



The History of L. Richardson Memorial Hospital

Greensboro, North Carolina

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THE story of L. Richardson Memorial Hospital of Greensboro, North Carolina, is one of united community effort, financial struggle, and the will to survive.

Charles H. Moore, a veteran Greensboro city school teacher for whom a present day city school is named, is credited with having begun the agitation for a Negro hospital to serve the needs of the city. Dr. S. P. Sebastian, a practicing physician who with physicians J. W. V. Cordice and C. C. Stewart had operated the private Trinity Hospital for Negroes, and layman Watson Law were two other Negro leaders of the pioneer group. On January 20, 1923, the charter meeting of the Greensboro Negro Hospital Association, Incorporated,

saw 61 incorporators sign the charter which later was filed with the Secretary of the State of North Carolina, W. N. Everett, on February 12, 1923. As president of the association, Moore enlisted the interest and cooperation of Dr. C. W. Banner, a white physician and businessman for whom the Banner Building in Greensboro is named, and together they launched a city-wide campaign for a needed \$100,000 for the desired hospital. Contributions, including \$5,000 from an Interdenominational Committee Fair and \$2,000 from B. N. Duke of New York, were liberal but not sufficient. Therefore, a committee composed of C. H. Moore, Dr. C. W. Banner, Dr. W. C. Jackson (chancellor of Woman's College), and Dr. S. P. Sebastian pre-



The new L. Richardson Memorial Hospital opened May 21, 1966.



sented the case for Greensboro's need for a Negro hospital to Mrs. Lunsford Richardson and her son, H. Smith Richardson. The family of the deceased Lunsford Richardson, Sr., founder of Vick Chemical Company (now Vick Manufacturing Division of Richardson-Merrell, Incorporated), responded generously with \$50,000 plus subsequent gifts.

Organization continued. On December 18, 1923, the charter was amended. The name of George H. Mitchell, who had notarized the original charter and who inadvertently had been included among the incorporators, was deleted from the list of incorporators. The association was to be governed by an elected Board of Directors composed of six white and six Negro members. Four were to be nominated by the Guilford County Board of Commissioners; four by the Governing Board of City of Greensboro; and four by the Board of Directors. They were to serve four-year terms, six being elected every two years. The Amendment was

notarized December 29, 1923, and filed January 2, 1924. On February 5, 1926, the charter was amended again to enlarge the Board of Directors of the non-stock corporation to 16 members split evenly between colored and white. Two white and two colored should be selected each by the City Council of Greensboro, by the Board of Commissioners of Guilford County, by the directors of the corporation, and by members of the family of the late L. Richardson. The Board of Directors would fill vacancies. Hospital privileges were to be granted to doctors "of either race in good and regular standing with the members of his profession, and who is a member of the State Medical Society and a resident of Guilford County."

A five-acre tract of land valued at \$10,000 and located at the edge of the city was obtained. Rabbit and quail were later replaced by the expanding Negro residential community in the vicinity of the Benbow Drive (now Road) and East Washington



The Hospital in ca. 1930.

Street (1400 block) intersection. A \$57,000 building permit was granted September 6, 1926, and contracts for construction were let on October 27 as follows: general contractor, Walter Kidde; heating, W. W. Dick; electricity, J. L. Griffin; and plumbing, Howerton and Benner.

The first patient entered the L. Richardson Memorial Hospital building May 4, 1927. Equipment of the operating room and x-ray department was provided for by a donation of \$10,000 by Mrs. Emanuel Sternberger whose husband had taken an active interest in the building of the hospital prior to his death. This, the second Greensboro Negro hospital, was formally dedicated May 27, with a baby show, track meet, and May Pole dance at World War Memorial Athletic Stadium. Dr. Rankin of the Duke Foundation and L. Richardson, Jr., made addresses with Richardson making the presentations in behalf of his brother H. Smith Richardson who could not be present. With a debt of \$20,000 which was cut to \$8,750 in three years, the \$300,000 hospital of 60 beds and 4 bassinets

opened as the best built and equipped hospital in Greensboro. Brick veneered on hollow tile and reinforced concrete, this was the only fire-proof hospital in Greensboro. By 1944, there were fire escapes, a fire alarm in front of the building, a fire extinguisher on each floor, a fire hydrant 50 feet away, and a fire station one mile away.

