

July 8, 1913 Washington County Hospital opens



August 6, 1952 Dixie Pioneer Memorial Hospital opens



Dixie Regional 400 East Campus



Dixie Regional River Road Campus



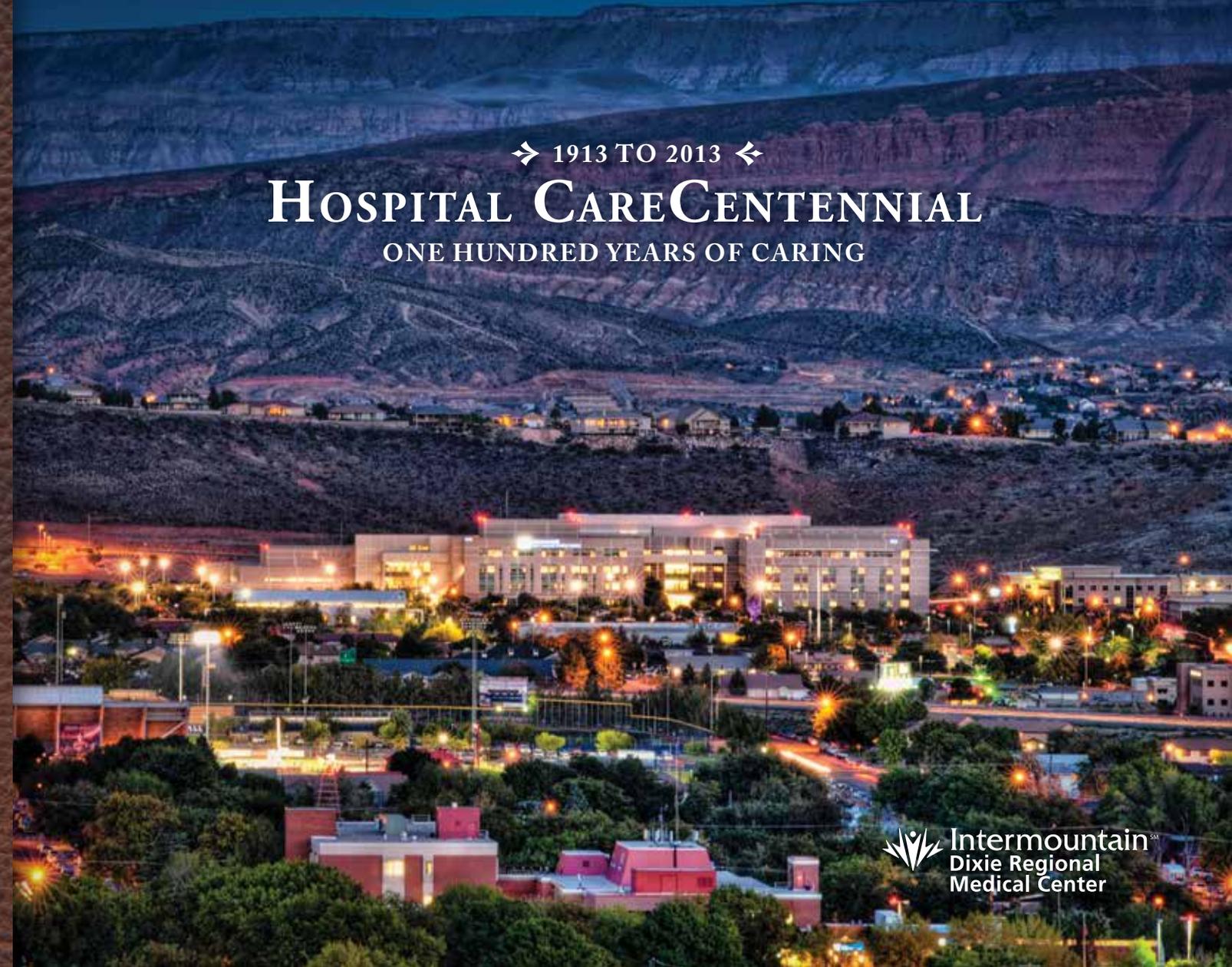
HOSPITAL CARE CENTENNIAL 1913 TO 2013



↔ 1913 TO 2013 ↔

# HOSPITAL CARE CENTENNIAL

ONE HUNDRED YEARS OF CARING





*A hospital is where newborns first meet parents, and where families sometimes say final farewells to loved ones. A hospital is a place of both joy and pain — of life and death — and every emotion in between. It is a place where lifesaving miracles happen every day. For 100 years, a hospital has served the Dixie community to the best of its ability. It doesn't matter whether the building material is brick and mortar, steel beams or cement. A great hospital is really made when people truly care for and about other people.*







# HOSPITAL CARE CENTENNIAL

ONE HUNDRED YEARS OF CARING





Intermountain Dixie Regional Medical Center  
RIVER ROAD CAMPUS  
1380 E. Medical Center Drive • St. George, UT 84790

400 EAST CAMPUS  
544 S. 400 East • St. George, UT 84770  
(435) 251-1000 • [www.dixieregional.org](http://www.dixieregional.org)

HOSPITAL CARECENTENNIAL: ONE HUNDRED YEARS OF CARING — 1913-2013

Published by: TERRI KANE, Vice President Southwest Region & CEO Intermountain Dixie Regional Medical Center

Researched and written by: AMEY VANCE

Designed by: MARIKRISTA RAYA OAKDEN

Edited by: TERRI DRAPER

Photos used with permission of: LYNNE CLARK from the Lynne Clark Collection, DAUGHTERS OF UTAH PIONEERS,  
WASHINGTON COUNTY HISTORICAL SOCIETY, FRED HOLBROOK, AND OTHERS

Cover and page 185 photos by: JASON EARL BUTLER from the ArgoShots Collection of Fine Art Photography

Acknowledgements: T. ROBERT COCHRAN, initial research

*Every effort has been made to ensure accuracy of information in this book. No part of this book may be copied electronically or otherwise without the express permission of Dixie Regional Medical Center Communications Department.*

Library of Congress Cataloging-in-Publication Data  
Intermountain Dixie Regional Medical Center  
© 2013 with Resources

ISBN 978-0-915630-54-0



# CONTENTS



Preface ..... vi  
Milestones • 1913-1946 ..... vii  
Milestones • 1950-1972 ..... viii  
Milestones • 1972-1983 ..... ix  
Milestones • 1983-2003 ..... x  
Milestones • 2003-2013 ..... xi

## **PART ONE HOSPITAL HISTORY**

1910s ..... 1  
1920-1940s ..... 13  
1950s ..... 25  
1960s ..... 37  
1970s ..... 51  
1980s ..... 65  
1990s ..... 77  
2000 & Beyond ..... 91

## **PART TWO LEADERSHIP PERSPECTIVES**

### **Governing Board Leadership**

*John William “Bill” Hickman* . . . 108

*Jack F. Burr* ..... 110  
*W. Rolfe Kerr* ..... 112  
*Barbara Wilson Watson* ..... 114  
*David G. Clove* ..... 116  
*Max Rose* ..... 118  
*T. Robert Cochran* ..... 120  
*Suzanne B. Allen* ..... 122  
*K. Ron Metcalf* ..... 124

### **Foundation Board Leadership**

*Kenneth Metcalf* ..... 126  
*Brent Snow* ..... 128  
*Harold “Hal” F. Chesler* ..... 130  
*Ernestine Nelson* ..... 131  
*Nick Lang* ..... 132  
*Philip G. Condie, M.D.* ..... 134  
*James E. Slemboski* ..... 136  
*Kathleen Gubler* ..... 138  
*Marge Shakespeare* ..... 140  
*Ken Hinton* ..... 142  
*Patricia Shoemaker-Glessner* . . . 144

*T. Robert Cochran* ..... 146  
*Brent J. Low* ..... 148  
*K. Ron Metcalf* ..... 150  
*Cyndi W. Gilbert* ..... 152  
*Vardell Curtis* ..... 154

### **Hospital Administrators**

*Fred Holbrook* ..... 156  
*Elwood Harrison* ..... 158  
*Gordon Storrs* ..... 160  
*L. Steven Wilson* ..... 162  
*Terri Kane* ..... 166

### **Foundation Directors**

*Kerry Hepworth* ..... 170  
*Jack Jenks* ..... 172  
*Mary Ann Chittick* ..... 174

2013 Medical Staff ..... 176

Selected Bibliography ..... 180

# ➤ PREFACE ◀



**E**ver since the beginning of St. George there has been a desire to provide the best possible healthcare at the lowest possible cost. It started with home healthcare, a doctor and others who had a little more expertise, at least in child-birthing and caring for the young.

My grandmother, Emma Cottam, was a midwife who served a lot of people. Her youngest child, Wilford, contracted whooping cough while she was taking care of another's child who had the illness. She watched Wilford pass away under conditions she could not control. Many others had similar experiences. It was no wonder that in the early 1900s a couple of doctors, Frank Woodbury and Donald McGregor, got together and decided to purchase the Morris Hotel and turn it into a hospital.

It was a community effort with our early pioneers pledging funds to make it happen. After a few years Washington County's hospital became known as McGregor Hospital, and it is there that I came into the world. My mother pointed it out to me quite often. This facility served 39 years until a more modern, larger hospital was built in 1952.

Pioneer Memorial Hospital, like so many projects, was built with the "Dixie Spirit" of cooperation, hard work and financial support. Its history is laced with determination, community involvement, and concern for the betterment of Dixie's future. I kept it busy for most of my teenage years with countless visits for X-rays, broken bones and minor surgeries. In this facility our first child was born. And St. George continued to grow.

In the 1970s the community decided we were not the experts in hospitals, and the decision was made to align with a new organization, Intermountain Healthcare. Intermountain had the same goal of providing excellent healthcare at the lowest possible cost. St. George's and Intermountain's history has been intertwined in community support ever since, and we are grateful to be partners. Dixie is fortunate to have the best when it comes to healthcare, as in all that we do. The efforts of early and modern pioneers created this, the great place we call "DIXIE," and we pay tribute to their efforts during this Hospital CareCentennial. 

— *Daniel D. McArthur*  
*St. George City Mayor*

# ❖ MILESTONES ❖



## May 1912

Dr. Frank Woodbury convinces his brother-in-law, Dr. Donald McGregor, to start a hospital with him

## November 1912

Stock subscriptions raise \$10,000 for a community hospital

## Tuesday, July 8, 1913

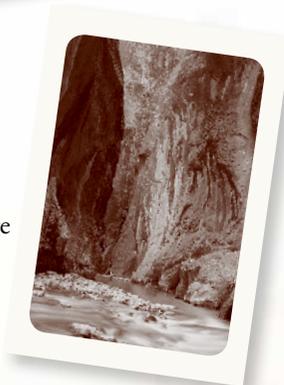
Washington County Hospital opens on 100 East in the former Morris Hotel

## 1918

The Spanish flu epidemic hits St. George

## 1919

Zion National Park is established, and tourists become occasional patients



## 1924

Dr. McGregor repays stock subscriptions, and the hospital name becomes McGregor Hospital

## 1925

Dr. Wilford Reichmann begins practice; he delivered hundreds of babies here

## 1937

First X-ray machine installed

## 1944

Penicillin is mass-produced for the first time during World War II

## 1946

“Hospital Hill” is purchased by Washington County as a future hospital site





### 1950s

Above-ground nuclear testing in Nevada leaves fallout across southern Utah

#### August 6, 1952

Dixie Pioneer Memorial Hospital opens on 300 East and 550 South

#### August 7, 1952

McGregor Hospital closes

### 1951-1963

Administrators: LaRaine McArthur, Fred Holbrook, Derrell Bingham, Erma Sandberg, Agnes Russell and Grace Snow

### 1963

Elwood Harrison becomes administrator of Dixie Pioneer Memorial Hospital



### 1963

General Electric 300-amp X-ray machine was purchased for \$12,850

### 1965

The first respirator, cardiac defibrillator, and premature infant isolette are added

### 1965

The first medical specialists, a cardiologist and an orthopedist join the medical staff

### 1967

Cardiac intensive care unit installed with funds raised from the nurses' Coronary Ball

### 1970s

Air conditioning comes to southern Utah

### 1971

Dixie Pioneer Memorial Hospital now has 41 beds

### May 1972

Washington County unanimously passes a bond for a new hospital



## 1972

The community raises \$274,000 for Dixie Medical Center

## February 1973

I-15 through the Virgin River Gorge is completed

## December 1973

Construction begins on the \$4.5 million

Dixie Medical Center  
at 544 South 400 East

## March 1974

Dixie Hospital Auxiliary,  
or “Pink Ladies,” is  
organized

## April 1975

Intermountain Healthcare is born when LDS Church  
divests its hospitals

## January 1, 1976

Dixie Medical Center opens with 65 patient rooms

## March 1976

Washington County Commission decides to sell Dixie Medical  
Center to Intermountain

## April 1976

The first Dixie Medical Center Governing Board is chaired  
by Bill Hickman

## August 1976

Intermountain officially acquires Dixie Medical Center  
for \$2.65 million



## 1977

Dixie Medical Center brings up  
nursing program with Dixie and  
Weber State colleges

## December 1979

Dixie Health Care Foundation is organized  
with Kenneth Metcalf as board chair

## 1981

J. Gordon Storrs becomes administrator

## 1982

Dixie Health Care Foundation's first fundraiser adds  
newborn oxymonitor

## 1983

\$650,000 is donated to fund the \$12.2 million expansion



## December 1983

The first Jubilee of Trees is held at the Four Seasons Hotel

## 1984

24-hour ER service begins

## 1984

Dixie Medical Center becomes second largest employer in Washington County

## 1985

L. Steven Wilson becomes administrator



## Summer 1985

Dixie's cancer center opens as smallest accredited cancer center in the United States

## 1990

Dixie Medical Center renamed Dixie Regional

Medical Center

## May 1991

First Jubilee Home is made possible by \$300,000 in donations

## 1992

Hospital Thrift Shop opens as "Repeat Performance"

## 1993

Lights for Life Tree erected to raise funds for hospice care

## 1993

Medical staff has 70 physicians representing 23 specialties

## August 1993

61 acres on River Road are purchased as a future hospital site

## 1997

Dixie Health Care Foundation becomes The Foundation of Dixie Regional Medical Center

## 2001

Construction begins on the River Road site

## 2000-2003

\$11.7 million is raised to build an extraordinary hospital





**November 24, 2003**



The River Road Campus opens, making the two-campus bed total 208

**December 2, 2003**

First open-heart surgery performed

**2004**

Remodel at 400 East and shelled-space build-out at River Road increases number of beds to 244

**2005**

Hyperbaric chamber installed and newborn intensive care unit opens

**2005**

Cancer center remodeled and renamed Huntsman-Intermountain Cancer Center

**January 2006**

Terri Kane becomes administrator

**2008**

Intermountain Healthcare and Dixie State College collaborate and open health sciences building

**September 2008**

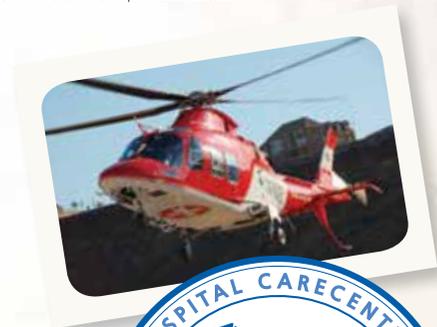
Jubilee Home II opens as a result of \$2 million in generous donations

**2009**

Health & Performance Center opens

**January 2011**

Life Flight helicopter service begins



**September 2011**

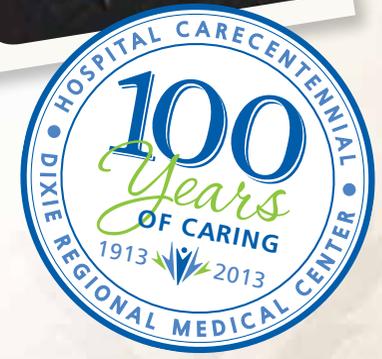
Gateway to Wellness opens (now the LiVe Well Center)

**July 2012**

First surgery is done to remove brain tumors

**July 8, 2013**

Celebration of a Century of Hospital Care in Utah's Dixie



» **PART ONE** ◀



# » HOSPITAL HISTORY «

---







## ➤ 1910s ◀

*“Dixie Spirit” is what locals in southern Utah call the inspired attitude of cooperation and hard work that appears everywhere, just like the local red sand.*

**I**n 1861, 306 settlers were called by Brigham Young to come to Utah’s Dixie to start the Cotton Mission, an effort to make the people of The Church of Jesus Christ of Latter-day Saints self-sufficient by growing their own cotton during the Civil War. Brigham Young wisely sent an entire colony to grow cotton in this previously uninhabited region of the Utah Territory. Young did not just send farmers, also butchers, bakers, school teachers, midwives, and doctors.

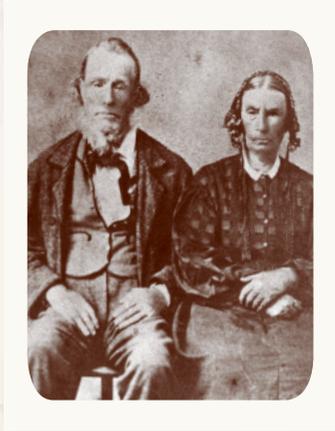
They arrived early in December and immediately started getting the ground ready to plant, and organized school for the

children. The day after Christmas, it started to rain, and the constant battle with weather and the elements began. The early settlers to St. George quickly realized that in order to survive in geographically isolated Dixie, they would need to work hard and cooperate with each other. The Dixie Spirit was born.

Within 40 years, at the turn of the century, the early Dixie-ites had successfully grown cotton — though never on as large a scale as originally anticipated. As the Civil War ended, the growing of cotton was discontinued. By this time, however, the early settlers had created a beautiful city in the desert.



Dugouts had been replaced by fine homes, and the mulberry trees originally planted for the silkworm industry gave much needed relief from the hot Dixie sun. The early Dixie pioneers had built a beautiful temple, a tabernacle with a clock tower, a



*Priddy and Sara Meeks*

courthouse, an opera house, a social hall, and several schools. St. George and its surrounding communities had become desirable places to live. While southern Utah had been served by several dedicated physicians during the late 1800s, the early community still did not have a hospital. Dr. Israel Ivins and his son-in-law, Aaron McDonald, ran a drugstore and dispensed medical supplies and advice to the community. Dr. Silas G. Higgins and Dr. Priddy Meeks served as herb doctors, mixing their own compounds and remedies (Larson, 622).

Historian Doug Alder wrote: For years [Dr. Silas

Higgins] ministered relief to the suffering, whether it was caused by illness or broken bones. He went about until he was exhausted all hours of the day and night. He lived in the northwest section of the city, and many times he had to make his way through the darkness where mesquite and rabbit bush grew in the sandy streets. Friends prevailed upon him to eat a meal before going home where other calls were waiting. He answered calls from Hebron, fifty miles distant, from Silver Reef and communities nearer home. He traveled on horseback or with a swift team and buggy

Higgins] ministered relief to the suffering, whether it was caused by illness or broken bones. He went about until he was exhausted all hours of the day and night. He lived in the northwest section of the city, and many times he had to make his way through the darkness where mesquite and rabbit bush grew in the sandy streets. Friends prevailed upon him to eat a meal before going home where other calls were waiting. He answered calls from Hebron, fifty miles distant, from Silver Reef and communities nearer home. He traveled on horseback or with a swift team and buggy



*Dr. Silas Higgins*



on longer distances. He would diagnose the case by observing the color of the tongue. He compounded all his own medicines. He avoided the operating knife unless life depended upon it. In a little lumber building at the side of his home he kept his drugs and herbs and worked them into powder and folded it in paper or capsule for his patients. This little shop was also his reception room. (Alder, 14-15)

Dr. J.T. Affleck was the first surgeon in St. George and was said to have studied medicine at a medical school in Pennsylvania (Alder, 324).

Perhaps the most impressive feat of his [Affleck's] Dixie career was the successful removal of a diseased kidney and tumor of Mrs. James H. Tegan (Catherine) right in her own home and under what would today be called the most primitive conditions (medically). Mrs. Tegan had been suffering from the tumor for some years, and the doctor felt that her condition was critical. He had never seen such an operation performed, but felt that without it, Mrs. Tegan could not live. He had the bedroom made white and the bed draped with white



*Dr. J.T. Affleck*

sheets. He placed disinfected sheets over a large table, and there in that bedroom on September 7, 1896, he performed the operation. He was a skilled surgeon, although limited in facilities for performing surgical operations. (Larson, 622)

Most small communities in the United States did not have hospitals at that time. Doctors saw most of their patients in each patient's home. Mothers in labor would often prepare a meal for the doctor to eat after he had delivered her baby. In a time with limited telephone service the benefits of a central location for a doctor to see and treat patients was invaluable. People in general, however, were highly skeptical of hospitals.

Bacteria, germs, and the practice of washing hands before touching a patient were extremely new concepts and ideas for the time. It was generally known that disease was spread when people came in contact with someone who was sick, but it was not known exactly how the sickness or disease was transferred.

Hospitals, often set up temporarily during wars or plagues, seemed to attract disease and were seen as places to avoid. Several scientific advancements such as the microscope, vaccines, bacteria research, as well as a new appreciation for cleanliness and the introduction of indoor plumbing, led to the rise of community hospitals at the turn of the century.

---

St. George may have been a small isolated community of about 2,500 people, but its citizens continually worked toward its betterment. A water and septic system was installed in St. George proper between 1909 and 1910, and indoor plumbing became fashionable. Almost overnight, communicable diseases like measles, mumps, and diphtheria began to disappear as vaccines became available. The saying “cleanliness is next to godliness” began to prevail and was applied to all aspects of home and personal hygiene.



*Dr. Frank Woodbury*

In 1904 Dr. Frank Woodbury, a St. George native, began practicing in St. George after graduating from the Physicians and



*Dr. Donald A. McGregor*

Surgeons College in Baltimore, Maryland (*Washington County News*, July 12, 1923). In 1912 Woodbury convinced his brother-in-law, Dr. Donald McGregor, a surgeon in Beaver, Utah, to come and practice with him. The two doctors quickly began making plans for a hospital in St. George. It was their zeal and excitement for a facility dedicated to healthcare that led to the Washington County Hospital's becoming a reality.

In November 1912 on Thanksgiving Day, a call was made for a suitable hospital in St. George in the *Washington County News*:

#### **For Local Hospital**

A movement is afoot in this city to establish a local hospital where cases that require surgical treatment may be taken care of without having to send them to Salt Lake City. The proposition as outlined is for stock to be subscribed to the extent of \$5000 with which to purchase a building, etc., suitable for the purpose. It is believed that many would avail themselves of such an institution as patients and that the stock holders would get good returns on their investment.

There is no doubt whatever that a hospital in this city would be a boon to this whole section of the state. A person going to Salt Lake City to undergo a surgical operation requires a small fortune to pay for treatment and attendant expenses besides which



there is the time there and return and the loss of time the latter of which may be of vital concern in a case that should be treated without delay and in addition to all this the person who undertakes such a journey is frequently (more often than not) suffering torture that could be allayed without the great loss of time necessitated by such a journey.

Operations are performed here as elsewhere without the patient going to a hospital and many may for this reason come to the conclusion that a hospital is not necessary.

To this it may be said that a hospital is perfectly sanitary and free from disease germs and a trained nurse will attend the patients' needs being thus minimized as they cannot always be when operations are undertaken in private homes.

The physicians who will have charge of this hospital if established offer their services gratis to indigents of the various wards provided the wards will pay the hospital fees of such patients so that while the physicians get nothing from such cases the stock holders will lose nothing.

Again we say that such an institution would be a blessing to this section and we hope to see the necessary capital readily subscribed so that the hospital may be opened at an early date.

In January 1913 the *Washington County News* reported:

Articles of incorporation of a hospital here will shortly be filed. The incorporation is for \$10,000. More subscribers for the stock are wanted. A good thing — push it along.

By March 1913, locals were urged to buy stock subscriptions for the hospital. It is interesting to note that a building, later identified as the Morris Hotel, had been purchased by this time.

In the stake priesthood meeting at the close of the afternoon session of conference, Pres. Thomas P. Cottam addressed the priesthood in relation to improving our surroundings and beautifying the homes, and urged upon them the necessity of doing more work along this line. ... Pres. Geo F. Whitehead spoke on the interest of the establishment of a hospital and asked for the support of those present in the way of stock subscriptions, he told of the purchase of a building for this purpose, and other matters along this line (*Washington County News*, March 20, 1913).



The goal of \$10,000 was quickly reached. This is really an amazing feat, considering the above mentioned stake conference report also mentions that the average “tithing for 1912 was \$9 per capita.” That would indicate the average household in St. George in 1912 may have brought home about \$90 a month. Local residents enthused with the Dixie Spirit thought the hospital was worth the sacrifice.

Washington County Hospital was called “Southern Utah Hospital” for about a week and was located at about 50 South and 100 East, in the middle of the block. George F. Whitehead was the first president of the hospital with James McArthur as the secretary and treasurer and Dr. F. J. Woodbury and Dr. D. A. McGregor as surgeons in charge. The Washington County Hospital opened its doors to the public and literally to three patients on Tuesday, July 8, 1913.

### **Hospital Opened**

The Southern Utah Hospital was opened Tuesday after a thorough course of sterilization and purification of every part of the building. The building was formerly the Morris hotel and it has been altered to fit for its present purpose. Drs. F. J. Woodbury and Donald A. McGregor are the physicians and surgeons: they are so well and favorably known here that nothing further need be said than their qualifications

will establish confidence in the institution and ensure its success. It will fill a long felt want and save many patients going to Salt Lake City and other places for treatment, thus saving money and time, the latter often of vital consequence in extreme cases. Three patients are already in the hospital and some operations have been performed (*Washington County News*, July 10, 1913).

It is unknown why the hospital changed its name to Washington County Hospital so soon after opening, but perhaps it was because it was also supported financially by Washington County. A few weeks later the local paper refers to the hospital as the Washington County Hospital in an article and also includes an advertisement for the new hospital.

Mrs. John Wood of Hurricane, who underwent an operation at the Washington County Hospital two weeks ago, left that institution Tuesday evening and will return to her home in a few days. She speaks highly of the treatment accorded her at the hospital and the attending nurses speak highly of Mrs. Wood, so a mutual good feeling has undoubtedly been established.

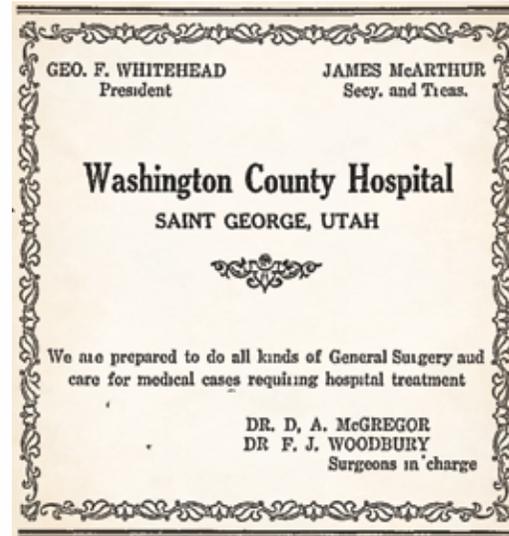
Dr. D. A. McGregor was here from St. George Tuesday and Wednesday of this week, to assist in two difficult surgical operations. The patients were

Mrs. Oscar Boldwin and a daughter of T. B. Davis. Dr. Shepherd assisted with Dr. McGregor in both cases. Dr. McGregor says they have a very nicely equipped hospital in St. George now which is enjoying a large patronage.

Olaf Jacobson, a son of Mr. and Mrs. James Jacobson of Pine Valley who recently underwent an operation for a serious attack of appendicitis at the Washington County Hospital, is progressing rapidly and will soon be able to leave the hospital. Olaf was taken ill some weeks ago and was hurried to this city in order that he might receive treatment. Upon his arrival the physicians determined a condition that would not permit an immediate operation.

Accordingly the boy was given the attention his serious condition demanded until the disease so localized that an operation was deemed safe. The lad is apparently on the high road to perfect recovery, much to the delight of his friends, the attending physicians, and the nurses.

We call the attention of our readers to the advertisement of the Washington County Hospital in this issue. The establishment of this institution here may well be regarded as a blessing, for the sufferer requiring extreme treatment that can only be obtained at a well equipped hospital is now saved the long,



*Ad in the paper on July 24, 1913*

hazardous and agonizing journey to Salt Lake City, a journey much to be dreaded under such circumstances. The physicians are well known, Dr. Woodbury having been resident physician here for many years, and Dr. McGregor by the splendid reputation he has earned as a physician and surgeon. For many years, for long stretches of time without another physician in the field, Dr. Woodbury has ministered to the needs of his patients and has been, more often than not,

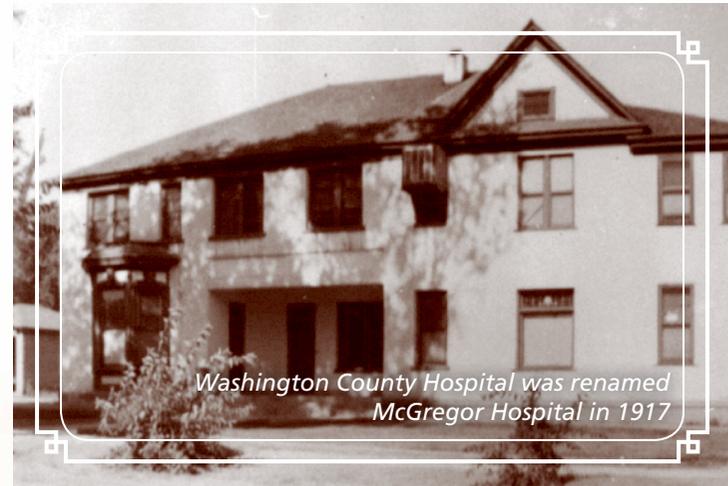
---

self-sacrificing in his labors, no journey was too long, no road too rough, no night too stormy to prevent him going to the assistance of his fellow in distress. Such men in charge of a hospital inspire confidence and this confidence is attested by the number of cases already at the institution. The News wishes the hospital success, and knows that the wish will be incorporated in the hearts of its readers (*Washington County News*, July 24, 1913).

The Washington County Hospital was a large two-story building (previously the Morris Hotel) that was sanitized and updated to include the modern sickroom ideals of that day. A sickroom with all the modern hygienic requirements was prepared within a private residence in St. George prior to the hospital's being opened. The Washington County Hospital's rooms were probably furnished with similar fixtures. The sickroom was described as follows:

... a spacious place with southern exposure thus insuring good ventilation and plenty of sunshine. It will have polished floors and walls of hard plaster tinted or painted a soft green which is restful to the eyes and this finish will be such as to permit a thorough washing of the walls after an infectious disease. The corners will all be rounded so as to

provide no hiding places for germs. The room will naturally be furnished in a simple sanitary way. There will be an iron bed . . . and a white enamel table and two or three white chairs. Pictures and draperies will be banned and there will be no unnecessaryes whatever. Adjoining the room will be a bathroom, and in an adjacent closet the doctor and nurse will be able to find all sorts of pitchers, jars, basins, measuring glasses, thermometers, hot water bags, bandages, gauze, plain towels, green soap, and disinfectants (*Washington County News*, August 3, 1911).



*Washington County Hospital was renamed  
McGregor Hospital in 1917*



During the first decade of service the Washington County Hospital served residents throughout southern Utah and beyond. Woodbury and McGregor were busy delivering babies in homes and in the hospital. Having a baby in a hospital was a novelty throughout most of the United States at that time.

Mill accidents, construction accidents, and horse riding and roping incidents occurred often and sent people to the hospital. Automobiles began to make an appearance in southern Utah about that time, and Woodbury and McGregor cared for the victims of car crashes as well. Mr. W. E. Sweet, of St. George, was known to take passengers in his car “anywhere, anytime,” sometimes driving as far away as Los Angeles.

During that time Washington County would celebrate “Good Road Days” in an effort to keep the Arrowhead Trail from California open to traffic and free from tumbleweeds and major pot holes, as it was a dirt road. In 1919, the canyon known as Mukuntuweap National Monument became Zion National Park, and carloads of tourists came to southern Utah. These sightseers occasionally had to visit Washington County Hospital during their stay in Zion.

The big news of the era, however, was World War I. Liberty Loans, War Bond campaigns, and farewell parties for “our soldier boys” were the news of the day. Washington County Hospital

did its part by sending supplies (e.g., triangle bandages, hospital gowns, and gauze) to the war effort. McGregor and Woodbury each served on Red Cross committees.

Twelve cases of the dreaded Spanish flu were reported in Washington County (*Washington County News*, October 31, 1918). Woodbury asked the community to voluntarily wear masks to reduce the spread of this disease. The small town of Panguitch reported 85 cases, and because they had no doctor in town, McGregor went to help (*Washington County News*, November 14, 1918). Southern Utah, for the most part, remained unscathed from the Spanish flu because of the diligent efforts of McGregor and Woodbury.

In July 1923, just 10 years after the opening of the Washington County Hospital, Woodbury passed away. This is part of the tribute written about him:

Several years ago Dr. Donald A. McGregor came here from Parowan at the solicitation of Dr. Woodbury. They went into partnership later opening up the Washington County Hospital which has been a great help to this section of the state in helping suffering humanity.

The tributes paid him at his funeral testify to the love and esteem of the people for him. No pen can

---

fully portray his nobleness of purpose for those sick or in distress. He was generous and the full extent of his generosity will never be known. The editor has been told of many instances where he made no charge for his services because his patients were poor people and he attend the families of missionaries without charge while the head of the family was away. On the very day he had to take to his bed in the final stage of his illness he tried desperately to go to attend a confinement case. He hid his own suffering while attending to others often not as sick as himself. Many times he risked his life to attend the sick. On one occasion in the early history of Hurricane he attended a confinement case there. On returning home he got a telephone message that the patient was in bad shape. It was night and a terrific flood was running in the Virgin River. He was advised not to go — he had to cross the river — and his wife begged him to give it up until the flood went down but he said ‘Vivian a woman’s life is at stake. I must go.’ And he did though he was washed down the river some distance in crossing.

Another incident that the editor recalls was when a man named Lemmon was severely injured near the saw mill on Cable Mountain in Zion canyon some years ago. In the dead of night Dr. Woodbury climbed up the trail leading from the floor of the canyon to

the top of the mountain carrying his surgical case with him. The trail was not so good then as it is now and on that black night it was a precarious trip added to this Dr. Woodbury had been up all the night before and was not feeling well. Yet at the call of suffering humanity he responded. Such was the man and such was his life. He was a martyr to his calling — devoted without thought of whether his services would help to make him rich or poor. His memory lives in the hearts of those he so often helped and his loss is keenly felt (*Washington County News*, July 12, 1923).

After the death of Woodbury, McGregor pressed forward as the only surgeon in town for the next two years until the arrival of



*L to R: Dr. Alpine McGregor, Dr. Lorenzo McGregor and their father, Dr. Donald McGregor*



*Dr. Reichmann  
and family*

Dr. Wilford Reichmann in 1925. Two of McGregor's sons went on to become surgeons as well and practiced at the Washington County Hospital that eventually became affectionately known simply as the McGregor Hospital. Walter Snow perhaps summed it up best when he related his thoughts on the first hospital in St. George and its impact on this community:

*100 Years of Caring*

St. George, Washington County and surrounding area owe an undying debt of gratitude to Doctors Frank J. Woodbury and Donald A. McGregor for the establishment of the Washington County Hospital, later the McGregor Hospital.

What it may have lacked in the beginning in the way of modern buildings, equipment and other convenience was made up in love, unselfish service due to the high ethical standards of those who labored there (Snow, 313).

Washington County Hospital, like the Dixie Spirit and the tall trees that now lined the streets of St. George, had taken root in the red sand of southern Utah. It had become a mainstay of the community, a place of hope and healing that would serve Dixie for 39 years. 🌿





*Main Street, St. George in 1930*



## ➤ 1920 - 1940s ◀

*Like a young sapling that has grown in height and is beginning to grow in breadth, the McGregor Hospital also continued to grow.*

**G**rowth was not so much in physical size but in advanced family and surgical care as it became a significant part of a growing community during a time of great change. By this time, Dr. Donald A. McGregor had procured enough money to buy back the stock subscriptions from local residents, and the hospital was officially renamed the McGregor Hospital (Vitelli, 259).

In the 1920s St. George, like most small towns across the United States, was experiencing a time of unprecedented bounty as the economic effects of the industrial revolution began to be felt. Large companies began to mass produce and ship numerous

sundry items around the country. Clothing, toys, shoes, Kodak cameras, and a miracle pill to cure any ill (called aspirin) could now be purchased at local stores. Cities and towns were exchanging goods and ideas like never before.

St. George began to ship bumper crops of peaches and apricots to outlying areas. With the advent of trucks, steel bridges, and a system of oiled roads in southern Utah as well as U.S. Highway 91





in 1930, Dixie fruit could now arrive saleable and unspoiled.

Healthcare also saw many advances. While tuberculosis and polio were still the most dreaded and deadly diseases, vaccines for diphtheria, whooping cough, small pox, and tetanus were beginning to make a difference in the general population, as more parents were having their children vaccinated. Aspirin was a widely used cure-all and fever reducer. Band-Aids were invented by a Johnson & Johnson Company employee and vitamin D became the first commercially synthesized vitamin manufactured and marketed to consumers. The first use of an iron lung to fight respiratory failure brought on by polio occurred in 1928 (Beazley, June 2007).

During this time, Dr. Donald McGregor and Dr. Wilford Reichmann continued to care for the medical needs of southern Utah and northern Nevada at the McGregor Hospital and through numerous house calls. In his life history,

Edmund Gubler recounts a sad incident involving his youngest daughter and a visit to the McGregor Hospital.

In the spring of 1923 we again moved to the ranch [at the foot of Pine Valley Mountain]. Our little children all got the measles. One night when Wilma was just a little girl about two and a half years of age, she became very sick with the croup, so we just didn't know what to do. We did all we could for her and decided the best thing was to take her down to the doctor in St. George. The only way we had to get her down there was with a team and buggy and we sure didn't lose any time going down.

