

# Elliot Park

A Neighborhood Caring for Its Community

A History of Elliot Park's Healthcare and Social Services

Report prepared for  
**City of Minneapolis, Minnesota**  
**Elliot Park Neighborhood, Inc.**

Report prepared by  
**Lindberg Consulting**  
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Swedish Hospital. Photograph taken from the present corner of Eighth Street and Tenth Avenue. Today's Elliot Park was still Elliot Farm, as evidenced by the barbed wire fence at the edge of the pasture. ca. 1901 – 1906. Courtesy of Minnesota Reflections.

## **Acknowledgements.**

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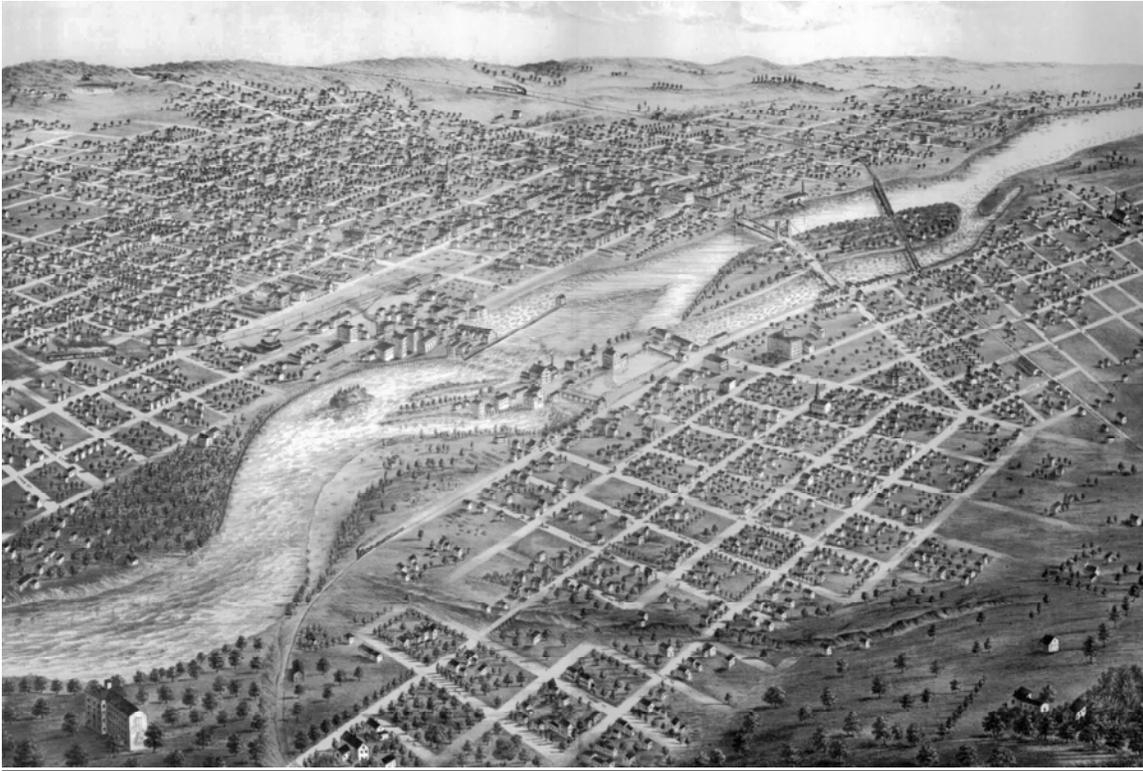
Photograph on cover page: Aerial view of Downtown Minneapolis, with Elliot Park visible in the lower right corner. ca. 1930. Courtesy of the Minnesota Historical Society.

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## Chapter 1 - Executive Summary



Minneapolis and Saint Anthony 1867 Bird's Eye View. A. Ruger, 1867.

In 2011, the City of Minneapolis (City) contracted with Lindberg Consulting to research Elliot Park's historic and current healthcare and social services institutions and the roles they played in the development of the community.

The objectives of the research and report were:

- To identify a memorable identity for Elliot Park/Downtown East
- To help inform campus master planning by Hennepin Health Services
- To evaluate the possibility of a future designation of an historic district associated with the area's hospital/social service history
- To evaluate properties that qualify for City of Minneapolis' Heritage Preservation Commission (HPC) Landmark or National Register of Historic Places
- To provide material for historic interpretation through tours and other aids

This research project was initiated based on recommendations from Mead and Hunt Inc.'s 2008 report: *Historic Resources Inventory; Historic Resources in the Loring Park and Elliot Park Neighborhoods, Re-survey of Lowry Hill East Neighborhood* (Mead and Hunt 2008).

## **Location**

The Elliot Park Neighborhood, located just southeast of downtown Minneapolis, is bounded on the north by Fifth Street South (from Fifth Avenue to Chicago) and Sixth Street South (from Chicago to I-35W), on the east by I-35W, on the south by I-94 and on the west by Fifth Avenue South.

Elliot Park is one of Minneapolis' oldest neighborhoods as it was first surveyed in the 19th century, just four years after the founding of Minneapolis. The area's close proximity to downtown Minneapolis, the railroads, and most importantly the milling industries along the Mississippi River, attracted a large immigrant population to Elliot Park, particularly those of Swedish descent.<sup>1</sup>

The neighborhood, park, and avenue were named for Dr. Jacob S. Elliot, who along with his wife donated the original land for Elliot Park in 1883.<sup>2</sup> Many mansions were built in the neighborhood in the late 1800s and early 1900s. Most of those large homes were eventually demolished or converted into apartments to accommodate the shifting demographics.<sup>3</sup>

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<sup>1</sup> "Our Neighborhood." *Elliot Park Neighborhood*. Elliot Park Neighborhood, Inc. Web. 16 Feb. 2012. <<http://elliottparkneighborhood.org/our-neighborhood/>>.

<sup>2</sup> Smith, David C. *Parks, Lakes, Trails and So Much More: An Overview of the Histories of MPRB Properties*. Rep. Minneapolis: Minneapolis Park and Recreation Board, 2008. Print.

<sup>3</sup> "Elliot Park - City of Minneapolis." *Official Website of the City of Minneapolis*. Web. 16 Feb. 2012. <<http://www.minneapolismn.gov/neighborhoods/elliottpark/index.htm>>.



Elliot Park Boundaries. Map courtesy of the City of Minneapolis.

## **Background**

The milling industry brought massive growth to Minneapolis in the late nineteenth century. In 1870, the city's population was 13,000, twenty years later it had grown to nearly 165,000.<sup>4</sup> Between 1870 – 1880, seventeen new flourmills were built on the west

<sup>4</sup> "Flour Milling History | Mill City Museum." *Mill City Museum | The Museum on the Minneapolis Riverfront*. Minnesota Historical Society. Web. 19 Feb. 2012. <<http://www.millcitymuseum.org/flour-milling-history>>.

side of the river.<sup>5</sup> Beginning in 1880 and for 50 years thereafter, Minneapolis was known as the “Flour Milling Capital of the World” or “Mill City.”

In the late nineteenth century, dangerous mill conditions and workers’ unsanitary living conditions caused rampant growths of workplace catastrophes, infectious diseases, and diseases related to poor nutrition. Due to Elliot Park’s proximity to the mills and the devout’s desire to extend charity to fellow brethren, health care facilities quickly materialized and multiplied in the neighborhood. These facilities began in rented houses and rapidly grew into two to three hundred bed facilities. Elliot Park hit its peak in the early 1950s when it was home to five major care institutions and numerous medical facilities.

The presence of these institutions ultimately formed the Elliot Park ethos. The neighborhood became a place where communities of people came together, through faith organizations and government support, to care for their fellow neighbors in an unusually concentrated way. Though the original organizations have morphed over time, the same tradition of caring exists today.

### **Summary of major care institutions**

In 1871, fifteen years after the Minnesota Territorial Legislature declared Minneapolis a town, it had a population of approximately 13,000 people. That year the west riverbank of the Mississippi had twenty-five businesses including flourmills, woolen mills, iron works, a railroad machine shop, and mills for cotton, paper, sashes, and planing wood.<sup>6</sup> These manufacturing jobs employed a large number of male immigrants, many of whom had no place to be cared for when they fell ill, as they had left their families behind to earn fortunes in the City. After witnessing the vulnerabilities of young, immigrant workers, Reverend David Buell Knickerbacker of the Protestant Episcopal Church identified the need for a charity hospital. In March of 1871, he and the Brothers of Gethsemane opened the first hospital in the hamlet of Minneapolis, called Cottage Hospital. “He specified a charity hospital because the wealthy of the community did not face the same problems as the workers did.”<sup>7</sup> In 1874, Cottage Hospital moved into Elliot Park and in 1883 its name was changed to St. Barnabas. St. Barnabas existed as a private hospital and member of the Elliot Park health community until 1991.

“Prior to 1887, the members of the lower economic group of the City of Minneapolis were cared for in private hospitals, and their care was paid by the City...According to the records of that time, it was evidently found that the supervision of patients scattered in various hospitals was time consuming, and that uniformity of handling cases in the

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<sup>5</sup> Frame, Robert M. III, Jeffrey Hess (January 1990). "West Side Milling District, Historic American Engineering Record MN-16". U.S. National Park Service (via U.S. Library of Congress).

<sup>6</sup> Frame, Robert M. III, Jeffrey Hess (January 1990). "West Side Milling District, Historic American Engineering Record MN-16". U.S. National Park Service (via U.S. Library of Congress).

<sup>7</sup> Barton, Caroline Adams. "With Faith and a Market Basket." *St. Barnabas Hospital Today* (Dec. 1944). Print.

various hospitals was impossible.”<sup>8</sup> Based on the desire to care for the city’s medically indigent on one campus, the Minneapolis City Council organized City Hospital by a resolution on July 1, 1887. Minneapolis City Hospital opened on December 1<sup>st</sup>, 1887 in a rented house at 724 Eleventh Avenue South. The Hospital’s missions were “to furnish medical service to the needy, to care for patients with contagious diseases, and to provide ambulance service and first aid for all people of the city.”<sup>9</sup> Through 125 years of medical modernization and change, the hospital still resides in Elliot Park, known today as Hennepin County Medical Center. The institution provides treatment for the county’s indigent residents, offers extensive ambulatory and emergency care, and provides world-class teaching facilities for the medical profession.

Asbury, the first Methodist hospital in Minnesota, was founded in Elliot Park on September 1, 1892. The hospital was formed as an outgrowth of Minnesota’s Methodist Deaconess movement<sup>10</sup>, and begun as a place where the women of the church could bring the city’s poor for quality health care. During the early twentieth century, Asbury built three structures in Elliot Park and eventually moved its campus to St. Louis Park, Minnesota. When Asbury left Elliot Park, the structures were sold to North Central University (then North Central Bible College), a Protestant Bible College.

“Missionshyddan,” the Augustana Mission Cottage, was a forerunner to Social Services in Elliot Park. The Mission Cottage, begun in 1896, was a Lutheran home for the “the poor, the sick, the needy, the orphaned, the distressed and deserted.”<sup>11</sup> It was begun by the Ladies Aid Society of Augustana Lutheran Church and was open to all ethnicities and religious creeds, though it catered mainly to the Swedish Lutherans. For decades ‘Augustana Mission’ worked extensively with city and county welfare agencies to provide services to the neighborhood; it boarded young working girls, elderly, children, and invalids. In the 1960s Augustana’s effort became focused solely on eldercare due to changes in social climates. Today the Augustana Care Corporation is headquartered in Elliot Park, and maintains a great health and eldercare presence in the neighborhood.

Opened in 1898, Swedish Hospital was an outcropping of the Augustana Mission Cottage. The Swedish Hospital, championed by its large Minneapolis ethnic group, served the City’s private and charitable patients. In five decades Swedish grew to be one of the largest private hospitals in Minneapolis. After consolidation with St. Barnabas and Mt. Sinai, the combined hospital closed its doors in 1991 due to declining admissions and exorbitant operating costs. Today the second generation Swedish campus is occupied by HCMC.

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<sup>8</sup> Remy, M.D., Charles E. "To Humanity." *The Civic Digest* First Quarter (1936): 7-31. Print.

<sup>9</sup> Remy, M.D., Charles E. "To Humanity." *The Civic Digest* First Quarter (1936): 7-31. Print.

<sup>10</sup> The Methodist Deaconesses were chartered by the church to perform works of mercy and evangelism in their respective communities. The Minneapolis Methodist Deaconesses chose to address health care for the city’s poor and immigrant population.

<sup>11</sup> Augustana Care Corporation, comp. *Augustana Home, A Might Social Ministry*. Augustana Home of Minneapolis, 1995. Print.

Alongside these great care institutions operated at least eight cure institutes, sanitariums, and rest homes. These facilities differed from hospitals in that they offered focused care in areas such as addiction, long term care, and rehabilitation. By the end of the 1950s, the majority of these care institutes had closed or left Elliot Park.



## Chapter 2 – Historic Context



Aerial view of Minneapolis, highlighting Elliot Park and Swedish Hospital. 1959. Courtesy of the Minnesota Historical Society.

**“The evolution of hospitals in the Western world from charitable guesthouses to centers of scientific excellence has been influenced by a number of social and cultural developments. These influences have included the changing meanings of disease, economics, geographic location, religion and ethnicity, the socioeconomic status of clients, scientific and technological growth, and the perceived needs of populations.”<sup>12</sup>**

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<sup>12</sup> Mann Wall, PhD, RN, FAAN, Barbra. "History of Hospitals." *Penn Nursing Science*. University of Pennsylvania. Web. 10 Feb. 2012.  
<<http://www.nursing.upenn.edu/nhhc/Pages/History%20of%20Hospitals.aspx>>.

## **Early Hospitals**

For thousands of years faith communities cared for their sick, fed the hungry, provided for widows and children, clothed the poor, and gave refuge to those without shelter. The tradition of providing for those less fortunate eventually developed into physical structures called Almshouses. The first recorded Almshouse was founded by King Athelstan in York, England, in the 10th century.<sup>13</sup>

Historically, Almshouses were community sponsored homes that provided care for the “mentally ill, the epileptic, the mentally retarded, the blind, the deaf and dumb, the crippled, the tuberculosis, and the destitute aged, as well as for vagrants, petty criminals, prostitutes, unmarried mothers, and abandoned and neglected children.”<sup>14</sup>

Almshouse traditions were carried to the “New World” as emigrants settled New England during the Colonial period. In 1736, Almshouse Hospital, a six-bed precursor to Bellevue Hospital in New York City, was opened as America’s first public hospital.<sup>15</sup>

The Almshouse tradition was likely brought to Minnesota in the 1850s and 1860s by the first wave of settlers, composed of New England Yankees.<sup>16</sup> Though these pioneers were exposed to the Almshouse traditions, they did not depend on charity for health care. During the mid- to late nineteenth century most Minnesotans and Americans gave birth and weathered illnesses at home, under the care of family members.

## **City Growth**

Minneapolis experienced exponential growth during its early settlement period. In 1860, approximately 3,000 people lived within its borders; in 1870 about 13,000; and approximately 47,000 in 1880. The rapid urban increase was due to milling industries along the Mississippi River, growth of the railroads, industry employment, and immigration.

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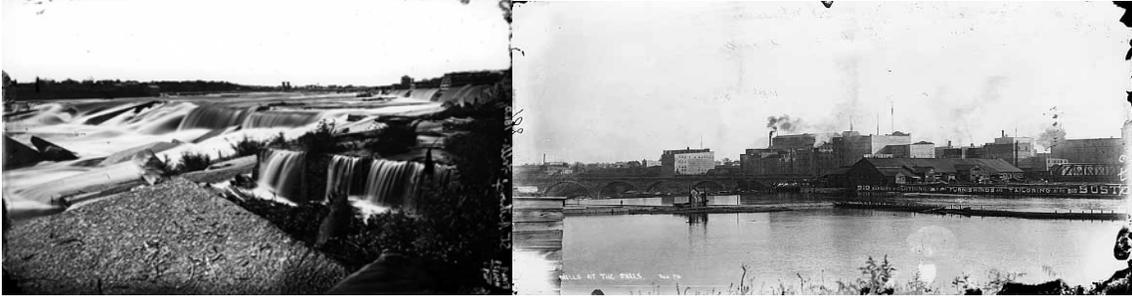
<sup>13</sup> *What Are Almshouses?* The Almshouse Association. Web. 27 Feb. 2012.

<[http://www.almshouses.org/index.php?option=com\\_content&view=article&id=87&Itemid=55](http://www.almshouses.org/index.php?option=com_content&view=article&id=87&Itemid=55)>.

<sup>14</sup> "Almshouse (American Institution)." *Encyclopedia Britannica Online*. Encyclopedia Britannica. Web. 20 Feb. 2012. <<http://www.britannica.com/EBchecked/topic/16899/almshouse>>.

<sup>15</sup> "Our History." *Who We Are*. New York University Lagone Medical Center. Web. 27 Feb. 2012. <<http://www.med.nyu.edu/about-us/who-we-are/our-history>>.

<sup>16</sup> Holmquist, June D. *They Chose Minnesota: A Survey Of The States Ethnic Groups*. St. Paul: Minnesota Historical Society, 1981. Print.



Left: Falls of St. Anthony, Minneapolis. ca. 1860.  
 Courtesy of the Minnesota Historical Society.

Right: "Mills at the Falls of St. Anthony" Minneapolis. ca. 1880.

As the city grew up around the mills, its immigrant laborers faced hazardous challenges. Most lived in overcrowded rooming houses, lacked proper sanitation and nutrition, and did not have nursing care when they fell ill or were injured. Catastrophes like mill explosions and amputations became more frequent as structures stacked up along the riverbanks.

A young New England Reverend recognized the immigrants' health care plights and resolved to open a modern day Almshouse. In 1871, with the backing of his religious institution, and various fraternal orders, industry leaders, and members of the community, Reverend Knickerbacker opened Minneapolis' first hospital, Cottage Hospital, just blocks from the riverbanks.

Within days of opening the beds filled: "On March fourteenth the first patient was received; an orphan lad without friends, a newsboy working for the Pacific Railroad. The second one came on the sixteenth; a Swedish employee of the Milwaukee Railway, whose leg was amputated; and the third, a Norwegian ill with Pneumonia."<sup>17</sup>

The need for a charitable hospital was so great that Cottage Hospital outgrew its rented quarters in two years. In 1874, one of the great mill owners sold land in Elliot Park to the hospital and donated a house for hospital use. The hospital's entrance into the neighborhood was controversial as hospitals or Almshouses were still widely considered a dumping ground for the indigent. "So great was the opposition to a hospital in this (Elliot Park) neighborhood that the patients were moved from the Washington Avenue quarters under cover of night."<sup>18</sup>

Cottage Hospital, like most contemporary medical institutions in an urban setting, filled a great need in the community. However one hospital could not serve the growing territory; elsewhere in the city hospitals were founded. Minneapolis Free Dispensary was organized in 1878 by several leading citizens "to treat without charge any of the deserving poor who apply." Hahneman Hospital was founded in 1881 and Northwestern Hospital was founded in 1882 to serve women and children.

<sup>17</sup> "St. Barnabas Hospital, An Ideal Realized." *The Minnesota Missionary and Church Record* Jan.-Feb. 1934: 4-5. Print.

<sup>18</sup> *Ibid.*

By 1885 Minneapolis had reached a census count of 129,200. Although the majority of the population was neither extremely wealthy nor extremely poor, there was a significant need for additional healthcare facilities. Due to the proximity of the river and the downtown business core, a number of religious and governmental agencies established their own care institutions in Elliot Park. The Minneapolis City Council opened City Hospital on December 1, 1887. Next the Methodist women established Asbury Hospital in 1892, followed by the Augustana Mission Cottage in 1896. Swedish Hospital was formed as an outcropping of Augustana and opened in 1898. These institutions were located in residential homes and had bed counts that ranged from twenty to sixty.

“As a type, these late nineteenth-century hospitals shared certain physical characteristics. They were relatively small in size, and resembled in form and detail the houses in which some of the early hospitals were established. Features such as peaked and mansard roofs, towers, curved corner pavilions, and open porches reflected prevalent medical thinking



that emphasized fresh air and ventilation as the key to disease prevention and cure. The architectural character was also responsive to the urban environment.”<sup>19</sup> One design flaw associated with early hospitals was their use of space-saving open wards, which encouraged cross-contamination of diseases.

First Asbury Hospital structure, Minneapolis. ca. 1935. Courtesy of the Minnesota Historical Society.

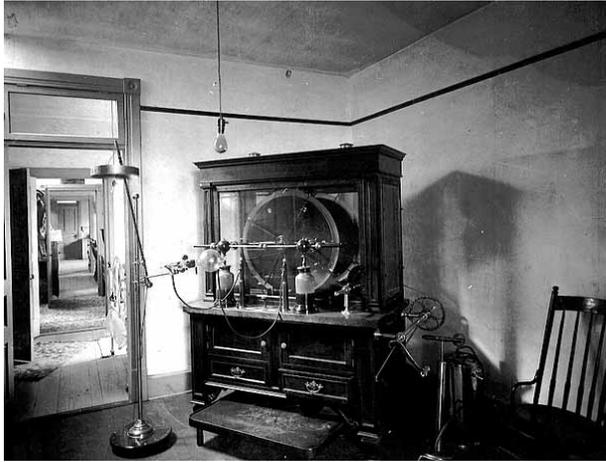
Additionally, hospitals of this period operated on very limited budgets. Physicians donated their time, and costs for nurses and staff tended to be low. Fundraising, patron’s “subscriptions” or annual contributions, bequests, philanthropic donations, and some patient fees supported the religious based hospitals. The City Hospital was public and tax-supported.

Along side the hospitals, Cure Institutes, sanitariums, and care homes operated in Elliot Park. These facilities differed from hospitals in that they offered specialized care for debilitating diseases such as tuberculosis or polio, provided maternal care for single mothers, or gave respite to the elderly and maimed. Also present were franchised facilities like the Keeley, Murray, and Gatlin Institutes, which provided discretionary inpatient and outpatient treatment of alcoholism, drug addiction, and ‘the tobacco habit.’

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<sup>19</sup> Gales, Elizabeth A., Charlene K. Roise, and Hess, Roise and Company. *National Register Nomination Form for Abbott Hospital*. Rep. Available at the State Historic Preservation Office, Minnesota Historical Society, Saint Paul. 2010. Print.

## Hospitals in the Early Twentieth Century



X-ray machine. 1904. Courtesy of the Minnesota Historical Society.

As the twentieth century began, general attitudes toward hospitals began to drastically change as the United States entered the Progressive era. The public's increased understanding of antiseptic techniques, doctor's medical training, and improved technology contributed to hospital acceptance. However, the decline in many of the most lethal diseases in the country was more due to improvements in drinking water, sanitation, and nutrition than to medicine.

Hospitals in the United States, Minneapolis, and Elliot Park expanded to treat more public and private patients. From 1900 until 1915, City Hospital constructed seven substantial buildings or wings on its property, replacing the original farmhouse structures with emergency operating rooms, a contagion building, and numerous open wards. Swedish Hospital opened its new institution in 1902 and within four years added a structure to accommodate surgical, maternity, staffing and general needs. Between 1909 and 1911, St. Barnabas built a new wing to keep up with patient demands and local competition. Meanwhile Asbury completed its new hospital and Augustana's work grew into the 'Mission Colony.'

With new facilities, surgical procedures became commonplace in Elliot Park. Medical historian Paul Starr described the acceptance of this national trend in his book *Social Transformation of American Medicine*: "The amount, scope, and daring of surgery enormously increased . . . Surgeons began to operate earlier and more often for a variety of ills, many of them, like appendicitis, gallbladder disease, and stomach ulcers, previously considered medical rather than surgical cases. . . Growth in the volume of surgical work provided the basis for the expansion and profit in hospital care."<sup>20</sup>

## World War I and the Roaring Twenties

Nationally, World War I imposed an economic hangover that stifled hospital growth for a few years. Elliot Park's response to this trend varied. St. Barnabas delayed expansion plans, but Augustana added three new buildings to its 'Mission Colony.' City Hospital did not construct a new building for decades, yet Swedish purchased two adjacent structures and added an additional floor to the Annex. The most drastic response to the

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<sup>20</sup> Gales, Elizabeth A., Charlene K. Roise, and Hess, Roise and Company. *National Register Nomination Form for Abbott Hospital*. Rep. Available at the State Historic Preservation Office, Minnesota Historical Society, Saint Paul. 2010. Print.

economic conditions occurred at Asbury, when in 1921, the hospital leased its facility to the Veterans Bureau and temporarily shuttered its doors.

During the 1920s America's economy proliferated, making it one of the one of wealthiest countries in the world. Americans began to rapidly adopt all things modern: automobiles, electricity, home appliances, and medicine. Demand for medical institutions skyrocketed in the last half of the 1920s. "The nation's hospitals experienced another surge of construction when about \$890 million was invested in hospitals and related structures. The total capitalization of hospitals by 1930 totaled over \$3 billion, making hospitals "one of the largest enterprises in the United States, outstripped only by the iron and steel industry, the textile industry, the chemical industry, and the food industry," according to (medical historian Rosemary) Stevens."<sup>21</sup> "Between 1909 and 1932, the number of hospital beds increased six times as fast as the general population."<sup>22</sup>

Again, Elliot Park's institutional building patterns partially adhered to this trend. Asbury opened a new structure in January 1924, but City Hospital did not expand. St. Barnabas and Augustana made only minor additions to their campuses, yet Swedish constructed a grand three-story hospital building across the street from the old.

The construction of the new Swedish Hospital exemplified hospital design of the time, which was geared toward the comfort of the middle class patient. A local reporter likened the new hospital to a hotel: "Each room offered an electric fan, telephone, and radio, and a call button to the nurses' desk. There was a large electrically operated bakery, a cafeteria, and all of the wagon trays for the patients were electrically heated."<sup>23</sup> Fortuitously Swedish's new institution opened just a month before the onset of the Great Depression.

## **The Great Depression**

The stock market crash of 1929 marked the beginning of the worst economic crisis in American history. Millions of people lost their jobs and life savings. Thousands of families lost their farms and homes. Hard times found their way into every area, group, and job. Nobel Prize winner John Steinbeck described the Depression this way: "When the stock market fell, the factories, mines, and steelworks closed. And then no one could buy anything. Not even food."<sup>24</sup> "Unemployment rose sharply. The number of workers

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<sup>21</sup> Gales, Elizabeth A., Charlene K. Roise, and Hess, Roise and Company. *National Register Nomination Form for Abbott Hospital*. Rep. Available at the State Historic Preservation Office, Minnesota Historical Society, Saint Paul. 2010. Print.

<sup>22</sup> Mann Wall, PhD, RN, FAAN, Barbra. "History of Hospitals." *Penn Nursing Science*. University of Pennsylvania. Web. 10 Feb. 2012.  
<<http://www.nursing.upenn.edu/nhhc/Pages/History%20of%20Hospitals.aspx>>.

<sup>23</sup> Gaarder, Pat, and Tracey Baker. *From Stripes to Whites*. Minneapolis: Swedish Hospital Association, 1980. Print.

<sup>24</sup> "The Great Depression: Fear Took Hold as an Economy Came Apart | Special English | Learning English." *VOA Learning English*. Voice of America. Web. 28 Feb. 2012.  
<<http://www.voanews.com/learningenglish/home/a-23-2006-08-02-voa3-83130042.html>>.

looking for a job jumped from three percent to more than twenty-five percent in just four years. One of every three or four workers was looking for a job in 1932.”<sup>25</sup>



Unemployed men gathered in Gateway Park, Minneapolis. 1937. Courtesy of the Minnesota Historical Society.

These economic conditions caused many citizens to forego private hospitalization in lieu of General’s (previously City Hospital) free care. “At one point in the Depression, General Hospital delivered one baby in every three in the city.”<sup>26</sup> For much of the decade, General was understaffed and beyond capacity. The reduced patient load greatly affected private hospitals like St. Barnabas and Swedish as institutions depended on patient fees to cover staff and facility costs.



Left: Pediatric Ward, General Hospital, Minneapolis. 1938. Courtesy of the Minnesota Historical Society.

<sup>25</sup> "The Great Depression: Fear Took Hold as an Economy Came Apart | Special English | Learning English." *VOA Learning English*. Voice of America. Web. 28 Feb. 2012. <<http://www.voanews.com/learningenglish/home/a-23-2006-08-02-voa3-83130042.html>>.

<sup>26</sup> Cohn, Victor. "General Hospital: First-rate Care in a Rundown and Dismal Building." *Minneapolis Tribune* 3 Aug. 1952. Print.

To help the disadvantaged and the elderly, a number of governmental programs were instituted. In Elliot Park this translated to an influx of aging citizens seeking refuge at the Mission Colony.

In 1936, as Minnesota began to come out of the economic catastrophe, the demand for private health care returned. The upswing in the economy allowed the cornerstone of St. Barnabas' new Whitney Memorial Building addition to be laid, nineteen years after its intended start date. At completion, the Whitney building was the first air-conditioned hospital facility in the nation.

## **World War II**

In December of 1941 the United States entered World War II. As men left their occupations to serve overseas, women filled jobs as well as voids brought into existence by wartime needs. The number of women employed in the City greatly increased; consequently there was a great housing demand by and for single women. Augustana fulfilled their patriotic mission and purchased additional buildings to accommodate the young women's housing needs.



Asbury and General, like many hospitals during the Second World War, enlarged their nursing schools to aid the war effort. St. Barnabas made few physical changes to the campus; most were small acquisitions or remodeling projects that accommodated polio victims or nursing students.

Cadet nurse graduation, Minneapolis General Hospital and University of Minnesota School of Nursing, Minneapolis. ca 1942 – 1945. Courtesy of Minnesota Reflections.

While World War II devastated Europe, polio was battled stateside.<sup>27</sup> In 1940 Sister Elizabeth Kenny began training Minneapolis medical professionals how to treat paralysis related to polio. Many polio patients ineligible for free care at the Minneapolis General or the University Hospital, where she taught, were accommodated at St. Barnabas and

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<sup>27</sup> In the early 20th century, polio was one of the most feared diseases in industrialized nations, paralyzing thousands of children every year.

Lymanhurst.<sup>28</sup> Ultimately, the dispersion of Kenny's treatment methods saved tens of thousands of people from permanent paralysis.

## **Post-War Modern Era**

At the end of World War II construction restrictions were lifted and hospitals began expanding. Immediately, City General and Swedish Hospital added floors to their nurses' dormitories to serve the growing schools. Concurrently, Augustana added another wing to serve its aged population. Swedish then executed previous expansion plans and added the fourth through eighth floors onto its 1928 building, making it one of the largest private hospitals in the Upper Midwest.<sup>29</sup> St. Barnabas and Asbury attempted to keep pace with the booming industry; each institution announced plans to begin expansions however both were delayed by concerns of overgrowth.

As Swedish constructed its addition, Congress passed the Hospital Survey and Construction Act in 1946, commonly referred to as the Hill-Burton Act. This measure provided grants for construction and modernization of hospitals, nursing homes and other health facilities within communities that coordinated regional hospital development. In return, hospitals raised two-thirds of the construction costs, provided a reasonable volume of services to persons unable to pay, and had to prove that hospitals applying for federal grants would be financially viable. Regions that received money were to achieve 4.5 beds per 1,000 people.<sup>30</sup>

To fulfill the regional planning requirement needed to receive Hill Burton funds, the Minneapolis Hospital Research Council was formed in 1949. The Council hired James A. Hamilton and Associates to deliver this plan. Ultimately Hamilton's "report provided a thorough survey of the twenty-nine hospitals in Hennepin County, including descriptions of physical plants, departmental operations, and nursing services and education. Its recommendations looked forward twenty years to 1970. It found that more hospital beds would be needed, but recommended that hospitals should be consolidated into "hospital centers" rather than continuing the pattern of independent facilities scattered throughout the area... As a separate report later noted, the consultants, James A. Hamilton and Associates, "completely cut across historic and dedicated interests and aroused strong opposition among some groups."<sup>31</sup> The plan received little support.

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<sup>28</sup> "Timeline of Minnesota History." *Sister Kenny Comes to Minnesota*. Minnesota Historical Society. Web. 1 Nov. 2011. <[http://www.mnhs.org/about/dipity\\_timeline.htm](http://www.mnhs.org/about/dipity_timeline.htm)>.

<sup>29</sup> Gaarder, Pat, and Tracey Baker. *From Stripes to Whites*. Minneapolis: Swedish Hospital Association, 1980. Print.

<sup>30</sup> "Hill-Burton Free and Reduced-Cost Health Care." *Http://www.hrsa.gov*. U.S. Department of Health and Human Services. Web. 12 Nov. 2011. <<http://www.hrsa.gov/gethealthcare/affordable/hillburton/>>.

<sup>31</sup> Gales, Elizabeth A., Charlene K. Roise, and Hess, Roise and Company. *National Register Nomination Form for Abbott Hospital*. Rep. Available at the State Historic Preservation Office, Minnesota Historical Society, Saint Paul. 2010. Print.

As Minneapolis reached its peak population of 521,718 in 1950, land surrounding its



Ambulance at Minneapolis General Hospital. 1947. Courtesy of the Minnesota Historical Society.

borders rapidly developed to accommodate the Baby Boom and White Flight. The Minneapolis Board of Estimate and Taxation understood the financial implications of the surrounding suburban communities, and asked that they “‘pay their way’ for emergency services rendered by General hospital to residents of rural Hennepin communities.”<sup>32</sup> This was the first step towards the County’s eventual ownership of General Hospital.

While citizens made new homes in the suburbs, great social changes occurred at Augustana’s Mission Colony. “The Colony was urged by the State of Minnesota to change their focus from providing long-term institutional care for children to providing short-term foster care just until suitable, permanent homes were found for children. The new direction was a result of a general change in the political and social climate that began to believe that an institutional setting could not provide the same quality of care as an individual home.”<sup>33</sup> The vacated Children’s Home was converted into senior housing and the additional governmental funds received allowed Augustana to expand its facilities.

In 1952, the idea of a Hennepin Hospital center, a \$7 million grouping of a number of hospital services in the Elliot Park area, was briefly discussed. The unified countywide hospital program was eventually dropped.<sup>34</sup> Concurrently, the media filled the newspapers with new suburban hospital openings and scrutinized the dilapidated conditions at General. As the push for County ownership and a new hospital moved into 1953, the Hennepin County Grand Jury recommended that the idea of new facility be reexamined as “Statistics of General Hospital seem to indicate there is a progressive reduction in the need for General Hospital beds.” The report suggested the City consider dispersing its patients to private hospitals rather than construct a new city hospital.<sup>35</sup>

<sup>32</sup> "Hospital Cost Sharing Sought." *Minneapolis Star* 8 Sept. 1950. Print.

<sup>33</sup> Augustana Care Corporation, comp. *Augustana Home, A Might Social Ministry*. Augustana Home of Minneapolis, 1995. Print.

<sup>34</sup> Weed, Wendell. "Klicka Quits St. Barnabas for New Post." *Minneapolis Star* 4 Feb. 1954. Print.; Weed, Wendell. "St. Barnabas Hospital Feels Acute Pinch for 'Living Space'" *Minneapolis Star* 1 June 1956. Print.