Dr. C. W. Banner served as chairman of the Board of Directors (1927-46) and subsequently as honorary chairman. The first administration was under the direction of a medical director, Dr. S. P. Sebastian, and a director of nursing, Mrs. J. Reid. In 1927, a 36-month accredited nursing school was established. Following a probationary term of six months, came the freshman term of six months, the junior term of 12 months, and the senior term of 12 months. The now extinct Rosenwald Foundation, which was interested in Negro education, and the Duke Foundation each gave \$17,500 toward a home for nurses which was finished in 1930, the year the first five nurses graduated. One of these, Mrs. Lillie Forte Barber, was employed by the



L. Richardson Memorial Hospital, ca. 1956.



The Staff, about 1950.

Guilford County Health Department until her death in June, 1968. The financial crisis of 1951 prohibited upgrading to continue to meet State Board of Nursing Education requirements, and the nursing school closed with the last class graduating in March, 1954. At that time, A & T College in affiliation with the hospital started one of two state supported schools of nursing in North Carolina for Negroes. More than 140 nurses graduated from the hospital's school of nursing and are presently employed across our nation.

In January, 1929, the late Mrs. J. E. Dellinger organized the Women's Auxiliary, its purpose being "to perform acts of kindness to patients and nurses by visiting, giving flowers and reading materials, and to supply needs that the Board of Directors could not supply." Daily devotions for nurses and teachers were held in the dining room and funds were raised by giving entertainments. By 1943 there were 55 active members and Mrs. B. W. Barnes was serving toward more than 20 years as president. Today there are still approximately 50 members, 40 being active in public relations and in service to patients.

The hospital charter was amended again in 1934 changing the name from Greensboro Negro Hospital Association, Incorporated, to L. Richardson Memorial Hospital, Incorporated, and amended again in 1948 establishing it as a non-profit corporation. The hospital is named in memory of Lunsford Richardson not only because his family made the largest single initial contribution, but perhaps more because of his personal interest in the Negro. Among other things, he taught a Sunday School class in a Negro church for many years in what is now the Cumberland Redevelopment area of Greensboro.

Until the county health department was estab-

lished in the 1940's, clinics were an important part of the hospital. The pediatric clinic held at 3:30 each Monday paid special attention to malnutrition and provided artificial sunbath therapy to which winter rickets responded well. At that time, more than half the Negro women were delivered by midwives and had no examination during pregnancy nor post-partum. The prenatal clinic instructed women, especially in their diets. Mrs. Beda Carlson Calhoun was instrumental in organizing the tuberculosis clinic that was held twice weekly. During six months 480 out-patients were fluoroscoped.

Following the accidental death of the medical director in 1939, Geneva Collins (Hunt), R.N., became the superintendent of both hospital and nurses. On July 1, 1948, C. Whitney Corbet of Arlington, Virginia became hospital business manager, allowing Mrs. Hunt full time to supervise nursing and medical programs. On September 14 of that year C. W. Angle, chairman of the Board of Directors, announced Mrs. Hunt's resignation, her 13 years of service to end November 1. Within a year from the time Corbet came to the hospital, he became the first administrator and served until the present administrator, Dr. J. E. Smith, took office on February 15, 1952.

The hospital began swelling at the seams. There were 900 patients in 1935, 1,244 in 1944. In 1944 the hospital announced plans to expand to 84 beds plus 12 additional nurses' bedrooms. In April, 1945, construction began on the \$65,000 building that was to house \$15,000 worth of equipment, and the facilities were dedicated May 27, 1946. The new obstetric department with 12 beds and 17 bassinets and the pediatric department were among the best in the state. By 1948 there were more than 3,000 patients per year, and in 1951 3,683 pa-

tients accounted for 19,989 patient days. Including newborns there were 3,925 patients in 1952, and emergency room treatment was given 1,945 of 2,601 patients seen in the emergency room. Following a \$11,000 face lifting and equipment purchase in the winter of 1952-53, the hospital grew to 96 beds in 1954-55 when the top floor of the nurses' quarters was converted to patient care and the bottom floor became occupied by staff, 14 nurses in particular. L. Richardson Preyer, chairman of the board, descendant of Lunsford Richardson, and a prominent Greensboro businessman, had said this \$20,000 remodeling plus equipment on hand would serve the purpose of a \$150,000 equipped building expansion in moving beds from the halls.

