

# Ground breaking set for birthing center

□ Medical center may deliver first babies by the end of the year

by LYNN NAKVASIL  
of The Outlook staff

To move community support behind a new birthing center, Barbara Zappas plans to go the extra mile — or at least the extra few feet — on a backhoe.

Legacy Mount Hood Medical Center officials will break ground on the new building at noon Tuesday.

"I don't know that I'll be *driving* it, operating may be more like it," Zappas, medical center president, said. "I'll make a statement with a backhoe. This is such a big deal we need to do more than a groundbreaking."

Joining Zappas are six others who will turn over a few heaps of earth with a shovel: Lynn Snodgrass, president of the center's foundation board of trustees; Stan Morris, the center's community board president; John King, Legacy Health System president and CEO; Dr. Robert Prins, obstetrician; and Dr. Darrell Lockwood, president of the medical staff.

The old Gresham Hospital had a maternity ward, but officials built Legacy Mount Hood Medical Center in 1985 without birthing facilities.

As proposed last May, Legacy planned to build a two-story addition with 10 birthing rooms. Birthing rooms are where a mother stays from labor pains through delivery and after the birth.

Recently, the company modified plans to build seven birthing rooms in a one-story facility. This brings the price tag down to \$2 million from an initial estimate of \$2.6 million, Zappas said.

"We wanted to make that realistic to the initial volume," Zappas said. "We felt at this time, since we're seeing an increase at the other end of the building in the emergency room, we decided to do the space feasibility study for that."

But the plans call for adding the other three rooms as soon as the need becomes apparent, she said.

Construction is expected to be complete by December. Legacy's corporate office is overseeing the selection of a contractor, Zappas said.

She hopes to get construction going in May, but staff in purchasing, clinical support and other departments are already gearing up. Several committees of staff are also working on plans.

The contractor will set up a more detailed schedule of other building tar-

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outlook Saturday April 2, 1984 -



## Birthing

Continued from Page 1A.

get dates, she said.

"I have a high confidence we'll make our dates," she said.

Zappas is so confident that she encourages would-be parents to pre-register for due dates in December or later.

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Pictured Left to Right - Linda, Debbie, Karri, Bev, Lynn, Sue Not Pictured - Sheila

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# Big medicine ventures into urgent care industry

## Expansion replaces enclave of smaller medical groups

By **QUINTON SMITH** *29*  
*The Outlook - 5/16/15*

Twenty-two green upholstered chairs line the walls of the Legacy Health-GoHealth urgent care clinic at the intersection of Burnside and Powell Valley roads in Gresham.

Three iPads sit ready on a long counter by the window, loaded with apps for news, entertainment and

game sites. As one patient leaves a receptionist schedules a walk-in drug test and processes paperwork for another client.

It's 5:30 on a Tuesday evening and as other medical offices in the two-story brick building clear out, medical staff at the urgent care will see customers for another 3 1/2 hours.

During an average day the six Legacy-GoHealth urgent care clinics will see 180 customers. And now the region's second-largest hospital system is pushing to greatly expand those numbers.

Legacy Health has moved into the urgent care business, becoming partners in a five-clinic Portland-area chain, opening a sixth this month

and planning for 14 more within three years.

The expansion is intended to move Legacy into the "retail" medical service — and hopefully funneling more customers into its six hospitals and array of specialists.

Urgent care clinics are considered a prime growth area for medical providers and all across the U.S. hospital systems are opening centers or acquiring existing clinics.



**"We want to care for patients at the lowest cost facility and manage their care before it becomes a crisis."**

— *Trent Green, Legacy's senior vice president for business development*

Patients like them because no appointments are necessary, they are open longer hours and on week-ends and most clinics can take X-rays and offer

\$1,500.

Although Legacy has 10,000 employees and 26 primary care clinics stretching from Vancouver to Woodburn, it lacked any presence in the burgeoning urgent care industry.

Five years ago it started studying the issue, eventually talking to national urgent care operators and nearly agreeing to partner with one.

Then GoHealth, a New York City-based company that had acquired five Northwest Urgent Care offices in the Portland metro area, came calling last summer.

"This was a little different business than we were used to running

lab tests.

Prices also are clearly posted for various services. Insurance companies say a visit to an urgent care averages 30 minutes and costs \$142 while the average emergency room visit takes four hours and costs

## Urgent: Expansion connecting customers with hospital system

■ *From Page A1*

*Outlook - 5/29/15*

and we felt we needed a partner to help us," said Trent Green, Legacy's senior vice president for business development.

Urgent care centers have been around for several decades — there are an estimated 9,000 in the U.S. — but were mainly owned by smaller, regional medical groups or were walk-in doctor offices with expanded hours.

That changed dramatically from 2008 to 2010 when insurance companies and investing groups started purchasing regional clinics for premium prices.

Once other equity groups, insurance companies and hos-

tor group, changed its name to GoHealth and last summer began talking to hospital systems in both states about partnerships.

"It fit our goal of connecting to a full hospital system," said Heidi Kayser, a spokeswoman for GoHealth.

Under the Legacy-GoHealth partnership all the medical staff — doctors, nurse practitioners and medical assistants — are Legacy employees while support staff belong to the joint venture. Building costs are split 50-50. Legacy controls all electronic records — a key to getting clients into the hospital's system of specialty or primary care doctors.

Legacy-GoHealth can treat a patient for a broken arm, for example, but then refer the

in north and northeast Portland and by summer will be operating eight clinics.

"We will be in all areas of Portland and we accept all patients - and that's very unlike some urgent cares," said Green, taking a swipe at ZoomCare.

Each Legacy-GoHealth clinic will have up to three medical staff and most will be new hires, Green said. GoHealth recruiting advertisements on medical websites says it is looking for doctors with an "entrepreneurial spirit."

Green said that means they want their staff to have a "high emotional intelligence as well as intellect" — people with open, welcoming personalities who can help develop the business.

See URGENT / Page A7



pitals saw that model succeed the race to acquire or build was on.

There also were other changes afoot. With the passage of the Affordable Care Act, more people had medical insurance but only half had their own primary care physician.

And people who were able to bank or shop 24 hours a day began demanding the same kind of convenience with their medical care.

"While there are more people with health insurance they are discovering it is hard to find a primary care physician," Green said.

The metro area has 40 urgent care clinics — the largest number of urgent care centers per capita in the country, Green said, but most are not connected to a hospital system.

Providence has eight centers and Adventist Health has two. Concentra — once part of Humana — has three. The largest is Hillsboro-based Zoomcare, which has 19 smaller clinics (and plans for nine more) staffed by nurse practitioners and medical assistants. But unlike others, it does not accept patients with Medicare or Medicaid insurance.

Northwest Urgent Care had five clinics — including the offices in Gresham and Fairview — and eight in New York City. It sold to a Texas-based inves-

person to a Legacy doctor for follow-up care.

"We eventually want these patients attached to a primary care physician," Green said.

All of Legacy-GoHealth's clinics are in the suburbs around Portland - its sixth and most recently-opened clinic is a former doctor's office near Sunset High School. While critics of urgent care centers say most shy away from low-income neighborhoods, Green says it is looking at two sites

The current model of health care — where doctors open an office and wait for patients to find them — is changing, Green said.

That also means educating the public about when to use an urgent care clinic, when to rush to the emergency room or see a specialist.

"We want to care for patients at the lowest cost facility and manage their care before it becomes a crisis," he said.



OUTLOOK 28 AUG 2002

## Legacy Health opens new clinic

Legacy Health System is opening a new primary care clinic with three internal medicine physicians on the Legacy Mount Hood Medical Center campus in Gresham, 24988 S.E. Stark St., Suite 220, Medical Office Building 3.

The new Legacy Clinic Mount Hood will open to patients on Thursday, Sept. 5. The clinic will begin accepting calls for appointments on Tuesday, Sept. 3.

At the new clinic, all three physicians will see adult patients, including teen-agers (age 15 and older). In addition, they will see patients hospitalized at Legacy Mount Hood to help provide coverage for patients who do not have a designated primary care physician.

Legacy Clinic Mount Hood welcomes three internal medicine physicians to its new clinic. They are:

**Lisa Ashcraft** is board certified in internal medicine and completed her medical degree at Oregon Health & Sciences University and her residency at Legacy Emanuel and Legacy Good Samaritan hospitals. She has a special interest in heart disease, diabetes, mental health, preventive care and working with complementary medicine.

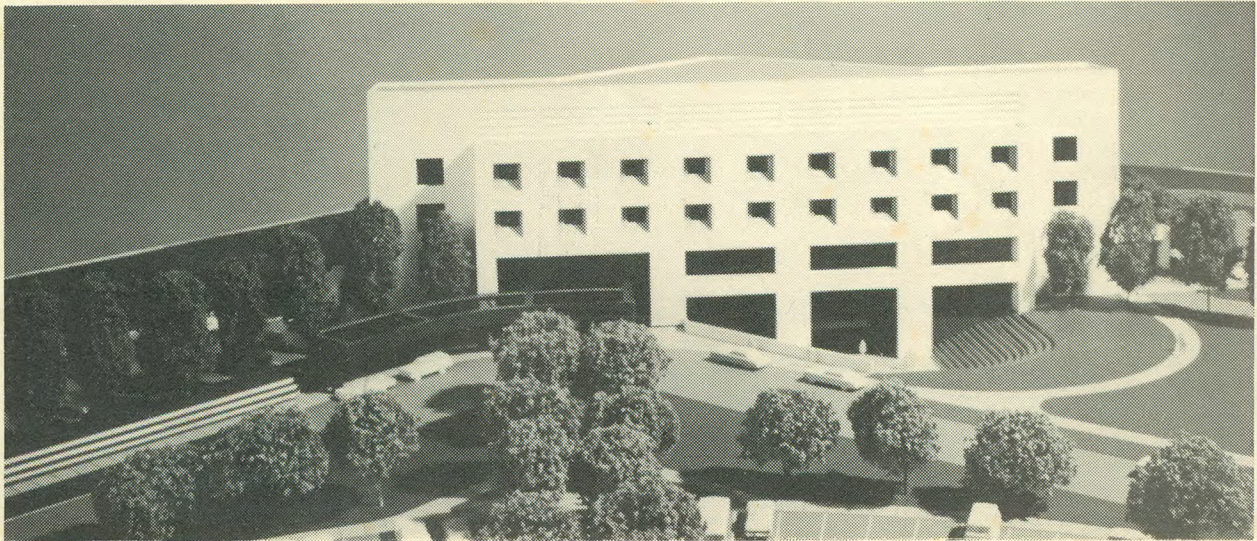
Ashcraft transferred from Legacy Clinic Good Samaritan in Northwest Portland. She lives in Portland and enjoys cooking, reading, traveling and outdoor activities.

**Amy Chaumeton** is board eligible in internal medicine and completed her medical degree at Oregon Health & Sciences University and her residency at Legacy Emanuel and Legacy Good Samaritan hospitals. She has a master's degree in exercise physiology and a special interest in medical orthopedics and travel medicine.

Chaumeton will serve as site medical director for the clinic. She lives in Portland and enjoys hiking, biking and traveling.



## HOSPITAL BOARD OF DIRECTORS ANNOUNCES NEW BUILDING PROGRAM



Bob Murray, President of the Gresham Community Hospital Board of Directors recently announced plans for the construction of the new Gresham Community Hospital on a 22-acre site located at Stark Street and 246th. Approval for the building program has been received from the State Health Planning and Development Agency in the form of a Certificate of Need and groundbreaking has been scheduled for late December with completion anticipated by January 1, 1985.

The hospital currently operates at 5th and Beech in Gresham in a 59-year-old structure built in 1922 as a private residence which was converted to a nursing home in 1934 and adapted for the provision of acute care in 1959. Additions were made to the structure in 1964 and 1968 to keep pace with the rapid growth rates in terms of population and areas which the hospital serves. Although Gresham Community Hospital is fully accredited by the Joint Commission on the Accreditation of Hospitals, the structural housing is deficient in a number of respects for the delivery of acute care patient hospital services as well as the shift in emphasis from in-patient to out-patient health care delivery. The selection of the new site will make the hospital more accessible for the entire service area which currently consists of more than 167,000 people. The Emergency Services Department, which treated more than 24,000 cases last year, will be more centrally located to major arterials.

The new hospital will consist of a 96,000 square foot multi-level structure featuring 107 private patient rooms, most with private toilet and shower facilities, expanded and modernized emergency services department, intensive care unit/critical care unit as well as a centralized laboratory, radiology and surgical departments. A free-standing alcoholism treatment center is projected as well as the expansion and consolidation of support service departments such as Nursing Administration, Dietary Service and Admitting Offices.

The project will cost approximately 13.1 million dollars and the project will be financed through a tax exempt bond issue or other conventional finance methods. The hospital has also opened a Development Office sponsored by the hospital Foundation which is organizing a program to raise a minimum of \$800,000 as project seed money and help offset some of the hospital's long-term debt responsibility. All contributions made to the development fund and the Foundation are fully tax deductible as the hospital is a non-profit organization and does not receive any tax assistance. The solicitation of the entire service area will be conducted in the near future and all individuals, business, foundations and clubs and organizations will have the opportunity to participate.

The Development Office is currently located in the existing structure on the building site and anyone desiring more information may contact the office at 661-9434, Monday through Friday.





*The ability to design—to blend color, scale, harmony and geometric form—are the talents of the quilt artisans.*

*Practicing medicine is by design as well. It takes a myriad of minds to make up a wellness team, each with its unique design.*

*The blend of minds, like the union of each patch in the quilt, results in a cloak of comfort and trust.*

*Here is a look into Mount Hood Medical Center, into our abilities, our design.*

ch30  
#3  
x88%  
crop to lines  
on side





# Emergency services

Being the closest emergency medical care site to the Mt. Hood National Forest and the Columbia River Gorge, the communities of Sandy, Gresham, Troutdale, Estacada and other surrounding areas, makes our Emergency department top-notch. In fact, we treat more than 20,000 patients a year and, as you can imagine, have become experts in the treatment of outdoor injuries and hypothermia.

Our Emergency department is staffed by board certified emergency physicians and nationally certified emergency nurses. We are available 24-hours-a-day to treat critically injured people as well as those with minor injuries or aches.

## If you must wait

We make every attempt to give you immediate medical evaluation when you come

to our Emergency department. However, there are times when life-threatening emergency cases require our prompt attention.

Your understanding and cooperation during these unexpected times is most appreciated. If you are in pain, please alert the admitting clerk or Emergency department nurse.

## Extras

Free blood pressure checks are available on a walk-in basis. We are happy to do this for you, but please know that if we are busy you may have a brief wait.

## Parents, be prepared

We provide consent forms for you to leave with your child's school or babysitter. If your child should need emergency care in your absence, the information you provide and your signature on our consent form will eliminate treatment delay.

Children with an injury are most always frightened. To help alleviate fear, we suggest that you arrange for an Emergency department tour before your youngster sees it, for the first time, as a patient. Appointments for

tours can be made by calling the medical center's Volunteer department at 661-9217.

## Life Flight

Mount Hood Medical Center has a helicopter landing pad to accommodate Life Flight, the "sky ambulance." Based at Emanuel Hospital & Health Center, Life Flight is used at accident scenes to speed travel for victims in need of emergency medical care. Minutes count in times like these. Our emergency crew is notified in advance if the Life Flight helicopter is coming our way, and are ready when it arrives.

## Mountain Clinic

Mountain winter sports occasionally produce injuries. Medical care is available on Mt. Hood at our Mountain Clinic—located under the Daisy chairlift at Mt. Hood Meadows.





# Gresham General Hospital Is Fulfillment of Woman's Dreams

By KAREN WERNER

(Editor's Note: Miss Werner, a recent graduate of Gresham high school and a long-time friend of the Doerksen family, now is employed as a nurses' aide at Gresham General hospital. She tells here the real-life romantic drama of the "story behind the story" of the new hospital.)

As the spacious, modern, 52-bed Gresham General hospital is opened, it seems a fitting time to look back to the beginning of a growing enterprise and the "story behind the story" of its founding.

Little did any one know that the "Old Carlsen" home would be the forerunner of one of the most ideal hospitals in Oregon's history—past or present.

The legend began on June 27, 1937, when Mrs. Lillian Pleasant, now Mrs. Ben F. Doerksen, bought the home with \$5.00 of her own and \$45.00 more which was a loan. Up until this time, she had worked as a saw mill cook, domestic worker and nursing home employee.

It was two years before the purchase that Mrs. Pleasant began working, for 25 cents an hour, for an elderly couple who owned a nursing home in the Gresham area. The three pa-



Ben Doerksen

tients she cared for became her first patients as she went into business for herself.

Money was a scarce item in those days, and the new business woman found that the \$1.00 a day she received for patients from the public welfare was not going to enlarge her savings. Nevertheless, the necessary repairs were made and food and equipment bought on credit. Through a bank loan she later consolidated her debts.

Despite the seeming futility of Mrs. Pleasant's efforts, the patient-capacity was increased and after two and one-half years she found the happiness and satisfaction of being able to pay off all of her debts and also pay the \$2,500 for the property.

Expansion was the next step in the forward movement of events. Seven cottages, each holding three to nine patients, were built to accommodate the ever-growing number of patients. The next major advancement came in 1954 when the cottages were replaced with two modern wings.

During all of this time, Mrs. Pleasant's thoughts and dreams were to some day expand her business into a full-fledged hospital and with it to bring to Gresham the sorely needed services which only a regular hospital could provide.

One of those who was instrumental in helping with the planning and construction of the two new wings in 1954 was Ben F.



Mrs. Ben Doerksen

Doerksen. His enthusiasm and his knowledge of construction and his general business acumen were sparks that helped bring life to the dreams of Mrs. Pleasant, and as their interests in the future Gresham hospital developed, so did their interest in each other with the result that they were married on October 16, 1954, and since that time have worked hand-in-hand to bring into being the splendid institution which will be dedicated next Saturday.

