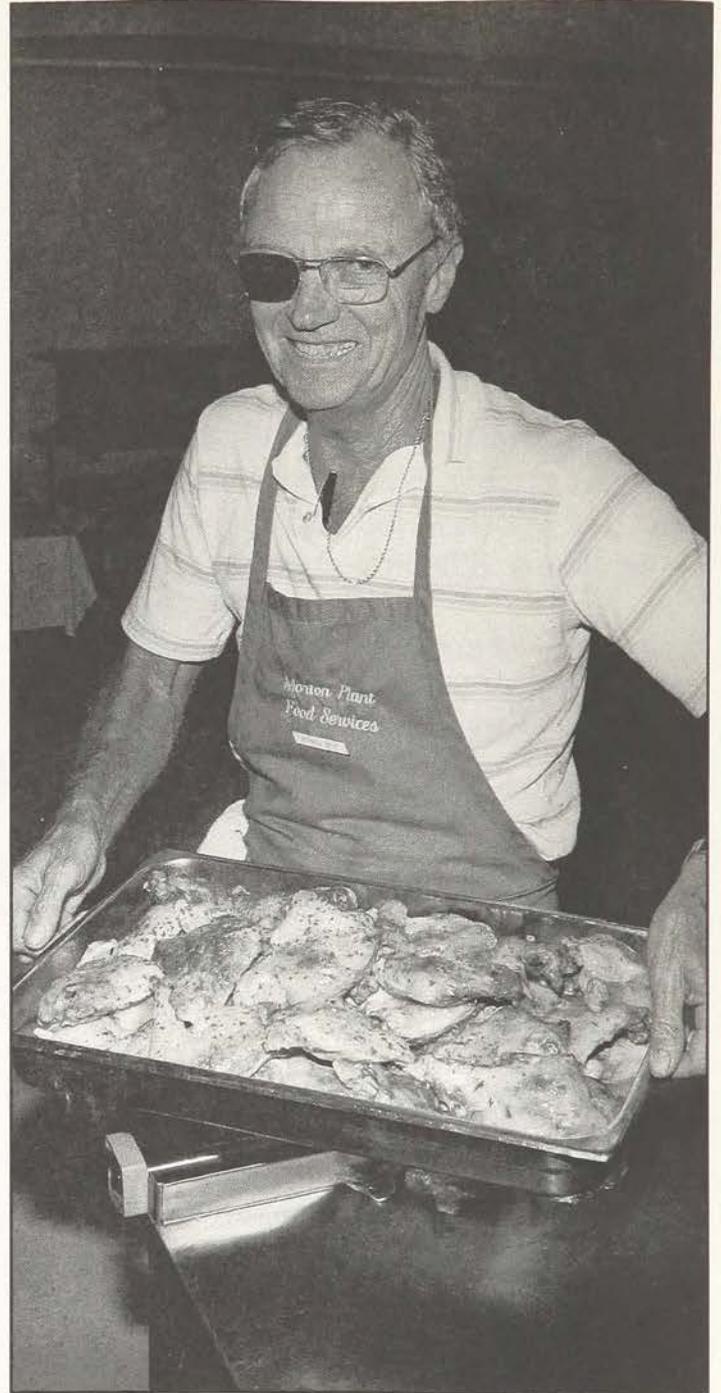
party, but it is located where the Foundation is now. It includes the area down to the bay, except for the part at the foot of Jeffords Street, and the little portion on which my wife and I built our house in 1952. Morton Plant procured that in 1965 because they wanted to add it to what they already had and it gave them considerably more parking.

The next family visit to Morton Plant was for the birth of our son, Marvin, on Oct. 20, 1953. To the best of my recollection, the next visit there by a family member was for the birth of our daughter, Caroline, on Oct. 11, 1957. They both still live in the area.

Our relationship with Morton Plant has been good with one exception. We got mad at them when they were driving pilings for the Roebling Building and it kept our son awake during his afternoon nap.

The hospital administration has always been friendly, cordial, helpful even back in times when everybody in this area had a big parking problem. Folks would often come and park in our Siple's Garden Seat Restaurant lot and say, 'I'm going to visit someone at the hospital.' We would say, 'Fine, give us your car keys.' Then they would say, 'Excuse me, but we are going to visit someone in the hospital and then come back and have lunch.' Then we'd say, 'You give us your car keys and your name. When you pay your check, give us your name and we will return your car keys.' Well, obviously, we didn't get very many car keys, nor did we get many lunch customers. Most got in their cars and left.

I remember little problems like that, which, of course, are nobody's fault — just due to overpopulation of the area. It wasn't Morton Plant's fault and wasn't the customer's fault. I understood their frustration at wanting a place to put their car. But we all survived. We're all still here. So obviously, it worked itself out.



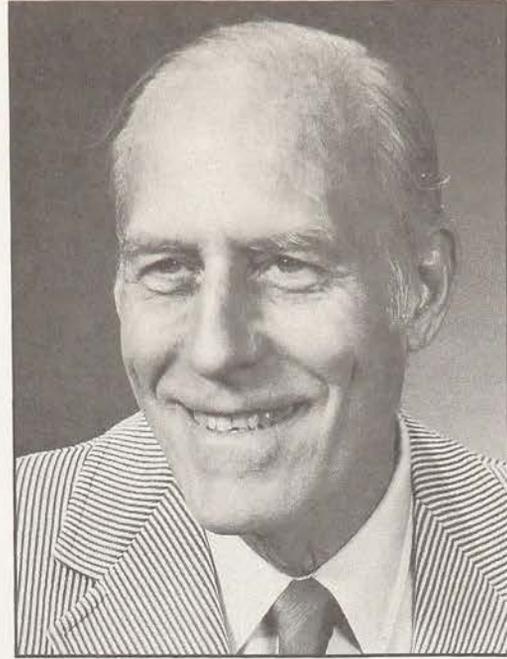
**Dick Siple**

I've never heard anybody complain about Morton Plant. Of course, any hate mail obviously isn't going to come to us. It is going to go to Morton Plant. But, I've never really heard anybody say anything against Morton Plant, other than occasionally someone complains about the charges. Well, what's new about that? It sort of goes with the territory, and it's like

when people complained to us about what the Garden Seat would charge for something. Maybe we didn't like it either but that is what we have to charge.

One of the outstanding people connected with Morton Plant I remember was Dr. J. Sudler Hood. His son is a practicing orthopedic surgeon. Lives up the street here about two blocks. He practiced in Clearwater for probably 30 years. He and Dr. Michael Black were sort of contemporaries. They all practiced in the Coachman Building in downtown Clearwater. Dr. Bowman lived on Druid Road about three or four lots in from Fort Harrison Avenue on the south side. Dr. Crego Smith was our family doctor for as long as he practiced and delivered both of our children. He lived in Eastgate, which is the first house just inside the Belleview Biltmore gates. He had two daughters who grew up here in Clearwater. Dr. Raymond Center built his office out there on Cleveland Street and everybody thought he was half way to Tampa.

Morton Plant met the needs of the growing community in most every way that you can think of — physical growth as well as internal growth. When we were kids,



**Dr. J.  
Sudler  
Hood**

who ever heard of cancer? I think I can remember hearing it once when I was in high school.

There is one way to tell where an old hospital building leaves off and a new one starts — just walk across the threshold and the floors never join completely. Every place where a new addition has been tied on, you'll find the variation in floors. That's how half-blind people find out."

— *Dick Siple*  
*Benefactor*

**In brief . . .**

**Hospital earns first accreditation**

CLEARWATER, FL — Oct. 6, 1931 — Morton F. Plant Hospital has earned accreditation for the first time from the American College of Surgeons.

Announcement of the achievement was made today by Dr. F.J. Ruff, chief of the medical staff. Dr. Ruff, an internist, is one of five members of the hospital's first medical staff.

Dr. Ruff said the medical staff had been working since last year on meeting the standards required for accreditation by the College.

Among improvements which had to be made were establishment of rules against fee-splitting, implementation of staff conferences limited to the clinical work of the hospital, development of more complete case histories, better filing systems and more complete laboratory facilities.

Dr. Ruff also credits improvements made by Donald Roebing in the surgical suite and elsewhere in the hospital as having been crucial to earning accreditation.

**Hospital admits first black patients**

CLEARWATER, FL — September 1932 — Morton F. Plant Hospital will begin soon to admit black patients for the first time.

Renovations to the hospital recently completed under the direction of Donald Roebing will make possible the first wards for blacks.

They will be treated by Dr. E. Archie, who has been granted hospital privileges.

Black patients currently are sent

to Tampa for hospitalization.

In addition to the black wards, the renovation project included expansion of hospital beds from 25 to 54, an enlarged nursery and delivery room, a new operating suite and a new driveway.

Except for \$2,000 spent by the hospital for new beds, all other renovation expenses were met by Roebing.



**In 1946, Dr. Robert M. Wolff moved to Clearwater from Pennsylvania, opening his practice as an ear, nose and throat specialist. At left, Dr. Wolff accompanies the carolers on his banjo at the 1989 Holiday Lights ceremony. By 1990, he was the oldest member (age 88) of the Morton Plant Hospital medical staff. Dr. Wolff has served the hospital as chief of staff and as physician advisor for the Quality Utilization Management Department.**

**In brief . . .**



**From left: Technician Marie Carter, blood bank president R.E. 'Doot' Hunter (for whom today's Hunter Blood Center is named), and hospital supervisor Lilly Foley.**

## **First blood bank opens**

CLEARWATER, FL — Nov. 15, 1949 The first blood bank to be established in Pinellas County opened here today at Morton F. Plant Hospital.

Sixteen employees of H.P. Hood Co., who came by bus from work, were the first to donate blood, according to Marie Carter, a Morton F. Plant Hospital laboratory technician.

Development of the Upper Pinellas Blood Bank was spurred by Morton Plant physicians Raymond Center, M.D., and Julio Guerra, M.D., to save the time and expense of trips to the Tampa Blood Bank. The project also was adopted by the

Business and Professional Women of Clearwater.

While Morton Plant has made available rent-free space and donated the services of a laboratory technician, the operation of the blood bank is being supervised by a local citizens group headed by Mrs. Gerald E. Cooper.

Other committee members are R.E. "Doot" Hunter (president), Mrs. Hugh H. Lyle, Ina Belle Helmes, Mrs. James Howes, Mrs. L.E. Paulk and Mrs. Edward Wilcox.

On Oct. 16, the committee sponsored a Tag Day, which raised \$500 in support of the blood bank.

**In brief . . .**



**A 1934 aerial view of Clearwater shows Cleveland Street (right) and the new post office (center), built in 1933.**

## Chapter 3

# Growth and challenge in the 1950s

**D**uring World War II, thousands of servicemen and their families had experienced the beauty and gentle climate of the Florida Suncoast. After the war, many of them carried out their resolve to establish new lives in Clearwater. As Pinellas County's population climbed and medical demands increased, Morton Plant's leaders realized the time had come for the hospital to enter the era of professional management. A further incentive was the fact that the hospital's accreditation was in jeopardy.

To help remedy the situation, the trustees hired Theodore Jacobsen, a graduate of the first class to emerge from the University of Minnesota's school of hospital administration. When Jacobsen arrived at Morton F. Plant Hospital on Feb.

29, 1952, he was one of only four professionally trained hospital administrators in Florida.

In 1952, the hospital had about 65 patient beds. Fewer than two dozen physicians were on the hospital staff and many of them wanted to keep it that way. The hospital's by-laws required a doctor to practice in Clearwater six months before he or she could apply to the medical staff.

Jacobsen showed little reluctance in imposing much-needed management techniques, most of them having to do with bookkeeping, budgeting and personnel policies.

It was also obvious that the hospital needed to grow. Since Morton Plant's founding in 1916, the only major addition had been the Roebing Wing, attached in



**The hospital's main entrance in the 1950s shows the elevator shaft for the 1953 Building slightly hidden by trees at far right.**

1941 to the south side of the original building.

When Jacobsen arrived, a \$300,000 fund drive was sputtering along. It received a boost in the summer of 1952 in the form of a \$250,000 loan from First Federal Savings and Loan Association.

A short time later, construction began on a three-story wing that, when completed in January 1954, increased the number of patient beds from 75 to 135. The new addition was named the Roebing Wing. (The old Roebing Wing was renamed the 1941 Building). Besides patient wards for both adults and children, the wing housed an expanded laboratory, X-ray department, blood bank and the first recovery room in the hospital's history. At the hospital and throughout the city of Clearwater, there was a growing sense that

Morton F. Plant Hospital was emerging as a versatile medical center.

In addition to the opening of the Roebing Wing, 1954 brought the beginning of the 40-hour work week, the first annual report, the resignation (after 20 years on the board) of trustee Donald Roebing, and the beginning of a \$500,000 fund drive.

The new money was needed to modernize the maternity section, build a laundry and further expand the laboratory. Federal Hill-Burton funds were available to supplement private funds raised, but only on condition that specific facilities be built for diagnosis and treatment of patients with chronic illnesses.

The mid-1950s were distinguished by the continued population growth of Pinellas County and all of Florida. The pressure on Morton F. Plant Hospital to find

space for its patients was reflected in the opening of the Sunshine Annex, a temporary, semi-private, 40-bed ward in what was later to become the hospital's laundry. A partition separated men from women, and hanging curtains gave at least the illusion of privacy.

A *Clearwater Sun* story of September 1956 said that Clearwater was the second fastest growing city in the United States. In the early 1950s, patient load increased by about 20 percent a year. Because of the baby boom, it was not uncommon for cribs to be stacked three-high in the nursery. The multiplying number of indigent patients helped to trigger the return of the Morton Plant Charity Ball in March 1957, the first ball in more than 30 years.

Two other events of note in 1957 were the retirement of Lilly Foley after 28 years of service, and the beginning of the Cuban solution to staffing the Emergency Room.

All doctors joining the medical staff were required to spend 15 years sharing on-call duties at the Emergency Room. But because rotation was so impractical for many physicians — as well as inadequate for total Emergency Room needs — the hospital began full-time Emergency Room staffing with Cuba-trained physicians. Although some language problems occurred, the program lasted until 1972.

In the final years of the 1950s, the hospital's corridors rang with the same old tune: more space needed. Plans were drawn up for a new five-story L-shaped wing, and a fund-raising effort was begun. The hospital hired a New York fund-raising firm, but by early 1958, less than a third of the \$900,000 needed for the wing had come in.

News clippings of that period indicate that many people in Clearwater

had several erroneous ideas about Morton F. Plant Hospital. Some residents believed that the hospital received tax funds; that a few rich donors could keep the hospital afloat; and that the hospital should be able to support itself from patient fees. In a speech, former Clearwater mayor Lewis Homer called Morton Plant “the most thoroughly misunderstood institution in the city.”

Contributions plus Hill-Burton funds added up to enough money so that, in July 1958, Morton F. Plant Hospital signed a \$1,388,000 contract to build the new wing. A daily visitor to the construction site was Donald Roebing, whose love and enthusiasm for Morton Plant had not diminished during his long years as a trustee and benefactor. Sadly, in March 1959, Roebing's health began to fail, and he died in August.

Two months later the new five-story wing, posthumously named the Roebing Building, was opened. (The Roebing Wing was renamed the 1953 Building). It increased patient capacity to 215 beds (including a new maternity section), and also housed the Emergency Room, an enlarged outpatient department, and 2,000 square feet of laboratory space.

However, within a few months — as Morton F. Plant Hospital entered the 1960s — patients were again spilling over into the corridors.

The 1950s can be summarized in terms of challenge and response, a common theme in Morton Plant history. As the 1950s began, the challenge facing the hospital and the Clearwater community was the need to expand and modernize — to grow both bigger and better. By the close of the decade, that challenge had been met.

## The first administrator

“When I arrived at Morton Plant on Feb. 29, 1952, I was the first professional administrator the hospital ever had. In fact, there were only three other professional hospital administrators in Florida.

Hospital administration was a new field. I was a graduate of the University of Minnesota. I was in the first class and it was only the fourth program in the United States.

When we got here, Morton Plant was in pretty sad shape. The Roebling wing had been added just before World War II, then they added the surgery on top of it. The old wing was a brick veneer building; there was asphalt tile over wooden floors and a lot of the walls were plasterboard.

I remember, just after I had accepted the job, coming across a big hole in the wall in the lobby. Somebody had been mopping

the floor and just punched the mop through the wall. The switchboard, which sat out into the middle of the corridor, was a combination switchboard and visitor control.

Walter Gilliard was the man who did janitorial and outside yard work. He kept a white shirt down in the basement so that if Lilly Foley needed another orderly he could go and wash up a little bit, put on his white shirt and help direct patients.

One day when he was mopping the floor, I said, ‘Walter, that floor is not very clean.’ He said, ‘Well, we put soap and wax in the water, we wash it and wax it at the same time.’ I said, ‘Well, how do you get the wax off?’ ‘Well, we just wash it off and wax it.’ I said, ‘Don’t you have a buffing machine?’ ‘No, what’s that?’ So, one of the first things I ordered at Morton Plant was a

buffing machine. I had to show Walter how to run the thing.

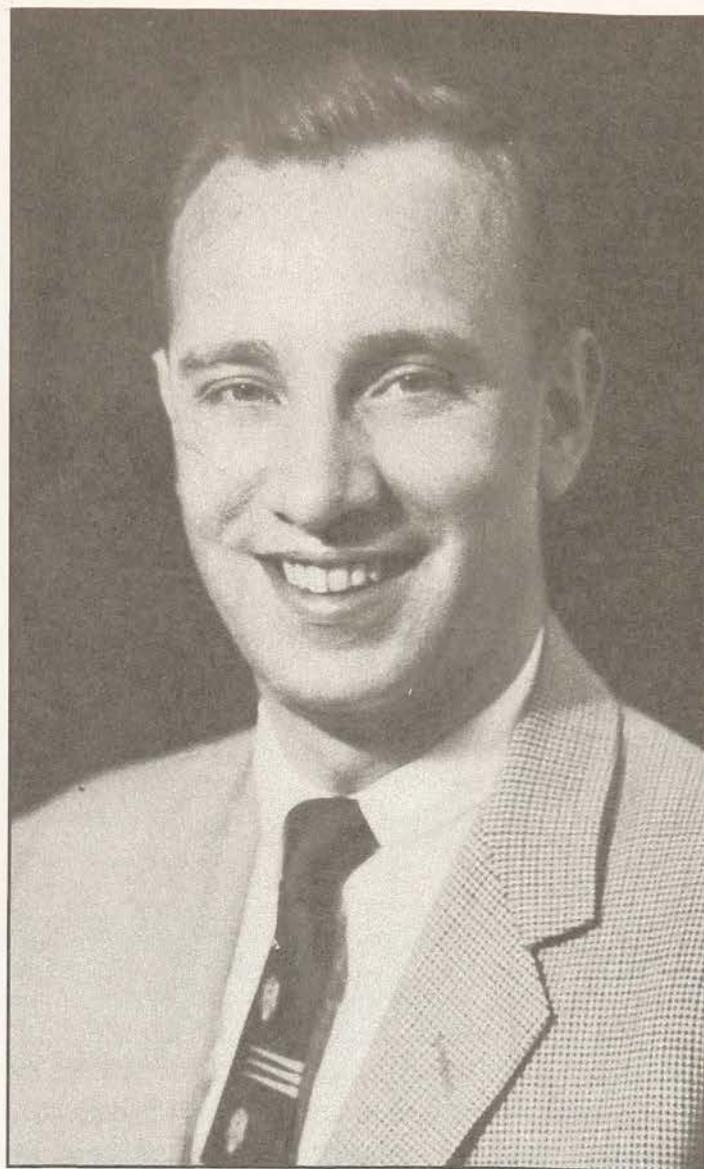
On the west side, there had been a porch which was closed in as an office. It had kind of a grayish-colored floor. One Saturday morning, Walter and I got some strong soap and washed that thing down and it turned out to be off-white tile with pink flecks in it. Even Lilly Foley didn't remember what color it had originally been.

She had been the superintendent and when I came, she was willing to stay on as director of nursing. She was just a wonderful person.

Donald Roebing was chairman when I came. Lucius Ruder knew Jim Hamilton, a hospital consultant, and brought him down here to see what should be done about the accreditation problem. Jim was also the head of the program at the University of Minnesota and that's how I learned about the job in Clearwater. Anyway, he wrote up a big report saying the hospital had a lot of problems.

I think the major one was that they had lost accreditation. The consultants may have told them that they had to make drastic, radical changes to reverse this situation, and said you need somebody who knows hospital management. Lilly Foley was a wonderful director of nursing and superintendent, but management was not her forte. She had become a nurse and then gone off to St. Louis to take special courses in obstetrical nursing so she could work at Bayfront. She depended on businessmen on the board to help run the hospital, but they didn't have the time to actually do that.

One of the big problems, which had resulted in the hospital being placed on probation by the Joint Commission in October 1951, was that the medical staff bylaws worked against expansion of the medical staff.



**Theodore Jacobsen**

I believe there were 23 doctors on the staff when I came. The medical staff bylaws discouraged more physicians from coming to town. You had to have your office open in Clearwater for six months before you could apply to the medical staff.

So, one of the first things we did was review the bylaws. Dr. M.E. Black, the chief of staff, Alfred Marshall and I used bylaws from other hospitals and drew up a new set of bylaws which opened up the staff so that new people could come.

Alf Marshall and Dr. Black and I sold the medical staff on the idea that if this hospital was going to continue, we had to open up their staff. Clearwater was just



**Discussing the challenge of construction and financing for the Roebling Wing in 1958 are board members (from left) E.C. Marquardt, Edward Barnard, Harold F. Heye, Gen. Eugene Harrison, Joseph K. Turner, and John B. Messinger.**

beginning to really grow and the existing staff just wasn't going to be able to manage if they didn't open the staff.

I think there were 75 beds when I came to the hospital. There were two wards on the first floor. On the north end was an eight-bed ward and a porch with three or four beds. As you went south, there was the lobby area, which was really a wide corridor and then two four-bed wards on either side for women. The only way you could shut those wards off from the corridor was with a cloth drape that pulled across them. There were no bathrooms in any of these wards — patients had to walk down the corridor to find a common bathroom. That was the old origi-

nal hospital. On the second floor was the obstetrical department, with a few other med/surg beds up there, too. Then there was the Roebling Wing, which had all private and semi-private beds with bathrooms, but no showers, just a toilet and a sink. I think the four corner rooms had showers, if I'm not mistaken, or perhaps tubs.

The first summer I was here, we had to borrow money from the bank. Taver Bailey, president of First National Bank of Clearwater, was on the board, and we went down to see him about borrowing. This was the middle of June or early July, and I said to Taver, 'We're out of money.' He said, 'Boy, you've gone a long time — it's usually

May when you have to start borrowing, or early June.'

The practice had been that each summer, when the census dropped down to nothing, the revenue also dropped and the board had to borrow until the fall, when the census picked up. Then they would get money in the bank, and pay back the loan for operations. The financial statements didn't have to show any depreciation. I asked 'How come?' I was told, 'Well, this hospital was built by donations so we don't think we should depreciate it.' Because it was all donated funds, they felt they shouldn't charge depreciation. In fact, the auditors had agreed that this was sensible, so they tried to break even on operations, but in the summer you couldn't, so you borrowed money until you got money. We turned that around quickly.

I asked, 'How are we going to maintain the plant and replace it if we don't have funded depreciation? We have got to earn money to help.' So after about a year, the board agreed. When the second year came, I saw Taver one day in the middle of August and he said, 'You haven't borrowed money yet?' I said, 'No, we don't need any this year.' He said, 'My gosh, what have you done?' Taver had been treasurer of the board for, I think, about 25 years.

We got the medical staff turned around, too. Clearwater was just at the point of really blossoming, but a good share of Clearwater residents were going to either St. Anthony's or Bayfront or Tampa General rather than to Morton Plant. It didn't have a good appearance and a good reputation at that time.

The board felt that we had to turn this around — and we had a wonderful group on the board who were willing to really pitch in with it. I gave a little direction here and there, and they were willing to grab hold and move with it. We had some good people around. We had

some good employees, and we just built on what there was.

We took a couple of bedrooms on the first floor of the nurses' home and converted them into administrative offices because we didn't have any place else to go. I found that a lot of people didn't like to cross the parking lot to see me. So every morning I held forth at a table in the cafeteria, with a good pot of coffee — everybody knew that from about 8:30 to 9:30, Ted was always having his coffee and holding sessions down there. So anyone, medical staff or employees, who needed to see me about something could find me there. So that was my office every morning.

One morning when I was down there, the phone rang. I don't remember which board member was calling but he said, 'Have you seen this morning's paper?' And I said, 'No, I haven't, what part?' 'Well, what about this Witt estate?' And I said, 'I don't know about a Witt estate,' and that was the first I had heard it. Later, Lilly Foley told me that not too long before she had gotten a call from a Mrs. Witt, who wanted to know what the official name of the hospital was. Lilly told her, 'West Coast Hospital Association,' and Mrs. Witt indicated she was working on her will and wanted to leave a little something to Morton Plant. She never stepped foot in the hospital apparently.

The Witt Building was the breakthrough, really; that event moved the hospital toward its future development potential. When I came, we had 75 beds. By the time I left in February of 1961, we were up to 250 beds. Ed Barnard was chairman of the Building Committee and we had already drawn up plans to go up to 500 beds and that's where we ended up with the Witt Building.

We had two additions while I was at the hospital, both went off to the south. One was to expand as much as possible all

of our ancillary services, because the lab and X-ray were just squeezed into nothing. There was no pharmacy. Our storage room was about as big as a living room. We dispensed pharmaceuticals and supplies out of the same room and I'm sure it wasn't any bigger than that.

I remember when we first got some window air-conditioners and rented them out for \$1.50 a day. There was no air-conditioning whatsoever. In fact, there was none in the Roebing Wing, and there was none in the first addition we built in 1954. Then our next addition, we built the new boiler plant and air-conditioning and the laundry.

But Morton Plant was very friendly and warm. We had a definite feeling of being dedicated to service. When people are ill, they are afraid; they are unhappy with their situation. They don't want to be ill, and so warmth and understanding is an important thing in their care. We had some wonderful people. One thing Lilly Foley did so beautifully was to visit all the patients. She was a very warm and caring person. It rubbed off on all the other people around her.

Well, the growth continued and we got our accreditation back within 12 to 18 months. In fact, I remember when the inspector who did the re-accreditation inspection came into my office at the end. He went over some of the things that would be in his report. He asked, 'Now, to you, what is the most important thing that has happened? What would you like to have me list first?' And I said, 'New facilities.' Sure enough, when the report came out it stressed the 'importance of new facilities.' I think that's what did the trick.

Once we got our building program in gear, of course, the Joint Commission could see we were going to grow in ancillary services, in our lab, our X-ray, our pharmacy and physical therapy.

The farther we went, the more successful we became and the more interested people were in supporting the hospital. We got the operation on a good, sound financial basis, too.

There were some wonderful people. Alfred Marshall was an attorney who was on the board — was chairman of the board for awhile — a most kindhearted, wonderful person. He was able to win so many friends for the hospital.

John Messinger lived out on a farm over toward Safety Harbor. He was part of the Messinger family from Milwaukee.

Apparently, he had a couple of uncles who died at age 45 to 50 of heart attacks. John decided to retire at age 35 so he wouldn't have a heart attack, but he was a very dynamic individual. He was the kind who would never go to sleep before 1:30 or 2 a.m. and be up at 6 — four hours of sleep was all he ever needed.

He was also a very intelligent fellow. I would make a suggestion that we needed to do such and such a thing, and we had to have some funds for such and such a project. He would bring five or six people together within the next two or three days. He'd say, 'It's all coming in — all the money will be in within three months. We got it. Go ahead!' John, chief engineer Charlie Emerson and I loved a little tavern on South Fort Harrison Avenue, in Largo. It was called No Man's Land. They had good hamburgers and John loved to go with Charlie and me for hamburgers for lunch.

Following one of our fund drives, 1954 or 1955, we decided that we needed to revive the Charity Ball. John was very active in the effort, along with Mr. and Mrs. Harold Heye and their son. Several others were also quite active and we decided to make it exclusive, by invitation only. They got the Belleview Biltmore to donate the use of the room. The word got out that the person in charge of developing a program

for it was going to get a bunch of local talent, and several of us were worried about it.

One day, a person came into my office and said, 'Ted, I understand that the Charity Ball is going to have home-grown talent.' I said, 'Well, I understand that's what's being developed.' He asked me to let him get in touch with some professional talent. He wanted me to let him pay for it and keep it anonymous. So, we got a booking agent down in Miami. I forgot who booked it but that's the way we started. He said, 'It will just kill this thing if we have local talent.' This same fellow donated the cost of the entertainment for about three years, but the first year it was by invitation only. Anybody who indicated they wanted an invitation got in, but by about the third year, we had a waiting list. We could only take a limited number in the ballroom at the Belleview Biltmore. It became the social event of the year and I suppose it still is.

It's always been a challenge to me to make a thing go towards excellence. That was my first chance, and I was able to bring Morton Plant from a not-too-hot hospital to one that was recognized, and that made me feel real good.

We had some wonderful fellows on the medical staff — Jim Leonard was an illustration of commitment — just dedicated to see that place go. M.E. Black was an interesting fellow. He was a general surgeon and one of the key people on the medical staff when I came.

I had an interesting time from the first fall I was there. As I recall, there were 23 doctors on the medical staff and one Saturday morning I got a call from the hospital. 'We can't find any doctors, we can't find any doctors.' I went down there and as it turned out, it was Homecoming at the University of Florida. We finally phoned Dr. Walter Winchester, who lived up in Dunedin. He was the only doctor still in

town. So Walter volunteered to come down and stay at the hospital. It was a Saturday, and we had patients that wanted to be discharged. There weren't many patients then but there wasn't a doctor left in town.

At the next medical staff meeting, we had a discussion and decided that never should happen again.

Dr. Guerra was a urologist on the staff who was Spanish-speaking. I believe he had originally come from Cuba. I'm not sure, but this was the time just after Castro had come in and there were a lot of professional people wanting to come from Cuba. We got two or three Cuban doctors, and we got them through the licensing process, they passed the foreign physicians test, and we brought them full-time into the Emergency Room.

I know that when we got up to 250 to 300 beds, there was discussion as to whether we should have a residency program, which they decided against. The staff felt that we should take care of the welfare patients ourselves.

Morton Plant has always believed in quality of care, quality of medical staff, and I think it's something that has made it what it is.

I have funny memories but tough ones, too. For instance, it was probably about 1953 to 1954 and during one of the major fund drives. I'd by this time been appointed by the governor to the Florida Development Board, which authorized Hill-Burton funds. Being on that board didn't hurt a bit and I'd seen to it that we got a Hill-Burton grant. We had to have certain funds on hand besides.

John Messinger was very key in this. He had gone to Atlanta to one of the insurance companies and up to Jacksonville to one of the banks. We were having a hard time getting the financing approved and we had to have adequate financing in order to meet this Hill-Burton

requirement. If they were going to give you 30 percent or whatever it was, you had to either have that much in contributions or in pledges, or the combination to demonstrate that you could meet the cost of the project. It was getting tight, and as I say, John had been up there. We struck out in Atlanta as well as Jacksonville.

Finally we talked to Maurice Condon from Clearwater Federal Savings and Loan. He got Clearwater Federal to really stick their neck out and guarantee us the funding for the project. We got it at the last minute. I had to tear up to Atlanta and demonstrate to the government that we had the funding at the last minute and we got our Hill-Burton funds. From then on, we were able to move right on out.

We hadn't had enough time to demonstrate sound financial backing at that time, so the insurance companies and the banks weren't too interested. Once they got over that first hump, we moved and it's



**Maurice  
Condon**

moved ever since.

Morton Plant is almost debt-free today and it has a tremendous reputation in the community. They have done an excellent job in their Foundation and fund-raising."

— *Theodore Jacobsen*  
*Former administrator*

## The first laboratory

**“**I have always said that if Morton Plant had been smart, they would have asked me to pay them instead of paying me, because I had so much fun when I came here.

When I came to Clearwater in 1952, there was no pathologist on the staff and the hospital was not big enough to support a pathologist. So I went to work for Dr. Patterson and Dr. Mills in Tampa. I would work here a half day and there a half day. I did that for five years. Then Dr. Mills died and Dr. Patterson offered me a partnership. It would have meant a move to Tampa. I had eight children and decided that Clearwater would be a much better place to raise a family than Tampa. I wouldn't make as much money, but I could enjoy myself — it was a challenge to put your own stamp on a department. I have never regretted it. I have enjoyed every minute of the work here.

We do nothing here but patient care. Patient care is what built Morton Plant Hospital and no one ever has to apologize for just giving patient care and staying out of research and teaching.

Shands is a big teaching hospital, and I am sure that they have more technologists or laboratory people than we do. I'm sure they do a lot of research and a lot of teaching but I don't believe they do a great deal more actual patient care laboratory work than we do. After all, our hospital is larger than Shands.

There are very few hospitals that have 600 beds or more that have no teaching program. We are one of the few.

In many ways we are distinctive. The physicians who come here fresh out of their residency find it a little difficult to adapt to the fact that there are no residents, no interns. They have had to take calls. Prior to the time when we had

**Dr. James Leonard,  
the hospital's first  
pathologist,  
examines a young  
patient in the early  
1950s.**



board-certified emergency care physicians, all the doctors of the various services on staff here had to take calls. They had to be on call for surgery and they rotated.

The doctors who come here now are always amazed at the number of things that are handled for them. For instance, we have had an intravenous therapy group since about 1950. New doctors thought that they would have to start all the IVs and all the transfusions, but we had a good group of transfusion nurses here.

I think we were one of the first hospitals to have a Recovery Room, too. We were very fortunate in having an outstanding nurse who was in charge of that Recovery Room. Her name was Mrs. Robinson. She set the standard for the nurses and really gave good care to patients in the Recovery Room.

Very easily the biggest development

since I've been here has been the Adler Laboratory. Mr. Adler originally funded it with \$1 million and later he gave us the money to buy the computer, and that put us in the position of being probably the finest hospital-based laboratory in Florida.

We have an outstanding person in Dr. Diana Trundle. Not only is she a nationally recognized clinical chemist, but she is also an excellent administrator. We have some very good young pathologists; we now have a total of five pathologists, including myself. They are all the best available.

The biggest driving force in medicine has been the advance in technology. It is not really true any more that there are advances in medicine, as much as it is improved medicine due to computers and technology — especially in the laboratory. Our latest acquisition, the flow cytometer,

actually measures the DNA in the cell. Now, if you had told me that 15 years ago, I would have told you were reading too much science fiction.

The trigger of all this was the computer and the laser. We used to measure all chemistries by measuring the amount of light that would pass through a solution. In other words, if you had a lot of sugar in your blood, we treated it in a solution and it turned blue. The bluer the solution, the more sugar; we just did a densitometer and ran it through and that was it.

Then the spectro photometer came along and we used that to its peak. It was hard to believe how small an amount we could measure with radioisotopes.

Now we have come into another stage called chemilluminescence, and with that we can measure accurately even smaller amounts than we ever could even with radioimmunoassay.

As far as the hospital is concerned, I think we are unique, too, in the way that the town supports and contributes to Morton Plant Hospital. The community has always supported Morton Plant Hospital, with money particularly. And quite to the contrary, the city of Clearwater has never supported the hospital. They have contributed little or nothing.

From the very first time that Morton Plant had a drive for money, the people really responded very well. With Mrs. Witt's gift and construction of the Witt Building, we had a modern hospital for the first time.

Everybody who worked in the hospital, the nurses, the doctors, the administrators, and everyone else realized how much easier and how much better we could work as a unit, which was not possible previously in the sprawl that we had.

I think John Messinger had a tremendous impact on this hospital. He was an active chairman of the board of trustees, and as a result, he attracted people like General Harrison who were capable of taking charge. They came in not for the honor or glory of it, or just to preside at the meetings. They found out about how the hospital operated. They would come in, walk up and down the halls and get to know the employees personally. I think John set the tone for doing that.

General Harrison served much longer than John and he probably made a greater impact. As the chairman of the board of trustees, he had a real impact on the day-to-day operation of the hospital.

Even those who weren't chairman, but who served on the board for long periods of time, had significant influence. I think the fact that the board was not so large and the hospital was smaller tended to let the chairman put his stamp on things.

Ted Jacobsen wasn't here very long, but he set the tone for the hospital when he was here. He brought the professional administrative experience to the hospital. He was a first-rate professional administrator."

— *Dr. James Leonard*  
*First pathologist*

# The first air-conditioning

“**F**or me medicine has been a world of change, from having practically nothing to work with, to instruments that are ultra-sophisticated. We didn't have any idea we would be able to do the things we can today when we first started. Frankly, I am surprised we can keep up with everything here, but the staff is adapting very well to these changes. The hospital is very generous about giving the medical staff what they need and have always been willing to do so.

I think this hospital takes care of the patient better than other hospitals. I hope it doesn't change. I've never heard anybody say anything bad about Morton Plant.

Patients who come from up north say this is the finest hospital they've ever been in.

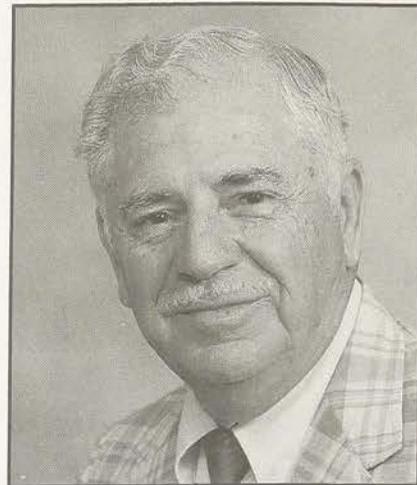
I think we have had good leadership right from the start: Miss Foley was the first administrator I came in contact with, but they have all done a good job. Ted Jacobsen, Roger White and Duane Houtz. I think they all contributed. I don't think there were any serious lapses.

I was number 16, I think, on the medical staff.

I was chief of staff when we dedicated the Witt Building. Gov. LeRoy Collins was the speaker that day; I had to introduce him. We were so busy. There were about a half dozen patients out in the solarium. You could walk the halls and there was a bed here and a a bed there. Nobody complained. But that's the way it was and we just took it in stride.

But when the tourist season finished, it went back to normal. And that was the way our practice was in the office. We had a very seasonal practice. I would have a half dozen patients in summertime.

We needed it (expansion) in the



**Dr. John  
Karaphillis**

winter. We were always overcrowded. Right after Christmas, they were out in the darn halls, and patients wouldn't complain. They were glad to be in there, I think.

When the Sunshine Annex was opened, which would eventually be the laundry room, people were fighting to get into that place. They would get in line to be down there.

Georgine Shellard-Smith, who donated the Florida Gulf Coast Art Center money, came in one time and I was going to operate on her and she started complaining about how hot it was. So I said, 'Let me see if I can do something.' So I called Fedders Window Air Conditioners. I said, 'I have a really wealthy patient here who can stand some cool air,' so he came right over and stuck in a window unit. So when I got through with that, why, she was operated on and she got along fine. She was getting ready to go home and I said, 'Mrs. Smith, did you know that you are the only one who has any fresh, cool air here in the hospital?' I said it would be nice if some others did. She said, 'Do it.' She gave me about \$4,000-\$5,000 and I put air conditioners in four or five rooms. So the first air-conditioned rooms that were in the Roebling Wing were donated by Mrs. Smith."

—Dr. John Karaphillis

# Personal leadership

“**B**ack in the 1930’s and 1940’s when I was growing up in Clearwater, Morton Plant was *the* hospital. It was the center of medical activity for all of upper Pinellas County and had an excellent reputation back then.

When I remember the early days of Morton Plant Hospital, I think of doctors like M.E. Black, Vernon Hagan, Sudler Hood — people who were outstanding medical practitioners, but also very warm personal people. They helped set a pattern for the medical staff.

Also, the kind of personal leadership provided by the administrators from Ted Jacobsen to Roger White to Duane Houtz, has helped to maintain this tradition, and that is a remarkable and unique thing. Many community leaders have served on the board over the years: people like Ralph Richards and Harold Heye, Bill Wells, General Eugene Harrison, Bill Burchenal, Harold Hoefman, Ed Barnard. They provided a great deal of strength and leadership to the hospital in its various fund drives, as well as in its day-to-day administration and operation.

Patient care at Morton Plant has been uniformly good. Patients come away singing the praises of Morton Plant on a technical basis and equally important, singing its praises on the personal care and consideration given to patients. For many years, Morton Plant, in spite of its very substantial size, has been able to maintain very much of a family atmosphere.

Perhaps more important than the physical growth of the hospital has been the growth in the types of medical procedures which are now possible. Computers and imaging machines have



**William  
Nodine**

made possible specialization that was not thought of 25 years ago. Continuing to change and grow and accommodate and utilize all these new procedures and also develop the human and financial resources to support it is a tremendous challenge.

But Morton Plant has a solid base of community support. They have done an excellent job of building this through the development of the Foundation.

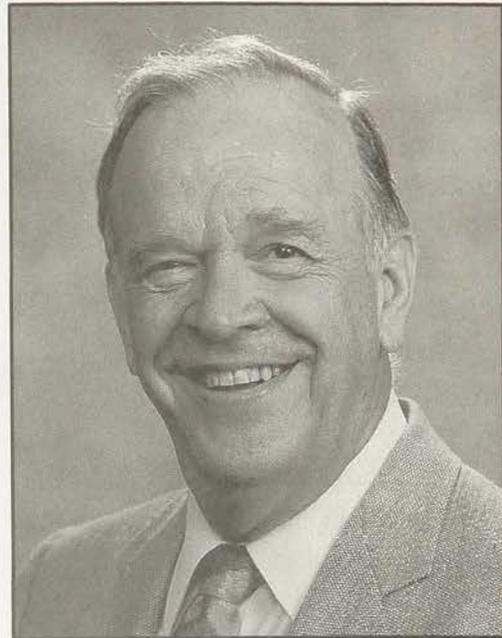
In the 1950s, we did some long range planning based on what we thought the health needs of the community were going to be in the next 10 years. We realized we would need \$5 million or \$10 million just to keep pace. Nobody believed we could raise that kind of money. Fortunately, through the Foundation, continued strong support from the community has made it possible. What looked like unachievable goals then were just milestones on the road to even bigger goals."

—William Nodine  
Former board member

## ‘The nice doctor’

“When I started practicing medicine (I came here in 1949), I could probably treat most cases in the home as well as I could in the hospital. Then the laboratory, the X-ray, the other equipment became more and more useful and helpful. I didn’t have much in the way of medicines to use either. It was only in 1944 that we started having the first antibiotics. The nice picture of the doctor holding the patient’s hand at home, you know, you’ve seen that picture. Everybody’s seen it many times. That was about all they could do, go in and hold their hands and make them happy. He couldn’t do much else, there wasn’t any medicine to kill infection. The sulfas were available in 1939 and penicillin in 1943.”

