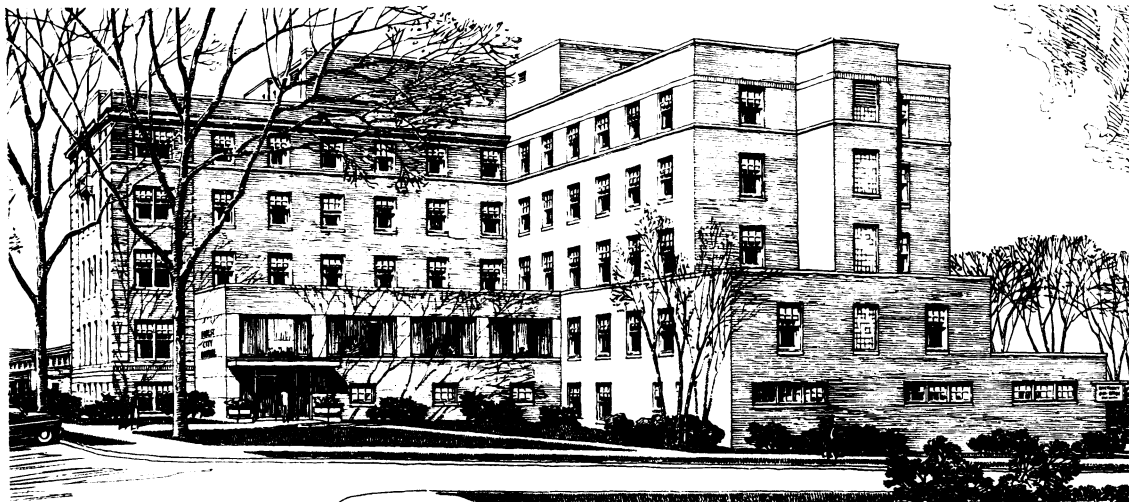


CLEVELAND'S FOREST CITY HOSPITAL CELEBRATES FIRST BIRTHDAY



Forest City Hospital, Cleveland, Ohio

INTRODUCTION

The Forest City Hospital of Cleveland, Ohio, observed its first anniversary in August 1958. It is the city's most recently established hospital. This community institution was a long while coming into being and during its period of gestation, local attitudes and conditions with respect to racial matters underwent considerable metamorphosis under the influence of both local and national developments, so that both its prenatal and postnatal existence have been marked by controversy. The youngster is here, however, and valiantly struggles to make its way amid the complexities and confusions of the day.

ORIGIN

The hospital is of Negro origin and promotion, but has received support from responsible white sources which did not enter the picture until the project had attained advanced formulation by its Negro sponsors. The institution was conceived as a place to afford facilities for Negro physicians which could not be otherwise obtained. It has come into being as a community hospital in a neighborhood recently become Negro and its physical plant is that of the abandoned building of previous Jewish auspices, duly renovated and expanded. It has thus the phenotype of an "Old clothes to Sam" institution and the genotype is the same as that of similar hospitals earlier described.¹

As long ago as 1930 there was talk of such a hospital in Cleveland but the idea did not take concrete form until October 1939 when the Forest City Hospital Association was formed. Nine Negro doctors out of a founding group of 39, including laymen, pledged themselves to pay \$5 per month into a fund for the hospital. The organization was incorporated in the State of Ohio in 1940. All of the trustees (21) and all of the charter members (60) registered with the Secretary of State were colored. In January 1943, the original nine physi-

cians pledged monthly payments of \$25 to the hospital fund until each had given \$500.

NEGRO POPULATION GROWTH

Some background on pertinent Cleveland history is necessary for an understanding of subsequent developments. Like most other northern cities Cleveland's Negro population has had enormous growth in recent decades. In 1910 it was 8,488; in 1920, 34,451; in 1930, 73,102; in 1940, 84,919; and in 1950, 152,000. Industrial migration from the South begun during World War I and since continued has served as the original and chief population booster, but as the group gained size, natural reproduction became a significant growth factor.

In 1930 the long range implications of the growing Negro population were just arresting the attention of the city as a whole and various proposals in respect to it were being considered and philosophies of approach began to crystallize. The Great Depression was on and influenced thought in all areas.

CLEVELAND TOPOGRAPHY

The city of Cleveland is shaped like the half of a wheel, with the lake-front forming the diameter. The snake-like Cuyahoga River, along which the great mills are located, divides it into a larger East Side and a smaller West Side. The Public Square is the hub of the wheel and from this radiate great avenues which extend for miles and form the spokes of the wheel. If, near the perimeter of the East Side, the wayfaring motorist strikes St. Clair, Superior, Euclid, Carnegie, Cedar, Central, Scovill or Woodland Avenues, he can drive straight to the Public Square.