<sup>35</sup> "Grand Jury Asks City Review Plans for New Hospital." *Minneapolis Tribune* 3 Jan. 1953. Print.

In 1955, the Minneapolis Hospital Research Council gave up on hospital consolidation and refocused its efforts on fundraising for private hospital expansion, as the group believed the metro area needed 1,500 additional hospital beds.<sup>36</sup> The group changed its name to United Health Fund of Minneapolis and Hennepin County (UHF) “and a prominent local businessman and philanthropist, George W. Dayton II, became the fundraising spokesperson. In addition to Dayton, the UHF’s members came from Minneapolis’s well-known pioneering families including the McKnights, Pillsburys, Lowrys, Crosbys, and de Laittres. To kick off the fundraising campaign, local corporations made significant contributions, with Honeywell providing the lead gift of \$1 million.”<sup>37</sup>

Nine hospitals and three care-related facilities including St. Barnabas, Swedish, Asbury, and Augustana participated in the UHF drive.<sup>38</sup> The funds helped St. Barnabas’ build a new, “modern” complex on the adjoining block. Augustana added a large nursing home addition. Swedish executed a \$2.2 million expansion, which made the institution the largest voluntary nonprofit hospital in Minneapolis. Asbury moved its campus to St. Louis Park, Minnesota, and renamed the institution “Methodist Hospital.”



Methodist Hospital, St. Louis Park. 1958. Courtesy of the Minnesota Historical Society.

At the end of the 1950s, overly successful hospital expansions coupled with white flight left Minneapolis with an abundance of empty hospital beds. Between the new St. Barnabas and Swedish hospitals, there were over 800 beds in close proximity and a great deal of expense in staff and upkeep. In 1959, to cut operating costs, St. Barnabas and Swedish made a groundbreaking effort to reduce costs. The hospitals began to combine overlapping programs and share facilities. First, the two entities formed the Joint Council on Medical Education to establish a program for training interns and residents.<sup>39</sup> Then, “the Swedish Hospital began sharing the extensive physical therapy equipment at St.

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<sup>36</sup> Gales, Elizabeth A., Charlene K. Roise, and Hess, Roise and Company. *National Register Nomination Form for Abbott Hospital*. Rep. Available at the State Historic Preservation Office, Minnesota Historical Society, Saint Paul. 2010. Print.

<sup>37</sup> Ibid.

<sup>38</sup> Weed, Wendell. "St. Barnabas Hospital Feels Acute Pinch for 'Living Space'" *Minneapolis Star* 1 June 1956. Print.

<sup>39</sup> *MMC Historically Speaking*. Minneapolis: Metropolitan Medical Center, 1985. Print.

Barnabas. The Swedish Hospital's extensive cardiac catheterization laboratory was offered for use by St. Barnabas physicians."<sup>40</sup>

1959 was also a significant year at Augustana. That year the Women's Mission Association was dissolved and replaced with a corporate structure.<sup>41</sup> This change would mark the beginning of the end of religious sponsored care facilities or 'Midwest Almshouses' in Elliot Park. In 1960, the last vestiges of the original Colony, the Mission Cottage and Petri Hall, were demolished, as the old buildings did not meet modern nursing care standards. The following year Augustana closed the Young Women's Home as the need evaporated due to the age group's independence and urbanity. For the first time in its history, the Augustana 'Mission' focused entirely on the elderly.<sup>42</sup>

## Change in Care

Minneapolis General Hospital incurred programmatic growth in 1960 when, ahead of the national trend, it expanded its psychiatric clinic to provide outpatient diagnostic and treatment services for the "psychiatrically indigent" residents of Hennepin County.<sup>43</sup> Three years later, in 1963 President Kennedy signed into law the Community Mental Health Centers Act (CMHA), which provided community-based psychological care as an alternative to institutionalization. CMHA led to considerable deinstitutionalization in the U.S., as it provided grants to states for the establishment of local mental health centers, under the overview of the National Institute of Mental Health.<sup>44</sup>



Through CMHA, St. Barnabas and Swedish recognized an opportunity to provide in-and outpatient psychiatric care. In 1964 the entities proposed and received approval for an unprecedented establishment called the Combined Facility. Opened in 1968, the \$3.6 million structure was "jointly planned, owned, staffed and operated by the two hospitals."<sup>45</sup> The facility provided psychiatric beds and services and was the first linking facility of its kind in the country.<sup>46</sup>

Left: Students from Swedish's School of Nursing, at Rochester State Hospital during their Psychiatric affiliation. ca. 1968. Courtesy of the Minnesota Historical Society.

<sup>40</sup> *MMC Historically Speaking*. Minneapolis: Metropolitan Medical Center, 1985. Print.

<sup>41</sup> Augustana Care Corporation, comp. *Augustana Home, A Might Social Ministry*. Augustana Home of Minneapolis, 1995. Print.

<sup>42</sup> *Ibid*

<sup>43</sup> Clark, Ralph. "Mental Help County Residents Would Be Better Served." *Minneapolis Star* 6 May 1960. Print.

<sup>44</sup> *Detailed History of Mental Health*. Rep. Minnesota Psychiatric Society. Web. 22 Feb. 2012. <<http://www.mnpsychsoc.org/history%20appendix.pdf>>.

<sup>45</sup> *MMC Historically Speaking*. Minneapolis: Metropolitan Medical Center, 1985. Print.

<sup>46</sup> "Local, State Agencies Have Given Green Light to Joint Building Project." *The Voice of St. Barnabas* XIII, No 4. (Dec. 1965): 3. Print.

As the Minneapolis City Council witnessed the rapid and dramatic changes in healthcare, they increasingly wished to remove the City from the hospital business. The city believed if General was to stay open, the County would have to take control of the Hospital. Suburban leaders resisted the plan to transfer ownership; they did not want to assume the burden and its associated costs. For months both sides argued their points. After much lobbying, a group of influential leaders won support for the county idea. Their campaign centered on “clearly describing the intricate meshing of public funding, University teaching, volunteer service of community doctors, and the cooperation of private welfare agencies that made the hospital such an important and effective community resource.”<sup>47</sup> The historic shift of ownership occurred on January 1, 1964. The county assumed ownership of Minneapolis General Hospital, and the facility was renamed Hennepin County General Hospital.

One year into ownership, the County was told by the State Health Department hospital planner that Minneapolis had too many hospital beds, an excess that would, by estimate, cost hospital users \$3 million a year.<sup>48</sup> The overabundance of beds, however, did not change General’s outdated conditions. Administrative offices were housed in old bedrooms, some floors did not have water connections, approximately 100 different floor levels existed in nine buildings, and some surgical rooms used makeshift curtains in lieu of doors.



Aerial view of Hennepin County General Hospital’s Campus; not all dates are correct. Courtesy of the Hennepin County Library.

<sup>47</sup> Naftalin, Arthur. "From the Brink of Death, Hospital Survives, Thrives." *Alumni Quarterly Hennepin County Medical Center* 2.4 (1987): 1+. Print.

<sup>48</sup> Cohn, Victor. "City Surplus of Hospital Beds Claimed." *Minneapolis Tribune* 15 Apr. 1965. Print.

The planning process for a new General hospital began in 1966 “When a newly formed coordinating group – the Planning Agency for Hospitals of Metropolitan Minneapolis (PAHMM) - initiated a study of the role and future of the General.”<sup>49</sup>

PAHMM functioned as a voluntary association of Minneapolis hospitals organized to promote area-wide medical-facilities planning and to discourage overbuilding that could lead to a surplus of hospital beds. In November 1966, a PAHMM committee headed by George Draper Dayton II approved construction of a new 480-bed Hennepin County General Hospital. The PAHMM committee justified their decision in that the new hospital would have roughly the same capacity as the existing facility, and would not introduce additional beds.<sup>50</sup> The Hennepin County Board of Commissioners used this and other information to bring the new Hennepin County Medical Center to a public referendum ballot on September 9<sup>th</sup>, 1969. Local support was overwhelming; the bond issue of \$25 million was approved by a ten to one ratio, countywide.<sup>51</sup>

As the County planned their new hospital, another law, Medicare/Medicaid, affected hospitals on a national scale. Medicaid began providing health and medical services program for certain individuals and families with low incomes and few resources. At the same time Medicare began paying for hospital and medical care for elderly and certain disabled Americans. Both Medicare and Medicaid operated in a program that sent payments to the health care providers. States then made payments based on a fee-for-service agreement or through prepayment arrangements such as health maintenance organizations (HMOs).<sup>52</sup>

New programs like CMHA, Medicare/Medicaid, and HMOs “radically changed the way that the medical industry did business. One of the effects, historian Starr noted, was that ‘in a short time, American medicine seemed to pass from stubborn shortages to irrepressible excess, without ever having passed through happy sufficiency. Hospitals responded to the economic upheaval by consolidating. While the country witnessed the merger of only five hospitals in 1961, that number had jumped to about fifty a year in the early 1970s. By 1980, nearly one-third of the nation’s hospitals were part of multihospital systems.”<sup>53</sup>

Eventually program and space sharing, along with their financial implications, led to the mergence of St. Barnabas and Swedish. On July 28, 1970, the boards of trustees met jointly and voted to consolidate their institutions. On October 1, 1970, St. Barnabas and

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<sup>49</sup> Nathanson, Iric, and Thomas R. Mattison. "Building the New General." *Hennepin History* Winter 2012: 15-26. Print.

<sup>50</sup> Ibid

<sup>51</sup> New General Hospital Referendum. Advertisement. *Minneapolis Star* 22 Feb. 1971. Print.

<sup>52</sup> "What Is Medicare / Medicaid?" *Medical News Today*. MediLexicon International Ltd. Web. 2 Feb. 2012. <<http://www.medicalnewstoday.com/info/medicare-medicaid/>>.

<sup>53</sup> Gales, Elizabeth A., Charlene K. Roise, and Hess, Roise and Company. *National Register Nomination Form for Abbott Hospital*. Rep. Available at the State Historic Preservation Office, Minnesota Historical Society, Saint Paul. 2010. Print.

Swedish became the first two hospitals in Minnesota to merge, forming Metropolitan Medical Center (MMC).<sup>54</sup>

During the same time period, just months after the bond for the new Hennepin County Medical Center (HCMC) was approved, planners of the new institution realized that inflation, land procurement costs, and lessened Federal Government aid had changed the total cost of the new hospital. An additional \$18 million in 1971 dollars was needed. Alarmed, Hennepin County Commissioners decided to secure additional monies by bringing another referendum ballot to Hennepin County voters. This time voters were less than supportive and the referendum was defeated by a two to one margin.<sup>55</sup>

“Ironically, the defeat gave impetus to a proposal, languishing in the background, to link a new General to a new medical facility for a nearby private hospital – Metropolitan Medical Center, formed by the merger of St. Barnabas and Swedish hospitals... Given the physical proximity of the two hospitals, such a partnership, advocated for months by the Citizens League, made sense. The Metropolitan Health Board, a public agency overseeing local hospital construction, had also called for more coordination of the hospitals. But before February 23, the two institutions, making separate plans, had done little to move a partnership forward, probably because the public General and the private MMC represented two very different medical cultures.”<sup>56</sup>

Despite their clientele differences, both HCGH and MMC needed to share facilities to cut building and operational costs. In just six days, during June of 1971, representatives of HCGH and MMC negotiated a plan to share services and created rough blueprints of the facility.<sup>57</sup> The new joint complex was billed as the first private and public hospital built in the United States as an architecturally integrated medical complex. It was estimated that the new General would cost \$40 million, the linking facility was to be \$4 million, and the three additional floors built onto MMC would be \$26 million.

In August of 1972, groundbreaking ceremonies were held for the new Hennepin County General Hospital and in 1973 the steel framing was completed.<sup>58</sup> During 1974 – 1976, the four-story ‘Center Hospital’, was constructed to bridge the two hospitals at Chicago Avenue between Seventh and Eighth Streets.

Opened on May 5, 1976, the new 485-bed Hennepin County Medical Center spanned two city blocks, was completely air conditioned, but most importantly the archaic, large, open ward layout was replaced with one, two, and four-patient rooms.

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<sup>54</sup> Gaarder, Pat, and Tracey Baker. *From Stripes to Whites*. Minneapolis: Swedish Hospital Alumni Association, 1980. Print. 37.

<sup>55</sup> Nathanson, Iric, and Thomas R. Mattison. "Building the New General." *Hennepin History* Winter 2012: 15-26. Print.

<sup>56</sup> Ibid.

<sup>57</sup> "1887 A Century of Leadership 1987." *Alumni Quarterly Hennepin County Medical Center* 2.4 (1987): 19-24. Print.

<sup>58</sup> Nathanson, Iric, and Thomas R. Mattison. "Building the New General." *Hennepin History* Winter 2012: 15-26. Print.



Hennepin County Medical Center and Center Hospital. Date unknown. Courtesy of the University of Minnesota.

## **Industry Change**

As hospital structures rose and fell in Elliot Park, Augustana Homes Inc. grew in leaps and bounds. Between 1970 and 1988, Augustana built five large care structures; a 303-bed skilled nursing care facility, and four high-rise buildings with 377 apartments.



Augustana Campus. 1995. Courtesy of Augustana Care Corp.

Meanwhile, in 1985 HCMC and MMC shared more than 30 services, including cardiac, toxicology, perinatal services, laundry, food services, and pediatrics. In 1988, following the national trend, MMC merged with another hospital, Mount Sinai, to form Metropolitan- Mt. Sinai Medical Center. This partnership lasted three years until June of 1991 when Metropolitan-Mt. Sinai closed due to declining admissions and inadequate

reimbursement. That same month, HCMC purchased three of the five Metropolitan-Mt. Sinai buildings for their own expansion, at a cost of \$39 million. The three buildings increased HCMC's size by eighty percent.<sup>59</sup>

Today a few small medical offices reside in Elliot Park; however HCMC and Augustana Care Homes, Inc dominate the medical presence.

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<sup>59</sup> Brandt, Steve. "Hennepin Approves Hospital Expansion." *Minneapolis Star Tribune* 26 June 1991. Print.; Brandt, Steve. "Medical Center Expansion Appears Successful." *Minneapolis Star Tribune* 13 Apr. 1992: 1B-2B. Print.



## Chapter 3.1 – Biography of Cottage Hospital / St. Barnabas



A public operation at St. Barnabas Hospital. ca. 1915. Courtesy of Minnesota Reflections.

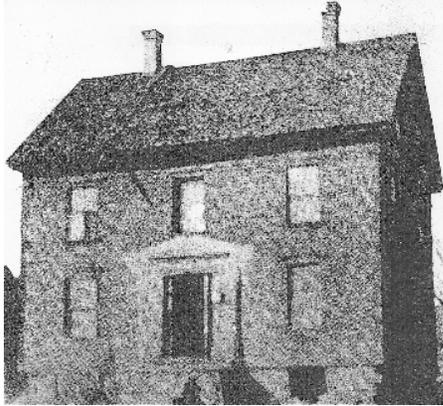
**“It is a debatable question whether this or other like hospitals erected and maintained by private charity will survive...if that hospital has to do only with the mechanics of hospital service. If it is simply a repair shop for the deceased and broken bodies of men the sooner its assets and management are turned over to the civil authorities the better.”<sup>60</sup>**

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<sup>60</sup> Bachmeyer, Robert W., and Frederick H. Gibbs. *Minneapolis Hospitals; St. Barnabas and St. Andrew's Division; Eighty-seven Years of Service*. Minneapolis: Hennepin County Medical Society, 1959. Print.

## Founding of Cottage Hospital

On March 3, 1871, Reverend David Buell Knickerbacker, with the support of the Brothers of Gethsemane, Dr. A.E. Ames, and the Gethsemane Episcopal Church, announced the opening of the first hospital in the City via the Minneapolis Tribune. “The Brotherhood, believing that, the time has come when in a population of 18,000, largely a manufacturing community and liable to frequent accident, there should be a hospital



where the sick who have no home may be properly cared for; when the invalids who come among us and often get out of money and become dependent may be kindly provided for; and also the sick and destitute immigrants; have determined to make a venture of faith and have rented a building containing twelve rooms and suitable for twelve beds for such a hospital. They have secured the services of an experienced matron and will supply her with the necessary assistance to carry on the work...”<sup>61</sup>

Photo reprinted from "St. Barnabas Hospital, An Ideal Realized."  
The Minnesota Missionary and Church Record Jan.-Feb. 1934.

The place Reverend Knickerbacker spoke of was Cottage Hospital, located in a rented, three-story framed house on Washington Avenue and Ninth Avenue North. The facility was close to the mills on the Mississippi river and to the growing immigrant settlements.

To establish the hospital, Reverend Knickerbacker first sought assistance from the City of Minneapolis. The City Council declined to participate, so Reverend Knickerbacker turned to the church for support. He and his brethren used a variety of fund raising events to secure capital, including annual pledges and a benefit lecture at the Minneapolis Opera House. “Funds and furnishing were contributed, modest in quantity but enough for a start. The Masons furnished one room, Milwaukee Railroad employees another.”<sup>62</sup>

In the early days of Cottage Hospital, procurement of food and supplies rested on Reverend Knickerbacker. Daily he would travel to the local businesses and neighbors with a market basket in tow, collecting any donation the hospital could use including food, clothing, or the promise of services.<sup>63</sup>

Medical care at Cottage was akin to what would be given in a private home by a family member: feeding, assistance in washing, changing bed sheets, etc. Medical attention was secured through a committee of physicians then practicing in the city. Doctors not

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<sup>61</sup> Bachmeyer, Robert W., and Frederick H. Gibbs. *Minneapolis Hospitals; St. Barnabas and St. Andrew's Division; Eighty-seven Years of Service*. Minneapolis: Hennepin County Medical Society, 1959. Print.

<sup>62</sup> Barton, Caroline Adams. "With Faith and a Market Basket." *St. Barnabas Hospital Today* (Dec. 1944). Print.

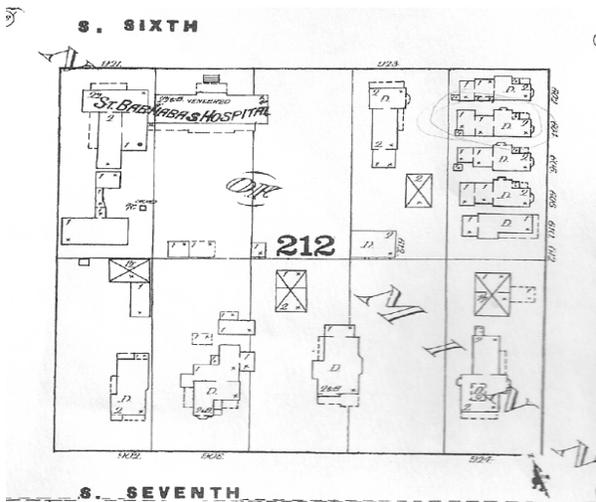
<sup>63</sup> Bachmeyer, Robert W., and Frederick H. Gibbs. *Minneapolis Hospitals; St. Barnabas and St. Andrew's Division; Eighty-seven Years of Service*. Minneapolis: Hennepin County Medical Society, 1959. Print.

bringing patients to the hospital would volunteer their services to needy wards of St. Barnabas. It was not until 1884 that the first staff of physicians was actually appointed.<sup>64</sup>

## **Evolution of St. Barnabas in Elliot Park**

Within two years Cottage Hospital outgrew its rented quarters. In February of 1874, Cadwallader C. Washburn, the former governor of Wisconsin and owner of mills along the Mississippi, sold the hospital a lot on Sixth Street South, between Ninth and Tenth Avenues, costing \$6,506. Following the purchase of the first lot, the Hospital procured the remaining acreage between 901 and 915 Sixth Street South. A month later the Garland House was donated by Washburn, moved from the banks of the Mississippi to Sixth Street, and remodeled for hospital use at a cost of \$7,500.<sup>65</sup> “So great was the opposition to a hospital in this (Elliot Park) neighborhood that the patients were moved from the Washington Avenue quarters under cover of night.”<sup>66</sup>

One year later “though still in debt, a new appeal was made to the charitable people for the erection of another building. It was successful, contributions being received to the amount of over \$2,000 and a brick veneered building was erected, greatly adding to the accommodations of the institution.”<sup>67</sup> The new structure accommodated forty patients. That same year, Henry Welles, the first Mayor of St. Anthony, donated \$1,300 for a frame addition called the Welles Pavilion. The Pavilion was used exclusively for surgical purposes and housed six surgical patients.<sup>68</sup>



In 1877, homeopaths opened a dispensary at Cottage Hospital to care for outpatients. Later, in 1881, the patient load increased and additional accommodations were needed. Henry Welles once again provided funds for a two-story building, completed in 1881.

Left: Sanborn Fire Insurance Company. Insurance Maps of Minneapolis, Minnesota. Vol.1. 1885. Sheet 11A.

<sup>64</sup> Terry, Grace. *With Faith and a Marketbasket*. Elk River, MN: DeForest, 1991. Print.; Bachmeyer, Robert W., and Frederick H. Gibbs. *Minneapolis Hospitals; St. Barnabas and St. Andrew's Division; Eighty-seven Years of Service*. Minneapolis: Hennepin County Medical Society, 1959. Print. 9.

<sup>65</sup> Jones, M.D., W. A., ed. *Northwestern Lancet*. Vol. XXIV. Minneapolis: W.L. Klein, 1904. Print; Bachmeyer, Robert W., and Frederick H. Gibbs. *Minneapolis Hospitals; St. Barnabas and St. Andrew's Division; Eighty-seven Years of Service*. Minneapolis: Hennepin County Medical Society, 1959. Print.

<sup>66</sup> "St. Barnabas Hospital, An Ideal Realized." *The Minnesota Missionary and Church Record* Jan.-Feb. 1934: 4-5. Print.

<sup>67</sup> Jones, M.D., W. A., ed. *Northwestern Lancet*. Vol. XXIV. Minneapolis: W.L. Klein, 1904. Print.

<sup>68</sup> *Ibid*.

The building was constructed in the rear of the main building containing sixteen rooms, “with a hall in the center and a commodious operating room.”<sup>69</sup>

As the hospital grew in physical expanse and prestige, Reverend Knickerbacker was called to be the Bishop of Indiana. He left Minneapolis in 1883, but before his departure he renamed and reorganized the hospital; it became St. Barnabas, a closed corporation with a twelve member Board of Trustees chosen from different Minneapolis Episcopal parishes.<sup>70</sup>

Two years after incorporation, a great fire occurred at the hospital on August 27, 1885, and caused \$3,500 damage. It was estimated that it would take a total of \$15,000 to repair and update the structure to standards of contemporary hospitals. Funds to rebuild were not available at that time.

Other health institutions lent neighborhood competition to St. Barnabas. In 1887 City General opened its doors, followed by Asbury Hospital in 1892.

It was reported in 1892 that the St. Barnabas buildings had reached “crisis” stage; ‘the older buildings were rapidly going to decay and indeed were never adapted to the improved and modern methods of medical science.’<sup>71</sup> With St. Barnabas facilities in this state, the medical men brought their patients to other hospitals. Finally the Board of Trustees consented to build a new facility. From September 1, 1893, through November 1, 1894, St. Barnabas hospital was closed for the “removal of old buildings and the erection of the new. Previous buildings on the campus were demolished to make room for the new structure with the exception of two; the new brick building in the rear of the main building was saved,”<sup>72</sup> as was a house that was moved to 3437 Pillsbury Avenue.

The new hospital structure, called the Martin building, was named after one of the hospital’s early benefactors. It was a 55’ x 110’ brick structure, three stories in height,



with a 75-bed facility. At its opening “the Superintendent boasted: the operating room is a model in the perfection and completeness of its equipment. It being furnished with an abundance of light in all modern appliances. In the opinion of prominent medical men, there is not a better appointed operating room in the West than that of St. Barnabas Hospital.”<sup>73</sup>

Left: The Martin Building, St. Barnabas Hospital. 1905. Courtesy of the Minnesota Historical Society.

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<sup>69</sup> Jones, M.D., W. A., ed. *Northwestern Lancet*. Vol. XXIV. Minneapolis: W.L. Klein, 1904. Print.; Bachmeyer, Robert W., and Frederick H. Gibbs. *Minneapolis Hospitals; St. Barnabas and St. Andrew's Division; Eighty-seven Years of Service*. Minneapolis: Hennepin County Medical Society, 1959. Print.

<sup>70</sup> Bachmeyer, Robert W., and Frederick H. Gibbs. *Minneapolis Hospitals; St. Barnabas and St. Andrew's Division; Eighty-seven Years of Service*. Minneapolis: Hennepin County Medical Society, 1959. Print.

<sup>71</sup> Jones, M.D., W. A., ed. *Northwestern Lancet*. Vol. XXIV. Minneapolis: W.L. Klein, 1904. Print.

<sup>72</sup> Ibid.

<sup>73</sup> Ibid.

When the Martin building opened, the first hospital staff was formed, and the school of nursing was instituted. A free dispensary also was opened and operated on the grounds from 1894 to 1899. This clinic and the homeopathic dispensary were closed in 1899 “at the request of the University Medical School to allow out patients to go to their University dispensary.”<sup>74</sup>

At the turn of the century, the practice of medicine became more scientific and socially accepted. This, coupled with the great rise in Minneapolis population, strained hospital space. Nurses, once lodged in the Martin building, were forced to move into rented property off campus until a permanent solution was found. The Wellesmere Nurse’s Residence was built in 1906 at 902 Seventh Street South and was constructed from funds collected by the St. Barnabas Women’s Auxiliary.<sup>75</sup>

### **“A New Hospital is New for a Very Short Period of Time”<sup>76</sup>**

In 1909, the St. Barnabas Board of Trustees strived to equal other modern hospitals facilities. They made a concerted effort to pay off the mortgage attached to the Martin building in order to build a new wing. In 1910, work commenced on the “Pavilion” building, which on February 11, 1911, was formally opened to patients. The \$85,000 “Pavilion” brought facility bed capacity to 172, with a majority of rooms holding two to four ward beds. “It was a five story rectangular box, one end of which was attached to the existing Corridor building. The Martin building had style, but adding this large rectangle, which projected like the upright portion of a T from the Martin building (which was the crosspiece of the T), made for an ungainly looking structure. The Corridor-Pavilion part of the T extended for the full block between Sixth and Seventh Streets.”<sup>77</sup>

In 1915, another fund raising campaign was announced, seeking \$225,000 to build a new clinic and public dispensary building, administration building, and pavilion for St. Barnabas. The involved Women’s Auxiliary assisted in the campaign, producing events like a song and dance revue of “Tangle Town,” with raised monies going to equip the dispensaries.<sup>78</sup>

Fundraising progressed; however, in 1916, St. Barnabas received a great surprise. The hospital was offered a gift of \$107,500 to pay for the new hospital wing, if they could

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<sup>74</sup> *MMC Historically Speaking*. Minneapolis: Metropolitan Medical Center, 1985. Print.; Bachmeyer, Robert W., and Frederick H. Gibbs. *Minneapolis Hospitals; St. Barnabas and St. Andrew's Division; Eighty-seven Years of Service*. Minneapolis: Hennepin County Medical Society, 1959. Print. 10.

<sup>75</sup> St. Barnabas Hospital, An Ideal Realized." *The Minnesota Missionary and Church Record* Jan.-Feb. 1934: 4-5. Print.

<sup>76</sup> Bachmeyer, Robert W., and Frederick H. Gibbs. *Minneapolis Hospitals; St. Barnabas and St. Andrew's Division; Eighty-seven Years of Service*. Minneapolis: Hennepin County Medical Society, 1959. Print. 11.

<sup>77</sup> Terry, Grace. *With Faith and a Marketbasket*. Elk River, MN: DeForest, 1991. Print. 65.; Bachmeyer, Robert W., and Frederick H. Gibbs. *Minneapolis Hospitals; St. Barnabas and St. Andrew's Division; Eighty-seven Years of Service*. Minneapolis: Hennepin County Medical Society, 1959. Print.

<sup>78</sup> "\$225,000 Campaign for New Building Begun By Hospital." [Minneapolis] 7 Nov. 1915. Print.



Left: Exterior of Martin and Pavilion Buildings, ca. 1912. Right: Interior Sun Porch of Pavilion. A student nurse attended to a pediatric patient in the far corner. ca. 1905 – 1920. Courtesy of Minnesota Reflections.



Left: The main kitchen in St. Barnabas Hospital, Minneapolis. The two workers had cooked four pots of soup and eighteen pies for the day. ca. 1915. Right: Dr. Kano Ikeda and his assistant, nurse Agnes Almeda Hogle, working in the laboratory at St. Barnabas Hospital. ca. 1913. Courtesy of Minnesota Reflections.

dispose of the \$95,000 mortgage attributed to the Pavilion, by January 1, 1917. Private requests were made of benefactors and within a few months monies were received to pay off the mortgage. On January 25, 1917, it was announced that Mr. and Mrs. E.C. Whitney had donated \$107,500 to St. Barnabas to build a new wing for the hospital. The gift given by the Whitneys was for the fine care Mrs. Whitney received in the 1870s when she took seriously ill and the staff at Cottage, the only hospital in town, nursed her back to health.<sup>79</sup> Mr. and Mrs. Whitney also noted their pleasure in seeing all of the benevolent work that St. Barnabas continued to provide to the indigent sick, especially among children with the juvenile court, Sheltering Arms, Welles' Memorial and similar institutions.

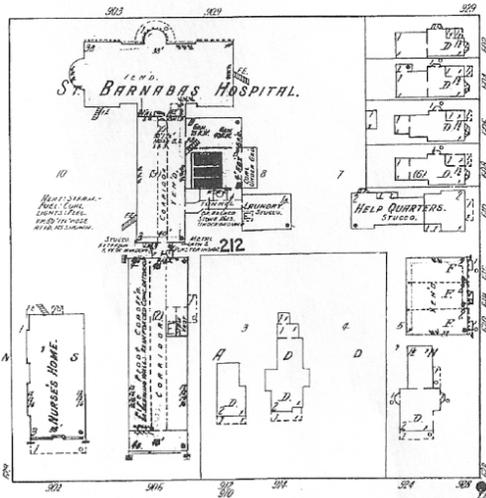
<sup>79</sup> "Care of Woman 50 Years Ago Brings Hospital \$107,500." *Minneapolis Journal* 25 Jan. 1917. Print.

## St. Barnabas in Wartime

Though a new Whitney wing was planned for construction in 1917, economic conditions related to World War I halted this endeavor. To support the war effort, St. Barnabas set aside 15 free beds for care of enlisted men in the army and navy.<sup>80</sup>

Until 1928, the facilities of St. Barnabas sufficed. Then it was announced that a \$600,000 addition would be erected in 1929. The plans called for the new unit to face Seventh

Street with foundations so that a twelve-story building was possible. Acquisition of real estate was made at the corner of Seventh Street South and Tenth Avenue South at a cost of \$25,000, and the purchase completed the full block of frontage on Seventh Street. However, the Great Depression delayed hospital expansion plans, and only small changes were made on the property; a brick nurse's home was moved onto the property from 612 – 620 Tenth Avenue South and a 72.6' x 68.2' boiler room for laundry was constructed at a cost of \$91,000.<sup>81</sup>



Left: Sanborn Fire Insurance Company. Insurance Maps of Minneapolis, Minnesota. Vol.3. 1930. Sheet 264.

The Great Depression coupled with a six-year drought caused great unemployment and poverty in Minneapolis and in Minnesota. Out-state agriculture and economic conditions were indicative of the suffering felt in the Minneapolis medical community. On May 1, 1933, the legislature passed an emergency law stopping all farm foreclosure sales until farm prices rose. Situations like this translated to St. Barnabas as no one had any money to pay doctors, and bed occupancy was greatly reduced in hospitals.

Yet “Somehow the hospital survived. Perhaps because for the most part there was no thought of worldly gain or selfishness in the minds and hearts of those who conceived the idea of providing a place where the sick might be restored to health.”<sup>82</sup> Finally in 1936, as Minnesota came out of the economic catastrophe, the demand for health care returned and the cornerstone of the New Whitney Memorial Building addition was laid, nineteen years after its intended start date.

<sup>80</sup> 1917 *St. Barnabas Annual Report*. Rep. Minneapolis: St. Barnabas Hospital, 1917. Print.

<sup>81</sup> "St. Barnabas To Build Big Addition Here." *Minneapolis Journal* 7 Sept. 1928. Print.; electronic copy of original building permit available at the City of Minneapolis Community Planning and Economic Development department.

<sup>82</sup> "St. Barnabas Hospital, An Ideal Realized." *The Minnesota Missionary and Church Record* Jan.-Feb. 1934: 4-5. Print. As taken from a 1927 *St. Barnabas Annual Report*



Upon completion in 1937, the five-story Whitney wing cost \$275,000. It was designed by Minneapolis architects Hewitt & Brown and connected to the Pavilion building via sun porches on each floor. It boasted executive offices, an x-ray lab, six operating rooms, two delivery rooms, doctor's lounges, a drug room and 40 patient rooms. It was also the first air-conditioned hospital facility in the nation. With this facility the bed count grew to 175, and a portion of the old hospital was closed to patient care.<sup>83</sup>

Whitney wing, completed in 1937. ca 1945. Courtesy of Minnesota Reflections.

St. Barnabas was given just a few years of economic relief, before the U.S. entered into World War II. Changes made to the campus during the 1940s were few; an addition of a one-story building housing a diet kitchen and coffee shop and the acquisition from Asbury of the Knickerbacker House,<sup>84</sup> which housed the training school for nurses.

During World War II polio outbreaks ravaged the Midwest. Many afflicted patients ineligible for care at the Minneapolis General or the University Hospital sought treatment at St. Barnabas.<sup>85</sup> As the number of patient cases grew, St. Barnabas re-arranged hospital space and constructed a special children's ward dedicated to polio cases. "In order to take care of this growing number of patients, arrangements were made between St. Barnabas Hospital and Sheltering Arms whereby the Sheltering Arms Board resolved to pay the expenses of remodeling its building for hospital accommodations and St. Barnabas Hospital agreed to provide the hospital equipment and the supervision."<sup>86</sup> In 1942, with \$23,000 in alterations made, St. Barnabas and Sheltering Arms opened the first hospital in the United States to be devoted exclusively to children with polio using the Sister Kenny treatment method. These grounds were at 4330 West River Road. The site served as a children's polio center until 1955, when the disease all but ceased. Sheltering Arms facilities then became a regional school for cognitively delayed children.<sup>87</sup> The structure was ultimately demolished in 1984.

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<sup>83</sup> "Hospital to Start \$150,000 Unit." *Minneapolis Journal* 29 Jan. 1936. Print.; "Dedicate New Hospital Unit." *Minneapolis Tribune* 18 Apr. 1937. Print.

<sup>84</sup> The Knickerbacker House was located at 828 Sixth Street South. The building had formerly been utilized by the Minnesota College Hospital and Asbury Hospital.

