

## MidState at 20: The long road to building a new hospital

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By Mary Ellen Godin, Record-Journal staff

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### [20 years of Midstate Medical Center](#)

MERIDEN — The long often controversial campaign that ended with the MidState Medical Center celebratory ribbon cutting in 1998 began a decade earlier after a merger.

The city-owned World War II Veterans Memorial Hospital on Paddock Avenue reported financial woes that threatened its future in 1990. Administrators from the Meriden-Wallingford Hospital on Cook Avenue offered to buy the 36-year-old hospital and consolidate resources with its west campus.

Morning Record: Midstate Medical Center turns 20

But the biggest challenge was selling the idea to the public.

Local attorneys Bruce Fontanella and the late Thomas Cadden lobbied for the merger and the new entity was called Veterans Memorial Medical Center. Marketing materials promised both sites would remain open.

In June 1990, city voters approved the changes to the hospital ownership 5,585 to 4,528.

“It’s a shame it had to go through,” Maxwell Lee, president of the United Veterans Council of Meriden Inc., said at the time.

Before the ink could dry on the agreement, hospital officials began talking about closing both campuses and building a new hospital in the city’s southeastern corner.

Both east and west campuses were deemed too old, too inefficient, and too small to fulfill the merger’s goal of providing cost-effective health care for the residents of Meriden and surrounding communities, said the late Theodore Horwitz, then president of Meriden-Wallingford Hospital. Hospital administrators said both facilities could not survive in their current conditions.

“We believe by having a single campus, we’ll be able to have a facility that will provide much more family-oriented patient care,” said Horwitz.

Hospital administrators never promised that the two sites would remain open indefinitely, Horwitz said.

The news hit many hospital supporters in the community hard.

In February 1993, 700 people filled the Platt High School auditorium to tell members of the state Commission on Hospitals and Health Care they felt duped by their local hospital.

“The longest roadshow in the country,” was how one speaker described the effort to close the campuses and rebuild.

The new hospital would be a 340,000- to 380,000- square-foot facility with 184 acute care beds and a focus on outpatient care, Horwitz said. It would be complete after 1997 and paid for through savings achieved from the merger.

Also, it would not be in downtown Meriden.

Finding a new home

City officials and those on the merger committee and hospital boards didn’t hold back their criticism.

“I think everybody — Ted Horwitz, everybody — recognizes that credibility is going to be an issue here,” Fontanella said at the time. “A lot of us said a lot of things before the merger.”

City leaders told hospital officials the hospital should remain at one of the two campuses, preferably on Cook Avenue, where the hospital had spent nearly \$5 million on improvements and was in the midst of the city’s downtown revitalization.

City Planner Dominick Caruso, who helped draft the city’s \$23 million revitalization plan, feared what a vacant hospital would do to the effort.

“I don’t understand what’s wrong with what they’ve got,” Caruso said at the time. “They should stay right where they are and for once recognize that they have a community responsibility and a community obligation. The place for them is downtown right where they are.”

Hospital administrators argued the age and size of the Cook Avenue facility made it impossible to renovate to suit a changing medical environment.

“The new hospital will appear friendly and reassuring,” Horwitz said. “The old stereotypes for antiseptic high-tech hospitals will be replaced with patient convenience and a non-traditional appearance, more like that of a hotel than a hospital.”

The board selected a site near Murdock Avenue in the southeast corner of the city, a short distance from exit 15 of Interstate 91. The hospital could be positioned to be visible from the highway. The cost was an estimated \$122 million to build. But the plan was in a zone that encouraged uses that generate tax revenue, not hospitals.

“As one of the primary architects of that zone, I can tell you that its purpose was to promote economic development,” Caruso said. “And that’s why hospitals were specifically not included.”

Caruso said he was not an expert on hospitals but “I am an expert on urban planning,” he said. “And I know that the main cause of urban decay is what’s called ‘urban flight’ businesses and institutions moving out of downtowns.”

Horwitz angered many when he said the hospital “is not in the urban renewal business,” and the city would have no hospital without a plan to rebuild.

Lucille Janatka was the senior vice president of Meriden-Wallingford Hospital at the time.

“It was a time of great turmoil in the community around the health care needs,” she said recently. “We had two hospitals at the time, great hospitals, great people. But we knew the future would not be sustainable for our community.”

There were concerns from House Majority Leader Thomas Luby, D-Meriden, and other lawmakers that the pushback from the community could “risk Meriden’s opportunity” entirely.

Endispute Inc., a community conflict resolution firm, was hired to help all sides listen to each other and come to a conclusion.