—*Dr. Gibson Hooten*



**Dr. Gibson Hooten**

## ‘A delightful town’

“I think there were about 18 to 20 physicians on the staff when I got here in 1951. There were about 60 beds at that time. We had one little operating room downstairs, which was converted into an emergency room when we developed a new suite upstairs. We had a nice view out of the operating room. It faced north.

This was a delightful town. One stoplight and one drug store. No shopping center. We moved here because of the town.

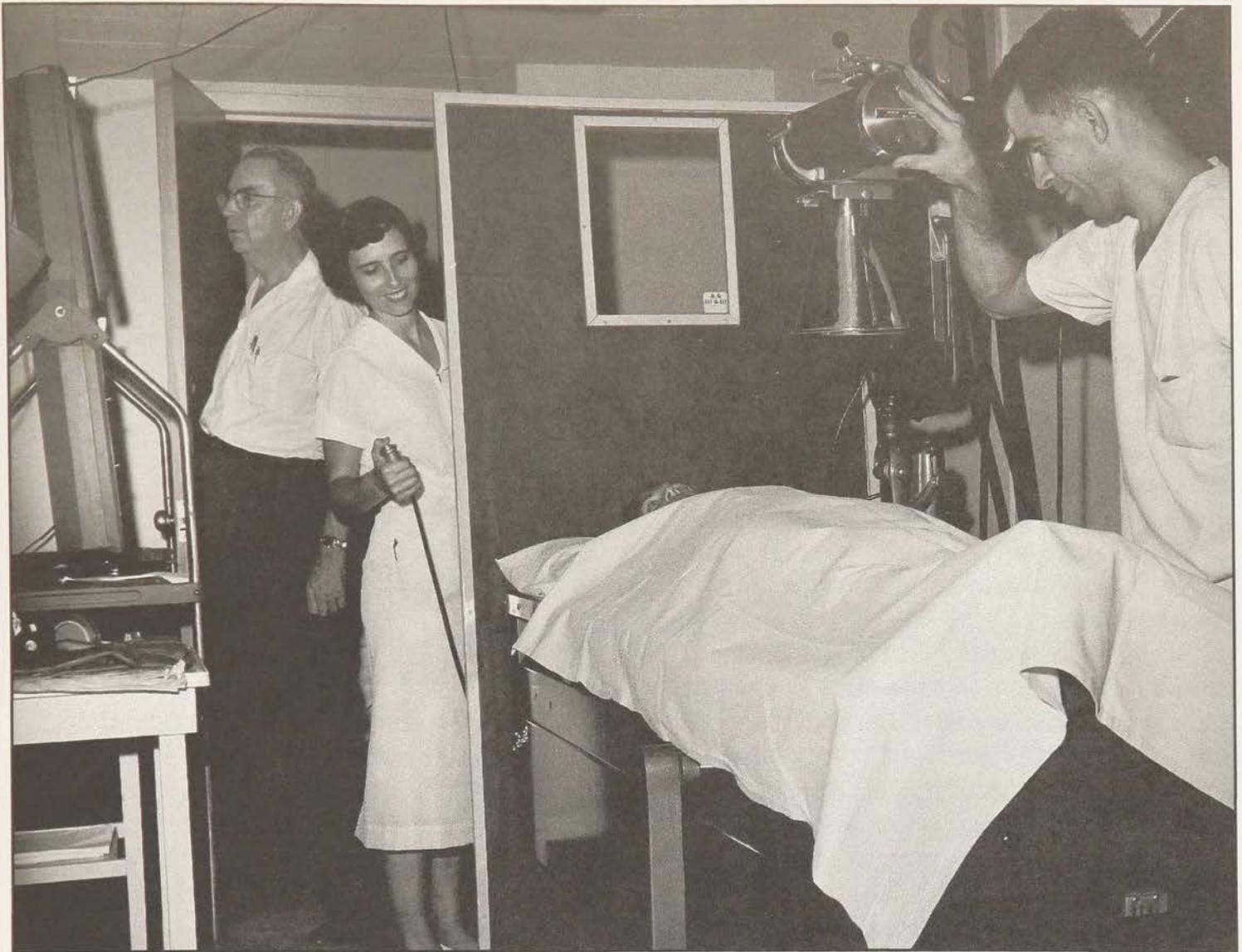
I had great respect for Lilly Foley. She was always very nice: so calm and peaceful. She didn’t have any trouble with this place at all and she had a lot of people working for her. Not exactly calm and peaceful people.

They had a rule when I first came here that you couldn’t practice surgery for the first six months you were here. Dr. Hammond Groves was the doctor who did the X-rays for years. What a character! He was the original radiologist.

I think the same thing is true in the nursing profession as is true in the medical profession — improved education down through the years. I think there’s been a big change in both the medical and nursing profession.

I have always been real impressed with the care that the patients got at Morton Plant. I’ve had very few complaints. I’ve always been very impressed with the nursing care.”

—*Dr. Davis Vaughn*



**The improved X-ray department in 1953, headed by Dr. W. Hammond Groves (left), included a \$20,000 machine that enabled the hospital to treat skin diseases and deep-seated cancers for the first time. The walls, ceilings and floors of the treatment rooms were lined with lead for protection.**

# Frogs in the bathroom

“I’m about the oldest practicing physician outside of Internal Medicine’s Dr. Gib Hooten. I think he was here a year before me.

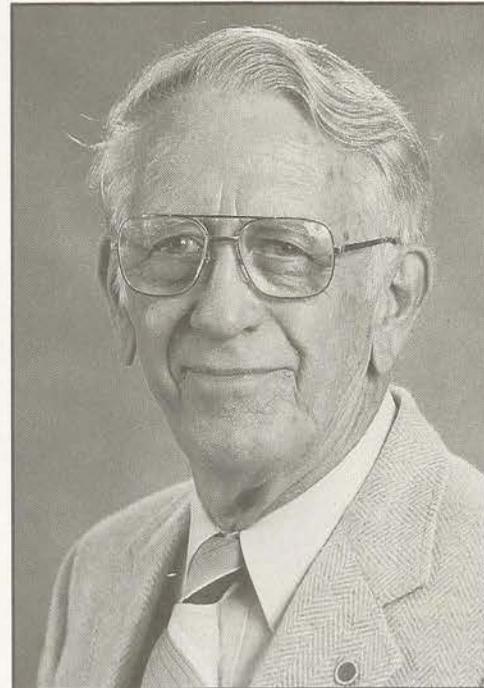
I came on staff in 1951, but our family doctor was Lucian B. Dickerson, who was around the hospital from the time it opened. He was one of the originals. When I came here, I was the 21st physician and the staff was pretty nearly closed. It took me three years to get my voting privileges.

Not long after I came here, Dr. Sam Register arrived and soon after, Dr. Jim Leonard came.

Lilly Foley was head of the hospital then. I remember one time Miss Foley was taking some visitors through the hospital and they saw this man — dirty, greasy, working on the elevator. And they said to Miss Foley, ‘You don’t allow people that dirty to work in here, do you?’ Miss Foley looked at them and said, ‘That one we do.’ It was Donald Roebing. He did a lot of handy work around the hospital.

I remember the hospital when we had 71 to 78 beds: men’s and women’s wards. The pediatrics ward at the end of the hall on the second floor had cribs. We had about four oxygen tents, which they don’t use anymore. We had at least one EKG machine and one X-ray. That X-ray was used to take everything, fluoroscopies, chest X-rays. Dr. Hammond Groves was the radiologist.

We had a laboratory unit that consisted of a bathroom where they kept frogs, and another room that was the size of a small office. Frogs were used for pregnancy tests. They were kept in the bathroom because it was cool. We had no air-conditioning then. We had fans. In very



**Dr. Douglas Carr**

hot weather, the nurses would take the thermometer out of the patient’s mouth and put it in cool water to keep it from going on up. If someone had a temperature of 98.6 and the temperature in the room was 101, you got an artificial reading.

I was chief of staff when they were building the Barnard Building. Margaret Lykes was a patient of mine and she left a lot of money for the Lykes Cancer Center.

Among the things that contributed to making Morton Plant a top hospital was when Dr. Norman Tarr came in and organized the Medical Affairs office. He did a fabulous job.

I think one of the mainstays of this hospital as it was growing up was Jim Leonard. I think a pathologist is one of the things that makes a good hospital. If you had a problem in diagnosis or needed to know what test to run, you could turn to Jim and he would come up with the answer. He saw to it that the hospital always had the latest laboratory equipment.”

— *Dr. Douglas Carr*

## Baby boom times

“I came to work at Morton Plant on Sept. 29, 1952, from a hospital where we had done a lot of refurbishing. It was an era when hospitals were trying to look a little more aesthetic, starting to use interior decorators. When I walked into Morton Plant, it was pretty stark — the old wooden, soaked floors and the rubber mats, two real dark deacon benches on either side of the door; immediately ahead was an old, dark, wood, stained stairway, with the rubber mats going up and around the corner.

Back of the stairway and to the right was Miss Foley's office. She was the director of nursing at that time. Right behind her office was the old Emergency Room, and to the left of it was a little, tiny drug room with no pharmacist. Medicines were dispensed out of this same little room, which was staffed by two very conscientious ladies.

Miss Foley took me upstairs to meet

the girls and this was my orientation:

There was no one to greet me, no one to show me all the wonderful movies we see now, not to speak of the two weeks of classroom experience that everybody gets now to learn about Uncle Mort. I just started in to work. I first worked as a labor nurse, but I'd had nursery experience, too.

It was kind of a strange routine for nurses then, because for breakfast, part of the food came up from the kitchen — but the nurses made the toast and scrambled the eggs.

The doctors always came in for their coffee; there weren't very many of them — maybe five or six on the staff. There was only one obstetrician — the others were general practitioners. In the back of that room, we had an old gas stove, an open thing with three burners, where the bottles were boiled. If we got real busy, those little rubber nipples would get burned and, oh,



**Proud fathers and grandmothers crowd around the nursery windows during the 1950s' baby boom.**

did they smell good!

Anyway, all these things were going on in the same room. Over in the nursery there were two great big sinks. The formula bottles were thrown in one, where they were used, and then rinsed out. The diapers all were thrown in the other. We washed the masks we used and hung them

on coat hangers around the nursery.

I can distinctly remember coming to work one day before we moved into the Roebing Building in 1960. I came on duty and in the nursery there were the Gordon Armstrong incubators. They had a shelf on the bottom, and you had your cubicle with your baby up top all glassed in. By this

time, we had graduated to some paper boxes that we would make cribs out of, and the patients could take them home with the baby.

So, I came in this morning and there were two of those units with a baby on the bottom shelf, one in the cubicle, and one on top. That's called a 'baby condominium' now, I guess. But, this is how we made extra space. And under the conditions that we worked, in such a small area, God was good to us. We never had an epidemic, never had a diarrheal epidemic back then, everybody was frightened of them.

In the wards, we had 16 patient beds, including the labor room. The beds in the wards were these old wrought-iron enamel painted beds; they were sort of stark, not very attractive. In the private rooms, we had some nice, wooden, heavy-duty oak beds that were more aesthetic in appearance and the appointments looked more like home. Other than that, everything was just plain stark — no colors. Everybody thought then that green and white were suitable colors for a hospital. So, it was quite a pleasure to see all the colors which came about and the nice decorating touches.

I also might add in the old, original building there was no air conditioning. It was gradually added. They had to add units in the windows, but the interesting part about it, being on this hill, we had cross-

ventilation. As each one of those window units was put in, it made us need even more units other places. The natural cross ventilation was destroyed. The patients didn't really suffer very much because the windows were all kept open. You certainly cannot do that now.

The hospital had no respiratory therapy department, or any of the ancillary departments we have now. There was no recovery room. A patient went right straight from surgery back to the unit they had come from. There was no IV service. The R.N.s had to do all those things themselves.

The 1915 building had to be torn down because it suffered from termites, especially in the springtime. When the heat from the sun would hit those old brick walls over on the west side, the termites would come out of the window sills. It was very embarrassing because we had to move beds quickly and move patients to areas where the termites would not bother them.

In the original labor room — we had only one — there was a big, heavy plate in the floor, to keep that delivery table from falling through a dual floor. And if we had more than one delivery going on at a time, we had to carry the patients to surgery, which was upstairs."

— *Cynthia Jones, R.N.*  
*Former employee*

# The first ophthalmologists

“My first contact with Morton-Plant was probably the last week of 1953. I was the first ophthalmologist. Dr. David Weible came about a year later. We have about 25 to 30 ophthalmologists on staff now.

When I came, Dr. M.E. Black., one of the first surgeons on the staff, was here. The early urologist was Dr. Guerra. Another early staff member, a general practice physician and surgeon, was a whale of a guy named Dr. Everett Harrison. And Dr. Haygood also comes to mind.

We had our staff meetings in the cafeteria which was in the basement, approximately where Central Sterile Supply is today. The staff was small enough then so that we could have dinner together when we had our meetings. We usually had a big steak, so we didn't have any trouble getting people to attend our staff meetings. The surgical staff used to meet for dinner at the home of who ever was chief of Surgery at the time.

I was practically the last chief of staff who didn't have a medical director. As the hospital grew, the job of chief of staff became too time-consuming. During my term as chief, I was spending about half my time away from my office. When I was on the board of trustees, after my year as chief, I got a motion passed to start paying the chief of staff. The motion was approved, to begin with the next chief of staff. When the next chief of staff came along, he was paid for a few months. Then the board appointed him medical director. The chief of staff-elect was pushed into the job and that's how we got a medical director.

Dr. Dick Cuthbert, who was elected chief of staff to follow me, was the guy they started paying and then made medical



Dr. David Weible



Dr. Samuel Register

director.

There have been a lot of people on the Morton Plant staff who have held high-level offices. Dr. Kay Hanley served a term as president of the Florida Medical Association. Dr. Karaphillis was head of the state urologists. I was head of the state ophthalmology society. The staff has had many people like that. We have had a lot of presidents of the county medical society, such as Dr. Michaelos.

Morton Plant was always one of the leading hospitals in the county. It was relatively small, but it was the largest one in the area. The population was small and the hospital was small, but the quality of care was just as good as it is now, relatively speaking.

In ophthalmology, the two or three biggest developments have been cataract surgery and the advent of intraocular implants. These are substitutes for the lens of the eye, which you remove when you do a cataract operation. The lens is the refracting part of the eye, the part that does the work. So essentially, you remove it and replace it with an intraocular lens. That's been a major change in all of ophthalmology worldwide.”

— Dr. Samuel Register

# 'My hospital'

“**W**hen I arrived in Clearwater to set up practice in October 1954, Roger White was the administrator of the hospital.

There were 75 physicians on the staff. We now have 360 and the quality of the medical staff has improved almost continuously. There has hardly been any period that we haven't improved the quality of our staff, either through the increased specialty coverage, or because of the type of people that we had, including members of the hospital management and the nursing staff.

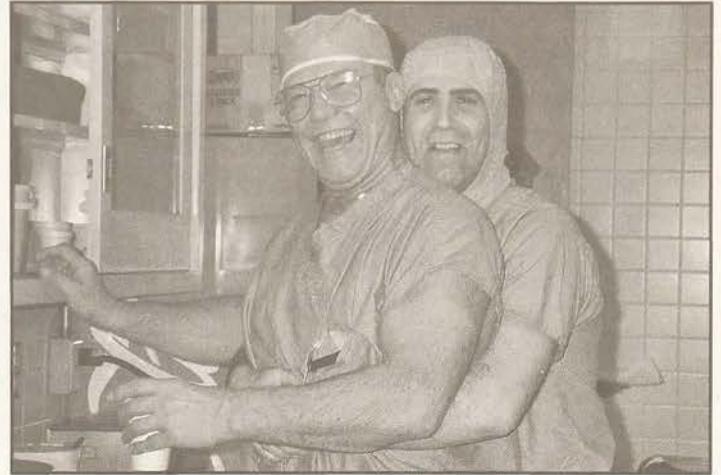
It was certainly a tremendous boost to us when Mr. Houtz came to Morton Plant.

We didn't have a critical care area when I arrived here. All the patients went back from the Recovery Room following surgery.

Dr. Charles Lasley had a great deal to do with the establishment of the original intensive care unit. Later, I had the opportunity to serve as chairman of the intensive care area, which encompassed the cardiac care unit. Through the support of the nursing staff and the physicians, we were able to continue to make improvements. Our success was due primarily to the expertise of the nursing service and the willingness of the medical staff members to teach and to improve our quality of care in intensive care.

This is the reason we have been in the forefront in providing quality care.

I can't get away from feeling that the hospital is not just bricks and sticks and telephone wires and stainless steel boxes and metal containers and diagnostic tools. The hospital is people. I think you could



**Dr. Wm. Wade Hatcher (left) gets a bear hug from Jack Giarratano, R.N., on Doctors Day 1989.**

take the people presently serving in our Auxiliary, which is so important to our work, or administration or nursing or the hospital medical staff, to some Third World country. You could put them down in a building and they would soon have created the same type of institutional personality they have established here.

So I think the values of the hospital really arose out of the values of the community.

I am thankful that we have such high quality board members and other volunteers spending all the time that they do in helping my hospital survive. And I'm proud to say 'my' hospital because it's where I work; it's where I live; it's my place of business. They do it as a community service. I do it because it is what I love.

I think this hospital will survive because we have tremendous community support. I don't know that we could survive without the help of the Foundation and all the community support.”

— *Dr. Wm. Wade Hatcher*



**Johanna Glacy- Araos, the hospital's first bacteriologist, in the 1950s. Nationally known in her field, today she is chief microbiologist.**

## Available 24 hours a day

**“**I am the chief microbiologist and have been here for 36 years. To work here when I first started, you had to be available 24 hours, seven days a week. You were on call every other night, and you worked every other weekend. You did not get paid extra money. You were dedicated.

Dr. Patterson was here, and he had all of this area — this was back in the 1940s. He serviced this hospital, and Mound Park which is now Bayfront Medical Center, Mercy Hospital over in Tampa which was for the black people, and Tampa Municipal Hospital which is now Tampa

General. We also did work for St. Joseph's Hospital and Moral Memorial in Lakeland which is now Lakeland General and Centro Asturiano and Centro Espanol in Tampa.

When I came, I was the Laboratory. We had to go to the floor, collect the blood and also after you finished your work, you had to take the report and place it on the patient's chart. We did everything every day and, incidentally, we also had to clean our dirty glassware. I think that medicine has really advanced at this hospital.”

—*Johanna Glacy-Araos*  
Chief microbiologist

# The people make the hospital

“I think Morton Plant is a fine hospital. One of the very finest. You know, it’s the people who make the hospital and it’s always been a good hospital.

Dr. Charles Lasley was the one largely responsible for the development of respiratory care and also the heart program. He was largely responsible for the heart era, being a thoracic surgeon himself.

There was another physician who

has been a very good contributor — Dr. Jerry Siek. He’s brought the finest orthopedic people into this area, and almost all of them came to work with him. He brought in men from Massachusetts General and the Cleveland Clinic. He is the one largely responsible for us having really good orthopedic program.”

—Dr. John Goodgame Sr.

## ‘Flat as a fritter’

“I was at Morton Plant Hospital from 1955 to 1980. I was the chief engineer. In all that time we never built a building that cost more than what we said it would. We didn’t overrun any of them. The Barnard Building came in under \$10 million.

When I came to work, they didn’t have any money: they were flat broke, flat as a fritter. In fact, I used to put my paychecks in a drawer at home and keep them. Every once in a while Ted Jacobsen would say, ‘You can cash a couple of the checks next week if you want to.’

Ted would have to go to the bank every two weeks to make payroll. The supplier of instruments would come in with the instruments in one hand and the bill in the other and say, ‘If you pay the bill, I’ll give you some instruments.’

Downtown Clearwater boarded up in summer. Stores just didn’t stay open, we just opened for the tourists. We had less than 100 beds when I came. We had the 1915 building, the 1941 building. The

Roebling Building, that was built in 1953, had been finished and it wasn’t really open.

Well, when we were building that 1959 building, we built what was called the Sunshine Annex. It used to be in front of the boiler room. I think we had 42 patients there with a common wall down the middle, men on one side, women on the other.

Donald Roebling was funny. I worked here for a year before he ever talked to me. When I got hired, I guess I took his toys away from him. He did most of my job before I was here. One day, after I was here about a year, he met me in the hall and asked, ‘What do you need?’ I said, ‘I don’t need anything.’ Later I got a call from Ted. He said, ‘What’d you tell Donald?’ I said, ‘Why?’ He said, ‘He just left a check up here for \$3,000 for you to buy whatever you think you needed.’ Donald was funny that way: If you asked him for something, he wouldn’t give you a damn thing.”

—Charles Emerson  
Former employee

# A clean hospital

“I got started at Morton Plant on Feb. 8, 1957, working with Drs. Gibson Hooten and Steve Mullins. When I first came to the hospital, it was hardly as impressive as it is now. There was a staff of about 20 doctors and the physical plant was really not very attractive.

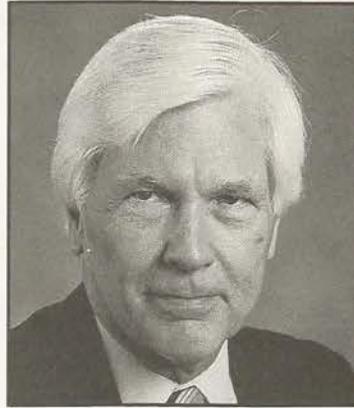
The Cardiology Department, for example, was nothing. I remember Bob Walker and I carried an old EKG machine around; that was the EKG department. Prior to that, if somebody needed an EKG at the hospital, we had to carry our EKG machine over there and then bring it back to the office and read the results. So one of our first thoughts was to start an EKG department, which we did; I think there are about 26 readers in it now. That's fairly large, and it is computerized.

Cardiac catheterization came in the late 1960s. Open heart surgery, the Coronary Care Unit, the CAT scans and echocardiograms, all of this is new.

I think the hospital has been very responsive in buying what the medical staff needs to improve patient care. They find the money somehow, and get it and we put it to use.

It's a tremendously clean hospital. I guess I have been here so long now that I don't know what a dirty hospital is. I have forgotten, thank God; but the young doctors never fail to remind me how clean Morton Plant is. It's picked up; it's not dirty; the walls are painted; the linen is clean.

The prior administration really didn't seem to have a grip on things nearly as solidly as Duane Houtz. He is very organized. He has the administration so



Dr. Lee  
Watkins

organized that some of the medical staff feel he is too organized. But at any rate, I think things are being well administered.

I think a voluntary hospital where you have public-spirited citizens who donate money and the time to make it work, does a better job in serving the community in the long run than one which is influenced by politicians, who come and go, or by religious orders, who have a certain doctrinal bias to their ideas. I still think that the patients are better cared for in a hospital like Morton Plant.

I think Morton Plant Hospital will survive, and I think it will do more than *just* survive. I think it will succeed. We are a voluntary hospital, and as such, we don't have to please anybody except ourselves and the community. We do not have to kowtow to a bunch of politicians.

Our community support is a great asset. The Mayo Clinic took a tremendous hit from Medicare, and they are making up their difference in the same way that Morton Plant is — through the Foundation. People give them hunks of money and that helps them to get by. I think this was what our board had in mind when our Foundation was set up.”

—Dr. Lee Watkins

## **'A knife, a fork and a spoon'**

**“I** started at Morton Plant in December 1958. Katherine Smith was director of nurses. When I came to apply for the job, she said, 'Well, I will have to check with the board about hiring you for surgery.' Then she called me about three hours later and wanted to know if I could start the next morning, on a Thursday. So I said no, but I would start on Monday. And I started in the Operating Room.

There were 12 surgeons at the time. I was doing regular staff nursing in the O.R. until 1959, when the assistant supervisor moved elsewhere and I took over that position. Then, in 1964, Mrs. Burton, who had been the supervisor, left and I took over her duties.

We had four operating rooms in the original building. We did all of the central supply work up in the O.R. at that time.

For the first full year I was here, we did about 3,500 cases. By the time I retired in 1986, we were up to 11,000. My first year, the physicians I worked with were Dr. J. Sudler Hood, Dr. Goodgame Sr., Dr. Buckley, Dr. Karaphillis and Dr. Siek. Drs. Vaughn and Johnson were in GYN, Dr. Guerra was in urology. I knew Dr. Jim Leonard real well, too, because he used to come up to the O.R. for the frozen sections.

There was only one anesthesiologist on staff, Dr. Paul Summers; the rest were nurse anesthetists. Dr. Kottmeier came in 1970. Dr. Dabney followed him very closely and then Dr. Burns came.

They're like a big family in the operating room. One big advancement in the operating room, from the time I was a student, is the fact that all the sutures now are what we call 'swedged to the needle.'



**These operating room facilities were built in 1951 as a third floor of the 1941 Building and served the hospital until 1975, when Surgery moved to the basement of the Barnard Building.**

When they're made, there's a portion of the needle where that suture is put right into it, and it's clamped tight, so when you go to take it out of the pack, all you do is grab the needle and your suture's all ready.

When we moved down into the new suite in 1975, I was in charge of the Anesthesia and Recovery Room and I had about 130 people reporting to me.

I always enjoyed working with Dr. Lockwood and Dr. Buckley; Dr. Goodgame Sr. was always very nice to work with. I enjoyed Dr. Black. Dr. Haygood was here, too.

I grew with the surgeons. When a new man came in, he always had something from his own medical school that he



**Mary Salceies, R.N.**

wanted to do.

Morton Plant usually does not hire a surgery nurse who has not had previous experience, unless she has come up in the operating room. They've been scrub technicians, then LPNs, and finally R.N.s

I have to tell you one funny story. Dr. Kilgore was going to do a total hip replacement. The nurse that was going to be in the room with him the next morning asked, 'What do you want to use for your total hip tomorrow?' He said, 'Oh, give me a knife, fork and a spoon.' Well, the knife, fork and spoon got sterilized. The patient was all draped and ready to go. Dr. Kilgore asked, 'Well, what are we going with?' The nurse laid the knife, fork and spoon on the drapes. You could hear him yell all over the O.R. And with that she said, 'I'll teach you. When I ask you a question, you will answer me properly.'

I think the nurses care more now. Not that we didn't before, but it's more of a personal thing now. Because you talk to patients. And they're not so sedated when they come to surgery that they cannot respond."

*—Mary Salceies, R.N.  
Former employee*

**In brief . . .**

**First records librarian**

CLEARWATER, FL — March 3, 1951 — In an effort to comply with newly established state educational requirements, Morton F. Plant Hospital has appointed its first registered records librarian.

Hazel DeRemer recently completed the additional training required for the position. She took a voluntary leave of absence from the hospital to enroll at the University of Pennsylvania, where the training program was offered.

Except for military service



**Hazel  
DeRemer**

during World War II, Mrs. DeRemer has been a member of the Morton Plant nursing staff since 1937.

**First ward clerks were volunteers**

CLEARWATER, FL — June 5, 1951 — Mary Roley Sackheim became the first volunteer ward clerk at Morton F. Plant Hospital today.

Mrs. Sackheim gives credit for the idea to Morton Plant physician Dr. Gibson Hooten who, she said, had seen a similar program in use at Emory University in Atlanta.

Ward clerks assist the nursing staff by performing record-keeping and other administrative tasks. At Emory University, ward clerks are used on every floor.

Mrs. Sackheim is the wife of Maxwell Sackheim, noted author and a founder of the Book of the Month Club.



**Mary Roley Sackheim**

**In brief . . .**

**A growing medical staff**

CLEARWATER, FL — Oct. 9, 1951 — The medical and surgical staffs of Morton F. Plant Hospital will be organized into separate groups for the first time beginning this evening.

Dr. H.E. Winchester, who will lead the hospital's medical group, said the first meeting of his colleagues will be held this evening at the offices of Drs. Stem and Hooten.

Dr. Winchester said that changes resulting from the deaths of

two members of the first medical staff and the complexity of managing the rapidly growing medical-surgical staff had prompted the initiation of separate physician groups.

Two of the earliest members of the medical staff, Drs. John Bowen and Lucian B. Dickerson, died earlier this year. They had been appointed to the medical staff in January 1915. Dr. Dickerson was the hospital's first chief of staff, serving from 1919 until 1925.

**First Recovery Room**

CLEARWATER, FL — Jan. 10, 1954 — From now on, patients recovering from surgery at Morton F. Plant Hospital will be accommodated in a special Recovery Room in the newly completed Roebbling Wing.

Announcement of the opening of the hospital's first Recovery Room was

made today by administrator Ted Jacobsen as he led visitors on a tour of the new three-story addition.

Elinor Robertson, R.N., has been named supervisor of the Recovery Room, which is located in one of the solariums in the new wing.

**First pharmacist**

CLEARWATER, FL — September 1954 — Morton F. Plant Hospital has announced the appointment of Robert Beckner as the hospital's first pharmacist.

Beckner will assume responsibility for establishing a central location for the storage and distribution of drugs for the hospital.

Prescription drugs have been compounded for the hospital by an outside supplier at a pharmacy on South Fort Harrison Avenue and



**Robert Beckner (right).**

ordered as needed.

The Drug Room has been under the supervision of Anna Johnson, who will continue to be responsible for managing the hospital's Central Stores operation.

**In brief . . .**

**First dietitian**

CLEARWATER, FL — Sept. 1, 1955 — Better nutrition will be the watchword at Morton F. Plant Hospital from now on with the arrival of Dixie Baker, the hospital's first graduate dietitian.

Miss Baker comes to Morton Plant from High Point, N.C., where she earned a

master's degree.

She will be joining a dietary staff which includes Laura Rowe, who joined Morton Plant 28 years ago. The hospital's first cook was Fannie Smith, whose 10 children often helped with chores in the hospital's kitchen.



**Proud of their new profession — the first graduating class of LPNs.**

**LPNs graduate**

CLEARWATER, FL — September 1958 — Graduation ceremonies were held at Morton F. Plant Hospital today for 16 students who recently completed the hospital's first program to train licensed practical nurses.

Under the direction of superintendent of nurses Lilly C.

Foley, the program was launched in September 1957 after a year of planning, and combined four months of classroom study with eight months of on-the-job training.

The four months of classroom studies were taught by Ann Douglas, R.N.

**In brief . . .**

**The first nursing scholarship program**

Katherine T. Smith, R.N. (seen here with retired supervisor of nursing Lilly Foley in the 1970s), was named Morton Plant's director of Nursing in 1960, and held that post until Jan. 1, 1973. In the late 1950s, a nurses loan fund — named in honor of Miss Smith — was begun. It continues today, and provides loans of up to \$1,000 to nurses who wish to continue their professional education.



The iron lung presented to the hospital by the Lions Club in 1940 rides with a blood bank display during the Clearwater Day parade in 1950.

## Chapter 4

# The hospital grows up: 1960-1977

**O**n May 4, 1964, Morton F. Plant Hospital acquired some badly needed elbow room when the one-story Morrow Pavilion opened. The \$350,000 structure, which was somewhat isolated from the rest of the hospital, was originally designed as a psychiatric unit but ended up housing X-ray, storeroom space and 50 non-psychiatric beds, raising the hospital's patient capacity from 215 to 278.

But the construction of the Witt Building in the 1960s was Morton Plant's turning point — from small-town hospital to major metropolitan health-care center. Completed in 1967, it increased the hospital's bed capacity from 278 to 501.

Most of the money to build the Witt Building came from the estate of a woman who had never even seen the hospital. Wilma Lucille Witt, widow of Hav-A-Tampa cigar manufacturer Eli Witt, was encouraged to make the hospital her

beneficiary by her friend, Dr. Grace Parr, who was on the Morton Plant staff.

In a will dated Nov. 24, 1959, Mrs. Witt bequeathed her entire estate of \$2.4 million to Morton Plant; she died soon after on Jan. 1, 1960. Months of legal wrangling followed when the family contested the will on the grounds that she was incompetent when she made it.

F. Kiernan Schoonmaker, then with First National Bank of Clearwater, recalls what finally broke the legal logjam.

"When Mrs. Witt passed away, we were made aware that she had executed a will and had named First National Bank as her personal representative.

"I went to Tampa where Mrs. Witt had been living in the old Tampa Terrace Hotel. In going through her papers, I found a slip of notebook paper in which there was a column of figures. I wondered what in the world those figures meant. For some

## *The Spirit of Morton Plant*



Construction of the Witt Building was underway in March 1965. For the first time in 50 years, the hospital's front door was closed when it was moved to the outpatient entrance of the Roebing Building (center right). The Morrow Pavilion (far right) was completed in 1964. When the 1915 building was torn down (note the porches at far left), nostalgic residents rescued door knobs, bricks and even the front door from the wrecking crew.



**The nearly completed Witt Building, seen here in June 1966, gave the hospital a modern look.**

reason, I kept the little slip among a lot of other papers I found in the room.

"I decided to get a copy of the *New York Times* for the date of her will and see what the market prices were on her stocks. So help me, when you took the number of shares of each company she owned and multiplied by the figure on the slip of paper, you could see that the value of that stock was the same as the value of her stocks on that day — which was within a few days of her death!

"I brought that information to counsel, and we also determined that the list was really in her handwriting. When the judge rendered his decision, he commented that in his opinion, Mrs. Witt must have been competent because she had done better in arriving at the value of her assets than he could have. And so that is how we got the Witt estate."



**The 50-bed Morrow Pavilion gave the hospital some badly needed space in 1964.**

## A hospital in transition

“I came to Morton Plant out of graduate school. Ted Jacobsen was the administrator. In December 1960, I was named administrator. It was a very happy period to be in the hospital business because there was dynamic change: Modern medicine really came to the forefront in the 1960s and 1970s.

The only progress made since the early 1930s in hospital care came as a result of treating all the wounded in World War II. Penicillin, for example, greatly changed health-care practices. Then, with development of other antibiotics and anesthetics, surgery came into its own. Until that time, surgery had been pretty rough.

When I arrived at Morton Plant, there were 135 beds. None of the hospital was air conditioned except the OB

department. Most of it was in the original 1915 two-story wooden building. It had a wooden staircase and an elevator, but you could just barely put a bed in it.

We didn't have enough side rails to go around every night. The night supervisor would decide which patients were sicker and put the side rails on the sicker ones. The hospital was also segregated in those days. Blacks used the same operating room and the same recovery room, but then they went down to the colored ward. The obstetrical service was separate, too. White babies in one OB and the blacks in another. They had separate nurseries.

There was no such thing as intensive care. The recovery room stayed open until 11 or 12 at night. After that, patients were sent back to their rooms. There were no cardiac units, no respiratory therapy; the

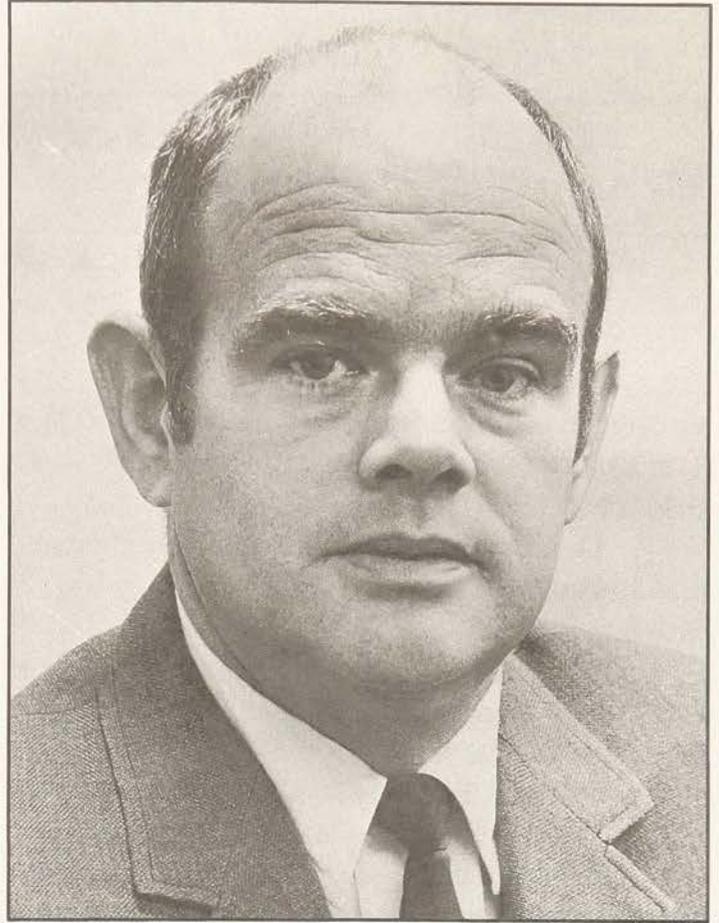
laboratory and radiology were very primitive; no imaging in radiology — just bare bones medicine. We had very few specialists. A few board-certified surgeons joined the staff, Drs. Lockwood and Buckley. Dr. Jim Leonard came to town about that time in Pathology. Prior to his arrival, we had no Pathology Department in the hospital at all. All the work was sent to Tampa. But in the early 1960s, things started to develop; we got into much more sophisticated diagnostic work.

I remember the first blood analyzer that Jim Leonard got. It was an automated machine called the SMA and cost \$2,600. It was one of the biggest single expenditures we had ever made in the hospital. I can remember taking people on tours and bragging about it. You could have bought a Ford automobile for the same price.

The advent of electronics was a big, big step forward. Radiology made a big push forward getting into more sophisticated bigger, stronger X-ray machines, which could do more diagnostic procedures. Next came a big breakthrough in cardiology. The 24-hour Holter monitor took the place of the EKG machine. Then we got into heart catheterization, which led to more surgery. Radiology and pathology were two of the big steps.

Next came the specialized treatment center, which dramatically revolutionized the whole health-care field. With that, the hospital developed and grew, and the bigger the hospital got, the more money it had, or the more money it could generate to buy sophisticated technology.

Most residents of Clearwater were covered by insurance. We had a lot of wealthy retired people. The employers we had were Sperry Rand and General Electric, large companies. They all had good insurance programs. We had very few 'poor people' or medically indigent. At that time,



**Roger White**

we were able to take care of the poor people with the Charity Ball and similar efforts. We would write off a good bit of money every year, but it wasn't staggering. So, Medicare did not help us the way it did a lot of other portions of the country. It did pump billions of dollars into health care, and it helped make possible much expansion, development of equipment, the sophistication, the refinement.

General Harrison was one of the finest men I ever had the privilege of working with. First of all, he was a gentleman, a consummate gentleman. He was an educated man, but a very down to earth person. He was very interested in the hospital and he devoted hours and hours to it. He was a very good president of the board.

After World War II, a number of fine

---

*'I'm proud to say that I coined the expression identifying the employees as 'the heart of the hospital.'*

---

young physicians joined the staff. Dr. Bill Tench, for example, in cardiology and medicine.

Dr. Charles Lasley was a real shaker and mover. He brought heart surgery to Morton Plant.

And then Drs. Hatcher, Buckley, Lockwood and Register came. We had some fine orthopedic men come in, too, Drs. Jerry Siek and Bill Kilgore.

We got lucky because Morton Plant was an attractive place to come to. Doctors started coming in numbers, and so the medical staff kept raising their admission standards. Eventually, you had to be board eligible to get an appointment, which was very rare. We were in a position of being able to pick and choose, and we did.

We got the pension program started in the early 1960s. We got a credit union underway, too. We were never leaders in the state of Florida in the salary we paid, but we were always competitive. We were leaders in providing benefits in the hospital field. That made our employees happy. They had a future and were secure. Since we had a lot of long-time employees, we developed the 'Old Timers Club.' Anybody with more than five years service could be a member. And we had a banquet every year for them. We'd single them out and recognize them in other ways, too. We were big on giving pins and honoring long-time people.

I'm proud to say that I coined the

expression identifying the employees as 'the heart of the hospital.'

Among trustees who had a great impact on the development of the hospital were General Harrison and John Messinger. Ed Barnard was also an outstanding man. He was our construction expert. The Witt Building was the last one that Barnard worked on. He was a fine gentleman and a natural teacher. I came here as a young man, and he helped polish me quite a bit and took some of the edges off. Harold Hoefman was a very high level executive and good leader of men. Bill Wells was an outstanding president a number of years.

Those are some of the individuals who stand out in my mind. I don't mean to short other people who served on the board. Vernon Burkett followed Barnard as chairman of the Building Committee. Burkett took over on the Barnard Building in 1974.

At that time there was no Foundation. We had a fund drive every time we started a new building, and there was no effort made to get an ongoing sustaining fund-raising program.

The board of trustees has been very conservative over the years. I can remember arguing with them when I wanted to generate a surplus. They said, 'No, we're a non-profit corporation — we can't.' I had worked like hell to get them to fund depreciation. They wouldn't at first. I said, 'Well, you know we need new beds,

new tables, a new stove in the kitchen. Who will go out and raise money?' When Medicare came in fund depreciation both for the plant and equipment was an allowable cost. So then, the board quickly changed their minds. The board used to get mad at me if we showed more than a 1-percent profit. Then we got to where we would factor in depreciation as a cost of doing business, add it to the room rate, and the end of the year, you'd have a couple hundred thousand dollars to go out and buy new equipment.

We had an enlightened board which truly represented the community, had the community at heart, and had no other motivation, no other interest except trying

to do good. I guess the word, 'do-gooder,' isn't always an accepted word nowadays, but they were 'do-gooders,' and to a great extent so was the medical staff, too. In those days, it was absolutely no problem if we got a charity patient. I could call any doctor in town, depending on what this patient needed. I could ask, 'Will you take his appendix out? Will you operate on his brain? Will you fix his leg?' And they would say, 'Sure, no problem.' Of course, we were dealing with a smaller community then and a smaller population, but I think they had an altruistic interest."

—Roger White  
*Former administrator*

## Giant steps in radiology

“**W**hen I came in 1960, there were two X-ray techs, one half-time secretary and one transporter. I was the only physician.

Dr. Hammond Graves, who was a radiologist, had been here before me. He was trained by the Army and was what we called a roentgenologist. The distinction was that he just looked at X-rays; I also did X-ray treatments.

I have pursued two separate paths during my time at Morton Plant, and who knows which was more important in the long run? One was my association with the X-ray department, helping to bring in new equipment and young doctors who knew how to handle it. And probably this was my greatest contribution. The other was my involvement in education. This was my hobby. And perhaps in the long run, it may

be more important than the X-ray department.

I always felt there was more personal attention to patient care here than at other good hospitals I have known. I think that Morton Plant people have a real pride about their work in this institution. And it is transmitted to the patients. And I also think the patients take pride, and the community takes pride in having this kind of hospital.

I think it's something that is a tradition that was present 30 years ago. We perhaps took it more for granted back then.

There were and are some fine doctors on the medical staff who made it their business to keep this hospital on the cutting edge of development. One person who is retired now is Dr. Charles Lasley. He was always pushing for new programs.

Another such person was Dr. William Tench, who passed away some years ago.

I think if Morton Plant shouldn't survive, 90 percent of the hospitals in the United States won't survive. I've been here now 30 years. From the time I came there were always people who predicted that the hospital would close, and the medical staff would not have enough work to do, or maybe find work to do, but not get paid for it. None of this has happened. We are doing more complicated procedures than we ever thought of doing in a community hospital. It's wonderful to see Morton Plant Hospital doing reasonable well financially.