I will never forget that ordeal; by the time we got to St. George she could hardly breathe. Dr. McGregor cut her wind pipe so she could breathe, but all that was done didn't help her none, and she died that same night. ... We buried our dear little daughter in the Santa Clara cemetery. We then moved from our ranch back to Santa Clara. It was sure lonely without our dear little girl, she was so sweet. We didn't even have a picture of her but I can still see her in my mind, she was so sweet and beautiful. We cut a curl from her hair and kept it for many years (Gubler, hunthistories.com).

Just as an established tree tends to continue to thrive in times of drought, the McGregor Hospital continued to be of service

---

to southern Utah through the Great Depression and even after McGregor's death in October 1938. *The Washington County News* paid tribute to McGregor who was known for his surgical skills and as a civic leader and for whom the local hospital was named:



**Dr. Donald Alpine McGregor  
Dies At His Home Here Tuesday  
Morning. He was one of a Few  
Doctors in Utah to be Honored by  
the American Federation of Surgeons**

Dr. Donald Alpine McGregor, 62, died at his home here early Tuesday morning, following a second attack of coronary thrombosis. He had suffered an attack several months ago, but had made a remarkable recovery, and since returning from a visit in California

where he had gone for his health, had again been able to advise with his sons, Dr. A. W. and Dr. Lorenzo W., who have been in charge of the McGregor hospital since his sickness. On Monday afternoon he made several X-ray pictures and seemed to be feeling quite himself again. At 12:40 a.m. he suffered a second attack and died at 4 a.m. Tuesday. ...

He was an active worker for the betterment of St. George and Washington County and took an especially active part in the helping to bring about better health conditions in this section. He was generous and always willing to lend a helping hand to those who were in need.

Doctor McGregor, owner of the D. A. McGregor hospital at St. George, was born at Parowan, Utah, April 9, 1876. His parents were William Campbell McGregor from Glasgow, Scotland, and Sarah McGregor, of Charleston, Canada. They were early pioneers to Southern Utah and contributed to the upbuilding of that part of the state. ...

Returning again to Beaver, he practiced there until in 1913, when he moved to St. George. In May of that year, associated with his brother-in-law, Dr. Frank J. Woodbury he figured prominently in founding the Washington County Hospital, which now bears his name. While living in Iron and Beaver counties Doctor McGregor served as county physician and also held

---

this position for many years in St. George. He has long been a member of the Salt Lake County, Utah State and American Medical associations and in October 1936 was made a member of the American Federation of Surgeons. This is the highest distinction awarded in the field of medicine and surgery and Doctor McGregor is one of the few in the west to attain this honor (*Washington County News*, October 13, 1938).

Dr. Wilford Reichmann, an associate of McGregor's spoke at his funeral:

Dr. W. J. Reichmann spoke feelingly of his years of association with Doctor McGregor in their profession; of his personal appreciation for his great skill and efficiency in the field of medicine and surgery, saying that few will ever know the many instances of kindness and charity of this local physician. He spoke of Doctor McGregor's great sympathy for those who suffered, of his constant labor to keep in the advanced ranks of his profession, and of his great courage in his work (*Washington County News*, October 20, 1938).

McGregor's sons Alpine (A. W.) and Lorenzo (L. W.) and Dr. Frank Woodbury's son, Clare, attended medical school at the



*Dr. Clare Woodbury*

University of Maryland in the late 1920s and returned to practice medicine in St. George. They also continued to manage and maintain McGregor Hospital after their father's passing. Dr. Clare Woodbury soon moved his practice to Las Vegas, however, and he was succeeded by Dr. Wilford Reichmann. Together, these doctors served Dixie to the best of their knowledge and abilities.

In 1925 Dr. Wilford Reichmann arrived in St. George and continued his family practice until 1975. He was trained to do surgery and initially did some major operations but with the arrival of Dr. Donald McGregor's sons, A. W. and L.W. McGregor, he concentrated on family practice, including delivering many babies (Alder, 20).



*Dr. Wilford Reichmann*

Reichmann is remembered for his kind bedside manner. Characteristic of one with the true Dixie Spirit, Reichmann never sent anyone a bill for his services. He felt that people would pay if they could,

---

and if they were unable to pay, he figured they needed his services anyway. “Reichmann’s generosity endeared him to the local people who saw him as a leader as much as a doctor. He was the embodiment of the family practitioner” (Alder and Brooks, 325).

In his life history, Laron Waite recalls the events surrounding his birth at the McGregor Hospital with Reichmann in attendance:

In 1939 my mother became pregnant with me. During her pregnancy her body produced too much of a chemical called albumin. The excess albumin was poisoning her kidneys. Her doctor, Wilford Reichmann, was worried that if her body continued to produce too much albumin it would kill her. Her condition became serious during the last few months of her pregnancy. About two weeks before my birth Dr. Reichmann told Mom that he feared I was dead. He had not felt any movement in her and was not able to hear a heartbeat. In the first few days of December he told her that they could wait no longer. On December 3, 1939 my father took her to the McGregor Hospital in St. George, Utah where Dr. Reichmann gave her a drug to start her labor. The labor was not consistent during that day. She spent that night in the hospital and the next morning Monday, December 4th, the doctor gave her more drugs to start the labor again. Soon the



labor pains started and her hand began to jerk. Her body continued to jerk and she felt herself losing consciousness. She heard my father call for help and then she lost consciousness. I was born at 9:40 a.m., while she was unconscious. I weighed eight pounds and was 20 inches long. She and I stayed in the

---

hospital for ten days. Gradually the albumin went back to normal and her kidneys recovered (Waite, Irwaite.net).

By 1936, more than 40 percent of American babies were delivered in hospitals (Beazley, Feb. 2007). The percentage of babies born in McGregor Hospital may have been higher, as four out of every five recorded births took place at the hospital (*Washington County News*, 1936-1938).

During this time, Reichmann had his own office on Main Street in St. George, and McGregor's sons had taken over his offices in the



hospital. By the late 1930s McGregor Hospital had developed into an efficient facility. There were a pharmacy, an X-ray machine, and a dentist located on the first floor of the hospital.

There was no ambulance service, however, so Henry Pickett, the local mortician, and his son Elmer used their hearse as an ambulance to bring people to the hospital (Alder and Brooks, 325). Historian Doug Alder described how Eda Hafen, who worked as a nurse at the McGregor Hospital in 1936, remembers how the hospital functioned:

She and her colleague, Alice Ty Whipple, lived in a room in the hospital and ate their meals in the dining room in the basement. She said that the two McGregor doctors had their medical offices on the main floor. Patients would come there and a receptionist would greet them but the doctors did not have nurses to help them in their regular practice. There was also a dentist on the main floor. The women's ward had four beds and the men's ward had three. There were five patient rooms and surgery was behind them. There was space for fewer than twenty people. There were about two surgeries per day, usually in the morning, but emergencies (usually appendectomies) could come any time. Later a nursery and surgery space were added to the old home (Alder, 21).



1935 — snow on Tabernacle Street

In the early 1940s, McGregor Hospital was still in a prime location to meet the needs of an ever changing and growing community. St. George Boulevard, or 100 North, as it was called then, ran just north of the hospital and was part of the new U.S. Highway 91. The boulevard became a motel and restaurant row and also provided convenient access to the hospital in emergencies.

Automobiles replaced teams and buggies. Passenger buses now transported people from St. George to Salt Lake City and

Los Angeles, and households were beginning to have party-line phone service. Telephone operators would switch on a red light on top of the Tabernacle to alert the police, who would then call the operators to learn what the emergency was.

An airport opened on top of Black Hill in 1940, and the University of Utah's School of Medicine graduated its first class in 1944. This meant more local young people could study medicine and return to southern Utah as physicians.

In 1944 during World War II, penicillin began to be mass produced. Penicillin was seen as a new wonder drug, and it dramatically reduced the number of amputations and deaths from infected wounds during the war. After the war, it was invaluable to hospitals and widely used to treat infection.

In 1943 the U.S. Congress created the Emergency Maternity and Infant Care Program. This program extended hospital obstetric care to wives of servicemen without cost. This program was the historic beginning of hospital's receiving reimbursements from government contracts. In 1965, a similar program would be available to a wider public and known as Medicare (Beazley, March 2007).

Reichmann delivered many babies during the 1930s and 1940s, but he referred surgeries to the McGregor brothers. Together they cared for the community they knew and loved. Hundreds of stories are still told about these three doctors and the McGregor hospital.



*Dr. A. W. McGregor*

Historian Doug Alder described the surgery of Teddy Sue Graff's infant daughter:

Her second baby was very small at birth, five and one-half pounds, and quite sickly. One day she phoned Dr. A. W. (as they called him) and described the baby's behavior of crying constantly and spitting up. He prescribed some drops but after a day with

the symptoms continuing, the mother just took the baby to Dr. McGregor's office without an appointment. After examining the child, A. W. decided, despite the child's early age, to do surgery the next morning. He felt it would be a routine, half-hour operation. Teddy Sue waited outside the operating room but the time extended to two-and-a-half hours and she was beside herself with anxiety. When Alpine came out of the surgery room, he reported that he worried greatly for the child's survival. Once the stomach cavity was

opened, the doctor found that the intestine was kinked and clogged. He had to clean it out and ease it properly back in place. The child recovered and is alive today.

The Graffs were very worried about the cost of this extensive surgery and the recovery stay in the hospital. They were relieved to receive the bill: \$100 for the hospital and \$150 for the doctor (Alder, 21).

After World War II, Dixie began to change. Almost one in every nine people in Dixie served during the war, and as they began to return home they brought a new perspective (Alder and Brooks, 261). Dixie began to be seen as a destination, a winter retreat, a retirement community, and a recreation hot spot. Southern Utah was eager to become as an advertising campaign for tourists boasted: "Where the Summer Sun Spends the Winter."

A new Dixie was struggling for birth after World War II, but the delivery took twenty years. ... The World War II generation returned to southern Utah with new attitudes. They had been in Europe or the Pacific or at least in major American centers. Some of those who came back home felt in their bones that Dixie's isolation and agricultural ways were going to change. Some were anxious to promote that change; at least they wanted to make room for



their generation. They intended to modify the austere farming lifestyle that had been the tradition of Dixie. One said: "I decided in the army I was coming back to St. George and help the community become something new. There was an amazing change here just during the war. There was a spirit about Dixie. One does not find that in the big time. That spirit motivated us in 1946. I could see something could happen. I believed in it" (Alder and Brooks, 283-284).

The Dixie Spirit of cooperation and hard work combined with a vision of the future brought inevitable change; including changes to medical care in St. George. As local residents rang in a new decade in 1950, the last case of smallpox had been reported in the United States in 1949, and Dr. Jonas Salk was about to triumph over polio in 1952. The age of modern medicine had begun. The early 1950s saw the first hip replacement surgery and kidney transplant in the United States, as well as the debut of the pacemaker and heart-lung machine (Beazley, April 2007).

After nearly 40 years of service, the McGregor Hospital was in need as it now serviced a community of 4,500 people and another 5,000 people in the remainder of Washington County. A. W. and L. W. McGregor, feeling the responsibility of maintaining

the aging hospital, decided to inquire of the LDS Church about assuming control and expanding the hospital in Dixie.

In 1946 Presiding Bishop LeGrande Richards visited St. George and inspected the hospital. It was his opinion that adding to the old building would not be a good decision. He advised the construction of an entirely new building. With his encouragement an option was taken on the block southeast of the LDS Temple to be the site of a new hospital.

The first plan was for the LDS Church to donate some of the funds and to have a major fundraising program throughout the community to raise the bulk of the money. It would have been an ambitious task. About that same time the federal government came out with the Hill-Burton program [Hill-Burton Hospital Survey and Construction Act of 1946] to have the federal, state and county governments share in funding the construction of new public hospitals. After due consideration, the Washington County Commission decided that the public tax funding would be preferable to the church donation plan (Alder,23-24).

On January 29, 1947 Orval Hafen, chairman of the hospital committee for the St. George Chamber of Commerce, wrote a

letter to the chamber President, Roy Williams. Hafen wrote:

January 29, 1947

Dear Mr. Williams,

Our committee feels that there is a definite and pressing need for a new hospital. We recommend that you consider a 100-bed hospital as an ultimate goal, and that the first part of the project be to build a 50-bed hospital with the thought that after it is completed and the need justifies it, that it be expanded into a 100-bed hospital. This, of course, should be taken into consideration in the preliminary plans.

We do not think any very useful purpose would be accomplished by building a 25-bed hospital and attempting to proceed without being accredited.

We feel that this county has an unusual opportunity and a very bright future if our local people will develop the vision to see it and if they will join hands in some concrete projects to bring it about. We feel that an outstanding hospital, operating on an accredited basis, would be the best project the community could adopt at this time to bring some of these dreams to a reality.

In closing, we would like to urge that the St. George Chamber of Commerce take some aggressive action on this matter at this time.

Sincerely,

Members of Hospital Committee:  
Dr. L. W. McGregor, W. W. McArthur, President Harold S. Snow,  
Ellen Bentley, and Orval Hafen, Chairman

In answer to the above letter Mr. Williams wrote members of the hospital committee on February 19, 1947. Only a small part of this letter is printed below:

At their special meeting held Tuesday evening, Feb. 18, board members of the St. George Chamber of Commerce discussed various angles of the proposed hospital for St. George.

The need of more adequate hospital space and facilities for this city and adjacent area is fully recognized, and all members present expressed themselves as deeply concerned in lending their support to this cause. Mr. Williams went on to enumerate the virtues of a new hospital and the benefits that would be derived there from. The great advantage of state-of-the-art medical facilities available to both permanent residents, winter residents and the traveling public, employment opportunities, training possibilities for nurses, interns etc. were also emphasized (Snow, 268-269).

Ultimately, a 30-bed hospital with an intensive care unit was designed and built by Fetzer & Fetzer of Salt Lake City, for \$500,000. The McGregors agreed to close McGregor Hospital and sold their equipment and beds to the new hospital that was

---

owned and operated by the Washington County Commission with Fred Holbrook as the administrator. The new hospital was located on the east side of 300 East, north of 600 South in St. George. It faced west.

The central hub of healthcare in Washington County had been

transplanted to a new location. The transition went smoothly, and the new hospital continued in the tradition of quality service established at the McGregor Hospital. The medical staff included doctors A. W. McGregor, L. W. McGregor, M. K. McGregor, Wilford Reichmann, Clark McIntire from Hurricane, and William Baker. ❧





*Dixie Pioneer Memorial Hospital*



## ➤ 1950s ◀

*The 1950s were a time of growth all across the United States, and Utah's Dixie was no exception. Tourism became a booming industry in Dixie.*

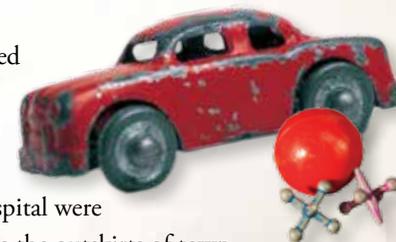
**J**ohn Wayne and Susan Hayward came to St. George to film *The Conqueror* in 1954, and the United States Atomic Energy Commission conducted more than 85 above-ground nuclear tests just 135 miles from St. George in the Nevada desert. In 1955, Leon Watson took over the helm at Dixie Drug, a staple business in downtown St. George, and Disneyland opened in California.

In southern Utah, the March of Dimes held campaigns every January to raise funds to help fight polio. Refrigerators with an icebox, water heaters and washing machines were now standard household appliances. Miracle Whip was \$.54 a quart, the hula hoop was a toy sensation, Penney's was the place to shop,

and patterned wallpaper covered the plaster in fashionable homes. Farmland was being subdivided into cul-de-sac lots, and new homes and a hospital were popping up on what used to be the outskirts of town.

In June 1949, the St. George Planning Commission was studying the problem of opening new streets and subdividing larger lots into smaller ones. They believed:

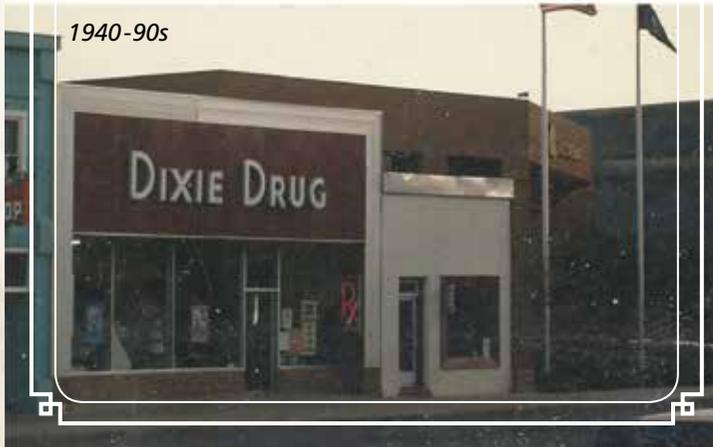
St. George will continue to grow. Its growth may





1920-30s 1930s

In 1955, Leon Watson took over the helm at Dixie Drug, a staple business in downtown St. George.



1940-90s

not be spectacular — it should be hoped that it will not — but it will be visible year by year. Continued erection of new homes far out on the outskirts will mean the necessity of constant expansion of the municipal utilities and services, at ever increasing cost. ... In early pioneer days, St. George was laid out to fit the needs of the people. Cooperation among the residents was the watchword. The problems of today are no less difficult and their successful solution no less necessary (*Washington County News*, June 23, 1949).

The Dixie Spirit of cooperation, combined with a positive vision of the future of St. George, resulted in county commissioners Murray Webb, Truman Bowler and Emil Graff, leading a community effort to build a new hospital in the early 1950s. On February 8 in 1951, the *Washington County News* reported a green light for a new hospital in St. George:

**Commissioners are Given Green Light on Hospital at County Mass Meeting**

According to Evan Woodbury, county commissioner in charge of the meeting, in advertising for bids, the construction was divided into three units — general, plumbing, and electrical. Bids were also obtained on the equipment to go into the building. Lowest bid was made by Ironton Construction Company of



Idaho, which submitted the following figures. General contract, \$252,454; electrical, \$19,302; plumbing and heating contract, \$98,733.62; equipment contracts, \$20,841.17; architect and contingencies, \$27,188.46; total, \$418,489.25. Group two

and three, which includes such equipment as beds, pillows, dishes, etc., amounts to \$51,750, thus making a grand total of \$470,239.25. Dividing this amount into a 45-55 percentage, the government would advance \$211,607.66 while the county's share would amount to \$263,631.59. A sum of \$5000 is required for leveling the grounds and putting on a thick topsoil.

Mr. Woodbury explained that during the war years the county had collected a 2-mill levy for building purposes, but it had been discontinued before the 4-mill levy was voted for the hospital. However, this sum, together with the monies raised from the 4-mill levy of 1950-51, would raise all the county's deficit except \$32,000 to \$34,000, and this, in case the citizens instructed the county commissioners to continue, became the major problem, the government having agreed to advance as much as \$50,000

additional funds to match those of the county on the 45-55 percent basis.

#### **Plan Suggested**

V. Pershing Nelson, county attorney, who had been working with the commissioners and county clerk since the opening of the bids last Friday, explained a method of using an anticipated tax loan plan through the local bank at about 3 percent for the remaining



---

\$32,000 to \$34,000, retiring them in one, two or three years, according to the ability of the county to pay them. Orval Hafen, attorney, had concurred with Mr. Nelson in his conclusions as presented. The group voted unanimously to raise the additional county funds in this manner and instructed the county commissioners to proceed with the hospital building as soon as possible.

By December 13, 1951 the construction of the new hospital was coming along nicely. *The Washington County News* reported its progress:

At the board meeting, the colors for beds and other room furniture were considered and selection was made. Practically all the equipment required in the hospital has either arrived or is now on order and promises to arrive in time for the hospital opening.

The board considered adopting a name for the new hospital and a committee was appointed by the chairman to cooperate with the County News and other mediums in

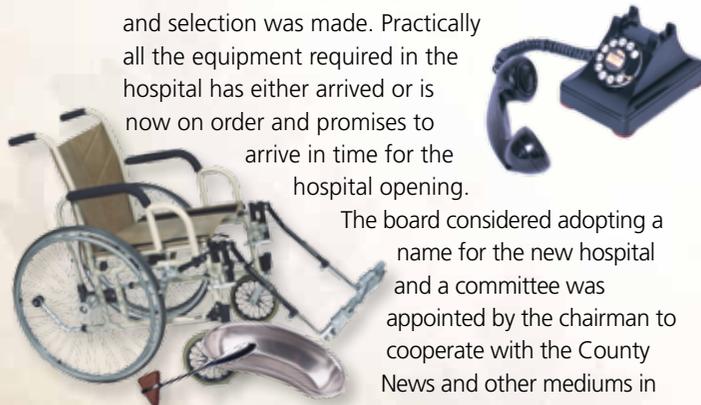
selecting a new name, which would be representative of the entire area to be served by this unit. Mr. Fetzer, the architect, volunteered to offer a prize of \$25 for the name ultimately selected by the board. There will be additional publicity given to this matter.

The same date the following ad ran in the news:

#### **What Name Would You Suggest for Our New Hospital**

The Washington county hospital advisory board is seeking a name for our new hospital, and invites every person, club, class, or other organization, to participate. Emil Fetzer, of the Fetzer and Fetzer Contractors, is offering a reward of \$25 for the name selected. Please do not use the word "county." All suggested names must be in the hands of the clerk of Washington County on or before Jan. 2, 1952. The Hospital board will be the sole judge. Watch the Washington County News for further details. Alvin Larson, Hurricane, Utah; Leland Huntsman, Enterprise; W. W. McArthur, St. George – name committee.

On January 10, 1952 the new name for the hospital was announced. The contest winner, Wanda Huntsman, was the wife of one of the three members of the name selection committee.





### **Dixie Pioneer Memorial is Name Selected by Board for New Hospital**

Dixie Pioneer Memorial is the name that has been selected for the new hospital that is nearing completion in St. George, just southeast of the LDS temple.

This name was chosen from hundreds that were handed in by people from various parts of the country, and from practically all the towns of the county, by the hospital advisory board, after much discussion and debate.

There were a number who sent this name in, but Mrs. Leland Huntsman [Wanda] of Enterprise, got hers to the committee first so she will receive the prize.

Temple View was the name suggested more than any other, but the board felt that Dixie Pioneer Memorial was more in keeping, as it was stout-hearted pioneers who settled Utah's Dixie.

The advisory board, along with Mr. Emil B. Fetzer,

the architect of the hospital, and Lorraine McArthur, who has been selected to manage the establishment, met Wednesday evening, January 9, to go over the names and make the selection.

W. W. McArthur, member of the board, stated there were many fine names and many suggestions, all of which were appreciated.

The Washington county hospital advisory board is made up of the following members: Evan Woodbury, chairman, V. Pershing Nelson, county attorney; W. W. McArthur, Harold S. Snow and Wilford Schmutz, St. George; Mayor Alvin Larson, Hurricane, Heber Hirschi, Rockville, and Leland Huntsman and Grant Clove of Enterprise.

As preparations for the opening of the new hospital were being made, the above-named hospital advisory board recommended the following proposed positions, salaries and room rates in July 1952:

- Administrator: \$350 per month
- Four Practical Nurses at \$140 per month
- Two Practical Nurses, part time
- One Registered Head Nurse at \$275
- One Registered Nurse at \$200
- One Registered Nurse, part time at \$3.50 in surgery and \$1.00 per hour on the floor

- Two cooks — main at \$145 and assistant at \$125
- One custodian at \$225
- One part time clerk at \$75
- Two matrons (one laundry and one maid) at \$125 each
- One laboratory technician at \$250
- \$8 for a bed in a ward
- \$9 for a semi-private room
- \$10 for a private room
- Rooms 26 and 27, with private baths, \$12 per day private or \$11 per day for semi-private
- A proposed flat rate of \$80 for a delivery of a baby and a five day stay, broken down as follows:
  - Delivery room \$20
  - Anesthesia \$7.50
  - Daily care of mother for 5 days at \$8 per day
  - Daily care of baby for 5 days at \$2.50 per day (Harrison, Board Minutes)

With true Dixie Spirit, the community came forward to help with the hospital. The local *Cottam-Hafen Post* contributed money toward a Diathermy machine. The American Cancer Society in Washington County donated \$1,000 for the use of cancer patients and the St. George Kiwanis Club offered to collect gifts for the first babies born at the hospital. St. George City offered to pay the first \$200 in utilities (power and water) every month. Dixie College

woodworking students built shelves for the hospital. The Rotary Club contributed two leather-upholstered chairs for the reception room and the Lions Club started raising funds to landscape the new hospital.



#### **St. George Kiwanis Club Heads Project at Dixie Memorial Hospital; Guide**

The St. George Kiwanis Club plans to assist at the open house of the Dixie Pioneer Memorial Hospital Friday and Saturday, August 2 and 3.



Members of the club will act as guides during the hours of visiting and will assist in any other way to make the opening a success.

In order to remind the citizens of the county of the fact that at long last Washington County has a wonderful new hospital, a dream come true, they are sponsoring a project of giving some prizes, with the assistance of the business houses of St. George, and others who care to join in this interesting undertaking.

The club has divided the area that will be most generally served by the hospital into five different districts and the first baby born in the hospital from each of these districts will be given a present (*Washington County News*, July 31, 1952).

Prizes were donated to welcome the first babies in each district, including an eight by ten inch oil painting of the baby donated by Odegard's Studio and Dixie Photo, a baby silver set by Milne Jewelry, a three-foot baby bed and mattress by Pickett Lumber company, a case of S.M.A. baby food by Wyth company, and baby shoes from Economy Shoe Store. Interesting to note, the



first baby girl born at Dixie Pioneer Memorial was named DeWinna (because she was the winner) Ilene Cox (Torgerson).

On August 2, 1952, a dedicatory service was held to open Dixie Pioneer Memorial Hospital. Harold S. Snow "paid tribute to the immortal pioneers whose valiant struggle made possible the settlement of this country. He reminded the people of the hardships overcome in the development of this area, and of the allegiance they owed to their memory" (*Washington County News*, August 7, 1952). As the people of Washington County honored the pioneers, they also remembered other pioneers who served their community. The McGregor hospital served the Dixie community for 39 years and pioneered the way for the new hospital.

It was sad to see a chapter in Dixie's medical history close, but exciting to watch a new chapter open. Dixie Pioneer Memorial Hospital, like a newly transplanted tree, took most of the decade to adjust and start flourishing again.

In the 1950s, air conditioning still had not made its debut in St. George, and the west-facing wall of windows in the new hospital created a problem. The delivery room was on the north end with the men's ward and a lab in the middle. A supply room was located between the lab and the surgery emergency rooms on the south end. The delivery room and the surgery room were especially



*Fred Holbrook*



*Agnes Russell*

hard to work in when there was afternoon sun. Finding ways to cool these rooms and finding out about “the possibility of installing refrigeration” was a top priority (Harrison, Board Minutes).

Dixie Pioneer Memorial had several administrators over the next 12 years. Mr. LaRaine McArthur was the very first administrator appointed by the county hospital advisory board in 1951. He resigned before the hospital opened, and Fred Holbrook was the administrator for the first two years of the hospital. Derrell Bingham served as administrator for less than one year, and was followed by Erma Sandberg in 1954. Agnes Russell served from 1957 until 1959 when Grace Snow became the administrator. In 1963, Elwood Harrison, hired in 1954

as the lab and X-ray technician, assumed the role of administrator of the hospital. Harrison remained in that position until 1981, serving almost 20 years.

In 1952 Dixie Pioneer Memorial Hospital set a goal to provide the best patient care possible with existing resources. Funds were tight those first few years, and resources were extremely limited. The new hospital struggled to find qualified nurses willing to work 44-hour work weeks, but the hospital survived. Room rates were reduced by \$1 per day within months after the hospital’s opening to be more compatible with what people could afford to pay.

In 1954, in an effort to increase the patronage at the hospital, a letter went home with school children explaining to the residents of Washington County the need and advantages of using the facilities at the Dixie Pioneer Memorial Hospital.





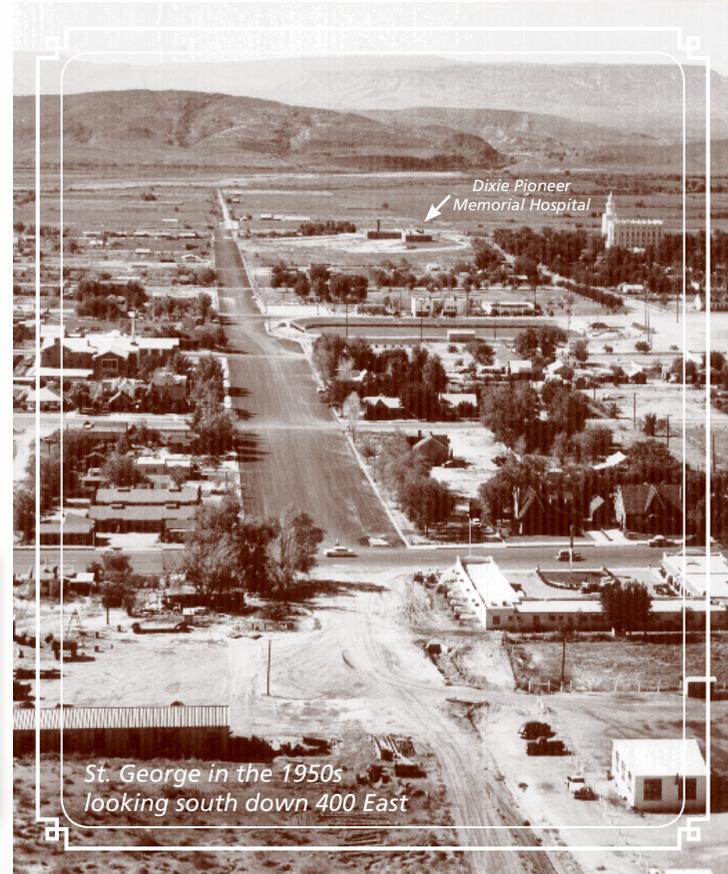
Chest X-rays were taken on all patients as soon as they were admitted to the hospital, as part of hospital policy and as a precaution against tuberculosis. In 1957, the hospital purchased Dr. Reichmann's forceps for \$28 and his suction machine for \$125 with the "understanding that Dr. Reichmann will purchase another pair and leave them at the hospital while he is

practicing here." A bid was made to convert the supply room into a secondary delivery/operating room at a cost of \$2,940. Dr. L. W. McGregor and Dr. Clark McIntire passed away and were replaced by Dr. McLaren Ruesch and Dr. Garth Last in 1960 (Harrison, Board Minutes).

By 1963 Dixie Pioneer Memorial Hospital was thriving, and was in the



*Dr. Garth Last*



*St. George in the 1950s  
looking south down 400 East*



*Semi-private room —  
\$14 per day*

process of being remodeled just 11 years after it was built. Room rates were \$13 per day, \$14 per day for semi-private, and \$16 for a private room. A new 300 amp X-ray machine was purchased from General Electric for \$12,850. The medical staff included the following: Drs. Wilford Reichmann, A. W. McGregor, M. K. McGregor, McLaren Ruesch, Garth B. Last and a dentist, E. L. Cox. Elwood Harrison was the administrator.

Stalwart, hard-working pioneers laid the groundwork for St. George. Similarly, leaders of Dixie Pioneer Memorial Hospital

were pioneers in their own right, as they helped a small rural 1950s community lay the foundation for future excellence in medical care. 



*Operating room*



*Nursery*



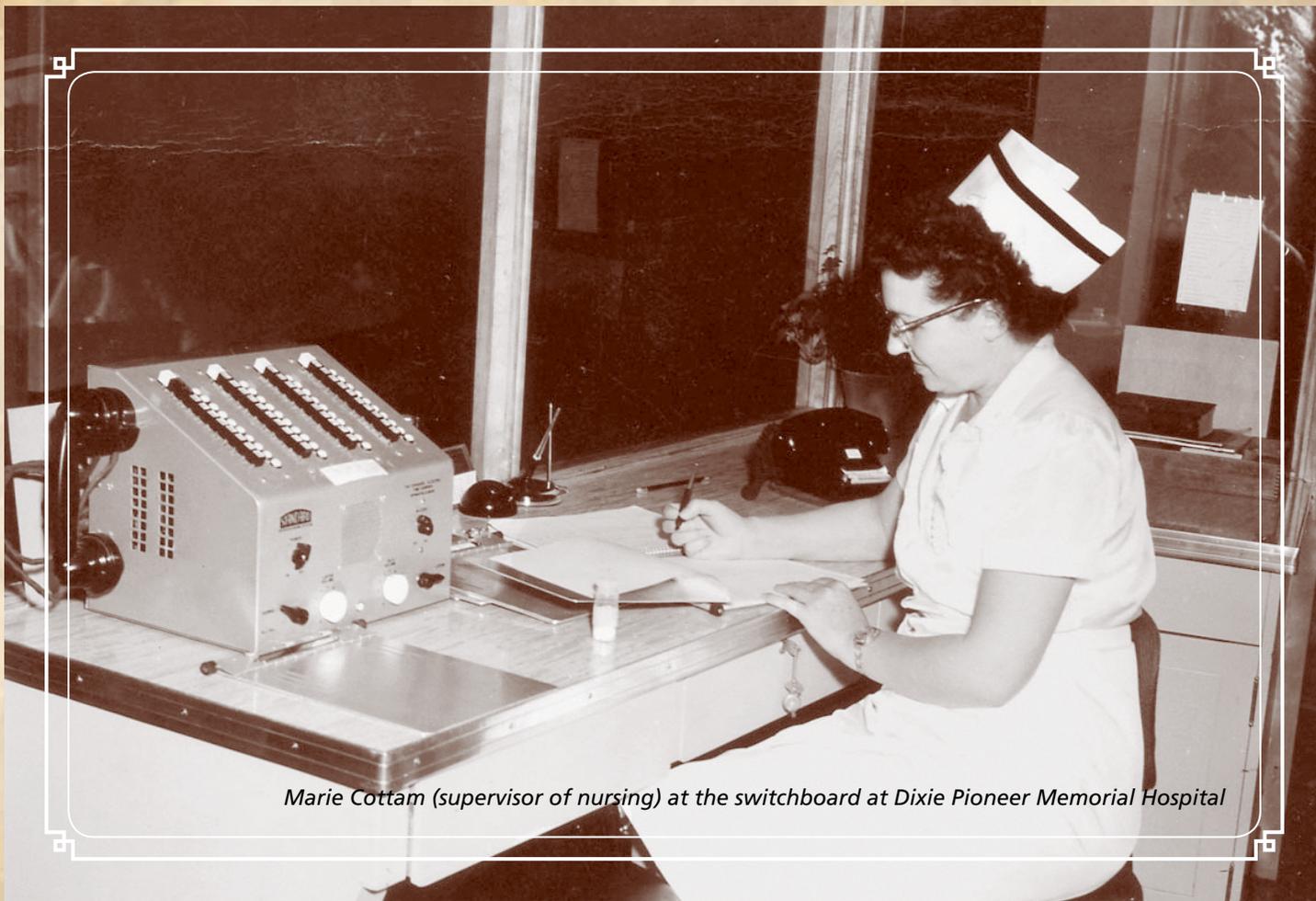
*Fred Holbrook with food service manager*



*Cafeteria*



*Hospital laundry*



*Marie Cottam (supervisor of nursing) at the switchboard at Dixie Pioneer Memorial Hospital*



## ➤ 1960s ◀

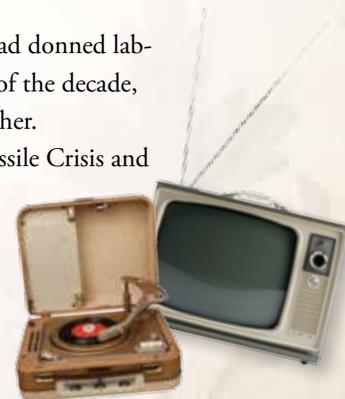
*The summer of 1963 marked half a century of hospital care in St. George. Washington County Hospital, or the McGregor Hospital as it was later called, had supported the medical needs of Dixie for 39 years, and Dixie Pioneer Memorial Hospital had been nurtured by the community for 11 years.*

**R**esidents born in the McGregor Hospital were now welcoming children and grandchildren into the world at Dixie Pioneer Memorial, with a five-day hospital stay. The hospital had put down roots by servicing multiple generations. Dixie Hospital, as it was often called, had become the central hub for medical care in southern Utah.

In the early 1960s, local doctors charged \$5 for house calls, and Dixie Hospital ward rates were \$13 per day and private rooms were \$16 per day. Polio immunizations and infant P.K.U. testing became routine. Nurses no longer wore the stiff cotton dresses and

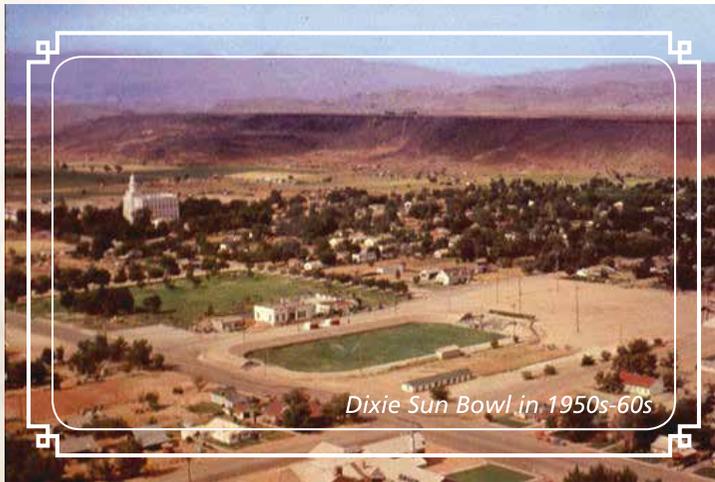
starched aprons of the 1950s but instead donned lab-coat-like dresses and caps. By the end of the decade, nurses' caps began to disappear altogether.

During this decade, the Cuban Missile Crisis and Civil Rights issues made headlines; John F. Kennedy was assassinated; Elvis and later the Beatles topped the music charts; record players boasted stereo sound and television sets were becoming as popular as electric



ranges; NASA was in full swing, and by the end of the decade there was a man on the moon. NASA research also led to new medical technology such as laser angioplasty, digital imagery and advanced artificial heart research (Beazley, June 2007).