But in July 1993, the state denied the hospital’s request to build in the southeast corner of the city, among other reasons, to protect Yale-New Haven’s Hospital’s market share.

The commission told the VMMC to find a location closer to downtown where many of its patients live. Hospital officials believed the location off I-91 would allow it to recapture patients from Wallingford, Cheshire and North Haven who had been using other hospitals.

In its denial, commission members stated the hospital did not demonstrate that these towns were underserved by existing providers. It also criticized hospital officials for not seeking the community’s support before proceeding with plans for the site.

“Everybody wants to get patients from the suburbs who are well-insured and aren’t as dependent on public programs that don’t pay as well,” said Gardner Wright Jr., former chairman of the hospital commission.

Hospital officials had to pick a new location from several available locations: Deefield Avenue, the International Silver Co. headquarters at 500 S. Broad St. and Lewis Avenue.

An advisory panel overseen by Endispute helped identify pros and cons of all sites and recommended the state-owned Lewis Avenue site, across the street from Meriden Square shopping mall.

By this time, Luby had brokered a deal with the state to sell the 56-acre site to the hospital for \$1 million.

The original plan called for 180 beds at a cost of \$122 million, but in 1994 administrators recommended a \$70 million hospital with 92 beds. The hospital would be a low-rise structure of only two to three floors and much of the building would be for medical offices and outpatient treatment.

“It was meant to be a medical center and not a hospital,” Janatka said. “The belief was that medical care would move to the outpatient center. We are now more outpatient than inpatient. Midstate was chosen to encompass patient care and medical offices.”

Caruso eventually determined that the hospital did qualify as a medical center, thus bypassing the city’s Zoning Board of Appeals and rules prohibiting a hospital from being built on the land.

Construction on the new hospital began in 1996 and people submitted potential names to a renaming committee.

“The feeling was that we shouldn’t take one or the other name,” Janatka said. “To create a new culture and entity that everyone could rally around, we should choose a new name.”

In September 1997, VMMC introduced the new name MidState Medical Center for the \$77 million hospital.

In 1998, the City Council approved an agreement worth more than \$15 million to the city over 10 years including provisions over the bonding, payments in lieu of taxes, classroom space, relocating ball fields, subsidized busing for seniors, improvements to Lewis Avenue and more.

The hospital opened in September of that year, the first new hospital built in the state in 28 years with 236,000 square feet, 92 private inpatient rooms, a bedside computing system, cancer center, cardiology center and a family center with labor, delivery and recovery rooms. The hospital was designed to be a mostly one-level building with a tall glass corridor, the Galleria, running lengthwise through its interior. It had separate entrances for different medical needs.

“We’re trying to separate the very, very sick from the not-too-sick,” Horwitz said.

Hospital staff visited hospitals across the U.S. to learn best practices in a modern hospital. They focused on customer service, streamlining admissions processes, employee teams, and a flat hierarchy.

Former critics began to see the benefits of the new facility.

“As this begins to take shape more and more, people are beginning to react in a positive way,” said then Mayor Joseph Maritan Jr. “The new hospital will bring added vitality to the city’s north end.”

MidState Medical Center administrators realized quickly that 92 beds, 35 in the emergency room, would not be enough, and planned an expansion even before cutting the ribbon to the new hospital in September 1998.

MidState would undergo several more expansions over the next two decades before opening the Orthopaedic Institute in the former Pavilion A last year.

The former hospital building on Cook Avenue ended up in foreclosure and was eventually sold to the city. After years of neglect, the city partnered last year with a developer to rebuild the facility to provide senior housing and other services. Site cleanup began last week.

Joining a largersystem

Like the merger that created VMMC, MidState’s function today as a subsidiary of Hartford HealthCare reflects a vision dating back to the late 1980s. That’s when leaders realized the hospital would need to redesign the way it delivered care and operate differently in the future, Janatka said.

“To do that we would need access to low cost capital so we could invest in our hospital and our community,” Janatka said. “The cost of state-of-the-art technology and equipment was prohibitive for a community hospital as was more clinical supervision.” Another challenge, Janatka said was attracting more specialists who often looked to the larger cities to establish their practices.

“But joining a larger system would change all of that,” Janatka said. “We could share specialists and have access to capital to invest in the bigger picture.”

The board and administrative leaders agreed to join with Hartford Hospital to create Hartford HealthCare. In July 1996, the Meriden-Wallingford Community Corp. was phased out of existence.

"Hartford HealthCare leaders supported our goal to expand services in our community and improve our aging hospital," Janatka said. "The first step in the process with Hartford HealthCare was to merge our two Meriden hospitals into one corporate structure. Once that happened, the merger into Hartford HealthCare took place."

