Craig Hospital

A Century of Rebuilding Lives
1907–2007

Herb Tabak
Acknowledgements

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These sources include material and information from:

- The family of Frank Craig
- Craig Hospital Records and Archives
- Brotherly Relief Colony Archives
- Craig Colony Archives
- *The Denver Post*
- *The Rocky Mountain News*
- *The Denver Times*
- *The Daily News*
- Craig Hospital staff, retirees, volunteers, patients and graduates

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Aerial View of Craig Hospital Campus, 2007
Preface

When Denny O’Malley, Kenny Hosack and Barb Page first approached me to discuss the possibility of writing a book as part of Craig Hospital’s 100th anniversary commemoration, I was honored.

The historical records located in the Craig Hospital archives along with records and documents discovered, assembled and catalogued by long time employee (now retired) Bill O’Daniel are incredibly detailed and voluminous. These include original letters, memos, meeting minutes, photographs and newspaper clippings as well as records stored on microfilm and other media. Some records are dated prior to 1907. The most difficult task turned out to be choosing what to include rather than searching for items to include.

Researching these records brought to life Craig Hospital’s history of overcoming adversity, bucking the trends and the ability to come up with the right answer when at the brink of failure. The records reflect the drama, timing, fortuitous decision making and luck that guided Craig Hospital’s growth from a single tent to a colony for consumptive, indigent men to the world renowned specialized hospital that it is today.

As a 2005 graduate of Craig Hospital, I wrote of my experiences in completing Craig’s spinal cord injury rehab program in No Whining, but had little knowledge of Craig’s history. This book reveals the history by relating historical events to the people and the time periods involved. While there was no one to interview with personal knowledge of the original tent colony, I was fortunate to speak with a number of former staff and patients whose experiences included spending time at the pre-1970 Lakewood facility (now known as “Old Craig”). Their stories bring to life the documented history of Craig Hospital.

Not meant to be an all inclusive history, this book includes only the major events in Craig’s history. To fully appreciate what Craig Hospital was and is, I recommend a visit to the Outpatient Waiting Area where you will find a set of historical volumes with all the photos, documents and letters that make up the archives.

—H.T.
Craig Hospital History

The history of Craig Hospital starts with the life and times of one incredible, compassionate man—Frank Craig.

Frank Miron Craig was born on February 10, 1877 in Greenville, Pennsylvania, to Joseph and Margaret Craig; his brother Samuel (Jay) and sister Ruby comprising the rest of the family.

In 1888 when Frank Craig was eleven years old, his father died from complications arising from wounds he had received as a Union soldier during the Civil War Battle of the Wilderness, Virginia.

Letters Frank Craig wrote at an early age show that he was caring and compassionate—even though he evidently was not in the best of health due to chronic respiratory problems.

Despite his poor health, Frank Craig managed to pursue his formal education as a student at Ohio State University. During the 1903–1904 academic year he decided to take a leave of absence and go to the Denver, Colorado area to treat his tuberculosis and respiratory related health issues. At that time, the accepted treatment for lung or breathing disorders was living in a dry, high altitude climate.

Frank Craig stayed in Colorado for a few months, and then returned to Ohio, but after only a short while, his tuberculosis worsened, so he returned to Colorado and lived there permanently.

During this period in its history, the United States government was actively encouraging settlement of The West (Oklahoma, Arizona and New Mexico were still territories) by giving title to 160-acre land parcels, under the Homestead Exemption Act, to any person who would improve and live on the parcel for at least three years. This appealed to Frank Craig, so on February 1, 1906, he applied for a Homestead Exemption in Weld County, Colorado.

Although Weld County is located only 30 miles north of Denver, in 1906 this distance might as well have been 100 miles. It was sparsely populated and
boasted St. Vrain, population 1,200, as its largest town. Travel conditions were terrible as there were no paved roads and the automobile was just starting to overtake the horse as a mode of individual transportation. In fact, until 1906 when New Jersey became the first state to license drivers, the automobile was considered a novelty.

Frank Craig’s letters to his family showed that he enjoyed the rural surroundings of Weld County and was fully committed to fulfilling the requirements of the Homestead Exemption Act. But his tuberculosis worsened, forcing him to travel repeatedly to Denver for treatment.

Diminishing financial resources, often unusable roads, high rentals and the demands of Frank Craig’s daily tuberculosis medical treatments, forced him to move to the Denver area. On June 10, 1907, he erected a single canvas tent on a small piece of rural property located west of Denver, in an area known as Edgewater, near the city of Lakewood. Doing this he unknowingly established what was to become Craig Hospital.

### The Early Years 1907 – 1929

In May, 1907, barely a month prior to Frank Craig setting up his first tent, a countrywide economic contraction began that would later result in a severe depression. The immediate fallout for Colorado was the substantial number of sick men who became unemployed and thereby indigent.

Honoring a request from the Denver Welfare Board, Frank Craig began to assist a few of these indigent men who, like himself, were suffering from tuberculosis—also known as the “White Plague.” He erected a few more tents next to his own and a small tuberculosis (TB) tent colony was formed.

Frank Craig’s resources were already stretched by this time, so, in order to provide for the additional men, he became a one-man public relations and fundraising specialist. He successfully secured a number of small cash donations along with sizable contributions of food, clothing and furniture.
As the number of tents and men grew, Frank Craig found it necessary to formalize the colony’s arrangements, and on September 30, 1910, he formed a non-profit corporation called “The Brotherly Relief Colony” and was named its Superintendent.

Eventually Frank Craig began replacing the original canvas tents with Tucker House Tents, furnished with a bed, a rug and a stove. Photographs and other documentation from the early days confirm that these “tents” were actually structures with wood and canvas walls, red shingle roofs and wood floors, placed on concrete slabs or other foundations. They were designed to last up to 15 years, could be disassembled and moved and are now considered to be one of the first examples of a prefabricated building.

Mrs. J. O. Cooper, the widow of Colorado’s sixth Governor, Job A. Cooper (1889–1891), was impressed with a local newspaper story about Frank Craig’s zeal for providing proper care for indigent sufferers of the White Plague and wrote a letter offering her assistance. She devoted herself to his cause and became the most important early sponsor of his Brotherly Relief Colony and a member of its first Board of Directors.
Dec 5, 1909

Mr. Myron Grigg
Dear Sir,

Several weeks ago there was mention made in the Post of a group of tents under your care where a member of consumptives were living on very limited means. I want to ask if they are still living there and if they are in special need of help and if so of what kind. Can you tell me something about them. I would be glad to give a little assistance if they are suffering.

Yours in

Mrs. J.R. Cooper
1600 Grant Ave.

The Original letter sent to “Myron Grigg” in 1909 by Mrs. Cooper. Offering her assistance.
In 1911, Mrs. Cooper further demonstrated her commitment to the Colony by donating 26 lots and 1 building. Shortly thereafter, the tents that housed the colony were moved three blocks to the donated property, first listed as 6000 West Colfax Avenue, then 6001 West Colfax Avenue and finally 1599 Ingalls Street. This site would be home to the Colony and its successors until 1970.

The year 1914 was momentous in world history as well as for the Brotherly Relief Colony. On June 28, 1914, in Sarajevo, Yugoslavia, the assassination of Archduke Ferdinand and his wife precipitated the start of World War I. On August 15 of that same year, the Panama Canal, considered the greatest engineering feat of its time, opened to traffic.

In Denver, Frank Craig had built and promoted the Colony until it had grown to 48 tents and one building. However, his health was failing, and on December 11, 1914, while lying in his tent at the Brotherly Relief Colony, he died from tuberculosis. He was only 37 years old.

Frank Craig’s funeral was held on December 13, 1914, at the Denver City Auditorium—the first funeral ever held there. His burial was at Crown Hill Cemetery. At the time of Frank Craig’s death, the Brotherly Relief Colony was becoming the most well known facility of its kind in Colorado; in the years that followed, it continued to expand and grow.
The country fell into turmoil. On May 7, 1915 a German torpedo sank the British liner Lusitania, leading to a change in America’s stance on its neutrality. On April 6, 1917, the U.S. Congress declared war against Germany and the United States entered World War I.

Mrs. Cooper continued her advocacy of Craig Colony and made daily visits to greet newcomers and chat with other residents. She was instrumental in raising awareness in the community of the work being done at Craig Colony and used her position to generate donations of money, services, food and clothing from the public.

On November 13, 1917 the Brotherly Relief Colony Board of Directors, to honor its founder, voted to formally change its name to Craig Colony. Less than a month after this vote, Mrs. Cooper fell while decorating a Christmas tree and suffered severe injuries. On January 31, 1918, at the home of her daughter and surrounded by her family, Mrs. Cooper died. Her heirs continued her philanthropic work with the Colony, solidifying its foundation and taking it into the next decade.

By the end of 1919, Craig Colony had replaced all its canvas tents with Tucker House Tents, had started constructing an additional building and, through the actions of the Board of Directors, approved forming volunteer groups and auxiliaries, to formalize the fundraising activities so vital to the Colony’s financial well being.

1920 ushered in a decade of change for the United States, beginning with the adoption of the 19th Amendment, which gave women the right to vote. That decade also saw talking movies, the first Winter Olympic Games, the first Academy Awards, the Scopes Monkey Trial and heroics from Babe Ruth and Charles Lindbergh.

Craig Colony continued its expansion by adding two additional buildings. It also expanded in stature and public awareness and, in 1922 it became a member of the Denver Community Chest.
The decade wound down with a medical breakthrough in 1928—the discovery of Penicillin—which would eventually eradicate TB and later change the course of Craig Colony, causing it to reconsider its mission.

The Middle Years 1930 - 1949

The 1930’s saw Craig Colony establish itself in the community by maintaining its ability to admit and treat indigent men suffering from tuberculosis. The Great Depression had hit the United States and Colorado suffered along with the rest of the country. By the height of the Depression in 1933, one of every four adults in Denver was unemployed, causing the ranks of the indigent to swell substantially. This meant that Craig Colony never had an empty bed for more than a few hours.

