

## REMARKS

*Son of a  
Druggist*

THE HONORABLE HUBERT H. HUMPHREY

ST. BARNABAS HOSPITAL GROUNDBREAKING CEREMONIES

NOVEMBER 24, 1969

/ Venerable institutions are like girls who have just become  
engaged -- neither can long tolerate the status quo. Both look  
 forward eagerly to the next stage -- both seek growth and  
 development.

/ An institution, like a courtship, cannot stand still.  
The absence of change, the reluctance to advance and to grow,  
 lead inevitably to atrophy and stagnation.

/ This is particularly true of medical institutions. / Great  
 hospitals must advance with the times, keeping step with the  
pace-setters in their field, or fall by default into an uncomfortable  
second best.

/ St. Barnabas, as this assembly well knows, has never settled  
for second best. / Our gathering today is tangible evidence of the  
 continuing St. Barnabas commitment to provide the best in chronic  
disease and geriatric care.

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Before I go any farther, I want you to know that that word -- geriatric -- doesn't fool me for one minute. It's a catch-all, an easy medical euphemism indiscriminately applied to such ever-young luminaries as Gypsy Rose Lee, Charlie Chaplin and Mickey Mantle -- and any Democratic politician who can remember way back to the National Convention of 1948,

∟ I don't mean to inject politics into this pleasantly non-partisan gathering. ∟ In fact, ~~I tell you candidly that~~ -- after twenty years in public office -- it is a pleasure to be able to discuss the actions and programs of the Federal government as a private

citizen. - *free to criticize, complain, and explain and not having to apologize, rationalize or*  
It is unfamiliar luxury to feel no obligation to advocate or *apologize*

defend any particular program or policy.

*But*, Do not misunderstand -- I fully intend to discuss public policy this afternoon -- I'll get back to it in just a minute.



MR. BLISS

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Medical Research

St. Barnabas  
New Techniques  
Experimentation

Brain Surgery  
Freezing - Cryogenic Surgery  
Cardiac Surgery  
Treatment

Voluntary Hospitals  
have unique role  
in research and  
Teaching

A true treatment  
center -  
no longer just centers  
for incurables.

Teaching in Post  
Sense - Post Graduate

Reconstructed  
Valve in heart

flexibility

Mr Kolody -

Dr Larson -  
Dr Bailey -

Mr Cooper (Partnership  
Trustee)

*400 Beds  
315 for  
medical  
occupancy*

First, I want to thank you for this opportunity to participate in the growth of St. Barnabas Hospital. I want you to know how pleased ~~am~~ to join in breaking ground for the next stage in the life of this fine old institution -- the 188-bed patient wing soon to be under construction on these grounds.

St. Barnabas exemplifies the fruitful unity between the best American tradition of the non-profit, voluntary effort by a concerned community -- and modern professional excellence.

Future patients from across the nation -- and throughout the world -- will thank the vision and imagination of your planners, the generosity of your donors, the competance of your builders, and the enterprise and judgement of your administrators. *and also well*

*Your doctors & nurses*  
St. Barnabas moves into its second century of service with youthful vigor and an uncompromising conviction that no disease is incurable -- but some cures are yet to be found.

*You have proven it  
(see attached)*

↳ The willingness of private citizens to undertake the financing of this ambitious development is signal tribute to the vitality of participatory philanthropy -- participation not by checkbook alone, but with intelligent recognition that quality health care is a prerequisite in a civilized society.

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↳ As a nation, we remain distressingly unsophisticated in the development of public policy in the field of health services.

↳ Our ability to resolve today's critical crises in health care depends on our national will. As with so many other tough societal problems, the ultimate determination is a matter of the priorities we set for ourselves as a democratic society.

↳ Centuries ago, science and technology offered mankind freedom from the tyranny of superstition. ↳ For a century, science and technology have offered the prospect of freedom from hunger and from the ravages of the elements.

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↪ In our generation, science and technology offer man a longer life and the easy prevention of unwanted life. ↪ For the next generation, science and technology promise freedom from disability and disease and added facility in the miraculous transplants of hearts, livers, lungs, <sup>kidneys</sup> and other essential life-maintaining organs.

↪ But at the same time that we receive these life-sustaining gifts, there is a paradoxical expansion of the life destroying arsenal.

↪ We have weapons that can wipe out humanity in an instant.

↪ We have industrial emissions that poison our atmosphere and our waters.

↪ We have transit systems and vehicles designed for movement -- that make movement all but impossible.

↪ We have advanced automation -- <sup>which increases Productivity</sup> and the resulting threat <sup>and threatens to destroy old skills and personal</sup> of unemployment. <sup>identity.</sup>

↪ We have a fine new medicine chest of wonder drugs -- with price tags ~~or~~ beyond the reach of many of our citizens. <sup>and sometimes</sup> <sup>side effects that cause here</sup>

(to P.7)

~~But~~

We cannot blame our scientists and our technicians for the way we apply their science and technology. The responsibility

lies on our own doorstep. *The decision is ours to make -*

*Science on our own, or let it become our master*

↳ This is an age of miracles -- an age when wonders have

become so commonplace that a <sup>few</sup> weeks ago many of us didn't bother

to watch man land on the moon -- because the landing inconveniently occurred after the normal bed hour.

Changes

↳ Diversions are plentiful today, and they come easily to a majority of our citizens.

↳ But some -- a minority we can ill afford -- still struggle to achieve even the rudimentary products of a civilized society.

↳ How do we resolve this paradox? How can the most affluent and technologically advanced society in the history of the world meet the health needs of all its citizens.

*I want to talk Health Care Policy!*

~~*Obama*~~

our resources

More specifically, how can our improved concepts of governmental responsibility, our magnificent economic engine, our astonishing technology, our exemplary educational institutions, our gigantic pharmaceutical enterprises, our unprecedented medical research, our massive public and private medical facilities and our highly trained practitioners -- how can these forces unite *and* celebrate effective collaboration to deliver good health to the people who make all these enterprises possible?

*and the current health needs are staggering.*

How healthy is our nation?

..... Among the nations of the world, the United States ranks sixteenth in infant mortality rates.

..... In comparative standings in life expectancy, America shows up dismally, time and again, below the top dozen. (The men of 20 countries and the women of 11 countries live longer than American men and women.)

..... Based on minimum standards set by Medicare, one-third of all hospitals are not accredited and and ten percent of all hospital patients are admitted to non-accredited hospital beds.

Hunger  
Pollution  
These  
consequences

"walking wounded" of elderly

001140

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..... While Medicare and Medicaid programs, in combination with the health insurance industry, cover some portion of health costs for eighty percent of our citizens, two-thirds of all personal health costs remain uninsured.

..... Thirty million Americans have no health insurance at all.

*out* L While the accelerated pace of inflation brings alarm and public outcry, the increase in health costs is more than double that of the overall rise in the cost of living -- and they are fast moving out of reach of middle -- as well as low -- income citizens.

L It is ironic to note that a preponderant number of states in our wealthy nation require automobile liability insurance -- but not one is yet brave enough to advocate the most minimal health coverage for all its residents.

L The health care crisis is not new; it did not spring upon us without warning or omen.

L The comparative standing of the United States in health -- the figures I cited a moment ago -- is no revelation to this audience.

L These statistics are well known to us!

L And they reveal serious deficiencies in the basic planning, design and operation of our health-care system.

Hunger Pollution

James Beato Rivera

001141

They reveal further, a failure of our society to establish the national priorities which are necessary to provide every citizen full access to humane and comprehensive health care.

The time has come in this country to get both our priorities and our systems straightened around and functioning properly.

It is time for medical statesmen to invade the jumble of unplanned, uncoordinated, unsophisticated, unresponsive health care systems and come up with significant changes that enable us to utilize our health resources efficiently and economically.

Hospitals  
are scattered  
Health  
centers

A well conceived and coordinated system of health care -- one which deploys doctors and hospital beds rationally and intelligently, one which provides comprehensive health care for all Americans -- can probably be achieved without drastically increasing the number of physicians or drastically increasing the number of hospitals in this country.

Rural

It is, I repeat, primarily a question of priorities and planning.

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L The Committee on National Health Insurance has concluded  
 that -- regardless of the ultimate decision on how the financial  
 burden should be shared -- comprehensive health care is unattainable  
 in this country without bold restructuring of the American health  
 system.

L <sup>Recently</sup> ~~Last week~~ an advisory task force headed by Blue Cross  
 Association President Walter M. McNerney reported back to HEW  
 Secretary Robert Finch that "federal programs that create a demand  
 for health services should assume some of the responsibilities  
 for supplying them" and recommended that Medicaid -- and possibly  
 Medicare -- <sup>Preventive medicine</sup> dollars provide health services instead of just footing  
 the cost of rising hospital and doctor bills.

L I am pleased to see -- even so belatedly -- official recognition  
 that the only medical insurance we can buy in this country today  
 is "sickness insurance."

L With the exception of a handful of closed panel medical  
 plans -- primarily on the West Coast -- no insurance on the market  
 today provides any benefits for preventive medical care -- for annual

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check-ups, for routine cancer tests, for immunizations or inoculations against killer diseases.

There is no incentive for health in our so-called health plans, only partial reimbursement to prevent sickness from being financial catastrophe -- for those who can afford that protection.

Health care should not be a matter of privilege. It is a right as basic as those itemized in the Bill of Rights, and requires prompt action to relieve the most immediate injustices -- those affecting the poor, and the aged on fixed incomes, *and indeed the middle income.*

But we cannot let these immediate needs blind us to the urgent long-range need to restructure our entire health-care system.

Such a restructuring -- to be effective -- will require the concerted effort of all citizens -- of the members of the health professions -- and their associations -- of public health officials, the insurance industry and the pharmaceutical industry, labor and management and -- perhaps most importantly -- of the health consumer.

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Such a Health Coalition -- ~~such~~ a working force of dedicated, creative individuals and organizations -- can do for the health of the nation what the Urban Coalition hopes to do for our cities.

↳ Such a Coalition -- manning medical <sup>" "</sup>think tanks and staffing medical task forces -- can design a health-care system in keeping with our unique American traditions yet fully responsive to the needs of all citizens; a health-care system appropriate to our advanced and affluent nation's needs and desires.

Such a health-care system is possible only in a society which has its priorities straight -- a society that puts the health and well-being of its citizens at the top of its agenda.

That is the kind of health care I want our nation to provide.

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GROUND BREAKING CEREMONIES

ST. BARNABAS HOSPITAL FOR CHRONIC DISEASES  
Bronx, New York

November 24, 1969

MR. CHARLES M. BLISS, PRESIDENT, BOARD OF MANAGERS:

Good afternoon, everyone, and a very hearty welcome to all. I wish all that applause had been just for me. (APPLAUSE) What a day for St. Barnabas Hospital. Sure, it's been a long time coming, but when things don't happen easily, usually they are appreciated just that much more. The important point is that here we are in the early years of the second century of our service building for the needs of this age and for the future.

Our ceremony today is ostensibly for the bricks and mortar part of building for the future. Long hours of planning and consultation have gone into the design. When the entire project is completed there will be greater patient comfort, and it will be far easier to care for those who are confined to hospital rooms.

I wonder, though, if erecting a modern wing is justification for more than a happy family party. Probably not, but we are not confining our ceremony to the symbolism of turning some earth as the start of construction. Rather, we are recognizing that St. Barnabas Hospital is well along in adapting itself to a larger role in the specialized field of care for and rehabilitation of those afflicted with chronic disease.

Our medical staff has already made great contributions, so much so that as we look back on the decision to drop, except for corporate purposes, the title Home for Incurables, we are satisfied. We know, based on accomplishments right here at St. Barnabas, that some diseases that were considered incurable are in fact curable, while the symptoms of others can be treated so that suffering can be alleviated and many victims returned to normal living. In our small way we

have as important a mission to fill as do the huge medical centers.

They must try to save lives where patients have acute medical problems, as well as administer those in need of short term hospital care. St. Barnabas must be prepared to give similar life saving treatment, and our staff has developed programs that are outstanding in the results achieved. Our mission, though, is more atuned to long term care, and the energies of our entire staff are directed toward ever greater accomplishments in meeting the health problems that seem to parallel a longer life expectancy.

As we look into the future it becomes apparent that there is a great need to supplement long term care in hospital beds with care available in a nursing home. There should be flexibility between the degree of medical care available at St. Barnabas Hospital and less costly extended nursing care. With the controls that are necessary in the present era of third party payments, a patient should not be hospitalized beyond the period deemed necessary by the attending physician. In many cases home care is feasible and beneficial. In other cases, the hospital perforce continues as the nursing home.

This is inequitable from the standpoint of all parties. It has already been demonstrated that the proximity of the Braker Home and the hospital is advantageous. A similar affiliation between a nursing home and a hospital should be ideal. After careful consideration we have made plans to build a nursing home which, with our expertise, can, and we believe will, be a model for New York City and the nation.

Now before wild rumors start, let me say that we will not, as long as I have a small voice on the board, use the gardens as a building site for

such a facility.

(APPLAUSE) Mr. Humphrey, distinguished guests and friends, it is the broader significance of our plans for the future that is the true justification for giving us your time here today.

Now before I call on Mr. Humphrey, I would like to recognize some very important friends. I wish they could all be up here on the platform, but if they were there wouldn't be any audience. I'm so glad that some patients can be here on both sides of the auditorium. Others can hear our voices over a communications system. Then we have representatives of our employees. If only they could all be here, but there are 1,150 of them. In the audience are nurses. What wonderful care they give. If only there were more and they didn't have to make a living.

Members of the medical staff, and there are many here, we are so proud of what you accomplish every day. The officers and members of the Board of Managers: they have great responsibility and devote much time to the hospital. We have the presidents of the three women's organizations. Everyone knows that a hospital cannot be run without the ladies, God bless them.

And then we have officials from the City Health Services, the Commissioner of Hospitals and the Commissioner of Health. We have three friends from the Hospital Review and Planning Council of Southern New York. They have been of the greatest help to us as we have planned for the future. All the hospitals are represented as well as the Greater New York Hospital Association and the United Hospital Fund.

