

## **Western Pacific Hospital - Portola**

---

### **Historical Background**

#### **Railroad Hospitals**

During the rise of heavy industry in the United States during the late 18<sup>th</sup> and early 19<sup>th</sup> centuries, there was no concept of health care for workers. The cost of any medical needs was entirely the responsibility of the employee. This presented a challenge to industries doing business in remote or undeveloped areas, where a chronically sick or injured workforce could result in a loss of productivity. Companies in the mining and lumber industries were the first to provide care, starting in the mid 19<sup>th</sup> century. They quickly found that the increased productivity and well being of their workers offset the resulting costs. In addition, they were able to retain skilled and experienced workers, who enjoyed better health and quality of life.

Since they shared a similar operational environment, often being located in remote areas and dealing with conditions that could be dangerous, railroads soon adopted similar care programs. This was especially true as rails pushed westward across undeveloped territory. The Erie Railroad appears to have employed the first railroad doctor in 1849, less than 20 years after the line was chartered. The practice of having medical staff on the company payroll quickly grew and by the end of the century every major railroad employed at least a small full-time health staff, including fully accredited doctors.

The costs were often covered in a very similar way to modern health care insurance: employees who chose to participate paid a fixed amount as a payroll deduction, while the company covered the remaining expenses. Some lines made coverage mandatory, while others kept to a voluntary system after employees objected to what they viewed as an imposition upon them. Still, even with voluntary coverage, the programs were popular. Some railroads reported up to 98% of their employees participating by the beginning of the 20<sup>th</sup> century.

Since the Eastern roads traversed relatively well-developed areas, their care initially took the form of contracts with existing hospitals and clinics, overseen by their in-house medical staff. For the Western roads, this was problematic. Chief Surgeon Warren Outten of the Missouri Pacific once noted that a person could go over 1300 miles between St. Louis, Missouri and El Paso, Texas without being anywhere near a medical facility. To compensate, some railroads built their own hospitals. The Central Pacific opened the very first dedicated railroad hospital in Sacramento, California in 1869, the same year the transcontinental line was completed. Other railroads, including many in the East, soon followed suit. By 1896, there were 25 railroad hospitals in the country, operated by 13 different railroads.

#### **The Western Pacific Hospital**

The Western Pacific Hospital in Portola, California was established in 1910, owned by the Western Pacific Railway and leased to the WP Medical Board. The site chosen was a bluff located off Second Avenue, overlooking the WP roundhouse and service tracks. Today, this area is the Western Pacific Railroad Museum. Construction began in 1911 and the official opening was held on September 8, 1912. Dr. J. Edmund Bennett was the hospital's first Division Physician and Surgeon.

In those early years, the staff consisted of just one doctor and a staff of nurses. The central building, covering about 1700 square feet, was constructed first and, until the late 1920s, contained all the care and administrative areas. The first addition was a small building to the

east connected by a hallway. Constructed around 1921-22, it contained residential rooms for the nursing staff. In later years, some doctors also lived in this section. A final expansion took place in the late 1920s, when the large structure to the west was built. This became the main patient care area and included separate wards for men and women, as well as solariums for infectious or special care patients. The original building then housed the administrative offices, surgical rooms and the doctors' offices.

The hospital complex also included two garages on the south side. One of these reportedly housed the ambulance and other support equipment. Both of these structures remain today, although they are badly weathered.

Dr. Samuel M. Sproat oversaw much of this expansion. He assumed the post of Chief Physician and Surgeon in 1914 and served until November of 1928, with the exception of roughly one year in 1918-1919 when he was in the Army Medical Corp.

In 1950, the main building was rehabilitated at a cost of \$25,000.00. It was at this time that the last major alterations were made to the building, the most noticeable being the coverage of the west wing's large porch area walls and a roof. A grant of \$11,300.00 from the Ford Foundation was awarded on December 13, 1955, with the first half of the grant arriving in July 1956 and the second half within the following 18 months. No part of the grant could be used for operating costs, only in expanding the present facilities and services offered. Then-current Chief Surgeon G. F. Cushman indicated the money would be used for improvements to the facility, providing better care for patients, provisions for a new delivery room and for new beds and operating room equipment.

On July 21, 1956, Western Pacific announced that interior improvements to the hospital were about to begin and the exterior would receive a complete facelift in the spring of 1957. Improvements were completed by year's end at a cost of \$7000.00, including new asbestos exterior siding, general rehabilitation and painting inside and out.

