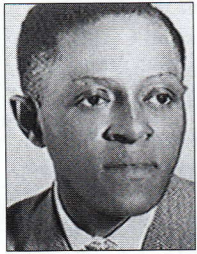


Quentin Mease and the Establishment of the Harris County Hospital District

By Roger Widmeyer

In 1948, the Young Men's Christian Association (YMCA) was fairly well established throughout the United States. Most large northern cities typically had several branches of the "Y," with always at least one branch just for African-



American members. That same year, Quentin R. Mease, a young graduate of the University of Iowa, had become active in the YMCA and the National Association for the

Advancement of Colored People (NAACP), a flourishing organization concerned with legal rights for the Negro. Mease found limited opportunities while in Iowa, and longed for a big city, at least larger than his hometown of Des Moines. Hoping for greater chances to break the color barrier, he chose Chicago as his destination.¹

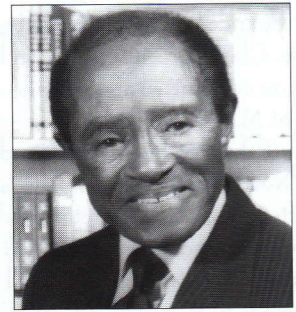
Arriving with a master's degree in social work in hand, he was soon enamored by big city life. "Chicago was a wonderful city," Mease reminisces, "like New York, but without the congestion."

Mease's interest in the YMCA—and the long hours he put in—was quickly noticed. It was not long before he was contacted about helping the Y with building campaigns in cities across the United States. Los Angeles, Detroit, Louisville, and Houston were cities where Mease's skills could be utilized, Y administrators believed. All but Houston had fairly successful Negro branches. In Houston, the Y in the south-central part of the city met in rented spaces. Hoping that Mease might be able to help them expand and solidify their services, the Houston YMCA paid for Mease to fly down and

take a look. They liked what he had to offer, and shortly after, Mease accepted this new challenge.

Quentin Mease spent the next fifteen years in Houston building the South Central YMCA into a successful branch. By the early 1960s, the Y had become an important part of Houston. The new facility was quite large, with meeting rooms that could accommodate sizeable conferences and meetings. It was the most utilized building in the city for Houston's Negro businessmen. Most importantly, the Y hosted regular meetings that were interracial, attended by many of Houston's business leaders from both races. Houston, after all, had always been a city of commerce, an entrepreneurial city, and no savvy business person would let color get in the way. The business people Mease met at the Y meetings would play a critical role in his coming involvement in the creation of the Harris County Hospital District.

When he first came to Houston in 1948, segregation was evident in buildings throughout the city, marked by common "Colored Only" signs. Houston's only public hospital also bore the brand of the pervasive racism of southern cities. Named after the president of the Confederacy, the original Jefferson Davis Hospital was a 150-bed facility, opened in 1924 on Elder Street, just a few blocks northwest of downtown. It quickly became severely overcrowded and in 1936, the new Jefferson Davis Hospital, a 500-bed facility, opened on Allen Parkway. The location was not particularly convenient for the indigent population of the Fifth Ward and East End, nor was it convenient for the doctors and residents of Houston's new medical school, Baylor University School of Medicine, which was located at the end of Fannin



Street, five miles south of downtown.

As Mease became increasingly involved in civic affairs, the need for better health care for Houston's indigent population became evident. To meet increasing patient demands, a second public hospital opened in the Texas Medical Center in 1963. Ben Taub General Hospital was named after the dedicated chairman of the governing board of Jeff Davis Hospital. In the early 1960s, Houston's public hospitals and the delivery of health care to the city's needy citizens began to come under intense scrutiny. News stories began appearing about overcrowding at the hospital. Jan de Hartog, a Dutch novelist residing in Houston, wrote *The Hospital*, a book based upon the experiences he and his wife had while volunteering at Jeff Davis Hospital. The book's portrayal of a hospital that was overcrowded, understaffed, and very unsafe, created a sensation.

