

The History of Hospital Care in Waller County

By Michael Zhou and Mark Tschaepe

A cross-shaped, one-story, beige building stands on 6th Street in Hempstead, Texas. Some old chairs, technical equipment, and other miscellaneous objects are visible through its windows, which are spaced equally across its brick wall. A large sign explains to passersby that the building is home to some office spaces. However, upon closer inspection, the front door is impeded by a blunt sign marking the building's abandonment: "Effective 11/25/2019, Health & Human Services is Moving." Nothing hints at the building's identity or history except a single, ridged metal plaque that reads "Waller County Hospital."

Waller, an agrarian county on the northwestern outskirts of Houston, no longer has this hospital – a situation that is emblematic of a larger issue regarding rural healthcare across the country. The National Rural Health Association reports 107 rural hospitals have closed since 2010, and more than one-third of those remaining are at risk of closure. Waller County itself possesses fewer than five primary care physicians and no hospital. Yet despite its current state, the county has boasted multiple hospitals throughout its past. In the 1900s, two hospitals primarily served the Waller community. One hospital was located on the campus of Prairie View A&M University (PVAMU), and the other hospital was in Hempstead, the county's largest city. Several issues plagued these hospitals, eventually causing both to close and transforming the county into a medical desert.

The Prairie View A&M University Hospital

Prairie View A&M University, the first state-supported college in Texas for Black students, was established in 1876 and originated as a normal college to train Black teachers.

Despite a growing class size, the Texas government neglected to provide support for its expansion, and many students could not attend because the state limited financial aid. In 1882, the college reported that its fifty-one students represented only one fourth of the school's capacity. By 1899, although the class size had grown to 190, the state did not increase its quota of state-supported students, and the college remained limited in size.¹

During this time, civil rights activists forced the state government to address the need to expand and improve Black educational opportunities. A provision in the Texas Constitution of 1876 stated that "The Legislature shall also, when deemed practicable, establish and provide for the maintenance of a college or Branch University for the instruction of the colored youths of the State..." Many believed the time had come for the government to act upon this obligation.²

White educational and political leaders wanted to expand PVAMU beyond a normal school into a full-fledged college to satisfy the statute; the Teachers State Association of Texas led the opposition, calling for the creation of a separate university. The 25th Legislature tried to pass a bill authorizing 50,000 acres of land for "[a] colored state university at Austin," but the Texas Supreme Court struck down the bill. With this ruling, antagonism between both sides dissolved as most people began to support the expansion of PVAMU, including the school's principal, Edward L. Blackshear, who originally supported the separate university. With this shift in opinion, the legislature decided to expand Prairie View from a normal college into a "classical college." In 1899, the state changed the school's name from Prairie View State



Today, the former Waller County Hospital is located in Hempstead, Texas, where it remains vacant and unowned, despite being connected to the Waller County Corrections Department.

Photo courtesy of Michael Zhou.

Normal School to Prairie View Normal and Industrial College, and two years later, the school began offering a four-year course of study.³



Edward L. Blackshear held a firm belief in the power of education. Graduating from college at eighteen, Blackshear served as a principal for several schools prior to becoming principal of Prairie View State Normal and Industrial College.

Photo courtesy of Project Gutenberg.

In 1902, Principal Blackshear used this new-found support to request \$2,500 for the appropriation of a hospital that would become the Prairie View A&M Hospital.⁴ Up until this point, no health clinic or center existed in Waller County. Instead, physicians traveled to patients' homes to provide healthcare. The college did not have a residential physician until after the hospital's construction, which meant students lacked easy access to professional healthcare.

The completed one-story hospital building contained two wards for patients with fifteen bedsteads, one office, one operating room,

two bathrooms, and a kitchen, all with basic accessories. By 1914, the hospital had established a regular schedule with health officers visiting the school at least twice a week.⁵

This hospital, the first iteration, operated for about two decades. However, it remained inadequate to treat the growing number of students, which reached 1,400 by 1914. When Dr. John G. Osborne, a medical physician, took over as principal of the college in 1916, he noticed a deficiency in campus healthcare as a result of the hospital's shortcomings. For example, in the winter of 1916, a pneumonia outbreak led to the deaths of three students and one teacher. From 1916-17, an epidemic of both malaria and the mumps also raised serious health concerns within the college, though no deaths were documented. The following year, a return of the measles and pneumonia led to three, possibly four, deaths.



