WHITTIER HISTORY – ORAL HISTORY COLLECTION (ORAL HIST COLL)
TRANSCRIPT OF REEL #13a and #13b

A CONVERSATION WITH DEE ESSLEY
OCTOBER 9, 1974

DEE ESSLEY: Should be retyped and re-edited and then put back so I could transcribe it; this should be more or less a preliminary one, wouldn't you think? The continuity might suffer.

We can go until maybe about 2:00; if we don't get too far along, we'll have another go at it.

We're wondering, at the beginning, Dee, just to kind of set the stage a bit, when was it that you came to Whittier?

DE: I came in 1902.

What were the circumstances there?

DE: I was coming to Whittier. My father was in the implement business in ____ City, Iowa, which was a little town right out of Washington, Iowa. And my mother was the only daughter; four brothers, and three of them were ministers. Her health..the weather was too rugged for her in the east. The family had friends in Whittier, in fact relatives. So we decided to pack up and come to Whittier. And that's when we arrived here.

Had anybody from your family even ever visited here before?

DE: No, no. We just packed up and came on the train. My mother cooked enough chicken for the entire trip; I think it was five days, four or five days. And we just didn't go to a diner; I don't know whether they had them or not. The Santa Fe, at that time, you'd stop at a Harvey House; they didn't have diners. The train would come up, just like a Greyhound bus, and stop at the Harvey House. People would get off the train and go in and have their food, or they could bring it with them.

How many were there in the family?

DE: There were seven – six of our family: my father, my mother, a brother and two sisters; then my grandmother also came at the same time, and my father's brother. So there were nine of us, I guess. They used to run a train from Los Angeles to Whittier once a day. We got off at the station down here on Whittier Boulevard, which is still there, and walked uptown through the dust. There were no paved streets or anything of that nature. They had board sidewalks and gas lights. They didn't have electric lights at that time.

But there were street lights.

DE: They were street lights; they were gas lights, though. Most of the stores had these gasoline lights, with the little mantle. They would clump them up and had a wick on a stick.

Were they a good light?

DE: Wonderful light. So that was our entry into Whittier. I went into the fourth grade.

Now did your family rent a house to start with?

DE: Yes, we rented a house.

What did you have to pay for rent?

DE: I'd presume around $10 a month. Then my father, after we'd been here three or four months, built a house at 138 South Newlin, which is still standing.

The house is still standing?

DE: Yes. And then I think that house cost around $2,000; it was three bedrooms. Of course we all lived in the kitchen in those days. We had a dining room and a living room and a music room. And three bedrooms.

Did your father go into the implement business here?

DE: No, he founded the Whittier Transfer & Storage.

Oh, that's right.

DE: And he founded that company. My mother died in 1914. I think it was about that time, 1914 or 1915, that they asked him to be City Marshall and Tax Collector, to leave his business. So he did; he had a man there that he turned the business over to, and he became City Marshall and Tax Collector. And the first employee of the City of Whittier.

For goodness' sake.

DE: And I recorded all the taxes for him; at that time I was keeping books at a lumber company, and I used to record the taxes.

So you were sort of the City's first secretary.

DE: That's right. And I kept the payroll record; I just turned it over to the police department about six months ago. It goes back to 1913.

Dee, did you go through elementary school and high school in Whittier?

DE: Yes, I went through elementary school and I went to the Whittier Union High School, which is on Philadelphia Street. And they just had the one building.

But the same location?

DE: Same location, which had a dome on the top of it. I had a very pleasant time there. And I joined the National Guard in 1909. I had a yen to be a soldier, and I was headed for Westpoint (in those days it was not political), providing I finished my education. I had everything lined out, because I spent about four years in the National Guard; I had to go in as a trumpeter. They used to have drummer boys, but I wasn't old enough to enlist as a gun toting man; I was just a little over 15 years old, and I could enlist as a trumpeter. And I had to learn how to blow the trumpet.

What would be the headquarters for that post? Would that be Los Angeles?

DE: Yes, that was Los Angeles, on 8th and Spring; the Armory was there at that time.

You'd go in by train?

DE: We'd go in by streetcar. In fact, the day we landed in Whittier, the red streetcars started running to Los Angeles. So I'd leave in the afternoon; we drilled on Monday night. We had other obligations, parades and such. I did very well in the service; that is, my increase in rank grew very rapidly. In fact, I held about every office that you could have: quartermaster sergeant, master sergeant, first sergeant, and they called me 'the kid." I was the youngest man in the regiment, practically. I always tell this about my experience as a bugler. I only had to play it once at a camp, and that was the only time that I played a call because the commanding officer said he never saw anyone who could blow in a horn quite as beautifully as I could and have the notes come out quite as sour. So I was reduced then to the rank of private. That's when I became a gun toting soldier. Then, like people do, I found a little girl that I was deeply in love with, and we were married.

Was she a Whittier girl?

DE: Yes. While I was a junior in high school. So I did not complete high school. I had to go to work; my only talent at that time was driving a team of mules. We didn't have trucks in those days. Moving furniture and things of that nature, which took a strong back and a weak mind. I was quite active in church in those days; my mother was a very devoted Christian. In fact, every time a minister would come to our home we'd have him for a chicken dinner.

Your mother liked chicken, I guess.

DE: And in those days you did it a little different than they do now. The kids would eat afterwards. You feed the kids first now. So we had to wait to see if there was any left, and I think I was about eighteen years old before I knew a chicken had anything but a neck. We'd sit there in the kitchen and look around and see the minister eating all the white meat.

So when you came to Whittier was there a doctor in town at that time?

DE: Oh, yes.

What would the population be here?

DE: Well the population I can't accurately…

Would there be a thousand people?

DE: Oh, yes, I would say there was probably a couple thousand people. I would say we had about three or four doctors. There was Dr. Marshburn.

Was he a relative of the Marshburns?

DE: Oscar Marshburn's father. There was a doctor by the name of Thomas Johnson, who was quite a doctor. His daughter still lives here, and she's married to…the name has left me. Then we had a Dr. Stokes, who had most of the patients…as I grew up beyond the teen age, why he was the one that…well, he always gave you a pink and white pill. All he knew was to give you [?] and things of that nature. But he was quite a dedicated doctor. And after him Dr. Buehler came in, George Buehler's father.

How general a territory would these men serve? An area we would know now as what?

DE: The city limits, which the cemetery here was way out of town. And if you got north of Hadley Street you were out in the orange groves. All this Beverly Blvd. were all orange groves around here.

Was citrus the principal industry here at that time?

DE: Yes, citrus and walnuts were the principal industry.

Grapes at all? Orange County had a lot of grapes at one time.

DE: No. Business was good when the citrus crop was good.

Was it both oranges and lemons?

DE: Oranges and lemons, also the navels and Valencias. And the walnuts were quite an industry at that time. But there was some sort of insect that got into the walnut trees, and in time they all had to be cut into firewood. But it was quite a business at that time.

What were the close communities, Dee? Was Montebello in existence at that time?

DE: Montebello back in 1912-1913 consisted of about three stores. And then you wouldn't hit any other inhabitants outside of a dairy or two until you reached the cemetery.

At Atlantic?

DE: On Eastern there, where the streetcars used to run out there and stop. Then about the early 30s, Belvedere Gardens started, which is now known as East Los Angeles. It was quite a real estate speculation deal. People just made thousands of dollars on paper; and the paper you could just hypothecate that thing around, and a lot of people who knew when to get out did very well. But when the Depression came along, it deteriorated, and the houses were like a ghetto – made out of tin and just anything; no restrictions as to buildings, storage, outhouses. But it subsequently developed into, as time went along, Montebello grew and prospered; the highway was cut through.