<sup>85</sup> "Timeline of Minnesota History." *Sister Kenny Comes to Minnesota*. Minnesota Historical Society. Web. 1 Nov. 2011. <[http://www.mnhs.org/about/dipity\\_timeline.htm](http://www.mnhs.org/about/dipity_timeline.htm)>.

<sup>86</sup> Bachmeyer, Robert W., and Frederick H. Gibbs. *Minneapolis Hospitals; St. Barnabas and St. Andrew's Division; Eighty-seven Years of Service*. Minneapolis: Hennepin County Medical Society, 1959. Print. 11.

<sup>87</sup> "Sheltering Arms to Be Converted Into Sister Kenny Polio Hospital." *Minneapolis Tribune* 23 Aug. 1942. Print.; "Sheltering Arms to Shift Care to Retarded Children." *Minneapolis Tribune* 8 June 1955. Print.



Left: Sheltering Arms, West River Road, Minneapolis. ca. 1925. Right: Kindergarten polio hospital at Tilden School, St. Paul. ca. 1954. Courtesy of the Minnesota Historical Society.

## **Post War Expansion**

In October of 1945 St. Barnabas announced its intention to build a 100-bed addition. In 1949, after four years and multiple plan revisions, St. Barnabas was ready to move forward on the \$2.1 million expansion that included psychiatric and chronic care facilities. However, with the passage of the Hill-Burton Act<sup>88</sup> “several St. Barnabas Trustees felt the need to participate in hospital planning on a community-wide basis.”<sup>89</sup> Thus, expansion plans were halted.

That year, St. Barnabas’s planning interests were represented at the Minneapolis Hospital Research Council. Ultimately the Council was told by its consultant that more hospital beds were needed in the next twenty years, but that hospitals should be consolidated into “hospital centers” rather than continuing the pattern of competing, independent facilities. The advice was not well received by the Council. However in 1952 the St. Barnabas Board explored and seriously considered the idea of a Hennepin Hospital Center, a \$7 million dollar grouping of number of hospital services around the St. Barnabas-Swedish-Asbury Methodist area. The unified countywide hospital program was eventually dropped.<sup>90</sup>

In 1953, with the intent to increase its resources, St. Barnabas purchased St. Andrew’s Hospital in Southeast Minneapolis. “Thus was created the St. Andrew’s Division of St. Barnabas Hospital, and the community was saved eighty beds that were about to be lost

<sup>88</sup> The Hill Burton Act is otherwise known as the Hospital Survey and Construction Act. Its objective was to improve coordination of hospital development. The federal government would provide construction funds for hospitals in communities that established regional plans for hospital development. In addition, communities had to raise two-thirds of the construction costs and prove that hospitals applying for federal grants would be financially viable.

<sup>89</sup> Bachmeyer, Robert W., and Frederick H. Gibbs. *Minneapolis Hospitals; St. Barnabas and St. Andrew's Division; Eighty-seven Years of Service*. Minneapolis: Hennepin County Medical Society, 1959. Print.

<sup>90</sup> Weed, Wendell. "Klicka Quits St. Barnabas for New Post." *Minneapolis Star* 4 Feb. 1954. Print.; Weed, Wendell. "St. Barnabas Hospital Feels Acute Pinch for 'Living Space'" *Minneapolis Star* 1 June 1956. Print.

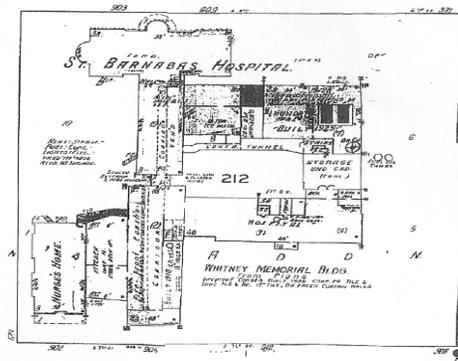
because of financial difficulty. This was at a time when long lists of people waited for admissions to hospitals and the saving of beds for community service was most vital.”<sup>91</sup>

In 1955, the Minneapolis Hospital Research Council gave up on hospital consolidation and changed its name to United Health Fund of Minneapolis and Hennepin County (UHF). UHF’s new focus became fundraising for local, private hospital expansion, as the group believed the metro area needed 1,500 additional hospital beds.<sup>92</sup>

Nine hospitals and three care-related facilities participated in the UHF drive.<sup>93</sup> St. Barnabas’ participation allowed for a new complex on the adjoining block. For two years apartment buildings and homes along Chicago Avenue were purchased for its new site. On December 26, 1956, buildings located along Chicago Ave., between Seventh and Eighth Street were demolished to make way for the new hospital.<sup>94</sup>



CLEARING the site where a new St. Barnabas hospital will be erected, this power shovel is making rubble out of the old buildings along Chicago avenue between Seventh and Eighth streets. Ultimately the entire block, with the exception of one building at Eighth and Chicago avenue, will be cleared. The new building, costing five million dollars, will be of 300-bed capacity.



Left: “Clearing the Site...” 26 Dec. 1956. Photo reprinted from the Minneapolis Star. Right: Sanborn Fire Insurance Company. Insurance Maps of Minneapolis, Minnesota. Vol. X. 1951. Sheet 264.

The initial ground breaking ceremony took place at 714 Ninth Avenue South on April 17, 1957. The approximately \$5 million structure was dedicated November 14, 1958. It was announced: "This new hospital provides 306 patient beds with medical, surgical, pediatric and obstetrical services in a building that is modern in every way...It is connected to the old hospital buildings by means of a walk-through tunnel through which steam and laundry facilities of the old structure are utilized. The structure consists of eighty-eight one-bed rooms, fifty-eight two-bed rooms, and twenty-seven four-bed rooms, rooms

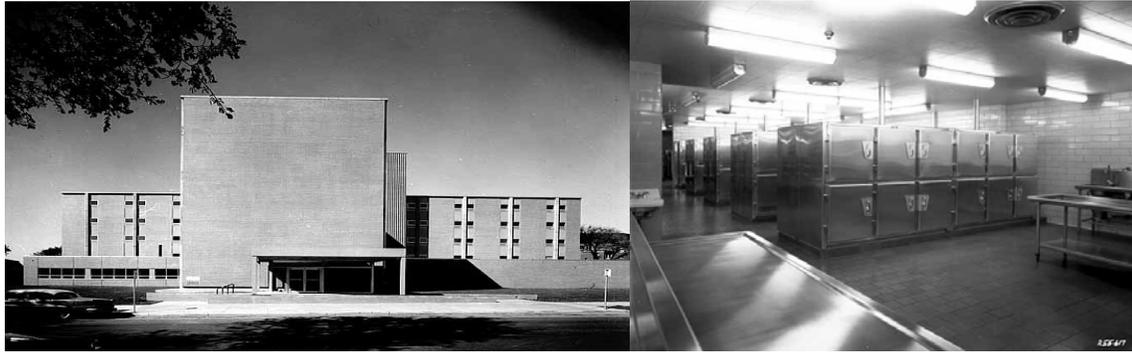
<sup>91</sup> Bachmeyer, Robert W., and Frederick H. Gibbs. *Minneapolis Hospitals; St. Barnabas and St. Andrew's Division; Eighty-seven Years of Service*. Minneapolis: Hennepin County Medical Society, 1959. Print.

<sup>92</sup> Gales, Elizabeth A., Charlene K. Roise, and Hess, Roise and Company. *National Register Nomination Form for Abbott Hospital*. Rep. Available at the State Historic Preservation Office, Minnesota Historical Society, Saint Paul. 2010. Print.

<sup>93</sup> Weed, Wendell. "St. Barnabas Hospital Feels Acute Pinch for 'Living Space'" *Minneapolis Star* 1 June 1956. Print.

<sup>94</sup> Photograph. *Clearing the Site...* Minneapolis Star, 26 December 1956. Print.; Gales, Elizabeth A., Charlene K. Roise, and Hess, Roise and Company. *National Register Nomination Form for Abbott Hospital*. Rep. Available at the State Historic Preservation Office, Minnesota Historical Society, Saint Paul. 2010. Print.

containing built-in radios, wardrobe closets and telephones. It has thermostatically controlled temperatures; nurse patient two-way communication.”<sup>95</sup>



St. Barnabas hospital and kitchen, Minneapolis. ca. 1958. Courtesy of the Minnesota Historical Society.

## **Combining Facilities**

During the 1950s, tens of thousands of people left Minneapolis for the modern conveniences of the suburbs. This, coupled with overly successful hospital expansions, left Minneapolis with an abundance of empty hospital beds. Between the new St. Barnabas and Swedish hospitals, there were over 800 beds in close proximity and a great deal of expense in staff and upkeep. In 1959, just two years after opening its new hospital, St. Barnabas and Swedish formed a Joint Council on Medical Education, which established a program for training interns and residents. This was the first of many combined efforts that eventually led to the consolidation of the entities.

Due to low facility usage St. Barnabas closed St. Andrew’s Hospital in June of 1963.<sup>96</sup> That same year President Kennedy’s endorsed the Community Mental Health Centers Act, which authorized a network of centers to provide outpatient services.<sup>97</sup> St. Barnabas and Swedish recognized an opportunity to provide the community with in and outpatient psychiatric care. The entities proposed a Combined Facility that provided the needed beds and created a physical link between the two Minneapolis institutions.”<sup>98</sup> In December of 1965 the Minnesota Department of Public Welfare approved the formal application for \$1.6 million in federal funds for the Combined Facility of St. Barnabas and Swedish Hospitals. The jointly owned and operated facility was the first of its kind in the county.<sup>99</sup>

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<sup>95</sup> Bachmeyer, Robert W., and Frederick H. Gibbs. *Minneapolis Hospitals; St. Barnabas and St. Andrew's Division; Eighty-seven Years of Service*. Minneapolis: Hennepin County Medical Society, 1959. Print. 6.

<sup>96</sup> "St. Andrew's Hospital Closing to Be June 15." *Minneapolis Star* 1 June 1963. Print.

<sup>97</sup> Gales, Elizabeth A., Charlene K. Roise, and Hess, Roise and Company. *National Register Nomination Form for Abbott Hospital*. Rep. Available at the State Historic Preservation Office, Minnesota Historical Society, Saint Paul. 2010. Print.

<sup>98</sup> *MMC Historically Speaking*. Minneapolis: Metropolitan Medical Center, 1985. Print.

<sup>99</sup> "Local, State Agencies Have Given Green Light to Joint Building Project." *The Voice of St. Barnabas* XIII, No 4. (Dec. 1965): 3. Print.



Construction of the Combined Facilities. ca. 1967. Courtesy of the Minnesota Historical Society.

In 1967, Hill-Burton funds provided for a two-floor, 108 bed extended care center to be added to the Combined Facility. In addition St. Barnabas and Swedish decided to construct and share laundry facilities, a power plant, and a parking ramp along with the five-story Combined Facility.<sup>100</sup> In October of 1968 the Combined Facility was dedicated.

Eventually program and space sharing along with other financial implications, led to the merger of the two hospitals. On July 28, 1970, the St. Barnabas and Swedish boards of trustees met jointly to vote on the consolidation of the two hospitals. On October 1, 1970, Swedish and St. Barnabas became the first two hospitals in Minnesota to merge; they became Metropolitan Medical Center (MMC). “Their consolidation created a 907-bed hospital with assets of \$24 million, an annual budget of \$20 million, 400 staff doctors, and 2,000 other employees, 600 of whom were nurses.”<sup>101</sup>

In 1971, MMC and neighboring Hennepin County Medical Center (HCMC, formerly Hennepin County General Hospital) became the first private and public hospitals to share services. “Both hospitals, one public and one private, had been planning independently for new facilities; but the Metropolitan Health Board (MHB) – the health-care planning arm of the Metropolitan Council – would approve new construction only if the two hospitals agreed to a program of shared facilities and services, including a physical joining of the two institutions. The MHB was concerned with holding the line on increasing hospital costs and saw the proposed cooperative effort as one way to provide continued high quality care and services to the community without early duplication of certain equipment and services.”<sup>102</sup>

Between 1974 and 1976, MMC and HCMC underwent major construction to integrate the two facilities. A four-story ‘Center Hospital’, was constructed to bridge the two hospitals at Chicago Avenue between Seventh and Eighth Streets. 156 beds, new surgical and birthing suites, a laboratory, radiology, and twenty shared services were added. The linking facility was built by the Center Hospital Corporation, a non-profit entity

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<sup>100</sup> Gaarder, Pat, and Tracey Baker. *From Stripes to Whites*. Minneapolis: Swedish Hospital Alumni Association, 1980. Print. 37.

<sup>101</sup> Ibid.

<sup>102</sup> Glotter, Joel, Charles Richards, and Thomas Mattison. "Hennepin County Medical Center: Four Years Later." *Architecture Minnesota* June 1980. Print.

established by the county and MMC.<sup>103</sup> Much controversy followed this project due to creative funding used to build Center Hospital.

By 1985, HCMC and MMC shared more than 30 services, including cardiac, toxicology, perinatal services, laundry, food services, and pediatrics.

Regional recognition attributed to MMC and HCMC's kidney care programs resulted in the creation of Beth Mensing Memorial Kidney House. Opened in February of 1988 in the former St. Barnabas hospital at 920 S. Seventh St, Beth Mensing was the world's first facility to house kidney patients and their families during treatment. The five-story facility included fifty-eight lodging rooms, kitchens, a game room, lounges, and a conference and education center.<sup>104</sup>

In 1988, MMC merged with another hospital, Mount Sinai, to form Metropolitan- Mt. Sinai Medical Center. This partnership lasted three years until June of 1991 when Metropolitan-Mt. Sinai closed due to declining admissions and inadequate reimbursement. That same month, HCMC purchased three of the five Metropolitan-Mt. Sinai's buildings for their own expansion, at a cost of \$39 million. In 1992, Hennepin Faculty Associates acquired 178,000 sq. ft of space and surface parking lot from the defunct Metropolitan-Mt. Sinai.<sup>105</sup>

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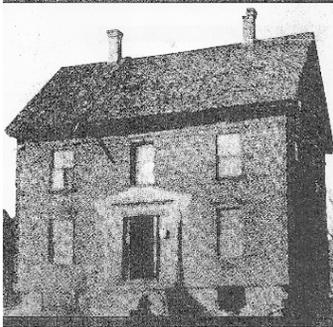
<sup>103</sup> "\$75,000,000 Deal." *St. Barnabas Auxiliary Bee Hive* (May 1974). Print. Pianin, Eric. "\$21-million Center Hospital May Bring Hennepin County Financial, Political Ills." *Minneapolis Star* 21 Apr. 1975: 13A. Print.

<sup>104</sup> Ryan, Ann K. "Kidney Center Expected to Open in February." *Skyway News* [Minneapolis] 1 Dec. 1987. Print. 17.

<sup>105</sup> Brandt, Steve. "Hennepin Approves Hospital Expansion." *Minneapolis Star Tribune* 26 June 1991. Print.

## Physical Plant Evolution

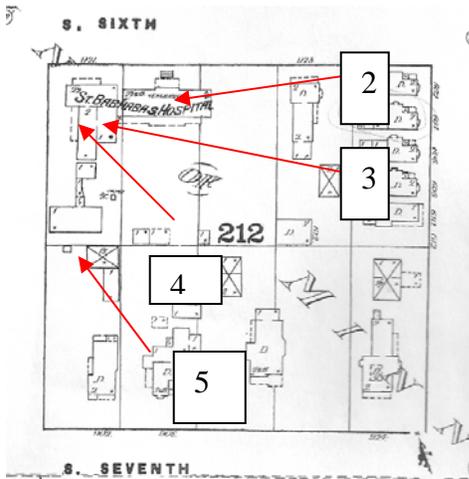
### 1. Washington Avenue and Ninth Street North



The author was not been able to procure an exact address for Cottage Hospital, other than it was located at Washington Avenue and Ninth Street North. Thus, the exact building information including its existence is unknown.

Left: Photo reprinted from "St. Barnabas Hospital, An Ideal Realized." The Minnesota Missionary and Church Record Jan.-Feb. 1934.

### 2. 901 - 915 Sixth Street South - demolished



- € Garland House was moved from West River Road in 1874  
Cost: \$7,500 to remodel into a hospital  
Donated by C.C. Washburn in 1874.

### 3. 901 - 915 Sixth Street South - demolished

Brick veneer addition to Garland House  
Built: 1875  
Cost: \$2,000  
Held forty additional patients.

Sanborn Fire Insurance Company. Insurance Maps of Minneapolis, Minnesota. Vol.1. 1885. Sheet 11A.

### 4. 901 - 915 Sixth Street South - demolished

Welles Pavilion

Built: 1875

Cost: \$1,300

Henry Welles donated \$1,300 to build a frame addition called the Welles Pavilion. The Pavilion was used exclusively for surgical purposes, and housed six surgical patients.

### 5. 901 - 915 Sixth Street South - demolished

Built: 1881

Two story building

Henry Welles once again provided funds for a two-story building, completed in 1881. The building was constructed in the rear of the main building containing sixteen rooms, “with a hall in the center and a commodious operating room.”<sup>106</sup>

## 6. 901 - 915 Sixth Street South - demolished



Martin Building, ca. 1916. Courtesy of Minnesota Reflections.

**Martin Building**  
Built: 1894  
Builders: Leck and McLeod  
Cost: approximately \$50,000  
Style: Romanesque Revival  
Important features: three stories; smooth masonry walls; balanced, symmetrical façade; prominent, three-story tower entry; one-story, semi-circular porch; beltcourses at each level; towers at side termination of building; some semi-circular arched windows;

The new hospital structure, called the Martin building, was named after one of the hospital’s early benefactors. It was a 55’ x 110’ brick structure, three stories in height, with a 75-bed facility. At its opening “the Superintendent boasted: the operating room is a model in the perfection and completeness of its equipment. It being furnished with an abundance of light in all modern appliances. In the opinion of prominent medical men, there is not a better appointed operating room in the West than that of St. Barnabas Hospital.”<sup>107</sup> The Martin building was demolished in March of 1961.

## 7. 902 Seventh Street South – demolished



Wellesmere residence, ca. 1945. Courtesy of Minnesota Reflections.

**Wellesmere Residence**  
Built: 1906  
Architect: E.S. Stebbins  
Cost: \$16,000  
Style: vernacular apartment complex  
Important features: three stories; flat roof; smooth masonry walls; balanced, symmetrical façade; double hung windows in groupings of two; corbelled brick detail below frieze; banding above first floor.

<sup>106</sup> Jones, M.D., W. A., ed. *Northwestern Lancet*. Vol. XXIV. Minneapolis: W.L. Klein, 1904. Print.; Bachmeyer, Robert W., and Frederick H. Gibbs. *Minneapolis Hospitals; St. Barnabas and St. Andrew's Division; Eighty-seven Years of Service*. Minneapolis: Hennepin County Medical Society, 1959. Print.

<sup>107</sup> Jones, M.D., W. A., ed. *Northwestern Lancet*. Vol. XXIV. Minneapolis: W.L. Klein, 1904. Print.

The Wellesmere Nurses' Residence was constructed from funds collected by the St. Barnabas Women's Auxiliary. The Women's Auxiliary regularly contributed to the hospital, sewing linens and hospital gowns in the early years, providing furnishings as new buildings were constructed, and hosting receptions for the many on-going events.<sup>108</sup>

In 1959, a three story nurses' classroom wing was added to the residence designed by modern architects Elizabeth and Winston Close. Ultimately, the building was demolished in 1972.

### 8. 901 - 915 Sixth Street South – extant



Pavilion. ca. 2010. Courtesy of Google Earth Images.

Pavilion  
Built: 1911  
Cost: \$85,000  
Builders: Bailey Marsh  
Important features: five stories; smooth, red brick; linear window pattern; commercial style windows on front façade.

Today the Pavilion is known as the “St. Barnabas Apartments.” Aeon opened St. Barnabas Apartments in 2005 to provide stable housing for formerly homeless and at-risk youth. The building had been vacant for decades when Allina Hospitals and Clinics donated it to Aeon in 2001. St. Barnabas Apartments offers 24-hour on-site support services to assist youth in achieving their employment, education and self-sufficiency goals.

### 9. 901 - 915 Sixth Street South – extant



Aerial photo of second generation St. Barnabas campus. Date unknown. Courtesy of Google Earth Images.

Steam plant  
Built: 1929  
Cost: \$91,000  
Architect: Magney and Tusler  
Builders: Field Martin Co.  
Important features: 3 stories; Constructed of smooth, light-colored masonry; 72' x 68' x 34'; multi-story smoke stack

<sup>108</sup> St. Barnabas Hospital, An Ideal Realized." The Minnesota Missionary and Church Record Jan.-Feb. 1934: 4-5. Print.

## 10. 920 Seventh Street South - extant



Whitney Wing. Date unknown. Courtesy of NCU.

Whitney Wing

Built: 1937

Cost: \$275,000

Architects: Hewitt & Brown

Style: Art Deco

Important features: Smooth, masonry façade; linear symmetry; geometric window placement; pronounced two-story entry; fifth floor accentuated with banding and decorative squares above windows.

The Whitney wing was connected to the Pavilion building via sun porches on each floor. At its opening it boasted executive offices, an x-ray lab, six operating rooms, two delivery rooms, doctors lounges, a drug room, and 40 patient rooms. It was also the first air-conditioned hospital facility in the nation.

Later the Whitney wing served as the Beth Mensing Memorial Kidney House, the world's first facility to house kidney patients and their families during treatment. Today it is named Mensing Hall and contains a dormitory and classrooms for North Central University (NCU).

## 11. 828 Sixth Street South - demolished



"Luther House" 828 Sixth Street South, Minneapolis. Photograph Collection ca. 1935. Courtesy of the Minnesota Historical Society.

The original building permit for the structure located at 828 Sixth Street South was not listed on the City of Minneapolis' 'Inspector of Buildings' card.

Architect: unknown

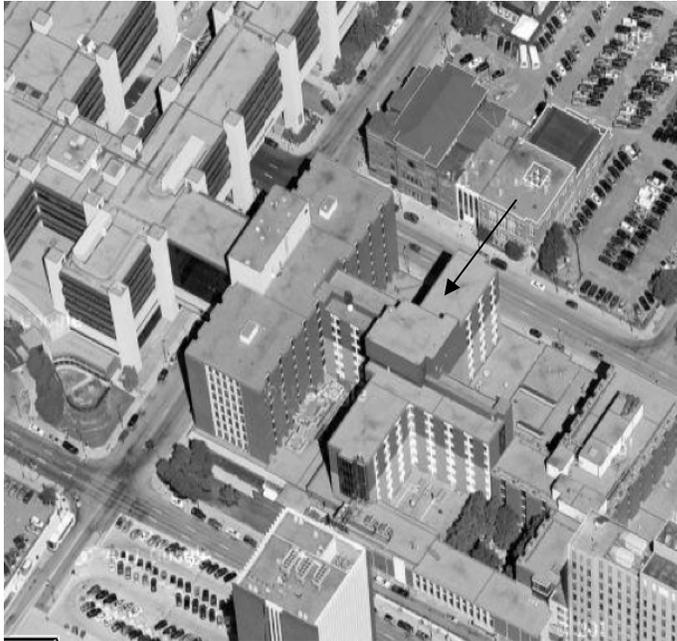
Style: Richardsonian Romanesque

Features: three and one half stories; rusticated stone used in overall building decoration, specifically at semi-circular arches, foundation, window sills, lintels, and checkerboard coursing; deeply recessed windows; four story tower denoting entrance.

828 Sixth Street South served as the first Asbury hospital from 1892 – 1906. Before Asbury purchased the building it was utilized by the Minnesota College Hospital. St. Barnabas acquired the structure around 1943 and spent \$25,000 to remodel it. Under St.

Barnabas' tenure, the home was known as the Knickerbacker residence, a training school for nurses. A demolition permit was issued for this structure on January 11, 1960.

### 12. 714 Ninth Avenue South – extant



'New' St. Barnabas Hospital'  
Built: 1958  
Cost: approx. \$5 million  
Builders: Watson Construction  
Style: Modern  
Features: Building constructed in an off-set cross; modern façade of the 1958 building has been obliterated; lower four floors are beige/peach color; upper three stories are composed of dark red brick; white vertical banding denotes windows.

Today the building is considered the Hennepin County Medical Center "Green Building."

Aerial photo of current HCMC campus. Date

unknown. Courtesy of Google Earth Images.

### 13. 908 South Eighth Street – extant



Combined Facility  
Built: 1968  
Cost: approx. \$3.6 million  
Architects: Elizabeth Close and Fash, Hillstrom, and Horty  
Builders: Watson Construction  
Style: Modern  
Features: front façade features three stories; dark brown brick; cast in place exo-skeletal concrete framing.

Construction of the Combined Facilities. ca. 1967. Courtesy of the Minnesota Historical Society.

#### 14. 701 South Eighth Street - extant



Center Hospital  
Built: 1976  
Cost: approx. \$21.1 million  
Style: Modern

The four-story 'Center Hospital', was constructed to bridge HCMC and MMC at Chicago Avenue between Seventh and Eighth Streets. Because the City refused to close Chicago Avenue, it cost the entities an additional \$4 million to build the structure on stilts and span the avenue. Today the HCMC structure is considered part of the "Red" building.

Aerial photo of current HCMC campus. Date unknown. Courtesy of Google Earth Images.

## **Important People at St. Barnabas**

### **Dr. George Eitel**

Dr. Eitel was a practicing surgeon at St. Barnabas.

“It is said that one day in St. Barnabas Hospital, a surgeon, provoked by a long wait on a busy day and by the breaking of a piece of catgut, said, ‘I am going to build my own hospital. I am going to have a little hell of my own.’ Not many years later the well known late Dr. Eitel admitted he had what he hoped for.”<sup>109</sup>

Eitel Hospital located across from Loring Park, is listed on the National Register of Historic Places.

### **Dr. Frederick Alanson Dunsmoor**

Dr. Frederick Alanson Dunsmoor was credited with the initiation of clinical medicine in Minneapolis. “A native of Richfield when it was still a pioneer farm village, Dunsmoor had been instrumental in establishing the Minnesota College Hospital in 1881. A proponent of using hospitals to teach medical students and give them practical experience, Dunsmoor went against the established practice of subjecting medical students only to lectures.”<sup>110</sup>

### **Dr. Finn J. Larsen**

In 1954, the St. Barnabas research department was headed by John J. Wild. Wild developed a partnership with Dr. Finn J. Larsen, then director of research at Minneapolis Honeywell Regulator Co. Wild, along with Honeywell, developed an Echograph, a device that used high frequency sound to indicate possible cancer.<sup>111</sup>

## **Important Medical Advances at St. Barnabas**

“The first dispensary in Minneapolis was opened in the basement of the hospital; and the first medical inspection of children in the Public Schools was made by St. Barnabas Medical Staff through its social service department organized in 1909.”<sup>112</sup>

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<sup>109</sup> “St. Barnabas Hospital, An Ideal Realized.” *The Minnesota Missionary and Church Record* Jan.-Feb. 1934: 4-5. Print.

<sup>110</sup> *Growing with the Community It Serves; Asbury-Methodist Hospitals; 1892 - 1967*. St. Louis Park: Asbury Methodist Hospitals, 1967. Print.

<sup>111</sup> Weed, Wendell. “U.S. Grants Cancer Study Funds.” *Minneapolis Star* 10 Feb. 1954. Print.

<sup>112</sup> “St. Barnabas Hospital, An Ideal Realized.” *The Minnesota Missionary and Church Record* Jan.-Feb. 1934: 4-5. Print.

In 1951, the Washburn Memorial clinic, Minneapolis' first mental health clinic for children, was opened on the second floor St. Barnabas' Martin building. It was believed to be the first such partnership in the country between a University, a private hospital, and an orphan asylum. In 1957, the Washburn clinic moved to new facilities at 300 Queen Avenue North, with some funds provided by United Health Fund of Minneapolis and Hennepin County.<sup>113</sup>

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<sup>113</sup> Weed, Wendell. "Mental Health Clinic for City Children Opens." *Minneapolis Star* 9 Feb. 1951. Print.; Cohn, Victor. "City Gets Look at New Child Clinic." *Minneapolis Tribune* 7 Feb. 1957. Print.

## **Initial assessment in relation to significance**

The 2008 Mead and Hunt survey identified “Elliot Park Health Care/Religious Social Services” as a theme for research and possible local and/or national designation.

Six buildings formerly owned and used by St. Barnabas Hospital are still extant and were identified in this possible thematic study area. Though extant construction dates from 1911 through 1976 and ultimately demonstrates hospital evolution, I do not believe it is feasible to seek a collective national register designation around these six buildings. Unlike the Abbott complex, the extant buildings are scattered on two separate sites, and the most dramatic building, the 1958 “new” St. Barnabas hospital, has been altered and virtually obscured.

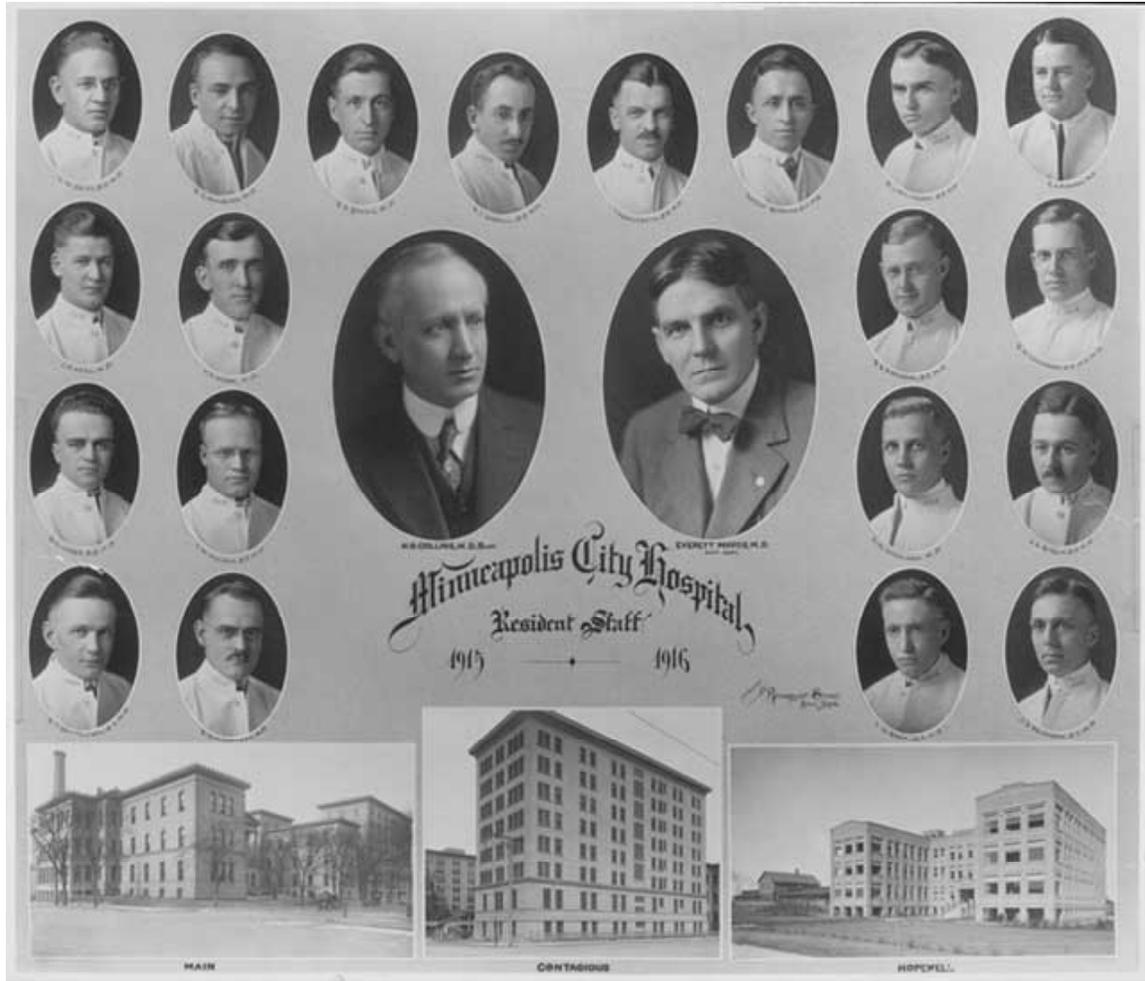
Individually, the Whitney wing may possibly merit local or designation under the following criterion:

- Criteria 1 – All properties are associated with significant periods that exemplify broad patterns of cultural, economic, and social history.
- Criteria 3 – The properties contain or are associated with distinctive elements of Minneapolis and the Elliot Park identity
- Criteria 4 - The properties embody distinctive characteristics of an architectural style

Perhaps in the future, the HCMC campus, and the attributing St. Barnabas/MMC buildings could be designated as an evolutionary medical complex.

Let it not be mistaken, though, these six buildings do lend to the distinctive elements of the Elliot Park medical history identity.

## Chapter 3.2 – Biography of City Hospital/Minneapolis General



Views of Minneapolis City Hospital buildings and staff, Rembrandt Studio. 1916. Courtesy of the Minnesota Historical Society.

**“It is through the accumulated instinct for charity of individuals who go to make up the community, therefore, that our municipal hospital takes its origin.”<sup>114</sup>**

<sup>114</sup> Remy, Dr. Charles E. "A Monument." *The Civic Digest* First Quarter (1936): 6. Print.

## **Founding of Minneapolis City Hospital**

As settlement began in Minneapolis in the mid- to late-nineteenth century, medical care was by and large administered in the private home. People of any means were cared for in private comfort by family and a visiting doctor. "Prior to 1887, the members of the lower economic group of the City of Minneapolis were cared for in private hospitals, and their care was paid by the City."<sup>115</sup>

Dr. Charles Remy, Superintendent of Minneapolis General Hospital, recalled in a 1936 sketch of medical history in Minneapolis "As early as 1880, the City employed a City Physician who was elected by formal ballot."<sup>116</sup> "According to the records of that time, it was evidently found that the supervision of patients scattered in various hospitals was time consuming, and that uniformity of handling cases in the various hospitals was impossible."<sup>117</sup>

Based on the aforementioned needs, in June 1887, the Minneapolis City Council began to investigate the benefits of providing indigent care in a common setting. A special committee was appointed "to examine into and report as to the advisability of establishing a City Hospital. This special committee consisted of the Committee of the Health and Hospitals of the City Council, Mayor Ames, the Supervisor of the Poor, the City Physician and the Health Officer."<sup>118</sup> After much study, it was determined essential to provide a public healthcare facility for Minneapolis' 47,000 citizens.

City Hospital was organized by a resolution of the City Council on July 1, 1887. "In September of 1887 a resolution was passed authorizing the Committee of Health and Hospitals 'to lease the building at 724 Eleventh Ave. South together with the adjoining building on Eleventh Ave. for a City Hospital for the term of three years at an annual rental of \$960.'"<sup>119</sup>

Minneapolis City Hospital opened on December 1, 1887, in a rented house at 724 Eleventh Avenue South. The Hospital's missions were "to furnish medical service to the needy, to care for patients with contagious diseases, and to provide ambulance service and first aid for all people of the city."<sup>120</sup>

In the early years, however, infectious disease patients were not granted automatic admittance to the hospital because the close quarters of the wards were ideal settings for spreading rather than treating contagions.

