

## Excerpt from *For the People's Health* by William C. Page

### **Yunker Rehabilitation Center**

The opening of Younker Rehabilitation Center in 1959 forcefully demonstrated the position of Iowa Methodist Hospital as a medical institution of rank. In the 1940s and 1950s, physical medicine and rehabilitation were new concepts. Until this time, hospitals generally provided only acute care and surgery. Now doctors began to recognize the need to retrain or rehabilitate injured muscles or bodies ravaged by disease. The polio epidemics of the 1940s and 1950s underlined the need for this care. The basic principle was to treat the whole person, teaching the patient how to care for himself or herself and fostering self-esteem.

The gift of Rachel Younker for the construction of the Younker Rehabilitation Center was the second largest to Iowa Methodist Hospital to date, exceeded only in size by A.H. Blank's generosity in building Blank Children's Hospital. These two expressions of Jewish philanthropy exemplify inter-religious cooperation. The Younker gift provided the seed money for the facility. Other contributing sources included the Ford Foundation for \$205,100 and the Hill-Burton program for \$920,000, on grounds of expanding the hospital's Extended Care Facility. (Soon thereafter, the federal government amended the concept of "extended care" following the acute phase at the same hospital, but that idea never took hold.) A mortgage for \$400,000 provided the balance of the money necessary for the construction.

### **Planning**

Howard A. Rusk, M.D., a prominent physician at New York University's Bellevue Medical Center, was chief among the specialists of his day in the study and championship of rehabilitation medicine, a new field of specialization. Rusk has served in the armed forces during World War II and experienced firsthand how war maimed bodies. In addition to Rusk's research and teaching responsibilities at N.Y.U.'s Institute of Physical Medicine and Rehabilitation, he gained an international reputation through his advocacy of rehabilitation medicine. As chairman of the institute at N.Y.U., Rusk received one award after another. Together with Dr. Frank Krusen at the Mayo Clinic, these two acknowledged leaders in the field stimulated the establishment of many rehabilitation centers across the nation, including Younker.

Organized medicine, such as the American Medical Association and other specialized medical associations, subsequently launched a drive to agitate for rehabilitation medicine. Conferences, articles in professional journals, clinical staffings, and other information dissemination sought to educate the medical profession about the benefits and needs for rehabilitation medicine and the importance of inaugurating specialized doctoral training programs and centers for its practice across the nation. Rusk explained how this new concept – caring for patients through rehabilitation – could be applied when acute medical care stopped. Up until this time, the patient was usually dismissed from the hospital at the time acute care terminated. Medical services to help patients cope with their new physical realities were generally lacking.

These efforts resonated deeply within Des Moines. Iowa had suffered the highest incidence of polio in the nation during the early 1950s. Now, many recovered victims found themselves impaired for life and in need of the benefits rehabilitation medicine offered.

At this point, the paths of Rachel Younker, Dr. Joseph B. Priestley, a surgeon at Iowa Methodist; and the work being done at N.Y.U. converged. Rachel Younker (1877-1976) and Lytton Younker, her brother, were the children of Marcus and Annie Younker and heirs of Younkers, Inc., an Iowa Department store chain. During an illness of her elderly father, Rachel heard Dr. James T. Priestley of the Mayo Clinic (and Joseph's brother) say that "one day the medical profession will recognize that the care of elderly people is a distinct science the same as pediatrics." This idea appealed to her and her brother. Both felt that inadequate medical services had been available for their parents. In 1946, the Younkers made their first contribution to Iowa Methodist to redress those needs. Another gift followed in 1954 for geriatric rehabilitation. Additional major gifts followed, as Miss Younker inherited the estates of her three brothers and transferred the assets to Iowa Methodist. She eventually bequeathed her entire estate to the hospital.

The question arose of how to implement the Younker philanthropy. The administration of Iowa Methodist formed a committee to answer this question. The committee focused its interests on rehabilitation medicine. Dr. Joseph B. Priestley, who had been a classmate of Howard A. Rusk while both studied at the University of Pennsylvania, contacted Rusk and the two physicians met. This was the key that set in motion the establishment of the rehabilitation program in Des Moines. Following the Rusk model, Priestley conducted a clinical conference at Iowa Methodist to present rehabilitation case studies to medical staff. The new concept received some initial resistance. For example, Dr. F. Eberle Thornton – an orthopedic surgeon, Chief Orthopedic Service at Iowa Methodist, and a close colleague of Priestley – expressed reservations about the utility of rehabilitation medicine.