Would that be Whittier Boulevard?

DE: Whittier Boulevard, when I first knew it, was just a two lane boulevard into Los Angeles. It was crowned to the center for horses and wagons.

It would be a gravel road?

DE: It was a macadam road. Then the Auto Club got back to a big program of "good roads," that was the slogan. And that's when the state tax for roads became a reality.

That would be about when?

DE: That would be about 1912 or 1913.

How about east of here? Was Fullerton in existence?

DE: Yes, Whittier Blvd. went through La Habra, just about what it does now. Fullerton was… and the older towns were Norwalk and Artesia. So they were the older towns. And then Fullerton came along; it is about the same vintage as Whittier. Anaheim was the most prosperous of the small communities. That was a German settlement. It was wide open; in other words, they had saloons and liquor stores. We didn't have liquor stores as we know them today, but it was what we termed "wet." Whittier had one saloon in the early days, which was down in what we called Jim Town. That was down by the river, down by where the Governor's mansion is located. That was referred to as Jim Town.

Where did it get that name?

DE: I can't give you the history of it. It was settled by Mexican people. And that was a saloon for some time. And then there was another saloon over towards Los Nietos. That's the only two saloons our history tells you. History tells you that there was a saloon in Whittier at one time, but that was before my time. But the legend is that it was held in a tent. The man prospered for a short time. The Quakers, who were the dominating factor politically and everything else in Whittier at that time, formed a gang and went down and

said they'd give him thirty minutes to get out of town. And he got out of town. And they did a Carrie Nation job and destroyed it, but that was before my time.

Dee, what would be the closest hospital when you came here?

DE: The first hospital in Whittier was a home, a two story home, on Broadway and Painter Avenue. It is at the site where Dr. Barmore has his home. That was the first hospital; my mother passed away in that hospital through surgery. The first surgery team that we had that operated in that group was Dr. Rosenberger's father and a doctor by the name of Horace P. Wilson, who has quite a historical reputation in Whittier. And Dr. Stokes was the anesthesiologist. And those three did all of the surgery in the community.

Who would own that hospital, Dee?

DE: That I can't…it was a proprietary, so to speak.

What was the next generation hospital?

DE: The next generation hospital was on South Greenleaf in the neighborhood of the Greenleaf Masonic Temple, which was later taken over by the state.

Was it built as a hospital or was it a residence?

DE: It was built, as I recall, as a hospital. It was more what we would call a nursing home. I can't recall any surgeries. And then we had up on Bailey and Painter, a nursing home/hospital known as the Burkett Home. That was probably the leading medical facility until Murphy came along.

When you say Bailey and Painter, there's the parking lot on the one corner now…

DE: But it would have been on the northeast corner

At the Whittier College parking lot.

DE: Kemmer has a building on one corner, and it would be diagonally across. And that had a very good reputation for the type of hospital that it was.

That served until Murphy?

DE: Yes, until in 1921 Murphy Hospital was opened.

What were the circumstances?

DE: The Murphy Ranch Company, one of the Murphys by the name of Simon J. Murphy, had oil and citrus interests here. He was an invalid, and we would come out and stay at the Greenleaf Hotel, which was on the spot where Poinsettia Pharmacy is. There was a large three story wooden hotel, something like the Coronado Hotel in Corona only smaller; the architecture was along those lines. And Dr. H.P. Wilson was his physician, and he said to Dr. Wilson that Whittier needed a hospital. And that he would build a hospital. Now I can't tell you if it was ten beds or twenty five beds. Providing that the City of Whittier would furnish the ground, he would build the hospital. I guess maybe it was a fifty bed hospital. The history of Murphy would tell; I just can't recall. The City Fathers accepted it with their fingers crossed because they thought it would be a white elephant, that it would not be self supporting. But it was given to and operated by the City of Whittier. But Dr. Wilson, in drawing up the agreement, did not identify the type of medicine that could be practiced in that hospital. Consequently, legally, a witch doctor could practice there; there were no restrictions whatsoever.

Even a podiatrist!

DE: Even a podiatrist, right.

According to the history, the osteopaths, too.

DE: Yes, I was going to get into that, too. So the hospital was opened in 1921. And at that time it was known as a very modern hospital.

Was it common for people to go into Los Angeles to a hospital at that time?

DE: No, they just had to go with the facilities we had here or stay at home, because the only way you could get into Los Angeles was on a train or streetcar or by horse and buggy. So sick people did not travel. So they either had a practical nurse come into their home or they went to one of the hospitals I just mentioned before. So we had a profession known as the osteopaths, and in those days it wasn't necessary to have too much education. They didn't dispense medicine; they did mostly rubbing. Following that the chiropractors came onto the scene. But as time went on, the generation came in and they were using Murphy Hospital, which they could because there was no accreditization (credentialing [ed]). A horse doctor could practice there as long as he had the money to rent a room. And the medical doctors felt at that time the need of having some restrictions over the practicing of medicine. They were going to expel the osteopaths from practicing in Murphy.

This would be about when?

DE: I would say probably, off the top of my head, in the 1920s. So the argument became so heated that there was an initiative measure placed on the ballot and voted by the voters of the City of Whittier. That the osteopaths had just as much right to practice as the medical doctors.

And the people voted that?

DE: The people voted that. The privileges to practice at Murphy, with the end result that Murphy had two staffs: One for the MDs and one for the osteopaths. And that was the situation we faced when we started with Presbyterian Hospital. We had that division. Knowing that if we built an accredited hospital here in Whittier we would immediately be opposed by the osteopaths, because by having an accredited hospital they would not be able to practice at Presbyterian. So that is how La Mirada started; the osteopathic doctors who were at Murphy started their own hospital. Then within a few years after the hospital was opened, the osteopaths in the State of California, were granted the same privileges as medical doctors due to the fact that the College of Osteopathy was as highly rated as the M.D. hospitals and the osteopaths they were graduating were as capable or had as much training as the regular medical doctors through the other colleges. The problem, that is not nationwide, because in many states you still have the division between MDs and osteopaths, which is traceable to the lack of education or training that osteopaths receive in other states. But in California your osteopath has as much training as a medical doctor.

Dee, what other conditions existed in Whittier that identified or brought forth the need for another hospital other than Murphy?

DE: The census. As the town began to grow, they tried to and did enlarge Murphy.

Was this prior to the Second World War?

DE: This was prior to WWII – between the first and second world wars. Santa Fe Springs developed into quite a source of income from the oil discoveries and the town just started to grow and grow and grow, and they couldn't keep pace with the expansion of Murphy fast enough to take care of the needs of the patients.

Didn't you tell me, Dee, that you were an early patient at Murphy?

DE: Yes, I was one of the first patients there – with typhoid fever – in 1921. It became so serious, this would be in the 1940s that I'm talking about, the 40s and early 50s, that their occupancy was sometimes running over 100(%). Patients were in the halls, and they called them "hot beds." They just didn't have any place to put them. The Coordinating Council of Whittier had a big meeting, and they were looking into the health situation and the bed situation at Murphy, and how deplorable it was and what could be done about it.

This would be about what year, Dee?

DE: This would be 1953. So Dr. Dave Reeder presented to this group a very detailed analysis of the population and the need for beds in this area. It was through his document that I decided that I would exert myself to do anything I could to improve the situation.

We you present at that meeting, Dee?

DE: No, I was not present at that meeting because out of that meeting came a meeting of some leaders of the City of Whittier, Councilmen, women, people who were interested in the expansion and growth and development of Whittier. They met and I was not at the meeting, but at this meeting they wanted to know who could build and how to go about building a hospital and who they could get that could develop and promote a successful campaign for a hospital.