Locally as well as nationally, non-agricultural employment was increasing. The Dixie Sun Bowl was now home to the St. George Lion's Rodeo, and Safeway opened on the boulevard. Dixie Red Hills Golf Course, the first in St. George, was literally built and created by Sid Atkin and some volunteers. In 1968, homes and condominiums in the brand new Bloomington subdivision ranged



*Dixie Sun Bowl in 1950s-60s*

in price from \$23,000 to \$52,500 (DPMH Final Report, Arthur Young & Company, page 21, in possession of Elwood Harrison).

The above ground nuclear testing conducted during the 1950s and 1960s in Nevada was beginning to manifest negative consequences. The Atomic Energy Commission discovered that the large mushroom clouds local residents had excitedly watched from atop Sugar Loaf had carried dangerous, cancer-causing radioactive elements downwind to southern Utah. Many local families would experience the grief associated with “Downwinder” cancer for the following decades.



In the mid 1960s, swamp coolers began to make an appearance in southern Utah. The county courthouse and Dixie Hospital were among the first to have them installed. Evaporative cooling was installed in the labor, delivery and surgery rooms of Dixie Hospital. Administrator, Elwood Harrison, and Murray Webb, the new county commissioner over the hospital, worked tirelessly for many years to make cooled air in the hospital a reality. Dr. Kon McGregor remembered:

They had glass brick in the emergency room, operating room, delivery room, and the labor rooms,

---

facing west; that west sun would hit and there was no way in the world you could cool off those rooms. We had swamp coolers, I think. That building was built to last forever....They built things in straight lines and the windows either faced west or east, and you got the morning sun or the afternoon sun...(Alder, 30).

The evaporative coolers never worked well against the hot Dixie sun, but Dixie Hospital continued to expand services to meet the growing needs of the community. The first respirator, cardiac defibrillator, and premature infant isolette were purchased and the first medical specialists, a cardiologist, Dr. Carlisle Stout, and an orthopedist, Dr. Neal Capel, joined the medical staff.



*Dr. Carlisle Stout*

In 1965 Medicare was launched by President Lyndon B. Johnson. Dixie Hospital board meetings held lengthy discussions concerning the implementation of Medicare. Board meetings also frequently discussed patient insurance, hospital insurance, malpractice insurance and the rising costs of providing healthcare. Some patients needed to pay their hospital bills in payments over time, so Harrison made an agreement with the Bank of St. George to take patient

*Cover of first aid booklet from Metropolitan Life Insurance Company — 1960s*



accounts at the rate of seven percent (Harrison, Board Minutes).

Dr. Kon McGregor recalls the hospital being crowded and busy during that time:

Later on Dr. Carlisle Stout was responsible for getting the first Intensive Care Unit, along with the nurses. Dr. Neal Capel did probably one of the first



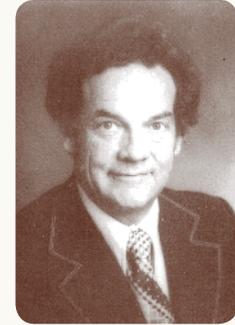
*Dr. M. K. "Kon" McGregor*

hip operations in the state. He just cranked them out like mad down there in that old hospital....For years in that hospital we'd just stop anybody who was going up and down those halls to come and help us. We'd give our own spinals and lay the patient down and do the operation. We had a lot of gastric surgery and gallbladders under spinal anesthesia....We did lots and

lots and lots of surgery. We never did bowel surgery. I didn't think that we should be in the bowel business. We did lots of female surgeries, hysterectomies, gall bladder, stomachs, and splenectomies for trauma. We did a lot of orthopedic surgery in the old McGregor Hospital as well as the Dixie Pioneer Memorial Hospital. I did a lot of goiters. They were so common and you could do them under local anesthesia (Alder, 30-31).

The cardiac intensive care system and the resulting intensive care unit were considerable advances in service at Dixie Hospital. The entire community helped achieve this level of care.

Hospital Board Meeting  
June 14, 1966 — The equipment for the Cardiac Intensive Care Unit has been demonstrated to the medical staff and to the Washington County Commission. The total cost of the Unit will be \$5,500.00. The Elks have agreed to contribute \$3,200 and will help raise the funds for the balance of the cost with other civic groups.



*Elwood Harrison*

Mr. Harrison reported that we had received notice that we had been approved by Medicare (Harrison, Board Minutes).

Renee Ballard, a nurse who learned “how to take care of somebody having a coronary,” remembers the new equipment:

[It] had a big monitor that was about five feet tall and four feet square. It had a little screen on it about this size [about a foot square] for us to trace the rhythm of the heart.

The new equipment and training raised the expectations of the nurses. They decided that the

---

hospital needed a cardiology unit to promote [the new equipment and] specialization. They asked the administrator, Elwood Harrison, to seek funding for the necessary remodeling. The county commission responded that they did not have the money in the budget. The ladies were not about to stop at that. Renee Ballard continued:

The nurses got together again and decided that we were going to throw a Coronary Care Ball and raise this money. So [Harrison] took this plan back to the commissioners and they said that they would support us. We went ahead with the Coronary Care Ball. We invited the governor of Utah and several other important people. I don't remember who they were and I don't think they showed up. We did raise almost \$6,000 at this ball...and we did get a two-bed coronary care unit (Alder, 36).

Advanced medical services required more hospital space, and by 1969 Washington County was outgrowing Dixie Hospital. Patient beds were sometimes placed in the hall, and Harrison rented an offsite storage unit to store medical records. The operating rooms were inadequate to serve the specialist doctors and their new equipment.

The Joint Commission, formerly known as the Joint Commission for Accreditation of Healthcare Organizations,



*Doctors office X-ray machine, circa 1960*

also rewrote hospital accreditation standards that year. In order for hospitals to receive Medicaid reimbursement, they needed to be compliant with federal regulations and Joint Commission standards. “While [Dixie Hospital] appears structurally sound and well maintained, the Medical Facilities Section of the Utah



Murray Webb

Department of Health no longer considers it to be conforming to their standards (*Washington County News*, March 23, 1972).”

Many discussions were held as Dixie Hospital’s medical staff, Harrison, and county commissioners Truman Bowler, Emil Graff, and Murray Webb tried to decide what to do.

Harrison and Webb felt

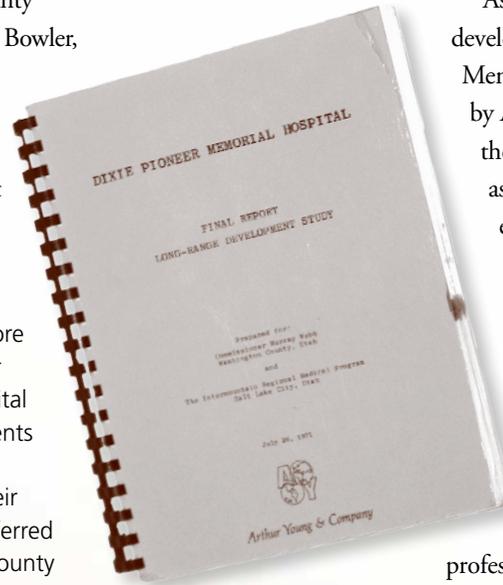
strongly that a new facility should be built. Some of the medical staff were in favor of privatizing a new facility.

As the doctors discussed the alternatives before them, one factor seemed to weigh most in their minds. They were worried that a for-profit hospital would not be obligated to serve uninsured patients who could not afford healthcare. The problems involved in turning patients away or funding their care in some way seemed too serious. They preferred a hospital that would be obligated to serve all county residents (Alder, 39).

Harrison and Webb took their plea to the Utah State Health Department for approval of funds. Initially they were only approved for a 10 percent increase in beds, which at the time would increase the patient beds from 41 to 46. However, Webb and Harrison, thought this was very shortsighted as they believed St. George would continue to grow, and they pushed for a larger facility.

As part of that effort, a long-range development study of Dixie Pioneer Memorial Hospital was conducted by Arthur Young & Company. At the conclusion of the study, some assessments were made about the environment in Dixie — what locals would call the Dixie Spirit. “We worked in an environment of great cooperation and interest and therefore this assignment has been very interesting, stimulating, and challenging. We sincerely appreciate the opportunity afforded us to provide

professional assistance to your organization (Harrison, Arthur Young & Company letter).”

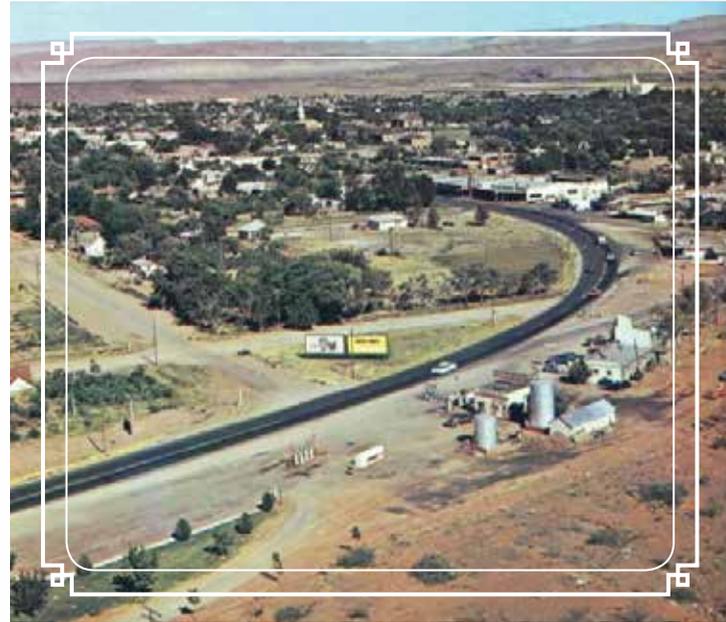


---

The following are a few highlights from Arthur Young & Company's full report:

Dixie Pioneer Memorial Hospital was, in early 1971, an acute, short-term, general hospital owned by Washington County and located in the city of St. George, Utah. The building had one floor with a partial basement, encompassed 22,250 square feet of gross floor space, and was operating forty-one beds at an occupancy rate just above 50 percent. The Hospital was built in 1952 to serve thirty-two patients, but had been subsequently altered to accommodate forty-one adult beds and eighteen infant bassinets. While the building appeared structurally sound and well maintained, the Medical Facilities Section of the Utah State Department of Health no longer considered it to be conforming to their standards. Also, while the occupancy rate at the Hospital had not risen to the Hill-Burton goal of 80 percent, Hospital officials were experiencing acute space pressures and did not believe that a material number of additional patients could be served in the existing building.

Further, while the 1970 census reported that Washington County population had only increased by 3,432 people since 1960, county leaders believed that most of this increase had occurred during the last two years of the census period, and they believed



*Photo of the west end of St. George in 1961 with Highway 91 coming down what is now Bluff Street and curving onto what is now St. George Boulevard*

that population growth might be much more rapid during the next census decade. In response to this recent population "explosion," additional physicians



had come to St. George during 1970 and 1971, a new specialist was expected to relocate in St. George in the late spring, and several other physicians had indicated their interest in relocating within the Dixie Hospital service area. These new physicians, serving an expanding population, were expected to create more demand for hospital services than the existing hospital could supply without substantial physical additions.

\* \* \*

**CONCLUSIONS REACHED DURING THE STUDY:**

The service area population, which totaled about

*Bed-space utilization is expected to exceed capacity by late 1972, and a 123-bed hospital was judged to be required.*

19,000 in 1970, was located in northwestern Arizona, southeastern Nevada, and Washington County, Utah. The geographic area served by the Hospital is not

expected to enlarge between 1971 and 1990. The service area population is expected to grow to 27,700 in 1980 and 39,000 in 1990.

There were the same number of physicians on the DPMH medical staff in 1961 as were on the staff in 1971, but we expect the staff to grow to eleven in 1975 and twenty in 1980. Changing external forces led us to conclude that changes beyond 1980 could not rationally be predicted in 1971.

The DPMH medical staff utilized an average of 1,156 patient days of Hospital service per admitting physician in 1970. Average utilization in 1970 if continued through 1980 would produce a 1980 demand for hospital services more than 300 percent higher than provided in 1970.

Many needs for health services are presently unmet. These needs will grow more important in proportion with the growth in population in future years. A significant development of shared services with Cedar City during the next five years is encouraged, but not anticipated.

Bed-space utilization is expected to exceed capacity by late 1972, and a 123-bed hospital was judged to be required in 1980 to handle the projected increase in requirements for the kind of services being offered by DPHM in 1971.

External Forces that will affect St. George:

(a) Social change is accelerating and St. George is



no longer isolated. (b) A national trend is developing to reorganize medical care into more rational and effective provision units. (c) A national insurance scheme will soon reduce financial impediments to the availability of needed services. (d) The development of comprehensive services accessible to everyone has become a national goal. (e) These forces will exert pressure toward the development of a comprehensive regional health center in St. George.

\* \* \*

Medical Service	1967	1968	1969	1970
Medicine	2,864	2,979	3,707	3,673
Surgery	2,133	2,068	2,501	2,451
Obstetrics	1,172	1,164	1,345	1,508
All Services	6,169	6,211	7,553	7,632

*Table 18: Patient Days of Care Provided by DPMH*

\* \* \*

**RECOMMENDATIONS:**

The development of a new hospital (of eighty beds at its first construction stage) is a significant part of our recommendation, but the Board should consider the

development of a number of other service programs as well. Significant among these will probably be medical office building, extended care program, mental health program, community health program, and an extended services program.

We have recommended the remodeling of the present hospital to house some of these programs . . . and the use of house trailers or prefabricated portable buildings for use in getting the programs started and in relieving space pressures in the existing building during the construction period.

The Hospital board faces the necessity, however, of taking some action with reference to the present building within the next two years. The board thus is presented with the opportunity to review its past role in relation to service area needs and to choose to play a different role in the future, then, to act in relation to the Hospital building in a way which will make a new role possible.

We cannot predict, however, the choices that will be made by DPMH officials. We firmly believe, however, that these choices will be more important to the ultimate design of the DPMH of 1990 than all the combined effects of all external changes discussed. The present role of the Hospital is already history. The future role is open.

\* \* \*



As a result of the Arthur Young report, a plan was submitted to the Utah State Health Department for a new 80-bed acute care facility in St. George, located adjacent to Dixie Hospital. In 1949 someone had the foresight to purchase the entire block on which Dixie Hospital stood, occupying one quarter of the property, making it possible for future expansion. The Utah State Department of Health issued a certificate of need for a 65-bed facility with a core to support 120 beds (Harrison, History and Background of the Hospital).

In order to fund the hospital, the county proposed a \$1.8 million bond in May 1973. Elwood Harrison wrote the following letter to the community urging the residents to vote in the upcoming bond election:

#### **New Hospital for Dixie**

One of Dixie's most pressing needs is a new hospital. This area is growing rapidly. Many senior citizens are moving to Dixie and are looking to this community for retirement because of its salubrious climate, clear skies and beautiful scenes.

As people move in the need for hospital beds increases and our present facility is woefully



inadequate. As a matter of record, the present Dixie Hospital has been declared substandard by the officials from the Utah State Health Department. Only because it is the sole hospital in this area is it permitted to continue operation – but only with the provision that a new hospital be constructed soon.

On May 2nd the citizens of Washington County will vote in the bond election to decide whether they should have a new Hospital. If this 1.8 million dollar bond passes, the first giant step will have been taken toward the construction of the DIXIE MEDICAL CENTER. Additional monies will be needed from other sources and will be available from the Hill-Burton Funds, the Federal Hospital Fund, the Four-Corners Commission and philanthropic sources.

Through the untiring efforts of Commissioner Murray Webb, Washington County has been approved by the Utah State Health Department for a basic 120-bed hospital. Initially 70 beds will be constructed with support facilities and services (laboratory, X-ray, operating rooms, etc.) for 120 beds. When additional beds become necessary, reflecting the needs of the community, they will be constructed and the service to support these beds will be met.

Initially Washington County was approved for only a 41-bed hospital (no larger than the present one). It was the plan of the State Health Officials

---

that when the 41-bed hospital became full, overflow patients from Dixie should be sent to Cedar City, Kanab, or Beaver for hospitalization and medical care. Commissioner Webb vigorously objected to this proposal and through his efforts the 120-bed plan has been approved.

The medical needs of the Dixie Hospital service area are increasing daily. The citizens concerned are therefore urged to campaign vigorously in favor of passage of the hospital bond. Only with passage of these bonds, can we be assured of prompt construction of a splendid new DIXIE MEDICAL CENTER (Harrison, April 1972).

Garth Last, Chief of Staff at Dixie Hospital also urged election support in the local paper:

**TO THE CITIZENS OF WASHINGTON COUNTY:**

The recent decision by the County Commission of Washington County to seek a mandate from the citizens to bond for a new hospital is a big step forward in providing adequately for your healthcare needs in the years to come. As a medical staff, we heartily endorse this decision. It has been apparent for some time that the present hospital is inadequate in many areas, and these primarily have to do with

the physical limitations of the plant itself. A changing concept in building safety became part of the building code, then we must modify our building to conform or we cannot be licensed to operate. In the past, the county administration has been able to remodel

*“On May 2nd the citizens of Washington County will vote in the bond election to decide whether they should have a new hospital. If this \$1.8 million bond passes, the first giant step will have been taken toward the construction of the DIXIE MEDICAL CENTER.”*

— Elwood Harrison, April 1972

to meet these standards, but eventually it becomes economically unsound to do so. This fact, combined with the striking advances in medical technology in recent years has placed a burden on everyone and

---

every organization that is involved in the delivery of healthcare. The citizens of this county have been fortunate to have had doctors, nurses, and hospital personnel that have worked cooperatively and strenuously to meet the growing needs, but our population is increasing, new physicians have come into our area, and we are pressed to the limit to maintain a high quality of care that we know you want and should expect. We, as a medical staff of the Dixie Hospital, urge you to support the coming bond

*The bond unanimously passed. It was obvious that Washington County residents felt that local healthcare was important. The County Commission published a thank you letter in the newspaper.*

election, as we have pledged to spend our time and energy in seeing this project to completion, Signed, Garth Last (*Washington County News*, April 20, 1972).

THANK YOU. We are happy about the results of the Bond Election and really appreciate the support of the people of Washington County for coming out to the polls and availing themselves of the right to vote. We especially would like to thank KDXU Radio people for full support and Washington County News and Free Press for the coverage they have given us on the front page of the papers.

We have completed the first step in our goal for building the new hospital now we must continue to work together in everything which has been proven here.

Thanks again for all who supported this very worthwhile move.

[Signed] Washington County commissioners Truman Bowler, Murray Webb, and Emil Graff (*Washington County News*, May 4, 1972).

Bill Hickman, a local banker, chaired a campaign to raise local funds in the amount of \$274,000. “Mr. Webb appealed to every individual present at the [chamber of commerce] meeting to give the situation serious thought and to be prepared to assist in projects, if necessary, to raise funds. He stated that if 90 percent of the adult



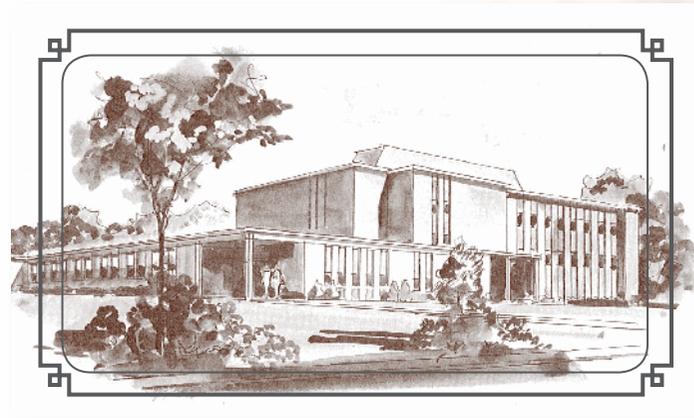
**John William  
“Bill” Hickman**

residents of Washington County would donate in the amount of \$10 each, the project [could] be accomplished (*Washington County News*, March 23, 1972).” The new Dixie Medical Center’s projected budget in 1973 is outlined below:

Bond Issue	\$1,850,000
LDS Church	300,000
Federal funds:	
Four Corners	300,000
EDA	400,000
Hill-Burton	848,018
Local Contributions	274,000
Earned interest	100,000
County revenue and sharing funds	179,378
<b>TOTAL</b>	<b>\$4,251,438</b>

Dixie Medical Center’s initial plan would cost approximately \$4.5 million to complete and have 45 acute care beds, and 30 long-term care beds as well as a core to support up to 120 beds.

The Dixie Spirit of cooperation and hard work would soon add a new branch to the tradition of quality healthcare in Dixie. On December 6, 1973, ground was broken west of Dixie Hospital for the construction of Dixie Medical Center. 



Artist rendering of the new Dixie Medical Center which was scheduled for completion in early fall of 1975



*Tabernacle from 100 East to Main Street, St. George in 1977*



## ➤ 1970s ◀

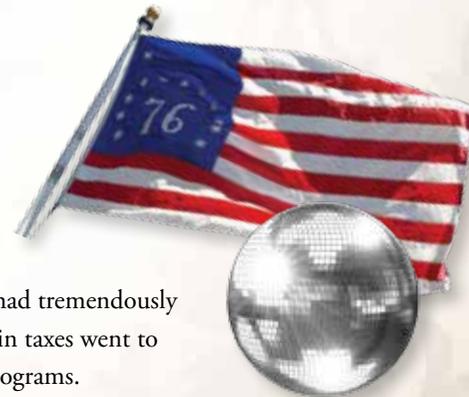
*The 1970s were a decade of change.*

**T**he United States celebrated its bicentennial in July 1976. Platform shoes, polyester pantsuits and bellbottom jeans were trendy. Headlines of the decade include the Vietnam War, Nixon's impeachment, as well as civil rights and women's rights. Disco music and Star Wars entertained the masses. Concern for the environment was on the rise, and the average life expectancy for a man was 67 years, and for a woman, 74 years.

The medical community was changing as well. In 1925, one out of every four patients died in surgery. In 1975 one out of 100 died in surgery. In 1937, only one in seven could be cured

of cancer. In 1975 that statistic was one in three. By 1975 death due to contagious disease had tremendously decreased and \$28 billion in taxes went to Medicare and Medicaid programs.

In 1965 the average hospital stay in the United States cost \$311 and in 1975 it was \$1,000. In 1973, there were six types of antibiotics used to treat infections. Popular television shows such as "Marcus Welby, MD," and "M\*A\*S\*H,"



---

portrayed the medical profession in a new, glamorous light. The Poison Prevention Packaging Act of 1970 introduced child-proof caps on first aspirin and later on all prescription and over-the-counter drugs. Nurses began to wear pantsuits, and in 1973 the first aid procedure to clear an obstructed airway known as the Heimlich Maneuver was introduced (Beazley, July 2007).



In the early 1970s, St. George was experiencing a time of unprecedented growth.

The population of St. George proper was about 7,500 and the entire county had a population of 14,000. The

Interstate 15 corridor through the Virgin River Gorge and St. George was completed in February 1973. The Elks Lodge, Delmont Estates Subdivision and the Mosaic Mural on the Fine Arts Building at Dixie College (*left corner picture*) were all constructed during this time.

Refrigerated air conditioning also arrived in St. George, and the hot Dixie summers became tolerable. Air conditioning and I-15 each contributed to the sudden growth in Utah's Dixie causing the population to outgrow Dixie Pioneer Memorial Hospital. The County Commission had wisely anticipated this future growth and the community was eagerly watching the construction of Dixie Medical Center, between December of 1973 and December of 1975.

The Dixie Hospital Auxiliary, then known as the Pink Ladies, was organized by Elwood Harrison in March of 1974, with Minnie Pittman as the first president. The Pink Ladies gave hospital tours and eventually stocked and staffed the snack bar and gift shop when the new hospital opened. All proceeds were given to the hospital.

The new Dixie Medical Center was also nurtured by the community. The Dixie Spirit helped county citizens vote for maximum bonding in 1972 and helped launch a mammoth fundraising drive for the much needed larger hospital.





*Volunteers Blanche Olson, Laura Congrove and Minnie Pittman*

#### **Fund Drive Contributing Factor for New Medical Center**

Volunteer workers contacted people in a door to door campaign, memorial funds were established, businesses, clubs and communities responded

and there were many individually sponsored fund raising activities. Bonding, private donations and the generous support of Government and Church organizations have made the Dixie Medical Center a reality. With the dedication on October 8, the doors will soon be open to furnish outstanding medical services to this area (*Washington County News*, October 9, 1975).

Dixie Medical Center was dedicated on Wednesday, October 8, 1975. Truman Bowler, Elwood Harrison, Art Anderson, Bert Erickson and Murray Webb each offered remarks, and then N. Eldon Tanner, of the First Presidency of the Church of Jesus Christ of Latter-day Saints offered a dedicatory prayer. Construction was completed on December 18, 1975 and Dixie Medical Center officially opened for patients with 65 private rooms, and was rated as a primary care center on January 1, 1976.

The new four-story complex offered many expanded services. The basement, or first floor, housed the engineering department, an equipment and supply warehouse, as well as the kitchen and cafeteria facilities. The second floor, or main floor, included the admission and administrative area, the X-ray department, laboratory, emergency room, surgery room, pharmacy, and a record-keeping area. The third floor included a four-bed intensive

care unit, respiratory therapy, patient rooms and two security rooms. The fourth floor contained two delivery rooms, two labor rooms, the newborn nursery, and more patient rooms.



*Dixie Medical Center 1975*

As an added feature, the new facility was equipped with state-of-the-art Hill-Rom wall-mounted modules above each patient bed. These modules allowed for oxygen administration, nurse call buttons, telephone, and lights for examination and reading purposes.

Dixie Medical Center was also designed with nursing care stations on the four corners of each floor to allow nurses to have closer contact with the patients. A unit-dose medication delivery

system meant that all patient medications were prepared in the hospital pharmacy and then delivered via cart to patient rooms (*Washington County News*, October 2, 1975).

Dixie Medical Center was also outfitted with “the latest and most advanced electronic technology” — a diagnostic radiographic unit, or X-ray machine, manufactured by General Electric. “The new department of radiology combined the best of modern technology with the maximal utilization of older but serviceable components. In spite of this approach, the department has been described as a model for other small hospitals to emulate” (*Washington County News*, October 9, 1975).

Some technology employed was not necessarily the latest, but was very helpful just the same. In 1978, the Pink Ladies raised enough funds through their annual fall bazaar, spring rummage sale and gift shop revenues to purchase color televisions for all the patient rooms. The nurses reported a significant drop in calls to patient bedsides after the televisions were installed.

Dixie Medical Center was constructed so that it could be expanded up to four times its original size on the same city





block. The \$4.5 million structure took two years to complete and was six months behind schedule. The population of St. George was experiencing extraordinary growth and the county commission began to wonder if they would financially be able to immediately start expanding the recently completed hospital.

Before the hospital was completed, county commissioner Murray Webb, who chaired the hospital committee, began negotiations with the newly formed Salt Lake City-based company, Intermountain Healthcare, to secure the future of Dixie Medical Center.

On September 6, 1974, while Dixie Medical Center was under construction, The Church of Jesus Christ of Latter-day Saints issued a press release announcing divestiture of its 15 hospitals. A statement from the church's First Presidency explained the announcement:

After a thorough study and consideration, the Council of the First Presidency and Quorum of the Twelve has decided to divert the full efforts of the Health Services of the Church to the health needs of the worldwide Church membership. As a result of that decision and because the operation of hospitals is not central to the mission of the Church, the Church has also decided to divest itself of its extensive hospital holdings, including the fifteen hospitals that have been operated in Utah, Idaho, and Wyoming by the Health Services Corporation. The growing worldwide

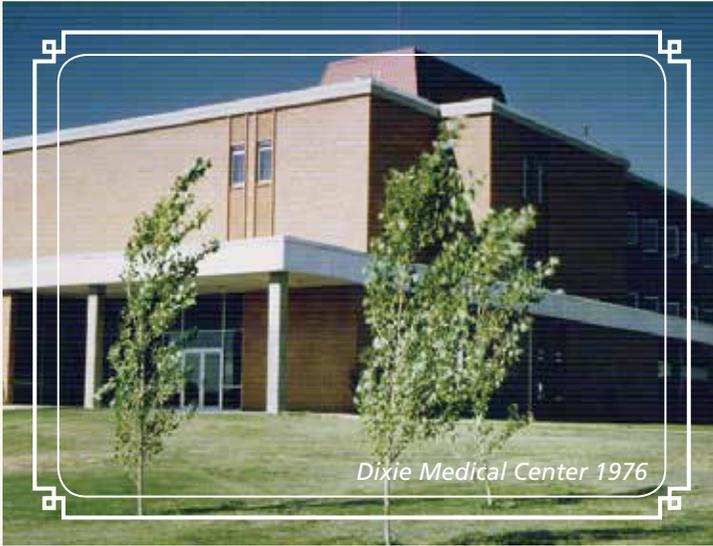
responsibility of the Church makes it difficult to justify provision of curative services in a single, affluent, geographical locality (Vitelli, 198).

The church organized a local volunteer board of directors that in turn named and organized Intermountain Health Care, Inc. as a nonprofit healthcare organization with three main goals:

1. To be a global leader and model in healthcare.
2. To be a model alliance of hospital care, physician care, and medical services.
3. To provide the best quality care at the least cost, meeting community needs (Vitelli, 78).

It was during this same time that the Washington County Commission began to be concerned about how they would fund the projected additions to the hospital. The commission also knew that they did not have an expertise in hospital management, and liking the goals of Intermountain, they decided to approach the company about purchasing Dixie Medical Center.

Consequently, before the new hospital was even completed, on December 19, 1975, a special public hearing was held at the



*Dixie Medical Center 1976*

Washington County Courthouse to determine whether the county should continue to operate the nearly complete Dixie Medical Center or if the community would favor the sale of the facility to Intermountain. The following excerpts are taken from the recorded minutes of that hearing:

Following the introductions the chairman turned the meeting over to questions and answers.

Darryl Spendlove asked if there would be a complete set of new policies made or would there be one policy.

Chairman Bowler said the community will set its own standards and policies. IHC will support the community and the medical staff. There would be accredited standards, or better.

Walter Snow asked about the need for additional facilities in the future and wanted to know what the county would do at that point.

Chairman Bowler said the county Commission would like to divest the County of this responsibility because of that particular problem. He explained the Bond issue saying that it would take 18 years for the bonds to mature. The mill levy is 4.25 now for the hospital only. It would be almost an impossibility to extend the hospital facilities in even ten years. He also stated that there were unknowns about running the hospital and that the tax is the only route to take care of them.

Newell Frei wanted to know why the Commission supported selling the hospital. He said the hospital was only working now at only 75% efficiency.

Murray Webb explained how the hospital could be overcrowded and still have empty beds in a room, yet have to put beds out in the hall, due to the restrictions of combining various types of patients.

---

The old hospital [Dixie Pioneer Memorial] does not have individual rooms, if it operates at 70% capacity it has to have beds in the hall. The new hospital has individual rooms for this reason. With the anticipated growth we would need a hospital of 85 beds to support the community before the bonds could be paid off, which would mean an addition of one floor. He felt there were two items to be considered: 1. Is the county equipped to upgrade the healthcare need in our community? And, 2. He felt that IHC will give us better upgrade in healthcare. However, he said he would not vote for the sale of the hospital unless he had the input of this group, if enough said they wanted to sell then that was the way his vote would go.



**Scott Parker**

[Intermountain Healthcare] President Scott Parker said there was just one formula, “We must have approval of the people or we don’t want to come. We won’t do it unless we can do it better and less expensive.” He then cited that they were members of fifteen hospitals — he explained the balance sheets, assets and liabilities of the hospitals when they were turned over to them.

He said the charge of the [LDS] Presiding Bishop was, “We would like your hospitals to be the very finest hospital system in the United States.”

*“We must have approval of the people or we don’t want to come. We won’t do it unless we can do it better and less expensive.”*

— Scott Parker, CEO  
Intermountain Healthcare

... He believed that better health could be had by organizing, but he stressed that they would not come unless they were invited. If they could not help or be helped from us, they would not come, but he felt they could help each other and that by organizing with the hospital it would strengthen all fifteen hospitals.

Jack Harris asked about the title to the hospital.

Parker said, “Yes, we take over the title, but we also take over the debts.”



*David Jeppson*

---

Marilyn Squires asked if the donations by the people would be returned.

Mr. [David] Jeppson [vice president of Intermountain Healthcare] said they hoped that the donations would remain in place. The hospital was built with a combination of funds: Hill-Burton, the Government — Four Corners, EDA, and a sizeable contribution from the LDS Church.

The only monies that would be put back were the taxpayers' money to the County. The monies donated will serve the same purpose as before. The Governing Board of the hospital will be liable. It is not intended to be a Salt Lake operating program. It will still be a part of the community. ... All board members will come out of this community. We will not nominate. The County Commission must staff the committee of the hospital. There will be no pay for this and the board members need to be dedicated and committed to the job.

---

Mr. Kershaw said he wanted to speak as a tax payer. He said he felt the County Commissioners

did a fine job, but he felt that IHC could operate the hospital far better than they could. No government agency could stand up to private enterprise. He had two reasons for being in favor of the sale: 1. If we kept the hospital, taxes would be raised. It is over 4 mills now, and if we keep the hospital this would be going up for more taxes, and 2. If by selling it is tax exempt. We would be putting money back into our own pockets.

---

Mayor Lundberg of St. George expressed his feelings. He felt that by selling to IHC we could be assured that when we needed additions to our present facility we would be able to have them — this was one big point in favor of selling. He felt the County Commission had done a good job, but they have a job of politics and we would be better off to have the right people for the hospital; people that knows what they are doing, we need the expertise, etc. of IHC.

---

Chairman Bowler asked all those who were in favor of selling the hospital to please stand. Almost all people in attendance stood up. Those opposing were then asked to stand. Eight people stood up.

Chairman Bowler said the motion carried, the hospital will be sold. He then expressed his

appreciation for their interest and attendance.  
Meeting adjourned (St. George Public Hearing  
Minutes, December 19, 1975).



*Governing Board for Dixie Medical Center — 1976*

In March of 1976, three months after the opening of Dixie Medical Center, the Washington County Commission signed an agreement with Intermountain Healthcare for the sale of the hospital making Dixie the first facility acquired by Intermountain after its inception. By April, the first governing board was in place and making preparations for the transfer of hospital ownership. The following memo to Elwood Harrison, hospital administrator, names the first board members:

To: Elwood Harrison  
From: David Jeppson  
Date: April 23, 1976

**MEMO**

I am very pleased to advise you that all of your first choice candidates have accepted positions on the new Governing Board for the Dixie Medical Center. The interviews were a real pleasure and the response and commitment we received was most exciting. To my knowledge Mr. Parker has not yet heard from Bill Hickman as to his decision on the Chairmanship. However, all of the other members have agreed to serve and the Board will consist of the following members:

Dr. Clark Staheli  
Elwood Harrison  
G. Murray Webb  
Renee Hazen  
W. Rolfe Kerr

Dr. Carlyle Stout  
Dan Schmutz  
Bill Hickman  
Jack Burr

---

This board set precedent for all future governing boards. By July 1976 they were ready for the sale of the hospital. The *Washington County News* published the following:

#### Notice of Sale

Pursuant to 17-5-48, Utah Code Annotated 1953, as amended, Washington County hereby gives notice that it intends to sell the following described property at public auction at the Courthouse door at 10:00 a.m. on August 2nd 1976 to the highest bidder, provided however that the County reserves the right to reject any and all bids at its discretion. ...Together with all buildings, improvements and fixtures, including all carpeting, draperies, and appliances located therein or thereon or appurtenant thereto. ... Such property shall also include all moveable and fixed medical equipment and other personal property now located with the old Dixie Medical Center and all such equipment and personal property either located in or on order for the new Dixie Medical Center (*Washington County News*, July 1, 1976).

The reported the outcome of the sale on August 3, 1976:

#### County Accepts IHC Bid, Sells Hospital

The only bidder on Dixie Medical Center yesterday was Intermountain Healthcare, Inc., which came as no surprise to Washington County Commissioners. They only expected one bidder, and they expected that bidder to be IHC.

After County Clerk Royden Christian made the official announcement that bids would be received for the county's hospital, David Jepson, a vice president of IHC, stepped forward and offered the bid price of \$2,650,000.

The single bid was then referred to County Attorney Ron Thompson to review the bid document and the nearly 60 page accompanying proposal for the purchase of the facility. Formal acceptance of the bid, contingent upon certain conditions of the proposal, including one calling for the approval of the Utah Office of the Comprehensive Health Planner, came later on the motion of Commissioner G. Murray Webb.

Under the terms of the bid, IHC will deposit in escrow \$860,000 cash, and will execute a note for



---

\$1,790,000 with interest to be paid at the rate of five to five and a quarter percent per annum. The note is to be paid in installments and will mature completely in 1993. The county will be obligated to pay the bonds and the present tax anticipation note issued to construct the hospital from the proceeds of the sale.

The agreement calls for IHC to deposit the required cash amount on August 10, 1976 and further requires that the escrow will close subsequent to Sept. 15, but prior to Dec. 1, 1976.

One of the conditions which had been imposed upon prospective bidders is that the bidder must agree to establish a local Hospital Governing Board comprised of Washington County residents, a physician and the hospital administrator, all of whom will aid in the administration of the Dixie Medical Center.

Another important consideration in Washington County's decision to sell to Intermountain Healthcare was the care of patients unable to pay. Intermountain's policy was to provide needed charity care regardless of ability to pay. In acquiring Dixie Medical Center, Intermountain promised to assume responsibility for care provided to indigent residents of the county, which represented about 5 percent of the hospital gross, or about \$20,000 to \$40,000 per year (Harrison, *Facts Regarding Dixie Medical Center*, 1).

The change in hospital ownership went smoothly. Dixie Medical Center, as a reflection of its community, experienced rapid growth and change during its first decade with the expanded capacity brought by Intermountain Healthcare. Harrison once said: "The goal of this administration is to continuously provide the most modern facilities and services for the care of the ill and suffering (December 6, 1979)."

