

DOSHER

Memorial Hospital



Never doubt that a small group of thoughtful, committed citizens can change the world. Indeed, it is the only thing that ever has.

— Margaret Mead



75TH ANNIVERSARY MAGAZINE OF J. ARTHUR DOSHER MEMORIAL HOSPITAL
OUR HISTORICAL CELEBRATION - JUNE 2, 1930 - JUNE 2, 2005

Dedication

Celebrating Our Diamond Anniversary

Dosher Memorial Hospital is a community hospital in the truest sense of the word. What we are celebrating is our relationship with you – our community. Our story is about the tremendous support and passionately fought battles of the citizens who stood strong to ensure the establishment of the hospital in the 1930s and who continued fighting for its survival so that a hospital would endure 75 years after its creation. It's a celebration of our efforts to return this never-ending support through dedicated service and a commitment to quality. It is our story of triumph. This anniversary magazine is dedicated to you: Citizens of Smithville Township and Brunswick County, our Staff, Volunteers, Doctors, Trustees, and Businesses in our community.

Thank You!



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Credits

Dosher Memorial Hospital's
75th Anniversary Magazine
Published June 2, 2005

Editor's Note: Hundreds of documents, minutes, newspaper clippings, and photos were consulted in the creation of this magazine: so many stories to tell and not enough pages. As with any history, people tell different accounts as they experienced them. Every effort has been made to include as much detail as possible on the overall history, to cross-check stories, and to give credit where due. During the construction project of 2003, several essential documents were forever lost, including board minutes. Our apologies to anyone who has been omitted.

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On The Cover:

Subject - Three Phases of Doshier Memorial Hospital: (1) colorized, enhanced photograph of the original 1930s main entrance; (2) watercolor by Susan Dade of the razing of the historic building; (3) watercolor by Susan Dade of the new main entrance built in 2004.

Editor & Designer:

Margaret D. Minuth, MBA, Director of Marketing & Public Relations

Editorial Advisors:

Edgar Haywood, III, Administrator/CEO
James Shomaker, Assistant Administrator/CFO
Connie Shea, Senior Director of Hospital Operations
Lynda Stanley, Senior Director of Hospital Operations

Contributors:

Historical Documents & Content: Gail Ballard, RN and Doshier Hospital Volunteers
Proofreading: Kate von Seeburg, Cherie Willetts
Departmental Content: Susan Davis, LuAnn Stiller, Cherie Willetts, Larissa Green, Deborah Luzefski, Coleen Sadewater, Mike Lawrence, Kelley Richards, Lisa Tyson, Susan Shomaker, Lynda Stanley, Gwen Wearren, Jocelyn Coleman, Connie Shea, Michele Lawrence, Seth Bohrer, Katherine Davis, Shirley Rudder, Karen LeMay, Ed Kirby, Gene DesLauriers, Coy Overton, Ava McDonald, Troye Hinson, Becky Netzer, Sue Liese

Production Notes:

Printed on acid-free, chlorine-free archival paper. The 75th Anniversary Magazine was written and designed by Doshier Hospital's Marketing Department and printed by Sheriar Press, Myrtle Beach, SC. Copies are available at no cost to interested parties.

Contact Information:

Doshier Memorial Hospital
924 N. Howe St, Southport, NC 28461
(910) 457-3800 • www.dosher.org

Mission

Dosher Memorial Hospital is committed to providing comprehensive medical care to the citizens of Smithville Township and surrounding communities. The care is:

- Quality-Driven
- Efficient
- Patient-Focused
- Provided by Professionals

Values

OUR SHARED BELIEFS & BEHAVIOR

We at Dosher Memorial Hospital believe:

- Individuals make Dosher's success possible. We place a high importance on each person's contribution to our team.
- Dosher is dedicated to excellence in healthcare for this community. We will participate in systematic Performance Improvement efforts. We know that out of excellence comes uncompromised value and quality in the services we provide.
- Dosher will be a leader. We will bring leadership and vision to the development and advancement of our community, ultimately improving the quality of life in our service area.
- Integrity is the virtue that guides Dosher. In business and personal relationships, we operate with fairness and honesty. We strive to do what's right for the patient so that the patient continues to do business with us. We strive to do what's right for the community so that it is a better place to live for all.

Vision

Dosher Memorial Hospital will continue to be a progressive provider of comprehensive healthcare services to the people of Smithville Township and surrounding communities. In addition, Dosher Memorial Hospital will be a community leader in improving the general quality of life for the people in its service area. To ensure that this vision becomes reality, Dosher Memorial Hospital will:

- Aggressively pursue the development of networks with other providers to establish a continuum of quality, efficient healthcare.
- Operate in a cost-effective manner that will add continued value to its medical services and provide for reasonable operating margins.
- Develop and maintain state-of-the-art medical services that are responsive to the needs of the people in its service area and that can be provided in a cost-effective manner.
- Recruit and retain highly qualified physicians and other healthcare professionals required to provide state-of-the-art services.
- Acquire the technology necessary to maintain a "cutting edge" position in the high-tech environment of community healthcare.
- Be a community leader in the identification and development of programs that will improve the general living standards and health of people in its service area.



From the Chairman of the Board

Having lived and worked in Smithville Township for the past 20 years and having the pleasure of serving the folks of Smithville Township as an elected Trustee of J. Arthur Doshier Memorial Hospital for the past 14 years, I can truly say that I am so very proud of the caring, loving dedication of its employees, medical staff and volunteers. Doshier has certainly grown with the community over the past 75 years by a very conscious decision of the administration, medical staff, and the trustees to keep abreast of new trends in the medical field and staying on the cutting edge of technology. The hospital is dedicated to providing the best patient care that is humanly and technologically possible within our scope of services. With the continued hard work of our volunteers and the support of the citizens of Smithville Township, Doshier Hospital will continue to be a valued and integral part of our community.

WILLIAM SIZEMORE - BOARD OF TRUSTEES

From the Administrator

For the past 75 years J. Arthur Doshier Memorial Hospital has been an integral part of Southport's evolution from a sleepy rural fishing village to a robustly growing vacation-retirement community.

What was originally known as Brunswick County Hospital became J. Arthur Doshier Memorial Hospital, a uniquely organized public hospital owned by Smithville Township residents. At its beginning, the hospital provided Brunswick County with both accessible healthcare and a beacon of economic hope during the dark years of the Great Depression.

Today, Doshier Hospital takes great pride in its ability to offer technologically advanced services provided in an environment that emphasizes professionalism, safety, and the personal touch associated with small town values. We are committed to provide quality-driven services and to provide civic leadership to improve quality of life issues in our area.

We at Doshier Hospital are extremely excited about the hospital's future. The projected population growth in our service area will present many future challenges. Our staff looks forward to meeting all challenges in ways that will build upon the hospital's historic culture and, more importantly, the relationship of trust only 75 years of community caring can build.

EDGAR HAYWOOD, III - ADMINISTRATOR, CEO

Board of Trustees



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James Shomaker, CPA
Assistant Administrator/CFO



Connie Shea
Senior Director of
Hospital Operations



Lynda Stanley
Senior Director of
Hospital Operations

Fast Facts



The hospital opened its doors on Monday, June 2, 1930 under the name Brunswick County Hospital, and the name was changed in 1939 to J. Arthur Doshier Memorial Hospital to honor its chief surgeon who had been instrumental in its establishment.



Doshier Memorial Hospital is a non-profit acute care hospital and nursing center owned by the citizens of Smithville Township. The hospital has 36 licensed acute care beds and 64 licensed “skilled nursing” (nursing center) beds.



Doshier Hospital is unique in that it was created pursuant to Article 1 of Chapter 131 of the North Carolina General Statutes making it the only hospital in the state owned by a township. Smithville Township voted four times – in 1928, 1976, 1978 and again in 2000 in favor of bond referendums to keep the hospital growing.



The hospital is governed by a seven-member Board of Trustees elected for six year terms. Members of the board must be residents of Smithville Township. Smithville Township includes the:

- city of Southport
- town of Caswell Beach
- town of Oak Island (Long Beach and Yaupon Beach)
- village of Bald Head Island
- the Players Club in St. James



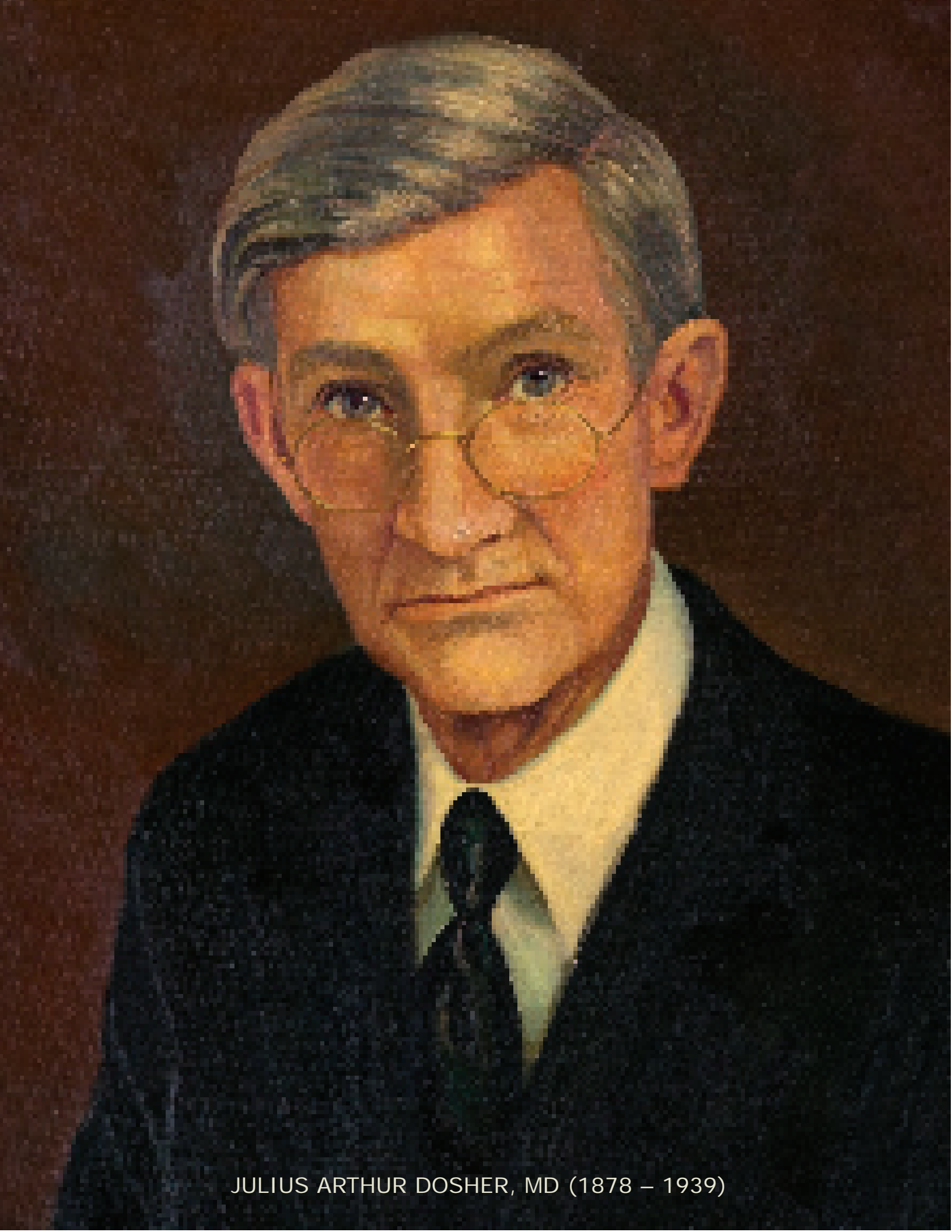
Doshier employs about 300 full-time employees and has a volunteer auxiliary of approximately 200 members.



Our contact information is:

Doshier Memorial Hospital
924 N. Howe Street
Southport, NC 28461
(910) 457-3800
www.doshier.org





JULIUS ARTHUR DOSHER, MD (1878 – 1939)

Wilmington Morning Star

Tumor Removed From Brain of Northern Youth At Southport: Delicate Operation by Dr. Doshier; Patient Treated by Specialists 9 Years,

By Leary Warren Adams

Southport, May 17 - A tumor has been removed from the brain of Winslow Kemble, 19, of Boston Massachusetts, since he came here two weeks ago aboard his father's yacht, and the young man apparently is on the road to recovery after 10 years of headaches and at times excruciating pain, when it was necessary to use chloroform to alleviate it. Since the operation last Thursday the young man has felt no such headaches. Some of the stitches were removed yesterday and he was chatting pleasantly and concentrating on a game of auction bridge.

It was 10 years ago that Winslow Kemble was hit on the head with a scantling by a playmate and almost killed. He was then 9 years of age. Since that day the most eminent brain specialists of Boston, New York, Philadelphia, and of practically every important port between Maine and Florida have been consulted. One brain specialist in Boston, who bears an international reputation, has made X-rays of the young man's skull, his father, Parker Kemble, a well-known sportsman and member of the Eastern Yacht Club of Boston, explained. These great surgeons of the north knew all about the fracture but never seemed to be able to get anything definite from their X-ray photographs and never favored an operation.

It remained for Dr. J. Arthur Doshier, of Southport, with only the evidence of headaches to go by and with the verdict of a half dozen specialists whose fame has spread around the world to go against, to make the correct diagnosis and to have the courage to go ahead and operate. If the young man had been stupid, an epileptic, afflicted with convulsions, or about to die his parents wouldn't have considered it so remarkable that the North Carolina surgeon made the right diagnosis. But the fact is that the young man was so normal in every respect except that he suffered with these severe headaches and could not concentrate on books. For this reason he had his own motor car, his motor boat up in Maine and stayed in the open as much as possible, or else his parents brought him south on their yacht on many of their cruises. They have been cruising in southern waters since last fall. It was while in St. Augustine when young Kemble was struck with one of his severe headaches which proved a little more severer and which had him in a semi-conscious state that they decided to return home.

"If you had stayed on in Southport Dr. Doshier would have cured me," he told his parents while suffering intensely.

They had met Dr. Doshier some months earlier, the young man had been in his care while their yacht was anchored in the harbor, and he had become very much attached to the surgeon. It was because of this attachment and confidence, his father admitted, that he allowed the operation. "I knew I played a lone hand. I knew if the operation failed I would be subjected to a good deal of criticism and censure at home by relatives and by surgeons in Boston for coming down here and having my son operated on after several specialists had advised against it. I figured on the psychology of Winslow's confidence in Dr. Doshier as much as anything."

Dr. Doshier is an alumnus of Johns Hopkins and is considered by those who know him as one of the best surgeons in the south. The tumor he took from the front part of the brain of young Kemble contained approximately two teaspoonfuls of serum.

Mr. Kemble will sail his yacht tomorrow for Baltimore, where he will be joined by Mrs. Kemble and Winslow, who will go from here to Baltimore by rail after the latter has completely recovered from the operation.

Dr. Doshier - A Man and his Vision

Written by former Diagnostic Imaging employee Dot Schmidt for our 60th Anniversary. Though Dot is no longer with us, her contribution to Doshier Hospital will always be remembered.

On April 30, 1878, Julius Arthur Doshier was born to Mary Ann Pinner and Julius Doshier in Southport, North Carolina. "Arthur" was one of five children but little else is known about his childhood. Ask anyone who remembers him, and you'll get a warm response and a smile.

Dr. Doshier graduated from the Maryland College of Pharmacy in 1900 and the University of Maryland School of Medicine in 1903. He then returned home from college to set up medical practice. That same year, he married Grace Kennard, a socialite from the prominent Keyworths of Baltimore. Born to Arthur and Grace, and named after her mother, was a baby girl they called "Little Grace."

With the declaration of World War I in 1917, Dr. Doshier was sent to France where he served in the American Expeditionary Forces. He frequently treated soldiers who had been exposed to mustard gas. When the war ended November 11, 1918, Dr. Doshier returned to Southport to resume civilian life and his medical practice.

The following year, Dr. Doshier was named Acting Assistant Surgeon in the United States Public Health Service and served in Southport at the Quarantine Station, a position he held until he retired in 1937. Located on pilings in the Cape Fear on the shore of Bay Street across from the Brunswick Inn, the Quarantine Station was a shelter used for screening sailors aboard incoming ships. Dr. Doshier and his nurse treated sick sailors and disinfected the men and their vessels.

In 1936, Dr. Doshier was elected to the American College of Physicians and Surgeons, an honor comparable to the Distinguished Service Cross in the Army. A modest man, Dr. Doshier said, "Give



it to some young fellow who thinks he is going places.” A merited recognition of his life’s work in Southport and Brunswick County, his patients were proud that the outside world paused to honor the doctor they all swore by.

Virtually no records remain of Dr. Doshier’s contributions to humanity due in part to methods of “country doctoring.” Most of his medicine was diagnosed and even practiced on the street at local meeting places such as Whittler’s Bench and the wharfs and fish houses where fellowship and care were shared. Many stories evolve around Dr. Doshier’s personality — as a humanitarian and as a doctor — some of which lean more to an appetite of giving rather than receiving. General consensus is that he never sent a statement, and on many occasions when a patient stopped him to pay their bill, he would return it and say, “You need this more than I do.”

On January 10, 1939, Dr. Julius Arthur Doshier died at the age of 60 from complications related to pulmonary tuberculosis that he had acquired in 1937.



Clockwise, Left to Right: Young Arthur (L) with his brother and mother; Dr. Doshier in uniform; Wartime photo of Dr. Doshier (seated on left) with group of soldiers.



Right: Dr. Doshier and his nurse, Miss Campbell at the Quarantine Station; Below: Quarantine Station at Southport; Bottom: Board Minutes of the Resolution created upon Dr. Doshier's passing.



RESOLUTION - February 6th, 1939

WHEREAS, Dr. J. Arthur Doshier, our Chief of Staff, and original promoter of the Brunswick County Hospital, has passed since our last meeting; and

WHEREAS, the Board of Trustees are moved to express in a modest way their personal loss and the particular loss to the hospital and community, that the same may enter on our records:

NOW, THEREFORE, be it resolved that we be mindful of and recognize that the good work done by an unselfish country doctor, like Doctor J. Arthur Doshier, lives on, even beyond the memory of succeeding generations; and we acknowledge here the unselfish and signal service that has been rendered to the hospital during the past years by Doctor Doshier, the details of which are too numerous to enumerate and record.

RESOLVED, further, that we, who are officially connected with this worthy institution, feeling strongly the great loss which we suffer now, we wish to pay tribute to the great life which was lived here in our midst and has passed on to eternal reward, and this we do with hearts full of sorrow as we record the great loss the hospital and county people have sustained by the death of Dr. J. Arthur Doshier.



Dosher Memorial Hospital ~ Our History by Decade ~

Commitment – it is the resounding theme that has been heard for 75 years. We journey through the first decade of the 2000s remembering the unending love and devotion the community has had for our hospital. We would not be thriving today had it not been for the commitment the people of Smithville Township and Brunswick County hold for Dosher Hospital. During Dosher Hospital's salute to its Diamond Anniversary, *commitment* will remain our focus as we celebrate our history with you.

~ Past Administrators ~

NOVEMBER, 1928 - FEBRUARY, 1942:	J. D. SUTTON
FEBRUARY, 1942 - DECEMBER, 1959:	JJ. LOUGHLIN, JR.
JANUARY, 1960 - MARCH, 1962:	HAROLD F. ALDRIDGE
MARCH, 1962 - OCTOBER, 1962:	W.A. MACE
DECEMBER, 1962 - JUNE, 1965:	FRANCES R. TILLITT
MAY, 1966 - MARCH, 1974:	W.F. CUPIT
APRIL, 1974 - MAY, 1977:	LORRAINE G. EICHORN
JUNE, 1977 - FEBRUARY, 1978:	FRANK GALBRAITH, JR.
MARCH, 1978 - OCTOBER, 1978:	HERBERT SWAIN
OCTOBER, 1978 - JUNE, 1982:	THOMAS RYAN
JUNE, 1982 - JULY, 1982:	CAMERON HIGHSMITH
JULY, 1982 - JULY, 1984:	MARSHALL NERO
JULY, 1984 - DECEMBER, 1985:	WILLIAM OVIATT
DECEMBER, 1985 - AUGUST, 1992:	ARTHUR PITTMAN
NOVEMBER, 1992 - PRESENT:	EDGAR HAYWOOD, III

~ Board of Trustees Throughout the Years ~

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 • Dempsey C. Coleman • Harold Crain • James I. Davis • Harold Davis • Rufus Doshier • Mac Fain
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 • Charlotte Wilson • E.Charles Woodbury • L.T. Yaskill • Robert Zukoski, MD

The 1920s



*Think of the fierce energy concentrated in an acorn.
You bury it in the ground, and it explodes into an oak!*

- George Bernard Shaw

In the early 1920s, the population in Brunswick County was about 15,000 people who lived in an 800 square mile area. Two physicians served the county: Dr. J. Arthur Doshier of Southport and Dr. William R. Goley of Shallotte. Working under the most trying circumstances, these men traveled up to 200 miles a week by horse and buggy to treat patients. Before the discovery of antibiotics and technology, these healers used their hands, heads, and hearts to guide their care. In this economically depressed rural area, the majority of citizens could just make ends meet. A large part of that was due to their ability to grow their own food, harvest it from the sea, or rely on the kindness of neighbors. Payment for medical care often came in the form of a chicken or collard greens.

Dr. Doshier, a Southport native, earned quite a reputation as a “kitchen surgeon” – a physician who would perform operations on his own kitchen table. Without centralized healthcare facilities, however, Brunswick County suffered from high mortality rates which plagued many rural areas throughout the South. Doctors Doshier and Goley had pushed for the establishment of a hospital in the area but were previously unsuccessful.

In 1924, the Brunswick County Health Department was created under the direction of Dr. R.E. Broadway to establish a public hospital. At the same time, the James B. Duke Endowment was founded to help establish hospitals in the rural Carolinas. Responding to a Duke Endowment survey, Dr. Broadway reported “a deplorable lack of healthcare services in Brunswick County, particularly for the children who suffered greatly from diseases such as pellagra, hookworm, and malaria.”

Dr. Broadway actively began to seek funds from the endowment in 1926. Dr. W.S.

Rankin of the endowment informed Dr. Broadway that the fund was to be used to establish charity hospitals. In turn, these hospitals would be given one dollar per day for each free bed they maintained. Dr. Rankin stated that Brunswick County was eligible for funds but would have to raise half the amount needed for a hospital. The estimated cost of the hospital was \$30,000. Given Brunswick County's poor financial status, the prospects of raising only half of it looked dim.

"For God and Humanity Sake," Dr. Broadway worked diligently to raise the money for a hospital. In 1927, he had received a promise for a \$7,500 tax levy from the Brunswick County Commissioners while the City of Southport agreed to a bond referendum for the remaining \$7,500. On August 17, 1928, the Trustees of the Duke Endowment voted to grant \$15,000 for construction of a hospital, conditional upon the County providing the other half. The final decision rested with the citizens of Southport. In a special election on August 20, 1928, the citizens voted overwhelmingly 209 in favor of and only 2 opposed to a bond issue.

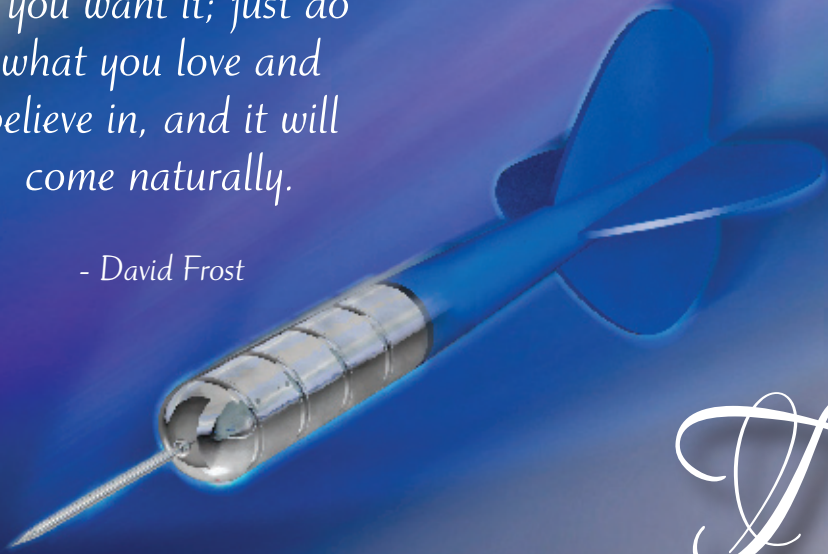
At the urging of Dr. Doshier, the people of Southport and Brunswick County donated another \$3,000. With the funds necessary to build the hospital, two acres of land located outside Southport were purchased in November 1928 for \$550. The area previously called Gallow's Pond for its use in hanging criminals would now become an area for healing. In 1929, the construction of Southport's Brunswick County Hospital began.



Portrait of James B. Duke from the Duke Endowment, a foundation which was established in his name to bring healthcare to rural areas in the Carolinas

*Don't aim for success
if you want it; just do
what you love and
believe in, and it will
come naturally.*

- David Frost



The 1930s

The Brunswick County Hospital opened to patients on June 2, 1930. The hospital had a 34-bed capacity with eight wards, one operating room, a sterilization room, and an x-ray room. The staff consisted of Chief Surgeon Dr. Arthur Doshier, Dr. W.R. Goley, and five support personnel. During its first six months, the Brunswick County Hospital averaged ten patients and one major operation a day. Dr. Doshier performed all operations and donated his own surgical equipment. Still, there were many difficulties. The third floor remained unfinished and no nurse call system had been installed. Such problems made for hard work and long hours, but the people of Brunswick County had the hospital they had so diligently fought to win.

The deepening Depression of the 1930s had its impact on Brunswick County Hospital. Help came in many forms. The Duke Endowment appropriated \$650 to complete construction of nurses' quarters on the third floor. The newly formed Hospital Auxiliary collected \$240, while the City of Southport agreed to provide lights and electricity free for up to \$100 a month. Miraculously, in its first full year in operation, the hospital finished with finances sound.

During these years, improvements were made to the outside of the hospital. At the request of Dr. Doshier, a sunroom was added to the building. By 1934, the hospital averaged more than 2,000 **patient days** of free care a year. However, there were political controversies swirling

"Patient days" is the yearly sum of every day each patient stays in the hospital; for example: 400 patients each staying 5 days would equal 2,000 patient days.

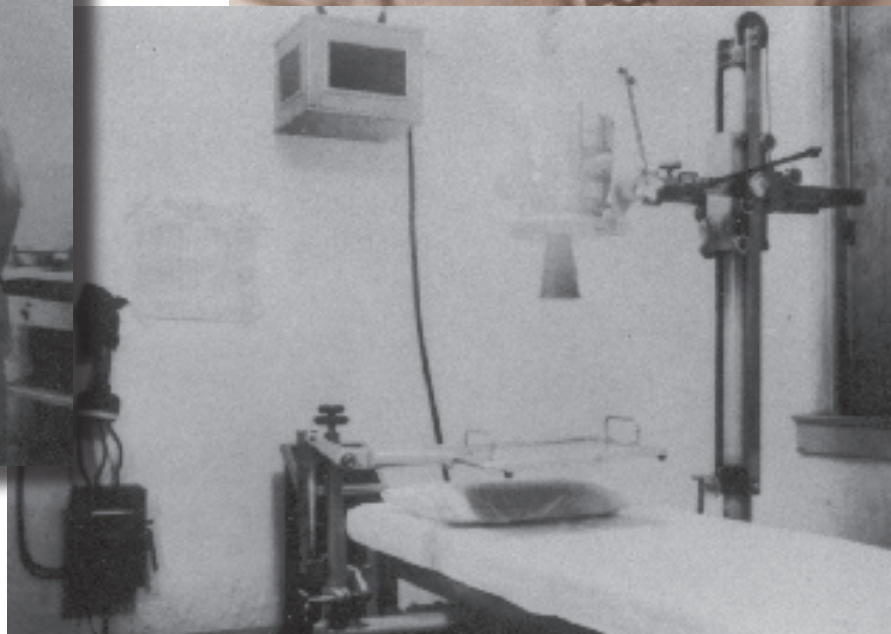
future political problems, the hospital would have seven trustees (four from Southport and three from the county) who would serve on a rotating basis. Politically secure but financially weak, the hospital appealed to the City of Southport and the county for help. Neither could offer much support. Despite its problems, Brunswick County Hospital received high praise from Duke Endowment's Dr. Rankin as an ideal model of a rural service hospital. As Dr. Rankin noted, the facility and its doctors were influential in teaching citizens that a hospital was more than just a place to die.

In the midst of the depression, the Duke Endowment needed to conserve its funds which resulted in them limiting funds to the hospital. In response to the hospital's lack of funding, inconsequential assets were sold to pay the staff, salaries were cut, and new loans were taken out. Internal changes also impaired progress as Dr. Doshier restricted his practice, and his nephew, Dr. William S. Doshier departed to pursue medical studies in Boston. Once again Brunswick County was left with just two doctors – Dr. M. M. Rosenbaum of Shallotte and Dr. L.C. Fergus of Southport. Financial assistance came from the people of Brunswick County and the Hospital Auxiliary who raised over \$1,000 for needed equipment, though not enough to make ends meet.

Dr. William S. Doshier



*Below Left: An old Operating Room
Below Right: An old X-Ray machine*



In January 1939, Dr. Doshier passed away. Above and beyond his 30 years of service, Dr. Doshier had been instrumental in keeping the hospital viable. He donated time, services, equipment, and even established a Grade A dairy so patients could have fresh milk. His life and work were in Brunswick County. On May 17, 1939, the hospital was rededicated in his name to become J. Arthur Doshier Memorial Hospital.

Meanwhile, an annex was added to the hospital. Promoted by staff anesthetist, Mr. J. Berg, this annex was built with funds from the Works Progress Administration (WPA) and dedicated as the Berg Annex in his honor.

Unidentified employees of J. Arthur Doshier Memorial Hospital



OFFICIAL BOARD MINUTES -
October 7th, 1935 - Mamie Phelps appeared before the board and requested or suggested that the name of the Brunswick County Hospital be changed to Arthur Doshier Hospital. She was informed that it was out of the Trustees Jurisdiction to change the name.

November 9, 1936 - Motion by E.C. Woodbury that we write a letter to Mr. R.E. Sentelle and ask that name of hospital be changed to J. Arthur Doshier Hospital from Brunswick County by the next General Assembly.

April 3rd, 1939 - RESOLUTION
WHEREAS: the name of Brunswick County Hospital was changed by Act of Legislation, ratified February 27th, 1939 to Dr. J. Arthur Doshier Memorial Hospital.

NOW, THEREFORE, it is ordered that the name be accordingly corrected on the building, and that henceforth the hospital be so named.

OFFICIAL BOARD MINUTES -
February 6th, 1939 - RESOLUTION

WHEREAS, the North Carolina Hospital Association proposes the introduction of a measure in the legislature providing for the coverage of a part of the loss sustained by hospitals in the state arising from the necessary hospital service rendered to emergency patients admitted following automobile accidents; and

WHEREAS, Brunswick County Hospital has suffered heavy from this branch of service;

NOW, THEREFORE, be it resolved that Mr. J.D. Sutton furnish to Hon. S. B. Frink, Hon. Clyde Council, Hon. Cornelia Thomas, a statement of the amount of loss thus sustained during the past year by the Brunswick County Hospital:


Brunswick County Hospital Losses caused by Automobile Accidents during the year 1938:				
Jan:	15	days at \$3.00 per day	\$45.00	X-ray \$5.00
Feb:	2	days at \$3.00 per day	6.00	X-ray \$5.00
Mar:	24	days at \$3.00 per day	72.00	X-ray \$5.00
May:	6	days at \$3.00 per day	18.00	X-ray \$5.00
Jun:	18	days at \$3.00 per day	54.00	X-ray \$5.00
Aug:	30	days at \$3.00 per day	90.00	X-ray \$5.00
Sep:	20	days at \$3.00 per day	60.00	
Oct:	2	days at \$3.00 per day	6.00	
SUBTOTAL			\$351.00	\$135.00
TOTAL losses sustained				\$486.00

November 13th, 1939 - A joint meeting of the Board of Trustees and Hospital Staff met. A question arose as to choosing a superintendent for the hospital and after discussion of the subject in the presence of the Board of Trustees, the Hospital Staff made unanimous recommendation that the Board elect Miss E. B. Murray, R.N. Superintendent to assume the duties as superintendent at the pleasure of the Board of Trustees... Motion by J.I. Davis that salary of superintendent be placed at \$75.00 per month, and that she assume duties as of November 15th, when Mrs. Porter's pay month expired.

RESOLUTION

RESOLVED by the Board of Trustees that in the loss of Mrs. H.N. Porter as superintendent, by her recent resignation, that we regret that she found it necessary to resign, and that we pay tribute to her years of most excellent service as superintendent, during which years of service she has made hosts of friends in the Town of Southport and in Brunswick County, and has been with the institution through the years in its efforts to achieve, and we recognize her great worth as a nurse and her business executive capacity put forth in behalf of the hospital, which has resulted in building up an institution of great worth and value to the sick and afflicted in the Brunswick County Community.

The 1940s

A hummingbird with iridescent green and blue feathers is shown in flight, hovering near a cluster of bright orange flowers. The background is a soft, out-of-focus green.

*They can
because they
think they can.*

— Virgil

At the beginning of 1940, it was reported that Doshier Memorial Hospital, and in fact all of Brunswick County, was in serious economic trouble. Indeed, a Duke survey found the county to be struggling financially with little hope of relief in sight. As for the hospital, it was revealed that patients owed the hospital about \$15,000. In an effort to raise money, rates for services were increased and lawsuits were filed to collect delinquent debts. Unfortunately, with people having little money to pay their bills, it was predicted that there was no hope of progress for Doshier Hospital without federal aid.

Ironically, America's entrance into World War II on December 7, 1941 served to improve the situation. Doshier Memorial Hospital received new government contracts to serve military personnel stationed at Fort Caswell and financial aid to upgrade the hospital's facilities. Doctors arrived to replace those called to service, and additional nursing and support staffs were hired to handle emergency situations. Placed on a wartime footing, Doshier Hospital began to train Red Cross volunteers and nurses' aides. The courses were taught by Mrs. L.C. Fergus who graduated the first class of nurses' aides in North Carolina. The war came home to Southport when on March 18, 1942, eleven crewmen from a torpedoed tanker were brought to the hospital for treatment. Burned and wounded, the men received excellent care from the doctors, nurses and volunteers of Doshier Hospital, and the servicemen were able to return to active duty. Though the hospital was still in difficult straits financially, Administrator Mr. J.J. Loughlin reported the wartime activities of the hospital had somewhat helped the money matters.

For the remainder of the war, Doshier Memorial Hospital operated well despite blackouts, rationing, and drills. Under the persevering direction of Mr. Loughlin, the early shortcomings of the hospital were put in order, and funds were sought for new living quarters for the nurses. After enduring years in the stifling heat of the attic, many nurses felt this was a project whose time had come and one which was well worth pursuing.



Dr. Fred Burdette

The rapid growth which followed the war was not as rapid for Doshier Memorial Hospital. Patient numbers dropped considerably, layoffs were incurred, and the general condition of the hospital suffered. Additionally, Dr. Fergus and his wife moved away. Board member Mr. James Harper recalled that the Duke Endowment checks for free days of care were the only funds which kept the hospital going during this difficult period. As its history had repeatedly shown, whenever times got tough for Doshier Hospital, there was always a glimmer of hope in the horizon. New physicians joined the hospital medical staff: Dr. Fred Burdette, chief surgeon Dr. Landis Brown, Dr. Henderson Rourk, Dr. J.G. Hayes,

Dr. C.P. Stevick, junior member Dr. W.E. Swain, and surgeon Dr. Taubenhaus. Donations came in small lots from the hospital auxiliary, the North Carolina Shipbuilding Company, even from the crew aboard the U.S. Dredge Henry Bacon. Somehow, Doshier would survive this chapter as well.



Dr. Landis Brown

J. ARTHUR DOSHER MEMORIAL HOSPITAL
SOUTHPORT, N. C.

DATE 9/1/46
NAME Mrs. Dorsey Williams
ADDRESS Shelbottle Rd.

FOR SERVICES RENDERED
ROOM _____ WARD _____

Balance		
Hospital Care From <u>8/22/46</u> To <u>9/1/46</u>		60.00
<u>10</u> Days @ <u>\$ 6.00</u> Per Day		15.00
Operating Room		
Delivery Room		9.00
Nursery		5.00
Anesthetist		
Laboratory		
X-Ray Charge		
Board Special Nurse—Day _____ Night _____ Total _____		
Room and Meals (Special)		1.00
Special Medicine		4.50
Sterile Dressings and Bandages		
Telephone and Telegrams		
Painkillers		
Blood Matching		
Transfusion		
Oxygen		
Glucose		
Total		94.50
Credits		10.00
Due		\$ 84.50

ALL BILLS PAYABLE WEEKLY
IN ADVANCE

*Doctor 15.00
Hospital 84.50
Total 99.50
Paid in full
B.S.*

*SEE POST OFFICE, SOUTHPORT, N. C.

An Original Hospital Bill from September 1, 1946

In reaction to the financial difficulties, Mr. Loughlin and the board developed a hospital insurance plan and encouraged the people in Brunswick County to participate. Handled by community churches throughout the county, the program was successful, and Mr. Loughlin reported that insurance payments to the hospital were “life savers.” Despite all the distressing problems it had endured, Doshier Memorial Hospital was still dedicated to and capable of providing quality healthcare.



The 1950s

*Our greatest glory
is not in never failing,
but in rising up
every time we fail.*

- Ralph Waldo Emerson

Since its opening, few major improvements had been made to the physical structure of the hospital. Renovations were desperately needed as the building was now being described as a fire trap.

In mid 1951, the Chairman of the Board of Trustees, Mr. Prince O'Brien, announced the beginning of a major capital improvements campaign to raise \$100,000 to move the hospital away from a "beggarly account of empty boxes." A substantial portion of the funds for renovations - \$80,000 - were to come from the North Carolina Medical Care Commission if the citizens of Brunswick County could raise \$10,000. The county's contribution would then be matched by a \$10,000 grant from the Duke Endowment Fund. Financial assistance would also be sought from the Federal Works Agency in Washington.

Raising \$10,000 in Brunswick County would take much effort, but under Mr. O'Brien's inspired leadership, the capital improvements program was a success. Week to week, contributions came in from across the county and the state. Box lunches were sold, people campaigned, dances were held, and on more than one occasion, the county was canvassed for contributions. By February 20, 1952, the citizens of Southport and Brunswick County

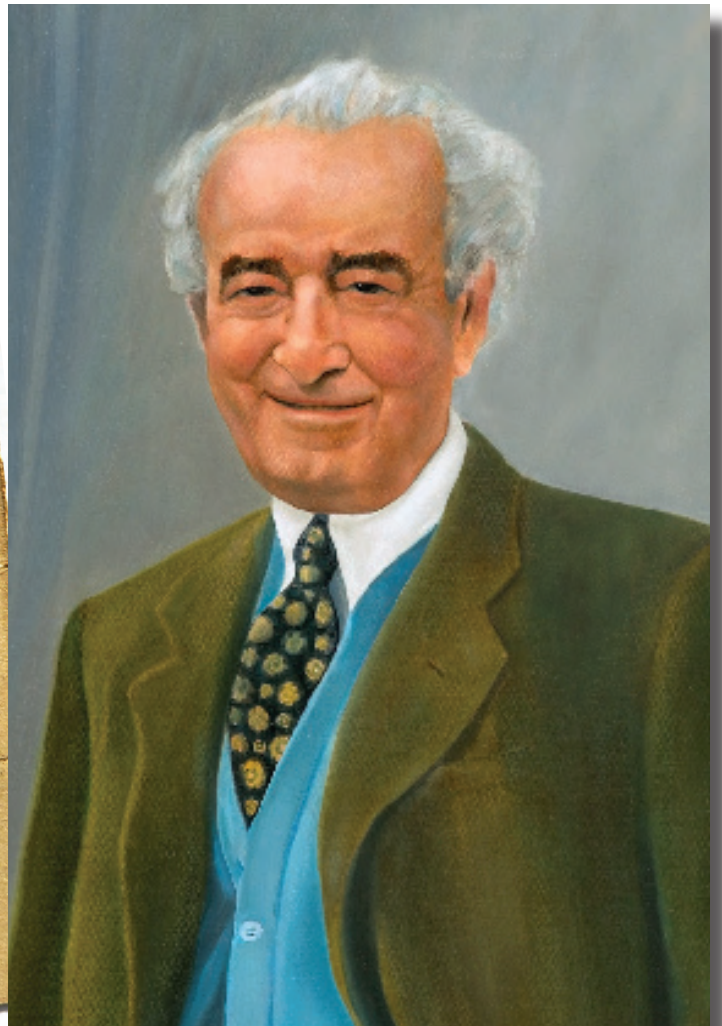
had collected almost \$14,000. Renovations began in 1953 with the installation of a new sprinkler system and elevator and the construction of a new kitchen and four new rooms. The project was completed in 1954.

The next goal was to raise money to replace the outdated equipment in the hospital. Many of the surgical implements had been in place since Dr. Doshier's day, some 25 years prior. Funds were borrowed to buy new equipment, and some equipment was donated yet this barely seemed to scratch the surface of what was so desperately needed. Patient numbers had increased to 45 and 50 a day. Many times there would be four or five babies in the Nursery, and frequently there were more babies than beds. Wicker laundry baskets were kept in the corner of the Nursery to serve as additional bassinets.

The Women's Club made baby clothes, and farmers brought in food for patients and staff. A list of people in the community who could be called to donate blood during emergency surgeries served as the hospital's own "walking blood bank." The hospital auxiliary raised additional funds for an air conditioner and oxygen equipment, and volunteers were never failing in providing necessary labor for personal touches to the

OFFICIAL BOARD MINUTES
May 16th, 1951 - Regular meeting
held with the following visitors
present: Dr. L.G. Brown, chief
of medical staff and Dr. Fred M.
Burdette, Jr. also Mrs. Josie Smith,
president together with Mrs. C. Ed
Taylor, Mrs. Roy Robinson and Miss
Lottie Mae Newton representing the
hospital auxiliary. Board Chairman
Mr. Prevatte stated the meeting was
called for the purpose of doing
something really worthwhile for the
hospital by raising \$10,000. Same to
be matched by Duke Endowment as a
sponsor contribution for a project
to be submitted to the Medical Care
Commission for their approval for
modernizing the hospital. Motion
by Mr. Harper and seconded by Mrs.
Taylor that an organization be formed
at once to raise the \$10,000.00.