Last, but by no means least, I can assure you, are friends who

believe in what we are trying to do, and give us financial support. I would ask you all to stand but there would not be any seated. So let's just applaud each other, for all these people. (APPLAUSE)

Now on the platform you have Bishop Boynton over here on my left. St. Barnabas Hospital is non-sectarian and its president is a good congregation-  
alist. However, the hospital was founded by the Reverend Washington Rodman, an Episcopalian. We are delighted that Bishop Boynton is here as a representative of the Episcopal Diocese of New York. I've mentioned the doctors. I wish I could tell you about each and every one, but I can single out only one, Dr. Daniel Larson who is the president of the medical staff and director of the Department of Medicine. Dr. Larson. (APPLAUSE)

The administrative head of a hospital is a job that requires executive talent, business judgment and then some. Our budget for calendar 1970 is \$12 1/4 million. The new wing will cost over \$10 million. I would be foolish if I let you leave here today with the impression that we don't need more money for the building program. All of this by way of introducing our very competent Executive Director, John T. Kolody. (APPLAUSE)

I just saw a gentleman down here on my right, and he should be up on this platform, and Tim, would you come up please? And while he is coming up let me say that I have no right to refer to him as Tim. He is the Deputy Mayor of the City of New York. He is here representing Mayor Lindsay. It so happens that in the days gone by he taught me a few things, and in that class we wanted to be very informal, so I used to call him Tim. But anyway, the Deputy Mayor, Timothy Costello. (APPLAUSE)

It is my great privilege now to call on a gentleman who needs no introduction. Let me just say that he is a great humanitarian with widespread interests, but none I believe closer to his heart than the health of the nation. As a matter of fact, he has demonstrated that by coming here today, and we are most grateful. May I introduce the Honorable Hubert H. Humphrey.

(APPLAUSE)

HONORABLE HUBERT H. HUMPHREY: Thank you very much. I wish to express my personal thanks and I am sure the thanks of all of you to Mr. Charles Bliss not only for his role in this ceremony but, more importantly, for his tremendous leadership in behalf of St. Barnabas Hospital and for its Board of Managers. And how honored we are today to have the representative of the city here, the representative of your distinguished mayor and a very distinguished man in his own right, Deputy Mayor Costello, and I want to thank him for coming.

It's good to see him once again, and he graces this assembly by his presence and he also once again demonstrates his deep commitment to the well being of the people of this marvelous, great city. I am most grateful to Bishop Boynton. He was with us at lunch, gave us the blessing; besides that, his good humor and his good conversation, and to Dr. Larson who shared some of the - shared with me some of the highlights of this great hospital and its work; I want to thank him for not only his information but for being a good teacher.

I told him if he'd just spend a little more time with me, we'd maybe get a pretty good speech out of this. The trouble is I didn't have enough time with him, so we'll have to do with what is. And to your Executive Director,

John Kolody, I do want to say once again how pleased we all are that have any information about this great medical center for your direction and your guidance.

I walked through this crowd and I was so pleased, and I've had a chance to at least say hello to some of the patients. I missed the ones over here, and I'll come by, though, to say hello. And I know that this great institution of healing, this care - this center of care for you is a blessing to your lives, and all of us are happy indeed that it can be so.

There are volunteer groups here, I know, but as I went back through the audience I met the pink ladies, and I want to thank them and through them all the others for the wonderful work that they do, and for our young people too that so often participate in these works - in the work of a hospital. I've forgotten now just what we used to call them, but back home in Minneapolis in our St. Barnabas Hospital they're the candy stripers. And my, they're just as sweet as the candy stripe, and they mean so much to us. And now to all of the doctors and the nurses and the medical technicians that are here, what a rewarding experience and profession you have.

What greater comfort is there to anyone than to know that he has eased the pain of someone or saved a life. And the people that are associated with this great institution of healing arts can all say in their own way that they've contributed to that beautiful experience of easing pain, healing a broken or a sick body and saving a life. And I don't mean just the doctors and the nurses and the nurses' aides; I mean the housekeeper and all of those that are associated, and I mean the dietitians and I mean the custodians and I mean

all the people, by the hundreds, that do their part, because I think the first person to recognize the importance of each person is the person that performs that act of surgery or that gives that treatment by medicine and counsel, the doctor or the specialist, because without all of you working together, nothing really happens.

Now this is my first visit to your hospital, and I'm glad to be in the Bronx, too; it's good for a mid-Westerner to come to the Bronx. (APPLAUSE) And as one of the authors of Medicare, I'm glad to see some of my friends that may enjoy a few of the benefits. Venerable institutions - that's what I was told about St. Barnabas. Somebody said to me, It's a venerable institution. And I love that word venerable. But you know, venerable institutions are like girls who have just become engaged. Neither one can long tolerate the status quo. Both of them look forward to something more exciting, and indeed to the next stage.

You see, an institution, whatever it is, is like a courtship; it can't stand still, that is if it's to survive. And the absence of change and the reluctance to advance and to grow - if that should set in - inevitably leads to stagnation and to atrophy. Now I think we could have a unanimous vote here today that there is no atrophy or stagnation in this place. This is a jumping, live hospital and institution for the care of people. Great hospitals, therefore, we know must advance; they must advance with the times like everything else, keeping step with the pacesetters in their respective fields, or they fall aside by default into an uncomfortable second best.

Now, my dear friends, I know what it is to be second best. And it's uncomfortable. (LAUGHTER, APPLAUSE) Thank goodness, St. Barnabas doesn't fall into that category. It has never settled for second best, and after listening to Dr. Larson today, I know why. Our gathering here today is tangible evidence, it's that living evidence of the continuing St. Barnabas commitment to provide the best in chronic - in the treatment of chronic disease and in geriatric care and in a host of other activities.

Now before I get along here I want to say a word about that word geriatric because it doesn't fool me for one minute. You know, it's a sort of a catch-all; it's an easy medical euphemism that indiscriminately applies to such ever young luminaries as Gypsy Rose Lee and Charlie Chaplin and Mickey Mantle and any democratic politician who can remember back as far as the 1948 Convention.

Now Tim, I didn't intend to inject anything political into this non-partisan gathering up here. But you know me, I just can't resist. After twenty years in office, however, I think you should know how I feel. It's a genuine pleasure to be able to discuss the actions and the programs of the government as a private citizen; free to criticize and complain (APPLAUSE) and even to exclaim and not to have to eulogize and rationalize or apologize.

This is what you call freedom, my friends, total emancipation. Now it's a rather unfamiliar luxury, however, for me as I've indicated. Now don't misunderstand me, though, and I'm not going to make this just an occasion for sociability and fellowship, even though that would be good enough; I want to discuss public policy this afternoon with you, and I frankly use this rostrum

for that purpose. And I'm going to get back to it now in just a moment or two.

I can't help but just feel excited about the plans that this hospital has, and the fact that I've been invited to share in the ground-breaking ceremonies for this new 188-bed patient wing that's going to be under construction very shortly on these grounds. And wasn't it wonderful to hear the words of Mr. Bliss about the other plans that he has in mind. And I wanted to applaud too when he said they weren't going to touch the gardens, because I want to tell you something, my fellow Americans, if we destroy all of our gardens, we're going to destroy ourselves. One of the things that God Almighty has done to help man is to put a few trees and shrubs and some green grass around us to make us somewhat human, to humanize the beast that's in us.

You just can't live in concrete and asphalt and brick and mortar. It takes just a little bit more, and when I came into these grounds and saw up here in this part of New York City this great facility and the open space that you have here, I want to say that I think that alone does about as much to help a patient as even the professional care of the best of doctors, and I think the doctor would be the first to admit it. I know that some of you when you look out the window - I see my friend over there giving me a good smile - you look out the window and if you can see a bird or a flower or a shrub or a tree, why, you know that there is not only hope but you know that there's a better day a-coming. And that's all part of medicine.

Well, one other observation I want to make about St. Barnabas, and this came out of our little talk today, and Dr. Larson and Dr. Cooper,

Dr. Bailey and others will have to take responsibility for this - I think this hospital exemplifies the fruitful - yes, the very profitable - in the best sense of that word - unity between the best in the American tradition of the non-profit voluntary effort by a sensitive and concerned community and modern professional excellence. The people and the professionals working side by side.

And you know that a hospital like this, let me just share a thought with you, has so many advantages. Now I've been engaged in government activity almost 25 years in one form or another. I was chairman of our board of public welfare when I was Mayor of the City of Minneapolis. Our great General Hospital, one of the best of the general hospitals. And I have been closely associated with the University of Minnesota Medical School, our great heart hospital, the Mayo Clinic. My life has been one of interest at least in the medical profession and in science.

In fact, I am the son of a pharmacist and I am also a registered pharmacist, and I want to mention that because you never can tell what happens to a fellow once he loses an election. I may need a job. I want you to remember that, Mr. Bliss. Well, what do we see here? We see the kind of flexibility, the kind of - the adaptability of a voluntary group that can do things that sometimes government regulations impede, slow you down. And look what's happened here at this hospital. It was known as the Center for the Incurables, for geriatric care.

But I want to say to you that it has become the Center for Curing Incurables; it has become the Center, if you please, for some of the greatest

breakthroughs in modern medical science and surgery. This hospital in its work with Dr. Bailey in cardiology, this hospital in its work in brain surgery, in Parkinson's disease. I believe that was Dr. Cooper that did so much for us. This hospital in its work in cryogenic surgery, this hospital in its work in the treatment of eye disease - all the neurologic - many of the neurologic problems, and indeed, cancer and other diseases, doing great things.

I asked today, is this a teaching hospital, and I got an answer; and they said, Yes, we teach the teachers. This is a post-graduate teaching hospital. Now what does that mean to the layman that's here? It means that the quality of the medical profession and of the technical experts in this institution is such that the elementary aspects of medicine have already been taught, and what's going on here is to teach the experts how to be better experts.

And all over the world the name of this hospital is known. All over the world people come to this hospital for the miracle of the cure. What a wonderful thing it is, and how sometimes these things are lost in all of our daily activities, in all of the noise of the time. You know, my dear friends, losing a life by tragedy is generally news, but saving a life by just constant daily care of the doctor, the nurse, the technician, the volunteer, the aide, the housekeeper, the dietitian, that's even better news; that's the good news, and it's going on right here.

Future patients, therefore, across this country and throughout the world have an everlasting vote of thanks for the vision and the imagination of your planners, the generosity of your donors - and by the way, a \$10 million

addition may not sound like much in New York, but that sure bowls you over out there at Waverly, Minnesota, I'll tell you that. The competence of your builders, the enterprise and the judgment of your administrators, and above all, the professional excellence of your healing team, your doctors and nurses - for all of this a whole world says thank you.

Now you're moving into the second century. In some places that sounds old, but when you get abroad in other parts of the world, you're really just a boy or just a girl in terms of history. The willingness of private citizens to undertake the financing of this ambitious development is a signal tribute to the charity, to the compassion, to the philanthropy of a people that know how to give more than any people on the face of the earth, and that's the American people.

I wonder how many Americans realize that voluntary service such as you exemplify here is rather unique to our country. Oh, other countries have some, but one of the things we've taught people even in Europe - I think one of the best things that we've taught them - we've taught them some things that weren't so good - was to give, to share, to do it on a voluntary basis. Many of the other countries rely entirely upon government; we rely upon what I call a partnership of government and the people, government and the private sector, and moreso every day because we need each other more than ever before.

Now a few words here about our country in the medical field. As a nation we remain distressingly unsophisticated in the development of public

policy in the field of health services. This doesn't mean we haven't done a lot. We've done an awful lot. But we have to ask ourselves the question: Have we had some idea of what we were doing? Did we have a scheme, a plan, some design? Well, our ability to resolve today's critical crisis in health care I believe depends upon our national commitment and our national will, as it is with so many of our problems.

In fact every problem we have today requires a tremendous commitment of will and resources to overcome it. Centuries ago science and technology offered mankind freedom from the tyranny of superstition. People were burned at the stake in the name of religion, the victims of superstition, fear. For a century now science and technology have offered the prospect of freedom from hunger, and the ravages of the elements. In our generation - and it really is, in about the last 20-25 years - science and technology offer a man a longer life than ever before and the easy prevention even of unwanted life.

For the next generation science and technology promise freedom from disability and disease and added facility in the miraculous transplants of hearts, livers, lungs, kidneys and other essential life maintaining organs. This is one of the new areas, as we know, in surgery and in the healing arts. And we're right at the pioneering stage now.

But at the same time that we receive all of these life sustaining gifts, and we have extended life expectancy, we've done wonders, there is a paradoxical expansion of the life destroying arsenal. The same people that extend life seem to have a cool capacity for taking it. We have weapons and we're building more of them that can wipe out humanity in an instant. We're concerned

about smog, smoke, dirt in the atmosphere, and yet we see a world that seems determined to go ahead in nuclear technology that could spread radiation throughout all of the earth's surface.

We have industrial emissions that poison our atmosphere and our waters. I was in Los Angeles yesterday morning. In fact, I awakened in Los Angeles at 6:15 A.M. yesterday morning. I looked out of my hotel window and it was clear, a beautiful day. Just a little band of smoke seemed to be.

When I left there at 1:00 p.m. yesterday afternoon, it was a constant bank of smog and smoke and gases and emissions that obviously will shorten man's life, and if it doesn't shorten it it doesn't make it any happier. So we have serious problems. We have transit systems - I guess you can call them that - and vehicles that are designed for movement, that actually make movement almost impossible, particularly across town.

We have advanced automation which increases our productivity and threatens to destroy old skills and most importantly the feeling of being needed and wanted, personal identity. We have a fine new medicine chest of wonder drugs, with price tags all too often that are beyond the reach of many of our citizens.

Now we can't blame our scientists and our technicians for the way we apply the science and technology. We the people are to make the social decisions. The responsibility lies on our doorstep. It does little good to scold the nuclear scientist that he was the one along with his colleagues that split the atom and released this tremendous force and energy which mankind put to destructive purposes, because that same scientist released that same nuclear

energy that we can put to peaceful purposes.

The decision as to what science is to be and what technology is to be is ours; it's a social decision and basically a political decision. Science can be our servant or we can stand idly by and let it become our master and pay the price. I think we ought to make up our minds what we want of it. Now this is above all the age of miracles. Every day I - I've been asked often what was my favorite passage of scripture.

Every fellow that's ever in politics is always asked a lot about the Bible. I want to tell you, I hope we've all read as much as we say we have. But there's always somebody writing to you, and I - and of course there's so many different translations these days, it's hard to get anybody to agree with what you're saying. But I said that I remember one part particularly, in the Gospel According to St. John, in which he is reported to have said that Christ said that greater things than I have done ye shall do also.