The new governing board, with the help of Intermountain, worked toward this goal. Bill Hickman served as the first chairman of the governing board for a three-year term and then was replaced by Jack Burr. Burr served as chairman for about six months, until he became the superintendent of the Washington County School Board and needed to step down. W. Rolfe Kerr became the chairman of the Dixie Medical Center Governing Board in





September of 1979. In December of that same year, the board made a decision to confer responsibility to raise funds to an entity they formed and named the Dixie Health Care Foundation. Kenneth Metcalf was chosen to be the first chairman of the foundation board.

*“The destiny of our hospital depends on  
philanthropy.”*

— Kenneth R. Metcalf  
President of the Foundation

The foundation, as a charitable, nonprofit, public corporation was created to assure the independent financial security of the Dixie Medical Center. Through the foundation, there will be built up year to year, a fund which will be continuously available for essential capital and supplemental operational needs of the hospital for future development of its patient care, and medical education and research programs.

Dr. W. Rolfe Kerr, chairman of the Dixie Medical Center governing board, was the principle speaker at the meeting, explained the functions of the foundation. Dr. Kerr said “the organization would afford a means for accepting in a legal, orderly manner the philanthropy of donors who have the spirit and will to give. This public foundation, as the responsible agency for a continuing financial program, can lay plans and embark upon programs which may extend far beyond the life span of an individual. The foundation is a perpetual organization and will have a broad membership base involving persons from all walks of life (*Color Country Spectrum*, December 6, 1979).”

In an interview with the *Washington County News* on that same date, the president of the foundation, Kenneth R. Metcalf said, “The destiny of our hospital depends on philanthropy.”

In 1977, Dixie Medical Center received a two-year accreditation from the Joint Commission, then-named the Joint Commission on Accreditation of Hospitals. With this accreditation, Dixie Medical Center was able to partner with Dixie College and Weber State to bring up an associate degree for nursing. This program provided a pool of trained nursing personnel which the hospital desperately needed to accommodate growth.



Medical technology was also advancing rapidly and Intermountain Healthcare's Dixie Medical Center made several major purchases and procured a few specialty physicians to ensure current technology would continue to benefit southern Utah.

A Tektronix 414 was purchased for the operating room. This portable monitor digitally displayed the vital signs of patients receiving anesthesia for surgical procedures. A surgery microscope called Zeiss Omni Six was also acquired along with a cryoprobe. Together these machines enabled physicians to use finer suture materials, micro instruments and to repair retinal detachments.

Three new specialists were added to the medical staff including an urologist, pathologist and an ophthalmologist. This boosted the medical staff to 20 members. Ultrasound, angiography, and mammography services were added in 1978 and 1979. Dixie Pioneer Memorial Hospital was purchased in 1979 and remodeled to house physical therapy, clean and dirty linen areas and to provide additional storage space (Harrison, Accomplishments).

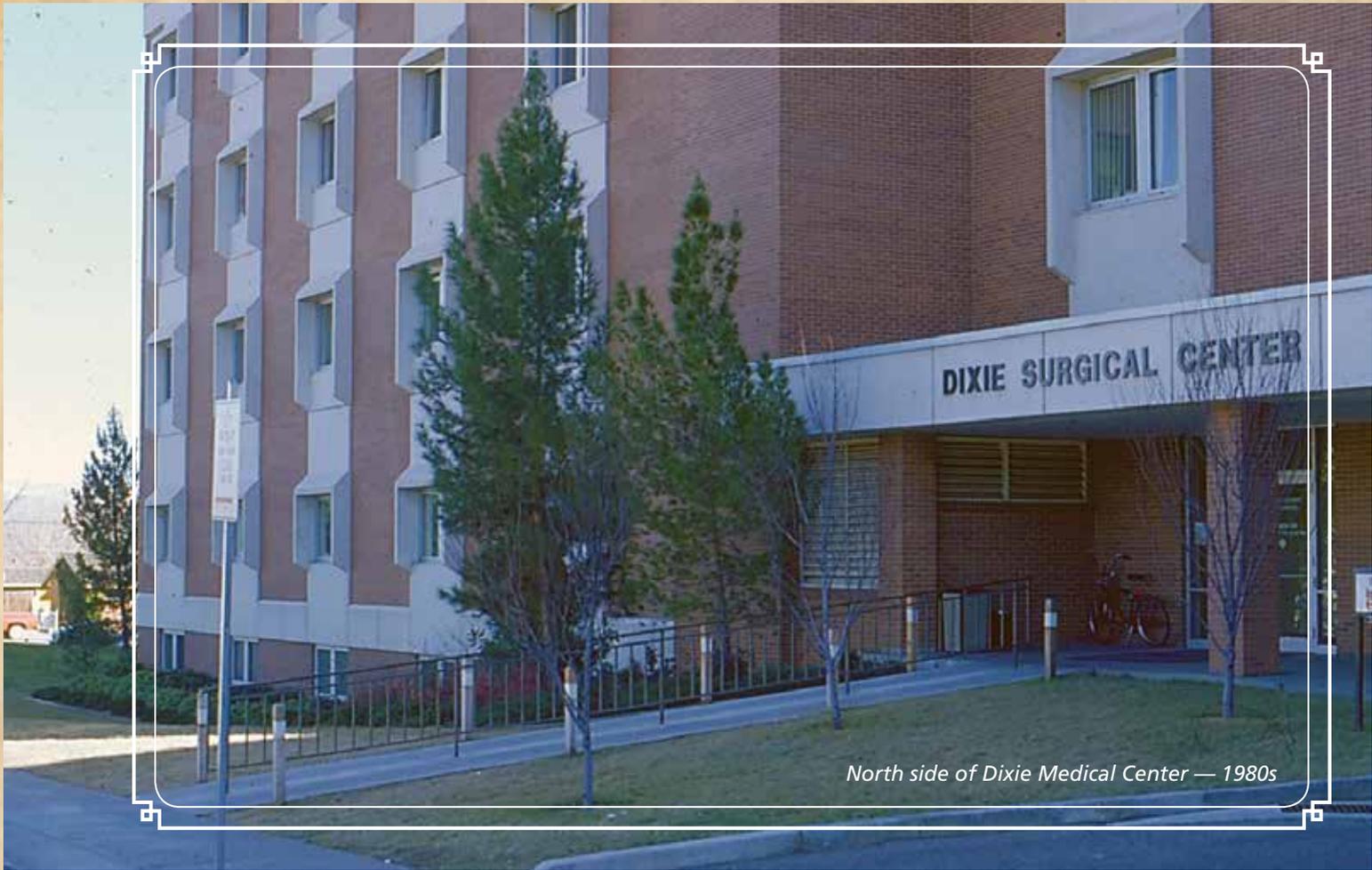
In 1980, Harrison became the director of shared services for Intermountain Healthcare's Southern Region and J. Gordon Storrs, from Primary Children's Hospital, became the new administrator at Dixie Medical Center. Upon leaving the hospital where he had served as administrator for more than 17 years, Harrison wrote down some "Facts Regarding Dixie Medical

Center," and he made these interesting observations:

- Improvements — Since 1976, IHC has spent \$1,907,000 in capital improvements (for Dixie Medical Center):

Purchase of Old Hospital (Dixie Pioneer Memorial Hospital)	\$708,000
Remodeling	\$205,000
Purchase of additional property	\$215,000
Additional equipment	\$707,000
- IHC and the Foundation PROGRAM MUST OVERLAP IN THEIR INTERESTS — People in the Community must feel they are a part of the hospital — it is a community hospital and IHC is the management office for the 26 hospitals in its organization — THE HOSPITAL BELONGS TO THE COMMUNITY

In a single decade, enormous changes occurred in southern Utah. Population growth, Interstate 15, air-conditioning, a new company called Intermountain Healthcare, as well as advances in technology and medical care, all helped nurture the new Dixie Medical Center into a large tree providing an excellent canopy of care to the Dixie community. 🌿



*North side of Dixie Medical Center — 1980s*



## ➤ 1980s ◀

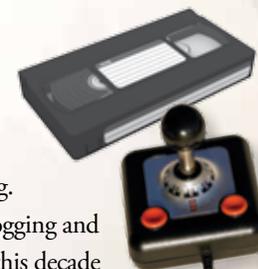
*The 80s were a time of great growth. The population of St. George grew considerably from 11,350 in 1980 to 28,502 in 1990 (US Census).*

**A**s if in tandem with the city's population, Dixie Medical center also grew and expanded. Many new specialists came to southern Utah during this time, and the hospital grew physically broader and taller through a series of expansions.

Across the country, technology in the medical field and beyond was progressing at a rapid pace. The 1980s marked the launch of the personal computer. The IBM PC, the Commodore 64 and the Macintosh 128K were forerunners in the computer technology industry and by the end of the decade they were obsolete. Arcade and video games, VCRs, Walkmans, boom boxes and MTV also debuted in the 80s.

Former actor Ronald Reagan was the U.S. president and Michael Jackson was king of pop. The Cold War raged and VHS won out over Betamax as the standard for home movie viewing. Mullet hair styles, Rubik's Cube competitions, jogging and the Space Shuttle Columbia's first launch made this decade memorable, along with such entertainment hits as Back to the Future, E.T. and "The Cosby Show."

Heart and lung (or cardiovascular) disease was on the rise. Cigarette smoking began to be understood as a dangerous habit,





and the first cases of HIV were identified. The AIDS epidemic began and so did the healthcare protocols for dealing with AIDS patients.

Healthcare practices regarding cleanliness, latex gloves, paper covers, infectious waste disposal and blood donations improved dramatically, and the first artificial heart was implanted. The

*Just six short years after Dixie Medical Center opened, it was operating at close to 90 percent capacity.*

government began to pass legislation to compensate those affected by above-ground nuclear testing that took place in the 1950s.

The Tylenol tampering incident led to the introduction of protective seals, and wrappers on most commercially packaged medicines and products. Ultrasound technology began to be used to treat kidney stones, diagnose heart problems and identify health issues as well as the sex of an unborn child. The Emergency Medical Treatment & Labor Act in 1985 assured that any hospital

participating in Medicare would offer stabilizing treatment to any patient who presented in the emergency department, regardless of ability to pay (Beazley, August 2007).

In Dixie, Brent Snow was the foundation chairman, and Ken Metcalf was away serving a mission for the Church of Jesus Christ of Latter-day Saints. One of the foundation's first fundraisers was for a device for the nursery to monitor oxygen levels in newborns with respiratory problems; the goal was to raise \$9,500. Dr. Carlyle Stout donated a 1974 Oldsmobile convertible complete with white leather interior, to be raffled at Dixie College Homecoming. A \$1 raffle ticket bought a chance to win the car and admission to the Southwest Symphony's Chamber Music Concert in the hospital lobby. The newborn nursery received the monitor as a late Christmas present in January 1982.

The population of Washington County was growing at an alarming rate, as just six short years after Dixie Medical Center opened, it was operating at close to 90 percent capacity. But unlike the many motels on St. George Boulevard, the hospital could not hang a "no vacancy" sign on the front door. Dixie Medical Center was ready for its first expansion, as noted in this 1981 news story:

#### **Dixie Medical Center Faces Overflow Problems**

Some Dixie Medical Center patients are finding



themselves in hall beds this month because of an acute bed shortage. While the patients are ok for the most part, those who have been admitted for pre-surgery or tests, there is a strain on personnel and facilities, members of the staff say.

Hal Kelly, medical center personnel and public relations director, said that in November the hospital averaged 89 percent full which meant that in some weeks beds were placed in halls and that one small waiting room on the third floor was converted to a bedroom. Two surgeries were cancelled one week because of the lack of bed space and the patients went to Valley View Hospital in Cedar City.

Some of the overflow, predictably, is in the maternity ward where there is always a rapid turnover of patients. While personnel try to keep a bed available at all times in the Intensive Care Unit often there are five critically ill patients in the five ICU beds. A sixth critically ill patient would have to be placed in an adjacent area of flown to another hospital, depending on the seriousness of his condition.

With a large influx of patients or in event of a disaster, doctors would be faced with decisions on who to send home early to make room for the new patients. (*Washington County News*, November 24, 1981)."

In March 1982, Dixie Medical Center was given the official go-ahead on a \$12.2 million expansion. The project included 60,000 square feet of finished new space, 15,000 square feet of shelled empty space and 30,000 square feet of remodeled space in the existing building. This provided an additional 41 beds to the original 65, plus extra ancillary space to support them (*Salt Lake Tribune*, March 13, 1982). After completing the expansion, plans were made to add two more patient floors.

The first floor of the new wing housed the main lobby and reception area, the business office, admitting, the gift shop, and the maintenance equipment. The laboratory was moved to the second floor of the new addition along with physical therapy, outpatient surgery and medical records. The second floor also became the location the 24-hour emergency services department that opened in 1984. The addition's third floor included new operating room units and a nine-bed intensive care unit. The fourth floor housed the additional 41 beds. The fifth floor was shelled in, awaiting further expansion.

Barbara Watson was the governing board chair during this time, and she recalls working to procure a certificate of need for the fifth floor expansion. The shelled space later proved a godsend; However, it was several years before it was finished. The new trend emerging in medicine was same-day surgery, which freed up



hospital beds. But as the need for bed space dwindled, the need for diagnostic equipment space increased. Medical equipment no longer fit in a doctor's black bag — sometimes the patient fit inside the medical equipment.

The new wing allowed for dramatic changes. Radiology expanded and took over old operating room and business office space. An echocardiography system was added in 1983, and a CT scanner in 1984. The obstetrics and gynecology unit moved to the fourth floor of the old wing, with newly designed birthing rooms that were reminiscent of home, which allowed new mothers to labor and deliver in the same room.



This addition to the Dixie Medical Center, adjacent to the emergency room entrance, will contain a preparation and recovery area for patients undergoing same-day surgery.

*Newspaper clipping from Color Country Spectrum  
Friday, January 22, 1982*

A few new services, such as dialysis and out-patient surgery, were setup in temporary structures adjacent to the hospital while construction proceeded. A poster explaining the expansion to the public summed it up this way:

#### **DIXIE MEDICAL CENTER – Your Hospital**

The mission of the Dixie Medical Center, a member of the Intermountain Healthcare, Inc., is to provide the best care possible to you and your family at the most reasonable cost. We constantly review our services to assure excellence in healthcare.

In order to keep pace with increased demands for healthcare services, your hospital is not only expanding the size of its operations, but the scope as well.

**Kidney Dialysis Unit.** Many of your friends will no longer need to travel or move from this area to receive life-preserving treatment. The new unit, to be located just south of the old Dixie Pioneer Memorial Hospital, will open in early April. It will be operated by the University of Utah Medical Center.

**Same Day Surgery.** In order to conserve critical inpatient beds and save you money, more than 30% of the hospital's surgery cases are admitted, recovered after surgery and discharged the "Same Day" from this new facility (Dixie Medical Center PR poster, 1982).



*Dixie Medical Center ribbon-cutting for new wing.  
Left to right: Gordon Storrs, Jerry Lewis (cutting ribbon),  
Sharon Isom, John Whitney, Barbara Watson, Sid Atkin  
and Kurt Young*

Dixie Medical Center's new wing and services which opened in August 1983 became a reality, again with help from the community. A goal was set to raise \$650,000 to help fund the \$12.2 million dollar project. According to the news story:

#### **DMC Fundraising Drive Started Up**

Dixie Medical Center's new five-story wing may be finished sooner than expected — perhaps by late August, according to hospital spokesman Hal Kelly.

The hospital today announced the start of a Capital

Fundraising Drive with a goal of raising \$650,000 in support of the expansion. Hal Chesler, president of the Dixie Healthcare Foundation, is spearheading the campaign with honorary chairmen Dr. and Mrs. Alpine Watson McGregor. Dr. McGregor retired from active practice in 1979 at the age of 78. He also serves as honorary president of the Utah State Medical Society.

The effort will include a request for donations from the DMC physicians, staff, and foundation members to raise \$350,000 before going out into the St. George community.

Last year, the hospital admitted 5,700 inpatients, performed 2,700 surgeries and delivered 1,050 babies, in addition to treating 2,700 emergency patients. Administrators are presently working to set up a clinic in Enterprise, and have authorized the lease of the northwest corner 300 East 500 South for office space for new physicians.

A financial feasibility study, done by a national accounting firm for the DMC Governing Board, indicated that the project would be feasible with donation of \$650,000 from the community and a tax-free bond of \$11,550,000. It was on that basis which the hospital expansion project was finally approved by the State of Utah, according to administrator Gordon Storrs. The total project cost is \$12.2 million.



Storrs added that if more than \$650,000 is donated, the hospital may be able to purchase new equipment that was previously crossed off the 1983 budget....

“Dixie Medical Center is on its way to becoming the regional referral center for southern Utah,” said Storrs. “Support of the facility will result in continual advances in treatment and care, as well as bringing additional physicians specializing in every phase of medicine.”

Storrs also indicated that a pediatrician has committed himself to relocate in St. George (*Daily Spectrum*, January 19, 1983).

The Dixie Health Care Foundation set a large but doable goal. Hal Chesler, chairman of the foundation, was up to the challenge and had a number of ideas. To use Chesler’s words: “The Dixie

*“Dixie Medical Center is on its way to becoming the regional referral center for southern Utah,”*

— Gordon Storrs, Administrator

Health Care Foundation, organized about two and a half years ago, started out cautiously, but now we’re branching out.” Chesler, long involved in the movie theater business, held a special preview of the major motion picture, *Annie* with all the proceeds (\$25 per couple) going to the foundation.

Lewis T. Ellsworth, of Salt Lake City and part-time Bloomington resident, donated \$41,000 toward emergency room equipment. Many other community members stepped forward and freely gave funds that purchased a casting cart (\$1,500), stretchers for same-day surgery (\$2,300 each), a hot-pack machine for physical therapy (\$1,000), or furnished an intensive care room (\$17,000). For a donation of \$6,000 a patient room was furnished and a name and photo-engraved plaque placed on the door of the room. Funds were raised easily for the expansion, but the foundation desired to fill the new space with new, advanced equipment.

In its efforts to branch out the foundation came upon the idea to hold a Christmas tree auction. The original idea may have started from a simple suggestion from Storrs, who having come from Primary Children’s Hospital, was familiar with their fundraiser known as the Festival of Trees.

#### **“Jubilee of Trees” Planned by Medical Center**

The Dixie Medical Center’s “first ever” Jubilee of Trees is being planned for Friday, December 2 and



*The first Jubilee of Trees, held December 2, 1983*

Saturday, December 3 in the Four Seasons Convention Center in St. George.

Patterned after the Primary Children's Medical Center's Festival of the Trees, the Jubilee is a fund raising event co-sponsored by the Dixie Healthcare Foundation and the Dixie Medical Center's Volunteer Auxiliary (the Pink Ladies). Proceeds from the Jubilee will be used to purchase the ABL3, the most sophisticated blood gas analyzer on the market today,

ideal for research and routine measurements within surgery, intensive care, pulmonary function, respiratory therapy, pediatrics, stat and clinical lab departments.

In addition to more than 20 beautifully decorated Christmas trees which will be auctioned to the highest bidder and will be delivered to the home or place of business of the buyer, the Jubilee will feature a gift boutique with beautiful handmade items, including gifts for the home, family, baby and Christmas items; a sweet shoppe with goodies for every "sweet tooth;" a Junior Jubilee with everything on sale for under \$1.00 and continuous Yuletide entertainment featuring local artists and entertainers.

Everyone is invited to attend the Jubilee, open from 10:00 am to 10:00 pm. Tickets may be purchased from Dixie State Bank, Sun Capital Bank, Washington Savings and Loan and Heritage Savings and Loan for a donation of \$1.00 for adults and 50 cents for children (*Washington County News*, November 23, 1983).

The first ever Jubilee of Trees was a huge success and became an annual event that continues today. The *Daily Spectrum* reported on the first Jubilee's success as follows:

The 17 festively decorated Christmas trees that made up Dixie Medical Center's Jubilee of Trees were



*Tree donated by Sun Capital Bank, and decorated by Harvey Schmutz and Loretta Weber.*

lit up Thursday in a short lighting ceremony. The event is the first of what hospital spokesman Linda

Sappington said will be an annual event. Fourteen of the 17 trees were sold, via silent bid, for an average of \$350 each, she said. Funds raised will go toward the purchase of a blood gas analyzer for the hospital. The event's co-sponsor, the DMC Auxiliary, consolidated its annual Christmas bazaar with the Jubilee of Trees. The decorated trees were donated and decorated by Washington Savings Bank, Christensen's, Lady Lions, Howard's Trucking, Dixie State Bank, Ence Construction, Anthony Motors, Kellwood Co., Market Basket, Alan Boyack, St. George Care Center, the Exchangettes, Bloomington Ladies' Club, and Sun Capital Bank (*Daily Spectrum*, December 4, 1983).

Offshoots of Dixie Medical Center sprouted throughout southern Utah in the 1980s. Clinics were opened in Hurricane, Enterprise and Springdale. Emergency room care began to be available around the clock in 1984. Psychiatric and physical therapy services were added. A two-story physician's office building was built next door to Dixie Medical Center to house 15 doctors. In conjunction with the new birthing suites, an obstetrician joined the medical staff, prenatal classes were offered, and new breathing techniques to manage labor were taught. To promote the new healthcare services, Barbara Watson became the host of the local cable television show "Health Trends."

---

In 1984, Dixie Medical Center became the second largest employer in Washington County, second only to the school district. The growing population of southern Utah continued to support the growth of the hospital and its expanding services. That year, inspired by Elizabeth Bruhn Wright, the community sought to have its own cancer center. Intermountain budgeted \$35,000 for the construction of a center adjacent to Dixie Medical Center (*Daily Spectrum*, May 17, 1984).

#### **DMC Plans Community Cancer Center in '85**

The Dixie Medical Center hopes to have a community cancer center available by January 1985 so that area cancer victims will not be required to have lengthy hospital stays away from their family and friends.

Hospital administrator Gordon Storrs said his personal experiences with cancer treatment had convinced him of the need for a local cancer treatment center to alleviate the psychological pain for cancer victims which is often exaggerated by long stays in large hospitals away from their homes (*Washington County News*, July 12, 1984).

Donations for a linear accelerator for the cancer center came from several unusual sources. Senator Orrin Hatch personally donated \$1,000 after meeting with Barbara Watson and learning of Dixie's goal. Dorothy and Sterling Wright of Salt Lake City



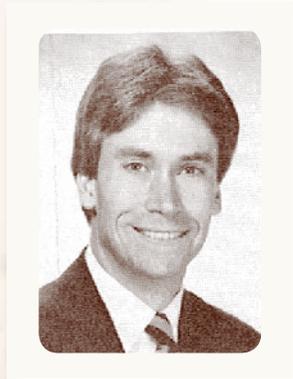
*Artist rendering of the cancer center.*

made six-hundred porcelain dolls, known as Sunshine dolls, to help raise funds. Community members donated time and materials to dress the dolls in organza and lace. The dolls were then sold for \$100 apiece in behalf of the Arthur F. Bruhn Memorial Foundation, and \$60,000 was generated. A group of young girls donated the \$17.57 proceeds from their lemonade stand.



It took longer than expected, but the goal to raise the \$260,000 needed to secure a used linear accelerator was finally met, and the cancer center opened in the summer of 1985. At the time, it was (and proudly so) the smallest accredited cancer center in the United States.

While Barbara Watson remained as the governing board chair through all of the 80s and well into the 90s, there were some significant changes made in hospital leadership during this time. L. Steven Wilson became the administrator in 1985, just months before the cancer center opened. Kerry Hepworth became the foundation's first executive director in 1988, and Ernestine Nelson followed by Nick Lang both served as foundation chairmen, leading the foundation to even greater aspirations.



*L. Steven Wilson*

It is fitting that the foundation's largest fundraiser that began in the 1980s, auctions trees. In Dixie trees do not grow unless they are carefully nurtured. Yet, once established they provide protection and shade from the

Dixie sun. The more a young tree is cared for, shaped, and watered, the more protection and beauty it will provide in the future. Often the nurturers will never enjoy the full glory of a tree as it can take several decades to mature.

To cultivate a tree — or a community hospital — is to grow future benefits for others. “Gift opportunities go far beyond the personal feeling which originally motivated them. Most importantly, they provide present and future generations with one of the most precious gifts possible — the chance of returning to good health” (*Washington County News*, March 9, 1983). 🌿



*This newspaper clipping from the Spectrum May 18, 1986 shows Dixie Medical Center's cancer center opening.*

**DIXIE  
MEDICAL  
CENTER**

ST. GEORGE, UTAH



"Our Specialty is Tender Loving Care"

**Southern Utah's Largest Medical Center**  
"less than two hours from Las Vegas"

**Competitive Rates for:**

- Labor and Delivery
- Plastic and Cosmetic Surgery
- Mental Health Care
- Cancer Treatment
- Same Day Surgeries
- X-ray and Laboratory Testing

**Complete Medical Staff:**

- Cardiology
- Plastic Surgery
- Psychiatry
- Urology
- Ear Nose Throat
- Medical Oncology
- Orthopedics
- Ophthalmology
- Emergency Medicine
- Family Practice
- Obstetrics/Gynecology
- Pediatrics
- Internal Medicine
- General Surgery
- Dermatology

"Fully Accredited by the Joint Commission on the Accreditation of Hospitals"



(801) 673-9681  
An Intermountain Health Care Facility

*Ad in the newspaper in Las Vegas — November 1985*



*St. George in 1985 — South Bluff Street (taken from the Black Hill)*



*St. George in 1985 — Cinemas building at 905 S. Main Street*



*Dixie Medical Center with new archway entrance — 1990s*



## ➤ 1990s ◀

*One decade before the turn of the century, the Berlin Wall came down, the dam at Quail Creek Reservoir burst on New Year's Eve, and the original Dixie Pioneer Memorial Hospital was torn down.*

**A**nd so it was that the Cold War ended, a new bridge was built over the Virgin River at River Road, and Dixie Medical Center obtained more parking area and a pull-through entrance with a trendy new archway. Big box stores and chain restaurants began opening across Washington County and during the decade from 1990 to 2000, St. George prevailed over Las Vegas as the fastest-growing metropolitan area in the United States.

The last decade of the 20th Century also brought an abundance of technological advancements. Computers became smaller and televisions got bigger. Internet and e-mail became

household words. In 1990, everyone got double prints when developing film, doctors had pagers, and movies came in VHS format. By 2000, there were digital cameras, mobile phones, and DVDs. This was the era of Bill Clinton, O. J. Simpson, Lady Diana, Michael Jordon, and Jerry Seinfeld. Everyone was collecting Beanie Babies, and the new sport, roller-blading on in-line skates, resulted in more than 100,000 emergency room visits nationwide (Beazley, September 2007).



---

New branches of Dixie Medical Center continued to grow as the hospital expanded to accommodate the healthcare needs of a rapidly growing community. The addition of an accredited cancer center in the late 1980s aided in the advancement of medical services offered in Dixie. The cancer center and medical oncologists, Dr. Phil McMahill and Dr. Ray Richards, treated numerous Downwinder patients from all over the southern Utah and southern Nevada regions. Consequently, Dixie Medical Center was renamed Dixie Regional Medical Center in 1990.

*The house that love built — Jubilee Home*

Cancer patients sometimes traveled great distances to be treated in St. George, so McMahill suggested a house near the hospital be fixed up to accommodate out-of-town patients and their families. The hospital donated a piece of property on the corner of 400 East and 500 South. The home located on the property was razed in 1990, and the Dixie community once again joined together to raise \$300,000 to build and endow a new, six-bedroom home dedicated for use as charitable lodging for hospital



*The Jubilee Home is to serve as hostel for the families of critical care patients and those undergoing extended cancer treatment, often from out of town, who needed to remain near their loved ones for several days.*

patients and their families who came from outlying areas. In 1989, 1990, and 1991, funds raised at the now annual Jubilee of Trees went toward this new Jubilee Home, named in honor of the event that made it possible.

**Jubilee Dream – Home known as the house that love built**

The dreams, talents and aspirations of thousands came together in creating the Jubilee Home, a home

---

away from home for patients who are receiving critical care at Dixie Regional Medical Center.

On Saturday, the home was officially dedicated at ceremonies with community members and hospital officials in attendance. Kenneth Metcalf, charter president of the Dixie Health Care Foundation, offered the dedicatory prayer.

Dr. Philip G. Condie, chairman of the Dixie Health Care Foundation, said the two-year long home project is the foundation's gift to Dixie to give to its neighbors.

About 100,000 people are cared for annually at DRMC, of which two out of every five are from outside the St. George community, hospital officials say.

The dream of a Jubilee Home began in the hearts of two doctors who treat cancer patients. They believed those who are critically ill could heal more effectively if allowed to do so in a home-like environment surrounded by loved ones.

The vision caught on. Dixie Health Care Foundation grabbed the dream by the horns and set out to make it happen by organizing fundraisers, seeing to administrative procedures, and jumping controversial and financial hurdles.

The project was nearly axed in the early stages when St. George City denied granting the foundation a conditional use permit for the home after nearby



*Newspaper clipping from The Daily Spectrum  
Monday, January 7, 1991.*

residents halted its construction. When the home was proposed to the city council a second time a few months later, it passed with a majority vote.

Since that time, the home has generated support from numerous civic organizations, private donors, and community members. The project has become known as the house that love built.

Condie said the foundation played the role of catalyst

for the project, "By bringing together the talents of so many individuals to benefit those who will experience their trials at Dixie Regional Medical Center."

Those feelings were echoed by B.Z. Kastler, honorary chairman of the Jubilee Home Advisory Board. He told those in attendance the six-bedroom home spoke more eloquently than any words he could say that, "Yes, we are our brother's keeper."

Pat Fox, a St. George resident, was one of more than 100 people who came to witness the frosting being placed on the Jubilee dream. Fox, who has monitored the progress of the home since its early stages, said she was overcome by the community spirit the home radiates.

DRMC Administrator Steve Wilson said, like so many others, he got "goose bumps just walking through the home."

"The home is a living testimonial that dreams do come true," Wilson said. "It stands as a reminder that charity is the truest form of service" (*The Daily Spectrum*, May 5, 1991).

The Jubilee Home was one of many projects undertaken by the Dixie Health Care Foundation during the 1990s. The very first Celebrity Classic sporting event fundraiser was held in 1990.

### **Dixie Regional Medical Center's beautiful**

## *Lights for Life Tree*

is 36 feet high and evergreen...  
to symbolize everlasting life.

### **Its 2,000+ lights...**

are illuminated in memory and honor of those we love, shining collectively as a reminder that we are all our brothers' keepers and individually that love never dies as long as there is someone who remembers

### **Ten concentric rings...**

symbolize the never-ending nature of love...having no beginning and no end  
And on top

### **One star...**

a heavenly sign that, from a distance, God is watching us, celebrating our collective hope that there will be peace on earth...that we might do unto others as we would have others do unto us and blessing each of us gathered here as men and women of goodwill

— Kerry Kastler Hepworth 1993



In 1993, Dixie State Bank donated a huge metal tree with more than 2,000 lights to the foundation. It was placed on top of Dixie Regional Medical Center and became known as the Lights for Life tree, a symbol of the Dixie Spirit lighting the community. People would donate \$10 to light a light on the tree in memory of a loved one or a friend. Donations for the tree helped fund the hospice program. In 1992 the foundation opened Repeat Performance, a resale thrift store that sells donated items. The store gave the foundation a source of steady income for the first time, and filled a need in the community as well.

#### **An example of civic spirit**

How can used clothing, housewares, and furniture help ensure medical care for local residents? At Repeat Performance, a project of Dixie Regional Medical Center Auxiliary and the nonprofit Dixie Healthcare Foundation, used goods are given new life to raise money for local healthcare, and economical shopping needs. The store is an example of the creativity many organizations need in order to keep pace with needs amid tougher economic times. ...

The store serves several purposes. It provides another avenue for volunteers to put their skills to good use. It's a help to those who need to stretch their budgets – forget stereotypes, shoppers include Gold MasterCard

---

holders – and it helps ensure quality healthcare will remain available in Dixie. Even the store building, once the home of Mathis Market and located near the historic Tabernacle, has been neatly refurbished.

But one of the amazing things the store is doing is in the heart. As one volunteer said, “It’s all given in love to help others.”

A community’s strength is best determined by how well its people are in tune with the needs of its members. Repeat Performance is one of those strengths (*Daily Spectrum*, October 21, 1992).



*Dixie Regional Medical Center's thrift shop, Repeat Performance, opened October 1992.*

Dixie Regional Medical Center also continued to be in tune with the needs of the community. New services were continually being added such as home health, hospice, and laparoscopic surgery. The hospital also implemented a total quality management system to help all departments of the hospital (i.e. surgery, lab, X-ray, admitting) work together for a higher quality experience for patients. Steve Wilson was quoted in 1993 as saying: “Our goal is simply to be the best 100-bed hospital in America — period (Dixie Datebook, May 1993).” Dixie Regional Medical Center became focused on enhancing the quality of life for patients and healthy community members.

#### **Enhancing the quality of life**

The fact that the St. George-Zion area is rated among the top place in America to retire is actually a glowing compliment to Dixie Regional Medical Center. One of the most important considerations in choosing a place to relocate is healthcare, and DRMC has developed a solid reputation as one of the finest hospitals its size in America. With 72 physicians on staff, board certified in various specialties, a dedicated staff of nurses, and technicians, and an amazing corps of volunteers, DRMC is a building full of people who care about people.

Patient Care Director Deanna Murray has been at DRMC for nine years now. She is nursing director in

---



the 35-bed surgical/orthopedic unit. “There is a great team concept at work here,” she says. “I’m most impressed with the people – it’s a very caring staff, and the coordination between doctors, nurses, and patients is extraordinary.”

Among the factors that make DRMC a “user-friendly” place is an admissions program designed to minimize concerns before a patient enters the hospital. DRMC has support groups, home healthcare, discharge planning, and other programs that make the unwelcome hospital experience easier to deal with.

Steven Wilson, administrator, says patients can enter Dixie Regional Medical Center with confidence due to the competence of its doctors and nurses. “We’re an outstanding hospital because we have excellent doctors, nurses and other staff members who are committed to quality care,” he says. DRMC has been designated a “Rural Referral Center” by Medicare. Its hospice program was the first hospital sponsored program in the state to be certified by Medicare. The Cancer Center has been approved for experimental treatment by the Southwest Oncology and Radiation Therapy Oncology Groups – the smallest center in the U.S. to be granted such approval. It is also certified by the American College of Surgeons, another unique honor for a program of

its size. DRMC is accredited by the Joint Commission for Accreditation of Healthcare Organizations, and in September of 1991 received the highest evaluation in its history.

Add to this the fact that DRMC is a part of Intermountain Healthcare, a corporation which brings added resources and potential to the hospital. This affiliation affords DRMC economies of scale which it could not achieve on its own. The Intermountain

*“There is a great team concept at work here. I’m most impressed with the people — it’s a very caring staff, and the coordination between doctors, nurses, and patients is extraordinary.”*

— Deanna Murray  
Patient Care Director

corporate team stays abreast of changes in technology and procedures, all of which translates into a better experience for patients (*Dixie Datebook*, May 1993).

---

Any organization that wants to know what they are going to become, must also look at what they have been. In 1993, Dixie Regional Medical Center looked back on 80 years of commitment to the community.

### **80 Years of Community Commitment**

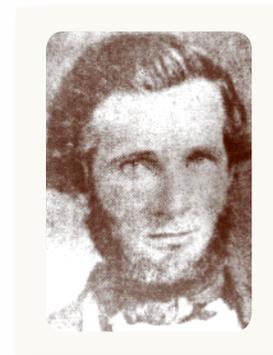
Since the day Dr. Donald McGregor opened the Washington County Hospital in 1913, St. George and the surrounding area have enjoyed a high quality of healthcare offered by a caring staff committed to the community. Today the building that housed that original hospital can still be seen at 35 South on First East. It stands as a reminder of how far the community has progressed in 80 years, a vivid contrast to the large and beautiful complex which now houses Dixie Regional Medical Center on a full city block.

It was a powerful sense of community spirit that made the first hospital possible, and that same spirit exists today as DRMC continues a tradition of providing a quality of healthcare well beyond what might be expected in a community our size. As DRMC Administrator Steve Wilson puts it, "Since the days of early pioneer settlement this area has demonstrated an unusual community spirit, a spirit which remains alive and well today as evidenced by such projects as

the Dixie Center, the St. George Marathon, and the Jubilee Home. We at DRMC feel that spirit and are a part of it. This is an institution with a long history of being in, of, and for the community."

Dixie Regional Medical Center traces its roots all the way back to those early Mormon settlers in St. George.

Doctors Israel Ivins and Silas Higgins were the first to practice in this valley. They were followed by a number of other dedicated physicians including Frederick Cliff, Frank J. Woodbury, Donald McGregor, Clare Woodbury, and Wilford Reichmann. The original Washington County Hospital, built in 1913, was replaced by



*Dr. Israel Ivins*

Pioneer Memorial Hospital at 300 East and 600 South. The complex we now know as Dixie Regional Medical Center was built in 1975, and in 1976, the hospital was purchased and became part of Intermountain Healthcare, Inc., a nonprofit corporation dedicated to serving the healthcare needs of the communities it serves (*Dixie Datebook*, April 1993).

---

Southern Utah has always enjoyed expert medical care from caring and capable doctors. Wilson recalls that one of the biggest challenges of this time was to persuade physicians, especially specialty physicians, to relocate to St. George. Apparently, he was successful, as a staff of close to 70 physicians was serving the greater St. George community in April of 1993 in 24 different specialties. These physicians were part of the 700 employees at Dixie Regional Medical Center in the mid 90s, sustaining the hospital's place as the second largest employer in Washington County.

#### **Not Necessarily a Nurse — or Doctor**

"When people think of hospital employees, they immediately think of healthcare professionals," says Kent Tarbet, assistant administrator at DRMC, "because healthcare is the primary focus of a hospital." But what it takes to provide that healthcare in terms of employee careers covers a diversity of job specialties — many totally unrelated to the medical industry.