But let's go back to our expansion story. With better facilities, the patients found their care improved. They could not help but sense that Mrs. Doerksen was doing this for their comfort and convenience, for she was always interested in them—as people—very interesting people.

Mrs. Hannah Hink Johnson was one of her most remembered patients. Mrs. Johnson was about 100 years old and was a living legend. She had come to Oregon in 1852 by oven-drawn covered wagon. She would spend hours chanting Indian lullabies she had been taught as a youngster.

Mrs. Doerksen's son was one of Mrs. Johnson's biggest fans. He would sit by her chair and listen to songs and memories of her lifetime. Death came to Mrs. Johnson shortly before her 103rd birthday.

If Mrs. Doerksen were to tell of all the patients she had en-

## Conditioned Air Must at Hospital

Weather of its own manufacture will be provided by Gresham General hospital for its patients and visitors. It will come from the installation of a General Motors Delco air conditioning system by Jacobs Sheet Metal, a Sandy boulevard firm specializing in air conditioning and all types of sheet metal work.

The Delco system will provide sanitized fresh air at an even temperature and a fixed humidity day in and day out, regardless of the weather outside. The air will be filtered and heated or cooled as conditions require and then circulated by huge fans through a labyrinth of duct work.

"Our fine air conditioning is but another of the special points in our program to provide the utmost for patient comfort and convenience during their stay in Gresham General hospital," declared Administrator Ben W. Hecht in outlining this feature to an Outlook reporter.

joyed, she would have to spend days doing it. She finds all of them interesting and never ceases to be concerned over their problems—as if those problems were her own.

It was Mrs. Doerksen's responsibility to create a true "home" for them, and as any of the patients would confirm, she has done just that—and more. She consoled them when they were sad and shared their happiness with them. She did not, or does not, set herself above them. She visits with them as a friend.

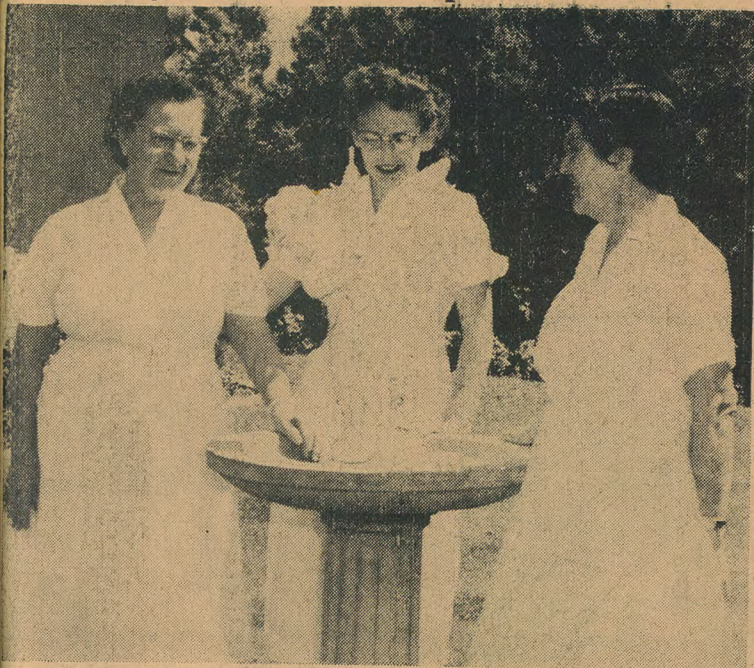
The basic force behind Mrs. Doerksen was revealed when she said, "My ultimate aim was to treat each patient as an individual and to make all of them as content as possible." As everyone will contend, she has fulfilled this aim completely.

The future indeed looks very bright for Gresham. How can it help but be with people such as the Doerksens giving of their efforts to make it a success? One has only to talk with them to realize that they are doing this because they enjoy it and find it an ever-growing challenge.

Yes, many changes have been made in the building and facilities, and Mrs. Doerksen has kept in step with these changes and has never thought of "stopping." The future will be filled with more advances. Plans are already underway for enlargement of the hospital.



## Ready to Greet Hospital Visitors



Left to right above are Mrs. Ben F. Doerksen, one of the owners and builders of Gresham General hospital, and Mrs. M. F. (Helen) Johnson and Mrs. Allie Gardner, members of the staff, inspecting a fountain in the gardens outside the hospital.

## Nurse Director



Director of nurses at Gresham General hospital will be Mrs. Harold L. (Ruth) Gustafson, Rt. 1, Box 995, Troutdale, who has occupied a similar position at the predecessor to the hospital, Wildwood Nursing Home, for many years. Mrs. Gustafson is too well known in this area, both as a resident and in her professional field of nursing, to require any special introduction. Her long and varied experience in the field of nursing makes her especially well qualified to act as director of the much enlarged staff of nurses which will be required from the new hospital.

## Ultra in Comfort Provided for All Bed Patients

Patient comfort has been a primary consideration in the selection of all equipment for the new Gresham General hospital. That's why Physicians and Hospital Supply Co., Portland, were chosen as distributors of the famous Simmons hospital beds to supply these finest of all beds for all rooms in the hospital.

Whether a patient is in a 4-bed ward or a private room, a Simmons hospital bed will be there with every known modern device for the patient's comfort and the ease of operation by nurses. Whether in a reclining position, sitting, whether raised to a high level for a back-rub, or lowered to a convenient level for a recuperating patient to step out of bed, the patient will find the beds at Gresham General hospital as near perfection as it is possible to obtain.

Many other outstanding products also have been supplied by Physicians and Hospital Supply Company. Included in the list are items that run from sutures to close surgical wounds to surgical instruments, wheel chairs and numerous articles of highly technical nature.

## Experienced Technician Will Direct Laboratories at New General Hospital

The large, modern laboratories of Gresham General hospital will be operated by James F. Dale, a highly trained and experienced technician who comes to the Gresham institution from the Newberg Community hospital where he has been for the last few years.

Prior to going to Newberg, Mr. Dale was associated with the McCauley hospital at Coos Bay, Oregon. He plans to move to Gresham to make his home at the earliest possible time.

Mr. Dale will be in charge of the local laboratory and will work under the general supervision of Dr. Raymond O. Grondahl, the hospital's consulting pathologist. Dale will act as X-ray technician under supervision of Drs. Rees, Haslinger, Nichols, Blin and Schneider, who will provide radiological services for the hospital.



James F. Dale

## Nurse-Anesthetist Plans Department

Miss Susan Fry, recently associated with Physicians and Surgeons hospital in Portland, will be the surgery supervisor and nurse-anesthetist at Gresham General hospital.

A native of Cowche, Wash., Miss Fry already has moved to Gresham and has been assisting during the last few weeks with the selection of supplies and equipment for the surgical department of the new hospital.



Miss Susan Fry

partment of the new hospital.

Miss Fry received her training at the University of Washington, Seattle; Tacoma General hospital, Tacoma, and at the University of Utah, Salt Lake City. She resigned as nurse-anesthetist at Physicians and Surgeons hospital several months ago to take a trip around the world, from which she only recently returned.

## More Than Meets Eye Goes Into Surgical Supply

Few patients or visitors to Gresham General hospital ever will see many of the sutures which will be used in surgical work there, but all of them will be glad to know that some of the finest sutures manufactured will be used as a matter of regular practice there.

These sutures are made by Ethicon, Inc., at its plants in Somerville, New Jersey. Here high skilled workers operating the most modern types of machines, produce Ethicon sutures. So new are some of the methods used by Ethicon to produce the finest quality sutures and to insure maintenance of highest standards, that they are classified among the atomic category of equipment.

Continuing research assures that any new scientific discoveries which might improve the product are promptly put into practice by Ethicon.



## Searing Heat Prompts Forest Area Closures

Supervisor Neff announced today that limited portions of the Columbia Gorge, Zigzag, Summit, Estacada, and Lakes ranger districts of the Mt. Hood National Forest will be closed to general public entry except for work purposes. The areas were proclaimed closed by Governor's proclamation which became effective midnight, July 21.

Neff explained that the closures are limited to areas of extra fire hazard. In most cases they contain tinder dry logging slash.

Most closures are not in primary recreation areas.

## US Constitution Rated as Tops By Visiting Scot

The federal constitution of the United States of America is "the greatest thing in the world," declared Richard P. Wilson, native son of Scotland now studying at Lewis and Clark college in Portland, when he addressed members of Gresham Kiwanis club at their regular meeting last Monday evening at Elks dining room.

Mr. Wilson said "Your constitution tells you where you can go and where you can't go. It's the greatest." He expressed the wish that his own country and other republican forms of government might also have a constitution as a guide.

The separation of the state from the church and the "herd instinct" of Americans were other observations made of the American scene by the visiting Scot.

## Learn-to-Swim Classes to Begin

The 21st Annual Red Cross 'learn to swim' program conducted at Blue Lake park will start Monday, August 3, and will be held each day for 2 weeks with the exception of Saturday and Sunday, from 10 a.m. until 12 noon.

Registration will be taken throughout the 10 days. Everyone is urged to take advantage of the full 10 days of instruction, but there is no deadline for registration. Classes will be conducted in beginner, intermediate, and swimmer skills and junior and senior life saving.

Classes are offered for any age from 6 years on. Parents are urged to enroll in the adult classes which will be held at the same time. Instruction is free and is given by Red Cross volunteer water safety instructors assisted by qualified instructor aides.

There is a 20-cent a day pool admission fee made by the park management for the salaries of the employees in the bath house.

Several schools in the area already have announced plans for buses to carry swimmers to the park. Gresham grade school buses will leave West school at 9 a.m. daily. Others have announced that bus departure times will be either at 9 or 9:30 o'clock, depending upon distances from the park.

### PROGRAM FOR THE DEDICATION OF GRESHAM GENERAL HOSPITAL N. E. 5TH AND BEECH STREETS

**SATURDAY, JULY 25, 1959, STARTING AT 1:30 O'CLOCK**

Organ Concert	Glen Shelley
Invocation	Rev. Harry Monroe
Greetings-Introductions	Mayor R. L. McWilliams
Presentation of License	Dr. Robert Heilman
Dedication	Dr. H. H. Hughes
Greetings from State Medical Society	Dr. V. V. Lindgren, Vice President
Presentation of Blue Cross Plaque	Hazel Houk
Welcome to Hospital	W. G. Lamer
President Western Hospital Association	Rev. A. A. Meyer
Benediction	

GRESHAM OUTLOOK JULY 23, 1959

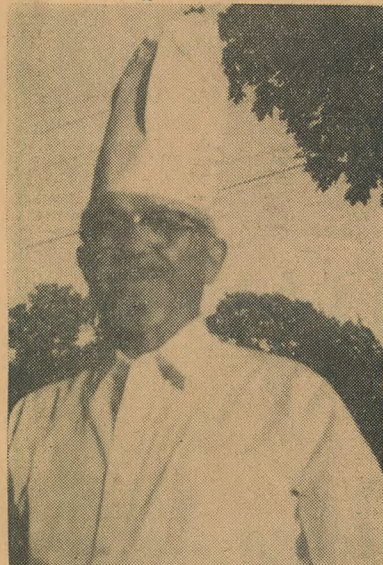


# Fine Features Abound Thru New Structure

Residents of Eastern Multnomah and Northeastern Clackamas counties are going to thrill with pride when they visit the new Gresham General hospital at its dedication next Saturday, July 25th, and during the open house sessions Saturday afternoon and all day Sunday.

They are going to be thrilled at the completeness and the excellence of the 52-bed Gresham General hospital, and they are going to be even more thrilled with the knowledge that now—at long last—the Gresham area has a hospital of its very own where they will find all of the

## Hospital Chef



**William Petros**

Good food, excellently prepared will be one of the features of care at Gresham General hospital according to Administrator B. W. Hecht.

To be sure of it, Mr. Hecht has announced the signing of William "Bill" Petros, long-time well known chef and restaurant operator in Portland, as head chef for the hospital.

Mr. Petros is at present head chef at the Red Steer Cafe in North Portland, one of the city's most popular dining spots. He has operated some of the best known and most successful cafes in Portland in past years, including the College Inn, of which he was the founder.

services a hospital should give plus many conveniences not found in most of the older and larger hospitals.

Gresham General hospital has been built to even higher standards than are required by the Oregon State Board of Health. The building is of brick and aggregate block construction and has a "heat rise" fire detection system wired directly to the central alarm point for this area at the District No. 9 station at 12-Mile Corner. The system not only detects the slightest indication of a fire, but also automatically sounds the alarm.

### Much Automation

Greater efficiency of service and even more personal service will be supplied patients because of the large use of automation in the hospital. Each room has its own toilet and lavatory facilities as well as an automatic washer and sanitizer for bed pans which eliminates need for the nurse to leave the room to care for them. Similar types of automation are carried out in the general facilities throughout the hospital.

The big boilers for the central hot-water heating plant and the space provided for the laundry are of a size adequately to serve a much larger hospital. This is in keeping with the plan of the builders, Mr. and Mrs. Ben F. Doerksen, to continue building of the hospital in a plan that calls for its growth into a 200-bed institution.

### Television and Telephone

Another modern feature of Gresham General hospital not to be found in any other hospital in the Northwest up to this time is the installation of television in every room and provision for telephone service in every room.

The television receivers will be permanently installed at a point high on the walls which will make it possible for patients to view easily from either a reclining or sitting position.

Remote controls which can be easily operated by the patients have done away with any wires strung over the floor or around the room. Pillow ear phones for each patient make it possible for any patient in a ward to listen to a program without others having to hear it unless they wish to do so. The television service will be provided without extra charge to patients.

Telephone plug-in jacks will make it possible to provide a telephone in any room in which it is desired by the patient.

Many other innovations will be found in Gresham General hospital, but space does not permit listing all of them here.



## Ready to Open --- But Still Growing



Gresham General hospital will open as a complete 52-bed hospital on schedule next Saturday and Sunday, July 25 and 26, but there still will be workmen busy as bees around the place. The reason is that even as the new hospital opens, plans for expansion that original-

ly were scheduled for a much later date are already being put into effect. Included in this first expansion is the addition of a complete obstetrical wing with 10 beds. Alan E. Anderson, 1839 S.E. 162nd avenue, is shown above working on the project.

## Masonry Work by Staley Attracts

Advance visitors to Gresham General hospital have been high in their praise of the beauty of the structure and have been especially generous with their compliments on the fine craftsmanship apparent in the masonry work of the spacious, rambling brick and aggregate block structure.

This comes as no surprise to people familiar enough with the project to know that the masonry has been done by Howard R. Staley, corner Halsey and Osborn road, widely known Gresham area masonry contractor whose services are much in de-

work of the finest quality.

In addition to Gresham General hospital, Mr. Staley and his crews have such other notable masonry projects to their credit in Eastern Multnomah county as that on the W. R. Hicks department store building in Gresham, the freezing rooms at Lewis Packing Company, Gresham, brick homes of Albert Olbrich and H. A. Doellefeld, Gresham and the brick home of Lew Sisk, 148th and Broadway, to say nothing of Mr. Staley's own beautiful new brick home at Halsey and Osborn road and numerous projects elsewhere in Eastern Multnomah county and in Portland.

## Ultra-Sanitation Needs Add Test To Floor Material

Matters of conductivity in the floor tile for X-ray rooms and similar problems add special wrinkles to the installation of ceramic tile in an institution such as Gresham General hospital, says George Dunn, head of B-D tile Company, of Oregon City, which installed the voluminous quantity of tile required for Gresham's new hospital.

When you visit Gresham General hospital during its open house next Saturday and Sunday, you will be impressed by the ex-

## More Growth Ahead; Goal Is 200 Beds

"Ready to go, but still growing," is a saying which might well be applied to Gresham General hospital as final preparations are completed for its dedication and open house on Saturday and Sunday, July 25 and 26.

Ready to go because the institution will start service now as a full fledged hospital of 52-beds. As a hospital it has a complete major surgical unit, an emergency surgery unit, complete laboratory and X-ray facilities and many other features usually found only in larger hospitals.

Under the heading of "still growing" comes the addition of a complete obstetrical wing, to be separated and isolated from the surgical and medical areas as dictated by the best modern hospital practices.

This wing will be located at the southwest corner of the hospital and already its construction is well under way. It will contain 10 beds, 2 delivery rooms and 2 nurseries, one of which will be a "suspect" nursery where infants suspected of illness will be kept separated from other babies.

Further expansion plans call for the addition of wings which eventually will accommodate an additional 150 beds and bring the total capacity of Gresham General hospital up to 200 beds.

An additional surgery wing, larger than the present surgical unit, also is planned for the future to provide the operating room which will be required to meet the needs of a 200-bed hospital.