Now there's a modern translation of that, and I remember as a boy reading that, and I used to wonder what that meant, but the fact is we're doing it every day. Talk about the miracles, talk about healing the leper, talk about getting the blind to see, talk about raising the dead. It's happening every day. Miracles. A man on the moon. And by the way, he ought to be coming back just about now. And by the way, he - the fellow that's in charge is a good friend of mine. He'll make it. I guarantee you he'll make it. Pete Conrad, a wonderful, wonderful man.

Wasn't he something up there? My goodness me. Well, speaking of miracles, you know, they've become so commonplace that just this past week

many of us didn't even bother to watch the man land on the moon. And I gather because it was a rather inconvenient hour for some of us. It was a little early in the morning. But imagine what's happened, ladies and gentlemen. Imagine the probing of space. Imagine what we've discovered in just these few short years. Imagine that ten years ago, twelve years ago in fact this month, Sputnik, the Russians shocked us out of some of our apathy, I'll guarantee you. And five years later we were a generation behind the Russians, no doubt about it. They had a lead on us that most people said was impossible to overtake. Then ladies and gentlemen, we set ourselves in the year 1961 to put a man on the moon before the end of that decade.

Five years behind, way behind - we hadn't even had a man - we had one man in suborbital flight for 15 minutes by 1960. The Russians had already had them going up around there at a regular course. And in the next few years we overtook - the Soviets had put vast resources into that program, and what we did was to prove that when this country makes up its mind it wants to do something and when you mobilize the public and the private resources, the scientists and the doctors and the engineers and the craftsmen and the workers and the bankers, and you put them all together, you get it done.

That's what that program was all about. I was in the Soviet Union when we landed that man - the first man, Neil Armstrong, on the moon, and let me tell you that the Russians were impressed. Much more important than exploding any bomb, because anybody can build bombs. There are a dozen nations today that could build an atom bomb, and big ones; but the fact that we could have the precision, the technical sophistication to do in half the time that they thought

it would take for us to do it, had an impact upon the Russian leaders like nothing that has ever happened to them in the fifty years of the Bolshevik Revolution.

Maybe the greatest single stroke for world peace that's ever taken place, because the Russians now know that if we settle down to the task and quit horsing around and really make up our mind what we want to do, they don't stand a chance. That's why I happen to think those hawks (APPLAUSE) That's why I happen to think that these arms control talks in Helsinki are going to be successful, because example is better than word. A deed and an example is a powerful persuasive force. They now know how good we can be. By the way, they're good too; don't underestimate them for a single minute.

Well, there are lots of things that some of us take for granted, and there are some things that other people can't take for granted. They still - there's a minority of our people in this country - white, black - by the way I've seen every race, creed and nationality here at this hospital, and if anything ever made me happy as an American citizen, it was to walk in this hospital door and see people of all different races, creeds and nationalities, people in the professions without regard to color or background or economic status, all working together to do one thing, to save lives.

No other country in the world does that. This is the one free country in the world that has a multiracial society. Other countries have variances and varieties of races but they have to govern by a police state. Let's make sure we don't. Let's learn how to live together. I've told my young friends

that want peace as I want peace, you can't get peace by acting violently. You can't be an apostle of peace by being an advocate of force.

If you're an apostle of peace, you have to be a non-violent person. You can have passion. You can have devotion. You can have commitment. But above all, if we are going to export any peace, and we want peace all over the world, I suggest we start it in New York, in Minneapolis and St. Paul and a few places like that. If we learn how to live with each other here, we might be able to help people settle some disputes someplace else. But if we can't make it go here, folks, it's all over, because we talk together, we live together. We're citizens of the same country. And that's the healing that I am primarily interested in. I'm not a good doctor.

I'm not even a really good pharmacist, so don't really hire me right away. I'm old fashioned; I'm out of date. What I'm really concerned in most of all is healing the human spirit, and if we can get that done, there are going to be a lot of less people in hospitals because an awful lot of them today are there because they're broken hearted and they're there today because they're the victims of violence, not only physical violence but the violence of poverty, the violence of disease, the violence of the word; there are all kinds of violence.

Well, now, I said there's a minority that still struggles just for the basic things in life. Now how do we resolve this paradox, when some of us have so much and there seems to be so much, and yet some people have so little? How can the most affluent and technologically advanced society in the history of the world meet the health needs of all of its citizens? That's the

question. And you know that's what we've got to do. And there are just a lot of people today that are not having their health needs met.

How can our improved concepts of government responsibility, our magnificent economic engine, our astonishing technology, our exemplary educational institutions, our gigantic pharmaceutical enterprises, our unprecedented medical research, our massive public and private medical facilities, our highly trained practitioners - and that's the description of American healing - how can these forces now unite and collaborate to deliver good health care to the people who make all of these enterprises possible?

Now how healthy is this great country of ours? Well, among the nations of the world, the United States ranks 16th in infant mortality cases. Are you proud of that? I'm not. In comparative standings in life expectancy, America shows up dismally; time and again, below the top dozen. The men of twenty countries and the women of eleven countries live longer than American men and women. With the best diet supposedly available, the best medical care supposedly available, lots of open spaces; based on minimum standards, set by Medicare, one third of all the hospitals in this country are not accredited, and ten per cent of all hospital patients are admitted to non-accredited hospital beds.

Now we don't want a non-accredited doctor taking care of us. We insist upon professional standards for doctors and nurses. We'd better have professional standards for hospitals too. While Medicare and Medicaid programs in combination with the private health insurance industry cover some portion of health cost, some portion for 80 per cent of our citizens, two thirds of all personal

health costs remain uninsured.

Thirty million Americans have no health insurance of any kind whatsoever; fraternal, private, governmental. While the accelerated pace of inflation brings alarm and public outcry, the increase in health cost has more than doubled that of the overall rise in the cost of living. Despite the philanthropy; despite the fact, for example, that in this hospital many persons receive care as they do in other hospitals at no cost to the patient; but somebody has to pay, and these costs are moving up rapidly in public hospitals and private hospitals, and they're moving out of reach of the middle income group as well as the low income citizens.

I think it's an ironic fact to note that a preponderant number of states in this great nation of ours require every one of you to have automobile liability insurance. You can't get on the highway without it. If you do, they'll take you off to jail. But not one state is yet brave enough to advocate the most minimal health coverage for all of its residents. But if you just get in a car, you would have a little coverage from an accident, for property. What about your life?

The health crisis hovers and it is not a new thing, and it didn't spring upon us as if it were something hidden out, without warning. The comparative standard of the United States in health, the figures I cited a moment ago, are known by every practitioner of medicine in this country, and by most of the administrators, if not all.

They reveal one thing; serious deficiencies in basic planning,

design, and operation of our health care system. They do not reveal the lack of a good medical program, good research; we have the best. It's the design of the plan. They reveal further a failure of society to establish national priorities which are necessary to provide every citizen full access to humane and comprehensive health care.

You've got a national priority in this country about your car. I mentioned a moment ago, you've got to - most of the states require you to have automobile insurance. They don't even ask you about it; you just do it. The legislature said that. There are other priorities that you require. You know, you're required to pay your taxes. You're required to do that. By the way, the same government that has you on a tax roll. You didn't have to come down and sign up. They sign you up. That same government doesn't put you on a voting roll. You've got to look around for a place to sign up to vote.

And I want to tell you, until we get an equal number of voters with taxpayers in this country, you're not going to have fair taxation, because too many people are cut out of the action, so to speak, in the political process. Now I want to say the time has come to get our priorities straightened out in this country. It's time for medical statesmen to invade the jungle of this unplanned, uncoordinated, unsophisticated health care system and come up with significant changes. And I don't think it ought to come up from somebody that just decided he wanted to make a speech, like myself. I said it should come from medical statesmen, a well conceived and coordinated system of health care, one which deploys doctors and hospital beds rationally and in-

telligently. One which provides comprehensive health care for all Americans can probably be achieved without drastically increasing either the number of physicians or drastically increasing the number of hospitals in this country.

It's a question of priorities and planning. The Committee on National Health Insurance has concluded that regardless of the ultimate decision on how the financial burden should be shared, comprehensive health care is unattainable in this country without a bold restructuring of the American health system.

Ladies and gentlemen, in many a rural community in this country there is no doctor; there isn't a drug store; there isn't a contact with medicine, and people live there, and you're not going to get good young doctors to go on out there. You've got to design a system that brings some way, somehow through the media of electronics, the computer, our amazing transportation system health care.

Listen, if you can have helicopters to lift everybody in Vietnam all over the whole place and to get the best health care; if you want to get injured that's a good place, because you get real good health care - let me tell you, the miracle of the war in Vietnam is the health care. Not a single man in that war is 30 minutes away from a hospital or a doctor. That's one of the miracles of modern medicine. And some of the best medicine in the world is practiced right there on that battlefield.

When we want to do it, we can do it, and we do it in the name of freedom, we do it in the name of self-determination, we do it in the name of resisting Communism. Now if it's all good to do it someplace else, I suggest

we might try some adaptation around here. I see no reason that a person in rural Minnesota should have to die from lack of medical care because he can't get a helicopter or hasn't got a closed circuit television or he doesn't have a health officer of some kind in his community that can give him care right then and there.

We're going to change it, friends. Last week an advisory task force headed by the Blue Cross Association president reported to the Secretary of HEW, the Health, Education and Welfare, Mr. Finch - and I quote his words: that federal programs that create a demand for health services should assume some of the responsibilities for supplying them. And he recommended, for example, that Medicaid and possibly Medicare dollars provide health services, that is preventive medicine instead of just footing the cost of rising hospital and doctor bills for sickness care.

I'm pleased and even so belatedly to see this official recognition that the only medical insurance that we can buy in this country today is sickness insurance. And with the exception of a handful of closed panel medical plans primarily on the West Coast, no insurance on the market today provides any benefits for preventive medical care, for annual checkups, for routine cancer tests, for immunizations or inoculations against killer diseases.

Now I know what somebody is going to say. They're going to say, Well, look, there are all kinds of things. You can go down and get tested for diabetes. You can go and get the test for cancer, the smear test. You can go get this test and that test. We've got all kinds of voluntary groups.

Ladies and gentlemen, the voluntary groups do not reach all the people. That's the problem.

And every time you lose a life in this country from sickness, you diminish the strength of this country. You ought to be as concerned about the loss of lives through the failure of proper medical care as you are concerned about the loss of lives in Vietnam. A war can be stopped - and may I say that medical care can be granted. (APPLAUSE)

And so my summary to you is simply this, that health care is not a matter of privilege in a free society. It is a right, the right to health, just as much as the right to free speech, because without health what do you have? What is freedom without health? Ask a sick person. What's private property without health? What good does it do to be the richest man with an incurable disease?

And I happen to think that this right to health ought to be itemized in our bill of rights, and it requires some prompt action to eliminate some of the immediate injustices. But we cannot let these immediate needs blind us to the urgent long range need to restructure our health system, and I have recommended that for such a structuring to be really effective it will require the concerted effort of all of our citizens, and the members of the health professions and their associations - of public health officials, the insurance industry that knows about insurance, the pharmaceutical industry, labor and management, and perhaps most of all the health consumer.

I call this a health coalition, a working force of dedicated, creative individuals and organizations who can do for the health of this nation what the

Urban Coalition is trying to do for the cities of this nation. At least get at the problem, and such a coalition could, I believe, design a health care system in keeping with our unique American traditions and yet fully responsive to the need of all of our citizens, a health care system that preserves the doctor-patient relationship, a health care system appropriate to our advanced and affluent nation's needs and desires.

This is what this hospital is about. This is one of the divisions in this army of health services. Now if every community in America, little and big, could have what you have here, what I've said here today would be absolutely without any meaning at all, or I would say it was unnecessary to have said it. But the simple truth is, ladies and gentlemen, that you're blessed here by doctors of unusual competence who love to live in this city and who have so much to offer. It is not the same all across this land.

And if you're going to talk about one nation, under God, indivisible, with liberty and justice for all, then you've got to include health in it, because it isn't one nation health-wise, and it surely isn't with liberty and justice for all, because the man that is really enslaved is the man who is sick, physically, mentally, spiritually; he's really a slave.

The only way that you have genuine freedom is to have the freedom to live, and this is why those early leaders of our country were so prophetic and told us what we needed when they said, life, that's the first right that you're to have; life, liberty, and with those two, life and liberty, the pursuit of happiness, and health care makes possible all three. Thank you much. (APPLAUSE)

MR. BLISS: Thank you, Mr. Humphrey. The applause speaks for

itself. You've given us a very thought provoking message. Mr. Humphrey was in Los Angeles yesterday morning. He was in Minneapolis last evening. He has a reception and two dinners this evening. It would have been so easy for him to stay home and rest this afternoon, but he came here (APPLAUSE) and it's because the health of the nation is closest to his heart. Thank you so much, Mr. Humphrey. (APPLAUSE)

Now we're going to have a very brief ceremony with the spades. I wish you could all come out and see whether Mr. Humphrey or whether Mr. Kolody or whether Mr. Bliss gets the most earth in our spades, but with the schedule being what it is, I think that we must necessarily close the meeting here, and I'll ask Bishop Boynton if he will give the benediction.

THE RT. REV. CHARLES F. BOYNTON, S.T.D., SENIOR SUFFRAGAN BISHOP OF THE DIOCESE OF NEW YORK: Under God's gracious mercy and protection may the Lord bless you and keep you, the Lord make his face to shine upon you and be gracious unto you. The Lord lift up the light of his countenance upon you and give you peace now and forever more. Amen. (END)

*St. Barnabas*

October 17, 1969

Dear Mr. Bliss,

Could you ask Mr. Busick to send me the background material on St. Barnabas Hospital mentioned in your letter to Mr. Humphrey of September 22?

He might also note any specific points that you think it appropriate for Mr. Humphrey to mention.

Many thanks,

(Mrs. ) Caryl Conner

Mr. Charles M. Bliss  
President  
St Barnabas Hospital  
Third Avenue between 181st and 183rd Streets  
Bronx, New York 10457

LOOKING TO THE FUTURE:

TODAY - Here at St. Barnabas Hospital

As we look to the future in health care, and especially in health care for older persons, we take a significant step in breaking ground for the 188-bed patient wing which is soon to be under construction on these lovely grounds. I congratulate your Board of Managers, Administration, Medical Staff and Personnel as they lead this fine old institution into it's Second Century of service.