The merger "also allowed the hospital to compete for managed care contracts," Horwitz said at the time.

Mergers were not uncommon in the late 1990s. Bradley Memorial Hospital in Southington merged with New Britain to form the Hospital of Central Connecticut, which today is also affiliated with Hartford HealthCare.

"This is a matter of survival," Martha Fordiani, executive vice president of WWII Veterans Memorial Medical Center, said at the time. "It is not designed to take medical care out of Meriden and move it to Hartford."

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### ***Hospital Merger: Right Rx for Meriden?***

**By ROBERT A. HAMILTON** SEPT. 6, 1992

THE merger of a municipal and a private hospital in Meriden last year, though bitterly opposed by many, was finally approved because it was supposed to bring big savings in medical costs.

More than \$1 million a month was saved in operating costs from the beginning of the merger, according to hospital officials. And now the administrators of the Veterans Memorial Medical Center, as the merged hospitals are known, have come up with an idea to save more money: consolidate and expand the services offered in two aging buildings of the old hospitals and offer them in a single new building to be constructed on a new site.

Theodore H. Horwitz, formerly president of Meriden-Wallingford Hospital and now president of the Veterans Memorial Medical Center, said savings from the consolidated operation would more than pay for the \$150 million construction project.

Instead of 425,000 square feet of old, inefficient space in two buildings, it would have 342,000 square feet of new space in a single building designed as a modern hospital, he said. And the center would be situated right off Exit 68 of Interstate 91, making it easier to get to from surrounding towns.

"We can have a new, accessible, highly visible, customer-oriented facility, without raising our rates to pay for it," Mr. Horwitz said. "This is a very, very unique opportunity."

But the proposal has caused the criticism of the last few years to build to a new high. Concern for Vacant Buildings

Paula C. Russell, a resident of Meriden, opposed the merger from the start, although she acknowledged that she did not become active until too late. "I would have started saying it was no good a lot earlier, but I never thought it would pass," Ms. Russell said. "But the merger was approved, and everything started going bananas."

Ms. Russell said she was particularly concerned about adding two large buildings to the city's already generous supply of vacant space. "Those buildings will sit there, the windows will be broken and fires will get set inside, and what'll we have? A dump," Ms. Russell said. "That's progress?"

Adeline Anton, another opponent, said she helped form a group, Angry Taxpayers Against Corruption, after the city "gave away" its hospital in the merger. She has combed through the financial accounts to try to find evidence of wrongdoing, and has called city and state officials to protest, so far to no avail. "Meriden taxpayers do not want a new hospital," Ms. Anton asserted. "It's being forced down our throats."

But Mr. Horwitz said he believed the mood would calm as people came to realize a new building made sense. "People are emotionally attached to their hospital, and even after the merger, people associate themselves with either Meriden-Wallingford Hospital or World War II Veterans Memorial," Mr. Horwitz said. "People aren't over the loss posed by the merger yet, and now they're being told we're going to abandon both facilities."

"But the fact is, we're staying in Meriden, and if we can give people better health care in the new facility at the same price, it will help attract new doctors and new businesses to Meriden," Mr. Horwitz said. "The community stands to gain quite a lot from this." History of Antagonism

The two hospitals have a long history of antagonism between them. The 92-bed World War II Veterans Memorial Hospital was started 37 years ago by a group of doctors who objected to the way the 177-bed Meriden-Wallingford was being run.

In 1987 the merger talks began in earnest, as a way to control rapidly increasing medical costs. In addition, the financially strapped city had issued almost \$6 million in bonds for its hospital, which would have to be paid off, and it was considering some costly renovations.

After three years of acrimonious debate, the merger was approved in January 1991. With the promise that the two hospitals could be operated more cheaply as one, they were combined under the umbrella of Connecticut Health Systems Inc., the parent company of Hartford Hospital and Newington Children's Hospital.

"We started to look for an example of a hospital merger like this so we could avoid any of the mistakes that they had made, but we couldn't find any, not in Connecticut, not even in New England," Mr. Horwitz said. There have been affiliations, such as between Mount Sinai and St. Francis in Hartford, but no complete mergers, he said.

Under the terms of the merger agreement, Meriden-Wallingford, on Cook Avenue, became known as the West Campus of Veterans Memorial, while World War II Veterans Memorial, on Paddock Avenue, became known as the East Campus. But the debate was far from over.

Almost immediately people began a letter-writing campaign to local newspapers, to criticize the closing of the emergency room and operating room suites at East Campus, to speculate that East Campus was

going to become little more than a nursing ward for hospice patients, or a psychiatric unit. Fewer Beds Planned

Recently a new debate began with the news that a consolidated campus might be constructed on a 55-acre tract, adjacent to Interstate 91, that is now owned by Saab.