January 28th, 1952 -Chairman states
meeting called to report on balance
of Collections of Building fund.
Collections reported tonight \$756.00.
Chairman reports we are over our
\$10,000.00 goal.



OFFICIAL BOARD MINUTES

January 2nd, 1950 - Motion made that the Board adopt Veteran on the job training program for Asst. Hospital Administrator and that the manager be authorized to employ a veteran for the job.

April 9th, 1951 - Motion made that rates for room and board effective April 15th be as follows: Ward Rates \$5.00, Semi Private \$6.50, Private \$8.50, Private \$9.00. Motion made that anesthetist fees be increased from \$5.00 to \$6.50 for each operation, and that the charges for anesthesia be \$7.50 Minor and \$12.50 for Major operations.

May 5th, 1952 - Motion made that Chairman Prince O'Brien be designated the trustee representing the hospital to accept the gift of one lot at Long Beach from Dr. Landis G. Brown. Said trustee is authorized to execute a deed and complete the sale of said lot to A.D. Harrelson for the sum of \$1000.00 dollars. Motion made that the Board of Trustees hereby nominate Mr. Leslie Boney of Wilmington as architect for renovation and building additions to hospital.

November 17th, 1952 - Resolution made ... (3) And whereas the Board of Trustees is interested in attainments and further professional training of the staff as well as in both keeping the hospital abreast of modern developments and having approval of the American College of Surgeons (now Joint Commission of Accreditation of Hospitals)... Be it therefore resolved that the chief of staff be requested to annually secure from each member of the staff a statement of professional meetings attended, papers written or presented, and postgraduate training secured during the year.

May 3rd, 1954 - Motion made that a formal dedication service for hospital to be held on Sunday, June 6th, be worked out by the executive committee.

June 7th, 1954 - Be it resolved that the Board of Trustees realizing the wonderful effort that has been put forth by the hospital auxiliary in raising funds for the remodeling of the hospital (a total of 13,840.00 having been raised in this drive about 2 years ago) also a drive for funds for air conditioning and oxygen equipment for the hospital - a total of better than \$1600.00 having been raised in this drive just completed. Now therefore, the Board of Trustees wishes to express to the Auxiliary their most hearty thanks for their cooperation in making these additions to the hospital possible, realizing that without their efforts it would have been almost impossible to acquire the new additions and much needed equipment that is so necessary in good medical and nursing care of patients admitted to this institution.

October 26th, 1959 - Dr. L.G. Brown appeared before the Board and explained the possibility of acquiring a Radiologist for the Hospital and the equipment that will be necessary to set up such a department.

building. Manual labor also came from employees of the State Highway and Public Works Commission who graded and paved hospital grounds. At the February 1958 Board of Trustees meeting, Mayor Eugene Tomlinson of Southport pledged the city's support of the hospital and thanked the hospital for its hard work.


Staff changes included the addition of Dr. Norman Hornstein and the promotion of Marie Brown, RN, to Superintendent of Nursing after resignation of Inez Shannon, RN, who left for health reasons. Miss Elizabeth Robinson served for 90 days as acting manager during J.J. Loughlin's absence (it was in May 1957 that the title Manager would change to Administrator). Harold F. Aldridge was made Assistant Administrator in 1957, and the position of "maintenance man" was approved by the board. At the end of the decade, the board would begin examining the value of hiring a Radiologist as well.

People continued to dedicate their time to Doshier Hospital, no questions asked. Retired nurse Julia Daniel recounts a story of an employee's daughter who lent a hand: "Kathleen Webb was called and told, 'We need help at the hospital.' She came right in and began working. Two years later a staff member made mention of her paycheck to Kathleen. Kathleen asked, 'What paycheck?' Kathleen had worked diligently for two years without even considering compensation. Later, she went to school and earned her nursing degree."

As approval from the American College of Surgeons was essential, the Chief of Staff would now be responsible for collecting information on the medical staff that demonstrated their commitment to continuing their education. Regardless of the physical condition of the building, Mr. Loughlin and the board were steadfast in ensuring that the care provided would be proficient.



The 1960s



*Those who expect moments of change
to be comfortable and free of conflict
have not learned their history.*

- Joan Wallach Scott

During the 1960s, the struggles of the hospital began to take its toll on the community as interest began to wane. There were only five active members in the hospital auxiliary, and the public gave little notice to the workings of Doshier Memorial Hospital.

Mr. Loughlin resigned as hospital administrator after 18 years of service. More than anyone else, Mr. Loughlin knew the obstacles Doshier had endured in its commitment to quality care despite insufficient resources. During his term, he was so concerned about patient care that he routinely visited patients twice a day. Under Mr. Loughlin's guidance, Doshier Memorial Hospital had experienced steady improvement and had reinforced its reputation as a community institution. The board now had the obligation to find an administrator who would understand the complexities of the hospital's past and who would have the business sense to continue moving forward. This required the Executive Committee to take a hard look at the hospital's operations and begin setting policies to define *professionalism* in the facility.

The 1962 audit placed the hospital's mounting indebtedness at \$40,000 with many of the hospital's bills going unpaid partly due to inadequate collections. In 1963, these problems became common knowledge with the announcement of rate increases and a threatened walkout by most of the staff. With the recurring turnover in administration, staff morale declined. As a result of meetings between the board of trustees and administrator Ms. Frances R. Tillitt, a spending and hiring freeze was initiated until the hospital's financial situation could be improved. Despite these frantic problems, the people rallied around Doshier Memorial Hospital. Mayor of Southport Eugene B. Tomlinson stated, "We want to know what we can do to keep the hospital open." A gift of \$5,000 from the City of Southport helped to cover some of the most urgent expenses.

Numerous changes were enacted at Doshier Hospital. A new administrator, Mr. W.F. Cupit, was hired, room rates were increased, and new collection practices were enforced. Dr. Norman Templon joined the medical staff in late 1963, and Dr. Richard Corbett would become Radiologist later in the decade as well. An anonymous gift helped cover a considerable portion of the hospital's outstanding debts. Public awareness of the hospital's plight had been measurably heightened, and increased economic support was forthcoming.

With the activity of the Hospital Auxiliary declining, Sue King and Trudy Hufham organized a Gray Ladies Chapter of the American Red Cross. Duties included greeting patients, straightening rooms, running errands, watering plants, and changing diapers in the Nursery.



Mr. W.F. Cupit

In 1967, administrator W.F. Cupit began an aggressive campaign to update healthcare services and the facilities at Doshier Memorial Hospital. The hospital applied for grants, solicited foundations, and made personal appeals to improve the financial standing of the hospital. As a result, Mr. Cupit was able to make numerous improvements

to the interior of the hospital and purchase vital equipment. Over \$8,000 was spent on new laboratory systems, and the Radiology and Dietary departments were expanded and updated. Additionally, more nurses and support personnel were hired to meet the needs of the doctors and patients in the hospital. Mr. Cupit and the board emphasized a positive public image for the hospital, its doctors and staff.

New industries and local tourism caused a rapid, seasonal influx in the county's population, and some feared that Doshier would be unable to meet the demands for healthcare services. In order to meet this growth, a new Emergency Room was build, a new Respiratory Therapy department was in progress, and improvements were being made to the facility. Additionally, Dr. Luke Sampson and Dr. Gene Wallin joined the medical staff.

OFFICIAL BOARD MINUTES

May 27th, 1963 - The administrator advised of a telephone conversation with Mr. George P. Harris of the Duke Endowment Foundation regarding efforts of obtaining assistance from said Foundation for the Doshier Hospital. This assistance would be in the form of new equipment and much needed repairs. The administrator presented a schedule of rate changes... The following rates were established:

Wards	9.00
Semi-Private, two beds	11.00
Semi-Private, three beds	10.00
Private	14.00
Nursery	4.00

Operating Room:
 Major: 22.50 1st ½ hr
 plus 10.00 each other ½ hr
 Minor: 17.50 1st hr
 plus 5.00 each other ½ hr

Anesthesia:
 Major: 17.50 1st hr
 plus 5.00 each ¼ hr
 Minor: 17.50 1st ½ hr
 plus 5.00 each other ½ hr

Delivery Room: 20.00
 Delivery Anesthesia: 5.00 - 10.00

November 16th, 1964 - The Board of Trustees authorized the former Chairman Mr. A.H. Gainey, Jr., to transact business of the will of Debra Paxton, Barrington N.J., which gives J. Arthur Doshier Memorial Hospital a fund of \$31,248.54.

The 1970s



*When we are no longer able
to change a situation, we are
challenged to change ourselves.*

- Victor Frankl

Finally, Doshier's future was hopeful. In February 1970, orthopedic surgeon Dr. Nance joined the hospital and in April conducted the hospital's first orthopaedic clinic in the new Emergency room. By 1971, Mr. Cupit reported that over \$70,000 had been expended on improvements to the hospital. Every department had been updated and a new EKG unit purchased. In addition, grants from the Katie Blake Memorial Fund, the Duke Endowment, and Carolina Power & Light Company along with local contributions allowed work to begin on a 12-room addition to the hospital. It was a period of unprecedented growth, yet problems hovered on the horizon. The patient census fell, collections declined, and debts mounted. By the end of 1972, the hospital was more than \$100,000 in debt, and Doshier became a subject for public and political debates.

Debates started with a proposed bond issue to build a new hospital in Brunswick County. The thrust of this proposal sought a reduction in Doshier's services or even its closure. Doshier was deemed to be inefficient and out of date. Despite massive opposition, the county bond issue passed, and plans to build a new hospital in Supply were approved. With the future of their hospital in jeopardy, the people in and around the town of Southport refused to turn their backs on Doshier. Fund drives were held, and bond issues were considered to secure the hospital's financial future. Still, state and local officials demanded Doshier reduce its services and prepare to close.

In response, Southport Mayor Eugene B. Tomlinson declared that the city intended to keep the hospital operational and would go to extreme lengths to do so, if necessary. The battle was on. In one of the most intense struggles in the community's history, the citizens fought to keep Doshier Memorial Hospital open. Lawsuits were filed, petitions signed, and public meetings held to save the hospital. In the spring of 1975, the newly formed Brunswick County Hospital board acted to take Doshier out of the hands of its board of trustees and have the hospital declared an "emergency service center." This action was challenged in court and overturned in June 1975. From this point onward, all efforts were channeled towards making Doshier Memorial Hospital an independent entity.

In 1976, Smithville Township voted 1,866 for and 344 opposed to create a hospital district and levy a four cent per \$100 assessed property valuation tax to support the hospital. This maneuver was intended to protect the hospital from hostile decisions by the county hospital's board and provide funds to build a new hospital. The election was challenged by opponents of Doshier Memorial Hospital but was allowed to stand by the North Carolina Supreme Court.

It seemed that Doshier Memorial Hospital was finally in the clear legally and financially, yet in July 1978 it was revealed that another election had to be held in order to make changes in the bond issue. The people of Smithville Township were asked to vote once more. This time, they responded even more fiercely: a new bond issue for \$3.2 million was passed by 96 percent - a vote of 1,790 for to 79 opposed.

Yet, one political challenge for Doshier's future was the state's development of the Certificate of Need (or CON) in 1979 - one year before the new section of the hospital opened. This legislation would require healthcare providers to apply for permission to provide new services to prevent disproportionate and duplicate services within a limited area. The state would award the bids to the provider it believed would be most capable of meeting the needs of the community. This would mean that Doshier would have to apply to the state for new services it was interested in providing. Its competition would need to do the same.

*Staff training of the new inhalation
equipment in the Respiratory Therapy
department, 1970*



The 1980s

*Continuity gives us roots;
change gives us branches,
letting us stretch and grow
and reach new heights.*

- Pauline R. Kezer



For the first time in its history, Doshier Memorial Hospital was on the road to financial security. Years of struggle had finally culminated in success, and the community could view the future of their hospital with confidence. This future included a total renovation of the old hospital, a new wing, and new doctors' offices – in essence, a modern facility capable of offering the scope of services the community needed. On August 10, 1980 – Dedication Day – the new facility opened its doors 50 years after the establishment of the Brunswick County Hospital.

With local political struggles over, internal struggles would become a factor. Hospital finances forced layoffs of seventeen employees to offset loss of revenue by \$150,000. Rather than cut spending, the board was challenged to find new services to increase revenue. In 1984, an advisory committee comprised of community citizens in Southport and Oak Island formed to help pump financial life into Doshier Memorial Hospital. The board was split amongst itself and with the medical staff as two national healthcare companies unsuccessfully solicited a contract to manage the hospital.

Doshier once again saw high turnover at the top with five new administrators within the first half of the decade. In 1985, Arthur Pittman would become Administrator and take the hospital into the next decade. With the right leadership and visionary guidance, the hospital had promise to be financially sound and was poised to grow.

Optimism became a key word for Doshier's future. More Duke Endowment grants



Dr. Savidge - Internal Medicine

allowed renovation of the original hospital. New buildings, services, and staff were added to the hospital. In previous decades, nurses were called from the floor to assist with operations or to staff the Emergency department. Now, they would be assigned a department dedicated to the specialized care they provided.

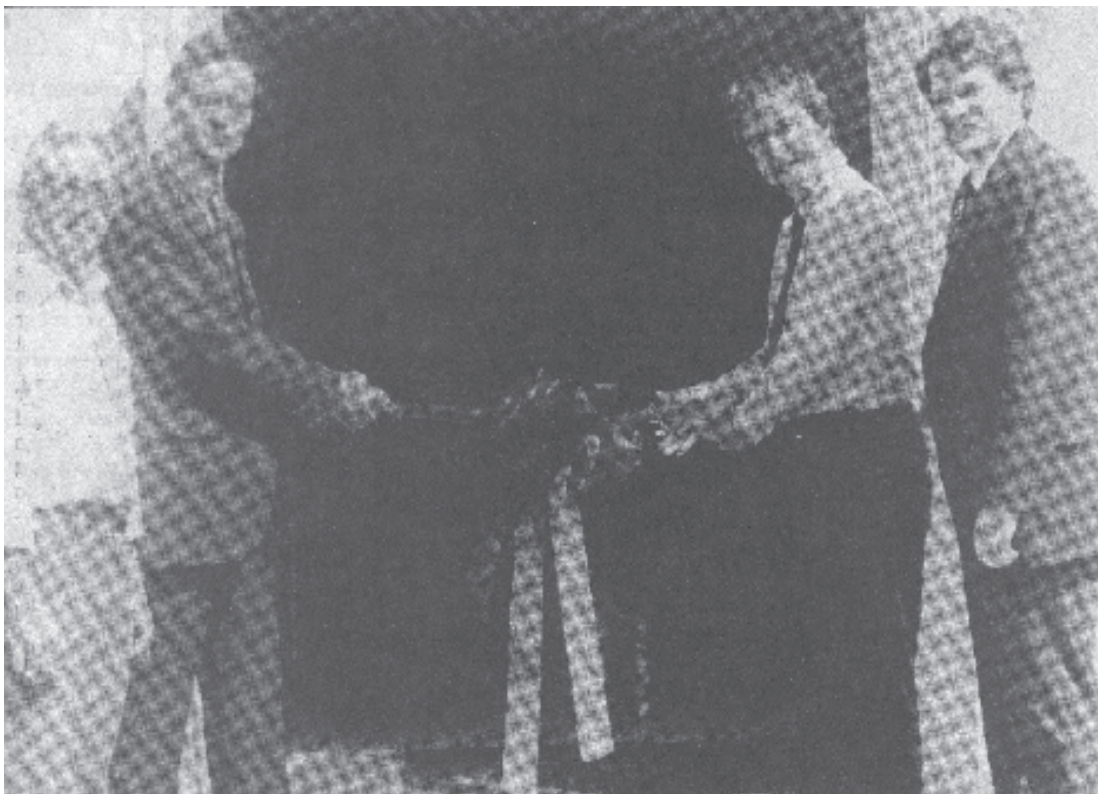
Dosher added new doctors to its active medical staff who would remain the foundation for Dosher's physician base for decades to come: James Adams, MD – Internal Medicine (1981); Robert Zukoski, MD – General Surgery (1983); Peter Almirall, MD – Family Medicine (1983);

John Azzato, MD – Orthopedics (1983); Thomas Savidge, MD – Internal Medicine (1987); George Eason, MD – Radiology (1988); and Douglas Hiltz, MD – Internal Medicine (1989). Additionally, James

Weingarten, MD (1989) joined the Emergency Department staff and would later become Director of Emergency Services.

Mr. Pittman credits the growth during his tenure to a young, dynamic medical staff, a

Physician offices opened in the newly renovated wing of Dosher Memorial Hospital. Taking part in the dedication ceremony are (from left) hospital board chairman Gene Hart, Dr. Robert Zukoski, Dr. James Adams and hospital administrator Marshall Nero.





Mr. Arthur Pittman

progressive and dedicated board of trustees, and a capable management team: “I have often stated to others these are some of the best doctors and managers I have ever worked with in any facility. The board was very far-sighted and forward-looking in providing leadership and support. The hospital had a talented and dedicated staff that provided services in a professional, courteous and respectful manner. If any CEO can find these kinds of teams to work with, he should be very proud to be associated with them. And for this association with the Doshier team, I am most proud.”

Across the country, “healthcare system” would become the catch phrase during this decade. With high dollar technological advances, healthcare providers had to recoup their investments. The development of product lines began: wellness centers, adult daycare centers, specialty clinics, outpatient surgi-centers, minor emergency clinics – anything remotely health-oriented to make a profit. Even in states with strict regulations, the market was saturated with duplicate services, and competition among healthcare systems was fierce.

Adding to the financial pressure, businesses now were part of the financial equation. With payments from federal and state programs decreasing, hospitals began seeking reimbursement from the private and corporate sector. Employers were now paying significant medical costs for their employees and began demanding that their burden be made lighter. This resulted in a rapid increase in managed care models from the [gatekeeper concept](#) to [per capita reimbursement](#) for comprehensive coverage.

Mr. Pittman recalls: “Reimbursement for medical care under the federal programs had been diminishing on a *per diem* basis since 1980 causing most facilities to downsize and take drastic management measures to stay ahead of the game. Managed care Preferred Provider Organizations were just beginning to appear, and the hospital needed to respond to these new challenges. The hospital had been operating at a financial loss for the previous eleven years and did not have

The gatekeeper concept is an arrangement with the healthcare provider and an insurance company wherein the primary care physicians (family practice, internal medicine) refer their patients to specialists (gastroenterologists, oncologists, etc.) so that unnecessary visits to specialists are limited. The per capita reimbursement is a contract between the healthcare provider and the insurance company wherein the insurance company would pay a flat fee per subscriber for healthcare services regardless if the patient received services, making it financially beneficial to offer less-costly prevention programs.

any reserves to act as a shock absorber for making needed changes. This left the hospital in a precarious operating position.” In short, the risks were shifted to the provider. At the same time, due to lower reimbursement, the government tried to ensure that this was not simply made up for by seeing more patients in the same time.

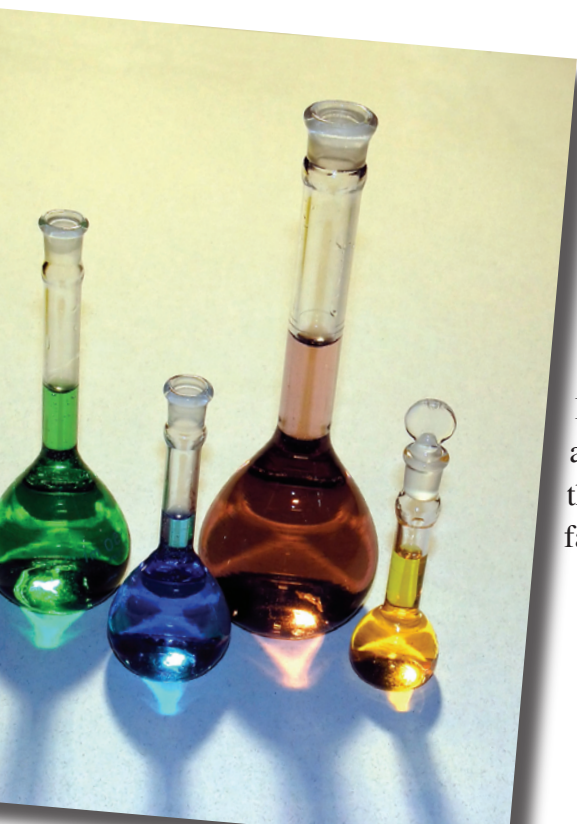
The pressure was also on the doctors. There were new demands to produce better medical results with fewer resources. Instead of patients being admitted to the hospital, they would now be treated on an outpatient basis or through home care services. This resulted



The new Patient Care Unit (top), and the new Main Lobby (above)

in many of the best medical personnel choosing to work in other healthcare settings frequently leaving a mismatch between available personnel and the hospital inpatient needs. Peer review measures were increased to make the doctors more accountable for their performance. The medical community could not lower standards to make up for the lack of compensation. Thus, a battle began between health systems and insurance companies.

Healthcare systems began purchasing smaller hospitals, aggressively merging with the competition, downsizing their staff, moving to other regions and states to acquire new facilities, and even closing some unprofitable hospitals.



