



## Thomas R. Mattison: An Oral History

Minneapolis General Hospital - Transition to  
Hennepin County General Hospital  
and  
Building and Moving to the New Hennepin County Medical Center

HENNEPIN MEDICAL HISTORY CENTER

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Hennepin Medical History Center

ORAL HISTORY PROJECT

## Thomas R. Mattison: An Oral History

Minneapolis General Hospital Transition to  
Hennepin County General Hospital and  
Building and Moving to the New Hennepin County Medical Center

With guest Rondine Mehling, RN, retired

Interviewed by Mary Ellen Bennett, RN

July 5, 2023

At Hennepin County Medical Center, Minneapolis, Minnesota

Transcript edited by narrator after video recording.

Transcript also edited and redacted by Mary Ellen Bennett and Michele Hagen

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Thomas R. Mattison  
Interviewed in Minneapolis, MN  
July 5, 2023

**MARY ELLEN BENNETT:** The following interview was conducted with Tom Mattison on behalf of the Hennepin Medical History Center for the History Center's oral history project. It took place on July 5, 2023, at Hennepin Healthcare. The interviewer is Mary Ellen Bennett.

We are so happy to have you here today, Tom, and we are excited to have you tell the story of your years with General Hospital and Hennepin County Medical Center. To start off, Tom, can you tell us a little bit about your personal history, where you grew up, and your educational background?

**TOM MATTISON:** Thanks for the opportunity to be with you today. It's a real pleasure. Being interviewed is actually something I've tried to avoid in all the recent years I've been associated with the History Center. I guess I'd like to start off, Mary Ellen, by saying that next year I'll have been associated with the hospital for 60 years. I've been an employee, an active supporter during my career in healthcare administration, and a History Center contributor along with a very dear friend. I want to mention Iric Nathanson early on in this interview.

In 2003, I retired from my last position in Milwaukee with the two teaching hospitals and the medical school there. I returned to Minneapolis because this is where my children and grandchildren live. At that time, I visited with the HCMC CEO, and he said to me, 'You know, Tom, you may be one of the last people who knows something about what happened 30-40 years ago.' I don't think that was true, but it got me to thinking about what he said. 'You should probably write some of the history of the hospital.' And I said, 'Well, I'm not a writer.' I thought about it for several years and I talked to my friend and college classmate, Iric Nathanson,<sup>1</sup> and he was interested in looking at and writing something about the history of the hospital.

Iric and I started to do some research and received wonderful assistance from Rondine Mehling and Carol Oeltjenbruns. We visited the hospital museum and work room. We gained the advice and enthusiastic support from Dr. Mick Belzer, HCMC's Medical Director, and spent many hours with him discussing our writing project. We also went to the downtown Central Library, which is a valuable resource. We also went up on the 4th floor of the *Star Tribune* to look at photographs. Iric is a prolific writer. He has written several books. Most notable is his "Minneapolis in the Twentieth Century: The Growth of an American City."<sup>2</sup> Iric is a very gifted author. Perhaps my gift was that I knew milestones in the history of the hospital and also was present in some of the most important years of change.

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<sup>1</sup> Iric Nathanson is a historian and author who writes about local history for a variety of publications including the Minnesota History Center and Hennepin County publications. He has written numerous articles and books on local Minnesota history. He is a college classmate and good friend of Tom Mattison. They have written 3 articles together on the history of Hennepin County Medical Center.

<sup>2</sup>Nathanson, I., Minneapolis in the Twentieth Century: The Growth of an American City. *Minnesota Historical Society Press* 2010.

Our initial efforts were writing two articles<sup>3 4</sup> for the Hennepin History Society (Hennepin History Museum.)<sup>5</sup> The first article described the transition of the hospital from the City of Minneapolis to Hennepin County. The second article described the construction and move into the new hospital. In addition, we wrote an article for the Minnesota Historical Society<sup>6</sup> that told the story of the early beginnings of the City Hospital from 1887 to 1907.<sup>7</sup>

We wrote those articles between 2011 and 2012 and then we took a pause. We were thinking of doing some more writing, but then we turned our attention to a series of oral interviews. For several additional years, we did the interviews with very little sophistication. We had a handheld recorder. But we were lucky enough to have Katie Baker as the part-time curator of the museum. She transcribed the tapes and gave them to Iric and me. We subsequently developed the interview narratives. We did interviews with Mary Croll, the retired Service League Director; former physicians, a nurse, a chaplain, an administrator, and several others.

To answer your question briefly about my background, I'm a South Minneapolis kid. I graduated from the old South High School. I have a bachelor's degree and a Masters in Hospital Administration from the University of Minnesota. And I've also been a preceptor for graduate programs in healthcare administration at Minnesota, Arizona State and the University of California.