And due to the fact that I had gotten into the headlines for being a Rotarian of the Community Service Committee that found a way to clean up the cemeteries, which had been an eyesore for many, many years. It being private property, the Council could not spend any money for eradicating weeds or garbage or anything of that nature. People were throwing their trash and garbage in the cemetery; I have all the pictures to show you that. So it necessitated many organizations that tried to do something with the City of Whittier. And I was the one who took it upon myself to appear before the Council and show them that it was a fire hazard, a health problem, and convince them that they should spend enough money to correct those situations. So they voted…there was some question as to the legality…but they appropriated enough money to clean the cemeteries once or twice a year. But we couldn't disturb any of the headstones; couldn't move them or anything of that nature because those headstones belonged to that individual and was his private property, and the City could be sued. So making a long story short, we put together all of the service clubs as a committee to do something about this condition, and I was selected as the president of this combination group. And they sent me to Sacramento to get a law passed to correct this situation here in Whittier. The first trip to Sacramento was not as fruitful as I had hoped for because they did show us ways that we could black out the cemetery…where we could build a fence around and put vines on the fence and do some eradicating of weeds without disturbing any headstones. And the Council voted the money for that. Then the next trip was to have it as a memorial park. When you talk about cemeteries in the legislature, you're talking about every community in California. So whatever law is passed would have to be acceptable to the entire state of California. A bill was drawn and passed the legislature that under certain conditions they could make application for a memorial cemetery, and the city could take over the maintenance or perpetual care of this cemetery under certain stipulations. And that was that all of the people that was a matter of record, their names would have to be put on a plaque as a monument in the memorial cemetery. The only other way that we could do it was to have the County declare it a nuisance, and the sheriff would be privileged to remove all of the bodies. And we figured that would cost around a million dollars, which was just out of sight.

Now was this the Broadway Cemetery?

DE: That's the Broadway and the Clark Cemetery, there's two of them. They were owned by different people. Clark and another gentlemen.

Where is that cemetery? Are they both together?

DE: Both together, Citrus goes right in the middle of it. The one east is the Clark, the one west is the Mount Olive, they called it. That involved the problem of considerable research because nobody knew

where the records were. So they had to go into the headstones and try to trace everybody down, and they did an excellent job.

That wasn't all wound up until about when, 1966?

DE: Well, it took about two years after the bill, maybe a little longer than that. Ventura were the first to take advantage of this new law. So we waited here until Ventura [did it] to appraise what their difficulties were, what guidelines we would have to follow. It was at that time that I was not a part of the end result; after the bill the machinery was developed for the memorial park. The actual physical end of that was done by Carl Swab.

But it was because of your connection in the early time…

DE: That put me out in front as the one that might be successful, providing I would accept it, of developing a hospital for Whittier. The City Manager – he was the one that was close to Murphy – was the one that told the women that he thought I possibly could do it because I had had contact with him in the problem of beautifying the cemeteries in Whittier. So he knew that I would be able to spend the time to do it if I was interested. So Mary Blanchard and Marjorie Haendiges came to our home and talked to me about the need of new beds in Whittier, increasing the beds by either enlarging Murphy or building a new hospital. And if I would head the campaign. I told them I would have to think about it. Then is when I received the copy of Dr. Reeder's analysis of the bed situation, the deplorable bed situation in the City of Whittier and became interested. After a week or two lapse of time they came to my home again and I told them I would under certain conditions. Dr. Thompson was in Europe on the Mediterranean at the time, and he was quite active in trying to promote a new hospital at one time; that if I could counsel with him and he thought the timing was all right I would accept the responsibility of forming a steering committee to explore the avenues of the development of a new hospital. That was done. A steering committee…I have some of the notes of a speech that I made…we developed a steering committee of influential people of ten members: Dr. Thompson (physician), Adam Wood (councilman), A.C. Newsom (councilman), W.L. Phillips (president of Murphy Hospital board and district manager of Southern California Edison), Norman Stanley (an industrialist who I did not know at the time, but he was added on recommendation), Dr. William C. Bruff, Sr., Deane Seeger (City Manager), Herman Perry, Sr., and Mike Reynolds (manager of the Bank of America). This committee met in an office at the Southern California Edison Company, and at this meeting discussion or a debate was what the committee should do and could do to relieve the bed situation in the City of Whittier. I was elected chairman of the steering committee, and we held subsequent meetings trying to develop where to start, what we were going to do, and what we could do. One result was that we had a meeting with some engineers (Walter Houghlin, administrator of the Methodist Hospital in Arcadia, was at this meeting, which was held in Los Angeles) to discuss whether or not it would be practical to enlarge Murphy. Walter Houghlin and an engineering crew made a survey of Murphy Hospital and recommended that it would be impractical to enlarge Murphy on account of it being so far out of present code; the only successful way to do that would be to tear it down and start all over. And then the question was, "Should we build a district hospital?" A survey was made along that line. Then we decided that we should build, possibly try to develop, a brand new hospital.

Dee, why was the district hospital not feasible?

DE: On account of it had to be a vote of the people, and it would be a tax supported hospital.

And it was felt that that wouldn't go over?

DE: We felt that the community would not vote taxes for it. So we decided on the procedure of building a nonprofit new hospital. During this period of time the steering committee had had many meetings with professionals, hospital consultants, trying to find what the cost would be, how to go about doing this and doing that, with the result that it was the decision of the committee that we employ a hospital firm to make a survey of the gift potential to be raised in the service area that the hospital was to serve. Each member of the committee put up $100, and we employed the Western Associates of Tucson, Arizona (for the fee of $1,000) to submit a gift potential for this service area. That was done, and the report was turned over to the

steering committee. We had copies of the report made and sent ten copies to Murphy Memorial Hospital staff for their review of the contents. In this survey was a sum of $250,000 that should be raised by the medical staff. We informed the medical staff that before we would proceed any further they would have to subscribe to the $250,000 and underwrite the expense of the campaign so that any money that was donated [garbled words] and we would be unable to complete the program. That this money would be refunded to each of the donors 100%. Conversely, the medical staff had to underwrite the operating expenses of the campagin. This was met with great enthusiasm, and within a period of a few weeks the doctors had subscribed a greater portion of the $250,000.

How many doctors would there be?

DE: There would be about 80 doctors.

Dee, this was the medical staff and did not include the osteopaths?

DE: This was the medical staff, which did not include the osteopaths at all. This was purely contributions by the medical staff, which they had two staffs.

So that would average about $3,000 apiece, then.

DE: Yes, about $3,000; some gave less, some gave more.

Among the medical group, who would you cite as strong leaders influencing this movement? Dr. Reeder was very important in terms of the analysis, and Dr. Thompson and Dr. Bruff. Were there any others that come to mind that really influenced the opinion of the other group strongly toward this movement?

DE: It would be difficult, Lowell [Smith], to name names of these doctors. I would say there were about four or five that were very active that were our liaison with the medical staff. We had many meetings with the medical staff and told them…I have a document or report that I can give you later on of what I told them when the program was underway and we were at the crossroads and didn't know which way to turn.

