We're Building to Serve You Better Yale-New Haven Hospital
Annual Report 1981

Yale-New Haven Hospital

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A History of the Building Project

The need for a patient care building to replace the aging New Haven Unit was recognized more than 20 years ago. In 1960, the Hospital retained an architectural firm to formulate a master building plan for the medical center. Over the next 10 years, a New Haven architectural firm reviewed and revised this plan, preparing the first set of sketches and ideas for a new patient care building. In the mid-60s, land adjacent to the Memorial Unit was purchased in anticipation of the Hospital project. A multitude of mechanical and structural problems, most of them associated with age, plagued the 65-year-old main building in the New Haven Unit, making the best possible patient care difficult to provide.

With no air conditioning and unreliable electrical and heating support, patient units were often uncomfortable. Many patient rooms were too small to maneuver one patient in and out without disturbing the other occupants. These rooms lacked privacy and had no bathrooms. Low ceilings and narrow buildings limited renovation possibilities.

While the average teaching hospital has 1,350 square feet of space per bed, Yale-New Haven Hospital had just 1,000. Space was unavailable for vital support services such as building services, medical records and the clinical laboratories. There were few multipurpose rooms on the floors for family conferences, private interviewing or staff meetings.

Perhaps the most serious problem was the physical separation of the Hospital's two patient care buildings. Moving acutely ill patients to intensive care, diagnostic tests or simply admitting them to a floor from the Emergency Room often required a journey through a noisy tunnel, almost a quarter of a mile long.

In 1970, the Hospital and the University appointed a joint committee to study the clinical facilities and make specific recommendations for the future. This committee, chaired by Dr. David Seligson, submitted a report advocating construction of a new inpatient care facility on the former site of the St. John the Evangelist Church. The committee proposed a building physically connected to the Memorial Unit which would unify patient care within the Hospital. Outpatient services, the committee suggested, should remain in the existing buildings. A formal presentation of these conclusions was made in the Yale-New Haven Hospital Facilities Master Plan, dated October 1972.

Facility planning was again given attention in 1975, with the formation of the Yale-New Haven Medical Center, Inc., Planning Committee. (The Medical Center was incorporated that year to ensure that planning and development for the Hospital, the School of Medicine and the School of Nursing would proceed in an orderly, coordinated fashion.) This committee reviewed the needs for clinical facilities, as well as the needs for educational and research facilities. Following a certificate of need application was filed in early 1978. Construction costs were slashed by $5.6 million; the number of beds reduced even further, to 286 - despite the HSA's recommendations; the number of operating rooms was cut to 18; square footage was significantly reduced; and the amount of funding to be raised by the Hospital through community fund raising was increased from $4 million to $10 million.

Believing those modifications were arbitrary, the Hospital filed an appeal of the Commission's decision in Superior Court the following month.

Meanwhile, bids on construction were solicited, and the contract was awarded in April 1979 to the Turner Construction Company in New York and Morganti Incorporated contractors based in Ridgefield, Connecticut. Site preparation began that same month.

An official groundbreaking ceremony, open to the public, was held under beautiful, sunny skies on June 1, 1979. Guest speaker was then-U.S. Congressman Robert Gilmour of the 3rd District, who has been a strong supporter of the project throughout its planning and approval.

One year later, on May 29, 1980, the Hospital and the CHHC reached an out-of-court settlement, and the lawsuit against the Commission was dropped. The settlement restored the building project to 27,000 square feet of space, additional ambulatory surgery operating rooms and $5.6 million for construction costs. The $6 million fundraising goal remained the same.

Public hearings on the project were held by both the HSA and CHHC, in accordance with state law, during both C.O.N. applications. During more than 10 hearings, 100 witnesses from the New Haven area and beyond were heard. Support for the Hospital project was expressed by representatives of cities and towns, labor and business, the banking community, elected officials and advocates for minority and low-income citizens - as well as by medical, nursing and health care personnel from across the state. Not only was there no opposition, there was unanimous enthusiastic support.

The CHHC finally approved the building program on January 2, 1978. Substantially concurrent, the Hospital decided to certify for construction the CHHC's three well-known architectural firms: Russo & Sonder, specializing in health care facilities; Llewelyn-Davies, an international planning-consulting firm; and Davis Brody, a prize-winning architectural designer.

Representatives of these firms concluded that the St. John's site was appropriate; that the use of existing buildings for outpatient, support and laboratory services was appropriate; that volume projections supported maintaining the same number of patient beds in the new building; and, perhaps most important, that the project now appeared financially feasible.

In the autumn of 1977, the Hospital staff began working closely with members of the Health Systems Agency of South Central Connecticut (HSA) and the state Commission on Hospitals and Health Care (CHHC) in preparing a certificate of need (C.O.N.) application.

The HSA recommended a reduction in the number of beds, based on regional planning statistics, from 929 to 889, and the CHHC's final approval was filed with the state commission in January 1978. Total cost of the project was estimated at $61.4 million.

After several months of deliberation, the CHHC agreed in May 1978 with the need for the project, but called for more detailed planning. A revised C.O.N. application was filed in early October 1978.
It is a special privilege to serve on the Board of a hospital that has been consistently rated among the top ten medical centers in the country.

With that privilege goes a special responsibility to ensure that this community, and those that we serve beyond the greater New Haven area, receive the finest health care that our resources can provide.

The completion of our new addition, and the conclusion of the full plan of the new air rights parking garage, car years of work by hundreds of people toward resolving two of our most serious, continuing problems: modern, efficient facilities for delivery of patient care unexcelled anywhere in the region, and safe, convenient access for patients, visitors and staff.

Yale-New Haven’s national reputation as a major patient care, teaching and research center is based on the talented, caring individuals who are attracted to this institution. To continue to attract a high-caliber staff, we must provide facilities with state-of-the-art technology supporting these endeavors.

Having a medical center with Yale-New Haven’s reputation in this community is a blessing in many ways: it is a source of unparalleled health care and information to the community in which it is situated; it means jobs — Yale-New Haven Hospital is the third largest employer in New Haven; and it is a magnet that helps attract other employers in the area, employers who want excellent health care services for their workers.

The medical center attracts outstanding medical students and post-graduate physicians for training, and the entire state benefits from their training. Approximately 25 percent of all physicians practicing in Connecticut were trained at Yale-New Haven or educated at Yale Medical School.

Our new and renovated facilities will improve Yale-New Haven’s ability to attract the most skilled and caring professionals to train and practice in our community.

It is with great pride that we will dedicate our new building on June 13, for its completion represents yet another major advance in Yale-New Haven’s commitment to fulfill with excellence its mission of patient care, teaching and research.

Never before has Yale-New Haven Hospital used a newspaper supplement to take its story to the community. However, this month is so special for us that we want all our friends in the New Haven area to have the full story about the largest hospital building project ever constructed in Connecticut.