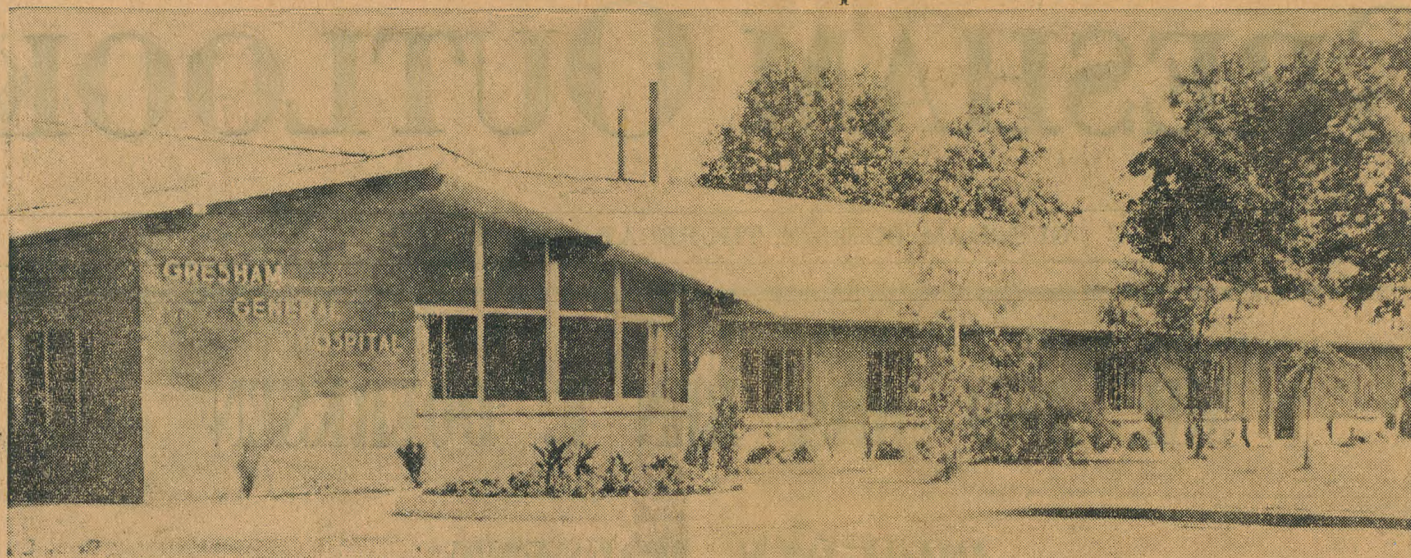
cellence of the tile work, as well as by its beauty.

Great variety has been used in selections of colors for various types of rooms and in some areas decorative tiles have been used most effectively to add interest and variety to the decor of the hospital.

These touches exemplify the careful planning in which not even the details of bright and cheerful decoration have been overlooked in the effort to provide the finest kind of "get well" atmosphere for patients of Gresham General hospital.



## Partial View of New Gresham Hospital and Gardens



One of the most commented upon features of the new Gresham General hospital is the long, rambling ranch style of its buildings and the beautifully kept lawns and gardens which give a restful, home-like flavor to the surroundings. As a

Gresham businessman put it after a recent visit to the hospital by members of the Chamber of Commerce, "looking out one of these windows affords such a beautiful view it almost makes one want to become a hospital patient."

## Hecht Brings Impressive Background Of Administration to New Hospital

### Ben Hecht

Operation of Gresham General hospital at high efficiency and the maximum of good service was assured when Ben W. Hecht was named several weeks ago as administrator for the new Gresham hospital.

Mr. Hecht is known in hospital and professional circles as one of the top hospital administrators in the nation and he comes to Gresham after more than 10 years association with St. Vincent's hospital in Portland, much of that time as its business manager.

Behind that experience, Mr. Hecht has a career which has

given him a broad background as excellent preparation for his present administrative post. Educated in the Portland public schools and University of Oregon, Mr. Hecht was superintendent and manager of his father's construction company from 1936 to 1942. Then he was associated with the chief of naval operations at Vancouver, Wash., as an architect and procurement agent until 1944, continuing in navy procurement work in the 13th district until 1946. He was sales manager and engineer for Air Mack Equipment Company, of Portland, from 1946 until he went to St. Vincent's hospital in 1948.



Administrator of Gresham General hospital is Ben W. Hecht, a man with many years experience in that field. Until a few months ago, Mr. Hecht was associated with St. Vincent's hospital, Portland, in a managerial capacity for a number of years.

He also served as advisor to the St. Vincent's governing board during that period.

Mr. Hecht is a member of American Hospital association, and several other professional organizations. He has been active in civic affairs for many years and presently is serving on a number of area and statewide committees.

## Novel Equipment Is Prominent in All Departments

Wherever visitors or patients move about in Gresham General hospital, they will be greeted by products of quality supplied by E-M Supply Company, Portland, distributors of a complete line of hospital and home supplies and equipment.

Included in the items supplied by E-M are the ultra-modern operating tables for the surgeries, sterilizers, chart racks and holders and oxygen tent units, all manufactured by Shampaine Company, St. Louis, Missouri.

Other items supplied by E-M included recovery stretchers, wheel chairs, walkers, office furniture and hall furniture, bed lights, baseboard heaters, stainless steel ware, window drapes and numerous other items.

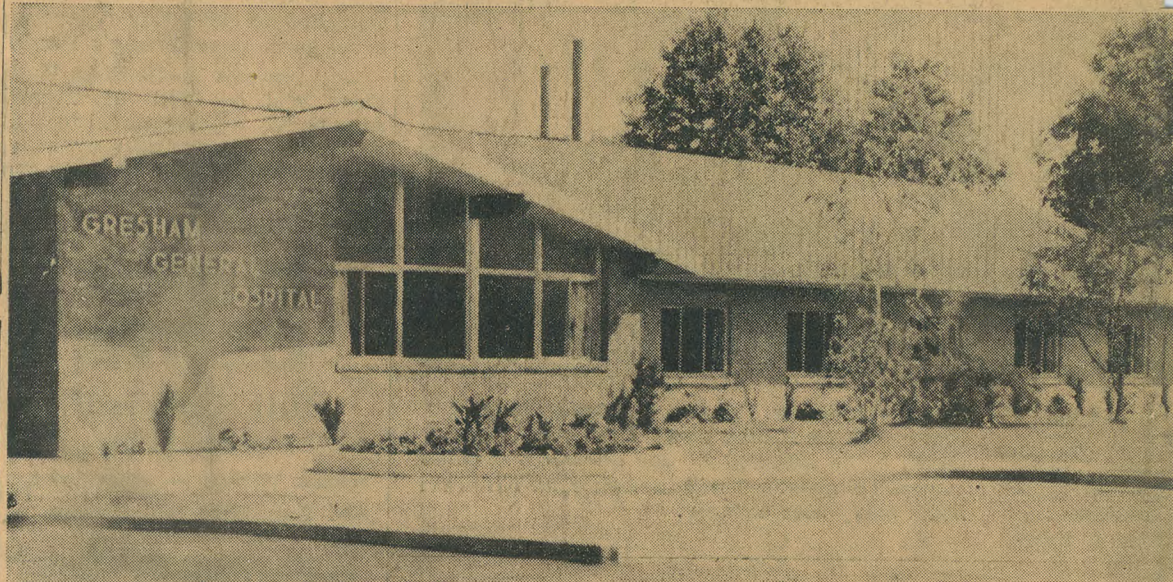
The Portland firm is headed by Irwin M. Metz and Ben Metz, brothers who have developed their supply company from a modest start into one of the larger and more important concerns of its type in the Northwest. Speaking of the many items supplied for Gresham General hospital, Irwin Metz stated, "It has been an exceptional pleasure to work with the Doerkens and Mr. Hecht in helping to equip Gresham General hospital. There is always a special satisfaction in supplying the best of any type of equipment, and in this project, only the finest has been selected whether it was a lowly office waste basket, or the precision-built, completely modern operating tables."



# Tourist Center, Hospital Dedications Du

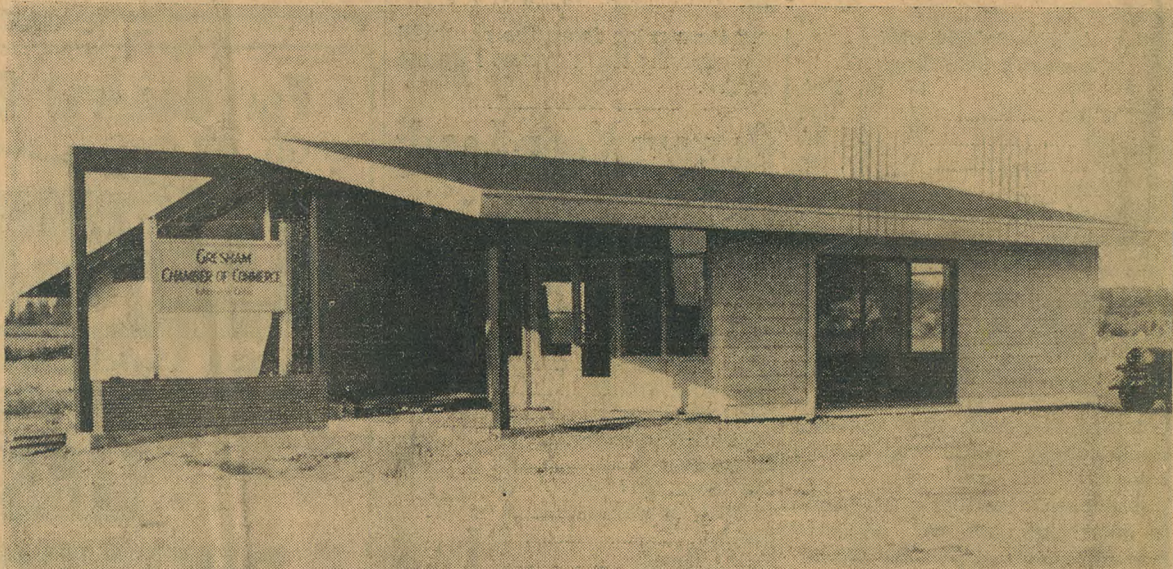
GRESHAM OUTLOOK

JULY 23, 1959



Modern, bright and immaculately clean Gresham General hospital has set Saturday for its open house and dedication program. The open house will run from 2:30 p.m. until 6 p.m. with the dedication address set for 2 p.m.

Hospital staff members will conduct visitors throughout the building, pointing out the modern facilities that are now available to the Gresham area. The new hospital is located at Northeast 5th and Beech streets.

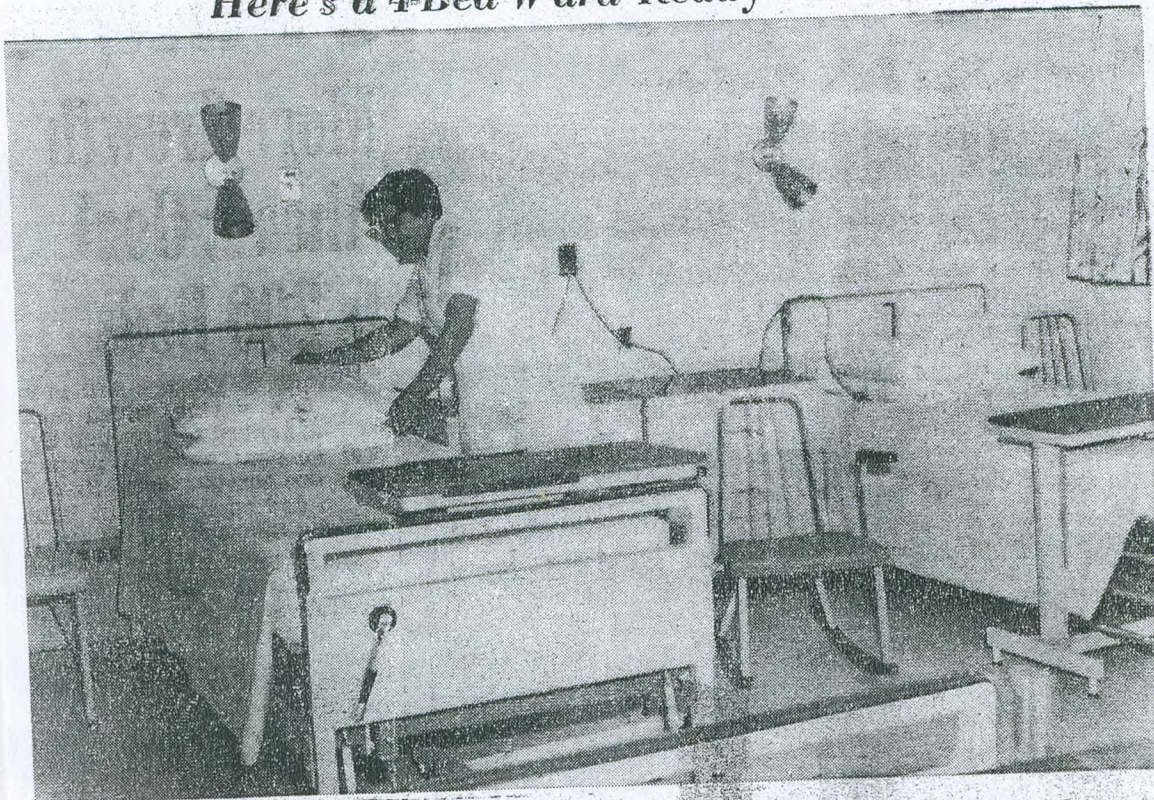


Open house for Gresham's Chamber of Commerce hospitality center will be held this Saturday in conjunction with the opening celebration of Gresham General hospital. The center will be open from 11 a.m. until 8 p.m. to greet visitors. Free Gresham strawberries, ice cream,

soda pop and cookies will be available for every visitor to the new building. Dedication ceremonies at the center are scheduled for 1 p.m. featuring local, county, state and Centennial officials.



## Here's a 4-Bed Ward Ready for Use



Among the final steps in preparation for the dedication and open house of Gresham General Hospital, was the making up of beds in the patient rooms. Here Mrs. Allie Gardner is shown put-

ting the finishing touches on a bed in one of the 4-bed wards of the hospital. The beauty of design and some of the many extra provisions for patient comfort may be seen in above photo.

### Chief of Staff



Dr. G. Alan Fisher, Gresham, serving as chief of staff for physicians and surgeons associated with Gresham General hospital.

## recision 'Par' or Instruments

The name 'Fengel Corpora-

## X-Ray Equipment of Latest Design Among Features at New Hospital

Patients at Gresham General hospital will enjoy the benefits of many features of X-ray equipment which are not found in ordinary standard X-ray layouts and to date can be found in only a few hospitals or X-ray laboratories throughout the nation.

Not the least of these is the traveling overhead carrier for the X-ray head and tube, used in combination with a table which has a 180-degree tilt.

The overhead carrier moves

sideways and with the extension arm on the X-ray head makes it possible to take X-ray pictures from any point in the room.

In addition, the Profexray unit will generate an X-ray of 300 milliamperes and will automatically time exposures as fast as 1-120th of a second. This reduces radiation to the minimum while at the same time assuring an even greater degree of efficiency than was possible with units of older design.

The X-ray department also include a portable Profexray unit capable of generating an X-ray of 100 milliamperes. It will be used for patients who are too ill to be taken to the X-ray department and for emergency diagnoses when a patient cannot be moved.

Because of its newness of design and the fact that it has a number of features above the usual standard equipment, the X-ray unit for Gresham General hospital is now being especially built and will not be installed until November. In the meantime, however, equipment em-

And it is because Fengel surgical supplies are numbered with the finest that they were selected for use in Gresham General hospital.

Delicate precision work and finest quality tempered steels are combined by Fengel to produce instruments to match the consummate skill of the surgeons who use them, said Ben W. Hecht, administrator of the hospital, as he displayed some of the bright, new instruments and

## Miles and Miles Go in Wire Grid

Melvin Carlin started to figure out the number of miles of various sizes of electric wire that were used in wiring Gresham General hospital, but he found that computing that figure was almost as long a task as the mileage of the wire itself.

As the electric wiring contractor for the project, Mr. Carlin found the requirements tremendously complicated and the specifications most exacting.

"Of course we approach every wiring job as a complicated and exacting one because we realize that people in their homes want safe, uninterrupted service just the same as is required for hospitals," said Mr. Carlin. that the knowledge that live:



GRESHAM OUTLOOK  
JULY 23 1959

# Hospital Opens With 52 Beds, New Features

**Brief Dedicatory Is  
Scheduled Saturday;  
Open House on 2 Days**

Preparations for the dedication and open house for the new 52-bed Gresham General hospital next Saturday afternoon, July 25, are moving into their final stages today after weeks of hectic activity to complete construction and moving in of new equipment in time to meet the dedication deadline.

Already being hailed among the most modern of hospitals on the West Coast, the new Gresham institution is drawing attention far and wide in the professional fields for many of the innovations which Mr. and Mrs. Ben F. Doerksen, builders have included in the project.

These include availability of a telephone at every bed, television in every room with remote controls and under-pillow speakers; X-ray tables with a 180-degree tilt, the most modern surgical tables and equipment; automatic fire detection and alarm system, and numerous other items. Most of these are explained in greater detail in a special 8-page section of The Outlook today devoted entirely to pictures and stories concerning the hospital.

Ben W. Hecht, administrator of the hospital, states that an exceptionally fine program has been arranged for the dedication with Dr. H. H. Hughes, veteran of more than 50 years of medical practice in Gresham and mayor of the city for 16 years, giving the dedicatory address.

Mayor Robert L. McWilliams will act as master of ceremonies for the program and will introduce visiting dignitaries as well as the several numbers on the program.

The opening feature of the program will be the presentation of the official Oregon state license as a general hospital to Mr. and Mrs. Doerksen by Dr. Robert Heilman, from the Oregon State Board of Health.

Other features will include presentation of a plaque as a Blue Cross hospital from Northwest Hospital Service; greetings from the Oregon State Medical Society by its vice president, Dr. Verner V. Lindgren, and welcome to the hospital field by W. G. Lamer, administrator of Physicians and Surgeons hospital in Portland and president of the Western Hospital Association.

A half-hour of organ music by Glen Shelley, widely known and popular radio-television and concert organist, will precede the dedication program. Mr. Shelley will play a 2nd concert during the open house which will follow the dedication.

The organ concert will start Saturday afternoon at 1:30 o'clock and the dedication program will begin at 2 o'clock. It will be held in the beautiful and spacious garden and lawn of the hospital at NE 5th and Beech streets. Ample seating will be provided for a sizable audience.

There will be an open house to permit visitors to inspect the hospital immediately after the dedication and continuing until 6 o'clock. A 2nd open house session will be held on Sunday, July 26, from 10 a.m. until 6 p.m.

OUTLOOK JULY 23 1959



FROM

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PLACE  
STAMP  
HERE

GRESHAM GENERAL HOSPITAL, INC.  
HOSPITAL SQUARE  
GRESHAM, OREGON 97030

ADDRESS CORRECTION REQUESTED

USE THIS RETURN ENVELOPE TO ASSURE PROPER CREDIT



# Gresham General Hospital Plans \$240,000 Addition

A building permit was issued here Tuesday for a \$240,000 addition to Gresham General Hospital.