So the next step was to form a nonprofit corporation. The group decided that the name of the hospital would be The Community Hospital, Inc. Dr. Thompson and Harlan Wood interviewed William Lassleben and asked him to draw up the articles [of incorporation] and bylaws for the Community Hospital, Inc. And for him to be elected to the original board of directors. You want some dates on that? I'm not sure they are all together in accord with some of the information we have. The Community Hospital, Inc. was certified by the State of California in February of 1954; later the hospital name was changed to Presbyterian Intercommunity Hospital, of which I will go further into detail on that. The Articles of Incorporation for Presbyterian Intercommunity Hospital were approved by the State of California on December 17, 1957. This is the authentic data on that. After the corporation was formed, a contract was given to the Western Associates, who said the potential amount of money that could be raised, if memory serves me right, was $1,300,000. We signed the contract with them to organize and to develop a fundraising program, which necessitated the development of schematics, site, things of that nature; that we would have a foundation when we went to a contributor and be able to show some progress in what was being done: the schematic drawing of the hospital, the cost. The campaign we advertised to raise $1 million because the fundraising organization felt that if we made public the actual cost it would be so expensive that we'd scare them before we got started. So we started off to raise $1 million outside of the doctors' subscriptions of $250,000. We estimated the cost of a 100 bed hospital to be around $25,000 per bed; the actual cost would have been around $2,500,000. Figuring that we could secure from the federal government a Hill-Burton grant, plus the possibility of borrowing money, we felt that we could build the hospital starting with the $1 million we could get from public subscription plus the Hill-Burton grant. We could see the daylight that the hospital could be a reality, providing we could raise the $1 million.

The next step was to locate a site. Dr. Thompson and Herman Perry had contacted the Standard Oil Company regarding a site in the Friendly Hills area that they would sell to the hospital for the price of their

investment in the price of development of the citrus grove; that amount would have been…I don't recall the exact amount, but it was quite reasonable. It appeared by our survey up to this time that it would be an ideal site for the type of hospital.

Just what was the location, Dee?

DE: I can't identify it exactly.

I think you told me once, Dee, that it was at the foot of Catalina Street.

DE: It was right up in the hills.

There was a big Standard Oil area up near Mar Vista School; up near Monte Wicker's place.

DE: The negotiations for the site were underway when considerable opposition developed from the residents of the area. The board of directors felt that it would be our best interest to locate the hospital at some other site.

What was the basis of their opposition, Dee?

DE: The basis of their opposition was that they wanted to keep the Friendly Hills area more as a rural complex. Their objection was that we were putting a building in a residential area that was not acceptable to them, mainly because of the increase in traffic, noise from ambulances, and things of that nature.

This building certainly could have changed the character of that area.

DE: Of course this is a much better site.

Of course I think in retrospect they were probably right.

DE: Yes, I think it would have been a terrible mistake.

A big hospital is a big operation, when you look at the parking we would have needed.

DE: We would have had less than ten acres; I think we could have only used about seven acres. Upon the abandonment of the Friendly Hills site…

Along those lines, how did the newspaper line up in that area? Did the Daily News take any stand? Were they involved editorially or just from a reporting standpoint?

DE: I don't recall any opposition from the newspaper. It could have been, but there was nothing that disturbed us in any event. The appointed committee to recommend a site reviewed three or four possible sites, but they were all turned down because of price and nonavailability.

What general areas were the others in, Dee?

DE: The first area was on Workman Mill Road, where Tomlinson had a nursery growing trees.

Is that this side of Rose Hills?

DE: It would be just across the street from those condominiums they are building now. It was not large enough; it only had 7.5 acres. Then the Pelissier property, which would be northeast of Workman Mill Road this side of Rose Hills in the area where the General Mills office; there was a strip that ran along there with an oil well in back of it. It represented about ten acres, which would have taken considerable work to bring the property to the point where we could have utilized it for building. That was turned down.

So it was suggested that we interview the State of California and see if they had any surplus property adjacent to the Nelles School. On Washington Boulevard there was considerable acreage of deciduous fruits, property that looked like to us could be more productive in some other venture. Contact was made with our representative in Sacramento, Mr. Thomas Irwin, and he consulted the Youth Authority and secured from them the commitment of the release of surplus property of 14 acres facing Washington Boulevard. Further, Mr. Irwin submitted a bill to the legislature permitting a nonprofit corporation such as ours to purchase this land at a price set by three appraisers rather than open it for bids to the general public. That was done, and three appraisers were appointed by the State of California, and a price per acre for the 14 acres was quoted at around $7,500 per acre. Within our board and in some areas in the community we faced criticism that the site was not suitable due to the fact that it was in an industrial area; in many opinions it was not the proper site for the building of a new hospital, in spite of the fact that most of the street arterials run into the area which was being considered. After discussion with people in the health field and architects, the ground was acceptable to the health department and would qualify for federal grants providing that a large berm would be placed on the east border of the property and trees planted thereon. That would separate the hospital grounds from the site as being in an industrial zone.

The rail track.

DE: And the railroad track, yes. Contrary to what a lot of people prophesied, instead of the property being devaluated, within a very short time after the hospital was built, it has been turned into a very acceptable and pleasing location.

Was there any opposition from near neighbors here, Dee?

DE: No. We ran into no problems on zoning at this particular site. Our problem was mostly within our own board members and within the doctors, who thought this was putting it out in the ghettos. But as you see, it is now a very beautiful place and land values have risen tremendously, which can be largely attributed to the architectural design.

I think the hospital has now become the influencer in the area.

DE: It is a great influence within this area.

Dee, could we step back a bit to kind of make a bridge. From the formation of the community committee, first of all incorporating as Whittier Community Hospital or something of that nature to the Presbyterian Church. Tell us a little bit about that connection and the why and the how and the rest of it.

DE: I'm glad you mentioned that, Harry [Green]. I wanted to go into that. When we formed the community hospital, we felt a great need for a religious organization to affiliate itself with the hospital to lead us in the spiritual guidance of our operation within the hospital. Several churches were interviewed…we interviewed the Lutherans.

You sought them out? You called them up?

DE: Yes, we talked to them about it. They were busy with a hospital in San Diego. The Methodists were ruled out because they were building a hospital in Arcadia. The Episcopal Church was ruled out because they were enlarging Good Samaritan. That left only one other church organization that had any experience in hospitals, the Presbyterian Church, which at that time had no facility and no committees and no program to enter into the hospital field. Meetings were held; Dr. Thompson took the lead in putting this part of the program together, with my assistance of course. We had many meetings with Mr. Schuster, who was the secretary/director of the Presbytery of Los Angeles. He immediately became interested and selected an ad hoc committee, with which we had a number of meetings regarding our program, what our intentions were, what our financial connections would be, etc. And we asked them if they would accept the spiritual guidance of the hospital provided we named it Presbyterian Intercommunity Hospital. As time went on, many meetings were held with many members of the Presbytery, and they entered the sponsoring of this

hospital with lots of faith and enthusiasm. They have and will continue to contribute greatly to the advancement of the hospital.

Had there ever been a time…you mentioned the organizations…was it always in mind that a Protestant organization be approached. Was there ever a thought of approaching one of the Roman Catholic churches?

DE: No thought was given to approaching the Catholic organizations for support for the reason that they were building a hospital, St. Jude, in Fullerton. It was the feeling of the board of directors that it would be healthier to have a Protestant hospital.

So the matter was raised.

DE: It was raised. Monsignor O'Dwyer had several meetings with me, asking if I wouldn't turn this program over to one of his societies; that they would be happy to come in and take over the program and operate the hospital without us having to worry any further about it. We had some discussions about what we considered ethical lines for solicitation, etc. We worked very closely with the Catholic organization and were able to develop a situation of cooperation.

It's true, however, that affiliation with the Protestant churches usually leaves more local control.

DE: That is correct. Because all the money we would raise…when you turn something over to the Catholic society, their philosophy is that they keep all of the money and they keep all of the control. That did not fit in with our procedure.

There's something I might report in here that I think will give you…a memorandum to the doctors, which I think is very enlightening as to where we were going in 1955. The actual naming of Presbyterian Intercommunity Hospital was in late '54 or early '55, regardless of the fact that it was not officially recorded by the State of California until 1957. We immediately dissolved this and substituted the name, but nothing was done insofar as it being approved by the State until '57.