As a result of the Depression, President Franklin D. Roosevelt created the Civilian Conservation Corps (CCC) and the Works Progress Administration (WPA) to hire unemployed workers to carry out municipal projects such as repairing schools, fixing potholes, installing sewers and planting trees. Other projects included building trails, campgrounds and other outdoor facilities and planning and constructing Red Rocks Park.

The WPA allocated more than $42 million to Colorado, some of which went into transforming the rural Craig Colony neighborhood into a suburban area. Some of the WPA projects were designed to renovate former TB sanatorium buildings. One such building was the Agnes Phipps Tuberculosis Sanitarium that was renovated into an Army Air Corps Technical School which eventually evolved into Lowry Air Force Base.

The Depression ended in 1941 with the attack on Pearl Harbor and the United States’ entry into WWII. The instantaneous switch from a weak economy to a full production economy was unprecedented: it led to an era of growth and advances in every industry. The post WWII 1940’s brought the U.S. affordable
single family homes, ballpoint pens, bikini swimsuits and the use of antibiotics as treatment for a myriad of afflictions.

Around the middle of the twentieth century antibiotics were bringing the scourge of tuberculosis to an end. Craig Colony started to lose patients and its ability to fill beds dropped dramatically. The Colorado State Department of Health did not want to lose the Colony’s treatment beds and, based on the conclusions of the studies done in the late 1940’s and early 1950’s, neither did the Colony’s Board of Directors.

In 1947 the Craig Colony Board of Directors, knowing the need to provide treatment for TB patients was declining, sponsored a study to determine whether there was a community need and/or desire for Craig Colony to continue its operations and, if so, in what capacity.

Buoyed by the encouragement from the state authorities, the Board embarked on the most innovative venture possible, changing the Colony from a treatment facility for indigent male tuberculosis patients to a hospital for rehabilitation focusing only on spinal cord and traumatic brain injuries.

The Colony’s Board of Directors undertook an unprecedented task. There were no models to follow and few, if any, guidelines or protocols to refer to, but instead of being a deterrent, the Board of Directors viewed this challenge in a refreshing light. This in turn encouraged the staff to develop its own innovations in treatment.
Changing Directions 1950 - 1969

During the 1950’s the United States enjoyed unprecedented economic growth as well as booming advances in virtually every area of national and international sports, entertainment, business and politics. Roger Bannister ran a mile in under four minutes, Disneyland opened in Anaheim, California, Hula Hoops became a craze, seat belts were installed in automobiles, Rock and Roll hit the music scene, Velcro was invented and Fidel Castro rose to power in Cuba.

Craig Colony experienced rapid changes too. TB had been virtually eradicated and most of the once thriving Denver area TB facilities had closed. With the future of the Colony looking bleak and facing the conclusions of its own 1947 study, the Board of Directors had to decide whether to close down the Colony or re-establish it as a specialty facility, a task they knew would require substantial funding.

In 1954, a special committee of the Health Division, Denver Area Welfare Council conducted a study that not only confirmed the conclusions of Craig Colony’s 1947 study, but emphasized that Craig Colony provided vital services to the Denver area and should continue to do so. The study also recommended that any remaining TB patients be segregated from other patients and that Craig Colony should shift its emphasis from tuberculosis treatment to rehabilitation of patients suffering from multiple sclerosis, polio, muscular dystrophy and spinal cord injuries.
In 1955, the Board of Directors approved funds to immediately expand its program and to renovate the existing buildings to provide segregated facilities for its tuberculosis patients and to build convalescent and rehabilitation facilities for the other patients. In anticipation of an expected influx of polio patients, the Board also approved a $2 million expansion program. To appropriately reflect this new direction of rehabilitation, the Board changed the facility’s name from Craig Colony to Craig Colony Rehabilitation Center.

Construction of a 6,000 square foot addition and remodel of the old building was finished in May, 1957. Re-opening with a 40 person professional staff, Craig now offered both inpatient and outpatient services and, for the first time, had complete facilities for both men and women.

Also in 1957, Dr. John Young, M.D. became the Medical Director, a post he held for the next eleven years. Dr. Young was a visionary who not only centered the focus of Craig on the sole mission of spinal cord injury and traumatic brain injury rehabilitation, but established the tenets which are carried on to this day. These tenets include:

- Casual but professional working environment (no uniforms)
- Single physician management system (“One riot, One Ranger”) and
- Interdisciplinary team approach (doctor, nurse, psych, PT, OT, speech pathologist, patient & family counselor, T-Rec, etc).

Dr. Young also worked with insurance companies to stress that rehabilitation not only saved lives but made lives productive and worthwhile. Many of the innovative tenets that Dr. Young created have stood the test of time and are still used today at Craig. Dr. Young’s impact and influence on today’s Craig Hospital cannot be overstated. His legacy is memorialized in a conference room at Craig that bears his name.
In 1958, facility expansion construction was completed. The Board recognized Craig’s focus and again approved a name change, this time to Craig Rehabilitation Center.

With Craig now committed to being a rehabilitation center, the Board of Directors began a concentrated effort to locate adequate land to accommodate even more expansion and the funding sources to finance it. On January 19, 1959, $90,000 was obtained by selling some of the lots from its original West Colfax site.

At the same time, the Board signed a contract with the U.S. Public Health Service Bureau of Indian Affairs (BIA) to provide rehabilitation services to Native Americans with spinal cord injuries, and long term follow up services at a clinic in Gallup, New Mexico.

Craig Nurse Pris Henry, who started her employment at Craig in 1962 and who is now in her mid eighties and retired, recalls an incident involving a pregnant BIA patient at that time:

“A Native American patient at Craig was a girl named Bessie who went into labor one night with no Ob/Gyn doctor available. I called Craig’s Medical Director, Dr. Jackson, and told him the attending Ob/Gyn doctor was out of town and that Bessie was in labor.

With no time to move Bessie and with Dr. Jackson on the way, I had to deliver her baby right in her room in the patients’ section of Craig. Not wanting her to wake up the other patients I said: “Bessie, I’ll buy you a dress if you don’t wake up the other patients.”

Dr. Jackson arrived and I handed him the sterile towel holding the baby. Bessie looked up at me and said: “I’d like a blue dress, please.”

The Board realized that even with $90,000 from the land sale, purchasing more land, constructing a facility, and providing the staff and revenues to operate it would still be an undertaking that was beyond Craig’s capabilities. Given
this, the Board decided it should seek assistance from other compatible health-care entities, so on September 17, 1959, it opened exploratory talks with the University of Colorado. The Board later decided partnering with the University of Colorado wasn’t feasible and shifted its focus to the private sector.

Craig came of age in the 1960’s. On December 16, 1960 the Board proposed an alliance with the American Medical Center (AMC) located only four blocks from Craig on West Colfax. AMC, like Craig, was founded in 1904 as a TB sanatorium, also housing its patients in “tent” houses. It was called the Jewish Consumptives Relief Society until 1954 when it changed its mission to cancer research and its name to the American Medical Center. Unfortunately, talks with AMC turned out to be unproductive, so for four years Craig had to continue to operate as best it could while keeping other options open.

Even while continuing to operate, Craig’s Directors knew that if Craig was to expand in any manner, it would have to be licensed as a full-service hospital by the state of Colorado. However, Craig didn’t meet the licensing standards and would have to spend millions of dollars to do so.

With this in mind, Dr. James Miles MD, representing the Board of Directors of Craig Rehabilitation Center, wrote a letter, dated March 15, 1960, to Dr. Roy L. Cleere MD, Executive Director of the Colorado State Department of Health, in which he requested that the Department of Health establish a “Rehabilitation Hospital” category within the State Hospital Licensure Act. Dr. Miles later suggested that Craig might be licensed as a “Specialized” Hospital rather than as a “Rehabilitation” Hospital.

After a thorough investigation, the Department of Health was unable to grant Craig Rehabilitation Center either license, but it did allow Craig to continue to operate while it went through the legal process necessary to amend its own policies and rules.

Early in 1962, the Colorado Department of Public Health created a new state hospital classification, “Rehabilitation Hospital,” and licensed Craig under this category.
While waiting for the decision from the Colorado Department of Public Health, the demand for beds increased and the Board knew that Craig’s current facilities would soon become obsolete and inadequate. For Craig to be a viable institution it had to find a partner or expand on its own. The first inclination was to expand on its own as there was plenty of land available that could be purchased or leased long-term, especially in East Denver.

During this time, there was extensive newspaper coverage of Craig’s activities in the community, which meant it was common knowledge that Craig was looking to expand. It was also apparent that many of the buildings at the current site were slipping into disrepair.

The following anecdotes—recollections from retired Craig employees—show life as a Craig Colony family member prior to the move to Englewood—in 1970.
Nurse Pris Henry recalls:

“When I started working at the “Old” Craig in Lakewood the buildings were already 40 years old and in disrepair. When it rained, the roof leaked so badly that we called the place “The Stables.” As soon as the rain started our standard procedure was to immediately go to the kitchen and get every available pot. We then took the pots to the patients' rooms where the water was really flowing.”

Dr. Harry Hahn, who served six years as Medical Director (1979-1985) and who was extremely influential in establishing many of today’s tenets, is remembered by Pris Henry:

“The first time I met Dr. Harry Hahn, who had just been hired as a staff physician and who would later become Craig’s Medical Director, was at “Old” Craig where I was a nurse. I was working late afternoon at the nurses station trying to catch up on some paperwork when a man, unknown to me and dressed in a doctor’s long white coat, approached my desk and said; “I’d like to see your patient charts.”

“Who in the world are you?” I replied, “Nobody sees my charts!”

“Didn’t Dr. Jackson (Medical Director) tell you I was coming?”

“No he didn’t, and who are you?” I repeated.

“I’m Dr. Harry R. Hahn” he told me as he came around the glass in front of my desk, “is there a place to read them?”

There happened to be a desk located in a small alcove above the Nurses Station previously used by an OT (Occupational Therapist) but it was near an open window and frequently visited by pigeons.
He took the files and went up to the desk and started to read the files. A few minutes later I told him it was lunch time and he joined me and the other staff members in the lunch room.

After lunch we returned and he went up to the desk. After a few seconds he came over to my desk and said; “I need some rags, the pigeons left their calling cards.”

I got some rags from the utility closet and went with him to help clean up. Thank goodness all the patient files were in metal jackets because the pigeons had covered them all.”

On March 22, 1966, a representative of the Board of Directors of Denver Children’s Hospital inquired about Craig’s possible interest in constructing a facility on land adjacent to Children’s Hospital.

Craig’s Board quickly approved the concept, and within days was involved in formal negotiations. Despite both sides eagerness to work together, the negotiations did not go smoothly. All negotiations with Children’s Hospital were cancelled because both sides were unable to resolve their differences.

On October 24, 1967, negotiations with Children’s Hospital were re-opened but again proved to be fruitless. However, the publicity surrounding this kindled interest from other facilities and so, on January 16, 1968, negotiations between Craig and Presbyterian Hospital for constructing a new building and conducting business under a joint operating agreement were started. But this too, proved unsatisfactory for Craig.

Presbyterian Hospital wasn’t the only facility interested in partnering with Craig. Swedish Hospital also inquired about a joint venture. The Craig Board of Directors didn’t hesitate to act on this opportunity, and on April 24, 1968, negotiations with Swedish Hospital commenced. These negotiations, finally, proved to be fruitful.
The Boards of Trustees
of
Craig Rehabilitation Hospital
and
Swedish Medical Center
request the honor of your presence
at
Groundbreaking Ceremonies
for the
New Craig Rehabilitation Hospital
Friday, the eleventh of July
Nineteen hundred and sixty-nine
at
nine o'clock in the morning
Swedish Medical Center, Clarkson and Girard
Englewood, Colorado

R. S. W. P.

Invitation to Groundbreaking (July 7, 1969)
On September 30, 1968 one of the first joint operating agreements of its kind in the United States was approved and plans for the construction of a 40,000 square foot building were filed. On April 23, 1969, Craig’s Board of Directors amended the operating agreement and construction plans, approving a 50 year lease with Swedish Hospital and enlarging the proposed building from 40,000 square feet to 63,000 square feet.

Craig’s Joint Operating Agreement with Swedish Hospital in 1968 was a medical industry innovation that was met with great enthusiasm. *The Rocky Mountain News* reported on November 21, 1968:

> “The Joint Medical operation program worked out between Craig Rehabilitation Hospital and Swedish Medical Center is news of the greatest importance in the field of medical care. Craig and Swedish have implemented this approach (working together for greater efficiency and economy) in a most interesting manner. Craig will build a new facility on Swedish land and have full use of the Swedish laboratory, X-ray, operating room, pharmacy facilities, etc., while Swedish will have complete access to Craig’s specialties.”

On July 11, 1969, Craig held a groundbreaking ceremony to signal the start of construction of its 80-bed rehabilitation hospital, which was to be connected to Swedish Hospital by a tunnel-to facilitate access to the services such as radiology, laboratory services, surgery and so on, provided by Swedish to Craig patients.

Among the dignitaries in attendance were John A. Love— Governor of Colorado, Elmer Schwab— Mayor of Englewood, Dr. Roy Cleere—Director of the Colorado Department of Public Health, Dr. John Young—former Craig Medical Director, and George Congrave and Buddy Craig—former patients.
The operating agreement with Swedish Hospital is just one of many innovations that have characterized Craig Hospital.

The *Oxford Dictionary* and *Thesaurus* defines “innovation” with such words as originality, inventiveness, creativity, and imagination. The history of Craig Hospital is filled with examples of innovations, many attributed to judicious decisions consistently made by its Board of Directors. Over the years, Craig’s Boards have creatively responded to economic and social realities, adjusted to changing financial and legal circumstances, and applied lessons learned through day-to-day hospital operations.

**A New Start 1970 – 1989**

The exterior of the new Craig Rehabilitation Hospital was completed in September 1970 and its interior finishing and furnishing was completed that November. On November 30, 1970, all the patients were transferred from the old facility in Lakewood to the new building at 3425 South Clarkson Street in Englewood. A month later, 63 years after Frank Craig erected his first tents there, Craig’s remaining lots on Colfax were sold and the physical traces of the Brotherly Relief Colony passed into history.

On February 24, 1971 a ceremony was held to officially recognize the new direction of Craig Rehabilitation Hospital when 15 items were placed in the cornerstone of the new building. (See Appendix)

After moving to the new facility, Craig Rehabilitation Hospital began to expand services and adopt unique programs—all of which continue to the present. In 1973, an apartment building acquired by Craig was remodeled to provide transitional living experiences for patients and housing for inpatient families. In 2002 Craig replaced these apartments with a modern, 47-unit Outpatient and Family Housing Facility.
In 1974, Denny O’Malley began his tenure as President while Craig and Swedish opened the shared Neurotrauma Unit at Swedish Hospital. In 1975 Craig Rehabilitation Hospital was renamed Craig Hospital to reflect the scope of medical services available to all patients. In 1977 Craig Hospital strengthened the quality of its patient services by establishing specific and dedicated spinal cord and brain injury treatment teams. The Brain Injury Team was developed and headed by Dr. Harry Hahn and further developed by Dr. Mark Cilo. Originally it was called “The Blue Team” because the patient charts were blue.

Driven to maintain a high level of service while keeping in mind that “bigger isn’t better,” Craig Hospital embarked on a modernization program that culminated in 1983 with the completion of a 62,000 square foot expansion that doubled the size of the treatment area without increasing the number of beds.
The expansion included a large gymnasium, an outpatient clinic, a media studio, therapy areas and offices.

The modernization program also included building a new tunnel to Swedish and brought to an end the adventure of going to Swedish in the old tunnel. The original tunnel was dank and dark with dripping water and inadequate lighting and was sheathed in plywood with the floor canted to each side to allow the water to run off. Known as the “Den of Iniquity,” the old tunnel allegedly was the scene of illicit encounters, smoking and other activities. When the tunnel was finally closed, many of these extracurricular patient activities moved to the Flagpole area of the garden.

**Continuity of Excellence 1990 – Present**

Starting in 1990 and still continuing, Craig Hospital has maintained its renowned status by constantly implementing improvements and changes, ongoing programs and acquisitions, all of which strengthen its service to patients and the community.

The first major change occurred in March, 1991 when Craig Hospital purchased the land that its building occupied and which was previously leased from Swedish Hospital. Although acquiring the land changed the original terms, both hospitals agreed to maintain the Joint Operating Agreement.
In addition to its medical and rehabilitative services, Craig Hospital now wanted to be able to offer a full range of support services. In 1994 it formed its own durable medical equipment subsidiary, Adaptive Equipment Company (AEC).

Continuing to maintain excellence, Craig Hospital completed construction of its innovative East Building which is connected to the older West Building by a “skybridge.” The opening of this building in 1996 raised the available number of licensed beds from eighty to ninety three and created additional options and flexibility for patients and family in preparation for going home.

After being licensed as a hospital and changing its name to reflect its new status, Craig Hospital and its staff continued to make innovation after innovation including treatment procedures, physical layout, administration, treatment philosophy, patient socialization, adaptation, product development, caregiver involvement and much more. The entire staff is committed to continual innovation and improvement. Some specific innovations include:

- Joint Operating Agreement with Swedish Hospital
- Therapeutic Recreation Programs
- Adaptive Driving and Transportation Program
- Rehab Equipment & Product Development
- Continued Emphasis on Socialization
- Outpatient and Family Housing
- Alumni Resources
- Rehabilitation Engineering
- Adaptive Tech Lab
- Re-entry program
- Sexuality/Fertility education
- Airline Travel training
Craig’s Adaptive Driving and Transportation Program is certified by the State of Colorado and provides Craig patients with the confidence, experience and knowledge necessary to safely use highly specialized driving equipment and vehicles. Starting with individual assessments and progressing to computer based simulators and finally to dual control vehicles, highly experienced instructors guide patients to their ultimate goal of independence.

The Driver Education Department also sponsors weekly demonstrations given by local dealers who offer vans and adaptive automotive equipment designed for hand control use or handicap access.

Prior to the 1994 formation of the Adaptive Equipment Company (AEC), a wholly owned subsidiary, Craig depended on vendors to develop and supply its patients with rehabilitation products, from mattress pads to wheelchairs. Now, centralizing acquisition and maintenance of all types of equipment through
AEC, Craig Hospital offers its patients, graduates and others the ability to not only pursue intensive rehabilitation while an inpatient but to have the proper equipment available to them after discharge. AEC offers:

- Seating and posturing evaluations for manual and power wheelchairs
- Experience in providing equipment for all age groups
- Seven day a week emergency repair service
- Manufacturer trained service technicians
- Loaner program
- Full product line of bathroom equipment and ambulatory aids
- Rental program covering wheelchairs, hospital beds and assistive medical equipment

As the Twentieth Century came to a close and we entered the Twenty First Century, Craig Hospital also entered a new era by expanding its research capabilities leading to better understanding of the treatment of traumatic brain injury and spinal cord injury.

The history of research at Craig Hospital started in 1974 with a National Institute on Disability and Rehabilitation Research (NIDRR) grant and has continued and expanded. In 1996, The Craig Center for Spinal Cord Research was founded for the purpose of supporting Craig Hospital’s commitment to basic science research. The Center is guided by an oversight committee that provides direction and management to Craig’s research projects. The Center also assists in the establishment and support of partnerships with other research institutions. Research at Craig Hospital is more fully discussed in the third section of this book, Looking Ahead.

From its humble tent beginnings as the Brotherly Relief Colony to its current world renowned stature, Craig Hospital continues to make history in adaptation, tradition, innovation and community service thanks to forward thinking, risk taking leadership.
Skybridge linking East Building and West Building; 2nd Floor and 3rd Floor Spanning Clarkson Street
The Spirit of Craig Hospital

“People work best in the absence of fear”
—DENNY O’MALLEY

The spirit of Craig Hospital is a positive, tangible force that is embodied in Craig’s traditions, culture and philosophy all of which, like building a strong foundation, were carefully molded and put in place over a hundred year period.

Craig Hospital’s long-standing tradition of providing the best care possible started with Frank Craig’s unselfish desire to provide a caring environment for fellow tuberculosis sufferers unable to pay for private treatment. As Superintendent of The Brotherly Relief Colony, the predecessor of Craig Hospital, he established standards for patient behavior, operating philosophy, community support and management techniques, all of which are part of Craig Hospital tradition.
Frank Craig was not only a topnotch fundraiser and public relations expert—he never turned down an interview—but he also was a first rate administrator who fully understood the necessity of having formal rules and regulations for maintaining order and keeping the residents aware of their environment and their responsibilities to the Colony and each other. As early as 1910, each new member of the Colony was required to take-and seriously uphold—a pledge to comply with the rules and regulations (See Appendix). The Rules were printed on placards and placed conspicuously around the grounds as reminders.

The Brotherly Relief Colony
A Ministry of Love for Inpatient Consumers
6000 West Colfax Avenue
Edgewater, Colo.

R U L E S

1. All patients must use sputum cups and expectorate in nothing else.
2. Do not enter kitchen.
3. Do not cough while at the table. Step outside.
4. Do not finger over things at the table that others have to eat.
5. After breakfast all beds are to be made and the tent cleaned.
6. Patients shall be in bed at 9 o'clock P. M., at which time all talking must cease.
7. Rest one hour in bed before and after meals; be out doors all the rest of the time.
8. No patient shall leave the Colony without permission.
9. All sputum cups to be collected and burned at 9 A. M.
10. No refuse, paper, clothing, cans, or any unsightly material shall be thrown on the grounds.
As stated previously, the men living at the Colony had to observe all rules and regulations and were held accountable for their actions. In a *Daily News* article published November 25, 1910, reporter Alice Rohe writes:

“Frank M. Craig...draws but one line in regards to members of the colony. Neglect of the laws of sanitation is the only grounds upon which men are dismissed from the colony.”

Today’s rules cover many areas that were not even in existence in 1910 but are just as important. While patients are no longer required to take and uphold a pledge, they are required to acknowledge the rules as part of the admittance procedure.
Frank Craig’s operating philosophy required that each and every resident, although living in his own tent, worked for the good of the entire Colony. The following 1911 Work schedule suggests the practice of using medically able residents to provide labor and assist in operating the Colony, was initiated for both rehabilitative and economic reasons.

This tradition of patient responsibility is still carried on and is one of the pillars of the Craig Hospital philosophy. While patients no longer provide operating labor, they are expected to take responsibility for their own rehabilitation by taking an active role in its planning and scheduling and by attending therapy and class session.
Wheelchair Donation Letter (1921)

Dr. R.S. Irwin  
Majestic Building  
Denver, Colorado  

Dear Doctor:—  

There is a wheel invalid chair at 7232 Ames street Edgewater which is in good condition and might be useful to one of the inmates of Craig Colony. This chair was purchased some years ago by this union for one of our members Mr. J.R. Paterson and was his wish before he died Aug. 11st that the chair be returned to the union and it is now our wish that Craig Colony have the chair.

If you will send some one there for it and ask for Mrs. Isabel Swenson or any member of the family there, it will be turned over to them with our compliments. This is done in appreciation for what the Colony has done for many of our members in the past.

Respectfully yours,

[Signature]

Secretary.
CRAIG HOSPITAL: A Century of Rebuilding Lives

Lamb Donation Letter (1921)

Craig Colony
A Ministry of Love for Destitute Consumptives
6000 West Colfax Avenue
Edgewater, Colorado

Denver, Colo. Nov. 5 1921

Shirley Savoy Hotel,
Denver, Colo. Attention: Manager

Dear Sir:

The attention of the Board of Directors of Craig Colony has been called to your donation of lamb shoulders each month, and we wish to assure you that we deeply appreciate the interest you are showing in our work.

It is through the kindness of the people in general that we are able to keep the work started by Frank Craig in existence, and we assure you that we are ever mindful of your generosity.

Sincerely,

Board of Directors

Anna M. Eckles, Sec.

Dear Mrs. Eckles:

We have not sent out mutton fronts lately as we did not know that you still cared for them.

If you can use them again, we shall be glad to notify you when we have some more.

Yours,

Jas. B. Smith, M.D.
Since health insurance was non-existent in those early days, operating funds for facilities such as the Brotherly Relief Colony came primarily from private contributions and a small amount from local governmental agencies. This meant Frank Craig had to depend on the public’s generosity and the unwavering support of people like Mrs. J.A. Cooper and her followers to keep the Colony operating.

It is interesting to note that many private contributions came in forms other than cash. Acknowledgement letters going back to 1910, show that the Brotherly Relief Colony not only received cash donations, but also food, clothing, furniture, recreation equipment and labor. It also received some unusual donations such as piano rolls, wheelchairs and reduced-price goat’s milk.

Publicity generated by local newspapers’ continued coverage of the Colony also helped to raise funds. *The Denver Post* and the *Daily News* (predecessor to the *Rocky Mountain News*) printed numerous stories about the Colony and Frank Craig which raised public awareness and, thereby, contributions from Colorado residents and visitors alike.

Therapeutic Recreation Wheelchair Race (1968) Dr. Young, Medical Director is 2nd from right
Community support that resulted in contributions to the Colony was acknowledgement of the public’s approval of Frank Craig’s views on patient responsibility and socialization. These views were not encouraged, they were mandated. Frank Craig insisted on a high degree of interaction among patients and between patients and their caregivers, and that remains the standard at Craig Hospital today. Patients are encouraged to eat meals together as well as spend time with their family, friends and other patients in the rehab gym, on outings outside the hospital or using the Therapeutic Recreation facilities.

When the first Craig building near Swedish was in the planning stage, one of the concerns was that it would be designed as a standard hospital and not similar to the buildings at “Old Craig”. The tradition of socialization might be designed out of existence along with its various programs. These fears were alleviated when the accepted design for the new buildings actually enhanced socialization.

Some of these socialization programs included interdisciplinary Therapeutic Recreation Department outings, weekly group discussions, Friday picnics, holiday parties and planned coordination of physical therapy and occupational therapy sessions. While the patients’ injuries are serious and the rehabilitation programs are intense, these programs were, and still are, conducted in a fun, upbeat atmosphere.

Craig’s Directors are convinced that socialization is a key facet of SCI and TBI rehabilitation and this conviction is what keeps Craig in the forefront. When the first expansion of the West building was planned and when the newer East building construction was planned the tradition of socialization was a major design factor.

The Halloween party, attended by the staff, patients and visitors is a tradition that has survived and flourished. Every once in a while a Halloween incident will occur that becomes part of Craig lore. Here’s an example:
“One year as usual, most of the staff and many patients were dressed up as ballerinas, pirates, babies, pumpkins, you name it.

One of the nurses dressed as a Guernsey cow complete with horns and a giant udder. She also happened to be that day’s admitting nurse and, of course, in the middle of the festivities she got a call to admit a patient.

Without hesitation and without removing the costume, the nurse proceeded directly to the front desk to admit the patient. He was waiting glumly in his wheelchair; his family nearby probably lecturing him about taking his upcoming rehabilitation very seriously when in pops the nurse-cow announcing: “Hi, I’m the Admitting Nurse. Welcome to Craig Hospital.” The family gasped, appalled, but the patient broke into a huge grin.”

Traditions are not usually pre-planned at the time of origin but evolve by popular demand and sometimes start through a seemingly innocuous act by a patient or staff member.

An example of a patient generated tradition can be seen today in the 3 West rehabilitation gym where hundreds of colorful pennants hang from the ceiling. At some point after the West building expansion was completed, a patient started what has become a tradition by asking his physical therapist to hang the patient’s college banner above the rehab equipment to add some color and provide a little inspiration. This sparked some good natured rivalry when other patients also had their school banners hung from the ceiling.

Today, the tradition has expanded beyond patients’ college and high school pennants to include states, countries, hometowns, ski areas, professional sports teams and even tourist attractions.
After moving to its new facility in 1970, Craig expanded the Therapeutic Recreation Department including sponsoring new annual events that have evolved into traditions; Hobie Day, Motor Sports Day and the Annual Equipment Expo.

Hobie Day is held at Denver’s Cherry Creek Reservoir and is named for the Hobie Sailboat that is used extensively to provide patients with an exciting and meaningful experience. Now in its 27th year, Hobie Day has become a Craig tradition.

Motor Sports Day, now in its 14th year, is held on the Craig campus each July and has evolved into an open air show featuring 175 collector cars, vehicles for the disabled, race cars, restorations and also features a barbecue.
Other traditional events include the December Holiday music performances since 1980 and Field Day, now Survivor Day, since 1973, as well as the Annual Employees Award Banquet, The Colorado Open Golf Tournament and the Annual Holiday Buffet.

The spirit of Craig Hospital is also carried on through its unique culture and philosophy. This culture and philosophy had its start in 1907 when founder Frank Craig emphasized his belief that the residents of the Brotherly Relief Colony would benefit greatly by playing an active role in their own treatment regimen. This vision is today’s rehab model where patients are empowered to take control of their lives by actively participating in the determination of treatment. Frank Craig’s beliefs, enhanced by the medical contributions of Craig’s distinguished Medical Directors and melded by creative and future thinking administrative guidance, has today become a force that guides many aspects of Craig Hospital. Keeping patient and family needs first is the essential tenet behind every decision made by Craig’s leadership and staff, and provides the impetus to make many of the successful, yet sometimes risky, ground-breaking decisions that have resulted in making Craig Hospital an internationally acclaimed rehabilitation facility.

The Mission Statement of Craig Hospital is:

“To promote optimal health and quality of life for people affected by spinal cord injury and traumatic brain injury.”

Craig’s dedication to quality of life is the key to its mission. Spinal cord injury (SCI) and traumatic brain injury (TBI) are life altering injuries that not only affect patients, their families and their communities but require a refocus on basic life skills. It is not enough to expect patients to leave Craig able to function well enough; they must achieve their highest possible level of independence.
and productivity. This is carried out through a unique, time-tested culture and environment that includes the patient and his family as well as the entire Craig staff, former patients and families and the community.

Craig Hospital’s culture and environment recognize the following factors as being basic to carrying out its philosophy:

- Rehabilitation is a foundation for lifetime success
- The patient and his family must take an active role
- Learning adaptation skills cannot be rushed
- Education and support are continuous processes that do not end upon discharge

The philosophy is carried out by regular reviews of operating procedures, conscious adherence to basic tenets and openness to receive and act on suggestions from staff, patients and families. The basic tenets of the Craig Hospital culture include:

- Maintaining focus on SCI and TBI only
- Maintaining Non-Profit status
- Maintaining autonomous but close working relationships with other health care systems

The basic rehabilitation culture and environment require:

- Patient and family as an integral part of the team and involved in goal setting and decision making
- Creating and maintaining a therapeutic community through the fostering of peer interaction
- Maintaining the Interdisciplinary Team Approach by assigning a treatment team on admission and keeping the same team throughout the patient’s stay
• A physical layout designed to foster socialization
• An education environment that sets high expectations for participation of patients, family, friends and caregivers
• Availability of resources that continue after discharge
• A Contagious culture of caring, family-focused atmosphere filled with hope and future possibilities
• Keeping fun and hope in the process
• Keeping staff happy to increase positive patient results along with staff retention and longevity

Craig Hospital’s Therapeutic Recreation Department, now the largest of its kind in the nation, provides ongoing opportunities for patients to participate in many individual and group projects such as art, ceramics, horticulture, hand cycling, table games, internet surfing, sailing, white water rafting, hot air ballooning, hunting, water skiing, scuba diving, bowling, attending movies and professional sports, mall shopping, etc. These activities are maintained and supported by many of Craig’s 175 volunteers and a small fleet of specially adapted buses and are specifically designed to emphasize the Craig rehab program as a dress rehearsal that answers the question: “What are you going to do when you get home?”
From its inception as The Brotherly Relief Colony in 1907, Craig Hospital has had to wrestle with the forces of disease, economics, national and international politics and has always managed to end up on top. This is not because Craig Hospital is quick or even lucky, but because it has a tradition of strong leadership.

Frank Craig set the standard for leadership; every Superintendent, Medical Director, Corporate President and Board Member who serves the patients of Craig Hospital is required to lead by example and innovation, and to look beyond obstacles with an eye toward Craig’s future well-being. Successful leadership requires not embracing or adopting industry fads but instead the ability to carefully analyze trends, situations and “what works for us.” Sometimes, the most difficult decision is to do nothing.

There were quite a few times during Craig’s one hundred years when it seemed that closing was imminent. More recently, in the mid 1960’s when Craig’s future was in doubt, and the transition to a full service rehabilitation hospital had not been made, there were tight financial times.

One retired staff member recalls: “We were down to only eight patients.” Also sometimes employees were asked to hold their paychecks for a few days before trying to cash them.

Craig Hospital has not only survived these times, but has also gone on to become a thriving organization, due, of course, to its leadership’s endless energy, dedication to the hospital’s mission and determination to be a driving force in the health care industry. Leadership has taken Craig to its status as a premier SCI, TBI and research facility. Craig has received:

• The distinction of having treated more spinal cord injury patients than any other single facility in the world

• Designation by the U.S. National Institute on Disability and Rehabilitation Research (NIDRR) as a Model System Center for both SCI and TBI
• Designation as the NIDRR National Database and Statistical Center (NDSC) for the Traumatic Brain Injury Model Systems, 2006-2011
• The honor of being rated in the Top Ten Rehabilitation Hospitals by US News and World Report every year since the ratings began in 1989.
• Magnet recognition status by the Magnet Recognition Program of the American Nurses Credentialing Center—only the second rehabilitation hospital in the US to be so recognized) 2005

Craig Hospital Senior Management Leadership Team 2006–2007
• Dennis “Denny” O’Malley, President
• Daniel P. Lammertse, MD, Medical Director
• Kelly Johnson, RN, VP Patient Care Services
• Ronald Branish, VP Finance
• Dana Polonsky, PT, VP Clinical Services

Craig Hospital’s “servant leadership” philosophy, having a “hands on” approach to leadership, results in every management level and staff member setting an example by assisting others such as:
• Craig’s management team serving patients and families at the Holiday Banquet
• Spending the night at the hospital during a snowstorm
• Driving staff home during inclement weather

Craig Hospital has been successful during its first 100 years mainly because it has had excellent executives and because companies typically take on the personality and values of their CEO.
Family inclusion in a patient’s rehabilitation process is extremely important and is carefully considered in all phases of treatment. This includes family training and counseling in preparation for home support. The Outpatient and Family Housing facility is one of the innovative approaches to Craig Hospital’s philosophy of “family as an integral part of rehabilitation.” The 60,000 square foot facility contains forty-seven wheelchair accessible units containing one or two bedrooms, kitchenettes, roll-in showers and hide-a-beds.

For families of newly injured rehabilitation inpatients Craig offers their first thirty days in the Family Housing Facility free of charge. If they need to stay longer, they may arrange for an extension, based on room availability and the patient’s treatment program. This entails a modest charge.

Because rehabilitation is a life long learning process that starts at Craig Hospital, patients become “Graduates” upon discharge and join the ranks of more than 26,000 Craig Alumni. Craig has an innovative alumni program which helps maintain the close ties formed between patients and staff and between patients and other patients.

Twice a year Craig publishes “Movin’ On,” a news magazine and also maintains an employee Intranet communications capability for internal staff use as well as a modern, up to date, public accessible Internet website at www.craighospital.org. Exclusively for former patients and their families and hosted by Data393 of Englewood, “My Craig” (www.mycraig.org) is a password-protected website that features an on-line meeting and information center with a database of resources such as hobbies, careers, sports, etc., and the ability to allow approved and consenting members to locate other Craig alumni.

As previously mentioned, staff loyalty and retention at Craig Hospital is proof positive of a sound and successful policy. Staff longevity equates to expertise and experience which result in cohesive treatment teams. It also results in substantial turnover cost savings in recruiting and training and avoids disruption of the Culture.
The former long time staff member who shared the previous anecdotes with us is just one of many who enjoyed years working in a pleasant, upbeat and professional environment. Craig Hospital currently boasts the enviable statistic of having 38% of its employees being at Craig for 10 years or more, 18% for 20 years or more and 4% for 30 years or more. Even more remarkable is that further analysis of longevity by group shows that the average years at Craig are: Physicians-17 years, Therapists-13 years, and Nurses-7 years. (See Appendix)

Frank Craig’s one-man crusade to care for the less fortunate has blossomed into a global family of crusaders bound together “to promote optimal health and quality of life for people affected by spinal cord injury and traumatic brain injury.”

To achieve these goals requires innovation and risk taking, both of which are accomplished regularly at Craig Hospital.

Innovation at Craig Hospital is a regular occurrence that does not go unnoticed by Craig employees. Denny O’Malley observes:

“The staff at Craig has always been innovative when it comes to altering products or designing new products to aid the patients. Especially in the early 70’s there were so few rehabilitation hospitals that there was a very small market for specialized products. Although we had the opportunity to patent the products we designed, it was decided that our position would be not to, to avoid any possible conflict of interest. Our fear was that we might, to the detriment of our patients, find ourselves in a position of pushing our own product over a better one produced somewhere else.”

He continues by saying: “One of the hallmarks of Craig is the willingness of people to take risks. These people include staff, patients, their families and volunteers.
“Our Therapeutic Recreation Department provides risk taking adventures such as river rafting and hot air ballooning as an integral part of teaching patients that they can adjust after leaving Craig. Despite the ever present problem of liability, prevailing legal opinion is that sensible and practical risk taking would be productive.”

“Another risk we took was having the patients live in Craig’s old apartments their last ten days at Craig, usually with their families. We got lots of feedback from the families about how much they learned from that experience. A study showed that many patients discharged from Craig after spending their last ten days at the Craig apartments were able to use the skills learned at Craig to adapt better at home and avoid much of an isolation problem.”
Dianne Lowery, Wendy Gordon, Sharon Brown, Marcy Kenna, Cathy Smith, Jennifer Quinn, Cindy Dahlberg, Halloween 1990

Therese Guthrie, Kathy Corbeta, Jennifer Sauder, Halloween 1990
Steve Peters, Craig Graduate and former Chairman of Craig Hospital Board of Directors

Ballooning
Looking Ahead

If Frank Craig were here to celebrate the 100th anniversary of the hospital named in his honor he would be in awe of what he found. Even discounting his amazement at the modern advances in transportation, construction, communications and lifestyle the medical advancements would be incomprehensible.

Tuberculosis, the disease that caused both the founding of Craig Hospital and Frank Craig’s death, is now curable. Many other diseases have been controlled or virtually eradicated by the discovery of new drugs and/or treatments that were non-existent in Frank Craig’s lifetime.

Starting in 1974, Craig Hospital realized it was in a unique position to assist in achieving continuous medical breakthroughs through clinical trial research. Due to its exclusive treatment of spinal cord injuries and traumatic brain injuries Craig maintains an environment conducive to major research. Since receiving its first NIDRR grant, Craig Hospital has expanded its own research capabilities as well as its partnerships with other facilities in conducting research.

The research conducted at Craig Hospital has been, and will continue to be, varied in scope and covers both SCI and TBI patients. Some of the more current areas of research include data collection and interpretation, clinical trials and medication trials.