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<sup>115</sup> Remy, Dr. Charles E. "A Monument." *The Civic Digest* First Quarter (1936): 6. Print.

<sup>116</sup> Sheldon, R.N., Eleanor. "History of the Minneapolis General Hospital School of Nursing." *The Minnesota Registered Nurse* June (1949): 12+. Print.

<sup>117</sup> Remy, M.D., Charles E. "To Humanity." *The Civic Digest* First Quarter (1936): 7-31. Print.

<sup>118</sup> McCune, Mary McNair. "A History of The Minneapolis General Hospital 1887 - 1930." Thesis. University of Minnesota, 1933. Print.

<sup>119</sup> Ibid.

<sup>120</sup> Remy, M.D., Charles E. "To Humanity." *The Civic Digest* First Quarter (1936): 7-31. Print.

The hospital accommodated up to 61 patients, and was run by a doctor, four nurses, a matron, two interns and a general handyman. The cost for care was \$0.89 per day with 164 patients treated in the first three months.<sup>121</sup> Northwestern Hospital was used as an annex for women patients until 1893.<sup>122</sup>

The rented structure was said to be a “tumbled down wooden building and was ill adapted to serve as a hospital.”<sup>123</sup> The Annual Report of 1894 described the institution’s conditions: “The old hospital with its cramped and vermin-infested rooms was so dreaded and abhorred by the general public that many a poverty-stricken patient preferred...the probably more wretched surroundings of his own home rather than brave the terrors which his own and his neighbor’s imaginings had conjured up about the institution.”



724 Eleventh Avenue South, the first structure to house City Hospital. Courtesy of the Hennepin County Medical Center.

The City Hospital operated under the Board of Charities and Corrections from July 1, 1891, until July 1, 1919.<sup>124</sup>

### **Evolution of Minneapolis City Hospital**

In 1891, the City opened a free Dispensary (out-patient clinic) at City Hall. “The primary thought was indeed the dispensing of remedies and drugs to the poor persons of the community, although in connection with this there was frequently a supplemental service, by way of a physician who called upon indigent patients in their homes. As many as eight or nine thousand visits were sometimes made in a year.”<sup>125</sup>

In an effort to expand and improve hospital space, the City of Minneapolis’ Board of Charities and Corrections purchased the farm of former mayor George A. Brackett for \$100,000 in 1893. The new hospital site encompassed an entire city block bounded by what is now Portland and Park Avenues, Fifth and Sixth Streets. The original Brackett

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<sup>121</sup> "1887 A Century of Leadership 1987." *Alumni Quarterly Hennepin County Medical Center* 2.4 (1987): 19-22. Print.

<sup>122</sup> Sheldon, R.N., Eleanor. "History of the Minneapolis General Hospital School of Nursing." *The Minnesota Registered Nurse* June (1949): 12+. Print.

<sup>123</sup> McCune, Mary McNair. "A History of The Minneapolis General Hospital 1887 - 1930." Thesis. University of Minnesota, 1933. Print.

<sup>124</sup> Remy, Dr. Charles E. "A Monument." *The Civic Digest* First Quarter (1936): 10. Print.

<sup>125</sup> *Ibid.*

site included a nine-room brick house, a frame stable, and three framed houses. Upon purchase the buildings were remodeled to fit hospital purposes.<sup>126</sup>

“In converting these buildings for the purposes of a hospital all possible space was given up to wards in order to accommodate the largest number of patients. The main building contained the office, dispensary, operating and surgical dressing rooms, three general medical wards, a surgical ward, a convalescent medical and a convalescent surgical ward, general dining room and four rooms used as sleeping rooms for the household workers.



The wards in this building were devoted to male patients and contained 59 beds. One of the frame buildings with twenty-four beds took care of the female patients.”<sup>127</sup> That same year a cottage was set up on the lawns for contagious disease patients “with all manner of diseases freely cross-infecting one another.”<sup>128</sup> To provide staffing and care for patients, the Hospital established a training school for nurses in 1893. Ten students enrolled the first year, and nine graduated the program.<sup>129</sup>

City Hospital, formerly the George A. Brackett residence.  
Date unknown. Courtesy of Hennepin County Library.

A typhoid epidemic proved a challenge to the hospital in 1894. Due to space constraints and fear of cross contamination, tents were again set up on hospital lawn to care for the twenty victims. During that time, the hospital also purchased its first ambulance, a horse drawn wagon.<sup>130</sup>

In 1895, the dispensary was relocated from City Hall to the stable at the Brackett farm. Patients were examined in the former horse stalls, with a student from the University Medical School acting as pharmacist. Over the next two years, 1896 through 1898, a new Outpatient (Dispensary) Building was constructed to provide patients with more up-to-date services and surroundings.

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<sup>126</sup> "Meeting the Challenge of Contagious Disease." *Scanner Hennepin County Medical Center* [Minneapolis] June 1987, Volume 8, No. 5 ed.: 1+. Print.; "1887 A Century of Leadership 1987." *Alumni Quarterly Hennepin County Medical Center* 2.4 (1987): 19-20. Print.

<sup>127</sup> McCune, Mary McNair. "A History of The Minneapolis General Hospital 1887 - 1930." Thesis. University of Minnesota, 1933. Print.

<sup>128</sup> "Meeting the Challenge of Contagious Disease." *Scanner Hennepin County Medical Center* [Minneapolis] June 1987, Volume 8, No. 5 ed.: 1+. Print.

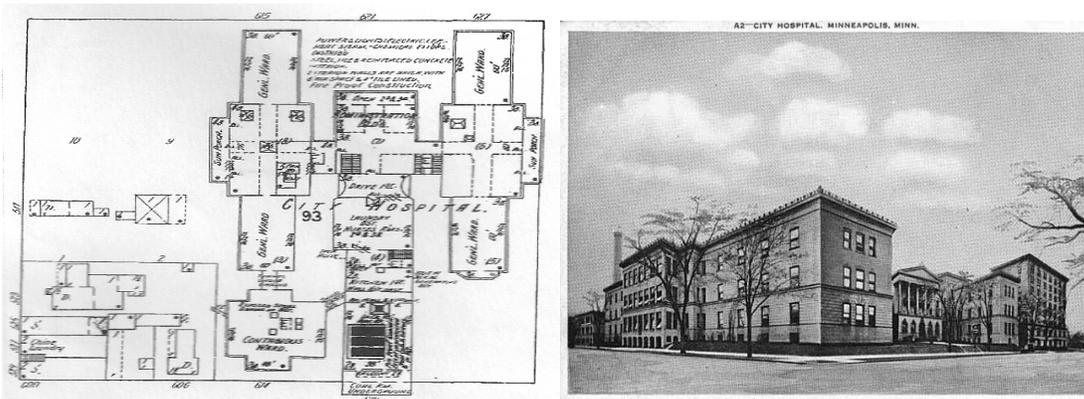
<sup>129</sup> Remy, Dr. Charles E. "A Monument." *The Civic Digest* First Quarter (1936): 9. Print.

<sup>130</sup> "1887 A Century of Leadership 1987." *Alumni Quarterly Hennepin County Medical Center* 2.4 (1987): 19-20. Print.

## Criticism and Contagions Drive Development

Between 1900 and 1910, Minneapolis gained an additional 98,000 residents, a population swell of 50%. Financial and environmental resources were taxed and the spread of disease was imminent. Tuberculosis, influenza, pneumonia, and typhoid were just a few of the epidemics that plagued Minneapolis.

Housed at their new campus for just seven years, City Hospital received criticism for their troubled facilities, with local media calling the structures “firetrap” wooden quarters.<sup>131</sup> These accusations coupled with a rise in contagious diseases “and an exploding public awareness of health care were the primary reasons for the expansion of the hospital and related facilities. Funds were always short, but one by one the original structures were torn down and replaced by brick buildings.”<sup>132</sup> Seven substantial buildings or “wings” were constructed in fifteen years.



Left: Sanborn Fire Insurance Company. Insurance Maps of Minneapolis, Minnesota. Vol. 3. 1930. Sheet 263

Right: Minneapolis City Hospital. Buildings L to R: East Wing, Administration Building, West Wing, and Nurse's Dormitory. 1920. Courtesy of the Minnesota Historical Society.

The structures built in the twentieth century were the hospital's “East Wing” and Service Building in 1901. The East Wing held 200 beds and cost \$75,000. Next, in 1908, the X-Ray Department was established and the Administration Building, the new main entrance to the hospital, was opened. The Administration building contained housing for nurses, interns, kitchen facilities, and an emergency operating room. The Grecian-inspired Administration building was temple-like with six columns and an arched front door featuring a caduceus topped by a winged angel. The interior lobby had marble wainscoting and marble pillars and steps.<sup>133</sup> Though the expansion was urgently needed, it did not provide enough space for the ills facing Minneapolis; that year a tent was “erected on hospital lawn to accommodate children until October.”<sup>134</sup>

<sup>131</sup> Cohn, Victor. "General Hospital: First-rate Care in a Rundown and Dismal Building." *Minneapolis Tribune* 3 Aug. 1952. Print.

<sup>132</sup> "HCMC - Timeline." *History of Hennepin County Medical Center*. Hennepin County Medical Center. Web. 22 Oct. 2011. <<http://www.hcmc.org/medcenter/timeline.htm>>.

<sup>133</sup> Ibid.

<sup>134</sup> "1887 A Century of Leadership 1987." *Alumni Quarterly Hennepin County Medical Center* 2.4 (1987): 19-24. Print.



Left: General Hospital from corner of Sixth Street and Seventh (Park) Avenue South, 1908. Buildings from L to R: Outpatient (Dispensary), Service building (attached to Administration building), and East Wing. Courtesy of the Minnesota Historical Society. Right: External view of Minneapolis City Hospital's main entrance (Administration building). Date unknown. Courtesy of Minnesota Reflections.

In 1910, 222 Minneapolitans were hospitalized in the midst of a typhoid outbreak; that year the City of Minneapolis introduced chlorination of water to stop the spread of the disease.<sup>135</sup> Concurrently the Minnesota Legislature authorized the City to issue bonds to the extent of approximately \$400,000 to “cover the erection of a new contagious building, and a new wing to the main buildings at the City Hospital; also the completion of an addition to the tubercular hospital, and a home for incurables. It was the opinion of the Board of Tax Levy that these permanent improvements would be so substantial as to warrant the belief that they would last for the next fifty years.”<sup>136</sup> While the new buildings were being constructed, the hospital was forced to house their patient overflow at the nearby rented Marcy School. This surplus arrangement occurred until 1912.<sup>137</sup>

During this time, the Nursing School was expanded and the entrance qualifications made more rigorous. In 1911 admission into the School required two years of high school study.<sup>138</sup> The following year the Nurses' Home was built. The eight-story structure was designed by prominent Minneapolis firm Long, Lamoreaux and Long Architects and formally opened in the spring of 1913.<sup>139</sup>

<sup>135</sup> "Key Dates in Minnesota Drinking Water History." *Home*. Minnesota Rural Water Association. Web. 18 Jan. 2012. <<http://www.mrwa.com/waterkeydates.htm>>. "HCMC - Timeline." *History of Hennepin County Medical Center*. Hennepin County Medical Center. Web. 22 Oct. 2011. <<http://www.hcmc.org/medcenter/timeline.htm>>.

<sup>136</sup> McCune, Mary McNair. "A History of The Minneapolis General Hospital 1887 - 1930." Thesis. University of Minnesota, 1933. Print.

<sup>137</sup> "Meeting the Challenge of Contagious Disease." *Scanner Hennepin County Medical Center* [Minneapolis] June 1987, Volume 8, No. 5 ed.: 1+. Print.

<sup>138</sup> Remy, Dr. Charles E. "A Monument." *The Civic Digest* First Quarter (1936): 9. Print.

<sup>139</sup> *Ibid.*



Exterior view of Minneapolis General Hospital. Buildings from L to R: East Wing, Administration Building, West Wing, Nurses' Home. 1936. Courtesy of the Minnesota Historical Society.

Construction of the West wing began in 1911 and was rushed to accommodate ever-present epidemics. In the East and West wings patient bed counts were met by providing virtually no private or semi-private rooms. Each wing had three floors, called stations, with three wards per station. The west wing opened before completion on July 28, 1913.<sup>140</sup> It held 200 beds and was formally finished in 1915. A new engine room, power house, and laundry were completed as the West wing opened.<sup>141</sup>

Meanwhile, in 1914, construction of the Contagion Building began none too soon, as



Lymanhurst Hospital and School. 1925. Courtesy of the Minnesota Historical Society.

Scarlet Fever and diphtheria epidemics hospitalized 846 people in Minneapolis. In 1916, including the branch hospitals of Hopewell and Lymanhurst, Minneapolis City Hospital's total bed count was 900. The daily cost of service averaged \$1.44. That year, the Hospital prepped for the opening of the Contagion Building by sending two nurses to Providence, Rhode Island, to learn the Pasteur technique of nursing contagious diseases.<sup>142</sup>

Finally in 1918, the Contagion Building, designed by Long, Lamoreaux and Long Architects, opened. The building was created with a separate morgue and chapel to care for any deaths. That year 1,115 people were hospitalized at Minneapolis City Hospital with the Spanish Flu, an influenza epidemic that killed nearly 3% of the world's population.<sup>143</sup>

<sup>140</sup> Remy, Dr. Charles E. "A Monument." *The Civic Digest* First Quarter (1936): 10. Print.

<sup>141</sup> Ibid.

<sup>142</sup> Sheldon, R.N., Eleanor. "History of the Minneapolis General Hospital School of Nursing." *The Minnesota Registered Nurse* June (1949): 12+. Print.

<sup>143</sup> "HCMC - Timeline." *History of Hennepin County Medical Center*. Hennepin County Medical Center. Web. 22 Oct. 2011. <<http://www.hcmc.org/medcenter/timeline.htm>>. Taubenberger, Jeffery, and David Morens. "1918 Influenza: The Mother of All Pandemics." *Historical Review*. Center for Disease Control and Prevention, Jan. 2006. Web. 2012. <[http://wwwnc.cdc.gov/eid/article/12/1/05-0979\\_article.htm](http://wwwnc.cdc.gov/eid/article/12/1/05-0979_article.htm)>.



Left: Contagion Building, nearly identical to Nurse's Home. 1930. Courtesy of the Minnesota Historical Society.  
 Right: Funeral Chapel in Contagion Building; bodies were reviewed behind glass. 1938. Courtesy of Minnesota Reflections.

As nursing roles expanded in 1920, the School of Nursing began to require a high school diploma for admission. Also in 1920, the Board of Public Welfare, the new City department in charge of hospital management, changed the organization's name to 'Minneapolis General Hospital' or 'The General'<sup>144</sup> One year later, the School of Nursing closed its doors in favor of the University of Minnesota program.<sup>145</sup>

As the Roaring Twenties passed, exciting things happened at the General. In 1922, the American Hospital Association approved the institute. Two years later, General began to admit female medical interns, the last hospital in Minneapolis to do so. Most notably, in 1926, the Hennepin County Grand Jury reported that even with 700 beds, the Hospital's space was inadequate to meet the needs of Minneapolis' indigent and contagious. This decision was reinforced when in 1929, General's overflow patients were sent to other hospitals, which resulted in a \$41,000 bill to the City.<sup>146</sup>

### **The General During the Depression**

At the beginning of the 1930s, medical advances caused a drop in contagious disease hospitalization. Hence, in 1930, the Contagion Building was renamed the Annex and wards were opened to general diseases. Citywide, all patients with infectious diseases were sent to the General. Daily cost of care rose to \$3.11 per day.<sup>147</sup>

<sup>144</sup> Remy, Dr. Charles E. "A Monument." *The Civic Digest* First Quarter (1936): 10. Print. "HCMC - Timeline." *History of Hennepin County Medical Center*. Hennepin County Medical Center. Web. 22 Oct. 2011. <<http://www.hcmc.org/medcenter/timeline.htm>>.

<sup>145</sup> "1887 A Century of Leadership 1987." *Alumni Quarterly Hennepin County Medical Center* 2.4 (1987): 19-24. Print.

<sup>146</sup> Michael, Laurie. "Medical Center: 100 Years of Caring." *Skyway News* [Minneapolis] 28 May 1987, Vol. 18, No. 42 ed.: 1+. Print.; "1887 A Century of Leadership 1987." *Alumni Quarterly Hennepin County Medical Center* 2.4 (1987): 19-24. Print.; "HCMC - Timeline." *History of Hennepin County Medical Center*. Hennepin County Medical Center. Web. 22 Oct. 2011. <<http://www.hcmc.org/medcenter/timeline.htm>>.

<sup>147</sup> "1887 A Century of Leadership 1987." *Alumni Quarterly Hennepin County Medical Center* 2.4 (1987): 19-24. Print. "HCMC - Timeline." *History of Hennepin County Medical Center*. Hennepin County Medical Center. Web. 22 Oct. 2011. <<http://www.hcmc.org/medcenter/timeline.htm>>.

The drop in hospitalization did not last long. Unemployment spurred by the Great Depression caused many citizens to forego private hospitalization in lieu of General's free care. "There were admitted to the wards of General Hospital in 1932 a total of 13,705 patients, as compared to 11,006 in 1931, to 9,100 in 1930, and as 7,871 in 1929. Hence there was an actual increase in hospital service rendered to the indigent sick of Minneapolis requiring bed care, to the extent of 50.61% over the service of similar character rendered in 1930, and an increase of 74.12% over that rendered in 1929."<sup>148</sup>

"At one point in the Depression General hospital delivered one baby in every three in the city."<sup>149</sup> For almost the entire decade, General was understaffed and beyond capacity. Spatial constraints were so great that nursing students received lessons in a bathroom. "The only place I could do any teaching was around the bathtub," clinical nursing instructor Myrtle Coe recalled,



General Hospital Nursery. 1938. Courtesy of Minnesota Reflections.

"nurses had to slither between an overabundance of beds in the wards and even in the corridors."<sup>150</sup>

City planners recognized the need for increased facilities and in 1932 presented a plan for a new hospital "ample to the needs of the community for several centuries." The structure was twenty-three stories and faced Portland Avenue. Though intentions were grand the economic conditions of the time did not allow for facilities expansion.<sup>151</sup>

As the country entered the tail end of the Depression in 1938, the debate to repair General hospital or build anew began. It was estimated that it would take at least \$400,000 to upgrade and expand the existing structures.<sup>152</sup> However, hospital usage numbers in 1939 did not support General's need to expand. "The in-patient load at General hospital has dropped more than 10 per cent since 1933, while during the five-year period hospital pay rolls alone have increased more than 45 percent...the cost per patient per day was \$5.46, the survey showed. Daily average number of patients in 1933 was 544, compared with 489 last year."<sup>153</sup>

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<sup>148</sup> Minneapolis General Hospital. *Annual Report for the Year 1932*. Rep. Minneapolis, 1933. Print.

<sup>149</sup> Cohn, Victor. "General Hospital: First-rate Care in a Rundown and Dismal Building." *Minneapolis Tribune* 3 Aug. 1952. Print.

<sup>150</sup> Michael, Laurie. "Medical Center: 100 Years of Caring." *Skyway News* [Minneapolis] 28 May 1987, Vol. 18, No. 42 ed.: 1+. Print.

<sup>151</sup> "1887 A Century of Leadership 1987." *Alumni Quarterly Hennepin County Medical Center* 2.4 (1987): 19-24. Print.

<sup>152</sup> "General Hospital Future Argued; Hearing Favors a New Building." *Minneapolis Tribune* 6 Dec. 1938. Print.

<sup>153</sup> "City Hospital Shows 10% Drop in Patients." [Minneapolis] 1939: 5. Print.

Eventually a new “General” was tabled as the country entered World War II. Notably, in 1940, during the midst of a worldwide polio epidemic “Minneapolis General Hospital was the first medical institution in the world where Sister Elizabeth Kenny’s life saving techniques were taken seriously. At the General she was given an opportunity to



Sister Kenny demonstrates therapy techniques, Sister Kenny Institute. 1942. Courtesy of the Minnesota Historical Society.

demonstrate her unorthodox therapy techniques and proved that they indeed could minimize permanent paralysis in polio patients.”<sup>154</sup> In just two years, Kenny’s methods were adopted at University Hospitals and Sheltering Arms; in 1942 the TB hospital, Lymanhurst, was converted for polio patient care and renamed The Elizabeth Kenny Institute. Ultimately, the dispersion of Kenny’s treatment methods saved tens of thousands of people from permanent paralysis.

## **Post War General**

Though most privately operated hospitals in Minneapolis built new structures after the end of World War II, General saw very limited expansion. The architectural firm of Long and Thorshov designed an addition to the Nurses’ Home with aid of Lanham act funds. Five floors were added to house the large numbers of students enrolled in the U.S. Cadet Nurse Corp, students of the General (the Nursing program had once again resumed), and the University of Minnesota nurses who staffed the wards at the General during the War. During the building process, the Nurses’ Home was renamed Harrington Hall in honor for F.E. Harrington, M.D., Superintendent and champion of Sister Elizabeth Kenny.<sup>155</sup> That same year the Hospital Board began a new study of the needs of the institution.

The following year was stressful at the General. In 1946 a polio epidemic struck the state and many of the victims sought treatment at General. Benches on the lawn became the “waiting room” as hospital loads soared.<sup>156</sup> “The hospital’s superintendent, D.W. Pollard, M.D., was authorized by Mayor Hubert H. Humphrey to take whatever steps necessary to combat the epidemic. These included converting the Michael Dowling School overnight into a polio annex for the General, permission from President Harry Truman to take over

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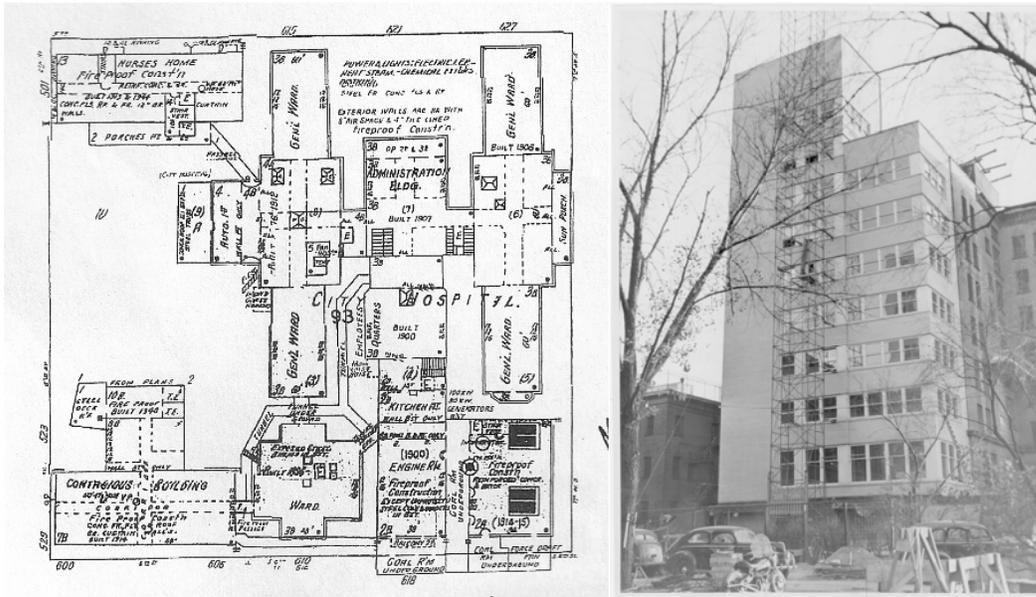
<sup>154</sup> Johnson, Monette. "They Gave Her a Chance and Changed the Course of Medical History." *Alumni Quarterly Hennepin County Medical Center* June 1987: 3-7. Print.

<sup>155</sup> "HCMC - Timeline." *History of Hennepin County Medical Center*. Hennepin County Medical Center. Web. 22 Oct. 2011. <<http://www.hcmc.org/medcenter/timeline.htm>>.

<sup>156</sup> Mindrum, Beverly. "From Old Dobbin to Horsepower." *Minneapolis Star* 1 Jan. 1962. Print.; "HCMC - Timeline." *History of Hennepin County Medical Center*. Hennepin County Medical Center. Web. 22 Oct. 2011. <<http://www.hcmc.org/medcenter/timeline.htm>>.

the hospital at Fort Snelling for polio patients, and recruitment of 1,000 additional staff, mostly nurses. Up to 10,000 hot packs a day were used during the peak of the epidemic.”<sup>157</sup> General Hospital chief of Pediatrics, E.J. Huenekens, M.D. noted in his February 1947 report to the Board, “normal facilities for treatment of polio in Minneapolis provide for about 200 beds. On the peak day during the epidemic, there were 974 patients in beds at University Hospitals, Elizabeth Kenny Institute, Sheltering Arms, and Minneapolis General Hospital, which had two annex facilities – the Michael Dowling School and Fort Snelling Hospital. Altogether, approximately 2,000 different patients received care and treatment for polio in 1946.”<sup>158</sup>

The polio epidemic, coupled with the City’s other health needs, caused the United States Public Health Service to recommend in 1946, construction of a 400 bed, \$3 million general hospital. Though the new hospital didn’t get built, in 1949 the Annex (Contagion Building) was extensively remodeled and expanded with an 8-story addition and two large elevators. After remodeling, the Annex had about 30 beds per floor, with about seven private rooms per floor.<sup>159</sup>



Left: Sanborn Fire Insurance Company. Insurance Maps of Minneapolis, Minnesota. Vol.3. 1951. Sheet 263  
 Right: Annex addition was to the north bay of the building. 1949. Courtesy of the Hennepin County Library.

<sup>157</sup> "Meeting the Challenge of Contagious Disease." *Scanner Hennepin County Medical Center* [Minneapolis] June 1987, Volume 8, No. 5 ed.: 1+. Print.

<sup>158</sup> Johnson, Monette. "They Gave Her a Chance and Changed the Course of Medical History." *Alumni Quarterly Hennepin County Medical Center* 2.4 (1987): 4. Print.

<sup>159</sup> "HCMC - Timeline." *History of Hennepin County Medical Center*. Hennepin County Medical Center. Web. 22 Oct. 2011. <<http://www.hcmc.org/medcenter/timeline.htm>>.

## Toward a New Hospital

As the 1950s approached, the effects of migration to the suburbs became apparent. With the loss of Minneapolis citizens, the Minneapolis Board of Estimate and Taxation was forced to ask the suburban communities to “ ‘pay their way’ for emergency services rendered by General hospital to residents of rural Hennepin communities.”<sup>160</sup> This was the first step towards a County Hospital.

Additionally, as new hospitals opened to fanfare around the metro area, conditions at General came under greater scrutiny. Hospital figures used local newspapers to expose the institution as an antiquated firetrap. In 1952 both the Minneapolis Star and Minneapolis Tribune ran lengthy articles about the hospital’s daily hazards and the State Fire Marshall’s threat to close the institution. Articles demonstrated General’s lack of



Women's medical ward at Minneapolis General Hospital. 1938.  
Courtesy of the Minnesota Historical Society.

fire suppression systems, insufficient elevator shafts, inhumane wards, fire-prone corridors, and missing amenities.<sup>161</sup> The City’s immediate reaction to this media storm was to abate most issues, which included buying the land south of Sixth Street between Portland and Park Avenues as a building site for laboratories, explosive chemicals, and a carpenter shop.<sup>162</sup> The ward configuration remained.

Meanwhile, advocacy began for Hennepin County to take over Minneapolis General.<sup>163</sup> City Council members and interested parties publicly campaigned with the idea that “Epidemics and other troubles don’t stop at the city limits. With the development of a densely populated metropolitan area around Minneapolis the logical next step is a county health commission. A splendid health setup already exists in Minneapolis. With relatively small expense it could be extended to the entire county. And General Hospital, not now operating at capacity, could be made a county institution.”<sup>164</sup>

Neighboring suburbs like Edina and St. Louis Park were wary to take on General as a County entity. Residents knew the hospital’s longstanding policy was to only treat emergency cases, contagions, or those who could not afford medical care; they saw little use in taking on a hospital at which they would likely never receive care. Hence,

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<sup>160</sup> "Hospital Cost Sharing Sought." *Minneapolis Star* 8 Sept. 1950. Print.

<sup>161</sup> Cohn, Victor. "General Hospital: First-rate Care in a Rundown and Dismal Building." *Minneapolis Tribune* 3 Aug. 1952. Print.; Cohn, Victor. "Do We Need General Hospital." *Minneapolis Tribune* 19-24 June 1961, morning ed. Print.

<sup>162</sup> Weed, Wendell. "Fire Peril at General Stirs Action." *Minneapolis Star* 1 Aug. 1952. Print.

<sup>163</sup> "County Hospital Proposed." *Minneapolis Star* 5 Aug. 1952. Print.

<sup>164</sup> "Hennepin County Public Hospital?" *Minneapolis Star* 6 Aug. 1952. Print.

suburban officials gave polite refusals, explaining that their cities were just getting adjusted to their new needs and growth spurts.

To combat the perception that the General was just a poor person's hospital, supporters began what was to become a ten year public campaign to educate Hennepin County residents about the crucial role played by the General including its roles as the number one emergency facility, the City's only contagion center, and its superior medical training programs.<sup>165</sup>

As the push for County ownership and a new hospital moved into 1953, the Hennepin County Grand Jury recommended that the idea of a new facility be reexamined as "Statistics of General Hospital seem to indicate there is a progressive reduction in the need for General Hospital beds." The report suggested the City consider dispersing its patients to private hospitals rather than constructing a new City Hospital.<sup>166</sup>

That same year, the Citizens League of Greater Minneapolis, a forty-person commission composed of professionals and residents from the county, studied the problems surrounding the General. After months of investigation the League reported that Minneapolis did not need a new hospital, as most all structures appeared sound and capable of continued use for many years. "A ten year building program was recommended by the league to provide new surgical suites and recovery rooms, laboratory and outpatient facilities. These should be constructed as additions to existing buildings, the report suggested. The present hospital is operating at only slightly more than 50 percent of its capacity, grand jurors were told, with the exception of the psychiatric department which is operating at full capacity."<sup>167</sup>

Needless to say, the hospital continued to operate in its deteriorated facilities and the City incurred greater financial challenges. White flight had taken tens of thousands of citizens from its borders and eroded the City's tax base. Minneapolis and the City Council continually transferred money from other budgets to pay for hospital upkeep. In a measure to generate revenue, the City asked Hennepin County Welfare Board to transfer/assign more of its indigent patients to General instead of sending cases to the University of Minnesota.<sup>168</sup>

As the decade ended, the only change on the campus was the construction of the Medical Research Laboratory was built between Harrington Hall and the Annex in 1958.<sup>169</sup>

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<sup>165</sup> Cohn, Victor. "General Hospital: First-rate Care in a Rundown and Dismal Building." *Minneapolis Tribune* 3 Aug. 1952. Print.

<sup>166</sup> "Grand Jury Asks City Review Plans for New Hospital." *Minneapolis Tribune* 3 Jan. 1953. Print.

<sup>167</sup> Woodruff, Al. "New City Hospital Not Needed at Present, Grand Jury Told." *Minneapolis Star* 10 Aug. 1953. Print.

<sup>168</sup> Hurst, Russell. "Officials Quizzed on Problems of General Hospital." *Minneapolis Tribune* 16 Sept. 1956. Print.

<sup>169</sup> "1887 A Century of Leadership 1987." *Alumni Quarterly Hennepin County Medical Center* 2.4 (1987): 19-22. Print.

## **The General Fights to Change**

Minneapolis General incurred programmatic growth in 1960 when it expanded its psychiatric clinic to provide outpatient diagnostic and treatment services for the “psychiatrically indigent” residents of Hennepin County. General hospital’s expansion was part of a growing trend in the care for the mentally ill – emphasis placed on community facilities rather than state mental hospitals.<sup>170</sup> The next year, the new Clinical Lab was built and Minneapolis and Hennepin County Mental Health Clinic was established.<sup>171</sup>

As the decade progressed, the City Council became more and more reluctant to fund the hospital because federal welfare programs had begun to take charge of indigent care.<sup>172</sup> In 1962 Minneapolis Mayor Arthur Naftalin took a bold step and declared that Minneapolis needed get out of the hospital business. “It is no longer practical or economical for a city government to operate an institution that must serve a larger metropolitan area,” he said. “The present arrangement is confusing, uneconomical and inequitable to both taxpayers and hospital patients. It represents a continuous and indefensible subsidy from the Minneapolis taxpayer to the suburban resident. Every time a suburbanite receives treatment at General Hospital the Minneapolis taxpayer pays part of his bill.”<sup>173</sup>

It was apparent that the institution’s operational structure was no longer secure as the City progressively shirked its responsibilities to the General. Many future hospital scenarios were publicly debated; three that gained the most traction were:

1. The City could build a new hospital plant and assume the added costs of an up-to-date facility. This option had little support amongst the community
2. The City could close General. This option was popular in many circles as it would have allowed the City to save money, given private hospitals the City’s billable indigent patients, and dispersed General’s teaching arrangements with the University of Minnesota.
3. The City could give the hospital to the County. This option was controversial as the suburbs didn’t want to pay for Minneapolis’ indigent nor did they want to use the current facilities.

For months, suburban leaders resisted the plan to transfer ownership, and by midyear the transfer plan (option 3) appeared quashed. Then the Citizens League, the group that ten years earlier recommended the City not build a new hospital, “came up with a compromise, breathing new life into the plan for a shift of ownership. Under the League’s

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<sup>170</sup> Clark, Ralph. "Mental Help County Residents Would Be Better Served." *Minneapolis Star* 6 May 1960. Print.

<sup>171</sup> "1887 A Century of Leadership 1987." *Alumni Quarterly Hennepin County Medical Center* 2.4 (1987): 19-24. Print.

<sup>172</sup> Naftalin, Arthur. "From the Brink of Death, Hospital Survives." *Alumni Quarterly Hennepin County Medical Center* 2.4 (June 1987): 1-2. Print.

<sup>173</sup> "Naftalin Says Hospital Should Be Metropolitan." *Minneapolis Tribune* 6 Mar. 1962. Print.

proposal, Hennepin County was to take control of the hospital, but Minneapolis taxpayers would continue to pay most of its operating cost.”<sup>174</sup>

Fortuitously a committed group of influential leaders orchestrated the Herculean task of winning support for the county idea. The group was composed of General’s administrator, John Dumas; Dr. Tom Lowry, the hospital’s medical director; Drs. Fred Hoffbauer, Claude Hitchcock, John Coe and Richard Raile, then heads of medicine, surgery, pathology, and pediatrics. Also involved was the influential socialite, Eleanor Pillsbury. As the group plunged “into the unfamiliar role of lobbyist, they carried the fight to the City and County, to the entire health community, to the suburbs, and finally to the legislature. Their campaign centered on clearly describing the intricate meshing of public funding, University teaching, volunteer service of community doctors, and the cooperation of private welfare agencies that made the hospital such an important and effective community resource.”<sup>175</sup>



Eleanor Pillsbury. 1944. Courtesy of the Minnesota Historical Society.