This is a memorandum to the doctors on August 15, 1955, with reference to our financial program and our losing of the federal grant during 1955, which we had set as the starting date of our building program. Application at various times was made to the Hill-Burton fund for a federal grant. At one time we would have been happy to receive the sum of about $650,000, which we were denied. That money was turned over to the Valley Presbyterian Church in Van Nuys. Then the next year of allocation, through our efforts to rise from 32 on the priority to 11, we were in a position, we thought, to receive a Hill-Burton grant. And at that time, Hill-Burton grant money was matched by the State of California, which worked out to our advantage to have been refused the first draft, because in the main we…(Tape runs out)

Second Tape (13b)

…what Whittier was like after the turn of the century and you told us about the early doctors, about the several hospitals culminating in Murphy and then latterly in Presbyterian which have served the community. You described the early community surveys and meetings which led to your appointment as chairman, along with other community leaders, to lead Whittier in a campaign for a new hospital. Problems of site selection and questions related to a church affiliation with the hospital were commented upon. You started to talk about financing for the proposed new hospital just at the end of the hour, and we wanted to explore that rather fully today. But first I wonder may we have your recollection and reflections about the appointment and the early work of the hospital's first administrator, Clifford Schwarburg.

DE: Yes, we had a meeting with the Presbytery Committee of the Presbyterian Senate [Synod?], and it was decided at that time that we would start to develop the Presbyterian Intercommunity Hospital. And at this point the name was changed to Presbyterian Intercommunity Hospital, and the fundraising company, Western Associates, was employed to manage the fundraising program with the understanding that they

would at least raise $1 million. At this time Dr. Thompson thought that it would be advisable to employ an administrator or director to handle the hospital's program with the fundraising group. Through Dr. Byron Nichols, a Presbyterian member of the board of PIH, we learned that Clifford Schwarburg, who at that time was an assistant administrator of a hospital in Ohio, might be persuaded to come to Whittier due to the fact that he was raised in southern California and attended Pomona College. This contact was made and an agreement was reached between the board of directors that Clifford Schwarburg would be the managing director or the administrator to guide the hospital board, to work with the fundraising group and the community to raise as much money as possible. The next item of business…

Dee, what year was Cliff employed? Was that 1955?

DE: I would say early 1955. I don't have the exact date here when he became a part of the organization. The board of directors was organized with the following directors: Dee C. Essley, president; Dr. Raymond C. Thompson, vice president; William M. Lassleben, Jr., secretary; and Hubert C. Perry, treasurer. The directors were S.J. Russell Ensign; Harold Fish; John F. Gardner; Ezra B. Hinshaw; Robert J. Janda; W.W. Touchstone; Herman Ward; John D. Lusk; Dr. Byron Nichols; and Mrs. Vernon Hodge. This was the original directors of the Presbyterian Hospital board of directors. An office was opened at the old Bailey Street school, which is now the site and parking lot of the Alpha Beta store; and was the temporary headquarters for the City Hall during the time that the present City Hall was being constructed. Clifford immediately came to work and opened the office, which also housed Western Associates. Dorothy McCullough was at that time employed by Western Associates as their secretary/director. The fundraising program got under way, and it was necessary to have additional employees, and at that time Dorothy Lee and Maxine Rich joined the staff organization of PIH. Many things transpired that are always necessary in building an organization, to start on a fundraising program as large as we were anticipating, because prior to this time no organization had raised over $50,000 at one time in the City of Whittier. And our goal being over $1 milliion was quite a task that necessitated close supervision, a highly qualified organization to organize the entire community into this gigantic fundraising program. Clifford Schwarburg immediately started contact with California State Department of Public Health, the administrative arm of the federal law, the Hill-Burton, which would grant certain funds to certain hospitals, providing they met certain guidelines. This was quite a task within itself, to explore what was needed to qualify, funds available, population surveys, many, many other details that are too numerous to mention in this tape.

The first problem was to find our position in Hill-Burton's quota plan for qualified applications. We at that time were thirty-second on the list. Past experience had proven to us that it was necessary to be within the first twelve to receive any federal grant from Hill-Burton. Consequently it was necessary that an in depth survey be made of the hospital's service area, expanding the area wherever possible to do so, with the goal in mind to increase our population to a point where we would qualify or come at least within the guidelines of the first twelve that would be considered for a federal grant. With the cooperation of all of the statistical organizations, schools, county, every actuary that we could have, to put together what we considered could be presented to the Hill-Burton committee factual evidence that our area contained a certain population. This was done after considerable effort and cooperation on the part of all organizations. We were ready to file for our first application for Hill-Burton funds. This application was presented on the basis of Whittier building a 100 bed hospital. Considerable study was given to the proper presentation, and we appeared before the Advisory Council, the agency for the California State Department of Public Health, and presented all of our facts and reasons for our qualification to receive a federal grant. Unfortunately the Advisory Council had not gone into the depth of allocations, and it developed in this meeting that one area, the area of Fresno and outlying communities received the entire Hill-Burton application, which left all of the other applications with no funds allocated. The parting thought was that we could come back again next year.

Were you ever able to determine at all, Dee, why it was so regional at that time?

DE: Yes, it was brought out that the Hospital Advisory Council had a policy at that time to take an area that was in the number one priority and give money to all applications in that area and then move on to priority number two. In this case priority number one was allocated the entire grant from the federal government. This necessitated considerable anxiety among not only ourselves but many of the other applicants, and a lot

of pressure was put on the advisory council and the California State Department of Public Health. And if you wish, I can quote a letter that I wrote to the Advisory Council, which probably would be well to have as a matter of record in this tape.

This is addressed to the California State Department of Public Health, Hospital Advisory Council, Attention to Mr. Gordon Cummins, Chief of the Bureau of Hospitals.

> Gentlemen:
>
> It has come to my attention that the County of Fresno is being considered for a federal and state grant for Hill-Burton and state funds. It appears that the allocation of this grant will work undue hardship on other needy projects due to the great growth of population in such areas that are in great need of additional hospital facilities. Fresno is a wealthy county; therefore the citizens of Fresno should accept their own responsibility and provide the necessary county hospital needs through the accepted methods of taxation, following the pattern of other communities in our state for the needy citizens. We wish to alert you that in this, the matter of the Whittier area, we have a large population of veterans that must be cared for by hospitals built for profit or non-profit. Tax paying citizens also need hospitals and our need is so great that citizens are dying in the halls of our present hospital. A committee is trying to solve this hospital situation. In addition to paying large county taxes, the people of all walks of life in our community area have raised at this date approximately $1 million for the construction of additional hospital facilities. It is necessary that we resolve this problem for the additional beds at once. And to accomplish this end, we need government help. The allocation of funds for Fresno County hospitals' application would, in my opinion, concentrate a large amount of government aid in one area, with the end result that many other deserving areas would suffer by such action.
>
> I appeal to you as board members to consider and develop a fair pattern of allocations so that other deserving areas may have assistance in caring for their citizens' need for hospitalization.

This is signed by Dee C. Essley, President of the board of directors of Presbyterian Intercommunity Hospital, dated May 17, 1955.