After all, it is not simply our building project; it is yours. It is your building not just because you and your families may receive care here, but because you helped build it. Your contributions to The Hospital Campaign — now approaching our goal of $8 million — your support during the lengthy approval process before the Connecticut Commission on Hospitals and Health Care are testimony to the broad community support for this Hospital.

After many years of planning, and two and one-half years of construction, this new, seven-floor addition is ready to serve patients. Throughout April, patients will be transferred from outdated patient care areas in the New Haven Unit to our new modern facility.

The new building will connect on every floor to the Memorial Unit, forming one, completely integrated hospital. Since the main entrance to the patient care areas will now be the lobby where these two buildings join, we are changing our official address to 20 York Street to reflect more accurately the main patient and visitor entrance.

Our new building is the first major addition to Yale-New Haven Hospital since the completion of the Memorial Unit in 1953, 29 years ago. The 291 new beds in this building bring the total complement of beds and bassinets at Yale-New Haven to 863, 66 fewer beds than we had in service five years ago. This reduction is a condition of project approval from the Commission on Hospitals and Health Care. We have not expanded the number of patients we can care for at the Hospital, we have increased our ability to care for them in efficient, and comfortable surroundings.

The beneficiaries of this building program include all of us who live in southern Connecticut and many who live beyond its borders. We’re very pleased with our new addition, and feel proud that our level of excellence in health care is now matched by an equal level of excellence in our physical facilities.
B. Old-style drain-pipe joints were caulked with oakum and sealed with hot lead which had to be chipped out for repairs. The new “hubless” system — a plastic sleeve inside a clamp — is quicker, simpler, and much easier to disassemble.

C. One Hospital engineer said of these main electrical conduits in the basement: “Somebody ought to take a picture of these things. Once they’re covered with concrete, no one but an archaeologist will ever see them again.”

D. For safety’s sake, the new building’s windows open just enough for effective ventilation. With special keys, window-washers can pivot the panes around for easy cleaning.

E. Construction Manager Bob Roth on the site: “I love everything about this business.”

F. Plate glass awaits installation in the second-floor bypass corridor. This passage allows traffic to flow between the Memorial and New Haven Units without disrupting patient care in the new building.

G. The two-story bridge over Davenport Avenue now links the new building with the New Haven Unit.

H. Masons at work on the Davenport Avenue bridge.
August 6, 1980: TOPPED AND FLOORED

In August of 1980 the last beam is raised and the building is "topped out"; six weeks later, all the floors are in place. The seventh-to-fifth floor interior courtyard is completed, as is the penthouse framework for the elevator.

April 6, 1981: SKIN ON THE BONES

Masons work their way up the Howard Avenue face. Winter 1980-81 was a busy time for these tradesmen, who stopped their work only when cold spells froze their mortar. "Fast track" construction projects like this require such fortitude if schedules and budgets are to be met.

September 2, 1981: A BEAUTIFUL BEEHIVE

From the outside, the building looks nearly finished, but within, electrical, heating, plumbing and drywall contractors push to meet their promised delivery dates.
The Hospital Campaign: A Commitment to Excellence

The Task
Yale-New Haven Hospital had agreed to raise $6 million in contributions from the community to complete the $73 million financing package for its new building and renovation program.

Why $6 million? In its request to the Connecticut Commission on Hospitals and Health Care for approval of capital expenditures for the project, the Hospital proposed to raise $4 million through a voluntary fund drive. This proposal was based, in part, on the findings of an independent consulting firm that was retained by the Hospital to conduct a private funding feasibility study. The consultants concluded that a $4 million campaign could succeed only if supporters of the Hospital were to contribute at generous levels. Although $3 million was considered a more realistic goal, the Hospital Trustees committed to raising $4 million.

The Commission responded by adopting an order in which approval of the proposed expenditures was contingent upon the Hospital’s raising $6 million in contributions to finance the project.

The Hospital accepted the challenge of conducting a campaign with a $6 million goal, confident that the need for the project was clear and that the New Haven community, foundations, staff, and friends of the Hospital would respond to the great need that this building project represents. The Hospital knew, however, that those who contributed would have to do so at their maximum level to attain the goal.

The Campaign Chairman
Paul H. Johnson, a member of the Hospital’s Board of Trustees and President of Connecticut Savings Bank in New Haven, was asked to chair the Campaign. A New Haven resident for the past 20 years, Johnson has been involved in many community fund drives and has spearheaded the two most successful United Way campaigns ever conducted in New Haven.

He brought to the Campaign, one Board member says, a commitment and a determination that the goal was going to be realized. Johnson formed an executive committee of Board members that was dedicated to the Hospital and believed in the necessity for broad-based community support.

“We organized on the philosophy that we were going to have a successful result,” Johnson notes. “Every single call was carefully designed to obtain the absolutely best response. We did our homework thoroughly before making a contact. We knew if we did our job well, we would establish a goal for corporations and individuals to follow and would give incentive for those who had not yet contributed.

“It’s working. We’re right on target, and we expect a successful conclusion in June.”

A Successful Conclusion
Paul Johnson feels confident about the successful completion of the Campaign. He cites the dedication of the Campaign executive committee, who have met biweekly for the past two years and have spent additional hours on the telephone and at private meetings to build the Campaign organization and pursue the goal.

“Donors have given as never before,” Johnson adds. “The commitment to the Hospital has been enormous. There is a recognition in the state that Yale-New Haven Hospital is a superb medical center — one of the best in the country for the treatment of unusual or difficult medical problems. At the same time, the Hospital serves the greater New Haven community with all those services that any community expects from its local hospital.

“It’s the best combination of both a major medical center and a community hospital — and it’s backed with that recognition that people have responded to the Hospital’s first capital fund drive in more than a quarter century.”

The Pacesetters
In the spring of 1980, Hospital employees were asked to set the tone and the pace for the Campaign. Over 1,900 men and women serving in all capacities in the Hospital — from housekeeping and dietary to medical records and finance — raised over $400,000 for the campaign, far exceeding their goal of $300,000.

At the same time, corporations and foundations were being approached for major gifts. The largest gift received to date is $500,000 from the New Haven Foundation. In addition, a challenge grant of $50,000 from The Kresge Foundation in Michigan has been received, given with the proviso that sufficient money be raised to complete the project.

Other major gifts received were: $250,000 from United Technologies, $175,000 from the Southern New England Telephone Company, $120,000 from the Jackson Newspapers, and $100,000 each from Connecticut Bank and Trust, Connecticut Savings Bank, First Bank, First Federal Savings and Loan Association, New Haven Savings Bank, and Union Trust Company.

With major gifts still coming in, the public portion of the Campaign was announced at a press conference on November 5, 1981. At that gathering, Johnson announced contributions to date of $4.9 million.
A Project That Yields Cost Savings

Yale-New Haven Hospital's move this month into its new patient care building will initiate better quality care and increased operational efficiency for the 25,000 patients who are admitted to the Hospital every year.