Last week the hospital's directors approved the consolidation and the plan for the new complex. The plan is subject to approval by the state Commission on Hospitals and Health Care, a process that could take a year.

Mr. Horwitz said the new building would have 180 beds, about a third fewer beds than the total of the two existing hospitals combined, and that that would reduce the operating costs accordingly. The new building would also be more energy efficient and easier to maintain, he said, and these savings alone would cover the cost of construction.

But more important, Mr. Horwitz said, a new hospital would consist of space designed for what the hospital needs now.

Both existing hospitals are decades old, he said, designed for a time when almost every complaint landed someone in a hospital bed. Laparoscopic techniques, which involve making a tiny incision and the use of remote viewing devices, has allowed more surgery to be done on an outpatient basis.

"Laparoscopic gallbladder procedures cost us 350 admissions last year alone, because what used to be a week or 10-day stay is now done outpatient, or at most with a one-night stay," Mr. Horwitz said. "And there are 30 other procedures I could name just like that."

In the current buildings, space designed for inpatient procedures has been renovated for outpatient work, but it is less efficient than new designs, he said.

Over the last five years, he said, the two hospitals had lost about 4 percent of their combined market share to hospitals in Hartford and New Haven, a trend it could only hope to reverse if it could offer new services.

Mr. Horwitz conceded that even with a new hospital, Meriden would not be able to compete with the big city hospitals in technology, "and I don't think we should, but we should do what we can do very well."

The construction proposal, however, has unsettled even some of the hospital's one-time supporters.

Joseph J. Marinan, formerly a member of the City Council in Meriden who supported the merger of the two hospitals, said he did so on the promise that both hospitals would remain. "A lot of people, myself included, are feeling betrayed," said Mr. Marinan, who blames his failed re-election campaign on his support for the merger. "It leaves a lot of doubt and suspicion in everyone's mind," he said. "The citizens feel as though they've been used."

Even city officials are wary of the consolidation plan, said John W. Netherton, the city's assistant director of planning. "They're an important part of the downtown, and we wouldn't want to see them leave," Mr. Netherton said. "And there will be the two vacant buildings to worry about. We've got a lot of vacant industrial space now -- we don't need more."

Mr. Netherton said that, at the least, to build on the Saab site the hospital would need subdivision approval and a site plan review in addition to state permits. "There are still a lot of issues that have to be resolved," Mr. Netherton said.

There is also the question of whether the project would get any financial backing from the community, which is the way a hospital usually gets the seed money for new construction. Some prominent businesspeople have denounced the plan.

Ronald J. Meoni, president of the Napier Company and chairman of the Napier Foundation, which distributes \$200,000 to charitable causes annually, said he was not convinced by the hospital's arguments and would not make a contribution. He noted that Middlesex Memorial Hospital in Middletown and New Britain General Hospital both updated their centers through renovation rather than new construction.

"Why abandon both facilities and invest \$150 million in a new facility which will only further increase the cost of medical care?" Mr. Meoni said. "I don't see the need for a new facility."

Mr. Horwitz said he hoped the debate would not delay the project unnecessarily. The \$150 million estimate for the project includes \$28 million in financing costs, based on a one-year review by the state cost commission, he said, which would allow the construction to be completed by January 1995.

"Every month we can shave off that schedule would save us \$450,000 in finance charges," Mr. Horwitz said. "If we can cut the commission's review from a year to six months, we could save more than \$2.5 million. We could have saved money if we didn't extend the hospital's review, but we've said to the community we are not going to try to railroad this through."

## **Rivals Merged**

Although originally property of the city, the Meriden-Wallingford Hospital was privately owned at the time of the merger between itself and the city-owned Veteran's Memorial Hospital in 1991. Officials at the Meriden-Wallingford Hospital first aroused discussion about a potential merger agreement between the two institutions in 1987 in the hopes of reducing spending. The possibility of saving six million dollars in bonds as opposed to carrying out expensive renovation projects was the main reason why the merger was approved and finalized, according to the New York Times. Reportedly, the new hospital that became of the two separate institutions - the Veteran's Memorial Medical Center - had saved about one million dollars a year after the merger. However, the merger received considerable opposition from city residents and officials since the moment it was suggested and continued after the five years of debate. This was mostly due to the emotional attachment city residents had developed for the nonprofit city-owned Memorial Hospital, and the doubts they had of the motives of the commercial and rival Meriden-Wallingford Hospital. Events soon ensued that only intensified the level of opposition and mistrust that the city of Meriden had acquired for the Meriden-Wallingford Hospital.