Everyone agreed many questions need answers. How did a rehabilitation center operate? What facilities were required? How large should the center be? Who would staff the center? To find answers, Donald W. Cordes and other hospital administrators and medical staff sought the advice of nationally recognized specialists. Rusk was the logical choice. At Rusk's invitation, a committee from Iowa Methodist organized a study trip to New York City. Cordes later recalled that the committee of Midwesterners were surprised at the practice of rehabilitation medicine. "The Iowa Methodist doctors and I sat behind residents in training with the patients, also attending physicians. They presented a challenging patient from upstate New York, and I saw our doctors come to life. They didn't agree with the treatment and almost got involved in the clinical discussion." (Cordes)

Iowa Methodist also sought other advice. Dr. James T. Priestley the project. A link with him already existed at Iowa Methodist through Dr. Joseph B. Priestley, his brother. "Through Rusk at N.Y.U. and Jim Priestley at Mayo, we felt we were getting the best advice available anywhere," Administrator Cordes later recalled. How should the center be designed? Iowa Methodist employed Rusk and his associate Donald Covalt, M.D., a little younger than Rusk and his right-hand man, as consultants to help develop the Younker unit. Covalt focused on the physical plant and Rusk on the medical staff and treatments. They recommended a 120-bed facility with 3 floors and 40 beds on each floor. Treatments would include occupational and physical therapies. All this was new to Iowa Methodist's administrators and staff. The architectural firm of Brooks-Borg was hired to design the building. Dr. F. Eberle Thornton and Covalt developed the educational program for the medical staff. The intent was for the center to be used by all services of the hospital, including physical therapy for children, a concept that required some time to accept in certain medical quarters.

Should the center include a swimming pool? Covalt confided that he could not get physical therapists into the water with patients. After a lot of discussion, it was decided to build two tanks for walking therapy, side by side. They could be changed later if the center wanted to remove and replace them with a swimming pool. This was never done, and the facility lacks a swimming pool to this day.

## **Construction**

Ground was broken for the Younker Rehabilitation Center in 1957. The design of the center was created to blend with the hospital's other facilities. Red brick has always been provided the dominant building material at Iowa Methodist. The Des Moines architectural firm of Brooks-Borg designed the building and chose large, white, precast panels of exposed aggregate concrete for the long walls of the building. Its east and west elevations and the south elevation of the elevator tower were faced with red bricks, effectively blending Younker Rehabilitation Center with the hospital's other facilities.

Covalt came to the dedication of the building in 1959 and declared that "you have a better center than I have. You have all your medical staff involved. We are still only one section; urology, pediatrics, orthopedics still don't understand what we do." The dedication ceremony was impressive. The local Methodist bishop delivered the keynote address, but its copious allusions to Christianity lacked a certain sensitivity for Rachel Younker's own religious faith.

In opening this new center, Iowa Methodist proudly announced its goals: “The center will provide services to adults with all types of disabilities. It will not be a rest home or a custodial care unit, but a facility whereby individuals may overcome or circumvent their disabilities in order to return to society, as self-sufficient citizens.

“The team approach to rehabilitation will be emphasized. It will combine the services of physical therapists, occupational therapists, nurses, speech and hearing therapists, recreational therapists, psychologists, social workers, and others vital to the rehabilitation process.” (IMH Scope, Vol. VI. No. 1. January 1959)  
Provisions for the counseling services of a State Division of Vocational Rehabilitation program were included in the center’s scope of service.

As planned, Younker was to provide patient rooms on floors 4, 5, and 6; physical therapy on floor 3; occupational therapy on floor 2; and a lobby, business office, canteen, conference rooms, and miscellaneous facilities on the first floor. “We overbuilt the center,” according to the hospital administrator at the time, “80 beds would have been plenty.” (Cordes) A succession of openings occurred as new programs occupied the building. The Physical Therapy unit opened on February 5, 1959, and the first five patients were transferred from Iowa Methodist’s main hospital. Younker 5 opened on June 24, 1959, as a polio unit to meet a recurrence of the disease in Central Iowa in that year. Younker 6 opened as a minimal care unit, with 16 patients admitted on October 19, 1959. Younker 5 was converted into an orthopedic and arthritis unit in July 1960, following the subsidence of the polio threat. Then, in 1964, two additional floors were added to the top of Younker Center, and Younker 7 opened with 32 beds.

In 1972, Iowa Methodist celebrated the final mortgage payment for the construction of Younker Rehabilitation Center, when the \$73,200 balance on its loan from Banker’s Life Company was paid off and the mortgage was released.

## **Staff**

“I’m the doctor who knew how to run the thing.” These simple words characterize Dr. William D. deGravelles, Jr.’s career as director of the Younker Rehabilitation Center. DeGravelles quickly became synonymous with the center and for more than 30 years led the institution. His experience in rehabilitation medicine, easy manner, and ability to build the “rehabilitation team” resulted in immediate success at the center. In looking back over deGravelles’ leadership, Iowa Methodist’s former administrator has said, “DeGravelles was kindness personified, a spellbinder... and very, very unthreatening to the doctor who was caring for the patient. Doctors did not feel that they were losing their patients. ‘You have to stick with me, doctor; I don’t know anything about this patient,’ was a classic deGravelles line.” (Cordes)

Other colleagues corroborate this assessment, “DeGravelles developed a close rapport with the pediatricians, with polio patients, and also with the orthopedists, when they saw what the rehabilitation could do.” (Alberts)

Part of deGravelles’ success stemmed from his empathy with patients. The victim of polio himself as a young man, deGravelles shared many of the same feelings of despair as his patients. Born in Louisiana in 1928, deGravelles entered medical school at Tulane University in New Orleans. In 1952, polio struck him down and forced him to leave school before his senior year. It took a year’s time for deGravelles to get back on his feet, and then it was only with the aid of braces on his legs and crutches. He started his senior year again and graduated in 1953. An internship at Charity Hospital in New Orleans was followed by a three-year residency at Bellevue Hospital with New York University, specializing in physical medicine and rehabilitation, and studying with Dr. Howard A. Rusk.

DeGravelles completed his residency at N.Y.U. in 1956 and went to a newly created rehabilitation center at Duke University for two years. When the Younker program began, Rusk recommended deGravelles’ name to the Iowa Methodist committee searching for a new director.

DeGravelles proceeded to recruit other staff physiatrists (as specialists in rehabilitation medicine were known). Marlin Ewing, M.D. joined the staff as an associate physiatrist.

The establishment of recreational therapy took some time and a lot of negotiation between deGravelles and administrator Cordes. “Our patients were not sick, just handicapped, and they received physical, occupational, and speech therapy during the day,” deGravelles would insist. “I had to talk with Cordes to get a recreational department at Younker. The idea is to get people out of bed, dressed for the day, and ready to go – to the therapist, to the beauty shop, to their meals, everywhere. They feel better this way. This is what I had to do in my rehabilitation from polio at Warm Springs, Georgia.” (William D. deGravelles, Jr., M.D.)

In the evening, patients were still dressed and “out of bed” and joined in recreational events in the large dining rooms where tables were pulled up to the ceiling out of the way. After convincing hospital administration that a recreation director and program was integral to patient recovery (and this took time), deGravelles and others on the staff at Iowa Methodist established the recreation department at the Younker Center.

Genevieve Allen became the first director. She remained with the program about 10 years. Angie Anderson came to the Younker Center in 1963 as a staff therapist. She became the Director of Recreation Therapy in 1968 with the job to provide activities for the center patients. As the program developed, it included movies, games, sing-alongs, band music, parties, dramatics, outings for bowling, trips to the Iowa State Fair, camping and other events.

Sid Ramsey joined the center initially as an audiologist in 1980. Ramsey later assumed more responsibility at the center. In 1997 he moved into administration as Vice President for Business Development for Central Iowa Health System.

Sharon Simmons, later COO of Iowa Methodist Medical Center, began her career at Iowa Methodist as a physical therapist at Younker.

Chronic care – as opposed to acute care – is still an issue at American hospitals. S. Kay Montgomery, a former Associate Director of Nursing Service and later vice-president at Iowa Methodist, recalled, “It was always harder to staff at Younker. Many nurses were more comfortable with the acute hospital where patients turned over fairly quickly. It was harder to find nurses for rehab rather than for general hospital. We had two ‘Neals’ Jo Ann Neal was the first nursing supervisor at Younker. Before the center opened, she went to Bellevue in New York City and took a three-month course in rehab medicine, and then came back and taught people. You weren’t doing everything for a patient, and it took longer for the patient to perform tasks for himself. It was part of his learning to live with and overcome his disability. Rehab was a high care area... initially in rehab we didn’t have as many nurses as we needed. Jo Ann was the first supervisor for the Rehab Center. Janice Neal was head nurse on Younker 4.” (Montgomery)

As the Younker Center evolved, new therapies were introduced as they became available. Therapies included speech, occupational, physical, driver education, sexuality, recreational, and – one of the newest – animal assisted therapy. When Medicare began in 1965, it recognized physical medicine and rehabilitation (PM&R) as a specialty, just as general surgery and medicine were recognized, but only for patients 65 years and over. It took longer for private insurers such as Blue Cross to Recognize rehabilitation.