Despite the $73 million cost of the building and renovation project, services will be consolidated and streamlined in such a way that savings will result in a number of critical areas, including energy, maintenance and supplies.

Coupled with an intensive cost containment effort which has been in place for many years, the move makes Yale-New Haven not only easier and more comfortable for patients and staff, but also more economical to operate.

The consolidation of services for many years have been in the New Haven and Memorial Unit by computer.

The operating rooms, formerly comprised of two 10-room suites, have moved to one 17-room area in the new facility. At the same time, the number of outpatient surgical rooms has increased from two to four, reflecting the cost-saving trend toward ambulatory surgery.

(AMBULATORY SURGERY is estimated to save patients an average of $250 percent.

While the number of patient beds overall has decreased from 929 to 863 with the move, the number of critical illnesses and injuries. In the past year, for example, the number of kidney transplants and open-heart operations at Yale-New Haven increased about 20 percent, while the number of patients was up less than 0.5 percent.

All this consolidation means some reduction in staff, another area of anticipated savings. This reduction will be achieved by normal staff turnover.

An automated energy management system now controls the interior climate of the new building and Memorial Unit by computer.

This system eliminates wasteful use of electricity, steam and chilled water. For the past two years, Hospital engineers have been hard at work on other energy-saving measures in existing buildings - a project estimated to have saved $500,000 in additional costs the first year.

These measures have included replacement of nearly 25,000 fluorescent and incandescent light bulbs with lower wattage or high-pressure sodium lights; installation of 12 miles of weatherstripping around doors and windows; replacement of single-pane with double-pane windows; insulation of new roofing and steam pipes; and installation of many lighting and air-conditioning systems.

The American Hospital Association recognized these efforts in November with an energy-management award.

The cost of supplies has been reduced through joint purchasing with other Connecticut hospitals and through a new inventory stocking system. This system has allowed the Hospital to reduce its minimum inventory, for an initial savings of $170,000. Signalls on supply carts delivered to the floors are bringing the cost of each. Care is forcefully given to the attention of the staff, and conservation is encouraged. Ongoing savings from this program are estimated at $150,000 a year.

A committee of department heads is meeting regularly to develop a realistic appraisal of areas where costs can be further cut or avoided.

These are the people most closely in touch with the Hospital's day-to-day operation, and are best equipped to outline savings and set spending priorities.

A recent publicized study has shown that Yale-New Haven Hospital is already delivering more cost-effective care to its patients than many comparable teaching hospitals across the country.

Throughout the planning, construction and operation of the new building, the Hospital staff has been, and will continue to be, committed to high-quality, cost-effective patient care.

**Personal and Organizational Support of Yale-New Haven Hospital's Building Project**

The list of those who have supported this project through the extensive hearings for approval before the CHHC makes an impressive display of people and agencies most concerned with health care in our region.

Following are those supporters with the titles and affiliations they had during the project hearings.

- **Thomas Amatruda, M.D., Medical Director, Waterbury Hospital**
- **Mr. R. Langedon Bell, Jr., President, Colonial Bank**
- **Robert B. Berneke, M.D., Chief of Urology, Hospital of St. Raphael**
- **George A. Bonner, M.D., President, Colonial Bank**
- **Adolph Brink, M.D., Medical Director, Southern New England Telephone Company**
- **Hon. Anthony M. Ciarlone, State Senator; Chairman, Public Health and Safety Committee of Connecticut General Assembly**
- **Mr. Eugene J. Criscuolo, Administrator, East Haven Shriners Association**
- **Mr. John C. Daniels, Jr., Alderman, City of New Haven**
- **Mr. Stephen Dworkin, Jr., Chairman, Consortium of Social Work Providers in Health Care, HSA II Governing Body**
- **Malcolm Ellison, M.D., Chair of Surgery, Lawrence and Memorial Hospitals, New London**
- **Mr. John A. Esposito, Former Mayor, City of New Haven**
- **Mr. Frederick W. Farnsworth, Past President, Easter Seal Goodwill Industries Rehabilitation Center, Inc.**
- **Mr. Thomas Ficklin, Urban League of Greater New Haven**
- **David S. Fischer, M.D., President, Medical Staff, Hospital of St. Raphael**
- **Paul Goldstein, M.D., Physician, Hospital of St. Raphael**
- **Mr. Harry Kaplan, International Representative, United Electrical, Radio and Machine Workers of America**
- **James D. Kenney, M.D., Former Mayor, City of New Haven**
- **Mr. Bruce L. Morris, Former State Representative, President, State Federation of Black Democratic Clubs**
- **Sherwin B. Nuland, M.D., New Haven Surgeon**
- **Robert Piscatelli, M.D., Chief of Medicine, St. Mary's Hospital, Waterbury**
- **Mr. Richard Reigleth, Chairman, New Haven Development Commission**
- **Mr. Richard Schreiber, HSA II Governing Body**
- **Hon. Richard C. Lee, Former Mayor of New Haven, Executive Director, United Way of Greater New Haven**
- **Hon. Joseph L. Lieberman, Senator Majority Leader, Connecticut General Assembly**
- **Hon. Frank Logue, Former Mayor, City of New Haven**
- **Mr. Marcus McCraven, Vice President, United Illuminating Co.**
- **Mr. F. Patrick McFadden, Jr., President and Chief Executive Officer, First Bank and First Bancorp, Inc.**
- **The Rev. Timothy A. Meehan, Catholic Family Services, Hartford**
- **Mr. William Morico, Organizer, District 1199, Health Care Employees Union**
- **Mr. Bruce L. Morris, Former State Representative, President, State Federation of Black Democratic Clubs**
- **Sherwin B. Nuland, M.D., New Haven Surgeon**
- **Robert Piscatelli, M.D., Chief of Medicine, St. Mary’s Hospital, Waterbury**
- **Mr. Richard Reigleth, Chairman, New Haven Development Commission**
- **Mr. Richard Schreiber, HSA II Governing Body**
- **Hon. Richard C. Lee, Former Mayor of New Haven, Executive Director, United Way of Greater New Haven**
- **Mrs. Catherine Smith, HSA II Governing Body**
- **Mr. Kenneth Stokes, Alderman, City of New Haven**
- **Mr. John F. Sullivan, Business Manager, Ironworkers Local Union 424**
- **Mr. Peter Villano, Administrative Aide to Congressman Robert N. Giaimo**
- **Mr. Lee Wells, President, Greater New Haven Senior Clubs Council**
- **Mrs. Virginia Wells, President, HSA II Governing Body**
- **Miss Christine Woodberry, Community Coordinator, Black Coalition**
- **City of New Haven (through its Mayor, Board of Aldermen and Administrative departments)**
- **Connecticut Economic Development Corporation**
- **Conference of Executives of the United Way of Greater New Haven**
- **Health Systems Agency of South Central Connecticut**
- **HSA II Governing Body**
- **Hospitals and Health Care Institutions:**
  - **Community Health Care Center Plan, Inc.**
  - **Griffin Hospital**
  - **Hospital of St. Raphael**
  - **Meriden-Wallingford Hospital**
  - **Milford Hospital**
  - **World War II Veterans’ Memorial Hospital**
  - **Veters Administration Hospital, West Haven**
- **The Jackson Newspapers**
  - **Kops Monahan Communications**
  - **National Association of Social Workers, Inc.**
  - **Connecticut Chapter**
  - **New Haven Chamber of Commerce, Board of Directors**
  - **New Haven Pediatric Society**
  - **Regional Council of Elected Officials of South Central Connecticut**
  - **Southern New England Telephone Company**
  - **United Way of Greater New Haven, Board of Directors**
Remaking the Hospital's Map
Raising and Razing: Highlights from the Hospital's History