The addition, which will have a daylight basement and two floors, will be built in the middle of the hospital property, facing on Beech street. It will tie in directly with the existing building.

The addition will house an automated lab, the various therapy departments, a doctor's lounge, a medical library, the medical records department, an autopsy room and storage area for the disaster hospital equipment, currently stored at the Firestone warehouse in the Rockwood Industrial Tract.

A side feature will be installation of the first passenger elevator in Gresham.

Excavation already has been completed and actual construc-

tion will get under way immediately.

The permit was issued to the Wildwood Nursing Home, Inc., a holding corporation owned by Mr. and Mrs. Doerksen from which Gresham General Hospital rents the property.

Doerksen, hospital administrator, added that the hospital also is planning construction of additional room in the near future to keep up with the growth of the area.

Within the past six or eight months, Gresham General has completed a number of additions which are rapidly making it a major diagnostic center.

Included are a rectilinear scanner, the first of its kind in Oregon, and a new sophisticated high-capacity, three-phase X-ray machine. The equipment brings the very latest in medi-

cal technology to the Portland metropolitan area for the first time.

The two machines cost about \$140,000 and are believed to be the first of their kind to be installed in a proprietary hospital on the West Coast. They are part of a \$600,000 expansion program under way at the hospital.

A new intensive care facility with a cardiographic monitoring system connected to a closed-circuit television became operative during the past week.

The disaster hospital equipment which will be stored in the basement of the addition is in connection with Gresham General's designation by the federal government as a participant in the national disaster hospital program.





**Joint ownership for hospitals  
seen as advantage in good car**



The new administration of Gresham General Hospital is expected to take over about June 1, according to Carleton Lindgren, acting administrator.

Lindgren is the administrator of the Meridan Park Hospital now under construction near Lake Oswego. The listed owner is Metropolitan Hospital, Inc. This same corporation will administer the Gresham Hospital when purchase negotiations are completed with owner Ben Doerksen.

Metropolitan Hospital, Inc., is a joint venture of Emanuel Hospital and Physicians and Surgeons Hospital. Officers for Metropolitan come from these two hospitals.

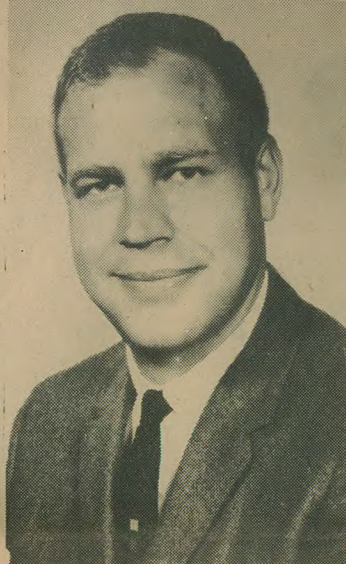
Lindgren said he expected the medical staff to remain essentially the same but there will be added staff resources because of the unified administration of the four hospitals.

There are many reasons for the hospital to consider jointly sponsoring new hospitals, Lindgren said. Primary considerations are the changing developments in services and health care, a conscientious effort to provide services where they are needed, and to interact growing costs.

The joint venture for Gresham and Meridan Park embraces the philosophy of combining services to the urban community. It is serving people where they are, Lindgren said.

He said he hoped that the fine

services already provided at Gresham General will be



**CARLETON G. Lindgren** is administrator of the new hospital building built near Lake Oswego jointly by Emanuel and Physicians and Surgeons hospitals under the name Metropolitan Hospital, Inc., which is negotiating the purchase of Gresham General Hospital. Lindgren recently came from Roseburg where he was administrator for the Douglas County Community Hospital since 1963.

enhanced through shared services and available backup services from the larger institutions.

The interrelationship of the two sponsoring hospitals and the outlying facilities will permit a greater degree of logical planning and development of facilities and services through the metropolitan area, Lindgren said.

The Joint Board of Emanuel and Physicians and Surgeon (from which the board for

Metropolitan comes) has indicated it expects to maintain the high quality of services now provided at Gresham General and maintain a close relationship with the residents of the Gresham area.

Lindgren said the hospital

will continue to be responsive to the health needs and through the base hospitals extend these services by joint and shared programs.

He said every effort would be made to preserve the existing educational programs at

## A Message from Ben Doerksen

"When we reached a decision to sell Gresham General Hospital, four parties evidenced interest in acquiring the property. We really didn't know what to do since all would have been a credit to our community.

"So we talked with business men, people on the street, members of our medical staff . . . they all said 'Emanuel and Physicians and Surgeons.

"Once the decision was made, the doctors with whom we work were particularly elated. This would have been their choice.

"Personally, I had been worried about the continuity of Gresham General. I wanted to be sure the hospital would carry on as in the past. This was the big factor in our final decision . . . the ability of Emanuel and Physicians and Surgeons to carry on with the services and the facilities already here.

"Above all, we wanted to assure a continuity of operation. We got that with Emanuel and Physicians and Surgeons."

With deep appreciation,  
Ben Doerksen

Gresham General. Mt. Hood Community College has a mortuary school at the hospital and other training programs are functioning.

Lindgren sees a hospital as more than merely buildings and equipment. It is basically people, he says, their dedication, attitudes and efforts. These are the factors that determine the quality of the care provided.

Lindgren said Gresham General will continue to reflect the desires of the community it serves and a willingness to be responsible to the welfare of the community.

He said it had not been determined whether the hospital will retain its present name or whether the owners will choose a new name.

## Hospital serves big area

Gresham General Hospital serves an unusually large area.

It is the only such facility in East Multnomah county and serves a rapidly-growing urban-industrial area.

Included is not only Gresham but the communities of Fairview, Troutdale, Wood Village, Cascade Locks, Estacada, Barton, Carver, Boring, Sandy, Damascus and Happy Valley.

All this, plus the unincorporated areas of Multnomah, Clackamas and Hood River counties nearby.

## Emergency unit busy

Gresham General Hospital's emergency facilities sometimes are as busy as any in the entire Portland metropolitan area.

On a busy weekend, 40 or more emergency cases are handled. The weekly average runs about 125 cases.



5-13-71

# Gresham General had start as Wildwood Nursing Home

1220

The history of Gresham General Hospital reaches back beyond the past 10 years when it has carried its present name.

This institution actually had its founding in 1934 as Wildwood Nursing Home. Since 1959 under the name of Gresham General Hospital its emphasis has been on medical rather than convalescent treatment.

The change began shortly after Ben Doerksen, the hospital's co-owner and administrator, came to Gresham seeking contacts for his construction business. In 1954 he met Mrs. George Pleasant, a widow, owner and operator of Wildwood Nursing Home.

Later the two married and began thinking about building a general hospital to fill the needs of the Greater East Side.

The couple launched its plans on wheels, taking an auto tour of hospitals throughout the United States. And, finally in 1959 after a two-year building and planning program, the 96-bed nursing home took its present name and opened as a general hospital with 50 medical and 60 nursing beds.

Six months later Doerksen began a 20-bed expansion plus the addition of two major surgical suites. Since then Gresham General has been expanding almost continually. When not adding new wings, the hospital has been adding the latest in diagnostic and treatment equipment.

In 1960 the hospital added an OB wing and nursery and in 1964 it replaced the remaining wooden section of the old Wildwood Nursing Home with a completely new, modernistic

convalescent center designed to meet all conceivable needs of the senior citizen, and the convalescing patient.

Gresham General is almost unique among hospitals. As an institution built without any community or area solicitations -- it was financed out of a private loan to the Doerksens -- it is a rarity. As a hospital owned by only two individuals -- Mr. and Mrs. Doerksen -- it is unusual. And Gresham General is one of the few hospitals which operates a nursing or convalescent home as a division of a general hospital.

Total capital invested by the Doerksens in Gresham General now amounts to \$5 million. Much of this is in equipment including the latest produced by space-age technology.

Two new machines -- a 10 crystal rectilinear scanner and a three-phase x-ray machine -- together cost \$140,000. Only a few hospitals in the United States have similar sophisticated equipment.

Gresham General can carry out tests and procedures that were unknown in the great medical centers a few years ago. New equipment and supplies and new skills all contribute to better patient care, Mr. Doerksen said.

In a continuing effort to keep costs to a minimum, Gresham General, he added, employs techniques that result in improved utilization of personnel and equipment. Centralization, automation and more efficient communication are a few of the methods used to cut costs and reduce charges.

Gresham General's emergency suite at times claims to be the busiest in the nation. On a busy weekend 40 or more emergency cases are handled, while the weekly average runs about 125.

Two years ago an alert doctor manning the emergency room helped prolong for more than a year the life of a young Portland boy in need of a kidney.

When a woman was killed as a result of a car crash near Sandy, the doctor determined that the woman's blood was similar to that of the youth's and obtained permission to remove her kidney for a transplant to the Portland youngster.

Gresham General handles an unusually large number of emergency cases compared with other hospitals. It is the only hospital in East Multnomah County and serves a rapidly growing urban area, industrial complex and rural-agricultural and forest harvesting are extending to Hood River county.

**Staff has**  
**broad**







**THIS WAS** scene last year when first passenger elevator in the history of Gresham was demonstrated at Gresham General Hospital by Ben Doerksen, proprietor, center. Women are mem-

bers of the hospital nursing staff and other man is Dr. James Cruickshank, neurologist at hospital. Elevator is in new addition.

## experience

The nursing staff at Gresham General Hospital is one of the most experienced in the Portland metropolitan area.

Head of the nursing staff is Mrs. Pauline Kramer, who has been with Gresham General since early 1960.

She has been in the medical field for nearly 25 years and holds B.S. and M.S. degrees from the University of Oregon Medical School.



## **Long-term care wing has many advanced features**

All facilities in the new wing have been designed with long-term care in view. The two and four-bed rooms are built to hospital standards, and include individual plumbing in each room. There are numerous outside porches giving access on the beautifully landscaped courtyards and grounds.

There is a separate patio entrance for the long-term care wing, and a separate nurses' station, but otherwise operation of the wing is fully integrated into the Gresham Hospital's many services. In case of need, treatment can be given rapidly and effectively, providing security for both the patient and his family.

Heating is provided by baseboard hot water elements, and air is electrically filtered. All rooms will soon be fully air conditioned.

## **Admission and care**

If you desire information about the placement of a family member or end in our long-term care facilities, please contact the hospital administrator, the director of nurses, or the admitting officer of Gresham General Hospital.

Monthly service charges are \$300 per month for private rooms, \$275 for two-bed rooms and \$250 for four-bed rooms.

Drugs are charged for separately, as are individual services such as x-ray, laboratory diagnostical studies and specialized hospital supplies, physio and hydrotherapy, on the basis of the patient's individual needs.

Patients receiving grants from state and federal agencies will be accepted in the long-term care division, based on the allocation and availability of beds.

Families may arrange for care by their own physicians, or may arrange for medical services through the physician in charge of the long-term care division.

We invite your inspection and inquiries.

**GRESHAM GENERAL HOSPITAL**  
FIFTH and BEECH STREETS      MOhawk 5-8101

# **A new long-term care facility for Gresham General Hospital . . .**



## **DEDICATED**

**3 p. m. Sunday, June 28, 1964**

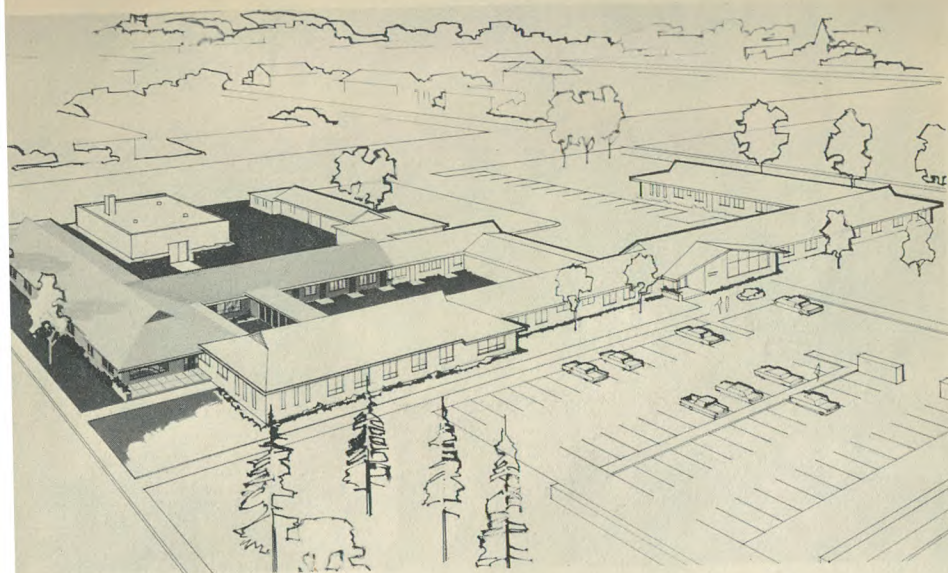
Dedicatory remarks by  
HON. EDITH GREEN, Congresswoman for 3rd Oregon District

Dedication Prayer by  
REV. W. HARRY MONROE, Pastor Gresham Methodist Church

Glenn Shelley at the organ



# **ew long-term care wing fully ntegrated into general hospital service**



Artists' drawing shows relationship of new long-term care wing (shaded buildings at left) to remainder of Gresham General Hospital structure.

Many months of planning and research have gone into the development of Metropolitan Portland's most modern long-term care facility.

As you examine the patients' rooms and other facilities you will note that a great deal of care has been exercised in selecting the finest hospital beds, lighting and room equipment. Colors and textures of the decor have been chosen for cheerfulness and livability. Every consideration has been given to the safety, health, comfort and convenience of the patients.

A large meeting room has been provided in the basement for in-service training of staff, and for gatherings of Gresham civic groups, making this a convenient place to meet.



The large solarium, measuring 20 x 30 feet, has huge picture windows, gold wall-to-wall carpeting, French provincial furniture.



Something new in hospital furnishing is the offer of optional French provincial room furniture in place of hospital furniture.



6-30-66

# Medicare Won't Overcrowd Local, State Hospitals, Says Doerksen

Ben Doerksen said Tuesday he would be surprised if the Medicare program created more than a 10 per cent patient increase on the average in Oregon hospitals. He did not see any greater percentage of increase for Gresham General hospital which he and his wife own and operate without federal assistance.

Doerksen is inclined to be much more candid about the affects of Medicare on his, and other hospitals in Oregon when the vast Medicare program becomes effective July 1. He made note that federal officials sent out an "overcrowded" cry weeks ago as the July date approached.

He was not as optimistic, however, about the affects of the program when Title 19 is implemented by state legislative bodies after Jan. 1, 1967. At this time Doerksen predicted at least 25 per cent of the nation's population would be brought under the program.

Title 19, under the federal Medicare law, is not compulsory, but carries teeth in as much as states stand to lose federal funds if they do

not implement this portion of the Medicare program, based on a wage level formula to determine those eligible for assistance.

Doerksen said nursing homes would be vastly affected by the implementation of Title 19. Once this is done the program will be broadened to cover more and more of the U.S. population and hasten the trend towards "socialized" medicine, he predicted.

The Gresham hospital proprietor speculated most of the federal figures about Medicare creating an over crowded condition in hospitals are designed to fabricate a bigger and better federal bureaucracy.

Doerksen said there is little doubt in his mind that we are involved in a continuing trend

which will bring on "socialized" medicine in this country, and it is far too late for the American Medical Association, or any other group, to do anything about it.

"It's just too late for this now," he reiterated.

Doerksen said he based his

10 per cent increase figure in hospitals by Medicare on the factor of too many equations bringing about the "overcrowded cry" based on moves to gain additional federal funds for expansion, and he listed the federal government as a party to the cry.

Asked about f-



JUN 14, 64 1964

OUTLOOK



Gresham General Hospital, the pace-maker in modern hospital planning in this area, took another big step forward during the year with the addition of a new long-term care wing. The new facility boosted Gresham General's total investment to nearly \$3 million and added to the payroll, bringing this to 170 persons. The new wing provides for 60 persons and provides the unique concept where full-scale medical care is immediately available to long-care patients. The new facility also included the addition of a conference room and related service departments as well as parking for another 30 cars.



# Another First: Copter Brings

12-31-64



Gresham General hospital staffers move out to assist patient just delivered by heli-

copter. It is first such delivery, though copters have landed here before.

Dr. Virginia Wingle, Sa  
pital in helicopter flight  
lofted to Gresham during

The emergency Gresham General hospital practiced for has occurred -- receiving a patient brought by helicopter.

A forest service whirly bird put down on the hospital parking lot with a patient plucked from an isolated spot on the Mt. Hood highway during last week's flood disaster.

When word came that the copter was en route, to the hospital, Gordon Swan, administrator, rushed out and cleared the parking lot of cars and set down a white square of cloth for

the aircraft.

The copter landed right on target, piloted by Lawrence Johnson.

The patient was Philip Warmbrodt of Cathlamet, Wash. en route home from the east when highway washouts stranded his bus.

Chest pains indicated his case was critical, and the M



# Patient to Gresham Hospital

12-31-64



, accompanied patient to hos-  
n Mt. Hood area. Patient was  
d washouts. (Oultook photo)



Consultation after flight. From left, Law-  
rence Johnson, pilot; Ben Doerkson, hospital  
founder; Gordon Swan, administrator; Wil-  
liam Hammersley, aerovac squadron.

Hood national forest office had the copter flight authorized by the regional office in Portland.

Accompanying the patient was Dr. Virginia Wingle, who practices at Sandy and whose husband is with the forest service.

It was not the first helicopter landing at the hospital but it was the first delivery of a patient, says Swan.

"We experimented for just such an emergency," he ex-

plained. "We had two or three landings to learn how we must operate in case of actual need."