“Reluctantly, the Minneapolis mayor agreed to the Citizens League compromise; he knew it represented the only politically viable way to reach the ultimate goal.”<sup>176</sup>

The historic shift of ownership occurred on January 1, 1964. The County assumed ownership of Minneapolis General Hospital, and the facility was renamed Hennepin County General Hospital. “The cost of financing patient care was apportioned on the basis of the residence of persons treated. This meant that in 1964 Minneapolis taxpayers would pay 80 percent and the rest of the county only 20 percent of the hospital’s operating cost. Fortunately in 1976 the legislature ended this arrangement and ordered that the millage required for support of HCMC be uniformly spread throughout the county.”<sup>177</sup>

As the hospital prepared to change hands in 1963, the hyperbaric chamber building was constructed between the General Hospital laboratories and the ambulance garage at S. 5<sup>th</sup> St. and Portland.

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<sup>174</sup> Nathanson, Iric, and Thomas R. Mattison. "Building the New General." *Hennepin History* Winter 2012: 15-26. Print.

<sup>175</sup> Naftalin, Arthur. "From the Brink of Death, Hospital Survives, Thrives." *Alumni Quarterly Hennepin County Medical Center* 2.4 (1987): 1+. Print.

<sup>176</sup> Nathanson, Iric, and Thomas R. Mattison. "Building the New General." *Hennepin History* Winter 2012: 15-26. Print.

<sup>177</sup> Naftalin, Arthur. "From the Brink of Death, Hospital Survives, Thrives." *Alumni Quarterly Hennepin County Medical Center* 2.4 (1987): 1+. Print.

## Hennepin County General Hospital

One year into ownership, the County was told by the State Health Department hospital planner that Minneapolis had too many hospital beds, an excess that would by estimate cost hospital users \$3 million a year.<sup>178</sup> The overabundance of beds, however, did not change General's then current conditions. Administrative offices were housed in old bedrooms, some floors did not have water connections, approximately 100 different floor levels existed in nine buildings, and some surgical rooms used makeshift curtains in lieu of doors.

"The ownership shift, approved by Minnesota legislature in 1963, mainly froze in place the existing funding sources"<sup>179</sup> for day-to-day management and did not allocate funds for replacement facilities. "Hidden away in the authorizing statute was a provision



enabling the County to levy a small tax to cover the cost of planning for the replacement or modernization of the hospital complex."<sup>180</sup> The planning process for a new General hospital began in 1966 "When a newly formed coordinating group – the Planning Agency for Hospitals of Metropolitan Minneapolis (PAHMM) - initiated a study of the role and future of the General."<sup>181</sup>

Aerial view of Hennepin County General Hospital's Campus; not all date annotations are correct. Courtesy of Hennepin County Library.

"PAHMM functioned as a voluntary association of Minneapolis hospitals organized to promote area wide medical-facilities planning and to discourage overbuilding that could lead to a surplus of hospital beds. In November 1966, a PAHMM committee headed by George Draper Dayton II approved construction of a new 480-bed Hennepin County General Hospital. The PAHMM committee justified their decision that because the new hospital would have roughly the same capacity as the existing facility, it would not introduce additional beds.

"That early planning effort led to another, more far-reaching, analysis undertaken by the consulting firm Booz Allen & Hamilton. Its study, released in December 1968, recommended a \$25 to \$28 million-bond issue to finance a new hospital within six blocks of the existing medical complex on Portland Avenue. According to the consultants, the new facility would access about 500 beds, 100 of them perhaps in nearby specialized

<sup>178</sup> Cohn, Victor. "City Surplus of Hospital Beds Claimed." *Minneapolis Tribune* 15 Apr. 1965. Print.

<sup>179</sup> Nathanson, Iric, and Thomas R. Mattison. "Building the New General." *Hennepin History* Winter 2012: 15-26. Print.

<sup>180</sup> Ibid.

<sup>181</sup> Ibid.

facilities including the Kenny Rehabilitation Institute and the proposed children's hospital.”<sup>182</sup>

In March of 1969, the Hennepin County Board of Commissioners used the information in the reports to justify a new hospital. The Board voted to bring the new Hennepin County medical center to a public referendum ballot on September 9, 1969.

Soon Hospital advocates began intensive campaigns to promote General's importance, expose failing facilities, and build support around the new campus. Sensational media pieces tugged at taxpayers' hearts; one such piece from the August 28, 1969, edition of the *Edina Sun* read, “A brief trip to the maternity ward offered us a chance to see a typical situation. Beds lined the aisle, in addition to beds along each wall, with curtains to give some privacy. The beds in the aisle lacked this nicety. “We have to do this all the time, but we don't have any other place to put patients,” (Hospital Administrator) Vogt said. “It's typical of the dehumanization that goes with a place like this – with the kind of facilities we have to work with.””<sup>183</sup>

Local support was overwhelming; the bond issue of \$25 million was approved by a ten to one ratio, countywide. Next, a major study of General's role in the community was undertaken. More than 350 people gave input and suggestions – patients, doctors, staff, and representatives of other health agencies.<sup>184</sup>

As the study results came back, staff and administration began to address problems like the Emergency Room being used as a primary care clinic. “In 1970, the Emergency Room was overwhelmed, inundated with more than 100,00 patients...no walk-in clinics, urgent care centers, venereal disease clinics, crisis centers, or poison prevention programs”<sup>185</sup> existed at the General. In 1971 Dr. Ernest Ruiz took on the challenge of improving emergency care and reallocated many patient services. That year the Pediatric Clinic and Crisis Intervention Center were opened to patients.

During the same time period, just months after the bond was approved, planners realized that inflation, land procurement costs, and lessened Federal Government aid had changed the total cost of the hospital. An additional \$18 million in 1971 dollars was needed. Alarmed, Hennepin County Commissioners decided to secure additional monies by bringing another referendum ballot to Hennepin County voters. This time voters were less than supportive; on February 23, 1971, the bond election for an additional \$18 million was defeated by a two to one margin.<sup>186</sup>

“Ironically, the defeat gave impetus to a proposal, languishing in the background, to link

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<sup>182</sup> Nathanson, Iric, and Thomas R. Mattison. "Building the New General." *Hennepin History* Winter 2012: 15-26. Print.

<sup>183</sup> Hill, Dave. "General Hospital - Living Medicine in a Dying Facility." *Edina Sun* 28 Aug. 1969. Print.

<sup>184</sup> New General Hospital Referendum. Advertisement. *Minneapolis Star* 22 Feb. 1971. Print.

<sup>185</sup> Carlson, Katherine. "By 1970, Patient Volume Created Crisis in Emergency Care." *Alumni Quarterly Hennepin County Medical Center* 2.4 (1987): 8+. Print.

<sup>186</sup> Nathanson, Iric, and Thomas R. Mattison. "Building the New General." *Hennepin History* Winter 2012: 15-26. Print.

a new General to a new medical facility for a nearby private hospital – Metropolitan Medical Center, formed by the merger of St. Barnabas and Swedish hospitals... Given the physical proximity of the two hospitals, such a partnership, advocated for months by the Citizens League, made sense. The Metropolitan Health Board, a public agency overseeing local hospital construction, had also called for more coordination of the hospitals. But before February 23, the two institutions, making separate plans, had done little to move a partnership forward, probably because the public General and the private MMC represented two very different medical cultures... While (MMC's president, Frank) Walter and his staff did not mention it publicly, they had quiet concerns about the social and economic divide between their generally affluent, privately insured, patient base and the sizable indigent patient group making use of General Hospital services."<sup>187</sup>

Despite their clientele differences, both Hennepin County General Hospital and MMC needed to share facilities to cut building and operational costs respectively. In just six days during June of 1971, representatives of HCGH and MMC negotiated a plan to share services and created rough blueprints of the facility.<sup>188</sup> The new joint complex was billed as the first private and public hospital built in the United States as an architecturally integrated medical complex. It was estimated that the new General would cost \$40 million, the linking facility was to be \$4 million, and the three additional floors built onto MMC would be \$26 million. In August of 1972, groundbreaking ceremonies were held for the new Hennepin County General Hospital and in 1973 the steel framing was completed.<sup>189</sup>

In 1974, as the construction continued on the new structure, the name of the institution was changed to Hennepin County Medical Center (HCMC) and the school of nursing was permanently closed. That same year, construction crews began work on the linking facility between MMC and HCMC. Because the City refused to close Chicago Avenue, it cost the entities an additional \$4 million to build the structure on stilts and span the avenue. Eventually the facility would house shared pediatric and obstetric services, however, "MMC representatives wanted and got a separate waiting room for expectant fathers, so that they would not have to rub shoulders with their less affluent counterparts from the General (HCMC)."<sup>190</sup>

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<sup>187</sup> Nathanson, Iric, and Thomas R. Mattison. "Building the New General." *Hennepin History* Winter 2012: 15-26. Print.

<sup>188</sup> "1887 A Century of Leadership 1987." *Alumni Quarterly Hennepin County Medical Center* 2.4 (1987): 19-24. Print.

<sup>189</sup> Nathanson, Iric, and Thomas R. Mattison. "Building the New General." *Hennepin History* Winter 2012: 15-26. Print.

<sup>190</sup> *Ibid.*

In 1975, during the final year of construction, the financing of Center Hospital, the linking facility, was called into question. In 1972 the Hennepin County Board decided to



“Center Hospital” linking facility bridging roadway. 2011. Courtesy of [www.minneapolis81.com](http://www.minneapolis81.com)

finance the structure by creating a non-profit organization with MMC. The non-profit corporation then issued tax-free revenue bonds to finance Center Hospital. The state auditor reported in 1975 that “the County acted in ‘disregard of the expressed intention of the voters of Hennepin County and legislature without the specific statutory authority.’”<sup>191</sup> The matter was eventually settled and construction continued.

After a decade of planning and construction, the new Hennepin County Medical Center was completed on May 5, 1976. That day 221 patients were transferred to the new institution on Park Avenue. The 485-bed hospital spanned two city blocks; “The west section of the Medical Center holds outpatient clinics, eleven operating rooms, radiology services, and the emergency department. Inpatient beds and services are located in the east section... The hospital’s horizontal design permits related services to be located on the same floor, increasing the ease and efficiency of service. Other major improvements over the old General Hospital, parts of which dated from the 1890s, include an automated



Hennepin County Medical Center. 1976. Courtesy of Hennepin County Library.

delivery system for supplies, air conditioning, and the replacement of the large open ward layout with one, two, and four-bed rooms. Another important change was the construction of a seven-foot interstitial space, the area between floors. This design feature will provide improved access to mechanical systems and allow for future space alterations. A new auditorium/conference room and employee cafeteria were also part of the construction.”<sup>192</sup>

In February of 1978 all ‘General Hospital’ buildings located on the Brackett site, except the Annex, were demolished to make way for an asphalt parking lot. For a few days local

<sup>191</sup> Moen, Judi. "County Board Orders Halt on Construction of New Medical Center." *Minnesota Daily* [Minneapolis] 3 Dec. 1975. Print.

<sup>192</sup> Minneapolis Planning Department. *Minneapolis Metro Center 1990; Catalog of Recent Construction in Downtown Minneapolis*. Rep. June 1979. Print.

preservationists tried to save the classical façade of the Administration Building, stating that it was one of four remaining examples of the “neo-classical reform period” of U.S. architecture in Minneapolis.<sup>193</sup> The \$220,000 price tag tied to the preservation of the façade convinced the City Council to demolish the structure.

The eighties were rather uneventful in terms of building construction and/or demolition. 1983 marked admission of the first AIDS patient admitted to HCMC, the disease then viewed as the newest epidemic. That same year, Hennepin Faculty Associates (HFA), the practice plan for physicians of HCMC, was established. In 1984 the 9-story parking garage across from HCMC was constructed and HFA’s Hennepin Multi-specialty Clinic opened in the Metropolitan Medical Office Building. Lastly, in 1986 the Annex was razed, a new helipad was opened atop the new 9-story parking facility, HCMC opened a \$4.1 million Magnetic Resonance Imaging Center in cooperation with neighboring Metropolitan-Mt. Sinai, and HFA opened a new Geriatrics Clinic for residents at Augustana Apartments, a senior apartment complex located in the Elliot Park neighborhood.<sup>194</sup>

## **Industry Expansion**

An industry merger and closure affected HCMC’s holdings. In 1988, MMC merged with another hospital, Mount Sinai, to form Metropolitan-Mt. Sinai Medical Center. This partnership lasted three years until June of 1991 when Metropolitan-Mt. Sinai closed due to declining admissions and inadequate reimbursement. That same month, HCMC purchased three of the five Metropolitan-Mt. Sinai’s buildings for their own expansion, at a cost of \$39 million. The three buildings increased HCMC’s size by eighty percent; a second emergency care clinic was opened, the number of operating rooms was doubled, and inpatient psychiatric bed count increased, among other things. In 1992, Hennepin Faculty Associates acquired 178,000 sq. ft of space and surface parking lot from the defunct Metropolitan-Mt. Sinai.<sup>195</sup>

In 1999, the three-year, \$10.7 million Emergency Department (E.D.) renovation/expansion project was completed. The project increased the size of the E.D. from 34,000 square feet to 53,565, including state-of-the-art equipment for treating trauma patients.<sup>196</sup>

Over the twenty-first century, HCMC has executed many interior remodels, expansions, and departmental shifts. Today, HCMC is a nationally recognized Level 1 Adult Trauma Center and Level 1 Pediatric Trauma Center with the largest emergency department in

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<sup>193</sup> Whereatt, Robert. "Fancy Front Still Stands Amid Rubble." *Minneapolis Star* 14 Feb. 1978. Print.

<sup>194</sup> "1887 A Century of Leadership 1987." *Alumni Quarterly Hennepin County Medical Center* 2.4 (1987): 19-24. Print.; "HCMC - Timeline." *History of Hennepin County Medical Center*. Hennepin County Medical Center. Web. 22 Oct. 2011. <<http://www.hcmc.org/medcenter/timeline.htm>>.

<sup>195</sup> Brandt, Steve. "Hennepin Approves Hospital Expansion." *Minneapolis Star Tribune* 26 June 1991. Print.; Brandt, Steve. "Medical Center Expansion Appears Successful." *Minneapolis Star Tribune* 13 Apr. 1992: 1B-2B. Print.

<sup>196</sup> "HCMC - Timeline." *History of Hennepin County Medical Center*. Hennepin County

Minnesota. The comprehensive academic medical center and public teaching hospital includes a 477-bed acute care hospital and primary care and specialty clinics.<sup>197</sup> Today, HCMC still fulfills its early roles: caring for the indigent, unparalleled emergency care, and world-class teaching facilities.

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<sup>197</sup> "HCMC's Burn Center Doubles in Size to Care for Patients throughout Midwest." *Hennepin County Medical Center Newsroom*. Hennepin County Medical Center, 7 Nov. 2011. Web. <<http://hcmcnews.org/2011/11/07/hcmc's-burn-center-doubles-in-size-to-care-for-patients-throughout-midwest/>>.

## **Physical Plant Evolution**

### **1. 724 Eleventh Avenue South - demolished**



724 Eleventh Avenue South, the first structure to house City Hospital. Courtesy of Hennepin County Medical Center.

Style: Vernacular

Cost: Was leased (with the adjoining building on Eleventh Avenue) for the term of three years at an annual rental of \$960.

Important features: two stories; wood lap siding; gabled roof; appears to have had 1x1 windows

### **2. Block bound by 5<sup>th</sup> and 6<sup>th</sup> Streets and Park and Portland Avenues – demolished**



Medical and nursing staff at Brackett House, Minneapolis City Hospital. Date unknown. Courtesy of Minnesota Reflections.

George A. Brackett Farm

Purchased: 1893

Cost: \$100,000

Style: Italianate (main house)

Important features: The site included a nine-room house, a frame stable, and three framed buildings. All structures were remodeled to fit hospital purposes. Eventually all buildings original to the farmstead were demolished to make room for brick-built hospital structures.

Features of the house shown in the photograph include: 2.5 stories; widely overlapping eaves supported by brackets; full-width porch; two-story bay windows; and two (almost tower-like) mansard roof projections.

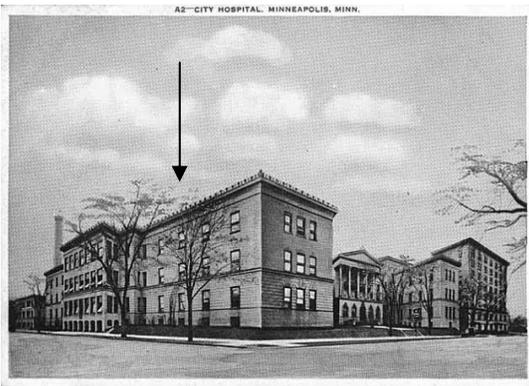
### 3. 610 - 614 Sixth Street South – demolished



Dispensary/outpatient building  
Built: 1898  
Important features: Three stories; brick cladding; flat roof.  
\*Building permit not available at Minneapolis CPED offices.

General Hospital from corner of Sixth Street and Seventh Avenue South, 1908. Buildings from L to R: Outpatient (Dispensary), Service building (attached to Administration building), and East Wing. Courtesy of the Minnesota Historical Society.

### 4. 605 – 627 Fifth Street South - demolished



East Wing  
Built: 1901 - 1906<sup>198</sup>  
Architects: McLeod and Lamoreaux  
Cost: \$75,000  
Important features: 3 stories; brick cladding; belt courses delineate first floor; quoining on corners; keystones above 1x1 windows; simple cornice; three story sun porch on Seventh Avenue façade; cresting along roofline.

Right: Minneapolis City Hospital campus, 1920. Buildings L to R: East Wing, Administration Building; West Wing. Courtesy of the Minnesota Historical Society.

### 5. 618 Sixth Street South – demolished



Service Building  
Built: approx 1901  
Important features: Three stories; brick cladding; flat roof.  
\*Building permit not available at Minneapolis CPED offices.

General Hospital from corner of Sixth Street and Seventh Avenue South, 1908. Buildings from L to R: Outpatient (Dispensary), Service building (attached to Administration building), and East Wing. Courtesy of the Minnesota Historical Society.

<sup>198</sup> Sources disagree on built date. Published sources state the building opened in 1901. Sanborn Fire Insurance maps claim the building was opened in 1906.

### 6. 605 – 627 Fifth Street South - demolished



Administration Wing  
Built: 1908  
Architects: L. Lamoreaux  
Style: Neo-classical reform  
Important features: three stories; façade dominated by two story porch; simple entablature supported by six Ionic columns; first floor, arched entry flanked by two arched windows; main entry door featured a caduceus topped by a winged angel.

General Hospital. 1945. Courtesy of the Minnesota Historical Society.

### 7. 601 South Fifth Street - demolished



Nurses' Home or Harrington Hall  
Built: 1913 with 1945 addition  
Architects: Long, Lamoreaux, and Long (original building); Long and Thorshov (addition)  
Cost: \$128,000 (original)  
\$222,000 addition (1945)  
Style: Commercial  
Important features: masonry clad; keystone above windows; 1x1 double hung windows (in pairs on main façade); belt course delineating first and second floors; limited ornamentation

Nurse's Home with nearly identical Contagion Building in background. ca. 1920. Courtesy of the Minnesota Historical Society.

### 8. 605 – 627 Fifth Street South - demolished



West Wing  
Built: 1915  
Architects: Long, Lamoreaux, and Long  
Style: Commercial  
Important features: 3 stories; brick cladding; belt course delineates first floor; quoining on corners; keystones above 1x1 windows; simple cornice.

Exterior of General Hospital, Minneapolis. 1934. Courtesy of the Minnesota Historical Society.

9. 605 – 627 Fifth Street South (fronting 6<sup>th</sup> Street) - demolished

Engine room, Power House, and Laundry

Built: ca. 1915



Aerial view of Hennepin County General Hospital's Campus; not all listed dates are correct. Courtesy of Hennepin County Library.

10. 600 – 610 Portland (Sixth) Avenue South -demolished



Contagious Building / Annex

Built: 1918

Architects: Long, Lamoreaux, and Long

Cost: \$240,000

Style: Commercial

Important features: Eight stories; masonry clad; keystone above all windows; 1x1 double hung windows (in pairs on main façade); belt course delineating first and second floors; limited ornamentation.

Contagious Building. 1930. Courtesy of the Minnesota Historical Society.

11. 519 Portland Avenue - extant



Research Lab

Built: 1958

Architects: Thorshov and Cerny

Cost: \$186,000

Style: Modern

Important features: 1.5 stories; brick façade; first floor is windowless; ½ story has 5 sliding windows that face Portland Avenue.

Aerial view of Hennepin County General Hospital's Campus; not all listed dates are correct. Courtesy of Hennepin County Library.

## 12. 716 South Seventh Street



Hennepin County Medical Center  
Built: 1976  
Architects: Medical Facilities Associates; Liebenberg, Kaplan, Glotter and Associates; S.C. Smiley and Associates; Thorsen and Thorshov Associates  
Cost: \$38.7 million (land and facilities)  
Style: Cytoid  
Left: Hennepin County Medical Center. 1976. Courtesy of Hennepin County Library.

Important features: Complex spans two blocks; “each cytoid is a 75 foot square with a 15-foot square tower at each of its four corners. All columns, stairs, and mechanical equipment are located within the towers, leaving the remainder of the cytoid with large open spans of architecturally manipulable space.”<sup>199</sup>

Today the buildings act as the “Red” and “Purple” buildings on HCMC’s campus. The Purple building provides many community and management services. The Red building houses the Emergency Department and Crisis Centers, among other things.

## 13. 714 Ninth Avenue South – extant



‘New’ St. Barnabas Hospital  
Built: 1958  
Builders: Watson Construction  
Style: Modern  
Features: Original building constructed in an off-set cross; modern façade of the 1958 building has been obliterated; lower four floors are beige/peach color; upper three stories are composed of dark red brick; white vertical banding denotes windows.  
During construction of Center Hospital (1972 – 1976), MMC added onto the structure.

Aerial photo of current HCMC campus. Date unknown. Courtesy of Google Earth Images.

Today the 1958 building is considered the Hennepin County Medical Center “Green” building.

<sup>199</sup> Glotter, Joel, Thomas Mattison, and Charles Richards. "Hennepin County Medical Center: Four Years Later." *Architecture Minnesota* [Minneapolis] June 1980. Print.

#### 14. 701 South Eighth Street - extant



Center Hospital Built: 1976  
Architects: Horty, Elving, and Associates; and Close Associates, Inc.  
Style: Modern

1976, MMC and HCMC underwent major construction to integrate the two facilities. A four-story 'Center Hospital', was constructed to bridge the two hospitals at Chicago Avenue between Seventh and Eighth Streets. 156 beds, new surgical and birthing suites, a laboratory, radiology, and twenty shared services were added.

Aerial photo of current HCMC campus. Date unknown. Courtesy of Google Earth Images.

Today the HCMC structure is considered part of the "Red" building.

#### 15. 914 South Eighth Street – extant



Name: Swedish Hospital  
Built: 1929 - 1965  
Architects: Magney and Tussler; Magney, Tussler, and Setter; Fash, Hillstrom, and Horty  
Important features: Eleven Stories. Smooth, masonry façade; lighter brick banding denoting first floor; linear symmetry; geometric window placement; pronounced two-story entry; accentuated with banding and decorative squares above windows.

Swedish Hospital and beginning construction of Combined Facility. 1967. Courtesy of the Minnesota Historical Society.

Built as the Swedish Hospital. Today the Combined Facility is part of the HCMC campus, called the "Blue" building.

## 16. 908 South Eight Street – extant



Construction of the Combined Facilities. ca. 1967. Courtesy of the Minnesota Historical Society.

Combined Facility

Built: 1968

Cost: approx. \$3.6 million

Architects: Elizabeth Close and Fash, Hillstrom, and Horty

Builders: Watson Construction

Style: Modern

Important Features: front façade features three stories; dark brown brick; cast in place exo-skeletal concrete framing.

Today the Combined Facility is part of the HCMC campus, called the “Blue” building.

## **Important People and Medical Advances at City/General/HCMC**

### **Sister Elizabeth Kenny**

“Inviting Sister Kenny to begin treating polio patients here was without question the one contribution that had significant impact worldwide.”<sup>200</sup>

“Elizabeth Kenny was born in Australia in 1880. She was trained as an army nurse and treated the sick for 31 years in the bushlands of Australia. In 1911, when she encountered her first case of polio, Sister Kenny was unaware of conventional polio treatment — immobilizing the affected muscles with splints. Instead, she used common sense and her understanding of anatomy to treat the symptoms of the disease.”<sup>201</sup> Based on her anatomical studies, personal experience, and the reality of no known cure for polio, she did what “she thought best”<sup>202</sup> and began work by re-educating the patient’s flaccid muscles. Kenny believed muscle movement, coupled with hot pack treatment, would minimize permanent paralysis in polio patients. Her theories proved successful and she established her own clinic in the Bush with high patient success.

Sister Kenny tried to share her methods of treatment with the national medical community, however professionals in Australia remained unaccepting, as her treatments went against accepted standards of treatment at the time. For ten years doctors in Australia and Europe ignored her theories and practices. Sister Kenny then came to the United States seeking acceptance of her practices; she received the same cold reception in New York, Chicago, and on the West Coast.

In 1940, “Minneapolis General Hospital was the first medical institution in the world where Sister Elizabeth Kenny’s ideas were taken seriously and she was given an opportunity to demonstrate her treatment methods and prove that they indeed could minimize permanent paralysis in polio patients.”<sup>203</sup> In just two years, Sister Kenny’s methods were adopted at University Hospitals and Sheltering Arms; in 1942 the Tuberculosis hospital, Lymanhurst, was converted for polio patients and became Elizabeth Kenny Institute.

“Fifty years ago, at the height of the polio epidemic in this country, thousands of polio victims regained mobility because of Elizabeth Kenny's ideas...a vaccine to stop polio

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<sup>200</sup> Johnson, Monette. "They Gave Her a Chance and Changed the Course of Medical History." *Alumni Quarterly Hennepin County Medical Center* June 1987: 3-7. Print.

<sup>201</sup> "Sister Kenny Rehabilitation Institute | About Us | History." *Allina Hospitals & Clinics: Health Care and Medical Services in Minnesota and Western Wisconsin*. Allina Hospitals. Web. 30 Jan. 2012. <<http://www.allina.com/ahs/ski.nsf/page/history>>.

<sup>202</sup> Johnson, Monette. "They Gave Her a Chance and Changed the Course of Medical History." *Alumni Quarterly Hennepin County Medical Center* June 1987: 3-7. Print.

<sup>203</sup> Ibid.

became widely available in 1955. Until then, the Kenny method was still the best thing going to treat the disease.”<sup>204</sup>

### **F.E. Harrington**

Dr. Harrington “came to Minneapolis and changed the course of tuberculosis treatment...He’d come to Minneapolis as City Health Commissioner in 1920, and brought with him excellent training and an intense interest in consumption (tuberculosis).”<sup>205</sup> “Harrington also guided the City to one of the lowest infant and maternal mortality rates in the country.”<sup>206</sup>

Harrington served twice as the superintendent of the General, from 1937 to 1939, and from 1942 to 1944.<sup>207</sup> He “took many controversial stands in his career as health commissioner. In 1938, when there was an outbreak of canine rabies and 212 reports of persons bit by rabid dogs, Harrington recommended that all dogs be muzzled. Public sentiment was so hot about the ruling that police officers were called to guard his house. In the 1940s, he was among a small group of physicians who recommended that a controversial Australian woman without formal medical training be given a chance to demonstrate her new therapy for polio victims. Her name was Elizabeth Kenny.”<sup>208</sup>

### **Eleanor Pillsbury**

Mrs. Pillsbury was the founder of the hospital’s Service League and a great champion of the General. Her influence helped sway public sentiment towards County ownership of the hospital and construction of a new facility.

### **Dr. Thomas P. Lowry**

Thomas P. Lowry, M.D, was the hospital’s first medical director (1952-1962). “His position in the community as a member of one of Minneapolis’ oldest, most influential families (his grandfather founded the Minneapolis Street Railway Co.) would prove critical to the survival of the hospital when its future was being debated during the late ‘50s and early ‘60s. He was instrumental in educating City leaders and prominent

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<sup>204</sup> Olson, Dan. "MPR: Gentle Hands - Sister Kenny's Legacy." *Minnesota Public Radio News*. Minnesota Public Radio. Web. 30 Jan. 2012.

<[http://news.minnesota.publicradio.org/features/200208/22\\_olsond\\_sisterkinney/part4.shtml](http://news.minnesota.publicradio.org/features/200208/22_olsond_sisterkinney/part4.shtml)>.

<sup>205</sup> "Meeting the Challenge of Contagious Disease." *Scanner Hennepin County Medical Center* [Minneapolis] June 1987, Volume 8, No. 5 ed.: 1+. Print.

<sup>206</sup> Johnson, Monette. "Physician Leaders Embody Dedication, Commitment, Innovation." *Alumni Quarterly Hennepin County Medical Center* 2.4 (June 1987): 13+. Print.

<sup>207</sup> Ibid.

<sup>208</sup> "Meeting the Challenge of Contagious Disease." *Scanner Hennepin County Medical Center* [Minneapolis] June 1987, Volume 8, No. 5 ed.: 1+. Print.

business people in the importance of General Hospital to the community and their responsibility to support its continued existence.”<sup>209</sup>

### **Dr. Claude R. Hitchcock**

Claude R. Hitchcock, M.D., Ph.D., “With Thomas Lowry, M.D., he obtained initial funding in 1957 for the establishment of the Minneapolis Medical Research Foundation.”<sup>210</sup>

“His pioneering research into kidney disease led to the first renal transplant in the central U.S., which he performed at the General in 1963, and the first dialysis treatment in the region a short time later. This work led to the establishment of the Regional Kidney Disease Program, which has become internationally recognized as a premier kidney disease treatment, transplant, and research program.

He also developed a hyperbaric medicine program and along with John Haglin, M.D. was a pioneer in lung transplant surgery.”<sup>211</sup>

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<sup>209</sup> Johnson, Monette. "Physician Leaders Embody Dedication, Commitment, Innovation." *Alumni Quarterly Hennepin County Medical Center* 2.4 (June 1987): 13+. Print.

<sup>210</sup> Ibid.

<sup>211</sup> Ibid.

## **Initial assessment in relation to significance**

The 2008 Mead and Hunt survey identified “Elliot Park Health Care/Religious Social Services” as a theme for research and possible local and/or national designation.

Hennepin County Medical Center divides their downtown campus into five buildings: red, orange, blue, green, and purple. Of these buildings, only portions of the blue and green buildings are over fifty years old, and were not original to the HCMC/General campus. The historic campus was entirely demolished.

Though extant construction dates from 1929 through 1976 and ultimately demonstrates hospital evolution, I do not believe it is feasible to seek a collective national register designation around these five buildings. Perhaps in the future, the HCMC campus, and the attributing St. Barnabas/MMC buildings could be designated as an evolutionary medical complex.

Let it not be mistaken, though, these buildings lend to the distinctive elements of the Elliot Park medical history identity

## Chapter 3.3 – Biography of Asbury Methodist



Wading pool at Elliot Park fronted Asbury Hospital, Minneapolis. ca. 1940. Courtesy of the Minnesota Historical Society.

**“Prior to the late nineteenth century, there had been little alternative to experiencing birth, illness, and death at home.”<sup>212</sup>**

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<sup>212</sup> Gales, Elizabeth A., Charlene K. Roise, and Hess, Roise and Company. *National Register Nomination Form for Abbott Hospital*. Rep. Available at the State Historic Preservation Office, Minnesota Historical Society, Saint Paul. 2010. Print.

## Founding of Asbury Methodist Hospital



Asbury Methodist Hospital, Ninth and Sixth, Minneapolis. Postcard 1903. Courtesy of the Minnesota Historical Society.

Asbury, the first Methodist Hospital in Minnesota, was founded on September 1, 1892. The hospital was formed as an outgrowth of Minnesota's Methodist Deaconess movement<sup>213</sup> and begun as a place where the laywomen of the church could bring the city's poor for quality health care. Mrs. Sarah Harrison Knight is credited as giving Asbury its beginnings, both as a financial contributor and as a champion of its cause.

Mrs. Knight purchased the first Asbury quarters, located at 828 Sixth Street South. The building had formerly been utilized by Minnesota College Hospital, one of the forerunners of the University of Minnesota Hospital and Medical School. The space had thirty-four beds, plus living quarters for thirteen nurses and deaconesses. "Nine Nurses, eight hospital administrative employees, one elevator boy, a janitor, a matron, a head nurse, and two interns staffed Asbury in the early years."<sup>214</sup>



First ambulance Asbury Hospital, Minneapolis. 1890. Courtesy of the Minnesota Historical Society.

"A free, horse-drawn ambulance made the rounds of Minneapolis neighborhoods and nearby farm communities west of the city, bringing patients to the thirty-four bed hospital on the southeastern fringe of downtown."<sup>215</sup> Asbury hospital also established a free dispensary (outpatient clinic) that treated patients unable to pay for doctors and medicine. Typically it was the indigent immigrant population that was ministered unto, as most people of means or with family preferred to be cared for in the privacy of their own homes.

Decades later Mrs. Knight recalled the initial intentions of Asbury as: "a place where a deaconess district nurse could bring her sick was the extent of our hopes. If on the first of September in 1892, as we stood on the threshold of our work, knowing full well our own limitations, and inexperience, we had then for one moment dreamed that in the first two and one-half years we would be called upon to assume the tremendous responsibility of

<sup>213</sup> The Methodist Deaconesses were chartered by the church to perform works of mercy and evangelism in their respective communities. The Minneapolis Methodist Deaconesses chose to address health care for the city's poor and immigrant population.

<sup>214</sup> *Methodist Hospital: A Tradition of Caring*. St. Louis Park: Methodist Hospital, 1992. Print.

