



Hadley Memorial Hospital, 1960s.

Photo courtesy of *North American Regional Voice*, June 1985.

# Hadley Memorial Hospital

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Hadley Memorial Hospital served a densely populated, predominantly black, low-income section of Washington, D.C. It was the only Seventh-day Adventist hospital in the District of Columbia until it was sold in 1990.

## Formative Developments

Hadley Hospital grew out of the Washington Sanitarium Mission Hospital that opened in 1914 in the historic Thomas Law house at 1251 Sixth Street SW, Washington, D.C. The goal of the Mission Hospital (or Sixth Street

Clinic as it was called) was to train nurses to work for the city's poor people.<sup>1</sup> Dr. Henry G. Hadley and his wife Anna, a nurse,<sup>2</sup> placed in charge of the clinic in 1919, worked diligently to stabilize its services and improve its facilities. As a result of their long hours of work the couple were able to raise enough money to buy the buildings in 1923 when they heard the clinic would be sold.<sup>3</sup>

Under Dr. Hadley's guidance, the Sixth Street Clinic became profitable and self-sufficient. It became known as Hadley's Clinic. He continued serving poor patients but also developed a paying clientele. Dr. Hadley gave the property to the General Conference in 1930, but the GC had difficulty managing it and turned it back over to Hadley in 1933. He remained in charge of the clinic on Sixth Street until it closed in 1961.<sup>4</sup>

## Founding

The need for a broader range of medical services became apparent to Dr. Hadley as the scope and volume of his practice increased. Thus, in 1945 he bought six acres of land on Nichols Avenue SW, close to Sixth Street, on which to build a hospital. Construction began in 1946 and completed in 1952, funded entirely by profits from the Sixth Street Clinic, except for one percent in donations from friends of Dr. Hadley.

In the summer of 1952, seven patients were transferred to the new three-story brick hospital, named Hadley Memorial Hospital in honor of Dr. Hadley's mother, Sarah Hadley. The 74-bed hospital accepted patients regardless of race, creed or color for general hospital care, declaring as its objective "to be of service to mankind, ministering to the needs of the sick efficiently and lovingly."<sup>5</sup>

## Historical Development

Once again Dr. Hadley entrusted to his church an institution he had developed on a self-supporting basis. The property was turned over to the Potomac Conference in 1952 and in 1957 to the Columbia Union Conference. The Sixth Street Clinic was sold in 1961 and its functions moved to the hospital.

The hospital thrived during the 1950s. Admissions increased from 1,567 in 1953 to 3,258 in 1961. In the fiscal year 1958-1959, the hospital received "its first funds from the District of Columbia for the care of indigent patients." New departments for Social Service and Volunteers were added and the hospital hired a full-time chaplain who oversaw clinical chaplaincy training for ministers under the auspices of the theological seminary at Andrews University. The hospital employed 200 people as of 1962, 40 percent of whom were Adventists.<sup>6</sup>

In the mid-1970s a major initiative was undertaken to expand Hadley Hospital's effectiveness in providing ambulatory and family-care services, acute needs in the Anacostia and Congress Heights areas of Southeast-Southwest Washington, D.C. that the hospital served. The District of Columbia authorized the expansion in June 1976 based on recognition that out of a total of 14 hospitals, Hadley was one of just two serving an area that comprised 25% of the District's population.<sup>7</sup>

Raising the necessary funds was a slow and difficult process. However, a major step forward was taken in 1979 when Dr. Lysle S. Follette, Jr., was appointed medical director and charged with leading the development of a group-practice medical program for physicians and other medical professionals to provide the family and community health care needed.<sup>8</sup>

A Family Health Services clinic was part of a \$3 million wing added to the hospital and dedicated in 1981. Funding from charitable foundations -- \$500,000 from the Robert Wood Johnson Foundation, \$250,000 from the Kresge Foundation, and \$100,000 from Fannie E. Rippel Foundation – and another \$500,000 in federal government funds authorized by the Hill-Burton Act made it possible to move forward with the addition. Hadley's locale for a number of years had been designated by Federal health-care officials as "having Greater Metropolitan Washington, D.C.'s most severe unmet health care need." The federal funding thus supported Hadley's new Family Health Service in improving "maternal and child health care, and in the prevention of infant mortality."<sup>9</sup>

The Hadley development plan reached a culmination with the dedication on September 30, 1986 of a new three-story building with 81 replacement beds, a 10-bed critical care unit, a 100-seat cafeteria, a small chapel, and new kitchen facilities and administrative offices. The old building was partially renovated and used as emergency and surgical units. Dr. Albert Dudley, who had become president of the hospital in 1985, oversaw the Grand Opening that took place over two days officially proclaimed "Hadley Days" in the city of Washington D.C. by Mayor Marion Barry.<sup>10</sup>

Extensive press coverage given to the event testified to the hospital's significance in the Washington, D.C. community. The affiliates of the three major television networks (ABC, NBC, CBS) all covered the opening and the major local newspapers (*Washington Post*, *Washington Times* and *Washington Informer*) all gave it prominence, some as front page news. The *Post*, for example, noted the distinctive importance of the hospital's location in one of the "District's most neglected neighborhoods," positioned to handle a wide range of community needs, "everything from dog bites to cardiac intensive care." Coverage also highlighted another unique feature – the cafeteria served only vegetarian meals, attracting a health-conscious clientele who came to the hospital just to eat.<sup>11</sup>

Hopes were high for the new and improved hospital in 1986 in keeping to the vision of providing care for the underserved population, despite the financial stress that developed in the 1970s due to changes in the health care industry that came with implementation of Medicare, Medicaid, cost containment and other changes in reimbursement.<sup>12</sup> The Family Health Service and Community Health Program was especially helpful to the urban poor living in a high-risk areas for drug abuse, sexually transmitted diseases and teenage pregnancy. A profile of the hospital's work in 1988 reported that "Hadley emphasizes prenatal and postpartum care, due to Washington's reputation for having the nation's highest infant mortality rate." In order to stay attuned to community needs, the hospital established a community advisory board made up of area residents and hospital

workers who were knowledgeable about the community and the best ways to reach its citizens.<sup>13</sup>

Hadley also sustained a connection between its humanitarian work and the spiritual, evangelistic dimension of Adventist mission. A new congregation, planted in 1982, met at the hospital. After starting with 12 members it had grown to 62 in 1985 and would reach 300 in 1989.<sup>14</sup>

## Controversial Closing

Despite the evidence of success and positive impact, Hadley Hospital continued to lose money through the late 1980s. According to a report to the North American Division Committee in 1989 by Bryan C. Breckenridge, a regional vice-president of Adventist Health System (AHS), Hadley had lost \$12 million over the four years from 1985 through 1988. Other Adventist hospitals in the region, he said, were subsidizing Hadley to keep it functioning, but this could not be sustained over a long period. He also referred to federal government regulations calling for reduction in the number of hospital beds throughout the nation as a factor in the Adventist Health System's conclusion that the denomination should sell Hadley Hospital.<sup>15</sup>

The decision stirred strong opposition from black Adventist leaders. Hadley President Albert Dudley, while acknowledging the changes in health care and the trend in favor of larger hospitals, believes that one reason for the decision to sell the hospital was that "the mission of Hadley did not fit into the mission" of other Adventist hospitals in the area. It seemed to him that AHS did not want a Black hospital in its grouping.<sup>16</sup>

E. E. Cleveland, the prominent Adventist evangelist who had served at the General Conference for 23 years (1954-1977), was blunt in a *North American Regional Voice* editorial entitled "Consolidated – Again." He cited the sale of Riverside Hospital in Tennessee, "for years the Black medical Mecca for Adventist and new Adventist Blacks," as one of several historical examples of black-controlled Adventist institutions closed in the name of "consolidation."

Much is made of the indebtedness of Hadley. May we conclude that financial solvency is now the rule? Why then was not Washington Hospital in Takoma Park closed?... The one Black hospital had to go. Why? . . . Few Adventist institutions are financially self-supporting, or ever will be. I can remember a few years ago when the Hadley board took \$1 million from Hadley and used it to keep another Washington area hospital afloat. Was that money ever repaid?<sup>17</sup>

Pastors of the Allegheny East Conference were also upset at the decision to sell the recently renovated hospital. "Especially did they express concern over the move because of the need for this facility to carry out the mission of the church in this area of the city; because this sale would be the very last of the [Adventist] hospitals that were established to serve the predominantly Black communities across the United States," stated a report of a meeting to discuss the issue held in December 1989. The ministers also observed that a group of Adventist physicians and dentists offered to purchase the facility, but AHS officials seemed unwilling to accept the offer.<sup>18</sup>

Instead, the sale proceeded in June 1990 as reported by the *Washington Post*. "Hadley Memorial Hospital which had been treating residents in Ward 8 since it was built in 1952 by Seventh-day Adventist missionary Henry Hadley has been sold to Metropolitan Health Associates of the District for 9.2 million."<sup>19</sup>

## Historical Role

Hadley Memorial Hospital left a remarkable and invaluable legacy of service to citizens of Washington, D.C. , mainly to those disadvantaged by racial and economic oppression.<sup>20</sup> Its sale out of Adventist hands was lamented by many in the Washington, D.C. community and was an unfortunate loss to the church's witness.

## Administrators

H. G. Hadley, 1952-1962; Harvey A. Rudisalle, 1962-1967; C. O. Eldridge, 1967-1969; James Suzuki, 1969-1985; Albert L. Dudley, 1986-1992.

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15. North American Division Committee, September 14, 1989, General Conference Archives.
16. Albert Dudley, interview by author, July 8, 2018.

17. E. E. Cleveland, "Consolidated – Again," *North American Regional Voice*, October 1989, 6-7. The sale of Washington Adventist Hospital had been considered due to financial concerns just a few years before; see "Consultant suggests closing Washington Adventist Hospital," *Columbia Union Visitor*, September 1, 1985, 6. The "other hospital" in Cleveland's recollection regarding \$1 million being transferred from Hadley may be Shady Grove Hospital in Rockville, Maryland; Albert Dudley, in his interview with the author, indicated that the recipient was Hackettstown Hospital in New Jersey in a transaction that took place in 1968.
18. "Pastors in the DC Area Express Concerns."
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