University Hospital Turns 20

It all happened in one day – Valentine’s Day of 1986: the 61-year-old University Hospital known as “Old Main” was vacated and, after 800 training sessions to prepare, its approximately 5,000 staff members and last 400 patients, along with 3,000 truckloads of equipment, moved with military precision into the new, sleek, 11-story, 848-bed hospital known to that point as the Replacement Hospital Project, or RHP. The adjacent A. Alfred Taubman Health Care Center, with 120 outpatient clinics, also opened, reflecting the trend toward more outpatient care.

But that remarkable one-day move was preceded by five long years of assiduous planning and five more of construction, involving the efforts of countless University officials and staff, the legislative and executive branches of state government, architects, contractors, designers, inspectors and vendors.

“The whole process was handled very well by the University,” says Gary M. Owen, then a member of the state house of representatives from Michigan’s 22nd District and a member of the Joint Capital Outlay Committee whose support was crucial to approval by the state. “The foresight and planning were remarkable. The U-M predicted that the RHP would be an economic boon to the state and county and would move the University to the forefront of health care delivery. Both occurred and, if anything, I think the University underestimated the positive impact the new hospital would have.”

For Harold T. Shapiro, Ph.D., then president of the U-M, there was the occasional sleepless night. The state of Michigan was facing financial crisis, inflation was soaring, the hospital was in dire financial straits, and many found it difficult to believe that building a new hospital would be cheaper than updating Old Main. “For many alumni, the ghosts of their great mentors still walked those hallowed halls,” Shapiro says about the attachment many felt with the aging hospital. “In my mind, the future of the Medical School was at stake.”

“Old Main was a constant drain on funds to address structural problems and accreditation issues,” adds Owen, who served as speaker of the state house of representatives from 1983 to 1988. “That’s why the RHP was necessary.”

It was also a time when then-Governor William G. Milliken proposed a bold new initiative known as the State Building Authority which would reduce the need for bond issues for capital projects and allow public entities to pay for projects on an annual basis rather than all at once. Owen and his fellow committee members worked with Milliken on a compromise bill that established the SBA and included funds for the RHP.

Getting the hospital built took a “willingness to address structural problems and accreditation issues,” adds Owen, who served as speaker of the state house of representatives from 1983 to 1988. “That’s why the RHP was necessary.”

Getting the hospital built took a “willingness to shoulder a great deal of risk,” Shapiro says, “and a determination that the future would be the carrier of even greater possibilities if we had the courage of our convictions and a willingness to carry forward only that portion of our traditions that would continue to serve patients, medical education and biomedical research.”

—Rick Krupinski

For photos and more comments from Harold Shapiro and Gary Owen: www.medicineatmichigan.org/magazine