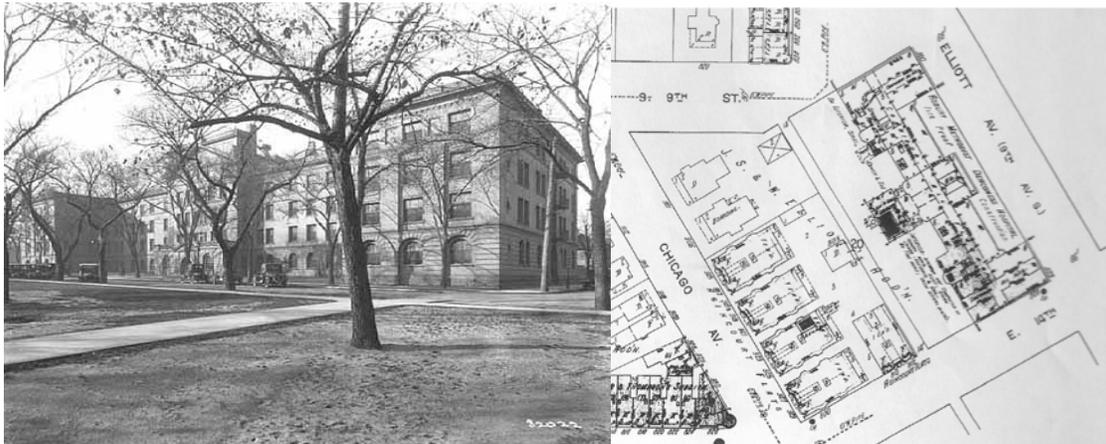
<sup>215</sup> *Ibid.*

caring for 1,065 patients in the hospital and 5,226 in the free dispensary, we might have said, ‘it is too great a work, we cannot do it.’”<sup>216</sup>

In 1895, the hospital sustained a great fire, which caused \$3500 of damage. Though the building was repaired and reopened within three months, consensus was that a purpose-built institution was needed to serve the demands of the growing population and to provide space for the latest in medical advancement. However, funds were not readily available in the wake of the Financial Panic of 1893 and 1894.<sup>217</sup>

## **Evolution of Asbury in Elliot Park**

Sarah Knight saw an opportunity to expand Asbury’s medical outreach and donated land valued at \$30,000 for a new hospital block between Ninth and Fourteenth Streets on Elliot Avenue. In the fall of 1899, Asbury’s board of directors approved plans for a new hospital and a “fund raising campaign began in all Methodist churches of Minneapolis” to assist in paying for the \$120,000 structure.<sup>218</sup>



Left: “Asbury Hospital, Elliot Avenue between Ninth and Fourteenth, Minneapolis.” 1920. Courtesy of Minnesota Historical Society. Right: Sanborn Fire Insurance Company. Insurance Maps of Minneapolis, Minnesota. Vol. 3. 1930. Sheet 283.

Architect E.P. Overmire was commissioned to design a new hospital at 914 Elliot Avenue, one that would house 250 patients and contain ninety-two private beds, eighty-nine ward beds, and rooms for fifty deaconesses, and the basement would include a complete electric lighting plant and steam heating plant. Ground was broken in 1900, and for six years Asbury worked to complete a structure that was classical in detail and grand in scope. In December 1906, when only the shell of the building and one-third of the space was habitable, Asbury Hospital moved into the north wing of 914 Elliot Avenue. This finished space cost \$191,000, nearly 160% of the total hospital budget. For almost ten years the hospital made do with this 100-bed space.<sup>219</sup>

<sup>216</sup> Miller, Lydia. *Asbury Hospital*. Minneapolis: Asbury Hospital, 1949. Print.

<sup>217</sup> *Methodist Hospital: A Tradition of Caring*. St. Louis Park: Methodist Hospital, 1992. Print.

<sup>218</sup> *Ibid.*

<sup>219</sup> *Ibid.*

A portion of the new building that was left unfinished was the planned residence for the deaconesses. Asbury addressed the problem by moving the women into the old hospital building at 828 Sixth Street South. Eventually, Mrs. Harriet Tourtellotte, a personal friend of Sarah H. Knight, donated \$125,000 to build the Tourtellotte Memorial Deaconess Home at 915 East Fourteenth Street. The three-story Greek Revival mansion was designed by architects Long, Lamoreaux, and Long and featured a symmetrical façade with a two-story portico. In the summer of 1915 the beautifully furnished Tourtellotte Memorial Home was opened.



Tourtellotte Memorial Deaconess Home. 1921. Image taken from the Hospital and Home Messenger, March, 1921

In the fall of 1916, the remaining two-thirds of 914 Elliot Avenue was completed, expanding the bed capacity to about 250, and putting the hospital into great debt. The funds to complete the building were only received when Mrs. Knight personally guaranteed \$98,000 of the \$125,000 loan from Minneapolis banks, as the hospital fees for services did not support the building improvement costs.

### **Asbury in Wartime**

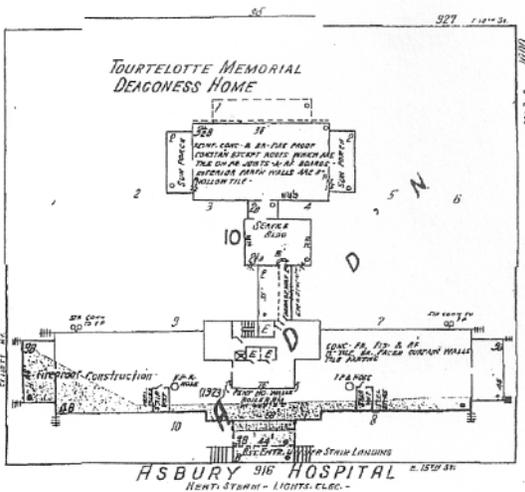
As Asbury settled into their newly completed facility, the United States formalized entry into and eventual exit from World War I. From April 6, 1917, until the war's end in 1918, the US mobilized over 4,000,000 military personnel and suffered over 300,000 casualties, including over 110,000 deaths. A portion of these soldiers were from Minnesota and needed care upon return.

In the fall of 1920 “the Public Health Department of the Federal Government sent representatives to Minneapolis to procure a building which could be used as a hospital for

veterans of the First World War.”<sup>220</sup> Because the debts of the new hospital seemed overwhelming and the hospital was supported largely through contributions, the Asbury Hospital Board of Directors agreed to rent the building for five years with the intention of using the income to pay off the structure’s mortgage.

In February 1921, the hospital was leased to the Public Health Department. 914 Elliot Avenue “was transferred to the Veterans Bureau, and was designated as U.S. Veterans Hospital No. 68.”<sup>221</sup> For the first two years the building served as a rehabilitation hospital and the remaining five years acted as a 350-bed tuberculosis hospital for servicemen in the Northwest.

With the closure of Asbury Hospital, the largest and most modern Methodist institution in the United States, “the necessity for hospital service for the needy Methodists, particularly women and children, was evident.”<sup>222</sup> In 1921, with the financial help of Minnesota Methodists, Asbury commissioned a Nurse’s Home at 916 East Fifteenth Street by the architecture firm of Bertrand and Chamberlain. Ground broke on September 24, 1921, and the new building was officially opened in January 1924. This new structure was intended to be temporarily used as a hospital and then eventually would become a place where women were taught the profession of nursing.



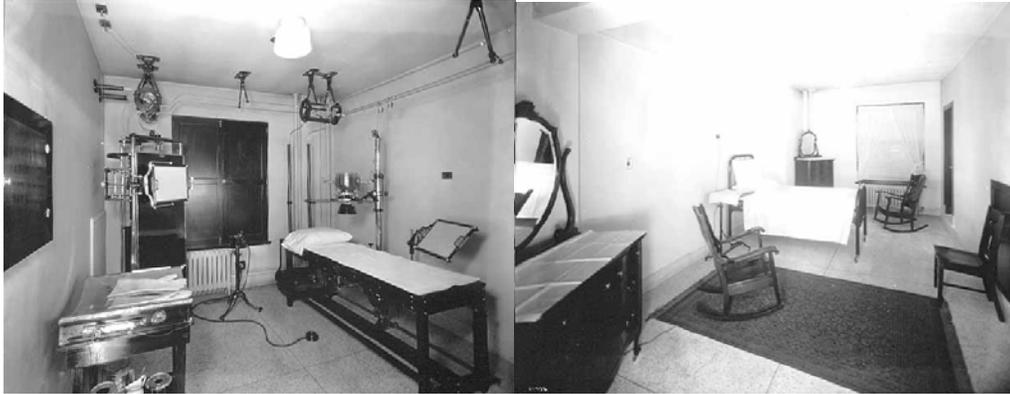
Left: Sanborn Fire Insurance Company. Insurance Maps of Minneapolis, Minnesota. Vol. 3. 1952. Sheet 307.

Right: Tourtelotte Memorial Deaconess Home and 916 East Fifteenth St. 1923. Courtesy of the Minnesota Historical Society.

<sup>220</sup> Miller, Lydia A. *Asbury Hospital*. Minneapolis: Asbury Hospital, 1949. Print.

<sup>221</sup> *Ibid.*

<sup>222</sup> In 1921 Methodists supported 166 hospitals and homes in the United States, The total properties represented an assessed value of \$130,000,000. Asbury was the largest of these facilities. "Bishop Mitchell Lifts First Spade of Earth at Site." *Minneapolis Tribune* 25 Sept. 1921. Print.



Left: X-Ray Room at 916 East Fifteenth Street. Right: Patient Room at 916. 1924. Courtesy of Minnesota Historical Society.

In 1928 the Veteran's Bureau closed down operations at 914 Elliot Avenue; however, doctors and staff refused to move their patients from the newer building, 916 East Fifteenth Street, to the older building, 914 Elliot Avenue.

"After it was decided to retain the nurses' home building indefinitely as a hospital, many alterations were made to better adapt it for hospital work and make it more acceptable to patients."<sup>223</sup> However, the new building only held 150 - 170 beds.<sup>224</sup>

With 916 East Fifteenth Street converted to the new Asbury Hospital, the south quarter of 914 Elliot Avenue was remodeled and redecorated in 1930 to become the Nurse's Home and the rest of the building sat vacant.

In 1937, North Central Bible Institute purchased 914 Elliot Avenue to house their expanding campus yet allowed the Nurse's Home to rent the south quarters. During the Second World War, Asbury also leased back the fifth floor of the building. It was remodeled and equipped as a dormitory for forty-five student nurses, in an effort to enlarge the nursing school as an aid to the war effort. This temporary expansion was paid for with the assistance of a subsidy from the Federal Government. The fifth floor "was retained as part of the Nurse's Home until the late summer of 1948 at which time it reverted to the North Central Bible School whose students had occupied it previously for several years."<sup>225</sup>

After World War II, Asbury again began the discussion of post-war expansion, but these plans were delayed "in order to cooperate with a Hennepin County Hospital Center plan."<sup>226</sup> The plan to build the combined facilities with St. Barnabas, Swedish, and other surrounding facilities failed, and Asbury chose to focus on its individual growth.

<sup>223</sup> Miller, Lydia A. *Asbury Hospital*. Minneapolis: Asbury Hospital, 1949. Print.

<sup>224</sup> "Asbury Rites Mark Epoch in Church's Work." *Minneapolis Tribune* 24 Sept. 1921. Print.

<sup>225</sup> Miller, Lydia A. *Asbury Hospital*. Minneapolis: Asbury Hospital, 1949. Print.

<sup>226</sup> "Asbury Head Resigns, Successor Named." *The Minneapolis Star* 11 Sept. 1953. Print.

## **Post War Expansion to St. Louis Park**

In the 1950s, the metropolitan population started to exit Minneapolis for the expanse and newness of the suburbs. Asbury understood the opportunity to serve communities without competing hospital facilities, and moved their campus to St. Louis Park, Minnesota. In 1957, ground was broken for the new hospital and in 1959 “the new six-story Methodist Hospital was opened to patients, offering complete medical, surgical, pediatric, obstetric, and emergency care as well as many ancillary services. At the same time, a student nurses’ dormitory was opened to provide living facilities for 110 students.”<sup>227</sup> The United Hospital Fund and the Methodist churches of Minnesota paid for the majority of this hospital campus.



Methodist Hospital, St. Louis Park. 1958. Courtesy of the Minnesota Historical Society.

After the move of main facilities to St. Louis Park, 916 East Fifteenth Street was converted to a 110-bed hospital, mainly housing chronically ill or non-acute patients.

The remaining two Minneapolis structures, 916 East Fifteenth Street and the Tourtellotte Memorial Deaconess Home at 915 East Fourteenth Street, were sold to NCU, then North Central Bible College, in 1968.

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<sup>227</sup> *Growing with the Community It Serves; Asbury-Methodist Hospitals; 1892 - 1967*. St. Louis Park: Asbury Methodist Hospitals, 1967. Print.

## **Physical Plant Evolution**

### **1. 828 Sixth Street South - demolished**



"Luther House" 828 Sixth Street South, Minneapolis. Photograph Collection ca. 1935. Courtesy of the Minnesota Historical Society.

The original building permit for the structure located at 828 Sixth Street South was not listed on the City of Minneapolis' 'Inspector of Buildings' card.

Architect: unknown

Style: Richardsonian Romanesque

Important and/or unique physical features: rusticated stone used in overall building decoration, specifically at semi-circular arches, foundation, window sills and lintels, and checkerboard coursing; deeply recessed windows; four story tower denoting entrance.

Before Asbury purchased the building it was utilized by the Minnesota College Hospital. The structure was then served as Asbury Hospital and dispensary from 1892 – 1906. After Asbury moved into their new quarters at 914 Elliot Avenue, the structure was used to house the deaconesses serving the hospital. Later, the home was sold to St. Barnabas Hospital and renamed the Knickerbacker Residence. The home served as a residence for the St. Barnabas' nurses. A demolition permit was issued for this structure on January 11, 1960.

### **2. 914 (910) Elliot Avenue – extant**



"Asbury Hospital, Elliot Avenue between Ninth and Fourteenth, Minneapolis." 1920. Courtesy of the Minnesota Historical Society.

(Building permit records refer to the address as 900-28 Elliot Ave.)

Built: 1900 - 1916

Architect: E.P. Overmire

Cost: \$316,000

Style: Renaissance Revival

Important and/or unique physical features: balanced, symmetrical façade; pronounced, central bay and wings; main entry features pediment and pilasters; smooth, brick walls; horizontal banding between first and second floors, and third and fourth floors; arched windows on first floor.

The shell of the building and the interior of the north wing were the first portions of the building to be completed in 1906 and held about 100 patient beds. The south wing, making up the remaining two-thirds of the building, was completed by the fall of 1916 bringing total bed capacity to 250.

In 1937, the building was purchased by the North Central University (then known as North Central Bible Institute) for classroom, office, and dormitory use. Since its purchase, the building has been renamed “Miller Hall.” It serves as the main building on campus and is used for a wide variety of functions. The first two floors are used to house most of the offices on campus as well as a number of classrooms and a computer lab. The top three floors are used as student housing.

### 3. 915 East Fourteenth Street – extant



Built: 1915  
Architects: Long, Lamoreaux, and Long  
Style: Greek Revival  
Important and/or unique physical features: symmetrical façade; side gabled roof with three front gabled dormers; two story portico with Ionic capitals; flanked by two story wings with flat roofs; plain frieze; accentuated entry with arched transom and narrow sidelights.

T.J. Jones Library. Date Unknown. Courtesy of Placeography.org.

In 1915 the Tourtellotte Memorial Deaconess Home was presented by Mrs. Harriet Arnold Tourtellotte to serve as a home for hospital deaconesses and employees. The residence was used by deaconesses from 1915 until 1946. It was subsequently used as a home for both student and graduate nurses and other hospital personnel as the deaconess work diminished. In 1961, the residence was opened as a home for retired nurses and other related hospital social workers.

The building was purchased by North Central University (then North Central Bible College) in December 1968. Today the building serves as the “T.J. Jones Memorial Library and Information Resource Center.”

#### 4. 916 East Fifteenth Street – extant



Exterior, Asbury Hospital. 1946. Courtesy of the Minnesota Historical Society.

(Building permit records address as 902 – 926 East Fifteenth Street.)

Built: 1923

Architect: Bertrand and Chamberlain

Style: Renaissance Revival

Important and/or unique physical features: balanced, symmetrical façade; prominent porch entry with two-story columns on third and fourth floors; horizontal banding; arched, delineated windows on first floor.

916 was constructed with the intent that it would be a nurses' home. After construction it served as the temporary hospital. In 1928 it was decided to keep this structure as the permanent site for Asbury Hospital and remodeling ensued.

The structure was sold to North Central University, then North Central Bible College, in 1968. It has since been renamed the "Carlson Hall" and serves as the main men's dormitory on campus.

## **Important People and Medical Advances at Asbury Methodist**

### **Sarah Harrison Knight**

Sarah Harrison Knight is continually acknowledged as the founder and substantial funder of Asbury Hospital; however, she believed that she was an instrument in its creation and NOT the founder. “I have been asked to speak on the founding of Asbury Hospital. When I have finished I trust that the impression that I am the founder will be corrected and that the real Founder shall be known and recognized. If any credit whatever belongs to me and to those who have understood what we are really trying to do and have so steadfastly persisted in the doing of it, it belongs to us because we are willing steadfast instruments in the hand of the Founder, to put aside all self and humbly obey and strive to do His commands.”<sup>228</sup>

### **Dr. Frederick Alanson Dunsmoor**

Dr. Frederick Alanson Dunsmoor was Asbury Hospital’s first chief of the medical staff, and he was credited with the initiation of clinical medicine in Minneapolis. “A native of Richfield when it was still a pioneer farm village, Dunsmoor had been instrumental in establishing the Minnesota College Hospital in 1881. A proponent of using hospitals to teach medical students and give them practical experience, Dunsmoor went against the established practice of subjecting medical students only to lectures. He was affiliated with Methodist supported Hamline University, and through his Hamline association and his membership in Hennepin Avenue Methodist Church, Dunsmoor became acquainted with Thomas Asbury Harrison and his daughter Sarah.”<sup>229</sup>

### **Dr. J.H. Dunn**

“Dr. J.H. Dunn, one of the organizers of the Minneapolis City Hospital and chief of staff at St. Mary’s Hospital from 1887 to 1904, joined the staff at Asbury at the urging of Dunsmoor.”<sup>230</sup>

### **Dr. George G. Eitel**

“Dr. George G. Eitel, who founded his own hospital in Minneapolis early in the century, was another outstanding surgeon on the Asbury medical staff.”<sup>231</sup>

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<sup>228</sup> Miller, Lydia A. *Asbury Hospital*. Minneapolis: Asbury Hospital, 1949. Print.

<sup>229</sup> *Growing with the Community It Serves; Asbury-Methodist Hospitals; 1892 - 1967*. St. Louis Park: Asbury Methodist Hospitals, 1967. Print.

<sup>230</sup> *Methodist Hospital: A Tradition of Caring*. St. Louis Park: Methodist Hospital, 1992. Print.

<sup>231</sup> *Ibid.*

### **Dr. John Warren Little**

“Dr. John Warren Little, a charter member of the Asbury medical staff, was the first of many railroad surgeons to serve on the staff of the Minneapolis hospital.”<sup>232</sup>

### **Dr. Mary Whetstone**

“One of Asbury’s five pediatric staff members was Dr. Mary Whetstone, one of the first female physicians in the Twin Cities.”<sup>233</sup>



George G. Eitel. 1916. Courtesy of the Minnesota Historical Society.



Frederick A. Dunsomoor. 1885. Courtesy of the Minnesota Historical Society.

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<sup>232</sup> *Methodist Hospital: A Tradition of Caring*. St. Louis Park: Methodist Hospital, 1992. Print.

<sup>233</sup> *Ibid.*

## **Initial assessment in relation to significance**

The 2008 Mead and Hunt survey identified “Elliot Park Health Care/Religious Social Services” as a theme for research and possible local and/or national designation. All three hospital buildings constructed by Asbury Methodist are still extant and were identified in this possible thematic study area.

Per designation criteria used by the HPC, the three extant buildings are likely eligible for local designation due to the following:

- Criteria 1 – All properties are associated with significant periods that exemplify broad patterns of cultural, economic, and social history.
- Criteria 2 – The properties are associated with the lives of significant persons or groups
- Criteria 3 – The properties contain or are associated with distinctive elements of Minneapolis and the Elliot Park identity
- Criteria 4 - The properties embody distinctive characteristics of an architectural style
- Criteria 6 – The properties exemplify works of master architects: E.P. Overmire; Long, Lamoreaux, and Long; and Bertrand and Chamberlain.

Per designation criteria used to list properties in the National Register of Historic Places, the three buildings may be eligible for national designation due to the following:

- Criteria A – The Asbury campus buildings are associated with events that have made a significant contribution to the broad patterns of our history and/or Elliot Park.



## Chapter 3.4 – Biography of Augustana Lutheran

*“Today the Augustana campus stands in stark contrast to the original Augustana Mission colony located on 7<sup>th</sup> Street in Minneapolis. The large impressive buildings could never have been envisioned by Pastor Petri and the original volunteers 100 years ago. These buildings, the services provided and the community of individuals residing in them are testimony to all those who have endeavored to develop and promote the original mission on which Augustana was founded.*

*Through time the physical appearance has changed as well as the manner in which the services are provided, but never has the historical purpose of service to the community wavered...It challenges us to bear the responsibility for community service on a continuing basis and, where necessary, to change and diversify our operations to positively impact future generations and their needs.”*

Timothy Tucker  
Chief Executive Officer  
Augustana Corporation

Augustana Home: a Mighty Social Ministry. 1996.



Left: Sanborn Fire Insurance Company. Insurance Maps of Minneapolis, Minnesota. Vol. 3. 1952. Sheet 284.

## Founding of Augustana Mission

The Augustana Mission Cottage was established at a Ladies' Aid Society Meeting on November 5, 1896 by members of the Augustana Lutheran Church. Attendees including Pastor Carl Petri, Deaconess Sister Cecilia Nelson decided to establish the Cottage as a center for the church's charity work, and to provide a home for "the poor, the sick, the needy, the orphaned, the distressed and deserted."<sup>234</sup>



First Augustana Mission Home, 1307 Eighth Street. ca. 1897. Minneapolis. Courtesy of the Minnesota Historical Society.

With \$31.52 raised at that meeting, the Mission Committee rented its first structure for \$10 per month, located at 1307 Eighth Street South, Minneapolis. The "Missionshyddan" or Cottage was dedicated seventeen days later, on November 22, 1896. Immediately it took in one aged woman, one blind girl, and one child.<sup>235</sup>

The rented house had four rooms on the first floor, two rooms on the second floor, an attic, and a kitchen. A summer kitchen and a cellar provided additional space. The Augustana community furnished the house with donated stoves, beds, tables, chairs, furniture, labor, clothing, and food.<sup>236</sup>

Boarders at the first Cottage were mostly young women, generally daughters of Swedish immigrant farmers who came to the city to work. "An occasional child such as Frida, a 12-year-old who in 1897 paid \$1.00 a week for room and board, also made their home at the Mission Cottage...other boarders stayed for a short period while they convalesced from a hospital stay. Room and board was based upon each person's ability to pay."<sup>237</sup> Though the Cottage was open to all ethnicities and religious creeds, it catered mainly to Swedes.

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<sup>234</sup> Augustana Care Corporation, comp. *Augustana Home, A Might Social Ministry*. Augustana Home of Minneapolis, 1995. Print.

<sup>235</sup> Ibid.

<sup>236</sup> Ibid.

<sup>237</sup> Ibid.

## Evolution of Augustana in Elliot Park

“In the early 1900s the Mission Cottage was very much a Swedish community. Most of the guests were Swedish. All meeting minutes, reports, and diaries were written in Swedish. It was not until 1921 that the Women’s Mission Association wrote their annual report in English and 1939 that the minutes for all meetings were in English.”<sup>238</sup>

By January of 1900, the Cottage regularly housed fifteen boarders in just a few small rooms. The Mission Committee realized the immediate need for more space; that summer the Ladies Aid Society held festivals, sewing sales, and ice cream socials to raise needed funds for a larger home. By the end of the season the Mission Committee rented a house at 1100 Eighth Street South. The new house had ten rooms, with furnace heating and space to sleep seventeen. In 1901 Sister Cecelia reported that the Cottage was regularly providing lodging for seventeen people and boarding for twenty.<sup>239</sup>

In 1905, the women evolved their mission; they voted to allow the Cottage to take in unaccompanied small children and began internal discussions about procuring their own structure.<sup>240</sup>



1100 Eighth Street South, Minneapolis. 1903.  
Courtesy of the Minnesota Historical Society.

To make a new site financially feasible, members began a building fund and started recruiting additional committee members.

“The 1907 Mission Committee annual report recorded the following activities of the deaconesses during the year: 392 house calls, 227 sick calls, 82 mission calls, 98 charity calls, 199 days of nursing care given (56 free), 253 young girls lodged, 12 homeless children lodged, 4 aged women lodged.”<sup>241</sup>

After two years of fundraising, in June 1907, the Mission Committee purchased a lot on the corner of Tenth Avenue and Fifteenth Street South, with the intention to build upon this property. Because the Committee did not have the legal structure to own the property, the Augustana Church took over the property at the Committee’s request on December 30, 1907. After the lot was purchased, the Committee found a house at 1405 Tenth Avenue South that fit their needs. The Committee appealed again to the Augustana congregation requesting that the trustees purchase 1405 Tenth Avenue South in the name of the church, with the women agreeing to raise the necessary money. A

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<sup>238</sup> Augustana Care Corporation, comp. *Augustana Home, A Might Social Ministry*. Augustana Home of Minneapolis, 1995. Print.

<sup>239</sup> Ibid.

<sup>240</sup> Ibid.

<sup>241</sup> Ibid.

special meeting of the congregation was called to consider the matter on June 30, 1908; after much discussion the church advised the women to incorporate and make the purchase themselves.

The Mission Committee followed the Church's advice and in July of 1908, incorporated to form the 'Women's Mission Association of Augustana Church.' The women voted to exchange the property at Tenth Avenue and Fifteenth Street South in partial payment for the Shaw house on 1405 Tenth Avenue South, which cost \$12,000. Moving day was August 1, 1908.<sup>242</sup>



In the new house, the women and older folks slept on the second floor and the children were housed on the third. Together the boarders celebrated holiday dinners, held Sunday coffees, hosted sewing circles, provided music lessons for the children, and continued in their Swedish traditions.

Left: Augustana Mission Cottage, 1405 Tenth Avenue South, Minneapolis. Postcard ca. 1908. Courtesy of the Minnesota Historical Society.

This arrangement worked well until a March 1915 visit from the State Board of Control. After the agent reviewed the structure, he cited the children's ward on the third floor as a firetrap, and requested that the children all be moved down to the second floor. The women complied which made expansion imminent. The women soon broke ground and built the Children's Home next door to the Cottage, at 1009 East Fourteenth Street. The building was finished in the fall of 1915, and 35 children moved into the new, \$15,000 structure. With the addition of the Children's Home, the work and buildings of the Mission Association became known as the Mission Colony.<sup>243</sup>



Left: Children's Home Building completed 1915. Courtesy of Augustana Care Corp. Right: "Story time at Augustana Mission." 1926. Courtesy of the Minnesota Historical Society.

<sup>242</sup> Augustana Care Corporation, comp. *Augustana Home, A Might Social Ministry*. Augustana Home of Minneapolis, 1995. Print.

<sup>243</sup> *Ibid.* 17.



"Little Red House" for the elderly. 1918.  
Courtesy of Augustana Care Corp.

Over the next five years, three additional buildings were added to the Colony. 1411 Tenth Avenue South, located next to the Cottage, was purchased by the Association in 1918. The building, referred to as the "Little Red House" was used specifically for the aged and invalid. "Many elderly people entered the home during these years on a life contract. In 1921 alone, eleven such arrangements were made. In many cases, homes and other property were exchanged for a life contract."<sup>244</sup>

In 1920, 1415 Tenth Avenue South and 1004 East Fifteenth Street were purchased for the joint price of \$60,000. 1415 was remodeled and became the "Home for the Aged." The apartment building at 1004 East Fifteenth Street was purchased and remodeled for use as a Young Women's Home, providing living accommodations for 30. These two buildings expanded the mission's capacity from 100 to 175. However, upon their opening, there were no vacancies left at the "Home for the Aged" and the only a few spots available for working women.<sup>245</sup>

## **Evolving Missions**

Dedication to its cause and financial support allowed the Colony to continually adapt to the social and financial needs in Minneapolis. The Children's Home, The Home for the Aged, and The Home for the Invalids were partially supported with Community Funds from the City of Minneapolis. For many years The Town Tea Kettle assisted with daily expenses.

It was reported in 1923 that "seventy children were cared for at the Children's Home, and sixty old people occupied the Home for the Aged. The Home for Invalids cared for eight adults."<sup>246</sup> Compared to data reported in 1907, the children's mission had grown 583%, and the aged, 1500%.

"City and county governments began to see the Mission Cottage as a legitimate social service agency very early in its history and were eager to refer clients to the Mission. By 1935 the Mission Association worked extensively with City and County welfare agencies. The Family Welfare, Children's Protective Society, the Special Bureau of

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<sup>244</sup> Augustana Care Corporation, comp. *Augustana Home, A Might Social Ministry*. Augustana Home of Minneapolis, 1995. Print.

<sup>245</sup> "Augustana Mission Unique Institution in Welfare." [Minneapolis] 3 Sept. 1920. Print.

<sup>246</sup> "Heart Centers of Minneapolis." 8 July 1923. Print.

Hennepin County Child Welfare Bureau, and the Public Relief Department placed clients at the Mission Colony.”<sup>247</sup>



Left: “Boys playing football at the Augustana Mission.” 1925. “Children in a sandbox at Augustana Children’s Home.” 1925. Courtesy of the Minnesota Historical Society.

“During the 20s, 30s, and 40s hundreds of young women temporarily made their home at the Young Women’s Home as they went to school or worked to establish themselves in their first job in the city.”<sup>248</sup> In 1922, 309 young women boarded at the Mission. In 1930, it cost about \$7.00 a week to share a bedroom with a sun porch.”<sup>249</sup> Financially, the Young Women’s Home remained self-sufficient.

In 1929 and 1931, during the onslaught of the Great Depression, an influx of aging citizens sought refuge at the Mission Colony. Additions were made to the “Little Red House” including a basement, dining room, and chapel. A dispensary, donated by Dr. Willard Peterson, was also added in 1931. The following year, occupational therapy rooms were added, including activities such as woodworking, bookbinding, and quilting. “Many of the elderly women at the home, as a means of repaying their debt to the Community Fund, are knitting mittens, and caps for the Holiday bureau, to be given out to Minneapolis’ needy at Christmas time.”<sup>250</sup>

## **Changes on Campus**

World War II brought more girls into the city to work, and in 1941 the house at 1012 East Fifteenth Street was purchased to expand the “Home for Young Women.” That same year the duplex at 1414-1416 Eleventh Avenue South was purchased to provide housing for custodians and aged residents.

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<sup>247</sup> Augustana Care Corporation, comp. *Augustana Home, A Might Social Ministry*. Augustana Home of Minneapolis, 1995. Print.

<sup>248</sup> Ibid.

<sup>249</sup> Ibid.

<sup>250</sup> “Founding of Augustana Mission to Be Marked.” [Minneapolis] 18 Nov. 1923. Print.

“Between 1930 and 1960 a number of programs were instituted that increased the scope of government involvement in providing care for the disadvantaged and the elderly including Medicare, Medicaid and Social Security.”<sup>251</sup> Thus, during the 1940s and 1950s, the Home for the Aged, had long waiting lists. To address the growing need for elder care, in 1943 the Colony approved a proposal to build a new wing onto the Home for the Aged. However building restrictions in effect during World War II did not allow this project to start until 1945. 1411 Tenth Avenue South, the “West Building” was finished and dedicated on April 1, 1946. The West building increased elder capacity to 100.

At its fifty-year mark, the Colony was a thriving, multi-generational complex filled with “every variety of welfare work.”<sup>252</sup>

### **Post War Expansion**

Sadness came to the Colony in 1952. “The Colony was urged by the State of Minnesota to change their focus from providing long-term institutional care for children to providing short-term foster care just until suitable, permanent homes were found for children. The new direction was a result of a general change in the political and social climate that began to believe that an institutional setting could not provide the same quality of care as an individual home...by October 26, 1952, only five children remained at the Children’s Home. Based on the special committee’s findings, the Association made the decision to place the remaining children by November 1, 1952.”<sup>253</sup>



The vacated Children’s Home was converted to senior housing and renamed Petri Hall. The additional governmental funds received by caring for the elderly allowed Augustana to build and expand the Mission’s facilities rather than all monies going to pay for annual operating costs.

Left: “Shuffleboard game at Augustana Lutheran Home.” 1955. Courtesy of the Minnesota Historical Society.

In 1958, Augustana hired its first full time administrator, Alvar L Nelson.

Next Sister Irene Danielson, from the Immanuel Deaconess Institute arrived to “serve as the first Director of Nursing for the Home for the Aged. The addition of this team, Alvar

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<sup>251</sup> Augustana Care Corporation, comp. *Augustana Home, A Might Social Ministry*. Augustana Home of Minneapolis, 1995. Print.

<sup>252</sup> “Heart Centers of Minneapolis.” 8 July 1923. Print.

<sup>253</sup> Augustana Care Corporation, comp. *Augustana Home, A Might Social Ministry*. Augustana Home of Minneapolis, 1995. Print.

Nelson and Sister Irene, marked the beginning of a new era and opened the way for major growth and development over the following decades.”<sup>254</sup>

“On March 9, 1959, the Association board approved the purchase of the duplex at 1410 – 1412 Eleventh Avenue South. With this purchase, the Association owned the entire block between Tenth and Eleventh Avenues and Fourteenth and Fifteenth Streets. At the same meeting, the board unanimously adopted the Expansion Committee’s recommendation to build an 80-bed infirmary for the elderly within the block.

The decision to move forward with the expansion required a reevaluation of the corporate structure. After 51 years of service the Women’s Mission Association was dissolved and replaced with a corporate structure.”<sup>255</sup>

In 1960, the last vestiges of the original Colony, the Mission Cottage and Petri Hall (1009 East Fourteenth Street and 1405 Tenth Avenue South) were demolished, as the old buildings did not meet modern nursing care standards. “Providing care in that old building with narrow halls and doors wasn’t easy. If anyone got sick or passed away and we had to move them, we would have to put them in a straight-backed chair to get them out of the room.”<sup>256</sup>



A \$900,000 nursing home addition, built at 1007 Fourteenth Street East was designed by Patch and Erickson Architects. A Hill-Burton<sup>257</sup> grant of \$167,887, helped finance the addition. Ground breaking for the new structure took place on May 15, 1960 and the expansion was dedicated in 1961.<sup>258</sup>

Augustana Lutheran Home, 1007 East Fourteenth Street, Minneapolis. Date unknown. Courtesy of the Minnesota Historical Society.

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<sup>254</sup> Augustana Care Corporation, comp. *Augustana Home, A Might Social Ministry*. Augustana Home of Minneapolis, 1995. Print.

<sup>255</sup> Ibid.

<sup>256</sup> Oral history of Sister Irene Danielson, first Director of Nursing. Augustana Care Corporation, comp. *Augustana Home, A Might Social Ministry*. Augustana Home of Minneapolis, 1995. Print.

<sup>257</sup> Hill-Burton Act’s objective was to improve coordination of hospital development.

<sup>258</sup> Augustana Care Corporation, comp. *Augustana Home, A Might Social Ministry*. Augustana Home of Minneapolis, 1995. Print.; “Augustana Home to Be Dedicated.” *Minneapolis Star* 15 July 1961: Print.

In 1961, the Young Women's Home was closed and converted for use by the aged. The need for the Young Women's Home had diminished in the 50s and 60s, as this age group became more urban and mobile.

### **Focus on the Elderly**

For the first time in its' history, the Mission focused entirely on the elderly.<sup>259</sup>

Between 1961 and 1976, Augustana Homes Inc. grew in leaps and bounds, purchasing land around the complex at 1501 – 03 Tenth Avenue South and 1504 Eleventh Avenue South. In 1966 and 1976 a total of four floors were added to the East Building to meet the demand for space.