I think we have reached a plateau in medical advances. I thought CT scanning would be the ultimate, and now MRI has surmounted CT scanning as the diagnostic tool. I think MRI is a tremendous advance. We will probably stay at this level for some time, and more or less digest it, and see what we can get out of this kind of equipment before we take another step forward.

Americans had the idea when I came here, and in the years afterward, that if you got sick, you just got some pills or some surgery and went back out and did exactly the same thing you did before, which brought on the condition in the first place. Now I think we are finding out, for some of us the hard way, that we have to take care of our own health and doctors can help, but we have to be part of it also.

The emphasis on wellness, preventive health care, has been a major change for the good.

I've been in the forefront of the wellness movement in working with the medical education program. We know that if people do only 20 minutes of exercise a day, which isn't an awful lot, there is a significant improvement in their health picture.

I think there was a period of time,



**Dr. Alfred Schick**

perhaps toward the end of Mr. White's tenure, when there was a fair degree of suspicion between the medical staff and the board. I think the medical staff felt they were not being consulted on planning for major campaigns or major additions. Over the past few years, the hospital has made a very concerted effort to involve the medical staff in the decision making process, and I think the medical staff has responded in a very positive way.

Morton Plant has always stayed up with the state of the art. Now, perhaps at one time, we didn't have as big a department as some hospitals our size. But the quality was there. And I made sure that the kind of associates I brought in was of high caliber.

I think we are the best hospital in the northern part of the county for radiology. I think Bayfront Medical Center has a fine group of radiologists, and it probably is right in the same league."

—Dr. Alfred Schick  
*Director, Medical Education*



**Annie  
Miller, R.N.**

## Increased responsibility for nurses

**“**In September 1959 I began working full time. I’ve been here ever since. When I first came, the hospital was not integrated, it was segregated. I worked on the segregated unit for about two years as the assistant head nurse. Then I became part of the IV Team and worked on that for 16 years. I was the head nurse there for 10 years before I took charge of the Mobile Nursing Unit.

The main thing that I’ve felt all these years is that, although sometimes I didn’t receive the answer I wished and wanted, people were basically fair. They were honest; they told me up front if I couldn’t have something.

The director of Nursing when I came was Katherine T. Smith. I remember her telling nurses that they had to work where

they were assigned. She said, ‘You either work there or you go home and don’t come back.’

When I first left nursing school, the expectations weren’t as great. You were supposed to take care of the patient, do the dressing, put in Foley catheters and that sort of thing. Now we’re expected to know *why* we do this. We’re expected to *assess* — not just do the task. Back in 1959, we were not taught to assess the patient, to listen for lung sounds, breaths and heart sounds, to read monitors, to know all the things that the doctor knows. Now, we can tell the doctor what he wants to know rather than just take orders.”

—Annie Miller, R.N.  
Nurse manager  
Mobile Nursing Unit

# Integration

“I came here in 1961 and I think the community has really supported us. The same is true of the board of trustees. They were and are sincere in really making this a better place. I don't think the problems we see today are Morton Plant's so much as the forces that are now controlling everything in medicine.

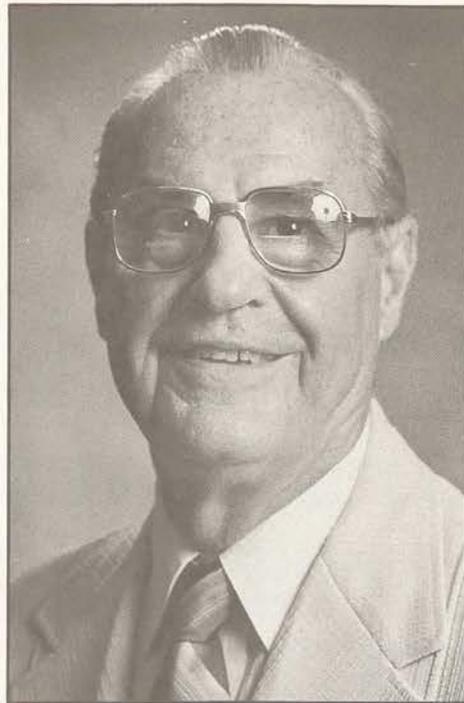
At one time, Dr. John Haygood and Dr. Black did most of the surgery in this hospital. The staff used to plan their vacations in the summer around when Dr. Haygood was going on leave, because he and Dr. Tench would just keep this place full.

In those days, we had maybe 200-250 active beds. Dr. Tench and I would carry anywhere from 40 to 70 patients between us. Out of a medical staff of 20 to 30, we would admit almost half of the patients.

I think the black ward was the best-run from a nursing and care standpoint. In fact, it was the best-run ward in the whole hospital. If I had been sick, I would have wanted to be there.

The patients were very appreciative. The nursing staff liked to take care of them, because they would do what you told them to do.

They loved it down there. And they got great care. When the orders came to integrate, there was a lot of 'to-do.' Finally what happened was they got P.J. Rowe, a black orderly, who had worked in the hospital for years, and made a patient out



**Dr. John Shuttleworth**

of him. They put pajamas on him, moved him upstairs and laid him in a bed. Then they waited with bated breath, because it was a two-bed room, and they wondered what would happen when the first white person came in.

Some white patients did sign themselves out. But we got through it.

Dr. Tench had all his patients in the Sunshine Annex. He liked the odd, off-the-beaten-path sort of thing. So he had his own private wing, which he thought was great. He took great care of those patients, and they all wanted to get in there.”

—Dr. John Shuttleworth

## Emergency Room duty for 15 years

“I was the 52nd physician on the staff when I came here in September 1962. There weren’t many internists here then: Drs. Lee Watkins, Jack Shuttleworth, Bill Tench, Gibson Hooten. In those days, you had Emergency Room duty for two weeks at a time; you pretty well had to go whenever they had a problem. We were all delighted to get off Emergency Room duty after we had been on the staff for 15 years.

I’ve seen a lot of advancement in cardiology. We used to have to rely on the stethoscope, along with the clinical history of the patient. Now we can define, in an accurate way, the actual anatomy of where blocks occur in the arteries of the heart, and then come up with a plan for how to treat them medically, or with balloon

angioplasty or surgery.

I remember taking a portable EKG when I would make housecalls — I did EKGs in the home.

We used to see a lot of congestive heart failure — that was one of the major conditions that brought me to the Emergency Room. People would be in heart failure and you would try to get them out. You could do some things that were life-saving. You don’t see that quite as often now. It still exists, but the condition is picked up long in advance and can be followed more accurately.

I really think Morton Plant is devoted to good patient care. When I first came here, I used to wonder if I came down with something real bad, a brain tumor or

whatever, whether I would go back to my alma mater.

I used to send patients to the University of Florida or the University of Miami when they had some complicated problem. Now I don't even keep contact with those institutions. I rarely send anybody anywhere, because we can just generally take care of whatever is needed at Morton Plant.

You have to give Roger White a lot of credit for our progress. He gave us a large part of his career and was a very capable administrator. Duane Houtz has seen the overall picture better than almost anybody I have ever known.

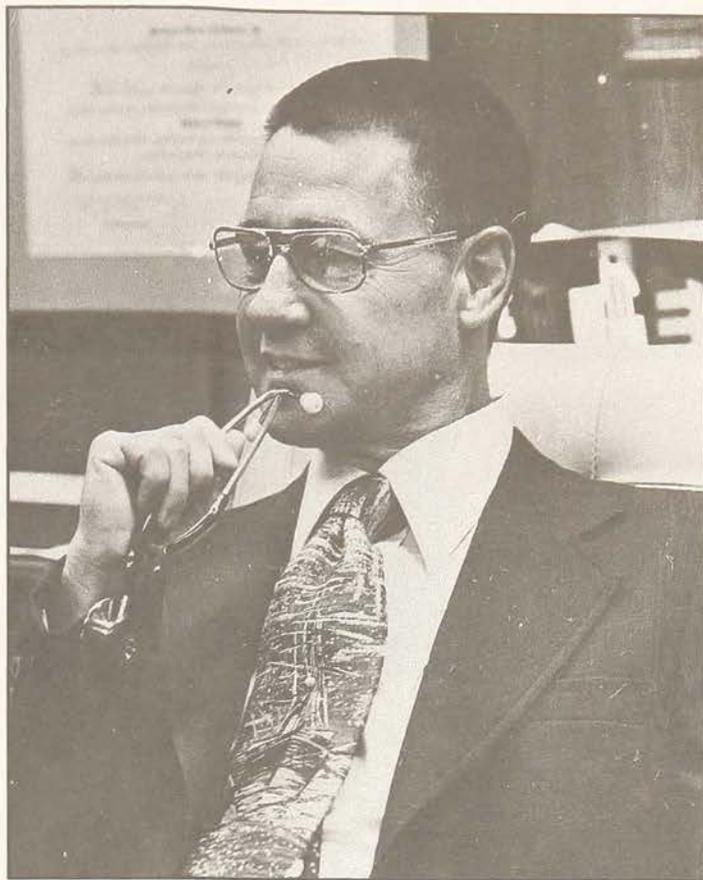
I think that the turning point for the hospital probably came about 10 to 12 years ago. I break it down like a lot of other people do, which is before Duane Houtz and after Duane Houtz. Since he came, there has been a gradual tightening up of Medicare control. Before that, and for a while after he came, there was just an open-door policy for patients. But things have gotten tighter, and Duane has done everything he possibly could to promote the welfare of the patients. It has been really a period of tremendous growth, when you consider all that has been going on.

We have had some outstanding members of the medical staff. Dr. Norman Tarr added a great deal of dignity to the position of medical director. He was outstanding.

Dr. Jim Leonard comes to my mind as an outstanding physician and physicians' friend. Everyone seemed to be able to talk to him. He is a highly respected man, one who deserves it.

Dr. Al Schick is a notable fellow. He did a lot for the Radiology Department.

Everybody knows Dr. Wade Hatcher, singing as he goes through the halls, glad-handing everybody. He has exerted a lot of influence. I remember, when Dr.



**Dr. Byron Smitherman**

Moles was breaking with the hospital, there was a lot of politics going on. Dr. Hatcher had worked with Dr. Moles, but Dr. Hatcher made a commitment that he was going to stick with Morton Plant. Dr. Moles left and eventually developed what became Largo Medical Center. Anyway, Dr. Hatcher has done a lot for Morton Plant and has been extremely popular.

Dr. Kilgore has had an outstanding reputation over the years in orthopedics. Dr. Lee was the orthopedist here for quite awhile before the other guys came, and he was always respected.

One of the finest people though, that I ever knew, was Dr. Fred Tucker. He was really a gentleman.

Dr. Lasley is a great physician. He contributed substantially to Morton Plant; he helped to get the first heart team going that ultimately did open heart surgery."

—Dr. Byron Smitherman

## Early orthopedics

“In 1962, when I came here, the hospital was small.

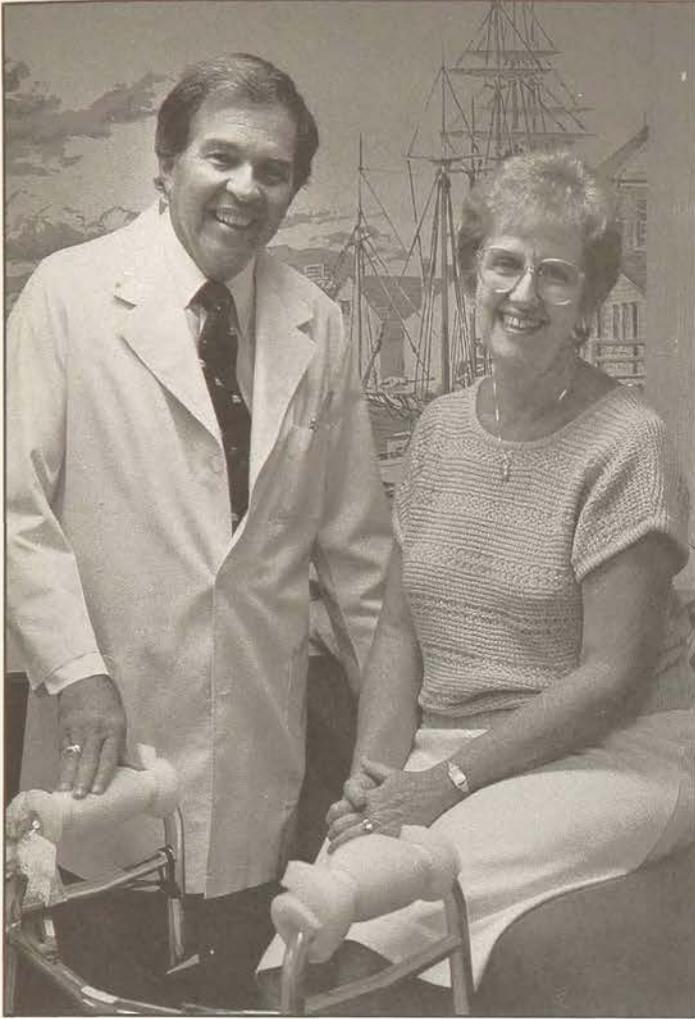
Down in the basement by the Physical Therapy Department, there was a long narrow closet about four feet wide. You went in this door, and you went all the way back, and there was one 60 watt bulb hanging from an old electric cord in the ceiling. And to your left was a bunch of bins, and it looked like the same kind of bins that you see in any kind of ironmongers shop. That was our equipment room. When I got here, we had no traction nurses. Now, we not only have the nurses, we have a large equipment room for all of our various traction things.

Our first orthopedist in town was Dr. John Lee. Dr. Siek came about 1957, followed shortly by Dr. Tucker in 1958. I

was the fourth to come, and after me came Dr. Patrick Logue. Dr. Morris was next, then Dr. Schuele and Dr. Barrett. Today, there are 14 or 15 orthopedic people.

I came from the Campbell Clinic in Memphis, where we had been using power equipment, driven by nitrogen, especially in doing arthroplasties of the hips and the reconstructive-type procedures.

Everybody here was still doing everything by hand, so I asked a salesman to bring one of the air-powered instruments around. We showed it to all the orthopedists. They said, ‘Well gosh, we don’t need that, we’ve got perfectly good hand tools.’ The only way I could get the instrument in the hospital was to guarantee the salesman that if, in six months, all the orthopedists weren’t using it, I would buy it



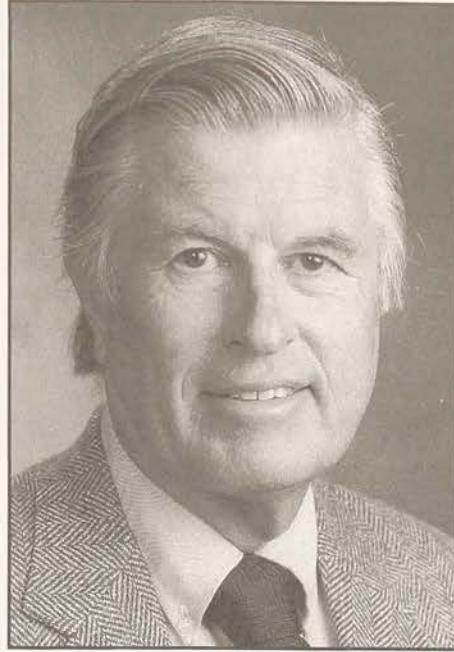
**Norma Brower fractured her hip in Italy in 1985 and insisted on flying home to Dr. William Kilgore and Morton Plant for treatment.**

myself.

Six months later, I couldn't get to use it because all the senior physicians were. I also bought a hand operating table, since the field of hand surgery was just beginning to bloom at that time.

We didn't have an intensive care unit. Dr. Charles Lasley, who was a thoracic surgeon, Harvard educated, and a very fine all-round surgeon, came up with the concept of an intensive care unit. That unit was formed over in the Roebling Building on the top floor.

Dr. Lasley was also the father of the Respiratory Therapy Department. We had no inhalation therapy; there was no



**Dr. H. Gerard Siek**

respiratory medicine service; there were no respirators; and there was no intermittent positive pressure breathing for our post-operative patients.

Dr. Lasley worked to begin the cardiovascular program at Morton Plant. We had no heart surgery program. He was the man who actually got the program established and got it working. It was much later that Dr. Wheat came to town, followed by Dr. Murbach and Dr. Deal and others.

The next thing that Dr. Lasley did was actually design the new Emergency Room at the hospital. He drew the first rendering of that Emergency Room — his was the initial concept of the one that we have right now.

The biggest thing we have seen happen in orthopedic surgery, I guess, is the advent of total joint replacement procedures."

— *Dr. William Kilgore*

## Breathing easy

“We didn’t have a Respiratory Therapy Department when I came in 1956. There was an orderly by the name of Mr. Murphy. He had some equipment stuck in a broom closet in the basement, and he was the Respiratory Therapy Department. He had an old resuscitator — one of these ‘off and on’ click machines that he could bring out, but actually it was a pretty ineffective piece of equipment to ventilate anybody with.

We had to hire Richard Sullivan, who was a trained registered respiratory therapist. He had about three employees. This was back in the late 1960s. Roger White called me and wanted to know if I would help establish a respiratory therapy department. I was busy at the time trying to get other things done. I had been

given a task by Dr. Larry Buckley to draw up plans for the first intensive care unit. I was involved in lots of work, too, and really didn’t want to do it; but I said I would, only if I had a chance to look around and devise what I thought was a good respiratory therapy department, and if he let me turn it over to a medical pulmonary doctor when he came. This was about 1966. I think Dr. Brian Salisbury was the first one to come in 1970. I agreed that I would teach a class twice a week to the respiratory therapists and supervise them — something like 30 hours a month or more. It was imperative to me that the respiratory therapist be able to draw blood gases and arterial blood gases, which we didn’t have the authority to do then.

I agreed to instruct them individually



**Dr. Charles Lasley with a respiratory therapy student.**

and be responsible for their being able to draw blood gases. It ended up that I kept a log of the requests we had in the middle of the night and at other times of the day, and how long it took to get somebody on lab call in to the hospital. It would run three or four hours before we could get a specimen report, which really didn't help. So, armed with that evidence, I got Dr. Leonard to OK the laboratory relinquishing arterial blood gases to the respiratory therapy department. That was a big development, and we ended up with about 33 employees. It's been an important and good department.

Dr. Stan Moles helped tremendously in getting the Coronary Care Unit set up. He'd done a lot of work in it up at Duke before he came here, and he worked his head off trying to get it set up here. Gary Watts helped indirectly with the cardiac surgery here.

Stan came to me and we talked about

the cardiac surgery, and he decided that he was ready to put in a cath lab at Morton Plant. I didn't think we were ready then, and coronary surgery had not been developed. It was in 1968 that the first paper was given from Cleveland Clinic. We did our first case in August 1975. Dr. Eubanks was already here and doing heart catheterizations, but no surgery.

We got the program going, and it's an excellent program. We had beds in the hall when there was a big overflow. When we got into really bad trouble, there would be beds in the hall and out on the sunporch and everywhere else you could think of. Then the Fire Department came along and said, 'No more beds in the halls.' So that's when the board put a moratorium on admissions..

When the Witt Building first opened, that took a load off things for a while, and the Barnard Building was the one thing that changed things."

— *Dr. Charles Lasley*

## **A matter of dignity**

**“**In the 1960s, I guess I was about the first doctor to have an integrated waiting room. I had a Southern woman as my receptionist. And the principal of the black high school came in and my receptionist was calling her Susie Jane, something like that. And I said, 'This is Mrs. Prescott.' And she said, 'I won't call her that unless you order me to.' And I said, 'That's an order.' ”

— *Dr. Helen Dexter*

# Plugged ducts

“I came to Clearwater with General Electric to build a plant. My office was right next to the general manager of the plant. One day someone — it could have been Roger White — called and wanted to know if the general manager would serve on the hospital board. He said he couldn’t because he lived in Madeira Beach. But he also said, ‘The man in the office next to me lives in Clearwater. And I’m sure he would be happy to be on your board.’ So that is how I got appointed to the board of Morton F. Plant Hospital in 1964.

During the 40 years I worked for G.E., I built six laboratories. I played the same role at Morton Plant Hospital: I represented the hospital, I hired the architect; I hired the contractor and got the building done.

When I first came here, the hospital didn’t pay minimum wage. We were way below. In fact, when the government said we had to pay minimum wage, they gave us five years to work ourselves up to it. Everybody who worked here did so because they were doing something for the patients. You had to be interested in sick people or you didn’t work here.

I have lived in Clearwater since 1956. In those 34 years, I have been admitted to Morton Plant 36 times as a patient.

I can tell you that patient care at Morton Plant is premium. I think this hospital is the finest equipped hospital in Florida. It’s really got whatever it needs. If it’s to be had, we’ve got it. We are always among the first.

I think we have been on the leading edge of everything. Interestingly, I had never run into trouble during my construction experience in industry. I don’t



**Vernon Burkett**

know why, but every building that we built while I have been here has had some kind of catastrophe during the construction. Take the Barnard Building: Things were going along real well there until we got down to the end. Then we couldn’t get the volume of air through the air handling system that we required in the operating suite. We tried everything. We had blowers down there in great big metal boxes, with angled iron frames, with the filters in them and everything. At full power, they boosted the blowers to a level where the building bowed on the outside. We were using them to force air through the system and it couldn’t get through. Finally we got smart. We got a midget and helped him down the duct. He found old mattresses and everything else in the duct. Some workers had crawled up in there and slept during the construction time. We got the junk out of the ducts and everything was fine.”

— *Vernon Burkett*  
*Board member*

## Caring for the children

**“**I have served as chief of staff, on the board of trustees and on several board committees. When I came here in 1965, the Pediatric Department consisted of Dr. Stem, Dr. Meriwether, Dr. Carter and Dr. MacDonald.

Dr. Jimmy Stem was a real leader in our department. He was the first pediatrician and established a standard of quality of care we have all tried to follow. His commitment to the hospital and community, his morals and lifestyle, dictated to us how a pediatrician should behave and perform.

I think all of us also owe a great deal to Dr. Karaphillis. The first month I was in practice here, he called and said, 'I will see you in my office at 12:30 tomorrow.'

I arrived there and, in about 30 minutes, he told me how he felt I should behave as a physician. He was just a marvelous influence.

I think one of the unsung heroes of Morton Plant is Elaine Lowman, who has been here for 30 years directing our nursery. She's a marvelous lady and is strongly committed to the hospital.

I rank Morton Plant very high in respect to community responsibility. I think there are very few hospitals left with the commitment to the community that Morton Plant has. Non-profit hospitals, like our own hospital, are almost fossils. I think we have an excellent medical staff, and administration is very responsive to our needs.

I've never had Morton Plant refuse to admit any patient that I've asked to admit in 25 years. I'm sure I've had many who have never paid a cent, because they haven't paid me either.

The for-profit hospitals don't have nurseries and they don't have a pediatric ward and they don't see children in their emergency rooms. I don't know where the children who could not pay would go if it weren't for Morton Plant's Emergency Care Center.

Pediatricians treat more chronic disease and more acute disease than we used to. Because we have more technology and drugs that we can use by injection, primary pediatric care has been revolutionized.

The antithesis is true, however, in newborn care. Because of new technologies, we're now able to keep more small babies alive and promise a better quality of life. Probably the most exciting thing that's happened to Morton Plant is the establishment of the section of Neonatology. We're now able to deliver and stabilize babies who in the 1960s and early 1970s would not have lived, or would have been sent to other centers for care. The fact that we have neonatologists on campus and nurse practitioners around the clock has truly changed the complexion of newborn care at Morton Plant.

I think that Morton Plant is the cleanest hospital I've ever been in. There's also a lot of friendliness, a lot of caring by the nurses toward the doctors and vice versa. I count Duane Houtz as a very dear friend of mine. He and I were in training together, and I was on the committee that chose him to come here. I think he's provided good leadership.

In the future, we'll have fewer and fewer admissions to the pediatric unit. We will improve and extend our neonatology services. The Women's Center will be a



**Dr. Jean Bennett**



**Dr. James Stem**

benchmark for the county. We will continue our liaison with All Children's Hospital. Pinellas County will continue to be unresponsive to Morton Plant Hospital to pay for any children's services. We're the only county in the state of Florida that doesn't have a county hospital. Morton Plant serves as a county hospital for all the children and gets little or no pay for that."

— *Dr. Jean Bennett*

# 'The biggest delight and reward'

“**W**hen we came to Clearwater and Morton Plant in June 1965, ground had been broken for the Witt Building, and they were digging a big deep hole all around the hospital for a foundation. It was not a very big hospital. I think I was the 72nd doctor on the staff.

It was just about that time that things really began to change. We had the small Emergency Room over near the Morrow Pavilion. The X-ray facilities were very small and adjacent to the Emergency Room. Dr. Schick was here and most of our diagnostic studies were done with just standard X-ray and fluoroscopy. None of the new technologies had come along. The first one was the CT scanner in the late 1970s and that was a phenomenal change. Clearly, the biggest change in the practice of medicine has been the availability of all the new diagnostic studies.

The biggest delight and reward in medicine is in your interaction with the patients. We know more now about their health, particularly in relation to diet and the use of tobacco and alcohol. In 1965, when we examined people, it was pretty much a hands-on exam, made to tackle immediate problems. Today, we are more inclined to look at their cholesterol and ask if they wear their seat belts and how much they drink. We tend to delve into more preventive types of medicine.

Patients have taken more interest in preventive medicine. They're concerned about the possible impact of things in the environment or in their workplace that might have an adverse affect on their health.

The way in which the doctor utilizes the hospital also has changed enormously



**Dr. Joseph Eaddy**

over the years. Back when an Emergency Room visit was \$6.50 and a lot of people had insurance, that wasn't a big deal. Now, when a trip to the Emergency Room costs several hundred dollars, people want to know, 'Were all those tests really necessary?'

You have to prove that what you've done is what you should have done and that the patient really needed to be there.

I think the hospital role has changed an awful lot. Historically, a hospital basically functioned as a sort of workshop for the doctors in the community. I'm sure that when Morton Plant was first built, it was simply put there to provide the things doctors needed to take care of patients. Today, the hospital is a big business. It performs a lot of services to serve the patient in many different ways other than just to make sure there is an operating room available for the person with acute appendicitis.

It's always been a pleasure to be at Morton Plant Hospital. It has a good reputation; it has good criteria for admission to the medical staff; it's primarily a staff of board-certified people. As technology has grown and improved, Morton Plant's been right at the top. We've always had the latest equipment."

— *Dr. Joseph Eaddy*

## A family of co-workers

“I think Morton Plant’s different in that there was a lot of local family-like atmosphere in the past, when I came in 1966. I think a lot of people in the community who serve on the board, and their friends, and the general economic support for the hospital made all the difference. I think another big plus is the fact that at Morton Plant, all these years, if there was a piece of equipment you felt was necessary for your particular surgery, you always felt comfortable in going to the board or to the staff and recommending we get that particular piece of equipment. I’m not talking about something that was a tremendous amount of money, but logical pieces of equipment that would improve your surgery. Even in the library, if you wanted a book that you saw, you could just recommend it and you could get it.

I’ve been in hospitals where you’d have to go through many different departments and end up with a lay person on the city commission deciding whether you were ever going to get a piece of equipment. But, at Morton Plant, you had the feeling that you could get what you really needed to practice the best type of medicine you could.

The board has played a good part in helping. The board here, as you know, has no personal ax to grind. They are donating their time and service, and it’s an honor to be on the board. I think we’ve had some of the top brains in the whole area on our board.

You could go to people like John Messinger or General Harrison and make a request and they would have a positive attitude about your doing it. If it was reasonable, you’d have it done.

Charlie Emerson, the chief engineer, would go up to Camp Blanding, get an army surplus generator, bring it down here and install it so we’d have emergency lights in the operating room, and do this on his own. If I needed an instrument that I couldn’t find, he would try to make it. He was a great innovator, a great mechanic and engineer. He could help you in a lot of ways in the hospital. I think he helped Jim Leonard in making some equipment for the Laboratory, when it was down underneath the stairs. That room wasn’t over 8-by-10-feet. Just a little hole under the stairs. That was the whole pathology laboratory.”

— *Dr. Sidney Sedwick*

# The first kidney dialysis

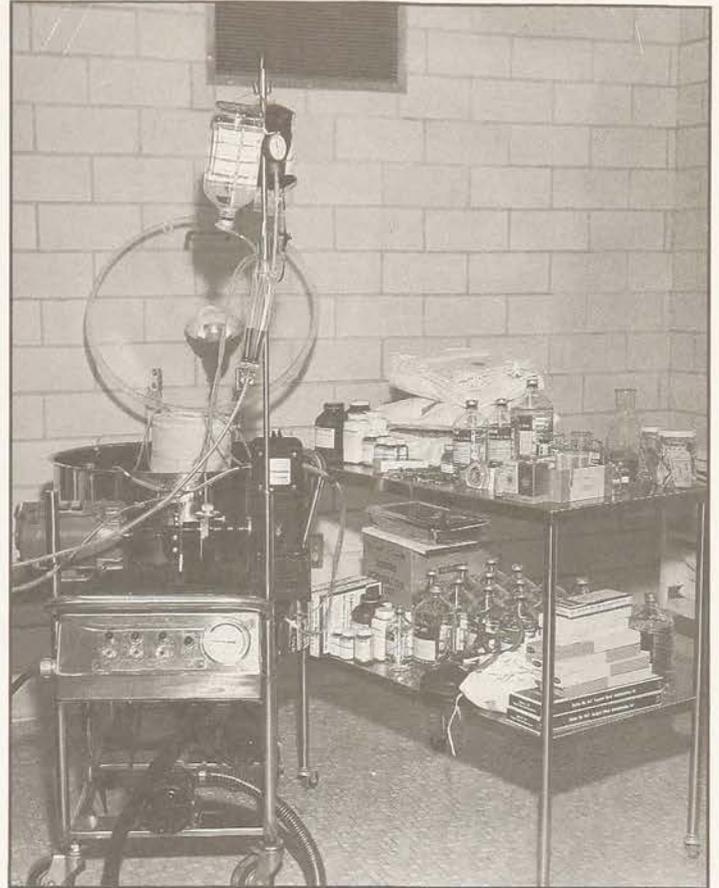
“**W**hen I came here in 1966 no one could run the dialysis machine or knew much about kidney disease. So I became ‘the kidney specialist’ for a number of years. We had an old artificial kidney, one of the earliest models, that somebody had donated when kidney dialysis machines first came out. It was sitting down in the basement, so we got it out and had the pumps checked to make sure it was in good working order, and we used it on a number of occasions.

There have been a number of new pharmaceutical approaches to the treatment of kidney ailments in the course of my time at Morton Plant: the treatment of hypertension, the treatment of anemia, of kidney failure due to pharmacological agents, the use of antibiotics. When a person comes to kidney failure, they have a choice of either chronic dialysis or transplant. The chronic dialysis is done on an outpatient basis, but Morton Plant is still there if a person needs to be hospitalized.

We rarely have to refer anyone elsewhere now. People may go elsewhere because they prefer to, but we have the basic components of what’s necessary for a complete medical practice. Morton Plant is not a ‘10’ yet, but probably an ‘8’. Duane Houtz has been a good administrator. We also have a good medical staff. We have been able to attract very fine people. We live in a great area, and we also have a complete array of specialists.

But it still all boils down to our having a really fine board of trustees through the years and having community leaders who are dedicated to maintaining the best hospital that there is.

I still think that practicing medicine



**An early artificial kidney machine.**

is a very enjoyable profession. I get enjoyment out of seeing individuals and helping them. We’re in a great transition right now — a tremendous transition in medicine. And it all has to do with funding. The quality of medicine, I hope, is not going to get lost in this transition. I do feel we are still graduating good medical practitioners from our medical schools. I still think the people who go into medicine are idealistic enough to help patients and they’re not going into it just for what they can get out of it. If they do, they’re not going to be happy, ever, because it’s never going to be what they expect.”

— *Dr. H. James Free*

## 24 years in ICU

“I have been nurse manager of the Intensive Care Unit since it opened on Dec. 12, 1967.

When we opened we had a single monitor on a platform. Since we had 14 patients, we had to decide which ones we wanted to monitor. We could switch the monitor around, but we never were able to see more than two patients at a time. Now we have a monitor for every ICU bed. We can also monitor different pressures, temperatures and central pressures.

Technology has changed the way we provide patient care. But nursing has changed, too. What you're trying to do with nurses now is develop the individual to be an autonomous professional.

Nurses aren't free to do everything, of course. We're always under the direction of a physician, but we are doing a lot more than we've done over the years.

There was no specialty called critical

care medicine when I first came here.

That's another new trend that started within the past 10 years. Today, everything is critical care. Patients who are not very ill are not in the hospital now. And so that's made quite a difference.

Today we have a Critical Care Committee. Dr. Wade Hatcher was extremely supportive in establishing it and was our chairperson for 12 years. Without his leadership and support, we would not have much of the equipment we use now.

He is a very practical person — able to see the real need.

Our very first chairperson was Dr. Charles Lasley. He actually designed our first Intensive Care Unit. He drew up the plans, and he did everything. He wrote the procedures.

I came here in April 1963, and we opened the first unit in December 1967 on



**Joan Clow, R.N.**

**The new 14-bed Intensive Care Unit opened on Roebling 3 in December 1967.**

Roebling 3. They converted the semi-private rooms and did some reconstruction there to develop the 14-bed unit.

As far as the nursing aspect — Cel Birch, Myrna Duckworth and Madelyn Lawson — the four of us have worked together for 20 years on this unit. And I'm especially proud of this. Cel was the 1984 Employee of the Year at Morton Plant. Madeline was 1987 Employee of the Year. And Myrna was just given an award for clinical excellence. They are the reasons why we have been able to maintain this unit. They're fantastic people. They've been the leaders of this unit.

We have a cadre of volunteers that have been with us almost as long. They're faithful. I don't know what we'd do without them. Volunteers run errands and go to the Pharmacy and Central Supply. They'll help with stocking and re-stocking the units and whatever is needed.

I think in the intensive care units, we're going to have to be looking at

perhaps different ways to cope with the nursing shortage. By that, I mean trying to find ways to alleviate some of the non-nursing tasks that people are doing — looking at different practice models. I'm on another committee that's involved with that. Different ways of trying to get the patient taken care of, basically, with less registered nurses. I guess the shortage of nurses is not going to stop. People are getting spread more thin.

I've always stayed here because my values are the same as the hospital's. Over the years, I've felt that the goal of the institution is to literally care for people and patients. I've always been proud of the fact that we care for anyone — whether they're able to pay or not. I feel very much that we support that for all levels, whether they're rich, poor or in-between. I think this attitude starts at the top."

— *Joan Clow, R.N.*  
*Nurse manager, ICU*

## **‘We need to deliver the message’**

**“**The hospital has grown in terms of size, quality and technology. I think the thing that has changed a great deal is the degree of cooperation between the three or four groups that are the prime movers in the hospital. When I came here in 1968, you had a board of trustees that was very distant from the medical staff, and the administration acted more or less to keep the two parties separated. But I think now we have a board, medical staff, and administration working together and that’s necessary in today’s environment. That’s been a hard-won victory and I think a number of people have worked hard to accomplish that.

I’ve been on both the Foundation board and the hospital board for a long period, and I’ve been probably the most active long-term member of the marketing

committee. I think there’s a continuing need for good leadership at the hospital. We need a process of leadership development that grooms and educates board members for leadership positions. Aside from the need for good leadership, we need a continuous input of quality physicians — we need a reasonable recruitment program. I like to think that would best be done by having our staff go to physicians with mature practices and offer to help them bring in a younger physician. I think then there’s going to be an ongoing need for capital: more and more the Foundation is going to be very important. The good news is that we’ve got one of the finest foundations in the country. I’m not sure that’s appreciated throughout the entire Morton Plant family, but I think we were 10th in

money raised among all hospital foundations in America, including Massachusetts General and Johns Hopkins. Recently, when I went with a group of board members and staff to the National Association for Hospital Development meeting, I was very pleased at how we stand in terms of what we know, how we raise money. I think we're more sophisticated than any other outfit I saw.

I think that we're as good as anybody. But having said that, you're just as good as the past year.

We must continue to find new answers to a complex question: How do you sell a hospital like Morton Plant? Obviously you can advertise in the paper, but marketing is not advertising. Marketing is everything you do to increase market share for the hospital and the medical staff. There are many different ways to sell the hospital. We need to deliver the message of Morton Plant as the hospital of quality and state-of-the-art technology. We need to let people know and not have Morton Plant be a well-kept secret. We need to make sure the customer has easy access to our system. Our Physician Referral Service has been very successful in terms of letting patients who need medical care gain access to physicians on our staff.

In terms of donors, I think donors give to Morton Plant for several reasons. First they have to believe in the institution. Next, they have to believe in the leadership of the institution. I think they like to be part of a quality institution that has good leadership. They want us to be good stewards. So I think you have to give them information about the quality of the institution, the leadership and the medical staff. For some of our benefactors, we have to make a commitment to take care of them. If they were generous enough to become major donors, then, in return, we must take care of them in spades and we really do



**Dr. George Morris and wife Dee Dee at the 1987 Charity Ball.**

take care of them. That's been very well done by Dave Rosser.

In the future, I think we'll see a transition to more outpatient services. We will continue to see movement toward higher technology. That will be slowed down somewhat by the government rationing money and medical care, which I think it's going to have to do. But, we've made a commitment at the hospital to get better and better, and I think that trend will continue. Our success will be very dependent upon management and leadership and the medical staff and how they work together."

— *Dr. George A. Morris III*

## Raising the Barnard Building

In 1970, an average of 399 patients was admitted per day to Morton F. Plant Hospital, cared for by 1,148 employees.

A much-anticipated event of 1971 was the construction of a new laundry building, an unglamorous but vitally important facility, which covered 7,000 square feet and cost about \$500,000. In 1972, the old Sunshine Annex, which housed the hospital's original laundry, was torn down.

By far the most significant development of the first half of the decade was the construction of the seven-story, \$9.7-million Barnard Building, the largest project in the hospital's history.

Groundbreaking for the Barnard Building, named for hospital benefactor

and trustee Edward R. Barnard, took place on Dec. 19, 1971. Slightly more than three years later, the building was dedicated on Jan. 19, 1975. A \$750,000 gift from the estate of Mr. and Mrs. Barnard was the nucleus of the New Dimensions in Service building campaign.

The building permit for Barnard was the largest ever issued by the City of Clearwater. Another superlative was the size of the 1,987-cubic-yard concrete pour for the massive slab on which Barnard's weight would rest. For 12 hours on May 6, 1972, the production of all the concrete plants in the county was delivered to Morton Plant.

Also gigantic were the problems in the building's design and construction. The



**Wash day was every day in the new 7,000-square-foot Laundry, built in 1971.**

architect, instructed to produce a general design that complemented the verticality of the Witt Building, instead came up with a horizontal configuration. The upshot — back to the drawing boards.

During the construction, the state of Florida enacted new laws changing requirements for exit signs and minimum distances between rooms and stairways. An Arab oil embargo caused construction costs to zoom upward; it also resulted in some shortages of building materials. Several subcontractors went bankrupt. Equipment costs exceeded budget by about

\$500,000. Construction deadlines and delivery dates went unmet.

In the face of all this, hospital authorities refused to compromise on either the quality or the specifications of the building's design.

The results were worth it. The new facilities placed Morton F. Plant Hospital in the big league of cardiac care. Headquartered in Barnard was the new Heart Center, where heart catheterization and open heart surgery could now be added to existing cardiac treatment. The new addition also allowed expansion of surgery, X-ray and



**Before the Barnard Building alleviated the space crunch, makeshift rooms were created in the hallways to accommodate patients.**

emergency room areas. The hospital's bed capacity went to 745 from its previous 501.

If Morton Plant's world grew bigger in the 1970s, it also grew more difficult. The American people had grown litigious, suing at the slightest provocation, or with none at all. Throughout the country, malpractice suits were filed by the thousands against physicians and hospitals. Morton Plant and its staff encountered their share.

Another problem came from the increasing role of the federal government. With the coming of Medicare and Medicaid, the doors opened for the development of hundreds of new mandatory programs and regulations. For a time, the government clamped a 5.5-percent limit on hospital employee salary increases. Every medical procedure had to be reviewed and converted to statistics. The government also audited hospital procedures for quality and cost.

A shortage of nurses prompted Morton Plant to send recruiters to Canada in 1976. There, they enlisted 65 nurses, who eased the shortage at least for a time.

With the completion of the Barnard Building came more inpatients, more employees and more competition for available parking spaces around the hospital. Reluctantly, in 1976 the trustees voted to install paid parking for visitors. The trustees also purchased more land at the south end of Bay Avenue for overflow parking.

Late in 1976, after 16 years of dedicated service to Morton Plant, Roger White resigned to enter the field of hospital consulting. The trustees embarked on a nationwide search to find a worthy successor to White. After examining and screening dozens of applicants, they found him. His name was Duane Houtz, and he would lead the hospital into a challenging new era.



**The Barnard Building under construction in September 1973.**



**When the Barnard Building was completed in 1975 (center right), it brought bed capacity to 745 and an expanded Emergency Room.**

# New decade, new challenges

“I was first on the board of trustees in the 1970s. At that time, we were a 501-bed hospital. I was a trustee for 13 years. When we had the fund drive and built the Barnard Building, the bed size increased to 745. Then we brought in nuclear medicine, heart catheterization, open heart surgery, laser techniques and lots of other things. In addition, we expanded in the real estate area. I was able to buy seven and a half acres where the hospital parking lot is now from U.S. Steel for \$600,000. Before that, there was only a little campus where the main hospital was.

U.S. Steel didn't have anything on their lot, which was along Corbett Street. It ran to Fort Harrison Avenue, but came back almost to the little street that runs north and south there. The doctor's parking lot was where it is now. And the rest of the parking was on the west of the hospital where it is now — where we once had the pay parking.

We used to have kind of a crusty nurse supervisor down in the Operating Room, Mary Salceies. Just after we put the Barnard Building into operation, it rained. She called me and, boy, was she raising hell. She said I had to come down there right then. Water was seeping down the north wall of the operating room of the Barnard Building. She said I was the head of the board of trustees, and she wanted something done about it.

In looking for a successor to Roger White, we had a national search. We chose Duane Houtz, and he has done a great job. This is not my opinion because I don't know him that well, but everyone who speaks of Duane says he's done a bang-up job and also is a remarkable human being.

And of course, with a new building, we were able to do a lot more things and give the doctors what they needed in Radiology and the Emergency Room. I remember the little Emergency Room we had before. And the operating suites, they were full, jammed up, up there in the Witt Building.

Before Barnard, there were patients in the corridors. We also had to put a moratorium on admissions. The staff couldn't handle them in the operating room. It wasn't physically possible.

You could see the new Medicare rules coming. It was very obvious that the hospital was going to get stuck with a big portion of the bills and that the payers were going to clamp down, more and more.