"We have our own licensed contractor out of necessity," says Tarbet. "It is vital for hospital construction to be completed as quickly and efficiently as possible, so it does not interfere with care. Our construction crew works round the clock; something a private construction company wouldn't do."

DRMC's maintenance staff includes a battery of specialists in every type of repair field.

"We also have our own security department," says Tarbet. "To be considered for hospital security you have to be POST (Police Officer Standards Training) program certified."

Not all DRMC employees work at the medical center. The hospital's laundry service is located in the industrial park. Home health, hospice and the physical therapy/rehab center are across the street from the hospital. Outpatient psychiatric is in the Tabernacle Towers building.

According to statistics compiled by the Utah Department of Employment Security, Dixie Regional Medical Center is the second largest employer in the county employing almost 700 people from dietitians to lab technicians.

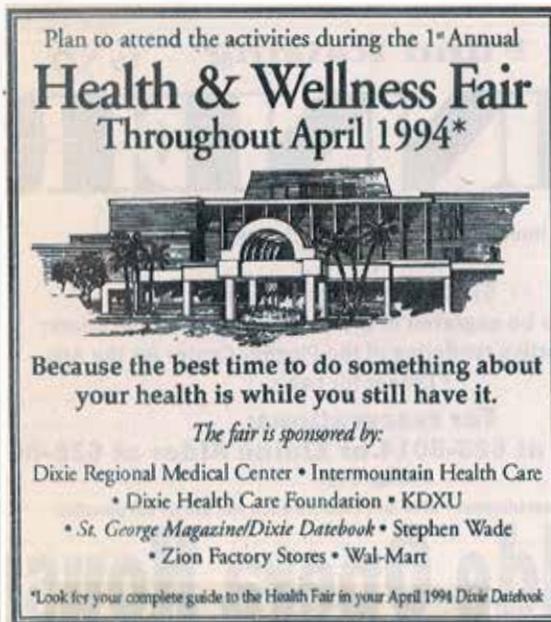
"Approximately 500 of our employees are full time and a good share of those are primary wage earners in their families," says Tarbet. "We have employees ranging in age from their teens to Erma, in the payroll department, who was employed 40 years ago."

Their jobs are diverse;



*Erma A. Sandberg*

they come and go at different places and times, but each member of the workforce, no matter what their capacity, is a valued component of Dixie Regional Medical Center (*Dixie Datebook*, June-July 1993).



In the mid 90s, Dixie Regional and the cancer center were ready to grow again. Ground was broken in 1994 for an addition

to the cancer center totaling just over 1,400 square feet to house a new state-of-the-art linear accelerator. Also in 1994, a new tradition known as the “Health and Wellness Fair” first took place on April 30 and featured tours of the hospital, blood testing, screenings and blood pressure checks. It was also during this time that Dixie Regional Medical Center began to be nationally recognized for its tradition of award-winning care.

#### **National Study Ranks Dixie Regional Medical Center as a Top U.S. Hospital**

A recent study found that Dixie Regional Medical Center is one of the nation’s most highly rated hospitals. The study was conducted by Parkside Associates, Inc., a national healthcare research firm based in Park Ridge, Illinois. The study surveyed over 56,000 former patients of 253 hospitals in 45 states, including patients treated at DRMC. Patients were asked to rate various aspects of their care at the hospital. Hospitals were then ranked according to the responses of the patients.

DRMC ranked nationally in the top 11% of U.S. hospitals on an overall quality index. The index included patient perceptions of medical outcome, physician and nursing care, courtesy, comfort, cleanliness, food, and admissions and discharge procedures.

---

All Utah Intermountain Healthcare hospitals were included in the study. Nationally every Intermountain hospital ranked in the top 25% on the overall quality index; seven of the top ten were Intermountain facilities.

Former patients of DRMC ranked their medical outcome particularly high giving the hospital positive marks that placed them in the top 2% of hospitals in the survey. Also ranking high was nursing care, placing in the top 8% of the nationwide study.

“Dixie Regional Medical Center and Valley View Medical Center rate very highly compared to other hospitals around the country,” says Raymond Carey, H.D., president of Parkside Associates. “Patients at these hospitals should be comforted to know the facilities are rated positively for their care and services. It is a compliment to the medical staff and employees of these hospitals that they are so highly ranked” (*Dixie Datebook*, April 1993).

If Dixie Regional Medical Center was to continue in this tradition of excellence, it was becoming apparent that it would need to grow again. The hospital now occupied the entire block between 300 and 400 East and 500 and 600 South and there was no room left to expand in the same location. Land was secured, and plans were made to build a clinic with outpatient services on the property.



*Aerial view of Dixie Regional Medical Center*

### **Med Center May Open Second Site**

There may soon be a new medical complex on River Road — and a new hospital may eventually be built at the site, Dixie Regional Medical Center officials said.

Dixie Regional holds an option to buy up to 50 acres on River Road between 400 and 700 South, across the street from the new Sky West building, assistant hospital administrator Kent Tarbet said.



The land is owned by the Foremaster family, and the selling price will be somewhere between \$42,000 and \$66,000 per acre — or \$2 million to \$3 million. The option expires Jan. 1, Tarbet said.

A 15-suite medical complex at the site could be under construction as early as spring and be finished by the end of 1994. The medical complex will be occupied by primary care physicians, nonsurgical specialists, internists, and pediatricians. A diagnostic

*“Dixie Regional, like the rest of southern Utah, is feeling the pressure of a growing population.”*

— Kent Tarbet  
Assistant Administrator

center would be added the next year, Tarbet said. The center will include a lab, X-ray, EKG, CT scanner, mammography and ultrasound.

Tarbet said the expansion is proposed because the medical center is outgrowing its current location, where expansion is prevented because of the surrounding residential neighborhood.

Tarbet said Dixie Regional, like the rest of southern Utah, is feeling the pressure of a growing population. “This year we will hit 200,000 outpatient visits per year,” Tarbet said. By the year 2000, outpatient visits would rise to 310,000 a year. “That would mean 2,000 extra cars traveling Flood Street (400 East) each day.”

A recent study looked at growth projections and recommended ways the hospital can meet the steadily growing need for services. Two options were recommended, but apparently both include moving some outpatient services to the River Road site, Tarbet said. The hospital itself may or may not be moved.

Currently, about thirty-five percent of the hospital's total square footage is taken up by outpatient care facilities. Moving those care facilities to another location will make more room for inpatient care, such as surgery (*Daily Spectrum*, August 14, 1993).

The River Road property known as the Rimrock Wash was purchased from the Howard Foremaster family who felt a hospital on their father's ranch would honor his memory and construction on the River Road Clinic — the white building currently just east of the hospital on River Road — began in earnest. Talk began to circulate also about the possibility of building a new hospital on the River Road property and as the population of Washington County increased, plans were made to raise funds and build a new hospital

---

that would not be a replacement hospital for Dixie Regional Medical Center, but another campus of the medical center.

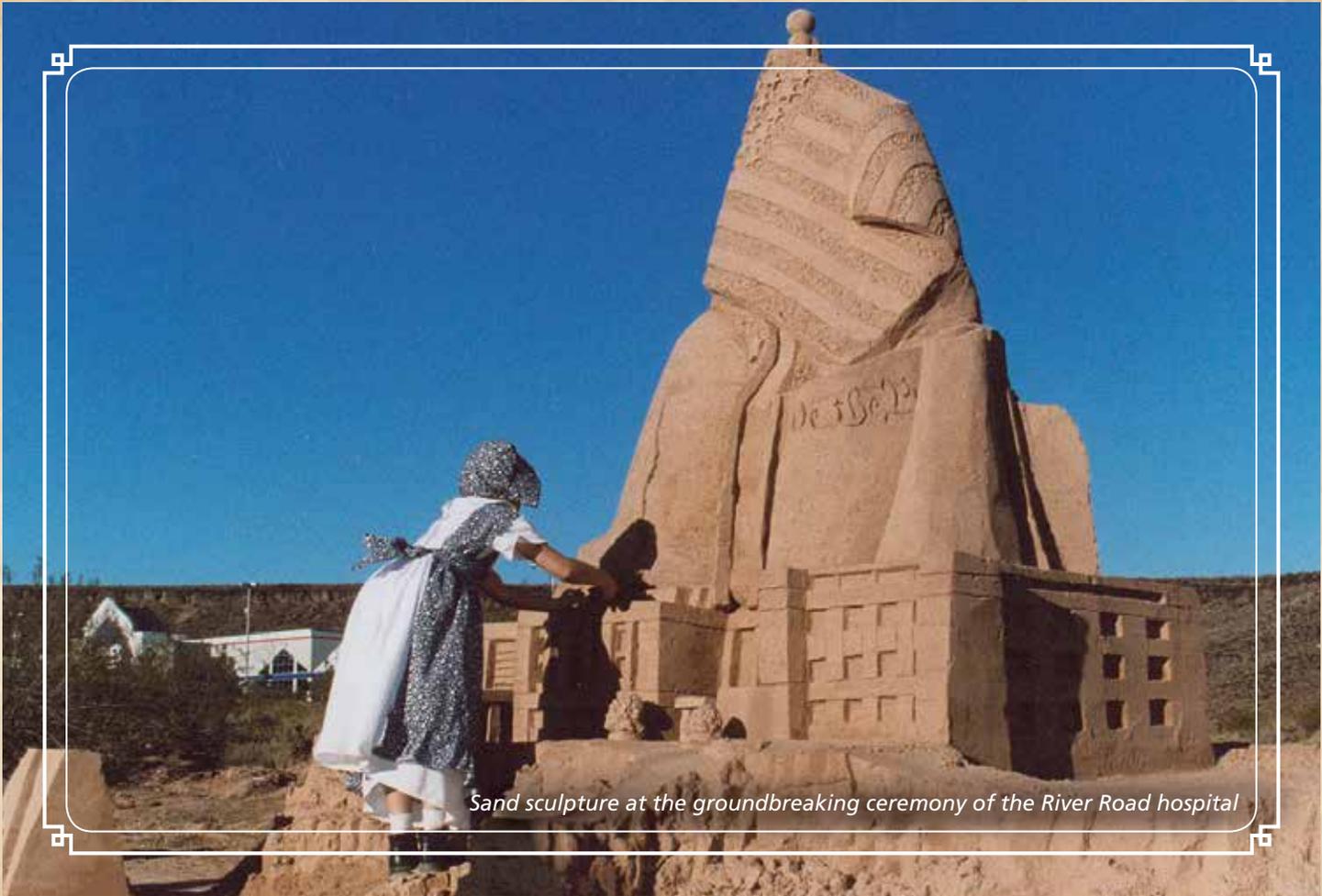
In the mid-1990s, David Clove became the governing board chairman. He followed Barbara Watson who had served for 17 years in that capacity. Jack Jenks and Mary Ann Chittick each lent their expertise to the Dixie Health Care Foundation which at this time changed its name to “Foundation of Dixie Regional Medical Center.” Jim Slemboski, Kathleen Gubler, Marge Shakespeare and Ken Hinton each took a turn carrying the mantle of foundation chairman during the 1990s. Each of these individuals played key roles in laying the groundwork and preparing the foundation for what would become a symbol of Dixie’s community spirit — the River Road campus of Dixie Regional Medical Center.

In 1999, Kerry Hepworth returned as the executive director of the foundation and plans were immediately undertaken to raise funds for the new hospital. A philanthropic consulting firm, Panas, Linzy and Partners, was invited to come and do a feasibility study to evaluate how much money could be raised in southern Utah. They came and talked to 50 prominent people in St. George and reported that \$2.5 million was the maximum amount of money that could be raised in St. George. Later, the foundation board was discussing a target goal for the capital campaign when Bob Cochran suggested they raise \$10 million

and unquestioningly, everyone agreed. Just as Dixie came together in 1913 to raise \$10,000 for the Washington County Hospital, Dixie came together again and they not only raised the \$10 million, they raised \$11.7 million. Intermountain Healthcare had pledged to build a hospital for \$90 million in Dixie, but with the community’s contribution of \$11.7 million, they were able to make plans for an extraordinary hospital. Ground was ceremonially broken on September 20, 2001. 🦋



*Artist rendering of the River Road campus*



*Sand sculpture at the groundbreaking ceremony of the River Road hospital*



## ❖ 2000 & Beyond ❖

*As the world geared up for Y2K, Dixie Regional Medical Center was making plans for a new campus on 60 acres along River Road.*

**T**he Foundation had pledged to raise \$10 million to help fund the new campus. While the greatly anticipated Y2K calamity at the commencement of the 21st century did not occur on January 1, another calamity did occur for the nation on September 11, 2001, little more than a week before the ceremonial groundbreaking of the River Road hospital.

T. Robert Cochran recalls drafting a letter to Intermountain Healthcare executives, apologizing in advance for not being able to reach their fundraising goal. But even amidst national tragedy, the citizens of Dixie rallied and raised more than the intended

\$10 million. Nine days after the Twin Towers disaster, Dixie Regional broke ground for the \$100 million medical complex. A sand sculpture of the new hospital carved by Kirk Rademaker on the site of the future campus for the groundbreaking ceremony displayed the patriotism felt nationwide after the terrorist attacks in New York.

“New Frontiers” was the groundbreaking theme. Intermountain and Dixie Regional were in a very real sense boldly going where they had not gone before as they prepared to add tertiary-level services like open-heart surgery. The population

---

continued to increase rapidly, and hospital administrators knew that the new campus was needed immediately. In 2000, Washington County had a population of 90,354. By 2002, the county was home to more than 100,000 people (*The Spectrum*, December 2002). During this time Dixie Regional received an outpouring of support as everyone watched this new iteration of healthcare grow out of the red dirt into reality.

#### **Building a Sound Foundation**

Enforcing the most recent building code to minimize future seismic damages, engineers are

framing the foundation of the new Dixie Regional Medical Center at River Road with 216 rebar cages.

Each 4-foot diameter cage will be driven into holes between 25 and 40 feet deep until they stand firm on solid rock. Cement will be poured to provide concrete pilings for a gridlock of massive steel beams connecting the enclosures....

"Everything we've done is beyond first class," said Lynn Swensen, superintendent of the new hospital's constructor, Okland Construction Company....

The new four-floor hospital will provide 144 patient beds, as well as emergency, pharmacy and specialized



*Construction of Dixie Regional Medical Center's River Road campus — building a sound foundation*



services, including open-heart surgery. The building, designed by San Francisco-based architectural firm Anshen & Allen, is expected to open in mid-2003 (*The Spectrum*, January 15, 2002).

In May, the community was invited to come and “make their mark on hospital history” or sign their name on a steel beam before it was bolted into place. Beam signing is a Scandinavian tradition celebrating the basic structural completion of major community projects. More than 600 employees and countless community members took the opportunity to make one of the hospital support beams into a unique piece of historic art.

As the River Road campus grew and began to take shape, technology continued to shape the way people lived and delivered medical care. Cell phones continued to grow in popularity, replacing land-lines for many people. Texting, Facebook and Twitter also became popular. Technology was beginning to go wireless. Cameras were now built into cell phones. Televisions came in high definition, and a nationwide conversion from analog to digital broadcasting signals transformed this decade. While reality television aired the silly antics of humankind, the Health



Insurance Portability and Accountability Act (HIPAA) enacted privacy rules and standards for the protection of patients.

In 2002 Salt Lake City hosted the Winter Olympics, and several members of Dixie’s medical community traveled north to support Intermountain Healthcare’s commitment to the Games. Internet service became widespread, and consumers and hospital patients became empowered with a wealth of knowledge as never before.



“The 400 East Campus of Dixie Regional Medical Center” became the preferred name of the original hospital on hospital hill. While the River Road Campus was being built, the 400 East Campus incorporated several new procedures and innovations as well as a new, environmentally friendly cooling system. Angioplasty was first performed in August 2002 as a first-phase procedure in anticipation of the open-heart surgery center that would open on River Road. By December 2002 Dixie Regional Medical Center was going paperless and filmless as a new Picture Archiving and Communication System (PACS) was implemented to simplify and digitize imaging files.

The Foundation of Dixie Regional Medical Center also continued to grow during this time, and philanthropy rose to a

---

new level. Foundation board members were busy inviting people to donate to the hospital. Board members Greg Kemp, Patricia Shoemaker-Glessner, T. Robert Cochran, Ken Hinton, Marge Shakespeare, Brent Low, Berniece Godfrey, Ron Metcalf, Cyndi Gilbert and Vardell Curtis each played pivotal roles in raising funds and exceeding the \$10 million goal. Along with the opening of the new hospital campus, the foundation dedicated a new Tree of Light and Life, designed and sculpted by Jerry Anderson. The



*Artist Jerry Anderson  
with the new Tree of Light and Life*



30-foot tree stands in front of the River Road hospital, a symbol of life and love and the relationship they share, intertwined like the 4,000 copper leaves and fiber-optic lights on this fitting symbol of healthcare in Dixie. Commemorative donations to light the tree support the hospital. The Celebrity Golf Classic evolved into the Jubilee Cup and then in 2010 became the Rulan D. Woodbury Jubilee Classic Charity Golf Tournament. It was also during this decade that Repeat Performance relocated to 76 W. St. George Boulevard and began to use the name Hospital Thrift Store.

The Foundation's annual Jubilee of Trees expanded to five days, incorporating a fashion show, a Teddy Bear Picnic, concerts and the formal Gala Dinner and Auction. In November 2003 the Jubilee of Trees was held "under the big-top" in a huge tent at Dixie Regional Medical Center's River Road Campus. The event coincided with the dedication of the new hospital on November 14, 2003. Between 20,000 and 25,000 people toured the new hospital. An incredible \$315,000 was raised at the Jubilee that year.

"It's a gift from the community to the community," Kerry Hepworth said. "It's a neat tribute to the volunteer spirit. The foundation's \$10 million contribution to the hospital — which comes from the Jubilee of Trees and other sources — has equipped the hospital with such additions as four trauma rooms

---

instead of just two, two rooms for open-heart surgery instead of just one and a 24-unit Intensive Care Unit instead of 16," Hepworth said.

Steve Wilson, administrator and CEO, said the fund-raiser helps supplement the hospital's budget and, in turn, reduces the amount the hospital needs to charge patients for services.

Wilson said he thought \$10 million was an unattainable goal, but, because of the more than 1,300 volunteers and community financial support, the foundation hit the target.

"You cannot place limits on what volunteers can accomplish," Wilson said. "They find a way" (*The Spectrum*, November 2003).

On November 24, 2003, Dixie Regional Medical Center's River Road facility opened, beginning a new chapter in the history of southern Utah healthcare. More than 50 patients were transferred to the River Road Campus from the 400 East Campus. "From 5:30 a.m. to 9:30 a.m. Monday, officials said, five doctors, 11 ambulances, 49 crew members and about 80 nurses monitored the 1.3-mile ride and smoothly transferred patients from the old campus' Intensive Care Unit, cardiovascular, surgical and general medical divisions (*The Spectrum*, December 1, 2003)."

Renovation of the 400 East hospital began at 6 p.m. for the



*Dixie Regional  
Medical Center  
River Road Campus*

addition of acute rehabilitation. Acute rehab helps people recover from serious neurological injuries or illness. "DRMC decided to continue use of the 400 East facility because moving all programs to the River Road campus would have added about \$40 million to the construction price tag (*The Spectrum*, November 24, 2003)."

**Building design promotes pleasant hospital experience**

... Painted in rotating, subdued colors such as blue and tan, the 420,000-square-foot hospital was

---

designed to promote healing and protect patients' privacy, said hospital spokeswoman Terri Draper. With a meditation room, family rooms and patient elevators and corridors, Jon Pike said, DRMC wants patients to have "a pleasant experience" in the hospital.

Standing at the main entrance is a triptych glass sculpture called the Healing Towers, which depicts healing symbols from different religions of the world.

Not far from the entrance is the concourse, a long

public corridor in the waiting area. Modeled after the shapes of slot canyons that are common in Southern Utah, the ceiling of the concourse provides natural lighting for people headed to the area's emergency department, imaging services, heart and lung center, pharmacy, gift shops and an independent physician office building. The first floor also houses cardiac services, hospital administration and the patient bed tower's surgery unit.

Rated as Level II, the 33,000-square-foot emergency department offers 30 patient beds, one radiology room, 15 general emergency rooms, eight observation stations, three minor evaluation rooms and three nurses' stations. ...

The emergency department is connected to the patient bed tower through two parallel 707-foot-long corridors behind the public section, Pike said. Covered by vinyl tile, the corridors are used exclusively by patients and staff. ...

Elevators also directly link emergency rooms on the first floor to operating rooms on the second floor. Also on the second floor are the intensive care unit, the same-day surgery and recovery center, meditation room and the patient bed tower's cardiovascular unit. The third floor of the tower is the medicine unit.

With 36 patient rooms per floor, the patient tower has 108 rooms with shower facilities and 24 intensive



*Healing Towers*

---

care rooms that are without showers. Each of the first three floors has six nursing stations. Anticipating more growth, Pike said, the fourth floor is shelled space for future expansion.

All departments are linked through a pneumatic tube carrier transport system which has 17 stations that transfer files, prescriptions, and blood products, Draper said.

At the basement level, patients and visitors can stroll through a “healing garden” or sit next to small water features outside the hospital. They also can refresh themselves in the hospital’s café, the outdoor dining court, and kitchen on the basement level (Jane Zhang, *The Spectrum*, November 24, 2003).

On December 2, 2003, less than two weeks after opening on River Road, cardiothoracic surgeons Drs. Roger Millar and Kory Woodbury performed the first tertiary level service — open-heart surgery — at Dixie Regional. Their patient, 85-year-old Ross Taylor received eight bypasses. He recovered beautifully. Since then thousands of similar surgeries have been performed.

This was not a start-up program but an extension of the world-renowned open-heart surgery program at LDS Hospital in Salt Lake City. Dr. Millar, a long-time cardiothoracic surgeon from LDS Hospital founded the program in St. George. Less than a



*To the left:  
Drs. Millar and  
Woodbury perform  
the first open-heart  
surgery on Ross  
Taylor.*

*Below: Ross Taylor in  
Cardiac Rehab*



year after the program’s beginning, Dixie Regional was

recognized nationally for the quality of its cardiac care and earned the prestigious UnitedHealth Premium Cardiac Specialty Center designation. The hospital has been named



one of the nation's top 50 heart hospitals many times.

By December 13, a flu outbreak in Utah filled all 112 beds in the River Road hospital. The unexpected increase in patient volume started on November 24, the first day the \$100 million

*New services continued to be added at a steady pace, enabling residents to remain close to home when medical help was needed.*

hospital opened. During the first 36 hours of operation the emergency department saw 35 percent more patients than usual. Dixie Regional would continue to grow and expand for the next several years, adding new services and upgrading equipment on a regular basis.

The first new service provided on the 400 East Campus after the opening of the River Road hospital was the first acute rehabilitation center in southern Utah. Acute rehab opened on December 27, 2003. The entire fifth floor was remodeled to include 16 patient beds, two therapy rooms, and common

living and dining rooms. This center provides intensive speech and physical therapies to patients with neurological injuries or conditions such as spinal cord trauma, stroke, or amputation.

New services continued to be added at a steady pace, enabling residents to remain close to home. On March 22, 2004 a positron emission tomography (PET) unit began serving as a mobile service of the cancer center. PET scanning pinpoints cancer cells by imaging their chemical makeup. Another addition to the cancer center was a new Radiation Exposure Screening & Education Program (RESEP) Clinic providing screening exams for "Downwinders," patients who had been exposed to radioactive fall-out in government nuclear tests. Late in 2005, the cancer center was again remodeled and rededicated as the Huntsman-Intermountain Cancer Center as part of a research affiliation with the Huntsman Cancer Institute in Salt Lake City.

In 2004, surgeons and staff at Dixie Regional completed more than 670 joint replacements. In response to this number, a team from Dixie set about to develop a comprehensive care delivery model for joint replacement and bariatric patients. The fourth floor of the River Road Campus was built out as a model treatment center for these two specialties in December 2004. The fourth floor now offers a state-of-the-art rehabilitation center complete with 32 patient rooms, a central dining room and a comfortable

---

common area (Southern Utah Healthcare, May 2005).

In 2005, a neonatal intensive care unit opened at Dixie, founded by Dr. Larry Eggert and allowing infants born 12 to 17 weeks prematurely to remain locally for care.

#### **DRMC Prepares For Newborn Unit's Opening**

On Wednesday administrators and healthcare professionals from the facility welcomed the public during tours of the new unit. It features 11 private rooms and state-of-the-art technology ranging



*To the left:  
Dr. Larry Eggert looks  
over Steve Wilson's  
shoulder while he  
holds the ribbon for  
opening of the NICU.*



from high-frequency ventilators to monitors and other advanced equipment used for treating sick or premature infants. ...

Before the opening of DRMC's NICU unit, premature infants in need of intensive care were transported via life flight to facilities in Salt Lake, Las Vegas, or Phoenix (*Spectrum*, May 19, 2005).

Hyperbaric medicine was also added in 2005 with the expertise of Dr. Joan Eggert.

#### **DRMC Adds Hyperbaric Medicine**

Carbon monoxide poisoning, crush injuries, decompression sickness, and soft-tissue infections have been effectively treated with HBO in other medical centers and clinics throughout the world (*The Mainstreet Business Journal*, August 22, 2005)



In January 2006, Steve Wilson retired after twenty-plus years as the administrator of Dixie

*Dr. Joan Eggert and Tom Duffy  
operate the hyperbaric machine.*

---

Regional Medical Center. Terri Kane, former Chief Operations Officer at Dixie Regional Medical Center, replaced Wilson as CEO/Administrator.

Steve Wilson's leadership directed numerous medical and wellness advancements. Major milestones of his career include growing the hospital's medical staff from 29 members to 220; expanding DRMC from 64 beds to 245 beds on two campuses; DRMC River Road was named Utah's Building Project of the Year by Associated General Contractors; the first open-heart surgery was performed here December 2, 2003 and before the program was one-year old it earned designation as a United Premium Cardiac Specialty Center. Then earlier this year Cleverley & Associates listed DRMC in their Community Value Index Top 100 Hospitals in the Nation (*The Mainstreet Business Journal*, October 31, 2005).

Over the next few years Intermountain clinics opened in southern Utah, complementing the work of Dixie Regional. The Intermountain Hurricane Valley Clinic at 75 N. 2260 West in Hurricane opened, as did the Intermountain Sunset Clinic located at 1739 W. Sunset Boulevard in St. George. The Sunset Clinic was remodeled and expanded in 2011. Intermountain



*Intermountain Hurricane Valley Clinic*    *Intermountain Sunset Clinic*

WorkMed moved to the Millcreek Industrial Park at 385 N. 3050 East, St. George. Millcreek High Health Clinic, southern Utah's first school-based clinic, opened its doors in 2009. These clinics allow for basic health services to be even closer to home for many community members. Dixie State College began offering a four-year nursing program, and the Russell C. Taylor Health Sciences Building was built near the River Road hospital to ensure a future resource of qualified healthcare workers.

Philanthropy reached new heights with the capital campaign for the River Road hospital. Community members continued to give, and a second Jubilee Home was built nearby. The \$2 million home was built entirely with donated funds. The Layton P. and Betty J. Ott Jubilee Home II, named in honor of the lead donors, opened on September 5, 2008. The second Jubilee Home provides



*Jubilee Home II opened  
September 5, 2008*

13 bedrooms with private baths, a kitchen, laundry room and common areas.

The Jubilee Homes serve as homes away from home for patients or the family of patients receiving critical care. Both homes are located conveniently within walking distance of the hospitals they serve. They provide a warm and supportive environment at an affordable price. The Jubilee Homes were built and furnished through donations to the Foundation of Dixie Regional Medical Center. The goal is to provide both a practical solution to a very real physical need, as well as a nurturing haven for emotional healing to patients and their families. Generous members of the community have donated to make these homes a success.

In 2008, also benefiting from local philanthropy, a day-care center for the children of hospital employees opened on the 400 East Campus. The center provides a much-needed service to the growing number of employees, with Dixie Regional having grown to be the largest employer in Washington County.

In 2009, the Health & Performance Center opened just east of the River Road hospital and just south of the new Jubilee Home II. It featured rehabilitation services, sports medicine, sports performance training, a new spine and pain clinic, an indoor swimming pool, a sleep lab, as well as an outpatient surgical center.

The LiVe Well Center also opened within the Health & Performance Center in September 2011. This service provides



access to physicians, nurses, trainers, therapists and dietitians committed to helping people become their best selves. Clients benefit from medical fitness evaluations, personal fitness plans, classes and coaching. The new focus of healthcare in Dixie has become staying well.

At a St. George City Council meeting on April 1, 2010, Terri Kane, administrator of Dixie Regional Medical Center, reported on the hospital's recent accomplishments:

Within the last year, there were 16,000 admissions, 40,000 ER visits, and 132,000 imaging procedures. Dixie Regional Medical Center has 2,100 employees and provided a total of \$18,000,000 in charity care. Future plans include a clinic for women and children at the River Road campus, a spine and pain institute, and a Life Flight helicopter which has been ordered and will be delivered the first of next year (St. George City Council minutes, April 1, 2010).

Southern Utah's first Life Flight helicopter made a Grand Landing on January 11, 2011 at the opening of the new St. George Municipal Airport. Life Flight began offering service for medical transport in southern Utah and surrounding areas on January 14. More than 150 missions were completed in the first six months.

Life Flight has based fixed-wing airplane services in St. George for 20 years. The addition of helicopter transport means patients in remote locations can now receive critical care services more quickly. Time saved means lives saved.

Each Life Flight helicopter, sometimes referred to as airborne intensive-care, is well-equipped to deal with almost any emergency, such as accidents, heart attacks, premature labor and remote-terrain rescues. Dr. Kim Rowland, medical director for Life Flight in Intermountain Healthcare's Southwest Region, said the most



*Above: The Agusta Life Flight helicopter at the Grand Landing July 21, 2011.*

*Left: Jared Garbett meets Steve Connolly, the Life Flight nurse that helped save his life earlier in 2011 after Garbett suffered head trauma.*

important life-saving equipment on-board is the Life Flight crew.

On July 21, 2011 a new Agusta helicopter replaced the initial helicopter, which was on loan from Salt Lake City's Life Flight base. More than \$2.3 million of the \$7.6 million cost of the new helicopter was funded from community philanthropy. With the arrival of Life Flight helicopter services, Dixie Regional Medical Center's depth and breadth of services becomes even greater.

A case in point is the current expansion of Dixie's neuroscience program. In 2012 and 2013 southern Utah's first neurosurgeons joined the medical staff: Dr. Chad Douglas Cole of the University of Utah School of Medicine and Dr. Benjamin D. Fox of Baylor College of Medicine.

"These excellent physicians complement our outstanding team of clinicians and specialists from the fields of pain management, orthopedic surgery, neurology, psychology, psychiatry, sleep medicine, radiology and physical medicine and rehabilitation," said Mitchell Cloward, hospital operations officer over neurosciences.

More than 600 conditions afflict the nervous system, from well-known disorders such as stroke, spine ailments, epilepsy, Parkinson's disease, Alzheimer's disease and multiple sclerosis, to rare conditions affecting only a handful of patients nationally.

Cloward said neurosurgery will develop in stages, beginning with surgeries like tumor removal and eventually culminating



in treatment of neuro-trauma cases — a key to the hospital's progression from a Level 3 trauma center to Level 2.

Strategic planning that guides the evolution of Dixie Regional is now orchestrated by Terri Kane, who was promoted to Vice President of Intermountain's Southwest Region in 2011, supported by dedicated governing board members and chairmen.

Community leaders such as Barbara Watson, David Clove, Max Rose, Bob Cochran, Suzanne Allen and Ron Metcalf have helped Dixie Regional Medical Center become a world-class facility. As hospital care in Utah's Dixie graduates into a second century, it has become a leader

*“We have long known that some places — like Intermountain Healthcare in Utah ... offer high quality care at costs below average.”*

— President Barack Obama

in Utah and beyond. In recent years Dixie Regional Medical Center has won numerous national awards and recognitions, including:

### Awards & Recognitions

- **Healthcare Management Council Top Performers Award** — Best Overall Performer (in the nation) — In terms of the mix between quality care and low cost, Dixie Regional has been ranked the best hospital in the nation.
- **Get with the Guidelines program** — Dixie Regional has been featured in *U.S. News & World Report* repeatedly for demonstrated success at adhering to best practice guidelines that help patients suffering from stroke and heart failure recover better. Stroke and heart failure programs earned the elite Gold Plus award.
- **MIDAS+ Platinum Quality Award** — Several times, Dixie Regional Medical Center has received this award recognizing clinical excellence in healthcare.
- **HealthInsight of Utah and Nevada Quality Award** — Dixie Regional was the only hospital in Utah and Nevada to earn this award four years consecutively. HealthInsight recognizes facilities that provide superior heart, pneumonia, and surgical care.
- **NICU earns top scores** — Data collected from more than 850 NICUs across the globe that participate in an international NICU benchmarking and quality improvement network shows Dixie scored first or tied for first in 7 of 17 criteria — a rare accomplishment.



- **Thomson Reuters Top 100 Hospital and Everest Awards** — In 2010 Dixie Regional was listed as one of the top hospitals in the nation and one of 23 hospitals honored with the Everest Award for greatest improvement over the past five years.
- **Truven Top 50 Hospitals: Cardiovascular Benchmarks 2012** — Dixie Regional has earned this honor five times. The first two honors were for Top 100 status. In 2011 the list was narrowed to the Top 50, and Dixie was again an honoree on that list in 2012.
- **Cleverley 5-Star Hospital and Top 100 Hospital** — This award recognizes the value hospitals provide to their community in terms of quality care at low cost (Dixie Regional website).

Intermountain Healthcare has also been cited by President Barack Obama and other national leaders as a model healthcare system. In a speech to a joint session of Congress, Obama applauded Intermountain for providing high quality care at low costs. “We have long known that some places — like Intermountain Healthcare in Utah or the Geisinger Health System in rural Pennsylvania — offer high quality care at costs below average.” Intermountain Healthcare is living up to its goal (set in 1975) to be a global leader and model in healthcare with the highest quality patient care at the lowest possible cost.

Taking good care of each other has always been important in Dixie. St. George was founded by stalwart and hardy pioneers who braved the harsh weather and elements of southern Utah. The very first hospital in St. George opened in 1913 because the community rallied and raised the \$10,000 needed to make that hospital a reality. In 2003, the community raised more than \$10 million for the River Road Campus. For the past 100 years, the citizens of Dixie consistently showed love and support for the community’s hospitals through financial assistance as well as donations of time and talent. The early pioneers called that feeling of love and cooperation the Dixie Spirit. Today the same Dixie Spirit still exists in the hearts of the Dixie community. 

# » PART TWO «

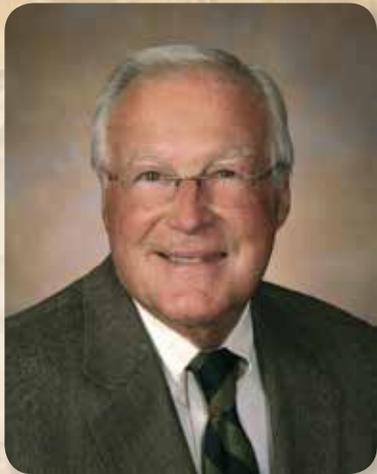


» **LEADERSHIP PERSPECTIVES** «

---

◊ ◊

## ➤ GOVERNING BOARD LEADERSHIP ◀



➤ JOHN WILLIAM “BILL” HICKMAN ◀  
GOVERNING BOARD CHAIR 1976 - 1979

As a young child growing up in Beaver, Utah, Bill Hickman once visited St. George for Easter. He remembered enjoying the warmer temperatures and the tulips and green grass that made the winter back home in Beaver seem even longer. On that trip, in the backseat of his father’s Studebaker, Hickman decided to live in St. George someday, and he did.

Hickman moved to St. George with his wife DyAnn and their five daughters in 1970, after starting his banking career in Bountiful, Utah. He is best known for his career at Dixie State Bank and the Village Bank, as well as for the 16 years he represented southern Utah in the state legislature, both as a member of the house of representatives and as a senator.

Hickman also served as the very first chairman of the hospital governing board. When Dixie Medical Center was purchased by Intermountain Healthcare in 1976, a governing board made up of local citizens was organized by Intermountain to oversee issues such as patient safety, physician credentialing, fundraising, and to be the local entity responsible for the hospital.

“When IHC asked me to serve as chairman I didn’t know

anything about hospitals,” recalled Hickman, “but Intermountain tutored us in our responsibilities. Dixie was the first hospital outside of the Salt Lake area that Intermountain acquired so setting us up was new for them, too. Intermountain had incredible management that was extremely helpful and patient.

“During the mid 70s the new Dixie hospital had just been built and the services offered there were being expanded. Previously, St. George had mostly general practice doctors, but during that time many specialists began to come and specialists required new, special equipment. I remember Elwood Harrison was so proud of the new sterilizing machine and the many other new services and equipment installed at the hospital. Intermountain supported us 150 percent in our many requests. It was a time of transition to modern medicine.

“The building of the new hospital and then it being acquired by Intermountain was a positive occurrence for our community. It was very wise on the part of the county commission, and particularly, of Commissioner Murray Webb, to enable a county hospital to be purchased by the recently formed IHC hospital system. Elwood Harrison as administrator did a masterful job in making the transition go smoothly and we graduated to a whole different level and atmosphere as the hospital became a center for economic growth in St. George. Dixie Hospital became an economic engine for southern Utah. We just had excellent management.

“My service on the hospital board was enjoyable. Personally,

I benefited the most. The exposure I had to the management at Intermountain and men such as Scott Parker and David Jeppson, was such an opportunity for a small-town banker like me. While I was serving on the board, I could see the organization become more and more successful. We now have one of the greatest medical facilities in the state right here in southern Utah. I am extremely proud of what this community has become. It is its own living, breathing, diverse entity that I am proud to be a part of.”



*Medical Staff in 1972. Back row (left to right): Dr. A. W. McGregor, Dr. Carlisle Smith, Dr. Clark Staheli, Dr. Norman Fawson, Dr. Carlisle Stout. Front row: Dr. Garth Last, Dr. Wilford Reichmann, Dr. Kon McGregor and Administrator Elwood Harrison (standing)*



❖ JACK F. BURR ❖  
GOVERNING BOARD CHAIR 1979 - 1979

Jack Burr and his wife, Lora, and their five children moved to St. George in the summer of 1969 from Manti, Utah. Burr served one year as the principal of Woodward Junior High and

then became assistant superintendent of schools. In 1979, he was appointed superintendent for the Washington County School District. During his first few years in St. George, a few of the elementary schools had to close because of declining enrollment, but then things began to change and several new schools needed to be built. Just months before his appointment as superintendent, Burr was appointed chairman of the board for Dixie Medical Center. Burr was a member of the first governing board and served alongside board chair Bill Hickman.

“I was appointed chairman about the same time I was appointed superintendent for the Washington County School District,” Burr said. “It was also about the time when Washington County began to grow and we were experiencing the challenges of growing pains. After a short while as chairman, I asked to be replaced because I had all I could handle with managing the affairs of the school district. I don’t think any of us had a vision of the changes that were beginning to take place in Washington County in regards to medical services, education, city expansion, etc.”

Burr remembered, “working with people who were community minded and who had the Dixie Spirit and wanted what was best for the hospital and all aspects of community life. The administrator was Elwood Harrison and we got along very well. He often shared his frustrations in dealing with some of the

---

medical staff, not being a doctor himself.” Burr also remembered, “that because of the very high inflation rate the federal government put a freeze on all price increases, so the hospital administration, in cooperation with the board, increased prices before the freeze went into effect and also ordered desired equipment which was outside the budget. I don’t remember any specific changes to healthcare, but I do remember that we were planning for additions to the hospital facility as well as planning for more specialized medical professionals.”

Burr currently resides near Grass Valley. Several years ago, his mother-in-law experienced severe health problems, and Burr and his wife went back to Grass Valley to be closer to family. Burr fondly remembered St. George as a “vibrant community.”

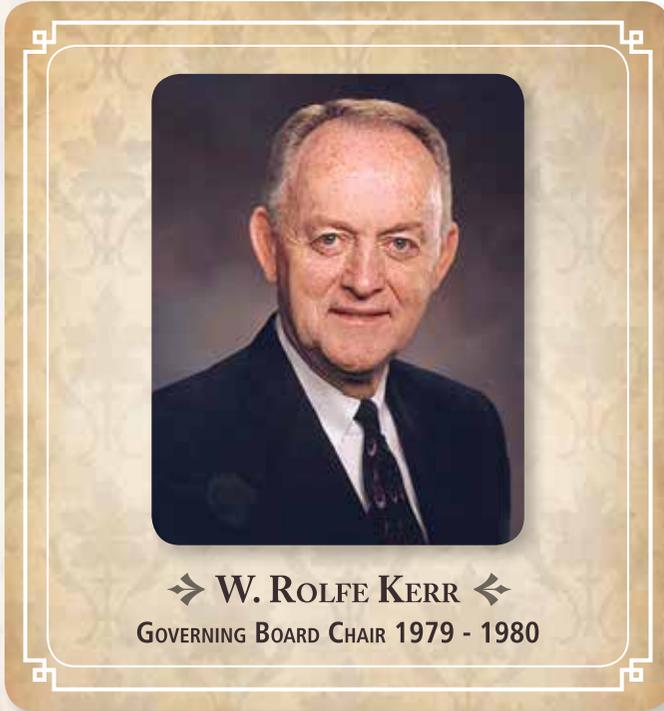
“Our five children graduated from Dixie High and four of them graduated from Dixie College,” he said. “We had planned to be ‘Dixie-ites’ forever. We always respected the commitment of the people in St. George to the indomitable Dixie Spirit — a spirit born out of hard work, sacrifice and dedication to the values that make a community a wonderful place to live and a place where people want to preserve their heritage. St. George is a place where people are willing to give their all so that their children can pass on a wonderful heritage to their children.”



*ER in the 1970s*



*ER in the 1970s*



**W**. Rolfe Kerr and his family lived in St. George for four years while he was the president of Dixie College from 1976 until 1980. Kerr served as a member of the governing board

of Dixie Medical Center during these years and as the chairman of the board during his last year at Dixie College. He was part of the first Dixie governing board, appointed by Scott Parker and David Jeppson of Intermountain Healthcare in 1976. Kerr was also instrumental in the appointment of Barbara Watson as his successor. He has given many years of service to the Utah Higher Education System and to the Church of Jesus Christ of Latter-day Saints. Most recently, Kerr served as the president of the Logan Utah Temple.

“I appreciated very much the dedication of board members and their desire to provide leadership, ensure excellent medical services for patients from the greater St. George area, and to administer the hospital in a fiscally sound manner,” recalled Kerr. “I was particularly impressed by the able medical staff and by the contributions made to the deliberations of the board by their representatives who served on the board.”

Kerr remembered, “Ken Metcalf was the foundation chair, and Elwood Harrison was the administrator. I had regular communication with Ken Metcalf as we explored medical center needs and the potential for foundation assistance. This was a very positive relationship. Ken Metcalf was highly respected in the community and was the ideal choice to serve in this capacity. My contact with Elwood Harrison was much more regular and

---

frequent as he dealt with the daily challenges of administrating the hospital. He kept me well informed as I tried to stay focused on hospital policy and planning for the future. He was an excellent administrator, and my communication with him was always open and positive.

“The St. George area was beginning to come to grips with its great potential for growth,” said Kerr. “The board became involved in addressing the need for expanded medical facilities and for a much broader offering of medical services and medical staff specialties. I am appreciative of the fact that I was given the opportunity to participate and serve in a capacity so crucial to the well-being of a wonderful and growing community. My wife and I and our children loved, and still love, Utah’s Dixie.”



*Newspaper clipping from the Color Country  
Spectrum, Friday, June 10, 1977*



➤ **BARBARA WILSON WATSON** ◀  
GOVERNING BOARD CHAIR 1980 - 1996

**B**arbara Watson has been one of the leading ladies of our community for more than 60 years. Watson met her late husband, Leon Milne Watson, at the University of Utah. She came

to St. George with him after graduation in 1951 so he could go into the family business as a pharmacist at Dixie Drug.

In referring to St. George, she said, “The town accepted me as one of the natives.” She became active in her new community and has served with many local and civic organizations promoting arts, education, and healthcare. Watson served on the Dixie College Theater Council, the Dixie College Advisory Board, the St. George Arts Commission, the Utah Arts Council, Utah Academic Decathlon, the Dixie Health Care Foundation Board, and the Washington County Statehood Centennial Committee. Watson was the founder and organizer of the St. George Kiwanianne Club, the Bloomington Ladies Club, and the Southwest Guild. Watson also served as the Chair of the Board of Trustees for Dixie Regional Medical Center for 17 years. She was the first woman to chair a governing board in all of Intermountain Healthcare. For her exceptional service Watson was named the recipient of Intermountain Healthcare’s William N. Jones Trustee of Excellence Award in 1995.

“My first job on the board was over quality assessment,” Watson said. “I was the communicator between the hospital and the board. I would take a letter about what happened regarding quality and report to the board. After I had been on the board a year or so, Rolf Kerr and Elwood Harrison talked me into trying the job of chair. Then they couldn’t get rid of me.”

---



“One of the doctors said, ‘boards were so useless,’ and I set out to prove him wrong. I helped reorganize the board so that the board committees went out and met directly with the doctors and nurses. We made a difference. During that time we also set up an independent hospital foundation board over fundraising efforts with Ken Metcalf as its chairman.”

Watson campaigned for the shelled-in patient space on level 5 to be built at the time the new wing was added to the 400 East Campus in the early 1980s. “That was one of my proudest moments,” remembered Watson. “I had to obtain a certificate of need and prove to a government commission that we would need that future space.” By the mid 1990s, that hard-earned shelled space was functional to capacity and plans for a new, larger hospital were under way.

Watson was also instrumental in the establishment of the cancer center located on the 400 East Campus. “It was Gordon Storrs who got us thinking and dreaming of things like a cancer center,” said Watson. “Senator Orrin Hatch met with us one day at the hospital and said he was committed to building a cancer treatment center in southern Utah because of the down-wind exposure to the Nevada test site in the 1950s. I was skeptical, but he sent us \$1,000 of his own money. Senator Hatch later delivered \$3 million for scientific screening through the University of Utah.

The cancer center became a reality. It used to be the smallest accredited cancer center in the United States. It was an extremely rewarding experience to see the cancer center grow from an idea to an accredited institution.”

When asked about her most memorable experience, Watson recalled the second change in hospital administrators during her service: “Dr. Craig Booth and I went to Salt Lake City and helped interview potential candidates for the position. Intermountain Healthcare made us feel so important. We chose Steve Wilson out of three. He was a corporate man and he knew how to run the figures. He was what the hospital needed.”

Watson was also just what the hospital needed. When Watson joined the governing board, there were six physicians. When she left the board, there were more than 80. Whether she was promoting wellness as the host of Dixie Medical Center’s television show “Health Trends,” or turning over yet another ceremonial shovel in the red Dixie dirt, Barbara Watson has been a champion for health services in southern Utah. 



↔ DAVID G. CLOVE ↔  
GOVERNING BOARD CHAIR 1997 - 2000

**D**avid Clove, CPA, is a man of many trades. He is a local entrepreneur, ecclesiastical leader, and father to three sons and a daughter. Clove considers himself a sixth generation native

to southern Utah. He was raised in Enterprise and graduated from Hurricane High.

Clove worked as an accountant for many years outside of Utah before returning with his wife, LaDawn, in the late 1970s to work as the controller at Dixie College. Since then Clove has been involved in the Ross Hurst Travel Company, St. George International. He has built and owned several local restaurants, done taxes, and founded several businesses including: C&C Partnership, a finance company, an internet advertising company, and a company that builds, sells and markets electrical conduits internationally.

Clove has also served as a bishop, stake president, mission president (Winnipeg, Canada), and in the St. George Temple Presidency within the Church of Jesus Christ of Latter-day Saints. Clove's diverse volunteer background also includes time on the Washington County Travel Board, chairman of the Zion National Park Foundation, chairman of the Southern Utah Legal Clinic, vice president of the Dixie College Foundation, and chairman of the governing board for Dixie Regional Medical Center.

“Doing a lot of preliminary leg work and groundwork for the new hospital was a big thing for me. It was a very enjoyable time. It was great working with good people and feeling like we made a difference in the healthcare of our community,” said Clove. “I was

---

the first hospital chairman to follow Barbara Watson. Barbara had served as chairwoman for a long period of time and she felt that it was time to make a change. It was a smooth transition as Barbara remained a member of the board.

“I think many people do not realize what a service the hospital governing board provides to the community. We had to screen the new doctors. Sometimes hard decisions had to be made. Sometimes we had physicians practicing beyond their capabilities and as a board we had to deal with those problems. Dr. Craig Booth, the medical director, was very helpful and kept us informed. I also enjoyed working with Dr. Steve VanNorman. He always had good insights. Steve Wilson was the administrator at the time and we developed an excellent relationship that continues today. I also remember working quite a bit with Kerry Hepworth. She was our liaison with the hospital foundation.

“As a member of the hospital board, I was privileged to attend a few Estes Park Institute training seminars given by Leland Kaiser, Ph.D. These presentations and seminars were a real highlight of my service on the board. We were taught how to inspire excellence in a hospital environment,” remembered Clove.

“During my time as board chair many things happened at the hospital. A same-day surgery center and a women’s and children’s center both opened. The River Road Clinic was built out front

on the property where the new hospital now sits on. The training center where we used to hold our board meetings also moved to a new location across the street from the hospital.

“Serving others, in any capacity is both an honor and a privilege. I was glad to help play a part in bringing the new hospital to our community.”



*Front entrance of the River Road Clinic*



**M**ax Rose, the current superintendent of the Washington County School District and a member of the board of trustees at Dixie State College, was the governing board chair

of Dixie Regional Medical Center during the construction and completion of the hospital on River Road.

“We all knew that the new hospital would be the most significant construction project, other than the Temple, that would happen in this county,” said Rose. “I was in on the construction and planning of the new hospital. The most interesting part was getting the plans through the planning commission. The hospital was taller than they wanted it to be. But it was finally decided that because it would be located in that little hollow against the bluff that the height would be okay.

“I remember them deciding where to put the hospital on that big piece of property, and then there was some issue about wetland designation. There was a whole boatload of EPA, Army Corps of Engineers, and other such regulations to get through. As a board, we were on the move constantly.”

Many celebrations and fundraising events were held during that time. Rose remembered, “Everyone in the community was invited to come sign a big metal beam and then we had a ceremony and a beam-raising. Another time early in the process, [Intermountain CEO] Bill Nelson came and spoke and we also honored a little girl [Cambria Carlson] and talked about how when the new hospital was completed we would be able to do the kinds of medical things she had been going up north to do. It was

---

so touching and beautiful. Someone built a huge replica of the future new hospital out of sand out back. That was fun.”

Rose also remembered the “starting of the heart unit with Dr. Roger Millar. We were discussing who should be the first heart patient. Every little thing was important.”

Thinking back on his service on the board, Rose is most proud of “getting the new hospital done and restructuring the board.

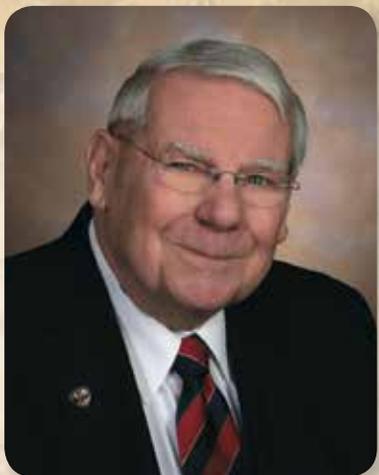
“We did a lot of things and made some wise management decisions. The board grew too quickly as the new hospital grew. The board became too big and cumbersome. I remember giving a

passionate speech saying that I would step down. I didn’t want to step down off the board, but it was the right thing to do. I know Steve Wilson personally called each of the 25 board members in December 2003. It was like high drama at the beginning of the third act. But Steve Wilson’s persistence paid off, and the board was reorganized and made smaller.

“Building that hospital was so big. Now it is an immense addition to our community. These are the things that make you feel dang good about doing service. It was fun to be there, riding the wave.”



*Dixie Regional Medical Center River Road Campus — 2010*



❖ T. ROBERT COCHRAN ❖  
GOVERNING BOARD CHAIR 2004 - 2007

**T**. Robert Cochran always planned to move to Australia someday. But after his wife, Marilyn passed away, a few of Cochran's close friends at the hospital, including Marge

Shakespeare and Kerry Hepworth, convinced him to hold a funeral service. More than 200 people came to support Cochran and he realized how many friends he had in Dixie and decided to stay.

Cochran was and continues to be a great supporter of the hospital. He spearheaded the capital campaign that raised \$11.7 million dollars for the construction of the new hospital on River Road. Cochran also had the unique opportunity to serve as both the governing board chairman and the foundation board chairman at the same time for one year. Traditionally the foundation chairman serves as a member of the governing board, so Cochran had been a member of the governing board while he served as foundation chairman.

“At the end of 2003, just after the new hospital opened, the governing board had grown to 25 members and board meetings had become unwieldy,” recalled Cochran. “There were so many side conversations it was hard to get things accomplished. Several of us convinced Steve Wilson that the board needed to change.

“Steve Wilson then did the most amazing thing. He called each of the 25 board members into his office and talked to each one and thanked them for their service. I was the 25th person to meet with Steve. First we talked about the role of chairman, and then he asked me if I would be interested in serving as chairman. It completely blew me away. I never thought that would happen. We then

---

discussed who and how many people should be on the board. We started with seven members, and when I left there were 11.

“In my banking career, I had opportunities to write bylaws and contracts, so I did that with the governing and the foundation boards. I also knew how to run a meeting. I rewrote the bylaws and established term limits.

“I am most proud of organizing the board into committees representing the six major responsibilities of the governing board, with a board member chairing each committee made up of hospital staff with a member of hospital administration as a secretary to each committee. At first, this was not very popular with the hospital staff, but they have become accustomed to it. The board members do an excellent job, and the committees have worked well.

“I was also the first governing board chairman in the United States to be on a hospital physician credentialing committee and medical executive committee. At an Estes Park hospital leadership meeting, I had a discussion with John Horty, from Horty Springer Law firm, about how there has never been a board chairman who sat on the medical executive committee of a hospital.

“I later discussed it with Terri Kane and Dr. Steve VanNorman, our medical director, because I felt strongly about representing the community on that committee, and it was approved. It was certainly helpful to me. I assume I was of some help. I may not

know anything about medicine, but I do know about people. The board was and is ultimately responsible for physician credentialing and patient safety, and if there was a problem, it is reassuring to know that the board was represented on both committees.”

When asked about his time on both boards, Cochran said, “I was retired and had the time to spend.” Even though he is no longer on either board because of the term limits he created, Cochran remains involved with Dixie Regional Medical Center. He humbly stated: “My heart still belongs to the hospital.”



*Sunset Clinic groundbreaking in 2008*



➤ SUZANNE B. ALLEN ◀  
GOVERNING BOARD CHAIR 2008 - 2010

**F**rom the mid-1990s until 2009, Suzanne Allen served the community as a member of the city council and on the planning commission. Allen has also served on and chaired

numerous community boards and is a graduate of Leadership Dixie. Allen and her husband, Paul, are parents of six children and grandparents to 18 grandchildren. Dixie Regional Medical Center was honored to have Allen serve as a member and chairman of its governing board.

“When I think back on my experiences on the board, I think the opening of the Health & Performance Center in 2009 was definitely a major accomplishment,” she said. “Hopefully it will make a change in the way people live their lives, not just a change in their lives. The Health & Performance Center brings all the modalities together in the same physical building in a place where healthcare professionals can communicate together. The Health & Performance Center is a new take on healthcare for our community. It means taking care of ourselves to keep from getting sick. It means taking responsibility for our own health,” said Allen.

“We did a lot of planning for Life Flight, knowing what that would mean to our community,” recalled Allen. “We not only have a great hospital; we have an award-winning hospital. From my experience with the city council I know that people have come to St. George because of the good healthcare. The hospital has brought people here. Dixie has received awards for heart and stroke care and that says a lot about the doctors and the administration and what high caliber expertise we have.



“While I was on the board, the hospital went through accreditation with The Joint Commission and with the state. In one year we were more highly scrutinized by all agencies than at any other time in our hospital’s history, and we came through with flying colors. Being highly accredited was a huge accomplishment for our team.

“I felt like I just carried on what the board had been doing — continuing and adding to the programs that Bob Cochran had started. The board was very involved in hospital committees. I’m proud to have continued the tradition of involving the board in the day-to-day happenings of what healthcare is facing. As committee members, we received a firsthand knowledge of all that goes into each area of focus, and this made us more acutely aware of the hospital’s needs, its accomplishments, and where we needed to focus.

“In fact, I believe we were the first hospital in the nation to have a board member sitting on the credentialing committee. I was always impressed with the attitude of the physicians. They were willing to work with the hospital for the best delivery of healthcare. The board consists of lay people, and yet they are responsible for patient safety. How great it was when nurses, doctors, and administration all wanted to help us fulfill that responsibility with their expertise, research and knowledge.

“The board itself was made up of some of the most accomplished and active members of the community. Each member took and fulfilled their responsibilities and worked hard as a team to help make things happen.

“Having the opportunity to work with Terri Kane made me acutely aware of her knowledge of healthcare from the nursing side to that of administrator. She is one of the most amazing women I have ever met. I admire her style and how she does her job in a most professional way.

“The economy’s crashing was a dilemma we faced while I was on the board. Terri was able to keep morale up, and we even found employee satisfaction went up during that time. She can delegate, build bridges and handle the hardest situations with grace.

“I greatly enjoyed being involved with our hospital — a hospital that really cares about the patient.” 



**R**on Metcalf has given many years of service to the St. George community. Metcalf attended Dixie High and Dixie College. He owns and operates Metcalf Mortuaries. Metcalf and his wife,

Cindy, are passionate about southern Utah. He has been on numerous boards, including the State Bank of Southern Utah and the Foundation of Dixie Regional Medical Center. Metcalf served as the chairman of the foundation from 2006 to 2008 and is the current governing board chairman. He and T. Robert Cochran are the only two people to have been elected chairman of both boards.

“I have been impressed with how the hospital handles so many things,” stated Metcalf. “Any issues are resolved in a timely manner by committees made up of physicians, administration, and governing board members. As a board, we represent community members, and I think their needs are always foremost in our minds. We make sure their needs are taken care of.”

“We have an excellent group of staff and physicians that do their jobs with dignity and compassion. Everyone at the hospital strives for excellence no matter what position they hold. Terri Kane is very smooth and not afraid to face something head-on in a dignified manner. She has an excellent support staff.”

“Recently, we added the Jubilee Home II, a Life Flight helicopter, the Dixie Regional Health & Performance Center, and the LiVe Well Center. I am amazed at all of the additional support each of these services requires, and I respect Intermountain Healthcare for their ongoing contributions to our local hospital. These great additions contribute to the

---

excellent health services offered at Dixie Regional.

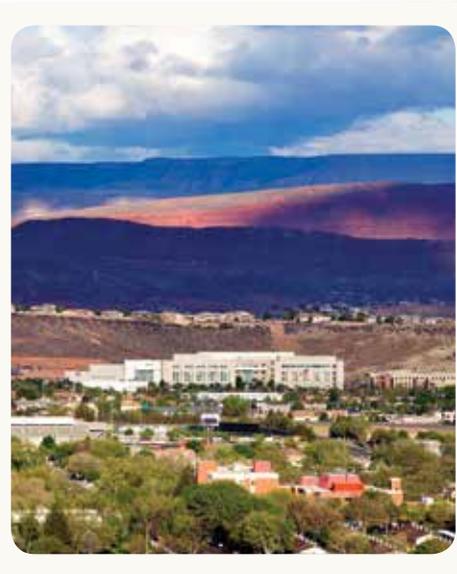
“Looking to the future, we are in the planning stages for neurosurgery. We are in the process of securing neurosurgeons and all the equipment and staff that will support that expertise. Adding that service will make us a Level II Trauma Center, and that is pretty impressive for a little town.

“I think a lot of people in our community do not know that here, in St. George, we are the best in the state for patient outcomes. That is one of the challenges I foresee in the future — the need to get the word out about how excellent our hospital truly is.

There will be many future challenges such as growing and managing an ever-changing facility. Consideration will have to be made for the two campuses. Decisions will have to be made about moving women’s and children’s services and deciding what is the most cost-effective solution. The future also looks to be full of government regulations, Obamacare, and the new term ‘Accountable Healthcare Organizations.’ It may be challenging to implement and follow all of the new government regulations. But we will, because even in this down economy we have been able to become more efficient and concentrate more on patient safety.

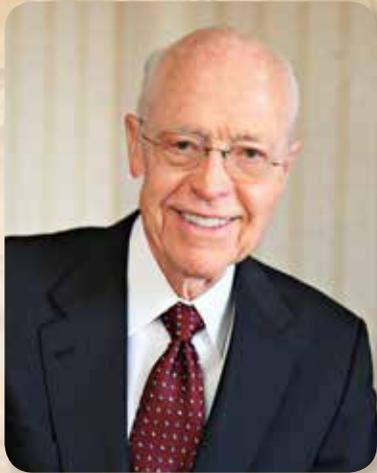
“I have always been impressed, when I go to healthcare conferences in other states, by the tremendous amount of respect the nationwide healthcare industry has for Intermountain Healthcare.

We are fortunate to be a part of that system. For me, it has been an honor to be a small part of our community’s healthcare process and system. It has been an honor to serve my community in this capacity.”



*Both River Road and 400 East campuses*

# ➤ FOUNDATION BOARD LEADERSHIP ◀



➤ **KENNETH METCALF** ◀  
FOUNDATION BOARD CHAIR 1979 - 1981

**K**enneth Metcalf and his wife, Beverly, moved with their young family of six children to St. George in 1967. At first they lived in a small apartment above his first mortuary on St. George Boulevard. Metcalf has a natural way of helping others and of giving comfort during times of great loss or need. He has always found unique ways to help others and to be of service in the community.

“In those days when St. George was small, the mortuary was also the ambulance service,” recalled Metcalf. “There were lots of accidents along old Highway 91 in those days, so there were many ambulance trips in the family station wagon to our community hospital. I suppose it was then that I developed a relationship with the hospital.” Metcalf provided reliable ambulance service for 10 years.

In 1979 Ken Metcalf was “persuaded by good friends on the hospital governing board” to serve as the first board chairman of the newly formed Dixie Health Care Foundation. Metcalf remembers feeling that by serving in this new capacity he was able to be of service to the community and the hospital. Concern over rising hospital costs prompted the creation of the nonprofit, charitable foundation to raise funds for both essential and supplemental needs

of the hospital for future development and patient care.

Many individuals from the community served alongside Metcalf during his term as foundation chair. Edna Mae Sampson, Dan C. Watson, Richard S. Miles, Leon Watson, Harold Chesler, Brent E. Snow, and H. Bruce Stucki were all instrumental in the beginnings of the Dixie Health Care Foundation. As many as 600 community members lent support to Dixie Medical Center during Metcalf's time as chairman.

Metcalf remembered that starting this new organization was “frustrating and difficult at times, but the funds raised helped the hospital to modernize patient care and provide better equipment.” Early funds raised by the foundation helped fund the new physical therapy department in 1980.

At the appointment of Ken Metcalf as chairman, Dr. Rolfe Kerr, Dixie College president and hospital governing board chairman at the time, was noted as saying: “This public foundation can lay plans and embark on programs which may extend far beyond the life span of an individual. The foundation is a perpetual organization and will have a broad membership base involving persons from all walks of life.”

Looking back through the years, Metcalf acknowledges the many changes and improvements that have been made to healthcare services in southern Utah through the philanthropy of community members and the organization of the Dixie Health Care Foundation. He feels privileged to have been a part of

the foundation's beginnings. Because of his critical role in the foundation's establishment, Metcalf was later honored to dedicate the first Jubilee Home, built in 1991.

Kenneth Metcalf is not only a man who has given countless hours of service, he was also a visionary. In 1979 he predicted: “The destiny of our hospital depends on philanthropy.” Indeed, the last 30 years of Dixie Regional Medical Center's growth and development have in large part been brought about through philanthropy. 🐾



Newspaper clipping showcasing new equipment.



❖ BRENT SNOW ❖  
FOUNDATION BOARD CHAIR 1981 - 1982

**B**rent Snow was born and raised in St. George. Snow started working in his father's grocery store at the age of eight. St. George had a population of 3,000 people when Snow attended

Dixie High. His father, J. C. Snow, was the mayor of St. George in the 1950s. In 1961, Snow returned to St. George after earning a master's degree in business from the University of Utah and went into the grocery business.

His store was located near the firehouse and J.C. Penney's department store on St. George Boulevard. Later, Snow purchased an entire city block (between Tabernacle and 100 South and 900 and 1000 East) where he pioneered the new idea of having a grocery and a discount/sundries store under the same roof with two thirds of the block reserved for a parking lot surrounding the store. He was in the grocery business for 25 years, after which he taught marketing and management at Dixie State College for 21 years. Snow and his wife, D'On, have five children, 26 grandchildren, and 11 great-grandchildren. Snow, a forward thinking man, has been on the St. George City Council, served as the president of the Utah Grocers Association, and has been involved with the chamber of commerce. He was also a member of the very first Dixie Health Care Foundation Board. He served as the second chairman, replacing Ken Metcalf.

"I have watched many things happen in St. George — both good and bad — with the growth in this town," Snow said. "We had a wonderful growing-up time here with so many good people. We just did what we could! There are a lot of people who helped the hospital succeed.



“Elwood Harrison did a lot to keep the hospital alive. Doctors Kon McGregor, A. W. McGregor, and Wilford Reichmann were the only doctors in town. Looking back, and thinking about the purpose of the foundation, I realize that every dollar raised helps everyone in the community. My time on the hospital board was one of those things I did because someone asked. Barbara Watson and Elwood Harrison were my neighbors. Their kids and my kids were friends. I did not know a lot about hospitals and doctors so I asked a lot of questions. In those days, as now, people had strong feelings about medical care.

“I remember we were the first board, and so it was the first time a plea to the community was made for funds. We were working on things for the hospital such as the additional shelled fifth floor and a medical office building. I think I was the devil’s advocate; I wanted to use the land for parking and not for buildings. Parking was always an issue. The neighbors of the hospital always complained. An arrangement to use the parking lot of the Church of Jesus Christ of Latter-day Saints across the street was a real blessing.

“One thing that necessitated the expansion of the hospital, if you think about it, was that the ER entrance was on the north, so that made the regular entrance on the east. It was confusing. The expansion revamped how the old hospital fit in with the new part

of the hospital. Medical care in our community improved because now we had enough hospital to do new things and have more specialist doctors. Barbara Watson and the board were responsible for a lot of that. It was a blessing to have built the extra fifth floor too. We thought we were saving it, but it did not take long because the very next year it was nearly completely filled.”

“Today, our hospital is marvelous. The new hospital (on River Road) has brought a sense that we are a solid community. We have this marvelous hospital because so many people in our community are willing to do whatever it takes to make things happen.” People like Brent Snow. 



*The produce section of Brent Snow’s IGA store on St. George Boulevard*

➤ HAROLD “HAL” F. CHESLER ◀  
 FOUNDATION BOARD CHAIR 1982 - 1984

**H**arold F. Chesler passed away at his home in St. George in February of 1990 after a long battle with cancer. Chesler was a prominent businessman and owned the Princess Theater in Brigham Canyon and the Theater Candy Distributing Company in Salt Lake City. Chesler was the founder of the National Association of Concessions and was its president from 1973-1975. He was the Justice of the Peace and a member of the Volunteer Fire Department in Brigham City.

Chesler was active in the Democratic Party and chairman of the Governor’s Ball for Utah Governors Rampton and Matheson. He was also active in the Dixie College Theater and on the board of Sky West Airlines. Chesler was the third chairman of the Dixie Health Care Foundation. He helped take the foundation to a new level and organized several fundraising events including movie premiers and a car raffle. He was the president of the Bloomington

Country Club at the time of his death. The last year before his death he worked diligently for the Jubilee Home to become a reality. 🐾



ST. GEORGE — Barbara W. Watson, left, Chairman of the Governing Board of the Dixie Medical Center, and Harold Chesler, Dixie Health Care Foundation President, received a check Thursday from the “Exchange Exchange” committee for \$2,800. The Exchange committee consisted of, from left, Lee Marsden, Carolyn Patrick and Kristine Benson. The money was raised through a rummage sale and will be donated to the Pediatric Unit Dixie Medical Center.



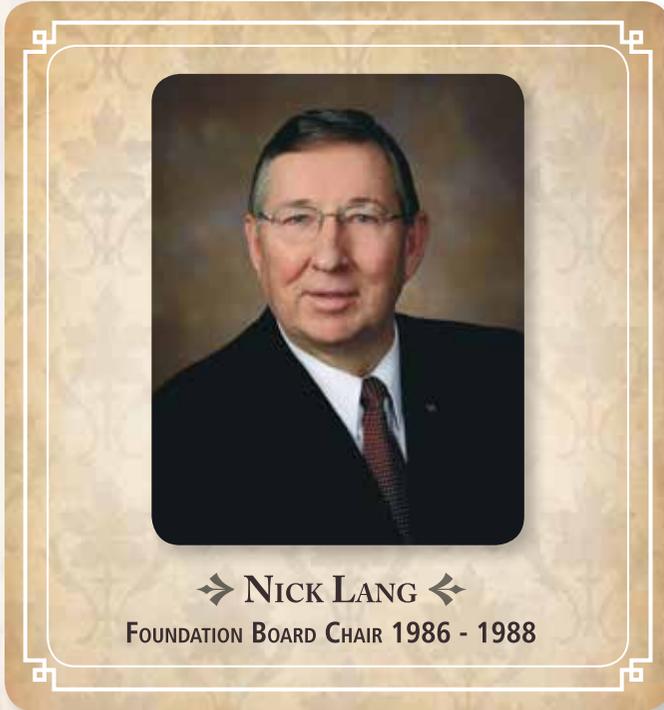
**E**rnestine Nelson passed away in 1991 in her home in St. George of cancer at the age of 76. Nelson led a life of service. She served as the vice president of the Ridgewood Women's club in New Jersey in charge of arts. She became known for the outstanding programs and productions she would organize and put on to raise funds for worthy causes. She was active in education and chaired a committee responsible for introducing foreign languages in high schools.

In 1971, she and her husband, Carl, returned to their home state of Utah and built one of the first homes in Bloomington. In St. George she was on the original board of directors that introduced the Academic Decathlon to Utah and she was instrumental in obtaining a microfiche collection of the equivalent of 40,000 books for the Dixie College library. She also served as the chairman of the Dixie Health Care Foundation from 1984 to 1986. Nelson helped

organize the sale of "Little Miss Sunshine" — porcelain dolls made and sold to raise money for the hospital's cancer center. 



*Newspaper order form from the Spectrum April 21, 1985. For a \$100 donation you could order the doll, and only 600 individually numbered dolls were sold.*



**N**ick Lang once said: “If you serve others and do some type of community service, then your life will be more fulfilling.” If this is true, then Nick Lang has led a very fulfilling life. Lang

is originally from St. George, but was raised in Las Vegas. After graduating from Brigham Young University in accounting and business, Nick returned to St. George with his wife, Lois, and their small children.

Lang is currently the President of Lang and Company, a local accounting firm. He has taught as an adjunct professor at Dixie State College and has been involved with the Boy Scouts of America, local Republican politics, the Southern Utah Heritage Choir, and the Rotary Club. It was only fitting that he should serve on both the hospital foundation and governing boards as well as act as chairman of the foundation for a period of three years.

“When I moved back to St. George in 1981, I believe there was only one stop light in town,” Lang remembered. “It is amazing how much this city has grown over the past 30 years.” Many changes were also made to the hospital during Lang’s service.

“I remember attending the cancer center dedication, and working with the foundation to secure property near 400 East for the Jubilee Home. While I was with the foundation, the old Dixie Pioneer Hospital was torn down and a new south entrance — a ground floor entrance — was added to the 400 East Hospital. This entrance replaced the east entrance that consisted of two flights of stairs up to the second floor. It was a practical and much needed addition to the hospital.

---

“Also the Pink Ladies became known as ‘Hospital Volunteers’ and started wearing blue as a number of men joined the volunteer ranks. At that time the Jubilee of Trees became a big event and a big fundraiser. The Jubilee was held at the Four Seasons Hotel and then moved to the Dixie Center on the Dixie College campus. Linda Sappington, Rosalie Scholes, Kay Borrowman and Kay Christian all helped make that event a success.”

In the late 1980s, Dixie Medical Center became more than a community hospital — it became a regional hospital. Residents of the smaller communities in southern Utah and Nevada began to consistently receive medical care in St. George. Consequently the need for the Jubilee Home arose and the foundation was instrumental in building that home. It was also during this time that Steve Wilson, the hospital administrator, and Dr. Booth, the medical director, could see that Dixie Medical Center was going to need more room to expand as the population in St. George continued to grow.

Lang remembered “driving around with Steve Wilson and looking at potential property for a new hospital. The foundation wanted to help with the money to purchase the new property. We looked at land up along Skyline Drive and out on Sunset Boulevard, but when Jerry Atkin purchased property for Skywest out on River Road, we became very interested in the property

just east of River Road along the black ridge. This is where Dixie Regional Medical Center stands today on 61 acres.

“I feel I did not contribute much,” recalled Lang, “but working with Linda Sappington and later with Kerry Hepworth, and with a desire to help in the community, the foundation was able to accomplish a lot while our city was really expanding. I was glad to be a part of the foundation.”



*Dixie Medical Center in an aerial photo of St. George in the 1980s*

*Future site of the River Road Campus*



❖ PHILIP G. CONDIE, M.D. ❖  
FOUNDATION BOARD CHAIR 1989 - 1992

**I**t was an unfortunate accident that led Dr. Philip Condie and his wife, Marva, and their family to move to St. George. In 1982, while practicing as a physician in Roosevelt, Utah, Condie

acted as a Good Samaritan and stopped to help someone stranded on the side of the highway. He ended up in a serious automobile accident himself in which he lost his left leg above the knee and suffered massive damage to the right leg. This accident forced him to retire early from his practice and move to the warmer climate of St. George in 1986.

Condie had a great desire to continue to be a part of the medical community. He was considered an honorary staff member at Dixie Medical Center for many years, and with the help of Nick Lang, he became involved with the hospital foundation. Condie served for three years as a member of the foundation board, and for another four years as the foundation's chairman.

During his time as foundation chairman, Condie worked with Kerry Hepworth to bring the foundation to a whole new level. Condie said, "We became more organized. We wrote and instituted new bylaws, and we recruited many new people from our wonderful community. The hospital foundation board became much more similar to how it functions today. I feel immensely proud of what we did, Kerry and I, to make it a hospital foundation — not just a community fundraising entity."

Condie was also instrumental in starting Repeat Performance, the hospital thrift store. "I remember signing a lease on a building located on Tabernacle Street right next to the Electric Theatre," he



said. “It had an old tin-type ceiling and Barbara Watson donated an old cash register from Dixie Drug. The establishment of Repeat Performance was significant because it gave the foundation a steady cash stream for the first time.”

It was the building of the first Jubilee Home, however, that Condie feels “was the greatest experience that I have ever had the privilege of being a part of.” The Jubilee Home was named in honor of the Jubilee of Trees, an annual foundation-sponsored fundraiser. The Jubilee Home provides charitable accommodations for families of hospital patients from outlying areas. This was and is an important service as Dixie Medical Center had by that time clearly become a regional hospital, not just a local community hospital.

Dr. Condie remembered, “The building of the Jubilee Home was a major turning point for the community. It was the first time that strictly local philanthropy did a major project. It opened up the idea of what our community could do together as a philanthropic endeavor. Jay Ence was the builder and he personally contributed tens of thousands of dollars to the Jubilee Home. All of the subcontractors also contributed generously. Kerry Hepworth was a great support to whatever we were doing; she was always on top of things. We were able to get things done because we weren’t concerned with who got the credit. I appreciate all that Kerry did in leading the foundation and I tried to keep up with her.”

