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"A Caring for Communities in 'The Land of the Sky': Health Care Institutions and Asheville Multiculturalism

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Introduction

In recent decades, scholars of Appalachian history have increasingly acknowledged the historical contributions of diverse cultural groups in the region. Much of the work has examined the popular image of the subsistence farming, white, independent, Calvinist mountaineer portrayed by the local color writers of the nineteenth century. This stereotype was further encouraged by early twentieth century works including Horace Kephart's book, *Our Southern Highlanders*, first published in 1913 and John C. Campbell's 1921 *The Southern Highlander and his Homeland*. These images have persisted into the twenty-first century.¹ The common story about Asheville's history falls along these lines, and holds that the Asheville-Buncombe County area developed when wealthy white tourists and health seekers moved into an area that had mostly been populated by poor white Protestant mountaineers. But the historical reality was not so clear cut. This study of the area's Progressive-era hospital development helps create a richer understanding of the ways that diverse social groups attended to their individual and community needs in the Asheville region of Western North Carolina.²

Because illness and caring for others who are sick and injured are universal human experiences, studying the founding of hospitals and other health care institutions provides insight into the religion, ethnicity, socio-economic status and perceived health needs of a population. As Guenter Risse, Professor Emeritus of Health Sciences History, explains, "...hospital history is cultural, social, and medical history."³ This is certainly the case in studying the origins of hospitals and other health care institutions around Asheville, North Carolina, where institutions were established to meet the needs of patients from differing social and cultural groups. This study demonstrates that hospital development generally occurred for two reasons: as acts of benevolence within the social norms of the day and/or as acts contributing to social activism and reform.

Background

A great irony of the American Civil War was its enormous toll on human health: approximately 620,000 deaths from war and disease; around 55,000 amputations; and thousands mentally traumatized. These untold number of casualties generated vast advances in scientific knowledge.⁴ Caring for hundreds of thousands of soldiers and civilians suffering from a wide array of ailments resulted in innovations in surgery, medicine, nursing, psychiatry, and public health. Evidence of the benefits of medical and nursing care during the Civil War contributed to the growth of hospitals in general in the decades around the turn of the twentieth century.⁵

Gene Tranbarger, now Professor Emeritus from the East Carolina University School of Nursing, describes the typical emergence of hospitals in North Carolina during this time: “In the late 1800s, early 1900s, when two doctors opened a practice in the same town, the first thing they did was buy a hospital and open it and the second thing they did was start a school of nursing to provide the labor for the hospital.”⁶ The image that typically comes to mind is that of white Protestant male physicians.

For 1880, the U.S. Census of occupations lists 1,360 physicians and surgeons in the entire state of North Carolina, including only 18 women.⁷ Nursing as an occupation during that census year was not even listed or counted. Interestingly, the 1920 census reported a total of 2,109 physicians and surgeons in North Carolina under occupations for males only with a breakdown by race. For females, the census included “Trained Nurses” and “Nurses (not trained)” as occupations, but did not list physicians and surgeons. Presumably there were no male nurses at this time and female physicians were not counted, if there were any.⁸

Asheville and Buncombe County

The development of hospitals in Asheville and surrounding Buncombe County are exception to the common pattern that occurred elsewhere, where white male physicians were the primary creators.

Buncombe County was unique in both the number and variety of hospitals established within and near its borders. Between 1880 and 1930, no other region of North Carolinian Appalachia offered the range of institutional health care that was available to citizens and visitors in “The Land of the Sky.” In an early (1905?) pamphlet, Asheville described itself as a place of “Health, Pleasure, Business, [and] Opportunity.”⁹

However, a diverse population began moving into the area much earlier starting with the building of the Buncombe toll road in the late 1828s, and then later with the expansion of the railroad into the area. With the arrival of the railroad to Asheville Junction on October 3, 1880, after a long delay due to the Civil War and Reconstruction, Asheville transitioned from a rural outpost of approximately 2,000 settlers who had wrested the land from the Cherokee less than a hundred years before, to a growing center of commerce and industry with a population of approximately 50,000 by 1930.¹⁰ Asheville’s growth was enhanced through advertisements of resorts and of multiple sanatoria in national magazines and health journals.¹¹ Tuberculosis had become a national concern and rest in the altitudes of the mountains was thought to be the cure. Asheville became a destination for rest and healing. As if to crown that distinction, George Vanderbilt chose the region to build his “fiefdom” which supplied employment to thousands over the decades.¹² During the 19th and early 20th centuries, the population of Asheville and its environs became more and more diverse as people were drawn to its health and resort benefits and its employment opportunities. Building on emerging knowledge in the fields of epidemiology, nutrition, sanitation, and mental health, many Buncombe County associations began providing the health services necessary to meet the needs of the expanding and increasingly diverse population.¹³ The U.S. Census gives the total population of Buncombe County as only 18,422 in 1880, comprised of 14,935 “White;” 3,476 “Colored;” zero “Chinese;” and 11 “Indians.”¹⁴ In the Asheville Township area at that time, there were 5,568 permanent residents and 2,616 in Asheville town proper.¹⁵

By the 1920s, the population of Asheville, by now recognized as a city rather than a township on the census records, rose to 28,504 inhabitants, comprised of 21,347 “White;” 7,145 “Negro;” and 12 “Indian,

Chinese, and Japanese.”¹⁶ The total population for Buncombe County had tripled to 64,148 inhabitants, as noted in the introduction of this article.¹⁷ These numbers, of course, do not reveal sex distributions, religious affiliations, or social class of the inhabitants, nor do they include people who came as visitors to the area.