For you all realize, I am sure, that institutions of this character do not stand still. They either advance with the times, in company with the leaders in the field, or they fall behind. The pace of medical science is indeed a rapid one today and this business of keeping abreast and of keeping step with the pace-setters is a challenging one for us all.

In beginning construction of this new \$10 million Central West Wing, in the simple act of breaking ground for this important new facility, St. Barnabas Hospital demonstrates convincingly that it is looking to the future and that it will advance with the times. Your commitment to the future now becomes a reality.

In a recent report to your constituency, Mr. Bliss, your President, aptly described your ambitions when he stated, and I quote: "We move ever closer to our goal of providing the most complete program to be found in geriatric and chronic disease care." (end quotation)

It is encouraging to note that after 103 years of service, St. Barnabas still holds out the challenge--no disease is incurable. It provides hope each year for thousands who come to the Hospital from nearly every state and many parts of the globe. St. Barnabas Hospital has become a leading international center for research and for the treatment and rehabilitation of patients with long-term or chronic illness.

Here the involuntary movements associated with Parkinsonism, Dystonia, familial tremor, cerebellar degenerative diseases and Multiple Sclerosis have been relieved in many patients through cry-surgical techniques.

Here a highly concentrated effort is being made to lessen and relieve the complicated problems of heart disease by a skilled group of surgeons and physicians in the Department of Thoracic and Cardiovascular Surgery.

Here Rehabilitation Medicine restores to useful lives persons condemned to disability, pain and dependency.

All of these services require skill, devotion to duty, a desire to assist the patient--and money. St. Barnabas Hospital has found professional persons with skill, devotion and desire--it must count upon others for additional funds.

It is essential that the Hospital receive the resources required to assist those who seek its varied services.

Only in this way will you be able to fulfill your Board's vision of providing the most complete program of geriatric and chronic disease care.

*St. Barnabas Hospital*  
11-10-69

10/22/69

Mrs. Conner:

The following are some excerpts from a recent address made by Ken Williamson, Associate Director of the American Hospital Association and Director of its Washington Service Bureau. The occasion was the dedication of the new St. Francis Memorial Hospital in San Francisco last April. I thought you might find these helpful.

*JRB*

"This hospital was brought about by a group of citizens motivated to serve their community and their fellow men, without benefit to themselves," said Mr. Williamson, "and thus represents what we think of as the best in American life—a simple desire on the part of all of you to do good through work and effort, and the \$3.5 million that has been contributed."

In relating to the nation's course in health care, Mr. Williamson praised the continuing partnership between the private health field and government, as compared with other forms of government participation.

"The voluntary field has yet to show that it is up to a full partnership role," he said, "and maintaining a proper balance to the relationship will require a great deal of effort, thought, and mutual respect."

Mr. Williamson quashed idle predictions of a government "take over" of health affairs, stating that federal leaders are anxious to keep government out of the business of providing care, and instead want to see government buy services from the voluntary field. They firmly believe that government should supplement, not supplant, the voluntary field.

"Government," he said, "is hoping for strong, positive guidance from the voluntary field, so that the needs of the people can be met by working together."

With the public's total expenditure for health services and commodities now up to six percent of the gross national product, and expected to reach over \$50 billion this year, he stated that economists are searching for controls and better organization, as demanded by big business and big labor, both major financiers of health care.

"Areawide planning is the goal for institutions, and group medical practice the prescribed goal for the future of physicians' services, with community need to be the criteria," Mr. Williamson predicted.

He also revealed growing Congressional support for the "health center" idea, currently under the legislative direction of Senator Charles Percy. If this approach gains headway, it will have a profound effect upon the whole health system, and not only for the 33 million people living under the definition of poverty, he said.

Mr. Williamson expressed concern over marked reductions in the quality of care which could result from government financing of health services.

"The trouble is that quality of care is practically unmeasurable as yet ex-

(Continued on Page 2)

(Continued from Page 1)

cept in very gross terms. One of the primary tasks for the health field, and especially physicians, is to develop some defensible measurements of the quality of care," he concluded.

## Hospital Association Will Study National Health Insurance Plan

By RICHARD D. LYONS

Special to The New York Times

WASHINGTON, Sept. 8 — The American Hospital Association, one of the nation's most influential medical groups, announced today that it had begun studying the feasibility of a national health insurance program for all Americans.

The announcement was regarded by some health officials here as the start of a campaign to enact a compulsory health insurance program in which governmental and private groups would take part.

Representing 7,000 of the nation's hospitals and extensive-care nursing homes, the hospital association is not only an extremely powerful group but also one that traditionally has supported innovations in health care.

In contrast to the American Medical Association, for example, the hospital association supported the Medicare program long before it was enacted.

### 'A Good, Hard Look'

Dr. Edwin L. Crosby, the hospital association's executive vice president, said the group had appointed an 18-member committee to study the organization and financing of the nation's health care system, and the potential value to it of a national health insurance program.

The chairman of the hospital association's study group is Earl Perloff, chairman of the Albert Einstein Medical Center in Philadelphia. Members include physicians, hospital administrators and public health officials.

Dr. Crosby said the group's report was due to be submitted in February.

"We're going to take a good, hard look" at such a national health insurance plan, Dr. Crosby told a news conference at the fifth international Congress of Dietetics at the Sheraton-Park Hotel.

Dr. Crosby said the central issue before the committee would be how to raise the money to pay for the ever-increasing cost of health care.

He shied away from using the word "compulsory" in discussing the health insurance study, preferring the word "universal."

He said the study group would survey not only Federal health insurance plans similar to Medicare but also plans that would blend governmental and private health insurers.

Medicare uses Social Security deductions to pay part of the cost of hospitalization. A second and voluntary feature of Medicare partially pays doc-

tors' fees and other medical expenses through a monthly health insurance premium collected by the Federal Government.

In addition, those enrolled in Medicare are offered private health insurance policies that cover all expenses related to health care, plus in some cases, living allowances for persons while they are ill.

"I don't know what recommendations could emerge from the study group's look at universal health insurance," Dr. Crosby said. "It could be a Federal program [like Medicare and Medicaid], a private program [like Blue Cross and Blue Shield], or both."

Dr. Crosby, as have other critics of public health affairs, criticized the Medicaid program of providing medical care to the needy as being inadequate in many states.

This program uses a combination of Federal, state and local funds to pay medical expenses, but many states have chosen not to put the program into full effect because of its expense. The cost of Medicaid currently is running about \$1-billion more than predicted.

Because of these increased financial burdens on the states, the national Governors conference at Colorado Springs called last week for the Federal Government to adopt a universal health insurance program primarily financed by employer-employee contributions.

In July, an advisory committee to Congress urged a mandatory system of comprehensive health insurance because, its report said, Federal, state and private programs were not meeting the nation's health care needs.

### Backed by Labor

Labor groups such as the United Auto Workers and the A.F.L.-C.I.O. called for a national health insurance program run by the Federal Government that would pay all medical expenses.

Proposals for a national health insurance program have bobbed up in Congress for more than 30 years. Two decades ago President Harry S. Truman advanced one.

American Medical Association officials last year proposed a nationwide health insurance plan relying on private medical insurers. Under this plan those people unable to bear the cost of the premiums would have them paid for by Federal, state or local governments.

During President Nixon's campaign last year, he opposed a national compulsory health insurance system on the ground that it would lower the quality of medical care.

# family health

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SPEECH

by

Honorable Hubert H. Humphrey

St. Barnabas Hospital

November 24, 1969

Carl Sandburg, viewing the changing passions of history, wrote in "The People, Yes:"

"The people build, unbuild, build again  
A builder, a wrecker, a builder again.."

We come together today not merely to build, but to build to heal and to teach.

It is appropriate that, in a time of war and of incredible new engines of destruction, we give testimonial to our determination to make the decade of the '70's an age of building for human good.

St. Barnabas Hospital is an inspiring symbol of our humanistic creed as the nation's oldest chronic disease facility. Here is united the best of our old American traditions of community, non-profit, voluntary service with the dynamics of the most modern professional excellence.

Now, a new structure begins to arise—of stone, of steel and glass, of gleaming equipment fresh supplies, but above all, of dedicated men and women of skill and compassion. All this has been made possible, thanks to the vision and enterprise of planners, the generosity of donors, the competence of builders and the ability of administrators.

In successive phases of construction, the unbroken continuity of 103 years of service will evolve so that outmoded facilities are replaced with the most up-to-the-minute fixtures in a smooth transition.

All those who took on the financial and other burdens to bring this day to pass and who are shouldering the financial responsibilities still ahead represent the doers, the achievers of America's brighter tomorrow.

Your willingness as private citizens to fulfill this ambitious development program attests to the vitality of participatory philanthropy--participation not by the few, but by the many, not by checkbooks alone, but by mind and heart and hand.

In this era of participation politics, why should so crucial a task as healing not involve participation by the community, including all its most responsible elements, working under professional guidance? Today's hospital, like today's neighborhood health center should have outreach into and from the community, so that health is an organic part of society and not a thing apart. The aging and the aged, in particular, no matter how ill or infirm, can benefit from ~~the~~ interest and concern from the mainstream of life. St. Barnabas understands this as does its affiliate Braker Home--for the ambulatory elderly--and so will the nursing home which will be located nearby in the years ahead.

The quality of its service is St. Barnabas' hallmark. Its inter-disciplinary research has deservedly gained national and international recognition. The unending quest by its laboratory and clinical investigators furnishes living proof of what Mr. Simon Baruch stated, as quoted by his son, Bernard:

"There is no such thing as incurable; there are only things for which man has not found a cure."

The basic mysteries of the aging process are beginning to yield to man's exploration; stretching before us is an unprecedented opportunity, not merely to extend the duration of life, but to enhance the richness of its years and liberate it from avoidable disease and disability.

Freedom from preventable illness is as basic as all our Constitutional liberties; it would be a mockery to assume that a man, ravaged by lung cancer, for example, can enjoy "life, liberty and the pursuit of happiness."

How healthy or how sick is America?

By the standards of our leading institutions, we surpass the world in patient care, medical education and research.

But these institutions are the pace-setting exceptions. In comparative standings of the nations as to their morbidity and mortality as well as life expectancy, America shows up dismally, time and again below the top dozen.

It is not just because our national averages are dragged down by the wretched health conditions of urban ghettos and rural slums; it is because delivery of health care even for middle income America is inefficient and archaic.

Let us take the blinders off our national eyes and the ego out of our national smugness.

Let us see that there is one kind of health style for America's poor and another for their more fortunate neighbors, and ~~not~~ that for the latter, skyrocketing inflation of medical costs

often spells financial catastrophe. Let us note that health insurance is invariably only sickness insurance, limited in coverage and containing no incentives for

Let us admit that our so-called system of health is, <sup>incentives for</sup> <sup>quality of</sup> <sup>service.</sup> as many of America's most knowledgeable physicians have stated,

a chaotic hodge-podge, a jumble of un-planned, uncoordinated, under-used, over-used, mis-used and often obsolescent resources. High-cost/<sup>general</sup> hospitals are, for instance, over-used because there are insufficient extended-care facilities, and emergency rooms are over-used because many people cannot get even the most routine care in any other way.

Mr. Alan Pifer, President of the Carnegie Corporation, has stated:

"As one looks about at the failures of the present non-system--the needless misery, suffering and loss of life that it causes amidst the truly fantastic display of opulence and waste in this the richest of all societies--he is smitten by a terrible sense of guilt."

This guilt will not be expiated by national hand-wringing, nor by applying band-aids to malignant sites.

What is needed is <sup>as</sup> ~~the next~~ sweeping/<sup>a</sup> reform of American health care <sup>as</sup> ~~since~~ the Flexner Report ~~swept out the~~ performed on American medical education. The root causes now are far different; but the serious effects on the health of the American people are and, in many respects, worse. ~~akin~~. Medical statesmanship will be even more necessary now than it was when the Flexner Report was filed, because the problems are

infinitely more complex and the interlock of stand-pat interests even more resistant to change.

Nothing less than a new Health Coalition of forward-looking American leaders can overcome the same type of alliance of reaction which almost defeated Social Security in 1935 and which delayed Medicare for 30 years thereafter.

A Committee on National Health Insurance has taken up the good fight to bring universal health coverage to the American people within an expanded social security system. This Committee includes the ~~waxy~~ type of broad spectrum leadership which is essential to/secure the enactment of legislation which will eliminate the financial barriers to good health. The Committee wisely recognizes/that universal health care is unattainable, no matter how soundly the financial burdens are shared, without a bold restructuring of the American health system, and vast expansion of/better utilization of already scarce manpower and of already overburdened institutions. It is for these goals that I urge the formation of a Health Coalition. It would not be a a paper organization, a long list of names, titles and affiliations of people nominally representing organizations; rather, it would be a working force of creative individuals, speaking, thinking, <sup>planning,</sup> acting for the health of our entire society. Drawn/by their individual conscience from medicine and allied healing arts, from the pharmaceutical, insurance, instrumentation and other industries, from labor and management, from whites, blacks and yellows, from young and old, men and women, the Health Coalition could hopefully do for our nation what the Urban Coalition is doing for our cities.

The Urban Coalition has, for example, proposed a National Health Service Corps, akin to the Peace Corps and VISTA which would provide the professional, sub-professional and auxiliary manpower necessary to cope with the tragic backlog of unmet health needs in our inner cities.

This is the type of well-planned experimental program which is indispensable to effect long-needed breakthroughs for health improvement.

The ideas and blueprints for such innovations could come from task forces of the Health Coalition and from an essential new source--University "think tanks" for health. If the intellectual genius of campuses throughout this land could be mobilized, as it has been, to loft men to another planet or to blow up men on another side/<sup>of</sup>this planet, why cannot the brilliance of our Universities--of Schools of Engineering as well as of Medicine--be voluntarily enlisted to plan the reorganization of health for the 200 million people of our land?

Why cannot we devise and implement better "Distant Early Warning Systems" of preventive and diagnostic medicine, rather than allow <sup>"Too little and too late"</sup> ~~xxxxxx~~ hundreds of thousands ~~of xxxxxxxx to be~~ <sup>to be written in effect as the epitaph on</sup> ~~written~~ on tombstones each year? ~~XXXXXX, XXXX~~

Too many Americans are now aroused over health inadequacies to tolerate indecision or stalling. A revolution of health expectations is spreading throughout our nation as part of the broader scale revolt of consumers. The question is: who will provide constructive leadership for these mighty forces?

And how and when?

Time is of the essence. Let us remember that we are all in a certain sense members of the "Now" generation. We are living now; many are suffering now; all but the hopeless aspire now; the challenge is what we do now, and not in some vague tomorrow.

Let us now hoist the standards, the principles by which we propose to shape the <sup>national</sup> health system of the future:

1. Comprehensive, personal health care should be made readily available for all our people of all ages and all backgrounds in all our states, irrespective of State, local or personal financial resources.

2. The services should be available from private practitioners, groups and the full spectrum of institutions in ways which are acceptable to the dignity of the people to be served and the integrity of the those providing the services. This includes freedom of the patient to choose his doctor or group or institution, freedom of the physician to practice according to his best judgement and freedom of the administrator including his designees to monitor performance to make sure that the patient's best interest and the system's efficiency are ~~assuredly~~ safeguarded.

3. The services should be of the highest quality, consistent with efficient utilization of personnel and facilities.

4. The financing of services should be on a fair and equitable basis, both in terms of receipts and expenditures, with employees, employers and Government carrying their shares of the load and with payments providing appropriate compensation for equivalent results.

Translating these principles into reality will not be easy nor will it be accomplished overnight.

While the ~~ground~~<sup>struggle to close the gaps of health coverage</sup> fight is being waged on the national scene, we must speed, not slacken our efforts to solve the problems of each and every community. We must build upon existing strengths, just as St. Barnabas Hospital is so well doing. For <sup>all</sup> new legislation in Washington, in Albany or in City Hall requires for its implementation centers of excellence such as our meeting ~~ground~~ place today.

The ground is broken; the time-table moves ahead in steady progress; the long, devoted labors approach fruition; a building emerges for teaching, for healing, and all of us are the better for having been a part of this noble work.

#

# HEW Urged To Improve Health Care

By Eve Edstrom

Washington Post Staff Writer

Use of Medicaid and possibly Medicare dollars to provide health services instead of just footing rising hospital and doctor bills was recommended yesterday by an advisory task force to Health, Education and Welfare Secretary Robert H. Finch.

The money would be spent initially in areas with large numbers of poor persons and would support services of proven capability, such as medical group trust plans and home health-care programs.

In calling for a major departure from present policy, the task force said federal programs that create a demand for health services should assume some of the responsibility for supplying them.

The task force, headed by Blue Cross Association president Walter J. McNerney, emphasized that federal programs currently reinforce costly health-care systems, do not discourage waste and put roadblocks in the way of payments or less expensive but efficient methods for health care.

**See MEDICAID, A6, Col. 5**

*Maryland gives methadone to indigents. Page B1.*

# HEW Urged to Improve Health Services

## MEDICAID, From A1

"Medicaid and related programs such as Medicare should not be merely conduits for funds which reinforce the inadequacies of the existing health care system, but should be used as instruments to improve the system," the task force said.

As a beginning, the task force recommends legislation to make available 5 per cent of the federal Medicaid appropriation each year to develop health services.

Based on the present fiscal year expenditure of \$2.6 billion, this would have freed \$130 million to help supply alternatives to costly in-patient hospital care.

Eventually, the task force said, all private and public programs that influence the demands for health services should set aside a proportion of expenditures to improve services.

In the wake of numerous revelations concerning Medicaid abuses, the task force was named last summer to make both short-term and long-term recommendations on improving and controlling the cost of Medicaid, the federal-state program providing health care for the medically needy.

Later, as administration concern mounted over the nation's health care crisis, the task force was given a broader mandate, including an examination of the feasibility of a

national health insurance plan.

Its recommendations on universal health insurance are expected to be made early next year. But implicit in the interim recommendations released yesterday was the suggestion that the nation must not pour more dollars into another program to finance care without making significant changes in ways to provide care.

The interim recommendations focus primarily on Medicaid, with the task force finding that surveillance over the quantity and quality of services "is often inefficient, fragmented, and exacerbated by incomplete federal policy and guidance."

Besides making several recommendations to strengthen federal policy, the task force said HEW should be more aggressive in encouraging states to take advantage of Medicaid's provisions that reward economical operations.

In particular, the task force said there should be new experiments in payment methods for doctors. In addition to paying doctors their traditional fee for service, the task force said states should experiment with fee-for-time payments and group-plan payments.

The task force also urged that states be prodded to shelve outdated standards of care which now force patients into costly hospital facilities. These patients, for example,

might be adequately cared for through neighborhood health centers supported by the Office of Economic Opportunity. But many states bar Medicaid payments for services provided by the centers.

Medicaid, the task force said, "must be more concerned than it has been with the quality of care which is purchased under the program." Among its many recommendations in this area is one that would deny federal Medicaid payments to chiropractors and naturopaths.

The task force found that many of Medicaid's difficulties relate to its being operated as a "passive" payment program under welfare departments instead of being tied to other health programs.

Therefore, the task force recommended establishment of a new unit in the office of the assistant HEW secretary

for health and scientific affairs to set policy for all federal health programs, including Medicaid.

The task force also expressed concern over the "undignified, callous and indifferent treatment" received by many Medicaid patients, and it suggested ways to simplify eligibility procedures to preserve the self-respect of applicants. It also said more low-income persons and other consumers of health services should sit on health advisory committees.

## Guns to Plowshears

KAMPALA, Nov. 16 (AP)—President Milton Obote says Uganda's soldiers will be trained in farming, a new life, administration and other civilian skills to prepare them for modern war.

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Bronx, New York City

cordially invites you to attend a luncheon  
in honor of

Mr. and Mrs. Hubert H. Humphrey  
to be followed by Ground-Breaking Ceremonies  
for its new Central West Wing

November 24th, 1969 at Twelve Noon

at the Union Club  
101 East 69th Street  
New York City

R.S.V.P.

# ST. BARNABAS BUGLE

*see p 3*

152nd EDITION

NOVEMBER, 1969

## PROGRAM FOR NOVEMBER 1969

Saturday, November 1st .....	Travelogue
Monday, November 3rd .....	Movie—"Danger Route"
Tuesday, November 4th .....	Travelogue—"Ireland"
Wednesday, November 5th .....	Music
Thursday, November 6th .....	Holly Festival
Friday, November 7th .....	Movie—"Dog of Flanders"
Saturday, November 8th .....	Karate Exhibition
Monday, November 10th .....	Movie—"The Scalphunters"
Tuesday, November 11th .....	Travelogue—"Italy's Enchanted Fountains"
Wednesday, November 12th .....	Music
Thursday, November 13th .....	Bingo
Friday, November 14th .....	Movie—"Esther and the King"
Saturday, November 15th .....	Long Island Banjo Society
Monday, November 17th .....	Movie—"Attack On the Iron Coast"
Tuesday, November 18th .....	Travelogue—"Wings to Guatemala"
Wednesday, November 19th .....	Music
Thursday, November 20th .....	Thanksgiving Tea
Friday, November 21st .....	Movie—"Two Little Bears"
Saturday, November 22nd .....	The St. Bartholomew Show
Monday, November 24th .....	Ground Breaking Ceremony 3:00 P.M.
Tuesday, November 25th .....	Travelogue—"Enchanting Japan"
Wednesday, November 26th .....	Music
Thursday, November 27th .....	Thanksgiving Day
Friday, November 28th .....	Movie—"30 Years of Fun"
Saturday, November 29th .....	Bastado Studio Group

## BRAKER PROGRAM FOR NOVEMBER

Tuesday, November 4th .....	Travelogue—"The American Trail"
Thursday, November 6th .....	Bingo
Tuesday, November 11th .....	Bingo
Thursday, November 13th .....	Travelogue—"Discover Iceland"
Tuesday, November 18th .....	Travelogue—"Wonderful World of San Francisco"
Thursday, November 20th .....	Thanksgiving Tea
Tuesday, November 25th .....	Bingo
Thursday, November 27th .....	Thanksgiving Day

### MASONIC ORDER MAKES PRESENTATION

The Eighth Masonic District Association of Manhattan, once again showed their true humanitarianism when on October 1 Mr. Jacob Weinstein, Chairman, Hospital Projects Committee, and Dr. Charles W. Frank, Committee Member, visited St. Barnabas Hospital to present a generous check of \$1800 for the Development Fund to Mr. John T. Kolody, Executive Director.

This philanthropic organization has been contributing to the St. Barnabas Hospital General Fund from 1946 through 1962 and to its Development Fund from 1962 through 1969. As is their custom, the Masonic Association regularly assists in the work of hospitals. The President of The Board of Managers of St. Barnabas Hospital, Mr. Charles M. Bliss, and Members of the Board recognize the generosity of this fine organization and express their appreciation of the continued and growing support the hospital has received over the years.

### NEW APPOINTMENTS TO STAFF

Announcement was made of the following Medical Staff appointments:

DR. SHYH-JONG YUE as a Consultant in Rehabilitation Medicine.

DR. HAYDEE FLORES as a Resident in Internal Medicine.

DR. RAYMOND CHI TA TSE as a Resident in Thoracic and Cardiovascular Surgery.

We welcome these doctors to our Medical Staff and wish them success in their new assignments at St. Barnabas Hospital.

Announcement was also made of the appointments of two Assistant Medical Record Librarians.

MISS JOAN O'DONNELL, who came to St. Barnabas directly after graduation from Rosary Hill College, Buffalo, N.Y., where she received her degree in Medical Records Administration.

MISS AWILDA PALACIN, who previously worked as a Medical Record Librarian in Puerto Rico as well as Jacobi Hospital in New York City. We welcome both Miss O'Donnell and Miss Palacin to St. Barnabas and wish them success in their new duties.

### BRAKER NEWS

We wish to welcome to Braker the following new guests: Mr. Robert Blanc, Mrs. Edith Cogswell, Mrs. Lillian C. Friend, Mrs. Gertrude Blyth, Miss Dorothy Karges, Mr. Wilfred Morrissey and Mrs. Helen Tilbury.

The Braker Home was first conceived by Henry Braker, who in 1908 left a trust fund of a million dollars as a memorial to his father and mother. In 1928 "The Braker" opened its doors to its first guests; at that time the concept of a home for the aged was that of a static place where people sat and rested. Today, in keeping with new concepts, homes have become places of activity and growth. Braker, keeping pace with these new concepts, has expanded and grown and is indeed a place where life is added to the years which medical science has added to life.

### FORMER V.P. HUMPHREY TO SPEAK AT GROUND-BREAKING NOVEMBER 24

The Honorable Hubert H. Humphrey, former Vice President of the United States and Democratic nominee for President in 1968, will be the principal speaker at the Ground-Breaking Ceremonies for St. Barnabas Hospital's new Central West Wing, President Charles M. Bliss of the Board of Managers, has announced.

The ceremonies will be held in the Hospital auditorium and grounds on Monday, November 24 at 3 p.m., Mr. Bliss stated.

"We are delighted that Mr. Humphrey found it possible to accept our invitation to speak at these important ceremonies," Mr. Bliss said. "The beginning of construction on this first phase of our expansion is a red-letter day for St. Barnabas."

"It is a tribute to St. Barnabas Hospital and to all of its personnel that a national figure of Mr. Humphrey's stature will join us for this occasion," President Bliss continued.

While the subject of Mr. Humphrey's talk has not been announced, it is believed that he will touch, at least, on problems of national health. He is well aware of the role played by St. Barnabas in chronic disease and geriatric medicine and he might use this occasion to outline his feelings on extended care and on care of the aging.

Mr. Bliss as President of the Board will of course preside at the ceremonies. The formal portion of the program will begin at 3 o'clock in the auditorium with Mr. Humphrey's address and will be followed by the traditional breaking of ground in the construction area on the Third Avenue side of the Hospital, in the area between the Doctors Parking Lot and the Employees Building.

Persons prominent in official life in New York City, the Bronx and New York State, as well as leaders in health and medical organizations from these areas are being invited to attend. Formal invitations will be sent to several thousand contributors, volunteers and friends of the Hospital. Executives of the national foundations which have strongly supported the St. Barnabas Development Program are also expected to be in attendance.

It is emphasized by Mr. John T. Kolody, Executive Director, that all Hospital personnel who can be spared from their duties will be urged to attend also.

Actual construction of the new wing will get under way shortly after the ground-breaking, Mr. Bliss said. The construction bids which were submitted by four firms on October 9 are under consideration by St. Barnabas officials and the architects and it is likely that a construction contract will be negotiated and signed within several weeks.

Mr. Humphrey has been a national political figure since his election

(Continued on Page 4)

## NEWS AND REVIEWS

The St. Barnabas players were a smashing success with their performances in "Good-Bye-Ghost" at the Hallowe'en party. The veteran cast included: Mrs. Ally Schaffer, Mrs. Mildred Ellenbogen, Mrs. Clara Thomsen who are patients. Braker guests, Miss Ida Klugel, Mr. Harold Pouch, Mr. George Kuhnbaum, Mr. Ray Waldon, and Mrs. Claire Golden, who is a "Pink Lady" completed the cast. Refreshments were served by the Women's Volunteer Service Corps and a good time was had by all.

The Occupational Therapy Bazaar was a wonder to behold with a tremendous variety of beautifully crafted articles made by St. Barnabas patients under the skilled supervision of Mrs. Mary Spellman of the Occupational Therapy Department. The proceeds will be used for a Christmas Party for the patients' enjoyment.

The big event for November is the Annual Thanksgiving Tea, which is sponsored by the Women's Board and the Women's Volunteer Service Corps and is to be given on Thursday, November 20th.

### SYMPOSIUM ON REHABILITATION AND CANCER

"Rehabilitation and Cancer" will be the subject of the first symposium of its kind sponsored by the American Cancer Society's New York City Division. It is set for Thursday, November 20, at the Hotel Biltmore in New York City.

The program will focus on the physical and emotional disabilities related to cancer and its treatment, and will be attended by surgeons, physicians, nurses and others in allied health fields, according to Dr. Joseph E. Snyder, Chairman of the Patient Service Committee of the New York City Division and Miss Roberta Klein, Chairman of the Planning Committee for the symposium.

Contact: Mrs. Beatrice Joyce, Director of Patient Services, for additional information. PLaza 9-3500.

as United States Senator from Minnesota at the age of 37 in 1948. His first major office was as Mayor of Minneapolis. He was re-elected to the U.S. Senate in 1954 and 1960. He was elected Senate Majority Whip in 1961. He resigned from the Senate in 1964 to accept nomination as Vice President on the victorious Democratic ticket with Lyndon Baines Johnson.

He was narrowly defeated by President Nixon in the election of last year. He is considered a very likely candidate for the presidential nomination by the Democratic Party in 1972. It has also been reported that he may seek the Senate seat to be vacated by Senator Eugene J. McCarthy of Minnesota in 1970.

As the leader of the Democratic Party Mr. Humphrey continues to play a most influential role in national and international affairs. He is widely sought as a speaker and makes many such appearances. He lectures at Macalaster College and at the University of Minnesota and is an active director of the Encyclopaedia Britannica.

### "YES" VOTE URGED ON AMENDMENT #1

The attention of all Hospital personnel is directed to Amendment No. 1 on the November voting ballot by Mr. John T. Kolody, Executive Director, with a request that they vote "Yes" on this important hospital issue.

Amendment No. 1, which leads the list of referendum items on the ballot to be submitted to voters on Election Day, November 4 would make long-term, low cost loans of State moneys for hospital and nursing home modernization without the use of tax funds, Mr. Kolody explained.

Mr. Kolody pointed out that Amendment No. 1 to the New York Constitution would authorize a proposed loan program for non-profit hospitals to take effect January 1, if approved by the voters. The Amendment has already been passed during both the 1968 and 1969 sessions of the Legislature and enjoys bi-partisan support.

"All New York State residents have a stake in this program which is essential to the development of urgently needed modern hospital and related facilities," Mr. Kolody declared.

Passage of this amendment could be of particular importance to St. Barnabas Hospital, Mr. Kolody explained, because this 104-year old Bronx institution will break ground in November on a new wing.

"This is Phase I of two new units we plan," he said. "We will require additional financing and this legislation therefore is of direct significance to St. Barnabas Hospital," he pointed out.

"This legislation," he stated, "includes the proposed Constitutional Amendment as well as the implementing mechanism. Together, they provide for self-liquidating, long-term, low interest mortgage loans available through the sale of notes and bonds for the construction, reconstruction, and improvement of voluntary hospitals. This type of capital financing does not depend upon the use of funds obtained through the taxation of New Yorkers. I urge everybody—to vote Yes for Amendment No. 1 on Election day."

### ST. BARNABAS GRANDMAS VISIT COAST

St. Barnabas Hospital was well represented recently at the national convention of the Grandmothers Clubs of America held in Los Angeles October 13-17. Leading the Bronx delegation were Mrs. Ruth Engelhardt, retiring president of the local club, who is Secretary in the Development Office; Mrs. Alice O'Hara, Clinic Nurse, and Mrs. Agnes Burrows, Assistant Director of Nurses.

The gayety and excitement of their trip was marred only by an unfortunate accident suffered by Mrs. O'Hara. She tripped over a wire after taking some snapshots and broke both wrists and her left elbow in the fall. Undaunted, after appropriate treatment, she continued at the convention without missing a dinner, a meeting or a tour. Bravo, ! Mrs. O'Hara!

## NEW EMPLOYEE CLINIC OPENS

Announcement has been made by Mr. John T. Kolody, Executive Director, of the opening of the new Employee Health Clinic in larger, more comfortable facilities located on the second floor, male side of the Employees' Building. This became effective September 29.

The regular Clinic hours for employees will remain unchanged, 1:30 to 2:30 p.m. Monday through Friday. In addition, employees may be seen in the Clinic during the morning hours for scheduled appointments or in the event of emergencies.

Clinic facilities adjacent to the Pharmacy on the ground floor of the main hospital building will continue to be used for Braker guests. In addition, employees in need of health services during evenings, nights, weekends, and holidays will also be seen in the old Clinic facility.

Mr. Kolody requested Department Heads and Supervisors to direct employees in need of clinic services to the proper locations.

## PINK LADY NEWS

There is a flurry of activity in the Volunteer quarters over in the Nurses' Home, as the Pink Ladies prepare for the Holly Festival which will be held Thursday, November 6 from 10:30 to 3:30 p.m. in the auditorium. Many colorful and originally designed aprons will be displayed, as well as goodies on the "Pantry Shelf," boutique items in the "Treasure Chest," Christmas gifts and White Elephant bargains. We hope everyone will be there to browse and buy.

Please keep the date of Thursday, November 20th open on your social calendar. On that day the Women's Auxiliary Board and the Women's Volunteer Service Corps will jointly sponsor the annual Thanksgiving Tea for patients and Braker Guests. Entertainment will add to your enjoyment of the afternoon.

The Pink Ladies are pleased to announce that their newest project is the complete refurbishing of Ward A-4 with 22 new beds equipped with safety devices, mattresses and springs, bedside cabinets with lamps attached, overbed tables, upholstered chairs, cubicle curtains, colorful window draperies, and all areas freshly painted. Very soon work will be started and when it is completed we trust that the patients will enjoy their new accommodations.

## ORGAN RECITAL

Mr. Robert W. Gerstenberg, St. Barnabas Hospital Chapel organist, will present a piano recital on Sunday, November 2, at 3 p.m., over radio station, WNYC-FM, channel 93.9. This is one of the Keyboard Artists series. The program will last for one-half hour—3 to 3:30 p.m.

## MR. RICHARD S. EMMET DIES

Members of the Board of Managers, Administration and Hospital personnel were saddened by the death of Mr. Richard S. Emmet on October 5. Mr. Emmet was 72 years old and lived at Simonson Lane, Glen Head, Long Island. He served as a member of the St. Barnabas Hospital Board of Managers from 1933 to 1963 and as an Honorary Member of the Board from that date until his death.

In the year of his election to the Board he was named Treasurer, succeeding his uncle, The Hon. Grenville T. Emmet, who had been named United States Minister to the Netherlands. In 1955 Mr. Richard S. Emmet was elected Vice President of the Board and served in that capacity until his retirement from active Board service eight years later.

Mr. Emmet was a partner in the law firm of Emmet, Marvin and Martin which has served as legal counsel to St. Barnabas Hospital for many years. His cousin, Grenville T. Emmet, Jr., also a member of that firm, is the Hospital's present counsel.

In lieu of flowers, the family suggested that contributions be made to St. Barnabas Hospital and the Richard S. Emmet Memorial Fund was created, with such gifts to be used in the Development program. Thus far 40 donations have been received for this Fund.

Funeral Services were held October 9 at St. John's Episcopal Church, Cold Spring Harbor, Long Island.

## UNITED FUND CAMPAIGN A SUCCESS

The first campaign of the United Fund of Greater New York, combining the Greater New York Fund and the American Red Cross, has been completed at St. Barnabas Hospital with the biggest response yet reported in such a campaign by our employees. More than \$1,250 has been turned in thus far, according to John R. Busick, Director of Development, who has served as Campaign Coordinator.

"It is indeed gratifying that our personnel responded so splendidly in this important community effort and we are very proud of them," said Mr. John T. Kolody, Executive Director. "It's a fine showing."

The largest sum previously reported was approximately \$1,050 in 1967 for the Greater New York Fund drive.

The departmental solicitors did an outstanding job this year and are to be warmly congratulated on their reports, Mr. Busick said.

To all solicitors and contributors, St. Barnabas Hospital is most grateful. The Hospital, of course, receives a sizeable grant from this Fund each year.

**CHAPLAIN'S NOTES — The Rev. Albert E. Campion, Ph.D.**

November! Do you begin to feel a chill in the air? And are you beginning to think, perhaps plan, for Christmas? Ah, yes, whether we will or whether we won't, winter is almost on us once again.

Early in this month comes the day when all of us, being free born and of lawful age, are faced with the grave responsibility of exercising our franchise in a free and democratic election. At any time, and especially in times such as these, it would seem to be a mortal sin not to cast that ballot on Election Day. For whom you vote is your absolute free choice and your awesome responsibility. Nobody has any right to tell you for whom you should vote, but all your fellow Americans have every right to tell you that you ought to vote. Do your duty, and thank God that you live outside the iron curtain and the Berlin Wall, here in God-blessed America, where every man is king, and where the elected officials are servants of all.

Veterans' Day, November 11th, formerly known as Armistice Day, should be a day of added significance this year. With the war still raging in Vietnam, and with protests against this war mounting all across our land, Veterans' Day this year should be more than ordinarily meaningful to us. We should pray for all those who have given their lives in the service of their country and of mankind. Try this prayer:

"Almighty God, our heavenly Father, in whose hands are the living and the dead; we give thee thanks for all those thy servants who have laid down their lives in the service of our country.

Grant to them thy mercy and the light of thy presence, that the good work which thou hast begun in them may be perfected; in thy name.  
*Amen.*"

But what of the living? What of our brave young men still engaged in mortal combat on a far-away foreign battle field? For them this prayer: "O Lord God of Hosts, stretch forth, we pray thee, thine almighty arm to strengthen and protect the armed forces of our country, especially those stationed far away from home, on foreign soil. Support them in the day of battle, and in the time of peace keep them safe from all evil. Endue them with courage and loyalty, and grant that in all things they may serve without reproach. To thy name be the glory. *Amen.*"

How about a prayer for the President—our President! How easy it is to criticize him. He has the most difficult task in all the world, and yet many of his fellow-countrymen, so many of whom have little education and no practical experience in things governmental, fancy they could do the job better than he, and sometimes try to tell him so. Why not cease our criticisms of the president and commence our prayers for him? I am sure it would do much more good. Try this:

"O Lord, our heavenly Father, most heartily we beseech thee, with thy favor to behold and bless thy servant the President of the United States. So replenish him with thy bountiful grace that he may always incline to thy will and walk in thy way. Direct him in all things into the paths of justice and peace.

Endue him with thy wisdom and undergird him with thy strength. May he be the president who, by thy blessed assistance, may bring peace once again to our land and to all the world. *Amen.*"

And, finally, how about a little prayer for yourself? Try this one on for size:

"O Lord, bring peace to all the world, and let it begin in me."

ST. BARNABAS HOSPITAL FOR CHRONIC DISEASES

Third Avenue and 183rd Street

Bronx, N. Y. 10457

Telephone CYpress 5-2000

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MRS. ELSIE A. CASSMASSI

Nov 24 / Cohen  
Jan 1970

ST. BARNABAS HOSPITAL for Chronic Diseases

THIRD AVENUE, BETWEEN 181ST AND 183RD STREETS, BRONX, N. Y. 10457

JOHN T. KOLODY, B.S., M.S., F.A.C.H.A.  
*Executive Director*

Telephone: 295-2000

September 22, 1969

The Honorable Hubert H. Humphrey  
1770 Summit Avenue  
St. Paul, Minnesota 55105

Dear Mr. Humphrey:

I have just seen Bill Biggs and he has told me that you would be willing to participate in the ground-breaking ceremonies for the new wing at St. Barnabas Hospital for Chronic Diseases. This is heartwarming to me and I am sure that the Board of Managers at its meeting today will receive the news with great pleasure.

I believe that Bill mentioned to you that the date can be at your convenience. We understand that you are fully committed in October but that hopefully a November date would be possible. To the extent that you are able to plan ahead, it would be helpful to me for you to set the date since I am most anxious to arrange for proper television coverage.

Our thinking is that the ceremony would be at four o'clock, and probably thirty to forty-five minutes would be adequate. While there would be a few officials to recognize, they would not be asked to respond and yours would be the only address for the occasion. Mr. Busick, who is the Director of Development, will be glad to get together background material for you and make it available whenever this would be most helpful to you. I know you have a great interest in geriatrics and certainly our place in the Metropolitan New York hospital complex is pointed toward the care and treatment of chronic disease, which generally speaking is more prevalent among older people. We also have applied for permission to build a nursing home which would be affiliated with the Hospital.

*Handwritten initials/signature*

Oct. 17, 1969

TO: Carol

FROM: HHH  
as given to Ursula

RE: Nov. 24, 1969  
St. Barnabas Hospital dedication

His ideas on speech:

Health resources are urgent.

Urgent upgrading of doctors, clinics, research, technicians,  
budget - not a hit and miss case. What is the national  
goal for 1970 -- the next ten years. How should it be done?

What should be invested.

Julie Cahn can help you on it.

↓  
365-2022  
9211 Harrington Drive  
Potomac, Md. 20851

ST. BARNABAS HOSPITAL for Chronic Diseases

THIRD AVENUE, BETWEEN 181<sup>ST</sup> AND 183<sup>RD</sup> STREETS, BRONX, N. Y. 10457

JOHN T. KOLODY, B.S., M.S., F.A.C.H.A.  
*Executive Director*

*Telephone: 295-2000*

November 10, 1969

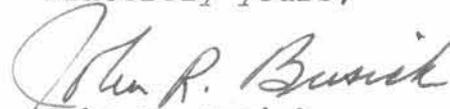
Ms. Caryl Conner  
Office of Hubert H. Humphrey  
1510 H Street, N.W.  
Washington, D.C. 20005

Dear Mrs. Conner:

Thank you for your thoughtful letter of October 31.  
Enclosed are several pages of St. Barnabas text that  
might be helpful to Mr. Humphrey.

Please let me know if I can assist further. I will  
be in touch with you by telephone later this week.

Sincerely yours,



John R. Busick  
Director of Development

JRB:re  
Enclosure

cfc

31 October 1969

*To Judge Caban  
Pls. return  
Caryl*

Dear Mr. Busick,

Your material is most helpful and my present expectation is that Mr. Humphrey will use your platform in much the way we discussed -- to make a strong statement on a national health program.

He will of course make specific reference to St Barnabas and I would be very happy to have you draft a page or so for Mr. Humphrey's guidance, if you are so inclined.

Again, thanks for your promptness in sending this material. I will be in touch with you.

Sincerely,

Caryl Conner

St. Barnabas Hospital  
Att: Mr. John R. Busick  
Director of Development  
Third Avenue, Between 181st & 183rd Streets  
Bronx, New York 10457

ST. BARNABAS HOSPITAL FOR CHRONIC DISEASES  
NEW YORK CITY

ITS COMMITMENT TO BECOME A REALITY

St. Barnabas Hospital takes great pride in the accomplishments recorded in the 103 years of its history. As America's oldest voluntary chronic disease hospital, St. Barnabas is honored to be in a leadership position among those medical institutions which are mounting a vital attack upon chronic disease.

In the third year of its second century of service, St. Barnabas is upon the threshold of its greatest achievements in caring for the sick, the injured and the handicapped. We know now that 1970 will bring dramatic progress in the Hospital's program to broaden and extend its services.

For the funds are assured and approvals have been received to enable St. Barnabas to break ground on Phase I of its long-range building program. Its commitment to the future, started some six years ago, can now become a reality.