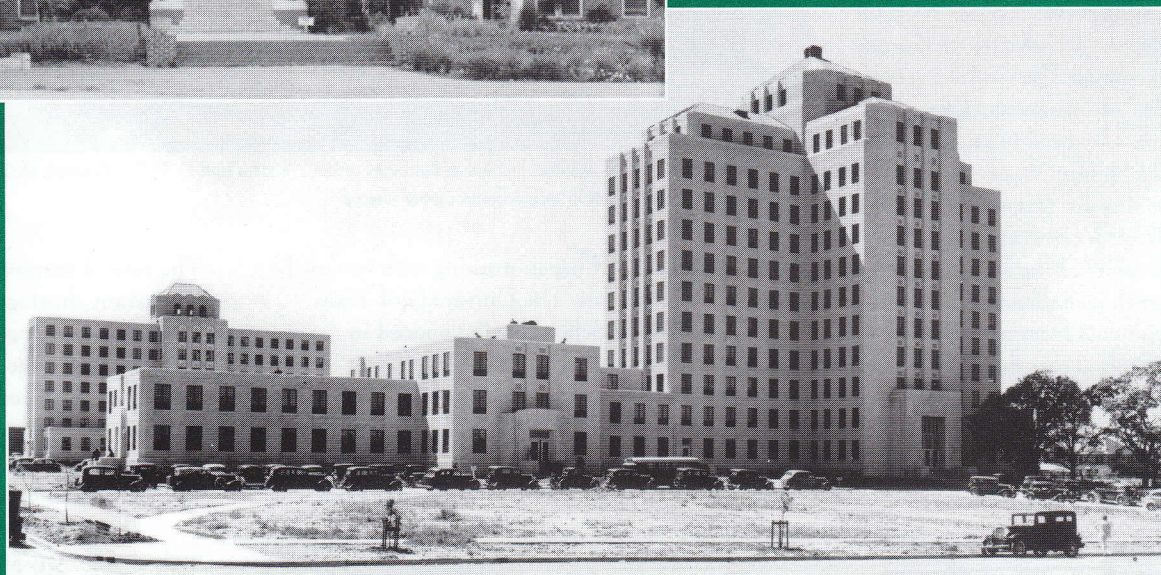
The city-county "partnership" in public health had not worked. Neither the city nor the county had ever wanted to become involved in indigent health care. There was a poor plan to utilize tax dollars, and for years there were few people in the city willing to serve on the hospital's board.

The Texas State Legislature had already passed a law allowing any of Texas' counties to create a hospital district board of managers and to set a tax rate to support a public hospital. This could be done by the voters simply passing a referendum, but by 1964, referendums to establish a unified hospital district in Harris County had been defeated by the voters four times. For the fifth try—in November 1965—it would be necessary to have virtually everyone with any kind of political muscle in the city behind the

ABOUT THE AUTHOR: Roger Widmeyer has most recently served as Communications Analyst for Mayor Lee P. Brown. From 1996-2000, he served as managing editor of *Texas Medical Center News*. He was director of public affairs and patient affairs for the Harris County Hospital District, 1989-1996. He has taught college English and speech in California, Massachusetts, and Texas.



In 1924, the 150-bed Jefferson Davis Hospital was built at 1101 Elder Street. Years later in 1938, a new Jefferson Davis Hospital was constructed on the south bank of Buffalo Bayou on Allen Parkway. The 11-story, 500-bed Jefferson Davis Hospital, which replaced the old Elder Street facility, was financed with a \$2.5 million bond. Courtesy Harris County Hospital District



effort. The new chairman of the Harris County Republican Party, George H. W. Bush, happily posed for a newspaper photographer as he deposited his ballot supporting the hospital district creation into the ballot box. The referendum passed, barely.

Now, the Harris County Commissioners Court would need to appoint an inaugural board for the new Harris County Hospital District. A selection committee was first appointed to identify candidates. Leon Jaworski, who had chaired the committee that supported the referendum, and Joe Allbritton, chairman of the Baylor board, convinced Quentin Mease to allow them to put his name before Commissioners Court.

Mease did not like the idea of an appointed board and strongly suggested that the Legislature permit an election of hospital district board members. He felt there was too much of a possibility that the members would become political appointees, instead of citizens elected by the people they would serve—much like

the independent school district boards.

A few days later, as Mease was leaving a meeting at the Y, he was summoned to a nearby telephone. It was the *Houston Chronicle* seeking his response to being named to the Harris County Hospital District Board of Managers. The banner headline in that evening's paper read, "Court Names Blue Ribbon Panel for the First Board." And it was a board with impressive credentials.

On November 25, 1965, in a conference room at Ben Taub Hospital, the board held its first public meeting. The members included Gerald Hines, a real estate developer; Daniel C. Arnold, senior partner at Vinson, Elkins, Weems & Searls law firm; Aaron Farfel, an international financier and investor; Robert Gillette, an attorney for Humble Oil Co.; Winifred Wallace, the sole woman on the board who had worked tirelessly organizing women throughout the city in support of the referendum; Don A. Horn, executive secretary of the Harris County AFL/CIO; and Quentin Mease,

executive director of the YMCA and respected community leader.

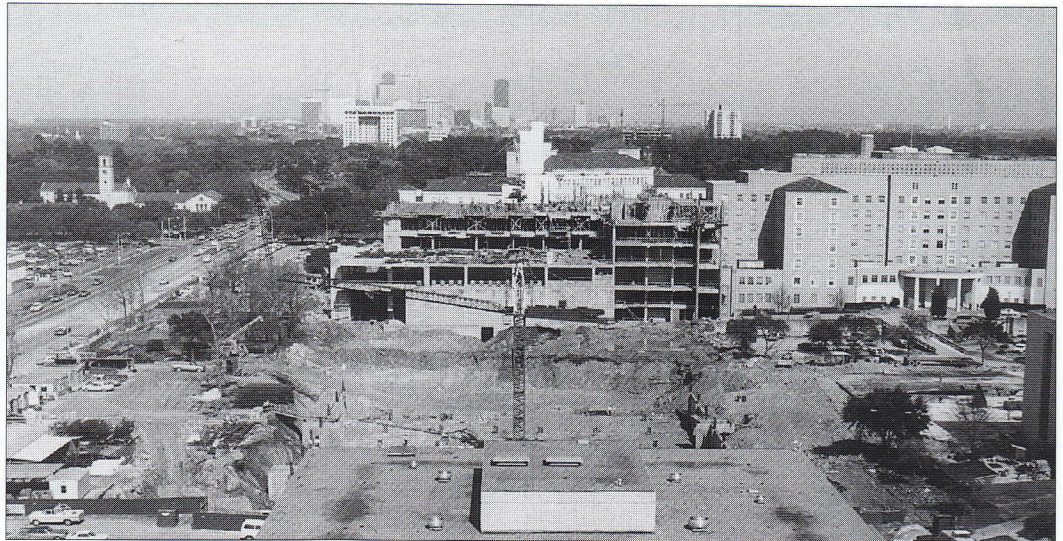
Mease recalls: "We faced enormous challenges. At that first meeting, we all felt a little overwhelmed at the task ahead of us. But we went about the necessary business, determining the one- and two-year terms (because we had to have staggered terms), the various committee memberships, and identifying the immediate needs."

Because neither the city nor the county had wanted to spend money on the two hospitals, the budget picture was very grim. The very first order of business for the new board was to take a hard look at the district's financing. Commissioners Court had allotted an initial budget of \$7 million for the new district; the money was gone by November—in a fiscal year that went through March! The board went back to Commissioners Court and received another \$3 million for the remainder of the fiscal year.

"Our primary concern was getting the hospitals in shape," says Mease. "The com-

mittees reflected those areas of concern—fiscal, buildings and properties, personnel. Personnel issues were a big problem. Quite a few of the hospital staff were there because of their political connections. One of the key administrators had absolutely no qualifications.”

Baylor’s doctors and residents worked under a contract that had been written in 1948, when there was just one hospital under the jurisdiction of the city and county. The contract—now called an “affiliation agreement”—needed to be updated, and Quentin Mease was asked to take this on. His work in building the South Central YMCA had given him many of the skills necessary to take on such a challenge. He requested similar documents from about a dozen teaching hospitals across the country, studied them, and drafted a new affiliation agreement for the hospital district and Baylor. The document stood the test of time and was replaced in 1990 only because the hospi-



The University of Texas Medical School at Houston under construction in 1972. Courtesy McGovern Historical Collections, Houston Academy of Medicine-Texas Medical Center Library

tal district began working with two medical schools, The University of Texas Medical School having opened in Houston in 1972.

The hospital district staff members—nurses, technicians, and house-keeping—were paid substantially less than their counterparts at other hospitals.

The rate of turnover was high. There was a constant shortage of nurses and skilled medical technologists. In Mease’s second two-year term, the personnel issue came to a crisis. Angered at the lack of progress on salary increases, the Ben Taub night nurses walked off the job, leaving the patients alone.

“Their position was insupportable. I understood their grievances, but not their methods,” says Mease. In the process of resolving the conflict, several nurses were terminated and Mease earned the ire of union members and some in the community. In the end, Mease and his fellow board members realized that pay and working conditions simply had to be brought up to industry standards. In talking with the employees, they also found that the vast majority of hospital district employees had a sense of mission, a sense that their service was to indigent patients.

In 1967, Mease and board member

Continued on page 53



Ben Taub Hospital, 1963. Courtesy McGovern Historical Collections, Houston Academy of Medicine-Texas Medical Center

HOUSTON CHRONICLE
Page 6, Section 3

Sunday, November 14, 1965

Ben Taub Handles 4500 Emergency Cases a Month

BY DICK RAYCRAFT

Chronicle Reporter

The lights of Ben Taub General Hospital’s emergency room are burning always. It is the crisis area of the hospital. Within its well-scrubbed blue walls there are concern, an occasional laugh, urgency and death. It’s the one area of the hospital where beds, equipment, doctors and orderlies are

shared by rich and poor alike. Houston police dispatching of fice says 85 percent of emergency ambulance calls are sent to Ben Taub because of its ability to handle emergency work at any hour. Dr. Phil Davis, deputy chief of medicine at the hospital, says: “If it’s an emergency case, we take care of him and ask questions about his financial status later.”

The emergency room at Ben Taub is just one part of the Houston-Harris County system of charity hospitals, which also includes Jefferson Davis Hospital at 1801 Allen Prkwy. JD houses maternity and tuberculosis wards. From January through October of this year, 19,854 patients had been treated at the two hospitals. Patients who are

admitted to the hospitals pay for treatment and medicine according to the size of their family and their income. The system also offers obstetric, pediatric and general medical treatment. James Pears, administrator of the hospitals, and Mrs. Ruth Strohmman, head of nurses, say the lack of money is the greatest obstacle to maintaining and

improving charity hospitals in this area. The hospitals had requested an \$8.9 million budget for 1965 but received \$7.3 million from the city and county. Pears notes these problems that he says only more money can solve: ● Staff shortage—The ratio of workers to beds is 1.8 to 1, while the national standard is

Quentin Mease & The Establishment *continued from page 40*

Winifred Wallace—both members of the district's clinic committee—were approached by the residents of the Settegast community in far north Houston. People in the community had long felt medically underserved. Getting to the outpatient clinics at Ben Taub required a fairly lengthy bus trip, with two transfers. The Settegast representatives proposed a clinic in their community that would handle much of the outpatient needs. To Mease, it was a wonderful idea, but the district had no funds for a free-standing clinic. However, they were determined to make it happen.

With the help of an Office of Economic Opportunity grant and a fund-raising effort by the Settegast community, the first of the district's Community Health Program clinics opened in a storefront location on Old Settegast Road in the spring of 1967. Over the next fifteen years, ten more clinics were opened at strategic locations throughout the county, including Acres Home, Baytown, Pasadena, and Humble.

By the early 1970s, it was clear that "fixing up" Jefferson Davis and Ben Taub hospitals was no longer feasible. Neither hospital could meet Joint Commission on Hospital Accreditation standards. Additionally, Houston Fire Marshall Eddie Corral had threatened to close down the hospitals because of numerous violations, the most serious being accessible fire escapes. In 1971, a majority of the board of managers approached Mease and asked him to consider accepting their election of him as chairman. They felt the board needed his leadership for the coming building campaign.