Following up on this, our Hill-Burton committee, consisting of Robert Janda and Dr. Raymond C. Thompson, petitioned the director, Dr. Merrill, and Gordon Cummins to meet with our board of directors and a number of dedicated citizens to explain to them in detail the great problem we faced in Whittier with reference to the great need for hospital beds. This meeting was held on June 15, 1955, and out of this meeting certain problems were discussed, and the California State Department of Board of Health received at first hand from this meeting our great need for assistance in developing Presbyterian Hospital. That left us another year, of which our fundraising program must continue, or certain other alternatives should be taken. I am going to quote here a memorandum, which was written to the doctors of the Presbyterian Intercommunity Hospital as of August 5, 1955, that outlined to them the situation that developed with Hill-Burton money not available. The following four programs should be considered. This is a letter to the medical staff of the Presbyterian Intercommunity Hospital:

> The following four programs should be considered:
> 1. Refund of money and cancellation of pledges and elimination of the entire project.
> 2. Build a hospital with the available cash and pledges on hand, which might be built 30 or 40 beds, without complete facilities.
> 3. Assume that Hill-Burton money might be available in 1956 and 1957 and prepare plans on that hope.
> 4. Design a 200 to 250 bed hospital but draw plans only for the first 100 bed unit, to be expanded in the future, and further to plan for the equipping and furnishing of other facilities for 50-60 beds in the first unit

As regards Plan 1 above, the medical doctors, the Presbyterian Church, and the community of Whittier cannot afford to allow a project of this importance to fail. This program cannot conscientiously be recommended.

As regards to Proposal 2 above, both the doctors and individuals who have generously pledged money for a 100 bed hospital should not be sold short by a program designed for construction of a smaller unit. This program, in my opinion, is morally unsound, and we must keep faith with those who contributed on the basis of a 100 bed unit.

Item 5 [sic; should be 3] If we wait until 1956-57, there is a good possibility that many of the pledges which we now have on our books will decrease in value and the ultimate liquidation will be problematical. Also, the use of monies pledged for the building, for the design costs, which would approximate $125,000 for a building which no one knows the future, does not seem to be proper use for the money pledged. It is further believed that while we might still be eligible for Hill-Burton money, the outlook for 19556-57 is less attractive than at present, and we should not hitch on such an indefinite solution.

Item 4: The fourth alternative means that we proceed without Hill-Burton and build what we can with what we have. It would be obvious from the schedule attached that the cash on hand in itself is inadequate to accomplish this objective, and there must be a rededication and support by a substantial amount of money from those people who have been active in the promotion of this program, namely the Presbyterians and the doctors. Possible sources of additional pledges to accomplish this goal are also attached for review and discussion.

The program as suggested: It is hoped that Hill-Burton will be available. It is believed essentially to be in the best interest of the hospital that they be ready for a public announcement immediately after Hill-Burton hearings, a program which will be positive and which will be well thought out in advance. The following four steps are considered to be the most important:

1. That the administrator is on the job and publicity to this end should be released.
2. The architect should have been selected and publicity on the architect and the plans should be ready for release.
3. The escrow for purchase of the site be effected, and activities on the location should be commenced, such as removal and relocation of the fence, taking out the trees, etc. (This refers to the purchase of the Washington Boulevard property, the present site.)
4. Advise the public of the plans for the hospital and set up the machinery for the campaign program, which must be effective, to carry this out.

This really started the community to evaluate the very serious situation that confronted us at that time. And it was decided that we would continue on with Mr. Schwarburg; we would select the architects, have them not develop plans for a 100 bed hospital but develop plans for a hospital with 188 beds that could be expandable from 100 beds to 188 beds. This seemed to put new life into the program, and all thoughts were turned now to putting on an additional aggressive fundraising campaign. Mr. Victor York, a leading citizen of the city, accepted the responsibility of being the fundraising chairman, along with Mary Blanchard, who would devote her energies to developing women's organizations, followed up with all areas, chairmen of the various surrounding communities. And that the President's breakfast be held each week during the entire fundraising campaign to evaluate what had been accomplished in the past and to make further plans for the future.

The second allocation of Hill-Burton funds…

Excuse me, Dee. Was this the campaign that Senator Nixon was linked with as vice chairman?

DE: Well, he was just the honorary chairman.

I mean, this was the campaign, was it?

DE: No, this was the actual fundraising campaign. What you're referring to there, Harry, is when the fundraisers started this program, of which there was some time elapsed between it being planned and getting underway, schematics were drawn for a 100 bed hospital merely to be used to show the committee about how a 100 bed hospital would look. Outlined in the schematic drawings were the different departments we would have, such as surgery, maternity, pediatrics, and so forth. At that time, when the brochures were being prepared, Richard Nixon was contacted and asked if he would be an honorary member of the fundraising campaign. And his name, along with the names of many leading citizens, was on the original brochure.

He was the Vice President, wasn't he, at that time? Or was he in the Senate?

DE: Yes, I believe he was Vice President at that time.

Don't I remember seeing a picture of you meeting him at the airport?

DE: Yes, I have a picture in my files of meeting him at the airport with Dr. Thompson, Victor York, and myself.

What was that meeting? What was that occasion, Dee, was it to kind of symbolize his work?

DE: He was coming to Los Angeles, and Dr. Thompson was his family physician, and he had arranged to have us meet him at the airport, primarily for promotional and advertising reasons. He was not coming to southern California on behalf of the hospital.

A rather interesting insight was that when we had the brochures printed we didn't have enough money to pay for them, so it was necessary that I underwrite the cost of the brochures in the amount of $3,000 to the Western Printing Company of Whittier. This is just a little item among things that happened, when you don't have money you have to have credit; we always found someone willing to step up when the necessity presented itself, to bail us out, so to speak. Things went along pretty well, and we were very fortunate and very far sighted in keeping Clifford Schwarburg and purchasing the land, which was handled through our State Legislature, Mr. Thomas Irwin, a very closefriend of myself and many people in the City of Whittier; and he arranged with the State of California for the purchase of fourteen acres; he presented a bill before the State Legislature, which I have a copy in my files, permitting the State to offer this fourteen acres of surplus land on an appraisal basis rather than putting it out for bids. Consequently, we were the owners of the property, and our only responsibility was to accept the price that was set forth by the three appraisers, who were appointed by the State of California. I might say that the appraisers had assessed the fourteen acres at around $7,500 per acre. That today sounds rather low in price, but one must remember that Washington Boulevard and the area where the hospital is now located had many things to be desired as a good site at that time for the building of a new hospital,. Our building committee and board of directors were far sighted enough to visualize what could be done to this area and what our program planning should be. And planning was accomplished over the period of the years to develop the beautiful site that we have today; it wasn't something that just grew as it developed; it was something that was planned by the hospital at the time they secured the property.

While I'm talking about property, we have fourteen acres. We felt that we would like to have additional property, so Mr. Schwarburg, Mr. Irwin, myself, and Mr. Butterfield, the Superintendent of the Fred C. Nelles School for Boys, had a meeting, and we asked him if it would be possible that the State would have some additional surplus property adjoining our fourteen acres that would be available at anytime in the near future. As it worked out, Mr. Butterfield, knowing of our effort and our fine hospital, prevailed with the Youth Authority, who were the governing bodies of the surplus real estate, to release an additional ten acres, which gave us an acreage of 25 acres. The price for the additional ten acres was appraised at $10,500 per acre.

Was that about the going industrial price for acreage at that time?

DE: It was at that time; that's what the appraisers, at least, said it was. This was appraisers that were not particularly interested in Whittier or its hospital, so we must concede or be of the opinion that it was a going price. Of course, at today's market prices it seems extremely low, but it was not at that particular time.

How did it strike you people just as plain businesssmen when you heard the figure? Did you think, "Well, that sounds fair"?

DE: Yes, we thought it was a very reasonable price. In fact, it was one of the reasons we wanted to get the additional acreage while we could.

Do you happen to remember what was contemplated being charged for the Friendly Hills property much earlier?

DE: Not in dollars and cents. There would only have been 7.5 acres the entire amount we would have secured, and there would not have been all of that would have been of use by the hospital.

