Community Hospital of Seventh-day Adventists

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The Community Hospital of Seventh-day Adventists is located in Port of Spain, Trinidad, West Indies.

Introduction

When thinking of the Community Hospital of Seventh-day Adventists in Port of Spain and reflecting on the hospital's unique history, one should remember the statement made by George R. Knight in "If I Were the Devil.

The Adventist missiological quadrilateral consists of the publishing, medical, educational, and conference aspects of the denomination's program. While the quadrilateral does not seem to have come about by conscious design (any more than the development of the Adventist mission itself), its mature form turned out to be quite congruent with Adventism's wholistic view of human nature and reality in general.1

While some may believe that the most important historic event in the evolution of the Seventh-day Adventist medical work in Trinidad and Tobago was the appointment of C. J. Ritchie in 1947 as president of the Caribbean Union Mission, its former president, E. J. Murray, highlighted the role of Stella Colvin in his book, “The History of Seventh-day Adventists in Trinidad and Tobago.” He quoted Ellen G. White: “The medical missionary work is the gospel in illustration.” He then stated that, in 1894, soon after the first Adventist preacher arrived in Trinidad, “Stella Colvin, a trained nurse from America, was invited to serve as the gospel ministry’s helping hand in the Couva district, [the] scene of the denomination’s first evangelistic [efforts]. Miss Colvin spent several years in Trinidad giving treatments for common ailments.”2

Mission-driven medical missionaries like Nurse Stella Colvin, Dr. David Bull, and Dr. Robert F. Dunlop are the important, recurring names when researching this institution’s pioneers. Colvin was an extraordinary nurse with an inspirational mission sense. Patients described doctors Bull and Dunlop as committed, dedicated, sacrificial, and spiritual. Patients flocked to these doctors, who treated them while displaying Jesus Christ’s attitude. These pioneers were prepared to demonstrate their faith and their humility in an atmosphere conducive to healing.

Pastor Eric J. Murray makes special mention of Charles W. Enoch, who opened a treatment room in Port of Spain in 1907 but died the next month. S. T. Borg, chairman of the Caribbean Union Mission, provided a dynamic increase in momentum when, on September 11, 1946, approval was given to open medical work in Port of Spain and to train three medical nurses, Evelyn Dummett, Agnes Harris, and Olive Hunte, at Andrews Memorial Hospital in Jamaica.

C. J. Ritchie was appointed president of the Caribbean Union Mission in March 1947 while the nurses were trained in Jamaica. His administration began the search for a medical missionary, and they found the Scottish, Edinburgh-trained Robert F. Dunlop.

Dr. Dunlop arrived in Trinidad in January 1948, and, after three months of voluntary service to the Port of Spain Colonial Hospital, he started outpatient clinical work in the rented quarters on the corner of Charlotte Street and New Street in Port of Spain, where he worked for the next two years with Mrs. Hyacinth Lawrence, a nurse, and Mrs. Ethel Yip, a receptionist. On the clinic’s opening day, Dr. Dunlop saw 15 patients. The next day, the number of patients increased to 22. Each patient was charged a nominal fee of one shilling.3

In his book, Murray states that the clinic staff in 1951 was blessed with an additional husband-wife team: Drs. David and Doreen Bull. The doctors now saw 150-200 patients daily, many arriving very early in the morning and occasionally waiting outside for the clinic to open.

On April 19, 1953, beyond Mucurapo Road, the Seventh-day Adventist Medical Unit at 7 Queen’s Park West, Port of Spain, was established. It had 14 beds, a nursery for newborns, treatment rooms, and an air-conditioned operating room. More beds were added later, and the unit would sometimes accommodate up to 30 beds. Mrs. Marjorie Green was the unit’s supervisor.4

In the February 1954 edition of the “Caribbean Union Gleanings,” Dr. Robert F. Dunlop gave an inspirational account of the work at the nursing home.

Without exception, the patients have lauded our good nurses as they quietly minister to the sick. Many have appreciated the literature...given to them. The prayers that have been offered, the devotional programs at sunset on Friday and Sabbath, certainly have benefited them spiritually. ... Among those paying courtesy calls or seeing patients have been the wife of the Colonial Secretary, the Archbishop of Trinidad, a member of the Legislature, the Director of Education, and many other leading citizens of the community. ... [We] solicit the earnest prayers of our believers that the small flame that has been kindled in this little island will merge with the greater blazes that will belt the globe and herald the triumphant return of our Lord.5

In 1955, Dr. Dunlop, medical secretary of the Caribbean Union Mission, suggested a government-owned site at Cocorite, Western Main Road, as a location for a hospital plant. The site was leased for 99 years, and construction began on February 1, 1960. The project was completed, and patients were transferred from the nursing home on September 17, 1962. The institution was named the “Port of Spain Community Hospital.” C. J. Ritchie was the first chairman of the board of directors.6 The commentary in the “Sunday Guardian” should prove informative.

This hospital would crown about 10 years of medico-missionary work in Trinidad, carried out with zeal and 20-
century business methods. From headquarters in the United States of America, the Caribbean Union [Mission]
receives its drive, funds, and top staff, although a great deal of the common effort comes from local members of the
faith. Already, they operate two clinics in Port of Spain. At large, these are better known than the older institution in
Maracas Valley, the Caribbean Training [Union] College. They are always crowded with patients of varying class and
even religious background.

On September 17, 1962, patients were transferred from the nursing home at Queen’s Park West to the new 59-bed
Port of Spain Community Hospital. [11] weeks before the institution’s official opening. On the historic opening day,
December 2, [the] government’s representative, Mr. Donald C. Granado, Minister of Health and Housing, saw the
new hospital as a tribute to the Seventh-day Adventists and to the public spiritedness of the local community and
hailed the church for taking a great strain off the Port of Spain and San Fernando General Hospitals by
supplementing the government’s medical services.2

The statement from Donald Granado reflects this institution’s history. His analysis blends with the saying, “the more
things change, the more they remain the same,” as, in recent times, successive governments have made the same
observation.

1970 and Beyond
On September 3, 1970, the administrative structure of the Port of Spain Adventist Hospital changed from the medical
director-business manager model to that of administrator and chief of staff. Mrs. Betty Robertson, MA, director of
nursing services, was appointed as hospital administrator with Dr. W. H. Shea as appointed chief of staff and L. K.
Hadley as assistant administrator in charge of business.8

“A New Kind of Apologist” stresses the need for a more all-embracing approach to missions as a compulsory
requirement for the church to succeed in fulfilling its divine mandate as defined in Matthew 28:18-20. “The gospel is
an announcement that there is a king named Jesus who established a kingdom through a multi-colored regenerated
people called the church who are empowered by the Holy Spirit to embody heaven on earth as a foretaste of what is
to come on that great day.”9

The composition of patients from 1970-1976 shows the community hospital as a “cross-cultural melting pot.” E. J.
Murray provided interesting data: “Two years after the change of name, Seventh-day Adventists were accounting for
just over nine percent of admissions; Roman Catholics forty percent, and others, including Protestants, Hindus, and
Muslims, approximately fifty-one percent. Sixty-eight percent of admissions were done by non-resident doctors.”10

In 1970, there were 2,361 patients. Of those, 182 were Seventh-day Adventists and made 7.7% of the total, 943 were
Roman Catholics and made 40%, and the remaining 52.3% came from other denominations. In 1976, there were
3,144 patients, of which 289 were Seventh-day Adventists and made 9% of the total, 1,259 were Roman Catholics
and made 40%, and 51% came from other denominations.

Some comments in “Religions of Trinidad and Tobago” include an answer to the question, “What is the Hindu attitude
toward drinking, smoking, and gambling?” It reads: “The scriptures of Sanatan Dharma are replete with references,
anecdotes, and stories which depict the dangers of drinking alcoholic beverages, smoking and gambling. ... Any
substance which alters the mind is dangerous, and the scriptures expressly forbid the consumption of alcohol.”11 Dr.
Mansoor Ibrahim, Islamic scholar, provides a similar answer: “Islam views the drinking of alcohol and gambling as
totally forbidden.” It should be no surprise that these religions possess synergy with the lifestyle promoted by Seventh-
day Adventists and would find comfort in this institution.12

On November 30, 1973, the hospital board voted to change the official name of the hospital from “Port of Spain
Community Hospital of Seventh-day Adventists” to “Port of Spain Adventist Hospital.” In 1994, the hospital’s name
was again changed to “Community Hospital of Seventh-day Adventists.” A staff of 23, including six physicians and
dentists, served the hospital at the time.

The Medical Luminaries: Moving into the 21st Century
In the Adventist pantheon of medical institutions, Dr. Basil Cuthbert Arthur was well known. He was a physician in
Andrews Memorial Hospital and cofounded the school of nursing at West Indies College (now Northern Caribbean
University). As Norma Greaves observed in her article in the “Caribbean Union Gleanings,” Dr. Arthur kept returning
to the hospital and served in various capacities.

At the Community Hospital of Seventh-day Adventists, he held the position of physician and surgeon in 1963 and
returned as chief of staff from 1975-1976. Dr. Arthur returned to the community hospital to provide...leadership and
was the chief executive officer and medical doctor from 2000-2003. During that time, he was also a consultant
surgeon at the Port of Spain General Hospital, Trinidad. He became well known for his firm belief in the medical
ministry of the Seventh-day Adventist Church, as written by Mrs. Ellen G. White, and strongly defended his position
on various medical and administrative issues and decisions.13

Dr. Arthur was a consummate professional who sought to bring the institution to the next level. He was driven by a
work ethic exemplified by Jesus Christ. To summarize the outstanding features of his contributions, he showed an unswerving belief in the integration of faith and healing, a commitment to the Spirit of Prophecy with special reference to the books “Ministry of Healing” and “Medical Missionary,” and an ability to serve state institutions when required. He gave his landmark contribution as a professor of medicine at the University of the West Indies, Jamaica.

Both Dr. Cuthbert Arthur and Neurosurgeon Richard Spann played significant roles in the administration and professional development of the hospital. They formed a dynamic team in a turbulent period, specifically when the 20th century gave way to the 21st century. They faced significant financial challenges with a debt of $9,000,000 USD hovering over the institution like the sword of Damocles.

**Decision to Sell: 1996-2000**

When the decision to sell the hospital was made public, it provoked a reaction from the church membership and other members of the public. Fitz Herbert Browne declared that “this was our flagship and should not be sold without [exploring] all the options. …we should do our best to save the institution.”

Constituency meetings were held from 1996-1999 with Prime Minister Basdeo Panday, Attorney General Ramesh Lawrence Maharaj, and Minister of Health Hamza Rafeez. A synergy formed between these politicians. Their concluding thoughts about the Community Hospital of Seventh-day Adventists were that the hospital was: well respected by Hindus, Muslims, Evangelists, Catholics, and other denominations; the only hospital owned by a church that promotes positive lifestyle choices; and one of few private medical institutions that is affordable and satisfies the needs of middle and lower classes.

Giant corporations offered to pay between $25,000,000 and $30,000,000 USD. These businesses may have been convinced that the community hospital possessed intrinsic value. This was a defining period for the management board and the Caribbean Union Conference. However, tensions between the South Caribbean Conference and the Caribbean Union Conference began.

Dr. Jansen Trotman, president of the Caribbean Union Conference, and its executive committee presented the case to sell the hospital. Larry Duncan, a CEO, shared a similar view. They crafted their arguments around these facts: the debt was increasing daily, and creditors were getting impatient; the infrastructure required significant resources for the physical plant and equipment; and attracting top quality specialists became increasingly difficult given the financial constraints.

Those lobbyists who wanted to keep the hospital open would not be distracted, claiming that a lack of resources was not the primary problem. The main point of their argument was that there was a lack of three things: vision, courage, and effective management. Their arguments were summarized: the hospital played a major role in the church’s mission since the health doctrine was described in prophetic literature as the right arm of the message; capitalists were anxious to purchase the hospital for its value, and it could become a viable institution with proper, informed management; and the board was shortsighted, especially in its inconsistent recruitment, development, and training programs.

Eventually, the decision to sell was rescinded, and a new management team was established. After the turbulent period which saw the emergence of the plan to sell the hospital and the almost hostile reaction to this plan, the management made critical changes.

**Celebrating 40 Years: 2002**

Community Outreach: In July 2002, a medical seminar was held at Port of Spain City Hall as a gift to the nation for their patronage over 40 years. Dr. Linbrook Barker, assistant clinical professor at Loma Linda University, California, and Dr. Hedrick Edwards, professor of health and religion, La Sierra University, California, delivered free lectures on stress in the workplace and cancer. On September 17, 2002, a special worship service was held at the hospital for staff members, corporate clients, and patients. Food baskets were also distributed to those in need in the community.

Japan Grant Contract: The ambassador of Japan to Trinidad and Tobago, His Excellency Ryo Takagi, signed a grant contract with Dr. Richard Spann, chief executive officer of the Seventh-day Adventist Community Hospital. This agreement provided the hospital with $74,837 USD to launch its community outreach program.

The grant allowed the hospital to purchase a Ford E350 ambulance to ensure health care accessibility was given to rural communities. The hospital could also afford a SPIFE-3000 electrophoresis machine to effectively and cost-efficiently screen patients, particularly the poor and disabled, for various types of diseases. This project was fully operational by March 31, 2003.

Unveiling of New Services: On October 31, 2002, a new “corporate identity” was launched. The event’s featured speaker, Dr. Richard Hart, chancellor of Loma Linda University, California, was particularly impressed with the hospital’s special projects. Services included an intensive care unit, MRI unit, and dialysis unit.

**The Steep Climb: 2003-2012**

The period from 2003-2012 was exceptional. Dr. Richard Spann’s reputation as a brilliant neurosurgeon grew. His
brilliance and compassion were evident. Like Dr. Arthur, he was asked to perform surgeries at Mt. Hope Hospital and in Guyana. Private medical institutions also sought his services.

On July 17, 2008, a signature event took place during a meeting of the corporation board of the South Caribbean Conference of Seventh-day Adventists. The following proposal was approved:

Whereas this composition proposes to establish Adventist Health International Services in Trinidad and Tobago ("AHIS-TT") as the legal entity in the country responsible for the designated Adventist health services in Trinidad and Tobago, and

Whereas the Incorporated Trustees of the South Caribbean Conference Corporation also wishes to protect both its national and global operations from obligations and liabilities that it cannot control or manage, it was

VOTED that the Incorporated Trustees of the South Caribbean Conference Corporation approve and recommends to the membership of the Corporation that the land lease, assets, and the rights and management operations of the Community Hospital be transferred to a newly formed not-for-profit corporation to be called “The Community Hospital.”

Further, that attorneys be instructed to incorporate “The Community Hospital” as a wholly owned subsidiary of Adventist Health International Services in Trinidad and Tobago.18

Management’s Responsibility for Financial Statements

Management was responsible for the preparation and fair presentation of financial statements in accordance with International Financial Reporting Standards for Small and Medium-Sized Entities (IFRS for SMEs). This responsibility includes “designing, implementing, and maintaining internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the [given] circumstances.”

Also of great importance to the history of the institution was the general information and transitions to the IFRS for SMEs. The hospital became incorporated in the Republic of Trinidad and Tobago on December 2, 1962, under the South Caribbean Conference. In 1993, the board took action to rename the hospital the “Community Hospital of Seventh-day Adventists.” This new name preserved the hospital’s identity and expressed its purpose as a community facility.

On January 1, 2009, the hospital prepared its primary IFRS for SMEs statement of its financial position with external auditors. The hospital’s financial statements for 2009 are its first annual financial statements prepared under accounting policies that comply with the IFRS for SMEs.

In the “Summary of Significant Accounting Policies” in the “Revenue Recognition” section, this admission was made:

Income is recognized consistently on an accrual basis. Income is derived from the following services: hospital accommodations, CT scan, X-ray, ultrasound, laboratory, and other medical services.

A very meticulous examination of the executive summary of the financial statement dated April 14-15, 2011, provides a comparison between the period ending March 31, 2011, with the period ending 2010.

The period ending March 31, 2011, shows a net worth of $133,400,000 USD compared to $128,300,000 USD for the same period of 2010, an increase of $5,100,000 USD.

Earnings before Interest, Depreciation and Amortization (EBIDA) for the period ending March 31, 2011, are $2,865,831 USD compared to a gain of $2,594,571 USD for the same period last year.

March 2011 recorded an operational gain of $2,200,000 USD compared to March 2010 with an operational gain of $2,500,000 USD. The budgeted gain was $1,700,000 USD. Total revenue increased by approximately $2,300,000 USD. ICU, pharmacy, and dialysis programs showed an increase in revenues as well.21

Comments

The Community Hospital of Seventh-day Adventists focuses on increasing revenue through expanding core competencies, upgrading facilities, and continual debt collection.

Dr. Spann’s work in neurosurgery provided a significant amount of income for the hospital in the medical institutions and in the private sector of the state. The challenge remains at a rate at which the state reimburses the hospital for services rendered in neurosurgery and for dialysis of those patients sent to the hospital by the state.

Successive governments have been quick to request specialist services but slow to pay, even after auditors applied stringent procedures to validate the integrity of accounting documents.

During the transition period, the hospital was blessed with Dr. Robert Soderblom, a nephrologist. After the dialysis unit was constructed and the machine was installed, Dr. Soderblom displayed an enormous amount of altruism. With missionary zeal, this medical hero would travel from the United States each month to provide services to many
people.

In addition to diversifying the quantity and quality of specialist services the institution offered, he displayed a rare level of sacrifice and was deeply appreciated by the board and patients who sought his services. Some believe that the hospital administration should have done more to keep this dedicated doctor as a member of its staff.

Challenges remained while paying debts to the church, and private institutions continued producing headaches. Additionally, the Adventist Health International Management Board failed to secure a CEO, which added to Dr. Spann’s responsibilities on top of those of neurosurgeon and leader in the hospital’s expansion, which included a new wing named “The Tower.”

Summary of Challenges Provided by Adventist Health International: 2011-2015

In Adventist Health International’s annual report of 2012, Financial Officer Robert Frost identified the major challenges confronting the expansion project while outlining the hospital’s services. With a population of over one million, Trinidad and Tobago was rich with offshore deposits of natural gas, but shrinking demand for energy had limited the government’s ability to reimburse the Port of Spain community hospital for care already provided under government insurance. The delay in reimbursement for the hospital’s wide range of services over a four-year period compromised funding for the expansion and upgrade projects. The seven-story tower progressed to the point of applying finishes and was to be completed by the end of 2013. While this delay temporarily limited the hospital’s ability to expand, it continued providing key services of an ICU, stroke management, hemodialysis, and neurosurgery and was recognized as a leader in providing these services. The hospital board continued the search for a CEO with the necessary leadership skills, qualifications, and experience. The expansion project experienced many obstacles. The hospital hopes to acquire funds and open the new expansion by 2020.

November 15, 2013, was the date of the dialysis center’s official opening. Dr. Robert Soderblom played a major role in its opening and, like previous pioneers, displayed an altruistic spirit recognized by church members and citizens of the community. The center now has a new leadership since Dr. Soderblom concluded his work at this facility in 2015.

2013 and Beyond

On January 8, 2015, Dr. Richard Hart, president of Adventist Health International, was asked to review the board of directors’ membership. In his review, Dr. Soderblom was “unable to continue as a member and therefore resigns as a member and terminates his services to the dialysis service.” The board recorded its deep appreciation for this authentic missionary and soldier of the cross. An examination of the financial statements of December 2013-2014 reveals the impact Dr. Soderblom had on the community hospital: “Total revenue increased by approximately 5% compared to the same period last year. This was due mainly to an increase in dialysis and surgery income.” The majority of this surgery income flowed from the work of Neurosurgeon Richard Spann.

Under Hospital Chaplain Neive George, chaplaincy services became dynamic, providing support group services for patients, relatives, and interested persons. The cross-cultural composition of these groups resonates with the Biblical mandate.

Conclusion

The strategic initiative voted on by the board under Dr. Spann’s administration represents a reframing of perceptions and a critical intervention in the onward march of the institution. A plan to offer three new service lines – namely a neurological center, a cardiology surgery and vascular center, and an oncology center – was also requested by the board. It was expected that management continue to communicate and negotiate with representatives of the three proposed service lines, develop a strategy of action for each, and present reports to the executive committee and the board of directors. Management was also authorized to move forward with feasibility studies on a proposal for each new service line with a strategy of action that would cover goals, objectives, and performance evaluation.

List of Administrators


Chief of Staff

Medical Directors

SOURCES
Community Hospital Board. January 8, 2015. Community Hospital archives.
Dunlop, R. F. “Port of Spain Medical Unit.” Caribbean Union Gleanings. February 1954.

NOTES
1. George R. Knight, If I Were the Devil (Hagerstown, Maryland: Review and Herald Publishing Association, 2007).
3. Ibid., 103.
4. Ibid.
7. Murray, A History of the Seventh-day Adventist Church in Trinidad and Tobago, 106, 110.
10. Murray, A History of the Seventh-day Adventist Church in Trinidad and Tobago, 147.
11. Eric John Murray, Religions of Trinidad and Tobago (Trinidad: Zenith Services Limited, 1998), 117.
12. