The Rediscovery of Contractors General Hospital—Birthplace of Kaiser Permanente

Stanley Ragsdale remembered Sidney Garfield, MD, from the days when the young doctor from Los Angeles first arrived in the Mojave Desert town of Desert Center in the early 1930s. Dr Garfield had come there to set up a hospital to treat workers building the nearby Colorado River Aqueduct. The 242-mile aqueduct was the largest public works project of its day.

Back then, Stanley was a high school student working in his father’s gas station. His father, “Desert Steve” Ragsdale, was the founder and the operator of Desert Center. Today Stanley’s five adult children own most of the small desert community and its struggling businesses—a gas station and a cafe. Sitting alongside Interstate 10, the dusty little town is a welcome respite for long-distance travelers who stop in for a meal or a tank of gas.

Over the three years of our acquaintance, Stanley had told me that he was willing, even anxious, to help me locate the exact site of Dr Garfield’s original hospital, that tiny 12-bed forerunner of all of today’s Kaiser Permanente (KP) medical centers, clinics, and medical offices. On a previous trip, Stanley had been able to take me to the general area, but we hadn’t found the exact site, which was not in Desert Center but several miles west of town, close to the aqueduct.

The old hospital building had been torn down more than half a century before I set out to find the site. Because it had been a temporary building, with no foundation, there was no cellar hole to mark the spot. By chance, Stanley had run across the hospital site several years before and he was positive that if we kept at it he could lead me there.

Standing outside the Desert Center cafe, the sun felt as though it were a fiery weight pressing down on head and shoulders. It wasn’t so much that it was hot, it was the physical pressure of the brilliant sunlight that drove us into whatever shade we were able to find.

Stanley was asking me if I minded following him in my rental car out to the area we were going to be searching this day. He was concerned about what would happen if his pickup truck broke or if he had multiple flat tires.

Smiling at his own humor, Stanley explained that he never gets stranded in the desert, but he has been “se-
sincerely detained” out there several times. For safety’s sake, he had tried to describe to his assistant at the cafe where we would be, but the nearly featureless landscape of the desert made giving directions impossible. Also, since we were going to be outside of CB radio range, Stanley felt that a second car was a prudent precaution.

I followed Stanley’s pickup west from town on what was really the extension of Main Street. It had once been a part of US 60, a section of the old “southern route” across the country. “Desert Steve” Ragsdale had been fond of saying that the town of Desert Center had the longest Main Street in the world. According to him, it extended for more than 100 miles east and west of town, to the two closest cities, Indio on one side and Blythe on the other. The construction of Interstate 10 had led to the abandonment of this old road.

I was very aware that this was the road that Dr Garfield must have traveled to go into town for mail and for the few services that Desert Center offered. Ahead, I could see Stanley’s truck turn right, off the pavement, onto a dirt road. I slowed down to let his thick dust plume dissipate behind his car. For the next few miles, Stanley led us along several different roads, a network of unpaved tracks, always moving closer to the base of the Eagle Mountains.

The Eagle Mountains are a range of reddish monoliths, sharp, steep-sided and carved with deep vertical ribs. The mountains extend across the desert here forming a wall that had blocked the proposed route of the aqueduct towards Los Angeles. The solution was a hardrock tunnel to be blasted through the heart of the mountains.

Building that tunnel had been one of the major achievements in the creation of the entire aqueduct. It had taken the efforts of hundreds of men and several years to complete. A work camp, almost a company town, with dormitories, dining hall, offices and workshops, had grown up at the eastern end of the tunnel. Because of round-the-clock shifts, the town was active day and night.

A site about a five or ten minute walk south of the work camp down a now lost road was the place Dr Garfield had chosen for his hospital. Here, only a few hundred quieting yards from the work camp, he could get the electricity and the water he needed to operate a hospital.

It was easy enough for Stanley to find the general area of the work camp. Sticking out of the ground were chunks of concrete that had once been bases for heavy equipment and floors of some of the workshops.

Stanley signaled for me to park. I left the car in the middle of the old camp and climbed into the front of the pickup with him. We left the road and made our own way to places where rented cars are clearly not meant to travel.

Now I understood fully why Stanley had wanted two vehicles out here. A puncture from a sharp rock, an ironweed thorn through a tire, and the truck would be disabled. Having a second vehicle available within a mile or two could be the difference between living and dying. Even in the desert heat, I got a little chill when I realized that this was not melodrama, this was fact.

As we picked our jarring way through the rocks and brush following Stanley’s best recollections of the location, I tried to imagine what life had been like here for the men who had lived in the work camp back then. The young doctor from Los Angeles must have seen a lot of cases of sunburn, sunstroke, and heat exhaustion as well as cactus punctures, snakebite and, of course, industrial accidents. It would have seemed exotic as well as rugged to an adventuring “city doctor” practicing medicine 200 miles from the well-equipped, well-staffed Los Angeles County Hospital where he had trained.

Periodically, Stanley would stop the truck, reach down for a water bottle and take a long pull at it. “I got you out here and now I’m having trouble gettin’ us to it,” he said. For more than 70 years he had lived here. He knew the hundreds of square miles of country around here better than I knew the neighborhood ten blocks in any direction from my city home, so I was still figuring that our chances of finding the hospital were pretty good.

It would seem like an easy matter to find a particular
location, even in the desert, if you knew within a mile square where it must be, but this is emphatically not the case. The desert in this region is a low forest of cactus and brushy plants that obscures landmarks and covers up old roads and clearings. We criss-crossed the area in the truck, picking our way between clumps of rabbit brush and Mormon Tea.

Frustrated, Stanley decided that the only way we could be sure of finding the old hospital site was to get out of the truck and walk. I took my notebook, camera and a photograph of the old hospital taken while it was in operation more than 50 years before. Somehow it made sense to be carrying that 8"x10" glossy print back through the shimmering heat to the exact place where it had been taken more than a half century before. Sitting on the front steps of the pictured hospital, dressed in his hospital whites, was Dr Garfield. The photograph must have been taken just a few yards from where we were standing—but in which direction?

Stanley's enthusiasm for the search gave him the vigor of a man half his age. I could watch him striding across the landscape, searching from side to side, expertly avoiding the barbs and thorns that protect the desert plants. Less practiced, I had to stop periodically to pull burrs, thorns and stickers from my pants, boots and, occasionally, my leg.

I was bent over, gingerly removing the barbs of a jumping cholla plant from my leg, when a little lizard ran out from under the shade of a nearby creosote bush. He disappeared into the cool protection of an ocotillo plant. Near where he had run, I saw a piece of a dark brown bottle lying on the sand. I picked it up more in curiosity than with the sense that it was a clue.

I started to grin when I realized that it was probably a medicine bottle. It had the familiar heavy glass, square bottom still used by pharmacies to hold prescription liquids. Before I could even show it to Stanley, I spotted a piece of what looked to have been a butter plate. The blue and white floral pattern reminded me of the dishes my grandmother had used for years. That would make it of the same period as the hospital. I took both pieces in my hands and ran over to Stanley. "What do you think? Do you think they're from the hospital?" Seven decades had given him a bit more perspective than I was showing. He refused to commit himself beyond, "It’s possible. Hard to tell."

The possibility that we had found some artifacts from the original Garfield hospital was enough to boost our energy for the search by another notch. We continued crisscrossing the area looking for new clues. We had the distinct feeling we were getting closer.

"This is it!" There was absolutely no doubt in Stanley’s voice as he shouted to me from 50 yards off to my left. I ran over and stood beside him. For a moment, I couldn’t see anything different about this particular patch of desert. Then I started to make out the pattern on the ground that Stanley had seen.

There hadn’t been a true foundation under the hospital, but there had been a concrete frame, built around the outside of the hospital to hold it a few inches above the ground. Most of that concrete was still visible though much of it had crumbled. Even so, the outline of the building was clearly visible. I could see that the concrete had once been faced with stucco to give it a neater appearance.

I held the photograph with Dr Garfield in front of me and lined it up with the outline on the ground. Already I could see some things that were not visible in the picture.

The shape of the building was not the simple rectangle we had imagined. The overall floor space of the building was reduced by two indentations in the back, most likely the emergency entrance and ambulance dock. This certainly had been a modest beginning for an organization that within a few decades would be building medical centers in which the Building and Grounds Department would have more space allocated to it than this entire hospital, but this was the hospital that Dr Garfield had dreamed of starting.