**BENNETT:** It's nice to get out of the state and do other things. You have expanded your career to other places.

**MATTISON:** I think what I could tell you is simply that I had an opportunity not only as Administrator of HCMC, but after I left in 1984, which is a long time ago, I had the opportunity of working in other university and teaching environments. Also, I had the opportunity to get together with many public hospital and university hospital senior executives. I also was able to see a number of public hospitals around the country. And I can tell you, and I think this is very important, there is no public hospital like Hennepin County Medical Center. And there's good reason for that. I have seen the great public hospitals in Chicago, Pittsburgh, Denver, Milwaukee, all go by the wayside because of the lack of financing, lack of political support, and aging facilities. The renewal of HCMC is as important today as it was in 1976 because the new hospital was the beginning of the future that we're living today.

**BENNETT:** Can you tell us about your pathway to the leadership roles you held at HCMC?

**MATTISON:** I certainly can. One of the reasons I that got into hospital administration was that I was actually thinking of becoming a history professor. I was influenced by my father's background as a pharmacist. He had a pharmacy in the Longfellow Neighborhood in South Minneapolis. For years, he had a 12-seat fountain and everything you could think of what a neighborhood drugstore was. But he had an

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<sup>3</sup> Nathanson, I., & Mattison, T.R. (2011). A public hospital changes hands: Minneapolis General goes to Hennepin County. *Hennepin History*, Winter 2011, Vol. 70, No.1

Link: <https://digitalcollections.hclib.org/digital/collection/p17208coll13/id/6055/rec/2>

<sup>4</sup> Nathanson, I., & Mattison, T.R. (2012). Building the new General. *Hennepin History*, Winter 2012, Vol. 71, No.1

Link: <https://digitalcollections.hclib.org/digital/collection/p17208coll13/id/4524/rec/4>

<sup>5</sup> Hennepin History Museum. <https://hennepinhistory.org>

<sup>6</sup> Minnesota Historical Society. <https://www.mnhs.org>

<sup>7</sup> Nathanson, I., & Mattison, T. R. (2012). Origins of a Modern Medical Center: Minneapolis City Hospital, 1887-1907. *Minnesota History*, 63(3), 114–123. Link: <http://www.jstor.org/stable/41705007>

opportunity to build a medical clinic on Lake Street and 42nd Avenue with a group of six doctors, and they wanted to also have a pharmacy. My father jumped at that because he always wanted what was called a professional apothecary. I think the fact that I worked at the pharmacy for quite a few years, I had plenty of interaction with physicians. In fact, one of the interactions I had from a distance, was with Dr. Mick Belzer's father, who ran the Belzer Clinic, eight blocks away from my dad's new drug store. Now, of course I didn't know Mick. He is quite a bit younger than I. But I used to talk to his father on the phone when he would call to leave a prescription for a patient. So, the connection was in the past but I think of that.

My pathway was not to study to be a physician, but to be involved in healthcare management. I applied for the Master's Degree in Hospital Administration, and luckily, I was admitted. We had a class of twenty-eight, and I was one of the youngest people in the class because at that time, some of the students already had hospital experience. There were about five or six of us who came into the graduate program right out of college.

**BENNETT:** Tom, you said that the 60s and 70s were transformational for the Medical Center. Can you tell the story of the transfer of the hospital from the City of Minneapolis to Hennepin County and your role in this process?

**MATTISON:** The years between 1960 and 1964 were the years of the issue of the transfer from the City of Minneapolis to Hennepin County.<sup>3</sup> I did not participate actively in those years. I was still in college until 1964. Between 1960 and 1964, Mayor Arthur Naftalin<sup>8</sup> was increasingly concerned about the physical state and financial condition of Minneapolis General. I can tell you from the research that Iric and I did, and from my own personal knowledge of working in the old hospital, the state of the facilities Minneapolis General Hospital was shocking. In the history of the hospital between 1887 and 1960 there was a constant state of problems with the physical plant, with proper funding and general support of the institution.

The original hospital began in 1887. And the main buildings, the east wing and the west wing, and the main entrance, the power plant, the outpatient building, the annex, were all built between 1900 and 1920, and Harrington Hall was built during World War II. There was always a problem with facilities and patient crowding.

Naftalin also recognized a problem between the use of the hospital by Minneapolis residents and the growing use of the hospital by the suburbs. The city was paying for all of the patient care at the Minneapolis General. Naftalin brought up the issue because both the suburbs and the city of Minneapolis populations were growing and he started to talk openly about transferring the hospital to Hennepin County.

There was great resistance to that idea. There were suburban mayors who absolutely opposed it because they wanted nothing to do with being involved in paying for patient care and other support services such as ambulance service. This came up over and over again and finally Naftalin convinced some of the powerful suburban mayors that the city of Minneapolis would not transfer payment responsibilities for patient care to the suburbs. With that provision, they agreed to go ahead with the transfer, and the Legislature approved the transfer to begin on January 1, 1964.

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<sup>8</sup> Arthur Naftalin, 1917-2005, member Democratic-Farmer-Labor Party (DFL), Mayor of Minneapolis 1961-1969

I got involved in the General Hospital question nine months later. After graduating and getting my Master's degree, I was offered a job at the University of Minnesota to be an assistant to Ray Amberg. Mr. Amberg was the Director of the University Hospital for forty years. He was also the principal voice of the University of Minnesota to the Minnesota Legislature. He was a wonderful man, and he had just retired in 1964.