A. (1833-1930) The 13-bed State Hospital building was designed by Ithiel Town and built for $13,000. Under-used for the first few years, the building gained two beds in 1838, and in 1864 overlooked a sea of tents which sheltered sick and wounded Union soldiers. Known as the North Ward after 1873, this stucco structure lost its original roof in an 1879 fire.

B. (1873-1932) The East (B) and West (B) Wings containing 126 beds total, were the first major Hospital additions. Now called Tompkins East, the East Wing is the oldest standing Hospital building, housing medical and administrative offices and Rehabilitation Services. The West Wing was razed and replaced by the Tompkins Pavilion in 1932.

K. (1931- ) In response to a tremendous growth in patient volume, the six-story Clinic Building was erected on the site of the original State Hospital to serve as a new center for outpatient services.

M. 1952- ) Built to house the Grace School of Nursing (which closed in 1975) the Grace Building today houses medical and administrative offices and an outpatient dialysis unit.

L. (1932- ) Housing surgical inpatient units and emergency services, the Sarah Wey Tompkins Memorial Surgical Pavilion was the home of compassionate care for 50 years. With the debut of the new building, these services move to more spacious and comfortable quarters.

J. (1929/30- ) Home of the Hospital's pediatric patients as well as adult medical patients for half a century, the Raleigh Fitkin Memorial Pavilion offered outstanding accommodations for its time.

N. (1951/53- ) Constructed with the help of a highly successful local fund drive, the Memorial Unit gave Grace-New Haven Community Hospital (as this institution was then known) a modern, eight-story tower with 346 beds and 96 bassinets. In 1960, the world's first intensive care unit for newborns was created in an addition nestled into the back of the X-shaped building, and in 1972 an additional two patient floors were built.

Q. (1964- ) The Charles A. Dana Clinic Building was constructed to house additional ambulatory clinics and now also include the Hospital's one-day surgery facility. In its first two years of operation, Dana One-Day Surgery has continued to grow. In the spring it will be moved to the Memorial Unit where it will have twice its current capacity.
(1888-1928) The George Bronson Farnam Amphitheatre saw the advent of modern antiseptic surgery.

Private Pavilion. Elms, picket fences and stately sedans recall a bygone time.

The Private Pavilion was built to serve patients who wanted, and could afford, more comfort and solitude than was available in the wards. The market for these private rooms grew quickly. Average daily census here in 1924 was 22; within two years it jumped to 39, and the next year the unit started breaking even.

In 1948 the William Wirt Winchester Hospital in West Haven — an affiliated institution — was sold to the Veteran’s Administration, and the Winchester name was transferred to the Private Pavilion.

(1958-) The Hunter Radiation Therapy Center features a potent, 32-million volt linear accelerator — one of only three of its type in the country — for the treatment of deep malignancies, and an outstanding program in radiation therapy technology.

The Isolation Building (later called the Howard Building) was erected on the corner of Howard and Davenport Avenues — well removed from other Hospital Buildings. Here were housed patients with such contagions of the era as chicken-pox, diphtheria, scarlet fever, typhoid fever, and meningitis. Isolation was "a protection both to the individual sufferer and to the community," proclaimed the Hospital’s 1929/30 annual report.

The Jane Ellen Hope Building, known as the New Haven Dispensary, was dedicated for "the relief of the poor and the advancement of medical science." Between its construction and 1930, when clinic operations were transferred to the new, larger Clinic Building, the Hope’s outpatient volume swelled from 15,000 to 63,000 visitors per year.

The Boardman Administration Building contains lounges, showers, and bedrooms for on-call resident physicians in addition to its administrative offices.

The Anthony M. Brady Memorial Laboratory fulfilled part of the first formal agreement (1913) between the Hospital and the Yale Medical School. The building encompassed 320,000 square feet — at a construction cost of $167,746!
On May 8, 1826, the members of the New Haven Medical Association assembled at the home of Dr. John Skinner. They met to prepare a petition to the Connecticut General Assembly, a petition requesting establishment of a hospital in New Haven. Eighteen days later, the Assembly, convinced by the physicians' appeal, created a corporation "for the purpose of establishing and maintaining a General Hospital in the city of New Haven." Its name was to be the General Hospital Society of Connecticut. It was the state's first hospital, the sixth such facility in the nation.

Initially the hospital was located in temporary space which the directors rented for $60 a year. But in 1828 they purchased seven and a half acres of land, a square bounded by Davenport, Congress, Cedar, and Hubbard (later Howard), and commissioned Ithiel Town, New Haven’s foremost architect, to design a hospital building. Called State Hospital, this impressive Greek Revival structure cost less than $13,000 to build and contained only 13 beds. By 1833 the new hospital was ready to receive patients.

During the Civil War the United States government leased the hospital to provide care for sick and wounded soldiers, expanded it, and renamed it the Knight United States Army General Hospital in honor of Dr. Jonathan Knight, a staff member and one of the original incorporators of the hospital. Of the 23,340 soldiers eventually hospitalized in New Haven during the war, only 185 died, an amazing record for those times. As for civilian patients, they were forced, in the years before Appomattox, to seek care at a converted private home on Whalley Avenue. The postwar era brought numerous changes to the hospital, once again a facility for private patients. The east and west wings were added, as well as two isolation pavilions and housing for nurses. By the 1880’s, the hospital contained its first operating room and a school for nurses, the third such training facility in the United States. In 1921 State Hospital became New Haven Hospital, and three years later Grace Hospital opened in its former Mallory mansion on Chapel Street.

Change came even more rapidly in the 20th century. Facilities and services constantly expanded, especially after 1913 when the formal agreement was made between Yale Medical School and the General Hospital Society. The medical school, which had been on York Street, moved to the Sterling Hall of Medicine, and in 1941 its library, the largest in the world, also came to the medical center grounds. Grace Hospital and New Haven Hospital combined as Grace-New Haven Community Hospital in 1945, eight years later the Memorial Unit, containing 346 beds and 96 bassinets, opened. In 1965, to honor the longstanding affiliation agreement with the Yale University School of Medicine, this hospital was renamed Yale-New Haven Hospital.