People flocked to Buncombe County and Asheville seeking healing and rest in its mountain resorts and growing number of sanatoria. New services were necessary to meet the needs of the expanding and increasingly diverse population. From the 1880s through the 1920s, numerous hospitals with a variety of purposes were established by an array of organizations and individuals. During this time hospitals and sanatoria were typically small, privately owned, and less permanent than today’s institutions.¹⁸ The emerging general hospitals with unique founding stories include Mission Hospital, Clarence Barker/Biltmore Hospital, White Rock Hospital in nearby Madison County, and Blue Ridge Hospital. Specialty hospitals joined the health care institutions thriving in Buncombe County during this time, particularly those established for the treatment of tuberculosis, such as St. Joseph’s Sanatorium and Dunnwyche. Mountain Sanitarium served as a health institution focused on preventing illness and promoting healthy lifestyles. Brief sketches follow in chronological order of the founding of these selected early hospitals and sanatoria, shedding light on the varied social fabric of the region in the decades around the turn of the twentieth century.

Sixteen Bottles of Wine: Mission Hospital (1885 – present)

Most white American women born between 1840 and 1860 probably expected to spend most of their lives as wives and mothers. Yet, over a million men born around the same time were killed or maimed during the Civil War. This left a dearth of marriageable men in the Reconstruction era. Therefore, many women in this generation both wanted and needed paid employment. Some, whose families had enough money to keep them afloat, wanted an outlet for their skills, knowledge, and energy, which might have been met through marriage and motherhood. As the middle class emerged, nursing and church missionary

work were two occupations available and acceptable for women. Within twenty years after the Civil War, many white middle and upper class women, married and unmarried, began to join the “municipal housekeeping” movement, emerging during the early stages of the Progressive Era in the 1880s.¹⁹ As Ann Scott explains in her work, *Natural Allies: Women’s Associations in American History*:

The idea that women as the center of home life were responsible for the moral tone of a community did not vanish, but increasingly it was said that such responsibility did not end with the four walls of a home, but extended to the neighborhood, the town, the city.²⁰

Their public work echoed and expanded women’s traditional roles as care giver, educator and provider of clean and safe environments beyond their homes and into the communities.²¹ Sandra Lee Barney, in her article, “Maternalism and the Promotion of Scientific Medicine during the Industrial Transformation of Appalachia,” expands on this theme. These factors influenced the beginnings of Mission Health Care Systems.

In the early 1880s, an ecumenical group of white women began efforts to bring cheer to poor citizens in Asheville, North Carolina.²² The group, known as the Flower Mission, represented the local chapter of North Carolina’s Woman’s Christian Temperance Union (WCTU).²³ They earned their name by bringing flowers to the homebound sick, the imprisoned, and to the poor.²⁴ Sometimes they augmented the flowers with the “sweet ministrations of song and readings.”²⁵ These visits led to the founding of the Mission Hospital which the women opened in a small five-bedroom house in October 1885.²⁶ Five years later, in 1890, records showed 67 white and 20 black patients were treated that year, a total of 87 patients, both rich and poor.²⁷ An 1895 editorial in the *Asheville Daily Citizen* celebrated the 10th anniversary of the hospital by calling it “...a living monument to a band of faithful women who never shirked their responsibilities to the sick poor.”²⁸ The Flower Mission women’s work remained faithful to the poor, yet had reached beyond the monetarily needy to all and any who were ill, no matter what race or social class: “The (Flower) Mission had as its object the care of the sick of Buncombe County. Inability to pay will not debar these from its benefits.”²⁹ Many local churches as well as city and county government underwrote

the expenses of running the hospital. Other notable early donors to the Mission Hospital included Gifford Pinochet, Chief Forester at the Biltmore Estate, Dr. E.W. Grove of the Grove Park Inn, and members of the Vanderbilt family. The local Elks Club contributed a “surgical carriage” and the students at Asheville Boys School gave vegetables from the school’s farm.³⁰ One donor gave sixteen bottles of wine which was certainly an irony considering the hospital’s roots in the Women’s Temperance Union - “accepted although surely it was far from the favorite of the hospital’s WCTU founders.”³¹ Interestingly, it was noted, in 1924, “2,193 people were treated, 552 of whom were Baptists.”³² Further research is needed to understand why that distinction was made in the records, as Mission Hospital was open to all. In fact, their doors were open even to patients from nearby counties, as they felt it wrong to turn anyone away.³³ For 63 years, the hospital grew under the leadership of a board made up of all women. Eventually, after World War II, Mission Hospital merged with several other Buncombe County hospitals to become the major medical center in western North Carolina: Mission Health System.³⁴

Noblesse Oblige: The Clarence Barker/Biltmore Hospital (1899 – 1951)