A new organization called the Planning Agency for Hospitals of Metropolitan Minneapolis was formed and hired Mr. Amberg as their Executive Director. It wasn't a formal corporation; it was an alliance. All the hospitals in the West Metro joined. There was a similar group of hospitals in the East Metro. At that time, there were twenty-nine hospitals in the West Metro, which also included hospitals in New Prague, Hastings, and Watertown. Mr. Amberg needed an assistant to help with this brand-new planning group and he hired me.

One of the principal questions and issues for this group was what to do with General Hospital. Should it be closed and torn down? Should it be remodeled or should it be rebuilt? The board of the planning agency developed a study group to take on these questions. George Dayton was the chairman of that committee. I did the staff work for that committee and a year later they completed a report saying that after studying all the alternatives that General Hospital should be rebuilt. The committee sent their recommendations on to Hennepin County. That really was the process of getting the hospital transferred to the County for a broader base of support and way to finance and build a new hospital.

At that time, I was working closely with the Administrator of the hospital, Owen Stubben. Owen left the hospital in 1965, and his associate, Paul Vogt, became the Administrator. In 1966, Paul asked me to come to the hospital and he said, 'Would you like to come to work for me at General Hospital?' I said yes, because I always wanted to get into hospital operations.

We had tremendously important medical education programs at that time, a nursing school, and other educational programs. Students were wondering, if I take an internship or a residency or some kind of educational opportunity, will the hospital exist in a year or two? So that period between 1960 and 1966 was a transition to the County and then from 1966 to 1976 was the decade of getting the referendum approved, building the new hospital and moving into it.

**BENNETT:** Those must have been very busy years for you, and you probably learned a lot going through all this and were able to contribute many of your experiences to formulate where we are now.

**MATTISON:** Well, it certainly was the most exciting time. The first two years, from 1966 to 1968, I was an assistant administrator. I think my first title, until the personnel department changed it at the County, was Assistant Superintendent. Something like that. But I was in charge of all of the hospital operations that had to do with the support services. We kept the place together with baling wire, as the phrase goes.

In 1968, we really started to ramp up the development of plans for a new hospital. The Jarreau/Atwood Committee was appointed to develop a strategy and a plan that would be presented to the County Board of what the program for a new hospital would be. There was some money that the County appropriated for consultants. We had lots of consultants. In 1969, the planning document was presented to the County Board by the committee and the consultants. The reason I mentioned Paul Jarreau and Harry Atwood is that Paul Jarreau was the president and CEO of the Pillsbury Company.

Harry Atwood was the Executive Vice President of Northwestern National Life Insurance Company. These were men of great influence, intellect, and they were community leaders. Another factor in the drive for a new hospital was the Service League of Hennepin County General Hospital. It was founded in 1959 and Mrs. Eleanor Pillsbury was one of its leaders. The Service League was about 500 people strong back in those days. Many of the members came from very influential backgrounds. Many of them lived in the West Metro on a very big lake. Those women, and we had some men who also served as volunteers, were instrumental in getting the word out about the need for a new hospital.

The consultants' report was presented to the Board recommending a new 485-bed hospital. The location was not specific. It was recommended that \$25 million would be needed to construct the hospital. The Board received the recommendations and approved a referendum for Hennepin County voters in September of 1969.

During the months ahead of the referendum, we talked to everybody we could. We went to Rotary Clubs, Elks Clubs; we went to every place day and night. We talked to anybody who would listen about the need for a new General Hospital. I remember that Dr. Dick Raile, my medical director, and in many ways my mentor, and I went to the Edina Country Club and spoke to the Edina Rotary. They were very receptive, skeptical but receptive, to the idea of building a new hospital. We took a video presentation and a 78 record that was the voice behind the video. The famous Charlie Boone of WCCO Radio, lent his voice to that record and we played that record, I bet you, a couple hundred times. Of course, everybody knew who Charlie Boone was. That's sort of an aside, but we got the message out.

On September 9th, Hennepin County voters went to the polls on a gorgeous day, and they voted in favor of a new hospital by a margin of 10:1. It was the most successful referendum in the history of Hennepin County. So, we had a successful referendum; we had \$25 million in bonding. We had a get-together the evening of the election. I can remember standing with the Chairman of the County Board along with several others. He said, 'You know, we should have gone for \$50 million.' And he was correct. But we got the \$25 million.

Architects were subsequently hired after 1969. Schematics were starting to be developed. Program planning continued until 1971 when we found out that the new General Hospital needed \$18 million more. The price now had gone up to \$43 million. We never thought we were going to spend just \$25 million. We thought we were going to get \$5 million from the federal government. We thought we were going to get some support from the state health department. We also thought we were going to get between \$30 and \$35 million in total. But nevertheless, in those years between '69 and '71, inflation and other things increased the cost. The program planning transferred into architectural planning called for more money. In February of 1971, the County Board approved a second referendum. That referendum lost three to one. But there was a silver lining in all of that, because at the same time we were trying to renew General Hospital, MMC [Metropolitan Medical Center]<sup>9</sup> was developing. Swedish and St. Barnabas had merged, and they needed new facilities to deal with the aging Swedish Hospital plant and to do things that they thought were important for their new corporation.

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<sup>9</sup> Metropolitan Medical Center (MMC) was located on 8<sup>th</sup> Street, east of Chicago Avenue. MMC was established in 1971 with the merging of St. Barnabas and Swedish Hospitals. In 1990, Mount Sinai joined MMC to create Metropolitan-Mount Sinai. In 1991, MMC was incorporated into Hennepin County Medical Center.

There was a suggestion made by more than one party that Hennepin County needed to change their plans since they were short of funds for the new hospital. A lot of people these days around the country were doing joint ventures and getting together, reducing duplication and expense. The newly formed Metropolitan Health Board took the place of the planning agency that I worked for, and the Health Board had the power to approve or disapprove healthcare related construction projects. The Health Board was an entity that we now had to deal with. Also, the Hennepin County Medical Society weighed in, and they thought it was a good idea for MMC and Hennepin County General Hospital to plan together.

Fairview Hospital said, 'If they can't build a General Hospital, I'll tell you what we'll do.' I'm being a little bit facetious here, but the President of Fairview was one of my good friends. He suggested that, 'You know what we'll do? We'll build a bridge from Fairview/St. Mary's across the Mississippi River and connect with the medical school and the Mayo Hospital Building. The students can just walk on the bridge between the two medical centers. Now we really aren't too terribly interested in taking on the patient care responsibilities that General Hospital has, but we sure would like to be involved in the outstanding educational programs at General Hospital.'

While these kind of things were going on, many in the news media were critiquing what should be done. After we lost the second referendum and some time went by, we thought it was time to start talking to MMC. In June of 1971, the senior administrators of both hospitals decided that we were going to have a planning session. The architects arranged it in a County-owned building on Chicago Avenue between 5th and 6th Street, right near the old *Star Tribune* headquarters. We took the top floor and we brought together the medical, nursing and administrative leaders of both hospitals for one solid week. It was called a charette. A charette in French is defined as an intensive planning session. There were no chairs. There was no air conditioning. There were only desks and chairs for the architects. During that week, we hammered out the basic plan for sharing thirty different medical and general services between the two institutions. However, the two hospitals would remain completely separate in terms of identity and governance. We wanted to close Chicago Avenue and, in hindsight, I'm glad we didn't. I'm glad we lost that argument with the City, although it added millions to the construction of that shared services building. Somebody said, 'Are you going to build it on stilts?' Fortunately, the architects knew how to cross Chicago Avenue, and that building was the focal point of the shared services and it became known as Center Hospital.

The medical shared services were OB, Pediatrics, and a 30-bed mental health unit. It was very important for MMC to keep their own identity and they wanted to have an arm's length relationship with the Hennepin County. A story about that. Two of the shared services, important general services, were power plant and food services. MMC had the power plant. Our power plant was built in 1906. I was also in charge of building the new food production facility between 1972 and 1976. My total responsibilities, and really only responsibilities, were to coordinate and supervise the building of the new hospital, the food production facility, and Center Hospital.

I related to five different architectural and engineering firms. Three were from General Hospital and two were from MMC, plus two construction management firms. And that was my workday. That's what I did for four years. But those two services that I just mentioned were interesting because MMC was going to provide power to the entire complex, and Hennepin County Medical Center was going to provide food to the entire complex. I'll never forget when the President of MMC was concerned about



HCMC providing food for all the patients. We would get together every Friday for three years to talk about the progress of the complex and the progress of making this architecturally integrated complex work programmatically. We were going to provide the food, because we had this brand new \$5 million facility. However, the MMC president said to me at one of those meetings, 'Tom, please don't serve my patients jail food,' since the food facility also provided food to the county jail. And, of course, we laughed about it. But it was really never an issue.

There was a significant issue from the standpoint of the medical staff. The medical staffs were completely separate, although we had some of our specialty physicians, particularly in the surgical services, who did do surgery at MMC. But the medical services came together in one service in obstetrics. We had one obstetrical unit and one labor and delivery suite, but we had two fathers waiting rooms. MMC insisted that there would be a separate waiting room for their fathers, and also they kept their own dining room. We didn't have a doctor's dining room. There was no such thing as that at General Hospital. There was one big old cafeteria. In the new hospital, it was one very nice big cafeteria. But MMC kept their doctor's dining room.

So, there we are, in terms of building the new HCMC and building Center Hospital. Center Hospital was unique. We hired some lawyers and bankers to see how we could get the financing for building over Chicago Avenue without going back to the voters. We wanted the Hennepin County Board to approve bonding authority. The bankers came up with the idea of issuing tax exempt revenue bonds, which did not require voter approval. We had to sell those bonds to the public. The Chairman of the County Board really didn't want to issue any more authority for bonding of the new hospital. You have to remember during those years, and this is kind of an aside, we were in competition with one other transformational building project in downtown Minneapolis. That was the Hennepin County Government Center. It was being built at the same time. It was a new structural monument in the downtown, and rightfully so. It was the home of the Board of County Commissioners. They paid a lot of attention to it, as you would suspect. There was one member of the County Board, who supported the hospital in many ways, but he was absolutely dead set against this method of financing. He thought we shouldn't be building over Chicago Avenue. We should just build what we can finance and leave it there. Well, if we didn't have the Center Hospital, we would have no OB, no Peds, no mental health nor some other support services.

As the construction neared completion in '75 and '76, we started to think actively about moving into the new hospital. In the fall of 1975, we were able to start asking the nursing staff to go to the new hospital and to start looking at the nursing units and begin getting acquainted with the floor layouts. We did that for some months before the May move. We also did something that I think was really terrific, not that I'm taking credit for it. We had open houses at the new hospital for three weekends when we opened the hospital for tours to the general public on a Saturday and a Sunday. We had terrific response from people who wanted to see the hospital. They were curious to see the hospital at large and curious to see what an operating room looked like. Many employees participated in that. The open houses were a public relations success, but I regret that we wore out the staff in terms of asking them to participate. They gave a lot of hours with a lot of standing.

And then we were going to talk about the actual move itself. It was a very emotional time. I will say this, I had to be at the hospital the night before it actually took place. Some of the hospital departments were already in the process of moving to the new hospital's business and administrative

functions. The Emergency Room was moved at midnight on the 6<sup>th</sup> of May. I walked through the old hospital and through the 26 to 30-bed open wards on Main 1 West, Main 2 West, Main 3 East, and I walked out of the banging screen door of the Emergency Room for the last time. I went over to the new hospital that I practically lived in for four years during its construction and I started to worry. I worried that things were not going to work. It's a childish kind of feeling, but I had to inspect patient bathrooms and elevators to be sure they worked. I occupied myself that evening until the patient move began at 6:00 AM. We moved 188 patients. We reduced the patient census by I'm sure at least 100 or more patients. We moved patients on specially equipped tractor trailer trucks through the E.R. from the old hospital to the new nursing units. This went on all morning. At 12 noon, Jane Phillips, the longtime Director of Nursing, came into our offices and said, 'The last patient is in bed.' We all smiled with a sense of relief and appreciation. The administrative team went out to dinner that evening to celebrate.

I'm going to skip ahead because you said to me, 'What one event or one thing was most memorable?' Well, gosh, over eighteen years, it's tough for me to pick out one event. But can you visualize moving every manner of patient furniture and hospital equipment? I mean, there are pictures in the *Star and Tribune* of the move crossing cattywampus from the old hospital on 6th Street, moving from the old hospital to the new. There's a guy pushing a cart that has the oldest bed pans and that kind of equipment that you can imagine. We took everything because we had no money for new equipment. We did do one thing. We bought all new Hill-Rom beds. And every patient room had a Hill-Rom bed. We put artwork in every patient room. Part of the great legacy of the Service League was that during the building of the hospital, the Service League received a grant from the National Arts and Humanities Organization in Washington, DC for \$25,000. A Service League juried committee was formed, and they selected 12 artists for artwork throughout the hospital. That artwork collection now has grown exponentially. I can't imagine what it's worth. I know some former administrator some years ago wanted to know what it's worth. I caught wind of that and I told a colleague of mine, 'Don't you dare assess the value of the artwork. This person may want to sell it.' That, of course, did not happen. The move was completed. But that was just the beginning of the new challenge for the hospital. The facilities were brand new, but the old ways of operation were still in place.

**BENNETT:** You talked about the move from the City of Minneapolis to Hennepin County, the administration of the hospital. And also, the planning and building of the new hospital and the move to the new hospital. Can you talk a little bit now about the administrative role you played in the first few years of the hospital and the culture of the hospital and the staff?

**MATTISON:** I do think that the move into the new hospital was greatly enhanced by organizing a move committee a year in advance of the actual move date. Every department was represented. Chuck Richards, my longtime colleague and associate, and Dr. Eugene Reese from the Department of Medicine, headed up the Move Committee. The Move Committee was a linchpin in helping the transfer and orientation in the new hospital departments. Not only nursing staff, but the employees from all departments needed to have orientation to their new departments. The committee logged many working hours to make the move very successful on May 6th.

My administrative role changed when Bill Kreykes<sup>10</sup> resigned in the summer of 1977, and I became the Acting Administrator. The County Board appointed me Administrator in January of 1978. Bill Kreykes was my good friend and colleague during and after we both left HCMC.

It was pretty obvious that the new building and the technology of the new building, were so different in how patients were cared for. It was an enormous cultural change for the nursing department, going from large open wards throughout the old hospital, to semi-private rooms.