He had borrowed $2500 from his father to get it underway. He had convinced Depression-struck medical suppliers that they would be better off advancing him equipment that he could pay off with fees he could then generate rather than letting that equipment linger indefinitely in warehouses until the Depression might end. And then he had convinced a local contractor to build the hospital and to wait for payment until the fees from workers began coming in.

Dr Garfield was unusual among physicians of that time in that he was convinced that patients responded not only to the science of medical care but also to the attractiveness and comfort of their surroundings. A hospital that was cheerful, comfortable and bright was a part of his prescription for his patients.
In his efforts to make the hospital comfortable, Dr Garfield didn’t hesitate to contact even the largest, most well-established corporations. He went to General Electric (GE) and persuaded them to advance him an air conditioning unit. Air conditioning in hospitals was still quite new and it turned out that GE was interested in getting more experience in the specific needs and problems of cooling in medical settings. They listened to the arguments from the enthusiastic young surgeon who was starting a hospital in some place called Desert Center. Not long after, the tiny hospital became one of the first in California to be fully air conditioned.

The result of Dr Garfield’s planning and efforts had been a cheery, well-equipped hospital. Although it was small, it was well-designed to meet the specific needs of the practice. It was Dr Garfield’s first chance to take what he had learned in his years at the hospitals at the University of Iowa, in Chicago and in Los Angeles and to adapt it in his own design for a brand new hospital. All in all, Contractors General was a remarkable building.

The building was cheerful and comfortable enough that it soon became a kind of social center. People from the construction companies and from companies that did business with the contractors often stopped by the little medical center for some iced tea and, if things were slow, to play bridge with other visitors and with the hospital’s nursing staff of one, Betty Runyen.

Ms Runyen was an attractive blonde, fresh from nursing school. She was bright, had excellent training and was undeniably charming—so charming that, 50 years later, Stanley Ragsdale still smiles when he recalls himself as a teenager pumping gas for her at the Ragsdale gas station and admiring her through the car windshield.

The photograph I was carrying showed that someone had made an unpretentious attempt to decorate the entrance to the hospital. The snapshot showed two ollas, large earthen urns, flanking the three steps leading up to the front door of the building.

Stanley was poking through the rubble where the concrete steps had been when he called me over and handed me two chunks of reddish pottery, each about 3/8" thick. It seemed likely that they were the remains of the two ollas in the photograph. After a few minutes more of searching, we found several more.

I made a wide swing around the hospital “grounds,” picking my way through the desert brush, looking for evidence of the stone barbecue fireplace that had been an important part of the social life in this remote area. Many people had dropped by for iced tea and conversation and had stayed to grill their dinner in the first cool of evening behind the hospital. I found one likely pile of stones but nothing that identified it for certain.

Behind the stones we found a site where Dr Garfield and his staff had buried their trash. During intervening decades, someone had dug into the pit, probably looking for highly prized old medicine bottles. Whatever they had found, they’d left some interesting items from the hospital that had provided the foundation for what became KP. There was a fragment of an old apothecary jar, a ceramic cannula for linking rubber tubes, and an assortment of broken coffee cups and dinner plates that had once served patients and staff. My favorite finds were the parts of two large bottles that had once held intravenous solutions. Their embossed bottoms read “Property of Don L Baxter—The Travenol Co.” After photographing them, I replaced each item carefully where I’d found it. Then after measuring the site, I took a series of photographs documenting the construction, as well as I could.

Although it could never be described as elegant, the simple construction did do the job. Concrete pads had supported the floor joists. What served as the foundation was simply concrete poured into narrow ditches around the perimeter of the building. This not only had stopped blowing dirt from coming up through the floors, it had kept out snakes and other animals trying to escape the desert heat.

The last thing I did was to take panoramic shots of the area to help me locate the spot again and left a small rock cairn pointing at the site at the edge of the nearest dirt road that passed by the area. This way, I knew I’d be able to return to the remains of what became the foundation of The Permanente Medical Groups, the Kaiser Foundation Hospitals and the Kaiser Foundation Health Plan.