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operations who were not hospital employees. And, when they become involved at times of crisis, it appeared to be too late to have any influence over the definition and resolution of the problem. A case in point was the decision to close the maternity ward at the Hospital in the late 1970s.

The Closing of Maternity: A strong grassroots response against closing the Maternity Ward was launched in 1978, with hours, days, weeks and months of testimony to keep maternity at Winsted Memorial Hospital open. Arguments against closing maternity were marshalled, disputing among others, the issue of cross-subsidization (one reason for closing maternity), to wit, one part of hospital operations could not support another. A professional study of the Hospital's financial structure prepared on a volunteer basis by a community resident, who was a certified public accountant, showed maternity could be continued, and, in fact, the future of the Hospital could be jeopardized, when families would no longer use the Hospital for the birth of their babies, leading to loss of pediatricians for the children and eventually families would go elsewhere for medical care. All of this testimony seemed to be set aside by the Board, although the community was committed to the continuation of maternity service. A new, revised plan to keep maternity may well have made a difference to present Hospital circumstances.

The political and economic forces which led to the closing of the Maternity Ward were largely hidden from the community, so facts and relationships affecting a major change in hospital services could not be publicly analyzed, evaluated and properly debated and decided.

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The Holding Company Proposal: Some years later, in 1985, the community was again caught by surprise by the news that a corporation would be created to hold both the Winsted Memorial Hospital and Charlotte Hungerford Hospital. Hospital leaders simply asserted that this "holding company" would produce efficiencies and economies of scale.

The Winsted Memorial Hospital, it was stated, cannot stand on its own in the future; it was headed for trouble. The State of Connecticut Commission on Hospitals and Health Care said so. It is too small and it will die if it does not merge its functions with Charlotte Hungerford Hospital. As far as the communities served by the Winsted Memorial Hospital were concerned, this was an unexamined position. Again, the community had no role in deciding need and shaping a vision for the Hospital. There was no systematic, community-wide discourse to examine not only the diagnosis of hospital and state officials, but their dire prognosis. Without doubt, such a discourse could have led to common understandings about possibilities.

Over the years, since the middle 1950s, when the community rallied to support a building fund for the new hospital which was then constructed, the Hospital has lost informed community support. The usual points of contact were left to atrophy. For example, the issuance of the annual letter to residents in the service communities requesting contributions and supporting that request with information on the hospital was erratic or was not disseminated widely. The recent Annual Reports pale when compared with earlier ones in which the community's involvement as well as its financial support were encouraged and seen as major organizing themes.

Thus, the report of the Executive Committee to the Board of Directors in its ninth annual report (1911) acknowledged contributions which has not only helped us financially, but has given us new blood and new interest...The work of such an institution at Litchfield County Hospital, of which we are all proud, is of necessity one of great care and responsibility, and the help, advice and interest of the many necessarily lessens the load that has been upon the few...

One important sustained contact which the community has with the Hospital is the Auxiliary which has functioned from the inception of the Hospital committed to its welfare. In the early days the Auxiliary even rolled bandages and performed other functions directly related to the physical care of patients. The Auxiliary continues its worthy, voluntary efforts as an integral, daily part of Hospital operations.

Lost knowledge of the hospital's history (for example, how a group of citizens established it and had a vision of health care which included the training of nurses; how it received contributions from the local businesses and from participating municipalities, etc. also erodes community support. A community that knows from whence it came has a useful frame of reference for setting healthcare directions and strategies to meet changing conditions over time. Historical perspectives may even give us material for effectively challenging the conventional wisdom, if necessary.

Increasingly, the hospital has come to mean its administration, its Board of Directors and its medical staff. The community took the hospital for granted when it did not watch out for trouble spots. With the passing of years, hospital leaders took the community for granted; they lost touch with their basic constituency

and increasingly listened to the regulatory body of the State. They could have sharpened their own critical capacities and consulted with the communities about the state of the hospital. Their vision of health care and facilities, tapping the community's imagination and information base along with their own. Rather they turned inward which distorted reality and created an extraordinary dependence on the advice of expert consultants, of regulatory officials and others.

The loss of community contact with the hospital and the consequent isolation of the hospital's leadership led in great part to the questionable idea of a holding company to run Winsted Memorial Hospital and the Charlotte Hungerford Hospital. The proposal, which was presented as a fait accompli and not as something that warrants community discussion, produced considerable apprehension. Suspicion of hospital leadership was also in the air, since a major consultant's report, purported to have recommended a holding, was not released to the public. (The Boston Report has still not been made public) The adverse public reaction to the proposal revealed a deep commitment to Winsted Memorial Hospital as an independent entity.

Those who opposed the holding company idea argued that a hospital could enter helpful cooperative arrangements for advantageous purchasing, effective advocacy, and even training without surrendering its sovereignty. Further, it was noted, small hospitals can associate with larger ones, when necessary to create an appropriate blend of health care, including physicians, instruments and compassionate nursing care.

In addition to members of the community-at-large, hospital corporators had also been caught by surprise and some of them