Because of its research and data collection, Craig Hospital has become a major national source of knowledge and is a leading authority on aging with spinal cord injuries and management of ventilator quadriplegics. Its data collection and interpretation studies have resulted in widespread use of Craig developed tools and instruments such as the Craig Hospital Assessment Reporting Technique (CHART) and the Craig Hospital Inventory of Environmental Factors (CHIEF).
Craig is pioneering cutting edge neuroscience research that is focusing on restorative therapies for central nervous systems injuries. Craig has also conducted several clinical trials, including an FDA Phase II trial of autologous macrophages and is collaborating with the Karolinska Institute in Sweden on stem cell research in animals.

In July 2006 the National Institute on Disability and Rehabilitation Research (NIDRR), a division of the U.S. Department of Education, announced that Craig Hospital had been designated a Spinal Cord Injury Model System for the ensuing five years. First receiving this designation in 1974, Craig Hospital is one of the only designees to have retained the designation from that date without interruption. The 2006 designation includes a $2.4 million grant to conduct spinal cord injury research.

Less than three months later, the NIDRR designated Craig Hospital to have the lead role in a collaborative, five year, in-depth study of SCI inpatient rehabilitation. Craig Hospital received a $5.8 million grant to fund their lead role with these five other prominent SCI rehabilitation centers: Carolinas Rehabilitation (Charlotte), Mt. Sinai Medical Center (NYC), National Rehabilitation Hospital (Wash, DC), Rehabilitation Institute of Chicago and Shepherd Center (Atlanta).

Craig Hospital has also been a NIDRR designated Traumatic Brain Injury Model System since 1998. In September 2006, Craig Hospital was designated as the 2006-2011 National Data and Statistical Center for all sixteen Model System Centers in the United States including the Mayo Clinic, Mt. Sinai Medical Center, Medical College of Virginia, University of Alabama-Birmingham, Santa Clara University, Spaulding, Rehab Institute of Michigan, University of Pittsburgh, University of Washington-Seattle, Methodist-Jackson, Carolinas Rehab, Ohio State University, Moss Rehab, JFK Johnson and University of Texas. The designation was funded with a $3.1 million grant.
Other research projects conducted by the Craig Hospital Research Department include:

**Spinal Cord Injury**
- Rocky Mountain Regional Spinal Injury System
- Redefining the Understanding of Aging with SCI
- Fampridine-SR Clinical Trial
- Procord Clinical Trial
- Stem Cell Research
- Genetics and SCI Recovery
- Pfizer Pain Study
- Massage in Treatment of SCI
- Acupuncture in Treatment of SCI
- Strategies for Ventilator Weaning
- Skin Surgery Protocols

**Traumatic Brain Injury**
- The Rocky Mountain Brain Injury System
- Mortality After TBI Rehabilitation
- Impact of TBI on Female Endocrine Functional Memory

Craig Hospital’s role in SCI and TBI research is essential to maintaining the pace of medical breakthroughs that occurred during Craig’s first 100 years. It would be a fitting tribute to have the Craig name associated with the coming SCI and/or TBI breakthroughs.
Regardless of the direction that Craig Hospital will take in the future, it is probable that it will be guided by the lessons of the past. Looking ahead starts by first looking back. Learning to adapt to the obvious changes that will occur is essential to success, especially in keeping financial costs in perspective. As shown in the 1911 Medical Director’s Report, the cost of medication was 20 cents per day per patient while, in 1925, the cost of feeding each patient was 33 cents per day. (See Appendix)

The combination of Frank Craig’s treatment philosophies, the medical contributions of its physicians and staff, the flexibility of Craig’s numerous Boards of Directors in accepting changes and taking risks and the willingness of Craig’s leadership to provide a positive, upbeat environment for staff, patients, graduates and family will ensure that Craig Hospital will continue to be a leading institution in the future.
Looking Ahead

Medical Director's Report (1911)

The average cost of medicine per patient for one month has been 20$. The percentage of deaths is considerably below the average when taking into consideration the class of patients which we have, most of the patients being in the third or incurable stage of the disease, many coming to us in such condition that they die a few days or a week after being admitted.

The sanitary conditions of our colony have been fairly well kept, and for an open air sanitarium, will compare favorably with any other of the same standard.

The men, as a rule, have been grateful for the attention and care given them, and many have expressed their heartfelt thanks for what we have tried to do for them. They have tried, as best they could, to observe our rules and regulations, and only a few have we had to discharge for infractions of our rules.

The medical director, during the nine months, has made one hundred and eight professional visits to the Colony. During this entire time a trained male nurse has been in constant attendance, whose work has been thoroughly satisfactory and whom the medical director desires, in this way, to express his appreciation. During a portion of this time a graduate physician was a resident of the Colony and did splendid work. At other times a student of medicine likewise donated his services. Our medicines have been bought at wholesale stores and at wholesale prices, except such as it was necessary to get at retail stores. These were gotten at Scholtz's Pharmacy, Cunningham's Pharmacy and the Economic Pharmacy, many of these medicines being given to us and others sold to us at wholesale rates.

A number of outside wholesale chemical houses were written to, our Colony explained to them, and most responded in a generous manner. Donations of medical appliances were received from Ferne Hill Sanitarium, Sunlight Sanitarium and private individuals.

The Colony has been most fortunate in being free from vermin of any kind which usually inhabit a colony like ours. When such have appeared, owing to the vigilance of our assistant superintendent and nurse, have been rapidly eradicated.

The assistant manager has been of invaluable help to the medical director in his work and I desire in this manner to thank him for his services.

P. L. Davis

Medical Director...
CRAIG HOSPITAL: A Century of Rebuilding Lives

Craig Graduate Richard Castaldo
The Future
Observations and Thoughts from Denny O’Malley

I’ve always wanted to be a futurist. You can make wild guesses about what you think might happen in the years ahead and no one can prove you wrong as long as you get out of town before your predictions are supposed to come true. So I’ll offer a few readings from my crystal ball then hit the road so I can be out of the state before this goes to the printer.

Craig has carved a small, but prominent niche in caring for people with spinal cord injuries and traumatic brain injuries throughout the country—a niche in which we have excelled. One of the challenges of being a niche organization is that the niche may become obsolete. All of us who have devoted so much to Craig during its first century can only hope that this comes true. There could be no finer, more fitting conclusion to Craig’s existence than being part of finding cures for these catastrophic injuries which alter the lives of so many. Unlike 30 years ago, it is now plausible that scientific discoveries will be made that could have a significant impact on Craig Hospital as we know it today.

This enthusiasm over the potential of scientific discovery will help shape Craig’s future. Already actively involved in a wide range of research, it is expected that Craig will be even more engaged in scientific research in the years ahead. As science offers more hope, Craig offers a near perfect environment for solid, scientifically based human clinical trials. Looking for likely partners in these endeavors will be an opportunity, as well as a challenge, for the Craig of the future.

Along with this commitment will come a need for additional funding for research. This could very well lead to the need for more facilities to house further research programs aimed at improving the quality of life with spinal cord and brain injury, as well as targeting curative opportunities through basic research.
The hospital has done great work in returning approximately 26,000 victims of spinal cord injury and traumatic brain injury to their communities as contributing members. However, the physiological and cognitive ravages of life with one of these catastrophic injuries can present aging issues that cannot be ignored. The demand for care systems for both acute medical episodes and assisted living within the population Craig serves will intensify as we begin Craig’s second century of service. How to best meet these demands is not yet clear and how to finance them even less clear. What role should Craig play in addressing these issues for those it helped achieve independent lives? This is both a practical and ethical question whose answer lies with the leadership of the Craig of the future. At a minimum, it seems, Craig has a significant role to play in helping influence public policy as it relates to delivery mechanisms and financing mechanisms to care for those whose compromised bodies and minds can no longer manage without additional support systems. For many of our graduates, the first real challenge may be upon the death or disability of a devoted family member who has provided essential care but can no longer do so. Better options than those that exist at the time of this writing must be developed in order to preserve the remaining productivity and continued dignity of our graduates.

With the promise of research, there is reason to be excited about a changing mission for Craig. It is entirely possible that medical breakthroughs will lessen the devastating effects of these injuries for the newly injured. It is likely that scientific advances will come incrementally and that those newly injured might benefit first.

The need for acute rehabilitation is likely to continue for a long time, but the number of patients with spinal cord and brain injuries, who need comprehensive rehabilitation could decline, as could the severity of injuries if scientific breakthroughs can mitigate or help reverse the devastating effects of these injuries before they are fully realized. Should this be the case, a Craig which has more of a mix of new injuries and chronic injuries in need of ongoing care, is not an unrealistic scenario.
As society becomes more accepting of people with disabilities, there may be an enhanced role for Craig to play in helping ease the transition from rehabilitation to independent living. Dramatic advances have been made in accessibility in society to people in wheelchairs, with blindness, hearing impairments and a wide range of disabilities. This trend will continue and Craig is ideally positioned to help communities build better ways to embrace and integrate their disabled members so that they can live full, productive and rewarding lives.

The activities now available to people with disabilities such as scuba diving, hot air ballooning, hunting, river rafting and many other opportunities were not even imagined as recently as 20 to 30 years ago. Society needs to continue to press, with initiative from Craig and others, to break down perceptions of the able bodied world about persons with disabilities so that greater inclusion can be accomplished. This is an area in which Craig has much to contribute as a credible community resource with experience and expertise that can be leveraged into community action.

If medical and scientific advances do change the numbers and demographics of those being injured, there is always the possibility of a modified or new mission for Craig Hospital. Just as was true with tuberculosis and polio, the obsolescence of treatment programs for spinal cord injury and traumatic brain injury is at least now comprehensible. Should it occur, there may be an entirely new horizon that awaits the Craig of the future.