A plausible solution was for hospitals to offer prevention programs to keep its community well. As early as 1981, Doshier launched its first health fair – a fair that would grow into an annual event with more than 500 people in attendance for screenings.

The country's healthcare environment was unstable, and rumors circulated that another healthcare system would offer to purchase Doshier Hospital. However, because Doshier remained a tax-supported, township-owned hospital, purchasing the hospital would not be in Doshier's future. No one would have guessed that the hospital's political battle of the 1970s would secure Doshier's future for what was to come in the next decade.

In no way did Doshier suffer as a township hospital. Mr. Pittman reveals why Doshier survived in this environment: "Doshier was in a growing community in which most of the new residents were from a successful financial background. We had the best doctors and managers of any small hospital. We provided comprehensive, quality services. And finally, Doshier had the best employees you could find to provide those services."

Despite the hospital's prosperity, no one lapsed into complacency. Fund-raising continued as a never-ending process. The volunteers contributed thousands of hours to raise money for medical equipment - again. Improvements continued at Doshier throughout the decade but some needs were reassessed.

As a popular retirement community, the median age in Brunswick County reached 55. In order to meet the healthcare needs of this population, Doshier Hospital's emphasis changed. Building improvement projects were scaled down and attention focused on the acquisition of new medical technology. Under the direction of Mr. Pittman, an aggressive campaign was launched to purchase state-of-the-art diagnostic equipment. During these years, the hospital acquired mammography equipment, new physical therapy technology, EKG machinery, cardiac stress equipment, CT scanner, and a color ultrasound system for echocardiography and vascular imaging.



Mr. Pittman observes, “The increase of sophistication and reduction in cost of medical technology became a great equalizer for us. We started doing industrial medicine for the nuclear plant. We increased our efforts in quality assurance to make sure we maintained a high quality of services. And, we were successful in having our laboratory accredited by the College of American Pathologists. To cope with the Medicare reimbursement reductions, we instituted *swing beds*, productivity monitoring, and such. We tried to do what most businesses do – increase revenue and decrease expenses.”

Swing beds are hospital beds that can be used to provide either acute care or long term care beds, and are usually found in rural hospitals.

The staff and administration at Doshier Memorial Hospital looked to the future with confidence, firm in the knowledge that they could address the challenges ahead.



The new main entrance to the hospital

The 1990s



*Success is to be measured not
so much by the position that
one has reached in life as by the
obstacles which he has overcome.*

- Booker T. Washington

Dosher Memorial Hospital experienced a period of unparalleled growth. New construction occurred in the areas of Radiology, Materials Management, Pharmacy, Administration, Social Services, and Engineering. The troublesome events nationally in healthcare seemed to circumvent Doshier. By the early '90s, Doshier Memorial Hospital boasted one of the more advanced technical facilities in Southeastern North Carolina - no ordinary feat for a hospital of only 40 beds. Four more active medical staff came on board in 1990: André Minor, MD – Internal Medicine; Keith Reschly, MD – Family Medicine; Timothy Kelly, MD – Ophthalmology; and Boyce Cole, MD – Otolaryngology. And two Emergency physicians would join the hospital: Joe Pat Hatem, MD and Ziaollah Hashemi, MD. Throughout this time of growth and advancement, quality was never sacrificed.

During the latter part of the '80s through the mid '90s, many hospitals had been unable to meet the demands of their communities, but Doshier remained strong. The hospital's unstable past had cemented

a conservative approach to entering into new services. Doshier opened intensive care beds with state-of-the-art monitoring equipment. The laboratory expanded its services. Physical therapy acquired advanced equipment for evaluating and rehabilitating. Nuclear medicine equipment was purchased, saving many patients from traveling outside the county to obtain nuclear diagnostic testing. Equipment for mammography services was upgraded and certified by the Federal Drug Administration and the American College of Radiology.

In 1992, the management direction of the hospital changed when Arthur Pittman resigned, and Edgar Haywood, III was hired as the hospital's next Administrator. Coming from another rural hospital in North Carolina, Mr. Haywood understood the desire of the community to keep the hospital prospering. Giving back to the community would become a major focus for Doshier under his direction. On speaking of his vision for the hospital, Haywood stated that it was twofold: "On the one hand the hospital wants to provide what the community needs and wants, consistent with the reality of what the hospital can realistically provide." Secondly, he saw the hospital becoming the center of an entire healthcare delivery service. Upcoming projects would include updating the strategic plan and evaluating buildings and grounds.

In 1994, a ten-year strategic plan was carefully developed with the guidance of local physicians, employees, board of trustees, community leaders, and the North Carolina Office of Rural Health. It documented the hospital's strengths, weaknesses, opportunities, and threats. The plan would be followed throughout the next decade, focusing on six general areas that were identified as areas to which the hospital should commit during the '90s: (1) community leadership, (2) service expansion and integration, (3) continuous evaluation, planning and development, (4) marketing & public relations, (5) physical plant development, and finally (6) human resource development.

An essential change was the creation of measurement tools and methods of improving quality. The Improving Organizational Performance (IOP) Council was created to oversee quality measures and to act as a sounding board for suggestions from employees. This brought on the need for the development of a mission statement where everyone would know what the hospital strived to do: provide patient-focused, quality-driven, efficient care by a professional staff. Additionally, the hospital pursued accreditation with the Joint Commission on Accreditation for Healthcare Organizations (JCAHO) which surveyed our services and facility to earn its "stamp of approval." On its first JCAHO survey in 1995, Doshier received accreditation earning a score of 94 percent. Every three years afterward, the Joint Commission would be invited back into Doshier to recertify the hospital and its nursing center. Additionally, patient satisfaction surveys were initiated for inpatient, emergency and therapy services.

One success from the strategic plan was Doshier joining a regional hospital alliance which offered large cost savings, educational opportunities, and the ability to share services and information among other hospitals in a safe, non-competing manner. Mr. Haywood recalls that in the early 1990s Doshier was a bit isolated from its peers. “I think that this was a by-product of the sense of independence the community developed after its battles for survival throughout the hospital’s history. We saw the need for Doshier to become an active member of a healthcare network for volume of scale savings, and thus we joined the Coastal Carolinas Health Alliance in 1993. I think that one of the highlights of my tenure was when Mr. Tomlinson - the proudest ambassador for ‘Doshier Independence’ - made the motion for the hospital to become part of the alliance.”

The ever-growing, non-profit network of North and South Carolina hospitals was created for mutual success by focusing on regional and local healthcare issues. The alliance developed teams among which each hospital would have a representative. Alliance teams would focus on issues relating to the business office, cardiopulmonary, chief nursing executives, health information management/coding, community health, emergency, food service, HIPAA, human resources, infection control/employee health, lab, materials management, medical staff, operations, patient safety, pharmacy, performance improvement, and radiology. Savings would be realized in “power buying” wherein the alliance would combine its purchasing of supplies such as pharmaceuticals and food services to receive a discount.

NEW SERVICES

The medical staff increased in number to almost double the physicians on staff during the previous decade. Ophthalmology, Gynecology, General Surgery, and Pediatrics were added, and Doshier expanded primary care medical practices to both Oak Island and Boiling Spring Lakes. New physicians included: Brad Hilaman, MD – Gynecology (1995); Richard Leighton, DO – Orthopaedics (1997); Larry Weisner, MD – General Surgery (1998); Tom Holland, MD – Family Medicine (1998); Kathleen Leone, MD – Ophthalmology (1998); Jugta Kahai, MD – Pediatrics (1999); and Michael Marushack, MD – Orthopedics (1999).

Hospital services and technology also expanded. In 1994, Doshier Memorial Hospital became one of the first hospitals in the Carolinas to put its nursing notes and test results online. Through a new portable Chart Cart computer system, the staff would communicate instantly with other departments on what procedures, diagnosis, medications, meals, and medical care is given to a patient. By simply touching the computer screen, nurses could input vital information into the patient’s chart while bringing the patient’s medications with them. This would save time in documentation and medication plus reduce errors due to illegible handwriting.

Bobbi Manshack, RN, remembers: “Prior to 1994 at Doshier, as well as many other healthcare facilities, most documented functions in the hospital were handwritten or typed. This included nurses’ notes which painted a picture of your patient. One nurse had even written in a chart ‘patient sitting up in bed eating coconut.’ Ancillary, lab, x-rays, diet, respiratory therapy, and physical therapy orders were handwritten on requisition forms. In 1992 the rumor was that we would be getting computers. Many of our staff had graduated from high school before the electric typewriter. We could not envision how these things called computers would fit into healthcare delivery. Then, here came the computers. To ensure staff was properly trained, a group of employees were sent to Alabama for training. Upon their return, these delegates trained other employees. The computer was introduced in phases: documenting patients’ vital signs; transcribing physicians’ orders; documentation of patient care (i.e. nurses’ notes); and order entry of ancillary orders. We survived this major change in the way we perform our duties. We are very proud to be a part of this transition. Over the years when talking to colleagues from other facilities, they express amazement at how progressive our small hospital is.”

Technology ensued throughout the hospital. A new CT Scan reduced the amount of time the procedure would take, allowing more patients to be seen. A low-dose, early detection osteoporosis screening called DEXA (Dual Energy X-Ray Absorptiometry) was added allowing radiologists to detect bone loss at as little as one percent. Endoscopy and colonoscopy services became available in the mid 1990s.

It was during this period of growth that the state and local

*Left: Susan Hill performs a DEXA scan for osteoporosis
Bottom Left: Dr. Weisner prepares for an Endoscopy
Below: Pat Roney positions patient for CT Scan*



community saw a great need for a skilled nursing center in Southport. As the population aged, services that Doshier Hospital had been providing as acute care had become long-term care.

Doshier's board and administration thought carefully before pursuing a Certificate of Need for the nursing center. Accomplishing the hospital's mission was well-documented by survey results from both the Licensure section of the North Carolina Department of Facility Services and JCAHO. However, authenticating the hospital's dedication to quality, caring service is the fact that generation after generation of Brunswick County citizens have entrusted their care to Doshier Hospital. On November 15, 1996, Doshier Memorial Hospital submitted an application along with 1,500 letters of support from the community which outlined its plans to construct and operate a 60-bed nursing center attached to the hospital.

During the public presentation to the state, Mr. Haywood promised that a skilled nursing center operated by Doshier would be a facility that:

- will treat its residents with integrity and respect
- is safe and attentive to residents' needs
- is readily accessible to physicians
- is clean and pleasant
- is caring and compassionate

The certificate was awarded to the hospital, and in May 2000 Doshier Nursing Center opened its doors to residents.



Doshier Nursing Center

COMMUNITY SERVICE

Mr. Haywood's direction of the hospital focused on the community. The annual health fair continues to serve more than 500 people each year, and other community-focused events would come to the forefront. Community presentations were offered by physicians on topics including mammography, osteoporosis, snoring & sleep studies, menopause, and heart disease.

During the mid '90s, the hospital recognized a missing element at events: the attendance of the African American population. Statistics showed that African Americans had two- to three-times higher risk for stroke, therefore it was essential for the hospital to reach and teach this high-risk group. The hospital worked with several agencies across Brunswick County to host an African American Stroke Screening. With assistance from community leaders, the county health department, hospice, and a home health care agency, Doshier Hospital organized various screenings and provided living wills, tetanus shots and children's immunizations. The event was open to the public, and over two hundred African Americans came for screenings.

For the past decade, the hospital's most well-received event has been the free community flu shots. During the 1994/95 flu season, the Emergency department was full of patients with the Flu. By analyzing specific diagnoses, the hospital was able to determine that a much-needed investment would be to purchase flu shots and give them free of charge to the high risk public. In



Top: Lynda Stanley draws blood at the Health Fair for the Complete Blood Profile; Middle: Bobbi Manshack, RN, discusses risks with a young man at the African American Stroke Screening; Right: nurse Cynthia Triplett gives Betty Martin a flu shot.

October 1995, the first year of the program, over 500 shots were given. The word got out, and the following year, the number of shots increased to 800. Each year the number of vaccine increased until 2,000 shots were given in the late '90s. Since the program's inception, the success of the free flu shots was seen in the reduced number of Emergency visits and the number of patients admitted with a primary diagnosis of the Flu.



Supporting the business community has been part of the Vision Statement of the hospital. "Dosher's commitment and leadership in our community is evident by their support of the chamber," says Karen Sphar, Executive Vice President of the Southport Oak Island Area Chamber of Commerce. By sponsoring the North Carolina Fourth of July Festival and the U.S. Open King Mackerel Tournament, the hospital has supported the community's remarkable growth. Ms. Sphar observes, "The economic impact of these events is well over \$14 million, bringing thousands of people to our area for vacation and even relocation." As the North Carolina Fourth of July Festival's Parade Sponsor, Dosher Hospital takes an additional responsibility in ensuring the spectators don't overheat. The hospital distributes 5,000 handheld fans just before the parade begins.



Hospital staff are continually active on chamber committees including Education, Community Development, Governmental Affairs, Tourism, Business Development, Events, and the Board of Directors, as well as volunteering to help with the chamber's various events. The staff has also participated in the Leadership Brunswick County Program. Standing by its Vision, Dosher Hospital is active in education-related events. Student sports physicals are offered to students at South Brunswick High School prior to the start of a new school year. Twice a year, Dosher sponsors the "Good Neighbor Breakfast," an event in which middle school students are recognized for their good citizenship. Job shadowing, career days, job fairs, and Venture Scouting programs were coordinated to show prospective healthcare workers what a career in the medical field



Top: Joe Putnam distributes fans and greets Crystal Smith from the Shriner's Float; Middle: Connie Shea and LuAnn Stiller sell T-shirts at the U.S. Open King Mackerel Tournament; Bottom: Southport Elementary Students visit the Emergency department on a field trip.

would entail. Employees volunteered to help teach people to read through the Brunswick Learning Center, and the hospital sponsored the annual Spelling Bee hosted by the Brunswick Literacy Council. Children from Southport Elementary School would tour the Emergency department to meet the staff and see the environment, helping alleviate stress during future visits.

An administrator with a soft spot for children and a warm spirit for the holidays, Mr. Haywood began one of the most enjoyable events for children – the hospital’s annual Holiday Tree Lighting. Thousands of lights were strung on a holly tree near the old entrance to the hospital, and Santa Claus would come to light the tree. As the event grew with the number of children, a sixty-foot Leyland Cypress would be the new star. Mr. Haywood never imagined the event would grow to over 100 children sitting on Santa’s knee.

As the environment of healthcare changed throughout the country, Doshier Hospital remained one of the most unique hospitals in North Carolina – a township-owned hospital that was safe from mergers and acquisitions and continued to operate in the black throughout the 90s. With a well-trained staff, an established Board of Trustees, a growing medical staff, and a strong volunteer force, the hospital was well-positioned for the challenges it would see in the new millennium.

EXPANSION - PART OF THE FUTURE

During the late ‘90s, the Doshier Hospital Board of Trustees hired a healthcare architectural firm to complete a master facility plan. This study identified areas of the hospital in need of expansion and renovation to meet the future demand for medical services during the next 20-25 years. Concurrent with this study, a healthcare consulting firm was hired to complete a market study. The study anticipated what services were needed to meet the projected demand through 2020. Although these two studies were completed independently, their findings and recommendation were similar. The board initiated schematic



*Top: Every precaution is taken during construction to transplant the Cypress - the official tree of our Holiday Tree Lighting;
Right: Santa Claus listens to Laney Watts' Wish List.*

The 2000s



The Future depends on what we do in the present.

– Mahatma Gandhi

The first decade of the Millennium would see more growth: new services, new physicians, and a new physical plant. The year 2000 would also see that 75 years after the hospital opened, community support was still strong when the bond referendum of the 1970s was due to expire. In order to conduct tax referendum, the North Carolina General Assembly was requested to amend Doshier's enabling legislation. This amendment authorized the Brunswick County Board of Commissioners to call a referendum of the Smithville Township voters to issue limited obligation bonds to finance the proposed expansion and to extend the hospital's authority to levy a property tax for an additional 30 years. The proceeds of this tax were to be used to retire the bond issuance and to provide for capital improvements to the hospital. Upon receipt of a petition containing the signatures of 400 Smithville Township voters and after conducting two public hearings, the county commissioners scheduled the referendum for the May 2000 primary election. Consistent with the requirements for a bond issuance, the hospital sought and obtained approval from the North Carolina Local Government Commission for this bond issue, which recommended that the issue not exceed \$13 million.

Approximately 2,700 voters participated in this referendum with 59 percent voting in favor of both the bond issue and the tax extension. In addition, both the bond and tax extension issues carried all five Smithville precincts. Although the results were contested and appealed by a small group of citizens to the Brunswick County Board of Elections and the North Carolina State Board of Elections, the original tabulated vote was certified in July 2000.

During the summer of 2000, the hospital was offered land near the intersection of highways 133 and 211 as a site for a new hospital. Doshier Hospital's Board of Trustees considered this offer; however, after consulting with the North Carolina Department of Human Resources' Certificate of Need Section and obtaining estimated costs for a new facility, the offer was declined in favor of expanding the hospital on its present site. The estimated cost of a new facility far exceeded the \$13 million approved bonds by \$8- \$10 million, and a portion of Doshier's current 36 licensed acute beds would be put at risk if the hospital were moved. In addition, a move would mean that Doshier's Nursing Center would stay put and lose the economy of scale it enjoys by being located within the hospital.

In the fall of 2000, Doshier's board sought proposals from architectural firms specializing in healthcare design to design and coordinate the construction of the hospital's expansion project. Wilkerson Associates Architects was chosen as the project architect and immediately began the schematic and budgetary work. In addition, a Raleigh-based healthcare consulting firm was retained to help prepare the required Certificate of Need application. The certificate was granted in July of 2001, the project was advertised for bid, and construction began in early 2002.

Right: Dr. Joe Pat Hatem tries in jest to stop the demolition of the hospital; Below Left: "The First Bite" - the razing of the original building begins; Below Right: Coleen Sadewater, RN, and all hospital managers clean the old bricks from the original building for later use.



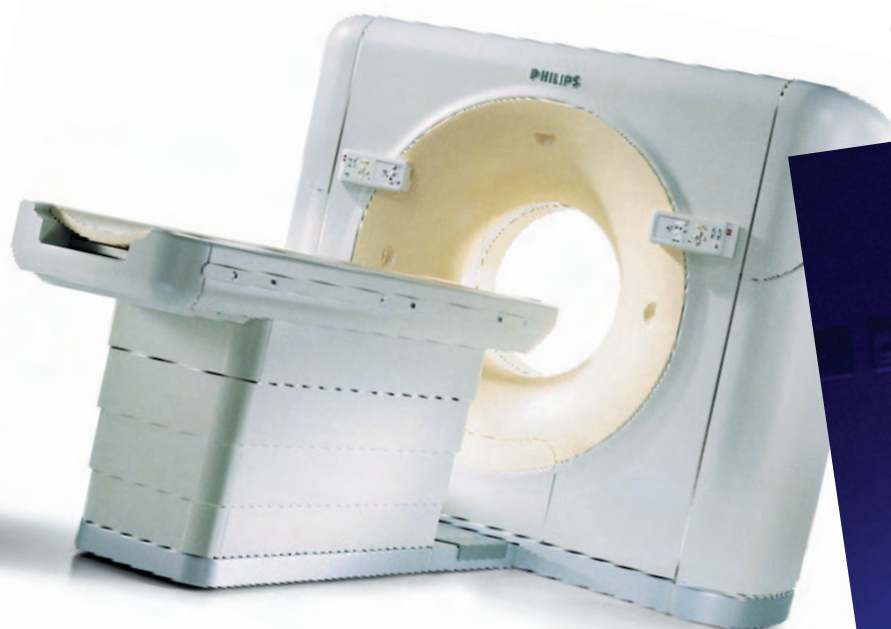
The hospital would add over 34,000 square feet of new construction and renovate over 18,000 square feet of existing space. Unfortunately, the project required the demolition of the original 1930s hospital structure to build a two-story outpatient addition along with the one-story Emergency/Diagnostic Imaging addition. Saddened by the impending physical loss of Doshier's history, the hospital staff found a way to reincarnate part of the hospital. Like a phoenix rising from the ashes, the bricks from the demolition were rescued, and the staff cleaned the mortar from the brick so a new sign could be constructed.

The foundation of the two-story portion was constructed to support a third floor to provide for future expansion. Space for Surgical, Emergency, and Therapy services more than doubled the existing areas, and the Imaging department increased more than 60 percent. In addition, most administrative services would now be housed on the second floor of the new building so that ground floor space could be used for patient care services. The new facility provides easier access to services with greatly improved patient flow throughout the hospital.

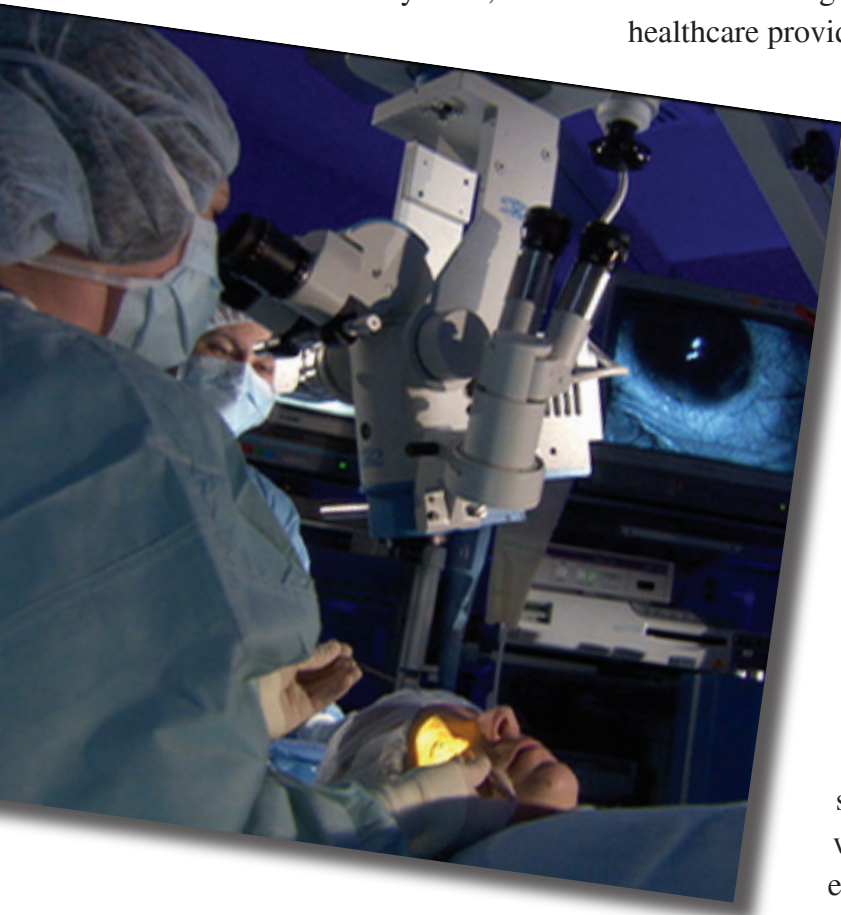
The physical plant isn't the only advancement seen in the 2000s. Ever-changing technology enables healthcare providers to improve efficiency and communicate digitally. Hospital departments are now computerized and connected to an intranet so that sharing essential documents and information would happen at the touch of a button. Patient Care Units became accustomed to the technology of Chart Carts and now use the PYXIS medication system which allows medications to be administered accurately and timely.

Always advancing, digital imaging technology has improved the quality of diagnostic imaging studies and the efficiency of the department. In 2003, a Computer-Aided

*Diagnostic Imaging Technology:
Left: 16-Slice CT Scanner; Right: PACS monitor.*



Diagnosis (CAD) program was introduced in mammography to complement the radiologist's skills in searching for the slightest irregularities on mammogram studies. A new LoRad MIV mammogram unit, donated by the hospital volunteers, would provide improved imaging capabilities. In 2005, Diagnostic Imaging received a new Picture Archive Communication System (PACS) which enables the department to electronically view, transmit and store all diagnostic images. This new system allows healthcare providers convenient, immediate access to



the results from any location: digital images can be relayed to the patient's physician instantly, opening communications with specialists who can simultaneously review and consult from their offices. Additionally, the department purchased a new Brilliance CT scanner which offers physicians advanced diagnostic technology with rapid speed and outstanding image quality. Detailed 3-D images can be generated with this unit as well as cardiac imaging and noninvasive vascular procedures.

The new surgical suites will soon be voice-activated allowing the surgeon to simply say "lights" and the boom light will turn on. Advancements in surgical equipment allow a quicker recovery time through laser and laparoscopic surgeries and other less invasive procedures. For patient

safety, Doshier is also one of the few hospitals to automatically monitor brain waves of surgical patients ensuring patients are sleeping soundly before the procedures begin.

Another exciting opportunity for Doshier Memorial Hospital was the selection of the nursing center for participation in a pilot program with the Medical Review of North Carolina. The program is a collaborative effort sponsored by the Centers for Medicare & Medicaid Services in which nursing centers publicly report their quality measures.

The medical staff grew with the addition of new doctors and new specialties: Dax Hawkins, MD – Ophthalmology (2001); Domenic Palagruto, DO – Family Medicine (2001); Gail Capel, MD – Radiology (2002); Terry Pieper, MD – Internal Medicine (2002); Karen Wood, MD – Family Medicine specializing in Women's Health (2002);

Bryan Satterwhite, DPM – Podiatry (2002); Edward Hayes, MD – Urology (2004); and Juan Aldrich, MD – Cardiology (2004).

With the addition of the new nursing center and other new services, Doshier Memorial Hospital's staff had grown as well. The hospital adopted a "Standards of Behavior" for staff. Identified by a team of employees collaborating for months, 11 behaviors would define the overall image employees want to present: courtesy, compassion, respect, commitment, responsibility, communication, professionalism, cooperation, individual attention, privacy, and safety. All employees are accountable to maintain these behaviors and upon hire, sign a policy agreeing to such.

Quality of care is constantly improving by keeping abreast of trends in the healthcare industry. Nationally, healthcare's primary initiative focuses on patient safety. Doshier Hospital concentrates on this same initiative through patient identification, accurate communication among caregivers, medication safety, equipment safety, reducing healthcare-associated infection, and identifying patients at high risk for falls.

Today, Doshier Memorial Hospital has 28 departments dedicated to patient care. Though only a few departments have direct, hands-on care, it takes many different specialties to ensure the process is efficient and of the highest caliber possible. Interdisciplinary teams include staff from nursing, social work, occupational therapy, physical therapy, speech therapy, utilization review, cardiopulmonary, and dietary. The team meets regularly to determine what disciplines or services would benefit each patient admitted, and the team reviews the care plan with the patients' physicians for his or her consent.

Hands-on patient care departments include Cardiopulmonary, Diagnostic Imaging, Emergency, Laboratory, Nursing Center, the Patient Care Unit, Surgical Services, and Therapy Services. Clinical support departments include those functions that work directly with the nurses, technicians, therapists, and other clinical staff to ensure a smooth plan of care. These include Dietary, Environmental Services, Infection Control, Patient Service Center, Pharmacy, Social Services and Utilization Review. Ensuring the business process runs smoothly, non clinical departments include Accounting, Administration, Coding, Human Resources, Information Management, Marketing & Public Relations, Materials Management, Medical Records, Patient Accounts and Plant Operations.

Hospital Departments

Overseeing the operation and management of the hospital is [Administration](#). Headed by an Administrator/Chief Executive Officer (CEO) and an Assistant Administrator/Chief Financial Officer (CFO), the two officers meet regularly with staff, senior management, physicians, and the Board of Trustees to identify key issues of the hospital so that patient care can be performed efficiently. Administration also represents the hospital on a state level through participation in the North Carolina Hospital Association. The department is responsible for physician credentialing – verifying that all emergency physicians, active medical staff, doctors seeking consulting privileges, anesthetists, physician assistants, and Allied Health staff are licensed and meet the criteria to perform their duties at Doshier.



[Cardiopulmonary](#)

Established in 1970 as Respiratory Therapy, the Cardiopulmonary department offers nuclear stress testing, pulmonary function tests, EKGs, Holter monitors, cardiac event monitors, stress testing, stress echocardiography, arterial blood gas, aerosol therapy, ventilator management, oxygen therapy, and pulse oximetry. The therapists help asthmatics breathe, return chronic lung patients to their baseline, help cardiac patients reach their target heart rate, and assist pulmonary function patients in reaching their optimal lung capacity. Cardiopulmonary staff is certified in Basic Cardiac Life Support and Advanced Cardiac Life Support. Because North Carolina requires a license for Respiratory Care, the department is licensed by the state and is board certified by the National Board of Respiratory Care.

[Coding](#)

Ensuring that all procedures and diagnoses are translated into standard codes for reimbursement and billing is the function of the Coding department. Statistics gathered by this department are useful when the hospital researches types of patients that have been seen to determine additional disciplines or services that might be beneficial for the

hospital to offer in the future.

[Diagnostic Imaging](#)

Diagnostic services includes many specialized imaging modalities in addition to the traditional X-ray including ultrasound, nuclear medicine, CT Scans, MRI, mammography, and DEXA osteoporosis scans. Digital Imaging is the newest technological advance in the industry. With this innovation, test images can be sent digitally to physicians' offices in just a few moments without the cumbersome films of the past. Rapidly changing technology challenges the imaging department to continually renew their

equipment. The hospital volunteers have donated thousands of dollars to help ensure this department always maintains advanced technology available for the services we provide. Since the mid 1990s, diagnostic imaging procedures have more than doubled with more than 30,000 tests ordered annually.

Dietary

Fulfilling an essential need for patients, Dietary is responsible for approximately 8,000 meals each month. The staff is skilled in planning diabetic, low sodium, heart-wise, and calorie-monitored meals for just about any prescribed diet and in accordance with the Nutritional Care Manual. Monitoring patient and resident satisfaction is a key function for the staff. A representative from the Dietary department visits patients and residents daily to ensure their nutritional needs and taste preferences are being met. Serving patients, residents, family members, physicians, staff, volunteers, and the public, the Dietary department has the challenge of preparing well-balanced, nutritious meals for a wide range of tastes. The staff takes great pride in offering a variety of items, and will soon offer home-style buffet dining to nursing center residents. “There’s something for everyone in our cafeteria,” says Food Service Director, Debby Luzefski, CDM, CFPP. With a smile, she continues, “Nutrition is our mission, but care is always on the menu.”



Emergency

Since Brunswick County is a popular tourist destination, the Emergency department has to be prepared for any crisis from cardiac emergencies and water-related accidents to allergic reactions and critical injuries. In addition to traditional emergency medicine and triage nursing, the team is trained for nuclear decontamination and running scheduled evacuation drills with FEMA and Progress Energy. The staff is certified in Advanced Cardiac Life Support, and most are certified in Pediatric Advance Life Saving and the Trauma Nurse Core Course. The new construction increased the hospital’s Emergency department rooms to 11. One of the department’s biggest challenges is the same every hospital faces – non-critical patients and those without insurance frequently use the service as a doctor’s office, often delaying treatment for patients. To reduce the misuse, the hospital began a triage system to analyze the medical necessity of patients so that those with true emergencies would be seen first. The department is also investigating the possibility of a Fast Track system.

Environmental Services

Responsible for approximately 100,000 square feet of interior space, Environmental Services works hard to maintain a clean and germ-free environment. From patient rooms and resident living quarters to public restrooms and office spaces, housekeepers clean and sanitize areas, replace toiletries, polish floors, vacuum carpeting, and dust surfaces. Staff responsibilities also include studying products that will work together without chemical interactions, to ensure staff and patients have no reactions to cleaning products and to make certain products don’t leave residue that could cause falls or illness.

Human Resources

Human Resources works in conjunction with departments to attract suitable applicants to work at the hospital through hiring or contractual employment. Developing staffing needs, following trends in staff retention, orienting new employees, refining job descriptions, evaluating compensations, creating employee-related hospital policies, and securing competitive benefits packages are primary functions of Human Resources. Additionally, Human Resources serves as an information source for job openings, annual evaluations, pay rates, disciplinary issues, and employee-related issues.

Infection Control and Employee Health

A small department with a large task, keeping patients and employees at minimal risk for infection and injury is the primary function of Infection Control and Employee Health. Infection Control's biggest challenge is staying abreast of changes in infection control measures with tuberculosis, emerging organisms (SARS, avian flu, West Nile), multi-drug resistant organisms, and bioterrorism agents while keeping updated with requirements from the Centers for Disease Control, Occupational Safety & Health Administration and the Joint Commission on Accreditation for Healthcare Organizations. Reducing injuries from "sharps" (needles) and educating staff on hand hygiene has been a priority since the department began in the '80s. Reviewing patient records for indications of hospital-acquired infections is also a primary task for Infection Control. In the Employee Health function, the department provides Flu vaccines to staff as well as pre-placement and annual health screenings. Longtime employee Lisa Tyson, RN, COHN-S observes, "Preventing infectious diseases reduces the hospital's costs by reducing absenteeism and disability."



Information Management

What started as a data entry department years ago has evolved into a department focused on interdepartmental communications through servers and network switches. Because the hospital is connected via intranet and Internet, the Information Management department assists departments in determining what computer systems would be most effective for their function, installs those systems, and ensures all systems throughout the hospital operate efficiently. With the surge of technology and the security risks from the internet, the department works diligently to ensure departments are safe from virus threats in cyberspace.



Laboratory

Certified by the College of American Pathologists, the clinical Laboratory collects specimens, performs tests, reports the results, and provides scientific and medical consultations. Through tests on patient fluids and tissue, the lab aids the physician in screening for disease, establishing and confirming diagnoses, and monitoring the course of disease and the patient's response to therapy. The hospital's lab has evolved

tremendously throughout the decades. In the past ten years, lab procedures have increased 275 percent with over 116,000 tests performed in 2004. Services include urinalysis, hematology, microbiology, serology, coagulation, chemistry, transfusion services, on-site frozen sections, and pathology services. In the early half of the decade, testing and assays were performed manually on the benchtop. The majority of these assays involved what we now consider simple chemistries, such as glucose and potassium, and the evaluation of blood smears. As methods improved over the years, Doshier has improved its lab services by acquiring state-of-the-art automation to decrease the amount of time it takes to give information to the physician. Between 1965 and 1968, Doshier acquired \$8,000 worth of lab equipment. Today, one multi-channel analyzer may cost as much as \$100,000. Along with an increase in the price of technology, the quality of the results has improved, and the amount of blood required to perform an assay has decreased. The department's director, Lynda Stanley, is also a member of the senior management team as Senior Director of Hospital Operations.

Marketing & Public Relations

Created in 1994 from the Strategic Plan, the primary functions of Marketing are providing public information about the hospital and developing all communications tools such as brochures, advertisements, website, and commercials for radio and television. Public Relations activities such as writing press releases, organizing events and community lectures by physicians, and physician recruiting are also key responsibilities. Additionally, the department distributes and analyzes patient satisfaction surveys and studies the market to find new opportunities for the hospital.

Materials Management

Responsible for developing and coordinating the purchase and storage of all supplies, the Materials Management department ensures supplies are ordered accurately, at the right price, within the necessary timeframe, and that supplies work properly in conjunction with other supplies. Long-time department manager Gwen Wearren says, "There's a lot more to it than just paperclips. We order it all, and we have a complete process before and after ordering." The department supplies forms and stationery, surgical and medical supplies, office supplies and equipment, and many other nonstandard items. Plus the staff has to find a storage room for inventory, bar code items for charges, and record departmental requests. Saving the hospital money by investigating prices through different vendors is a priority for Materials Management. One way the department achieves savings is through vendors contracted with the health alliance. The department performs regular inventories to minimize waste and encourage departments to standardize supplies.

Medical Records

In the early years, the person who checked patients into the hospital likely processed the medical record and prepared the bill. As hospital activities and services increased, the Medical Record department developed as a necessary function when official patient records became legal documents. Records in the Medical Record library were filed alphabetical by last name. Eventually, more advanced numerical filing systems were initiated. Today, providing medical records to physicians and clinical staff is the main function of this department. Close attention to detail is a must as the record may be needed



for patient care, transcription, reimbursement, utilization review, risk management, or legal purposes. Since the record may pass through several hands, protecting patient privacy is key. “As important as the accuracy and completeness of the medical record is, the privacy and confidentiality of it is just as critical,” affirms Jocelyn Coleman, RHIA, department manager. National laws and HIPAA guidelines (Health Insurance Portability and Accountability Act) were established in the early 2000s. No matter who is requesting the record, the Medical Record staff provides these records in a timely manner so that patient care can be as efficient as possible.

Nursing Administration

Ensuring that all nursing departments operate seamlessly, establishing policies and procedures for patient care activities, serving as risk management, and overseeing JCAHO and performance improvement initiatives are the primary functions of the nursing administration department. Department director Connie Shea, Senior Director of Hospital Operations, is also a member of the hospital’s senior management team.

Nursing Center

Since its opening in May 2000, the nursing center provides residents with the necessary skilled nursing services to attain and maintain the highest possible physical, mental, and psychosocial well-being. Based on the Eden Model, the nursing center encourages residents to care for a courtyard garden, birds, plants and flowers so they may become active members in their care and become as independent as possible. Receiving round-the-clock nursing care, residents may require services such as IV therapy, blood transfusion, and wound care. An interdisciplinary team ensures the residents receive every modality necessary to return them home as quickly as possible. Residents may receive occupational therapy, physical therapy, speech therapy, dietetic counseling, and recreational therapy as part of their plan of care. Outings in the community are possible thanks to the generosity of the volunteers who donated a handicapped-accessible van to the center. Certified by Centers for Medicare and Medicaid Services and surveyed annually by the North Carolina Department of Facility Services, the restraint-free nursing center takes great pride in offering respectful, dignified care for all residents regardless of their length of stay. Michele Lawrence, RN, Nurse Manager explains to staff and visitors: “Residents do not live in our facility - we work in their home.”

Occupational Therapy

Occupational Therapy helps patients achieve maximum independence by rebuilding fine motor skills so they can perform Activities of Daily Living with limited assistance. Therapists address visual, perceptive, and cognitive skills by teaching patients judgment, motor planning, problem-solving, spatial orientation, and sensorimotor integration skills. Instruction and assistance is provided for self-care tasks such as eating, grooming, hygiene, bathing, and dressing. Adaptive equipment instruction to enhance a patient’s



independence is also a key responsibility for staff in this discipline.

Patient Accounts (Business Office)

Located across the street from the hospital, Patient Accounts, also known as the Business Office, collects balances from insurance companies and patients while submitting accurate information to payers.

Answering patient questions, resolving problems, and keeping current with insurance requirements and state and federal regulations are daily functions. In 1999, the addition of electronic billing software has enabled staff to edit claims and find potential errors before transmitting bills to insurance companies.

Additionally it has dramatically decreased the time it takes to collect on claims. Director of Patient Accounts Seth Bohrer says, “We live and breathe customer service. Our goal is to answer questions the same day we receive them.”



Patient Care Unit

The Patient Care Unit provides acute nursing care and education to inpatients and outpatient surgery patients who stay for observation on A-Wing and B-Wing. Katherine Davis, RN, Nursing Supervisor for the unit says, “The nursing staff is here to make a difference in our patients’ and families’ lives for the better.” She shares the motto on her unit: “If it is to be, it’s up to me.” Some functions of the patient care unit include blood transfusions, procrit injections, neupogen injections, iron replacement therapy, porta cath flushes, and PICC line flushes. Nurses on the

unit are also trained in Basic Cardiac Life Support and Advanced Cardiac Life Support. Pride in the nursing staff is evident as many who join the hospital return to college to get advanced degrees in the nursing profession. Presently, the hospital census continues to see over 5,000 inpatients per year – about 10 percent more than a decade ago.

Patient Service Center

“Bring us your sick, your injured, your ailing, and we will get them registered,” states Shirley Rudder, PSC Supervisor. Gathering patient information accurately and promptly so patients may be treated as soon as possible is the priority for the PSC. Patients register at the PSC for emergency service, inpatient and outpatient diagnostic testing and procedures, and surgeries. Staff strives to give everyone prompt, undivided attention. Ms. Rudder is proud of the new process of pre-registration for outpatient surgery, cardio tests, and MRIs which have helped alleviate the bottleneck for patients coming in for unscheduled tests. She says, “Communication with the departments is essential. Once the PSC has registered the patient, the Emergency department can then quickly triage patients to treat those most in need first.”

Payroll & Accounting

Financial functions are performed within this department including payroll, accounts receivable, accounts payable, budgeting, financial reports and departmental expense reports. Technology has

enabled this department to become more automated with the hospital's computer system, time clock, automated payroll, and direct deposit. One unique duty for this department is being able to spot fraudulent invoices sent by businesses who count on busy accounting departments to overlook small bills. Department manager Karen LeMay remarks, "With the tremendous growth of employees over the past five years, technology has made the job very efficient. In 2004, the department of three processed 5,500 accounts payable checks and 10,000 invoices."



Pharmacy

Since the hospital opened, one department that has seen a considerable change is Pharmacy. In the early years, the daily tasks of the department were supplied by a local retail pharmacist. The pharmacist would come by the hospital for about an hour before opening his shop to supply patients with medications. Nowadays, Pharmacy is responsible for purchasing medication and delivering it to all the patient care areas – surgery, patient care unit, emergency, and the nursing center. A Medication Administration Record is created by Pharmacy to verify nursing safe administration guidelines of medications. Pharmacy is also responsible for monitoring drug and food interactions. Ed Kirby, RPh, Director of Pharmacy is proud of the implementation of an automated drug dispensing device. He says, "PYXIS was a big step for patient safety which allows prompt administration of the correct medication. The system provides a secure storage area for drugs and is interfaced with the hospital-wide computer system." Mr. Kirby looks forward to a bar coding system which will allow more effective tracking of individual medication dosages from its acquisition to its administration.

Physical Therapy

Prior to 1986 Physical Therapy was a contracted service. Dr. John Azzato was the initial medical director for the department and was instrumental in its formation. PT Assistant Lynn Wozniak was one of the department's first employees and is still with the department today. Since its beginning, the PT department has expanded tremendously. As medical technology changed and new services were provided by the medical staff, PT continued offering rehabilitation services to complement them. The purpose of physical therapy is to restore function and return the patient to full Activities of Daily Living. Alleviating pain and dysfunction, promoting wellness and fitness, and educating patients on proper body mechanics and healthy exercise are other functions of therapy. Gene DesLauriers, MPT, Director of Physical Therapy, says, "Therapists understand the interaction of all your body parts. Our hands-on approach begins with examination, diagnosis and treatment of the immediate problem. We teach you how to take care of yourself by showing you how to exercise correctly and how to use your body to gain strength, mobility, and to prevent an injury from recurring." The PT department now sees patients in the acute setting, at the outpatient clinic, and in the nursing center. Mr. DesLauriers shares his reason for the

department's success: "The day begins with a smile and ends with a smile. We know we are there for a purpose, to make people better and that feels good."

Plant Operations/Engineering

Director of Plant Operations Coy Overton, CHFM, says about his daily schedule, "It doesn't matter what I plan to do today, something will change our plans for the day. You have to be flexible." Responsible for over 153,000 square feet of space, the department performs preventative and routine maintenance on all hospital equipment, the facility itself, and physician offices both on and off campus. Additionally, the department is charged with maintaining hospital vehicles, heating and ventilation equipment, the generator, fire alarm system, boilers, and cooling towers. Department staff provides transportation as a courier for all departments, operates a bus for the nursing center, and supports hospital functions. Lastly, the staff acts as hospital security throughout the day. Mr. Overton says one of the most rewarding projects he has overseen is the change out of the in-house fire alarm system which has taken an antiquated system to a state-of-the-art system. "Originally, the system was divided into large zones," he explains. "When an alarm went off, the zone was announced overhead and the staff had to search in the zone which alarm was sounding. The new system identifies each and every alarm device that is

set off." Mr. Overton states, "It took about two years to change the entire system out because we had to keep the old system functional while putting in the new system piece by piece as fire protection was needed at all times."



Social Services

Providing medical social services to patients, residents, and their families is the mission of this department. Services include crisis intervention, nursing center placements, home care support, and the preparation of living wills and healthcare powers of attorney. Educating the staff on abuse and neglect is an important function of the department as well. By acting as a liaison between the hospital and community resources, social workers are able to coordinate the patient's way through the admission process, care planning, discharge planning, and assist with needed services once the patient returns home. Discussing the changes in healthcare delivery over the past

decade, Ava McDonald, BSW, says, "We have become more effective in documentation and each patient has a more individualized discharge plan." She believes in the saying: "Helping hands ensure quality results."

Speech Therapy

Speech therapy assists patients and residents who have speech, language, voice, fluency, and swallowing disorders. Proper eating is essential in maintaining wellness, and good communication skills help maintain social stimulation and interaction. Therapists assist patients in building listening and cognitive skills, verbal expression, orientation and memory skills. Additionally, reasoning and problem-solving skills, swallowing, voice quality, and alternative communication are taught by therapists. In 2002, the department received a Swallowing Work Station, equipment which performs a digital video study

frame-by-frame from the mouth into the esophagus to see what happens to a patient while swallowing food and liquid. Therapist Troye Hinson, MMS/CCC/SLP says, “My biggest challenge is educating the public about services and informing doctors about new procedures in early intervention.”

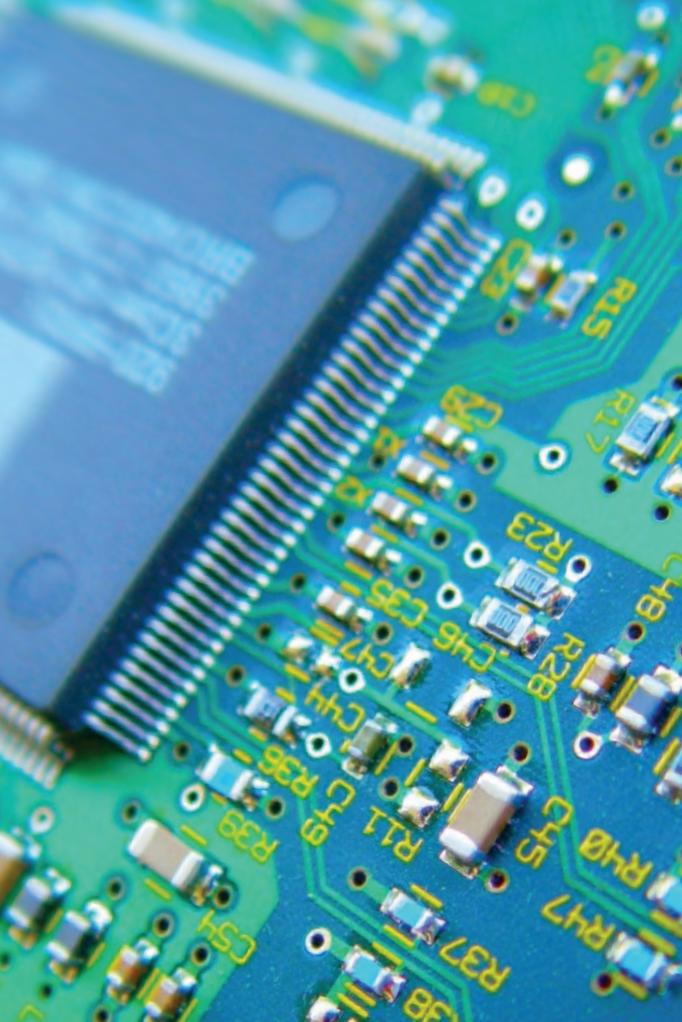
[Surgical Services & Endoscopy](#)

New surgeries are added each year as new physician specialties become credentialed. The operating room offers inpatient and outpatient surgeries ranging from total joint replacements to foot surgery; ear, nose, throat procedures to laser eye surgery; and urologic surgery to laparoscopic gall bladder removal. A separate unit in the new operating room offers comprehensive endoscopic procedures (endoscopy, colonoscopy). Becky Netzer, RN, Surgical Services Manager says, “We operate on a team approach. We work together to individualize each patient’s care. Everyone has an equal say to improve our care and streamline our day to day activities.” More than 200 surgeries are performed monthly – a long haul from the hospital’s one-per-day when it opened.

[Utilization Review](#)

The Utilization Review department provides and implements a hospital UR program to ensure each patient’s plan of care is medically necessary. The UR nurse visits clinical areas daily to observe compliance rules regarding discharge from the hospital.





*Every true history
must force us to
remember that the
past was once as real
as the present and
as uncertain as the
future.*

- George Macaulay Trevelyan

It's hard to predict how the future of medicine will evolve over the next few decades. National news reports are surfacing of microchip implants that will enable genetic markers to identify illnesses and diseases before they happen. Just around the corner is a miniature color video camera called a "PillCam" encapsulated in a small pill that - when swallowed (and expelled) - will take 2,600 pictures of the digestive system, eventually replacing today's Endoscopy. Cloning and stem cell research are hot topics in the political arena as is a national healthcare insurance plan. New procedures in plastic surgery are the subject of ethical debates wherein organ donors may posthumously offer a burn patient an entirely new face. Advances continue for patients suffering from multiple sclerosis and AIDS. Today's headlines read "New Hope for Alzheimer Patients." With patient safety on the national agenda for healthcare providers, new microchip technology with radio frequency identification is just emerging to identify surgical patients to minimize chances of performing surgery on the wrong site or on the wrong patient. And there are continued media reports of nursing and physician shortages anticipated in the coming years. Microchip implants of medical records into patients have recently been approved by the FDA wherein consenting adults have the ability to carry vital medical records in a "VeriChip" the size of a grain of rice. Tomorrow's headlines are likely to be as astonishing – with the trend being less invasive procedures and infinite uses for microchips.

What is understood is the direction Doshier Memorial Hospital will take: a carefully calculated, customer-oriented approach to fulfilling the medical needs of our community. With the county ranking fifth fastest growing county in the state, we already foresee the need to expand our service area in Boiling Spring Lakes, St. James, points in between and beyond. Our physician base and specialties must continue expanding in order to meet the community growth. Already considered for the near future are pacemaker insertion, cardiac rehabilitation, lithotripsy, and an increased emphasis on women's health issues.

Politically, the geographical extension of the taxing authority has always been a publicly-driven issue. The hospital's position is that it is up to the public to make that happen. Financially, the hospital will continue to be managed efficiently and cost-effectively. Working within the Alliance to contain costs and taking proactive approaches for impending reimbursement reductions will continue.

Our successes of today have been the result of research and planning that identifies the need and our ability to fulfill that need with the medical staff, funding, and equipment. We have always prided ourselves on the ability to offer the highest technology available within the scope of services for a hospital of our size. Guiding this movement will be a new strategic plan developed with the Board of Trustees, physicians, community leaders, the hospital management team, and other essential contributors. As goals and objectives are reached, future management teams will revise and update strategies to continue Dr. Doshier's dream of caring for the citizens of Brunswick County.

On a celebratory note, mark your calendar for the hospital's 100th Anniversary in the year 2030 for the opening of a time capsule which will be planted at our Diamond party on Thursday, June 2, 2005.

Doshier Memorial Hospital ~ 75 Years Young ~ 75 Years Strong.

From "Hospital Auxiliary" to
"Gray Ladies" and "Pink Ladies"
and now "Doshier Hospital Volunteers"
this group of humanitarians is

Tickled Pink



*We make a living from what we get. We make a life from
what we give. What we do for ourselves dies with us. What
we do for others and the world is immortal.*

- George Eliot

The history of Doshier Volunteers is a celebration of about 1,000 people who have contributed personal service to Doshier since the hospital opened in 1930. It applauds their adaptation to 75 years of changing needs, community growth, new facilities and procedures.

When Dr. Doshier was working to open the new Southport hospital, the caring people of Smithville Township campaigned diligently at public meetings, card parties and over backyard fences to successfully pass the 1928 hospital bond issue. The people's dedication continued as they oversaw the construction of the three-story hospital. As carefully as they followed the hospital's progress, they anticipated equipment and maintenance needs. Without benefit of any formal organization, volunteers made their interest, time and skills available for whatever the hospital staff needed. Men built footstools, handrails and installed shelving donated by the ABC store. Money for capital items such as commodes, blankets and microscopes came from bake sales conducted by the female volunteers. The ladies continued to bake beautiful buns, biscuits and bread available throughout the years.

Jessie Taylor assembled a group of ladies (including Dr. Doshier's wife, Grace, and his nurse, Ericka Larson) to "do things" for the hospital. Mrs. W.G. Butler was the first president of the Pink Ladies Auxiliary, according to Margaret Connaughton. The ladies put a quarter in the "kitty" every month for supplies to mend torn screens, stitch floral curtains and convert bed linen into surgical dressings. Lizzie Robinson was always on hand with her two little girls, Ressie Whatley and Dorothy Gilbert – two little girls who would become a foundation of the volunteer organization of today.

Floor plans for the first Doshier included a Gift Shop, a glass-walled corner near the front entrance. Every visitor passed a display of baby items, paper flowers and dental needs, but it is best remembered for nickel candy bars. Eventually, the Gift Shop was converted to the Admissions Office.

Requests for in-service training of local residents were made but instruction was delayed by wartime demands on the medical profession. Training came in 1942 when World War II impacted the community hospital as a treatment center for submariners from Fort Caswell. Forty women received nurse aide training from Red Cross personnel. Five of those aides remained in service for 15 years.



This section was written by longtime Doshier Hospital Volunteer Annette Prigge. Although Annette is no longer with us, our historical record would not be complete without her wonderful account of the volunteers' history.

Volunteer Labor Contributions - End of Calendar Year 2004 -

Total Hours to date:	248,851
Number of members, 2004:	188
Hours worked, 2004:	25,233.9
Value at \$8.00/hour	\$201,864
FTE Equivalent	12.1 employees

A few years later Katie Blake arranged Grey Lady training that prepared a group of women to assist with floor duty. They performed bathing and feeding tasks and whatever else was asked. They mastered control of the balky elevator so they could move patients from the second floor to treatment centers. They shopped for patients—even bought snuff! Mary Bellows drove patients home in her Chevy.

Doshier was never without the support of volunteers during the stressful '50s and '60s when

the future of the hospital was financially threatened. In fact, its community supporters were on the job as the Hospital Auxiliary and the Gray Ladies for 50 years before the organization officially and legally organized. Volunteers had achieved much progress by agreeing among themselves what was to be done by whom, but spontaneous solutions were inadequate for long term projects that kept cropping up.

For all the attention given to everyday activities, volunteers also found time to support other worthwhile projects. In addition to her work in Radiology and the Medical Record department, volunteer Mary Young served as liaison with the Red Cross Blood Program. During the 1970s Mary organized a crew of volunteers to assist Red Cross personnel at donation sites whenever needed. Volunteers carpooled to Sunny Point, Shallotte, Pfizer, Dupont, Carolina Power & Light and the Bolivia Complex almost monthly. In recognition of her services Mary brought home the American Red Cross Gold Circle award on two occasions. Some volunteers continue to assist in blood collection at the present time.



*Mary Young volunteering in
Medical Records*

It was also during this time that the volunteers decided to formalize their organization at the request of Mrs. Haake, wife of Commander of the Military Ocean Terminal at Sunny Point. They would soon open a bank account as well. A committee met in Sacred Heart Social Hall. Members of that group included Julia Coan, Margaret Connaughton, and Annette Prigge; Cecelia Franck was elected secretary. Their challenge was to draft a constitution and by-laws that would structure their efforts without binding their accommodation to whatever would come in the years ahead. The process took a year of meetings, and in 1978, a document was unanimously ratified by 74 charter members of the “Dosher Hospital Volunteers.” Volunteers promised to wear pink uniforms on duty, attend meetings, log service hours and provide a substitute when they were unable to work.

During the volatile time when county officials tried to close the hospital, volunteers once again protected their beloved Dosher. When not on duty they contributed their opinions to the press and to their neighbors. Margaret Connaughton, Eileen Sunder and a dozen volunteers devoted days on end explaining the crisis to friends and strangers both by phone and on their doorsteps. In 1978 we won an overwhelming political and medical victory - and a “new” hospital.

Dosher nurse and in-service coordinator Marie Hart conducted a 12-hour training program that prepared 20 volunteers for floor duty. Avie Nubel’s class notes became the official guidelines for incoming volunteers who chose to perform patient services. Volunteers gained valuable experience during a realistic disaster evacuation of the hospital in 1979. Following evacuation of the old building in October 1980, a group of volunteers returned as Dosher’s sales representatives, selling beds, cabinets, chairs, and commodes—whatever was left in empty rooms.

The first item on the volunteers’ social agenda was August 10, 1980 - Dedication Day for the new hospital construction project. Volunteers and hostesses Margaret Moore and Mary Bennett coordinated the invitations, monogrammed table linens, provided punch bowls with silver ladles, and taste-tested finger foods. When the great day came, volunteers made a very “pink” presence for hundreds of guests from across North Carolina.

In 1980 several young people requested the opportunity to serve as Candy Stripers. They were accepted

for supervised summer duty at the Flea Market and at the reception desk. Ten years later 12 young ladies were accepted into a new “VolunTeen” program.

As soon as space in the old building was reserved for a medical library, a committee of volunteers offered to assist in the organization process. With the professional expertise of Ruth Ramsey, Lorraine Bellamy and Mary Bellows, approximately 250 medical texts and journals were assembled, catalogued and shelved.

There was no opposition to the volunteers’ decision to support neighboring Ocean Trail Convalescent Center in the ‘80s – the volunteers were pleased to contribute to the rehabilitation of friends. Pajamas and gowns donated to the Flea Market were reserved for Ocean Trail residents, and drawstring pouches were stitched so they could be hung from wheel chairs. Melissa Dutcher conducted a weekly craft class where the residents could make trinkets and tray favors from supplies – beads, shells, matchboxes, pine cones – collected at volunteer meetings. A supply of prizes was readily available for the convalescent center’s Bingo games. Myrtle Trunnell and Maybelle Clemmons arranged gala buffets throughout the year. Doshier volunteers hosted the center’s Mothers’ Day Reception and occasionally drove ambulatory residents around town to observe ships in the harbor or azaleas in bloom. With the passage of time, many of our volunteers have become residents of Ocean Trail and now, too, residents of Doshier’s new nursing center.

THE FLEA MARKET - 1971

After 30 years of daily use, the hospital furnishings and equipment needed replacement. New diagnostic and treatment facilities became essential. Bake sales were definitely inadequate for major funding. Doshier volunteers rented a little shop on Moore Street and opened the Doshier Hospital Flea Market in 1971. About 20 people scheduled themselves to solicit, display and sell whatever the community would donate. Geneva Smith sold men’s shirts for ten cents! The shop was open for business ten hours a week, and in two years, the Flea Market cleared about \$1,000. The volunteers reached beyond the Flea Market’s bricks and mortar. In 1973 the men constructed a booth for the 4th of July Festival where they sold soda, brownies and chips, raising \$689 in just three days.

In 1973, progress in Southport would temporarily claim the Flea Market. The building was demolished to make room for downtown commercial construction. The Weeks’ family donated their two-story garage to the hospital, and the garage was



moved to 9th Street and converted to what would be the second home of the volunteers' Flea Market. John Richards laid the flooring, Preston Bryant installed the plumbing, Tommy Gilbert wired the electricity, and Wally Nichols hung the doors. Community patronage was good – then that building was demolished to make room for physician offices.

Flea Market “number three” was a hastily constructed, temporary cinder block shell on Howe Street in front of the old hospital. It was a dull, damp, cold – or steamy – environment that challenged the dedication of everyone who volunteered to work there. As soon as the hospital had access to the Hood Building in 1979, the volunteers were ready to plant their feet firmly and begin business in downtown Southport.

Volunteers breezed into their fourth Flea Market as a duly constituted organization in March 1979 with a Flea Market committee in charge. They made good use of ample space for sorting, storage, display and sales. Good publicity in *The State Port Pilot* brought in new customers from Oak Island and Boiling Spring Lakes, many of whom joined the volunteer organization. While they liked the building's floor space, it was hardly a cozy place to work: the 80-year-old roof leaked, the back door was stubborn, the cranky furnace complained constantly, but business improved steadily. Shoppers walked past a well-dressed headless mannequin to examine racks of good clothing and tables of household items. The committee workers grappled with managerial problems until Hilda Austin established procedures for 40 men and women who sold everything from fishing tackle to playpens – and one automobile! Sales often zoomed to over \$300 weekly at a time when hospital finances were shaky.

An alternate source of funding was initiated by Dorothy Gilbert. Her involvement in municipal affairs prompted her to combine special civic events with hospital needs. Dorothy organized and trained a group of willing volunteers into a catering service and publicized our availability to large groups. In the 1980s the volunteers hosted a ladies Luncheon and Fashion Show while their husbands were fishing in the King Mackerel Tournament. Of course the fashions worn by our models came from our Flea Market. Subsequently, the volunteers were asked to cater several Fourth of July civic receptions and buffet luncheons for the Oak Island Ladies Golf Tournaments. Dorothy estimated they raised \$1.50 per person at each catering engagement, totaling more than \$1,000.

Southport buzzed with excitement when the film industry came to town. The Flea Market became a police station during the filming of *Amos and Andrew*. While the cameras were rolling volunteers watched from across the street. On re-opening, the Volunteers invariably found bags and boxes of donations at our back door every morning until one Sunday morning in December 1994 when fire gutted the building. We salvaged 67¢ from a mangled cash box.



The Hood Building fire stunned the volunteers and the community...but only briefly. Within weeks, the Flea Market sign was hanging over temporary quarters at Brunswick County Airport, the fifth home of the ever-determined flea market. John Swain was busy building display shelving, and the parking area was filled six days each week. Under chairperson Hilda Austin's prudent management, financial obligations were met and the volunteers contributed \$10,000 for nuclear medicine equipment.

Major fire damage to the Hood building was repaired in 1996 and volunteers prepared to return to Moore Street. The Flea Market Committee worried about moving stacks of valuable merchandise from the airport salesroom back to Moore Street needlessly: a special new group of Volunteers joined in - truckers! This group of well-muscled men loaded their vehicles with countless cartons and made scores of trips to Southport. Many hands pitched in to unpack and make departmental order of the chaos for re-opening in January 1997. Customers returned to an attractive bright, spacious salesroom. Sales accelerated past \$1,000 monthly, permitting the Volunteers to donate funds for the hospital to purchase central telemetry equipment.

While the Flea Market operates to raise funds for Doshier, the Flea Market staff of 50 volunteers has always been alert and responsive to a range of human needs. Victims of shipwreck and house fires are given free access to clothing and household equipment on hand. More than 500 paperbacks were sent to Desert Storm in the '90s. Donations to Hope Harbor, Goodwill, Ocean Trail Convalescent Center, Shallotte ministries, Providence House and comparable facilities are acknowledged seasonally. It's this Flea Market that was established by the community that has given so much back to its supporters.

VOLUNTEER SERVICE

The volunteers' 1978 constitution has been amended on several occasions without detracting from the service goal of our predecessors. Regular monthly meetings follow the usual agenda except for two significant additions that focus on "the big picture" of hospital management and community life:

- 1) The hospital's administration is present to apprise of personnel, property, medical, and legal concerns and projections of the hospital's Board of Trustees.
- 2) By invitation, volunteers are introduced to representatives of professional, commercial, social and cultural enterprises operating in Southeastern North Carolina.

Hospital service is required of all members. Committee service is optional—but rarely refused. Committee work is an expression of the caring spirit that 150 volunteer members share. One committee administers an Education Grant to young people who aspire to a career in the medical field. Several other committees express personal care for fellow members by sending "sunshine" to the ill and by substituting for those who cannot work as scheduled. When active duty is no longer feasible, members are given Emeritus membership to honor their retirement from service. In the hospital's nursing lobby, stars are hung in recognition of members who volunteer for service above and beyond the expected service performance for the fiscal year. Nominees are recommended by their fellow volunteers.

The opportunity for men and women to accept department assignments developed gradually as their availability and dependability was observed by supervisors. Physical Therapy was first to request a volunteer. Subsequently volunteers accepted assignments in Emergency and Diagnostic Imaging. Approximately 50 Volunteers now log weekly service time in physical therapy, telecommunication, medical records, materials management, surgical services, and the nursing center.

The hospital's reception desk operates under volunteer committee management. It is a critical

assignment since each receptionist contributes to Doshier's cordial, competent, caring image. Training, supervision and procedural guidelines assist volunteers to implement hospital policy, protect patient privacy and accommodate visitors. A succession of managers has kept two gift shops stocked with temptations for visitors, staff, patients, and visiting children. On occasion, volunteers have accepted donations of handmade items from gifted local craftsmen - a crocheted shawl or a carved figurine says "RAFFLE!" to the volunteers who printed \$1 raffle tickets for finely embroidered table linens, appliquéd aprons and birdhouse bungalows for display in the shops. The tickets sell themselves - one afghan brought in \$179.

Gift shop sales are now recorded by ever-present receptionists who collect 50¢ for candy bars. Ressie Whatley continued baking her sourdough bread and selling loaves in the gift shop for \$1.50 until she passed away. The gift shop has brought in many a dollar for the hospital, but the biggest fund-raising entity is the volunteer's Flea Market.

As an organization, the Volunteers have made significant contributions to Doshier Hospital and the Southport community. They find inspiration in the resourceful achievements of their predecessors. Though the volunteers didn't begin recording their time until two decades ago, their official recorded hours are over 250,000 hours of service. Financially, they have donated over \$700,000 and continue to give each year to capital projects and departmental equipment. Today, about 200 volunteers actively

Doris Anthony, Bill Crowe, and Stella Gundersen perform various volunteer duties throughout the hospital.



Volunteers enjoying their annual awards dinner.

Clockwise from top:
George Ellis earning his Emeritus status; President Maryann Van Meter presenting Avie Nubel with her Star Award; Emeritus volunteer Lillian McMillan receiving flowers with her honor; and Lee Helmsin and Charmalee Boehm awaiting their meal.



Volunteers – Who have given 20 or more years of service

	Pre 1950	Over 50 years	(deceased)
Ressie Whatley		28 years	(Emeritus)
Hilda Austin	1976	25 years	(deceased)
Annette Prigge	1976	28 years	(deceased)
Mary Young	1976	26 years	(active)
Mary Bellows	1978	26 years	(active)
Jean Fairley	1978	26 years	(active)
Avie Nubel	1978	24 years	(deceased)
Geneva Smith	1980	23 years	(active)
Helen Hodson	1981	23 years	(Emeritus)
Lillian McMillan	1981		

Decades of Donations

1973	Bed Linen, curtains
1974	Air Conditioner, stethoscope
1975	Lobby Furniture, Water mattress
1976	Microscopes, electrolyte
1977	Obstetric Equipment, Kitchen fans
1978	Commodes, steel carts
1980	Reception at Dedication
1981	Body Temp Cooling/Heating System, Dept. Furnishings
1982	Ultrasound Equipment & Microscopes
1983	Defibrillator
1984	Mammography Equipment
1985	Commercial Toaster Oven
1986	Bellamy Mammography Fund
1987	Hood Building Repairs
1988	Echocardiography Equipment, Video Camera
1989	Nuclear Medicine
1990	Laparoscopic Cholecystectomy Equipment
1992	Defibrillator, Ophthalmology Tray
1993	Oximeters, MBP Modules, PCA Pumps
1994	Central Telemetry
1995	E.R. Communication System
1996	Equipment & Room Furniture
1997	Laser for Eye Surgery, Blood Plasma Storage Freezer & Centrifuge
1998	Puree/Food Processor, Bair Hugger & Passport Monitor, Sponsorship of an Osteoporosis Speaker
1999	Mammography Machine, FCE Software, PACU Stretcher, OR Stretcher, Wheelchair, Endoscopy Room, Orthopedic Tray, Lab Laser Printer, Electronic Differential Counter, Refrigerator/Freezer, and Microscope
2000	Computer Notebook & Presentation Projector, Handicapped Van for Nursing Center, Burnisher, Computer Upgrade for PHACO (cataract surgery), Misc. Electronics for OR, 2-Tiered Shelf Unit for Scope Cleaning, Support of inhouse training
2001	Ventilator, Lift-Chair for Bathing in Nursing Center, Sara-Lift for lifting bed-bound residents in Nursing Center, 6 multi-position recliners w/trays for hospital, alenti-lift for hospital, centrifuge for Lab, ultrasound unit for Physical Therapy, commercial microwave and toaster for Dietary
2002	Speaker System, Sling Lift with scale, copier, power exam table, electronic medical record system for PT, Directory bulletin board for SNF, heat seal press, yogurt machine
2003	Stuffed animals for O.R. and E.R. Pediatric patients
2004	Ultrasound, Digital Imaging, MIV

Total Donations
[as of April 2005]

\$721,084.51



Former Volunteer President Lu Wilson and Longtime Treasurer Pauline Swain present Administrator Edgar Haywood with one of many checks throughout their years of service.



Volunteer Officers

- 1972-1973 - SECRETARY: Cecelia Franck
- 1973-1974 - PRESIDENT(s): Dorothy Gilbert/Lorraine Bellamy; VICE PRESIDENT: Julia Coan; SECRETARY: Cecelia Franck; TREASURER: Margaret Connaughton; CHAPLAIN: Peggy Clark
- 1974-1975 - PRESIDENT: Dorothy Gilbert; VICE PRESIDENT: Julia Coan; SECRETARY: Peggy Clark; TREASURER: Cecelia Franck; CHAPLAIN: Margaret Connaughton
- 1975-1976 - PRESIDENT: Margaret Connaughton; SECRETARY: Cecelia Franck
- 1976-1977 - PRESIDENT: Julia Coan; VICE PRESIDENT: Ressie Whatley; SECRETARY: Margaret Connaughton; TREASURER: Dorothy Gilbert; CHAPLAIN: Margaret Hood
- 1977-1978 - PRESIDENT: Ressie Whatley; VICE PRESIDENT: Maxine Fulcher; SECRETARY: Annette Prigge; TREASURER: Dorothy Gilbert; CHAPLAIN: Margaret Hood
- 1978-1979 - PRESIDENT: Ressie Whatley; VICE PRESIDENT: Maxine Fulcher; SECRETARY: Annette Prigge; TREASURER: Dorothy Gilbert; CHAPLAIN: Pearl Aldridge
- 1979-1980 - PRESIDENT: Annette Prigge; VICE PRESIDENT: Mabel Reid; SECRETARY: Jean Fairley; TREASURER: Julia Coan; CHAPLAIN: Lucille Chaffin
- 1980-1981 - PRESIDENT: Annette Prigge; VICE PRESIDENT: Nora Kincaide; SECRETARY: Jean Fairley; TREASURER: Julia Coan; CHAPLAIN: Esther Davis
- 1981-1982 - PRESIDENT: Dorothy Gilbert; VICE PRESIDENT: Cecelia Franck; SECRETARY: Mary Laird; TREASURER: Ressie Whatley; CHAPLAIN: Dickie Riley
- 1982-1983 - PRESIDENT: Dorothy Gilbert; VICE PRESIDENT: Cecelia Franck; SECRETARY: Mary Laird; TREASURER: Ressie Whatley; CHAPLAIN: Annie Francis
- 1983-1984 - PRESIDENT: Mary Laird; VICE PRESIDENT: Elizabeth Guido; SECRETARY: Phyllis Jamieson; TREASURER: Ressie Whatley; CHAPLAIN: Annie Francis
- 1984-1985 - PRESIDENT: Mary Laird; VICE PRESIDENT: Bill Dunn; SECRETARY: Phyllis Jamieson; TREASURER: Kay Bannon; CHAPLAIN: Annie Francis
- 1985-1986 - PRESIDENT: Phyllis Jamieson; VICE PRESIDENT: Jean Fairley; SECRETARY: Eva Hall; TREASURER: Ressie Whatley; CHAPLAIN: Annie Francis
- 1986-1987 - PRESIDENT: Phyllis Jamieson; VICE PRESIDENT: Jean Fairley; SECRETARY: Annette Prigge; TREASURER: Ressie Whatley; CHAPLAIN: Annie Francis
- 1987-1988 - PRESIDENT: Mary Laird; VICE PRESIDENT: Annette Prigge; SECRETARY: Shirley Lewis; TREASURER: Cynthia Parry; CHAPLAIN: Annie Francis
- 1988-1989 - PRESIDENT: Phyllis Jamieson; VICE PRESIDENT: Annette Prigge; SECRETARY: Shirley Lewis; TREASURER: Ressie Whatley; CHAPLAIN: Annie Francis
- 1989-1990 - PRESIDENT: Annette Prigge; VICE PRESIDENT: Lu Wilson; SECRETARY: Jean Fairley; TREASURER: Marie Royal; CHAPLAIN: Annie Francis/Ressie Whatley
- 1990-1991 - PRESIDENT: Annette Prigge; VICE PRESIDENT: Lu Wilson; SECRETARY: Jean Fairley; TREASURER: Jan Quinn; CHAPLAIN: Pauline Swain
- 1991-1992 - PRESIDENT: Jean Fairley; VICE PRESIDENT: Jackie Slockett; SECRETARY: Annette Prigge; TREASURER: Pauline Swain; CHAPLAIN: Lois Cogburn
- 1992-1993 - PRESIDENT: Lu Wilson; VICE PRESIDENT: Doris Anthony; SECRETARY: Jean Fairley; TREASURER: Pauline Swain; CHAPLAIN: Olive Jorgensen
- 1993-1994 - PRESIDENT Bill Crowe; VICE PRESIDENT: Doris Anthony; SECRETARY: Betty Johnson; TREASURER: Pauline Swain; CHAPLAIN: Hazel Pait
- 1994-1995 - PRESIDENT: Doris Anthony; VICE PRESIDENT: Gibby Wilson; SECRETARY: Doreen Quist; TREASURER: Annette Prigge; CHAPLAIN: Hilda Austin
- 1995-1996 - PRESIDENT: Lu Wilson; VICE PRESIDENT: Jean Fairley; SECRETARY: Dot Bowman; TREASURER: Pauline Swain; CHAPLAIN: Hilda Austin
- 1996-1997 - PRESIDENT: Carolyn Zarbock; VICE PRESIDENT: Elinor Handler; SECRETARY: Dot Bowman; TREASURER: Pauline Swain; CHAPLAIN: Olive Jorgensen
- 1997-1998 - PRESIDENT: Nancy Landry; VICE PRESIDENT: Carolyn Zarbock; SECRETARY: Mary Ann VanMeter; TREASURER: Pauline Swain; CHAPLAIN: Shirley Lewis
- 1998-1999 - PRESIDENT: Mary Ann VanMeter; VICE PRESIDENT: Betty Miller; SECRETARY: Elinor Handler; TREASURER: Pauline Swain; CHAPLAIN: Hannah Warner
- 1999-2000 - PRESIDENT: Mary Ann VanMeter; VICE PRESIDENT: Jennifer Dunn; SECRETARY: Marilyn Graham/Dot Bowman; TREASURER: Pauline Swain; CHAPLAIN: Hannah Warner
- 2000-2001 - PRESIDENT: Mary Ann VanMeter; VICE PRESIDENT: Nancy Landry; SECRETARY: Dot Bowman; TREASURER: Pauline Swain; CHAPLAIN: Hannah Warner
- 2001-2002 - PRESIDENT: Arch Wilson; VICE PRESIDENT: Connie Rice; SECRETARY: Joan Soucy; TREASURER: Pauline Swain; CHAPLAIN: Maggie Carr
- 2002-2003 - PRESIDENT: Arch Wilson; VICE PRESIDENT: Connie Rice; SECRETARY: Joan Soucy; TREASURER: Pauline Swain; CHAPLAIN: Phyllis Allen
- 2003-2004 - PRESIDENT: Mary Ann VanMeter; VICE PRESIDENT: Nancy Landry; SECRETARY: Joan Soucy & Dot Bowman; TREASURER: Pauline Swain; CHAPLAIN: Connie Rice
- 2004-2005 - PRESIDENT: Mary Ann VanMeter; VICE PRESIDENT: Nancy Landry; SECRETARY: Jean Stout; TREASURER: Pauline Swain; CHAPLAIN: Lee Boehm

Volunteers of Doshier Hospital

as of April 2, 2005

Carl Anthony • Doris Anthony • Betsy Asimos • Hilda Austin • Helen Azzato • Chris Baker • Diane Bartlett • William Bauernschub • Joyce Bellerose • Mary Bellows • Joan Bernaciak • Marcia Beroset • Bill Blair • Peg Blair • Gerrie Blik • Lee Boehm • Dianne Boguskie • Dot Bowman • Gene Bowman • Howard Brackett • Jane Brackett • Carol Brocchi • Audree Brown • Barbara Brown • Helen Burwick • Pat Campbell • Charles Campen • Gerta Campen • Katherine Carpenter • Ruth Carver • Gay Casey • Genesta Cheek • Millie Christiansen • Marjorie Clemmons • Orabelle Clemmons • John P Conley • Joyce Cook • Bill Crowe • Maddy Daviaux • Mary Davis • Susan Dinsdale • Michael Dixon • Shirley Donnelly • Betty Doshier • Veda Doss • Betsy Duncan • George Ellis • Glenda Elswick • Barb Enright • Jean Fairley • Barbara Farley • Arlyne Fetterer • Carolyn Fix • Vivian Fletcher • Peg Flowers • Shirley Fowler • Nona Fox • Sylvia Franklin • Cathy Fravel • Patrice Frink • Richard Geiger • Albert Giddings • Kathy Googins • Joy Gregory • Carolyn Griffith • Sidney Grove • Stella Gundersen • Anne Hall • Margaret Hankins • Ed Hardin • Kate Hardin • Virginia Hargreaves • Ginger Harper • George Hayworth • Katherine Heller • Anna Hennessee • Lucy Henry • Jack Hisley • Helen Hodson • Eunice Hogan • Ann Hollingsworth • Joan Holloway • Marie Howlett • Kathy Hubbard • Eloise Humphrey • Elizabeth Hutt • Phil Isenberg • Janet Jackson-Ledermann • Willa Jarvis • George Jensen • Harold Jones • Patricia Kelly • Nancy Kern • Bonnie Kinzer • Susan Kirchner • Lorraine Kleinschmidt • Karen Knighton • Sue Koontz • Lynn Kuhn • Nancy Landry • Edward LaPorta • Jane Lawson • Judith Lechner • Bernard Ledermann • Barbara Ledford • Carolyn Leonard • Dorothy Lewis • Shirley Lewis • Nancy Lippincott • Eleanor Loughlin • Joe Loughlin • Claudia Lowe • Ron Madden • Lorraine Maccomb • Rosa Mae McCoy • Aleyah McKenzie-Muhammed • Sylvia McLeod • Devota McMehan • Lillian McMillan • Katie McQueeny • Alice Memet • Audrey Miller • Rose Minett • Draden Moore • Edmund Moran • Grace Moran • Ellen Morgan • Georgianna Morris • Pam Moyers • Jean Myers • Lois Myers • Gladys Myrie • Patricia Nashlenas • Carol Nelson • Ernestine Neville • Nickie Nimorwicz • Avie Nubel • Carol O'Donnell • Toni Oliver • Peggy Parker • Cynthia Parry • Patricia Paul • Jamie Pearson • Sonja Perkins • Sandy Perryman • Debbie Pettis • Mary Ann Phelps • Leola Pickerrell • Karol Pitts • Lois Price • Nancy Joe Quincy • Martha Rachel • Ruth Ramsey • Dennis Reems • Karla Reems • Susan Reinecke • Connie Rice • Kimberly Rowe • Marie Royal • Mary Royer • Martha Samson • Roger Samson • Jean Savage • Joanne Shaller • John Sherrill • Dianne Simpson • Dottie Simpson • June Simpson • Patricia Singleterry • Nellie Skoloda • Richard Sloan • Betsy Snyder • Joan Soucy • Nancy Squire • Patricia Stewart • Jean Stout • Janet Strassburger • Margaret Sturdevant • John Swain • Pauline Swain • Patricia Trizinsky • Jane Urman • Mary Ann Van Meter • Diane Viney • Steven Wade • Bertie Wadsworth • Judy Wagner • Pat Wahl • Barbara Walker • Addie Walters • Barbara Walters • Hannah Warner • Lynn Watson • Ingrid Weaver • Joanne Wesson • Marjorie Wheat • Michele Whitworth • Basil Williams • Dian Williams • Joanne Williams • Arch Wilson • Linda Wilson • Lu Wilson • Dagmar Wissmann • Faye Wood • Pam Worthley • Millie Zimmerman • Toni Zuras



Scrapbook

...worth 1,000 words



Dr. Azzato; Barbara Clewis recovers from gunshot wound; Lorraine Bellamy, Ressie Whatley, and Dot Gilbert; Group shot of board members Ben Blake, Charlotte Wilson, Gene Hart, Lorraine Bellamy, and Administrator Tom Ryan; Board members (left to right) Tage Beck, Eugene Gore, George Milligan, and Harold Crain

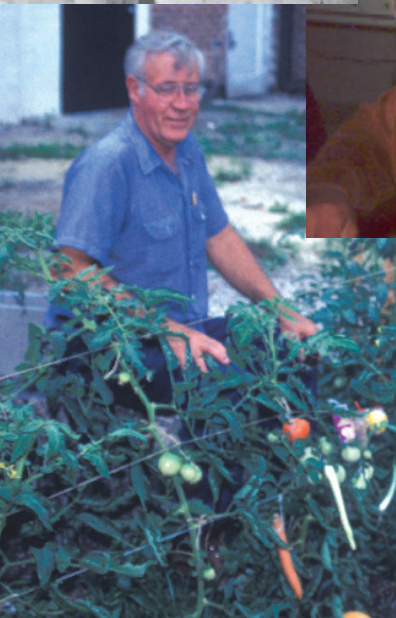


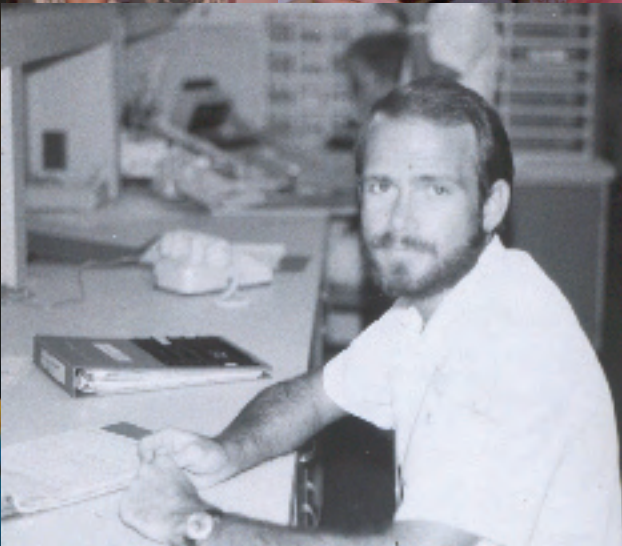
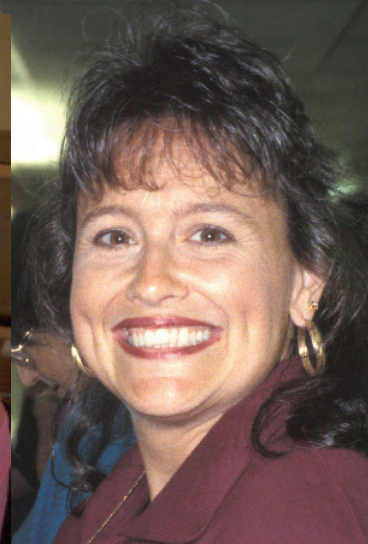
Gene DesLauriers, PT, get's "TP'd" at the employee/family picnic; Sue Liese and Mary Smith in the ER with Dr. Hashemi; Gene Peterson - Plant Operations; Larry Cornwell, Director of Radiology in the 1980s; Badge photo of Dr. Adams; Badge photo of Faye Nash - Data Processing (mother of Lisa Nash Tyson, RN - Infection Control); Hannah Hall, Administrative Assistant, 1980s; Joy Drew, RN, 1980s; Lynda Williams (now Stanley) - Lab; Kathy Sykes and Andrea Mills taking a break in the O.R.; Charles Johnson presents volunteer Hilda Austin with service pin; Joyce Richards - Medical Records flashes a smile.



Barbara Rose - Patient Accounts;
Diagnostic Imaging staff Chris
Jones, Pat Roney, and Maryann
Azzato; Charles Johnson, Jim
Shomaker, and Edgar Haywood
flipping burgers for the annual
employee cookout; Chuck Smith,
RN - PACU; Cindy Strutski - Dietary;
Debra McKeithan riding parade float
with employees' children; Dietary's
Delores Fortiscue at her retirement
party; Dottie Vain - Pharmacy; Bill
Collin - Plant Operations 1990s;
Fran Broome, RN; Ennis Tobler
- Housekeeping; Judy Cannan -
Nursing Administration 1990s; Gail
Ballard, RN, receives a hug from
Charles Johnson along with her
service pin.

Nurse Jeannette Bryant, Emergency; The Doshier family honors the 120th birthday of Dr. Doshier with flowers on April 30, 1998; Dr. Norman Hornstein; Brenda Crain and Gwen Wearren do inventory in Materials Management; Dr. Keith Reschly and Dr. Mike Marushack; Dr. Pridgen gets a hug from nurse Clara Fuss; Nurses Mary Joyce, Lovedy Evans, Ann Cope and Donna Carden; Emergency physician Dr. Atienza, 1978; ER Nurse Rees and Assistant King 1978; ER Nurse Ruth Watts and Outpatient Dept. Mrs. Gainey 1978; Veldon Carrigan, Plant Operations, works in the hospital's vegetable garden; Emergency physicians Dr. Jim Weingarten and Dr. Joe Pat Hatem; ER Nurses Barnhill and Porter and Assistant Knight 1978; and Dr. Robert Zukoski preparing for surgery.





Charles Johnson and Arthur Pittman present Velma Moore, Housekeeping, with her service pin; Plant Operations staff 1980s; Marilyn Metts, Business Office, at the health fair; Rich Lennox, Cardiopulmonary, giving a hug; Susan Davis, Administration, discussing dessert plans for the awards banquet with Connie Shea, Nursing Administration; Badge photo of Gwen Wearren, Materials Management; part of a skeleton crew, Pat Aderhold, Patient Service Center, wishes Hurricane Floyd would pass; Volunteer Treasurer Pauline Swain prepares mass mailing; Elizabeth Harllee - Administration 1990s at the Health Fair; Volunteer Joyce Bellerose in Gift Shop; Wade Bowling on the nursing unit.

LuAnn Stiller, Cardiopulmonary; Lesa Anderson, Endoscopy, takes issue with the Strongest Link judge's ruling while "Host" Connie Shea looks on; Isadora Swain, Patient Service Center; Anne Watson, Quality Assurance/U.R.; Nurses on the Patient Care Unit: Jeanne Dinsmore, Susan Suggs, Kelly Edens; Nurse Kathleen West; Miss Marlowe in Housekeeping; Nursing Center staff Marinda Lennon & Recharad Galloway in costumes at Halloween; Mary Smith, Vera McKeithan, Marie Hart hang Dr. Brown's portrait; Millie Harding and Ellen Richards; Nurse Joyce Carrigan; Nurse Carolyn Albright; and Tommy Doshier - O.R.



STATE PORT PILOT
MAY 22, 1985

Perspective: We have never known of an institution other than a church or a school which has enjoyed a greater feeling of loyalty and support that has been shown Doshier Memorial Hospital through the years by citizens of Brunswick County, who have depended upon its services for surgical and medical care.

Reflections from...

ARTHUR PITTMAN – “I think we all have experiences in our life against which we measure other experiences to determine their success or not – their worth or lack of it. My time at Doshier was such an experience. My work there has allowed me to work through many difficult situations, knowing that if you persevere and have good people to work with, the outcome is assured. No one can go back and make a brand new start. Anyone can start from now and make a brand new ending.”

DR. LUKE SAMPSON – “It was interesting how many people supported the hospital. That was the thing that probably touched me as much as anything – the allegiance that the people in Southport and the county had to the hospital and the doctors here. You would have thought they would want to get to the big hospital but they felt very comfortable with our hospital because of the hospitality and the love they felt from the nurses and the doctors.”

GWEN WEARREN – Gwen has been employed with Doshier since 1979 and remembers back when the hospital phone system consisted of two lines – an inside line and an outside line. She says, “We had two phones on our desk. If you wanted to call outside, you had to connect with the operator at the switchboard and have her dial. If you wanted to call a department, you had to pick up the phone and see if someone was on the line and just wait til they hung up before you could use it.”

MARILYN METTS – Patient Accounts – “Doshier Hospital has been an inspiration in my life. I have had my ups and downs, but through it all, I thank God for the opportunity to have worked here for almost 20 years. I also want to thank Barbara Rose for hiring me when I needed a job. Doshier Hospital is like a second home and extended family. I think this is one of the best hospitals in our area to work, and I have really enjoyed watching it grow.”

ED KIRBY – Pharmacy – Back in the mid to late ‘50s, the medical staff was limited to five or less. Automobiles were also much less numerous. The story is told that one of the staff physicians who had a reputation for being a brilliant medical doctor – but somewhat absent-minded – always parked his relatively new but battered car in the same spot in front of the hospital. One evening upon arrival to make his evening rounds, his usual parking spot was taken. Subsequently, he parked in the rear near the E.R. entrance. Upon finishing his rounds, he went to his usual parking spot out front, found his space vacant, and returned inside to report his car stolen.”

GENE HART – former lab technician and board of trustee – “There’s some soul to this hospital.”

THELMA PUTNAM- Patient Accounts – Thelma remembers fondly the days staff members volunteered to serve ice cream after the Fourth of July Parade in Keziah Park. She also states, “a patient who calls about an account and asks that I pass on their appreciation of the excellent service they received...it’s always nice to hear from the patients and their families.”

EUGENE PETERSON, III – Plant Operations – “I am proud to know that there are people who will give me a chance to make something of myself. I owe a lot of my learning ability to this person in maintenance. His name is Veldon Carrigan. He and other people have showed me skills to better my mind and to know more technical changes. I would like to thank all the people that help at all parts of life. There isn’t a word to show or enough paper to write all the names of the people I have respect for. And for patients and public, we try to do our best to make them feel like family, to treat them as we want to be treated. I had a child at the time Veldon came in Physical Therapy where I became a friend to him. I would always take him ice cream. I also remember when some women employees gave my son a baby shower.”

Julia Daniel, RN

Emergency Room Supervisor, Julia Daniel saw more changes than she can count in her years here at Doshier. In 1957, she was a nurse on the general nursing floors which required her to cover all the inpatients and "if somebody came into the ER, or was ready to deliver, you did that, too!" Julia was also the nursing supervisor and the "director of nurses" in the "old hospital" in the mid-'60's. "It was—and still is— like a family in every sense of the word. There was no such thing as having other plans when you were a nurse here. If somebody called in sick, you got up and came into work, no questions asked."

Julia was often the only RN in the building back then. When the staff got time to eat, it was family-style in the dining hall with bowls of food and everybody around the table. To take care of patients who were presented to the ER, she could refer the non-emergencies back to the doctor's offices. For those that needed a more extensive work-up, she would call the doctor from his practice hours. Later, there would be a staff doctor during the day and residents from the hospital in New Hanover or Camp LeJeune during the night. The ER nurse would care for the patient for long periods of time before the doctor's arrival, ordering tests and giving treatment. "There was no such thing as a cardiac monitor, and if you had an IV going, you were bad off, honey." Julia credits the teamwork of the staff for their accomplishments. "If it weren't for the LPNs and nursing assistants around here, we never would have made it back then. I thought 'Baby Girl' Moore was a nurse for a long time because she ran the whole floor! She was a nursing assistant. Other names that came to mind were nurses Vera Howard, Blanche Watkins, Marie Hart, Evelyn Davis, and Virginia Walton. Doctors Burdette and Brown worked together in ER a lot sharing "on call" every other day. We didn't have CPR back then either. When a patient died, he died." Julia says, "The post-hospital care was under the direction of the local funeral home; 'Tom-Boy' Gilbert would just load 'em in the back and go."



Billie Jo Donnally, RN

Billie Jo Donnally, RN – director of nursing
- Ms. Donnally was the Director of Nursing from 1968 to 1989. She retired from that position and worked in the operating department conducting pre-operative interviews until her death in October of 1994. She was instrumental in ensuring the hospital complied with the State Board of Nurses and N.C. Health Organizations by making sure all nurses' licenses were up-to-date and that policies and standards were established and enforced.



CRAIN DONATES YACHT FOR HOSPITAL – early 1980s
Doshier Memorial Hospital has received many fine gifts over the years to help build and maintain facilities, but none as unique as a 35' Chris Craft yacht. Harold S. Crain of Long Beach has given his fully equipped Chris Craft to the hospital to be auctioned off to the highest bidder on Saturday, November 14th, at Southport Marina... The auction of his boat, the "Ruth Darling" along with other equipment will benefit Doshier Hospital in allowing completion of the renovation of some 800 square feet of space in the original building into a modern and permanent Physical Therapy Department. [Note: the boat had a winning bid of \$10,750]

JOYCE RICHARDS – Medical Records – “Doshier Memorial Hospital is a wonderful hospital and has surely improved greatly over the years. There are many new services here now - people used to have to go to Wilmington. New technology has even helped us in our jobs. I also had a couple minor procedures done here and the care and staff were wonderful!”

LYNN WOZNAK – Physical Therapy – “I started working at Doshier on April 8, 1986. I had moved from Northern Michigan and had never seen azaleas before. It was my first week of work and at that time, the hospital had large azaleas planted all around the hospital. There was one in full bloom right outside the window in front of my desk. I went out and picked a huge armful to bring into the department. I had a large vase of them on my desk and one of my first patients very seriously said, ‘Where did those flowers come from?’ I told him I just picked them from outside the window. He went on to tell me in a very somber voice that they were the state flower and protected by law. He continued to tell me there was a steep fine for each stem picked, and with as many as I had picked, I might do jail time – and probably lose my job. Needless to say, I was scared to death! He let me go about 10 minutes before telling me he was joking. I think about him every spring when the azaleas bloom.”

VERA MCKEITHAN, LPN, retired – Vera recounted when she was a nurse at the hospital from 1942-1984. Nurses back then were required to mop and clean patient rooms, the lobby and the waiting area as there was no housekeeping staff during the ‘40s and ‘50s. When the person working in laundry didn’t have time to iron sheets, the nurses would iron sheets for the room she was cleaning. Changing beds, bathing patients, and serving meals when the kitchen help was too busy were also among nursing duties. At night, nurses were required to give the patient an alcohol rub, straighten the bed and fluff the pillow to get the patient ready for the night.

BETTE LEGGETT – A manual freight elevator was used to transport patients from one floor to the other. What an interesting ride it was – especially if the rope broke – which happened quite frequently. The hospital staff was a big family – TLC was stressed for the patients. The laundry was done on wash boards and in an electric washing machine. The heavily stained and contaminated linen was boiled in large black pots outside. When an emergency arose, everyone pitched in – whether your profession was a wall painter, kitchen helper or nursing professional – everyone helped if needed. Dr. Landis Brown performed miracles – or so it seemed. When in need of fracture equipment for traction, he took saw in hand, 2x4s, broom handles, etc and solved the problem. This was ingenuity at its best. Many of the gauze bandages were hand rolled and all compresses and large pads cut and made by hand. The hospital was so poor that salaries were very often more promise than reality. We had to make many of our own reagents for standard laboratory tests. This was another time and another world – it was a simple and rewarding way of life and beyond comprehension by today’s standards.

ANONYMOUS - “Don’t quote me, but rumor has it that Dr. Hornstein grafted a pear tree that grew both pears and apples.”

RUMOR is that Carl Cooker was the first baby born in the hospital in 1930 - no documents have been found to confirm this.

The Members of the crew of the U.S. Dredge Henry Bacon desired to make a contribution to the J. Arthur Doshier Memorial Hospital for the installation of another bed and several other items to the “Henry Bacon Room.” We are in receipt of a letter dated 4 March 1944 stating what items are needed. These items are listed as follows: 1 crank bed \$45, 1 innerspring mattress \$22, 1 reading lamp \$8, 1 easy chair \$70, 1 9x12 linoleum rug \$8, 1 wardrobe \$40. The amount raised for this donation is \$123.0 and is requested to be used for the following items: 1 crank bed \$45, 1 innerspring mattress \$22, 1 reading lamp \$8, 1 9x12 linoleum rug \$8, 1 wardrobe \$40. If it is possible to purchase the above items and obtain material for this installation of a lavatory, it is requested that this be done. It is understood that we are not entitled to the use of this room in all cases, only when conditions of certain cases require its use and does not inflict hardship on others.”

Physicians of Dosher Hospital

as of April 2, 2005

ACTIVE MEDICAL STAFF

James B. Adams, MD - Internal Medicine • Juan Aldrich, MD - Cardiology • Peter D. Almirall, MD - Family Practice • John A. Azzato, MD - Orthopedic Surgery • Gail Capel, MD - Radiology • T. Boyce Cole, MD - Otolaryngology • G. William Eason, MD - Radiology • R. Dax Hawkins, MD - Ophthalmology • Brad Hilaman, MD - Gynecology • Douglas K. Hiltz, MD - Internal Medicine • Thomas Holland, MD - Family Practice • Jugta Kahai, MD - Pediatrics • Timothy G. Kelly, MD - Ophthalmology • Richard M. Leighton, DO - Orthopedic Surgery • Kathleen Leone, MD - Ophthalmology • Michael Marushack, MD - Orthopedic Surgery • Andre' L. Minor, MD - Internal Medicine • Domenic Palagruto, DO - Family Practice • Terry Pieper, MD - Internal Medicine • Keith Reschly, MD - Family Practice • Bryan Satterwhite, DPM - Podiatry • Thomas O. Savidge, MD - Internal Medicine & Cardiology • Karen Wood, MD - Family Medicine • Larry Weisner, MD - General Surgery • Robert M. Zukoski, MD - General Surgery & Gynecology

EMERGENCY PHYSICIANS

James Weingarten, MD - Medical Director • Richard Cody, MD • Joseph P. Hatem, MD • Thomas Hunter, MD • Robert Kastner, MD • Ziaollah Hashemi, MD • P. Cary McEntire, MD • Steven D. Wilson, MD

DENTAL STAFF

C. Richard Conrad, DDS • Larry Hemby, DDS • George Jones, III, DDS

CONSULTING STAFF

Dr. William Betsill - Pathology • Dr. Jeffrey Church - Plastic Surgery • Dr. Daniel Clark - Radiology • Dr. Amos Couch - Pathology • Dr. Richard DeSandre - General Surgery • Dr. Robert Forstner - Family Practice • Dr. Sidney Fortney - Endocrinology • Dr. Ronald P. Glinski - Urology • Dr. Ronald W. Glinski - Urology • Dr. Edward E. Hayes, M.D - Urology • Dr. Denny Horn - Radiology/Teleradiology • Dr. Jamlik Johnson - Radiology/Teleradiology • Dr. Michael Kerner - Radiology • Dr. Tor M. Ljung - Plastic Surgery • Dr. Hayler Osborne - Radiology • Dr. Linda Petrovich - Radiology/Teleradiology • Dr. Steven Reeves - Radiology/Teleradiology • Dr. Bertrand Schlam - Radiology/Teleradiology • Dr. Alan Tamadon - Physical Medicine & Rehabilitation • Dr. Warren White - Pathology

ALLIED HEALTH & CONTRACT STAFF

Marilyn Ain, PhD - Clinical Psychology • Vicki Allen, RD - Dietitian • Michael Caine, CRNA - Anesthetist • Roger Gates, CRNA - Anesthetist • Steve Hendrickson, CRNA - Anesthetist • Michael Murphy, P.A.-C - Orthopedics • Dawn Pieper, LCSW - Clinical Social Worker • David T. Rupert, CRNA - Anesthetist • Carolyn Sherwin, CRNA - Anesthetist • Theodore Smythe, CRNA - Anesthetist

Employees of Doshier Hospital

as of April 2, 2005, listed in descending order of tenure

Ellen Richards • Joyce C Richards • Barbara C Rose • Mattie P Williams • Isadora Swain • Gwendolyn Wearren • Lisa Tyson • Frances Broome • Luann Stiller • Gail Ballard • Janette Bryant • Donna Moore • Bobbi Manshack • Clara Fenick Fuss • Eugene Peterson, III • Marilyn Metts • Ennis Tobler • Lynda Stanley • Lynn Wozniak • Freeman (Ed) Kirby • Eugene DesLauriers • Catherine Blackburn • James Shomaker • Susan Shomaker • Lillian (Joan) Alsbury • Sue Liese • Linda Lyles • Violet Anderson • Shirley Bernard • Charles Smith • Connie Shea • Paula Dudley • Richard Lenox • Joe Putnam • Teresa (Lynn) Lancaster • Edgar Haywood, III • Debra McKeithan • Kathy Sykes • Juanita Whisnant • Patricia Ab-hugh • Margaret Minuth • Pamela Sanders • Coy Overton • Thelma Putnam • Heather Distefano • Vickie Pridgen • Linda Carroll • Lisa Narron • Deborah Luzefski • Linda Ward • Monica Woolwich • Nancy Gouger • Curtis (Matthew) Futch • Susan Kronebusch • Nathaniel Wilson • Seth Bohrer • Chris Baldwin • Edward Baldiga • Nancy Falby • Kelli Edens • Rhonda Leverett • Patricia Derr • Robert Frye • Hugh Nobles • Joan Lofink • Jocelyn Coleman • Karen Lemay • Kathleen Soucy • Shirley Rudder • Susan Davis • Ava McDonald • Mazie Pankey • Amy Klock • Margie Guyton • Sara Ashcraft • Vicki Rose • Glenn Dawson • Carol Giannatasio • Robert Strain • Troye Hinson • Mary Aylor • Michael Tompkins • Jack Kelly • Patricia Motley • Anna Scalf • Kammie Sturgill • Debra Vann • Rebecca Netzer • Cynthia Soden • Joann Ruth • Joyce Jankus • Cynthia Lovett • Josie Singleton • Tammy Yarboro • Cherie Willetts • Coleen Sadewater • Donna Caruso • Joan Luce • Kimberly Frazier • Janice Stophel • Rhonda Ballard • Pamela Griffin • Carolina Minton • Virginia Boyle • Constance G Knotts • Stephen Ballard • Linda Smith • Denise Neal • Rebecca Berger • Lisa Dollar • Bertline Dixon • Dorothy Winiavski • Barbara Reynolds • Margaret Buckland • Retha Hollins • Barbara Parnell • Sheila Armour • Marinda Lennon • Rose Runyon • Rechard Galloway • Jerrie Rogers • Michele Young • Margaret Szott • Maurya Wilson • Patricia Sewell • Margaret Keeler • Misty Burckhalter • Carolyn Dunn • Rosa Bines • Minneta Fullwood • Larinda Caudill • Denise Vaught • Ronda Britton • Judith Mooney • Lesa Anderson • Christine Cantrell • Christy Lacy • Earl (Dudley) Rouse • Katherine Davis • Andra Pate • Marralee Borawski • Michele Lawrence • Tommy Price • Rebecca Barlowe • Geraldine Lawrence • Suzanne Strain • Ruth Shular • Carolyn Abner • Mona Pyles • Thomas Jordan • Nathan Francis • Janice Deas • Sherry Raber • William Price • Brenda LaBounty • Maureen Morabito • Karen Mulvaugh • Bernadette Ryan • Sandra Henry • Judith Zwolinski • Terri Hinnant • Sara Matalik • Joyce Shane • Jean Cappellino • Gwendolyn Hillard • Catherine Haley • Ada Hicks • Vanessa Long • Carol Thrandhardt • Michael Ruskin • Sharon Davis • Connie Pitman • Catherine Marshbanks • Theresa McKeithan • Michael Lawrence • Cindy Arnold • Rosalee Clift • Patsy Flowers • Linda Wilson • Nancy Shoaf • Jacqueline Price • Kendra Whitty • Kimberly Cox • Ladetra Hankins • Michelle Mikulec • Patricia Broyles • Beverly Hannon • Nicole Long • Charlotte Novak • Polly Cook • Lori Nicholson • Brandon Rainwater • Carolyn Deason • Sonya Garner • Heather Francis • Nadean Bryant • Barbara Shuett • Nancy Peebles • Patricia Baker • Brenda McDowell • Mark Rollins • Christie Hall • Teresa Serbic • Keith Bean • Tabitha Bell • Russell Burckhalter • Daria Mayer • Cindy Aultman-Thiel • Jacqueline Rogers • Maria McCoy • Helen Early • Carolyn Simmons • Tanya Gullickson • Sandra Winstead • Mark Herzog • Rebecca Elwood • Michelle Stine • Kristina Johnson • Wanda Carter • Erin Miller • Richard Harris • Jennifer Capps • Walter Hatch • Melody Fogarty • Jennifer Holland • Carol Robinson • Herlene Garrett • Wade Young • Susan Sellars • Jennie Wells • Gilda Jackson • Lisa Mammay • Elizabeth Walker • Thea Burkett • Cynthia Ricks • Kimberly Davis • Kelly Allen • Deborah McAlister • Bethany Shaylene Ball • Sonya McMillan • Sheila Buckner • Cynthia Everette • Amy Patrick • Tonya Kelly • Barbara Allen • Annette Norton • Bessie Hunter • Trimeice Bellamy • Shereta Moore • Debra Spencer • Heidi Kohl • Larissa Green • Christopher Evans • Lorraine Hansen • Sheila Rohrer • Jane McDermott • Thomas Ahearn • Steve LeBlanc • Barbara Scott • Wilma Toler • Nancy Schulte • Belinda Wilkens • Gloria Verret • Eloise McFarlane • Wendy Conyers • Lori Smith • Vincent Horton • Joann Turzer-Comnesso • Michelle Evans • Shauna Lemon • Judeth Moon • Kelley Richards • Yvonne Bishop • Alice Osborne • Judy Bishop • Kenneth Moore • Maureen Angers • Sabrina Marshall • Wanda Lou Ratliffe • Mary Nay • Bethany Rice • Margie Alsbury • Marie Pierce • Deborah Daley

Our Specialty Is You



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