With this new construction, St. Barnabas Hospital meets its greatest need - the replacement of sub-standard, outmoded bed facilities. The critical need of its patients will be met through the construction of private and two-bed rooms of adequate size, based on current standards and will replace present multibed (4 to 7 bed) wards and substandard sized single, double and three-bed rooms.

Food service and dining facilities will be greatly improved, Recreational Therapy areas enlarged. This program also provides for the relocation, enlargement, and/or replacement of ancillary services.

OPERATES AT 95 PER CENT OCCUPANCY

Because the Hospital traditionally operates at a 95 per cent occupancy rate and is faced continually with a list of patients awaiting admission, the present bed capacity will be maintained as far as possible during construction. This will preclude a serious reduction in service to the community.

The \$5,265,000 already contributed to the St. Barnabas Development Fund guarantees financing of Phase I construction which is estimated to cost in excess of \$10.5 million. However, this gap of \$5.2 million and the additional \$10 million required to finance Phase II construction necessitates the continuance of its fund-raising efforts on the most aggressive basis possible.

FACILITIES - PHASE I

Phase I will consist of a Central West Wing, physically connected to the existing main building of the Hospital to accommodate four floors of replacement beds, totalling 188 in number; new elevators serving all patient floors, mechanical facilities, maintenance shops, and new dietary, kitchen and cafeteria dining areas.

This wing will be a six story structure, with provision for adequate framework to support four additional upper floors for future expansion of bed and service facilities.

Phase I construction will occupy 130,509 square feet. These four patient floors will provide 5 one-bed and 21 two-bed rooms, 47 beds on each floor, or a total of 188 beds with related ancillary facilities.

Patient rooms will be of the most modern type, each with its own toilet facility and air-conditioned throughout.

The most modern equipment and furnishings will be installed.

#### FACILITIES - PHASE II

In Phase II, to be started immediately at the conclusion of Phase I, the Hospital will add an additional 94 beds in a five-story south and east wing, replacing a portion of the present south wing of the Hospital. It will be physically connected to the existing main building as well as to the new central west wing. Framework will be built to support five additional floors for future expansion.

This wing will necessitate the razing of the present south wing of the Hospital which accommodates the auditorium, 85 beds, dining room and hospitality shop. The new wing will house a bank of six elevators, relocated central supply, pharmacy facilities, employee lockers, personnel services and para-medical equipment.

The first floor will accommodate the new auditorium, and offices for Administration, Nursing, Admitting and Business functions; also a patients' library, hospitality and gift shops, family reception and recreation area and the recreational therapist's office.

As replacement beds are ready for utilization, existing bed areas will be converted to accommodate expanded radiological and inhalation therapy facilities; relocated and expanded clinical laboratories, pathology and hematology services.

The Hospital's Rehabilitation Medicine service, now located on the first and fourth floors of the existing main building, will be centralized and relocated on one floor of the main building. This will afford maximum functional utilization. This change must be carried out in Phase II, to avoid losing beds.

ST. BARNABAS IS UNIQUE

St. Barnabas is indeed a unique institution. It is unique because of its unusual concern for people. We intend to keep it that way. For 103 years it has served the chronically ill with compassion, patience and a very high degree of professional skill. Now its national reputation of many years has become international in scope.

The St. Barnabas contributions to scientific advancement in research and treatment among chronic, long-term and rehabilitative health care patients are manifold. A number of its programs have achieved outstanding recognition.

But we must provide these dedicated physicians, surgeons, researchers, nurses, technicians, and staff personnel with the facilities, the equipment and the instruments they need to perform these vital, health-giving tasks.

## ST. BARNABAS HOSPITAL CAPSULE

1. St. Barnabas was founded in 1866 and is the nation's oldest chronic disease hospital.
2. Its extensive programs in Neurosurgery, Thoracic and Cardiovascular surgery, and Rehabilitation Medicine have placed it among the leading institutions in this field.
3. It operates 415 beds; it also operates the 100 guest Braker Memorial Home which accommodates ambulatory, long-stay aged persons.
4. It's operating budget in 1970 will approximate 12 million; it has 1,050 employees.
5. St. Barnabas was founded under the aegis of the Episcopal Church but is no longer administered by the Church nor does it receive direct financial aid from the Church. It has an Episcopal Chaplain and Chapel services and informal ties with the Church. However, it is chartered by the State of New York as a community, voluntary, non-profit hospital. It's non-profit Board of Managers numbers 24 persons. Chairman of the Board is Charles M. Bliss, Chairman Emeritus of the Bank of New York.
6. St. Barnabas is situated on a beautiful 10-acre tract in the Bronx, which was a gift of the Lorillard family. Its spacious walks, towering trees and beautiful shrubs and flowers give it the appearance of a quiet New England College campus. These walks and grounds in fair weather are quite attractive to its long-stay patients and wheel chair cases.

July 10, 1969

From: St. Barnabas Hospital For  
Chronic Diseases  
Third Avenue & 183rd Street  
Bronx, New York 10457

Contact: John R. Busick  
Director of Development  
212-295-2000,

For Immediate Release

ST. BARNABAS PLANS NEW NURSING HOME;  
TO BEGIN CONSTRUCTION ON HOSPITAL WING IN THE FALL

St. Barnabas Hospital for Chronic Diseases, Bronx, N.Y. will break ground in the fall to begin construction of its new \$10.5 million west wing for hospital patients and additionally has plans to build a 300-bed nursing home, Charles M. Bliss, the Hospital's president, said today.

"We move ever closer to our goal of providing the most complete program to be found in geriatric and chronic disease care," Mr. Bliss said in the institution's 103rd annual report. St. Barnabas, founded in 1866, is the nation's oldest voluntary chronic disease hospital.

This is the first announcement of the Hospital's interest in the development of a nursing home facility, Mr. Bliss stated. "This would be built under the terms of the New York State legislation which encourages the formation of non-profit nursing home companies and provides long-term financing at reasonable interest rates," he continued.

(More)

ST. BARNABAS HOSPITAL FOR  
CHRONIC DISEASES

"We have filed our Letter of Intent to make application for this loan and have completed legal steps required in the formation of our nursing home company. We are not assured that our application will be funded, but we have received encouragement and we intend to pursue the matter with all diligence," he said.

"We feel this is a very exciting prospect for St. Barnabas. Such a facility would round out nicely the services we now offer in the Hospital (415 beds) and in the Braker Memorial Home (100 guests) for chronic, extended and ambulatory care."

The new west wing represents the first step in the Hospital's two-phase building program and will provide <sup>188</sup> ~~94~~ replacement beds, Mr. Bliss explained. (This is not related to the nursing home plans.) This is to be a <sup>six</sup> ~~four~~-story structure with <sup>four</sup> ~~two~~ patient and two service floors, with ~~bid alternates providing for two additional patient floors.~~ It will be physically connected to the existing main building.

In addition to patient and related ancillary facilities, the new wing will contain badly-needed dietary, kitchen and cafeteria facilities, new elevators, mechanical facilities and maintenance shops. The building will be air-conditioned throughout and the most modern equipment and furnishings will be installed.

Each step in the Hospital's Phase I plans and in its budget has been approved by the Health and Hospital Planning Council of Southern New York, Inc., and by the State Department of Health, Mr. Bliss noted.

(more)

St. Barnabas Hospital For  
Chronic Diseases

"Our commitment to the future, begun some six years ago, can now become a reality," he said.

The building is expected to be completed in 24 months. When adequate financing is assured, Phase II in the hospital construction program will get under way. This is to be the south wing and will contain 94 replacement beds also. It will be physically connected to the existing main building as well as to the new west wing.

Mr. Bliss noted that total contributions, gifts, grants and legacies for the year amounted to \$1,802,586. Of this total, more than \$1,100,000 was represented in gifts to the Development Fund. This Fund now has reached the <sup>5.2</sup>~~4.6~~ million mark.

The statistical report shows that St. Barnabas gave 142,479 hospital days care in 1968, of which 57,089, more than 40 percent, were free or part-free. There were 3,011 patients treated during the year. The Hospital operated at a 94 percent occupancy rate.

Operating costs amounted to \$8,789,042 for the Hospital and The Braker Memorial Home. Operating income exceeded expenses.

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## Historical Highlights ✓

On April 6, 1866, a group of men headed by the Reverend Washington Rodman founded St. Barnabas Hospital. It was the first institution of its kind in the United States. Thirty-three patients were cared for in the first year.

The early founders were most grateful for all contributions and in the first Annual Report we find listed under donations: 1 cow, 4 dozen clothes pins, 1 egg beater and 4 ducks.

### Historical excerpts:

- 1872 Nitrous oxide is used for the first time as an anesthetic in a prolonged operation with perfect success.
- 1873 The cornerstone of the new building is laid by Bishop Potter. (The first building on our present grounds.)
- 1880 "The innovation of plaster jackets was applied to several of the patients and those who wear them would be unwilling to be deprived of the comfort which their use affords."
- 1881 The Ladies' Association is organized (now called the Women's Board) and Mrs. A. Newbold Morris is the first President.
- 1882 The Ladies' Association furnishes a diet kitchen and organizes the library. (Later, they founded the Occupational Therapy Department.)
- 1902 The first Registered Nurse is added to the staff as Superintendent of Nurses.
- 1928 The Braker Home is opened.
- 1930 The cornerstone of the present main Hospital Building is laid, and opens the following year.
- 1943 The Women's Volunteer Service Corps is established.
- 1945 Dr. A. P. Merrill is appointed Superintendent.
- 1946 The Department of Physical Medicine and Rehabilitation is established, and the extension and development of other technical and professional services are continued.
- 1947 The name of the Hospital is changed from Home for Incurables to St. Barnabas Hospital, reflecting our traditional conviction that no condition is really incurable.
- 1951 The Hospital Associates is organized.
- 1952 St. Barnabas establishes first psychiatry unit in a chronic disease hospital.
- 1954 The Neurosurgical Department is established.
- 1959 The Kane Surgical Center is completed.
- 1963 The Department of Thoracic and Cardiovascular Surgery is established.

(OVER!)

Colonel Wagner (second from left) with patients and visitors June 15, 1905 in front of the new building opened in 1905 and razed in 1931. Colonel Frederic C. Wagner, a descendent from a very old Westchester County family, "honorably served his country in arms during the Civil War." He became a member of the Board of Managers in 1898 and served as President from 1910 to 1913.



✓1966 "St. Barnabas has developed to such an extent that it now constitutes a medical center for general health. Over 5,000 individuals have undergone surgery for the relief of Parkinsonism. In the Thoracic and Cardiovascular Surgery Department an average of 5 major operations are per-

formed every two weeks. In the past year the General Surgical Service cared for 629 patients and 487 operations were performed. 2,642 patients were admitted and cared for in 1965." — From the Annual Report presented by Dr. A. P. Merrill, Executive Director, on January 26, 1966.

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## *A St. Barnabas Nurse*

Mrs. Caroline Chase Tiffany, Treasurer of the Women's Board, in 1904 included in her report the following account:

"We wish publicly to recognize the service of one of our faithful nurses, Mrs. Elliott. It was due to her quiet presence of mind that we were saved from a catastrophe. She first summoned aid to remove the patients and then bravely mounting a ladder, she herself extinguished the fire before the arrival of the engines. It was a heroic act worthy of all

praise. The smoke was so dense that as the water was handed up to her, nothing but her hand could be seen. It was wonderful that her light dress did not catch fire nor were her arms severely burned. It surely seems that God's Presence was with her and His Arms sustained her. Forgetful of self in an hour of danger, she has set a noble example and she will always be remembered for what she so bravely did."



Members of the Nursing Staff at the turn of the century. In 1902 St. Barnabas had its first Regis-

tered Nurse. Today, we have almost 100 graduate nurses and a total nursing staff of nearly 400.

## Mrs. A. Newbold Morris

This tribute to Mrs. A. Newbold Morris, (the grandmother of the Honorable Newbold Morris, who is a member of our Board of Managers), was written by Mr. Martin E. Greene, a charter member of the Board of Managers. It is taken from the Annual Report of 1906.

"We are indebted to the marked ability of Mrs. A. Newbold Morris who organized the Ladies' Association (Women's Auxiliary Board). With unusual discernment Mrs. Morris selected her associates and formulated the plan of work that she herself, as the President, carried on for fifteen years. The same course is pursued by her successors. Beloved by her associates for her wise judgment and generous liberality, she so endeared herself to the patients by her ready sympathy, bright and cheerful manner and

conversation, that it was remarked that her simple presence among the patients did more good than the Doctor's medicine."

The successors to Mrs. Morris as President of the Women's Auxiliary Board are:

Mrs. Charles F. MacLean	1896 to 1898
Miss Mary Laidlie Dey	1899 to 1914
Mrs. John E. Parsons	1915 to 1921
Mrs. Alfred Seton	1922 to 1923
Mrs. Charles F. MacLean	1924 to 1927
Mrs. Alfred Seton	1928 to 1929
Mrs. Edward C. Zabriskie	1930 to 1934
Mrs. C. Pitkin Mott	1935 to 1937
Mrs. Ogden L. Mills	1938 to 1946
Mrs. C. Pitkin Mott	1947 to 1955
Mrs. Gouverneur M. Carnochan	1956 to 1962
Mrs. John J. Boland	1963 to present

## The Braker Memorial Home

The Braker Home was first conceived by Henry Braker, who on his passing in 1908, left a trust fund of a million dollars to found a "real home" for aged people of limited means as a memorial to his father and mother. In 1928 The Braker opened its doors to its first guests. At that time the concept of a home for the aged was that of a static place where people sat and rested. Today in keeping with new medical concepts, Braker has become a place of activity and growth.

Many of the guests are members of the Volunteer Corps and serve in many capacities in the Hospital. They serve in the Recreational Therapy Department, in Occupational Therapy, and in Speech Therapy. They assist in the Nursing Department, helping to feed patients and also to handle cash service for bed patients, which involves cashing checks and paying bills. They assist in the library and in reading, sewing, and writing letters for patients. The Braker guests

also do work for the Sidewalk Cafe and have their own sewing unit which meets every Friday morning. They assist in the Chapel, where the Altar Guild is comprised solely of Braker residents. Many Braker guests have received awards from the United Hospital Fund, several guests having received awards for 10,000 hours of volunteer service throughout the years.

Among our Braker guests we also have many retired school teachers, several of whom have given of their training and talents to conduct classes for patients. The guests also take part in the musicals and plays produced at the Hospital.