Steadily growing, the hospital experienced its most active year to that time in 1955 when 5,325 patients spent 33,838 patient days, causing an average of 92 per cent bed occupancy. Administrator Smith stated four immediate needs as follows: 1) surgery suite space, recovery room, and an additional operating room; 2) relocation of the emergency room to take accident cases from the front entrance; 3) 8-10 more beds; and 4) more office space. Also, the pediatric department needed to relocate and expand. Smith said the cost could be met by a recent Ford Foundation grant of \$49,800 and by transferring during the current year \$20-30,000 from current operation account to the building account. Also included were local and federal Hill-Burton funds. By 1957, 110 beds were available, including new emergency and recovery rooms.

From the start the hospital had been without endowment and supporting agencies, and few Negroes could pay the full cost of treatment therefore leaving a deficit. At a meeting December 1, 1925, the City Council said it would accept a deficit of not more than \$2,500 per year. Later that month the county commissioners agreed to appropriate \$1,200 per year to the Negro hospital; but, before any donation came from the city or county, city officials found a law that prevented them from making donations to charitable causes and no money ever came from either city or county. In 1931, the Duke Foundation gave \$3,000 with the stipulation that the hospital raise \$4,000 from other sources, to which the L. Richardson family gave \$4,500. On National Hospital Day, 1951, the hospital received \$2,000 from the Richardson

family plus the first payment of its first endowment, an annual \$2,000 from the Richardson Foundation of New York if the Negro community would match it. That year operational loss amounted to \$2,000 but contributions including \$7,000 from the Richardson family totaled \$22,000. The next year the Auxiliary gave \$2,000 for steam carts. In 1953, operating costs were reduced and a financial campaign, the fourth such drive, raised \$13,000 for a special fund to be used for capital improvements. The Duke Endowment began in the mid-1920's an annual contribution to hospitals in North Carolina and South Carolina of \$1 per day for bona fide welfare patients, those listed on the welfare department books, and thru 1967 had given L. Richardson Hospital \$253,811 in this way. For each welfare patient day the North Carolina Medical Care Commission contributed \$1.50 until a few years ago when the gifts ceased, and the Kate Bitting Reynolds Foundation makes contributions based on the earnings of the trust. Welfare department reimbursement for bona fide welfare patients in 1966 was set by law at \$22 per diem. Yet a large and increasing operating deficit has been brought about by the charity patient, the one who is not on welfare and who does not pay in full.

Silver Jubilee Anniversary, the hospital's first celebration, came 12 months late, May 17, 1953. After receiving 42,000 patients, babies, and outpatients over the 26 years, the hospital announced in the celebration bulletin:

When this hospital opened, there were only six hospital beds in Greensboro and vicinity available to the Negroes of our community.

There is a great need for the recognition that this is a Community hospital and not a privately endowed one. Few, if any, of the community's public institutions have given so much in service at so little cost to the Community.

It collects the largest percentage of its bills of any Negro hospital in North Carolina. Its record for self-sufficiency is probably without parallel in the country. It depends more on income from patients and less on income from outside sources than any other Negro hospital in the State—and all of this at prevailing rates.

The active year of 1955 may be examined for some of the hospital intricacies. There were 627 major surgical operations, 889 minor operations, 881 babies delivered, and 22,971 x-ray procedures with 2,030 studies on patients. Trustees authorized the purchase of a station wagon for hospital business. Major equipment cost nearly \$50,000 and

KEY CONCERNED CITIZENS, 1952



First row, l. to r. J. E. Smith, M.D., administrator; lady unidentified; C. W. Banner, M.D., a founder; unidentified. Second row. Charles Angle, former chairman of the Board; ladies unidentified; Andrew H. Joyner, Jr., chairman of the Board. Third row, unidentified; Dr. W. C. Jackson, Sr., a founder; unidentified; Hoyt Boone, former chairman of the Board. Fourth row, unidentified; L. Richardson Preyer; unidentified.

plant repair and alterations cost several thousands of dollars. Charges to inpatients amounted to \$483,912.19 of which \$324,662.30 was collected and \$69,960.45 was stricken as noncollectible. Charges to walfare patients amount to \$76,643.98 for which contributions amounted to \$72,727.43 from sources as follows:

Guilford County Welfare Department	\$37,283.92
North Carolina Welfare Department (plus Federal supplement)	8,639.37
Medical and Hospitalization Fund (a red feather agency)	17,274.44
Duke Endowment	6,196.00
Kate B. Reynolds Fund	3,433.70

In 1959 the hospital purchased an emergency generator with a diesel engine with the cost of \$10,000 being split equally between the hospital and the Federal Civil Defense Mobilization cost-sharing funds.