Rarely does one man change an area as much as George Washington Vanderbilt transformed Buncombe County. For those unfamiliar with Vanderbilt’s story, in 1888, he traveled to Asheville with his ailing mother who came to take in the fresh air and recuperative climate of the area. The son of an industrial tycoon, Vanderbilt loved the mountain vistas and began acquiring tens of thousands of acres near Asheville, on which he built the largest private home in the United States: the 250 room, French Renaissance style chateau he named Biltmore.³⁵ Vanderbilt created a grand estate with a manor house and tenant farms, which housed the farmers, herders and foresters who tended the animals, farms and forests that made up his holdings. At the entrance to the estate, he built the picturesque Biltmore Village for the artisans who worked on the estate as well as the servants who maintained the Vanderbilt household.³⁶ Biltmore Village was designed to appear like an English country village. It served several purposes. The first was to present an aesthetically pleasing entrance to his estate. Biltmore Village was laid out in a fan shape with the All Souls Episcopal Church being the “focal point” of the village. Tudor

style cottages and institutions including a school, an infirmary, a post office and a railroad depot fanned out around the church. A second purpose of Biltmore Village was to provide a vehicle for Vanderbilt's benevolence. With a sense of "noblesse oblige," he provided services for his employees, over 500 at times, to which they might not otherwise have had access. The village was largely a self-contained unit, not unlike the mill villages found in the piedmont sections of North Carolina or mining towns in Appalachia at the time. Another purpose of Biltmore Village was to provide an ongoing source of income for the Vanderbilts, derived from the rents of Biltmore Village residents.³⁷

In 1899, Vanderbilt built and endowed a ten-bed hospital dispensary for his villagers and named it after a recently deceased cousin, Clarence Barker. Vanderbilt donated \$20,000 to help get the hospital established, with the plan that patients would pay for services as they were able and the rest would come from generous donors. The hospital was managed under the auspices of the rector and vestry of the All Souls Episcopal Church along with the two physicians and one nurse who were employed at the facility: Dr. S. Westray Battle, the medical director, Dr. L. F. Holmes, and Miss Adeline Orr, one of the first registered nurses in North Carolina.³⁸

Clarence Barker Hospital began as an impressive work of benevolence. Memorial Mission Hospital's publication celebrating 100 years of service noted that "In its early days, Clarence Barker Hospital – with as many as 30 percent free patients and without public funds – depended to a large degree on charitable donations."³⁹ The hospital was initially opened for minor care of Vanderbilt's staff who lived in the village, however a growth in the number of patients, a clear need in the Asheville community for advanced care and increased Vanderbilt staffing pushed the board to expand the facilities again in 1916. After the deaths of George Vanderbilt in 1914 and Reverend Rodney Swope, the first rector of All Souls Church, in 1919, the hospital was turned over to an independent Board of Directors and was renamed Biltmore Hospital. It was opened to the general public, though it is not clear that meant everyone, as by 1940 African Americans were served by Mission Hospital only.⁴⁰ After a power failure, a great flood in 1916 of the Swannanoa River, and a fire, a new building was built in 1930 and the original Dispensary

building became a School of Nursing and then later a nursing home.⁴¹ In 1947, Biltmore Hospital merged with Mission Hospital due to financial challenges and aging facilities.⁴² Today, the Biltmore Hospital buildings are condominiums.

The Great White Plague: Tuberculosis and Sanatoria⁴³

Until the advent of antibiotics in the years after World War II, tuberculosis (TB) was a dreaded disease with no known cure and spread by casual contact. It was one of the country's leading causes of death and came to be known as the Great White Plague. Doctors treated tuberculosis, or consumption as it was often called at that time, with rest and fresh clean air. Many physicians thought that an altitude of around 2,000 feet would also help alleviate the symptoms of TB.⁴⁴ Because of its altitude, barometric pressure and "pine scented air," Asheville was thought to be a particularly advantageous locale to treat tuberculosis.⁴⁵ In the 1870s and 1880s several physicians moved to Asheville to open sanatoria, specialized hospitals for the treatment of tuberculosis. Local reaction to this phenomenon was mixed. Enthusiasts disseminated booklets and pamphlets touting Asheville as the best place to be treated for lung diseases in the nation and comparable to "renowned resorts of the Old World," what we think of now as Western Europe.⁴⁶ The thousands of TB consumptives and their families, who came to the Asheville area for the months-long cure through rest, pumped hundreds of thousands of dollars into the economy of the county and provided jobs. Many chose to stay after their recovery thus enhancing the city with their various talents. Other townspeople did not want to attract infectious invalids to the town, as documented in this narrative about early Asheville:

For many years, Asheville was the "capital" of sanatoria and respiratory disease until the tourist economy eclipsed the medical economy. Growing fear of infection from the medical establishments created a widening rift in the economy in the early part of the twentieth century. Many owners began to add notices to their advertising that "consumptives need not apply," and "consumptives not welcome."⁴⁷

By 1920, numerous sanatoria were operating in and around Buncombe County. Among them were St. Joseph's Retreat, a Catholic sanatorium, and Dunnwyche, a sanatorium for consumptive nurses.

Sacredness of Life: St. Joseph's Retreat/Sanatorium/ Hospital (1900 – 1998)

An unintended consequence of the construction of George Vanderbilt's Biltmore Estate was the arrival of many artisans and visitors from the northern U.S. and foreign countries. In fact, between 1880 and 1900, as mentioned before, the population of Asheville Township grew from 2,616 inhabitants to 14,694.⁴⁸ The Asheville area had been home to a small Catholic community for many years. In addition to consumptives looking for a cure in Asheville's sanatoria, the influx of relatives, friends, and Biltmore employees added to the Catholic population of Buncombe County.⁴⁹ Mission Hospital operated to serve primarily the local sick poor and the Clarence Barker/Biltmore Hospital primarily met the health needs of the workers on the Biltmore Estate, though both hospitals were open to the community. However, no health care institution existed in Buncombe County to meet the unique spiritual needs of the local and visiting Catholic population. Although Catholics were accepted into local hospitals and sanatoria, some wanted a Catholic facility where their beliefs and traditions were practiced.