The site of the first clinical dose of penicillin to be administered in the Western Hemisphere, of the world's first labor and delivery suite with electronic equipment to monitor fetal heartbeat, of the first kidney transplant in Connecticut, and of the world's first linear accelerator for cancer treatment in the Northeast, Yale-New Haven Hospital continues to grow and expand to meet the medical needs of the city and the nation.

**Atmosphere**

It is with pleasure that we bear testimony to the harmonious working of all the departments of the Hospital. Patients frequently express their satisfaction with the kindly manner in which they are cared for, and one poor girl, since gone to rest, said to a lady visitor, "I could not be happier, without I was in Heaven."

Report of the Directors, 1877

**HOSPITAL GROWTH**

The Directors authorized the Prudential Committee to rent to Dr. J.G. Percival certain rooms in the Hospital. The number of patients being small, the Directors were disposed to occupy all the available space in the Hospital for a reasonable remuneration; consequently at this time we find many of the rooms occupied for the storage of the furniture of families who had temporarily left the city.

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Committees were appointed to secure the removal of Dr. Percival and Miss Bunnell from the Hospital, as they were occupying rooms needed for patients.

Annual Report, 1851

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**DONATIONS, 1878**

Mr. Ketcham, fruit.

Ladies' Benevolent Society, North Church, four new night-shirts, four new child's night-dresses.

Mrs. McAllister, six shirts, one pair slippers, one pair stockings, one pair linen cuffs, two linen collars.

Mrs. Burnham, old cotton.

Mrs. C. L. Mitchell, seventeen collars, five shirts, two pair stockings, three under-shirts.

Mrs. Cot, one pair woolen drawers, two pair woolen under-shirts; one supporter, four pair stockings.

Mrs. Henry Parnam, I doz. new Hymn Books, for Chapel.

Chas. Thompson, bundle of linen.

Dr. T. H. Bishop, one galvanic battery.

Mrs. Fenn, a lot of lint.

Miss Woolsey, one chair tidy, one camel's hair shawl, three caps, three pair stockings, two linen chemises, seven flannel sacks, one woolen skirt, five pair slippers.

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**New Haven Hospital materniry nurses with their youthful charges, date unknown.**

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**Modern Conveniences**

The chief matter of interest to us, is the proposed elevator. We join heartily with many others in commending this to yourselves and the public at large. When one remembers that there are patients in the upper wards who have not had the pleasure and benefit of the out-door air beneath the shade of the trees and on the lawns about the buildings, for several years, no further appeal for generosity is needed.

The elevator, however, would not only be a blessing to the patients but also the greatest convenience to every one working in the building.

Report of Board of Visitors, 1890

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*Reprinted with permission from NEW HAVEN: An Illustrated History, edited by Floyd Shumway and Richard Hegel, Windsor Publications.*
What's Inside the New Building?

**New Building**

**BASEMENT** — Part of the new basement will house mechanical and electrical equipment, including air circulating systems which provide warm air in the winter and cool air in the summer. Respiratory Therapy and Central Sterile Supply occupy part of this floor, with pleasant new areas providing better work spaces for the repair and cleaning of equipment and supplies.

**FIRST FLOOR** — The entire first floor of the new building will be devoted to our Emergency Services and Trauma Center, providing this important area with twice the floor space it occupied in the New Haven Unit. The new entrance to the Emergency Room on Howard and Davenport Avenues will have an easy turnaround and convenient short-term parking. Six covered ambulance bays will replace the two exposed bays now in use. Adjacent to the entrance is a large waiting area offering comfortable seating for patients and families. There is examining space to accommodate 52 patients (compared to 33 before), with separate areas for pediatrics, psychiatry and detoxification. In addition, there are three rooms of radiology equipment, and new dental and eye treatment areas within the Emergency facility.

On the corridor connecting the new building to the Memorial Unit is a Soup and Salad restaurant for visitors and staff, as well as the Kaleidoscope Gift Shop. In the renovated Memorial Unit is a new chapel for use by patients and visitors.

**SECOND FLOOR** — The Department of Diagnostic Imaging (Radiology) will move from seven scattered locations in the New Haven and Memorial Units to a central location on the second floor. Together for the first time are radiology, fluoroscopy, angiography, ultrasound, nuclear medicine, CAT scanning and pediatric x-ray. This centralization will be more convenient for staff and patients, who will no longer have to be transported through an underground tunnel for these important diagnostic procedures.

**THIRD FLOOR** — This floor consolidates the Hospital's operating suite from two separate locations into one. Also located here is a 14-bed intensive care unit for thoracic and other surgical patients, eliminating the need to move them to other floors during the critical recovery period.

**FOURTH FLOOR** — This floor is entirely occupied by mechanical support services for patient floors five through seven.

**FIFTH FLOOR** — This floor houses single and double rooms for adult medical patients. Each bright and spacious room has its own bathroom and is within easy reach of the nursing station. Also located on this floor is a 21-bed coronary care unit and a 15-bed medical intensive care unit. A decked outdoor courtyard provides patients with a comfortable place to relax and enjoy good weather.

**SIXTH FLOOR** — Ninety regular adult surgical beds occupy this floor, plus an 11-bed general surgical intensive care unit and a 10-bed neurosurgical intensive care unit. In keeping with state-of-the-art critical care, intensive care unit beds are designed to allow better access to the patient. An adjacent power column supplies necessary life support services, such as oxygen, monitoring and suction equipment, electrical outlets, telephone jacks and lighting.

**SEVENTH FLOOR** — This floor is for kids! Instead of being scattered on five floors, pediatric patients, including those in intensive care, will be located on this 70-bed floor. Some adolescent beds will still be located on an adjacent floor in the Memorial Unit. Everything about this floor, from the furniture and the decor to the play/recreation areas, is geared for youngsters. Different sections of the floor are designed to serve different age groups, from infants through adolescents.

The outdoor play courts adjacent to the pediatric floor are a special feature of this area, providing ambulatory patients a place to enjoy fresh air.

---

**Memorial Unit**

**Sixth Floor**

**Seventh Floor**

**Fifth Floor**

**Fourth Floor**

**Third Floor**

**Second Floor**

**First Floor**

**Basement**
"Being a bank president is actually a lot of fun," says F. Patrick McFadden, "and not at all like you'd imagine."

A civic activist and President of First Bank, McFadden has been President of the Downtown Council, a director of the Greater New Haven Chamber of Commerce, and, since 1980, a trustee of Yale-New Haven Hospital. This lets him share his financial skills with an institution he admires. In turn, he gets an inside view of another world.

"I've developed a tremendous respect for the people who run Yale-New Haven full-time," he comments. "You never understand the challenges these people face until you sit down and work with them."