Hospital Built, Hospital Closed

The first of these events occurred only a year after the merger. Hospital officials complained that while the merger reaped financial benefits, a new facility would have to be created to optimize healthcare services within Meriden. They reasoned that the new facility would be energy efficient, modern, easy to maintain, close to the highway for easy access, and provide more outpatient services; all of which could contribute to savings that could be utilized as construction fees. Besides, remodeling would be "too pricey" and the older hospitals in Meriden were losing patients to competition from outside the city, argued hospital officials. Yet, city residents who had reluctantly supported the merger were bitter upon learning that hospital officials had begun formulating plans to construct an entirely new establishment despite their promise to continue operating the Veteran's Memorial Medical Center post-merger. Many people suspected that the Meriden-Wallingford Hospital had led merger talks, not just to save money, but also to eliminate competition within the city from the Veteran's Memorial Hospital. Some claimed they had been forced to accept the merger and now the new facility, and they foreshadowed problems of vacancy. Even businesses which had previously supported the Meriden-Wallingford Hospital's merger with Veteran's Memorial Hospital were reluctant to support this new facility because it meant abandoning the old. Regardless, the Veteran's Memorial Medical Center closed in 1998, prior to the construction of MidState Medical Center on Lewis Avenue in Meriden. To assure people the old building, which had housed the Meriden Hospital, then the Meriden-Wallingford Hospital, and finally the Veteran's Memorial Medical Center, would not become useless, MidState officials maintained they would sell the old facility, allowing the city to brainstorm possible uses for the building, such as a lighting industry or offices. Otherwise, MidState would deconstruct the old facility and recycle the land as a park. What actually happened as a result of the closing of the Meriden-Wallingford Hospital and the construction of MidState Medical Center was neither.

## **Change At Bradley**

August 11, 2014

### **Staff**

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Once upon a time, Meriden had a small community hospital on the east side and a bigger general hospital on the west side. Then there was a merger (much to the consternation of many) and World War II Veterans' Memorial Hospital and Meriden-Wallingford Hospital became the two campuses of something called Veterans Memorial Medical Center, which later morphed into MidState Medical Center and built itself a new hospital. The East Campus was turned over to other uses, while the West Campus was abandoned, and lies in ruins to this day.

Once upon a time, Southington had its own community hospital and there was a bigger general hospital in nearby New Britain. Then there was a merger (much to the consternation of many) and Bradley Memorial Hospital and New Britain General Hospital became the two campuses of something called the Hospital of Central Connecticut, or HOCC. While the New Britain General campus has been taking on new roles and adding services, the Bradley Memorial campus has been reduced, one piece at a time.

All three of these active locations now belong to the Hartford HealthCare family and are jointly managed, but Bradley's traditional role as Southington's full-service hospital is ending. The plan is to close the emergency department in downtown Southington, as well as the few remaining inpatient beds (pending state approval) and eventually open a new emergency care facility on Queen Street. Other services in town, such as labs and radiology, have already been eliminated.

Hartford HealthCare is forming a committee of town leaders to weigh in on the planned changes. Decisions will be made about what services will remain at the downtown location, but the committee's role will be advisory. Hartford HealthCare also owns Hartford Hospital, Windham Hospital in Willimantic and Backus Hospital in Norwich.

While we can sympathize with the desire of many people to keep a "real" hospital in town, we also understand the need for a big organization like Hartford HealthCare to rationalize its operations and not unnecessarily duplicate costly services at several locations. No doubt the Queen Street site was picked in large part for its proximity to Interstate 84 — in order to whisk patients to New Britain or Hartford when needed, where more comprehensive services will be available.

"We're not going to close our emergency department," said Lucille Janatka, CEO of the Hospital of Central Connecticut and MidState Medical Center. "That will never close."

But once it's separated from the broader services of a hospital, we are left wondering whether the Queen Street emergency center will turn out to be little more than one of those walk-in places, often conveniently located on commercial strips, where you go when you burn your arm while cooking or twist your ankle while mowing the lawn, and not an emergency department in the conventional sense — a place where they could rush you into surgery, if needed, or do an MRI or a CT scan, or keep you overnight. That must be where the proximity to I-84 comes in.

At any rate, Janatka said that starting from scratch on Queen Street will provide "many more options" and "give us the ability to grow our services."

While some in Southington oppose the coming changes, the conventional patterns of medical care have been changing, sometimes radically. Like it or not, we need to adapt to the times. Small community hospitals like Bradley seem to be obsolete, at least in places as built-up as Connecticut, where expensive medical machines and the expensive people who operate them are just a fast ambulance ride away.