On November 23, 1900, three Catholic Sisters of Mercy from Belmont, North Carolina, arrived in Asheville to provide nursing care to those in need: Gertrude Henneberry, Mercedes Burns, and Loretta McAndrews. The Sisters determined that the greatest need was for a tuberculosis sanatorium, so they shifted the focus of their small hospital, St. Joseph's Retreat, which they had established on the edge of town, to the needs of TB patients. This location served a twofold purpose by providing clean open air for patients and allaying townspeople's growing fears about spreading the disease in the more compact neighborhoods of Asheville.⁵⁰ Sisters Gertrude, Mercedes, and Loretta, along with a cadre of graduate nurses, "worked tirelessly" to restore their patients' health.⁵¹ Despite the relatively small number of Catholics residing in Buncombe County in 1900, the Asheville community welcomed the Sisters, which is unusual considering this point in social history and the dominance of Protestantism. Soon St. Joseph's

was overwhelmed with patients seeking care. They began their twelve-hour days with prayers and Mass before breakfast and came to be well-respected in Asheville as “hardworking and devout.”⁵² The Sisters outgrew their initial facilities and moved to a larger building in 1905, with the guidance of Sister Mary Scholastica Keenan, a native of Asheville, and bought twenty-two acres on Biltmore Avenue to build an even larger hospital space later.⁵³

As better treatments for TB were developed and fewer sufferers required long term hospitalization, St. Joseph’s became a general hospital in 1938. While St. Joseph’s served many people over the decades, surprisingly, the hospital was open only to the white population; it wasn’t until 1954 that its services were available to African Americans. Today, it is a major medical center standing on the same spot on Biltmore Avenue serving all of western North Carolina, having formed a partnership with Memorial Mission Hospital.⁵⁴ The Sisters of Mercy led others with five core values in serving patients at St. Joseph’s: “Sacredness of Life,” “Human Dignity,” “Mercy,” “Service,” and “Excellence.”⁵⁵

“Adamless Eden”: Dunnwycbe (1913 – 1919)

In the decades around the turn of the twentieth century, most nurses worked in private duty positions and lived in the homes of their patients. As their patients recovered or died, the nurse would find temporary housing until she was hired for her next case. Few private duty nurses maintained their own homes. Nurses in some cities, including Asheville, established “Nurses Clubs,” where nurses could rent rooms between cases.⁵⁶ In the days before immunizations, antibiotics, and other effective treatments for disease, patients often ‘took to’ bed for weeks and months at a time. Unfortunately, nurses often contracted the diseases of their patient. Because tuberculosis was one of the leading causes of death at this time, many nurses became afflicted with this disease. Most nurses were single women and had limited means. Without a permanent home and unable to stay in Nurses Clubs, local YWCAs, or other temporary housing, tubercular nurses were often in desperate straits.

Mary Lewis Wyche, the 'wyche' in 'Dunnwyche', describes the Dunnwyche story in some detail in her book written in 1938, *The History of Nursing in North Carolina*. According to Wyche, at the 1911 annual meeting of the North Carolina State Nurses Association (NCSNA), the professional organization for white nurses in the state, Nurse Birdie Dunn proposed the construction of a home for sick and disabled nurses to be supported by the NCSNA. It was to be a place where nurses who became ill while treating others could find care and respite "where refined surroundings and moderate cost of living might be obtained."⁵⁷ The attendees enthusiastically agreed to support this effort. A site was found near the town of Black Mountain in eastern Buncombe County near two other operating sanatoria. Nurses across the state held bake sales, tag sales and sold dolls created in the likeness of student nurses to raise money to support their new institution, Dunnwyche, named in honor of nurses Birdie Dunn and Mary Wyche.⁵⁸

Wyche continues the story with the arrival of Dunnwyche's first patients in 1913. The Home offered fresh spring water, electricity, a furnace, and a "special feature being the splendid, screened sleeping porches."⁵⁹ Dr. Archer, who owned and managed the nearby Craigmont Sanatorium, volunteered his time in giving medical care to the nurses. Each of the seven districts comprising the NCSNA equipped one room and nurses across the state sent homemade crafts to brighten the patients' environs. While the typically prescribed treatment for TB was rest and fresh clean air, Wyche reported that patients enjoyed "card parties, automobile trips, and visits of friends and relatives-all of which helped break up the monotony of 'taking the cure.'"⁶⁰

Dunnwyche was a success until 1919 and had been dubbed "Adamless Eden;" the first four years Dunnwyche was in operation were successful in terms of serving nurse patients, as they had expanded beyond serving regional nurses and admitted nurses from other states, student nurses, and "lay patients."⁶¹ However, during the years of World War I, the costs of food and fuel escalated, and it became increasingly difficult to find suitable employees.⁶² The U.S. Army built a 1,500-bed sanatorium at nearby Oteen to care for soldiers with tuberculosis and those whose lungs had been harmed by poison gasses used as weapons in the war. The Army's pay scales for nurses and attendants were higher than the

NCSNA could afford. By 1917, Dunnwyche faced potential bankruptcy and was only saved from imminent closure by the decision to admit a tubercular man, and then more men after that. Wyche wrote about this experience:

However, it proved a happy experiment – each sex is to the other a stimulus for one’s best manners, one’s best looks, and we must confess one’s best contentment... Personally, I prefer the ‘Adamless Eden’. Morally I see no reason to bar men...⁶³

Despite efforts to keep the sanatorium viable, in a letter written by a distressed Birdie Dunn to Miss Stafford, a board member, in 1918, it is clear that maintenance and financial stability of Dunnwyche was deteriorating: “Our Plans for Dunnwyche miscarried, and the summer has been one long nightmare, with the trials attending the administration of the place.”⁶⁴ Finally, in 1919, the Dunnwyche Board of Directors and the members of the NCSNA voted to sell the building and invest the proceeds in Liberty Bonds, with a “feeling of deep sadness.” Interest from the Bonds was then used to establish an NCSNA Relief Fund through which nurses who acquired disease or disability while providing care could apply for monies to offset treatment costs.⁶⁵

The Good Health Place: Mountain Sanitarium (1916 – present as Park Ridge)

Not long after the Seventh Day Adventist (SDA) denomination was founded in 1863, Mrs. Ellen White, a prominent founder and prophetess of the church, received a divine revelation about health. In her vision, God showed her that "nature alone is the effectual restorer"⁶⁶ and that the natural remedies are:

Pure air, sunlight, abstemiousness, rest, exercise, proper diet, the use of water, trust in divine power--these are the true remedies. Every person should have knowledge of nature's remedial agencies and how to apply them. It is essential both to understand the principles involved in the treatment of the sick and to have a practical training that will enable one rightly to use this knowledge.⁶⁷

In her vision, God also revealed that people should abstain from alcohol, tobacco, caffeine and flesh meats. Additionally, she declared that “drugs do not cure disease.”⁶⁸ Over the decades the doctrines of Seventh Day Adventism spread across the country, including the Appalachian region.

Around 1900, Mrs. Martha Rumbough, an SDA and wealthy widow, moved from Pittsburgh, PA to Asheville, NC. She promptly financed an SDA church and parsonage in her new town. Around that same time, Mrs. White called on Seventh Day Adventists to go into rural, self-supporting school and health work in the needy sections of the South. In the fall of 1909, Mrs. White visited Mrs. Rumbough to see the new church in Asheville. During their visit, Mrs. White told Mrs. Rumbough that “the Lord would be pleased if you would start a medical and educational work in the vicinity...”⁶⁹ Mrs. Rumbough committed to find and purchase a farm close to Asheville to open an SDA school and sanatorium.⁷⁰

The SDA church already operated several sanitarium across the country, including its most famous at Battle Creek in Michigan. SDA sanitarium were places of rest and recuperation where the SDA laws of health could be easily followed.⁷¹ In 1910, Mrs. Rumbough purchased 450 acres in nearby Fletcher, NC. SDA workers soon opened a school for local children. In 1916, Ethel and John Brownsberger, siblings and nurses trained at the SDA Madison Sanitarium in Tennessee, began health work on the farm.⁷² A widely distributed pamphlet described the treatments available at the newly established Mountain Sanitarium:

It is the object of those operating the institution to utilize natural remedies in combating disease, therefore, liberal use is made of nature’s great forces – fresh air, sunshine, pure mountain water, a simple well balanced dietary treatment and regulated exercise and rest. Battle Creek methods of treatment are employed – baths of all kinds, sprays, fomentations, hot and cold packs, massage and electrical treatments.⁷³

The use of the word ‘sanitarium’ rather than ‘sanatorium’, commonly used to describe other health facilities in the Asheville region, was purposeful. According to the Free Medical Dictionary, the term ‘sanitarium’ was “coined to designate the institution established by the Seventh Day Adventists at Battle Creek, Michigan, to distinguish it from institutions providing care for mental or tuberculous patients.”⁷⁴ This explains well why there was this emphasized statement in the *Mountain Sanitarium and Hospital* pamphlet: “We do not accept tuberculosis, contagious or insane cases.”⁷⁵ The sanitarium was a success, emphasizing a natural approach to regaining health through fresh air and clean water, plenty of

rest, exercise outdoors through hiking and gardening, and various kinds of baths.⁷⁶ In addition, an early advertisement for the sanitarium stated, "...patients are supplied with rich, nutritious diet, suitable to their condition. Provisions are made for pleasant indoor entertainments, whilst the highly picturesque scenery gives ample inducement for outdoor exercise. Board, including light, fire and nurse, per week, \$10 to \$12..."⁷⁷

The Sanitarium soon outgrew the original two rooms dedicated to health work and by 1918 added six more permanent rooms, using tents in warm weather when there were more patients in need. Subsequent additions to the facility occurred in 1922, 1925, 1935, 1937, and 1959.⁷⁸ In 1921, Sanitarium nurses and health workers extended their program of health and healing into the city of Asheville. They bought a building at 85 Patton Avenue and opened *The Good Health Cafeteria*. *The Good Health Cafeteria*, later called *The Good Health Place*, offered vegetarian food based on the "Battle Creek Diet System" and occupied the street level. The second floor was given to treatment rooms.⁷⁹ A 1921 advertisement in the Asheville City Directory informs readers that the cafeteria

has a quiet location, the prices are moderate, the place is clean, using all white help, the service is the best and the quickest you can find, and the 'eats' – Come and try them. It's all "home cooking" following the Battle Creek Diet System.⁸⁰

The treatments were described as "baths, hydrotherapy treatments and Swedish massage, following the Battle Creek treatment system."⁸¹ The Good Health Place treatment rooms were discontinued in 1941, perhaps due to a shortage of nurses and physicians during WWII.⁸²

Continued growth at Mountain Sanitarium and the Good Health Place created a need for additional health professionals for these enterprises. Perhaps the most beloved nurse to work at Mountain Sanitarium was Registered Nurse Leila Patterson. She came to Mountain Sanitarium in 1919 after graduating from the Hinsdale Sanitarium in Chicago, IL, staying there for her entire career.⁸³ An article about Mountain Sanitarium in the *Henderson Times News* extolls her popularity:

No story of hospital-medical care in Henderson County would be complete without special mention of the long service of Miss Leila V. Patterson who was

head nurse and director of nursing service for many, many years and who died in 1975. Miss Patterson delivered hundreds of infants, many in remote areas, driving at first in a horse and buggy and later making her rounds in a Model T Ford driven by one of her students.⁸⁴

The Sanitarium opened a nursing school in 1929, accepting students from the local area as well as SDA students from across the country that wanted to train as nurses in a remote rural area of the country to prepare for careers as medical missionaries around the globe. The school operated until 1985 and graduated hundreds of nurses who served around the world.⁸⁵ Other additions to Mountain Sanitarium around the same time were described in “The Story of Fletcher School and Sanitarium” this way:

Due to the generosity of Mrs. N.H. Druillard, a colored ward has been equipped and maintained, offering the colored people of the community hospital privileges in times of accident or acute illness ... Community health work has also developed, almost out of bounds. A small community car was donated for this work, which is used by nurses to visit homes of neighbors in times of sickness. This year the institution has employed a full time community health nurse, whose first and major responsibility is to visit the needy in times of sickness and distress.”⁸⁶

The school and sanitarium continue today as the Fletcher Academy, a residential, college preparatory high school in Fletcher, N.C. and Park Ridge Hospital, a “not-for-profit Protestant” health facility, in Hendersonville, N.C.⁸⁷ Both institutions are thriving as they continue to spread the Seventh Day Adventist message while providing valuable services to their Appalachian communities.

1,000 Feet of Pipe: White Rock Hospital (1919 – 1932)

Although White Rock Hospital was established in Madison County, a county contiguous to Buncombe and about 20 miles from Asheville, it is included in this article to highlight the role the Protestant Home Missionaries played in the development of Appalachian health care. In the last decades of the 19th century, most denominations sent workers into the home mission field of the south to work with newly freed slaves and, later, in Appalachian communities. Their emphasis was on providing salvation, education, and to a lesser extent health care for the least fortunate in society. Contributors and workers in the Home Missionary movement hoped that through their endeavors, the lives of the poor would be

“uplift[ed].”⁸⁸ The Presbyterian Board of Home Missions felt a kinship to folks in the southern mountains because of loyalties during the Civil War, as explained in this Presbyterian publication, *New Era Magazine*, in July 1920:

The towering importance of the mountain work stands first in a sentimental consideration, and second, in a practical fact. The mountain people had no connection with slavery and were loyal to the North in the Civil War. This started feelings of responsibility and of sympathy for them among northern people, which still persist. The practical consideration is that ‘the Southern Appalachians are the chief source of the white population in the South.’ This significant sentence from Professor Tate justifies all the work that is done by mission agencies of all churches, North and South. The mountain people are poor and they are many. For generations to come the mountain country will be dependent upon national resources...⁸⁹

Seeing these mountain communities as an investment in a unique region and population of the nation, beginning in 1893, Presbyterian Home Missions established sixteen schools throughout Madison County. In 1895, a young female, Presbyterian missionary named Frances Goodrich moved to the area. Motivated by the overall poor living conditions she found, Goodrich worked from a more holistic perspective, seeing beyond educational needs only and into the development of economic opportunities and healthcare resources for students and their families.⁹⁰ She initiated and helped a group of women establish a marketable cottage industry “Allanstand Cottage Industries,” an effort that brought not only much-needed cash into the community, but also a sense of pride and accomplishment and a way to preserve their heritage.⁹¹

Madison County had had few physicians, none of whom had lived in the county, and certainly there was no hospital. Travel to Asheville to seek medical care was difficult over unpaved, steep mountain roads in the best of times, and with winter snows and ice, some roads in the county were nearly impassable.⁹² Miss Goodrich determined that a local hospital was needed and that the Presbyterian Church should sponsor it. Dr. George Packard, a Presbyterian from Massachusetts, whose wife had been a missionary in China, became the first physician for the proposed new White Rock Hospital. At first, local people were leery of this novel undertaking.⁹³ Sandra Lee Barney purports in her article, “Maternalism

and the Promotion of Scientific Medicine during the Industrial Transformation of Appalachia,” that white middle class women’s embrace of scientific medicine provided a vehicle for physicians to establish medical authority in the midst of mountain health lore.⁹⁴ While Goodrich’s influence enabled Packard’s presence in the community, Packard still had to gain the community’s trust. As the story goes, when Jimmison Tweed, who was prominent in the community, had a severe attack of appendicitis, Dr. Packard made the tough decision to go ahead and operate – on Tweed’s dining room table. Through Tweed’s full recovery, Packard earned the respect and acceptance of the local citizens. The recovered patient donated the land needed to build White Rock Hospital.⁹⁵