McFadden sees the Hospital as one of the area's unique assets. Few towns of comparable size boast such an eminent medical center, and indeed many larger cities do not offer Yale-New Haven's range of special care. "When you think about moving yourself or your business, hospitals might not pop to mind," he says. "Once you start seriously comparing communities, however, the quality of health care available has got to be a factor."

To help ensure the quality of health care here, McFadden testified before planning agencies on the importance of Yale-New Haven's new patient care building. Now that the building is a reality, he's pleased.

"It's only a building," he points out. "It's not what makes Yale-New Haven great; people do. The building gives outstanding people a better place to do what they do well."

Yale-New Haven's new building is A Community Project because of the involvement and support it has had from its inception by those who live and work in the New Haven area.

Virginia Wells always considered Yale-New Haven Hospital second to none in New England for the services it offered patients. But she was surprised and disappointed to see a New Haven facility in the New Haven Unit when she toured the building several years ago as a member of the Health Systems Agency of South Central Connecticut.

"I was a representative of the Black Coalition of Greater New Haven," she recalled. "When I got there, I felt I should be involved in seeing that quality health care be made available in the best possible environment for the people of my community."

Mrs. Wells became an enthusiastic and articulate supporter of the Hospital's building project as it went before the public, the HSA, the state Commission on Hospitals and Health Care.

"I testified at the hearings - I did testify!" she remembered with a grin. "I was angry that this fine medical center couldn't offer its patients the best facilities, along with the best medical care."

Serving as president of the HSA in 1979-1980, Mrs. Wells came to know many of those involved in the building project well.

"I was impressed with the Hospital's commitment to affirmative action in building the new facility with its work with the City administration on the Air Rights Garage, and with the consideration shown to problems affecting the immediate community, such as traffic and parking," she said.

"It makes you feel good, as a board member, and as a New Haven resident, to know that we have the services of this fine hospital available around the clock if we need them," she said. "This building will benefit the business community, the labor market, the city's financial institutions - but best of all, it will benefit the people who use it for health care."

"If I take on a job, I'm going to finish it," says Jon Johnson, the contractor who successfully bid to hang the 1,641 doors of Yale-New Haven's new patient care building. "I'll finish the job at the price I promise, on time, if I have to hang the doors myself."

Contractors like Johnson are one reason that the Hospital's new building has stayed on time and within budget. For the past six years, Johnson has been a key organizer in his Upper Hill neighborhood. Through the Home Maintenance Corporation, he's encouraged and trained neighborhood residents to turn decaying houses into sound homes - and he's far from finished.

"I'd like to see all the houses around here fixed up and the whole neighborhood blooming," he says, gesturing out his Orchard Street office window. Yale-New Haven is fortunate to have Jon Johnson as a contractor and neighbor.

One behind-the-scenes member of any construction project is the structural engineer, the person with the tremendous responsibility of ensuring that a building stands strong and straight.

Satish Shah of Spiegel & Zamecnik, Inc. was chief engineer on Yale-New Haven Hospital's new patient care building. His New Haven-based firm was chosen to design a structural system meeting some "pretty tough requirements," Shah says.

"We worked backwards, designing the foundation before the superstructure so construction could begin," he explained. "This required excellent cooperation among the client, the construction manager, the subcontractors and the design team - and we certainly had it."

"It was an exciting project," Shah says. "The pressures were enormous, yet the entire team loved it. They were energetic and enthusiastic throughout."

"The result? A building that doesn't reflect the problems and limitations its builders faced, Shah believes, and one which adds "a great deal of character" to the area.
Thanks to Sherry Woodcock, finding your way around Yale-New Haven’s new medical complex shouldn’t be a snap. Sherry, who works in the hospital’s Engineering Department, is in charge of signs for the new hospital building and renovated Memorial Unit. “It’s a much bigger job than it might first appear. Working with a budget of $200,000, Sherry had to devise a system of easy-to-read signs to direct patients and visitors to their destinations, alert them to phones, restrooms and smoking restrictions, and identify all floors, departments, and patient room numbers. This she accomplished in three months.

Indoor signs alone will number close to 1,400, she says. They are clear, concise and color-coded. And the design and placement of every one had to be approved by appropriate staff members and “tested” for effectiveness.

“The first thing I had to do was educate people on the staff,” she said. “A sign on every wall isn’t necessary to help people find their way. Along with our goal of moving people easily through the hospital, we wanted a clean, uncluttered appearance.”

She proposed a hospital-wide policy on the placement and size of signs, and met with representatives of every department and patient area to familiarize them with the signage project. Consistency was important.

“We put up paper signs in each area and walked through,” she explained. “That brought about a lot of changes. Seeing them posted, rather than plotted on a piece of paper, made a big difference.” Once the signs were made and delivered, she personally supervised the installation of every one.

For Sherry Woodcock, it has been a very hectic and rewarding year. “What I’ve learned is how much you really can accomplish in a short time with the momentum of an exciting project.”

“We run the Hospital from right here in the basement,” says Materials Management dispatcher Jeff Blood, catching his breath between phone calls. “Whatever moves in this Hospital — from patients to supplies to specimens to mail — we move it.”

Until six months ago, Blood worked as a senior patient aide, transporting patients through the Hospital for tests, procedures and therapy. Many of these trips involved wheeling patients through the quarter-mile tunnel between the New Haven and Memorial Units.

Those trips were upsetting to bedridden patients,” he recalls. “The first thing they’d remember about this Hospital — before their own doctor’s name — was their trips through the tunnel.”

Happily for all concerned, this will soon be but a memory. With the opening of the Hospital’s new patient care building this month, most patient rooms will be on the same side of the street. Those few patients who must be moved can be transported via the new bridge connection. Yale-New Haven will be one, integrated facility.

“That’s not only going to be nicer for the patients,” notes Jeff, “but also for the staff. With less ground to cover, we’ll be more efficient. And when we work better, the patients benefit.”

“I thrive on stress,” says Andrea Santerre, head nurse in Yale-New Haven’s emergency room. At work, she finds plenty to thrive on. The Hospital’s emergency service is Connecticut’s busiest.

“An increasing number of our emergency patients are acute,” explains Andy, “because we are not only a major community and teaching hospital, but also a major referral center. For example, trauma victims, spinal cord injury cases and infants who need our Newborn Special Care Unit are sent here.”

Until now, the Hospital’s emergency facilities have not grown equally with its services. This is about to change.

“Our new emergency room, opening at 4 a.m. on April 14, will have space,” remarks Andy. “We will have twice as much floor space in the new building, with more patient beds and better equipment to go in it.

“When we get crowded in our current location, we sometimes have to treat patients on stretchers between the treatment beds. That won’t be necessary in our new emergency room. And the added space will make it less likely that we’ll have to administer CPR to one patient right next to another.

“I may work well under stress,” says Andy, smiling, “but our emergency patients will do better with less.”