1980 brought a new venture to Augustana, the construction of the Park Center Apartment Complex at 1510 Eleventh Avenue South specifically designed for elderly citizens. The six story, seventy-seven unit building quickly filled up and a long waiting list developed. Two years later Phase II of Park Center Apartments expansion was completed at 1509 Tenth Avenue South and 1020 East Seventeenth Street. In 1988 the building at 1425 Tenth Avenue South completed Phase III of Park Center Apartments. Together the Park Center Apartments provided 394 independent living and assisted care units.

Today Augustana has over 1,200 employees. They own and manage over 800 nursing home beds and 1,100 senior housing units. Their facilities, programs and services supply residents with a full continuum of lifestyle choices in health care and housing. Minnesota locations include: Minneapolis, Hopkins, Hastings, Burnsville, Apple Valley, Dassel, Montevideo, and Fergus Falls.



Augustana Campus. 1995. Courtesy of Augustana Care Corp.

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<sup>259</sup> Augustana Care Corporation, comp. *Augustana Home, A Might Social Ministry*. Augustana Home of Minneapolis, 1995. Print.

## **Building Evolution**

### **1. 1307 Eighth Street South – demolished**



First Augustana Mission Home, 1307 Eighth Street. ca. 1897. Minneapolis.  
Courtesy of the Minnesota Historical Society.

Architect: Unknown  
Cost: \$10 per month/rental

On February 9<sup>th</sup>, 1915, a moving/wrecking permit issued by the City of Minneapolis to move the frame dwelling at 1307 Eighth Street South to 1529 Ninth Street South. On June 4<sup>th</sup>, 1965, the owner of 1529 Ninth Street South, the State of Minnesota, applied and was granted a wrecking permit to demolish said structure.

### **2. 1100 Eighth Street South – extant**



Eighth Street and Eleventh Avenue South, Minneapolis.” 1903.  
Courtesy of the Minnesota Historical Society.

Built: Unknown  
Architect: Unknown  
Cost: Unknown  
Structure’s building index card does not contain information related to an original building permit.  
Style: Vernacular  
Features: medium pitched, hipped roof; brick façade; low- pitched hipped porch roof, supported by decorative posts; wide cornice with decorative brackets on corners; one story bay on 11<sup>th</sup> Avenue façade.

“Old People’s Home of the Augustana Lutheran Church,

### 3. 1405 Tenth Avenue South - demolished



Augustana Mission Cottage, 1405 Tenth Avenue South, Minneapolis. Postcard ca. 1908. Courtesy of the Minnesota Historical Society.

Built: 1887  
Architect: none listed  
Cost: Built \$15,000; purchased \$12,000  
Style: Victorian with Revival influence  
Features: 2.5 stories; brick façade; round, three-story tower; Flemish gables on at least two facades; one-story, wraparound porch with pedimented entry; belt coursing on second level.

Permit to demolish issued 5/19/1960.

### 4. 1009 East Fourteenth Street – demolished



Children's Home Building completed 1915. Courtesy of Augustana Care Corp.

Built: 1915  
Architect: Hilding Ahrnl  
Cost: \$8,000  
Style: Vernacular prairie  
Features: Two stories; brick veneer; 3x1 double hung windows on second floor; 3 x 1 double hung windows surrounding divided light picture window on 1<sup>st</sup> floor; one-story pronounced entry with tiled roof.

Demolished 1960.

### 5. 1411 Tenth Avenue South - demolished



Built: Unknown  
Architect: Unknown  
Cost: Unknown  
Structure's building index card does not contain information related to an original building permit.  
Features: 1.5 stories; front gabled roof; wrap around porch; gingerbread trim on eaves.

Known as the 'Little Red House.' Demolished in 1945.

"Little Red House" for the elderly. 1918. Courtesy of Augustana Care Corp.

## **6. 1415 Tenth Avenue South - extant**



1415 Tenth Avenue South. Date unknown. Courtesy of Google Earth Images.

Built: 1916

Cost: \$18,000 to build

Builder: C.A. Anderson

Per building permit 120972, the structure is 42' wide, 69' deep, 40' high, and 3 stories; composed of brick. Permit to partially demolish walls to connect to other facilities issued on 3/16/1987.

Today the building is considered a part of the 1425 Tenth Avenue South address.

## **7. 1004 East Fifteenth Street - demolished**

Built: 1914

Architect and Builder: none listed

Cost: \$10,000 to build

Per building permit 110926, the structure was 62' wide, 32' deep, 38' high, and 2 stories; composed of brick.

## **8. 1012 East Fifteenth Street - demolished**

Built: 1915

Architect and Builder: none

Cost: \$3,000 to build

Per building permit 114757, the structure was 25' wide, 38' deep, 16' high, 1.5 stories; frame dwelling. Permit to demolish was issued on 7/17/1969.

## **9. 1414-1416 Eleventh Avenue South – demolished**

Per wrecking permit 113926, the structure was a frame duplex, 28' wide, 50' deep, 18' high, and 2 stories. The permit to wreck was issued on 7/17/1969.

## **10. 1410 – 1412 Eleventh Avenue South - demolished**

Built: 1907

Architect and Builder: N.J. Mathison

Cost: \$4,500 to build

Per building permit, the structure was 28' wide, 48' deep, 19' high, 2 stories; frame duplex. Permit to demolish was issued on 7/17/1969.

**11. 1007 East Fourteenth Street “East Building” - extant**



Built: 1970  
Architect: Patch and Erickson  
Cost: \$446,900 for structure and first four stories  
Style: Modern commercial  
Features: Flat brick façade, horizontal banding of windows, cantilevered entry.

Augustana East Building, 1970. Courtesy of Augustana Care Corp.

**12. 1501 – 03 Tenth Avenue South - extant (moved)**



Built: 1914  
Architect: none  
Cost: \$3,500  
Per building permit, the structure was 26’ wide, 50’ deep, 19’ high, 2 stories; frame duplex. Permit to move structure to 2601 16<sup>th</sup> Ave South was issued on 5/10/1982.

Date unknown. Courtesy of Google Earth Images.

**13. 1504 Eleventh Avenue South – demolished**

Built: 1910  
Architect and Builder: A.A. Swan  
Cost: \$13,000  
Per building permit, the structure was 55’ wide, 56’ deep, 20’ high, 2 stories; brick flats. Permit to demolish was issued on 8/30/1977.

**14. 1510 Eleventh Avenue South - extant**



Built: 1980  
Builder: Kraus-Anderson  
Cost: \$2,500,000  
Style: Modern Commercial  
Features: First building of park Center Apartment Complex.

Date unknown. Courtesy of Google Earth Images.

**15. 1509 Tenth Avenue South – extant**



Date unknown. Courtesy of Google Earth Images.

Built: 1982  
Builder: Bor-Son  
Cost: \$6,637,000 Phase II  
Style: Modern Commercial  
Features: Red brick, Seventeenth St. façade is not set on same geometric plane; four banks of bay windows

**16. 1020 East Seventeenth Street - extant**



Date unknown. Courtesy of Google Earth Images.

Built: 1982  
Builder: Bor-Son  
Cost: \$6,637,000 Phase II  
Style: Modern Commercial  
Features: Red brick, Seventeenth St. façade is not set on same geometric plane; four individual banks of bay windows

**17. 1425 Tenth Avenue South – extant**



Date unknown. Courtesy of Google Earth Images.

Built: 1988  
Architect: Patch, Erickson, Madsen, Watten, Inc.  
Builder: Bor-Son  
Style: Modern Commercial  
Features: red brick, varying roof line, banks of bay windows, one story entrance and parking garage front the building.

## **Important People and Medical Advances at Asbury Methodist**

### **Sister Bothilda Svenson and the advent of the Swedish Hospital**

“Doctors frequently met and cared for patients at the cottage... The Cottage was becoming the primary location for care for the sick in the local immigrant Swedish community. It was logical that when discussions started about establishing a Swedish Hospital in Minneapolis they would occur at the Mission Cottage. The founders understood that a deaconess was needed to make it feasible to manage a hospital. A call for a deaconess was placed with the Immanuel deaconess Institute and on December 20, 1897 Sister Bothilda Svenson came to fill the post. Sister Bothilda’s position with the Swedish Hospital was the start of her long and very distinguished service in the Minneapolis Augustana community.”<sup>260</sup>

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<sup>260</sup> Augustana Care Corporation, comp. *Augustana Home, A Might Social Ministry*. Augustana Home of Minneapolis, 1995. Print.

### **Initial assessment in relation to significance.**

The 2008 Mead and Hunt survey identified “Elliot Park Health Care/Religious Social Services” as a theme for research and possible local and/or national designation. Six buildings owned by Augustana Care Corporation are still extant and were identified in this possible thematic study area.

Individually, I do not believe any of the extant buildings merit local or national designation. The four structures are not associated with the lives of significant persons or groups; they do not embody distinctive characteristics of an architectural styles; nor do they exemplify works of master architects.

Perhaps in the future, like the Abott complex, the group of buildings could be designated as an evolutionary medical complex.

Let it not be mistaken though, these four buildings do lend to the distinctive elements of the Elliot Park medical history identity.

## Chapter 3.5 – Biography of Swedish Hospital



Aerial view of former Swedish campus . Date unknown. Courtesy of Google Earth Images.

**“No individual in a hospital organization is simply holding down a job, but that he or she is merely a small unit in a great organization for the salvaging of the sick and ailing and for the conservation of the health of the community.”<sup>261</sup>**

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<sup>261</sup> Remy, Dr. Charles E. "A Monument." *The Civic Digest* First Quarter (1936): 10. Print.

## **Founding of Swedish Hospital**

Swedish Hospital was established in Minneapolis by Swedish clergy and laymen to provide health care for their newly emigrated countrymen.

During the mid-nineteenth to early twentieth centuries, Swedes came to Minnesota by the tens of thousands. The first round of immigration began with the promise of free land; Minnesota's Homestead Act of 1862 provided 160 acres of land to a settler, which encouraged farming and immigration. Then "toward the end of the 1870s Swedish emigration, which had been slowed by the depressed economy in the United States, began to pick up again" documented historian June Holmquist in her book *"They Chose Minnesota: A Survey Of The States Ethnic Groups*. She wrote, "By 1880 it reached 36,263, ushering in the third wave and a fourteen-year era of mass emigration...over the period (of 1880-1893) it totaled over 475,000 Swedes. During the third wave, emigration characteristics changed markedly."<sup>262</sup>

Farming and land were no longer the dominant draw for incoming Swedes; the attraction was the City. "In 1893 that typical emigrant might still have been a farmer's son, but one who had already left the farm and been living in town for a few years; he was single, and he had a job. In America he no longer sought land on which to farm and raise his family. Rather he emigrated to improve his fortunes in the city. If so many of his friends and relatives had not already been in the United States, he might not have emigrated at all. It was this third wave that placed the heaviest Swedish stamp on the North Star State. Between 1880 and 1890 the number of Swedes in Minnesota swelled by some 60,000 giving it for the first time the largest Swedish-born population of any state in the nation. Of this increase, more than 26,000, or almost 45%, were recorded in Minneapolis and St. Paul...the cities now afforded the greatest attractions. Jobs in sawmills and flour mills awaited the young men; positions in domestic service existed for the young women."<sup>263</sup>

With such an influx of fellow countrymen, established Swedes felt an obligation to provide a place of healing for their brethren.<sup>264</sup> On January 10, 1898, after nearly twenty years of planning, the Swedish Hospital of Minneapolis was incorporated under the auspices of Swedish clergymen, businessmen, and doctors: Reverend C.J. Petri of Augustana Lutheran, Swedish newspaper editor Magnus Lunnow, Reverend E.A. Skogsbergh of Swedish Mission Tabernacle, attorney A.B. Darelus, Aaron Carlson, A.P. Anderson, Emanuel O. Stone, Olaf Bodein, Andrew Dahlgren, Andrew Holt, Frank O. Streed and Charles J. Johnson.<sup>265</sup>

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<sup>262</sup> Holmquist, June D. *They Chose Minnesota: A Survey Of The States Ethnic Groups*. St. Paul: Minnesota Historical Society, 1981. Print.

<sup>263</sup> Ibid.

<sup>264</sup> "New Swedish Hospital. Steps Taken for the Establishment of One." *St. Paul Globe* 3 Jan. 1898: 3. Print. Gaarder, Pat, and Tracey Baker. *From Stripes to Whites*. Minneapolis: Swedish Hospital Association, 1980. Print.

<sup>265</sup> "Local News Notes." *St. Paul Globe* 11 Jan. 1898: 2. Print.; Gaarder, Pat, and Tracey Baker. *From Stripes to Whites*. Minneapolis: Swedish Hospital Association, 1980. Print.

On February 22, 1898, in the rented, two-story frame house at 1419 Ninth Street South the doors of Swedish Hospital were opened.



First building occupied by Swedish Hospital at 1419 Ninth Street South. 1900. Courtesy of the Minnesota Historical Society.

The Hospital's mission was 'to relieve the sick, wounded and disabled, irrespective of age, sex, nationality, color, or religious creed, by providing a place for the care of such persons, with medical attendance, food, and clothing.'<sup>266</sup> The following day the twenty-five bed hospital, once the personal residence of Judge Cornell, received its first patient, Sevald Andwood. The laborer from North Dakota was charged seventy-one cents per day for care.<sup>267</sup>



Classes of 1901 and 1902, Swedish Hospital School of Nursing, Minneapolis. Courtesy of the Minnesota Historical Society.

In its first year, Swedish treated 238 patients, both charitable and private.<sup>268</sup> During that time, a sub-committee of the Board of Trustees planned and implemented a nursing program to staff the hospital with qualified nurses. The Swedish Hospital Training School for Nurses opened in 1899. In 1901, the first three women received their two-year nursing degree at the front of Augustana Lutheran Church. "For the hospital the ceremony, coming three years after its opening, signaled its maturity and proclaimed its competence. The hospital not only could treat patients but also could train skilled professionals to care for the sick."<sup>269</sup>

Swedish native Sister Bothilda Svensson was the first Superintendent of Swedish Hospital and the first consecrated deaconess of the Augustana Lutheran church (1887). She came to Minneapolis in 1899 and served in the role until 1907. When Sister Svensson retired from hospital administration, she became the superintendent of Augustana Mission Colony and remained active in Minneapolis social work for over forty years.<sup>270</sup>

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<sup>266</sup> Gaarder, Pat, and Tracey Baker. *From Stripes to Whites*. Minneapolis: Swedish Hospital Association, 1980. Print.

<sup>267</sup> *MMC Historically Speaking*. Minneapolis: Metropolitan Medical Center, 1985. Print.; Gaarder, Pat, and Tracey Baker. *From Stripes to Whites*. Minneapolis: Swedish Hospital Association, 1980. Print.

<sup>268</sup> *Ibid.*

<sup>269</sup> Gaarder, Pat, and Tracey Baker. *From Stripes to Whites*. Minneapolis: Swedish Hospital Association, 1980. Print.

<sup>270</sup> "Sister Bothilda, Pioneer Social Worker, Dies." *Minneapolis Star* 11 Dec. 1952. Print.

## **Evolution of Swedish Hospital in Elliot Park**

In 1900, 202,718 people lived in Minneapolis.<sup>271</sup> According to Holmquist, Swedish emigrants composed fifteen percent of the City, mostly working class.<sup>272</sup> Those who sought treatment at Swedish for sickness, disease, and workplace injuries multiplied. The hospital quickly outgrew its rented quarters.

From the beginning Swedish Hospital had ardent supporters as it was a “charitable institution being near to the heart of every Swedish citizen in Minneapolis.”<sup>273</sup> Immediately champions of the hospital formed an independent organization called the Swedish Hospital and Nurses’ Institute (Institute) to raise necessary funds for land procurement and a building fund. Stocks were sold and events like concerts and fairs were held, with all proceeds going to the hospital. Success was immediate.

At the laying of the new hospital’s cornerstone on October 6<sup>th</sup>, 1901, “about 5,000 people attended, mostly Swedes, were present.”<sup>274</sup> Swedish Reverends, both Lutheran and Baptist, read scriptures and addressed the crowd, conducting portions in the native tongue.<sup>275</sup> On February 23, 1902, the new Swedish Hospital opened at 723 Tenth Avenue South, adjacent to Augustana Lutheran property. The cost was estimated at \$42,000. The frame house that had originally occupied the site became the nurse’s residence and was attached to the hospital.<sup>276</sup>



Left: Tenth Avenue view of Swedish Hospital and Nurse’s Dormitory (structure with balconies on front). ca. 1924. Courtesy of the Minnesota Historical Society.

The new hospital quickly filled up and again became too small; health services and patient beds began to occupy the nurse’s residence.<sup>277</sup> The Minneapolis historical consulting firm of Hess Roise explained this period of medical field growth in their National Register of Historic Places Registration Form for Abbott Hospital: “Advances in medical treatment, assisted by specialized training and practice for doctors

<sup>271</sup> "Population of the Largest 75 Cities: 1900 to 2000; Statistical Abstract of the United States."

[Http://www.census.gov/statab/hist/HS-07.pdf](http://www.census.gov/statab/hist/HS-07.pdf). U.S. Census Bureau. Web. 7 Dec. 2011.

<sup>272</sup> Holmquist, June D. *They Chose Minnesota: A Survey Of The States Ethnic Groups*. St. Paul: Minnesota Historical Society, 1981. Print.

<sup>273</sup> Gaarder, Pat, and Tracey Baker. *From Stripes to Whites*. Minneapolis: Swedish Hospital Association, 1980. Print.; "In Wennerberg's Honor." *The Minneapolis Journal* 19 Oct. 1901: 19. Print.

<sup>274</sup> "A Hospital Cornerstone Laid Yesterday by the Swedish Building Association." *The Minneapolis Journal* 7 Oct. 1901: 5. Print.

<sup>275</sup> Ibid.

<sup>276</sup> Gaarder, Pat, and Tracey Baker. *From Stripes to Whites*. Minneapolis: Swedish Hospital Association, 1980. Print.

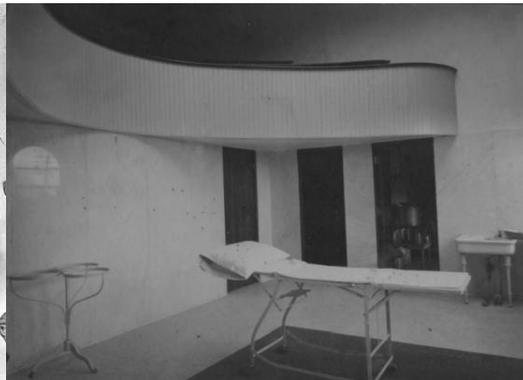
<sup>277</sup> Ibid.

and by improved technology, led to changes in attitudes towards hospitals. No longer the domain of charitable cases where patients went to die, the modern twentieth-century hospital was a place to be cured.”<sup>278</sup>

To accommodate surgical, maternity, staffing and general needs, a \$30,000 addition to the hospital and a new nurses’ dormitory costing \$20,000 were financed and constructed by the Institute in 1906. The three-story hospital addition, known as the Annex, was along Eighth Street, facing Elliot Park. The twenty-nine room, three-story nurse’s dorm, called Alpha, was constructed on Tenth Avenue South in place of the old nurse’s dormitory. Alpha housed the administrators and the hospital’s forty-three nurses. The frame house originally occupying the site was moved to the rear of the property and used for employee housing.<sup>279</sup>



Tenth Avenue view of Swedish Hospital and Nurse’s Dormitory. (structure with balconies on front) 1907. Courtesy of the Minnesota Historical Society.



Operating room at Swedish Hospital, ca. 1902 – 1910. Courtesy of Minnesota Reflections.

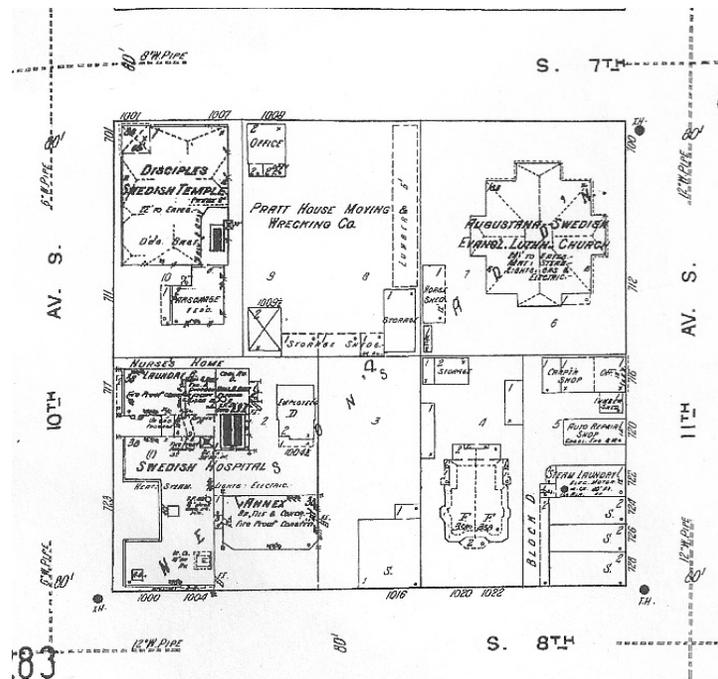
In 1910, a nearby property, the Judge Vandenburg residence at 929 Seventh Street South was purchased by the Institute for nurse’s housing. During that same time, the Institute purchased the lot next to the Annex and financed construction of a third floor passage way between the Alpha dorm and the main hospital. The following year, the third floor of the Alpha dorm and the corresponding passage way was converted into a maternity ward. With the loss of space at Alpha, the Vandenburg residence was remodeled in 1912 to more comfortably house the nurses.<sup>280</sup>

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<sup>278</sup> Gales, Elizabeth A., Charlene K. Roise, and Hess, Roise and Company. *National Register Nomination Form for Abbott Hospital*. Rep. Available at the State Historic Preservation Office, Minnesota Historical Society, Saint Paul. 2010. Print.

<sup>279</sup> "Swedish Hospital to Be Enlarged." *The Minneapolis Journal* 8 Apr. 1906. Print.; Gaarder, Pat, and Tracey Baker. *From Stripes to Whites*. Minneapolis: Swedish Hospital Association, 1980. Print.

<sup>280</sup> Gaarder, Pat, and Tracey Baker. *From Stripes to Whites*. Minneapolis: Swedish Hospital Association, 1980. Print.



Sanborn Fire Insurance Company. Insurance Maps of Minneapolis, Minnesota. Vol.3. 1912. Sheet 284.

Increased patient load, both public and private, led to the 1915 construction of the Pavilion, a four-story addition fitted “with all newest conveniences.”<sup>281</sup> It was attached to the Annex, and fronted Eighth Street. The Pavilion was sixty-seven by sixty-five feet, composed of concrete and steel, and fireproof. The basement contained a lecture hall for nurses’ training, a chapel, a dietetic kitchen, maintenance rooms and a mortuary chamber. A contemporary newspaper detailed the hospital at its opening: “the first, second, and third floors are practically identical in construction and arrangement, each having nine private and two double rooms and each floor accommodating thirteen patients. All private rooms have a telephone connection. Many have private baths.”<sup>282</sup> The fourth floor



held the new maternity ward. Two important design decisions were made in this building: communal wards, with their high potential for disease transmission were excluded from building plans and an expanded maternity ward signaled the social acceptance of giving birth in a hospital rather than at home. Hospitals were becoming an institution in the community.

Patient’s room. ca. 1915. Courtesy of Minnesota Reflections.

“Between 1900 and 1917, the hospital acted on its desire to consolidate its operation by purchasing as much of the Institute’s stock as it could afford. In 1917, it purchased the last of this stock and transferred all Institute

<sup>281</sup> "Addition to Swedish Hospital Completed." [Minneapolis] 7 Feb. 1915. Print.

<sup>282</sup> Ibid.

property to Swedish Hospital. This important organization's last act was the building of the fourth-floor addition to the nurse's dormitory. After purchasing all of the stock of the Swedish Hospital and Nurses' Institute, the hospital's board of trustees assumed responsibility for building improvements."<sup>283</sup>



Swedish Hospital Campus; Buildings, from left to right: main hospital, Annex, and Pavilion. ca. 1917. Courtesy of the Minnesota Historical Society.

## **Swedish Hospital in Wartime**

Unlike many local hospitals, the United States' entrance into and participation in World War I did not stop hospital expansion at Swedish. In 1918 the Board of Trustees purchased the residence at 1609 Eleventh Avenue South and remodeled the structure to house its growing nursing program. During 1920, the hospital added fourteen rooms to its maternity ward, added a fourth floor to the Annex, and purchased the structure at 912-914 Eight Street South.

In 1921, the hospital built a new nurse's dormitory, named Beta, across the street on the site of the Vandenburg property, at 929 Seventh Street South. The \$25,000 structure contained lecture rooms, a swimming pool, and a gymnasium. It was a great pride of the nursing school. At the same time, the Alpha dormitory was remodeled and used as an extension of the hospital. The Vandenburg residence was moved to the west end of the

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<sup>283</sup> Gaarder, Pat, and Tracey Baker. *From Stripes to Whites*. Minneapolis: Swedish Hospital Association, 1980. Print.

Seventh Street property, remodeled, and used to house staff employees, students and graduate nurses.<sup>284</sup>

Four years later, in 1925, the hospital purchased the final piece of property on Ninth Avenue South and Eighth Street, completing its frontage of Elliot Park.<sup>285</sup>

The national trend of dynamic hospital expansion was fueled in the early twentieth century by the expansion of treatment to the middle class. Hess Roise explained “With hospitals increasingly available, the public enthusiastically embraced the services they offered. Prior to the late nineteenth century, there had been little alternative to experiencing birth, illness, and death at home. Within a few decades, hospitals were taking on those activities, gaining a prominent role in American life in the process. In Minneapolis, for example, only 14 percent of births were in hospitals in 1914, but that number leapt to 87.5 percent in 1933 and 99.7 percent in 1954.”<sup>286</sup>

In 1928-9, following the development trend, Swedish constructed a three-story hospital building across the street at 914 South Eighth Street. On October 14, 1928 the cornerstone was laid for the “new \$700,000 Swedish Hospital. A ceremony with an address from Dr. Lotus D. Coffman, University of Minnesota president, marked the occasion. Events at this ceremony affirmed the importance of the Swedish community to the hospital. The songs and invocations were all in Swedish.”<sup>287</sup> A local reporter likened



it to a hotel: “Each room offered an electric fan, telephone, and radio, and a call button to the nurses’ desk. There was a large electrically operated bakery, a cafeteria, and all of the wagon trays for the patients were electrically heated.”<sup>288</sup> The structure opened in September of 1929, just before the onset of the Great Depression.

Swedish Hospital, 914 South Eighth Street, 1929. Courtesy of the Minnesota Historical Society.

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<sup>284</sup> Gaarder, Pat, and Tracey Baker. *From Stripes to Whites*. Minneapolis: Swedish Hospital Association, 1980. Print.

<sup>285</sup> Ibid.

<sup>286</sup> Gales, Elizabeth A., Charlene K. Roise, and Hess, Roise and Company. *National Register Nomination Form for Abbott Hospital*. Rep. Available at the State Historic Preservation Office, Minnesota Historical Society, Saint Paul. 2010. Print.

<sup>287</sup> Gaarder, Pat, and Tracey Baker. *From Stripes to Whites*. Minneapolis: Swedish Hospital Association, 1980. Print.

<sup>288</sup> Ibid.

The structure at 914 South Eighth Street was the last expansion at Swedish for twenty years. Further campus plans were developed, then stalled when the United States became involved in World War II.

## **Post War Expansion**

Nationally, from 1909 to 1946, the number of hospitals increased by forty-four percent whereas the number of beds more than tripled.<sup>289</sup> “The number of general hospital beds in Minnesota jumped by over 75 percent between 1930 and 1948.”<sup>290</sup>



The first post-war expansion to the Swedish campus was a much-needed addition to the Beta dormitory to serve the growing nursing school. The 1945 addition was named Omega and faced Seventh Street South.<sup>291</sup>

Left: Beta (on left) and Omega (on right) dormitories at Swedish Hospital. 1957. Courtesy of the Minnesota Historical Society.



Then, between 1946 and 1948, the hospital forged ahead with its previous expansion plans and added the fourth through eighth floors onto the 1928 building. “With the addition of these floors, Swedish was one of the largest private hospitals – 500 beds and 115 attending physicians – in the Upper Midwest. Senator-elect and Minneapolis Mayor Hubert Humphrey was the first patient admitted to the new section of the hospital.”<sup>292</sup>

Left: Construction of additional floors at the new Swedish Hospital. 1946. Courtesy of the Minnesota Historical Society.

As Swedish constructed its addition, Congress passed the Hill-Burton Act. To fulfill the regional planning requirements for Hill Burton funds, Swedish participated in the Minneapolis Hospital Research Council. Ultimately the consultant hired by the Council suggested that hospital consolidation was

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<sup>289</sup> American College of Hospital Administrators. *Hospital Administration A Life's Profession*. Chicago, 1948. 12. Print.

<sup>290</sup> Gales, Elizabeth A., Charlene K. Roise, and Hess, Roise and Company. *National Register Nomination Form for Abbott Hospital*. Rep. Available at the State Historic Preservation Office, Minnesota Historical Society, Saint Paul. 2010. Print.

<sup>291</sup> Gaarder, Pat, and Tracey Baker. *From Stripes to Whites*. Minneapolis: Swedish Hospital Association, 1980. Print.

<sup>292</sup> *Ibid.*

the best way to proceed. Hospitals in Elliot Park briefly considered the idea however the unified countywide hospital program was eventually dropped.<sup>293</sup>

In 1955, the Minneapolis Hospital Research Council gave up on hospital consolidation and changed its name to United Health Fund of Minneapolis and Hennepin County (UHF). UHF's new focus became fundraising for local, private hospital expansion, as the group believed the metro area needed 1,500 additional hospital beds.<sup>294</sup>

In 1955, with the baby boom in full swing, Swedish Hospital treated 17,994 patients, a 7560% growth over its first year of operation in 1898. Aside from the maternity ward, the hospital experienced growth in specialty services and practiced new medical procedures. The rise in business, along with the UHF's belief that additional beds were needed, gave the Board justification to update and expand its facilities once again.<sup>295</sup> The expansion plan included construction of a one-story wing for enlarged X-ray facilities, enlargement of the laboratory facilities, an addition of the ninth and tenth floors to the then-current eight-story building, and development of a special nursing unit adjoining the fourth floor operating unit. This \$2.2 million project added 84 beds, and made Swedish the largest voluntary nonprofit hospital in Minneapolis. "Resources for the expansion came from three sources – United Hospital Fund (UHF) allocations<sup>296</sup>, Hill-Burton and Ford Foundation grants, and from the hospital itself. The UHF allocation totaling \$750,000 is second only to the allocation from the hospital's own resources."<sup>297</sup>

Again, the Swedish Nursing School growth paralleled Hospital growth. In 1958 approximately 220 Swedish Hospital student nurses were housed in dormitories, some on



Left: Nurses' morning devotions at Swedish Hospital. 1957. Courtesy of the Minnesota Historical Society.

the Minneapolis General Hospital campus. The administration analyzed future admissions and realized an additional facility was needed. The old Vandenburg house, constructed about 1875, was demolished to make room for a four-story addition onto the then current dormitory. The new structure, designed by Minneapolis architecture firm Lang and Rauglund, Inc., featured a main floor classroom auditorium, three floors of housing, and a nine-bed nursing laboratory. Monies used to construct this

<sup>293</sup> Weed, Wendell. "Klicka Quits St. Barnabas for New Post." *Minneapolis Star* 4 Feb. 1954. Print.; Weed, Wendell. "St. Barnabas Hospital Feels Acute Pinch for 'Living Space'" *Minneapolis Star* 1 June 1956. Print.

<sup>294</sup> Gales, Elizabeth A., Charlene K. Roise, and Hess, Roise and Company. *National Register Nomination Form for Abbott Hospital*. Rep. Available at the State Historic Preservation Office, Minnesota Historical Society, Saint Paul. 2010. Print.

<sup>295</sup> "Expansion." *Minneapolis Star* 17 Oct. 1957. Print.

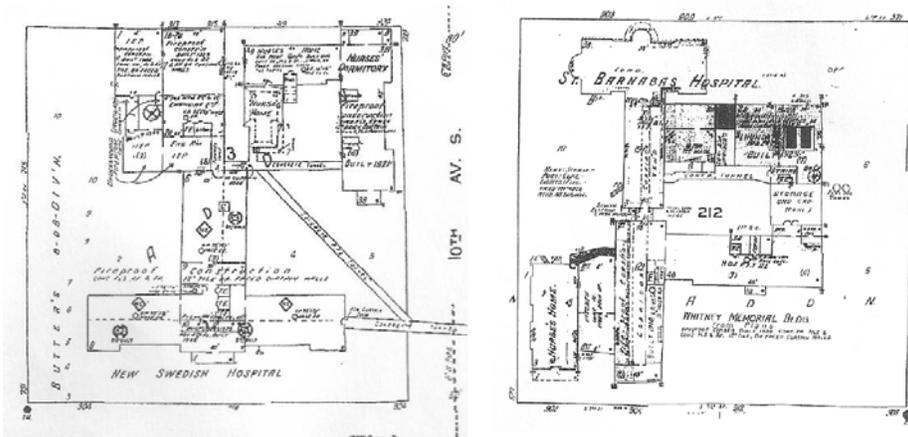
<sup>296</sup> United Health Fund of Minneapolis and Hennepin County (UHF) purpose was fundraising for local, private hospital expansion, as the group believed the metro area needed 1,500 additional hospital beds.

<sup>297</sup> "Expansion." *Minneapolis Star* 17 Oct. 1957. Print.

dorm were part of the UHF funds.<sup>298</sup> At the time the dorm was constructed, an eleventh-floor research laboratory was added to the hospital. In 1959, the Swedish School of Nursing was the largest school affiliated with a private hospital in Minneapolis.

## Combining Facilities

While hospitals expanded during the 1950s, Minneapolis population contracted; tens of thousands of people left Minneapolis for the suburbs. This deflation in population along with voluminous new buildings, left Minneapolis hospitals with an abundance of empty beds and debt. Between neighboring St. Barnabas and Swedish hospitals, there were over 800 beds in close proximity and a great deal of expense in staff and upkeep.



Sanborn Fire Insurance Company. Insurance Maps of Minneapolis, Minnesota. Vol.3. 1951. Sheet 284

In 1959, St. Barnabas and Swedish made a groundbreaking effort to reduce cost. The hospitals began to combine overlapping programs and share facilities. First, the two entities formed a Joint Council on Medical Education to establish a program for training interns and residents.<sup>299</sup> Then, “the Swedish



Hospital began sharing the extensive physical therapy equipment at St. Barnabas. The Swedish Hospital’s extensive cardiac catheterization laboratory was offered for use by St. Barnabas physicians.”<sup>300</sup>

Left: Aerial view of Minneapolis, showing Elliot Park and Swedish Hospital (in center foreground) and St. Barnabas (left). Courtesy of the Minnesota Historical Society.