These improvements were done in the face of growing costs for the WP's health care program. As early as 1955, the WP Medical Board reported that the system was losing too much money and threatened to close the hospital within a few years. In response to this, members of the hospital staff, most notably Manager Harriet Richards, and a group of local women formed the Western Pacific Hospital Auxiliary on January 28, 1957. The first meeting, held at the home of Mildred Lambert, quickly led to action to help maintain and improve the grounds and patient amenities. To acquire needed materials, fundraisers and food sales were held. The energy of the WPHA reflected a growing interest by those in the Portola community who wanted to assure the continued successful operation of the hospital.

Other activities undertaken by the Auxiliary included reading to patients, writing letters for them, babysitting for mothers visiting the clinic, acting as interpreters for non-English speaking patients, running personal errands and making small purchases. Additionally, volunteers spent many hours labeling medicine bottles, sewing torn linens and undertaking other tasks not normally performed by the regular staff. By 1961, the Auxiliary was even making equipment purchases to improve the level of care.

The Western Pacific Hospital Auxiliary performed landscaping of the grounds including trees, a new lawn and a sprinkler system. One feature of the landscaping project was the memorial dedication of a spruce tree on the grounds in honor of Dr. J. D. Coulter, who passed away on August 23, 1951. Dr. Coulter had served as the division surgeon for 17 years at the hospital.

## **Hospital Services**

While originally intended to serve only employees and, sometimes, immediate family members, many railroad hospitals in remote areas of the west quickly became the only health provider in their regions. According to the WP records, the hospital at Portola was open to the community as soon as it was built and patients seeking treatment were split about equally between railroad employees and their families and members of the community having other occupations and not related to employees of Western Pacific. Even today, it is not hard to find residents of Portola and eastern Plumas County who were born in the hospital, including those from families who never worked for the railroad.

Passengers were also cared for at the hospital, including those injured in accidents. One of the earliest documented examples involved a fiery derailment of WP train 1, the westbound Panama-Pacific Express on August 19, 1915 near Halleck, Nevada. (Halleck is located near Elko, NV.) About 30 to 40 of the estimated 100 passengers were injured. They were quickly transported to the Portola hospital for care. None had life-threatening injuries, although there were some broken bones.

Perhaps the most historically significant event at the hospital occurred in September 1943. Seven year old Yvonne Tibbedeaux, daughter of a WP employee, had broken her arm and developed gas gangrene, a dangerous infection commonly seen in battle wounds but rare in civilian life. When even amputation did not end the infection that was threatening her life, Chief Physician Dr. W. B. McKnight secured a scarce sample of a new drug: penicillin. The first non-clinical trial use of the drug had only occurred 18 months before and, while its effectiveness in such cases had been theorized, it had never been used to treat gas gangrene. The treatment was a success and Yvonne survived. (In fact, she is still alive and recently wrote a book about the incident and her life as an amputee called "One Little Miracle".) Dr. McKnight published his account in the Journal of the American Medical Association and penicillin would begin mass-production in 1944, saving untold numbers from infections that previously would have been fatal.

The staff of the WP Hospital also made housecalls. Until the late 1950s, the doctors would maintain a medical bag ready to go at a moment's notice. Many residents and employees were treated at home out of the hospital, and doctors would even use skis and snowshoes to reach their patients during rough winters. Residents report that, even after "formal" housecall service ended, the WP doctors would continue the practice informally into the 1960s.

The duties of the hospital staff also extended to what would be called paramedic service today, where doctors and nurses were called out to accidents to provide on-site treatment. One incident in February 1933 occurred at the Walker Mine, a copper working located on Mt. Ingalls, about 12 miles east of Quincy. Dr. W. B. McKnight, the same doctor who would later lead the penicillin treatment mentioned previously, rode the mine's 9 mile long aerial tram from the WP loading track at Spring Garden to treat an injured man and transport him back to Portola for further care.

Emergency patients were not the only ones treated by the hospital: nearly half of the WP employees assigned for treatment in Portola were there for long-term convalescence care and had been transferred from various points on the system between Salt Lake City and San Francisco. Physicals for new employees and regular worker check-ups were also conducted at the facility. A Board of Directors consisting of Western Pacific management and a

representative from each of the different labor organizations oversaw operation of all hospitals within the Western Pacific system.

### **Retirement and Resurrection**

Starting in the 1940s, many railroads created Employee Hospital Associations which often obtained non-profit status and took over administration of the facilities, relieving the company of various tax obligations and administrative costs. In coming decades, as private insurance expanded, railroads began closing their own medical divisions and sold or demolished the buildings. By the late 1960s, the pioneering railroad medical system was ending. Many of the operating practices, including member handbooks, vertically integrated healthcare (where one entity oversees the entire care delivery system) and what is now called the co-pay system, were adopted by private insurance plans, which the railroads increasingly embraced instead of their in-house programs.

The railroad medical system left other legacies as well. Railroad doctors pioneered the study of trauma care and made advancements in emergency medical transport, wound care, mass health screening and field first aid. They also set the stage for what is now called occupational medicine, a branch that concerns itself with maintaining health among workers by identifying special issues caused by specific working environments and seeking to prevent injury and illness among those employed in those environments.

The last railroad owned and operated hospitals closed by the mid 1970s. Some remain as community operated hospitals or convalescent homes, while others were reused as anything from office buildings to housing. Today, at least one other survives in California: the Southern Pacific Hospital at 333 Baker Street in San Francisco, California. Closed in 1974, it is now the Mercy Terrace senior housing apartments.

As early as 1949, the WP had begun talk about closing the Portola hospital. Members of the community, railroad employees and the unions joined together to keep the facility open. With repairs in the mid 1950s and the founding of the Hospital Auxiliary in 1957, it appears that the effort stayed the railroad's hand for another decade. However, on November 12, 1959, the WP Medical Board voted to close the facility on June 30, 1960, unless a more economical way to operate it could be found. The end was beginning.

The June date came and went, however, and the hospital stayed open. In early 1963, the State Fire Marshall ordered repairs and improvements costing an estimated \$30,000. This initiated an on-going effort over the next several years to find a permanent way to keep the hospital open. A "Save the Hospital" league was formed in February 1963, chaired by Leon Folsom, intent on finding an answer. The WP opened discussions with the group and again set a closing date, this time of May 1, 1964. On November 5, 1964, the Eastern Plumas County Community Hospital District was created by vote of the residents, winning with an overwhelming majority: 1041 to 115. A decision was made to build an all-new facility near Portola Park and allow the WP to close the venerable railroad hospital.

By 1966, the WP had reached its final decision, determining that the building was deteriorating and could not be economically maintained for much longer. It appears that the railroad held out long enough for the new Eastern Plumas District Hospital to be opened in the summer of 1971. In early 1972, the WP Hospital was finally taken out of service and declared excess. Reportedly, its last use had been for employee physical exams.

In a sad twist of irony, long-time WP physician W. B. McKnight, who had become the Plumas County Health Officer in 1953, died in a traffic accident in Delleker, just west of Portola, on May 6, 1971, just months before his old posting closed forever.

The property was quickly sold to a private party and for the next 18 years the hospital underwent a slow deterioration until 2000 when the owner, and its final resident, passed away. Her daughter inherited the property and soon approached the Feather River Rail Society about a possible donation of the historic buildings and land. In early 2001, the donation was completed and the Western Pacific Portola Hospital became the only railroad hospital in North America to be slated for historic preservation.

### **The Future**

The long-term goal of the FRRS is the complete renovation of the hospital facility and its surrounding property. Eventually, the site will be linked to the adjacent Western Railroad Museum by walkways and landscaping. Working plans for the main building envision restoring some of the operating and administrative rooms to original condition with interpretive displays chronicling the role of the hospital system on the Western Pacific and other railroads. Other areas would be adaptively reused as a research library and archives, offices for the Society and meeting rooms for Society and community events.

A preliminary structural analysis has been performed and determined that most of the structure is restorable. The west wing, being built of hollow brick, presents the major challenge, as it will require seismic stabilization. Recently, a major architectural firm reviewed the property and the long-term plans for the site. The hospital was singled out as a major "gem" for its rarity, location and historic significance.

While a restoration program will be an expensive and time intensive venture, the WP Hospital is unique, being the only such structure currently in the hands of a preservation organization. With the support of the local community and our members, we hope that one day it can be returned to its former glory and become a focal point for the museum campus.

### **References:**

---

RailwaySurgery.org - Robert S. Gillespie, M.D., M.P.H. – information on general railroad hospital history  
adapted from the writings and research of Dr. Gillespie  
August 24, 1915 *The Grape Belt* newspaper  
January 1956 *Mileposts Magazine*  
September 1956 *Mileposts Magazine*  
October 1957 *Mileposts Magazine*  
May 31, 2006 *Chester Progressive* newspaper  
January 31, 2007 *Portola Reporter* newspaper  
*Portola - The First Fifty Years, 1909 - 1959* by Ray Donnenwirth, Third Edition – June 2009  
*Plumas County: History of the Feather River Region* by Jim Young, 2003  
Archives of the Feather River Rail Society / Western Pacific Railroad Historical Society  
Archives of the California State Railroad Museum  
Special thanks to Frank Brehm, Gail McClure, Bob Sims and Mike Mucklin

Article originally published in the FRRS *Headlight* Magazine issue 41