With his election as chairman of the hospital district board, Mease was automatically appointed to the board of the Texas Medical Center. A few years later, Dr. Michael DeBakey called Mease and asked if he would become a member of the Baylor College of Medicine board. "Baylor had an aggressive and highly successful fund-raising operation by then," says Mease. "I told DeBakey that I knew being on the Baylor board meant either you had money to give or you knew where to get the money! He laughed and said, 'Quentin, your service to the hospital dis-

trict has been outstanding, and that is the reason we want you on the Baylor board.' I've remained on it since then."

During Quentin Mease's first ten years as the board chairman, talk continued about building replacement hospitals. Nearly everyone understood the need to replace Jeff Davis; it was fifty years old—ancient by hospital standards. There was considerable questioning of replacing Ben Taub. Built in 1963, most people still considered it a fairly new facility—even though it did not meet hospital code standards on the day it opened. Another thought was that when one hospital in the medical center had an abundance of vacant beds, the hospital district should contract with that hospital for inpatient service. Within days, other hospitals proposed contracting with the district for inpatient care.

This was soon recognized as a bad idea. It would wreak havoc on the teaching mission of the hospital district and Baylor. Doing such a thing would never allow the real issue to be addressed—replacing the out-of-code hospitals. It would have to be done sooner or later.

Mease and the board worked with the Harris County Commissioners Court

on a plan to float bonds that would pay for the construction and new state-of-the-art medical equipment—estimated to be around \$240 million for both hospitals. Board member and banker Marc Shapiro designed a bond package that won approval.

In 1972, The University of Texas established a health science center in Houston, comprised of the dental school, nursing school, and school of medicine. Now, Houston had two medical schools. UT established an affiliation for teaching purposes with Hermann Hospital, but the school needed the clinical training facilities that a public hospital could provide. There was intense pressure on both the hospital district and Baylor to include UT in the district's future. A proposal was put forth that would form an "affiliated medical services," a single unit representing both medical schools' clinical teaching practices for the district to contract with.

Years before, Mease had put together the original Baylor-hospital district agreement, free of charge. This new agreement outlining the obligations of UT and Baylor—in the end, a document the size of a telephone book—cost the district \$200,000 in lawyers' fees.



Quentin Mease Community Hospital became part of the Hospital District system in 1983. The facility was named to honor Mease for 25 years of service as a member of the Board of Managers. Courtesy Harris County Hospital District

As design on the new hospitals began, the district was notified of an existing, relatively new facility, just east of Ben Taub that might help alleviate some of that hospital's over-crowding. Just a few years before, the Central Church of Christ had built a four-story facility as a home for the aged, but with declining revenues, the church was forced to close the facility. The building would require little remodeling because it was essentially a health care facility.

Mease's colleagues on the hospital district board surprised him with the suggestion that the new facility be named after him. Mease pointed out that he understood naming a building after someone usually happened following that person's death—so he was opposed to this idea. The other members insisted, however, because their board chairman had ushered the district through trying times and challenges. Quentin Mease Community Hospital opened in 1983 and became primarily a geriatric and psychiatric facility. It also houses the district's Martin Luther King Health Center, which provides health care services to its neighborhood residents. The new affiliation the district had with the two medical schools would impact the new hospitals. For over a decade, Jeff Davis had been the district's maternity hospital, staffed by Baylor physicians; all the district's OB patients went there to have their babies. Most of the staff spoke of the hospital as a wonderful place to work, full of babies and happy families. In the early 1980s, between 17,000-18,000 births occurred at Jeff Davis annually.