Furthermore, the hospital could not handle the number of patients with measles and pneumonia, leading to campus dormitories being converted to centers for the sick on multiple occasions.⁶

To resolve this situation, Dr. Osborne requested and received funds from the state for the construction of a new hospital and the establishment of the College of Nursing in 1918. A new hospital, the second iteration, was completed in 1921. In addition to offering patient care, the hospital served as a training site for students in the College of Nursing. The hospital contained four wards, a sterilization room, an operating room, nurses' quarters, a dental parlor, and a demonstration room. The hospital cost roughly \$18,000 and served both Prairie View students and Waller County residents.⁷

Unfortunately, many buildings on the campus at the time lacked proper safety measures, and fire destroyed the hospital on the night of September 26, 1928. Ten students were injured, and one student died. The new principal, Dr. W. R. Banks, immediately requested funds for a new hospital, leading to the construction of the third iteration hospital, which was built using \$81,000 from the Rockefeller Foundation in New York.⁸

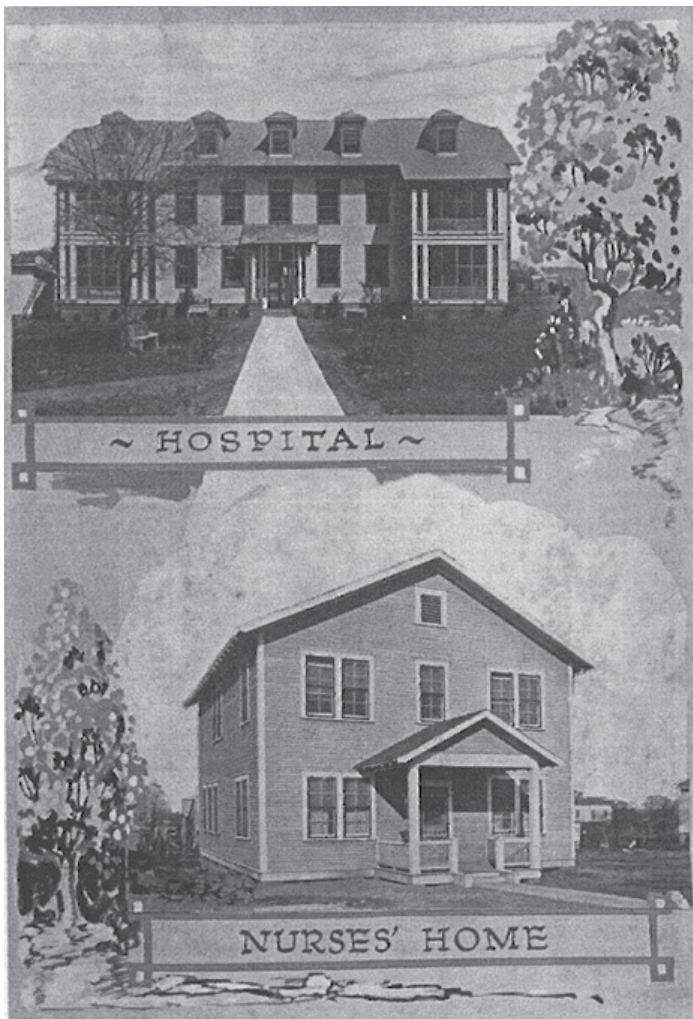
Erected in 1929, the third iteration hospital was a three-story building thoroughly equipped with the latest healthcare equipment. The hospital contained fifty beds and was staffed with one surgeon, two interns, a dentist, a pharmacist, three nurses, and twenty-five women in nurse training. Despite the hospital's new renovations, it did not provide enough opportunities for enrolled nursing students to interact with patients according to the requirements of the Board of Nurse Examiners. As such, the school established programs where students often learned by working at other hospitals, such as Jefferson Davis Hospital in Houston.⁹

By the 1950s, Prairie View A&M had expanded its healthcare provisions beyond its hospital. Public nursing programs and health committees were established to assist Waller County community members. This included bi-monthly maternity services, a midwife program, infant and preschool health programs, and the referral of children and young adults with disabilities. These health services originally operated from a section in the college hospital, but they later moved to a new center in an old high school building.

Healthcare workers coordinated with the Waller County Negro Health Council to organize the funding and education for the programs. In 1960, these programs gave aid

With the expansion of PVAMU beyond a normal school, new departments and renovations rapidly sprang up. Although small in stature, the first iteration hospital represents a significant step in the development of Waller's healthcare.