The first and only hospital to ever operate in Madison County opened in 1919, costing \$75,000. Besides the twenty-bed wards for sick and recovering patients, the Madison County website boasts: “...the 20-bed hospital opened in 1919 equipped with complete operating and clinical facilities as well as a ward for children and adults and an isolation and orthopedic area.”⁹⁶ The community was fully behind the effort and showed it through ‘buying’ pieces of pipe auctioned off by a pastor, so that the people owned and contributed the 1000 feet of pipe needed to bring running water into the hospital from a spring located on top of a nearby mountain.⁹⁷ *New Era Magazine*, quoted above, also notes White Rock Hospital as one of the Home Missions accomplishments and as part of a larger effort in the White Rock community, mentioning “Dr. and Mrs. Packard, Dr. and Mrs. E.C. Holden, and three nurses in charge.”⁹⁸

The Packards retired in 1923 for health reasons. In 1925, Dr. Eve Locke joined White Rock Hospital as the medical director. She soon organized a public health program for the county, in which all of the nurses spent a portion of their time out in the community providing home health services, prenatal instruction, and making follow up visits on people recently discharged from the hospital. They also inspected, inoculated and weighed the school children. Hospital staff set up regular clinics for immunizations, maternity care and general services in the most remote portions of the county. In the winter months, a hot lunch for every child enrolled in White Rock School was sent from the hospital kitchen. The need for health care and acceptance of White Rock Hospital and its programs is

demonstrated by hospital statistics: in 1928, care was provided to nearly 3000 patients. By 1929, in just one year, the number had doubled.⁹⁹ Unfortunately, due to inadequate funding, the Presbyterian Church ended its sponsorship of White Rock Hospital in 1932, and the hospital closed its doors. There has not been a hospital in Madison County since.

Big Step: Blue Ridge Hospital and School of Nursing (1922 – 1930)

As in other Southern urban areas, African Americans in Buncombe County before the Civil Rights era of the 1950s and 60s faced discrimination in nearly every public sphere. Segregation laws ruled in housing, education, and employment. The situation regarding health care was especially dire. African Americans were banned from all but Mission Hospital and while there they were segregated by separate wards.¹⁰⁰ Ironically, Mission Hospital did not extend practice privileges to African American physicians, so when African American patients were referred to Mission Hospital by their family physician, they were treated by unfamiliar white doctors.¹⁰¹ The short lived Torrence Hospital, owned and operated by an African American physician, Dr. William Green Torrence, opened in 1910 but closed with Dr. Torrence's untimely death from tuberculosis in 1915.¹⁰²

With Torrence Hospital's closure, African Americans in Buncombe County were again without a hospital where their doctors of choice could treat them. Sarah Judson, in her article "Civil Rights and Civic Health: African American Women's Public Health Work in Early Twentieth-Century Atlanta," tells about Booker T. Washington's efforts beginning in 1915 to establish a National Negro Health Week. Washington believed that reasoning with national white leaders and educating the masses that germs were the source of illnesses such as tuberculosis, not skin color or social class, might erode the dominance of white-superiority attitudes and bring equality in health care for all.¹⁰³ It would be several more decades before this equality would begin to move closer to reality.

[INSERT TWO IMAGES HERE: image1 and image2]

Caption image1: Dr. William Green Torrence, n.d., Photographer unknown. *Heritage of Black Highlanders Collection, D.H. Ramsey Library Special Collections, UNC Asheville 28804*

Caption image2: Torrence Hospital, 95 Hill Street, Asheville, NC, n.d., Photographer unknown. *Heritage of Black Highlanders Collection, D.H. Ramsey Library Special Collections, UNCAshville 28804*

Under these racist conditions, a group of African American citizens in Buncombe County, without any backing of white philanthropists or outside organizations, established the Blue Ridge Hospital and School of Nursing in 1922.¹⁰⁴ The hospital's first Superintendent was a black woman and nurse, Ruby A. F. Woodbury, R.N.¹⁰⁵ An article in the *Asheville Citizen* reports that the new hospital cost \$30,000 and had an indebtedness of \$16,000.¹⁰⁶ With its combination of private rooms, wards and sun porches, the hospital was well equipped and as many as thirty patients could be accommodated. The hospital also had an operating room and "dieting kitchen."¹⁰⁷ Five African American physicians were on staff, with Dr. R.H. Bryant serving as the chief, and several white physicians acted as 'consultants.' Hospital authorities asked the public to donate bed linens, food and other helpful items.¹⁰⁸ A brochure published to promote the hospital stated:

The hospital is prepared to care for all the colored work in the city and county. The Mission Hospital is the only white institution in the city having colored wards. To be consistent in our aims and institutional life, we feel that the Blue Ridge Hospital is the logical place for all Negroes needing hospital treatment in the city and county. As a rule the colored nurse is better qualified by nature to minister to her own race; with her there can be no thought of prejudice.¹⁰⁹

While this was a big step by empowered African Americans for the time, subtle signs that underlying racial inequities bleed through the story. In the *Asheville-Citizen's* Friday morning edition on September 29, 1922, an article announcing the 'Colored Hospital Formally Opened' ends with: "In addition several white physicians occupy the position of consulting surgeons and physicians."¹¹⁰ Five days earlier, the newspaper ran an article titled "Formal Opening of Colored Hospital: Institution Will Open Its Doors Next Thursday – Public Support is Asked," which infers that support was not assumed. Again, the article states, "The hospital is under the direct control of the colored physicians of the city. Dr. R.H. Bryant is the chief of staff. With these men will be associated the leading white surgeons and physicians of Asheville."¹¹¹ Though the newspaper extols the accomplishment of 'direct control of the

colored physicians,” the references to “associated” white “consulting” physicians hint either to a small step toward crossing racial boundaries or the underlying sense of white superiority, or mixture of the two. “These relationships always existed within the boundaries of southern society’s requirement of black subservience,” Judson explains further.¹¹²