The Jubilee Home was not only a turning point for the community, but was a personal growing experience for Condie as well. “When the Jubilee Home had been framed,” remembered Condie, “Jay Ence needed me to go up to the second floor to see and discuss something. At that point in the construction, there was only a ladder to the second floor, and considering my prosthesis and my other bad leg, ladders were challenging to say the least. Climbing that ladder was extremely hard, and coming back down the ladder was even harder, but I did it — and I am better for having done it. Working on the Jubilee Home was a growing experience for me personally.” This is an example of the type of man Condie is. He is always willing to go the extra mile to be of service to others.

“I believe success builds upon success,” Condie said. This is what the hospital and the foundation have done in this community. One thing I have said over and over again is: ‘If we lead with service everything else will fall into place.’ I think this has been shown over and over again in the foundation. What we have here in St. George medically speaking is far beyond what any other community of our size has. I am thankful to have played a very small part in that.” 



❖ JAMES E. SLEMBOSKI ❖  
FOUNDATION BOARD CHAIR 1992 - 1994

James Slemboski came to St. George in 1988, after having served as an attorney for the U.S. Army. Slemboski and Alaina, his wife, are originally from Southern California. When he

received a job offer in St. George it seemed like the perfect place to raise their nine children. The Slemboski family has enjoyed making their home in St. George.

Slemboski has his own private practice, Slemboski and Associates. He is also active in the community serving on several boards of directors including: Dixie Care and Share, St. George Noon Exchange Club, the Rocky Mountain District of the National Exchange Club, St. George Rotary Club, and the Dixie Health Care Foundation. Throughout the history of the Foundation of Dixie Regional Medical Center, every chairman brings unique talents and experience, and each chairman seems to have served when he or she was most needed.

“One notable experience during the eight years I served on the foundation board was the completion and dedication of the first Jubilee Home,” Slemboski said. “The community really came together and supported that effort. I believe in supporting institutions that benefit our community. The foundation helped raise the level of care available to those living beyond our community. During that time we raised money for the women’s center. We raised quite a lot of funds with the Jubilee of Trees, a golf tournament, and just from charitable giving. Berniece Godfrey was very generous to the hospital.

“I also remember working with Steve Wilson. He was so good

---

to work with and very supportive. He knew how to utilize and position people and to get things done. Dr. Craig Booth was the chief medical officer and did an exceptional job as well. I also worked with Phil Condie, Kathleen Gubler and Pat Shoemaker-Glessner on the foundation board. These individuals were the heart and soul of the foundation.

“If you’re going to do something you need to do it right,’ has always been my motto,” said Slemboski. His experience as an attorney and in the military put him in a unique position to help the foundation.

“The foundation was experiencing growing pains at that time; the growing pains of a small town foundation that needed to become more professional as it was now handling upwards of three-quarters of a million dollars. As an attorney I had served on and formed several nonprofit organizations and I knew that the board members were the caretakers of the funds.

“There was some tension over accountability, proper internal reports and financial statements. Because so much of the foundation was run by volunteers, we were concerned about fund security and the need for proper accounting procedures. I remember asking Ken Hinton to do an audit of the foundation records and paying for it myself. My concerns were rectified and the foundation moved to a more professional status.”

Slemboski’s service came at a critical time of growth and he helped the foundation grow in the right direction. 



*Jubilee Home*



**F**or 32 years Kathleen Gubler owned and managed Evelyn's, a popular women's clothing store in St. George. Evelyn's was the primary sponsor of the Jubilee of Trees Fashion Show for many

years. According to Gubler, "When you are in business, you need to be involved in your community."

Gubler has been very involved ever since she arrived "kicking and screaming" in 1971 with her husband, Bryce (a Dixie native), and their two children. Gubler has been a member of the Dixie Sunshiners, the chamber of commerce, Business and Professional Women, the St. George Exchange, and the Foundation of Dixie Regional Medical Center.

"It was Georgia Adams who asked me to serve on the foundation board," recalled Gubler. "I was familiar with some of the people at the hospital. I remember working with Gordon Storrs at the chamber of commerce and having lunch with Barbara Watson, who got me in the right frame of mind about Intermountain. I also remember Jay Ence and Murray Webb giving me a tour of the new hospital on 400 East when that opened."

Gubler is best remembered for starting the first Lights for Life tree in 1993. "Kerry Hepworth mentioned in one of our meetings that we should do something to honor loved ones. I remembered that Bill Hickman at Dixie State Bank had a large metal, lighted tree that he was trying to donate to the city. He said the foundation could have it and we put it up with a big crane. It is made out of these huge metal rings and I remember helping to pick it up over at the bank."

---

The first “Lights for Life” tree still stands on top of Dixie Regional’s 400 East hospital. It is over 30 feet tall, holds more than 1,500 lights, and is topped by a five-foot neon star. Originally donations were given in honor of a friend or family member to light the tree in their memory, and the money collected benefited hospice care.

“I also remember when we held the first Jubilee of Trees at the Four Seasons Hotel,” said Gubler. “It was a one-evening affair. One year I decorated a tree with Carmen Snow. We spent hours making every ornament by hand. Carol Boysford and I did a tree another year.

“The first Jubilee Home was also a big deal when I was on the board. There were so many things to do to get that up and running smoothly. I particularly remember a couple, Roy and Vera Anderson, who lived and worked at the Jubilee Home as resident managers. They had a cute, friendly little dog. Handmade quilts were made and donated to the Jubilee Home as an Eagle Scout project. They were so beautiful. Both Jubilee Homes are well used and an asset to our community.

“My store was near the hospital thrift shop and I spent some time hanging pants and shirts there. The thrift store has really evolved. It is on good terms with Deseret Industries and I believe Ashley Home Furniture now picks up and delivers customer discards to the store when they deliver new furniture. So many people in our community are willing to help.

“Volunteers are really great, but you need someone who is consistent to help guide them,” says Gubler. “Kerry Hepworth has a gift for finding good people for her staff. What really makes me proud was to be associated with all of these good people. People like Terri Kane and Kerry Hepworth make me proud to have been a part of the hospital foundation.”



*Newspaper clipping from the Daily Spectrum on November 20, 1993.*

*The photo caption read, “The Lights for Life ceremony at the Dixie Regional Medical Center climaxed with the lighting of the Christmas tree. The ceremony benefited hospice through the Dixie Health Care Foundation.”*



❖ MARGE SHAKESPEARE ❖  
FOUNDATION BOARD CHAIR 1996 - 1997

**M**arge Shakespeare is the vice president of private banking at Zions Bank in St. George. Her pioneer roots date back to the original 306 settlers called by Brigham Young. Shakespeare, her

husband, Steve, and four of their six children now live in St. George where she currently serves on the city's water and power board. For many years she served on the Dixie Regional Medical Center foundation board and in 1996 she served as the chair.

“One of the reasons I became interested in serving on the board was my love for the hospital,” Shakespeare said. “Since I knew Kathleen Gubler, I had a sense of the effort local people had put into the hospital and I wanted to be involved.” Others who served with Shakespeare refer to her as a “real sweetheart” and the “heart and soul” of the foundation board. She truly enjoys helping others.

“In particular I remember the thrift store starting,” she said. “We used to call it Repeat Performance. As a board, we thought there were enough people in our community willing to donate items for resale. Having a thrift store was a way to meet the needs of people willing to donate and also it was a place for people to volunteer and for people to shop. We received huge support from the community and the thrift store and the foundation became more viable. I also remember Steve [Wilson] and I packing boxes and helping to move the thrift store from its previous location on Tabernacle up to its current location on the Boulevard.”

When asked about the changes made to healthcare during her service, Shakespeare recalled, “We always thought that what we had in the way of healthcare was good. We also knew that you

---

would have to go up to Salt Lake for certain procedures. In fact, I remember when the funeral homes in town acted as the ambulance service and when we used to go up to Cedar to shop! I still love Cedar. We are now able to offer advanced medical treatment to some of the people who live there. So much has changed!

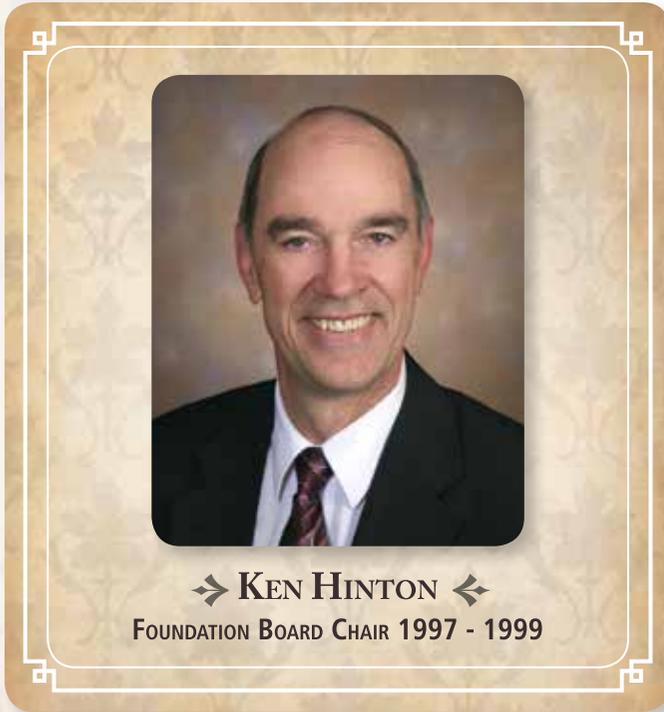
“Now is a great time to live in St. George. I have always been a great defender of the hospital and proud of what everyone has done. The hospital and the healthcare that we have here today is a great gift to this community.”



*Dixie Regional Medical Center's thrift shop on St. George Boulevard*



*A volunteer helping a customer at Dixie Regional Medical Center's thrift shop on St. George Boulevard*



**K**enneth Hinton was born in the Dixie Pioneer Memorial Hospital and raised in Hurricane. He attended Dixie College and then Brigham Young University where he earned both a

bachelor's and a master's degree in accounting. While attending BYU, Hinton did an internship in Los Angeles with a "big eight" accounting firm. Los Angeles helped him decide that the big sprawling city was not for him.

On his way back to Provo, Hinton stopped in St. George and interviewed with an accounting firm then called Carter & Kemp. Upon graduation he accepted a job there and has worked there ever since. Carter & Kemp is now known as Hinton Burdick. Hinton is married to Kay Louise Gabrielsen and they have three daughters. Hinton has always strived to provide some sort of help to the St. George community he loves. He has been involved with the local chamber of commerce, the Dixie Sunshiners for a more than a decade, and he was a member of the Dixie Regional Medical Center foundation board for 15 years.

"I probably got started on the foundation board because Jim Slemboski was a neighbor and professional associate of mine," said Hinton. "I had also rubbed shoulders with Kerry and Wayne Hepworth from time to time. All of my memories seem to be of the first Jubilee Home. Our first meetings as a board were held there at the Jubilee Home and then later where the cancer center now is in the old hospital. As a board we were dealing with trying to get funding for the Jubilee Home and for the new hospital. I remember the Jubilee of Trees was very lucrative.

---

“I also remember that for a few years the foundation board and the governing board would go on retreats. I loved hearing Steve Wilson’s ‘state of the hospital address.’ It was always very informative. Together we would hammer out our goals, strategy and mission statement with the help of a facilitator,” recalled Hinton.

Of the individuals he worked with while on the board, Hinton said: “Steve Wilson was a great hospital administrator. I really respect him. Barbara Watson was excellent. My relationship with Barbara was tutorial. She was a great leader. When I was chairman, Kerry Hepworth returned as the foundation director and time has proven that Kerry was and is a good choice. All of the people I served with on the board were great examples to me. If there was any success during my time in leadership, it should be attributed in large degree to the wonderful people with whom I served.

“Providing funding for the Jubilee Home, the project to upgrade the cancer center (mammography was upgraded in 1999), and the construction of the new hospital — was what we were all about. We were just trying to bring those services to our community.

“Personally I am very grateful for the blessings I have had in my life and for the opportunity to serve with such wonderful people. We can take great pride in the wonderful medical community we have. Our community is blessed to have medical expertise and professional administration. I feel that all the good

efforts by so many good people have helped our community build an incredible hospital that is a real asset to a community of our size. So many individuals have played a wonderful role in bringing great medical care to our community; not to mention all of the people who were blessed with means and have been willing to share it.”



*Ground was broken in 1994 for an addition to the cancer center totaling just over 1,400 square feet to house a new state-of-the-art linear accelerator (shown above).*



⇒ PATRICIA SHOEMAKER-GLESSNER ⇐  
FOUNDATION BOARD CHAIR 1999 - 2001

**F**or nearly two decades, Patricia Shoemaker-Glessner anchored Salt Lake City's KSL television program, "Spotlight 5." Shoemaker-Glessner was not only a well-known TV personality, but she was

also the national sales manager for KSL-TV and a vice president of Bonneville International Communications. After retirement, Shoemaker-Glessner and her husband, Joe, moved to St. George.

Always one to keep busy, Shoemaker-Glessner soon became a steady volunteer in the hospital gift shop. In 1993, Shoemaker-Glessner was asked to join the Dixie Health Care Foundation Board of Trustees. Her dedication and devotion to healthcare in Dixie is evident, as she also served on the governing board at Dixie Regional Medical Center and is currently serving her second term on the foundation board. Shoemaker-Glessner served as the foundation board chairman for two years. She believes, "When you do something yourself, you influence others to do the same.

"I was the chairman when we made the commitment to launch a capital campaign for the new hospital on River Road," said Shoemaker-Glessner. "We initially thought \$2-3 million would be a great goal. However, someone suggested we try to raise \$5 million. Then Robert Cochran boldly suggested a goal of \$10 million. I called for a vote, and it was decided. We would set our goal at \$10 million. At the time I thought, 'Oh boy!' But we succeeded.

"There was great synergy and collaboration with our foundation. I chaired the committee responsible for gift approaches to the hospital governing board and the foundation board members — groups that at the time numbered about 40 people. It was a



challenge that required longstanding devotion from so many. I'm really proud of what we accomplished."

Long before Shoemaker-Glessner was elected as foundation chairman, she was a leading force for good in numerous endeavors. Most notably, she served as the founding chairman of the Lights for Life program that later formed the centerpiece of the foundation's commemorative giving programs. A beautiful 30-foot metal Christmas tree was donated to the hospital that everyone envisioned for placement somewhere on the hospital grounds. Pat, however, had a larger vision — one that would place the tree atop the 400 East hospital where it still stands today.

"Launching Lights for Life was a wonderful experience because I got to meet everyone in town," Shoemaker-Glessner explained. "The first year we raised \$23,000 selling individual lights on the tree for \$10 each. The next year we raised \$60,000. I still remember when the crane came to hoist the tree on top of the hospital, serendipitously during a board meeting. We all rushed out to the street to watch — it was quite a feat. I believe the tree remains a beacon of hope in our community."

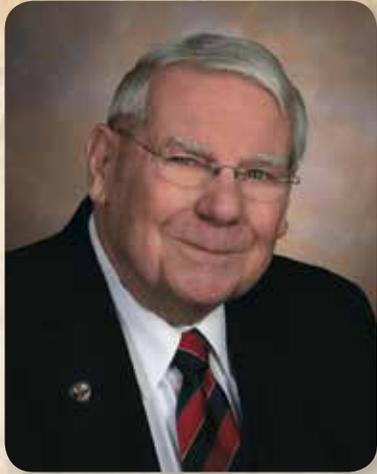
Another project in which Shoemaker-Glessner takes pride is a memory box and a bench placed in the St. George cemetery dedicated to "Our Little Angels," a place where families who lost tiny babies could sit and remember. "It touched my heart a great deal. I

just love babies," says great-great-grandmother Shoemaker-Glessner.

The Healing Towers sculpture located near the north main entry plaza of the River Road hospital was commissioned by Shoemaker-Glessner and her husband. The triptych glass art sculpture created by Cheryl Collins depicts healing symbols from around the world. "Joe and I traveled and collected the symbols. The Christian fish symbol with the cross is very special to me," she said. The many colorful symbols on the sculpture inspire peace, hope, and love — the basic universal feelings of well-being and a fulfilling life.

There are few projects at Dixie Regional that haven't been touched by Pat Shoemaker Glessner — as a volunteer of time and talent and as a major donor. "I feel like there isn't a part of the hospital that I have not had the privilege to be a part of," said Shoemaker-Glessner, "the NICU for the preemies, the cancer center, the Sandstone Café, the Health & Performance Center, and, of course, the Life Flight helicopter.

"But my greatest satisfaction comes from the people I've met along the way. I've asked people to join the board, and then watched them grow through service. I've stood shoulder-to-shoulder with hundreds of volunteers at the Jubilee of Trees and Jubilee Classic. One of the things I've come to realize is that I would have never known these wonderful people if I hadn't said 'yes' nearly 20 years ago." 



↔ T. ROBERT COCHRAN ↔  
FOUNDATION BOARD CHAIR 2001 - 2004

**T**. Robert Cochran and his wife, Marilynn, moved to the Bloomington area of St. George in the fall of 1988 from northern California. Cochran quickly became involved in the

community through various organizations including the Rotary Club, the St. George Planning Commission, and the St. George Area Chamber of Commerce. He was also the administrator of the St. George Surgical Center.

“I was running the chamber of commerce when Kerry Hepworth and Mary Ann Chittick approached me and asked if I would be on the foundation board. I told them I would, but I would not ask people for money. Somehow I did ask people for money — 75 times. Not all of them donated, but most of them did,” recalled Cochran.

Before the capital campaign for the new hospital on River Road began, a philanthropic consulting firm, Panas, Linzy and Partners, was invited to come and do a feasibility study to evaluate how much money could be raised in southern Utah.

“Panas Linzy came and talked to 50 prominent people in St. George,” Cochran remembered. “They told us we would never, ever, raise more than \$2.5 million. The foundation board later met for the express purpose of discussing how we would raise funds and to discuss a target goal. Previously, \$250,000 for the cancer center was the most money raised in St. George. Everyone on the board said \$2.5 million should be our goal. But then I said, ‘We should raise \$10 million!’ And everyone agreed.”

Cochran recalled asking for donations: “We got several fairly

---

prominent citizens together and asked them whom we should ask for donations. There were always two of us in every ‘ask,’ and it was always done face-to-face. David and June Jeppson were the first couple that Steve Wilson and I asked to make a donation. I personally asked for money 75 times, and there were some good ones and some bad ones.

“We were in the middle of the capital campaign when the September 11, 2001 ‘Attack on America’ hit. I remember drafting a letter to Bill Nelson, then the president of Intermountain Healthcare, apologizing that we would no longer be able to meet our goal of \$10 million. But somehow we did.

“We didn’t raise \$10 million. We actually raised \$11.7 million. I was opposed to the thermometer idea because when we got to \$10 million, everyone quit. I really think we could have collected even more. Intermountain Healthcare was planning to build a hospital for \$90 million in St. George, but with our \$11.7 million contribution, they were able to build an extraordinary hospital.”

While the hospital was being built, Cochran commissioned and funded a second Tree of Light and Life in the memory of his loved ones, to be placed in the Ruth S. Nielson Plaza of Peace, a prominent courtyard in front of the River Road hospital.

“Jerry Anderson went out in the desert and sketched a tree and brought it to the foundation board for approval,” said Cochran.

“He said he would not be able to bring a clay model, but then the very next day he brought in a small clay replica of his sketched tree. It was absolutely incredible.”

This impressive tree and Dixie Regional Medical Center now stand tall as visual reminders of Cochran’s commitment — and the commitment and all those who have donated to nurture and grow healthcare services locally. The tree and building are shining tributes to the many people who have been, or will be, patients in this extraordinary hospital. 



*Silhouette of the Tree of Light and Life*



➤ BRENT J. LOW ◀  
FOUNDATION BOARD CHAIR 2005 - 2006

**B**rent Low is originally from Smithfield, Utah. He attended Utah State University where he earned a bachelor's degree in finance and a master's degree in business administration. He

started his career in Detroit working for General Motors. Later he worked in Dallas for American Airlines in corporate finance. In 1994 he moved to St. George to work for the local newspaper, *The Spectrum*. In 1997, he became the publisher. Low served on the foundation board for several years and as the chairman for approximately 18 months, before he became CEO of Media One of Utah and moved to Salt Lake City.

"I have wonderful memories of being with good people," said Low of his time on the foundation board. "I have great memories of Steve Wilson and the new hospital. I have fond memories of working with Terri Kane. It is exciting to see her become the administrator. She started on the front lines, so to speak, so she has a broad appreciation and runs the hospital with greater perspective.

"I also have fond memories of Bob Cochran and Berniece Godfrey. I love Berniece's attitude. She could be feisty. Bob and Berniece were dedicated to the hospital. They always made the board meetings interesting. They both have huge hearts and have done many things quietly that others do not even know about.

"I remember working with Kerry Hepworth and Jeri Schnitker. They really gave the foundation their all. Norma and Jim Wilbur also come to mind as they provided for me a vision of what the foundation was and also for their 'save-the-day' attitudes. I have good memories of working with Marge Shakespeare on the foundation board and



other boards around town. It was the people that made it fun and interesting to be a part of the foundation board.

“It was a great day when Jim Sorenson gave the hospital a sizeable sum just after the capital campaign. I was the one who accepted the money on the foundation’s behalf.

“I always enjoyed participating in the Jubilee of Trees. Christmastime is always special to my family and me. The Jubilee became a tradition for us and added to the magic. I always felt the Jubilee of Trees was very well done, and I was always amazed at how much money it generated for the hospital.

“During the time I was on the board, there was a fire at the foundation offices. There were concerns about records, and the offices were temporarily moved into the Jubilee Home until they could be moved permanently into the new hospital. All the foundation’s employees were fortunate to get out safely, but all the foundation’s records and paperwork were lost. The fire was later attributed to young boys playing with matches. Once again, I was impressed with the manner in which the people of the foundation rose to the occasion.

“Recently I was in St. George for the grand opening of the new airport,” said Low. “The new hospital is comparable to the introduction of air-conditioning, the completion of I-15, or the construction of the new airport in importance to Washington

County. All these services make the community a great place to call home.

“Bringing tertiary care to the hospital was a significant milestone for the remote area. I have nothing but total appreciation and admiration for the role Intermountain Healthcare has played in St. George. Not everyone appreciates Intermountain, but I believe they make communities and hospitals better by providing a lower cost healthcare alternative that maintains and seeks excellence. Intermountain Healthcare does a great job, and they are committed to the communities they serve. The new hospital on River Road is one of the notable things that makes St. George great.” 



**R**on Metcalf was 12 years old when he moved to Dixie. His father, Ken Metcalf, purchased the Cannon Funeral Home that soon became Metcalf Mortuary. Today, Ron Metcalf is the

owner and administrator of Metcalf Mortuary and Cremation. Metcalf and his wife, Cindy, have four children and are proud to make their home in St. George. Metcalf attended Dixie High and Dixie College, and he is a past president of the Dixie College Alumni Association. He is also a volunteer at the St. George Fire Department. Metcalf served as the foundation chairman from the middle of 2006, when Brent Low took an assignment in Salt Lake City, until the end of 2008.

“I became involved with the foundation when Mary Ann Chittick asked me if I would serve on the foundation board. That was before the new hospital on River Road was built. I remember finishing the capital campaign for the River Road Campus and thinking how were we ever going to top that? But we were able to raise funds for the NICU, the Jubilee Home II, and the Health & Performance Center,” remembered Metcalf.

“I was concerned when Steve Wilson retired, but Terri Kane has been very good. She is very efficient. She came from the ranks and understands things. I’ve enjoyed getting to know Kerry Hepworth on a professional level. She is instrumental in keeping the foundation organized. She has been able to attract many high quality people to her staff. I especially want to mention Michelle Stitley. She does an excellent job as secretary.

“I think the biggest change in our community’s healthcare

---

while I've been on the board has been the move into the new hospital and the new services like open-heart surgery that came with that.

"I am honored to have been a part of this organization. I am grateful for the education I've received on what it really means to be a nonprofit organization and in turn I've been able to educate

others. I have also enjoyed my associations with others on the foundation board who also donate their time. I have enjoyed getting to know some of the medical staff, especially Dr. Millar. It has been great to learn about Intermountain Healthcare and fun to be a part of the foundation." ❧



*Dixie Regional's pediatric rehabilitation*



*The Infusion Clinic at the Huntsman-Intermountain Cancer Center*



➤ **CYNDI W. GILBERT** ◀  
FOUNDATION BOARD CHAIR 2009 - 2010

**C**yndi W. Gilbert is a descendant of Dr. Frank Woodbury, who helped open the first hospital in St. George in 1913. She is a graduate of Southern Utah University, and she has a law

degree from Brigham Young University. Gilbert works as corporate counsel for Gilbert Development Corporation.

She also is a lifetime member of the Professional Rodeo Cowboy Association and has been awarded numerous Go Round buckles for bulls, bare-backs and saddle-broncs. She also holds the WNFR Arena record of 96 points with Mr. USA, a prize bull. Gilbert and her husband, Steve, own and operate Diamond G Rodeos, a rodeo stock contractor, in Toquerville.

Through many of her close family members, Gilbert has had firsthand experience with many of the services offered at Dixie Regional. Gratitude for their care is, in part, what prepared Gilbert for her service on both the governing and foundation boards.

“I became involved with the hospital because of my dad, Rulan D. Woodbury, a native of Hurricane,” said Gilbert. “He was a quadriplegic later in life due to a tragic accident. My mother is a Downwinder and a multiple cancer survivor. When my husband, Steve, was sick he couldn’t give enough accolades about the excellent care he received at Dixie Regional. That’s what makes the difference. The staff is always so friendly. We have an amazing atmosphere here that I hope will never change.

“There is a synergy at Dixie that has allowed the hospital to grow and develop. The hospital’s outstanding service makes it easier for people to pay it forward, to increase services for

---

others. People give because they are grateful patients.

“I learned a lot serving on both boards, and I asked a lot of questions. Boards work so well because you get to work with previous board members and form relationships with them. There was not a soul on my board who did not have an impact on what I did. They would send cards or emails, or even winks, to encourage me. I may have been the figurehead, but it is the board, as a whole, that really makes the difference,” said Gilbert.

“With Terri Kane, Kerry Hepworth, Suzanne Allen and me, there were four women in hospital leadership. Years ago that never would have happened. We had a lot of fun times together, even in a rough economy.

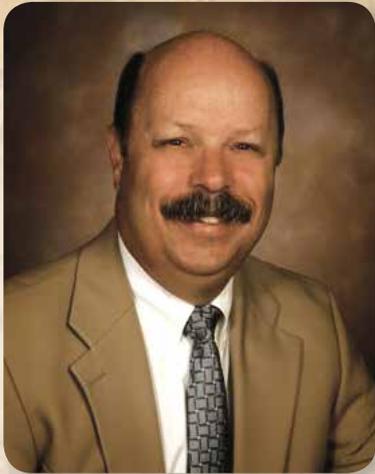
“The economy changed everything. The hardest part was we didn’t know what our footing was because of the recession. People could no longer donate like they wanted to, because they had lost their own footing. Individuals still wanted to be involved but didn’t have the resources. As leadership we needed to embolden and make people still feel a part of the hospital. The Dixie Spirit really does come through, as Kerry and her staff found. We just kept working and trying to fertilize the environment.

“We have such an amazing donor base here; the hospital provides outstanding service, which in turn makes it easier for people to give.

“This hospital has been so amazing. It attracts the right people who contribute to quality care. Every year there continue to be major inroads made in the services offered so that the community doesn’t have to go somewhere else for care. That makes my heart warm and proud,” admitted Gilbert. “If my service has made an impact in Dixie Regional’s growth and development, then the work has been well worth my time!”



*Marcus Littlewood breaks the ribbon at the Grand Opening of the Health & Performance Center*



↔ VARDELL CURTIS ↔  
FOUNDATION BOARD CHAIR 2011 - PRESENT

**V**ardeLL Curtis has lived in St. George for more than 20 years. He and his wife, Cindy, have raised their four children and now have grandchildren here. Curtis is the chief

executive officer of the Washington County Board of Realtors.

Curtis has made a career of community service. He has been active in several local service clubs, including the St. George Area Chamber of Commerce, the Exchange Club, Leadership Dixie, the Rotary Club, the United Way, and the Dixie Sunshiners. Curtis has also served on Dixie Regional Medical Center's foundation board for nine years and on the governing board for six years. He is currently serving as the chairman of the foundation board.

"The hospital has been a good fit for me. I've not gotten bored. It has been busy, and it has been good," Curtis said.

"As foundation chairman, I also sit on the governing board, and I hope that I will be a strong voice for the foundation on the governing board. As I've become more involved with the foundation, I've found more opportunities for great experiences.

"One experience I had recently was with the "Dinner with a Doctor" program that the foundation created. A dinner with Dr. Millar was notable because he is a doctor who could potentially someday hold your life in his hands. It was interesting to hear his stories and experiences.

"After that dinner, I was with some friends at Lake Powell, and one of them experienced a heart attack. He was flown to Dixie Regional, and I was able to comfort my friend and make him feel better about his decision to have surgery at Dixie because of the



recent dinner with Dr. Millar. The entire thing was a meaningful experience. We just don't know when the information we learn is going to become personal.

"The Jubilee of Trees is always inspirational. You see the true compassion of our community. At the hospital and in the community needs always exist, even when funds do not. It is inspiring to see that people who really don't have the funds still want and do make that commitment to give to the hospital.

"One of my concerns as chairman has been to keep the succession of board members moving forward. We conscientiously need to know who is coming up behind us and how to train them. We look for young and (not-so-young), professionals who have enough future that they can contribute long-term to the hospital. I want to ensure that there is still that support coming up behind us, as well as make sure the board remains diverse and well represented with age, male and female ratio, and to make sure the board is balanced.

"The foundation board and the governing board are very prestigious boards. They are a group of people trying to do the right thing for their community. Everyone on the board brings something unique and their own talents to the table, and we rotate assignments.

"I enjoy working with Dr. Steve VanNorman and Terri Kane. It is because of people like them that I am involved in things like

this. Terri surrounds herself with great people who are good at their jobs.

"I have also been impressed with the fiscal responsibility of the hospital in these rough economic times. I think people would be shocked at how much charity care the hospital writes off. People should be impressed with how prepared the hospital is for Joint Commission inspections and how it is recognized as a leader. President Obama needs to say 'Dixie Regional Medical Center' in addition to 'Intermountain Healthcare,' because we are a leader even among Intermountain Healthcare's hospitals.

"The future of Dixie Regional will be incredible. A seven-story tower for women's and children's services is in the planning stages. The estimated cost of \$90 million will require a community assessment and community contributions, but we have a great community that really supports our hospital. I see big things in the future of Dixie Regional Medical Center and for healthcare in our community." 

# ❖ HOSPITAL ADMINISTRATORS ❖



❖ **FRED K. HOLBROOK** ❖  
ADMINISTRATOR 1951 - 1953

**W**hen the Washington County Commission was building a new hospital in St. George in the early 1950s, they felt they needed someone with hospital experience to run the hospital. The county commission asked Fred Holbrook, a young, ambitious man from northern Utah, to move to St. George and set up the new Dixie Pioneer Memorial Hospital. Holbrook had received his master's degree from Columbia University in New York, and had received additional training in hospital administration at LDS Hospital. Just months after the birth of their first child, Holbrook and his wife, Glenna Tate Holbrook, relocated to St. George.

Holbrook arrived 15 months before the new hospital opened to the public. One of his major responsibilities was to completely outfit the new hospital. "All of the medical equipment, medical supplies, beds, light fixtures, stretchers, medicines, you name it, I bought them all," recalled Holbrook. "I hired nurses and staff and forged relationships with the local doctors who were already well established in town. We had a big grand opening. When Dixie Pioneer Memorial Hospital opened,

the McGregor Hospital closed. I remember it being a smooth transition between the two facilities. I enjoyed working with the members of the county commission. They were nice guys, not politicians. They were true government representatives who did the best they could.”

When asked what he remembers most about his days in St. George, Holbrook recalled: “the hot afternoon sun with no air conditioning, and the proximity of the [Latter-day Saint] St. George Temple to the hospital.”

Holbrook hired and trained his successor, Derrell Bingham, and then he returned to northern Utah. Holbrook moved north to set up and outfit Tooele’s new hospital that opened in 1953. The Tooele hospital was built with the same government Hill-Burton funding and architectural plans as Dixie Pioneer Memorial Hospital, and in a community similar in size to Dixie. “That’s what made it easy,” said Holbrook. It also made him the perfect man for the job.

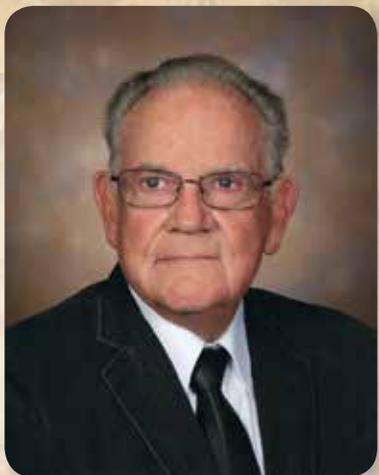
After a long and varied career, Holbrook and his wife retired to Midway, Utah. They have a large posterity of seven children, 32 grandchildren, and 22 great-grandchildren. They still enjoy giving back to the community in which they live. 🌿



*Rear view of Dixie Pioneer Memorial Hospital*



*Fred Holbrook in his office*



↔ **ELWOOD HARRISON** ↔  
ADMINISTRATOR 1963 - 1980

**E**lwood Harrison was a man with a vision and willingness to work hard. In June 1954, Harrison was hired as the lab and X-ray technician for two-year-old Dixie Pioneer Memorial

Hospital. At the end of the Korean War, Harrison returned to southern Utah after serving in the Navy and working in Chicago. Evan Woodbury, Washington County Commissioner over the hospital, recruited Harrison. At the time there were three doctors in St. George who served the local population of about 5,000. Harrison, the only lab technician for more than eight years, had to find someone to temporarily cover for him in the lab in order to take Christmas off or leave for a vacation.

Harrison became the administrator in August 1963, and one of his first priorities was to install an adequate cooling system in the surgery, emergency room, and the labor and delivery rooms. Three hospitals, including Dixie Pioneer Memorial Hospital, were built in Utah with government provided Hill-Burton funds and local bond funding in the early 1950s. All were built from the same design, which included a wall of glass blocks in the emergency room and the labor and delivery rooms.

In St. George this wall of glass proved to be an unfortunate choice, as the wall faced west and there was no air conditioning. “June 9, 1964 — The bid from Blake Electric for refrigerated air conditioning of the operation room at \$9,000, emergency room \$5,000, delivery room \$7,000, labor room \$4,000 for a total of \$25,000. The bid was rejected because it was financially unfeasible at the time.” (Harrison, Dixie Hospital & Dixie Medical Center



History). In August of 1965, the county commission accepted a bid from Brown Heating and Plumbing of Provo, Utah, in the amount of \$14,275. Harrison finally got the much needed refrigeration for those critical areas of the hospital.

In 1968 the Department of Health, Education, and Welfare conducted a survey of Dixie Hospital and declared the hospital non-conforming. They recommended that steps be taken to remodel or replace the facility. Dixie Hospital was originally built as a 32-bed facility, but it had been reconfigured to accommodate 39 beds. When Washington County made a decision to replace Dixie Hospital, the Division of Health would only allow a new facility to have a 10 percent increase in beds. Harrison knew that small percent increase would never be adequate because of the county's accelerated growth.

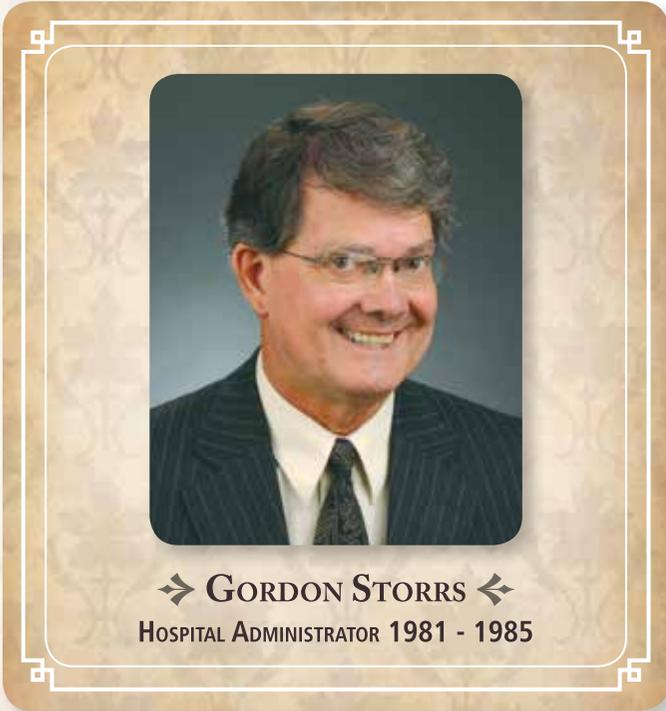
A decision was made to conduct an in-depth study of the service area of the Dixie Hospital. The plan was completed in July of 1971. The report recommended that instead of the planned 45-bed facility, an 80-bed acute care facility should be built. The plan was submitted to the Utah State Health Department and the Regional Department of Health, Education, and Welfare (H.E.W.) office in Denver for evaluation. As a result, the Utah State Department of Health issued a certificate of need for 65 beds with a core to support 120 beds.

Groundbreaking for the construction of Dixie Medical Center

took place on December 6, 1973, and the facility was completed on December 18, 1975. Dixie Medical Center opened its doors for business on January 1, 1976." (Harrison, History and Background of the Hospital, 2).

Also in 1976, Dixie Medical Center was sold to newly formed Intermountain Healthcare because Harrison and the county commissioners knew that the county would not be able to keep up with the projected growth of healthcare needs. Harrison was able to make the transition in hospital management from the county to Intermountain a smooth one. Harrison remained as administrator for Dixie Medical Center until he was appointed director of shared services for the Intermountain Healthcare Southern Region in 1980.