These avenues demarcate wedge-shaped areas between them in which there used to be concentrated the various nationalities and minority groups which went into the

making of the "Melting Pot City." Thus on the old city maps there could be identified nationality areas, such as Polish, Lithuanian, Italian, German, and so on.

THE NEGRO AREA

In 1930 the Negro population was concentrated in one of the wedge-shaped areas, of which the apex was toward the Public Square, near the center of the city and just outside the business district. The expanding base of the wedge had spread eastward across E. 55th Street and enveloped Central High School, the city's most famous secondary school which had had numerous illustrious graduates, like Newton D. Baker, U.S. Secretary of War during World War I. The enrollment of the school had thus become predominantly Negro and as the socio-economic background of these pupils made impossible the maintenance of the academic standards which had brought the school its prestige, it was proposed that the school be equipped with laundry machines, janitorial accoutrements and the like, so that the pupils would be prepared for the occupations they would be most likely to follow (sic). Negro leadership naturally rejected this idea and there was a stalemate for some years. The old Central High building was finally razed and on its site a George Washington Carver Elementary School erected. In the yard in front of this new building there stands a memorial slab to Central High, placed by the alumni, which looks like a tombstone and undoubtedly was intended to have this symbolic effect.

GLENVILLE

While the fate of Central High School was being pondered in 1930, several miles away—50 blocks further east, near 105th Street and two miles or so to the north near the lakefront—was another outstanding high school, Glenville. This was in the heart of a predominantly Jewish community. Its principal commercial artery was 105th Street. Imposing synagogues faced on or near this street. Many of the store windows had signs in Hebrew. The news vendors carried papers in Hebrew. The heavy, sour smell of the 105th Street cross-town street cars had an Old World tang.

With the decline of academic primacy of Central High, smart, ambitious Jewish boys and girls were advancing the reputation of Glenville to take its place as the city's No. 1 high school. Nearby was a small community hospital, the Glenville Hospital, in which its owners and sponsors took pardonable pride.

The creeping tide of the growing Negro population had not alarmed Glenville in 1930. Truly enough, for years occasional Negro families had been buying homes in this area. With that pseudo-humor which characterizes some neo-African weekly sheets, one such local periodical had dubbed 105th Street the "Mason-Dixon Line" and would publish the names of newcomers in the neighborhood whenever it got hold of them, as crossers of the "Line."

Still in 1930 the main mass of Negro residents was far from Glenville. This population was moving in another direction. Carnegie Avenue could contain it.

And after that there was Euclid. That which was to come to pass was not revealing itself.

THE MEDICAL SITUATION

There is but one medical school in Cleveland, that of Western Reserve University, and as a product of natural process, its influence and graduates have been dominant in professional and hospital affairs. In 1930 there were about 35 Negro physicians in Cleveland, of whom only five were members of the Reserve medical faculty. Of these, three were Reserve graduates and two had received their M.D.s from Howard.

Most of the Negro physicians had been attracted to Cleveland by the growing Negro population. Although they could freely join the Cleveland Academy of Medicine and freely participate in all its affairs, they could not obtain hospital staff appointments, because of both the barrier of prejudice and the competitive nature of the environment which would not be helpful to any newcomer who did not with patience and insight "work his way in." The ever-rising exactions of qualification standards put the Negro physicians at further disadvantage, demanding hospital experience they could not acquire, so that by 1930, a Negro hospital appeared to some as the only way out of the dilemma.

In 1930, however, a significant development occurred. The political elections had placed three Negroes on the governing City Council and improvements in neglected areas began to follow. One of the earliest of these was the appointment of the first Negro intern at the Cleveland City Hospital, a tax-supported institution. He was the late Dr. Frederick D. Stubbs, Phi Beta Kappa graduate of Dartmouth and Alpha Omega Alpha medical graduate of Harvard.² The availability of so superior a man as Dr. Stubbs for the pioneering year was very fortunate. Since Dr. Stubbs there has been an uninterrupted succession of Negro interns at City Hospital, many of whom stayed on for complete residencies in the various fields.

There has also been much collateral progress. The number of Negro physicians has increased to more than 60. In 1947 there were only two colored board certified specialists in Cleveland.¹ In 1956 there were 11.³ Today there are 13. In 1954, 13 Negro physicians had teaching appointments on the faculty of Western Reserve Medical.⁴ Anticipation of this progress gave rise to the view expressed by one of the highest and most responsible authorities in Cleveland hospital circles, about a decade ago, that the hospital system of the city, public and voluntary, could in time accommodate the relatively small number of Negro physicians residing there with staff appointments.

This opinion came to be shared by many in the Negro profession and the community. The developments against segregative patterns on the national front which began to occur in the late forties lent encouragement to the belief that this would be the wise course to support. However, the original proponents of the Forest City Hospital idea, decided to persevere in their purpose. Thus a cleavage of thought arose among the Negro

group, medical and lay, one view holding that a Negro hospital was desirable and necessary, and the other that it was not.

DECISIVE EXTERNAL FACTORS

Certain external developments came to have controlling influence on the outcome. The Negro population extension previously mentioned advanced as far as 105th Street, and, encountering natural barriers there in a park and a hill, turned left and began to push northward down 105th Street. This had the same effect as turning the opposition's flank in a military operation. It decided the day.

As more Negro families moved in along the 105th Street corridor some whites moved away. Presently a mass Negro occupation was under way and before it the whites fled *en masse* to suburbia, as has happened in other cities. In the late forties the sepia tide bore unobstructed down the 105th Street corridor to the lake-front, fanning out into the adjacent area on both sides, while a pincer "Gold Coast" arm executed a movement of partial encirclement through infiltration along a nearby parallel park. Gone were the Kosher restaurants, gone Barney's and Solomon's. Whence once issued the aromas of Kosher food, now came forth the juke-box sounds of Hi-de-ho. The synagogues had become Negro churches. And behold! Old Glenville Hospital stood in a Negro neighborhood. The setting was now complete for the history of such institutions as Provident Hospital in Chicago and Sydenham Hospital in New York to be repeated.

ALIGNMENTS

Until the neighborhood change around the Glenville Hospital was well advanced, the controversy about the proposed hospital was an intramural affair within the Negro group. The Forest City Hospital Association, on the one hand, held that the institution was a necessary expedient, and the Cleveland Branch of the N.A.A.C.P., on the other, held that there was no need for establishing a new separate institution in a city like Cleveland.

With the evacuation of the Glenville area by its former occupants the disposition of the old hospital presented a problem with significant financial facets.¹ Glenville Hospital was getting a new \$3,000,000 building in the suburbs.

The white community evidently wished to be clear of any accusation of trying to force a segregated institution on the Negroes and more than one statement disavowing any responsibility was made public over several years. For example, Dr. Bishop of the Cleveland Hospital Council stated on March 13, 1946, that, "The Cleveland Hospital Council has not been an agency in the development of the Forest City Hospital. The movement originated with a group of colored doctors who wanted a place to practice."² Earlier, on October 23, 1943, the Cleveland Plain Dealer had stated, "Plan of Forest City Hospital Association to establish a hospital convenient to Cleveland's Negro population, operated and staffed in the main by Negroes, was viewed with approval by the

heads of the Academy of Medicine and the Cleveland Hospital Council yesterday."

On September 14, 1952 the Cleveland News reported that the old Glenville Hospital was ready to move and that, "All other furnishings of the old hospital on Parkwood will be left for a newly formed hospital to be operated there."

Within the Negro community the disagreements became deep and, as might be expected, embittered. The N.A.A.C.P. Branch in May 1954 voted disapproval of the hospital by a large majority, interpreting the issue as one where it was necessary to take a stand for integration as against segregation.

The respected dean of Cleveland's Negro physicians* and the two younger physicians who had had the longest experience at City Hospital and received highest formal professional recognition,† were leaders for the Forest City project. The Negro weekly, the *Call and Post*, came out for it. Negro doctors not in sympathy with it did not make effective, open opposition.

THE DOORS ARE OPENED

Plans were pushed forward and the *Call and Post* reported that "After five years of spade work during which the idea was sold to civic leaders of both races, the Forest City Association made a formal request for approval of their project to the Cleveland Hospital Fund." A grant of \$404,000 was received from the Fund and formal transfer of the land and buildings of the old Glenville Hospital made. A fund-raising campaign for an additional \$850,000 by public subscription was formally launched in February 1955, with Ohio Governor Frank J. Lausche sparking the drive with a \$100 contribution.

On the initiation of the fund raising campaign, the term "interracial" was used in reference to the Hospital and at this time emphasis on its nature as a community service agency was made.

The older part of the old hospital was razed and ground was broken for a new addition on January 8, 1956. The 92 bed, 25 bassinet Forest City Hospital opened for patients on August 8, 1958. Final costs were \$1,500,000. \$411,000 came from the Greater Cleveland Hospital Fund, \$641,000 from pledges by industry and individuals, and a \$400,000 debt remained.