[INSERT THIRD IMAGE HERE: image3]

Caption image 3: Blue Ridge Hospital, 18 Clingman Avenue, Asheville, NC, n.d., Photographer unknown. *Heritage of Black Highlanders Collection, D.H. Ramsey Library Special Collections, UNCAshville 28804*

In its first five years, by June 1, 1927, 1,801 patients were treated. There were 854 surgical cases, 130 obstetrical cases and 817 “medical” cases. The mortality rate was a very low 5%.¹¹³ The hospital charged patients for care, but no one was turned away due to lack of funds. The statistics speak loudly that the need for the hospital was great. Unfortunately, despite repeated requests to be designated as the official charity hospital for African American citizens and, therefore, get the fees the city and county government paid for charity care, both governmental bodies continued to only reimburse Mission Hospital for charity care. Blue Ridge Hospital could not raise enough money to both repay its debt and subsidize care for many of its patients. In 1928 it closed its doors.¹¹⁴ Dr. L.O. Miller, a physician at Blue Ridge at the time of its closing, stated:

Our failure to interest the city and county officials to give us indigent patients, and the apparent lack of interest of negro leaders in the hospital, forced us to close the institution.¹¹⁵

Clearly, there were complex political and racial dynamics at play. The only hospital care left available to African American Buncombe County residents was the segregated basement ward in Mission Hospital. Finally, in 1943 the Asheville Colored Hospital opened and remained as a viable source of health care in the African American community until its merger with other small hospitals to form Mission Memorial Hospital in the early 1950s.¹¹⁶

Conclusion

From 1880 to 1920, the growth of a diverse population in and around Asheville, North Carolina led to the establishment of unique health institutions. The development of these facilities reveal stories of benevolence and leadership of white upper-middle class women's enduring service over 63 years, the noblesse oblige of a wealthy white man for his staff, the niche found by Catholic Sisters in caring for difficult unwanted TB cases, nurses caring for nurses, people of faith asserting preventive health measures, the Presbyterian Home Missions ministry in hospital-less Madison County, and African Americans providing a hospital for and run by African Americans. Indeed, much more than white wealthy tourists and white mountaineer people contributed the social fabric of Asheville and Buncombe County region.

These stories of benevolence also reveal the success and struggles of civil rights in women's leadership roles, African Americans, and equality of treatment; the acknowledgement of Nursing as a profession; males as nurses; women as doctors; the establishment of scientific medical practices in the mountains, and an effort to reorient society to preventive health measures. Two underlying themes emerge: the institutions based on white wealthy-upper-middle class benevolence alone, with no true social reform in mind as an end and the institutions that helped push societal change. Vanderbilt's Clarence Barker/Biltmore Hospital obviously falls into the first theme of benevolence alone, as does St. Joseph's Sanatorium because of its focus on caring for white people. This is not to say that the work at those two institutions were not beneficial; however, their efforts were organized in accordance within the social expectations of their times.

The other six institutions demonstrated efforts for social reform, as well as benevolence: Mission Hospital, started with gifts of flowers, was the only institution to care for all people and was led by women alone for decades; Dunnwyche was the result of the empowerment of Nursing as a profession for women; Mountain Sanitarium was an effort to swim upstream through a preventive health reform;

White Rock Hospital was an effort to bring modern scientific medical practices into the ‘back and beyond’ of the mountains; and, finally, Blue Ridge Hospital was an assertion by African Americans to provide dignified and equal healthcare to African Americans. The stories of these seven healthcare institutions in the Asheville region during the Progressive Era demonstrate how diverse groups of people created healthcare systems to meet the needs of patients from differing social and cultural groups and sometimes impacted larger social reform.

Notes

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 105. "Blue Ridge Hospital" brochure, paragraph 1.
 106. "Colored Hospital Formally Opened: Big Number of Visitors are Impressed." *Asheville Citizen*, Friday morning, September 29, 1922, n.p.
 107. Ibid.
 108. "Formal Opening of Colored Hospital: Institution will Open Its Doors Next Thursday," *Asheville-Citizen*, 32.
 109. Blue Ridge Hospital brochure, paragraph 7.
 110. "Colored Hospital Formally Opened," *Asheville-Citizen*, n.p.
 111. "Formal Opening of Colored Hospital: Institution will Open Its Doors Next Thursday," *Asheville-Citizen*, 32.
 112. Judson, "Civil Rights," *NWSA Journal*, 101-2.
 113. "Blue Ridge Hospital" brochure, paragraph 5.
 114. "Close Doors of Negro Hospital: Lack of Interest Here Given as Cause for Discontinuance." *Asheville Citizen Times*, August 9, 1930, 68.
 115. Ibid.
 116. Marlow, *The Legacy of Mission Hospitals*, 121-22. Also, see "Description" in "Oral History Register for Dr. Mary Frances (Polly) Shuford." University of North Carolina at Asheville, D. Hiden Ramsey Library, Special Collections/University Archives. Online. http://toto.lib.unca.edu/findingaids/oralhistory/SHRC/shuford_polly.htm. (Accessed December 10, 2012).

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