Harrison was a champion for Dixie hospitals for more than 26 years. He worked diligently to acquire new equipment such as the first cardiac care system and premature infant isolettes. He also oversaw planning and construction of the new, modern-standard compliant, Dixie Medical Center and its transition to Intermountain Healthcare. A man with a vision and love for Dixie, Harrison knew he needed to think big for the future. 



**G**ordon Storrs, currently the master planning coordinator for Salt Lake Community College, was the administrator of Dixie Medical Center in the early 1980s. Previously the soft-

spoken Storrs had worked as the associate administrator at Primary Children's Hospital. When Storrs arrived in St. George in 1981 the population of Washington County was just over 20,000. The population more than doubled in the four years he served. It was a time of unprecedented growth.

"I was very excited to come to St. George," Storrs remembered. "It was exactly the kind of hospital and community I wanted to be a part of. I was a young administrator, and when I came here I was immediately put on several boards all over town. It was a huge growth experience for me. There was some skepticism in the community about Intermountain Healthcare, and I remember trying to create an image for Intermountain as a strong community advocate. Barbara Watson was very supportive. I had a good relationship with the board and we were able to accomplish a lot in a very short period of time."

During Storrs' tenure the wing on the 400 East hospital expansion project was completed and a physician office building was built adjacent to the hospital. Prior to coming to St. George, Storrs had been successfully treated for cancer and perhaps because of this he was a strong proponent for building a cancer center in St. George. "It was very memorable to get funding for the cancer center from Orrin Hatch," he said. "The development of the cancer center was significant in that it increased the scope of the services offered."

---

“When I first came to St. George there were 11 or 12 physicians in town, and we were still using those cards to feed information into the computer. There was a lot of change in community growth and technology. I remember the hospital getting a full body scanner, new forms of X-ray, and lots of new diagnostic tools. During that time we contracted with physician groups to start 24-hour emergency services. The reimbursement mechanisms for Medicare also changed significantly as well as the methods for keeping track of expenditures and billing. The quality initiative was also just beginning which meant helping the medical staff police themselves. Quality of care was important because people depend on the hospital for excellent care.

“Memories of my time in Dixie include trying to strengthen and empower the employees at the hospital,” said Storrs. “I wanted them to feel good about what they were doing. I thought I could help by working a few night shifts as an orderly; I had worked as an orderly when I was in college. I don’t know if I was very much help, but I wanted to be a part of the team. That was really memorable. I also remember working with Dr. Craig Booth, who was an amazing support. Dr. Bruce Williams was a fearless leader. Linda Sappington was an immense support and I enjoyed monthly lunches with Marion Bowler, the ‘godfather,’ to meet with donors and discuss creative ways to raise funds for the hospital.

“Seeing the new hospital today, makes the hospital from 30 years ago seem so amateur. But the hospital today is what we had envisioned for St. George way back then. My whole life I have wanted to be of service to others in a way, that for me, made sense. My time in St. George was a rich experience.”



*First Jubilee of Trees (1983)*



↔ L. STEVEN WILSON ↔  
HOSPITAL ADMINISTRATOR 1985 - 2005

**W**hen Steve Wilson came to St. George in 1985 to be the administrator of Dixie Medical Center, there were 29 physicians and only 330 employees. When Wilson retired,

January 1, 2006, there were almost 200 physicians and Dixie Regional Medical Center had become the largest employer in Washington County, employing close to 2,000 employees. According to Wilson, “This community has intense feelings about — and a passionate tie to — its history and culture. Looking back over my 20-plus years as administrator, it is the feelings that I remember the most vividly.

“I arrived during the midst of great turmoil. The hospital had run in the red in 1984 and had lost \$350,000 which was a significant amount at that time. Gordon Storrs had been endeared to the community. City leaders were trying to get Intermountain Healthcare to leave, and the board had hurt feelings. I first had to stop the bleeding, so-to-speak, connect to the community, and repair the ill will.

“Barbara Watson was the board chair for most of my time as administrator. She is a wonderful lady and was the perfect person to connect me to the history, culture, and leadership of St. George. Barbara’s support for me and her enthusiasm for the hospital’s progress were invaluable. Barbara will always be the ‘First Lady’ of Dixie’s hospital,” said Wilson.

“The Cancer Center opened within months of my coming,” he continued. “It allowed me to focus on a positive, major project. Cancer was a highly emotional topic because of the community’s



proximity to the above-ground nuclear testing in Nevada during the 1950s. The cancer center became a defining service for Dixie Medical Center. It helped us become more sophisticated on several levels. The personality of the hospital changed to a regional hospital. We began to serve a wider geographical area. The community really came together and raised \$250,000 for a linear accelerator. I remember a group of 12-year-old girls from Washington mailed me the proceeds from their lemonade stand — \$17.57 in coins — with a note that the money was to be used for cancer services.

“Dr. Philip McMahill, our first full-time medical oncologist, was an outstanding clinician and a compassionate person. Drs. McMahill and Ray Richards were the driving force that contributed to our cancer center becoming accredited. For a time, we had the smallest accredited cancer center in the United States — but we were accredited. More and more people from a wider geographical area began to come to the cancer center for treatment. We became Dixie Regional Medical Center.”

It was McMahill that first suggested that one of the homes owned by the hospital and located near the cancer center be fixed up with some new carpet and paint as a place for out-of-town patients and their families to stay during their cancer treatments. Wilson remembered a noticeable turning point in the emotions of the

community toward the hospital came at that time. Wilson recalled that B. Z. Kastler summed up the Dixie Spirit when he said, “Carpet and paint? Hell, let’s knock it down and build a new one!” The community quickly joined forces, built a beautiful home, and it was named the Jubilee Home after the Jubilee of Trees.

“The capstone experience for me, however,” said Wilson, “was the building of the hospital on River Road. In the 1980s it was hard for people to believe that Dixie would continue to grow. Staying on 400 East seemed like the prudent thing to do. But by the late 1990s, demand had increased to the point it was evident that expansion on a new location would be necessary. I remember the process of deciding where to build. Where could we meet the long term needs for the future of southern Utah?

“Garn Huskinson was the board member who was very involved in the process of choosing a site for a new hospital. I think we chose the perfect spot for the new hospital on River Road. Of course, at that time, River Road did not even exist. I had a wonderful experience acquiring the acreage known as the Rimrock Wash, from Howard Foremaster and his family. They felt this property, utilized as a hospital, would honor their father. It was like building on sacred ground.

“I also remember Bob Cochran endeavoring to develop the capital campaign goal for the new hospital. I thought \$2.5



million was a worthy goal, but he suggested we raise \$10 million. We didn't raise the \$10 million; we raised more! The capital campaign captured the passion of countless volunteers, donors and employees. Achieving our goal was possible because of their belief, trust, and hope for their community hospital. It was a tribute and reflection of the medical care people had received that led them to give. The River Road hospital embodies all that is wonderful about this community.

“Memories and feelings distill through the years to include critical additions to the medical staff such as Dr. Roger Millar. Just after the new hospital opened, we were given approval by Intermountain Healthcare for open-heart surgery. We were dealing with the challenges of starting a program from scratch. Dr. Roger Millar was our easiest recruit; he came to me. He was anticipating the end of his career in Salt Lake City and he wanted to be part of something bigger. He wanted the opportunity to set up a new open-heart surgery program for the second time in his career. There are so many stories such as this where planning and execution came together beautifully.

“The Dixie College affiliation on our medical campus is something I am also immensely proud of. The development of our mutually benefiting relationship with the college in the form of the Russell Taylor Health Sciences Building was very important to me,” said Wilson.

“There are so many people I have special feelings for. Berniece Godfrey caused us all to see that philanthropy could get us where we needed to be. Barbara Watson was passionate. Dave Clove, Max Rose, and Bob Cochran, I hold in the highest regard. They were fantastic, dedicated and talented community leaders that each served as board chairmen. Physicians such as Drs. McMahill, Millar, Craig Booth, Scott Moesinger, Tom Callahan, Steve VanNorman, Jerry Marsden, and Bruce Williams each contributed in different ways.

“Cambria Carlson was a very special patient to me. She suffered bravely with childhood cancer. By the age of nine, she had already had over 40 ‘sleep-overs’ at the hospital. She came to my office one day and told me that she thought Dixie Regional was ‘the best hospital in the whole world’ and she meant it. Cambria taught me something on a very personal level. She focused my mission — our mission — to be the best hospital in the universe for every patient that came to our hospital.”

Wilson's personal mission to make Dixie's hospital the best, by striving for excellence in all aspects of hospital service, raised the bar in southern Utah's healthcare. Dixie Regional Medical Center is one of the best hospitals in the United States because of the dedication, hard work, and leadership of Wilson and countless physicians, employees, volunteers, and donors. 



*North side of Dixie Medical Center tunnel*



*South side of Dixie Medical Center tunnel*



*Dixie Medical Center in 1984*



**T**erri Kane began her career with Intermountain Healthcare as a bedside caregiver in the newborn intensive care unit at McKay-Dee Hospital in Ogden, Utah. In April 2001 Terri came to

Dixie Regional Medical Center as the chief operating officer and was promoted to hospital administrator in January 2006. In 2011 she was given the added responsibility to serve as vice president for Intermountain Healthcare's Southwest Region.

Terri is proud to have spent her career working for Intermountain. She was part of the initial roll-out of Intermountain's clinical integration initiative in the 90s and is known for her driving passion to provide excellent care to patients and their families. Terri and her husband, Jim, and Terri's parents all enjoy living in Utah's Dixie. She has two children and two grandchildren.

Terri continues today to work diligently to advance medical care in southwestern Utah and the tristate area. Her passion is bringing quality healthcare, innovative services, and beautiful facilities to St. George and surrounding cities and counties, so excellent healthcare can be close to home.

"My father has had open-heart surgery and cardiac care in St. George, and my husband has had two joint replacement surgeries in St. George, both under the skilled hands and judgment of people I trust and admire," Terri said. "I feel secure and confident that care here is the best you can find anywhere. And we deliver it with compassion and deep concern. 'Better' has no limits, and we will continue to pursue Intermountain's aspiration to provide extraordinary care to our communities."



“I am often asked to articulate the vision I have for Dixie Regional Medical Center. I believe Dixie is well-poised to become a destination hospital — a referral center for the care of patients with complex conditions, where people will come from surrounding states to receive care and services because of our reputation.

“I see a beautiful campus that complements our healing efforts for patients. Inside the hospital walls are compassionate and competent caregivers who take great pride in their work. Everyone’s highest priorities are quality and safety so that errors and mistakes are prevented. This is a place where our care is seamless and connected for the patient and their family. And it is efficient. This is a place where the beginning of life is celebrated, and the end of life is respected.

“Healthcare is a complex and challenging business. We are highly regulated, audited, and measured. Because we are in a constant state of change strong leadership and flexibility are required.

“My greatest contribution over the years I have been at Dixie has been the formation of the leadership team that has been responsible for the incredible results we have achieved. I have worked in many hospitals and with many great people, but none better than the caliber of the individuals I work with in St. George.

“We spend a great deal of time and resources on the hiring and training of talented leadership. Leaders are the ones who hire,

set expectations, hold people accountable, and make our mission, vision, and values come alive in the organization. They are so critical to our success. With everyone aligned together we can accomplish great things.

“On my way down to move to St. George, I was asked to stop by the hospital at 400 East and get my picture taken for a news announcement for my arrival. I walked in the front door and was greeted by Pat Sapio — an incredible asset to the hospital (I later learned) — who extended his hand in friendship but also walked me to the location I was given for my photo shoot. I was impressed. I soon learned that this was not unusual for Dixie employees, who are genuinely kind, compassionate, and talented.

“To my pleasant surprise this also permeated through our medical staff. I have sat in awe in many medical staff meetings to observe our physicians evaluate their performance, strive for excellence, and collaborate to find the best treatment plans possible for patients. They fully participate with administration as we bring on new services — like open-heart surgery, newborn intensive care, acute rehabilitation, hyperbaric medicine, neurosurgery, high risk obstetrical care and infertility services, Life Flight, etc. These people inspire me every day and make it possible for me to show up every morning with the same energy and enthusiasm for the work I had when I first started in healthcare.

---

“We have incredible governance that provides direction and support. Our governing board of trustees drives our organization’s strategies and holds us accountable for patient outcomes, financial results, and benefit to the community. I have directly worked in partnership with governing board chairs Bob Cochran, Suzanne Allen, and Ron Metcalf — all of whom are community and business leaders who volunteer time to assure the success of the hospital. They each have made their own impact and have blessed our organization.

“I will always remember my first Jubilee of Trees event. I was humbled by the outpouring of community support for our hospital. We have a very sophisticated hospital with advanced services that most hospitals across the country in service areas like ours would never have. This is in large part due to the helping hands and hearts of many people in our community.

“My sincere thanks and gratitude go to the many volunteers who have served over the years on our foundation board of trustees who have caught the vision of what we can become, of how we impact the lives of others, and who help us achieve those dreams.

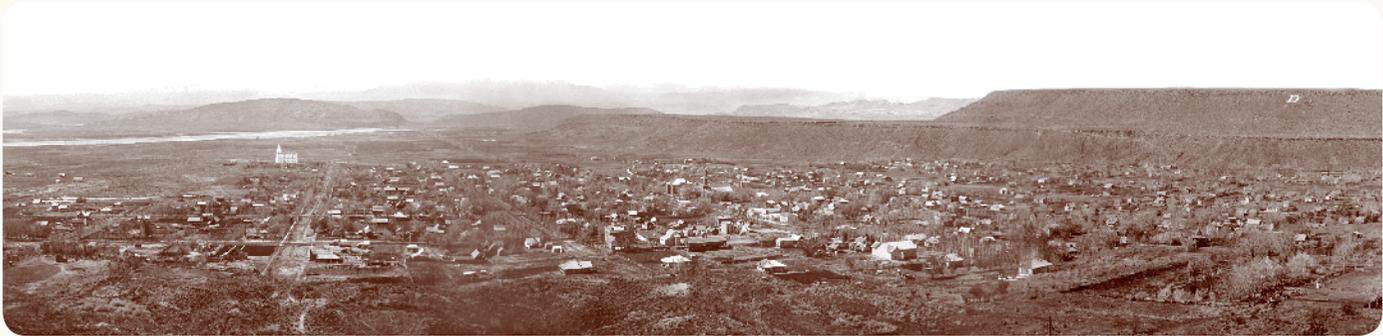
“Excellence, teamwork, making a difference all add meaning to my life. Two weeks after we started our open-heart program in St. George a father in his 40s came into our emergency department with crushing chest pain. He was skillfully diagnosed

by our emergency room physician as having a rupturing aorta. Our cardiovascular surgeon and team were in the hospital and this man was immediately taken to surgery. Four days later this man left our hospital in good condition. Two weeks earlier he would not have made it to a hospital where those capabilities were available.

“I tell our team all the time, ‘Our work is far too important not to be the very best at it.’” Kane talks a lot about her team, but it is her leadership that has made all the difference. 



*Opening of the LiVe Well Center in the Health & Performance Center — September 8, 2011*



*Panoramic picture of St. George in 1915*



*Panoramic picture of St. George in 2005*

## ❖ FOUNDATION DIRECTORS ❖



❖ **KERRY HEPWORTH** ❖

CEO OF THE FOUNDATION  
1988 - 1994 AND 1999 - 2013

**K**erry Hepworth once said, “What distinguishes our hospital from so many others of like size is the core of support from community members who have embraced it year after year. For over three decades, a vision of progressing medical excellence close to home has inspired countless donors to support Dixie Regional. Their generosity and confidence have in turn, today, inspired nearly 3,000 employees, volunteers and affiliated physicians to provide extraordinary care.”

Hepworth herself is definitely one of those people who have supported the hospital for the long haul. Hepworth began her career at Dixie Medical Center as the volunteer secretary to the foundation board of trustees in 1986, becoming the first paid foundation director in 1988. Hepworth left her position for a few years to work with her husband, Wayne, who opened and managed the St. George office of Merrill Lynch. She returned to the hospital to serve a dual position as volunteer services/public relations director. In 1999 Hepworth accepted the position of foundation executive director.

Hepworth is passionate about volunteerism and has served our community in many capacities including chairman of the St. George Area Chamber of Commerce, chairman of the St. George Planning Commission, president of Dixie Tub Thumpers Toastmasters Club and numerous other nonprofit board leadership positions. Currently Hepworth is the chief development officer for Intermountain Healthcare's Southwest Region.

"I believe voluntary gifts of time, talent and treasure mean the difference between surviving and thriving," Hepworth said. "People are at their best when they are giving and I have been honored to rub shoulders with folks I consider to be the best of the best. It is a privilege to be a part of easing the path of those who will follow us. Over the past 30 years the foundation organization has grown from a small, all-volunteer endeavor to a diversified professional team working hand in hand with volunteer leaders to inspire philanthropy.

"Now blessed with a sophisticated database management system of more than 10,000 donor records, I marvel at how we once tracked donor information on 3 x 5 cards. I'm also awestruck thinking about the growth of the Jubilee of Trees from a happy-to-break-even holiday festival to a now nearly three-quarters of \$1 million annual fundraising event, featuring the largest showcase of custom-designed trees, wreaths and décor between Salt Lake and Las Vegas.

"In my mind, the legacy of the foundation will be its focus on compassion and support for the launch of new services to the

community. While the centerfold of our success has been raising \$10 million for the new River Road hospital, I believe our donors and trustees are also extremely proud of their roles in building two Jubilee Homes, launching newborn intensive care, expanding rehabilitation services in the Dixie Regional Health & Performance Center, funding 500 mammograms for at-risk women and bringing Life Flight helicopter services to Dixie.

"It has been a privilege and an honor to be involved in an organization that has made such a difference in so many lives. The relationships built during my work with Dixie Regional and the foundation are priceless and an integral part of who I am. Matching hospital needs with the dreams of donors has time and again been energizing, often creative and of course sometimes emotional as family members give in memory of a loved one lost. Truly, it has been relationships with a whole host of honor roll individuals that have been the foundation of our success." 



Jack Jenks gave his enthusiasm and experience to the Dixie Health Care Foundation for one year. He still returns to St. George. However, he returns as a participant in the Huntsman

World Senior Games. Jenks holds two gold medals in racquetball.

Jenks currently serves as the executive director of the Alzheimer's Association, Utah Chapter. Jenks has also been involved with fundraising at Brigham Young University, the University of Nevada in Las Vegas, and also at Southern Utah University in Cedar City. Jenks admits that while his time in Dixie was short, it was here that he met his wife of 15 years, Sharon. They have 10 children and 24 grandchildren.

"During my time as executive director, we added a major gift strategy to bolster annual giving, and special event fundraising efforts. I collaborated closely with the hospital administrator, Steve Wilson, and the Dixie foundation board of directors." Jenks remembered his time in Dixie as a time of "expansion of the hospital facilities and services." He also remembered that the Jubilee of Trees that year was "the highest-grossing festival of trees up to that time."

Jenks has made a career of fundraising because, "The work environment is uplifting. It's working with people who wish, with no thought of getting something back, to give to help others. It allows me to deal with some of the best people on earth; people who will share what they have with something that will outlast them. Fundraising allows one to develop lifelong friendships with people who understand that when they make a contribution, they are helping others." ❧

## DRMC has hopes for new hospital

By LOREN WEBB  
Staff Writer

ST. GEORGE — Dixie Regional Medical Center approached the St. George City Council Thursday seeking a zone change to construct a new three-story hospital on River Road.

According to officials, a need to expand outpatient services and office space has cramped the existing facility.

The hospital, owned by Intermountain Health Care, sought to change the zone from a single family residential area to a planned development commercial for up to 50 acres on the east side of River Road, north of 700 South.

The council approved the zone change and also approved the building's design, which would be 30 feet higher than the 35-foot limit approved by a city ordinance.

Hospital Assistant Adminis-

trator Kent Tarbet said the existing five-story hospital building at 544 S. 400 East, is 80 feet tall.

The new hospital would include a series of buildings and improvements would be made on River Road near 700 South to access the facility. Nicholson said. He said the River Road access is subject to approval by the Engineering Department.

Elwood Spendlove, a resident of River Road, said his home is situated 10 feet from the property line where the proposed road would come in and he is concerned about privacy.

The council directed the city engineer's office to work with Spendlove to look for possible solutions.

The new hospital is expected to handle the medical needs of the area through 2020. Tarbet said.

Tarbet said the hospital outpatient visits from 1984 to 1993

have increased substantially and those visits generate more vehicles and parking problems at the existing building.

"We can't afford to put up multi-level parking with the price of land where it is," he said.

"Even though land seems outrageous, multi-level parking is more outrageous."

As a result, hospital officials are looking at a phased plan for the new building. The first phase to include medical office space and outpatient services.

Hospital Administrator Steve Wilson said the new location could conceivably become the main headquarters for DRMC.

"Hospitals need a long lead time (for construction) and we are planning now for the year 2020 assuming growth proceeds at the rate we've assumed, to meet those needs and acquire the 50 acres," Wilson said.

*"It was a time of expansion of the hospital facilities and services."*

— Jack Jenks



*Aerial view of the site of the River Road Campus prior to construction*



**M**ary Ann Chittick joined Dixie Regional Medical Center in December 1994 as the assistant to the director. In early 1996, she became the executive director and served in that capacity

through December 1998. Chittick and her husband, Jack, moved back to California, near Sacramento, and Chittick became the executive director for Sutter Davis Hospital Foundation in early 1999. Chittick retired from that position in May 2004. She has now taken up golf, learned to play the harmonica, and remains active in her community.

Of her time with the foundation in Dixie, Chittick recalled “experiencing an extraordinary level of community spirit and an eagerness of people to step up and help. This was especially true of the production of the annual Jubilee of Trees. The leaders displayed very high energy, were very organized, and were able to enlist the help of many. Carmen Snow, Ellen Stucki, Cheryl Scott and Vonda Larson each served as a chairman for the Jubilee of Trees during my service.

“Pat Shoemaker-Glessner was the leader of the annual Lights for Life, and Michelle Snook Braunberger was a most wonderful and competent assistant to the director. Roy and Vera Anderson did a superb job managing the Jubilee Home. I remember Jim Slemboski, Kathleen Gubler and Ken Hinton serving as foundation board chairmen. Barbara Watson was the governing board chairman, and Steve Wilson was the administrator. I found all of them to be very dedicated to the hospital and its mission. Working with each of them was a special privilege for me.

---

“During my service, the birthing center on the fourth floor was remodeled, and a community resource center was established at the hospital. During my three years of service, employee giving increased from 33 donors to 260. I was also able to improve the foundation’s financial accountability.”

Chittick remembers with fondness “two physicians in

St. George who truly inspired me: Dr. Craig Booth and Dr. Phil Condie. I will always carry with me Dr. Booth’s advice that for a project to succeed, it needs a leader with zeal — a passion for the cause. Also inspirational was Dr. Condie, who always rose above his physical pain to make valuable contributions to the foundation’s board of directors.”



*Birthing room on the fourth floor of the 400 East Campus*



# » 2013 MEDICAL STAFF «

*Dixie Regional's medical staff celebrates 100 years of caring.*





Adams, Chauncey PhD  
Adams, David MD  
Affleck, Paul MD  
Ahee, Jason MD  
Allred, Darin DO  
Andersen, Sara Jane MD  
Anderson, Michael MD  
Andruss, Coleen MD  
Andruss, Robert MD  
Arch, Ellen MD  
Arnold, Blake MD  
Astle, Craig MD  
Barnett, David MD  
Barney, W. Wesley MD  
Barton, Scott MD  
Becker, Taj MD  
Benham, Brady MD  
Benson, Robert MD  
Benson, Stanford MD  
Berger, Robin MD  
Bigham, Thomas DO  
Bonomo, Catherine MD  
Boorman, David MD  
Booth, Craig MD  
Bowles, Jason MD  
Bown, James MD  
Brian, Brad MD

Brizolara, Alberto MD  
Brooks, Ben MD  
Bulloch, Scott DDS  
Burton, S. Kent DPM  
Busk, Chris MD  
Cain, Larry MD  
Callahan, Doug DO  
Carroll, Patrick MD  
Carter, Benjamin MD  
Carter, Curtis MD  
Carter, Gayle MD  
Carter, Grant MD  
Carter, Mel MD  
Chalmers, Robert IV MD  
Chamberlain, Howard MD  
Chandler, Michael MD  
Chase, Lawrence MD  
Chase, Steven MD  
Christensen, Brett K. DMD  
Christian, Brett MD  
Christian, Mckay MD  
Christiansen, Brett MD  
Chun, Deborah MD  
Clark, Randy MD  
Clark, Stephen DO  
Cole, Chad MD  
Cope, Robert MD

Crosby, Brad MD  
Daly, Kathleen MD  
Davis, John MD  
Davis, Shawn DMD  
Davis, Steven MD  
De Saibro, Luciana MD  
Debenham, David MD  
Dickens, Kendreia MD  
Donaldson, Craig MD  
Doxey, Paul MD  
Draper, Randy MD  
Dudley, Wayne DDS  
Duke, Cindy PsyD  
Duke, Dean MD  
Dursteler, Bryce MD  
Eggert, Joan V. MD  
Eggert, Larry D. MD  
Ellsworth, J. Bryan MD  
Empey, J. Court MD  
Erbe, Joseph MD  
Eror, Alec MD  
Escandon, Gilbert MD  
Evans, Eric MD  
Fagnant, Robert MD  
Ferguson, Bryce MD  
Fleischer, Barry DO  
Foster, Christine MD

Foster, Robert DO  
Fox, Ben MD  
Frame, Joshua DO  
Frieden, Derek MD  
Frieden, Karen MD  
Gandhi, Zahabia MD  
Gardner, Jed MD  
Gardner, Kent MD  
Gessel, Marie MD  
Gilbert, Heather MD  
Goodger, William MD  
Graff, Arnold MD  
Graff, Bill MD  
Green, Michael MD  
Groom, Gary PhD  
Grygla, David DO  
Gurr, Gaylen MD  
Hagen, Jerry MD  
Hales, Kurt MD  
Hallenborg, Carl MD  
Hansen, Jason MD  
Hardin, Dana MD  
Haslem, Derrick MD  
Hendrix, Jason MD  
Hixson, Lee MD  
Hopkin, Jeremy MD  
Horani, Jamal MD



Huard, Stedman MD  
Hubbard, Jonathan DO  
Ivey, Roger MD  
Jacobsen, Greg MD  
Jaussi, W. Reed, MD  
Jevsevar, David MD  
Johnson, Cody DMD  
Jones, Gary MD  
Jones, Jamison MD  
Jones, Thomas MD  
Kaddu, Rajiv MD  
Khoury, Michael MD  
Kirk, Vernon MD  
Kline, Michael MD  
Klomp, S. Aaron MD  
Kockler, Tim PhD  
Kvarfordt, Tracy MD  
Larowe, Judd MD  
Larsen, Gordon MD  
Larsen, Timothy MD  
Larson, April MD  
Larson, Joshua MD  
Last, Greg MD  
Leitze, Zachary MD  
Leon, Carlos MD  
Lewis, Mark MD  
Lewis, Ryan DO

Lin, Karen MD  
Lind, Ben MD  
Lord, Ken MD  
Lunt, Chad MD  
Madsen, Daniel MD  
Magnesen, David DPM  
Mahajan, Renu MD  
Major, Michael MD  
Marsden, Jerry MD  
Marsden, Michael DO  
McCormick, John MD  
McCune, Ryan MD  
McDonald, Kent MD  
Mercado, Carlos MD  
Middleton, Raymond MD  
Miller, John "Tug" MD  
Millward, Christian MD  
Miner, John MD  
Mizukawa, John DDS  
Mizukawa, Matthew DMD  
Moesinger, Scott MD  
Molden, Jaime MD  
Montague, Terry MD  
Moon, Theodore MD  
Moore, Dennis MD  
Moore, Rusty DO  
Moreno, Monica MD

Myers, Brad MD  
Neer, Don MD  
Nelson, Reed MD  
Nelson, Tyler MD  
Nielsen, Cantril MD  
Nimer, Lynn MD  
Noble, Vici MD  
Nygaard, Martin MD  
Obray, Cathleen MD  
Obray, Jon MD  
Obray, Rick MD  
Ogden, Walter MD  
Oldroyd, Michael MD  
Olsen, Randall MD  
Orr, Tracy MD  
Ott, Richard MD  
Owen, John MD  
Owen, Robert MD  
Paradela, Grace MD  
Parkinson, Scott DO  
Parry, Scott MD  
Parry, Todd MD  
Pendleton, Gus MD  
Perino, Lloyd MD  
Peterson, Marcus MD  
Peterson, Ryan DPM  
Pinna, Charisma MD

Pinna, Kenneth R. MD  
Plumb, Todd MD  
Powell, Andrew B. DPM  
Price, Greg MD  
Prince, Edward MD  
Pulsipher, Mark MD  
Reber, Leon DPM  
Rhodes, J. Robert MD  
Richards, Ray MD  
Richens, Sharon MD  
Ridout, Erick MD  
Rignell, Robert MD  
Rogers, Jeff MD  
Rohr, Ralph MD  
Root, Brad DO  
Root, Max MD  
Rose, Robert MD  
Roy, Abinash C. MD  
Royer, Jared MD  
Ryskin, Alexey MD  
Saifee, Mustafa MD  
Schlagel, Laura MD  
Schmidt, John MD  
Scholzen, Jeremy DMD  
Shepherd, Ed MD  
Siddoway, Roger MD  
Slade, D. Snow MD

Slade, Dirk MD  
Smallwood, Julie MD  
Smith, Bret MD  
Smith, Gordon MD  
Smith, Kerri DO  
Smith, Lary DPM  
Smith, Scott MD  
Spanos, Seth MD  
Speakman, Jared MD  
Stewart, Jeff DPM  
Stott, Dale MD  
Stratford, Kerry MD  
Strebel, Robert MD  
Stucki, Warren MD  
Symond, Michael MD  
Taub, Lewis MD  
Taylor, Bruce DO  
Taylor, Gregory MD  
Taylor, Richard MD  
Te, Joseph MD  
Temple, Steven MD  
Thomas, Clark MD  
Thompson, Brad DO  
Tomb, David MD  
Tong, Gloria MD  
Tormey, Karen MD  
Tremea, Mike MD

Trimble, Karl MD  
Tudor, Brian MD  
Twiggs, Jerry MD  
Van Gils, Carl DPM  
VanNorman, Steve MD  
Vaughan, Andrew MD  
Walker-Jenkins, Adrienne MD  
Wallin, Brett MD  
Warner, Claude MD  
Watkins, Kirk MD  
Watson, Gregory DO  
Welker, Robert MD  
Wells, Spencer MD  
Welsh, Joy MD  
Whiting, Bryant MD  
Wilson, Michael MD  
Wintch, Richard MD  
Winward, Tracy MD  
Wong, Alice MD  
Woodbury, Kory MD  
Woolley, Joseph MD  
Worth, Eugene MD  
Worwood, Dan MD  
Wu, Sarah MD  
Yates, D. Alden DPM



*Medical staff gathering for the CareCentennial photo*



*Medical staff photo 2013*



## SELECTED BIBLIOGRAPHY

- Alder, Douglas D. and Karl F. Brooks. *A History of Washington County from Isolation to Destination*. Springdale, Utah: Zion Natural History Association, 2007.
- Alder, Douglas D. *History of Health Care in Utah's Dixie*. St. George, Utah: Dixie Regional Medical Center, 2003.
- Applegate, Julie Lindquist. "Med Center may open second site." *Daily Spectrum* (St. George, Utah), 14 August 1993.
- Arthur Young & Company. Dixie Pioneer Memorial Hospital Final Report.
- Beazley, Sara and Jeanette Harlow, Kim Garber, and Diana Culbertson. "Eight Decades of Health Care." *Health & Hospital Networks Magazine*. January-September 2007. [www.hhnmag.com](http://www.hhnmag.com).
- Board Meeting Minutes, *Dixie Hospital & Dixie Medical Center History* in possession of Elwood Harrison.
- Correspondence interview with Jack Burr, 30 March 2011.
- Correspondence interview with Mary Ann Chittick, 18 February 2011.
- Correspondence interview with Jack Jenks, 28 March 2011.
- Correspondence interview with W. Rolfe Kerr, 25 May 2011.
- Color County Spectrum* (St. George, Utah), 1976-1979.
- Daily Spectrum* (St. George, Utah), 1983-1992.
- Dixie Datebook* (St. George, Utah), April 1993.
- Dixie Datebook* (St. George, Utah), May 1993.
- Dixie Datebook* (St. George, Utah), June-July 1993.
- Dixie Medical Center News and Views*, Vol. 5, No. 6, November 1983.



- Dixie Medical Center promotional poster, 1982.
- Dixie Regional Medical Center advertisement, *The Spectrum* (St. George, Utah), 30 July 2003.
- Dixie Regional Medical Center Web site — Awards & Recognition <[www.intermountainhealthcare.org](http://www.intermountainhealthcare.org)>
- “DRMC adds Hyperbaric Medicine.” *The Mainstreet Business Journal*, Issue 14, 22 August 2005-4 September 2005.
- Gubler, Edmund. *A History of the Life of Edmund Gubler*. <[hunthistories.com/histories/EdmundGubler](http://hunthistories.com/histories/EdmundGubler)>
- Gubler, Hillary. “Jubilee of Trees raises \$315,000.” *The Spectrum* (St. George, Utah), November 2003.
- Hunter, Julie Fiducia. “Taking Care to the Next Level.” *Southern Utah Health Care*, Issue 10, May 2005, pages 22-23.
- Intermountain Health Care memo dated 23 April 1976, in possession of Elwood Harrison.
- Jubilee Home brochure, Intermountain Healthcare Dixie Regional Medical Center, 28 August 2008.
- Larson, Andrew Karl. *I Was Called to Dixie*. St. George, Utah: Dixie College Foundation, 1983.
- Harrison, Elwood. *Dixie Medical Center Outline of Accomplishments*, 26 October 1976.
- Harrison, Elwood. *Facts Regarding Dixie Medical Center*.
- Harrison, Elwood. *History and Background of the Hospital*.
- Harrison, Elwood. Letter from Arthur Young & Company.
- Harrison, Elwood. Letter from Elwood Harrison, April 1972.
- Olsen, Lynette. “Jubilee Dream — Home known as the house that love built.” *The Daily Spectrum* (St. George, Utah), 5 May 1991.
- Parkinson, Angie. “Southern Utah’s growing pains.” *The Spectrum* (St. George, Utah), December 2002.
- Personal interview with Suzanne Allen, St. George, Utah, 18 January 2011.
- Personal interview with Bob Cochran, St. George, Utah, 23 February 2011.



Personal interview with Phillip Condie, St. George, Utah, 8 July 2010.

Personal interview with Vardell Curtis, St. George, Utah, 20 September 2011.

Personal interview with Cyndi Gilbert, St. George, Utah, 3 February 2011.

Personal interview with David Gilbert, St. George, Utah, 12 October 2012.

Personal interview with Patricia Shoemaker-Glessner, St. George, Utah, 20 September 2010.

Personal interview with Kathleen Gubler, St. George, Utah, 3 February 2011.

Personal interview with Elwood Harrison, St. George, Utah, 16 July 2010.

Personal interview with Kerry Hepworth, St. George, Utah, 2 March 2010.

Personal interview with Bill Hickman, St. George, Utah, 30 September 2010.

Personal interview with Ken Hinton, St. George, Utah, 24 January 2011.

Personal interview with Terri Kane, St. George, Utah, 16 February 2011.

Personal interview with Nick Lang, St. George, Utah, 13 September 2010.

Personal interview with Brent Low, St. George, Utah, 28 February 2011.

Personal interview with Ken Metcalf, St. George, Utah, 7 January 2010.

Personal interview with Ron Metcalf, St. George, Utah, 7 January 2010.

Personal interview with Ron Metcalf, St. George, Utah, 21 September 2011.

Personal interview with Max Rose, St. George, Utah, 25 October 2010.

Personal interview with Marge Shakespeare, St. George, Utah, 1 December 2010.

Personal interview with Brent Snow, St. George, Utah, 28 February 2011.



Personal interview with Gordon Storrs, St. George, Utah, 21 February 2011.

Personal interview with Barbara Watson, St. George, Utah, 2 April 2010.

Personal interview with Steve Wilson, St. George, Utah, 17 February 2011.

*The Salt Lake Tribune* (Salt Lake City, Utah), 13 March 1982.

Snow, Walter H. *Harold Stafford Snow Servant of God*. St. George, Utah, 1994.

Special health insert, *The Spectrum* (St. George, Utah), 24 November 2003.

St George City Council minutes, 1 April 2010 <[www.sgcity.org](http://www.sgcity.org)>

St. George Public Hearing Minutes, 19 December, 1975.

“St George, Utah.” Wikipedia, the Free Encyclopedia. 8 April 2010.

Tueller, Rachel. “DRMC prepares for newborn unit’s opening.” *The Spectrum* (St. George, Utah), 19 May 2005.

Vitelli, Tom. *The Story of Intermountain Health Care*. Salt Lake City, Utah: Intermountain Health Care, 1995.

Waite, Laron. *Laron Waite History*. <[Lrwaite.net](http://Lrwaite.net)>

*Washington County News* (St. George, Utah), 1908-1984 (accessed via microfiche at Washington County Library).

“Wilson Announces Plans to Retire.” *The Mainstreet Business Journal*, Issue 19, 31 October 2005-13 November 2005.

Zhang, Jane. “Building a Sound Foundation.” *The Spectrum* (St. George, Utah), 15 January 2002.

Zhang, Jane. “Building Design Promotes Pleasant Hospital Experience.” *The Spectrum* (St. George, Utah), 24 November 2003.

Zhang, Jane. “DRMC Completes Transfer.” *The Spectrum* (St. George, Utah), 1 December 2003.

Zhang, Jane. “Flu Outbreak Maxes Out New Hospital.” *The Spectrum* (St. George, Utah), 13 December 2003.

Zhang, Jane. “New Hospital Makes First Appearance on River Road.” *The Spectrum* (St. George, Utah), 1 March 2002.



*“Each day’s work is about making a difference for people. We will continue to pursue Intermountain’s aspiration to provide excellent care for our friends and neighbors in the communities we serve.”*

— Terri Kane, Vice President Southwest Region  
CEO Intermountain Dixie Regional Medical Center