A trip to the hospital can be a frightening, stressful experience for a child. Yale-New Haven Hospital has a special Child Life staff to address the social, psychological and emotional needs of hospitalized children — needs which include play, education, recreation and family involvement.

“We are providing a child-centered environment which is both stimulating and reassuring,” explains Child Life Specialist Bebe Erstling.

In the new building, all pediatrics patients, from infants to adolescents, will be located on the same floor, designed especially for their care. The seventh floor, with its “penthouse view,” is devoted totally to children.

One of its nicest features is an outdoor play area overlooking the central courtyard — accessible to most patients and comfortably close to the pediatric staff. Inside, decor, furniture and playrooms are geared toward appropriate age groups.

There are soft mat play areas for infants, an arts and crafts-oriented room for school-age children, and a recreation room for teens.

We’re also enthusiastic about the improvements which will make family interaction easier,” says Bebe. “With only one or two beds, a fold-out cot and a private bathroom in each room, it will be easier for parents to take advantage of our rooming-in program.”

Because of an increase in the number of infant patients, the Child Life staff is developing an infant stimulation program, using trained volunteers.

“We’re looking forward to a united and positive pediatric spirit on the seventh floor, now that we’re all together in a stimulating, fresh facility,” Bebe reports.

Those who work in the Hospital have a special feeling about Yale-New Haven’s A Community Resource.
The Air Rights Garage: A Safe Place to Park

The Garage at a Glance

- **Length:** 820 feet, tapering in levels to 750 feet
- **Width:** 244 feet
- **No. of Spaces:** 2,400, with a major portion reserved for staff and visitors of Yale-New Haven Medical Center
- **Commercial Space:** 20,000 square feet
- **Financing:** by revenue bonds totaling $23,370,000
- **Estimated date of completion:** October 1982
- **Location:** over the proposed Route 34 extension, bounded by North and South Frontage Roads, bridging York Street
- **Pedestrian Walkway:** 250 feet, connecting the second level with the lobby of the Hospital
- **Contractor:** E & F Construction Co., Bridgeport
- **Architects:** DeCosy/ Winder Associates
- **Garage Ownership:** City of New Haven

"It is a fact of life that hospitals must have adequate parking in order to survive..." says Brian Condon, vice president for administration at Yale-New Haven Hospital. "Although hospitals have a primary mission to treat the sick and injured, they must provide many non-medical services in order to carry out that mission. Parking is one of those services."

"It is not unusual for a hospital to become involved in a garage project," Condon continues. "Many hospitals situated in urban environments meet their parking needs in a similar way. We feel that the Air Rights Garage is not just one way to solve the problem. For Yale-New Haven Hospital, it is the best way."

Parking has been a continuing problem at Yale-New Haven and the subject of increasing concern as more cars have been drawn to the area over the past two decades. As a medical facility, the Hospital has special parking needs: sufficient and safe parking for patients, visitors and staff near to the Hospital buildings. Parking should also ease of access from the interstate highways as well as from local streets.

Medical Center and City planners felt strongly that extending surface lots into the residential areas surrounding the Medical Center would cause deterioration of those neighborhoods by reducing space for housing, small shops and offices that would contribute to a sense of community in the area.

An Air Rights Garage over the Route 34 connector provided the ideal plan that not only met all the criteria established by the planners but also resulted in a garage that would link the Medical Center to the commercial area along York and Chapel Streets. Spaces in the garage could be used conveniently by shoppers or business people from those nearby commercial areas.

The garage is a combined project of the City of New Haven (via the New Haven Parking Authority) and the Yale-New Haven Medical Center, Inc. It is financed and constructed by the City with definite financial guarantees from the Hospital. The Connecticut Department of Transportation has also been involved, since the State constructed the footings and foundation along with the highway extension under the garage in partnership with the Hospital and the City. The State remains the "space lord," as the air rights which the garage occupies are leased from the State.

**Construction**

The garage is constructed of heavily reinforced concrete, with spans bridging the highway underneath. Reinforced concrete is also used in the slabs. Indeed, 36,000 cubic yards of concrete are going into the construction.

The garage has six levels of parking in an open "terraced" design. The sense of openness, including open stairways and ramps, resulted from a concern for security and characterizes the design.

A 250-foot covered walkway links the second level of the garage with the main entrance of the new Hospital, providing direct access for patients, visitors and staff.

Some 20,000 square feet of neighborhood retail and service space, located on York Street, are included in the project. This space, which could house up to ten stores, is expected to be leased by such businesses as a bank, a delicatessen, a book store, a small restaurant, or other similar operations.

There were a number of other considerations, says AI Landino, special projects director of Yale-New Haven Medical Center, Inc.

"The garage had to fit into the traffic pattern. Entrances and exits had to be designed to use the easy access of North and South Frontage Roads without letting garage traffic merge directly with traffic on those streets," says Landino. "Air pollution standards were also important. We had to ensure that the traffic patterns avoided the need for cars to idle on city streets. I think we have accomplished those goals with our present design."

**Security**

As with any garage, security is crucial. Consequently, the decision was made to use the Hospital's very effective security department to protect the garage and its users. "Security officers will patrol on foot and with scooters," reports Newell Andrews, director of security for the Hospital. Security patrols numbering 9.5 full-time positions will cover peak periods of usage with overlapping schedules to ensure the continuity of protection. These peak periods — shift changes and visiting hours — will be supplemented by personnel from the New Haven Police Department to assist in managing traffic flow.

Each of the six levels will contain seven emergency call boxes connected directly to the central security office. Simply hitting a large red button sounds the alarm, opens the two-way communication line and indicates the location of the call in use.

The same system exists in each of the four elevators in the garage. If the button is hit, the elevator descends directly to the first floor, the doors lock open and an alarm also rings. Only a security officer or the scene can turn off the alarm and return the elevators to normal service.

High-pressure sodium lights in vandal-proof housings will flood the parking levels, elevators and stairwells with light. "Lighting is definitely deterrent to crime," says Andrews, "and this system is the best we could find in the city."

Access to stairwells is restricted from the street. The doors will open from the inside only and will be equipped with "panic bars" and automatic closing and latching hardware.

A well-considered signage program in the garage will clearly indicate exits and entrances, amenities such as "park and lock," and show when levels are full to prevent needless circling for parking spots.

Closed-circuit television will monitor the two ends and certain interior portions of the covered pedestrian walkway. Security mirrors will also be positioned at traffic intersections as an additional safety and security measure. The walkway will be well lighted and will have emergency no-dial telephones. Both the telephones and the television monitors will be linked directly with the central security office.