Regardless of what lies ahead, certain characteristics of Craig should remain constant. These include: a devoted and dedicated staff who clearly understand the mission of the institution and its commitment to service; the commitment to excellence which has been part of Craig throughout its history will remain intact as long as the institution does; patient centered decision making will be the focus of the Craig Hospital board room, management deliberations and staff meetings—creativity and an environment which encourages fun for patients, their families and staff will always be a part of Craig.
It is sometimes hard to imagine that a young Frank Craig started it all in 1907 in a tent on the outskirts of Denver. From such humble beginnings, a great institution was created. In each of the many iterations of Craig during this first century, the humility and generosity of our founder has been evident, and if we are to remain a great institution, it must remain evident—and it will.

Great and proud institutions remember their roots and respect the principles on which they have been founded and defined. Principles don’t live on in buildings, but in the people who occupy them. The principles started by Frank Craig have been challenged many times, but remain intact because those who followed him believe that they are essential in the art of serving others. Over these 100 years, it has been the staff members who have embodied these principles, personified them and handed them forward to the next generation. Through it all, we have continued to believe that the way Frank Craig showed us how to give to others is worth preserving. And it will be preserved in the years ahead, whatever the future may hold.

_The best is yet to come._
—Denny O’Malley
The following photographs, letters and statistical compilations are presented as a sample of some of the stories, people and events that make up the history of Craig Hospital's first 100 years:

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<tr>
<td>Brotherly Relief Colony Non-Cash Donations (1910)</td>
<td>69</td>
</tr>
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<td>75</td>
</tr>
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<td>74</td>
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<td>72</td>
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<td></td>
</tr>
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<td>70</td>
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<td>66</td>
</tr>
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<td>71</td>
</tr>
</tbody>
</table>
CHIEF EXECUTIVE OFFICERS

FRANK CRAIG, Superintendent 1907–1914
W. J. GINNIFF, Superintendent 1914–1915
HENRY KOHLER, Superintendent 1916–1925
TIMOTHY J. HURLEY, Superintendent 1925–1939
E. M. ROLLER, Superintendent 1940–1950
EVELYN CARLSON, Superintendent 1955
CHARLES ROBERTS, Administrator/Executive Director 1955–1959
DONALD W. MASER, Administrator/Executive Director 1960–1961
CHARLES BISHOP, Administrator/Executive Director 1961–1965
HARRY WEIR, Administrator/Executive Director 1965–1970
LARRY WALL, Administrator/Executive Director 1970–1974
DENNY O’MALLEY, Administrator/President/CEO 1974–Present

Timothy J. Hurley
Medical Directors

Dr. Robert Irwin 1910–1923
Dr. M. H. Ames 1924–1937
Dr. Leroy Elrick 1937–1957
Dr. John Sylvester Young 1957–1968
Dr. Robert R. Jackson 1968–1979
Dr. Harry H. Hahn 1979–1985
Dr. Daniel P. Lammertse 1985–Present

Dr. Leroy Elrick
LONGEVITY OF CURRENT STAFF

December 31, 2006

YEARS OF SERVICE NUMBER OF EMPLOYEES

<table>
<thead>
<tr>
<th>Years</th>
<th>Name</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>40 or more</td>
<td>Nena Robbins</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>35 or more</td>
<td>Darlene Patmore</td>
<td>Nursing</td>
</tr>
<tr>
<td>35 or more</td>
<td>Ann Herron</td>
<td>Cysto-Uro dynamics</td>
</tr>
<tr>
<td>35 or more</td>
<td>Patricia Goley</td>
<td>Laboratory</td>
</tr>
<tr>
<td>35 or more</td>
<td>Joe Gomez</td>
<td>Therapeutic Recreation</td>
</tr>
<tr>
<td>34 or more</td>
<td>Kathleen Albertus</td>
<td>Nursing</td>
</tr>
<tr>
<td>34 or more</td>
<td>Cynthia Dahlberg</td>
<td>Quality Improvement</td>
</tr>
<tr>
<td>34 or more</td>
<td>Denny O’Malley</td>
<td>Administration</td>
</tr>
<tr>
<td>33 or more</td>
<td>Karen Hildebrand</td>
<td>Nursing</td>
</tr>
<tr>
<td>33 or more</td>
<td>Emily Jones</td>
<td>Environmental</td>
</tr>
<tr>
<td>33 or more</td>
<td>Lynn Cortes</td>
<td>Follow Up Services</td>
</tr>
<tr>
<td>32 or more</td>
<td>Carolyn Bauer</td>
<td>Nursing</td>
</tr>
<tr>
<td>32 or more</td>
<td>Therese Guthrie</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>32 or more</td>
<td>Sam Andrews</td>
<td>Volunteers</td>
</tr>
<tr>
<td>31 or more</td>
<td>Sharon Blackburn</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>31 or more</td>
<td>Christopher Crowley</td>
<td>Clinic Services</td>
</tr>
<tr>
<td>31 or more</td>
<td>Sandra Rhoades</td>
<td>Family Services</td>
</tr>
<tr>
<td>31 or more</td>
<td>Becky Knowles</td>
<td>Follow Up Services</td>
</tr>
<tr>
<td>30 or more</td>
<td>Gerald McGinley</td>
<td>Nursing</td>
</tr>
<tr>
<td>30 or more</td>
<td>Carol Knutson</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>30 or more</td>
<td>Adele Stalder</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>30 or more</td>
<td>Susan Levin</td>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>30 or more</td>
<td>Wendy Gordan</td>
<td>Speech</td>
</tr>
</tbody>
</table>
Institutional Names and Dates

The Brotherly Relief Colony 1910
Craig Colony 1919
Craig Colony Rehabilitation Center 1958
Craig Rehabilitation Center 1958
Craig Rehabilitation Hospital 1974
Craig Hospital 1975

“Old” Craig (ca. 1965)
BROThERLY RELIEF COLONY

Member’s Pledge

(Excerpt from *The Daily News*, November 25, 1910 by Alice Rohe)

I hereby promise to comply with the following rules and regulations of the Brotherly Relief Colony:

First - To exemplify the spirit of brotherly love and helpfulness for which the colony stands.

Second - To abstain from the habitual use of intoxicating liquors, except under the prescription of a physician.

Third - To abstain from the use of profane, obscene and abusive language.

Fourth - Never to expectorate except in the receptacle provided for that purpose.

Brotherly Relief Colony Residents (Early 1920’s)
## Brotherly Relief Colony

Non-Cash Donations Received After *The Daily News* Published a Series of Articles On the Brotherly Relief Colony

Compiled from 16 Articles Published in *The Daily News*
October 28, 1910 through November 27, 1910

<table>
<thead>
<tr>
<th>1 Ton of Coal</th>
<th>Cots</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 lbs. Potatoes</td>
<td>Flannel Shirts</td>
</tr>
<tr>
<td>17 Comforters</td>
<td>Homemade Jellies</td>
</tr>
<tr>
<td>25 lbs. Flour</td>
<td>1 Horse</td>
</tr>
<tr>
<td>25 lbs. Sugar</td>
<td>Lamps</td>
</tr>
<tr>
<td>34 lbs. Sausage</td>
<td>Overcoats</td>
</tr>
<tr>
<td>6 “Almost New” Shirts</td>
<td>1 Package Rice</td>
</tr>
<tr>
<td>6 Gallons Milk</td>
<td>Pajamas</td>
</tr>
<tr>
<td>67 lbs. Beef</td>
<td>Sheets</td>
</tr>
<tr>
<td>75 lbs. Ham</td>
<td>Soap</td>
</tr>
<tr>
<td>Apples</td>
<td>Stoves</td>
</tr>
<tr>
<td>1 Basket Vegetables</td>
<td>Tents</td>
</tr>
<tr>
<td>Bedding</td>
<td>Towels</td>
</tr>
<tr>
<td>Canned Goods</td>
<td>Underwear</td>
</tr>
<tr>
<td>Clothing</td>
<td>1 Wagon</td>
</tr>
<tr>
<td>Cooking Utensils</td>
<td>Wool Socks</td>
</tr>
</tbody>
</table>
3425 South Clarkson, Englewood, Colorado 80110/ (303) 761-3040

ITEMS PLACED IN CRAIG REHABILITATION HOSPITAL CORNERSTONE
24 FEBRUARY 1971

1. Articles of Incorporation of Craig Colony and Craig Rehabilitation Hospital

2. By-laws of Craig Rehabilitation Hospital

3. Lease agreement between Craig Rehabilitation Hospital and Swedish Medical Center

4. Copy of article from THE ROCKY MOUNTAIN NEWS of 6 November 1911 on Craig Colony

5. Official announcement of change from Craig Colony to Craig Rehabilitation Hospital -- 20 January 1955

6. Copy of article from THE DENVER POST, 19 November 1968, announcing the affiliation of Craig Rehabilitation Hospital and Swedish Medical Center

7. Copy of editorial from THE ROCKY MOUNTAIN NEWS, 21 November 1968, on the Craig/Swedish affiliation

8. Page from THE DENVER POST, 13 March 1969, with photo story on Craig Rehabilitation Hospital and the beginning of the capital fund campaign for the new facility

9. Craig Newsletter, December, 1968, containing story of Craig/Swedish affiliation agreement

10. Craig Newsletter, August, 1969, containing story of groundbreaking for new Craig Rehabilitation Hospital

11. Craig Newsletter, December, 1970, containing story of the move to the new Craig Rehabilitation Hospital facility

12. Film strip of Craig Rehabilitation Hospital audio/visual

13. Copy of Craig Rehabilitation Hospital brochure

14. Agenda of cornerstone laying ceremony

15. Remarks by Paul D. Ambrose, president, Craig board of directors at cornerstone ceremony
## Financial Comparisons

<table>
<thead>
<tr>
<th>Year</th>
<th>1911</th>
<th>1955</th>
<th>1965</th>
<th>2005</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Revenues ($)</td>
<td>-0-</td>
<td>162,050</td>
<td>423,459</td>
<td>57,899,882</td>
</tr>
<tr>
<td>Operating Expenses ($)</td>
<td>321</td>
<td>162,050</td>
<td>490,606</td>
<td>51,928,221</td>
</tr>
<tr>
<td>Employees</td>
<td>1</td>
<td>37**</td>
<td>85**</td>
<td>688*</td>
</tr>
<tr>
<td>Volunteers</td>
<td>4</td>
<td>10**</td>
<td>20**</td>
<td>174</td>
</tr>
</tbody>
</table>

**Estimated from incomplete records

*Employees [Full Time 305, Part Time 248, Per Diem 135]*
From: The Medical Superintendent, Craig Colony.