The first superintendent was white, Dr. James C. Gliemmo, who guided the planning and construction over a three year period. He resigned in the fall of 1958. Mr. William H. Andrews, a Negro, was appointed superintendent in January 1959. Mr. Andrews had previously served, in succession, as administrator at the People's Hospital in St. Louis and the George W. Hubbard Hospital of Meharry Medical College in Nashville, Tennessee.

* Dr. Middleton H. Lambright, Sr. (v. this *Journal*, v. 49, p. 424, 1957).

† Dr. Middleton H. Lambright, Jr. (member Board of Directors of Cleveland Academy of Medicine. v. this *Journal*, v. 44, p. 315, 1952) and Dr. Ulysses G. Mason, Jr. (president-elect Cuyahoga County Hospital Medical Staff. v. this *Journal*, v. 50, p. 294, 1958).

FIRST YEAR ACHIEVEMENTS

During its first year Forest City Hospital admitted more than 2,500 patients and gave more than 21,000 days of patient care. More than 1,300 surgical operations were performed and 500 babies born there. Over 4,500 x-rays were taken, 24,500 laboratory procedures executed and 590 electrocardiographs done.

Officers of the Hospital are: Ulysses G. Mason, M.D., president of the Board; Hon. Charles W. White, vice president; Joseph B. Stocklen, M.D., secretary; and Joseph E. Adams, treasurer.

The Executive Committee of the Board is composed of: William G. Laffer, chairman; Joseph E. Adams, Samuel O. Freedlander, M.D.; Miss Bell Greve; Middleton H. Lambright, Sr., M.D.; Middleton H. Lambright, Jr., M.D.; Sidney Levine; Ulysses G. Mason, M.D.; Govan A. Myers, M.D.; Joseph B. Stocklen, M.D.; Walter M. Weil, and Hon. Charles W. White.

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COMMENT

Now that the Forest City Hospital is here, its future history will have more than local interest. It is clear that the thinking which gave birth to this hospital was the same as that which resulted in the establishment in other northern cities of Provident Hospital in Chicago by Dr. Daniel Hale Williams in 1891 and of Douglass Hospital in Philadelphia in 1895, namely, that since Negro physicians could not obtain hospital opportunities in existing institutions a separate institution must be opened. The single new element in the Forest City idea was that the prime mover was a group and not an individual.

The survival unmodified of a sixty year old point of view is in itself of interest. The fact that younger

physicians thoroughly exposed to newer thoughts and trends could adopt it is of further interest. Of greatest interest is the fact that the quasi-traditional and certainly "safe" approach prevailed in spite of the considerations adduced against it. Were realities or delusions controlling? And what of motivations? Who benefits by perpetuation of this dated thought in a specific area?

As to most of our major cities urban renewal has come to Cleveland. Great areas which formerly housed much of the Negro population have been razed and new projects erected on parts of them. This has resulted in some decentralization of Negro residents. The new hospital in the Cleveland mind, however, continues to be regarded as a Negro institution, so that it is considered a community hospital in a racial rather than a neighborhood sense.

The Forest City Hospital clearly belongs to the old order and not to the new. But does not this sharpen the realization that fresh thinking, fresh imagination and initiative geared to present day developments are too rare among Negro leadership? The entrenchment of the *status quo* which is permitted our nearly rebuilt hospital system under the Hill-Burton Act should be adequate evidence of a lack of alertness to the implications of what is transpiring as well as a lack of proximity in both local and national areas to the levels where controlling decisions are made. The hour is later than we think.

W. MONTAGUE COBB, M.D.

LITERATURE CITED

1. COBB, W. M. Medical Care and the Plight of the Negro. NAACP, 20 W. 40th St., N.Y.C., 1947, pp. 20-29.
2. ——— Frederick Douglass Stubbs. 1906-1947. J.N.M.A., v. 40, pp. 24-26, 1958.
3. ——— Negro Members of Specialty Boards and Fellows of Clinical Colleges. J.N.M.A., v. 48, pp. 273-280, 1956.
4. Negro Members of Western Reserve Medical Faculty. J.N.M.A., v. 46, p. 432, 1954.
5. Cleveland Branch, N.A.A.C.P. Fact Sheet on Forest City Hospital. Undated.

THE DEMOCRATIC FAITH

The democratic faith is faith in man, faith in every man, faith in that men, if they are well enough educated and well enough informed, can solve the problems raised by their own aggregation.

Robert M. Hutchins, "Is Democracy Possible?"
Fund for the Republic Bull., Feb., 1959