The security officers that patrol the garage are special constables with the City of New Haven with similar authority and equipment to that of members of the New Haven Police Department. "The New Haven Police Department has made valuable contributions to the garage security plan," says Andrews. "Security people are more important than hardware to deter crime. That's why in the nine full-time positions were recommended. We want everyone to feel safe in the garage, and I'm sure that they will right from the first day of operation."
### OUTPATIENT CLINIC VISITS

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### INPATIENT STATISTICS

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Psychiatry
CHIEF
Malcolm B. Bowers, Jr., M.D.
ASSISTANT CHIEF
Joyleigh Leigh, M.D.
SECTION CHIEFS
Consultation-Liaison Service and Ambulatory Care
Joyleigh Leigh, M.D.
Dana Psychiatric Clinic
Daniel Moore, M.D.
Emergency Services and Primary Care
Frances Baker, M.D.
Inpatient Services
Mary Swigar, M.D.
J. Craig Nelson, M.D.
David Greenfield, M.D.
Psychology
Donald Quinlan, Ph.D.
Social Work
John Steidl

Surgery
CHIEF
Arthur E. Bae, M.D.
ASSOCIATE CHIEF
John E. Fenn, M.D.
ASSISTANT CHIEF
Hastings K. Wright, M.D.
ASSOCIATE ASSOCIATE CHIEF
Robert K. Houlihan, M.D.
SECTION CHIEFS
Cardiothoracic
Arthur E. Bae, M.D. (Acting)
ASSOCIATE CHIEF
Nicholas Passarelli, M.D.
Neurosurgery
CHIEF
William F. Collins, Jr., M.D.
ASSOCIATE CHIEF
Lycurgus M. Davey, M.D.
Orthopaedic
CHIEF
John A. Ogden, M.D.
ASSOCIATE CHIEF
Ulrich H. Weil, M.D.
Otolaryngology
CHIEF
Clarence T. Sasaki, M.D.
ASSOCIATE CHIEF
Charles Pettrillo, M.D.

OTHER MEDICAL SERVICES
YALE CHILD STUDY CENTER
DIRECTOR
Albert J. Solnit, M.D.
SECTION DIRECTORS
Child Development Unit
Albert J. Solnit, M.D.
Child Psychiatry Unit
John Schwalb, M.D.
Child Psychology Unit
Edward Zigler, M.D.
Early Child Education
E. Kirsten Dahl, Ph.D.

YALE COMPREHENSIVE CANCER CENTER
DIRECTOR
Jack W. Cole, M.D.
ASSOCIATE DIRECTOR BASIC RESEARCH
Sherman Weissman, M.D.
ASSOCIATE DIRECTOR CLINICAL ACTIVITIES
Joseph R. Bertino, M.D.
MANAGER COMMUNICATIONS
Marion Morra

CENTER FOR HUMAN GENETICS AND INHERITED DISEASES
DIRECTOR
Leon E. Rosenbarg, M.D.

MEDICAL DEPARTMENTS
Continuing Care
Leo M. Comney, Jr., M.D.
Emergency Service
Christopher C. Baker, M.D. (acting)
Epidemiology and Infection Control
William H. Greene, M.D.
Patent Care Evaluation
Robert L. Mullin, M.D.
Personnel Health Service
Herbert D. Lewis, M.D.
Respiratory Therapy
Neil Schachter, M.D.

Hospital skylights were painted black during WWII as a precaution against enemy bombers.

Pediatric
CHIEF
Robert Touloukian, M.D.
ASSOCIATE CHIEF
Stephan Aryan, M.D.

Medical Staff as of July 1981
Honoray 18
Consulting 44
Emeritus 36
Attending 629
Associate 174
Courtesy 88
Adjunct Physicians 11
Dentists and Physicians to the Ambulatory Service 220
Clinical Fellow 118
Residents 342
Professional Staff (non-M.D.) 44

Total Medical Staff 1,722

Administrative
President
C. Thomas Smith
Executive Vice President
Joseph A. Zaccagnino
Chief of Staff/ Vice President
Medical Affairs
Lawrence E. Pickett, M.D.
Vice President—Administration
T. Brian Condon
Vice President—Finance
H. Dart Price
Vice President—Human Resources
Edward J. Dowling
Vice President—Nursing
Rachel Rotkovitch, R.N., M.S.
Assistant to the Chief of Staff
Richard H. Judd
Associate Administrators
Engineering
Harold Mindell
Finance
Leonard Reilly
Assistant Administrators
Marna Parke Borgstrom
Richard Burford
Daniel J. McIntyre
Robert M. Schwartz

Administrative Departments
Admitting
Paul Gareck
Accounting
Charles Torre
Budget and Financial Analysis
John McNeff
Building Services
William Thomas
Business Services
David Wurcel
Community Affairs
Robert M. Schwarz
Development
Roger D. Campbell
Emergency Service
Keith Indeck
Engineering
Harold Mindell
Food and Nutrition Services
Joanne Blackley, R.D.
Hearing and Speech
Natan Bauman
Human Resources
Personnel Administration
Edwin Lammie
Training and Employee Development
Lawrence Loonam
Employee Relations
Thomas F. X. Reilly
Yale-New Haven Hospital gratefully acknowledges the contributions made through January 15, 1982 by individuals, corporations, organizations and foundations to the Hospital to improve patient care. Many gifts directed to specific Hospital departments are not included in these pages. Contributions to the Hospital’s Building Fund will be acknowledged at the conclusion of our capital campaign. The Board of Trustees of Yale-New Haven Hospital extends its appreciation to all who made donations during this past year.

Gift Categories:

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**INDIVIDUALS**

**Benefactor**

Mr. Herrick Jackson
Dr. Virginia Sturmer

**Patron**

Mr. and Mrs. James W. Cooper
Mr. and Mrs. Samuel A. Galpin
Mr. Crooby, Sr.
Mr. and Mrs. William W. Pinchbeck
Mr. and Mrs. Stephen A. Wasek
Mr. George Weintraub
Mrs. Rita Wheeler

**Friends of the Family**

Mr. and Mrs. Charles H. Alexander
Miss Helen F. Alling
Dr. and Mrs. Thomas Amatruda
Mr. and Mrs. Lauren Arnold
Dr. and Mrs. Robert L. Arstein
Mrs. Elizabeth Asher
Mr. and Mrs. Elliott A. Barnes
Mr. and Mrs. Barry R. Banducci
Mr. and Mrs. John W. Barley
Mr. and Mrs. William Barnes
Mrs. Lambert B. Barrows
Dr. and Mrs. Arnold M. Baskin
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Gertrude Talmadge, R.N.
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Frances Thorpe, R.N.
Jennie Wajnowski, R.N.
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Jane Williams, R.N.

**Discharge Planning & Home Care**

Brigid Williams, R.N., (acting)

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**Nursing Education**

Patricia Durkin, R.N.

**Obstetrics/Gynecology Nursing**

Anne Rupp, R.N.

**Operating and Recovery Room Nursing**

Luba Dowling, R.N.

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Kathleen Fallon, R.N.

**Psychiatric Nursing**

Kristina Krail, R.N.

**Surgical Nursing**

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- Team Concept
- Fast-Track Construction
- Completion on time within budget
- HVAC Systems
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