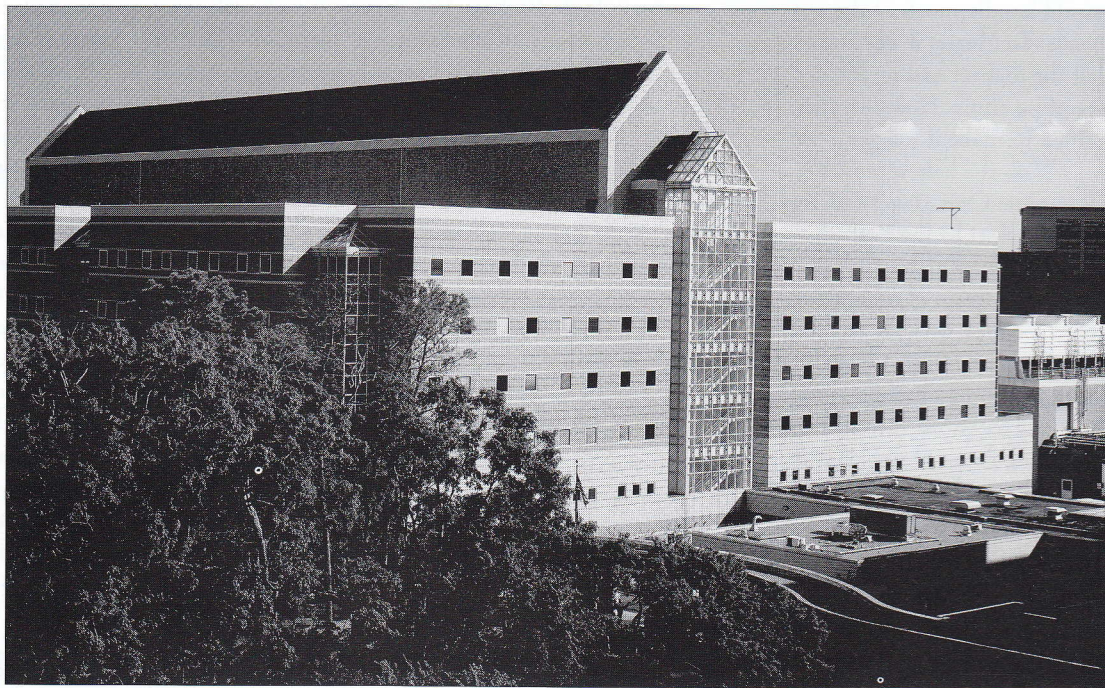
But the two new hospitals, each staffed by a different medical school, would require OB services. In addition, Ben Taub had served as the district's primary emergency center and surgical facility. That, too, would have to change in order to accommodate the teaching programs of both medical schools. The separation of services under Baylor—materni-

ty services at Jeff Davis, surgical services at Ben Taub—proved to be financially wise. Now, with the two new hospitals, there would be a duplication of services. But it could not be helped.

There was little chance in 1990 that the replacement hospital for Jeff Davis would carry the name of the Confederacy's president—even though a vocal contingent of the Daughters of the Confederacy addressed the board on several occasions. Because of his dedication

Hospital opened in the Texas Medical Center.

On the evening of January 13, 1990, Quentin Mease sat back and breathed a sigh of relief and satisfaction. One of the largest building campaigns in the history of U.S. public health care was completed. During the course of the next few months, the "bugs were worked out." U.S. Interstate Highway 10 served as a basic line of demarcation: residents north of I-10 would utilize LBJ Hospital



The new Ben Taub Hospital, an acute-care facility, opened in 1990 and is one of the nation's busiest trauma centers.

to civil rights and endorsement of Medicare, President Lyndon Johnson's name was chosen for the new hospital. Most importantly, the Lyndon Johnson General Hospital would be located in the north part of the city, close to the cross-roads of Highway 59 and the North Loop 610. It was an area that for years had been medically underserved.

On the morning of June 2, 1989, the move of more than three hundred patients—including one hundred newborns—from Jefferson Davis Hospital to the new 324-bed Lyndon Johnson General Hospital began. Ambulances traversed the eleven miles throughout the day. A mixture of excitement and sadness filled the hospital staff. A very new chapter had opened. Barely six months later, on January 12, 1990, the new 578-bed Ben Taub General

and the community health clinics in the north part of the county, and residents south of I-10 would utilize Ben Taub and the remaining clinics.

Hospital district staff at LBJ worked alongside the doctors and residents of The University of Texas Medical School with just as much vigor and camaraderie as they had with the Baylor medical staff. LBJ's emergency center opened and promptly became the second busiest ER in the county, just behind Ben Taub in number of emergency visits.

Quentin Mease remained chairman of the board of the "new" Harris County Hospital District for several more months. After serving the district for twenty-four years, on October 29, 1990, he formally retired. ■