So, during those years, we did put the hospital on a business footing by starting a risk management program and establishing other safeguards. All of these were important things, really business decisions, that were good for the hospital. The risk management program has saved us an awful lot of money in insurance.

And you had outstanding doctors,

too. People like Dr. Hatcher, who have always been very, very instrumental in working for the hospital. Dr. George Morris, of course, has been active, not only in the medical staff but in the Foundation. Dr. Frank Williams has been instrumental in both of them. Dr. Lee Watkins was a very good member. We worked together quite a bit.

I was active, not just as a trustee, but also as an officer with the Association, which is the broad-based membership that elects the board of trustees.

Bill Burchenal and Ed Imparato went to a meeting somewhere and came back very enthused about starting a foundation. My recollection is they were the two real leaders in bringing the idea of a foundation to the board and trying to get it passed. And, of course, the board enthusiastically endorsed it and started it. And I think that probably was 1976 or 1977.

Before that, people like me had to do both jobs; I can remember going to see Mr. and Mrs. Adler. It really is pretty difficult to spend much time raising funds, you know, because boards and committees meet all the time. To try to do that and also hustle money on the side is really too much to ask.

Hospital trustees technically do not have to raise money, but when we went after the funds for the Barnard Building, we were all expected to be part of the fund-raising group.

It took a lot of personal time on the part of the board chairman. I think everyone is happy the Foundation now has the responsibility. They don't have to worry about Medicare cuts, or what the insurance companies are doing, or whether the doctors are policing themselves properly, or anything like that.

I think the hospital faces a number of changes in the next 10 to 20 years. Keeping up with technology is expensive. And we'll



**John Sweger**

be increasing the expenses, I think. So, that will be a big challenge.

I don't think we'll have any trouble getting extremely well-qualified medical specialists because it's a nice place to work. And it's a good hospital.

The employees will be increasingly expensive, too. And then on the reimbursement side, that cannot get easier, it'll get harder.

People say that when someone at the hospital — a doctor or a department head or an administrative person — needed something that cost money, that by and large the trustees would tend to go along with it if they felt it was going to benefit the hospital. In other words, they've been fairly generous in spending money for equipment or other things that were needed. And I don't think there's any doubt about that. We had to determine the need first, and then try to determine whether we could afford it. If we could afford it, then we had to find a source of funds.

This is a private, non-profit hospital. The theory is this: If it is medically necessary and if it's good for the hospital and good for the patients and if we can afford it, let's make every effort we can to get it."

— John Sweger  
Former chairman  
Hospital board of trustees

## The costs of doing business

“In 1972 when I came here, Morton Plant was a good community hospital; it served the community’s needs. Today, it is a community hospital that has gone one step further and is probably the closest thing to a university hospital that you have in this community. The willingness of the board of trustees to embark on the quest for technological devices has kept us on the cutting edge of medicine. And with the medical staff we have, I don’t think we need to take a back seat to anyone.

I am chairman of the Medical Equipment Committee. When we first instituted this committee about eight years ago, the requests totalled probably \$1 million a year. This year, the requests total about \$9 million, 69 percent of which are replacement items. Just to give you an idea of the tremendous increase in the cost of

doing business, our allocation has varied between \$1.2 to \$1.5 million for several years. This year, it will be increased to \$2.5 or \$3 million. Thereafter, I’m sure our allocation will have to be in the vicinity of \$3 to \$3.5 million a year in order to maintain our technological and competitive edge. It gives you an idea of the competitive role that hospitals play within the medical community.

I think it also points out the expanded role that philanthropy is going to play within the community. Morton Plant Hospital has had a gradual erosion of revenue from operations. From some \$10 million eight or nine years ago to \$1 million at the present time. Some of those dollars will be made up by endowment, some by the hospital getting into health-related businesses and home health care. But the role philanthropy is going to play will

be increasing over the years to come. There's no question about it. We have to make it up somewhere.

The Foundation presently gives the hospital \$2.5 million per year. It may be in the future that we'll have to provide \$3 or \$4 million, perhaps \$5 million a year to maintain our leading edge. These dollars have to come from somewhere.

I don't think the hospital has been as successful yet as the universities in making people realize what a good investment the hospital represents in their health care. Corporations are increasingly dissatisfied with the cost of medical care. People are increasingly dissatisfied; insurance companies say that medical care costs too much; so the prospective donor is beginning to say, 'We're paying enough and we don't want to give you any more money.' We give more money to education because we consider it an investment in our future. We should look at hospitals the same way — as an investment in our health future. If you give us the money so that we can improve the health care, we've improved your well being.

I think Morton Plant's Foundation has been extremely successful. In 10 years we have developed a substantial endowment. We've been more successful than most hospitals. But I think we have to be even more successful to provide that cushion.

We have to get out there and explain to the general public what this hospital does. This hospital is pretty phenomenal. The only thing we do not have that any university hospital has is transplant surgery. I think that's such a highly specialized segment of surgery that it rightfully belongs in the university research centers, not in a hospital like Morton Plant. Not that it can't be done technically — we have surgeons who can do it.

I think the administration is fairly



**Dr. William Maistrellis and wife Maria at the 1987 Charity Ball.**

enlightened. At one time, there was more of an adversarial posture between the board, the medical staff and administration. I don't think that exists right now. There will always be complaints, but I don't think the prevailing attitude is adversarial.

The board of trustees has made a concerted effort to listen to the consumers. The consumers are not only patients, they are physicians.

Most people have a general impression of Morton Plant as a good hospital, but they don't know the specifics.

Do they know about our cardiac center? Do they know about our radiation center? Do they know about our oncology staff? Do they know we are developing a non-invasive vascular laboratory? Do they know that we've spent \$1.2 million in developing an angiology suite? Do they

know what we're doing in the field of surgery in general? Do they know what we're doing in rheumatology? Do they know what is being done with the Therapeutic Pool? Do they know what we've done with indigent care? Do they know where we spend our money?

We have created an impression that we're a wealthy hospital. We like to be winners, and we want to be portrayed as successful, but we're not wealthy. We have money, yes, but we also need the philanthropic dollar.

Competition is fierce. Look at the dollars raised to build the Long Center (Upper Pinellas Association for Retarded Citizens). That's pretty tough competition — who's going to turn down a kid? There's also the University of South Florida, Eckerd College, Tampa Bay Performing Arts Center, Ruth Eckerd Hall. All those organizations need money, too.

Our greatest need in the future will

be in new technology. In our most recent budget session, we had 38 requests for equipment totalling \$9 million. Sixty-nine percent of the requests were for replacement of aging technology. We have angiography machines that are 13 years old — they will cost \$1.3 million to replace.

We must maintain our posture in the community as the leading hospital in Pinellas County. We must spend dollars to do that or we will slowly lose our edge. And that to me is the greatest challenge we have to face over the next few years. How are we going to get this money?

I have confidence that Morton Plant's going to survive because it's an efficient hospital. Even under the DRG methods of payment, we've obviously done quite well. Only those hospitals that are run efficiently are going to survive."

— *Dr. William Maistrellis*  
*Chairman*

*Foundation board of directors*

# Forerunner of the Foundation

“One of the keys to Morton Plant’s success is that it has had the complete support of the community. Having worked on a couple of fund drives, I can testify to the fact that if you asked the people of Clearwater to support Morton Plant Hospital, you never got ‘no’ for an answer. They would help; they would work on a campaign; they would contribute from their own resources. Both the businesses and the individuals in the community have always been strong supporters of Morton Plant. In the early days, the members of the community who knew how to do a good job on the board were willing to dedicate their time as volunteers to do it.

I was vice president of the capital campaign to raise funds for what ultimately became the Witt Building. Subsequently, I was general chairman of the campaign, called New Dimensions in Service, to raise funds to build the Barnard Memorial Building.

I worked very closely with Ed Michel,

who was the development director of the hospital. My relationship with Ed during the period of those campaigns and subsequently, until he passed away, was one of my happiest memories. The Development Council was the forerunner of the Foundation. It was charged with the raising of funds for the hospital. After serving as general chairman of the campaign for the Barnard Memorial Building, I was appointed chairman of the Development Council and again worked very closely with Ed Michel and his staff.

It was in the course of my 10 years as chairman of the Development Council that the Foundation was developed. Ed Imparato was the father of the Foundation, along with Bill Burchenal. He made a tremendous contribution by investigating how foundations were run and how one might benefit the hospital. The work he and Bill did ultimately resulted in a recommendation to establish a foundation.

That was a tremendous step. It

helped make possible a Morton Plant that is going to continue to be solvent and to give medical care to the community, as much as it can, regardless of income. It's always going to need some extra cash to take care of the indigent.

Another key to the hospital's success over the years was the willingness of qualified business people in the community to give of their time as members of the board of trustees. They actually worked at the job of being members. They were not simply serving because it was a prestigious thing to do. What they wanted to do was to make a real contribution to the management and operation of the hospital.

The long-time president of the First National Bank, Taver Bailey, who is now deceased, served for years on the board. He made a very substantial contribution to the early days of the hospital.

Another man who has contributed tremendously by his work for the hospital is Vernon Burkett, who is still on the board. If we had a construction job going on, he was the volunteer who followed the construction in detail, counseled with the board and worked closely with the contractors. When he saw something he didn't think was being done right, he didn't hesitate to say so.

Then, of course, General Harrison was a major contributor. During his 10 years on the board, as president and chairman, he contributed resources, time, interest and know-how.

I was chairman of the board the year Duane Houtz came to Morton Plant. I'm told the average hospital administrator stays in the job six or seven years. Duane has been at Morton Plant about twice that now. That's made a great difference, I think. He is a dedicated hospital administrator. He lives his job at the hospital. He and his wife, Margaret, never go anywhere, not even on vacation, that he doesn't visit a hospital or



**F. Kiernan Schoonmaker (above), William Burchenal Jr. (left)**

talk with people he knows in the hospital field. He has a very wide group of acquaintances all over the country.

My relationship with Duane Houtz over the years has been a happy one. When I was chairman, we worked together almost on a day-to-day basis. You never asked a question that Duane didn't get the answer to.

Bill Gilkey and I worked very closely on the Barnard campaign. He was my vice chairman. Bill was followed by Dick Colton and then by Truman Sims, David Wakely, Gil McArthur and now David Becker.

By and large, members of the board of Morton Plant over the years have not been rubber-stamps. Duane has gotten what he has asked for because he has been able to demonstrate to the board that was the way to go, not just because he was president."

— *F. Kiernan Schoonmaker*  
*Former board member*

## The fight against cancer

“There were no oncologists on staff here when I arrived in 1973. I’ve watched the hospital develop into one of the major cancer treatment programs in the county.

In the late 1970s, Morton Plant administration saw fit to begin a cancer treatment center, which resulted in the Lykes Cancer Center. I was involved in the development of a certificate of need and, ultimately, in the planning of the construction of the building and the search for a leader for the program.

Duane Houtz stands out as a major player in making Morton Plant a good hospital: He has vision, leadership and the

commitment to doing things right. Duane was personally responsible for the initiatives which led to the Lykes center and has been largely responsible for all of the progress.

Bob Graves, who used to be the hospital chief operating officer, acted as the chief management officer in the development of the cancer center.

Today we have treatments for major problems that we couldn’t treat at all not so long ago: lung cancer, for example, for which there was no treatment only two or three years ago.

Morton Plant is geared up for modern cancer surgery and for

---

*'I've had occasion to work with every department or specialty in the hospital, and the strength and depth that we have here is remarkable.'*

---

chemotherapy treatments, including personnel and equipment.

Our Lykes center had been evaluated by the American College of Radiologists and has been given an A+ rating for its excellence in safety and performance.

We've always had an appreciation for the psychological problems, but recently we've started full-scale efforts to address these issues with a specific program. In doing so, we hope to expand the Lykes center physically by adding one or two more floors to house this program.

Morton Plant is notable in the department of Nuclear Medicine, particularly in having very rapid response, both in getting our reports and in scheduling the patient.

Morton Plant is exceptional with regard to the speed with which we're able to do things. I think people may not appreciate how well we do here, by comparison, unless they have their care shared with another place. To get a CT scan done on an outpatient basis at Massachusetts General sometimes takes as long as two weeks, whereas we can do it on the same day.

The surgical department, in general, has provided a lot of leadership, and, in particular, Dr. David Shapiro, the chairman of the Oncology Task Force.

Another person who has been instrumental in the development of excellence in cancer programs is Dr. Schick. He was among the people



**Dr. Paul Goldenfarb**

contributing to the beginnings of the Lykes center.

Morton Plant is certainly the finest place I've ever worked. We have drawn into the Morton Plant family some of the finest physicians anywhere, many more than one would expect for a small town on the west coast of Florida. The degree of excellence in our hospital is, in my impression, unequalled.

I've had occasion to work with every department or specialty in the hospital, and the strength and depth that we have here is remarkable."

— *Dr. Paul Goldenfarb*

# 'No second-raters'

“**D**r. Charlie Kottmeier was our first anesthesiologist. After him came Drs. J. Conway Dabney and Winton Burns and then Dr. Edwin Cooksey. I came right after him in 1974, and then Dr. Stephen Barash came. Today, they have about nine on the anesthesia staff.

We also must have about 30 nurse anesthetists by now. Originally, we started with three who worked for the hospital. The most important advance I saw in this hospital was the development of the Radiology Department. In medicine, Dr. Bill Tench set the standard to be followed.

Doctors like Fred Tucker, Bill Tench, Ray Center and Everett Harrison were also leaders.

The most controversial guy of all, of course, who really gave this place a push, was Dr. Stanley Moles. He was the man who led the fight for the antiarrhythmic drugs here, which are now fully accepted.

You would have to say this place had its share of controversy. And it's probably been very healthy, too.

I must say that, even in those years, when I first came here, this hospital shone! Look at the quality of the physicians. They all had university credentials, tremendous backgrounds — Hank Gosch, Weems Hollowell. Charlie Kottmeier was out of Cleveland Clinic. Winton Burns was in charge of the cardiac research for the Army — he had a real big job.

The quality of the people here is just wonderful. When I am asked to this day who I would recommend in the Anesthesia Department, I say, 'Here are the names of all of them. I would be content to use any one of them myself.' Radiology is a very strong department.

We have an outstanding cardiac



Dr. Joseph Turbin



Dr. Charles Kottmeier

surgery program here now. I worked in that operating room. I would say it's second to none. One great strength of this hospital is its medical staff. These people really police each other. They were not commissioned to do it by the hospital, but they were pretty tough on new guys coming in.

Here I was, an old-timer, having been at a college and having served as head of a department for many years. I came in here like a kid coming in out of his residency. I had to go through the same steps as any new doctor. I think that's a very healthy thing; it's a great leveler.

So Morton Plant is not the kind of place for kids. I think that a second-rater would be very uncomfortable here and leave very quickly.

Duane Houtz — the guy is a leader. I didn't always agree with his thinking. But I respected the man for his leadership, and he certainly gave it. In a sense, he was one side of the coin and the physicians were the other.

Dr. Myron Wheat, Dr. Tom Deal, our Intensive Care Unit, are the greatest. This is what makes Morton Plant a first-class institution.”

— Dr. Joseph Turbin

## 'Morton Plant is like a friend'

**“**My first connection with Morton F. Plant Hospital was after I'd been in Clearwater about two years. I was working at Cleveland Plaza at night while going to school during the day. One night, while I was cleaning one of the air-conditioners, it fell out of the wall and hit me smack on the top of the head. I was taken to Morton Plant. Everybody thought I had a severe concussion and they kept me a couple of days for observation. The damage was greater to the air-conditioner than to my head.

Later, I served on one of the original committees that worked out the agreement on the sharing of income from the JCPenney Golf Classic. Recently I spent three years on the Morton Plant Life Services board, which oversees Bayview Gardens. So, Morton Plant has been a big thing in my life! It's like a friend — when you need it, it's there! When you don't need it, it's comforting to know that it's there anyway. I'm very proud to be associated with the Morton Plant family. I hang around with folks from professional circles, and they would say that Morton Plant is probably one of the best run hospitals on Florida's west coast or even in the state.

The success of the Foundation has helped make Dave Rosser probably one of the best fund-raisers I've ever run into. He's a caring guy. He's a family man. And he's a friend. I think Duane Houtz is a good leader. I wish the Tampa Bay Buccaneers would take some lessons from Morton Plant. One thing about Duane Houtz is that he is totally involved, knows every facet of the

operation. He's probably got one of the toughest jobs of any man I've ever seen, only because of the political aspects of the various committees and groups within the hospital. But, Duane knows the details of every committee. He knows the workings of every department. In order to be a good leader, you've got to know how the product works and what it does. Duane is probably one of the best.

I've found that the the people that Morton Plant has serving on boards are the types who understand that you've got to plan the game together — it's a team effort. Some of the greatest things I've ever seen have been board meetings or different committee meetings at Morton Plant. They're run smoothly, intelligently. You don't have guys trying to take the soapbox and make heroes of themselves. One of the things that I was brought up to understand is the fact that if I have a dollar and you have a dollar and we exchange our dollars, we each end up with a dollar. But if you have an idea and I have an idea and we exchange ideas, we each end up with two ideas that will trigger a third idea. And that's one of the things that I've seen in the workings of Morton Plant.

The people who are on these boards are some of the finest businessmen in this town. They didn't get to be the finest and best and the highest by knocking people down and trying to run the show. They know, just like me, that I could never run my business by myself."

— *Richard Leandri*  
*Former board member*

## **'A commitment by everyone'**

**“**I went on the board of trustees about 1978. I was amazed at the size and complexity of the institution. I was very much impressed with the board and the dedication of all the members. I soon learned that Duane Houtz was expert at what he was doing.

There have been a lot of men who made great contributions to Morton Plant. One of them during my period of time was Jack Sweger. He was a forward-thinking fellow. I think it was his idea to buy the land that lies to the south of the hospital where we now have a parking lot.

The doctors gave a lot of their time, away from their practices. They gave it without any reservation. I enjoyed working with them. I never felt anything but a commitment by everyone to do what was best for the hospital. It isn't unusual for the medical staff in some particular department

to say, 'We believe we really need this piece of equipment to render better patient care.' If they need it, they get it. The hospital seems to have money. That's by and large a result of the support of the community. At the time I was on the board, we wrote off, every year, at least \$2 million in bad debts.

A high level of competence existed all through the whole place. I don't know much about other hospitals, but it seems to me that Morton Plant is unique. I have never seen another institution that enjoyed the community backing Morton Plant does. Not only does it serve the community, it is a magnet to get a lot of people involved. I'm astounded by the volunteer hours that the women and men of the Auxiliary give."

— *William W. Gilkey*  
Former chairman  
Hospital board of trustees

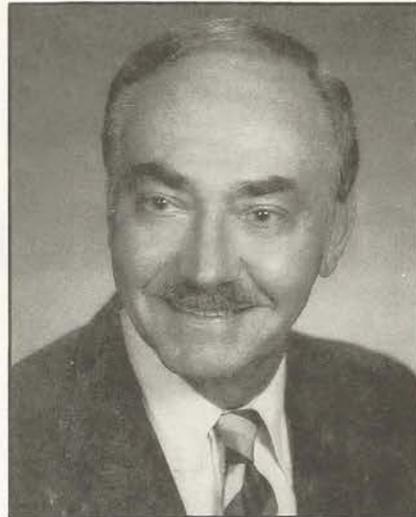
## 'The best of the candidates'

“Jack Sweger was chairman when I came on the board in 1974. I was asked to serve on the committee to interview candidates for the job of administrator. Our consultants came up with a list of 40 people. We told them to narrow it to the three best people in the country. We felt Duane Houtz by far was the best of the candidates. Time has proven the correctness of our judgement.

The hospital administrator has a difficult task. He has to deal with the board, which technically can hire and fire him. He also has to try to keep the medical staff happy and yet run a hospital that has a positive bottom line and does things right, so that patients are taken care of and there are no lawsuits. Duane Houtz has done an excellent job of balancing these interests and moving Morton Plant forward.

During my early days on the board, Jack Sweger took a leadership role that was to prove very important for the hospital. He acquired all the real estate that goes down to Fort Harrison Avenue, such as the Corbett Street property, which is now a parking lot. He acquired this property in a bulk purchase, and that was a key strategic move for the hospital.

The medical staff has had good people over the years, very confident. People like Dr. Bill Kilgore, Dr. David Swan



**Truman  
Sims**

and Dr. Gib Hooten; also Drs. Register, Eric Weston, Alan Tralins, John Goodgame, and his son, Tom.

We've always had a lot of Medicare patients in the hospital. For a time we were basically paid on a cost-plus basis. We weren't having any financial troubles then. But later on, the government went to prospective payments, where they paid a predetermined rate, and then we started having a different kind of situation.

It gets a little bit tighter each year. But the hospital contrives to keep pace with changes and to deliver superior care for the community.”

— Truman Sims  
Former chairman  
Hospital board of trustees

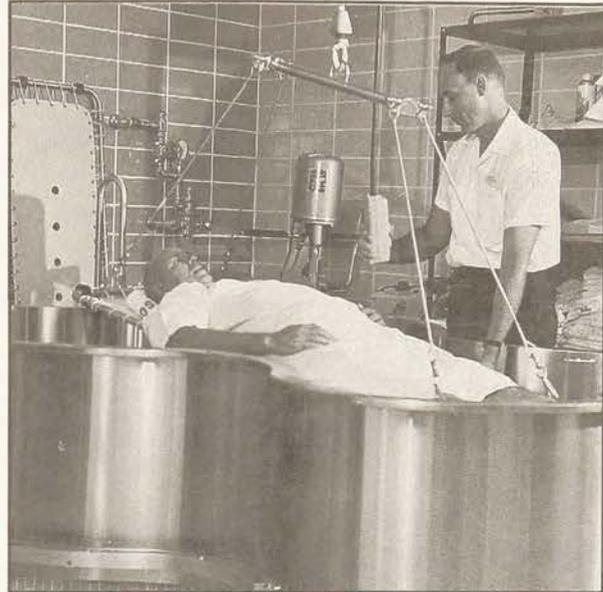
**In brief . . .**

## **Hospital to offer physical therapy**

CLEARWATER, FL — Aug. 5, 1960 — Morton F. Plant Hospital today announced the establishment of its Physical Therapy Department.

Benedict Kraus has been named to head the department, to be located in the basement of the hospital's new Roebling Building, which opened in October 1959.

Kraus comes from Canton, Ohio, where he was chief physical therapist at a rehabilitation center. He is trained in the use of whirlpool therapy, ultrasound, hot packs, electric muscle stimulation and a wide variety of other techniques. His patients will be persons suffering from strokes, fractures, neck and back injuries, sprains and many other afflictions. The opening of the Physical Therapy Department brings Morton Plant in line with a growing trend in American hospitals.



**Physical Therapy director Ben Kraus assists a patient in 1967.**

Until now, patients requiring physical therapy have been treated by Charles Lauzenheiser in his private offices on Fort Harrison Avenue. Lauzenheiser recently was forced to close his practice because of illness.

## **First female physician on staff dies**

CLEARWATER, FL — January 1963 — Dr. Grace Whitford Parr, the first female physician to practice at Morton F. Plant Hospital, has died.

Dr. Parr joined the hospital in 1929 and retired in 1959.

She was instrumental in influencing her friend, Wilma Lucille Witt, widow of Hav-A-Tampa cigar manufacturer Eli Witt, to will her entire estate of \$2.5 million to the hospital. Mrs. Witt had been searching for “a

worthwhile, well-managed institution in need of funds,” she said, and made her decision based on Dr. Parr’s recommendation without ever seeing the hospital.

The estate was the largest single endowment in Morton F. Plant Hospital’s history. The gift enabled the hospital to begin its biggest construction project, the Witt Building, which opened in 1967, increasing the number of beds from 278 to 501.

In brief . . .

## 27 years of babies

"I came to Morton Plant in August 1964. We had about 1,400 deliveries a year in those days. Now we have about 2,600 a year.

When I first started in Labor and Delivery, it was one large room, and there were five beds with just curtains in between. I think patient satisfaction has always been high. I think people care about how they're treated.

The midwives program started in February 1975. They do about a third of the deliveries at Morton Plant — that's about 600 a year."

— *Eileen Wallace, R.N.*  
*Nurse manager*  
*Labor and Delivery*



**Eileen Wallace, R.N., hands a newborn to its mother in the new OB Department in August 1967.**

## Mental health care now available

CLEARWATER, FL — Oct. 6, 1972 — Morton Plant will open its first psychiatric unit later this month, according to an announcement today by Gen. Eugene L. Harrison, president of the hospital's board of trustees.

Gen. Harrison said the move was prompted by the newly enacted Baker Act, which provides federal

funds for short-term mental health care.

The 19-bed facility will be located in the 1953 building and supervised by Mrs. Judith Gammonly, R.N.

An average daily census of 13 patients is anticipated for the new mental health facility.

In brief . . .

## Medical staff elects first female president

CLEARWATER, FL — January 1977 — Dr. Jean L. Bennett has added another “first” to her impressive list of achievements.

The Clearwater pediatrician has been elected president of the medical staff at Morton F. Plant Hospital.

Dr. Bennett is the first woman ever to serve in the post.

She succeeds internist Dr. Byron Smitherman and will lead the

medical staff of approximately 200 physicians for the next year.

She is also the first woman to graduate from the University of Florida College of Medicine, where she was a member of the first class of physicians to be trained.

Dr. Bennett has been a member of the medical staff at Morton F. Plant Hospital since December 1963.

## Proud to work here

“I think Morton Plant is a leader in the community, certainly. I have gone places, at my dentist’s for example, where people have said, ‘I love Morton Plant Hospital. They took such good care of my children,’ or something like that. Since I started working here in 1977, I don’t go anywhere and have the fear that someone will say, ‘Oh, you work for *that* place.’ Almost any time I go anywhere socially or anything else, people say, ‘Oh, I was so well taken care of at Morton Plant.’ The hospital has always been a leader, very definitely. And we are watched very carefully by the other hospitals as to what we are doing.”

— Patricia Sattler, R.N.  
Manager, Central Sterile Supply/  
Laundry



Pat Sattler, R.N.

## Chapter 5

# The modern era: 1977-1991

**L**ike a harbor pilot deftly guiding a large vessel through a narrow waterway, hospital president Duane T. Houtz has been the major hand at the helm as Morton Plant evolved from medium-sized city hospital to major metropolitan medical center.

Expansion and diversification were key words as the hospital met the challenge of reduced government revenue by offering increased outpatient services.

The careful management of money, manpower and other resources has been vital to Morton Plant Hospital's success in meeting its mission to the community. Despite pressure on many fronts, the financial bottom line at Morton Plant Hospital has been solidly in the black every year since Houtz took the administrative helm in 1977.

### Financial report

Excess revenue over expenses climbed steadily each year from \$829,407 in

1977 to a high of \$10.8 million in 1987, and then fell to \$3.2 million in 1989, as the backwash of reduced Medicare payments began to be felt.

Yet Morton Plant has maintained a vigorously healthy fiscal profile at a time when revenue has been reduced, primarily as a result of changes in the health-care reimbursement system by the federal government and private insurers.

The earnings records have been all the more remarkable since charges for services at Morton Plant have been among the lowest in Pinellas County. In addition, most programs and plant growth, including land acquisitions, have been financed almost exclusively out of earnings, with only occasional borrowing.

The heightened fiscal profile of Morton Plant Hospital has occurred in the face of factors that have adversely affected net income but reaffirms the role of the non-profit community hospital in our society. Deductions from revenue include

charity care for the indigent, bad debt, and adjustments involving Medicare and other contractual relationships.

## Operational growth

Since 1977, the cost of property, plant and equipment additions has totaled \$90.9 million. During the modern era, there have been 24 purchases of property and equipment whose individual price tags have been \$500,000 or more. They are:

- Purchase of the Morton Plant Rehabilitation and Nursing Center in 1981: \$2.25 million.
- Construction of and equipment for the Lykes Cancer Center in 1981: \$1.76 million.
- Construction of and equipment for the Adler Building in 1983: \$5.48 million.
- Construction of and furnishings for the North Witt addition in 1985: \$2.38 million.
- Construction of and equipment for the Aldham-Christ Day Surgery Center in 1985: \$3.5 million.
- Purchase and renovation of the Barrett Center in 1984 and 1985: \$2.7 million.
- Purchase of Bayview Gardens Retirement Community in 1986: \$3.4 million.
- Creation of a second cardiac catheterization lab in 1986: \$584,142.
- Construction of and equipment for the Morton Plant Imaging Center from 1986 to 1988: \$6.7 million.
- Purchase of Lykes at Largo satellite in 1988: \$630,000.
- Construction of Morton Plant Therapeutic Pool in 1989: \$925,669.
- Construction of the Adler Building Addition in 1989-1990: \$15.5 million.

## Major medical purchases

Equipment purchases often follow on the heels of the invention of new technology that improves diagnosis or treatment, reduces trauma for the patient, and cuts medical costs despite a large initial investment.

Requests for purchases of medical equipment costing more than \$25,000 must be reviewed by the hospital's medical equipment committee. The committee, made up of medical staff members, determines priorities.

Even after a capital budget has been set, both medical and non-medical equipment orders costing more than \$25,000 must go before the board of trustees for approval to purchase.

Five items of equipment costing more than \$600,000 have been purchased. They are:

- CT scanner, 1979: \$660,943.
- Linear accelerator, 1982: \$751,501.
- Digital fluoroscopy, 1985: \$950,000.
- Magnetic resonance imaging unit, 1985: \$1.4 million.
- Second CT scanner, 1988: \$843,140.

Including only items costing more than \$80,000, some \$12.8 million has been spent on 56 pieces of medical equipment since 1977. Some \$8.9 million of those purchases have occurred since 1983.

## Non-medical support

Up-to-date non-medical equipment is essential in supporting the delivery of health care at Morton Plant Hospital.

A giant leap forward into the information age was taken in 1986 with the construction of a data processing center, adjacent to the Barrett Center, as the headquarters of a hospital-wide information



**Duane Houtz, president of Morton Plant Hospital.**

system using computers.

Soon after completion of the 3,600-square-foot data center building, a new IBM mainframe computer and 250 data terminals for hospital departments started linking the hospital in a network of shared information. The entire project, from 1986 to 1989, cost \$5.7 million.

Other major non-medical equipment purchases and expenditures include:

- Rolm phone system, 1983: \$931,713.
- Patient beds, 1983-1985: \$1.5 million.
- Hospital air-conditioning system, 1982 and 1985: \$890,000.
- Hospital fire alarm system, 1988: \$1 million.

## Other ventures

Morton Plant Hospital expanded its role as a health-care provider with its 1983 purchase of Independent Global Home Health Services, which has grown into one of the largest home health-care agencies in Florida. The Clearwater-based agency makes some 22,250 home visits per month in Pinellas, Pasco and Hillsborough counties.

Another astute move came in 1986, when Bayview Gardens Retirement Community, located in Clearwater, became a part of the Morton Plant family. The 387-apartment community sits on 36 acres overlooking Tampa Bay, and is one of the largest adult congregate living facilities in the state.

The hospital entered the new world of managed care in 1988 by starting its own preferred provider organization, Morton Plant Health Trust. The PPO provides health-care coverage for Morton Plant employees. Ultimately, the plan will be offered on a county-wide and state-wide basis in conjunction with other hospitals.

By managing the delivery of medical care, the PPO offers considerable value to purchasers of health-care services, such as large employers.

## Outpatient services

Pressures exerted by the federal government, business, and third-party insurers to shrink health-care costs have made it imperative for hospitals to become lean and efficient while diversifying and creating new facilities and services.

For example, creation of the Aldham-Christ Day Surgery Center, the Lykes Cancer Center and Lykes at Largo, the Barrett Center for Outpatient Rehabilitative Services and the Therapeutic Pool, and the Imaging Center was a response to the demand for procedures to be performed on an outpatient basis, rather than in the more expensive inpatient setting.

## Property expansion

From Corbett Street north to Jeffords Street and from South Fort Harrison Avenue west to the Intracoastal Waterway, Morton Plant has acquired property when available to accommodate the growth of the hospital's services for the community.

Among the largest pieces of real estate purchased in the Houtz era are the Corbett Street parking lot, bought from U.S. Steel in 1977 for \$601,000, and the Siple's Garden Seat Restaurant property, purchased in 1990 for \$2 million. The hospital also has a lease, with intent to purchase in 1992, the Jeffords Street Annex property that lies just east of South Fort Harrison Avenue.

## Balancing a soft heart and a hard head

“**M**orton Plant was an excellent facility when I arrived on March 1, 1977. We did have the handicap of too few private rooms. The Barnard Building had been built with only one isolation room per floor and no private rooms.

So the hospital had no one-bed rooms and no showers or tubs within the rooms. Patients had to go down the hall to use the shower, much as you and I did in college. From a design standpoint, that was dissatisfying as far as our patients were concerned.

When I came, I did not feel any need for immediate or radical change. John Gray, who had been with the hospital for 15 years or more by then, was the acting director. Tom Sawicki, the assistant administrator,

was also an extremely capable person. So, in fact, I inherited a strong administrative staff.

We did, however, tend to be somewhat weak from a financial point of view, and we needed to put some systems in place. So we began to develop better operating policies and financial reports. We became much more statistically oriented.

Helping to correct those problems was easy for me — I’m a numbers man. I always say you have to care enough to count. Unless you can measure what you are doing, you have no idea of where you are, or what action you need to take to get where you want to go.

Another thing when I came, was that the board of trustees did not have a high

level of confidence in management's ability to exercise appropriate control over finance and operations. That was a reflection, in part, of management's inability to provide timely, accurate and up-to-date information to the board and, in part, of the tremendous growth that had occurred.

Management theory says that an administrator can supervise an institution of about 250 beds by personal observation, currently called MBWA or 'management by walking around.' The administrator can wander around, talk with physicians, patients and employees and get a sense of what is going on. Beyond 250 beds, however, the administrator must replace MBWA with information-gathering systems, which is what we began to do.

Despite its problems, Morton Plant was a strong institution. It was economically stable, with about \$3 million in the bank and about the same amount owed on the Barnard Building. So from a financial point of view, there was no significant debt, either short- or long-term. Morton Plant also enjoyed strong community support from volunteers, employees, donors and the media. We had about 600 or 700 volunteers even then.

Morton Plant had a good reputation within the community and the state. I had worked at Shands Hospital in Gainesville for seven years before moving to Baptist Medical Center in Birmingham and then the Ochsner Clinic in New Orleans. So I knew of the solid reputation enjoyed by Morton Plant. It had many well-trained people, most of whom had been in their positions for a long time. While it still followed practices that were being changed in other parts of the country — family practitioners doing obstetrics for example — the hospital was entering a period of transition.

So I saw my role as helping to provide opportunities for us to develop the



**President Duane Houtz (center) in the early 1980s, at work with former vice president John Gray (left) and former board member F. Kiernan Schoonmaker.**

level of health care that the community wanted and could afford. During those years, the hospital was enjoying full capacity — in fact, we never had enough room. Until 1980, for example, we were still putting patients in the solariums during the winter, although we weren't putting them in the hallways any more. I do remember a day when we had 681 patients — the highest census ever. Nineteen patients were being held anywhere we could accommodate them, the labor rooms, recovery room, emergency room.

In my management style, I believe in always expecting the best from people and trusting that they will live up to my expectations. Nevertheless, I still put a lot of faith in having the numbers to measure performance. I like to believe that if you take care of the details, you will have a better chance of accomplishing the larger task. I want to know if the food we serve gets to the patient on time and at the right temperature. I want to make sure that the patient gets what he or she ordered.

I also believe in knowing what the state-of-the-art is in the various things we do. I want my managers to know how we

are doing measured against whatever practice standard is the best in the country. When I came to Morton Plant, the world for most of the managers was defined by Mease Hospital on the north and Sun Coast Hospital on the south. At the Ochsner Clinic, a world-class institution, I always knew what was going on in the health-care field nationwide. And I did insist that we change our insular view to a national perspective.

When I arrived, there were about 180 physicians on the medical staff. Today, we have about 370, so we have about doubled the number of physicians practicing here. The range of specialties is also much wider. We have people who specialize in infectious diseases, neonatology, nephrology and a number of other specialties we didn't have 12 or 14 years ago.

I have often heard it said that all great health-care institutions have a lot of depth in the specialties, not just one top performer but two or three. It's like the team that loses its first string quarterback and has someone of equal ability ready to step in and perform. We enjoy that degree of depth in our medical staff today.

A major task facing me when I arrived was building a financial base for the hospital. I believe the most excess revenue ever generated by the hospital before 1977 was \$700,000. I recall General Harrison, who had been chairman of the board and was then serving on the Finance Committee, being greatly concerned one month when we showed an excess of \$200,000. He made the statement that Morton Plant was a non-profit hospital and should not be making any money on its services. There is much to be said for that philosophy — we should always attempt to provide excellent care at a reasonable cost. But we also must do well financially in order to do good.

As Ray Brown, a much respected



**Santa Claus (retiree Ed Monastra) gives president Duane Houtz some advice at the 1988 Holiday Teas.**

health-care professional, once said, the non-profit hospital is a compromised institution. We are a private agency organized to meet the public good. If we act to maximize our corporate financial interests, we fail to meet our public obligation — and the converse is also true. So, as Ray insisted, our job is to balance a soft heart with a hard head. That's not an easy task for board members or physicians or hospital management. But that is our charge, particularly in an era where health care has become a highly competitive business.

The non-profit community hospital does try to provide care at an affordable cost to the patient. We don't attempt to generate excess revenue to distribute to shareholders. Whatever excess we have goes to help improve the level of care we can offer. My goal is to provide state-of-the-art health care to the community.

Part of the problem facing hospitals today is the conflict between government and hospitals over what is a fair share for

government to pay for the health care of its citizens, particularly the elderly and the poor. Morton Plant today loses money on each Medicare patient admitted and writes off about \$1 million each month for bad debt. About 37 million Americans have no health insurance. They use the Emergency Care Center for their primary care — and that's about the most expensive medical care we have.

At Morton Plant, we have been able to maintain our leading edge because of the support we get from the community through the Foundation. Ours is a generous and caring community, and we are most fortunate to have resources available beyond what we can generate from operations.

We're not a public utility. We're not a church, although we're the one place in the community where all the churches come together. We do not operate solely to make a profit, although we do need to have a strong bottom line to stay in business. We have no one to bail us out if we get into financial trouble; no one to underwrite my salary, or the nurses' salaries as Donald

Roebing once did. If we don't have some reserve, we will be in serious trouble when the big hurricane or some similar crisis comes along. So we are strong financially, but always vulnerable.

Our mission in the future should not vary dramatically from what it is today: to render state-of-the-art care at the level our community can afford and is willing to pay for.

Other than that, we must begin to do a better job in helping to improve the quality of life available to the residents of our community. We need to have some impact on curbing infant mortality rates. We must be more persuasive in convincing our neighbors that prevention of lifestyle diseases will pay greater dividends in curbing the cost of health care than any other means. We need to ensure that the increasing numbers of elderly among us have an opportunity to be active and creative in their lives."

— Duane T. Houtz  
President  
Morton Plant Hospital

## Hands-on management

"**T**he one characteristic that comes first to mind concerning the trustees and directors I have worked with is their high level of commitment. Being on the hospital board of trustees is perceived in this community as a feather in your cap.

An awful lot of credit for the spirit of family which exists at Morton Plant should go to Duane Houtz. When I first came to work here we had an employee, who had worked either in the Laundry or in Environmental Services, who had passed away. I had to make

time in Mr. Houtz's schedule to go to that funeral and for him to visit with that family. I don't think you will find in many institutions that have some 3,000 employees, a chief executive officer who cares that much. Even when he can't make something like that, he makes sure someone else does it for him, representing the hospital. It is just kind of hands-on. I think all the employees know they can come in here and talk to him if they need to. He will make the time."

— Mollie Bucy  
Administrative associate to the president

## Where the doctor is always in

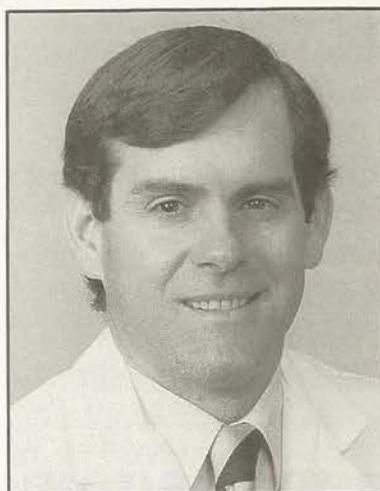
**“W**hen I started here in 1976, the new emergency room had just been finished.

Morton Plant Hospital provides a vital, essential, irreplaceable service to this community. We not only handle a large amount of the indigent medical care, but we also provide the major source of quality emergency care for northern Pinellas County. There are other emergency departments, but they don't have the scope that this one does.

They don't have the backup medical staff; some don't have a neurosurgeon; they don't have pediatrics; or they don't have anesthesia support; they don't have radiological services available.

We see everything from major trauma to sick babies. We do everything! That's part of the specialty of emergency medicine — you have to be able to handle all these different problems.

We didn't have the technology in 1976 that we do today, such as CT scanners and ultrasound. The emergency room was not used by the community to the extent it is today. We saw 70 to 75



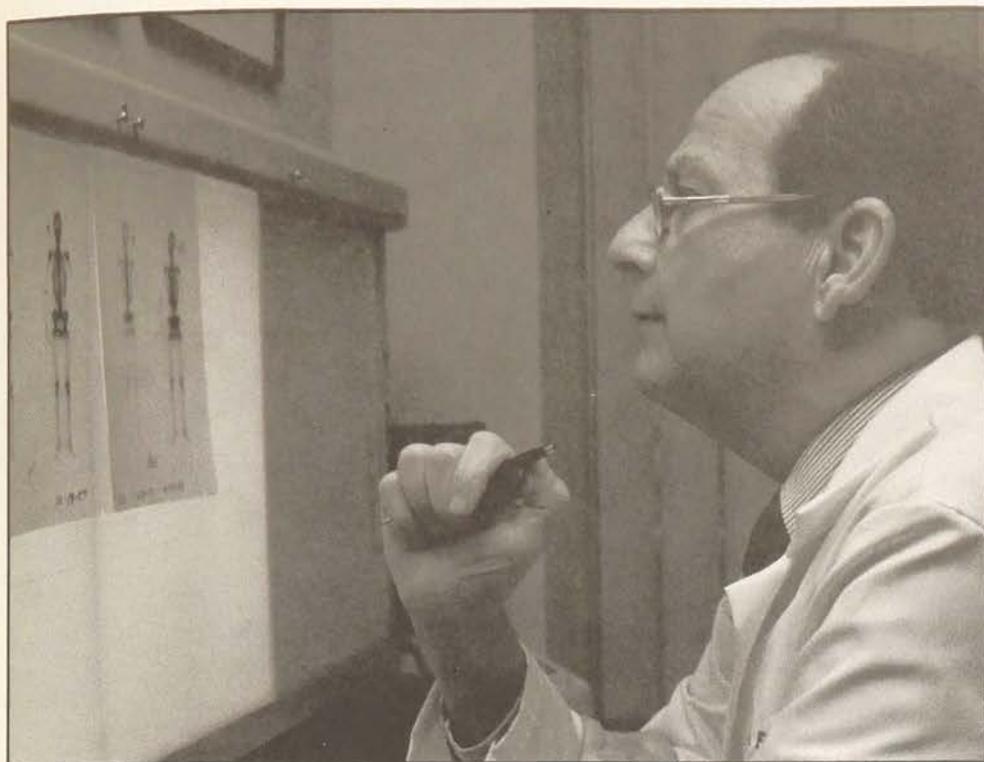
**Dr. William  
Beel**

patients a day; now we're seeing 130 to 140 patients.