Photo courtesy of Prairie View A&M University Special Collections/Archives Department.



Illustrated in the 1926 PVAMU yearbook, the second iteration hospital has clearly upgraded from the first iteration, embodying the foundation for PVAMU's College of Nursing.

Photo courtesy of Prairie View A&M University Special Collections/Archives Department.

to 261 maternity patients and benefitted hundreds of other residents who needed medical care.

In 1968, the upper division of the College of Nursing moved to Houston to provide more nursing experience for students seeking professional advancement. Since Waller County's population was not large enough to sustain an effective training program for the College of Nursing, this move furnished additional educational and professional opportunities for students. However, it greatly diminished the quality and quantity of healthcare services in Waller County. In 1982, the third iteration hospital was demolished, and the College of Nursing moved to its current location at the Texas Medical Center in Houston. This event also occurred at an unfortunate time because, just a few years later, the only other hospital in Waller County shuttered as well.¹⁰

The Waller County Hospital

The Waller County Hospital opened in Hempstead on August 19, 1951, in response to a community petition circulated in 1949. Its creation is credited to Judge John C. Winfree.¹¹ The hospital's administrator and a local physician both worked in the hospital and were the key leaders in providing hospital care. The Waller County Board of Managers of the Hospital helped manage the facility and handled fundraising. The Waller County Commissioners Court, which included a county judge and four commissioners, provided county funding to the hospital and appointed the hospital board. This hospital became Hempstead's primary source of emergency services. As with PVAMU, before the establishment of a hospital and sedentary health practices, physicians had to travel to patients to provide healthcare. Thus, many rural families only sought professional assistance after an illness reached critical stages.¹²

Construction of the Waller County Hospital cost \$300,000. After World War II, only one physician had remained in the county, making the hospital a community necessity. Despite this, it constantly suffered from a lack of physicians. When the first doctor left after just one and a half years, the hospital became unsustainable for the next five years. The Commissioners Court viewed the hospital as a financial liability, causing it to reduce the county's financial support. In 1958, an experienced physician, Dr. Bolton, arrived and helped the hospital become self-sustaining by improving the quality of healthcare and attracting more patients. He left after just five years and for the next five years, the Commissioners Court was reluctant to fund the hospital.¹³

In 1968, Dr. Collier arrived and found the hospital was in disarray. Patients often had to tell the staff what medicine they were prescribed during a visit the previous day because the records were not kept properly. L. W. Winfree, the brother of Judge John Winfree, sought the aid of a Mr. Henderson from the U.S. Department of Health, Education, and Welfare (HEW). With the help of four other representatives, they strengthened the hospital's logistical structure and whipped the staff into shape. Nevertheless, the hospital continued to struggle.



Designed by PVAMU alumnus Louis Fry, the third iteration hospital, along with other buildings at this time, were constructed using solid brick to prevent fires like the one that brought the second iteration hospital to its demise.

Photo courtesy of Prairie View A&M University Special Collections/Archives Department.

The hospital lost its Medicare certification in early 1975 after an audit from HEW revealed a backlog of major deficiencies. As these issues came to light, the Commissioners Court met on April 11th of that year to discuss closing the hospital. From this point, commissioners attempted to close the hospital by cutting off its funding, but the Waller County Board of Managers of the Hospital kept pressuring them to keep the hospital open and to increase funding.¹⁴

As a result of the board's pressure, the Commissioners Court decided to transfer \$22,000 to fund the hospital. In May of 1975, the hospital also got recertified for Medicare after resolving most of the problems outlined in the federal audit. The hospital then received an HEW grant the following month for \$1.7 million that was used to create a health clinic next to the hospital. The community felt united as many volunteers worked to recertify the hospital with Medicare and hosted a fundraiser for the hospital that raised \$5,000 for operating costs. Even though the Commissioners Court failed to allocate \$90,000 due to the hospital in July of 1975, the year marked one of the most successful in the hospital's history financially.



The Waller County Commissioners Court (circa early 1970s), shown left to right, included: Gilbert Hartman, Monk Taylor, Judge Jack Taylor, J. S. Greathouse, and Jody Boetcher. Monk Taylor led efforts to close the hospital due to its economic costs, often clashing with the Winfree family.

Photo courtesy of the Waller County Texas Historical Commission/Society.

The good news was short-lived, however, and the hospital was back in the red by 1976. An audit that year revealed that most hospital patients failed to meet payments. On March 4th, another hospital administrator resigned, and on April 15th, the replacement hospital administrator left after just two days on the job. The Commissioners Court again discussed the possibility of closing the hospital but decided instead to transfer more funds. The Commissioners Court and two other parties were sued as a result by Richard Counts, who wanted to end the county's funding of the hospital.¹⁵

The hospital had been well over budget and desperately needed county funds to stay afloat. After the Commissioners Court agreed to transfer \$40,000 from public transporta-

tion funds to the hospital, Counts claimed the transfer was unlawful and sued the county. Commissioners claimed their actions were lawful under a county statute that supported "emergency expenditures ... in case of grave public necessity to meet unusual and unforeseeable conditions which could not, by reasonably diligent thought and attention, have been included in the original budget." Counts believed that no emergency existed to initiate the transfer; nonetheless, the hospital board came away with a victory in court. After the lawsuit was denied, however, the Commissioners Court decided to leverage its power by replacing two members of the hospital board: J. C. Umland, the board president, and L. W. Winfree, the brother of the hospital's founder, John C. Winfree.¹⁶



County Judge John C. Winfree acquired funding and organized the creation of the Waller County Hospital. He is shown with his dog, Betty Lou.

Photo courtesy of the Waller County Texas Historical Commission/Society.

These tactical moves eventually led to closure of the Waller County Health Clinic in 1977 after the Commissioners Court voted to end its funding from the HEW grant due to mismanagement of the funds and a lack of physicians. The change in the hospital board's leadership gave the Commissioners Court the ability to dictate hospital policy without opposition. In 1979, the court, hoping to cease county funding for the hospital in favor of privatization, decided to lease the hospital with negotiations led by Umland, the hospital's former president, and Judge Jack Taylor. Houston's Memorial Hospital system leased the hospital and brought in additional doctors along with monetary support.¹⁷

Leasing the hospital to Memorial proved to be only a temporary solution. In 1983, the hospital reported that it would potentially be shutting down its ambulance system. When Memorial demanded money from the county to support the ambulances, the Commissioners Court voted to allocate \$100,000 to fund the service, and the community agreed to provide volunteer emergency medical technicians (EMTs). Despite this support, Memorial announced the termination of its lease. On midnight of February 28, 1985, the hospital officially closed.

Healthcare Management Group, Inc., a separate health system based in Alabama, was supposed to assume the lease after Memorial left, but terminated the contract two days beforehand. Grimes County Memorial Hospital took over the emergency service system as a last-ditch effort until the hospital could find another organization to lease it, but no

such organization was found. The Grimes lease of the EMT services ended on February 15, 1986, due to insufficient funding.¹⁸

The Future of Healthcare

Today, Waller County does not have a hospital and lacks an adequate number of physicians. Although EMT services are now available, the nearest hospitals serving Waller County residents remain too far away, with a median travel time of 30 minutes. These insufficiencies have been amplified against the backdrop of COVID-19. As of December 28, 2020, the number of cases in Waller had reached approximately 2,000 with 22 deaths being reported — still small, though, compared to the spike of cases in urban Houston. Regardless, access to hospital care has become strained. Earlier during the pandemic, the closest hospital to Waller, Memorial Hermann Cypress, had paused many general treatments to redirect resources for COVID-19 patients. In addition to many hospital ICUs becoming severely strained, the challenge of establishing a hospital in Waller County remains a concern that requires acute attention.¹⁹

On a larger scale, rural health has been a prevalent issue for a long time, as rural Americans often have less access to specialty and emergency care. We've seen this play out from the opioid epidemic that has disproportionately impacted

rural communities to COVID-19. Texas ranks 36th in rural health out of 47 states with rural counties. The state also ranks dead last in access to care for rural counties, which includes primary, mental health, and dental care access. Waller County ranks 184th out of 254 Texas counties for health factors, which measures prevalence of healthy behaviors and quality healthcare, among others. It's clear that improving healthcare is a key concern in not just Waller but all of Texas.²⁰

The two hospitals that serviced the county in the twentieth century carried in-depth histories that should not be neglected. The Prairie View A&M Hospital displayed the effectiveness of healthcare when adequately funded, but also the challenges a small patient pool created for aspiring healthcare professionals. The Waller County Hospital's history has shown the community's support for a hospital but also the problems resulting from insufficient funding. Waller County's experience clearly demonstrates both the difficulty and the need for medical facilities and physicians in small rural communities across the United States.

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