But there was no per acre price?

DE: No, as I recall the price we were to pay the Standard Oil Company was their cost of planting and developing the citrus grove, of which we had in mind might run around $3,000 to $4,000 per acre. That brings up an interesting point, to show you that we had some good luck along with our many setbacks. Our board of directors were aggressive. When we said buy ten more acres, and we'd only been operating the hospital for a short time and was using our credit to its fullest extent, the question arose, "where are you going to get the money?" That is when we took our hat in hand and went over and talked to the directors of the Presbyterian Church. They have certain funds that put out money at interest, and we thought if we talked loud enough and didn't let them know too much about our financial condition, we might be able to borrow some money. It amounted to around $100,000. Fortunately we were received kindly, and these men being businessmen and seeing a price of $100,000 for ten acres of ground didn't seem like too bad an investment. So they very kindly loaned us the money, and we very fortunately were able to pay them off in two years. So that was a very happy transaction for the church and also for the hospital. That is only one of many critical areas that we counseled with the church regarding their guidance and advice as to the solving of our problems, financial problems particularly. I might add one man that I shall always have the greatest admiration for, and a man that through his eloquence and through his ability to handle people kept us looking towards success rather than failure; that man was the Rev. Byron Nichols, assistant pastor of the Presbyterian Church of Pasadena. The hospital owes a great deal to this man for his great encouragement and leadership during those trying days.

[Gap in tape]…grant, which, by the way, as I recall didn't have a state matching. When we lost that, instead of taking our tent and getting on our camel and leaving, we did just I had recommended to the doctors.

That was a pretty farsighted physician, both about retaining Cliff Schwarburg, professional management, all of these things…

DE: All these things.

I just kind of wonder. Was there any, in terms of that decision process, was there any conflict over that, or were you able to lead the board into this consensus, that this was the right step? Or were other people wanting to do otherwise?

DE: Well, at first, when we first lost the Hill-Burton funds, there were people who thought that it couldn't be done. I would say that there were only two men that really thought it could be done without any reservations, and that was Dr. Thompson and myself.

You were the optimists.

DE: Yes, we saved several meetings from being…But when we got Cliff here and we got things moving along, everybody thought that yes, maybe it could be done. So when we came up to this new procedure of applying for 188 beds, applying for more money…You see, at one time we would have been happy to have gotten $600,000. But in the main, we ended up with over $2.5 million in grants. But that took quite a lot of manipulating, too. This doesn't need to be on the tape, and maybe I've told you this. We were eleventh on the list when we actually got our grant. There was Hubert Perry, Bob Janda, Dr. Thompson and myself attended this meeting in Berkeley, where the allocations were made. When they started out, I think our application was a little over $2 million. And they said "this hospital here needs a grant, they need another $100,000 for air conditioning." And they just kept biting it off and biting it off. So we got down to the point where it looked like we were only going to get about half of what we wanted. So they got down to the final deal, which was about $250,000 under our application. So when they came to us, it was something like $985,000 for state and an equal amount federal. "Is that satisfactory to Presbyterian Hospital?" This is when we nearly had heart failure. I asked the chairman if I might have a few minutes for a caucus. I thought Dr. Thompson, Janda, and Hubert were going to die. They said, "Let's play a little poker with these guys. Let's get a commitment for the money, if any money is turned back, or when you allocate again we get that money. You can't get anywhere unless you try." I said, "Well, okay." So I addressed the chair and said "Naturally we're happy and very grateful to receive this money, but it was not in accordance with our application. There is money due, and there is a possibility that some of these hospitals that you have allocated this money to will not be able to qualify or not choose to qualify. You may have a surplus. So out of that surplus, I would like to have a commitment from the Advisory Council that we get the first $250,000 that is turned back to level off and pay us our total commitment. There is no reason why we shouldn't receive a hundred cents on the dollar." They put it to a vote, and that goddamned Basenhour, or whatever his name was…

Mr. Badenhausen.

DE: Badenhausen…the bastard. He's heard about it, too. I've told him…several times.

He voted it down, eh?

DE: He was the deciding vote; two were for and two against. He had the fifth vote. That worked to our advantage also, because when we wanted to build this continuing care, why we got another $500,000. So we really did all right. It was through our…I say our…well, it could be our…Cliff had developed a very pleasant relationship with Cummins and with John Derry. And Dr. Merrill, I've had him to my house. We broke bread together and drank bourbon together. Over a period of time I had developed what I considered a rather warm friendship, so it felt like we could talk man to man rather than trying to outfigure each other in some way. And I know John had a lot to do with permitting us to turn it over to an acute…

Right; and getting the second grant.

DE: Yes, we got the second grant, which was a continuing care grant. And then at the end, I think it wasn't over a year, we got that whole unit converted to an acute unit.

Where do you want to go from this point on?

DE: Well, I think that if you're interested at all, I have…

Dee, I'd like to ask a question again that's kind of an organizational one. One of the other strengths of the hospital and its board is the structure of the board and its committee set up. It seems a very fine operation of the board. Could you tell us how that got established?

DE: Yes, I will. I'm going to have to leave you for a minute and go to the men's room.

[Later]

Dee, you said that only $50,000 had been raised in Whittier up to 1957. There hasn't been anything since, either.

DE: No, not in this whole town; that's right.

I mean I doubt if…what, the YMCA would probably be the next biggest, and I don't know what they…

Wouldn't you say, Dee, the YMCA probably would be the next largest…

DE: Yes. Possibly the…

But nothing to come near…

DE: No, I'm thinking about the Community Chest.

But as a separate project…

DE: No, no. There's nothing that has ever…here is one of Tom's letters on the…

Lowell asked the question about the organization of the board.

DE: Yes, I'm trying to find that here.

Well, I was mainly interested in, was this kind of evolved, or did Cliff and you kind of develop this from other hospitals?

DE: I don't know how it came about. We just started to go to work and appointed these committees, and Cliff gave me the names and I appointed them. And we've been working that way ever since.

That's the amazing thing, you know. A soundness of structure that hasn't needed reorganizing.

That's what amazes me on so many of these things.

DE: I have it right here. The Executive Committee was Dr. Thompson, Hubert Perry, John Gardner, Byron Nichols, and William Lassleben, Jr. Now this was the original. The Building Committee was John F. Gardner, Harold Fish, John D. Lusk, W.W. Touchstone, Hubert C. Perry. Personnel was Dr. Nathaniel Berkowitz, Dr. Byron Nichols, Dr. Raymond C. Thompson, Hubert C. Perry. And the Hill-Burton Committee was myself, Dr. Thompson, Hubert Perry, Janda, and Clifford Schwarburg.

Was Hubert's father….?

DE: Hubert's father's name was Herman, and he was on the original steering committee.

But he was not a board member.

DE: No. He was in the first group, the steering committee. He and Dr….we're not on the air, are we?

Dee, you mentioned the campaign, or the fundraising counsel you retained had indicated that $1 million could be raised. What was the final outcome of the campaign, and what were the major sources of donation? What were some of the events of the campaign that were noteworthy?

DE: The amount that was finally raised was $1, 034, 209.03. And it's broken down as follows: The doctors' gifts were $250,000; local firms and individuals, high income, was $253,727; regional and national firms, were $100,445; major oil companies, $0; independent oil companies, $400; oil service and

supply firms, $22,378. That made a total of major gifts of $376, 950. Now the special gifts for local business and middle income individuals was $93, 030. General gifts were $229,060. The citizens of Friendly Hills got together and in their area raised $39, 310. The area campaigns: Pico was $8,838; South Whittier, $9,911; Rivera, (Pico and Rivera were separate at that time) was $1,184; West Whittier was $10,522. In the total area campaign, where the women solicited what they called the grandfather gift for a plaque, that brought in from the lower income group $60, 912. Gifts in kind, $10, 923. Stocks and certificates were $4,480. With a grand total of $1, 034, 209.03.