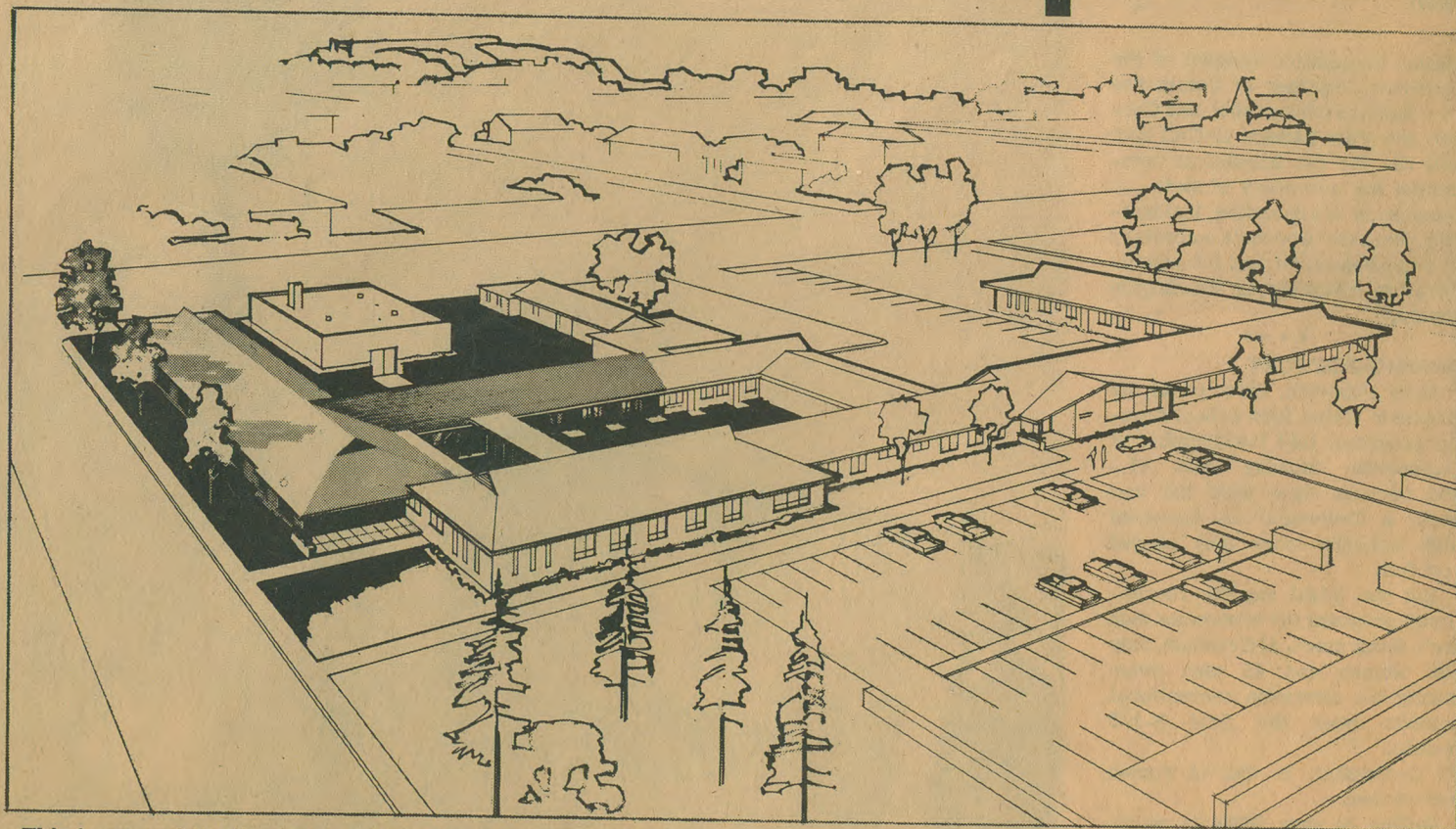
On hand for the landing were Ben Doerkson, founder of the hospital, and William Hammersley, with the 40th aerovac squadron, who arranged for the helicopter to return to the flood area with emergency medical supplies.

The patient was released after over night observation.



1-9-64

# Gresham Hospital



This is an architect's sketch of how Gresham General Hospital will appear after completion of new wing (dark colored area on left) announced this week. New wing will be along

Hood St. frontage, with construction cost and equipment to run over a half-million dollars.



# Build New Wing

## 60-Bed Unit Designed for Long-Term Patient Care

In response to growing demand for long-term hospital care, Gresham General Hospital has begun construction of a new wing which will provide such service for an additional 60 patients. When the new wing is in operation, the hospital will be able to offer long-term care to a total of 83 persons, including existing beds. These will be in addition to some 58 beds available for general hospital care. The new T-shaped wing will measure 153 feet along the top of the "T" with the stem nearly equal in length. Fourteen thousand square feet will be added to the main floor of the hospital, and a partial basement will also be under the wing.

All facilities in the wing are designed with long-term care in view. The two and four-bed wards are somewhat larger than normal, and include individual plumbing in each room. There will be a number of outside doors so that ambulatory patients can enjoy strolling in the landscaped grounds.

There will be complete air conditioning, with perimeter hot water heating, charcoal filters and electrostatic dust removal apparatus as well as cooling equipment which will provide seven complete changes of air per hour. Individual controls will be placed in each room.

The basement will have space for storage, mechanical equipment, and future enlargement of physical therapy facilities.

The wing will have concrete foundation, prestressed concrete floors, masonry walls with brick exterior. Total cost of construction including remodeling of the existing structure where it joins the new wing will exceed \$500,000.

Financing is entirely private, through Benjamin Franklin Savings & Loan Association, with no government funds involved. Benjamin Franklin has also worked with the hospital in financing previous construction.

William H. Yahn of Portland is architect. The general contractor is Eldon Guthrie of Gresham, while Joseph Gerber designed the electrical installation.

The new wing will be ready for patients June 1, 1964.

The hospital currently operates 109 beds and offers all general hospital services. Opened August 8, 1959, as a community hospital, it has been enlarged several times since then. It now has 147 employees, full and part time, and an annual payroll of more than half a million dollars. The new wing will mean employment of about 20 more persons and an added \$60,000 payroll.

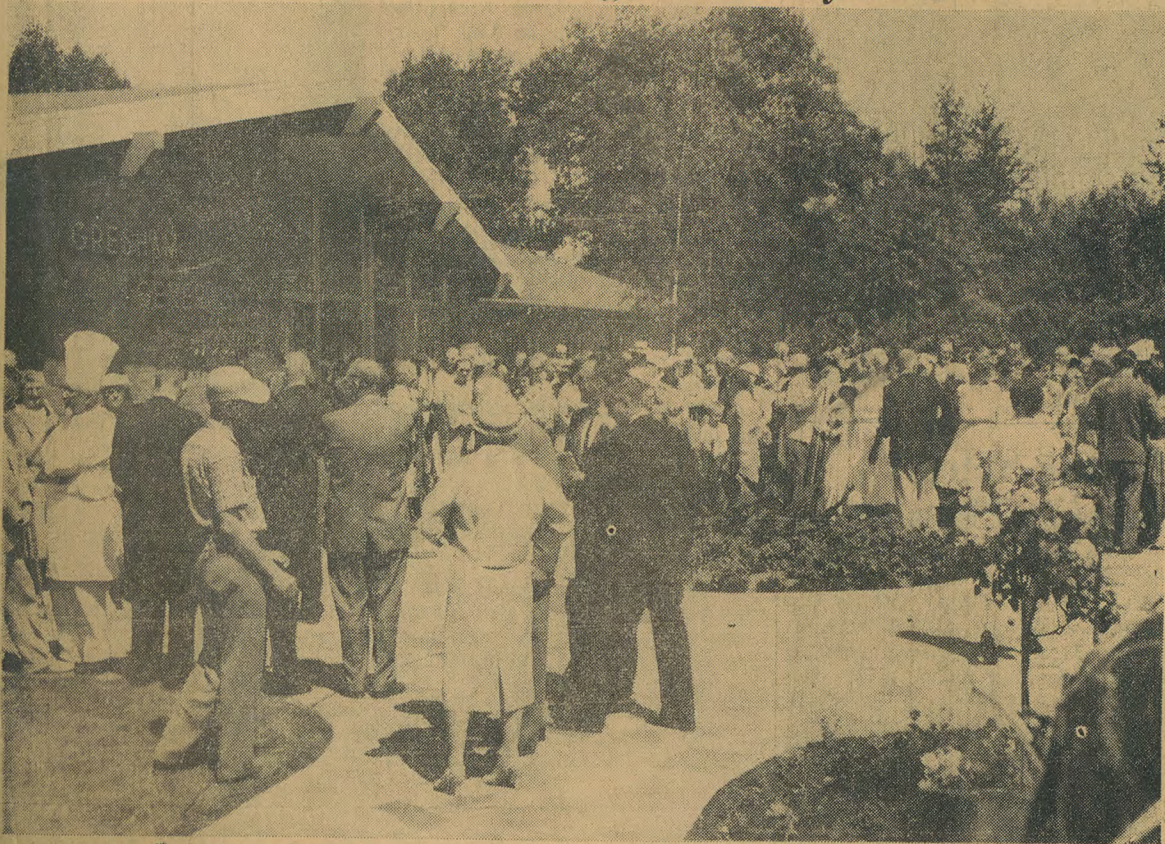
At the same time, about 30 spaces will be added to the hospital's parking lot.

Planning for the new wing was based on existing demand for long-term care, according to Mr. and Mrs. Ben F. Doerksen, founders and owners of the hospital.

Members of the hospital board, in addition to Mr. and Mrs. Doerksen, are Gordon Orput and Louis Scherzer, Portland; Ross Fanning and Ray Bergeron, Gresham; Harold Bushue, Boring, and Robert L. Hamersley, Boise, Ida. Gordon Swan is hospital administrator.



## *Dedications Draw Large Saturday Crowds*



Visitors from all over the East-county area came to Gresham for the dedication of new Gresham General hospital located at Northeast 5th and Beech. This picture was taken just before the ceremonies began at 2 p.m. Digni-

taries from medical associations in the northwest sent their welcomes to the new "above standard" hospital. Ground was broken Tuesday for the new obstetrics section to be joined on the east wing of the hospital soon.





Dedication of the new Chamber of Commerce hospitality center, Saturday, attracted throngs of Gresham townspeople to the modernistic structure located on the Burnside extension just east of the Fairview avenue and Burnside intersection. Girl scouts served over 2100 fresh

strawberry sundaes to visitors, 550 signing the guest book during the day. Special tribute was given to those who helped paint the interior and exterior of the center and to those who donated the fixtures and furnishings.



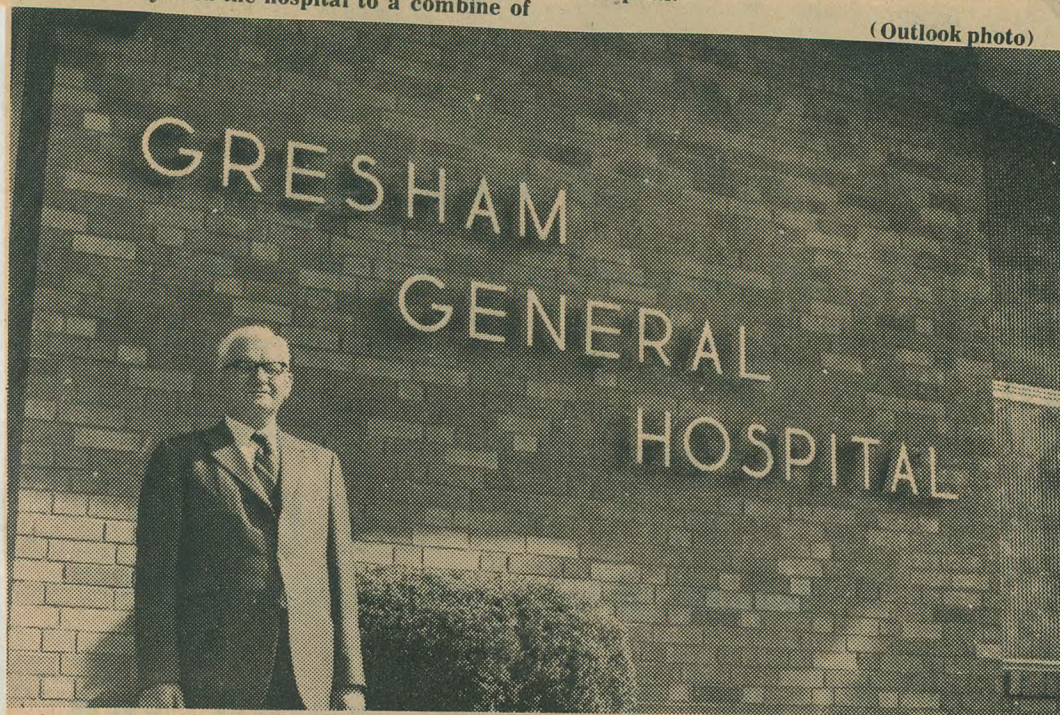


5-1371

**GRESHAM MAYOR** Dr. Alan Fisher, right, congratulates the new administrator of Gresham General Hospital Carleton Lindgren, left. Ben Doerksen, center, recently sold the hospital to a combine of

Emanuel and Physicians & Surgeon hospital. Since Monday, June 14, it has become known as Gresham Community Hospital.

(Outlook photo)



**BEN DOERKSEN**, owner and founder of Gresham General Hospital, pauses for a moment outside the front entrance. Doerksen, who has headed the hospital

since its beginnings in 1959, is enthusiastic about the new owners, Emanuel and Physicians and Surgeons Hospitals of Portland.

5-1371



5-13-7



Above, James Cartier and Ben Doerksen discuss new wing at Gresham General Hospital.

Ben Doerksen of Gresham General Hospital, center, clasps hands with Ben H. Hazen, left, chairman of the board, and Robert H. Hazen, president of the Benj. Franklin, at testimonial luncheon arranged by Gresham Elks. Benj. Franklin financing helped Gresham to have a complete hospital facility.

Below, Trinity Methodist Church grew out of merger of two smaller churches; new building was financed through the Benj. Franklin.





Gresham Outlook-Dec 19, 1961

# New Hospital-Care Concept Planned by Gresham General

Completion of a 15-bed wing and adoption of a new approach to hospital care which should go far toward reducing hospital costs has been announced by the Gresham General Hospital.

The new wing will be known as the progressive care unit and will enable the hospital to offer care at a reduced cost to patients whose disabilities do not require maximum nursing and hospital services.

This gradation of treatment and services within the hospital is known as progressive care.

The progressive care concept is not new but as far as is known, no other hospitals in the Pacific Northwest have made such facilities available.

## Individual Needs

Progressive care recognizes that individual needs, general nursing and personal hospital services vary according to the nature of the disability. As a patient progresses toward recovery, these needs often are substantially decreased.

Therefore, Gresham General is now making beds available at lower cost in this specialized unit. It will be staffed specifically for patients whose disabilities can be adequately treated with reduced hospital care.

Doctors on the hospital staff have worked closely with the administration in developing the program. The patient's doctor determines when and if the patient's condition permits transfer to the progressive care unit. Any transfer is made only with the patient's consent and only if

treatment will be fully adequate for the patient's condition.

Speaking in behalf of the medical

staff at the hospital, Dr. Elton Leavitt of Sandy, newly-elected chief of staff for 1962, said

"The development of progressive care enables the doctor and hospital jointly to help the pa-

tient reduce costs of hospitalization.

"We know that all patients are not equally ill and do not require the same services. Thus when a patient is not acutely ill, is mentally alert, cooperative and capable of some self-care, we can consider transfer to the progressive care unit.

"If any emergency occurs, all hospital facilities are at hand. This type of care should speed recovery of some patients by allowing them to help themselves and by having people in similar stages of recovery hospitalized together."

## Serves Better

Also commenting on the new program were Mr. and Mrs. Ben Doerksen, speaking on behalf of the hospital, who said: "We feel adoption of progressive care will enable the hospital to serve the community better and at the same time, pass on savings to our patients."

Alden Lewis, hospital insurance consultant who has worked closely with the hospital and medical staff in developing the program said, "The type of cooperation demonstrated here shows that something can be done to lower hospital costs.

"The excellent treatment rendered by the doctors and the high standards of Gresham General people of this area. The adoption of this new program will enable the hospital to serve the community more effectively in the future."



Director of Nurses Mrs. Pauline Kramer observes final lighting installation over the nurses' station in the nearly completed 15-bed wing at Gresham General hospital. Workers

including Warren Moody, electrician, above, planned to have the wing completed by Saturday.

(Outlook photo)



# Tourist Center, Hospital Dedications Due Saturday

## Hospital Opens With 52 Beds, New Features

**Brief Dedicatory Is Scheduled Saturday; Open House on 2 Days**

Preparations for the dedication and open house for the new 52-bed Gresham General hospital next Saturday afternoon, July 25, are moving into their final stages today after weeks of hectic activity to complete construction and moving in of new equipment in time to meet the dedication deadline.

Already being hailed among the most modern of hospitals on the West Coast, the new Gresham institution is drawing attention far and wide in the professional fields for many of the innovations which Mr. and Mrs. Ben F. Doerksen, builders have included in the project.

These include availability of a telephone at every bed, television in every room with remote controls and under-pillow speakers; X-ray tables with a 180-degree tilt, the most modern surgical tables and equipment; automatic fire detection and alarm system, and numerous other items. Most of these are explained in greater detail in a special 8-page section of The Outlook today devoted entirely to pictures and stories concerning the hospital.

Ben W. Hecht, administrator of the hospital, states that an exceptionally fine program has been arranged for the dedication with Dr. H. H. Hughes, veteran of more than 50 years of medical practice in Gresham and mayor of the city for 16 years, giving the dedicatory address.