We see a large number of indigent patients and we see a large number of Medicaid patients who don't have access to a physician in the office. We see a lot of people who may not have acute emergencies so far as we're concerned, but as far as they're concerned, it's an acute emergency.

This is a major emergency department. If you're going to be sick anywhere in this area of Florida, Morton Plant is one of the few hospitals you'd want to go to.”

— *Dr. William Beel*



**Ben I. Friedman, M.D.,  
examines a nuclear  
medicine image.**

## **‘A winner for the patient’**

**“T**here had not been a separate department of Nuclear Medicine prior to my arrival in 1977. Currently, we have two full-time nuclear medicine physicians on staff — Dr. Robert C. Kline and myself. In most hospitals, nuclear medicine is part of the radiological service.

Nuclear medicine represents a patient load of about 15 percent of the total imaging picture. At Morton Plant, we do many difficult, unusual studies that are not done elsewhere.

Within our department, we perform all clinically indicated studies when the radioactive material has been approved by the FDA. While it may be a loser for the

hospital dollarwise, the study may be a winner for the patient.

I think that Morton Plant’s nuclear medicine is the best in the county. Ours is the only one outside of a government institution that has full-time nuclear medicine physicians. Within the hospital department, there is an esprit de corps that helps produce quality work.

Almost all of the equipment today in the department of nuclear medicine is computerized. The quality of care here is as good or better than anywhere as far as the individual patient is concerned.”

— *Ben I. Friedman, M.D.*

## Excellent diagnostic capabilities

“**W**hen I came in the summer of 1978, I was impressed even then by the laboratory and it has since improved. We have a level of diagnostic X-ray capabilities not found in many hospitals. The qualifications of the hospital staff — in physical therapy, dietary — are excellent, and all the various support services are in place.

We have a state-of-the-art cardiology program. It was really fashioned and nursed along by Dr. Eubanks and Dr. Williamson as a team. They have assembled some fine support paramedical personnel. They have quality nurses and quality technicians working with them in the cath lab. Excellent work is being done by the Morton Plant Cancer Center. I am very proud of the beginning of an arthritis center and pain center. I have worked with some very generous people in the community who have given their money and time to help us make advances. One of our most important programs has been the



**Dr. William Brandon discusses arthritis with a patient.**

outpatient facility Lewis and Florence Barrett contributed. Wahnetah Moffatt also gave quite a bit of money to help us develop an indoor therapeutic pool.

I think Morton Plant has enjoyed a very positive image in the community for many years.”

— *Dr. William Brandon*

## Everything but heart transplants

“**T**he facilities at Morton Plant offer the community a broad variety of acquired heart disease surgery, which is equal to any in the country and probably better than most.

We have now reached the point where our volume of surgery is about 600 adult cases per year and runs the entire gamut of adult cardiac surgery, from coronary bypass, heart valve replacement, to mitral valve repair, left ventricular aneurysmectomy, aortic root replacement and so on. In fact, at Morton Plant, we are able to offer essentially every type of surgery required for heart disease, period. The only thing we do not engage in is heart/lung transplants.

I think Morton Plant by and large is an excellent hospital. Morton Plant was a good hospital when I came here in 1978.

But they didn't have an autopsy suite in the hospital, which I thought was poor quality control.

Their quality control as far as physicians go was loose but that has now been improved, I think significantly. And I would rate Morton Plant Hospital now as a first-class hospital — by far the best hospital in Pinellas County and probably one of the best in Florida.

And I think the nursing care is excellent. The nurses I work with in ICU — Joan Clow, Myrna Duckworth, Madelyn Lawson — and the people in CCU, Barnard 3 and Witt 3 I consider to be first-class professionals. They are good nurses. And I'm also impressed with the way Morton Plant always seems to maintain a cadre of experienced nurses so, when they bring in new nurses, the core group

quickly brings them up to standards.

Among the principal players in making this hospital as good as it is are Dr. Donald Eubanks and Dr. Michael Williamson in cardiology. Dr. George Morris has been a very healthy influence and leader in the hospital, not just in the field of orthopedic surgery, but also for the professional staff as a whole. I think ophthalmologist Dr. Frank Williams has been very important to the hospital.

We have a happy, professional caring attitude in the hospital. I think most of the employees seem to be happy and be proud of the fact that they're working for Morton Plant. They feel it's a good hospital, and they're proud to be a part of it.

During the past 10 to 15 years that we've been doing heart surgery at Morton Plant, there has been an improvement not only in the sophistication of our surgical techniques, and in the devices we use to monitor patients more accurately, but also in the fact that we're now extending these services to older and sicker people.

A few years ago we operated on very few people who were 80 years or older. Most of our patients were in their 60s or early 70s. Now almost half of the patients we operate on every week are over the age of 70, and the number of people in their 80s has been increasing.

**Dr. Donald Eubanks is one of the pioneers of the Morton Plant Heart Center.**



**Dr. Myron Wheat**

Coronary artery disease is certainly going to be with us for a long time. I think for the next 10 years, we're going to see the volume at Morton Plant increase as the population continues to expand north of us.

That poses a major sociological question that's going to have to be addressed. When these older people get a complication or get sick, their hospital stays become prolonged and extremely expensive. Then you begin to ask the question, 'How much of our medical health-care dollar are we justified in spending on these people in those age groups?'"

— *Dr. Myron Wheat*

## Down in the powerhouse

“I came here in 1980 and I have probably visited 100 hospitals during the past 20 years. I can tell you, *this* is a first-class hospital. As far as equipment goes, we are probably as well off as any hospital I have ever seen. We have a lot of redundancy in our stand-by equipment. We are very fortunate because a lot of hospitals don't have that. We have redundancy in boilers and chillers, in oxygen and vacuum and patient air.

We have good board members who are willing to spend the necessary money to maintain the facility. They spend roughly 20 percent yearly just in replacement costs.

We have a policy that has been in effect for three or four years now. Any

requests we get from patients, we want to respond to and complete within one hour if possible. What might sound trivial to us is important to the patient. Like when the patient's television set goes out. You know how important a TV set is when you're lying flat on your back. Or perhaps an electric bed won't go down.

We have probably the finest operating and finest looking powerhouse in the whole state of Florida, perhaps even in the nation. Companies from all over Florida send their vice presidents and other personnel to see our systems.”

— Leonard Neel  
Director  
Plant Operations

## **‘A super medical staff’**

**“**I came to Morton Plant in 1981 as director of Surgical Services. This included the operating room, the recovery room, and the Endoscopy Department. Later we built the Aldham-Christ Day Surgery Center.

What I dreaded the most in leaving the University of Alabama was having to work with surgeons I did not feel were really great. I had worked with great surgeons, and I wondered about what I might find at Morton Plant. I was pleasantly surprised. Within three months, I could say I didn't have to go back to Birmingham, even though it is the heart center of the world, because Morton Plant had such a super medical staff. I feel I don't have to go back to a university center for any reason. We've got excellent surgical services right here.”

— *Mary Wilmarth, R.N.*  
*Assistant to the chief operating officer*



**Mary Wilmarth, R.N.**

## **‘Our community hospital’**

“I’ve had trustees comment on the fact they enjoyed the board meetings because the members have plenty of time and opportunity to solve problems before they are asked to vote. And it has always been my experience that participation was the tenor of all those meetings. No one tried to push down anything. I came on the board in 1981.

When Duane Houtz knew some decision was coming up, he always had a committee working on it first.

Sometimes he would call in key personnel of the hospital to meet with the trustees who were involved. The groundwork was always well laid before we got into the board meetings. The material was clearly presented to the trustees so that everyone understood it.

I have talked to trustees, including

the chairman of another local hospital, and I must say their concept of what was going on around them was quite different than was mine at Morton Plant Hospital. They were just not as involved. It didn’t seem to me that those trustees had as much to say, really, about what was going on as we did at Morton Plant. As you know, Duane was always my president and CEO the six years I was on the board, including the two years I was chairman, so his knowledge about the hospital has always impressed me.

I didn’t know many other CEOs. And they may have been well regarded in their position, but I always felt Duane was outstanding. I always compared Duane to others as best I could because I went to meetings with him involving other hospitals’ CEOs and directors, and he was always impressive. Whether he was at

Morton Plant running the hospital or in a meeting in Chicago with other CEOs, Duane stood out. He is kind of a gem.

One of the board members who was quite influential during my time was Vernon Burkett. He was the worker. We used to kid him about having an office at the hospital because he spent so much time there. It is hard to pick out others who were special. As chairman I had mighty big shoes to step into and to keep pace with what they already started. I think our chairmen were always outstanding. I used to marvel as well at the dedication of time and abilities of the board members I served with and how devoted each was to the hospital. It was just amazing how these people would just take this community project to heart and really give it their all.

I can tell you that even my friends and associates who were not directly involved always felt like Morton Plant was our community hospital.



**Elwood Hogan**

I think Duane and everybody else has worked very hard to keep that feeling alive and to try to get the public to participate through the membership in the hospital Association. "

— *Elwood Hogan*  
*Former chairman*  
*Hospital board of trustees*



**Dr. Eric  
Berke**

## High criteria for the staff

**“**I think that Morton Plant has always been a quality institution and has gotten much better over the past 10 years. The nursing staff has improved, and I think we have a superb medical staff. To get on the staff here, you have to jump through more hoops than at any other hospital in the county. We probably have the highest criteria for staff privileges.

Morton Plant is well recognized in the medical community — certainly the premier hospital in north Pinellas County. I spend a lot of time in the hospital, probably spend at least half my day, because I’m a hospital-based consultant. There’s a kind of family feeling at Morton Plant.

People are generally very friendly. I think they have a strong commitment to

improve the quality of care. We have a very strong continuing medical education program under the directorship of Dr. Al Schick. Al has provided really good educational programs. He also makes sure we meet the various state laws, not only for continuing medical education, but also on liabilities, risk management-type programs and similar things.

Morton Plant’s strength is that it’s a community hospital. It provides indigent people with care. The physicians on the staff have been providing indigent care gratis for years. The hospital has a similar commitment. I think that’s an appropriate thing for the hospital to do.”

— *Dr. Eric Berke*  
*Immediate past president, medical staff*

# All physicians are board-certified

“The quality of the medical staff at Morton Plant is equal to or better than any place I have ever worked. I’ve been here since 1982, and the quality of the nursing staff, employees and the hospital in general is superb.

One of the things that has helped create quality is the requirement of Morton Plant that all physicians on the staff be board-certified. Very few hospitals have that requirement.

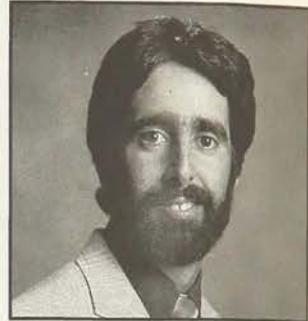
I think there is also a good feeling about the hospital. It’s a friendly environment to work in and I appreciate that as a doctor and, I think, the nursing staff does, too. We all feel we are trying to accomplish the same thing. If you point out a need, there is a good attempt made to solve the problem. You can always see someone from administration to discuss a problem and get it resolved.

In Family Practice, Dr. John Sourbeer, Dr. Sherman Pace and Dr. Paul Straub traditionally have been real leaders of the department. I think Dr. Jeff Sourbeer has been a substantial contributor since joining us about four years ago.

In the medicine department, Dr. Eli Freilich has developed into a real leader and Dr. Paul Phillips certainly has played a role recently. In the Surgery department, Dr. Wade Hatcher and Dr. George Morris certainly play a big leadership role. Dr. Frank Williams as chairman of bylaws has had more influence. Dr. Al Eaddy certainly has been an important leader on staff. There are a lot of people who have really contributed a lot of time and energy.



**Dr. Julian Greengold**



**Dr. Eli Freilich**



**Dr. Paul Phillips**

In a lot of hospitals you must have much more seniority to be able to work your way up the totem pole. I think on this staff if you are willing to work and willing to do the job, you will get recognition.

I think Morton Plant is a very strong hospital. It has the basic problems of health care today, and, I think, so far it has adapted well to them. As time goes on, the hospital will get stronger rather than weaker. There are some marginal hospitals that may or may not make it through the 1990s around here. But we have a good financial base and the advantage of being a strong hospital.

A real advantage to Morton Plant is the fact it is looked upon by the community as their hospital and that people support it financially. I think that really has made a difference.”

— Dr. Julian Greengold  
Medical staff president

## 'A community asset'

**"I** think one of the greatest advantages our hospital has is its status as a community asset. Morton Plant is perceived as an institution that provides superior quality health care.

In order to meet our obligation to the community, we have to do well in order to do good. Without a strong bottom line, our good intentions will go for naught. The first ingredient in having a quality hospital is an excellent medical staff. As trustees, our job is to be primarily responsible to the community, but we also have to be responsive to the medical staff in helping them to serve the community.

The board of trustees doesn't run the hospital. We don't know how to run the hospital, but we know what to do if it isn't being run appropriately. The board is most effective when it stays out of the day-to-day operation and provides the guidance and



**Gilbert  
McArthur**

coaching that we are best prepared to do, as folks who have other business experience.

For the future, the biggest challenge the hospital faces is to find a way to manage resources even better than the fine job that they've done in the past, to continue to be able to progress in the increasingly complex economic realities of health care."

— *Gilbert McArthur*  
Former chairman  
Hospital board of trustees

## 'Professionally run'

**"I** was on the board for six years back in the early 1970s. When I came back in 1989, I told Duane Houtz, 'This place is a different world.' It has expanded. I think it is much more professionally run. It was a very well operated hospital in prior days, but nothing like it is today. Much of that is due to Houtz. Also, I think that you have a different type of board.

I think there is dedication to superior performance. From a quick observation, I would say all the hospital's people are striving to do an excellent job. I think it is a businesslike atmosphere.

In board meetings, when money matters are discussed, the intent is to keep



**Donald  
Dunn**

advancing and to have the latest equipment, and not sit back and rest on the hospital's laurels."

— *Donald Dunn*  
Board member

**In brief . . .**

**A voice for patients**

CLEARWATER, FL — January 1977 — Questions posed by hospital patients, their families and visitors are now answered by Morton Plant Hospital's first nurse/patient liaison.

The patient advocate program, a communication service to meet the specific needs and problems of patients and their loved ones, was instituted today with the naming of Audrey Gifford, R.N., as the first patient advocate.

Gifford initiated the program



**Audrey Gifford, R.N.**

and will act as liaison between hospital guests and the appropriate departments within the hospital.

**First Nuclear Medicine Department**

CLEARWATER, FL — July 1, 1977 — Nuclear Medicine physicians, staff and patients now have a place to call home.

Nuclear Medicine, a part of the Radiology Department at Morton Plant Hospital since 1971, has been established as a separate department under the medical direction of Dr. Ben I. Friedman.

In nuclear medicine, images of all major organs of the body, and body functions, are studied through the use of gamma cameras and carefully controlled radioactive drugs to determine the diagnosis and treatment of many illnesses.

Approximately 35 procedures are expected to be performed each day in the new department.

**First CT scanner**

CLEARWATER, FL — April 4, 1977 — Clear and accurate cross-sectional views of the body's internal organs are now possible with the use of the computerized tomography scanner.

The first CT scanner was

acquired by Morton Plant Hospital at a cost of \$600,000 and installed today. The computerized X-ray machine obtains highly accurate images and spares patients the pain and risk of invasive diagnostic procedures.

**In brief . . .**

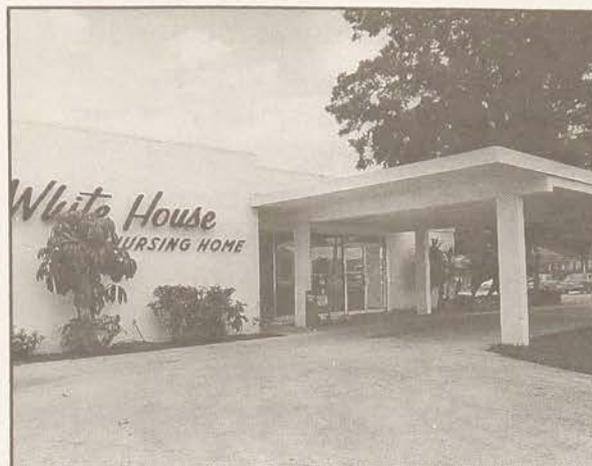
## **Hospital acquires nursing home**

CLEARWATER, FL — Dec. 24, 1979 — Patients requiring short-term rehabilitation or longer-term nursing care will be able to get both at the Morton Plant Rehabilitation and Nursing Center.

The hospital acquired the White House Nursing Home and Clearwater Rehabilitation Center today with plans to merge the two into one nursing home facility, part of a 10-year plan to provide complete, continuous medical care.

The side-by-side operations are located at the corner of Pinellas Street and South Fort Harrison Avenue.

The \$2.25-million acquisition includes both a short-term facility for patients who no longer need full hospital care, and a long-term facility



**The White House Nursing Home.**

primarily for the elderly.

The new Rehabilitation and Nursing Center will care for patients of Morton Plant and other area hospitals.

## **Training for critical care nurses**

CLEARWATER, FL — March 2, 1981 — Nurses wanting to specialize in the care of critically ill patients can now receive their training at Morton Plant Hospital.

The hospital's first Critical Care Internship Program was begun today to meet the requirements of the Joint Commission on Accreditation of Hospitals, which states that all registered nurses working in critical care must complete a formal training program.

The Morton Plant program

deals with acute situations and problem solving, performing cardiopulmonary resuscitation, administering a variety of parenteral fluids and medicines, and using electronic life-support equipment.

The program includes several weeks of theory, followed by a clinical rotation in which interns work directly with nurse preceptors in a variety of settings.

The program is recognized by the American Heart Association.

**In brief . . .**

**A new weapon to fight cancer**

CLEARWATER, FL — April 1981 — Cancer patients may now receive first-class treatment locally at Morton Plant Hospital's Lykes Cancer Center.

Long-time Clearwater resident Margaret Keenan Lykes donated \$600,000 toward the construction of the new \$1.76-million center, which is located at the southeast corner of the hospital complex, adjacent to the

Morrow Pavilion.

The center, the first of its kind in Pinellas County, cares for patients with the latest in comprehensive treatment, designed to meet not only their physical needs, but also their emotional, social and spiritual needs. The team approach involves board-certified oncologists, registered nurses, and registered radiation technologists.

**Hospital hires chaplain**

CLEARWATER, FL — Sept. 14, 1981 — Full-time chaplaincy services are now available at Morton Plant Hospital.

Frank G. King, Ph.D., of Louisville, Ky., was hired today as the first director of Pastoral Care and Services.

King holds master's degrees in both divinity and religious education from Methodist Theological School in Ohio, and a doctorate in social psychology from the University of Oklahoma.

He is a nationally certified



**Frank King, Ph.D.**

hospital chaplain, a fellow of the American Protestant Hospital Association College of Chaplains, a member of the American Association of Pastoral Counselors, and a certified counselor of the American Association of Sex Educators, Counselors and Therapists.

**The light of hope**

CLEARWATER, FL — December 1981 — Rising seven stories above the Clearwater waterfront, Morton Plant Hospital's Tree of Light shines out as a beacon of hope and service to the community.

The hospital Auxiliary is sponsoring the Holiday Lights fund-raising program, which gives donors a chance to honor friends and loved ones by "buying" lights on the tree attached to the western face of the hospital. The

tree is lighted nightly throughout the holiday season.

Plans are to make the Holiday Lights an annual event. The money raised each year will benefit a different hospital department. Lights are bought for \$2. Wreath candles, hung on the outside of various hospital buildings, recognize donations of \$100 or more. The star at the top of the tree represents a \$1,000 donation.

**In brief . . .**

### **Lifeline users saved by the button**

CLEARWATER, FL — March 1983 — Help is within easy reach for Lifeline subscribers.

The first Lifeline personal emergency response system was installed this month and connected electronically to Morton Plant Hospital's Emergency Care

Center.

Subscribers to Lifeline carry a portable "help button" that is pressed in the event of an accident. Once the signal is received, the subscriber is called back or one of the three pre-selected responders is notified.

### **Geriatric Center established**

CLEARWATER, FL — May 1983 — Plans for a Geriatric Center went into effect today when Elaine Dermody, a gerontologist, was installed as director of the new Morton Plant Hospital department.

The Geriatric Center will be a resource for the elderly, their families and physicians, providing information about long-term care and assistance in accessing needed services.

The main services of the program include SeniorCare (informational services), Care Coordination (assisted living), Lifeline (emergency response) and the Successful Aging



**Elaine Dermody**

Program (seminars). The Geriatric Center will also develop new programs and assist in long-range planning involving geriatric health care.

### **Hospital laboratory spreads out**

CLEARWATER, FL — October 1983 — Laboratory staff members can take a long-needed stretch with the opening of the 34,000-square-foot Adler Institute for Laboratory Medicine.

The \$3.5-million facility doubles the size of Morton Plant

Hospital's lab.

The two-story building also includes the Norine V.N. Corell Center for Cardiovascular and Nuclear Medicine. The Respiratory Therapy and Endoscopy departments are located on the second floor.

**In brief . . .**

## **Hospital buys home health agency**

CLEARWATER, FL — October 1983 — Morton Plant Hospital has acquired Independent Home Health Services, a Clearwater-based home health-care agency.

Founded June 10, 1976, by Denton Crockett Jr., who will remain executive director, Independent Home Health Services provides nursing care, physical, occupational and speech therapy, home health aides, medical social workers, nutrition counselors, and intravenous and enteral therapists.



**Denton  
Crockett Jr.**

It is one of the few local home health-care agencies certified for Medicare reimbursement.

## **Stomach tube feeds patients**

CLEARWATER, FL — Jan. 31, 1985 — The first percutaneous endoscopic gastrostomy in the state was performed today at Morton Plant Hospital by general surgeon Dr. Zena Lansky and gastroenterologist Dr. Fred Lieberman.

The procedure, developed by Dr. Lansky, involves inserting a stomach feeding tube into patients who cannot take food orally because of stroke, brain injury or cancer. The new procedure greatly reduces surgical recovery time.



**Dr. Zena  
Lansky**



**Dr. Fred  
Lieberman**

**In brief . . .**

## **First arthroscopic ankle surgery**

CLEARWATER, FL — Aug. 8, 1985 — The first arthroscopic ankle surgery in the area was performed at Morton Plant Hospital today by orthopedic surgeon Dr. Charles Abrahamsen.

Arthroscopic surgery — direct joint visualization by means of an arthroscope — has the advantage of low morbidity and speedy recovery.

Small incisions are made across the ankle. Inserted into one incision is a narrow scope with a light and camera that allows the



**Dr. Charles  
Abrahamsen**

surgeon to see inside the ankle via a television monitor. Another incision acts as the passageway for the tiny surgical tools used.

## **New addition benefits everyone**

CLEARWATER, FL — May 1985 — The North Witt Addition was completed this month at Morton Plant Hospital.

The new seven-floor expansion, built onto the north face of the Witt building, houses the new surgical family waiting room and Nursing

Administration offices on the ground floor. Classrooms for numerous hospital academic functions will be on the first floor.

Patient floors (two through seven) have been increased by four private rooms per floor.

## **Rehabilitation is life renewed**

CLEARWATER, FL — October 1985 — All types of rehabilitative therapy are now available to patients at the Barrett Center for Outpatient Rehabilitative Services.

For the first time in the history of Morton Plant Hospital, all the rehabilitation departments have been consolidated under one roof. Included in the \$2.73-million facility are physical therapy, occupational

therapy and speech, hearing and learning services. Programs include coordinated stroke rehabilitation, learning assessment, language stimulation for pre-schoolers, treatment for chronic pulmonary disease, chronic pain therapy and arthritis therapy.

An estimated 15,000 patients are expected to receive treatment each year at the Barrett Center.

In brief . . .

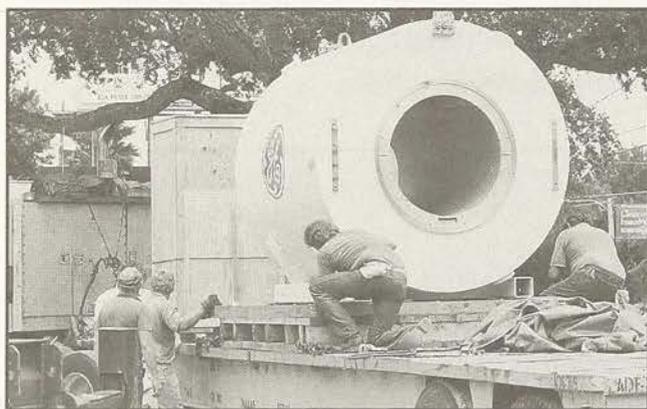
## Friends of Wellness

CLEARWATER, FL — April 1985 — The Friends of Wellness, a Morton Plant Hospital Foundation program, has been created to encourage community fitness by providing convenient wellness and recreational facilities.

Fun runs are planned and gamefields will be built throughout the community. The compact fields will consist of exercise stations that allow participants to work various muscle groups in a systemized way.



The Gamefield at Bayview Gardens Retirement Community.



The MRI 'magnet.'

## Taking a better look

CLEARWATER, FL — September 1986 — The most highly detailed views of the body's internal organs possible to date can now be made through magnetic resonance imaging.

A magnetic resonance imager has arrived at Morton Plant Hospital, the first such device to be acquired by a Pinellas County hospital.

The MRI, at cost of \$2 million, heralds a new era in imaging. It maps the body with X-ray-like pictures without using radiation. It can detect tiny tumors, multiple sclerosis and spinal-cord diseases.

The process is painless and causes no negative effects on the body.

## New computer links hospital departments

CLEARWATER, FL — September 1986 — An IBM mainframe has arrived at Morton Plant Hospital to provide quick and accurate information on a hospital-wide basis.

Most of the first terminals are slated for nursing stations, while others will go to various ancillary and supportive departments. The IBM mainframe will be installed in the new 3,600-square-foot Data Processing Department adjacent to the Barrett Center.

The mainframe is linked to the hospital by fiber optic cable. Rolm telephone lines will be adapted to allow the transmission of voices and data at the same time.

**In brief. . .**

**In shape for motherhood**

CLEARWATER, FL — September 1986 — A specially designed gym just for expectant and post-partum moms has opened at Morton Plant Hospital's Barrett Center.

The Pregnagym is staffed by trained instructors who give participants individualized exercise programs on Nautilus exercise machines, which are adapted to meet the needs of expectant mothers.

The Pregnagym concept was developed by a nationally recognized obstetrician who is well known as a fitness expert for pregnant women. Written consent from a physician is required before joining the gym.



**Morton Plant nurse midwife Cathy Vinciguerra works out with daughter Marcie.**

**Women's Pavilion opens**

CLEARWATER, FL — October 1986 — Babies can now room-in with mom at Morton Plant Hospital's Women's Pavilion.

The Women's Pavilion, on the newly remodeled Barnard 4 floor, is one aspect of the hospital's family-centered maternity care, which falls under the umbrella of the Women's Center.

The Women's Center is a comprehensive array of medical and educational services for women, and includes a host of other services — imaging, mammography, osteoporosis screening, wellness programs, parenting seminars, and education programs.

**Retirement community merges with hospital**

CLEARWATER, FL — November 1986 — The merger between Morton Plant Hospital and the Bayview Gardens Retirement Community, located at 2855 Gulf-to-Bay Blvd., was completed this month.

The merger of a major hospital and a large retirement community is the first of its kind in Pinellas County. Morton Plant Corporation has established Life Services Inc., an independent board to oversee the operations of Bayview Gardens.

A main goal for the 400-unit complex, situated on 36 acres on Old Tampa Bay, is to provide quality housing and health-care services for older adults at affordable prices.

Major renovations to the 21-year-old continuing care complex, which includes 92 studio apartments and 295 one-story garden apartments, are set to begin shortly.

**In brief . . .**

### **Depression patients now treated in open setting**

CLEARWATER, FL —  
December 1986 — The Institute of Neurosciences opened this month at Morton Plant Hospital, and is only the second facility in Florida to treat depression as a chemical imbalance in the brain.

The unit, located in the newly

refurbished Morrow Pavilion, will also treat affective disorders such as manic depression, chronic pain, anxiety, phobias and post-traumatic syndromes. Patients are treated in an open setting, separate from the traditional locked psychiatric ward.

### **3,000th open heart surgery**

CLEARWATER, FL — May 26, 1987  
— The 3,000th open heart surgery was performed today at Morton Plant Hospital's Heart Center.

Cardiovascular surgeon Myron Wheat, M.D., conducted the procedure.

The first open heart surgery at Morton Plant was performed in 1975.

### **Aortic valvuloplasty now offered**

CLEARWATER, FL — May 1987 —  
A type of surgery that helps reduce plaque from clogged heart arteries has been performed at Morton Plant Hospital.

The first aortic valvuloplasty — which increases blood flow through the aortic valve without open heart surgery

— was performed by cardiologist Dr. Donald Eubanks.

In this new procedure, a balloon attached to a catheter is passed through the patient's heart valve to crack the fibrous calcium plaque. The surgery is an alternative for patients who are too frail or ill to undergo valve replacement.

### **Drug may reduce heart damage**

CLEARWATER, FL —  
November 1987 — A new drug to be used in the treatment of myocardial infarction (heart attack) is available for the first time at Morton Plant Hospital.

Recombinant tissue plasminogen activator, better known

as TPA, can minimize the amount of heart muscle damage that may occur at the time of a heart attack. TPA is one of several drugs that have the ability to dissolve blood clots in the blood vessels, with the advantage of being more effective and safer than some others.

**In brief . . .**

**Imaging Center now open**

CLEARWATER, FL — March 1988 — All types of imaging services are now available to Morton Plant Hospital outpatients in the new Imaging Center.

The two-story, 33,000-square-foot concrete and glass Center is a joint venture between the hospital and some 80 physicians.

Located on the corner of Pinellas

Street and South Fort Harrison Avenue, the \$4.1-million Imaging Center offers magnetic resonance imaging, X-ray, CT scan, ultrasound, mammography, osteoporosis screening, and outpatient nuclear medicine procedures.

The second floor houses business offices.

**Aqua therapy**

CLEARWATER, FL — October 1988 — Arthritis, stroke and orthopedic patients may be able to paddle their troubles away in Morton Plant Hospital's new Therapeutic Pool.

The pool opened this month with a visit by renowned heart surgeon Dr. Christiaan Barnard, who performed the world's first heart transplant in 1967. He was forced to stop performing surgery

because of arthritis in his hands.

The 65-by-30-foot pool is equipped with accessible stairs, a portable ramp, and a specialized lift for easier entry. Its constant 87-degree temperature promotes circulation and flexibility. The warm, buoyant water helps relieve joint pain.

**Lykes moves south**

LARGO, FL — Nov. 14, 1988 — Mid-county residents now have all the services of Morton Plant Hospital's Lykes Cancer Center in a more convenient location at 198 14th St. S.W., Largo.

Lykes has expanded to mid-county with the opening of Lykes at Largo, a 7,000-square-foot satellite facility. It will provide all the services of the main center for the convenience of mid- and south-county residents.

Lykes at Largo is expected to treat some 35 patients a day.



**Lykes Cancer Center at Largo.**

**In brief . . .**

## **Home health agency largest in state**

CLEARWATER, FL — May 1989 — Morton Plant's Independent Home Health Services has become the largest hospital-based home health-care agency in state with the acquisition of Global Care Inc.

With the purchase came the

name change to Independent Global Home Health Services.

In July 1988, Independent purchased Forest Terrace Home Health Agency in Hillsborough County and Independent Home Health Services of Pasco.

**Lasers are used for a variety of surgeries, including eye surgery.**



## **The healing light**

CLEARWATER, FL — July 1989 — Patients opting for laser surgical procedures need look no further than the Morton Plant Laser Institute.

It is located at the Aldham-Christ Day Surgery Center.

Although lasers have been in use at Morton Plant for nearly a decade, more than 50 board-certified physicians on staff at Morton Plant (representing 10 medical specialties) received laser training and credentialing this year,

making the hospital one of the largest laser centers in the area.

Laser surgery brings with it accuracy, less blood loss and less pain, and is used in a variety of specialties such as ophthalmology, gynecology, vascular surgery, orthopedic surgery, pulmonary/thoracic/ENT surgery, digestive surgery, urology, neurosurgery, dermatology/plastic surgery and general surgery.

**In brief . . .**

## **Morton Plant Hospital opens satellite facility**

PALM HARBOR, FL — September 18, 1989 — Residents of north Pinellas County will find Morton Plant services easy to access with the opening today of the Morton Plant Health Center at 30522 U.S. 19 N.

The new satellite facility offers complete family practice, obstetrical/gynecological, and imaging services to north county residents.

Educational classes will also be held at the center.



**Morton Plant services are now closer for north county residents.**

## **Cancer center renamed**

CLEARWATER, FL — February 1990 — The hospital board of trustees has approved a reorientation of Morton Plant Hospital's overall cancer treatment program.

The name Morton Plant Cancer Center will now be used to describe the hospital's comprehensive cancer program, including all inpatient and outpatient services.

Lykes Cancer Center will now be known as the Lykes Center for Radiation Therapy.

These designations will more accurately reflect the broad scope of Morton Plant's cancer program, encompassing radiation therapy, chemotherapy, surgery, oncology nursing care, and psychological/social support services for patients and their families.

## **New procedure looks at heart**

CLEARWATER, FL — July 6, 1990 — Cardiac function can now be accurately assessed without X-ray, imaging or invasive procedures.

One of the first transesophageal echocardiograph (TEE) procedures in Pinellas County was performed today by cardiovascular surgeon Dr. Paul Phillips and a team from the Endoscopy Department.

TEE is a new endoscopic ultrasound imaging tool used for the safe and accurate assessment of cardiac function.

During the procedure, a probe attached to the TEE ultrasound imaging monitor is inserted down the patient's esophagus to image the heart from the posterior wall.

**In brief . . .**

### **Hospital acquires waterfront property**

CLEARWATER, FL — July 1990 — Morton Plant Hospital has acquired the Siple's Garden Seat Restaurant property, a three-acre waterfront site located directly across from the hospital on Druid Road.

With the acquisition, Morton Plant received much needed space

for its clinical, health education, volunteer and community outreach programs.

The acquisition includes both a \$2-million sale and a \$1-million charitable gift to the hospital, which will be used to establish the Siple Family Endowment for Cancer Care and Education.

### **New surgery easier on patients**

CLEARWATER, FL — July 1990 — Morton Plant Hospital has begun laparoscopic cholecystectomy procedures for gallbladder patients.

Laparoscopic cholecystectomy is a state-of-the-art laser procedure in which a patient's gallbladder is detached from the liver by laser and removed through a small incision in the navel.

The entire procedure is done from inside the body with tools inserted through small incisions in the abdomen, and operated by surgeons who watch their progress on TV monitors.

Without the large incision common to previous gallbladder surgery, the patient's healing time and discomfort is greatly reduced. Many patients go home the next day.

### **New help for diabetes patients**

CLEARWATER, FL — July 1990 — The renowned Joslin Diabetes Center of Boston will affiliate with Morton Plant Hospital this month, giving patients access to the latest in diabetes treatment.

Joslin is an international leader in diabetes treatment, research and education.

Joslin selected Morton Plant Hospital because it is a full service medical center offering a wide range of services, and has an excellent staff of physicians and medical professionals. Morton Plant is one of only five affiliates in the nation.



**John Gray**

## **'Mr. Morton Plant' dies**

CLEARWATER, FL — Sept. 18, 1990 — Former Morton Plant Hospital vice president John Gray died today at 68.

Gray was hired in 1961 as the first controller at Morton Plant. He became the hospital's assistant administrator in 1964. Eventually he became president of MFP, Inc., a position he held until his retirement in 1987.

Gray was instrumental in beginning a number of programs, including some employee benefits and the Hospital Employee Recreation Organization, still in use today. His widespread popularity earned him the title of "Mr. Morton Plant."

## **Wellness Center opens**

CLEARWATER, FL — Nov. 1, 1990 — Morton Plant Hospital's new Wellness Center opened today at the Morritt Professional Centre, 401 Corbett St., just two blocks south of the hospital.

The 10,000-square-foot center houses the On Target Health and Fitness Program, the Pregnagym for pregnant and post-partum women, and the Body Shop program for children and adolescents.

It features the latest high-tech aerobic equipment, Nautilus equipment specifically designed for the pregnant woman, and an aerobics workout room. The new Wellness Center also houses a whirlpool, saunas, and a physicians' gym.

Participants in the On Target and Pregnagym programs receive individualized workout schedules and are carefully monitored by trained instructors.



**The Wellness Center offers fitness programs for all ages.**

**In brief . . .**

## **Resource center for senior adults opens**

CLEARWATER, FL — Dec. 8, 1990 — HealthPlace: The Center for Better Health, an educational resource facility for older adults and their families, opened today as an arm of Morton Plant's Geriatric Center.

Built at the southeast corner of Gulf-to-Bay Boulevard and Belcher Road, it contains more than 1,000 books, periodicals, article reprints, and audio-visual materials.

HealthPlace is seen as a grass roots approach to helping people better understand their health concerns. Support groups, guest speakers and health screenings will also be provided at the new facility. It is the only one of its kind in the area.

The Jack Eckerd Corporation Foundation has also played an important role in this effort with financial and other logistical support.



**HealthPlace offers senior adults answers to everyday health and lifestyle questions.**

## **Adler Building Addition opens**

CLEARWATER, FL — Jan. 31, 1991 — The new \$15.5-million Adler Building Addition opened today. It is a replacement facility for Women's Services, adult and pediatric mental health, and also houses Nuclear Medicine and cardiac catheterization. It is at the corner of Bay Avenue and Pinellas Street.

Part of the five-story structure is built atop the 1983 Adler Building as additional floors.

The 120,000-square-foot

building houses the expanded Nuclear Medicine and cardiac catheterization areas on the first floor. The Women's Center, including medical staff offices, classrooms, a library, and exercise room is on the second floor, Obstetrics occupies the third floor, with adult/geriatric mental health on the fourth floor, and pediatric mental health and the Institute of Neurosciences on the fifth. The fifth floor also includes an enclosed outdoor gym.

## **Chapter 6**

# **Facilities 1967-1991**

## **The Witt Building 1967**

**T**he year 1964 was one of planning and anticipation as the Morton Plant family looked forward to stretching out in the new Witt Memorial Building.

The proposed seven-story building took on a more tangible form when artists' renderings were completed by Atlanta architects Abreu and Robeson on July 21, 1964.

Also in July, the board of trustees received a telegram from Senators Holland

and Smathers, stating that the hospital would get \$330,000 in federal Hill-Burton funding for the 1965-1966 fiscal year. Federal funding would total \$1 million by the completion of the building in 1967.

Not even Hurricane Donna in September could dampen the bidding on the building, which would make the hospital one of the largest in the state. J.A. Jones Co. of Charlotte, N.C., was awarded the contract for \$2.8 million. Another lucky



**The Witt Building in 1967.**

Friday the 13th occurred in November, when the \$1.6-million mortgage was negotiated with Clearwater Federal Savings and Loan Association and First Federal Savings and Loan Association of Clearwater.

At the groundbreaking ceremonies

held Nov. 28, 1964, a portrait of Morton Freeman Plant, by artist T.M. Stanley of Dunedin, was unveiled. The portrait, as well as others of great benefactors, would be displayed in the new Tuttle Auditorium, to be located on the first floor of the Witt Building.

# The Barnard Building 1975

**T**he first of many frustrating delays in the construction of the seven-story Barnard Building came while the project was still a gleam in the eyes of the Planning and Construction Committee: Requests for bids were postponed until 1971 presidential price freezes were lifted and contractors could more accurately predict construction costs.

Finally, bids were opened on Nov. 23, and Frank J. Rooney Co. of Orlando was awarded the contract for \$9.7 million.

Not even a blustery, overcast Sunday could dampen the groundbreaking ceremony on Dec. 19, as 300 spectators gathered under striped tents and listened

to the Clearwater High School Band.

Construction of the building lasted from 1971 to 1975. Problems and delays caused by changing regulations and architectural errors made the addition one of the most troublesome in the hospital's history. However, the final result established it as one of the most useful additions, housing new quarters for patients as well as Surgery, the Emergency Room, an expanded Radiology Department, and the new Morton Plant Heart Center.

The dedication ceremony on Jan. 19, 1975 featured noted cardiologist Dr. Denton Cooley, chief surgeon of the Texas Heart Institute, as the main speaker.



**The Barnard Building (center right) in the early 1980s.**

The first open-heart surgery was performed Aug. 12, 1975, on Carl Bales. Members of the first open-heart team were Dr. Javier Ruiz, chief heart surgeon; Dr. Charles Lasley, thoracic and cardiovascular surgeon; Dr. Andrew Rackstein,

anesthesiologist; Don Williams, heart/lung technician; Madelyn Lawson, R.N., ICU; Dr. Edward Pollock, cardiovascular radiologist; and Dr. Donald Eubanks, director of the Cardiovascular Laboratory.

# The Rehabilitation and Nursing Center 1979

**T**he role of the nursing home in our health-care system has been growing more important as the “graying” of America continues.

Filling that role with distinction has been the Morton Plant Rehabilitation and Nursing Center. The program has received the highest accolades from all agencies that license and accredit nursing homes, including a rating of “superior” from the state of Florida.

In December 1979, Morton Plant purchased for \$2.25 million the already existing White House Nursing Home and the Clearwater Rehabilitation Center, housed

under one roof at the corner of South Fort Harrison Avenue and Pinellas Street. Reorganized as the Morton Plant Rehabilitation and Nursing Center, a new era of quality care was started.

The center dedicates half of its beds to geriatric rehabilitation; most nursing homes have a much smaller program. Rehabilitation is tailored to help senior adults regain their health after an illness or injury. Therapists specializing in geriatric rehabilitation understand the chronic and multiple health problems of senior adults, as well as their lessened endurance and tolerance for treatment. Every week,



### **The Rehabilitation and Nursing Center**

patients get well and return home.

Long-term residents are, in a typical profile, 85 years or older and suffer from a chronic disease (such as Parkinson's disease) that has made care at home too difficult. Residents, their families and friends, and center staff form an extended family that support the common goal of sustaining the quality of life.