<sup>298</sup> "Swedish to Erect 4-story Nurses Wing." *Minneapolis Star* 7 Mar. 1959. Print.; "Nurses on New Wing Ride High." *Minneapolis Morning Tribune* 1 Mar. 1960: 9. Print.

<sup>299</sup> *MMC Historically Speaking*. Minneapolis: Metropolitan Medical Center, 1985. Print.

<sup>300</sup> *Ibid.*

Progressive service sharing followed; however, the next significant advance came in 1963 after President Kennedy signed the Community Mental Health Centers Act. This law deinstitutionalized mental or state hospitals and placed patients in the care of the community.<sup>301</sup> Assessing the medical and social impacts of the law, Swedish and St. Barnabas identified both a communal need and a business opportunity for outpatient and mental health care facilities in Minneapolis. In 1964 the two hospitals proposed a Combined Facility, a physical link between the two Minneapolis institutions, to provide psychiatric, mental health, diagnostic, outpatient, and long term care facilities. The plan underwent much scrutiny as the law was new and “untried anywhere in the country for a metropolitan joint project such as this, clarification of the law and a great deal of



planning and cooperation with local and state agencies was necessary.”<sup>302</sup>

In December of 1965 the Minnesota Department of Public Welfare approved the formal application for \$1.6 million in Federal funds for the Combined Facility of St. Barnabas and Swedish Hospitals.<sup>303</sup> The \$3.6 million facility was the first of its kind in the country.

Left: Construction of the Combined Facility. ca. 1967. Courtesy of the Minnesota Historical Society.

In 1967, as the Combined Facility was being built, Hill-Burton funds provided for a two-floor, 108 bed extended care center to be added onto the structure. Additionally, St. Barnabas and Swedish constructed shared laundry facilities, a power plant, and a parking ramp near the five-story Combined Facility.<sup>304</sup> In October of 1968 the Combined Facility was dedicated.

## **Partnerships**

Eventually new medical insurance programs along with program, space, and cost sharing led to the merger of Swedish and St. Barnabas. On July 28, 1970, the boards of trustees met jointly and voted to consolidate, with the intention to improve services and reduce expenses. On October 1, 1970, Swedish and St. Barnabas became the first two hospitals in Minnesota to merge. Their new name was Metropolitan Medical Center (MMC). “Their consolidation created a 907-bed hospital with assets of \$24 million, an annual budget of \$20 million, 400 staff doctors, and 2,000 other employees, 600 of whom were

<sup>301</sup> "Detailed History of Mental Health." *Www.mnpsychsoc.org/*. Minnesota Psychiatric Society. Web. 12 Nov. 2011. <<http://www.mnpsychsoc.org/history%20appendix.pdf>>.

<sup>302</sup> "Local, State Agencies Have Given Green Light to Joint Building Project." *The Voice of St. Barnabas* XIII, No 4. (Dec. 1965): 3. Print.

<sup>303</sup> Ibid.

<sup>304</sup> Gaarder, Pat, and Tracey Baker. *From Stripes to Whites*. Minneapolis: Swedish Hospital Alumni Association, 1980. Print. 37.

nurses.”<sup>305</sup> While the country witnessed the merger of only five hospitals in 1961, that number had jumped to about fifty a year in the early 1970s. By 1980, nearly one-third of the nation’s hospitals were part of multihospital systems.”<sup>306</sup>

In 1971, MMC and neighboring Hennepin County Medical Center (HCMC, formerly Hennepin County General Hospital) became the first private and public hospitals to share services. Between 1974 and 1976, MMC and HCMC underwent major construction to integrate the two facilities. A four-story ‘Center Hospital’, was constructed to bridge the two hospitals at Chicago Avenue between Seventh and Eighth Streets. 156 beds, new surgical and birthing suites, a laboratory, radiology, and twenty shared services were added.<sup>307</sup> Much controversy followed this project due to creative funding used by the County and MMC. In 1985, the two hospitals shared more than 30 services, including cardiac, toxicology, perinatal services, laundry, food services, and pediatrics.

In 1988, MMC merged with another hospital, Mount Sinai, to form Metropolitan- Mt. Sinai Medical Center. This partnership lasted three years until June of 1991 when Metropolitan-Mt. Sinai closed due to declining admissions and inadequate reimbursement. That same month, HCMC purchased three of the five Metropolitan-Mt. Sinai’s buildings for their own expansion, at a cost of \$39 million. In 1992, Hennepin Faculty Associates acquired 178,000 sq. ft of space and surface parking lot from the defunct Metropolitan-Mt. Sinai.<sup>308</sup>

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<sup>305</sup> Gaarder, Pat, and Tracey Baker. *From Stripes to Whites*. Minneapolis: Swedish Hospital Alumni Association, 1980. Print. 37.

<sup>306</sup> Gales, Elizabeth A., Charlene K. Roise, and Hess, Roise and Company. *National Register Nomination Form for Abbott Hospital*. Rep. Available at the State Historic Preservation Office, Minnesota Historical Society, Saint Paul. 2010. Print.

<sup>307</sup> "\$75,000,000 Deal." *St. Barnabas Auxiliary Bee Hive* (May 1974). Print. Pianin, Eric. "\$21-million Center Hospital May Bring Hennepin County Financial, Political Ills." *Minneapolis Star* 21 Apr. 1975: 13A. Print.

<sup>308</sup> Brandt, Steve. "Hennepin Approves Hospital Expansion." *Minneapolis Star Tribune* 26 June 1991. Print.

## Physical Plant Evolution

### 1. 1419 Ninth Street South - demolished



First building occupied by Swedish Hospital at 1419 Ninth Street South. 1900. Courtesy of the Minnesota Historical Society.

Style: Italianate

City building permits and records do not indicate a date of construction for this structure, nor an exact date of demolition. The Minneapolis building permit is simply marked “Wrecked.”

Important features: two stories; wood lap siding; hipped roof with center gables; tall, narrow arched windows; wide overhanging eaves supported by decorative brackets; one-story bay on front façade.

### 2. 723 Tenth Avenue South \* – demolished



Swedish Hospital. 1925. Courtesy of the Minnesota Historical Society.

Built: 1901

Architect: L.A. Lamoreaux

Cost: \$35,000 - \$42,000

Style: Italian Renaissance

Important features: Three stories; flat roof; widely overhanging eaves with detailed cornice; symmetrical façade; Tenth Avenue entry accentuated by classical pilasters; quoining on building edges; stories delineated by horizontal banding; arched windows on third floor

The “old” Swedish Hospital was demolished in 1976. Today the land serves as a parking lot.

\*The vast majority of all permits for the ‘old’ Swedish campus are located under 723 Tenth Avenue South.

### 3. 723 Tenth Avenue South – demolished



Left: "Maid's Residence at Swedish Hospital." ca. 1910. Courtesy of Minnesota Reflections.

The frame house that had originally occupied 723 Tenth Avenue South became the nurse's residence. Style: Queen Ann

In 1906, the frame house originally occupying the site was moved to 1010 Eighth Street South, the rear of the property, and used for employee housing. In 1914, the house was again moved to the rear of 712 Tenth Ave S. Eventually the structure was demolished.

### 4. 723 Tenth Avenue South – demolished



Main Hospital (left) and Annex (right) . 1907. Courtesy of Minnesota Reflections.

Name: Annex

Built: 1906

Architects: Edwins and Halden

Cost: \$30,000

Style: Italian Renaissance

Important features: three stories; flat roof; widely overhanging eaves with detailed cornice; symmetrical façade; stories delineated by horizontal banding.

The Annex was considered a three-story addition to the hospital. In 1920, a fourth floor was added to the Annex. The structure was demolished in 1976. Today the land serves as a parking lot.

### 5. 723 Tenth Avenue South – demolished



Alpha dormitory, next to Swedish Hospital. ca. 1910. Courtesy of Minnesota Reflections.

Name: Alpha

Built: 1906

Architects: L.A. Lamoreaux

Cost: \$20,000 - \$25,000

Style: Italian Renaissance

Important features: three stories; flat roof; widely overhanging eaves with detailed cornice;; stories delineated by horizontal banding; arched windows on third floor; off-set entry; masonry cladding

The twenty-nine room, three-story nurse's dorm was constructed on Tenth Avenue South in place of the old nurse's dormitory. Alpha originally housed the administrators and the hospital's forty-three nurses. In 1910 a passage way between the Alpha dorm and the main hospital was constructed. In 1911, the third floor of Alpha was turned into a maternity ward. In 1921, after the opening of Beta, Alpha was remodeled and used as an extension of the hospital. The structure was demolished in 1976. Today the land serves as a parking lot.

**6. 929 Seventh Street South (also 700 – 712 Tenth Avenue South) – demolished**



Vanderburgh residence  
 Built: 1875  
 Building information unknown.  
 Purchased in 1910. In 1912, the residence was remodeled to house nurses. In 1921, the Vanderburgh residence was moved to the west end of the Seventh Street property, remodeled, and used to house staff employees, students and graduate nurses. The house was demolished in 1959 to make room for the addition to the nurse's dorm.

Charles E. Vanderburgh house; utilized for many years as a dormitory for the Swedish Hospital School of Nursing, Minneapolis. 1959. Courtesy of the Minnesota Historical Society.

**7. 723 Tenth Avenue South – demolished**



Name: Pavilion  
 Built: 1914 - 1915  
 Architects: Chapman and Magney  
 Cost: \$50,000  
 Style: Italian Renaissance  
 Important features:  
 Four stories; flat roof; widely overhanging eaves with detailed cornice; arched windows on third floor.

Swedish Hospital complex; from left to right: main hospital, Annex, and Pavilion. 1917. Courtesy of the Minnesota Historical Society.

The four-story addition, fitted “with all newest conveniences,”<sup>309</sup> was attached to the Annex, and fronted Eighth Street. This structure, part of the “old” Swedish Hospital, was demolished in 1976. Today the land serves as a parking lot.

### 8. 1609 Eleventh Avenue South – extant



Style: Queen Anne  
Defining Features: 2.5 stories; steeply-pitched, cross-gabled roof; second story bay window; appears a porch has been removed; modified Palladian window in third story gable; cantilevered roof over entry door.

In 1918 the Board of Trustees purchased the residence at 1609 Eleventh Avenue South and remodeled the structure to house its growing nursing program. Eventually the building was sold and today still exists as a private residence.

Left: 1609 Eleventh Avenue South. 2012. Courtesy of Tammy Lindberg.

### 9. 912-914 Eight Street South - demolished

In 1920 the hospital purchased the frame dwellings (flats) at 912-914 Eight Street South. In 1928, the structures at 908-910 and 912-914 Eighth Street were demolished to make room for the new hospital.

### 10. 700 to 712 Tenth Ave South - extant



Name: Beta  
Built: 1921  
Architects: Newstrom and Lindquist  
Cost: \$125,000  
Style: Colonial Revival  
Defining Features: Four stories; flat roof; accentuated front doors with decorative pediments; symmetrical façade; windows in adjacent pairs or ribbons; horizontal bands accentuating floors; masonry clad.

Beta Dormitory. Date unknown. Courtesy of Minnesota Reflections.

<sup>309</sup> "Addition to Swedish Hospital Completed." [Minneapolis] 7 Feb. 1915. Print.

Today the building houses medical related organizations such as the Memorial Blood Bank and Excelen, a private nonprofit and independent research and education organization in the orthopedic community.

11. In 1925, the hospital purchased the final piece of property on Ninth Avenue South and Eighth Street, completing its frontage of Elliot Park.

### 12. 914 South Eighth Street – extant



Name: (new) Swedish Hospital  
Built: 1929  
Architects: Magney and Tussler  
Cost: \$302,000  
Style: Art Deco  
Important features: Smooth, masonry façade; lighter brick banding denoting first floor; linear symmetry; geometric window placement; pronounced two-story entry; accentuated with banding and decorative squares above windows.

“New” Swedish Hospital. 1929. Courtesy of the Minnesota Historical Society.

### 13. 700 Tenth Avenue South - extant



Name: Omega  
Built: 1945  
Architects: Magney, Tussler and Setter  
Cost: \$109,000  
Style: Modern  
Important features: four stories; brick cladding; flat roof, rhythmic window placement.

Former dormitories. 2009. Courtesy of Google Earth Images.

The first post-war expansion to the Swedish campus was a much-needed addition to the Beta dormitory to serve the growing nursing school. The 1945 addition was named Omega and faced Seventh Street South. Today the building houses medically oriented organizations such as Memorial Blood Bank and Excelen, a private nonprofit and independent research and education organization.

#### 14. 914 South Eighth Street - extant



Name: (new) Swedish Hospital

Built: 1946 -1948

Architects: Magney, Tussler, and Setter

Cost: \$700,000 (per building permit A26578)

Style: Art Deco

Between 1946 and 1948, the hospital added the fourth through eighth floors onto the 1928 building

Left: Construction of fourth - sixth floors at Swedish Hospital. 1946. Courtesy of the Minnesota Historical Society.

#### 15. 914 South Eighth Street - extant

Name: (new) Swedish Hospital

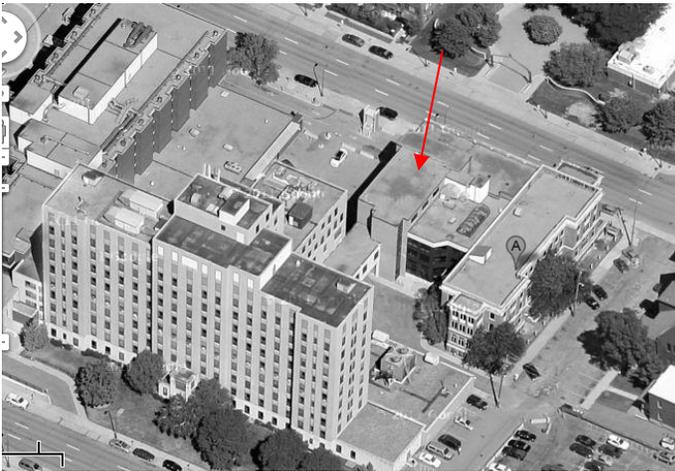
Built: 1957

Cost: \$2.2 million

Style: Art Deco

An addition of a one-story wing for enlarged X-ray facilities, enlargement of the laboratory facilities, an addition of the ninth and tenth floors to the then-current eight-story building, and development of a special nursing unit adjoining the fourth floor operating unit.

#### 16. 700 – 712 Tenth Avenue South - extant



Name: Addition to Nurse's Dormitory

Built: 1959

Architects: Lang and Rauglund, Inc.

Cost: \$170,000

Style: Modern

The old Vandenburg house, was demolished to make room for the four-story nurse's wing addition onto the then current dormitory.

Aerial view of Swedish campus. Date unknown. Courtesy of Google Earth Images.

**17. 914 South Eighth Street - extant**



Name: (new) Swedish Hospital  
Built: 1965  
Architects: Fath, Hillstrom, and Horty  
Cost: \$50,000  
Style: Art Deco  
An eleventh-floor research laboratory was added to the hospital.

Left: Swedish Hospital and beginning construction of Combined Facility. 1967. Courtesy of the Minnesota Historical Society.

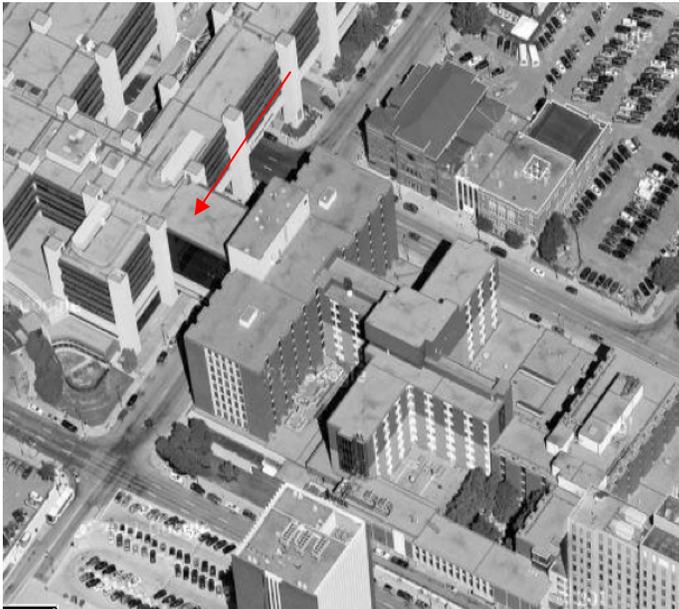
**18. 908 South Eight Street – extant**



Combined Facility  
Built: 1968  
Cost: approx. \$3.6 million  
Architects: Elizabeth Close and Fath, Hillstrom, and Horty  
Builders: Watson Construction  
Style: Modern  
Features: front façade features three stories; dark brown brick; cast in place exo-skeletal concrete framing.

Construction of the Combined Facilities, ca. 1967. Courtesy of the Minnesota Historical Society.

### 19. 701 South Eighth Street - extant



Center Hospital  
Built: 1976  
Cost: approx. \$21.1 million  
Style: Modern

The four-story ‘Center Hospital’, was constructed to bridge HCMC and MMC at Chicago Avenue between Seventh and Eighth Streets. Because the City refused to close Chicago Avenue, it cost the entities an additional \$4 million to build the structure on stilts and span the avenue. Today the HCMC structure is considered part of the “Red” building.

Aerial photo of current HCMC campus. Date unknown. Courtesy of Google Earth.Images.

## **Initial assessment in relation to significance**

The 2008 Mead and Hunt survey identified “Elliot Park Health Care/Religious Social Services” as a theme for research and possible local and/or national designation.

Seven buildings formerly owned and used by Swedish Hospital are still extant and were identified in this possible thematic study area. Though extant construction dates through 1976 and ultimately demonstrates hospital evolution, I do not believe it is feasible to seek a collective national register designation around these select buildings. Unlike the Abbott complex, the extant buildings are scattered on two separate sites, some heavily modified.

Perhaps in the future, the HCMC campus, and the contributing Swedish/MMC buildings could be designated as an evolutionary medical complex.

Let it not be mistaken, though, these seven buildings do lend to the distinctive elements of the Elliot Park medical history identity.

## Chapter 3.6 – Biography of Cure Institutes, Sanitariums, and Care Homes



Keeley Bottled Home Cure Products. Date unknown. Courtesy of the Illinois Addiction Studies Archives

**“History tells us that in India, four and one-half centuries before the birth of Christ the people established hospitals, of which the prime purpose is said to have been the care of the wayfarer and stranger who might fall ill within their domain.”<sup>310</sup>**

<sup>310</sup> Remy, Dr. Charles E. "A Monument." *The Civic Digest* First Quarter (1936): 6. Print.

During the late nineteenth and early twentieth centuries, Cure Institutes, Sanitariums, and Care Homes operated alongside hospitals in Elliot Park. These facilities differed from hospitals in that they offered specialized rehabilitation, treatment of debilitating diseases such as tuberculosis or polio, provided maternal care for single mothers, or gave respite to the elderly and maimed. Below is an introduction to their stories.

### Cure Institutes for Addicts

Facilities like the Keeley, Murray, and Gatlin Institutes provided discretionary inpatient and outpatient treatment of alcoholism, drug addiction, and ‘the tobacco habit’ in Elliot Park.

Murray Institute Advertisement taken from the November 6, 1907, edition of the Minneapolis Journal. The Institute later moved to its Elliot Park home, located at 620 Tenth Street South.

An excerpt from Chapter Seven of William L. White’s book *Slaying the Dragon: The History of Addiction Treatment and Recovery in America* entitled "Franchising Addiction Treatment: The Keeley Institutes" provides a brief insight into the complex history of addiction treatment. The entire chapter documents the rise, success, and decline of “Cure Institutes” and more specifically the Keeley Institutes in America.

“Addiction cures grew at prolific rates during the last quarter of the 19th century. The drive toward alcohol and other drug prohibition whetted America's appetite for sobriety and opened business opportunities for those who promised aid in achieving this goal. Along with the religiously influenced inebriate homes and more medically oriented inebriate asylums came a growing number of business-oriented addiction cures. These included private sanatoria that catered to alcoholics and addicts, as well as various home cures—medicinal “specifics” that claimed the power to quell the craving for strong drink

and narcotics. Newspapers and magazines advertised such treatments as the Fittz Cure, Tiplicuro, and the Bellinger Cure—the last of these promising to cure opium addiction within 24 hours.

Some of these business-oriented inebriety cures of the late 19th century achieved such popularity that they developed into what today would be called “chains” or “franchises.” There were several such popular chains—the Leyfield Cure, the Hagey Cure, the Empire Institutes, the Oppenheimer Institutes, the Gatlin Institutes, and the Neal Institutes—but



Keeley Institute, Tenth Street and Park Avenue, Minneapolis. 1896.  
Courtesy of the Minnesota Historical Society.

none was more famous, more geographically dispersed, more widely utilized, and more controversial than Leslie Keeley's Double Chloride of Gold Cure for the treatment of alcoholism, drug addiction, and the tobacco habit. Between 1880 and 1920, more than 500,000 alcoholics and addicts took the Keeley Cure. This treatment was lauded as a cure of miraculous potential—and at the same time attacked as a fraud.”<sup>311</sup>

Elliot Park “Cure Institutions” identified via the 1930 edition of Sanborn Fire Insurance Maps were located at:

Gatlin Institute: 403 Seventh Street South  
Keeley Institute: 629 Tenth Street South  
Murray Cure Institute: 620 Tenth Street South

All structures have since been demolished.

## **Sanitariums**

Early twentieth century sanitariums (spelled sanatorium, sanatorium, and sanitarium) were medical facilities for long-term illnesses, most typically associated with treatment of tuberculosis (TB). Per the 1930 edition of the Sanborn Fire Insurance Map and the 1930 Federal Census of Hennepin County, the following Sanitariums were identified in Elliot Park<sup>312</sup>:

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<sup>311</sup> White, William L. "Franchising Addiction Treatment: The Keeley Institutes." *Slaying the Dragon: The History of Addiction Treatment and Recovery in America*. 1st ed. Chestnut Health Systems, 1998. 1. Print.

<sup>312</sup> "Hennepin County, Minnesota 1930 (T626-1091) Team Census Transcription." *The USGenWeb Census Project*®. USGenNet. Web. 08 Feb. 2012. <<http://www.us-census.org/states/minnesota/teams/Hennepin1930-T626-1091.htm>>.

De Barthe Hospital or South Side Sanitarium: approximately 1400 Elliot Avenue South  
Minneapolis Sanitarium: 1500 – 1502 Elliot Avenue South  
Lawrence Sanatorium: 820 East Seventeenth Street.



Left: 1500 – 1502 Elliot Avenue South. Date unknown. Courtesy of Google Earth Images.  
Right: 820 East Seventeenth Street. 2012. Courtesy of Tammy Lindberg.

The 1951 edition of the Sanborn Fire Insurance Map identified the structure at 1500 – 1502, previously the Minneapolis Sanitarium, as a ‘Rest Home.’ The building is still extant.

Per the 1916 *Journal of the American Institute of Homeopathy*, the Lawrence Sanatorium facility held 75 patients and treated surgical, maternity, alcoholic, nervous, and insane cases.<sup>313</sup> It was supported by patient fees and was not incorporated. Today the Lawrence Sanitarium building is known as Leichty Hall, part of the North Central University campus. The building serves as home to both the Business Administrative and the Intercultural Studies and Language Departments.

## **Care Homes**

Boarders at Care Homes were mostly young women who came to the city to work or elderly folk who had no family to take them in. Listings from Davidson’s 1910 Minneapolis City Directory and the 1930 edition of the Minneapolis Sanborn Fire Insurance Maps identify a home not discussed in the main body of this report.

Swedish Tabernacle Young Women’s Home: 617 Eighth (Chicago) Avenue South

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<sup>313</sup> *The Journal of the American Institute of Homeopathy*. Issues 8-12 ed. Vol. 8. Chicago: American Institute of Homeopathy, 1916. Print.

## **Other**

Davidson's 1910 Minneapolis City Directory identified Cody Hospital at 506<sup>th</sup> Eighth (Chicago) Avenue South. The 1930 Federal Census of Hennepin County listed Cody Hospital at an address other than specified above. One would surmise that this hospital provided maternal care, as the Minnesota Historical Society possesses historical Maternity Hospitals Licensing Files for Cody Hospital.

## **Lymanhurst**

Lymanhurst, the children's branch of Minneapolis City Hospital, was located just one block south of the Elliot Park boundaries. Since the institution was a satellite branch of one of the neighborhood's major institutions, it played a great role in the history and healing of the community.

"In 1912 George R. and Frederick W. Lyman deeded to the city of Minneapolis a tract of land 78,525 square feet on which stood the Lyman homestead, a spacious old fashioned house equipped with all modern improvements. In the rear of this building was another residence smaller in size but modern in appointments. This donation to the city was made for the operation of a children's hospital and became the pediatric branch of the City Hospital. Some remodeling was done and the much-overcrowded children's wards of the City Hospital were transferred to the new institution. The Board of Charities and Corrections, an executive board of the City of Minneapolis having charge and jurisdiction over hospitals in 1917, moved the hospital building to the rear of the lot beside the smaller residence and began the building named Lymanhurst which was completed April 1, 1921 at a cost of \$265,000. It became the pediatric hospital branch of the general hospital system of the city...At the time the building was turned over by the committee in charge of construction, to the Department of Public Welfare, as completed and ready for occupancy it was found impossible to man the building properly because of the shortage of nurses and because of the absence of adequate housing facilities for nurses home. The building was designed as an eighty-six bed children's hospital. It was not possible to obtain sufficient nurses to serve an institution of that size. In anticipation of the completion of the building and with a realization of conditions existing with relation to the nursing force, the Commissioner of Public Health and Director of Hygiene brought about a joint agreement between the Board of Public Welfare directing the Division of Public Health and the Division of Hospitals and the Board of Education directing the Department of Hygiene. This agreement was to the effect that Lymanhurst was to be opened as an open air school for the education and care of children of school age with active lesions of tuberculosis..."<sup>314</sup>

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<sup>314</sup> List M.D., Walter E. , Harrington M.D., F.E. "Hospital and School for Tuberculosis Children." *The Nation's Health Continuing Modern Medicine*. By F. E. Harrington. Vol. IV. Chicago: Modern Hospital, 1922. 693-96. Print.



Left: Lymanhurst Hospital, 1800-1820 Chicago Avenue, Minneapolis. 1942. Courtesy of the Minnesota Historical Society.  
 Right: Child being x-rayed at Lymanhurst. 1939. Courtesy of the Minnesota Historical Society.



The building served as a Tuberculosis hospital and school until the decline of the disease forced closure of the facility. In 1942 Lymanhurst was converted for polio patient care and renamed the Elizabeth Kenny Institute. Large additions and modifications were made to the building in 1950 and 1956.<sup>315</sup>

Left: Institute's polio patients help Sister Kenny celebrate Institute's first birthday. 1943. Courtesy of the Minnesota Historical Society.

Concurrently in the early 1950s, the Salk and Sabin vaccinations for polio were developed and massive field tests were conducted. The distribution of these vaccines in 1955- 1957 caused the incidence of polio to drop in the U.S. by 85 - 90%.<sup>316</sup> As polio moved toward eradication, the Elizabeth Kenny Institute refocused its work to provide rehabilitative services to treat any short- and long-term condition or disability.

In the 1960s, the Elizabeth Kenny Institute vacated the building. The Minneapolis Medical Research Foundation then took ownership and converted the campus into a



Dialysis Center. The structure has also served as a Chemical Dependency Center and a Detoxification facility. Today the building is a Hennepin County Service Center site for citizens to access county and community social services and financial assistance.

1800 – 1820 Chicago Avenue South. Courtesy of Google Earth Images.

<sup>315</sup> Building index cards for 1800 – 1820 Chicago Avenue South. Electronic version of these cards available at Minneapolis Development Review 250 S. 4th St., Room 300 Minneapolis, MN 55415

<sup>316</sup> "NMAH | Polio: Timeline." *National Museum of American History*. Smithsonian. Web. 08 Feb. 2012. <<http://americanhistory.si.edu/polio/timeline/index.htm>>.

## Chapter 4 - Moving Forward

Based upon the information about the history of the important healthcare and social service institutions in Elliot Park, there are several steps that could be taken moving forward. These include pursuing the formal designation of some of the extant structures as either local landmarks or on the National Register of Historic Places and exploring ways to interpret this fascinating history

### Extant structures

The 2008 Mead and Hunt survey identified “Elliot Park Health Care/Religious Social Services” as a theme for research and possible local and/or national designation. In February 2012, there were at least twenty-two extant hospital or care structures in Elliot Park, fourteen of which are old enough to be considered historic (at least 50 years old) and twenty of which still look much the way it did in the past. As a grouping these buildings connect significant and central themes of Elliot Park: health care and social services evolution, early city development, immigration patterns, and Judeo-Christian traditions.

### **Extant structures associated with Medical/Healthcare Institutions in Elliot Park**

<b>Address</b>	<b>Historical Name</b>	<b>Original Institution and Year(s) Built</b>	<b>Identified in Mead and Hunt Survey</b>	<b>Appear similar to original construction?</b>
914 (910) Elliot Avenue	Asbury Hospital	Asbury, 1900 - 1916	X	Yes
915 East Fourteenth Street	Tourtellotte Memorial Deaconess Home	Asbury, 1915	X Inventoried as 1401 Elliot Avenue	Yes
916 East Fifteenth Street	Asbury Nurse’s Home; Asbury Hospital	Asbury, 1923	X	Yes
1100 Eighth Street South	Augustana Mission Cottage	Augustana, unknown	X	Yes
1007 East Fourteenth Street	“East” building	Augustana, 1970		Yes
1510 Eleventh Avenue South	Park Center Apartment Complex	Augustana, 1980		Yes
1509 Tenth Avenue South	Park Center Apartment	Augustana, 1982		Yes

	Complex			
1020 East Seventeenth Street	Park Center Apartment Complex	Augustana, 1982		Yes
1425 Tenth Avenue South		Augustana, 1988	X	Yes
519 Portland Avenue	Research Labs and Hyperbaric Chamber	HCMC, 1958 and 1963		Yes
716 South Seventh Street or 701 Park Avenue South	Hennepin County Medical Center	HCMC, 1972 – 1976		Yes
701 South Eighth Street	Center Hospital	HCMC/MMC 1974 –1976		Yes
906 Seventh Street South	Pavilion	St. Barnabas, 1911	X	No
901 - 915 Sixth Street South	Steam Plant	St. Barnabas, 1929		Yes
920 Seventh Street South	Whitney Wing	St. Barnabas, 1937		Yes
714 Ninth Avenue South	“New” St. Barnabas Hospital	St. Barnabas, 1958		No
908 South Eighth Street	Combined Facility	St. Barnabas and Swedish, 1968		Yes
1609 Eleventh Avenue South		Swedish, unknown	X	Yes
700 to 712 Tenth Ave South	Beta and Omega Dormitories	Swedish, 1921, 1945, and 1959		Yes
914 South Eighth Street	“New” Swedish Hospital	Swedish, 1929, 1948, 1957, 1965	X Inventoried under 800 Eighth Street South	Yes
1500 Elliot Avenue South	Minneapolis Sanitarium	Minneapolis Sanitarium		Yes
820 East Seventeenth Street	Lawrence Sanatorium	Lawrence Sanatorium		Yes

## **Potential Significance of Extant Structures.**

Based on established social, historical, and architectural criteria, the former Asbury Hospital campus merits formal local recognition and possible National Register nomination. All three purpose-built Asbury hospital buildings are extant, over fifty years old, and appear quite similar to their original construction and photographs. More importantly, these buildings exemplify the religious and social influences that developed health care institutions in Elliot Park.

Per local designation criteria used by the Minneapolis Heritage Preservation Commission, the three Asbury buildings, especially as a grouping, are eligible for designation due to the following:

- Criteria 1 – All properties are associated with significant periods that exemplify broad patterns health care history in Elliot Park.
- Criteria 2 – The properties are associated with the lives of significant persons: Sarah Harrison Knight, Dr. Frederick Alanson Dunsmoor, Dr. J.H. Dunn, Dr. George G. Eitel, Dr. John Warren Little, and Dr. Mary Whetstone
- Criteria 3 – The properties contain or are associated with distinctive elements of Minneapolis’ and Elliot Park’s Medical identity
- Criteria 4 - The properties embody distinctive characteristics of an architectural style
- Criteria 6 – The properties exemplify works of master architects: E.P. Overmire; Long, Lamoreaux, and Long; and Bertrand and Chamberlain.

Per designation criteria used to list properties in the National Register of Historic Places, the three buildings may be eligible for national designation due to the following:

- Criteria A – The Asbury campus buildings are associated with events that have made a significant contribution to the broad patterns of Minneapolis’ medical evolution and Elliot Park’s role in health care history. Also the Asbury buildings act as a physical record of the early twentieth century medical industry and social factors that caused the area to flourish, decline, and rebuild.

Though the remainder of the extant buildings date from late 1800s through 1988 and ultimately demonstrate hospital evolution, I do not believe it is feasible to seek a collective national register designation around these twenty-two buildings, as the majority of each campus has either been demolished, or greatly modified. Perhaps in the future (approximately 2024), the HCMC campus, and the attributing St. Barnabas/Swedish/MMC buildings can be designated as an evolutionary medical complex. Let it not be mistaken, though, these buildings do lend to the distinctive elements of the Elliot Park medical history identity.

## **Benefits to property owners of listing structures in the National Register of Historic Places**

- State and Federal preservation grants for planning and rehabilitation
- State and Federal investment tax credits
- Preservation easements to nonprofit organizations
- International Building Code fire and life safety code alternatives

## **Benefits to property owners of listing structures as a Minneapolis Landmark or Historic District**

- Improved public profile
- Heightened local pride
- Increased property values
- Attraction of new business and residential investment
- Preservation of the area's unique character and heritage

## **Possible Interpretive Options/ Grant Proposals**

The development of interactive content can excite, inform, and stir thoughtful reflection upon culture, identity, and history in creative and new ways. Interactive options such as those mentioned below will encourage dialogue, discussion, and civic engagement for people of all ages. All or most of these could be proposed as possible proposals for funding through the Minnesota Historical and Cultural grant program.

- Visitor orientation exhibits of Elliot Park and its healthcare/social services/religious history. These exhibits can be displayed at the EPNI office, one or more of the featured/historic buildings, or empty storefront(s)
- Creation of self-guided Historic Elliot Park Healthcare walking tours via print, website, PDA, podcast, etc.
- Installation of interpretive aids including permanent signs or district signage
- Creation of scripts for docent tours
- Living history presentations
- Video or multimedia segments; ex: a film project that interprets one or more historic places
- Online scholar-led discussions
- Traveling exhibit that highlight's Elliot Park's Health Care/Religious Social Services history and encourages participants to visit the neighborhood
- Collection of oral histories related to Healthcare and its religious/social service roots in Elliot park
- Development of a series of professional teaching materials about medical/health care development and immigration, to be used in classroom settings.

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