Mayor Robert L. McWilliams will act as master of ceremonies for the program and will introduce visiting dignitaries as well as the several numbers on the program.

The opening feature of the program will be the presentation of the official Oregon state license as a general hospital to Mr. and Mrs. Doerksen by Dr. Robert Heilman, from the Oregon State Board of Health.

Other features will include presentation of a plaque as a Blue Cross hospital from Northwest Hospital Service; greetings from the Oregon State Medical Society by its vice president, Dr. Verner V. Lindgren, and welcome to the hospital field by W. G. Lamer, administrator of Physicians and Surgeons hospital in Portland and president of the Western Hospital Association.

A half-hour of organ music by Glen Shelley, widely known and popular radio-television and concert organist, will precede the dedication program. Mr. Shelley will play a 2nd concert during the open house which will follow the dedication.

The organ concert will start Saturday afternoon at 1:30 o'clock and the dedication program will begin at 2 o'clock. It will be held in the beautiful and spacious garden and lawn of the hospital at NE 5th and Beech streets. Ample seating will be provided for a sizable audience.

There will be an open house to permit visitors to inspect the hospital immediately after the dedication and continuing until 6 o'clock. A 2nd open house session will be held on Sunday, July 26, from 10 a.m. until 6 p.m.

## Treats, Rides Await Guests At New Center

**11 a.m. to 8 p.m. First Day Events Scheduled; Dedication Due at 1 p.m.**

Free refreshments for all visitors and free pony rides for children are featured this Saturday during the open house and dedication of Gresham Hospitality Center, which climaxes Gresham's Centennial Year activities.

Ice cream, strawberries, cookies, and soft drinks will be served free to every visitor between 11 a.m. and 8 p.m. this Saturday at the new hospitality center on Burnside street extension just east of Main avenue in Gresham (also known as Fairview avenue).

### Pony Rides Listed

Free pony rides also await children who visit the new building Saturday with their parents. Other features of the open house event will include live organ

### HELICOPTER MAY COME

Helicopter rides at a nominal charge have been tentatively set for Saturday at the Centennial Center open house event. Vertex Helicopter Service, operated by Budd Darling of Wood Village is expected here to add to festivities. Elton Eby will pilot the copter.

music, an on-the-spot radio broadcast by Gresham Station KGRO, displays of industrial exhibits and old photographs, "hi fi" musical backgrounds, and a brief dedication ceremony at 1 p.m.

In addition, business persons in Gresham will be encouraged to wear Centennial dress over the weekend.

### Everyone Invited

The open house has been planned by the Gresham retail trade committee to give people in the east county area the opportunity to visit and enjoy the building that was erected to assist tourists as they pass through our area. All local residents are invited by the Gresham Area Chamber of Commerce, sponsor of the building, to attend the open house and enjoy the free food and activities, and to visit the new Gresham General Hospital and downtown Gresham as well this Saturday.

Special sales events at many stores in town, a free breakfast at Luther's market, a grand opening of Speed Wash at the Luther center, prizes and contests at other stores, are added attractions designed to encourage people from all over this area to visit Gresham during the weekend. Details of these and other events are to be found in Outlook advertisements in this edition.

The center is a testimonial to efforts of the entire area around Gresham, as many local persons donated time and materials to the building. The actual cash costs were borne by members of the Gresham Area Chamber of Commerce who donated through an assessment.

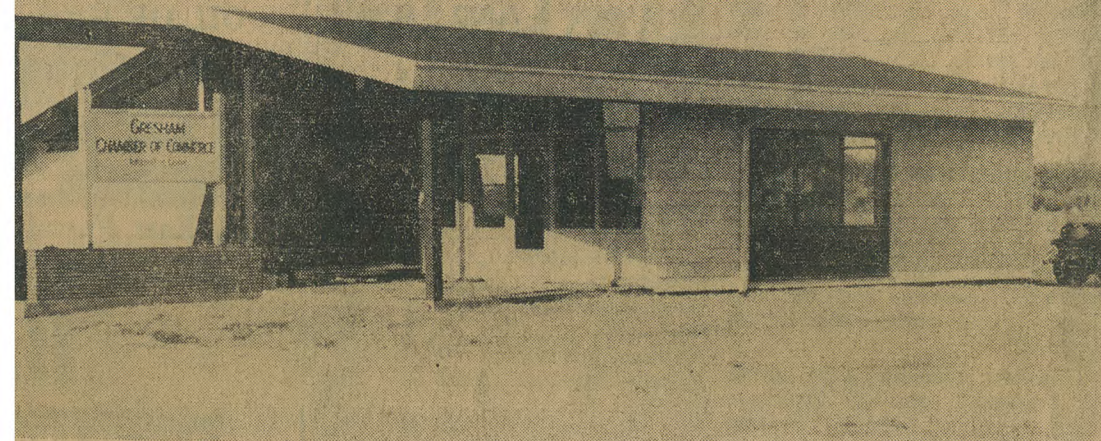
Prior activities in Gresham — including 3 parades, a square dance festival, and a beard contest, have added to Gresham's reputation as an active community and have earned the town



GRESHAM  
GENERAL  
HOSPITAL

Modern, bright and immaculately clean Gresham General hospital has set Saturday for open house and dedication program. The open house will run from 2:30 p.m. until 6 p.m. The dedication address set for 2 p.m.

Hospital staff members will conduct visitors throughout the building, pointing out the modern facilities that are now available to the Gresham area. The new hospital is located at Northeast 5th and Beech streets.



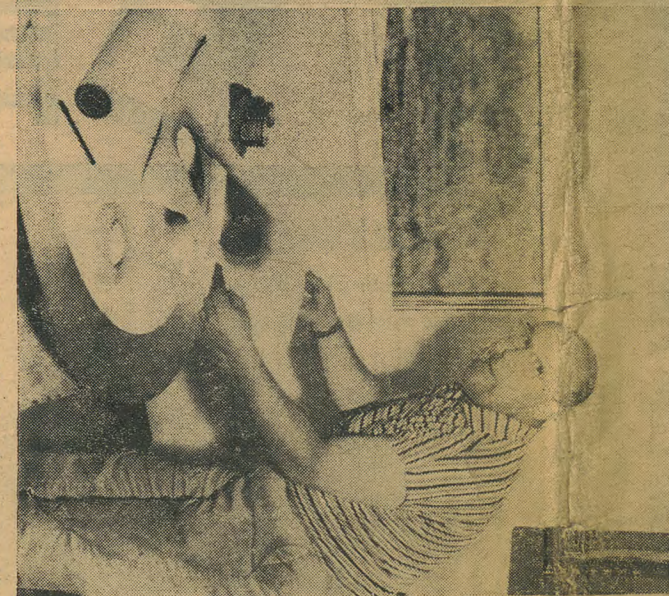
Open house for Gresham's Chamber of Commerce hospitality center will be held this Saturday in conjunction with the opening celebration of Gresham General hospital. The center will be open from 11 a.m. until 8 p.m. to greet visitors. Free Gresham strawberries, ice cream,

soda pop and cookies will be available for every visitor to the new building. Dedication ceremonies at the center are scheduled for 1 p.m. featuring local, county, state and Centennial officials.

These 2 Chamber of Commerce volunteers helped put the final touches on Gresham's new hospitality center which this Saturday holds open house. Don McBain (left) scrapes a nail and cleans the windows on the center, while Ralph



Quicksall (right) works on the Centennial seal sign, which now hangs on the west end of the building. The center is located on East Burnside extension just east of the Burnside-Main avenue intersection.





# Officials break ground for h

## Ceremony ends years of work

by LORI CALLISTER  
of The Outlook staff

After years of waiting and months of delay, Gresham Community Hospital broke ground Tuesday afternoon for its new \$13.1 million building.

The rain clouds relented for the 4 p.m. ceremony at the site at Northeast Stark Street and 246th Avenue in Gresham. More than 250 people gathered on the grassy slope to watch dignitaries turn a spade of sod while a bulldozer cut a swath of dirt across the future site. Dozens of balloons were released at the same time, adding more color to the gray skies to the east.

The 107-bed building is expected to be finished in December 1984.

The hospital has battled for years both in and out of court with the State Health Planning and Development Agency, which denied the request in 1981 to build a new hospital. The agency said the Portland metropolitan area had too many empty hospital beds to justify the expense of building a new hospital. The new facility also was opposed by Portland Adventist Medical Center, 10123 SE Market St., Gresham Hospital's nearest competitor.

Hospital officials finally took their case to Gov. Vic Atiyeh in November 1981. He appointed an aide to investigate the matter. The state agency reversed its denial six days after the visit to Atiyeh.

When approval finally came, construction plans were slowed by a sluggish economy, which forced hospital officials to wait for more favorable interest rates.

"This has been no short time," said Robert Murray, chairman of the Gresham Community Hospital Board of Directors and active in the fight to get the new hospital built.

"We have a super guy in administrator John Grotting, an excellent site, and today the finest interest rates in a long time and an excellent contractor," Murray said.

Also speaking at the outdoor ceremony was Gresham Mayor Margaret Weil who said the new hospital building will be a "tangible example that regional planning can work together for the good of all." The hospital she said, shows the importance of community's planning together toward common goals.

The new hospital is designed to be the regional hospital for East County. It will have 109 beds and will be built by Brockamp & Jaeger Co. of Oregon City for \$9,701,777 — \$1.5 million below the architects' estimates.



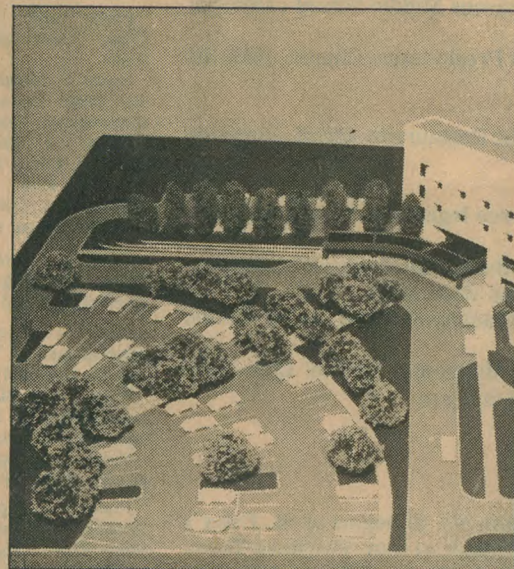
Gresham Mayor Margaret Weil, left, the Rev. Merlin Baker, Donna Burlingame, John Brockamp, and hospital board chairman Bob Murray, center, points to tractor cutting across ho

The hospital's bonds were rated AAA and Vern Pearson, chairman of Metropolitan Hospital's board of directors announced at the ground breaking that interest rates have been set at 9.2 percent.

Donna Burlingame, the hospital's foundation president, gave Murray a check for \$745,000 — toward an \$800,000 goal. Burlingame added the fund-raising efforts will continue. Pete Landis, manager for the U.S. National Bank in Gresham added a check for \$2,000 — the bank's first payment of an \$8,000 pledge.

"This is given hoping that others who haven't already contributed will remember the fund drive goes on," Landis said.

The new 93,000-square-foot hospital will replace an outdated 59,000-square-foot building at Northeast Fifth Street and Beech Avenue in downtown Gresham. Its current building was constructed in 1934 as a nursing home before it was converted to Gresham's hospital in 1959.



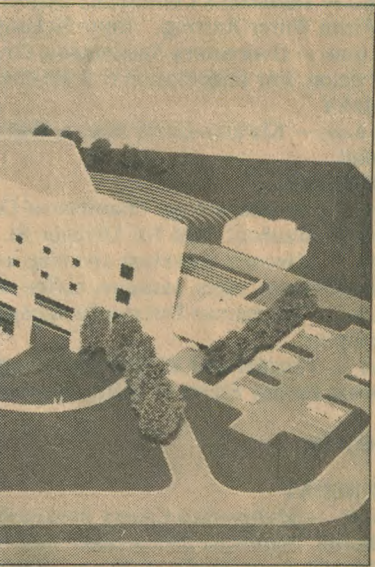
Picture shows what new hospital will look like.



# ospital



Photo by Dave Lawton  
and Dr. Gregory Craner, right, hold  
l site.





## CAT scanner in planning

When a doctor needs to see deep into a person's body, one of the most useful tools without performing surgery is a computer axial tomography scanner, commonly called a "cat scanner."

Gresham Community Hospital has been sharing a mobile scanner with several other hospitals but this winter the new medical center will get its own \$800,000 scanner.

The purchase of the scanner is awaiting formal approval from the Oregon State Health Planning and Development Agency. Once installed, the scanner will allow doctors to take a picture of the inside of the body simply by having the patient lie on a bed and have the machine pass over him.

### CONGRATULATIONS

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# Gresham Outlook

74th Year, Number 61

Saturday, August 4, 1984, Gresham, Oregon

4 Sections, 34 Pages - 25 cents

## Hospital gets new chief

by LORI CALLISTER  
of The Outlook staff

Joseph J. Henery, acting executive director for Emanuel Hospital, has been named administrator at Gresham Community Hospital.

Henery, 35, takes the post on Aug. 26.

Acting administrator Jim Goddard will go back to his position as assistant administrator in charge of ancillary services. Gresham's former administrator, John Grotting, was promoted in April to senior vice president and chief operating officer for Metropolitan Hospitals, the parent company for Gresham Com-

**JOSEPH  
HENERY**  
Heads  
hospital



munity Hospital.

Henery has been acting director at Emanuel since February. He has been a vice-president there since 1980, most recently in charge of all women's and children's programs, the restructuring of a physician and nursing involvement program, and a low-cost alternative delivery plan.

He's also been responsible for developing a marketing plan for the hospital and developing the Emanuel Hospital campus.

Henery was also instrumental in the site selection for Gresham's new hospital four years ago, which will be called Mount Hood Medical Center when it opens Nov. 3.

Henery also has served as director

of service development for Metroplitan Hospitals Inc. He has a master's degree in hospital and health care administration from the University of Minnesota and is active in the American College of Hospital Administrators.

He and his wife, Rita, have two children, and live in Northeast Portland.

Henery will head the hospital when it moves to its new \$15.2 million building at Southeast 248th Avenue and Stark Street. The three-story building will have 107 private rooms on two floors and replaces the present hospital at Northeast Fifth Street and Beech Avenue in downtown Gresham.



## Memorial furnishes kids' room

Equipment for a children's room at the new Gresham Community Hospital will be furnished through the Dr. Corinne Chamberlin memorial fund — the last activity for the fund in her name.

In its place a similar memorial fund will be established under Gresham Community Hospital's community foundation, which will receive \$2,500 remaining in the current fund to equip the children's room at the new hospital.

The new hospital opens Nov. 3 with a new name, Mount Hood Medical Center.

Dr. Chamberlin died three years ago after serving as a Gresham physician for 38 years and attended at some 5,000 births. Friends and family established the memorial fund in her honor.

The memorial fund for her financed a series of health lectures by Oregon specialists in children's health problems, purchased a "resusci-baby" for cardiopulmonary resuscitation classes and bought copies of a book to help children cope with visiting a hospital for X-rays.

Chamberlain graduated from University of Oregon and received her medical degree in 1934 from the Women's Medical College in Philadelphia. She opened her practice in Gresham in 1937 and practiced here for 38 years.



EAST METRO - 28 JAN. 1983

# Gresham hospital bidding fierce, low

By WATFORD REED  
of The Oregonian staff

GRESHAM — Competition was keen Thursday among contractors wanting to build a new Gresham Community Hospital.

The 13 companies shaved their bids to the extent that the apparent low bidder was \$1.5 million below architects' estimates on the basic cost of the building.

Lowest in its base bid was the Oregon City company of Brockamp & Jaeger Inc. with a figure of \$9,701,777. The highest bid of \$10,466,000 was submitted by Juhre Construction Co. of Portland.

Broome, Oringdolph, O'Toole, Rudolph & Associates, architects for the project, had estimated the base project cost at \$11,255,515.

A bid submitted by R.A. Chambers and Associates of Eugene called for \$2,240,000 on basic work. Chambers said it was a typographical mistake, and that it was not clear what the board would do.

The hospital board of directors met for two hours to review the bids after they were opened at 4 p.m. Hospital Administrator John Grotting then announced that the architects and directors would need about 45 days to complete the bid review and award the contract.

Ground breaking for the hospital is expected within a few days of the awarding of the contract, he said. That would put the start of construction in mid-March. The hospital is expected to open in December 1984.

The five-level hospital will have 107 beds, with 82 for acute-care patients and 25 beds in an alcoholism treatment facility. It will rise on a 22-acre site at 246th Avenue and Stark Street, near Mount Hood Community College.

The design of the hospital allows for expansion to 300 beds. Other plans include construction of a medical office building.

Financing will be through a bond sale anticipated within a few weeks. A community fund-raising campaign has raised \$717,000 toward a goal of \$800,000.