In April 1962, plans for a \$2,260,000 improvement were announced to include modernization of the existing structure and a four-story addition to increase the number of beds to 203 and the nursery to 30 units. In a local campaign, \$750,000 was to be sought, the remainder coming from the L. Richardson Foundation and Hill-Burton federal funds. By September occupancy reached 99.9 per cent. The local goal had been obtained so as to claim a \$350,000 challenge gift from the Richardson Foundation and a \$1,160,000 Hill-Burton federal grant, but the federal government indicated to the board that an entirely new hospital would be preferable to the prior plan of adding a wing and renovating the exist-

ing building. Since the federal government would pay 55 per cent of the cost of a new hospital but none of the renovation cost, a new hospital at the same location was decided upon. That same month, they reached the \$1,125,000 goal required to lay claim to \$1,375,000 from Hill-Burton funds so that a new \$2,500,000 hospital might be built.

In January, 1963, the trustees proposed building a new hospital on new land, 21.5 acres at the south of Benbow Park, at a total cost of \$2,455,000. The site was purchased for approximately \$58,000 from Mr. and Mrs. J. Sam Johnson. Architect Adrian P. Stout of Greensboro drew the plans; contracts totaling \$2,254,580 were let May 8, 1964, as follows:

General Construction	
R. K. Stewart & Son of High Point	\$1,484,000
Plumbing	
Community Heating & Plumbing Co. of Greensboro	184,000
Heating and Air Conditioning	
W. H. Sullivan Co. of Greensboro	384,000
Electricity	
A. & N. Electric Co. of Greensboro	237,780

Following a building permit of \$2,254,580, the ground breaking ceremony was held at 3:00 p.m. on May 24, 1964. Whereas, the national norm in hospital construction was \$25-26 per square foot, the new hospital cost only \$20.86 per square foot. Movable equipment cost an additional \$220,000.

The new L. Richardson Memorial Hospital at 2401 Southside Boulevard held open house for the medical profession from 1:00 p.m. to 7:00 p.m.



The last nursing class at graduation, 1952. Dr. J. E. Smith, superintendent, at left, Mrs. T. C. Cobb, director of nursing and nursing education, at right.

on May 21, 1966, and for the general public from 1:00 p.m. to 7:00 p.m. on May 22. Moving day was set for June 13, and breakfast was served. First, babies were carried in baskets in a station wagon. When the television press conference was held at 12:30 p.m., all but one of the 90-odd patients had been moved by ambulances furnished by six local funeral homes. Because the new oxygen facilities were not ready, a cardiac infant remained behind. The transition was smooth.

John Snow of Richardson Realty Company handled the sale of the site of the old hospital for \$105,000 to Carl Scheer Associates, who renovated the building for a 96-bed nursing home, Carolina Nursing Center, and later planned to develop the adjoining tract into 48-62 semi-luxury apartment units with a swimming pool.

The new hospital was beset with financial difficulties from the start. Before seven months had passed, E. R. Zane, chairman of the Board of Directors, and L. Richardson Preyer went before the city council (December 15, 1966) and county commissioners (December 19, 1966) asking for \$75,000 to meet immediate operating deficits and for \$25,000 per month for an indefinite period. The financial crisis was precipitated by the following:

- increased operating cost of the new facilities.
- no reserve funds from the move.
- increase in number of employees, and in individual salaries, especially those of nurses.
- inadequate census.

In reference to the last reason, Moses Cone and Wesley Long hospitals had waiting lists while L. Richardson Hospital had 115 of the available 185 beds occupied. Also, many full-paying Negro

patients who previously patronized L. Richardson moved their patronage to Moses Cone, leaving L. Richardson with 30 per cent charity patients. Whereas, the predominantly white hospital had approximately seven per cent charity patients, the goal of L. Richardson was to reduce its 30 to 10 per cent.