We were going to have a floor of private rooms. I don't think many people probably know this. The hospital was originally going to be five floors; but during that \$18 million crisis, we eliminated one floor of the new building and all of the private rooms. Not that all the private rooms were going to be on the 5th floor, but we were going to have private rooms scattered throughout the inpatient units. We had to settle for semi-private rooms except in the ICUs. Coming into a semi-private room setting from open wards was an incredible change, and not just for the Department of Nursing. It was also a new dynamic for medical records, dietary, physical therapy, radiology, laboratory. All of these departments were brand new in and of themselves in various sections of the hospital, where they probably still remain today. Also, all the staff who interacted with the patients in those support programs were interacting with them in new and different ways. And we did have some new technology that did not work very well. The cart delivery system that was automated on a monorail system had many problems. In the interstitial space, we also built a monorail system to deliver records, lab specimens, X-rays and all manner of small items that were delivered in a kind of a capsule. Frankly, it didn't work. So, there were some architectural mistakes.

One of the interesting features of the new hospital is the interstitial space. There are eight feet of space between each of the functional floors. We were the second hospital in the United States to employ that architectural concept. The new Veterans Hospital in San Diego and McMaster University Hospital in Canada were built with the interstitial concept. We bought into it, even though it was more expensive to build that eight feet of space. But we said, for the long-term future, it would have an advantage of being able to remodel the functional floor underneath. Let's say we wanted to convert some intermediate care beds to either ICU beds or for some other purpose. We would be able to do that with mechanical and electrical changes without interrupting anything above or any functional floors below. And I think that has been utilized successfully here. One of the things that we didn't get into the new hospital is the skyway over 7th Street; we just couldn't do it at that time. Architecturally we did some very interesting and controversial things. We built the operating rooms right over a major arterial street, 7th Street. The operating rooms are right over it. Claude Hitchcock<sup>11</sup> really never gave any serious worry that there would be problems, but we worried about whether equipment and personnel might be affected by the traffic on 7th Street.

Mary Ellen, what I'm saying is, there were changes that the new building and the technology brought about to our staff, who have been doing things in one way and now they had to do it another way. In the years that I served as the Administrator, little by little we developed and adapted, and gained an even stronger identity. I'm prejudiced, of course, but from my position, I honestly feel that there was a greater and growing love of the new hospital. And yet there was a deep affection for the old

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<sup>10</sup> William Kreykes, Hospital Administrator during the move to the new hospital. Served until 1977.

<sup>11</sup> Claude R. Hitchcock MD, 1920-1994. Chief of Surgery at HCMC from 1955-1988. Dr. Hitchcock performed the first kidney transplant in the Midwest.

hospital by people who worked there. The loyalty of the staff to the old hospital was, 'We're going to make it through thick or thin, day in and day out. We're going to keep this old place going no matter what.' Well, now they have a brand-new setting. It takes time to build identity and an affection for one another and for your work environment.

**BENNETT:** I started here in 1979 as a staff nurse on a general surgery ward, and I remember feeling that the hospital was laid out very nicely. We had small units. A twelve-bed unit and everything was there. My pharmacy supplies were there, the main desk, the dirty utility room. All the supplies were readily accessible and it was easy to work in that environment. And also, the operating room was on the same floor so that the patients could come right over. There were many things that I felt at the time, that were designed very well. I felt that somebody really thought this out. So, thank you for that.

**MATTISON:** It was a good design with the outpatient clinics on the same floor with the inpatient units. The concept was the medical staff wouldn't have to do vertical travel, and it would save time. Of course, we were thinking mainly of the resident physician staff, who basically were caring for the patients. All of the departments were growing to serve the needs of the new hospital and new patients. I also would like to say in terms of the culture, basically I feel we had very good relationships with the unions that we had. Our major unions were in support services and general services. Our nurses were not organized. I think the leadership of the nursing department throughout my years with the hospital was marvelous. The Unions were in great support of the new hospital for many obvious reasons. One of the nicest things they did was to buy the wonderful flagpole that's outside of the 6th Street entrance. They also were insistent that it had to be lighted, because that's what you do with the American flag at night. You light the flag pole. It was dedicated to the AFSCME Union.<sup>12</sup>

There were other major issues though, that came about with the new hospital. In the old hospital we had probably the smallest business office you can imagine. The outpatient billing system was obsolete in the decade that I worked in the old hospital. The business office was on the first floor of Harrington Hall. I officed on the second floor of Harrington Hall. The switchboard was down in the first floor of Harrington Hall.

I remember I was at the County Board meeting when they changed the name of the hospital. I didn't know that the County Board was going to take that action that day. They changed the name of the hospital from Hennepin County General Hospital to Hennepin County Medical Center. We had been talking about it for a long time, that Medical Center was a more appropriate title and identity. To this day, many people still call it General Hospital. All the time I run into people of my age bracket who call it General Hospital. I raced back to the hospital and went into the switchboard and I said, 'You've got to start answering the phone, Hennepin County Medical Center, not General Hospital.' And of course, they looked at me like... So, I went up to my office and I already had two phone calls, two pink slips, from two County Commissioners. When I called them, they said, 'Tom, I just called the hospital. They're still saying General Hospital.' I said, 'Of course Commissioner, I'll get right on it.'

In terms of business operations, we had to drastically develop our financial systems and operations. That consumed a lot of my time from 1976 to 1980, because we had to improve the billing

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<sup>12</sup> AFSCME stands for American Federation of State, County, and Municipal Employees. It is a union, bargaining unit, for certain hospital employees.

and increase revenue. Also, we had to start working with the state and the federal governments to have improved financial systems.

Another interesting issue developed during the years between 1980 and 1984. In my communications and discussions with the County Board, where I spent a lot of time at the Government Center, I started getting vibrations from Commissioners saying, 'You know, we're kind of concerned about your doctors and their productivity.' So, we started to think about that. Around the country, many university-related and public hospital physician organizations were developing their own academic practice plans. They were going out on their own, setting up their own billing for their professional services. At HCMC, our physicians were paid 100% by the County. It was funneled through the University because they all had academic appointments. But the physician services were all billed by the hospital and their salaries were paid for by the hospital. I think several of my commissioners were worried about that. 'We're paying all this money and are we sure we're getting value and service for the money.' So, I went to Dr. Raile, and we started talking about this. I went to the Chiefs of Service and we started talking about it and said, 'We need to start thinking about the future of the faculty, the medical practice, and the organization.' By that time, we probably had 100 members of the medical staff. I don't know what it is today, but it's probably over 500. I'm not talking residents. I'm talking about full-time and part-time faculty. It took a little time, but it was embraced by the Chiefs of Surgery, Medicine, Ped's, OB, Psychiatry, and Pathology. With the help of a very knowledgeable Practice Plan consultant, we formed an organization called HFA, Hennepin Faculty Associates.<sup>13</sup> Fred Shapiro, the head of our Kidney and Dialysis Program, became its president. They became their own organization and started billing patients on their own. It developed in 1982 and by the time I left in 1984, it was in a very good, mature, and organized fashion. The transformation of staff into a new building, financial services restructuring and the business model of the medical staff was changed in in those years. It was a fundamental change. At the present time HFA does not exist. Because as the pendulum swung, doctors do not have independent organizations. Hospital organizations have merged, they've consolidated, and they've also brought doctors into their financial operations including Fairview, Allina, and HealthPartners. HFA's time was basically past due and the physicians are now integrated into the business and financial operations of HCMC. It was important to have HFA, as it was for most academic medical centers in the '80s and '90s. The only one that I can think of that has their own separate organization is the University of Minnesota Physicians. They provide and bill for their own services but they get a great deal of financial support from Fairview.

**BENNETT:** Rondine Mehling is here with us today, too, and she has worked at Minneapolis General, Hennepin County Medical Center for 40 years. And she also has been a volunteer here in the Hennepin Medical History Center for 20 years. And so, Rondine has much history as well. Rondine, do you have any questions that you can think of?

**MEHLING:** I don't have questions. I have one comment about the culture in the new hospital. And I think a good example was when we had the nurses strike in 1984. Many of the nurses on strike from other hospitals came to work here and they have this preconception of the County Hospital. They just couldn't rave enough how wonderful we were. And we had quite a few of them actually leave their

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<sup>13</sup> Hennepin Faculty Associates, HFA. Physicians practice group for HCMC that was started in 1982.

former positions and come to work for Hennepin County Medical Center. So, I think that kind of tells it all.

**MATTISON:** I'm glad you brought that up by asking the question about an experience that was meaningful, or I think you also used the word striking. The 1984 nurses strike came to my mind in terms of what you're saying. It was a big deal because Ramsey, University of Minnesota and HCMC were the only hospitals that were admitting patients. And I felt that the staff of the hospital came together magnificently. Rondine reminds me of something that I didn't remember. Maybe it's a good thing because, I don't remember writing checks for hiring other nurses to come and work, but you're absolutely correct. I think one of the seminal moments of togetherness and leadership was when I had a call one morning from a news reporter who said, 'We understand that patients are dying in your hallways.' I said, 'No, that's not true.' 'Well, we'd like to investigate this.' So I called the media together, the television, the radio, the print media. And Dr. Raile and I stood outside the Emergency Room, and I let the press ask questions, 'Were patients dying in the hospital?' Dr. Raile replied, 'No patients were dying.' I'll never forget the effort and dedication of the medical and nursing staff, as Rondine has said. Just as probably, we went through here for a much longer period of time during the COVID-19 pandemic. I wish I could have been here. Of course, I would have been no help, except maybe cleaning bathrooms. The 1984 nurses strike was one of those striking moments.

**BENNETT:** It was a striking moment. I remember it well. So, did you have anything else that you would like to share regarding the history of the Medical Center?

**MATTISON:** Well, I just have to say again, the Service League was incredibly important to General Hospital and HCMC. I'm sorry it's not still a visible organization. I'm not sorry that the Hennepin Healthcare Foundation has taken over the volunteer functions and the work to be done here. I think it's a proper place. And I know, even though I am not actively involved in the administration of the hospital, but I know from my own volunteer activities, it's really tough to get volunteers for any kind of activity or enterprise. I will tell you in no uncertain terms that I'm not sure we would have the new hospital that we're sitting in today without the influence, without the dedication, without the work effort of the Service League. Not only what they did assisting patient care, but the financial contributions in the old and new hospitals, that we couldn't do. There was no way we could have some alternate food services and vending machines for patients and visitors without the Service League organizing and taking charge of those operations. We used to call it 'The Canteen' in the old hospital. Our employment appreciation events were all financed by the Service League. We even had appreciation events at the Metrodome in one of their large rooms. I think the Service League was instrumental in so many ways, in very visible ways, and some very invisible ways, with the kind of influence and the kind of people who could promote both the old and new hospitals. I will say this, I don't think there's any public hospital in this country that has just the right stuff that HCMC has. I am so pleased with the current administrative and medical leadership.