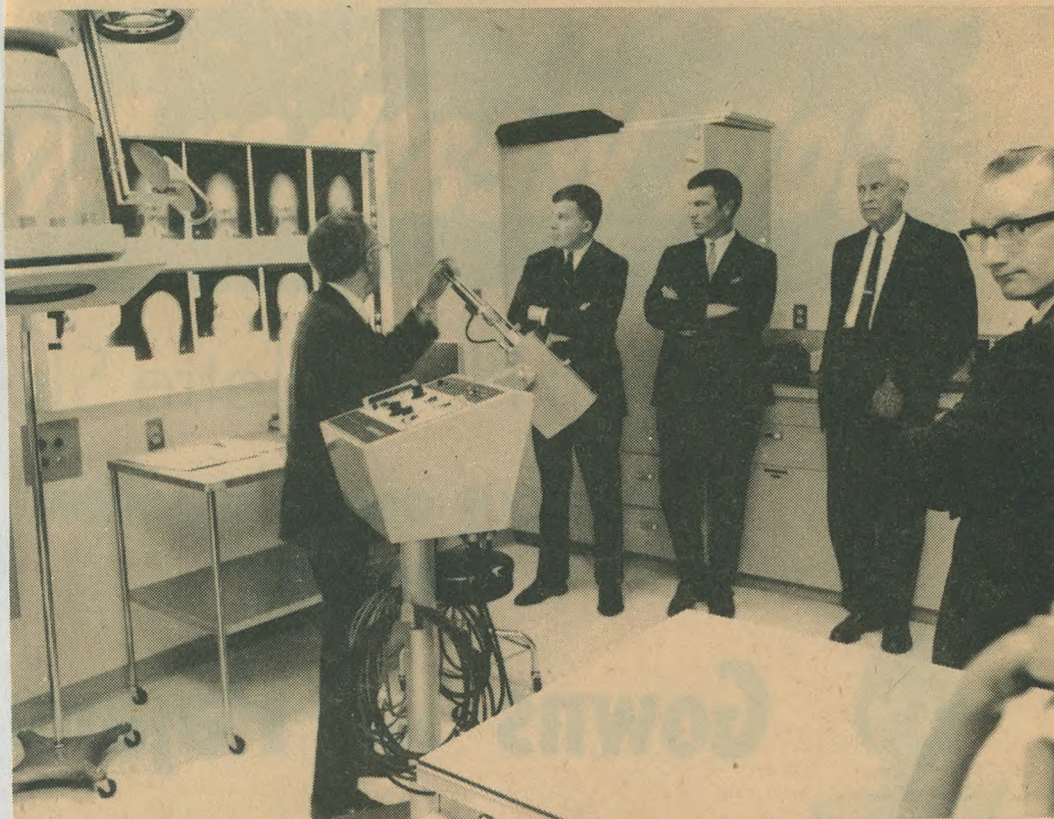
The existing hospital was opened as a nursing home in 1934, established as a general hospital in 1959 and became a non-profit community hospital in 1971.

Grotting earlier said the hospital is cramped at its location near downtown Gresham and that remodeling was impractical.

Bids also were submitted by E. Lee Robinson of Tigard, \$9,918,427; Todd Building Co. of Roseburg, \$9,932,000; EMCO, a joint venture in Portland, \$10,049,000; Donald M. Drake Co. of Portland, \$10,069,000; Hoffman Construction of Portland, \$10,159,000; C.A. Lentz of Salem, \$10,197,990; Marion Construction of Salem, \$10,085,000; P&C Construction of Gresham, \$10,197,880; VIK Construction of Eugene, \$10,105,219; and Voth Bros. Construction, a Canadian company bidding from a Seattle office, \$10,095,000.

The bidders promised completion times ranging from 500 days for Todd to 750 days for Marion Construction.

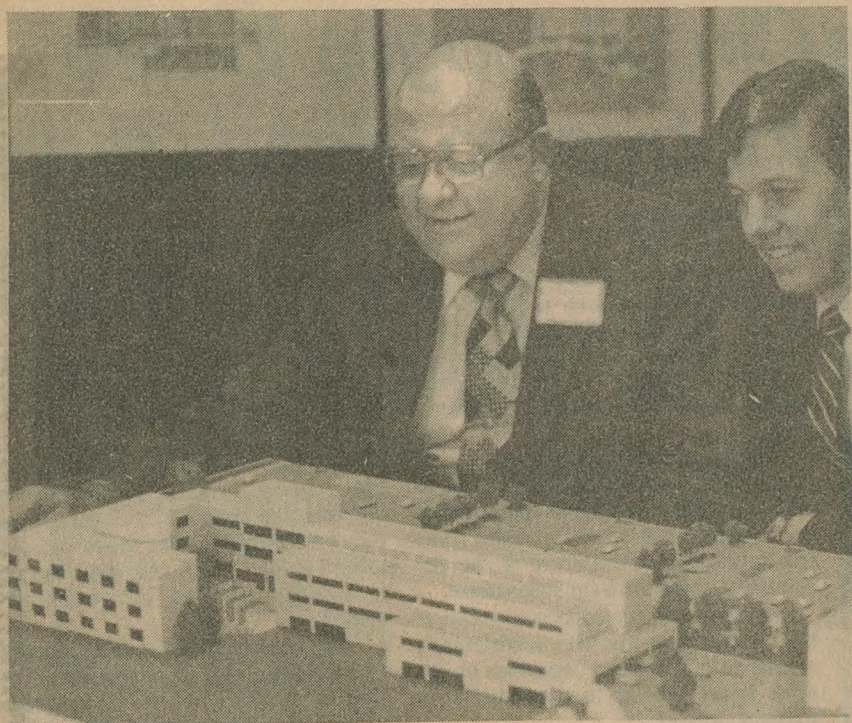




GRESHAM GENERAL HOSPITAL staff member Howard Lavin explains special X-ray procedure to local chamber of commerce members Monday during hospital tour. Recently completed facility is equipped to detect brain abnormalities through injection of dyes. Hospital administrator Ben Doerksen told chamber members Gresham is equipped with second largest scanner on Pacific Coast. Also, hospital is only one in Portland area which soon will have facilities to graphically monitor functions of body through intensive care facilities. In addition, he said, hospital will have new \$240,000 addition completed in about five months. (Outlook photo)



DREG 11 NOV. 1981



PLANS — Robert Murray (left), board chairman of Gresham Community Hospital, and hospital Administrator John Grotting look at model of new 107-bed hospital for which permission was granted by state Tuesday.

# Construction approved for Gresham hospital

By ANN SULLIVAN  
of The Oregonian staff

Reversing an earlier stand, the state Health Planning and Development Agency announced approval Tuesday of major expansion of Gresham Community Hospital, but with some modification of plans.

The hospital immediately announced details of a \$13.1 million complex to be built on 21 acres on the south side of Southeast Stark Street between Hogan Drive (242nd Avenue) and Kane Road (257th Avenue). The site is just west of Mount Hood Community College.

Richard H. Grant, director of the state agency, which has final say on large-scale capital construction for hospitals and nursing homes in Oregon, announced the approval late Tuesday afternoon.

He noted that interest charges on the 107-bed project will push the eventual costs close to \$64.6 million.

"We approved the application in spite of the cost," he said, "principally because it was important to assure reasonable access to hospital service by the Gresham-area population. But we do have significant concerns about costs of this project."

One of the factors in Gresham's application, he noted, was "the alleged availability of beds in Portland that also serve the Gresham service population."

"By approving Gresham's project," he said, "we are not turning our backs on the problem of excess beds in the Portland area. There may come a time, in my opinion, when citizens will conclude it is preferable to drive farther for hospital care than it is to build and expand suburban facilities because of the

cost implications of those expansions."

Gresham Community Hospital is part of Metropolitan Hospitals Inc., which also includes Physicians and Surgeons, Emanuel and Meridian Park hospitals.

In January, Grant denied applications for expansion from the Gresham hospital and Meridian Park, as well as from Portland Adventist Hospital.

Community support and some alterations in plans earlier caused Grant to change his mind about Meridian. The other three hospitals, however, appealed the rejections, with Gresham carrying its case as far as the Oregon Court of Appeals, which directed a rehearing.

Gresham Community Hospital has scaled down some of its plans, hospital administrator John B. Grotting noted Tuesday. Originally, he said, the new hospital was planned for 113 beds. Because of delays, increasing costs and negotiations, the size was reduced to 107 beds, including a 24-bed alcoholism treatment area.

"We don't know all the reasons behind the reversal," Grotting said, "but we think concern over maintaining facilities to the people of this area counted."

The hospital has 174 physicians on its medical staff and plans a professional office building on the new hospital site.

Construction of the new hospital, expected to take about 22 months, will begin after arrangements are made for sale of the present building and for financing.

The new hospital will be financed with tax-exempt bonds, according to Robert L. Murray, board chairman.

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## Council to consider hospital zoning, extension of street

Gresham Community Hospital will carry its case to the Gresham City Council tonight, seeking to have an April planning commission denial to relocate the hospital in north Gresham overturned.

In other business, the council will consider financing and construction of a proposed 223rd Street extension, designed to become a four-lane, north-south major roadway for the city.

A Gresham committee, working for the annexation of Gresham into Multnomah County Fire District 10, will also present arguments to the council.

Gresham Community Hospital is seeking a zone change and conditional use permit that would allow it to relocate in north Gresham, at the corner of SE Stark and NE Rene Drive. Those requests were denied last month by the planning commission because of a development moratorium placed on the area by the city council.

The moratorium is in effect until a solution can be found to the area's sewer line problem of surcharging, with sewage backing up into houses and manholes. The city has commissioned a study of that problem but it will not be done until next year.

The hospital has argued earlier that it does not intend to build until 1981-82, when the problem may be resolved.

The council also will discuss potential

funding sources for the proposed north-south roadway, designed to run from approximately Northwest Burnside Road south to Butler Road.

The first phase, running from Fariss Road south to Powell Boulevard, is estimated to cost \$4.3 million.

The project was initially estimated to cost \$2.5 million. Escalation of costs is the city's major problem now, according to a staff report that will be presented to the council.

Federal funds already committed for this section are approximately \$3 million. Local match funds from state gas tax revenues are about \$350,000. The city must raise another \$1 million or decrease the project's extent.

Suggested alternatives from the city planning and building department include reduction in the scope of the project, phasing of the construction over a longer period of time, or providing local match money through general obligation bonds, local improvement district projects or tax increment financing.

The council also will hear testimony from Citizens for Better Fire Protection and Emergency Medical Services in Gresham and East Multnomah County. The committee is spearheading a petition effort to place on the November ballot an ordinance allowing Gresham to be annexed into Fire District 10.



Staff photo by STEVE NE

HE START — The first shovelful of dirt for the new Gresham Community Hospital building was dug Tuesday by Robert L.

Murray, chairman of the hospital's board of directors. Among those participating were Gresham Mayor Margaret Weil (left)

and Dr. Gregory Craner (right), hospital staff president. Building is slated for completion late next year.

*The Oregonian April 13, 1983*

# Low bids allow hospital to plan for more 'extras'

by ROD PATTERSON

The Oregonian staff

GRESHAM — When construction of the new Gresham Community Hospital is completed in December of next year, it will have a few extra features that hospital officials had not counted on before bids were let.

Because construction bids were lower than expected, hospital officials said Tuesday they will be able to include several items that they had earmarked as extras in a hedge against the prospects of a higher-than-anticipated bid.

"It will be a full-service, general, acute-care hospital, a hospital that will offer us a facility to go along with the excellent programs we already have," said John B. Grotting, hospital administrator.

Construction on the 96,000-square-foot, \$14.7 million hospital began Tuesday with ground breaking on a 22-acre site at Southeast Stark Street and 246th Avenue. When completed, the building will replace the current hospital at North-Fifth and Beech streets in downtown Gresham that opened in 1934 as a nursing home and was established as a hospital in 1959.

"The project from the beginning has been a high-quality project, and it will be a modern facility," the administrator said. "We just identified

some things we thought we could live without and add at the future, but with the good bid climate we have been able to include those."

Last January, Brockamp & Jaeger Inc. came in as the low bidder on the hospital project with a bid of \$9.7 million.

Grotting said the total construction cost had been estimated at \$10.2 million. An additional \$4.5 million has been earmarked for the land, site preparation, equipment, furnishings, architect fees, permits and utilities.

The hospital's steering committee, board of directors and foundation board of trustees also are raising \$800,000 to offset the cost of constructing the new hospital. Grotting said Tuesday that the group has collected some \$740,000 in cash and pledges.

Among the extras that were originally designed into the project but would have been scrapped had the bid been higher are landscaping, an additional driveway into the hospital for emergencies and deliveries, and a better grade of interior finishing.

Grotting said the entire site will be seeded and landscaped "so the campus will be totally finished."

The second driveway into the hospital from

Southeast Stark Street will be on the east side of the property and will provide for a smoother traffic flow, the administrator said.

In addition, the hospital will be able to upgrade the interior finishings to make them more functional, Grotting said. Tile will be placed in the bathrooms, and a higher grade of wall finishings will be used to resist damage from carts and other hospital equipment.

Grotting said the low bid also allows the hospital to finish space on the second floor "to give us more elbow room than we had in the original plan" for the intensive care and coronary care units.

"We had designed the building to be very tight; now we can pick up additional space," he said.

He also promised that the hospital will be able to do more in equipping the building.

"Our major need right now is for a head scanner to deal with major head trauma," he said. "We're examining that."

Architect for the new hospital is Broome, Oringdolph, O'Toole, Rudolf and Associates of Portland.

The hospital will have 107 beds, including 72 private rooms for medical and surgical care, 10 intensive care and coronary care beds, and 25 beds in a separate alcohol treatment center.

Constructed of steel frames with concrete slabs and exterior plaster, the hospital will be built on five levels.

The second floor will house surgery, intensive care and coronary care, cardiopulmonary service and the pharmacy.

The building, on a sloping site, will be oriented toward the northwest and the southeast, and patient rooms will have "spectacular views to the west or to Mount St. Helens and Mount Adams," Grotting said.

The possibility for expansion has been built into the design of the hospital.

"We'd expand to the southeast," the administrator said. "The building is designed so there is a central transportation core, and we can add spokes off of it so we can expand without disturbing the rest of the hospital."

The Gresham hospital, which is a private, nonprofit institution owned and operated by Metropolitan Hospitals Inc., is certified for 113 beds; but because of space limitations, only 95 are used. Grotting said that with the new building, the hospital could be expanded to up to 400 beds.

"The capacity is there to expand as the community grows and the need dictates," Grotting said.



# Broken for \$14.7 million Gresham hospital

*The Oregonian, April 13, 1983*





*The Oregonian April 13, 1983*

## Completion expected next year

By WATFORD REED  
of The Oregonian staff

Ground was broken Tuesday for a \$14.7 million building for Gresham Community Hospital at Northeast 246th Avenue and Stark Street in Gresham.

John Brockamp, a partner in Brockamp & Jaeger Inc. contractors, of Oregon City, forecast that the building will be ready for use late next year.

As Chairman Robert L. Murray of the hospital board dug the first shovel-ful of dirt, several hundred balloons of many hues drifted aloft and a yellow bulldozer began cutting a swath from the northeastern corner of the 22-acre tract toward the ground-breaking site.

The site is a former strawberry field with a view of the Cascades foothills and Mount Hood. The site was formerly part of Snider Farms, operated by the late Eldon "Don" Snider.

The center of activity Tuesday was the Snider home, which will be part of an alcoholism treatment center at the hospital. Snider's widow, Eleanor, lived in the home for 22 years. Snider died 16 years ago.

Mrs. Snider now lives in a house at 4115 N.E. Fifth Drive and she said she will "use field glasses and watch every bit of the work from my patio."

As part of the ground breaking her daughter, Donna Burlingame, chairman of the hospital foundation, handed Murray a check for \$745,000 toward the cost of building the hospital. She said the foundation plans to raise \$55,000 more.

The Rev. Merlin Baker, president of the Gresham Ministerial Association, opened the ceremony.

Mayor Margaret Weil of Gresham said it will represent the work of several communities, adding, "It will be a reminder that regional planning works for all."

Hospital officials estimated that the population in the hospital service area, 112,000 in 1971, will reach 290,000 by 1991.

Vern Pearson, chairman of Metropolitan Hospitals Inc., owner of the Gresham hospital, said the current institution is "inefficient and is good only because of a good staff."

He said that \$51 million in bonds to pay for the building and other projects undertaken under the wing of Health Network of America — a group of hospitals in several states — had been over-subscribed almost 2-to-1.

Because of the financial strength of the group, the net interest rate will be 9.2 percent, he said, and because of the low rate "we'll save almost the cost of this building."

Dr. Gregory Craner, president of the medical staff, said that when he began to practice at the hospital in 1979 he was "struck by the dedication of the physicians to their patients."

Brockamp said: "In building this hospital, we'll be part of the healing that takes place here. We want you as the owners to be most pleased at the dedication."



# and only 'One' Susan Fry has seen many changes in 25 years on job

by JAN COOLEY  
of The Outlook staff

Susan Fry is number one at Gresham Community Hospital — employee number one.

"I was here when (Gresham Community Hospital) opened," she says proudly, "and I'm the only original employee (still here)."

Fry was hired 25 years ago, before the hospital opened its doors. She was looking for a job after leaving her position as nurse anesthetist at Physicians and Surgeons Hospital in Portland for a year of travel. Her position was filled when she returned, and in the course of hunting for a job, she heard about a hospital being built in Gresham.

"That's how I got here. When the hospital first opened, there were about 3,000 people in the city of Gresham."

Gresham's population now exceeds 35,000 people, and Fry is moving into her second new hospital — Mount Hood Medical Center.

Fry has seen many changes in medical care during her career — among them her job as a nurse anesthetist.

Anesthesiologists, doctors specializing in anesthesia, were rare in 1959. Instead, nurses certified and licensed after two years of additional training were in charge of putting patients to sleep for surgery.

Now, many doctors specialize in anesthesiology. So Fry also works as the hospital's purchasing agent for medical and surgical supplies. Her experience dates back to her first year at Gresham Community Hospital when, in addition to her nursing duties, she served as overseer of central supply and the operating room.

We finally got more help as we got busier . . ." she recalls, leaving her more time for nursing.

Fry has seen medical care become more sophisticated with the advent of coronary care and intensive care units.

"Nurses have taken on more responsibility because the types of patients and the types of treatment have changed so much."

Coronary patients, especially, have a better chance of recovery, she said.

"There were an awful lot of young people who just toppled over and nothing could be done for them."

She also has seen advancements in orthopedic surgery techniques.

"They're putting back more bone fragments than they ever

could do before."

Fry is eager to go to work in the new medical center.

"Everyone is excited. As a medical center, it will have more things available to the community than Gresham Hospital has in the past."

One of the advantages of the new hospital, she said, is private rooms for every patient. The majority of the rooms at the old hospital are four-bed wards. The hospital has only one private room and a few two-bed rooms.