The center's Residents Council is very active in the governance of their center. In fact, the council was central in the 1987 creation of a Pinellas County coalition of nursing home residents, the first of its kind locally. The coalition

presents a unified voice for nursing home residents and the issues that concern them.

The key to the success of the center is its people, the singular dedication of the staff to service. Leadership from the center's director, H. Sandra Hugg, and medical director, Dr. James E. Lett, makes a crucial difference.

The only thing not ideal about the Morton Plant Rehabilitation and Nursing Center is its 25-year-old building that is too small and outmoded for the future. A new 120-bed center is planned for completion in 1992 on a site just south of the current location.

# The Morton Plant Cancer Center 1981

Spring is perpetually a time of hope, and the spring of 1981 was particularly hopeful in light of the opening of the Lykes Cancer Center at Morton Plant Hospital.

Long-time Clearwater resident Margaret Keenan Lykes donated \$600,000 in 1980 to the hospital for its new cancer treatment center. The gift had been the largest to Morton Plant from a living donor. The center was dedicated April 5, 1981 in her honor.

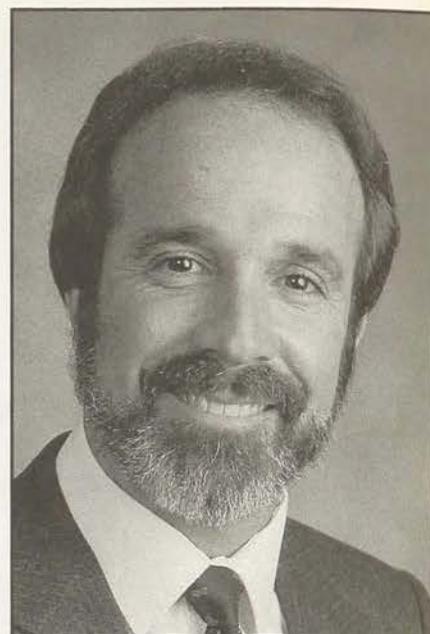
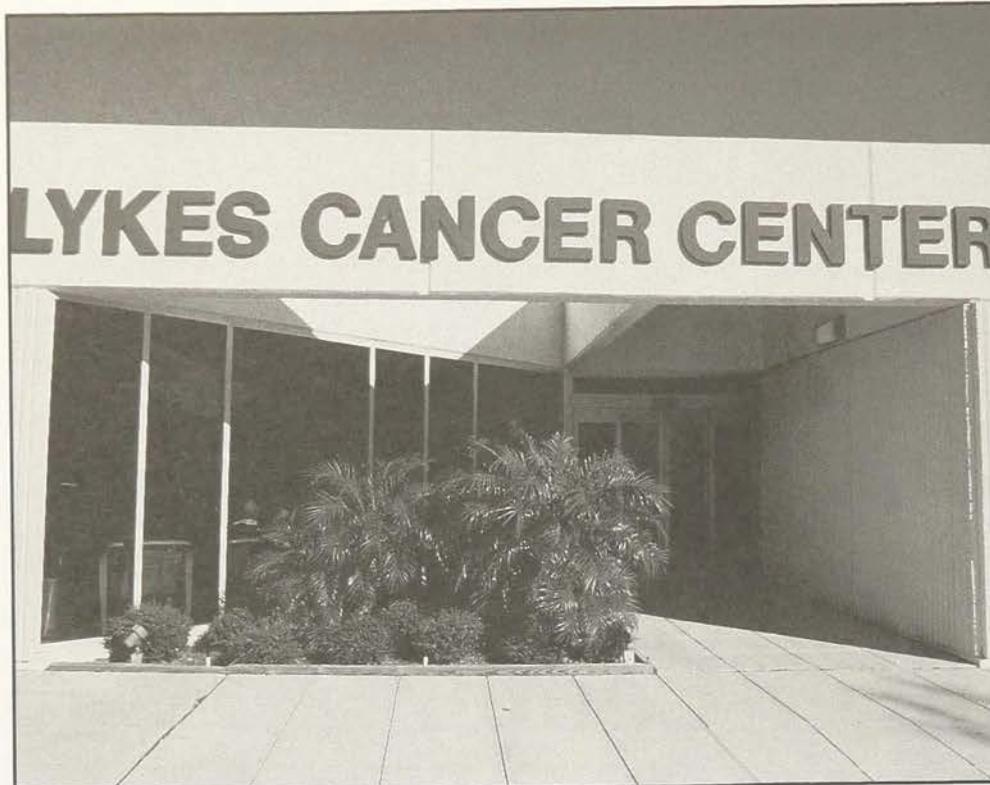
Dr. Cornelia Dettmer was Lykes' medical director from 1981 to 1983, followed by Dr. Alan Tralins, a radiation oncologist. Under his leadership, Lykes Cancer Center has become one of the state's premiere cancer treatment facilities.

In February 1990, the Morton Plant board of trustees approved a reorientation of the hospital's overall cancer diagnosis and treatment program. Upon the recommendation of the Oncology Task

Force, chaired by surgeon David Shapiro, M.D., the name Morton Plant Cancer Center was adopted to describe the hospital's comprehensive cancer program, including all inpatient and outpatient services. Lykes Center for Radiation Therapy became the designation for the radiation therapy program, located both on the hospital campus and the Lykes at Largo satellite. The new designations more accurately reflect the broad scope of Morton Plant's cancer program.

Morton Plant Cancer Center diagnoses and treats more cancer patients than any other facility in Pinellas County. With some 33,000 outpatient visits in 1989 and a 46-bed unit for cancer patients, it is one of the busiest cancer centers in the state.

Morton Plant Cancer Center achieves excellence in cancer care through a team approach, based on board-certified oncologists and many other health-care



**Dr. Alan Tralins**

**Lykes Cancer Center**

professionals.

Morton Plant offers all cancer treatment modalities — radiation therapy, chemotherapy and surgery — as well as hyperthermia, a technique that uses intense heat to destroy cancerous tumors. The center's imaging tools, from mammography to magnetic resonance imaging, are vital in early detection of cancer.

Morton Plant is a comprehensive community hospital cancer center accredited by both the American College of Surgeons' Commission on Cancer and the American College of Radiology. The hospital participates in clinical cancer research with the Eastern Cooperative Oncology Group through the University of Florida. The cancer center also maintains a computerized tumor registry that collects and compares local patient data with national statistics. As of 1989, some 6,000 patients are being followed through the registry.

Cancer patients and their families are supported at Morton Plant with a wide

range of services including support groups, individual and family counseling, rehabilitation therapies, educational programs such as the American Cancer Society-affiliated "I Can Cope," Care-A-Van transportation to radiation treatments, and coordination of services such as home health care and hospice care.

The special relationship between caregiver and patient at Morton Plant is recognized each spring during Celebration of Life week. Morton Plant Cancer Center staff organizes events for current and former patients, culminating in a free gala banquet that is a reaffirmation of life and hope. Some 1,000 people — cancer survivors and families — attend the events each year.

Lykes Center for Radiation Therapy expanded in 1988 with the opening of the Lykes at Largo facility, located just south of East Bay Drive on 14th Street. The 7,000-foot facility was needed to meet the needs of a growing patient population, and is a convenience to mid-county residents.

# The Adler Building 1983

**T**he Adler Building was the result of the largest gift — some \$5.5 million in cash and by bequest — ever given to Morton Plant Hospital by a single donor.

It all started with the 1980 donation of more than \$1 million from William and Elizabeth Adler, a former Chicago banker and his wife, a former teacher.

Acquainted with long-time Laboratory director Dr. James Leonard, the Adlers gave their gift to expand the hospital's cramped laboratory, renamed the Adler Institute of Laboratory Medicine.

Designs for a one-story lab were underway when the Adlers' gift enabled hospital officials to expand the structure to three stories and bring in other hospital services. Another \$1-million donation from

the Adlers, both of whom died at Morton Plant in November 1982, was applied to the building. In their will, the Adlers left an additional \$3.5 million to the hospital.

An increase in patient volume and advances in computerized chemistry were reasons for expansion of the lab, which doubled in size. A key feature is the outpatient area, where patients undergo preliminary lab studies prior to hospital admittance, saving up to two extra days of hospitalization.

Some three quarters of a million lab tests are performed yearly for hospital patients and patients of area physicians. The majority involve hematology (blood work) or the fields of microbiology and clinical chemistry. Other tests include



**The Adler Building**

histopathology (tissue), chemistry, serology (serum) and parasitology.

The 24-hour-a-day, seven-day-a-week Laboratory also plays an important role in

psychiatry, where charting biochemical changes in the body can determine the treatment for mental illnesses.

# **The Norine V.N. Corell Center for Cardiovascular and Nuclear Medicine 1983**

**I**n 1983, Belleair resident Norine V.N. Corell gave Morton Plant more than \$1 million, which also assisted in financing the Adler Building. The building's first floor was named the Norine V.N. Corell Center for Cardiovascular and Nuclear Medicine.

While the Laboratory is located on the bottom floor, the top two floors of the 34,000-square-foot building contain diagnostic equipment and rooms for cardiology, nuclear medicine, EKG testing, respiration therapy and endoscopy.

The soundproofing in the building is quite sophisticated, a very important factor for physicians listening to human heartbeats in the cardiac catheterization laboratories. Cardiac catheterization involves diagnostic procedures and can be an alternative to heart surgery.

The move to the Adler Building was the third for Nuclear Medicine, relocated three times since 1966 because of its incredible growth. Most nuclear medicine

procedures and treatments are done on an outpatient basis. Generally, the patient receives a small radiotracer by injection or by mouth. The energy that the tracer gives off as it travels through the body is detected by a gamma camera and the images are interpreted by Nuclear Medicine physicians.

Endoscopy is housed on the second floor. Endoscopy is a technology developed following the refinement of fiber optics, which allows diagnosis and sometimes treatment of the gastrointestinal tract and related areas.

Respiratory Therapy also gained much needed space, especially for improved calibration systems to keep equipment in peak working order and improve maintenance schedules. A teaching laboratory also helps respiratory therapy and technology students who take clinical training at Morton Plant.

# The Aldham-Christ Day Surgery Center 1985

**G**roundbreaking for a day surgery center had occurred in 1983, a year before the generosity of a former surgery nurse made possible the Aldham-Christ Day Surgery Center, dedicated Oct. 23, 1985.

In 1982, Morton Plant's application for a day surgery facility had been approved by the state. Two years later, Genevieve Aldham Christ gave \$1 million in support of the center, which represented half the center's \$3.5-million cost.

Mrs. Christ, a retired registered nurse, often said she "liked surgery best." Among her career milestones were scrubbing for the famed Mayo brothers and

heading surgical nursing at Miriam Hospital in Rhode Island.

The Aldham-Christ Day Surgery Center is designed for the patient who is not critically ill, who can come to the center, have surgery and return home the same day.

Outpatient surgery, also known as ambulatory or same-day surgery, has become integral to health care because it allows patients to avoid costly hospital confinement. Financial incentives, instituted by the federal government and private insurance, have further enhanced its appeal. In addition, studies show that



**The Aldham-Christ Day Surgery Center**

sites specializing in outpatient surgery are more efficient, cost-effective and satisfactory for both patients and physicians.

The 12,000-square-foot, two-story center has four operating rooms, an eight-bed recovery room, and an observation room with eight reclining chairs. Its subdued colors and homey furnishings create a relaxing atmosphere for patients.

A separate lobby just off the parking area allows patients to get through paperwork quickly and removes them from the main traffic of the hospital's principal admitting area. Although the center is a self-contained surgery unit, it has the safety advantage of being connected to the main hospital, with all its resources, and also by elevator to the main surgical suite.

The most common of the more than

100 procedures done at the center are eye cataract removal, lesion excisions, biopsies, and orthopedic, gynecological, plastic and general surgery. In 1990, about 60 percent of all surgery was done on an outpatient basis compared to just 20 percent in 1982, thanks to new developments in laser technology, fiber optics and anesthesia techniques.

In 1989, the Laser Institute was added to the Center. Accurate and precise, the use of lasers produces less blood and pain, encourages faster recovery, and reduces or eliminates surgical incisions. Lasers also can seal blood vessels and vaporize tissues. Lasers are used in ophthalmology, thoracic/pulmonary, ear/nose/throat, gastrointestinal, urology, orthopedics, neurosurgery, dermatology/plastic surgery, general surgery, gynecology, and vascular surgery.

# The Lewis and Florence Barrett Center for Outpatient Rehabilitative Services 1985

**F**or the first time, all outpatient rehabilitative services became available in one convenient location when the Barrett Center for Outpatient Rehabilitative Services opened in 1985.

In July 1984, Morton Plant paid \$2.1 million for the land and buildings at Pinellas Street and Reynolds Avenue. The 2.7-acre parcel contained a 25,740-square-foot building and a 2,067-square-foot building, which housed a dental center owned by Dr. Livingston Sheppard and family. The acquisition also included a \$100,000 donation from the sellers.

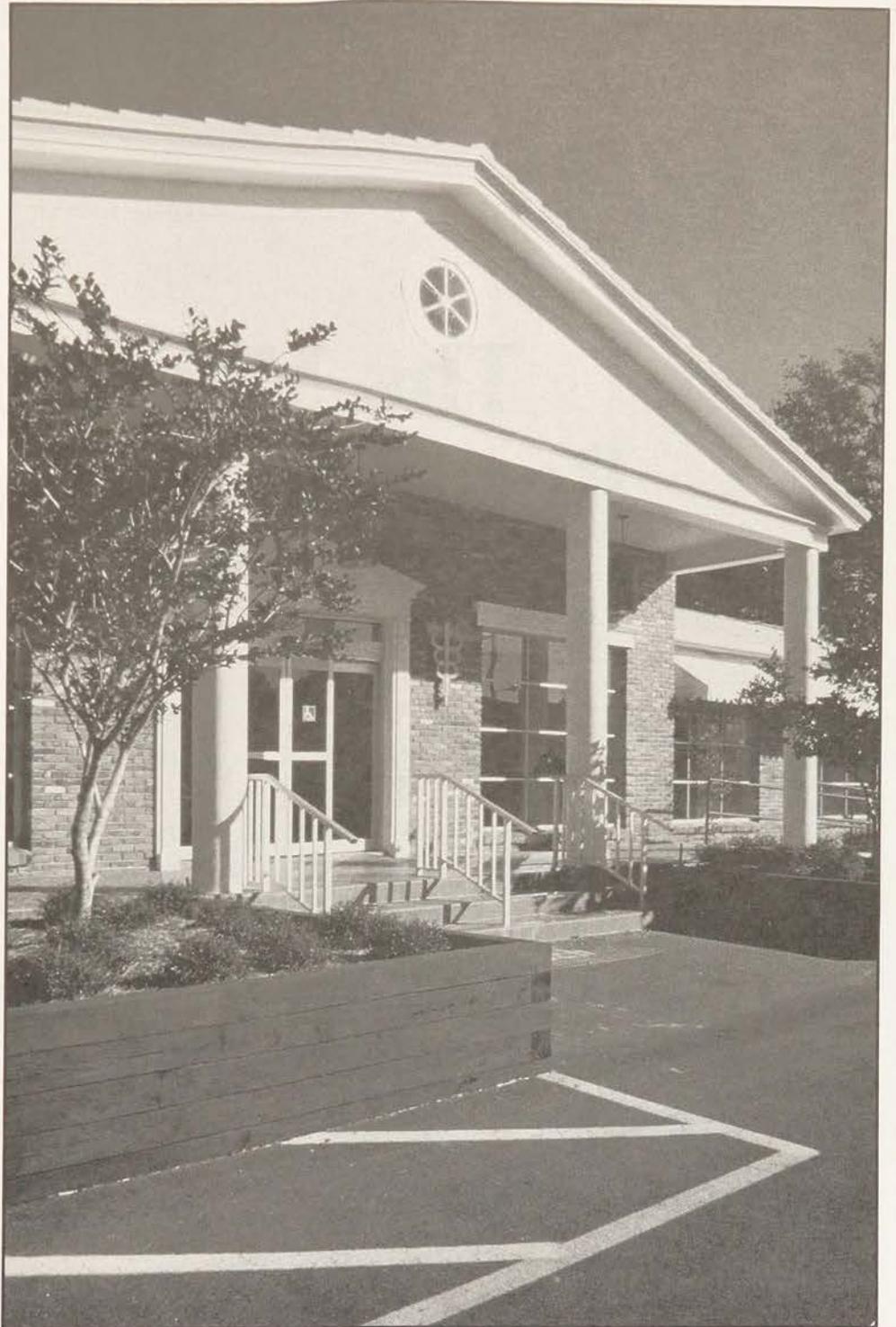
Renovation of the center was made possible by a \$750,000 donation from Lewis

and Florence Barrett, a retired New York banker and his wife. Equipment costs were funded with proceeds from the 1985 JCPenney Golf Classic.

The Barrett Center combines under one roof services that had been scattered throughout the hospital: occupational therapy, physical therapy, and speech, hearing and learning services. Hearing aids are also dispensed at the center.

Since the founding of the speech and hearing program in the 1960s, the Clearwater Evening Sertoma Club has provided steady financial support, including \$4,000 toward the purchase of a hearing aid analyzer in May 1986.

**The Barrett Center for  
Outpatient Rehabilitative  
Services**



In September 1986, the center began its Driving Assessment Program for people with disabling medical conditions, including stroke, amputation, birth defects, arthritis, neuromuscular diseases and head injuries. The program assesses whether patients are able to drive safely.

The Barrett Center has official status as a comprehensive outpatient rehabilitation facility as outlined under Medicare guidelines. The Medicare designation is important because an estimated half of the patients seen at the center are older than 65.

# The Magnetic Resonance Imager 1986

**I**n October 1986, Morton Plant acquired the area's first hospital-owned magnetic resonance imager, which uses radio waves rather than radiation to view the human body. It is housed in a special 6,000-square-foot building at the corner of South Fort Harrison Avenue and Pinellas Street.

The MRI is a large, cylindrical, conductive magnet used in conjunction with radio waves that cause the body's hydrogen atoms to align themselves in such a way as to give off faint signals. The signals are picked up and processed by a computer and turned into fine-line images on a computer screen.

The cost of the MRI was approximately \$2 million, with an additional \$600,000 cost for the specially designed building. The building is lined with copper to keep interior radio waves from escaping while preventing outside radio-wave interference.

The unit has a magnetic field strength of 1.5 Tesla or 30,000 times stronger than the Earth's magnetic field. It

is cooled during the process by liquid helium at - 450 degrees Fahrenheit.

The magnet is so strong it can erase the coding on credit cards and destroy metal, non-digital watches. For this reason, patients with aneurysm clips and other metal implants cannot be scanned.

During an MRI scan, the patient lies on a movable table, which is inserted into the magnetic scanner chamber. Images are made while the patient rests inside. The totally painless and harmless procedure lasts up to one hour.

The MRI can pick up tiny brain tumors, heart muscle damage, abnormalities in bone and soft tissue, and even the early stages of multiple sclerosis. It can be used safely on children and pregnant women. Unlike other diagnostic procedures, it has no side effects.

MRI offers a degree of accuracy never before possible in diagnostic imaging, having the power to scan in three dimensions: vertically, horizontally and diagonally.

# Bayview Gardens Retirement Community 1986

**T**he November 1986 merger between Morton Plant Hospital Corporation and Bayview Gardens Retirement Community marked Pinellas County's first joint venture between a major hospital and large retirement community.

The merger was in keeping with a national movement bringing health-care providers and retirement communities together. The mission was to provide quality housing and services for older adults at an affordable cost. Soon after the merger, Bayview residents were relieved of paying the Medicare deductible charge for

health care received at Morton Plant.

Professional gerontologist Elaine Dermody, then director of the Morton Plant Geriatric Center, played a key role in negotiating the merger.

After the merger, Morton Plant Life Services Inc., a non-profit subsidiary of the hospital, began a five-year, \$3.4-million renovation project at the then 21-year-old retirement village.

An important addition was the assisted living unit, completed in 1988, which serves as a stepping stone between independent care and nursing care. Such



### **Bayview Gardens Retirement Community**

24-hour care may include assistance with eating, personal hygiene, housekeeping, and medications. The unit, called Bay Pavilion, comprises 30 private rooms and is located in the Eleanor and Thomas W. Inseal Tower.

During the course of two decades, Inseal, a former Exxon executive, gave \$1 million to Morton Plant to support services for senior adults.

Bayview Gardens, one of the largest adult congregate living facilities in Florida,

is situated on 36 acres on Old Tampa Bay at 2855 Gulf-to-Bay Blvd., Clearwater. The community includes 92 studio apartments in a seven-story building and 295 one-story garden apartments.

Features include spacious dining rooms, housekeeping services, maintenance, 24-hour security, scheduled transportation, transportation on the grounds, a beauty salon, and a busline at the main entrance.

# The Institute of Neurosciences 1986

**W**hen the 29-bed Institute of Neurosciences opened in the newly renovated Morrow Pavilion on Dec. 11, 1986, it was only the second facility in Florida to specialize in the biochemical causes of affective disorders, such as depression, chronic pain, phobias and post-trauma syndromes. It particularly filled a special need for a short-term, psychiatric treatment program for depression. Dr. Luis Herrero, who was instrumental in the facility's creation, was named medical director.

The mental health institute provides

patients with expert treatment based on biochemical diagnosis. Depression and severe mood swings can be caused by a chemical imbalance in the brain and can be corrected by medication and other therapies.

A hallmark of the center's effectiveness is that the average length of stay for patients is relatively brief — slightly more than two weeks. The unit, renowned for its comfortable, pleasant surroundings, is an open facility with only voluntary patients.

After a psychiatric evaluation and a



**The Institute of Neurosciences**

complete biological screening, therapy includes individual and group therapy, psychotherapy, family support groups, occupational therapy, training in assertiveness, and coping skills. The Institute is located on the fifth floor of the Adler Building Addition.



**Dr. Luis Herrero**

## The Imaging Center 1988

**W**hen the Imaging Center opened in 1988, it marked the beginning of an important joint venture between Morton Plant Hospital and its medical staff. A group of some 80 physicians mutually own the facility with the hospital.

Designed for outpatients only, the \$4.1-million Imaging Center offers the latest diagnostic imaging technology for viewing the human body. It is located at the corner

of Pinellas Street and South Fort Harrison Avenue.

The 33,000-square-foot building houses X-ray, ultrasound, CT scan, and mammography. Magnetic resonance imaging is available in an adjacent 6,000-square-foot building.

More than 21,000 diagnostic procedures were performed during the



### **The Imaging Center**

center's first year of operation, reflecting the national shift in health care from inpatient to outpatient services.

In November 1989, the Imaging Center was recognized as the first United States installation site for the Sytec 300 CT (computerized tomography) scanner, a smaller, faster scanner producing sharper images.

In February 1990, the center added its first Mobile Mammography Unit, a 33-by-10-foot bus. The unit provides screenings for breast cancer at convenient locations throughout northern Pinellas County, a service conducted in conjunction with St. Anthony's Hospital, St. Petersburg.

## The Therapeutic Pool 1988

**T**he Therapeutic Pool, an important component of the hospital's Arthritis Center, opened in October 1988 at a cost of \$925,669, adjacent to the Barrett Center. The pool measures 65 by 28 feet with an average water temperature of 87 degrees.

South African heart surgeon Dr. Christiaan Barnard, who performed the world's first heart transplant in 1967 and who suffers from arthritis, was the featured guest for the opening ceremony.

Water exercises are designed to improve strength and flexibility in arthritic joints and supporting muscles, as well as increase the patient's endurance, balance and coordination. Although the pool is primarily used for treatment of arthritis sufferers, it also is used for patients with other conditions and injuries, such as stroke, joint replacement, and sports-related injuries.



**The Therapeutic Pool**

# The Adler Building Addition 1991

**T**he Morton Plant Women's Center, psychiatric services department, and Nuclear Medicine, and cardiac catheterization acquired new homes in the new five-story addition to the Adler Building, which opened January 14, 1991, at the corner of Bay Avenue and Pinellas Street, at a cost of \$15.5 million.

Housed in the 120,000-square-foot building are Nuclear Medicine and cardiac catheterization (first floor); Women's Center (second floor); Obstetrics (third floor); Adult Mental Health/Geriatric

Psychiatry (fourth floor); Pediatric Psychiatry and the Institute of Neurosciences (fifth floor). An enclosed roof-top garden and gymnasium is used for various therapies.

The elegantly appointed Women's Center is the first comprehensive women's center in Pinellas County that is attached to a major hospital. It includes class and consultation rooms, a library, a surgery, an intensive care nursery, and 26 private rooms in which women receive all birthing care in one place — from labor and delivery to post-partum care.



**The Adler Building Addition**

## Chapter 7

# The value of volunteers

**T**hey come from all walks of life — businesswomen and men, homemakers, nurses, grandparents, teachers and office workers. They range from teen-agers to octogenarians. Together, they donate more than 120,000 hours of service to Morton Plant Hospital every year.

They are the Morton Plant Hospital Auxiliary — volunteers who help each day in countless ways. Some 800 active auxiliaries in the 1,050-member group provide staffing help for more than 70 hospital departments.

Volunteers have played an indispensable role at the hospital since its beginning.

A forerunner of the Auxiliary was a

loosely formed organization of nurse aides who helped because the hospital could not afford to hire all the staff it needed. These young women were organized by Natalia Kingsbury in 1931 and headed by Eleanor Randolph during the 1930s.

With increasing numbers of volunteers within the hospital, a more formal organization was created, and Agnes Puddington was elected its first president in 1941. Miss Puddington led the Auxiliary and its first service, the Sewing Room, for its first nine years.

Just after our nation's entry into World War II, Miss Puddington and a few volunteers armed with Singer sewing machines offered their services to the



**Eleanor Randolph headed the Auxiliary in the 1930s.**

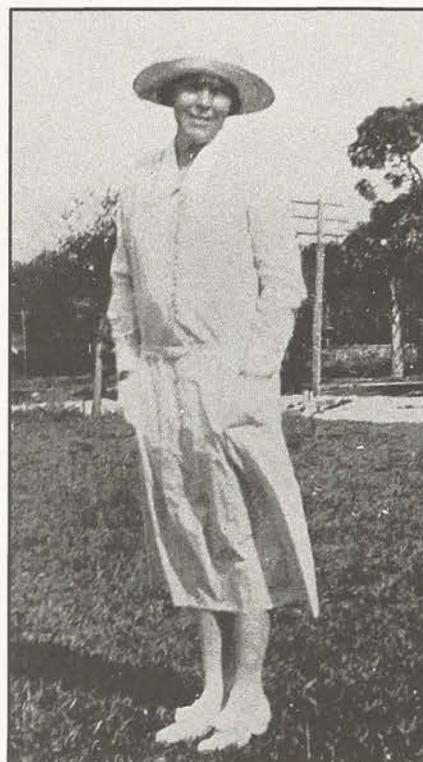
**In 1948, Auxiliary president Agnes Puddington (right) and board of trustees president Donald Roebing watch as hospital superintendent Lilly Foley activates the first fire alarm connected to the Clearwater Fire Department.**

hospital. The group was from the Episcopal Church of the Ascension and worked there for the first year.

As the work increased, travel back and forth became difficult, and Miss Puddington arranged for a work room at the hospital. The word spread, especially throughout local churches, that those not selling war bonds or doing USO work were more than welcome to join the volunteer sewing group. The group grew quickly, and the services it rendered blossomed from sewing to nearly every area of the hospital.

Today, auxiliarians deliver flowers, sew linens, manage a resale shop and produce an award-winning newsletter. They dress as clowns and bring cheer to patients. They are goodwill ambassadors as they discharge patients going home. Those who volunteer for Lifeline, a personal emergency response system, help people feel secure at home.

A scholarship program sponsored by the Auxiliary has helped many students prepare for health-related professions. These and other activities are



**Natalia Kingsbury, pictured on the hospital lawn in 1926, organized the first Auxiliary, a group of nurse aides, in 1931.**

supported through a variety of Auxiliary fund-raising programs: the Gift Shop, the Auxiliary Attic resale shop, the Holiday Lights, and the annual shoe sale and jewelry sale. Such efforts have generated hundreds of thousands of dollars for the hospital.



**Belle  
Parrish**

## A round of applause

**“**I remember distinctly that when I first became president of the Auxiliary, the hospital did not acknowledge the volunteers the way it should. So I went in and talked to Mr. White. I suggested to him, ‘Don’t you think you should acknowledge the volunteers at least once a year?’

And he said, ‘I think that’s a splendid idea. How about a coffee once a year?’

I said, ‘Never mind,’ and I walked out. I went back to the Auxiliary office. Within 10 minutes, he called me up and said, ‘Belle, do you think you could come down to the office a minute?’

I went down. Mr. White said, ‘What do you think of a luncheon?’

I said, ‘Let’s talk.’

The first one was at the Fort Harrison Hotel. Since then, it has grown to be quite an affair.

People volunteer because they want to help. When you’re willing to help people in distress, to relieve the distress, that makes for a good volunteer. I came from a medical family. I became well aware of how much help a hospital needs, so I was perfectly willing.

I think we have about the finest auxiliary of any hospital in the country. And I have seen many of them.”

— Belle Parrish  
Former president  
Auxiliary

## The Sewing Room

**“**When I joined the Auxiliary about 26 years ago, I came right to the Sewing Room under Miss Agnes Puddington. She started the Sewing Room during World War II.

She wanted to help out with the war effort and asked if there was something that her church group could do at the hospital. Well, there was mending to do, so she would come to the hospital, pick up the mending, and take it to the Episcopal Church of the Ascension, where they had two machines. It was mended and brought back. After a number of those trips, she got tired of that and asked for a space in the hospital. And that's how the Sewing Room

got started.

The first room they used was probably in the basement of the hospital; the Sewing Room has also been in the cafeteria.

Today, we don't do as much mending because the hospital is using disposables, but I've heard that disposables are not going over as well as we thought. In fact, we are beginning to do away with some because they have to be taken clear to Miami to be disposed of.

The Sewing Room is open from 7:30 in the morning until 3:30 in the afternoon, every day except Saturday and Sunday. It's nothing to have 20 to 25 volunteers in



**Auxilian Phyllis Norman joined the Sewing Room 26 years ago.**

the Sewing Room at one time.

The Sewing Room has been a wonderful area to work in because we go at our own pace, do what we can, and if we can't do one thing then, by golly, we can do something else.

Among my duties as president of the Auxiliary was to make sure that members did the jobs they were assigned and did them properly. Of course, we had friction now and then. When that happened, I would take the individuals concerned into the chapel to talk to them. I don't know

what that did, but it seemed to straighten things out in a hurry. I never used my office for that purpose. We went straight to the little chapel.

I'm a trained nurse anesthetist and I have also been a patient in the hospital. I've had major surgery, and I think the care here is about as good as any place you can go as far as hospitals are concerned."

— *Phyllis Norman*  
*Former president*  
*Auxiliary*

## Doing something worthwhile

“I got involved in the hospital about 1978 because I needed something to do, and I had a good friend who had volunteered here for years and she talked me into it. I had worked all my life and I wanted something to do where I wasn't working for money, but doing something worthwhile, and everybody I knew thought Morton Plant was so wonderful.

I started in the Radiology Department, kind of hostessing. That was before they had the nurse advocates in radiology. My job was to make people feel comfortable and get them a blanket if they needed it while waiting to have their X-rays. This was before the Imaging Center was

built.

I also worked on the Cost Containment Committee. I would present the Auxiliary's ideas and a decision would be made as to whether they were worthwhile. When the Auxiliary asked me to be president, I had to give up the Cost Containment Committee because it was time-consuming.

My term as president was a pleasure. We have an outstanding auxiliary. Dee Powers, who had been secretary for the Auxiliary, was just wonderful; but she resigned just as I was coming in. So we hired Macy Walsh, who has worked out beautifully.



**Auxilian Margaret Scruggs stocks shelves in the Gift Shop.**

One of the projects I supervised during my term was redoing the Gift Shop, and that project dragged on for the longest time because we had to wait until the hospital redid the lobby so that all of it would blend together. Finally, we did our Gift Shop on our own. We put up the money and the hospital did some of the major renovation.

When I really got down to where things were tough, I could always go to Mr. Houtz, and he would help us. He is probably one of the strongest supporters of the Auxiliary in the hospital and always had time to listen. Which I think is marvelous.”

— *Gayle McGrath*  
*Former president*  
*Auxiliary*



**Gayle McGrath**



**Nancy  
Pendleton**

## Practically like family

“I got involved in the Auxiliary because a friend of mine had been a nurse at Morton Plant. She told me, 'You should go to Morton Plant because that's one of the better hospitals in the area.' And she was right.

I think the Auxiliary feels good about working with the employees and with the Administration. It's a good feeling, a warm feeling. The Engineering Department was so superb with us when they helped us build the Auxiliary Attic. And the SeniorCare people, with the direction of Elaine Dermody, they're superb.

We have terrific access to Duane Houtz or Mollie Bucy, or, for that matter, to anybody else. And they're always very courteous, very nice, very friendly, kind of

lighthearted, which I think is good.

I think the spirit of Morton Plant has trickled down very well. I think we have good communications, which lets the people of each section know what each section does. I think the most effective communication is the printed page. But then, it's also your contacts, your personal contacts.

We're practically like one family, too. If anybody's in the hospital, by golly, I'm going to go visit them if I know they're there.

I think volunteers are pre-set for volunteering.”

*- Nancy Pendleton  
Former president  
Auxiliary*



**Auxilian Edna Mae Luessen, who has the most hours, is congratulated by board member Alan Bomstein at the 1989 Auxiliary Awards Luncheon.**

## A gift of 36,000 hours

**“I** wanted to be a nurse, but my grandparents brought me up, and no way would they let me. When I came to Morton Plant as a volunteer, somebody was needed in Physical Therapy. I felt, 'That's the place where I want to be so I can get close to people.' Of course, the hospital was a very small place. Then we had the three-story original building and the Roebing Building. After that came the Witt Building and then all the rest of it.

Upstairs, in our department, we get quite a lot of older people. We kind of talk to them and help them to feel a little bit better.

I used to work 10 hours a day. I would come in at 6 a.m. then. At the time, there was a lot of filing and things like that, which we don't have to do any more because of the computer. And now I come in about a quarter of 8 in the morning, and I am here until 5.

In the beginning, I worked probably all day two days a week, or a half-day for three or four days a week. But after we moved upstairs, I came in every day.

I now have more than 36,000 hours of volunteer work. They tell me that's more than anyone in the history of the hospital. That makes me feel good.

I was 81 in January 1990. I have seen the hospital grow from nothing. I get my greatest satisfaction from seeing the people getting better. I meet them outside the hospital sometimes, and they say, 'Oh, I remember you.' Sometimes we have had people come back after three or four years, or six years, and they will say, 'Oh, you were here eight years ago when I was here.'

This is my family. I've enjoyed it all. I wouldn't have been here 28 years if I didn't."

*-Edna Mae Luessen  
Auxilian since 1963*



**Auxilians display the Pink Cart outside the hospital's front door during a workshop in the 1950s.**



**A teen volunteer gets her cap and a rose during capping ceremonies in the 1970s.**



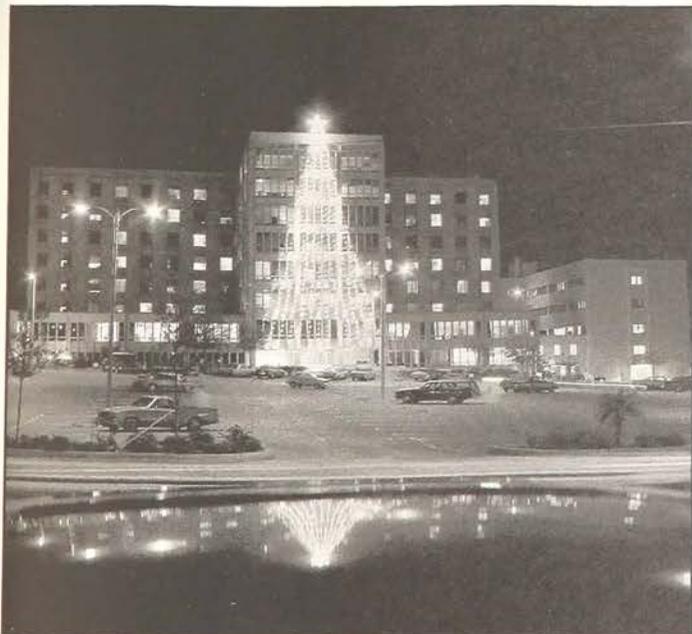
**The waiting room of the 1953 Building, decorated by the Auxiliary, seems luxurious compared to the straight-backed chairs used for years in the hospital's front hall.**



**Organized in 1988, the Comedy Cart program is operated by the Auxiliary, and brings funny movies, books and clowns to patients' bedsides.**



**Auxilian Les Short is the co-chairman for the Lifeline emergency response system; wife Elsie helps with installations.**



**Begun in 1981, the Holiday Lights, an Auxiliary fund-raiser, has become a community tradition.**

## Chapter 8

# A major role for philanthropy

**B**y 1976, Morton Plant Hospital had 745 beds, a \$10-million new addition, the most up-to-date equipment money could buy, and a payroll for 1,768 employees.

Reaching out to the ever-expanding Clearwater area was becoming an almost impossible task for the combined Community Relations and Development Office.

As a result, in August, the board of trustees appointed the Foundation Study Committee, headed by Col. Edward T. Imparato, to research the idea of having a separate foundation to raise funds to provide all the hospital's capital needs on a year-round basis.

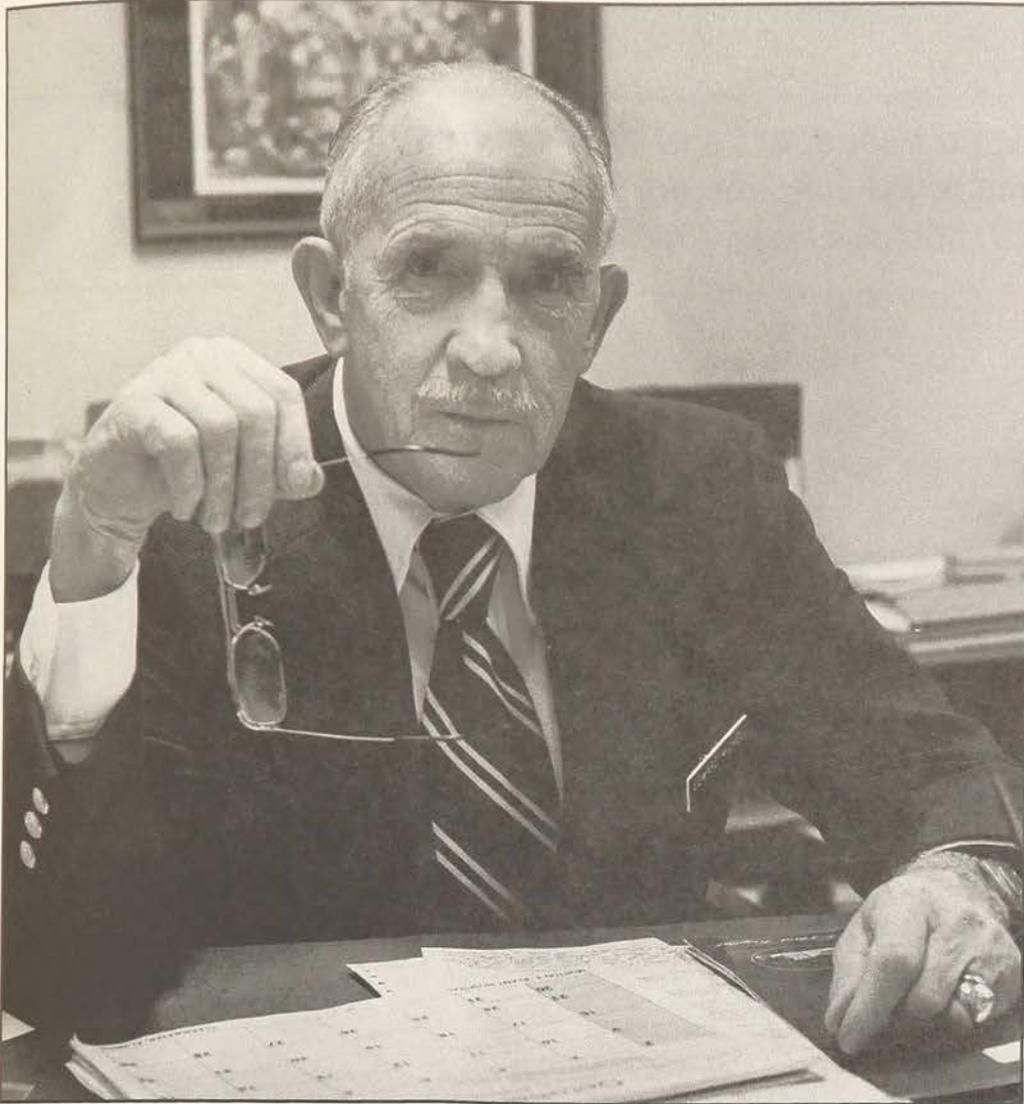
After months of study, the

committee recommended the establishment of the Foundation and the idea was approved by the board in March 1977.

One of the Foundation's most ardent supporters from the beginning, Capt. Edward A. Michel Jr., director of Community Relations and Development, became the first executive director of the Morton Plant Hospital Foundation.

At the first membership meeting in October, the following officers and board members were named:

Col. Edward T. Imparato, president; William Burchenal Jr., vice president; Dr. Philip Frederickson, secretary; and Wallace W. Blackburn, treasurer.



**Capt. Edward Michel Jr.**

Serving on the board were Herbert G. Brown, Myrtle Carlson, Joseph Cornelius, Dr. Richard B. Cuthbert, Dr. Wm. Wade Hatcher, Timothy A. Johnson Sr., Dr. James Leonard, John Ricketson, James Roche, Dr. Byron Smitherman, and Philip B. Stull.

In explaining the Foundation's aims and policies, Michel said, "As the Foundation undertakes its new responsibilities, the board of directors confidently expects to increase the Development Fund's average annual income to \$1 million for the next term. A long-range goal of \$100 million in endowment has been set in order to provide a solid financial undergirding for the hospital.

"Toward this end, the Foundation committee is already hard at work generating outright gifts, memorials, bequests, trust grants, and endowments of cash and real and personal property, all of which will be fully deductible for income and/or estate tax purposes."

The Foundation became the success story of 1977 when 120 prominent citizens chosen for their diversified community interests spread the word — and donations exceeded the goal, reaching \$1.2 million.

Hard work by dedicated volunteers and the Community Relations Department greatly assisted in the fund-raising success of the Foundation's Special Projects goal of \$50,000 during its first year.

*Hard work by dedicated volunteers and the Community Relations Department greatly assisted in the fund-raising success of the Foundation's Special Projects goal of \$50,000 during its first year.*

---

The First Annual Mixed Team Golf Championship, held Nov. 27 to Dec. 3, 1977 at Bardmoor Country Club, contributed \$21,026 to the project fund.