In leading a healthcare organization today, the challenges are more complex than they were in the '60s and '70s and '80s. And yet, some measures of success remain the same in terms of basically effective communications with employees, medical staff, and governing boards. Hennepin County has excellent governance. In my 40 years in healthcare management, I have worked for Boards of Regents, the Hennepin County Board, a public/private joint venture board, and a private hospital board. The Hennepin County Board has always regarded the Hospital as an incredible asset for County services. In

my view, it's the jewel of Hennepin County services. We are five blocks from the Government Center, and we're an operation that is so totally different from roads, highways, libraries, and judicial systems. I think the County Commissioners always realized that the hospital was a great asset for Hennepin County for its patient care. They also recognized that it is a major provider of physician and health professional training for the County and the State of Minnesota.

**MEHLING:** And to the nation. Let me tell you one other example, if I may. I was a patient in the middle of the night in the ER a year or so ago. The resident came in and we were chatting. I asked him where he was from and he was from Ohio and his wife was a nurse. I said, 'Did you follow her here?' And he said, 'No.' He said, 'I wanted a good emergency room residency.' He said, 'I researched the country looking for the best place to come, and Hennepin County Medical Center ER was it.' And that's why he was here. So, that's what we are attracting.

**MATTISON:** That example is so true. I can remember sitting with the Chiefs and there were always more applications for residencies than could be accepted. Today we need more physicians and more health professionals, and HCMC is in that business. What amazes me is the large number of healthcare training programs at the hospital. I have run into many people who did a medical residency or allied health training at HCMC and who said they had a great experience.

**BENNETT:** And they're proud that they have had a rotation through the hospital as well.

Tom, your career has spanned some of the most interesting and formative years of Hennepin County Medical Center, and you have played an instrumental part in what Hennepin Healthcare is today. I am so grateful for all the leaders who kept the hospital alive through the transition to Hennepin County and also the building of the new hospital. This hospital is critical to the community it serves in so many ways. So, on behalf of the Hennepin Medical History Center, I want to thank you for the years spent in the development of what we are today and we appreciate your continued advocacy of the Medical Center and your work in keeping the history alive by your publications and your oral presentation today.

**MATTISON:** Thank you. I always appreciate the opportunity to talk about my 18 years with HCMC.

### **Timeline for Major Locations of Hennepin County Medical Center**

1887	City Hospital Opened at 720 11 <sup>th</sup> Avenue South, and 716 11 <sup>th</sup> Avenue South
1893	City Hospital moved to location at 6 <sup>th</sup> Avenue (now Portland Avenue) between 5 <sup>th</sup> and 6 <sup>th</sup> Streets
	Nurse training program established
1900 – 1915	Seven new buildings built and opened on the same site
1976	Move into current Hennepin County Medical Center building between 6 <sup>th</sup> Street and 8 <sup>th</sup> Street, and Chicago Avenue and Park Avenue

## Chronology

Retired in 2003

1991-2003 - President and Chief Executive Officer - United Regional Medical Services. United was created by the Wisconsin State Legislature as a Joint Venture Services Corporation of Froedtert Hospital, Milwaukee County Medical Center, and The Medical College of Wisconsin, all in Milwaukee, WI.

1987-1990 - Deputy Director and Chief Operating Officer - University of California, Irvine Medical Center (UCI), Orange County, CA.

1984-1987 - Executive Vice President - Health Central System, and CEO - Mercy Medical Center, Anoka/Coon Rapids, MN.

1977-1984 - Hospital Administrator - Hennepin County Medical Center - Hennepin County, MN.

1975-1977 - Deputy Hospital Administrator - HCMC.

1971-1975 - Associate Administrator for Planning and Development - Principal administrative responsibility for the new hospital planning and construction coordination with five architectural firms, engineers, and project management including the new food production facility; and Center Hospital, the multi-level new building connecting HCMC and Metropolitan Medical Center (MMC) over Chicago Avenue.

1966-1971 - Assistant and Associate Administrator – Hennepin County General Hospital and Hennepin County Medical Center - Responsible for departments and services at former Hennepin County General Hospital and newly named Hennepin County Medical Center.

1964-1966 - Assistant Executive Director - Planning Agency for Hospitals of Metropolitan Minneapolis, University of Minnesota.

Education - Masters in Hospital Administration 1964; Bachelor of Arts 1962 - University of Minnesota.

Preceptor Appointments - Graduate Degree Programs in Hospital and Healthcare Administration, and Public Health at University of Minnesota, Arizona State University, and University of California, Irvine.

Life Fellow, American College of Healthcare Executives.

Grew up in Minneapolis, graduate of South High School.



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