Dramatic stories emerged from the Younker Rehabilitation Center, particularly about children and the elderly. Some were very long-term patients and many came from all over the state. The center’s treatment received a lot of publicity. Americans extend great empathy toward people with these afflictions, and the media – newspapers in particular – frequently published human-interest stories about them.

For some people, rehabilitation medicine lacked prestige. As one physician has recalled, “As a pediatrician I could refer a child to a surgeon, who would repair “something,” and then I had all the post-op care. Who got the credit? It was the surgeon. I made the diagnosis, etc. The situation was sometimes particularly evident when I sent a bill. The family sometimes read the riot act. Why should we pay you just to be on the case and care for the child afterwards? The surgeon was the one that did the work! That feeling also existed toward rehab medicine. It is a long-term process. People can lose faith.” (Alberts)

But physicians who worked with polio patients were particularly glad to see a program deal with its crippling effects.

Although public recognition took some time, professional recognition quickly came to Younker Rehabilitation Center. In the 1970s, the Commission for Accreditation of Rehabilitation Facilities (CARF) had been established for these institutions. As soon as that commission began its program, Younker Rehabilitation Center received accreditation. Evaluations by CARF continue. Each three years, the Younker Center is examined by a CARF team for re-accreditation. Since its founding, the Younker Center has passed each of these triennial evaluations.

William D. deGravelles, Jr., quickly filled the role at Younker that Lee F. Hill played at Blank – the personification of the institution for those outside the center. In summarizing deGravelles’ work at the Younker Center, Howard A. Rusk later said, “He now leads one of the finest rehabilitation programs in the nation. He is respected by his colleagues and patients. He is a living example of the best in rehabilitation, for he is not only making new lives possible for others, but practices and teaches both by precept and example.” (Quoted by Pat Joachim)

Other key staff during the early days at Younker Center included Jeanette Shotwell, speech therapist; Jane Spicker, head of occupational therapy in the mental health unit, whom deGravelles recruited to Younker; and Fay Peters, head of physical therapy.

### **The Christian Hospital**

The legal and cultural ties between Christian denominations in Iowa and the hospitals they had founded remained close through the late 1940s and the 1950s. In 1952, for example, Edith M. Bjornstad entitled a number of chapters in *Wings in Waiting*, her authorized history of Iowa Methodist Hospital, with Christian references – “Faith without Funds” and “Methodist Zeal,” for example. These ties were also evident in the institutional management. Also in 1952, for example, Iowa Methodist Hospital’s board of directors possessed a complement of 16 ordained ministers, almost 50 percent of the board’s membership. When Iowa Methodist planned hospital improvements in the 1950s, Cordes sought legal counsel to determine if the Iowa Conference of the church possessed a Legal Final Authority. (It did not). The legal ties between hospital and church were even closer at Iowa Lutheran Hospital, as illustrated by the composition of that institution’s board, discussed earlier in this chapter.

Religious ecumenicalism became a watchword of the 1960s. Study and discussion between Catholics and Protestants explored the common roots and tenets of their faiths. Intra-denomination study and discussion continued a process begun earlier in the century among churches such as the Methodists, which had splintered prior to the American Civil War. Inter-denominations, like the Lutherans, whose roots in this country dated from periods of ethnic settlement.

In 1962, various conferences within the Lutheran Church merged to form the Lutheran Church in America. The Iowa Conference of the Evangelical Lutheran Church in America – the founder of Iowa Lutheran Hospital – was included as a participant in that merger. Later, this organization merged with the other Lutheran conferences to become the Evangelical Lutheran Church in America, as the organization is known today.

To place this movement among Lutherans in perspective, consider some of the other religion mergers, which took place about the same time: the Presbyterian Church, USA and the United Presbyterian Church to form the United Presbyterian Church, USA, in 1967; and the next year, the Methodists and the Evangelical United Brethren to form the United Methodist Church, as this organization is known today. The world was becoming smaller and replete with restored fellowship among splintered religious organizations in the United States.

Page, W. C. (2005). *For The People's Health: Iowa Methodist Medical Center, Iowa Lutheran Hospital, Raymond Blank Memorial Hospital for Children, 1901-2001*. Des Moines, Iowa: Iowa Health Systems.