Before Christmas, 1936, a new predominantly Negro, 13-man committee, the L. Richardson Hospital Promotion Committee, under chairman A. S. Webb, former chairman of Greensboro Human Relations Commission, stated the following objectives:

1. To solicit and receive funds from Greensboro citizens.
2. To encourage "the total community" to make "maximum use" of the new hospital.
3. To investigate the hospital's services and to suggest improvements.

In February, 1967, the committee stopped fund raising and presented \$3,094.10 to the hospital.

In January, 1967, the Greensboro City Council turned down the plea for financial assistance by saying the city had relinquished its health and welfare functions to the county in the 1950's. On February 23, the Guilford County Commissioners said a reluctant "no" to the request for aid because the hospital served primarily Greensboro citizens, not the entire county—93 per cent of the patients were from Greensboro—but the commissioners said they might go along with the city council if it were to take the initiative. Webb criticized both decisions claiming government leaders were hiding behind statutes of the state on this occasion although on another occasion they had asked state representatives to change the

statutes so as to enable an increase in council and mayor stipends.

In March an \$18,000 capital improvements grant from Duke Foundation came as an addition to an original \$96,000. It was made because final construction costs exceeded expectations and did not mend operating deficits.

Under the leadership of Zane, the hospital renewed its plea for financial assistance. Councilman Mack Arnold, Jr., recommended a cash grant of \$40,000; but the idea of councilman Forrest Campbell, former county attorney, that the city and county lend the hospital \$150,000 for five years interest free and to be repaid only from profits, gained acceptance. On March 20, city and county each yielded \$75,000 from non-property tax funds, and hospital trustees assured the two bodies they would not seek further funds. \$50,000 went for bank loans, \$70,000 went for past due bills, and the reserve fund caused local banks to be more friendly. None of the loan was spent for day to day operating expenses. Zane was determined to place the hospital on a sound financial footing, so Jacques Norman Associates, hospital consultants of Greenville, S. C., was employed in September, 1967, to review financial operations and medical procedures. Also, a full-time comptroller of the hospital was employed. A special grant of funds by members of the Richardson family was made to assist in meeting these added expenses.

Today L. Richardson Memorial Hospital is a modern medical center, located in southeast Greensboro, near the intersection of Highway 29 and Interstate 85. This location makes its emergency room most accessible to victims of highway accidents but more significant is the fact that this location is an inconvenience to the white physicians, most of whom live across town. Here is a hospital with 185 beds of which 152 are staffed and less than 120 are being occupied. Presently, larger than the other two predominantly Negro hospitals in the state, Durham's Lincoln with 125 beds and Winston-Salem's Kate Bitting Reynolds with 168 beds, L Richardson has two delivery rooms and four operating rooms but does not have the census to support a coronary, psychiatric, intensive care, social service, nor physical therapy department. In its building design, L. Richardson Memorial Hospital has spread patient rooms, thereby, limiting the problems of patient visiting

facing many hospitals and has not restricted visiting. Each of two halls on each floor is lined to the exterior with one-, two-, and four-bed rooms and to the interior by baths, showers, and storage rooms. According to administrator Smith, the major problem presently is the lack of physician participation due mainly to the white physician who is hindered by the distance across town to the hospital. The 12 Negro physicians and six Negro dentists alone cannot support the hospital. Until 1953, essentially all Negroes were treated at L. Richardson Hospital; but the new Moses H. Cone Hospital decided to admit Negroes, carefully controlling the number so as not to affect L. Richardson "adversely." The first day Moses Cone opened, a Negro patient was transferred from L. Richardson; and, subsequently, when needed treatment facilities were lacking at L. Richardson, others were transferred. Before the 1964 integration ruling, L. Richardson saw an occasional white patient. Today there are few white patients; and, in addition, many Negroes are now entering the other hospitals because of their own choice and/or because their physicians' preference. On the bright side, L. Richardson is good insurance for a community disaster; and, if Greensboro expands more southward and causes physicians to move nearer the hospital, this long-time community effort may receive the nourishment it needs to flourish again.

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