The affiliation which exists between The Braker Memorial Home and St. Barnabas Hospital enables the guests to enjoy the benefit of the many clinics and services the Hospital has to offer. There is also a comprehensive program of health care and attention available to all the guests.

The Braker is operated by St. Barnabas Hospital. <sup>Five</sup> It accommodates 100 ambulatory guests, both men & women.

## Rehabilitation

St. Barnabas Hospital today must be counted among the important rehabilitation centers in New York City, but such was not the case 100 years ago when the concept of rehabilitation had not yet made obsolete such words as "incurable" and "hopeless." Although exercise and such physical therapy modalities as heat, massage, and many types of baths had been used since antiquity, the medical specialty of physiatry (not psychiatry) did not come into its own until the end of the Second World War.

Physical therapists carry out treatment plans prescribed by physicians, especially physiatrists. Physical therapy came into being at the end of the First World War. As we know it today, it is almost single-handed the work of Mary McMillan who, after training in a college of physical culture in England, became associated with an orthopedic physician who was an adviser to the Medical Department of the U. S. Army. Through her work in training co-workers to help her in the treatment of wounded American soldiers, she became instrumental in establishing physical therapy as a profession and founded the American Physical Therapy Association.

During and after the Second World War, various physicians were responsible for the rapid return to full function of valuable

trained service personnel. They brought into flower the profession of physical medicine. Among them were Drs. Howard A. Rusk, George Deaver, D. DeLorme, and Arthur Watkins.

It was about this time, when physical medicine was experiencing a rebirth, that St. Barnabas established a small Physical Therapy Department, under Dr. Robert R. Muller. From that beginning, our Department has grown steadily, unifying and integrating a variety of skills and people into a team serving the best interests of the patient.

Dr. Rusk has been a consultant to our program for some years. Dr. Victor A. Ribera, a former associate of Dr. Rusk at the Institute of Physical Medicine and Rehabilitation, now heads our Department. Under Dr. Ribera's direction, the Department administers several divisions and departments — Physical Therapy, Hydrotherapy, Speech Therapy, Educational Therapy, Recreational Therapy, Activities of Daily Living, and Occupational Therapy. Available to it are the services of the Department of Psychology.

All of these departments work together to provide every possible help for the patient, to assist him in deriving the maximum benefit from his stay at St. Barnabas Hospital.

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## The Hematology Department

Hematology, or the study of blood, has been a major concern of physicians through the ages. Hundreds of years ago every surgeon carried a scalpel with which to "treat" his patients, for the belief was that diseases were caused by bad blood. In 1628 Harvey discovered the circulation of the blood and laid the foundation for much of modern medicine. Today, the field of Hematology is assuming an increasingly important role, as more intricate operations are being performed by the surgeon, and the problem of

loss of blood, and replacement or blood substitutes, must be found, if surgery is to continue its rapid advancement.

Our present Hematology Department was set up two years ago by Dr. Seymour Gollub who has brought it to its current development, with extensive research units and laboratories. Studies are in progress designed to be of aid to the surgeon and the medical staff.

Dr. Gollub, upon receiving his doctorate in physiology, became a medical student, and one of his professors was Dr. Charles P.

## A Pattern for the Future

A. P. MERRILL, M.D., *Executive Director*

St. Barnabas Hospital for Chronic Diseases, the oldest institution of its kind in America, was established in 1866, 100 years ago, when medical science was just emerging from its dark ages.

At that time the average life span was a mere 39 years. Today, with average life expectancy over 70, about 33 million Americans are affected by chronic ailments. Chronic illness causes three times as much disability as acute sickness, with an annual loss of over a million American lives.

To make possible fulfillment of its role in the coming years of crisis in American hospital care, particularly in medical care of those with chronic disease, St. Barnabas now contemplates a major program of expansion which has three basic aims: to increase the patient-capacity of the Hospital to meet the need for chronic disease beds, to establish several Institutes with expanded research facilities, and to modernize the existing plant.

St. Barnabas hopes to build a new central west wing of ten stories in conjunction with its present accommodations, thus bringing the Hospital to an ultimate capacity of 700 beds, in addition to the accommodations for 100 guests at the affiliated Braker Memorial Home. The new extension will be completely air conditioned, with the estimated cost for construction and equipment approximately six million dollars.

The expansion program will provide for increased research facilities in neurosurgery and also in cardiovascular surgery. The new Institutes will attract some of the finest men in the field, particularly younger men who will eventually carry the development ahead in the future. It is planned to establish a special endowment fund of at least \$2 million for financial support of the research institutes.

Auxiliary services of the Hospital will also be improved under the contemplated plans. There will be an expansion of radiologic services and the inclusion of a modern,



radioactive cobalt therapy unit, which will be located in the sub-basement of the Hospital extension.

The Hospital pharmacy will be moved and enlarged; clinic facilities will be expanded for care of ambulatory patients; doctors' lounge and locker rooms will be provided; nursing administration offices will be centered on the first floor; facilities for the Medical Social Service Department and Admitting Office will be expanded; a doctors' dining room and conference room will be included, and a separate research library will be established.

Additional and new facilities will be provided for Speech Therapy and Occupational Therapy. Dietary facilities will be improved, including new refrigeration boxes for dairy products, meat, fruit and vegetables. Storage areas will be enlarged; centralized locker spaces and a lounge will be provided for graduate nurses; in addition, centralized locker facilities will be provided for employees. Mechanical shops will also be increased in scope and variety.

While the present Hospital plant was completed in 1931 and has been kept in an excellent state of repair over the intervening years, yet hospital design and facilities have changed considerably during this period. There is greater need today for private toilet facilities, air conditioning, and high-speed elevators to improve communications, and the comfort and privacy of the patient. Therefore, development plans provide also for ultimate modernization of the existing 420-bed Hospital at an estimated cost of four million dollars.

# Research

## FOUNDATION FOR THE ROAD TO RECOVERY

Medical research is transforming yesterday's despair into today's fulfillment. St. Barnabas is taking an ever larger role in this march of progress and, at the present time, 17 different research projects are underway, supported by many private and government agencies. We would like to review with you some of the important research taking place here in our Hospital.

How nature forms the heart during the birth process remains a mystery. If heart surgeons could unlock this embryological secret, we could learn volumes about the structure and function of the heart and its relation to other organs. It is the purpose of a study being done at St. Barnabas to develop methods enabling us to delve deeper into this area of medical knowledge.

Our cardiovascular team is also seeking a way to restore blood vessels to the back of the heart after a coronary. The researchers are now testing a new technique that involves implanting a normal artery from elsewhere in the body into the posterior (diaphragmatic) aspect of the heart.

Another research project concerns damaged heart valves. In recent years, surgeons have learned to remove irreparable heart valves and to replace them with metal or plastic prostheses. Our cardiovascular surgeons feel, however, that better results will ultimately be achieved through the repair or reconstruction of heart valves with grafts of the patient's own tissue. The St. Barnabas team is engaged in a program of developing this new approach.

We have all heard of the Laser light, a unique and wholly new form of light energy. It has great potentialities in surgery and scientists are trying to learn more about the effect of the Laser light on the human organism. At St. Barnabas, the Laser light is

being used to study the effect on human tissues, with emphasis on the brain, the spinal cord and peripheral nerves, several kinds of tumors, and basic cellular processes.

Cryosurgery is a technique that uses extreme cold to destroy abnormal tissue in various illnesses. Its first major application was in brain surgery at St. Barnabas. Since then, extreme cold has been found useful in surgery of the eye, throat, prostate gland, and some types of cancer. If the application of this scientific boon is to be broadened further, medicine must first learn more about the effect of extreme cold on living tissue. This is now being studied on such organs as the liver, kidney, heart, lungs, and spleen.

Work continues on the use of cryogenic neurosurgery which was first used in the treatment of Parkinson's disease, multiple sclerosis and other tremor-inducing diseases. One of the objects of these studies is to contribute to medical science's understanding of the fundamental disease process in Parkinsonism.

Supporting these important research projects are such sponsors as the National Institutes of Health of the U. S. Public Health Service, the Department of the Navy, the John A. Hartford Foundation, the Whitehall Foundation, the Army Medical Research and Development Command, and the International College of Surgeons.

As we consider all these investigations being carried on at St. Barnabas, we realize that our Institution not only is a great hospital, but is becoming a research center of international importance.

*"Seek, and ye shall find; knock, and it shall be opened unto you. For every one that seeketh, findeth; and to him that knocketh it shall be opened.*

Luke II:9-10

In 1968, the Department of Neurologic Surgery, under the direction of Dr. Irving S. Cooper, began its fifteenth year as a specialized service at St. Barnabas Hospital. Beginning in 1954 with four beds assigned to it, the department has grown to an internationally recognized service with over 40 beds and some 700 operations each year.

From its inception, the Department of Neurologic Surgery has concentrated its efforts on the development of neurosurgical techniques and research programs in a variety of neurological disorders involving abnormal movements. Among these are Parkinsonism, Dystonia Musculorum Deformans, familial tremor, cerebellar degenerative diseases, and Multiple Sclerosis. In the course of the years, procedures have been developed which are capable of relieving the hyperkinetic manifestations of these disorders. In the past 15 years, numerous multidisciplinary clinical

and laboratory investigations have been undertaken with special reference to the neurosurgical, neurological, neurophysiological, neuro-anatomic and psychological aspects of the involuntary movement disorders. During this time, the members of the department have published over 200 scientific articles. Moreover, the technique of cryogenic surgery, developed here at St. Barnabas Hospital, has been adapted for numerous surgical problems in the fields of orthopedics, dermatology, eye, ear, nose and throat surgery, head and neck surgery, and urogenital surgery, as well as neurological surgery.

At all times, the primary mission has been to treat patients with neurological diseases. All clinical and experimental investigations have been undertaken with this basic goal in mind, in an attempt to provide useful information to further such treatment.

*From the '67 Annual Report.*

## ST. BARNABAS HOSPITAL for Chronic Diseases

THIRD AVENUE, BETWEEN 181ST AND 183RD STREETS, BRONX, N. Y. 10457

JOHN T. KOLODY, B.S., M.S., F.A.C.H.A.  
*Executive Director*

*Telephone: 295-2000*

October 22, 1969

Mrs. Caryl Conner  
Office of Hubert H. Humphrey  
1510 H Street, N.W.  
Washington, D.C. 20005

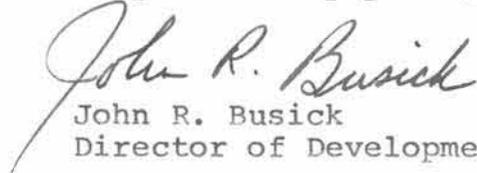
Dear Mrs. Conner:

It was good to talk with you today and I am sure that we can work together effectively in assisting Mr. Humphrey to carry out his speaking engagement here. We are delighted that he can come and of course want to do everything possible to make the occasion a successful and happy one.

I am enclosing some resource materials on developments in the health field. I am sure we can obtain additional materials if you will tell me which track you wish to follow.

The St. Barnabas materials will be sent to you early next week, as promised, and after you go over them, you may wish to talk on the telephone again. I will be away now until Monday, but please do not hesitate to call me if I can be of assistance at any time.

Very sincerely yours,

  
John R. Busick  
Director of Development

JRB:jp

Page 3 - Annual Report St. Bonaventure

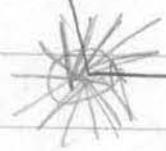
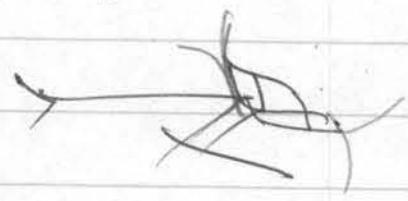
John Calm??

John  
Busch  
212-295-  
2000  
Y  
503  
510

Use as a platform ~~★~~

- ① justify need for new fund
- ② prepare in chronic disease genetic medicine

Am Hosp Assn - Sept -  
appointed strong note. cover to  
release pres. of Nat. Health  
Ins.



Nat. H. Ins.

## The Health Care Crisis

### Medicare Rate Increase

~~★~~ Pellucioff - sub-committee - hosp covs.  
400-500 people.

Lay audience - 20-25 minutes

Memo:

To: Julius Cahn  
From: Caryl Conner

Here is all the stuff I have so far. I've sent a note asking Mr. Busick (mentioned in the letter of invitation) to send along anything special they want mentioned in connection with the hospital.

I won't bother you with it unless it seems important enough to put into the body of the speech.

Many thanks---hope to see you soon.

St. Barnabas Hospital for Chronic Diseases

The Honorable Hubert H. Humphrey  
1770 Summit Avenue  
St. Paul, Minnesota 55105

September 22, 1969

*Plan lunch  
now with  
not dinner*

Following the ceremony we will plan a small dinner party, probably at the Union Club, which is at 68th Street and Park Avenue, and of course this is another reason why it is desirable to set a date. We would want Mrs. Humphrey to attend both affairs, and I would hope that we would make this a pleasant occasion for you both rather than a chore for you.

We will, of course, pay all expenses for you and Mrs. Humphrey, and we would like to offer in addition a fee of \$500, which would be a small token of our appreciation.

I am ever so grateful to you for your willingness to make this a memorable occasion in the long history of St. Barnabas Hospital.

Most sincerely,

*Charles M. Bliss*

Charles M. Bliss  
President

Sp file  
Nov 24, 1969

October 6, 1969

Dear Mr. Bliss:

Mr. Humphrey would like to thank you for your letter of September 22, outlining the ground-breaking ceremonies for the new wing at St. Barnabas Hospital for Chronic Diseases in New York City.

Mr. Humphrey is presently scheduled to speak at a dinner function in New York on November 24th. This event starts with a reception at 6:00 pm at the Pierre Hotel.

Is there a possibility of having the ground-breaking ceremonies moved from the 4:00 pm time to an earlier time? Mr. and Mrs. Humphrey would be able to attend a luncheon if this could be worked into your schedule.

I would appreciate hearing from you and I am hopeful that we can work out something.

Sincerely,

(Mrs.) Ursula Culver  
Appointments Secretary to  
Hubert H. Humphrey

Mr. Charles M. Bliss  
President  
St. Barnabas Hospital  
Third Avenue, between 181st and 183rd Sts.  
Bronx, New York 10457

John B. Swick  
212-295-2000

4:15 end of ground breaking  
onto hotel



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