This is a report of funds that were raised and credited to Western Associates Financing Counsel, Inc., the people we had employed to sort of guide us on our program.

Dee, did they work on a flat fee or…?

DE: They worked on what I believe was a commission basis; I'm not sure, and I'm not entirely in a position to quote exactly what the total cost was, but it was very reasonable, considering this type of an operation. If my memory serves me right, our fee was in the area of 5%+. It was from our surveys of what we thought we would have to pay for this kind of service, it was several percent less.

Dee, was Dorothy McCullough employed by the fundraising group or the hospital?

DE: She was employed by the fundraising group during the period of their program, which lasted a little less than two months.

Oh, I see.

DE: And the last month of their program was confined mostly to one representative; his name was Jim Crane, who did a most outstanding job. Most of our contact was with him rather than with the financing company, per se. We couldn't deal too well with the heads of Western Associates. But Jim stayed on and worked very close with Cliff, and it was at that time that Dorothy McCullough became a member of the staff of Presbyterian Hospital and was Clifford's own private secretary. I might add along this line…I hate to mention too many names because I'm afraid of leaving somebody out…but Dorothy Lee and Maxine Rich were volunteers to start with and finally became members of the paid staff. And the greatest tribute I could give to anyone in the entire program, male or female, was the wonderful accomplishment of Mary Blanchard. I refer to her as the mother of the hospital. She spent many, many, many hours and days at the Bailey Street office and when we had the hospital completed many hours in helping organize the women's auxiliary and many [other] functions. I believe her committee of women raised just a little under $350,000.

These were the house-to-house canvassers?

DE: Everything. In fact, on the United California Bank was a large thermometer. And that thermometer was exposed to the citizens of Whittier every day, and the amount of money of the campaign was registered as a degree on the thermometer. Mary Blanchard attended to that and really supervised the organization of the women's group.

Was this, Dee, that the Auxiliary emerged then?

DE: No, the Auxiliary was organized through a number of women. Mary was, of course, active in that, but Kay Buehler was the first president of the Auxiliary and had considerable influence in the formation of that organization, which became a reality about two years before the hospital opened.

The list of donors…it was mentioned that the oil companies did not donate. Was there a particular reason for that?

DE: Yes, the reason for that is a long story also. We helped the General Petroleum Company by influencing Santa Fe Springs to come into our field of operation rather than build a district hospital of their own. And as you know, if Santa Fe Springs had built a district hospital, the oil companies would have been

the main contributors through taxes. And they came to us with hat in hand, wanting us to use our influence to gain the support of the citizens of Santa Fe Springs for Presbyterian Hospital. And after they found out that there were not going to be any programs for a district hospital in their area, they took the position that it was not the policy of the oil companies to make a capital gift donation to any hospital, even though General Petroleum and others have given subsequently to hospitals. General Petroleum were the main producers in this Santa Fe Springs field. And we've always felt that the oil companies were very short sighted for the fact that they were profiting on a natural resource that belonged to all the people; and here we were trying to build a hospital that also belonged to all the people. And it would save them money, but we were not able to successfully get them to contribute any money.

But Standard Oil would have helped if that land deal in Friendly Hills had gone through.

DE: Well, I question that. I think they would have considered that as their contribution. No, I was disappointed at the response of the oil companies.

It was a major industry in this area.

DE: That is right. My personal feeling is that they were very short sighted. I don't think it should be a matter of record, but I have right in this file here a letter from the president of Standard Oil Company explaining their position, which bears out just what I've told you at this time.

I don't know that for the record we need to go into many other facets of this very brief early history of the hospital. Only to say that this was strictly a community and area project. It would be very difficult to single out any one or two persons that made any great contribution because it was a team effort of everyone. Naturally you have leaders, and those leaders could not all be mentioned in this brief history. But we've covered, I think, enough of the community to substantiate the fact that this was no show of any one individual but was the cooperation of the group as a whole. Personally, I feel that I was honored to be selected to contribute my small part, which was merely in the category of chairman of the board, so to speak. I like to refer to it as "the other men did the work and I swung the gavel." I think that probably expresses my feelings towards it as well as anything. Because it certainly has enriched everyone who was directly active in this program…that things can be accomplished if everyone believes in the project and works to that end. And I think that tells about the history of the formation of Presbyterian Intercommunity Hospital. Naturally we had our groundbreaking. Most things that have transpired from this point on are a matter of record in the minutes of the corporation. We had Dr. Nichols come down from Oregon to be the main speaker for the groundbreaking; we thought that was fitting because he had been so active in the early formation of the hospital. And for his effort, and as I have said before, he representing the Presbyterian Church, we all shall be forever grateful. Naturally the dedication of the hospital, which occurred on January 19, 1959….

And it opened the next day?

DE: This was on a Sunday, and it opened on Monday morning. I might add that Mr. Schwarburg, during the last six months of the completion of the building, had put together a staff that had worked here within the hospital for several months organizing the equipment, ordering the necessary materials, linens, nursing; many thousands of things that are necessary when you open a hospital from its inception. I should pay tribute to a number of those people; they were with us for a number of years after we opened. The job was so efficiently done that to my recollection the only thing they had not planned for that was needed in the first few days of operation was a clothesline cord needed for traction. That's the only thing that comes to my mind that we did not have when we opened the hospital. And you remember that this was started from scratch, with no one outside of Mr. Schwarburg that had too much experience.

Was the hospital…did it have a fairly substantial census right from the beginning?

DE: Yes. I might add a little postscript to this tape, which should have been included in the financial report. We planned that we would need additional money, in spite of money received from contributions and from Hill-Burton, and we were successful at that time to receive a loan from the Massachusetts Life

Insurance Company for $800,000. They considered it a very large loan, and we had difficulty finding any bank that was interested in loaning us any money.

Was this for operating capital?

DE: This was for the completion of the building. For operating capital we managed with the support of the Presbyterian organization to borrow operating capital from the Bank of America.

On their line of credit?

DE: On their line of credit. It was only necessary for less than a year because our cash flow began to develop immediately. And I believe our records will show that the hospital's finances have grown each year to the point that we are able, through depreciation, to have sufficient funds to replace equipment that has become outdated or worn out. The hospital's financial position has been very strong ever since the day it was first opened for operation.

Harry and Lowell, I think that just about completes briefly what I can think of and what pops into my mind at this moment. You must remember that I'm thinking back now to pretty close to seventeen years, and many of these details slip one's mind. But I might add that historically, our minutes and records of the hospital from the time of even before the opening day are very complete. Anyone who would want to research the position of the hospital since its opening date would find it very interesting and very healthy reading.

Well, it's been wonderful to have these reminiscences, Dee. And the thing that amazes me is, when you say thinking back over seventeen years, the way that you pull some person's name out of the air…a relatively insignificant person. So you have a tremendous memory, really.

DE: Well, thank you.

We caught you with questions here and there, and in every instance you've been able to come forth with the facts of the situation.

DE: Well, I appreciate those remarks very well. I think possibly the reasons for that ability, if you want to call it that, is that I have so many friends and know so many people that…

And you don't get them confused.

DE: I'm going to leave with you, Lowell, my complete…what would you say…wastebasket file. I couldn't find in my records any files that were in sequence. These are merely documents that I was able to come across in cleaning out some of the files I had, and there's some stuff in here that is not covered in this tape that I'm sure would be very interesting reading.

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