

**REPORT OF THE COMMISSION  
STUDYING THE TRANSFER OF  
PROPERTY ADJACENT TO THE  
MEDICAL COLLEGE OF VIRGINIA  
TO THE UNITED STATES FOR USE  
BY THE VETERANS ADMINISTRATION**



**COMMONWEALTH OF VIRGINIA**  
Department of Purchases and Supply  
Richmond  
1970



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JOHN A. BANKS, JR.

KATHERINE L. GOOLSBY

LAURENS SARTORIS

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SALLY T. WARTHEN

G. WILLIAM WHITE, JR.



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**to**

**The Governor and The General Assembly of Virginia**

Richmond, Virginia  
December 7, 1970

To: THE HONORABLE LINWOOD HOLTON, *Governor of Virginia*  
and  
THE GENERAL ASSEMBLY OF VIRGINIA

**I. INTRODUCTION**

The idea of relocating McGuire Veterans Hospital adjacent to the Medical College of Virginia is not new. It has been considered by the Veterans Administration and MCV for a number of years. In 1964, the General Assembly passed a bill authorizing MCV to convey a certain parcel of land for this purpose; however, the site was unsuitable. In 1970, a similar bill was introduced but this bill named no particular site, leaving the specific site to be worked out in negotiations between MCV and the Veterans Administration. After some last minute opposition developed, the General Assembly created a commission to review the question and make a recommendation pursuant to the following Joint Resolution:

**SENATE JOINT RESOLUTION NO. 65**

Creating a commission to study the feasibility and advisability of conveying property to the United States for the use of the Veterans Administration.

Whereas, the Veterans Administration has declared that the patient care buildings at the Veterans Hospital at McGuire Circle are functionally obsolete; and

Whereas, the Veterans Administration has found that close affiliation and proximity with a medical school is highly beneficial to the patients in Veterans Hospitals, as it increases greatly the quality of the medical care they receive; and

Whereas, in accordance with these policies, the Veterans Administration is considering locating its new hospital adjacent to the Medical College of Virginia, Health Services Division of Virginia Commonwealth University; and

Whereas, the facility if so located would be of substantial benefit to the Medical College of Virginia, adding to its facilities, increasing the educational opportunities it can offer, and decreasing the cost of overall patient care; and

Whereas, the Veterans who will be affected by the removal of such hospital have expressed interest and a desire to be heard; now, therefore, be it

Resolved by the Senate, the House of Delegates concurring, That there is hereby created a commission to study the feasibility and desirability of transferring property adjacent to the Medical College of Virginia to the United States for use by the Veterans Administration. Such commission shall be composed of ten members; three to be appointed from the membership of the House of Delegates by the Speaker thereof; two to be appointed from the membership of the Senate by the President thereof, and five to be appointed by the Governor from the State at large. The commission shall elect from its number a chairman. The members of the commission will receive no compensation for their services, but shall receive their reasonable and necessary expenses, for which, and for such clerical and other assistance as they deem necessary, there is hereby appropriated from the contingent fund of the General Assembly a sum sufficient, not to exceed two thousand, five hundred dollars

All agencies of the State shall assist the commission on request.

The commission shall complete its study and make its report to the Governor and the General Assembly no later than January one, nineteen hundred seventy-one.

Pursuant to the Resolution, the Governor appointed to the Commission Carl E. Bain, member of the House of Delegates, Richmond; Richard F. Bates, Senior Vice-President of the Bank of Virginia, Richmond; Thomas P. Bryan, Vice-President and Secretary of Miller & Rhoads, Richmond; Newman Hamblet, Senior Vice-President of Thalhimer's, Richmond; and J. Randolph Perrow, Manager of Area Development for the Virginia Electric and Power Company, Richmond. The Speaker of the House of Delegates appointed from the membership of the House George W. Jones, Chesterfield; Edward E. Lane, Richmond; L. Cleaves Manning, Portsmouth. The Lieutenant Governor appointed from the membership of the Senate Robert S. Burruss, Jr., Lynchburg, and Omer L. Hirst, Annandale.

The Commission elected Richard F. Bates, Chairman and Thomas P. Bryan, Vice-Chairman.

The Commission conducted its study of the advisability and feasibility of the proposed transfer by conferring with officials of McGuire Hospital as to its patients, facilities, needs and views concerning the relocation. A tour of McGuire Hospital was taken. The Commission then obtained information from Virginia Commonwealth University and MCV as to where a veterans hospital could be built, whether sufficient parking could be provided, what benefits or detriments to MCV might be expected from the move, etc.

On September 22, 1970, a public hearing was held at which the Commission heard the views of many officials of the Veterans Administration, McGuire Hospital, VCU-MCV, the city of Richmond and other interested groups and civic organizations. Also heard were the views



of many veterans, some of whom represented the several veterans' organizations. All seemed to favor a move of McGuire to the vicinity of MCV except the veterans (principally the spinal cord injury patients) who, for the most part, seemed fearful of losing adequate parking facilities and the open spaces available at McGuire. As a result of this hearing and the objections expressed, the Commission met with officials of the city of Richmond, MCV and their planning and traffic consultants to explore the questions raised at the earlier hearing and to answer additional questions from members of the Commission. A model of the proposed master plan for MCV was examined and discussed.

## II. LIMITS OF THE STUDY

The Commission was confronted initially with the problem of defining the extent of its authority and the scope of its study. The Commission does not have authority to determine where the new veterans hospital will be built. It does not have the knowledge or authority to determine where the best overall medical care can be obtained for the McGuire Hospital patients. The extent of the Commission's authority, and thus the sole issue before it, is a determination whether a transfer of land adjacent to the Medical College of Virginia is advisable and feasible from the point of view of the State and Virginia Commonwealth University.

The study directive, however, is much broader than this issue. Furthermore, the needs and requirements of a veterans hospital had to be considered in order to determine if the operation and future development of MCV would be adversely affected in meeting these needs. Furthermore, the Commission, in considering the possible effects of a recommendation against the conveyance, took into account the plans and policies of the Veterans Administration.

For these reasons alone the Commission considered the transfer from the point of view of the veterans and the Veterans Administration. It was not the purpose of the Commission in considering these factors to usurp the function of the Veterans Administration; for the Veterans Administration is the only proper body to determine whether or not the MCV site is suitable for the care of handicapped veterans and thus to determine where to build its hospital.

## III. FACTS CONSIDERED

### A. ADVANTAGES TO THE MEDICAL COLLEGE OF VIRGINIA

The Medical College of Virginia has enjoyed a long history of affiliation with McGuire Hospital. This relationship began in 1946 and has continued since. At the present time, thirty-four of the fifty-five physicians employed by the Veterans Administration have faculty appointments at MCV; sixty to seventy physicians affiliated with MCV provide patient care and teach at McGuire Hospital; forty-four of three hundred thirty-six interns and residents are at McGuire all the time; training of residents and interns takes place at both institutions; sixty-two of three hundred seventy-five second-year, third-year and fourth-year medical students are at McGuire all the time; and twenty to twenty-five percent of MCV student teaching is done at McGuire. Thus, MCV relies upon and requires the teaching facilities supplied by McGuire Hospital.

Because of this relationship and because of the crosstown traffic and distance between the two, much physician time is lost in travel

between the two institutions. The reducing of this non-productive time by relocation within the MCV complex would be advantageous not only to MCV doctors and McGuire Hospital doctors, but also to veterans in need of prompt care and supervision. It is also important to reduce this time in view of the overall shortage of physicians and nurses and the increasing demands on their time.

The Medical College is under considerable pressure to produce more physicians because of this increasingly critical shortage of doctors. It plans to meet its responsibilities in this area. But to increase the number of students, it must have a correlative increase in the number of patients available for the clinical training of the students. A transfer of McGuire Hospital to a site adjacent to MCV would provide the additional patients needed for the increased number of students while at the same time improving the total medical service readily available to the veteran patients.

There are several economic advantages to the Medical College of Virginia. If the Veterans Administration hospital is not built in the MCV complex, MCV would have to obtain funds for the additional hospital beds necessary for the training of increased numbers of students. The relocation would enable MCV and the veterans hospital to share resources. Expensive facilities, such as acute care units, dialysis, transplant, deep X-ray treatment, and laboratories could be shared, decreasing the initial capital outlay and subsequent operating and maintenance expense of both institutions and providing the best in medical care to the patients of both institutions.

#### B. ADVANTAGES TO THE STATE OF VIRGINIA

Many of the advantages to the Medical College of Virginia are at the same time advantages to the State of Virginia. Because the Medical College of Virginia is a State-supported institution, the State will be asked to finance the additional hospital beds necessary to increase the number of students if the veterans hospital does not relocate near MCV. Furthermore, the cost to the State of providing expensive medical equipment for the State-supported school would be reduced by sharing the expense of such equipment with the Veterans Administration.

#### C. ADVANTAGES TO THE VETERANS ADMINISTRATION

The Veterans Administration has a two-fold purpose: to provide the best possible medical care for the veterans and to train medical and paramedical personnel. To best achieve this purpose, the Veterans Administration has adopted a policy of building its new hospitals near medical schools. At medical schools there are well-trained doctors in sufficient number and specialists of all kinds which the veterans hospital can draw on to provide the best medical care. The Veterans Administration can recruit more doctors as well as train its personnel because of the opportunity to continue learning and keep abreast of medical advances. Furthermore, under these conditions, the doctors are able to provide better care.

The question arises as to how "near" a medical school must be to a veterans hospital. The Veterans Administration has found that actual physical connection between the Veterans Administration hospital and medical school is the optimal situation.

When this policy and the reasons therefor are considered, several disadvantages of the present location become apparent. McGuire Hos-

pital does not now have all the specialists which it needs. It must draw on specialists of MCV to fill this gap and to supplement its staff. This arrangement is unsatisfactory because the MCV doctors cannot keep continual check on their patients at McGuire Hospital and because it wastes physicians' time in travel. Another drawback is that McGuire Hospital patients must frequently be transported to MCV for treatment. Also, McGuire Hospital uses the laboratory facilities of MCV.

Relocation within the MCV complex would eliminate much of this inefficiency, reduce the amount of non-productive physician time, erase any necessity for duplication of much expensive equipment, assure a sufficient supply of physicians and specialists, make all physicians and equipment readily available to veteran patients, and enhance the ability of the Veterans Administration to train its medical and paramedical personnel.

When all these factors are considered along with the fact that McGuire Hospital is obsolete, the case for relocation becomes even stronger. When built in the 1940's, only five permanent buildings for patient care were erected. The hospital cannot be renovated; it must be completely reconstructed.

#### D. ADVANTAGES TO THE VETERANS

The overriding advantage of relocation to the veterans is the assurance of excellent and prompt medical care. A sufficient supply of doctors in the various specialties would be more available to treat them. These doctors would be well trained and knowledgeable in the most modern techniques of medicine. Specialists would be immediately available to treat all kinds of illnesses. Medical care would be better with the modern, advanced equipment which would be possible through sharing costs.

For these reasons, the national Disabled American Veterans organization supports the location of veterans hospitals adjacent to medical schools.

#### E. OBJECTIONS RAISED TO THE PROPOSED RELOCATION

Among the objections expressed to the relocation of McGuire Hospital within the MCV complex was concern over the increased traffic in the downtown area and the difficulties which navigating through such traffic would pose for disabled veterans. Plans of MCV and the city of Richmond, however, envision the MCV complex as a relatively isolated campus within the downtown area. Through traffic would be eliminated, thus reducing traffic within the complex. But MCV would be accessible on all its boundaries by main access roads. These roads are capable of handling increased traffic. Furthermore, because MCV complex is in the downtown area, it would be more accessible than the McGuire Hospital site by means of public transportation. It would also be more accessible to patients and visitors coming from outside the city, or even from any part of the city except the vicinity of McGuire Hospital. It is worthy of mention that appointments and visiting hours are usually scheduled at times other than peak traffic hours.

A second concern expressed was the lack of adequate parking facilities at the MCV site. Many of McGuire Hospital's patients are paralyzed or otherwise disabled. For these patients, special parking is necessary as well as additional parking for the employees, visitors, volunteers and patients of the new veterans hospital. However, MCV

has plans for greatly increased parking facilities as well as special facilities for paralyzed veterans adjoining the hospital building which they would enter.

The most frequently expressed objection was that paralyzed and other extended care patients would not be medically benefited by relocation downtown. Rehabilitation would be hindered, access and movement within the hospital would be more difficult, and the general environment would be more unpleasant for the extended care patients. This objection can be met partially by pointing out that the extended care patient often needs acute or emergency care which would be improved by relocation. Moreover, the care of the other patients would also be improved. Rooftop recreation areas would be possible and historic homes in the area to be preserved will present a more pleasing environment. There is a possibility of a split facility, with an acute care hospital within the MCV complex and an extended care facility at the present location.

#### F. OTHER CONSIDERATIONS

In making its recommendation, the Commission had to consider the possibility that if the MCV site were not available to the Veterans Administration, McGuire Hospital might be relocated outside of the city or outside of the State. If the MCV site were not available to the Veterans Administration, and if it followed its policy of building its new hospitals adjacent to medical schools which it almost invariably does, then McGuire Hospital would not be rebuilt at its present site but rebuilt elsewhere. The Medical College of Virginia would then lose the Federal contributions to the salaries of its staff, the additional hospital beds necessary for training its students, and the contributions of the Veterans Administration towards medical equipment. Consequently, MCV would have to look to the State for additional financial assistance. The economic loss to the Richmond area or possibly even the State of the income and business generated by the numerous employees, patients and visitors at the Veterans Hospital would be significant.

Another and exceedingly important consideration is that further delay in choosing a site only delays the building of the much needed modern facility which the veterans need now, wherever it might be. The selection of a site is only the first in a long series of steps necessary to the completion of a hospital, including acquiring a site, planning for construction and actually building a hospital. All of these steps must be channeled through Congress for appropriations. This takes time and meanwhile other areas and medical schools are competing for the limited funds available. Further delay would not only impede the timetable for the construction of a new facility, but would also enhance the possibility that the facility would be removed from the area or from the State. Thus, it is to everyone's advantage that a rapid decision be made.

#### IV. SUMMARY

The Commission has considered the proposed relocation from all points of view. It finds that there are significant advantages in relocating to the veteran patients, the Medical College of Virginia and to the State. These include better and more efficient professional patient care and use of the MCV physicians' time, more and better equipment at less expense, additional hospital beds for the training of students and health staff, the resulting ability to teach more students, and the overall im-

provement in efficiency and resources. There are also financial advantages from the contribution of the Veterans Hospital to the salaries, facilities, and equipment of a State-supported school.

The Veterans Administration has found that it is to its advantage to build its hospitals within medical school complexes. This policy results in better medical care and more efficient use of resources as well as reduction in expenses because of the sharing of these resources. It can attract more and better doctors and provide better training for doctors and other health personnel. These advantages, in turn, result in better medical care to the veteran patient which is the primary goal of the Veterans Administration.

The Commission had also to consider the possibility that the veterans hospital might be relocated elsewhere entirely. Furthermore, it was impressed upon us that delay was becoming an increasingly critical factor.

The Commission studied whether a veterans hospital could be built in the downtown area and whether this would be advantageous or disadvantageous to the Medical College in the long run. It also studied whether the city of Richmond and the Medical College of Virginia could handle the problems which would be created by an additional hospital in the downtown area. All of these questions were affirmatively answered to the satisfaction of the Commission.

We leave to the Veterans Administration the ultimate decision as to where the best care for all the veteran patients may be obtained. After considering all other relevant matters within the purview of the Commission, we make the following finding:

## V. FINDING

It is both feasible and desirable that land adjacent to the Medical College of Virginia (Health Sciences Division of Virginia Commonwealth University) be available for transfer to the United States for use by the Veterans Administration.

## VI. RECOMMENDATION

It is therefore the recommendation of this Commission that Virginia Commonwealth University be authorized to convey land adjacent to the Medical College of Virginia to the United States for use by the Veterans Administration.

Respectfully submitted,

RICHARD F. BATES, *Chairman*

THOMAS P. BRYAN, *Vice-Chairman*

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