"Sometimes we trade and let them take turns," she says. "Patients prefer private rooms rather than four-bed wards. Visiting hours in a four-bed ward is bedlam."

Doctors complain about Gresham Community Hospital's rooms, says Fry, because they cannot talk to their patients in private. And activity in a four-bed ward makes it difficult for patients to rest.

"People need as much peace and quiet as they can get to get well," she said.

In addition to private rooms for patients, the new facility will have advantages for nurses as well. It has larger, better-equipped operating rooms, says Fry, and "a nurses' lounge for the first time."

In the old hospital, the nurses' tiny dressing room often is used by doctors as a coffee room. As a result, the nurses usually end up dressing for surgery in a restroom.

"You bang your elbows trying to pull off your shirt. It's just been great," says Fry drily.

Despite some inconveniences, Gresham Community Hospital has been a good place for both patients and employees.

"Other than open-heart surgery, there probably isn't any procedure we couldn't do that a Portland hospital could do," Fry said.

But with Gresham's population growth and competition from two East County hospitals, Woodland Park Hospital and Portland Adventist Medical Center, it is time for Gresham Community Hospital to be more cost-effective in the services it offers, she said.

Fry predicts more changes in the future of medical care. She expects more patients will opt for shorter stays and day surgery. She also anticipates that more diagnostic tests will be done in doctors' offices. But she hesitates to speculate on what other changes might occur.

"I guess nobody knows what changes are coming," she says, drawing on her 25 years of experience.





Susan Fry has seen many changes in her 25 years working at Gresham Community Hospital. A nurse anesthetist and the hospital's

purchasing agent for medical and surgical supplies, Fry will be moving this week into new quarters at Mount Hood Medical Center.



JUL 13 1981

Rt.1, Box 472, Dundee, 97115

July 10, 1981

To:

Fisher, G. Alan, M.D., 400 N.E. Roberts, Gresham, 665-4298  
Fix, Arthur H., M.D. 19125 S.E. Stark, Portland, 97233; 665-8136  
A.T. Grinstead, 2230 W. Powell, Gresham, 665-0230  
Ide, Irv, McBain Pharmacy, 111, N.E. Roberts, Gresham, 665-4298  
McKeel, Mrs. Lynn (Mary), 1495 S.E. Roberts, Gresham, 665-5536  
Snyder, Mrs. Max (Lorraine), Rt. 2, Box 263, Corbett, 97059; 695-2621

You folks now constitute the Board of Directors of the Dr. Chamberlin Children's Fund. Under Oregon law incorporators (Mary, Lorraine and I) can so name you. Dr. Chamberlin, Mark and I should not be Board members, we feel.

If you could meet real soon and name at least three others members, select your officers and possibly discuss areas of interest and need in serving children you'd be off to a flying start and a partial flight plan. Other professional groups, civic and ethnic interests could be considered.

I now ask you: do you dare to be different? To kick over traces and meet on a Sunday afternoon, say July 19 at 5 P.M. at Gresham Hospital, with spouses, to hold your first meeting? Crazy? Very possibly. (Not my first.)

Would you phone Lorraine Yes or No? If No, what's a better idea?

Enuf of that. I can't arrange a meeting for you from out here in little ol' Dundee. I'll be there. But it's up to you guys and gals!

But I do want to register a few thoughts:


- A. that you survey local needs before deciding on one or two as starters.  
(a) child abuse problems? (c) help parents cope with these?  
(b) help with the retarded child problem? (d) promote pre- and post-natal clinic attendance?
- B. that you invite staff and board people of services you're interested in to meet with you in your Board meetings, or open public meetings, or both as part of your survey and possible later support and funding.
- C. that you ask especially well qualified staff and board people of these agencies to serve as "volunteers" in your surveys and programs.
- D. that you help fund or otherwise support good present programs unless and until you see the need or special niche for you.
- E. that funding will be no problem if your sights are high enough.

Now, a personal note: Dr. Chamberlin took care of Mark's and my parents and sister for many years. To me she was a special source of help during the 12 long years my dear wife, Clare, endured Alzheimer's Disease. My interest in this activity partially expresses my appreciation.

As a former public health educator I'll have a continuing interest in this project. But at this distance and at 80, my next birthday, I aint got what I used to have.. P.S.: Enclosed suggested news item may help?

May God Bless!

Most sincerely,

  
Homer A. Chamberlin

Enclosure/ cc Dr. C and Mark

*Dear Mr. & Mrs. Fix - Enjoyed our meeting, you & H.*



# Gresham Community Hospital

"A MEMBER OF METROPOLITAN HOSPITALS, INC."

N.E. 5th and Beech • P.O. Box 718 • Gresham, Oregon 97030 • (503) 667-1122

January 19, 1982

Homer A. Chamberlin  
Route 1 Box 472  
Dundee, Oregon 97115

Dear Mr. Chamberlin:

Dr. Fix and I discussed meeting times and decided February 2nd would be the best for us. I am tied up through the 22nd of January and Dr. Fix will be gone January 26th-30th, so it was not possible to get us together sooner.

I have asked Linda Klemann, RN, who is the Head Nurse of Emanuel Hospital Pediatrics Department to join us at that time to discuss programs. She has been involved in community education programs for parents of young children and has some ideas to share with us.

Your eagerness to get this program rolling is felt by all, but I feel it is important to put a quality program together. A short delay will be worth it if we can formulate an effective plan which will reach the highest number of young parents.

Enclosed is a letter from Steve Kent which explains the donations the hospital received in Dr. Chamberlin's name and the names of contributors. I hope this is sufficient for your records.

Looking forward to seeing you in February.

Sincerely,

Aris A. Painter, RN  
Assistant Administrator  
Patient Care Services

AAP:slk

cc: Dr. Arthur Fix



# GRESHAM COMMUNITY HOSPITAL FOUNDATION

N.E. FIFTH AND BEECH • GRESHAM, OREGON 97030 • (503) 667-1122

January 20, 1982

Mr. Homer Chamberlin  
Route 1, Box 472  
Dundee, Oregon 97115

Dear Mr. Chamberlin:

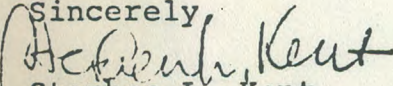
In response to a memorial fund established for Dr. Corinne Chamberlin, the following donations were received by the Gresham Community Hospital Foundation office:

<u>Donor</u>	<u>Date</u>	<u>Amount</u>
Dorthea S. Gilmore 312 N.W. Birsdale Avenue Gresham, Oregon 97030	8/21/81	\$50.00
Reuben and Rose Lenske 7400 S.E. 82nd Portland, Oregon 97266	9/7/81	\$100.00
W.A. and Joan Hessel, Jr. P.O. Box 351 Gresham, Oregon 97030	9/12/81	\$25.00

The checks were made payable to the Gresham Community Hospital Foundation; therefore, upon receipt, they were deposited and entered in our Memorial Fund balance. We would like to make these funds available to you for disbursement. Please find enclosed a check in the amount of \$175.00 payable to the Dr. Corinne Chamberlin Memorial Fund and any future donations received by this office will be forwarded to you.

Thank you for your efforts in this matter.

Sincerely,

  
Stephen L. Kent  
Foundation Director

SLK:cv  
Enclosure



Rt. 1, Box 472  
Dundee, Or. 97115

January 25, 1982

Dear Dr. Fix:

The enclosed letter and check from the Freeman Hospital Foundation comes as a surprise to me. I do not wish to add to your chores by turning it over to you but the next move at this point is outside my responsibility. I shall try to explain:

About last September a young woman Foundation staffer told Mary McKeel and Lorraine Snyder and me, while we were waiting in the board room for the meeting, that some checks had come to them for Dr. Chamberlin's memorial and we would be given their names shortly. I'm not sure now if she said we'd get the money, too.

A month or more later we were told the matter was being taken care of, but with a different approach, and we'd hear more.

That was the last we heard. Mary and I compared notes, wondered if the donors had been thanked, their checks cashed, were they wondering why we had not acknowledged their gifts if their checks were still being held, etc. Mary thought I should find out.

I kept putting it off, hoping to hear. Finally, I asked Aris Painter two or three weeks ago. I thought I made it clear we were not trying to get hold of the money, just needed to know where the Memorial Fund stood, in the matter, in relation to the donors.

I shall make no moves now. A copy of this letter is enclosed in case you want it for Aris or Mr. Kent.

Secondly: I am delighted with the Feb. 2nd meeting plans. Aris doesn't so state but I'm assuming she sent notices as per list encl.

Thirdly: I made the change you suggested in the IIS application and sent it off.

Finally: Irv Ide, pharmacist, was a board member from our beginning but never attended even though notified, often personally, and so I left him off the list sent in to IIS. But perhaps I was wrong. Do you think he should still be considered as a member and, if so, would you care to call him and invite him to the Feb. 2 meeting? (We ought to have in those by-laws a note about X number of absences from regular board meetings, eh what?)

cc enclosed  
Mr. Kent's letter & check encl.

*L. M. Kent*



# Gresham Community Hospital

A MEMBER OF METROPOLITAN HOSPITALS, INC."

N.E. 5th and Beech • P.O. Box 718 • Gresham, Oregon 97030 • (503) 667-1122

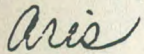
Dear Board Members:

Here are the minutes of the February 2nd, 1982, meeting and a copy of the Constitution and By-Laws for you to review. In Bea's notes, she had listed Tuesday, February 23rd for the next meeting, in my notes, I had listed Wednesday, February 24th for the next meeting. Upon checking for availability of rooms here at Gresham Community Hospital on both of those evenings, I find that we would not be able to reserve a room here to meet on either of those evenings.

Therefore, I have reserved the Board Room for Thursday, February 25th, at 7:30 p.m. to hold our meeting. If there is any problem with moving the meeting to the 25th for any of you, please notify me.

I would like you to know that Beverley was able to attend that Sunday night meeting and that the speaker was excellent. She did discuss with him the possibility of doing a speaking engagement for us sometime in the near future and he was very positive about doing this. Also, Beverley has put together a proposed program brochure and has given it to our Public Relations Director. He will be looking at putting it together in a sample form for us. I will also send him the letter that Homer Chamberlin sent to me outlining the other side of the brochure which would be the information regarding the Memorial Fund itself.

Sincerely,



Aris Painter



THE DR. CHAMBERLIN MEMORIAL CHILDREN'S FUND BOARD

MEETING NOTICE

DATE: Tuesday, February 2, 1982  
TIME: 7:30 p.m.  
PLACE: Gresham Community Hospital--Board Room

Linda Klemman, R.N., Head Nurse Pediatric Department, Emanuel Hospital, will join us to discuss Parent Education Programs. Linda has worked with physicians in Eastern Oregon to present information programs. She has agreed to share her expertise with us.

Also, Patty Brost, R.N., Assistant Director of Nursing, Gresham Community Hospital, and in charge of Education Programs, will also attend. She will outline our current Public Education Offerings and indicate how the Dr. Chamberlin lectures will fit into the overall program.

At the Gresham Community Hospital Medical Staff Banquet in January, Dr. John Custis spoke a few words in memory of Dr. Chamberlin.

Homer brought me some information about publications available from the National Mental Health Association. I have written for copies and hope to have them at the next meeting.

Looking forward to seeing you February 2nd!

Aris Painter



May 20, 1932

Dundee, Or.

To the Members of the Board of Directors  
Corinne Trullinger and Berlin Memorial Children's Fund:

In order to complete our application to I.R.S. for Tax Exempt status they are requiring notice of board action by July 1, next, of amendment of our Oregon Articles of Incorporation by the addition of the three paragraphs, below, in quotes.

I have the Oregon form for "Articles of Amendment" which must be signed by our President and Secretary as showing approval of such by the Board as of a stated date, copy of which bearing the Oregon Commissioner's stamp must be returned to us and sent to I.R.S.

Our action should take place at our meeting next Thursday, May 27, so in order to do so as quickly as possible would you read these paragraphs before the meeting and bring your copy with you?

#### ARTICLE II

" This corporation is organized exclusively for religious, charitable, scientific, literary or educational purposes within the meaning of section 501 (c)(3) of the Internal Revenue Code.

Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on by an organization exempt from Federal income tax under section 501 (c)(3) of the Internal Revenue Code."

#### ARTICLE VI

" However, if the named recipient\* is not then in existence or is no longer exempt from Federal income tax, or is unwilling or unable to accept the distribution, then the assets shall be distributed to an organization which has established its tax exempt status under section 501 (c)(3) of the Internal Revenue Code."

(\* This refers to the recipient originally named in our Articles of Incorporation, namely, The Division of Special Education and Rehabilitation of the College of Education, University of Oregon, Eugene, under "ARTICLE VI Provisions for the distribution of assets on dissolution or final liquidation." Since there is little likelihood that the U.O. will ever be operated for profit or will ever cease to exist and since its Special Ed. services to children are about as closely identified to our goals as one could ask for it seemed to be the best choice at the time. However, this can be changed at any time.)

If this presents any problems, or if you have questions, would you please phone me, 578-2306 ?

*Chamberlin*  
Homer Chamberlin





## Dr. Corinne Chamberlin Memorial Fund

1495 S.E. Roberts • Gresham, Oregon 97030

April 22, 1983

To members of the Board of the Dr. Chamberlin Memorial Fund

Corinne Chamberlin, M.D. Dear Friends -

### CORINNE CHAMBERLIN MEMORIAL BOARD

Arthur H. Fix, M.D.  
President  
Homer A. Chamberlin  
Vice President  
Beatrice Grimsted  
Secretary  
Beverley Burtless, R.N.  
Mark A. Chamberlin  
A.T. Grimsted  
Henry T. Kato  
Ann Kracke, R.N.  
Mary McKeel  
Aris Painter, R.N.  
Lorraine Snyder

As time for the annual meeting of the Board draws near here are some thoughts Homer and I would like to share with you.

The one year terms of four members of the Board, as voted on June 24th last year, expire at this time (Dr. Fix, Al Grimsted, Homer and Mark Chamberlin). This means a careful look by a nominating committee for good timber for the future.

At present we do not have any representatives from the public schools' health services, county health department, specific services affecting dental care, medical health, child abuse prevention, teen-age parents, drug and alcohol prevention and similar areas. The Board could well profit by advice and participation from people in these fields along with other professionals suggested by Board members. If available, people from these fields should take precedence over those who might be nominated primarily because of their youth.

In addition to the regular lecture series it has been suggested that activity in other areas might be possible and most valuable, i.e. the modest help given the Hospital for its diabetic program. The future of the Fund envisions many opportunities and challenges.

In the conduct of its work in these experimental months, the Board has been particularly fortunate in having the advice and loyal support of such able and concerned folk from the Gresham Community Hospital as our chairman, Dr. Fix, Aris Painter, Beverly Burtless and Ann Kracke. To each and every one of these the Fund owes a deep debt of gratitude. In addition, we are greatly indebted to the Gresham Community Hospital for publicity, our meeting room, as well as much other aid.

Educational presentations  
for protecting and  
improving the health  
of children.

Homer has been concerned as to how he came to be listed as vice-president instead of Henry Kato elected last year. A deep dark mystery!

Warmest regards -

*Homer Chamberlin*  
Homer Chamberlin

*Mark Chamberlin*  
Mark Chamberlin



# Gresham Community Hospital

A MEMBER OF METROPOLITAN HOSPITALS, INC.

N.E. 5th and Beech • P.O. Box 718 • Gresham, Oregon 97030 • (503) 667-1122

May 4, 1984

Arthur Fix, M.D., President  
Corinne Chamberlin Memorial Board  
19125 S.E. Stark Street  
Portland, Oregon 97030

Dear Dr. Fix:

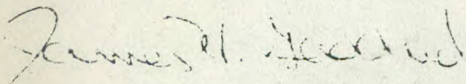
I would personally like to thank you and the Corinne Chamberlin Memorial Board for their generous contribution to our new facility.

The children's furniture in our Emergency Waiting Area will be much appreciated by thousands of our guests for years to come. We will see to it that a suitable plaque gives reference to the donation and we hope to formally display it during our opening ceremonies.

It is from the continuing assistance of groups such as yourselves that make our facility an integral part of our community.

Thank you for assisting in our pursuit of improving the health of our community members.

Gratefully yours,



James H. Goddard  
Acting Administrator

JHG:slk



10/27/85  
Arthur H. Fik, M.D. '86  
(President)  
RR#2 Box 505  
Troutdale, OR 97060  
665-8136

Willard Mathiesen, M.D. '86  
(Vice President)  
Box 32181 Upper Westwood River Road  
Beaver, OR 97005-5183  
97005

Beatrice Grimsted '86  
(Secretary)  
2230 West Powell  
Gresham, OR 97030  
665-0130

Mary McKeel '84  
(Treasurer)  
1495 S.E. Roberts  
Gresham, OR 97030  
665-5536

Beverley Eurtless, R.N. '84  
c/o Gresham Community Hospital  
P.O. Box 713  
Gresham, OR 97030  
661-9203

Homer A. Chamberlin '86  
Rt.1 Box 472  
Dundee, OR 97115  
538-2866

Mark A. Chamberlin '86  
1228 NE Kane #71  
Gresham, OR 97030  
666-2213

Kay Grimsted '86  
1159 SE Maple Place  
Gresham, OR 97030  
665-3875

Donna Irvine '86  
30316 SE Lusted Road  
Gresham, OR 97030  
661-9293

Harry F. Kato '86  
7620 S.E. 190th Drive  
Portland, OR 97236  
665-5042

Ann Trache, R.N. '85  
c/o Gresham Community Hospital  
P.O. Box 713  
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661-9203

Aris Painter, R.N. '84  
c/o Gresham Community Hospital  
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Gresham, OR 97030  
661-9293

Lorraine Snyder '85  
33220 N.E. Marshon Road  
Corbett, OR 97019  
695-2621