To: The Board of Directors, Craig Colony.

SUBJECT: Increase of allowance for rations.

It is urgently requested that the per capita allowance for rations be increased from thirty-three cents a day to fifty cents a day.

This request is based on the following:

The thirty-three cent ration has been maintained with great difficulty as variety and quality have had to be sacrificed for quantity so the physical and mental wellbeing of the patients has suffered thereby.

The proper nutrition of sufferers from tuberculosis is of paramount importance and the appetite, invariably poor, is definitely lessened when there is lack of variety even though the quality is of the best.

The vast majority of patients at the Colony are far advanced cases and the terminal cases are out of proportion to the total cases. For this reason we have to serve an average of twelve trays each meal and it is not possible for us to give these very sick men the simple but nutritious articles of food that they require.

That there is no diversion of a fraction of a penny of the ration allowance is evidenced by the fact that the hospital
Staff does not set a special table, but eats the same food that is served to the patients, in the same dining room with the patients, at the same time that the patients eat.

The reasonableness of this request for a fifty cent ration may be seen from the ration cost of other Denver Institutions of a similar character. These figures were given to me by the Superintendents of the institutions.

- Fitzsimons General Hospital: 0.996
- National Jewish Hospital: 0.69 to 0.81
- Denver General Hospital: 2.49 (this includes cost of rationing staff and employees)
- J.C.R.S.: 0.30 (does not include products of farm, poultry yard and dairy)

The total cost of a fifty cent ration for seventy-five people amounts to $13,587.50 per year, an increase of $4,887.50 over our present thirty-three cent allowance.

Member Denver Community Chest
From: Medical Superintendent
To: Medical Directors.

On Saturday, June 14, at supper, a patient named Etheredge attacked Mr. Hurley, the Assistant Superintendent, and stabbed him in the back of the left arm.

The facts of the case are as follows: a few of the patients complained about the food, finding fault with the cook, and Etheredge wrote a letter of complaint to Mrs. H. G. Cones. Mrs. Cones came to the Colony and on seeing Mr. Hurley asked him about the letter and Mr. Hurley said that the patients did "have a kick" about the cake.

Etheredge, either through his imagination or through the statement of other patients, believed that Mr. Hurley had stated to Mrs. Cones that the letter was a lie, and being a Southern Gentleman of unassailable honor he proceeded in characteristic fashion. He told some patients to go on into supper and sit down, that he was coming in last and they would see something. When all were seated at the tables Etheredge walked to Mr. Hurley's table and said, "Mr. Hurley, I wrote that letter and I understand that you said it was a lie, and if you did, you are a damned liar;" or words to that effect. Mr. Hurley replied, "Etheredge, if you want to talk to me I'll see you in the office." Etheredge began to repeat his original remark and Mr. Hurley said, "I'll see you in the office; go and sit down." Etheredge persisted and Mr. Hurley told him to leave the dining room. Etheredge continued his harangue and went to take his seat and Mr. Hurley walked toward him and told him to leave the room. During this altercation Etheredge stood with his hands closed, thumbs and index fingers touching, as though he was holding something in his hands and when Mr. Hurley approached him he yelled something about not touching him and brandished a knife. Mr. Hurley grasped one wrist and as Etheredge was striking at him, tried to grasp the other wrist. It was during this that Mr. Hurley received a stab wound through the left triceps.

Etheredge would have been turned over to the Sheriff of Jefferson County had not Mr. Hurley asked to "let the fool go;" so Etheredge was dismissed from the Colony immediately.

I am informed that a copy of the letter in question was sent to the Medical Directors.

In view of the health of Etheredge, which would preclude any punishment by the Civil Authorities, no further action is recommended.

Member Denver Community Chest
Appendix 75

"To curb is the voice of the past: to prevent, the divine whisper of today"

Dr. W. K. Hurtz, Pres.
Dr. W. Baker, Vice Pres.

Hon. B. A. Doughty, Pres.
Mrs. J. B. Sargent, Sec'y

KANSAS STATE ANTI-CIGARETTE LEAGUE
Affiliated
INTERNATIONAL ANTI-CIGARETTE LEAGUE
Lucy Page Gaston, Founder and Superintendent
D. H. Kress, M. D., President
Kansas Headquarters: 162 W. S. St.,
TOPEKA
400 W. M. C. A. Bldg., Denver, Colo.
Nov. 14, 1921.

Ann A. Sokola,
Board of Directors,
311 So. Pearl St.,
City.

Dear Madam:

I am sorry, but due to financial reverses from sickness, etc., I am compelled to ask you to refund the three dollars donated by you for your Flower Day. Might help you to have date of the letter acknowledging this donation. You wrote me, Sept. 18, 1921.

However, I want to state that as soon as I can get on my feet again this donation will be re-established with your great organization, by not only the three dollars, but will make the check $5.00. I am so sorry to ask this favor of your most wonderful institution, but I am compelled to ask in other donations as well, to keep my head above water.

With all best wishes and kindest regards to each and every one of you, I am,

Your well-wisher,

[Signature]

BOARD OF DIRECTORS

Dr. C. M. Sheldon
Dr. W. A. McGuire
Dr. W. J. Mitchiner
R. B. Parker
Dr. E. A. Schaefer
Dr. R. H. Hevia

Dr. D. W. Kutz
Lorrain B. Woolson
V. E. Barley
Margaret Hill McCreary
Mrs. J. S. Bartlett
Dr. S. S. Emery

Mary B. Bubbe
Dr. Fred W. Lewis
Minna J. Griselda
Floyd J. Tolbert
Dr. H. J. Quill
Mrs. Dewitt C. Nelles

Hon. John A. Edwards
Prof. B. M. Pike
Dr. W. W. Baker
Mrs. A. A. Robbins
C. D. Stetson
Dr. A. E. Gregory

Rev. J. M. Gourley
R. W. McDowell
Dr. Albert R. Kirk
Rev. C. R. Mathews
Prof. Garver C. Casey
Rev. M. G. Moar

Request for a Donation Refund (1921)

This request for a refund of the original $3.00 donation in exchange for a promise of a future $5.00 donation is indicative of the 1920's era. The Craig records show that the $3.00 was returned but there are no records available that indicate whether or not the $5.00 donation was ever received.
THE HEART OF THE MATTER
by Karen Hildebrand, RN

The heart of the matter is
Spirit
Human and whole
Making life out of loss
Making health out of hazard

The heart of the matter is
Acceptance
Of each one for who he is
And not laboring to change him
But to meet him and to know him
Where he is,
And help him up from there

The heart of the matter is
Hope
And not taking it away,
But helping to balance it with
The way things are this day,
And using it to make it to
Another day

The heart of the matter is
Humor
Keep the sense of it
It lends a perspective
That helps us face tomorrow

Laughter
That heals the core of us.
Spread it around.

Fun
We can’t do this work if it isn’t.
Our patients can’t do this work if it isn’t.
Make it that for them.
The heart of the matter is our 
Patient 
And his Family 
We are here for them. 

The heart of the matter is 
Sharing 
Teaching what we know 
To our patients, their families, 
Our teammates, colleagues, 
Community and friends. 
Collaborate 

Learning 
From one another 
Seek it out and don’t wait for it 
To come to you. 

Growth 
As a person 
Friend 
Teacher 
Nurse 

The heart of the matter is to do this with 
Common sense 
Curiosity 
And a good heart. 

The heart of the matter is the 
Art 
Of nursing 
Of practice 
Of care 
Keep the science in balance 
Or you will lose your self 
And forget that 

The heart of the matter is 
Heart.
Herb Tabak is a 2005 Craig Hospital Graduate having spent 8 weeks undergoing rehabilitation for a spinal cord injury resulting from contracting Transverse Myelitis. An award winning author for two previous books, Herb related his experiences at Craig in his third book entitled No Whining-Craig Hospital Spinal Injury Rehab: Reaching New Heights. In June 2006, this book was awarded First Place in the Non-Fiction category at the 12th Annual Colorado Independent Publishers Association book competition.

When not writing, Herb maintains a small business consulting practice in Breckenridge, Colorado. A retired CPA, Herb also holds MBA, PhD and JD degrees as well as being a 2000+ hour Commercial Pilot with SEL, MEL, Instrument and Hot Air Balloon Ratings. He currently serves on the Board of Directors of the Colorado Independent Publishers Association and the CIPA Education and Literacy Foundation.
Bill O’Daniel served as the Director of Physical Therapy at Craig Hospital from 1975 until his retirement in June, 1997. Now a volunteer in the Craig Hospital Foundation office, he is the unofficial Craig historian and has spent hundreds of hours tracking down and assembling documents, photos, newspaper clippings and memorabilia relating to the history of Craig Hospital. He has archived all this material in a ten volume set of binders that was the basis for most of the materials in this book. Bill is a graduate of Harding University, the Hermann School of Physical Therapy and did graduate work at Rancho Los Amigos Rehabilitation Center. Originally from Shreveport, Louisiana, Bill worked in Lausanne, Switzerland and Houston, Texas before moving to Colorado in 1975.
Craig Hospital patient Jeanne Glatiotis meets with Singer-Songwriter Kenny Loggins after a free concert at the hospital in 1989.

Patient Lindsay Heimkes with Country Star Rodney Atkins after a surprise free concert at Craig Hospital, 2006.

Craig Hospital patient Jeanne Glatiotis meets with Singer-Songwriter Kenny Loggins after a free concert at the hospital in 1989.