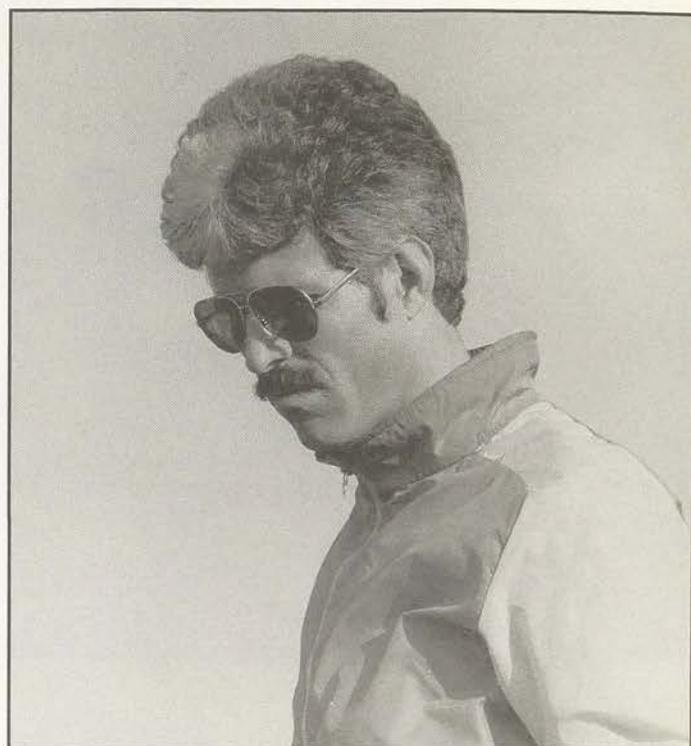
The \$500,000 Pavey estate was bequeathed to the hospital following the death of Ruth Pavey, and was auctioned on April 22, 1978. Hundreds of people attended the affair, many in memory of Mrs. Pavey and her husband, Jessie I. Pavey, president of General Building Materials Inc., founder of Paxton-Pavey Lumber Co. of Clearwater, and former president of the First National Bank of Clearwater.

Because of ill health, Michel stepped down as executive director of the Foundation in 1977. In July 1978, the position was filled by David J. Rosser, who had been director of Medical Center Development at Vanderbilt University for two years.

"I believe that to live life fully you need to care, that to care fully you need to share. Caring and sharing is what our Foundation is all about," said Rosser in summing up the organization's philosophy.

In January 1979, the first Minithon, co-sponsored by Jack Eckerd Corp., began the popular annual Run for the Health of It. In February, the Arts and Antique Auction was held. Both contributed not only dollars but community support to the hospital.

The establishment of the Donald Roebbling Society was announced during the Foundation's 1980 annual dinner. The



**Race director Dr. George Randt oversees the first Foundation Minithon, one of the hospital's first wellness events.**

society was named for the hospital's greatest benefactor and was organized to recognize and honor major contributors.

The 1980s began with a completely revised and streamlined organizational structure, developed by the Foundation Reorganization Committee headed by Frank C. Logan.

Other changes marked 1980 as Imperato stepped down and Timothy A. Johnson Sr. became president. The Foundation also relocated to expanded quarters across from the hospital at 1200 Druid Road South.

## People helping people

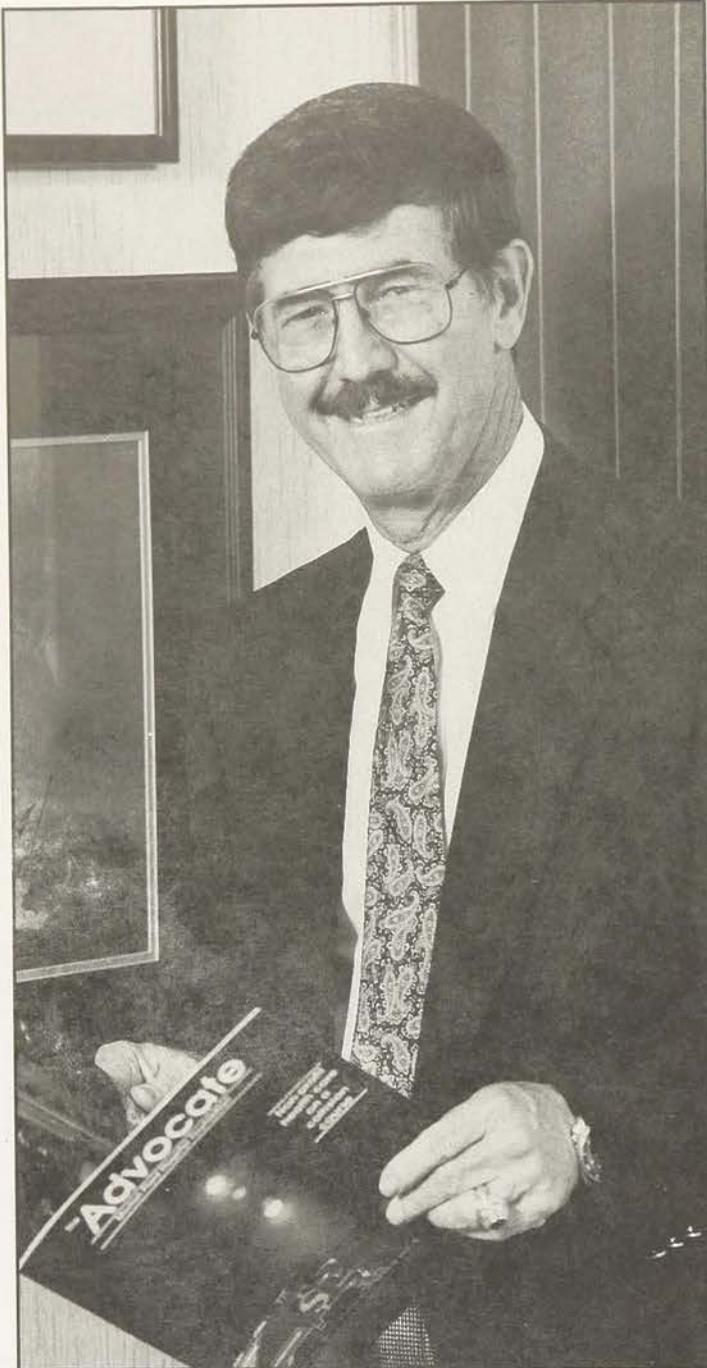
**“I** came to Clearwater on July 3, 1978. The next day, they had a wonderful welcoming party for me. There were fireworks — and there have been fireworks ever since!

The Foundation can never be more successful than the hospital. Our mission is to help the hospital to fulfill its mission. The better job they do, the better job we are able to do in raising friends and funds by giving people opportunities to become interested, involved and committed.

The hospital was created because the community recognized a need, and the leaders in the community made a financial investment. The hospital has provided a

return on that investment by serving the community — and that cycle has continued year after year. The value of the dollar has changed; the population has increased; the medical staff has grown; the equipment has become more sophisticated; but the basic transaction remains the same — people helping people.

The average lifespan of a fund-raiser at a health-care institution today is about 23 months, partly because the professional leadership of medical institutions doesn't adequately understand philanthropy or its place in helping to achieve their mission. They don't understand the harvest cycle in philanthropy: You must seed and cultivate



**David J. Rosser**

before the harvest in the vineyards of philanthropy.

At Morton Plant, because leaders like Duane Houtz have a keen understanding of the process of philanthropy, we have spent enough time in the cultivation process to harvest large gifts.

When you have community leaders who give of themselves, their time, talent, and their financial support; when you have the medical staff, the executive leadership and employees of the hospital giving of

their time, talent and resources; then you have the ingredients of success.

As long as it is easy, there is no growth. And so that's why when Mr. Adler made his first gift of \$1 million, the largest outright gift ever given in this little part of the world, I know it was the largest one that Morton Plant had ever gotten. There were those who said, 'Well, that's wonderful but that will never happen again.' I said, 'Well, if you feel that way about it, it probably won't.' It will become a self-fulfilling prophecy.

But there was a small group — Tim Johnson Sr., Dr. Jim Leonard and myself — we said, 'Well, let's see if we can prove that these guys don't know what they're talking about and let's go back and let's continue talking with Mr. Adler.' Because Mr. Adler and his wife were good people who had the two ingredients — financial resources and a generous spirit. And guess what? He gave a second \$1-million gift.

More people are learning how to be givers and more people are exercising their giving muscles. Our Foundation board is a little bit like fitness instructors who help people learn how to use the giving muscles. You do that by giving yourself and going out and asking others to join you in giving. One-hundred percent of the Foundation board members give at a very good level. Practice what you preach."

— *David J. Rosser*  
*President*

*Morton Plant Hospital Foundation*

## The challenge of planned giving

“**M**orton Plant is probably one of the most outstanding hospitals in the country, mainly because of the goals that were established by successful administrators and because of the imagination of the board of trustees. They have really stressed quality, not only in performance on the part of the nurses and the doctors, but also in looking for quality in the doctors that applied for admission to practice. So the caliber of care essentially started with the high quality and skill of the medical staff itself.

Duane Houtz probably has more imagination, certainly than any prior president of the hospital. It was his goal to expand the hospital in all facets of service so individuals would not have to go

elsewhere. Essentially, he has been able to do that.

Along with that was the requirement for keeping up with state-of-the-art medical equipment. And this is, I think, where the impetus came from to organize the Foundation. The trustees realized that they could not buy the equipment they wanted to meet community needs through internal profits alone. They had to find an outside source of income and the Foundation happened to be the organization that was able to generate it. I don't believe the board has ever had to delay the acquisition of a piece of equipment because they didn't have the money. They knew it was coming in. They could pretty much project what the Foundation was going to produce.

One of the things I did when I got involved with the Foundation was to dig out everything I could find on how to sell. I wanted to develop the tools to help us seek and secure large contributions. You have to have enough tools to make possible giving on various income levels. Programs like deferred giving may not appeal to someone who does not have any savings and who worries about day-to-day living expenses. But an annual contribution of \$10 or \$20 is within his or her means. You have to create a number of opportunities to get people to turn loose their money. So, in the process of structuring the Foundation, we developed tools that could satisfy everybody, including the salesman or the volunteer who was the contact.

I have never heard anyone say that Morton Plant was not the best hospital in this area. The only problem is, as the county has expanded north, Morton Plant is a little bit out of reach. But if people have a real serious problem, they want to get into Morton Plant Hospital. I know many people who have used facilities in Dunedin, St. Petersburg and Pinellas Park, but still make major contributions to Morton Plant Hospital.

This could be anything from \$5 to \$100. It doesn't matter but they are the basis of the organization that has grown to the level where it is now. And well over 10,000 people are annual contributors; these are small-scale contributors who contribute less than \$100.

The basic support grew with the hospital from its beginning and has been expanding ever since. When we started the solicitation campaign by mail, we believed we could reach about 200,000 people — counting everybody who depended on Morton Plant in the Clearwater area. I calculated the giving potential, in the annual income from the small givers. I also listed the individuals who gave over \$100,



**Col.  
Edward  
Imparato**

\$200, \$500, or \$1,000 annually. I was able to make projections on how much income we could expect from donations. But the support for the hospital is much larger now than it was when I was associated with it.

The progress in the hospital that impressed me the most was the organization of the Heart Center. It really brought us from a small community hospital into the front line of medicine. We had the skill, we had the trained people, and we had the market.”

— *Col. Edward Imparato*  
*Former president*  
*Foundation board of directors*

## **‘Selling the sizzle as well as the steak’**

**“**Ed Imparato was the father of the Morton Plant Hospital Foundation. He is a very dedicated individual and a tireless worker. The purpose of establishing the Foundation was to remove the money-raising responsibility from the hospital, so the hospital board could continue to improve the facilities, and leave the money-raising to someone else.

I was on the first Foundation board. I served as treasurer for four years and on the board for six years. Ed was very aggressive, and he set a challenge for us of developing an endowment of \$100 million during the first 10 years. At first, it was very difficult to raise large sums of money. We

began to call on people, usually two of us at a time, whom we felt were interested enough to contribute — and we did the usual salesmanship that is involved in money-raising.

Tim Johnson Sr. and I went together on quite a number of calls and we were reasonably successful. What he didn't think of to tell the prospect, I would. Later on, Tim was teamed with Elmore Knaack, and they did a good job, too. However, the amounts we raised were relatively small in relation to the amounts that are being given today. In other words, a \$5,000 gift was big and, of course as you know, some gifts today are very much larger.



**Joseph and Mirth Cornelius (right) with their son-in-law and daughter, Ron and Karen Crown, at the 1978 Charity Ball.**

Ed Imparato always said that training people to be fund-raisers was about the same as training a good salesman, not that Tim or I needed any sales training. But you teach how to sell the sizzle as well as the steak.

Of course, the product has got to be right. I don't know of any other product in this community where the product is more right. If you can get people interested to the point at which they are willing to do something, the project kind of sells itself. That's as true today as when we started.

We also worked hard to improve the financial records and accounting system,

so that we could have fully-audited reports at the end of each fiscal year. When the public is giving money to an organization, they are entitled to know where it is going and how it is being spent. A major purpose of the Foundation is to set up endowed funds to give income to the hospital, not only for current requirements for also for the future.

Now the Foundation earns enough money from investments to meet expenses, meaning that every dime that the public gives goes to the work of the hospital."

— Joseph Cornelius  
*Former Foundation board member*

## Establishing the Roebbling Society

**“**I remember when John Messinger was head of the hospital. He served before Gene, my husband, did. He revived the hospital Charity Ball and gave the cocktail parties beforehand. It was sort of a personal thing. Gene and I continued what John had started. Harold Hoefman was quite involved in it, too.

Gene had never done anything like hospital work before, and he thoroughly enjoyed it. He was sure Morton Plant did more for him than he did for the hospital. Of course, it was new to him, too, and he

could see progress. That's always something that satisfies.

I recall when some of the people on the Foundation board began to try to figure out how to recognize the people who had helped make the hospital what it is. There was a fairly large group of people who had been around for a long period of time and knew the history of the hospital. They came up with the idea of establishing the Donald Roebbling Society. Early on, they felt that they needed a strong leader. Someone suggested Gene. So, he was the first



**Harold Hoefman**

**Gen. Eugene and Karla  
Harrison at the 1978  
Charity Ball.**

president of the Roebbling Society.

My husband also was very concerned about the hospital Auxiliary. He wanted to be sure that those people who gave so much of their time and talent were recognized. That's why we have a membership category in the Roebbling Society for Auxiliary members who give more than 10,000 hours."

— *Karla Harrison*



**Foundation president David Rosser presents the 1988 Golden Flame Award for distinguished service to Tim Johnson Sr. (right), as his wife, Ruth Johnson, looks on.**

## **‘We’re still at the beginning’**

**“W**hen we broke ground for the Lykes Cancer Center, we did it in a pile of dirt on top of a slab of concrete with golf clubs because that year, the money from the JCPenney Golf Classic was donated to Lykes. When Lykes opened, we figured about 700 people a year would be using it. And look at it now — it’s grown beyond our wildest dreams. Each year at the Lykes’

Banquet of Hope, there are so many patients and former patients enjoying life — my wife among them. I’m so enthusiastic about the Morton Plant Hospital Foundation — I can’t see the end of it. We’re still at the beginning.”

— *Timothy Johnson Sr.*  
*Former president*  
*Foundation board of directors*

## **‘A privilege to be involved’**

“**M**y first contact with the hospital family was when Timothy Johnson Sr. was the president of the Foundation. He came to me and urged me to get involved.

Tim Johnson Sr. was the second volunteer leader of the Foundation. Ed Imperato had been the president when the Foundation first organized and began to function, and Tim Johnson succeeded him and made an awful lot of progress.

Tim is a terrific guy; his heart is as big as the state of Florida; and he's a born salesman. He's just got the kind of personality that can sell you on an idea. He spent 40 or 50 hours a week at the Foundation. I guess one of Tim's greatest accomplishments was his work in getting the Adlers interested in the hospital. I don't think too many people knew the Adlers at that time.

At that time, the Foundation was structured a lot differently than it is now. They had a rather small professional staff, maybe 10 people. And they relied very heavily on volunteers for the fund-raising activities. Tim was a natural for that.

They had a fund-raising committee that was very, very active and a lot of

volunteer effort went toward the fund-raising effort. Of course, now they've got more professional people at the Foundation, and the fund-raising is more staff-generated than back in the early days.

When I first started with the Foundation, I was working under Tim as chairman of the Fund-Raising Committee. Then I became vice president and president. I served two years as president. I served a total of seven years on the Foundation board. While I was on the Foundation board, I was elected to the hospital board, and I served six years on the hospital board and rotated off in February.

The hospital's major change has been in the way health care has to be delivered. You have to adjust your way of doing business to try to optimize your reimbursements from Medicare. About half of the hospital's business is Medicare business, and the hospital loses a substantial amount of money on every Medicare admission. That makes it necessary for the paying patient to absorb that shortfall. So in effect, what you have is the paying patient is paying not only for his

treatment and care, but for a good portion of the shortfall of the Medicare patient.

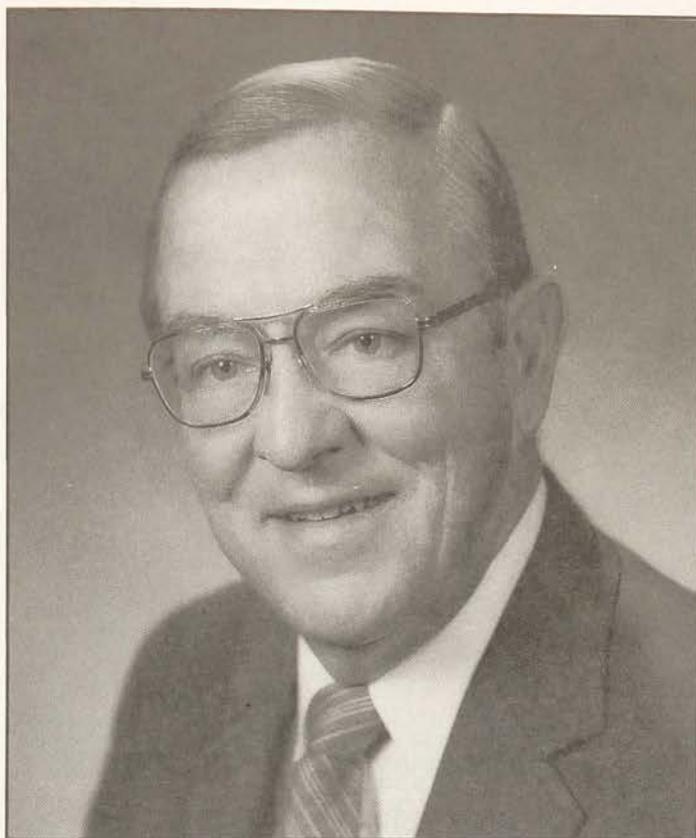
Morton Plant of course, has a long tradition of service from the community, particularly in the members of the boards and board committees. Our board members are well-respected in the community. They are individuals who lend prestige and whom the community is comfortable with. They have to have a strong loyalty to the hospital and the Foundation.

The hospital has been very conservative in its fiscal affairs. Most of the debt that the hospital has today could be paid off by liquidating investments. We have more than enough marketable securities to pay off all of the debts. That's a good position to be in this day and age, and there are not many hospitals this size that can say that.

Looking back, I think that we should have gone into Countryside. Mease did; not long ago they announced an expansion of their Countryside facilities. Now Morton Plant has a presence up there with the Morton Plant Health Center, and I think that says that we should be there, not at the expense of the main campus, but to help bring patients to the main facility here. There's a lot of competition.

On the hospital side, one of the things that's been amazing to me is that the caliber of the people that I've served under who were chairmen of the board. Each one of them really provided good leadership and good judgement, good decisions. The hospital's been fortunate to have the leadership that it's had. I've seen busy people that just give unselfishly of their time, they're willing to do anything for the hospital. That's the way I feel, it's just a privilege to be involved.

The hospital is just a great asset to this community. A number of doctors who are on the staff are extremely well-trained



**Hugh Parker Jr.**

and educated. They have served in other top hospitals in the country like Mayo, Massachusetts General, Johns Hopkins. They have told me, 'I've been to hospitals that were bigger, I've been to hospitals with more whistles and bells, but I've never been associated with a finer hospital.'

As a community hospital, this is tops. We've got a tremendous staff. Practically everyone is board-certified in their specialty, and we've just got top-drawer people. When something happens to you or some member of your family, even some very rare condition or situation, you can get as good care here as you can anywhere in the world.

I think the community is very fortunate to have Morton Plant and I hope that Clearwater and the neighboring areas will continue to support the hospital in the same way that they have done in the past."

— *Hugh Parker Jr.*

*Former president  
Foundation board of directors*

## Always a hub of the community

“**M**orton Plant has been very much a part of my family. I knew Dr. Dickerson personally. He was my childhood physician. Dr. Dickerson set the leg of Morton Plant’s child. He was ‘Mr. Doctor’ to practically everybody in Clearwater and he was a wonderful person. My family knew him well. He was the surgeon who operated on my daddy, who died there in 1927. At that time, we didn’t have antibiotics, didn’t have anything else. My dad died from what was a routine appendectomy, but there was no such thing as a routine appendectomy in those days. I guess throughout my childhood I knew all of the doctors on the staff. Both of my children were born in Morton Plant.

I recall, when I had my tonsils out, that the downstairs ward at Morton Plant had either four or six beds. In it were the tonsillectomy patients. That was when they removed tonsils routinely. Back then, you hadn’t lived until you had your tonsils removed. I think it was a kind of peer pressure, like wearing your first pair of glasses.

When I started practicing law in Clearwater after World War II, I joined Alfred Marshall. We represented the

hospital for a number of years during a considerable amount of litigation. Of course, we knew all the people well who were involved in the early expansions, and we all suffered the tribulations of a community growing up after World War II. All of the young doctors were my personal friends and acquaintances, fellows like Jimmy Stem and Charlie Johnson, Davis Malone and Henry Smoak.

Dr. Grace Parr — Dr. Grace — as everyone called her, was probably the first woman ever taken into the Pinellas County Medical Society. Her father had been a physician up in Ozona. I knew her as a child and a friend of my mother’s.

Morton Plant has always been a hub of the community. It has been a central point for services. It attracts the active people in the community because of its universal appeal. Basically, the institution has been wisely managed. Fundamentally, the people in charge have had a sense of community values.

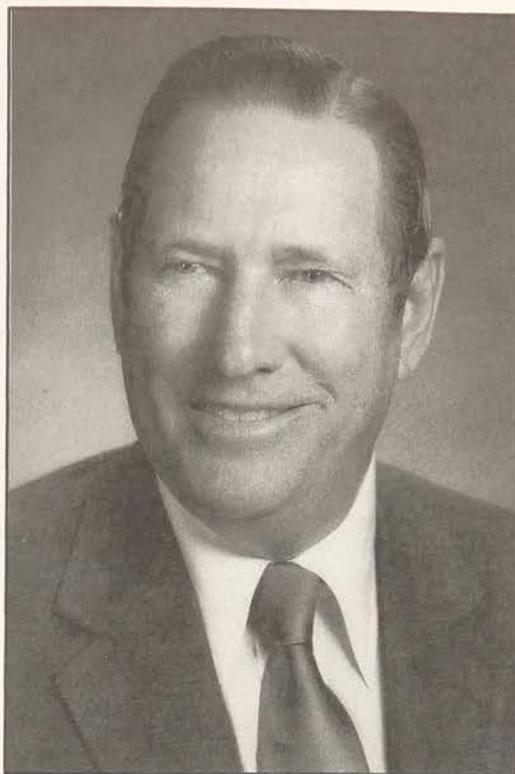
Loyalty to the hospital is not something that is exclusively a product of people who have always lived here. Many old and new residents are showing their support by giving \$5, \$10, \$15 and maybe

\$20 a year for (MPH) Association memberships. We could never have been successful except as a community project. Thank goodness for the people who have come along and added to it.

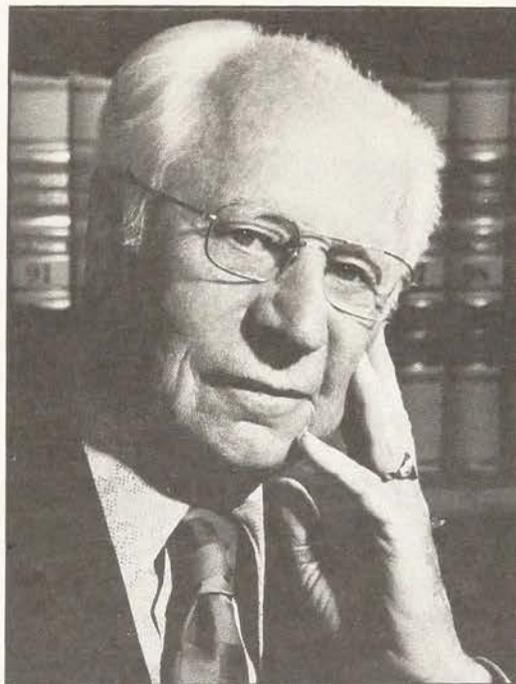
If there is anything in the world we need to continue to do as the years come and go, it's to foster the memory of people, who have believed in and supported our hospital, through pictures, signs, plaques on doors and the like. Hardly a week goes by that somebody doesn't say to me, 'I saw your picture out in the hall at the hospital — or I saw a plaque of John Doe's gift of that room — or my son or my daughter was in a room that so-and-so donated.' When I was talking about wills or bequests as president of the Foundation, encouraging people to make lasting gifts, they were proud of the fact that what they were giving was going to be known, appreciated, used and carried on, whether it be for the chapel, bricks and mortar, or just the lights at Christmas.

I think that the Charity Ball, which my wife and I have attended for years, is another occasion that people enjoy in support of a common effort. It is a valuable part of annual fund-raising, a worthwhile fund-raiser, and a meaningful fund-raiser. A certain degree of social recognition is an essential part of giving. Everyone likes to lead the parade. Somebody always wants to lead the Grand March, and is willing to give of their resources to do it.

I believe events like the Charity Ball are the training ground for the future philanthropic leadership. If you start young people in the community working as members of a committee or in things of that nature, you groom your leaders who are going to be the future chairpersons. And personal giving is part of that training, part of the desire to be helpful. So you grow your crop, and to me that's a crude way of putting it, but it is essential that we grow



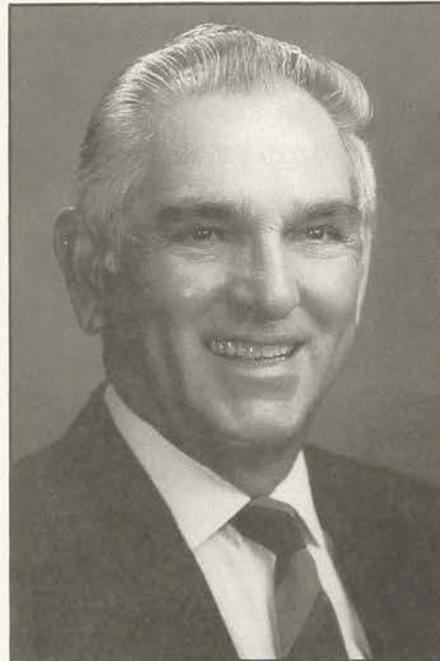
**The Hon. Howard Rives**



**Alfred Marshall**

leadership. The more young people we can draw into the activities of the Foundation, the more interest you can get and the more recognition you can give them."

— *Hon. Howard P. Rives*  
*Former president*  
*Foundation board of directors*



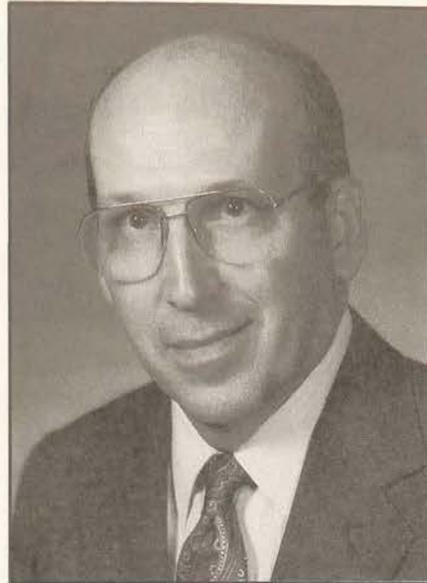
**George  
Mariani Sr.**

## ‘Not just another number’

“**M**orton Plant is a charitable organization with an outstanding record of taking care of people, and the people in this area who want the best care go to Morton Plant. If they want to pay the most, they go to a for-profit hospital. I could go to any hospital in the world, but I’m sure of the superior care I’ll get at Morton Plant. The people affiliated with the hospital are loyal

to the institution and because of that, everybody strives to do their best. People know that when they go into the hospital, they won’t be treated like just another number.”

— *George Mariani Sr.*  
*Former chairman*  
*Foundation board of directors*



**Robert A.  
Burwell**

## Part of the quality of life

**“I** think it’s very important to restate our heritage. I think the most important factor in helping Morton Plant to be unique is that it has so much community support. That support is reflected in sell-outs to the hospital Charity Ball and in raising as much money as we do for the Foundation every year. To me, that’s unique.

Health care is important to any community. The business community is concerned about having good health care for employees and to help draw businesses and new customers to the area. We’ve got a hospital that is way above those basic requirements. We certainly have people in this town who can afford to go to the Mayo Clinic or anywhere else. But they get their care right here at home at Morton Plant.

For most procedures, we’ve got top-of-the-line technology and we’ve got excellent physicians. We attract the top physicians. They all want to work where

they’ve got high-quality people working with them.

My wife and both my children were born at Morton Plant. We participated in the capital fund drives for both the Witt and the Barnard buildings. I’ve been involved in the Foundation since its inception.

As far as the Foundation is concerned, people like Ed Imparato and Tim Johnson Sr. did a tremendous job of getting the larger gifts started, getting to the right people back when we didn’t have a professional staff. They gave a lot of their time to plant some seeds for the gifts that are now coming to fruition. You don’t raise large gifts overnight. But I’ve never seen volunteers more dedicated than Ed Imparato and Tim Johnson Sr.”

— *Robert A. Burwell*  
*Former chairman*  
*Foundation board of directors*

## Giving back to the community

“**M**orton Plant as a hospital is a jewel. And the only way to preserve a jewel is to polish it and keep it in good shape. It takes public-spirited and community-minded people to do that. And if you’re going to get something out of a community, you’ve got to put something back in.

We have many able, energetic volunteers in our community and they’re not looking for pats on the back or accolades. I always say, when you work for Morton Plant, it’s a very selfish service, because if you can help raise money for Morton Plant, and make it a better hospital, that means that in the event you or your family or your friends have to use the hospital, you got the best service you possibly can have. We have the state-of-the-art equipment and facilities to attract the

best physicians, and so you don’t have to go to Duke, or M.D. Anderson or to the Cleveland Clinic to get superior medical care; you’ve got it right here.

The ideal board member should be generous with his or her time, set an example by giving appropriately, and have a definite commitment to making sure that Morton Plant remains a first-rate hospital. I think they also need to be fairly well-connected in the community, know a lot of people, and be well-respected so that when they approach people, they’re immediately perceived as an equal.

We try to identify our board members through providing opportunities for service on committees. We’ve been successful in that regard. Of all the people who have been very successful in the

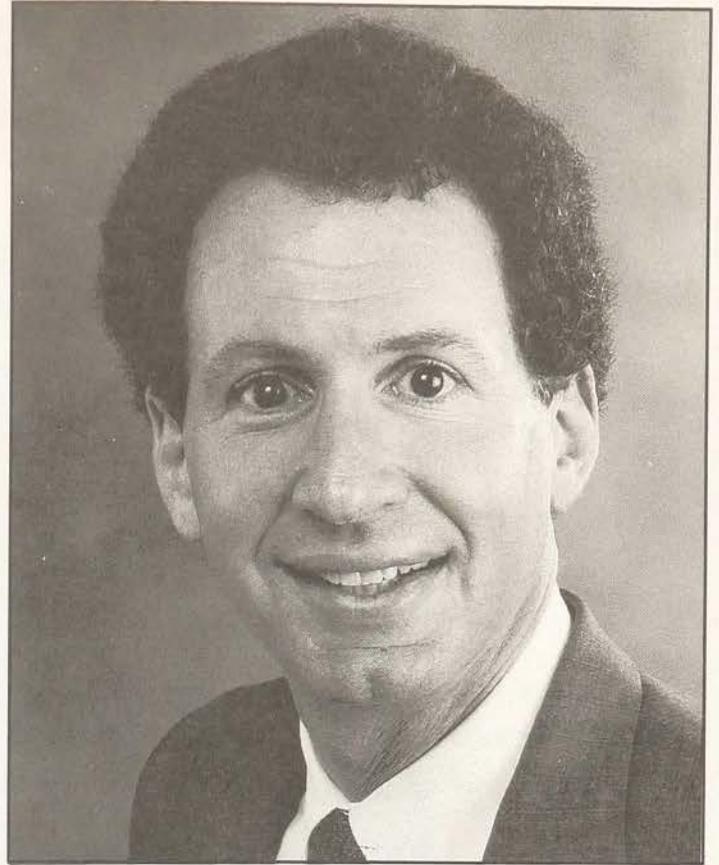
development of funds for Morton Plant is Tim Johnson Sr. He's a person who was tireless; there was never a minute he let pass without promoting Morton Plant. If we could have 10 Tim Johnsons out there doing this for us, we'd be in great shape.

And there were others. Ed Imparato did a great job. Bob Burwell was an outstanding chairman, excellent. Judge Rives, who was chairman of the board when I first came on, I was extremely impressed by him. People like that have been really hard working, devoted, and tireless in terms of their devotion toward Morton Plant.

If you are going to do your job as a board member and do it right, you've got to devote the time and effort. This is not something that you can only do 50 percent or 70 percent, you've got to do it 100 percent. For the most part, we have people that are very committed and do give that 100 percent. They're the ones who go to meetings at 7:30 in the morning and at 7:30 at night. They'll go to luncheons, and they'll go when their friends are off doing something else. They're that devoted and that's the key.

The Foundation staff does a very good job making calls on prospects, but the directors do help out by going on the calls and helping line up appointments. We have a lot of committee meetings, full board meetings or executive board meetings. You have many phone calls. I've had probably five phone calls today involving the Foundation. I've been chasing the head of a local company a little bit trying to get him to consider a nice gift to the hospital.

We attempt to assemble a balanced board. Generally, we attempt to have at least one banker. There are a number of attorneys on the board, but generally our members are business people. We like to have people who have demonstrated an interest in Morton Plant Hospital, are



**Bruce Bokor**

well-thought of and well-connected in the community, and are willing to work.

Our most difficult job, of course, is trying to educate people about Morton Plant. You just try to tell them how important their gift is and what their help can mean. I'll tell you one of the most difficult things is that charities very often have the same donors picked out. This is not a community that has large corporate giving which you generally find in a more urbanized environment. So most of our gifts come from individuals who generally have settled in northern Pinellas County, and have lived here from three to 15 years. They've found that Morton Plant has been good to them, or they want to benefit their fellow man and they feel this is a very worthwhile effort."

— *Bruce Bokor*  
*Former chairman*  
*Foundation board of directors*

## Chapter 9

# The philanthropists

**P**hilanthropy has played a major role in the growth of Morton Plant Hospital from a 20-bed facility in 1916 to a comprehensive health-care center today.

The generosity of Morton Freeman Plant, whose \$100,000 challenge gift was the impetus for the establishment of a

hospital in Clearwater, was perpetuated through the years by the contributions of succeeding philanthropists.

Each of these individuals came forward at a crucial time to help meet the pressing needs of a health-care institution growing toward excellence.



**George K.  
Morrow**

## **George K. Morrow**

**M**orton F. Plant's original endowment of \$100,000 was the only large endowment to the hospital until the estate of George K. Morrow was received in 1950, following the death of his widow, Mary S. Morrow.

One of Morrow's many business interests was the famous Gold Dust Twins Cleanser.

Income from the \$800,000 endowment purchased much of the hospital's equipment during the 1950s and helped build the 50-bed Morrow Pavilion in 1964. The isolated one-story wing was

designed for mental health patients but was not used for that purpose until the Institute of Neurosciences opened in 1986.

Also included as a beneficiary in Mrs. Morrow's will was her Boston bulldog, Dusty, who made national headlines when he inherited \$50,000, to be placed in a trust fund with Dr. M.E. Black as trustee. The interest was paid to her companion and housekeeper, to feed and clothe the dog, which required "a small, red wool sweater to keep him warm in the winter." The fund passed to the hospital after the dog's death.



**Wilma  
Lucille  
Witt**

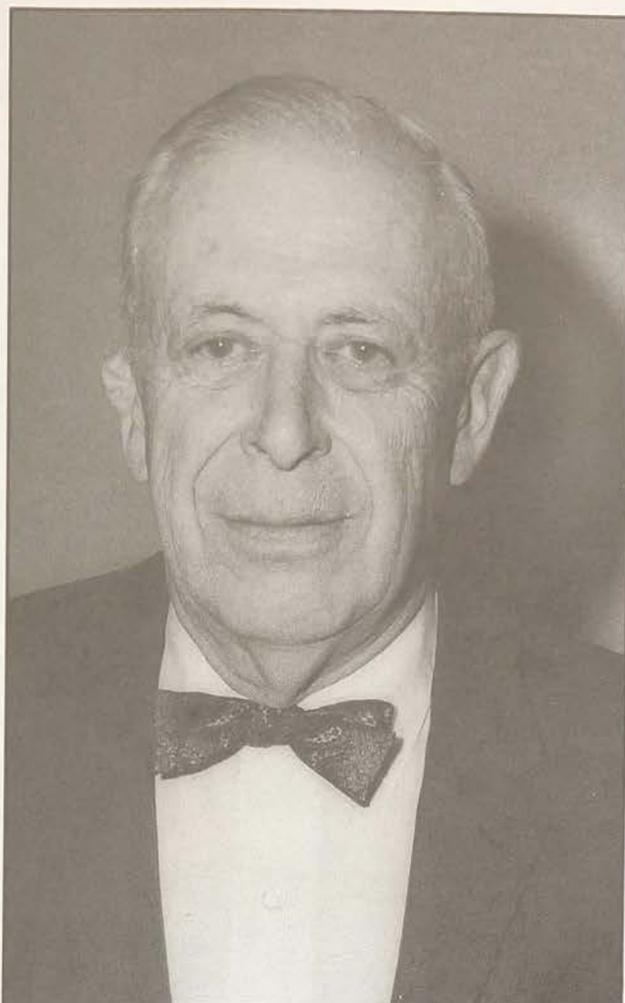
## **Wilma Lucille Witt**

**W**ilma Lucille Witt, widow of Havana-Tampa cigar manufacturer Eli Witt, never saw or set foot in Morton Plant Hospital. Seeking “a worthwhile, well-managed institution in need of funds,” Mrs. Witt was content to take the advice of her friend, Dr. Grace Whitford Parr, who suggested Morton Plant Hospital as the ideal recipient.

At her death on New Year’s Day 1960, she left the hospital nearly \$2.5 million. The will was hotly contested by the family, who claimed she was incompetent when she made it. But the executor of her estate, F. Kiernan Schoonmaker, discovered a handwritten list of calculations and

compared it to the newspaper’s financial pages for that day, proving that a month before her death Mrs. Witt had accurately totalled the worth of her stocks as quoted in the paper. On Dec. 17, the hospital received an early Christmas present when the will was declared valid. Three years later, after several appeals, Friday the 13th of December became the hospital’s lucky day as the first funds became available.

Mrs. Witt’s gift led to the first expansion of the hospital as we know it today. The 223-bed Witt Building nearly doubled the hospital’s capacity. Morton Plant Hospital, with 501 beds, had become a modern big-city hospital.



**Edward R.  
Barnard**

## **Edward R. Barnard**

**T**he story of Edward R. Barnard and Morton Plant Hospital began in 1957 when Barnard joined the board of trustees two years after retiring to Clearwater. His engineering background helped guide the hospital through three major expansions during the 18 years that he served as head of the Planning and Construction Committee.

Barnard had worked for Standard Oil of Indiana for 21 years, as assistant director of research and development. Lead-free gasoline was only one of his many achievements. Another, the highly flammable Napalm used in flame-throwers,

nearly cost him his life when he insisted on personally performing the first test on the dangerous fuel. He was severely burned and after three years of recuperating in hospitals, retired early and moved to Clearwater.

When his health returned, he took an active interest in Morton Plant Hospital. He died in 1967, and following the death of his wife, Nida, a year later, the couple's \$750,000 estate was received by the hospital.

It helped create the seven-story Barnard Building in 1975, which increased the hospital's bed capacity to 745.



**Margaret  
Keenan  
Lykes**

## Margaret Keenan Lykes

**A** long-time Clearwater resident, Margaret Keenan Lykes established her place in the history of the community with the gift that made possible the Lykes Cancer Center.

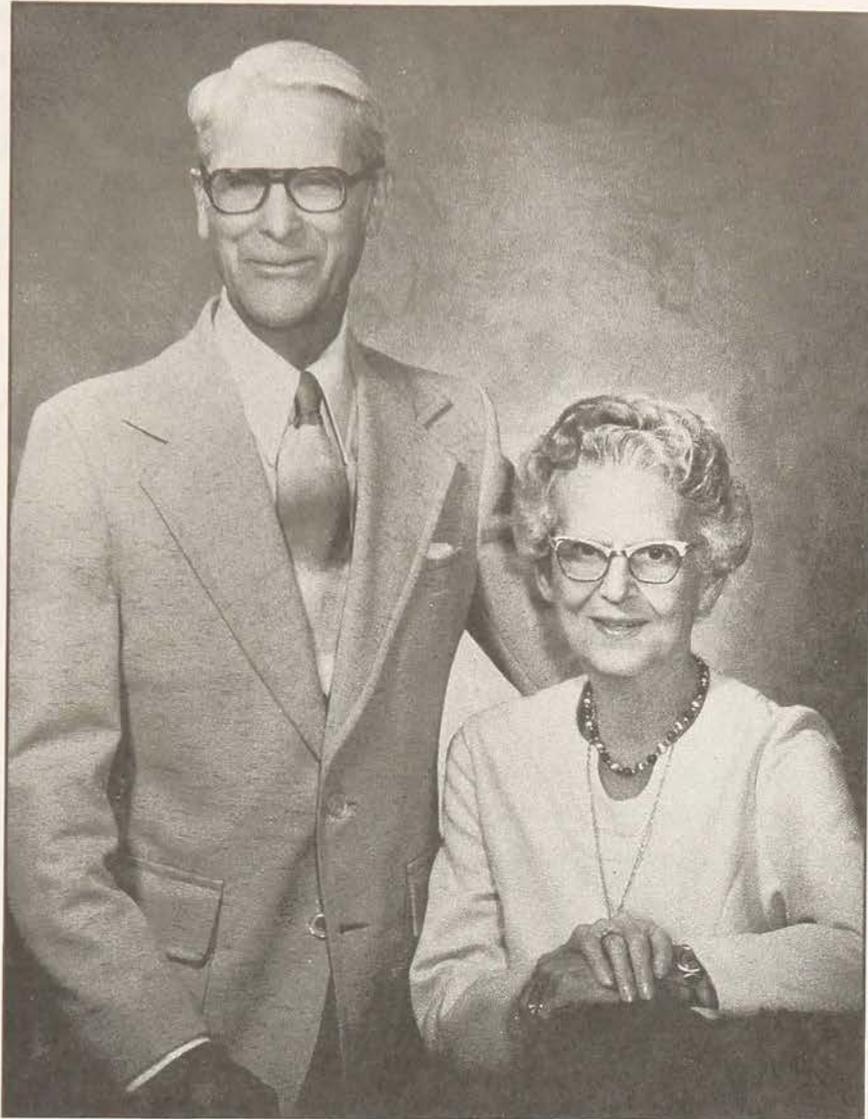
Excitement was in the air at the 65th annual meeting of the Morton Plant Hospital Association when the announcement of Mrs. Lykes' generosity was made. Her 1980 pledge of \$600,000 in support of a comprehensive cancer center was a landmark in the development of the

Tampa Bay area's health-care resources.

The center, now called the Lykes Center for Radiation Therapy at the Morton Plant Cancer Center, opened in 1981.

As with most of her distinguished family, Mrs. Lykes avoided the limelight that comes with exceptional service to the community. But her role in the creation of such a valuable community asset will long be recognized.

Mrs. Lykes, the widow of Joseph T. Lykes, died in 1984.



**William and  
Elizabeth  
Adler**

## **William and Elizabeth Adler**

**A** former carpenter turned investment banker, William Adler could never understand why anyone would want to have more money than he or she needed. So the Clearwater philanthropist gave most of his away and, in the process, gave Morton Plant its Adler Institute for Laboratory Medicine.

The opening of the building in 1983 doubled the size of the hospital's laboratory and allowed it to be

modernized. Two gifts of \$1 million each were applied to the building, although over the years, the Adlers' legacy of love to Morton Plant totaled some \$5.5 million.

As a young man, Adler joined his father in the family contracting business, later investing in real estate and owning two banks. Mrs. Adler was a public school teacher and mathematics supervisor for 31 years.

Both residents of Chicago, the

couple were friends for 50 years. After the deaths of their spouses, they married and settled in Belleair. Inseparable in death as they were in life, the Adlers died one day apart in 1982.

Hugh Parker Jr., a former president of the Foundation board of directors, recalled his friendship with them:

“The Adlers were a quiet couple. They lived in a modest home, and their lifestyle certainly was not ostentatious or luxurious. They came here from Chicago and were just about the most loving couple I’ve ever met.

“We found out that when the Adlers lived in Chicago, before they moved here, they were strong supporters of Ravenswood, a not-for-profit hospital. When they died, they left half their estate to Morton Plant and half to Ravenswood. During the administration of their estate, we established a close relationship with Ravenswood because of our common interest.

“Mr. Adler had accumulated a very large portfolio of securities and he looked after it entirely by himself. He clipped coupons on the bonds and collected all the individual dividend checks and kept his own books.

“I remember Tim Johnson Sr. went to the Adlers when he was president and successfully solicited a \$1-million donation. That’s really when the community first learned about the Adlers and their generosity and benevolence.

“Later, when the hospital was considering a facility in Countryside, Tim went to the Adlers and sat down with them and said he was going to have to ask them for something special. He said the hospital needed help: It wanted to buy a piece of property that was available in Countryside. Tim said he was wondering if they would consider making a donation to facilitate the purchase of the property. Mr. Adler said,

‘How much do you need?’ Tim didn’t bat an eye; he said, ‘\$1 million.’

“Mr. Adler looked at Mrs. Adler and they both smiled and he turned back to Tim and said, ‘I think I can do that.’ That is how we got the second \$1-million gift. When the board decided, in a split vote, not to proceed with Countryside, Tim went back to the Adlers and said, ‘We’re not going to need the money for this purpose, but we need it for other purposes.’ So they let the gift stand.

“That made the Adlers far and away the largest contributors the hospital or the Foundation had ever seen. Someone thought it would be nice to get them some kind of recognition. So we contacted the White House and told them about the Adlers and the wonderful things they had done for the community. We asked if the President could recognize them in some way. A short period of time later, they received a letter from President Reagan (which I think is on the wall at the Foundation), thanking them for their generosity and recognizing them for what they had done.

“Then someone arranged for Sen. Hayakawa, from California, to come and meet with the Adlers, to thank them personally on behalf of the President. When he came, Mr. Adler was a patient in the hospital, and whenever one of the Adlers went to the hospital, the other one went, too, because they didn’t like to be apart.

“Sen. Hayakawa came, and a group of us went over to the hospital and met with the Adlers. When the senator spoke to them and expressed appreciation, Mrs. Adler said, ‘We really appreciate that the President sent you all the way from his home state of California to see us.’ There wasn’t a dry eye in the house, I’ll guarantee you. It was a heartfelt remark. They were genuine people. Very kind, good people.”



**Norine V.N.  
Corell**

## **Norine V.N. Corell**

**N**orine Corell has always been open, inquisitive and straightforward. So when she was convinced that Morton Plant Hospital was as good a hospital as there is, she didn't hesitate to become a benefactor.

Her gift of \$1 million in 1983 created the Norine V.N. Corell Center for Cardiovascular and Nuclear Medicine — not bad for a Binghamton, N.Y., girl, who was one of seven children of a widowed mother, and who didn't even finish high school.

However, she learned Pittman shorthand from her sister and, in 1918, set

off to work for several government agencies in Washington D.C. In 1925, she began a 20-year career as the confidential clerk of a New York supreme court justice, Judge Abraham Lincoln Kellogg, who advised her to put her savings into a then-little-known company called IBM. Those 20 shares of stock, purchased in 1929 and 1939, became the basis decades later for her generous gift.

Mrs. Corell and her husband, George Corell, a representative for a furniture manufacturer, moved to Clearwater in 1964. He died in 1983.



**Genevieve  
Christ**

## **Genevieve Christ**

**G**enevieve Christ, a Clearwater resident for 30 years, wanted to help the community and Morton Plant Hospital. The way she helped was a perfect blend of community needs and her experiences as a surgical nurse.

Her gift of \$1 million made possible the Aldham-Christ Day Surgery Center, which opened in 1985. The name honors both Mrs. Christ and her first husband, T. Edward Aldham, who revolutionized the auto industry in the 1930s with the invention of the Fram oil filter. An earlier gift of

\$1 million to Lykes Cancer Center also memorialized her late husband, Carl Christ.

The endowment of the center reflects Mrs. Christ's life-long commitment to health care. She trained as a registered nurse at St. Vincent's Hospital in Toledo, Ohio, and later served as a surgical nurse at the Mayo Clinic, scrubbing for the famed Mayo brothers, and as head of surgical nursing at Miriam Hospital, Providence, R.I.

Mrs. Christ died in 1987, leaving an additional \$1.8 million in her will to Morton Plant.



**Lewis and  
Florence  
Barrett**

## **Lewis and Florence Barrett**

**S**eventy years of thrift that began in 1916, the year that Morton Plant Hospital was founded, was the gift that Lewis Barrett gave to the hospital and the community.

The Barretts' gift helped create the Lewis and Florence Barrett Center for Outpatient Rehabilitative Services, which opened in 1985.

In explaining their reason for giving, Mrs. Barrett related a parable that influenced them: A cow and a pig were talking. The cow said, "I do a lot for humanity because of all the milk, butter and cheese I produce." The pig said, "I contribute with ham and bacon." "But," said the cow, "I do it while I'm alive."

A native of Quebec, Barrett immigrated to the United States and took a job with New York Telephone in 1912. In 1915, he purchased his first shares of AT&T stock, thus beginning a financial plan that would one day allow the Barretts to express their generosity to Morton Plant Hospital.

Barrett managed a branch of the Corn Exchange Bank near Yankee Stadium for 25 years. Mrs. Barrett served for many years as personal secretary to actress Peggy Wood, star of the 1960s television series, "I Remember Mama." They moved to Dunedin in 1961.



**Thomas  
Inseal**

## **Thomas Inseal**

**W**hen Thomas Inseal saw a need he could fill through hard work or other kinds of service, he responded.

In honor of Inseal's \$1 million in contributions over a 20-year period (including a gift of \$750,000 to support geriatric care), the high-rise at Bayview Gardens Retirement Community was renamed the Eleanor and Thomas Inseal Tower in 1986.

Inseal's gift came out of his concern about the availability and affordability of high-quality health care and housing for the elderly.

A native of England, Inseal served in a World War I machine gun regiment with the elite Queen's Guards. He was a traveling auditor for Exxon for some 30 years, visiting the Americas from Canada to Venezuela to supervise auditing operations for the giant multinational oil company.

Inseal immigrated to the United States in 1922 and received his education as an accountant in San Francisco. He and his wife, Eleanor, lived in Shore Hills, N.J., before moving to Belleair in 1959. Mrs. Inseal died in 1984, three years before her husband.



**The Siple family (from left): Marvin and Claudia Siple with their children Lauren and Chad; Caroline, LaVerne and Dick Siple.**

## The Siple Family

**F**or more than 30 years, Siple's Garden Seat Restaurant had been one of Clearwater's most prestigious restaurants. Situated directly across South Druid Road from Morton Plant Hospital, the restaurant, the hospital and their histories were inevitably intertwined.

Over the years, countless hospital-related luncheons and business meetings were held at the restaurant. Dick Siple, the owner, made his home only a few feet south of the hospital's main parking lot. Both of his children were born at Morton Plant. His wife, LaVerne, recalled her irritation at having their infant son, Marvin, awakened by the hammering of pilings being driven for the foundation of the Roebling Building in 1957.

In the spring of 1990, Dick Siple

decided to retire from the restaurant field. A year or so earlier, he had commissioned a local realtor to sound out the market for possible buyers for the property, a picturesque three acres — much of it covered with live oak trees — overlooking Clearwater Harbor.

Early on, Morton Plant Hospital had an interest in buying the Siple property, which is adjacent to the hospital Foundation, as a logical addition to the hospital's existing campus.

By mid-year 1990, an agreement was reached. The acquisition included a \$2-million sale and a \$1-million charitable gift to the hospital, which established the Siple Family Endowment for Cancer Care and Education.

## Chapter 10

### Time line

- 1897** \_\_\_\_\_ Railroad magnate Henry Plant opens the Belleview Hotel (now the Belleview Mido Resort Hotel).
- 1899** \_\_\_\_\_ Henry Plant dies; his heir is son Morton Freeman Plant, who vacations at the Belleview Hotel.
- 1912** \_\_\_\_\_ Henry Plant II, Morton's young son, is thrown from a car and is badly injured. The nearest hospitals are a full day's journey away. Morton outfits a railroad car for the boy to recuperate in.

**1912** \_\_\_\_\_ The ladies of Clearwater, encouraged by Dr. John Bowen, start a fund drive to build a hospital.

**1914** \_\_\_\_\_ They approach Morton Plant, who offers them an endowment of \$100,000 in railroad stock if the community can raise \$20,000.

In one month, the money is raised by a community of only 2,500 people. The West Coast Hospital Association is born.

Five acres on the edge of town next to "Harbor Oaks," Clearwater's finest residential neighborhood, is purchased from Mr. and Mrs. C. Perry Snell for \$4,500.

**1915** \_\_\_\_\_ Construction begins on the \$21,298 building.

The first hospital Charity Ball is held at the Belleview Hotel, raising \$1,075. It will be a yearly event until 1920.

**1916** \_\_\_\_\_ On Jan. 1, the Morton F. Plant Endowed Hospital opens, with 20 beds and five bassinets. Ward beds cost \$12 per week; private rooms are \$30-\$40 per week; charity cases cost \$7 per week.

In February, young Henry Plant II is admitted for treatment of contusions and bruises.

First babies born: the son of Florence Dodge Servis, Jan. 4; and Jessie Coachman, April 19.

**1918** \_\_\_\_\_ First laundry equipment — two Maytag washers in the basement.

The international flu epidemic of 1918 devastates Clearwater.

**1919** \_\_\_\_\_ First elevator (thanks to the estate of R.C. Lake).

- 1920** \_\_\_\_\_ First X-ray machine (thanks to Mrs. Morton Plant).
- 1922** \_\_\_\_\_ The hospital's first building project is a nurses' residence next to the hospital.
- 1929** \_\_\_\_\_ First female physician on staff, Dr. Grace Whitford Parr.
- 1931** \_\_\_\_\_ Donald Roebing becomes the youngest member of the hospital board of directors.
- Donald Roebing funds, builds, and personally presides over the first expansion of the hospital, increasing beds from 25 to 54, building a new operating suite and the first ward for blacks, enlarging the maternity ward, and improving the grounds.
- The hospital is approved by the American College of Surgeons.
- 1932** \_\_\_\_\_ Doctors' office visits are \$1.50; house calls are \$5.
- 1935** \_\_\_\_\_ First fracture bed and oxygen tank.
- The average nurse's pay is \$50 per month.
- 1939** \_\_\_\_\_ The fate of twins girls born three months premature (Sara Melinda, 2 lbs. 8 oz., and Laura Lucinda McMullen, 2 lbs. 2 oz.), makes front-page news around the state. Nurses make an incubator out of an orange crate and a light bulb. Three months later, the girls go home to the family home in Safety Harbor where the McMullen family pioneered 90 years before.
- 1940** \_\_\_\_\_ Fund raising begins for a badly needed new wing. .
- 1941** \_\_\_\_\_ Roebing infuriates some board members by offering to underwrite the total cost (\$40,000) of the new wing if his construction company is hired to do it without bids.

- 1941** \_\_\_\_\_ The first "Roebbling" wing opens, increasing beds to 75.  
America enters World War II.  
The hospital Auxiliary is formed; it is the second hospital auxiliary in the state.
- 1943** \_\_\_\_\_ Penicillin is available but for military use only; streptomycin is discovered.
- 1946** \_\_\_\_\_ The Hill-Burton Act provides funds for hospital construction nationwide.
- 1947** \_\_\_\_\_ First radiologist, Dr. Hammond Groves.
- 1949** \_\_\_\_\_ With guidance from Dr. Raymond Center and Dr. Julio Guerra, the Business and Professional Women of Clearwater organize the area's first blood bank, the Upper Pinellas Blood Bank, headquartered in the hospital.
- 1950** \_\_\_\_\_ Clearwater's population is 15,581.  
The second largest endowment after Morton F. Plant's, the estate of George K. Morrow (Gold Dust Twins Cleanser), brings in more than \$800,000.
- 1951** \_\_\_\_\_ New surgery opens.  
First air-conditioning installed.  
First black physician admitted to staff, Dr. Harry F. Taliaferro.
- 1952** \_\_\_\_\_ First hospital administrator, Theodore L. Jacobsen.  
First hospital pathologist, Dr. James Leonard.

- 1953** \_\_\_\_\_ The Laboratory now performs frozen sections.  
First recovery room.
- 1954** \_\_\_\_\_ The second "Roebbling" wing opens, at a cost of \$327,745, increasing beds from 75 to 135, including a 10-bed pediatrics unit.  
First hospital pharmacy; first registered pharmacist, Bob Beckner.  
First bacteriologist, Johanna Glacy-Araos.  
Nurses make \$205 per month.  
The 40-hour work week is instituted.  
MPH has 144 employees.
- 1955** \_\_\_\_\_ The Sabin vaccine for polio is widely distributed.  
First graduate dietitian, Dixie Baker.  
All pathology work is now done in the hospital lab.
- 1956** \_\_\_\_\_ Baby boom: Cribs are stacked three high in the nursery.
- 1957** \_\_\_\_\_ The Charity Ball is revived to help with charity patient overload.  
The hospital offers a program to train LPNs.  
The Sunshine Annex opens, a temporary, no-frills ward to alleviate overcrowding.  
First public relations department.
- 1958** \_\_\_\_\_ The hospital receives first Hill-Burton funds.  
The Auxiliary admits teen-agers.

- 1959** \_\_\_\_\_ Donald Roebing dies, leaving a \$1-million trust fund for the hospital and a new laundry.
- The Roebing Building opens, at a cost of \$1.4 million, increasing beds from 135 to 215; Laboratory, emergency, and maternity expand.
- 1960** \_\_\_\_\_ Wilma Lucille Witt (Hav-A-Tampa cigars) bequeaths nearly \$2.5 million to the hospital, the largest bequest ever.
- New hospital administrator, Roger White.
- First kidney dialysis machine.
- First Physical Therapy Department.
- Clearwater's population is 34,653; Morton Plant has the only emergency room in the area.
- 1961** \_\_\_\_\_ First speech clinic at hospital.
- 1963** \_\_\_\_\_ First electroencephalograph.
- First Respiratory Therapy Department.
- First warming isolette in the nursery.
- 1964** \_\_\_\_\_ The Morrow Pavilion opens, at a cost of \$350,000, increasing beds to 278.
- The hospital now owns seven acres of land.
- 1965** \_\_\_\_\_ The Medicare and Medicaid programs begin.
- The Upper Pinellas Blood Bank becomes R.E. Hunter Memorial Blood Bank.
- The Speech Clinic becomes the Department of Communicative Disorders.
- The West Coast Hospital Association becomes Morton F. Plant Hospital Association.

- 1965** \_\_\_\_\_ The hospital begins integration of white and black patients.
- First Security Department.
- 1967** \_\_\_\_\_ The Witt Building opens, at a cost of \$2.8 million, increasing beds from 278 to 501, and includes a new cafeteria and auditorium.
- The last of the original (1916) hospital building is torn down.
- First hospital computer.
- First Intensive Care Unit.
- 1968** \_\_\_\_\_ The estate of board member Edward Barnard (Standard Oil engineer), \$750,000, is left to the hospital.
- 1969** \_\_\_\_\_ First Occupational Therapy Department.
- First Credit Union.
- 1970** \_\_\_\_\_ Three-fourths of all drugs in use today did not exist in 1960.
- 1971** \_\_\_\_\_ First neurological ICU.
- The Auxiliary opens the Pink Bazaar resale shop.
- New laundry.
- Employees number 1,245.
- 1972** \_\_\_\_\_ The Florida legislature passes the Baker Act, designed to prevent imprisonment of people needing psychiatric attention.
- First psychiatric unit.
- First director of Medical Affairs, Dr. Richard B. Cuthbert.
- The concrete pour for the Barnard Building slab takes 40 concrete-mixer trucks and is the largest pour ever in Pinellas County.

- 1972** \_\_\_\_\_ First nurse midwife.
- 1973** \_\_\_\_\_ First ICU for infants.
- 1974** \_\_\_\_\_ The R.E. Hunter Memorial Blood Bank becomes Hunter Blood Center.
- 1975** \_\_\_\_\_ The Barnard Building opens, at a cost of \$9.7 million, increasing beds from 501 to 750; and includes a new surgery, recovery room, ICU, radiology and emergency room.
- Heart Center opens; first open heart surgery.
- First orthopedic surgical suite for total hip and joint replacement.
- 1976** \_\_\_\_\_ First echocardiograph in Heart Center.
- First ResusciAnnie for CPR instruction.
- 1977** \_\_\_\_\_ New administrator, Duane T. Houtz.
- Nuclear Medicine Department established.
- First CT scanner.
- The Foundation is established; the first administrator is Edward Michel Jr.
- First Golf for a Purpose.
- First female president of the medical staff, Dr. Jean Bennett.
- First patient advocate, Audrey Gifford.
- 1978** \_\_\_\_\_ The hospital acquires the White House Nursing Home and the Clearwater Rehabilitation Center for \$2.25 million to form Morton Plant Rehabilitation and Nursing Center.
- Second Foundation administrator, David J. Rosser.
- New director of Medical Affairs, Dr. Norman Tarr.
- A tornado hits a school; it is the area's worst disaster. Morton Plant treats 70 children.

- 1980** \_\_\_\_\_ The Foundation establishes the Donald Roebling Society for top donors.
- Margaret Keenan Lykes (Florida Lykes family) donates \$600,000.
- William (a Chicago banker) and Elizabeth Adler donate \$1 million.
- 1981** \_\_\_\_\_ Lykes Cancer Center opens, at a cost of \$1.76 million.
- The Pink Bazaar is now called the Auxiliary Attic.
- First hospital chaplain, Frank King.
- The Auxiliary sponsors the first Holiday Lights.
- The Adlers donate the first portion of a \$2-million gift.
- First Critical Care Internship Program for nurses.
- 1983** \_\_\_\_\_ Norine V.N. Corell donates \$1 million.
- The Adler Institute for Laboratory Medicine opens. At a cost of \$3.5 million, the Adler Building also includes the Norine V.N. Corell Center for Cardiovascular and Nuclear Medicine.
- The hospital acquires Independent Home Health Services.
- The Geriatric Center is established.
- Physician Referral Service is formed.
- 1984** \_\_\_\_\_ First percutaneous nephrolithotomy.
- Genevieve Christ donates \$1 million.
- 1985** \_\_\_\_\_ The Aldham-Christ Day Surgery Center opens at a cost of \$3.5 million.
- The hospital becomes a partner in Hospitals' Home Health Care of Pinellas County.
- First percutaneous endoscopic gastrostomy in state.

**1985** \_\_\_\_\_

First ankle arthroscopy.

The North Witt addition to the Witt Building opens.

**1986** \_\_\_\_\_

Lewis and Florence Barrett donate \$750,000.

The Barrett Center for Outpatient Rehabilitative Services opens, at a cost of \$2.73 million.

The hospital restricts indoor smoking to patients only.

The hospital acquires Bayview Gardens Retirement Community.

The MRI opens at cost of \$2 million.

The Institute of Neurosciences opens.

The Pregnagym opens.

**1987** \_\_\_\_\_

The high-rise at Bayview Gardens is renamed the Eleanor and Thomas W. Inseal Tower, honoring their donation of \$1 million over many years.

The Cardiac Rehabilitation program begins.

3,000th open heart surgery.

First aortic valvuloplasty.

First automatic implantable cardioverter defibrillator.

The Wellness Center is created.

The Women's Center is created.

**1988** \_\_\_\_\_

The Imaging Center (outpatient imaging services) opens at a cost of \$6.7 million, a joint venture between the hospital and the medical staff.

Lykes at Largo, a satellite cancer facility, opens.

The Therapeutic Pool opens.

**1989** \_\_\_\_\_

Independent Global Home Health Services becomes the largest hospital-based home health care agency in the state.

Morton Plant Health Center, a family and specialty care satellite, opens in Palm Harbor.

The Laser Institute is established.

New director of Medical Affairs, Dr. John C. Babka.

**1990** \_\_\_\_\_

Lykes Cancer Center becomes known as the Lykes Center for Radiation Therapy at the Morton Plant Cancer Center.

The mobile mammography program begins.

The hospital acquires the three-acre Siple's Garden Seat Restaurant property.

First transesophageal echocardiograph.

First laparoscopic cholecystectomy for gallbladder removal.

The Joslin Diabetes Center of Boston affiliates with Morton Plant.

The Wellness Center facility opens.

HealthPlace, a resource center for senior adults and their families, opens.

**1991** \_\_\_\_\_

The Adler Building Addition opens, at a cost of \$15.5 million, housing the Women's Center, adult and pediatric mental health, Nuclear Medicine, and cardiac catheterization.

The hospital prohibits all indoor smoking except by patients with exceptional circumstances.

## Leadership

### Hospital Administrators

Theodore L. Jacobsen, 1952-1961

Roger S. White, 1961-1976

Duane T. Houtz, 1977-

### Nursing Administrators

Lillian A. Hollohan, 1916-1924

Hilda Hayes, 1924-1928

Cicely E. Ambler, 1928-1931

Ainah Royce, 1931-1932

Lilly C. Foley, 1932-1957

Katherine T. Smith, 1957-1973

Joyce Pareigis, 1973-1975

Sara E. Wolfer, 1975-1977

Kathryn Sachrison, 1977-1988

Sally Knox, Ed.D., 1989-

### Medical Staff Presidents

John T. Bowen, M.D., 1915-1919

Lucian B. Dickerson, M.D., 1919-1925

Norman E. Mighell, M.D., 1926-1927

Joseph F. Ruff, M.D., 1928-1929

Millen A. Nickle, M.D., 1930

Frank E. Kauffman, M.D., 1932

John T. Bowen, M.D., 1934

Harold E. Winchester, M.D., 1940

M.E. Black, M.D., 1944

P.H. Guinand, M.D., 1947

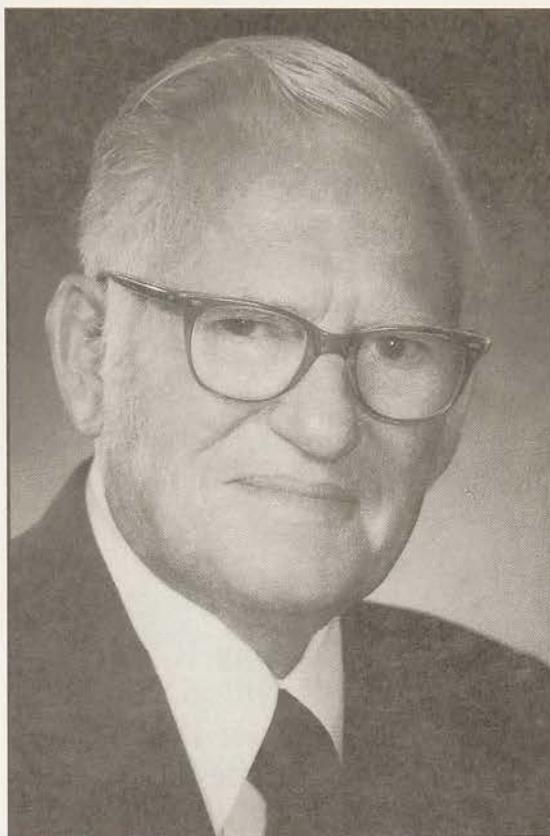
W. Hammond Groves, M.D., 1949

## Medical Staff Presidents

J. Sudler Hood, M.D., 1951  
Raymond Center, M.D., 1953  
Vernon Hagan, M.D., 1955  
Julio J. Guerra, M.D., 1957  
E. M. Harrison, M.D., 1959  
Robert Wolff, M.D., 1961  
Gibson Hooten, M.D., 1962  
David Vaughan, M.D., 1963  
Walter Winchester, M.D., 1964  
James M. Stem, M.D., 1965  
John T. Karaphillis, M.D., 1966  
James B. Leonard, M.D., 1967  
Raymond M. Lockwood, M.D., 1968  
S.D. Mullins Jr., M.D., 1969  
Douglas Carr, M.D., 1970  
Samuel T. Register, M.D., 1971  
Richard B. Cuthbert Jr., M.D., 1972  
David M. Weible, M.D., 1972-1973  
Paul J. Straub, M.D., 1974-1975  
Byron Smitherman, M.D., 1976  
Jean L. Bennett, M.D., 1977  
Lee C. Watkins Jr., M.D., 1978  
Fred C. Tucker, M.D., 1979  
William E. Kilgore, M.D., 1980  
Sherman H. Pace, M.D., 1981  
William R. LaRosa Sr., M.D., 1982  
H. James Free, M.D., 1983  
John N. Sourbeer, M.D., 1984  
Mark S. Michelman, M.D., 1985  
Joseph T. Eaddy, M.D., 1986  
William T. Stafford, M.D., 1987  
Thomas M. Daniel, M.D., 1988  
Brian G. Salisbury, M.D., 1989  
Eric S. Berke, Ph.D., M.D., 1990  
Julian B. Greengold, M.D., 1991

## Chairmen of the Hospital Board of Trustees

L.B. Skinner, 1914-1933  
Theron R. Palmer, 1933-1934  
Donald Roebing, 1934-1954  
Alfred P. Marshall, 1954-1956  
John B. Messinger, 1956-1959  
Gen. Eugene L. Harrison, 1959-1962  
Philip F. Gray, 1962-1963  
W.G. Wells, 1963-1967  
Gen. Eugene L. Harrison, 1967-1969  
Harold L. Hoefman, 1969-1971  
Gen. Eugene L. Harrison, 1971-1974  
John B. Sweger, 1974-1977  
F. Kiernan Schoonmaker, 1977-1979  
William W. Gilkey, 1979-1980  
Richard C. Colton, 1980-1982  
Truman Sims, 1982-1984  
Elwood Hogan Jr., 1984-1986  
David N. Wakely, 1986-1988  
Gilbert B. McArthur, 1988-1990  
David E. Becker, 1990-



**Richard C. Colton**

## Foundation Administrators

Capt. Edward A. Michel Jr., 1977-1978  
David J. Rosser, 1978-

## Chairmen of the Foundation Board of Directors

Col. Edward T. Imparato, 1977-1979  
Timothy A. Johnson Sr., 1980-1981  
Hugh Parker Jr., 1982-1983  
Hon. Howard Rives Sr., 1984-1985  
George Mariani Sr., 1986  
Robert Burwell, 1987, 1988  
Bruce H. Bokor, 1989, 1990  
William Maistrellis, M.D. 1991-

## Presidents of the Auxiliary

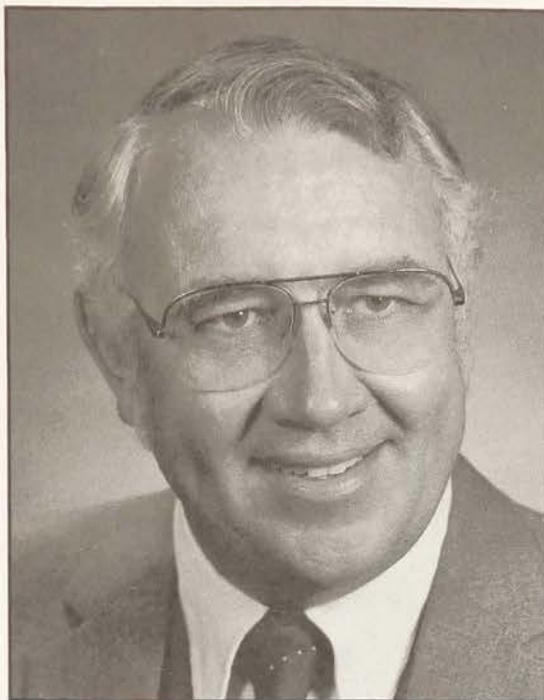
Agnes Puddington, 1941-1950  
Hebe Dimmitt, 1950-1953  
Ruth Houze, 1953-1957  
Clara Guinand, 1957-1958  
Beryl Elliot, 1958-1964  
Mildred Reid, 1964-1967  
Corinne Peebles, 1967-1970  
Margaret Keating, 1970-1973  
Millicent Cornell, 1973-1974  
Belle Parrish, 1974-1977  
Phyllis Norman, 1977-1980  
Audrey Greene, 1980-1983  
Eileen Guy, 1983-1986  
Gayle McGrath, 1986-1989  
Nancy Pendleton, 1989-1991  
Carolynne Gibson, 1991-



**Carolynne Gibson**

## Employees of the Year

Ola Mae Baggett 1981  
Food and Nutrition Services  
Kay Guzior 1982  
Central Sterile Supply  
Elbert "Buddy" Kruse 1983  
Outpatient Pharmacy  
Cecelia Birch, R.N. 1984  
ICU  
Audrey Gifford 1985  
Nursing Administration/  
Patient Advocate  
Richard Mason 1985  
Occupational Therapy/Pastoral Care  
Madelyn Lawson, R.N. 1987  
ICU  
Dorita Mayeux 1988  
Personnel  
Paul Molzahn 1989  
Pharmacy  
Beth Cowley 1990  
Engineering



David N. Wakely

## Three crucial factors

“**T**he things that make a hospital stand out are good employees, a dedicated medical staff and the support of the community. Morton Plant has all three.

The boards at Morton Plant have been strong because we have been able to draw on diverse talents, whether in the financial area, or knowledge of human resources, or the ability to help with planning and building physical facilities.

To get a good board member, you’ve got to find someone who is willing to spend some time and get involved. Some of the people who stick out in my mind are Truman Sims and Elwood Hogan, who were board chairmen before me. In many ways they were my role models — very concerned, very dedicated, very

conscientious. I will always remember them.

The same goes for Duane Houtz. He was the person who put it all together. He’s an excellent administrator, and I will always be indebted to him for making my job easy.

But I’m reluctant to single out any one person. I was always so impressed with how everyone answered the call. I never lacked for committee volunteers or people to carry out extra assignments.

The years ahead won’t be easy for Morton Plant, but I think it will continue to prosper, because of those three factors I named above.”

— *David N. Wakely*  
*Former chairman*  
*Hospital board of trustees*

## The best, every time

**“**During the next 10 years, Morton Plant will most likely be a bigger, stronger and more geographically diverse health-care organization than it is today. We are currently concluding a long-range study, which will provide us with the framework for our future. The past has taught us that change in the health-care industry is rapid and never ending. We are preparing ourselves to anticipate that change, deal with it effectively, and utilize it to serve our community better.

The history of Morton Plant has been one of conservative leadership and good management. Because of that, the organization is currently strong and well-prepared to exploit the opportunities of the

future. I believe Morton Plant will expand its geographic horizons to serve more people in the county and do it with more services. It will offer centers of excellence, such as the new Joslin Diabetes Clinic. It will continue to be strong and able to cope with whatever changes take place. Government will remain a force and factor in our business for a long, long time because the cost of providing life-saving and life-expanding services will remain, and in fact become increasingly expensive.

Within the framework of our mission, the No. 1 goal that every member of our organization strives for is quality. We seek to provide the very best care to every patient, every time. Zero defects. No

mistakes. This is our commitment. And it will continue to be the dominant factor in our thinking, planning and management.

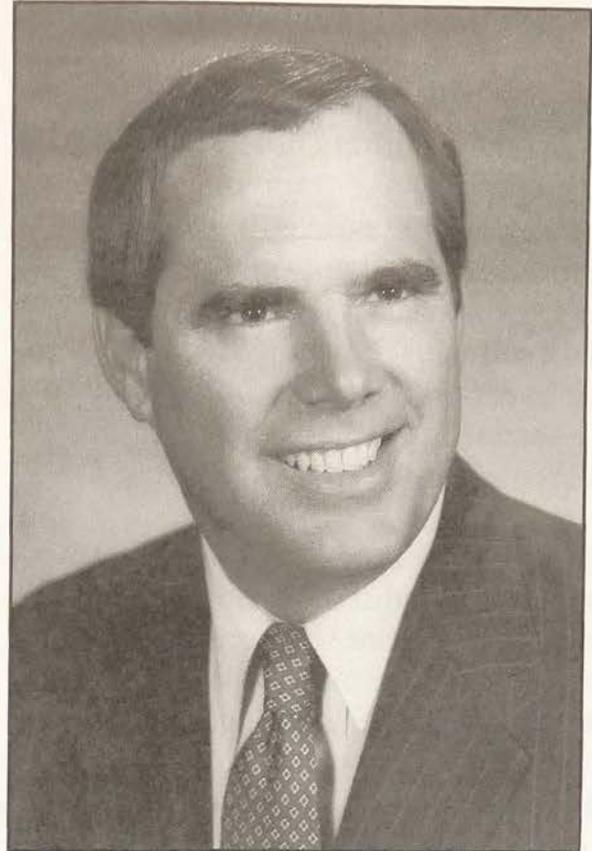
Seeking to do the thing right 100 percent of the time, and involving every employee in the pursuit of that excellence, has proven not only beneficial to the patient, but also to the cost structure. And reducing cost — driving down the cost of each patient's stay at Morton Plant — is what will enable us to remain the dominant health-care provider in our market area.

The most important lesson I've learned is how incredibly complicated the business of a hospital is. Think of it: Payment on most cases is made, not by the user — the patient — but usually a third party, an insurance company or government. Do we market our services to them? To the patient? Or to the doctors? Who is responsible for most of our admissions? The doctors, of course. Recognizing this was a very important learning experience.

We're blessed by an absolutely superb medical staff — one that improves with each month as new, top-flight doctors join our staff. Their credentials are rigorously reviewed. We're very proud of them and work very hard to be certain that we are providing them with the most modern, efficient and pleasant facility in which to provide medical care.

It seems to me that Morton Plant has done a superior job of identifying, seeking and selecting leaders for a long time. A great deal of time and care is spent on an on-going basis, attempting to identify future committee members and board members.

Because the hospital has been successful in attracting successful leaders, who give an incredible amount of their time with no reward other than the satisfaction of having given something back to their community, it stands today as a strong institution, known for the quality of care it



**David E. Becker**

provides, and able to face the uncertain future of the health-care industry with confidence and enthusiasm. The carefully reasoned judgments of a generation of leaders that have served before us enables us to do this. While we can always do everything better, providing leadership has historically been one of the things Morton Plant has done best.

The greatest satisfactions I've enjoyed as board chairman is watching and assisting in some very small way as the hospital's management has grown, matured and improved during a terribly difficult time in the industry. It's well known that many hospitals today face a highly uncertain future. Many have already failed. Over the years, the management of Morton Plant has adjusted quickly to the rapidly changing economics of the industry. They have made the difficult choices. They have made the tough cuts. They have controlled expenses and introduced new services that

have enabled the hospital to compete effectively in the market.

Management has strengthened itself with important additions in key areas and, I believe, it is today one of the best in the business. A well-run, efficiently administered hospital not only provides superior care at a reasonable cost, it provides itself with the economic means to continue to renew itself technologically to remain a leader in serving the community. Morton Plant is doing that today. And I'm very proud to be a part of that.

At the same time, while we're doing well vis-a-vis our industry generally, I'm very disappointed that the economics of the industry have absolutely dictated that we must charge higher and higher prices in order to survive. Every survey tells us that Morton Plant is among the lowest in its

charges for services. And yet each year, we are forced to raise prices — within the tightly controlled guidelines of the governmental agencies — to cover the costs of providing care not fully paid for by Medicare. Sick people with private insurance are being charged more in order to subsidize the care for people with governmental insurance — Medicare — or no insurance.

This cost-shifting has made it virtually impossible to prevent hospital charges from rising. This is very disappointing and very frustrating to me. It can't continue. We must and we will find a more equitable and cost-effective method of providing compensation for health care."

—*David E. Becker*  
*Chairman*

*Hospital board of trustees*

## Afterword

**W**ill the year 2066 herald the best of times or the worst of times for health care?

Some futurists predict that Americans will enjoy a Golden Age of medicine in the 21st century.

Others argue that the dream could be tarnished unless decisive action is taken soon to curb rising health-care costs and provide access to care for those today outside the system.

But the vision of a disease-free society, wherein the average life span exceeds 100, is widely expected to have become a reality before the year 2066, when Morton Plant Hospital celebrates its 150th anniversary.

Experts believe that chronic disease will have disappeared by then in the wake of improved techniques in bio-medicine and genetic engineering and that hereditary

defects will be repaired in the womb.

The aging process will have slowed dramatically as medical science continues to unravel the mysteries of the human life cycle. New drugs, improved nutrition and innovative health maintenance programs will help make possible more active and meaningful lives for practically all of us.

Signs of such promise do abound today.

Two-thirds of all the men and women who have ever reached the age of 65 in the history of the world are currently alive. Of this number, more than two-fifths have passed their 75th birthday, and an estimated 3 million Americans are older than 85. Each week about 200 individuals in the United States celebrate their 100th birthday.

Yet, for health care, this bold vision of the millennium, no matter how

*While no answer is currently at hand, it does seem increasingly certain that resolution of the question must await a time when Americans become fully aware of the serious consequences which will result from their failure to demand health-care reform.*

---

scientifically sound, must be tempered by our experience of the explosive growth in medicine during the past 25 years.

With the introduction of Medicare and Medicaid in 1965 and the concurrent growth of employee-sponsored health benefit programs, high quality, low-cost, technologically intensive health care became available on demand for most Americans.

Advances in diagnostic technology and the continued development of so-called "miracle drugs," led to quicker, more accurate identification and treatment of diseases for which, not so long before, no cure existed. The introduction of artificial joints and more sophisticated micro-techniques for delicate repair of the heart helped to make possible longer, more active lives for most individuals.

This progress has not been without significant social and economic cost, however. A seemingly insatiable public appetite for health care and rising expectations that medicine could routinely provide miracle cures resulted in an excessive use of health-care resources, significantly increased malpractice litigation, and pushed the system toward the brink of disaster.

Americans today spend \$650 billion on health, more than any other nation on earth; yet, serious questions are being asked about how much value is received

for the cost. Hospitals, once given a blank check by government to expand facilities and upgrade technology, are today hard-pressed to balance their budgets in the wake of deep and continuing cuts in Medicare and Medicaid.

Higher costs are being shifted by hospitals to employers, who have begun to reduce or eliminate health-care benefits and transfer a greater share of the cost to employees, many of whom cut back or drop their insurance coverage. About 37 million Americans have no health insurance and are forced to seek care at the hospital emergency room — the most expensive setting for routine care. The lack of access to pre-natal and child care among high-risk groups adds significantly to the escalating cost of health care.

Estimates are that health-care costs in the United States could reach \$1 trillion by the year 2000 and consume 15 percent of the Gross National Product. The possibility of such expenditures has fueled an increasingly strident debate about the future use of our health-care resources. Simply put, the question is: Who will get what kind of care, when, how, from whom, and at whose expense?

While no answer is currently at hand, it does seem increasingly certain that resolution of the question must await a time when Americans become fully aware of the serious consequences which will

result from their failure to demand health-care reform.

What does this mean for Morton Plant Hospital?

Those who have spoken in this retrospective about the past and future of Morton Plant strike a common chord: the enduring characteristic and abiding strength of the hospital has been the shared commitment of the institution and the community it serves.

People come and go. Buildings are raised and torn down. New medicines and innovative techniques are discovered, leading to improved patient care and increasingly more healthy and active

longevity.

But it is patently clear that people have made, and probably always will make, the crucial difference in the growth to excellence of Morton Plant Hospital.

The success of Morton Plant Hospital during the first 75 years of its history is a tribute to the commitment of successive generations of the Clearwater community to a simple, but ancient and powerful, principle — the greatest legacy one generation can bestow on those to follow is to leave the world a little better than it was.

That is the hope of the future.





# *The Spirit of Morton Plant A Retrospective 1916-1991*

## **The Authors**



**The Office of Corporate Communications, Morton Plant Hospital.**

**From left: Robert Driver, Gisela Watson, Joseph Murphy, Paul Gramblin, Margaret Talbot, Penelope Schwenck.**

### **Editor in Chief:**

Joseph P. Murphy, MPA, DPA, (APR)  
Vice president, Corporate Communications

### **Writers/Editors**

Robert W. Driver	Paul M. Gramblin	
Penelope L. Schwenck	Margaret W. Talbot	Gisela M. Watson

The authors gratefully acknowledge the work of Jan Kirby, author of "Giant Steps: A History of Morton F. Plant Hospital," which was invaluable in the preparation of this book. Printed on recycled paper by Graphic Services Inc., an MPH affiliate. Cover photos by Fermin Cruz.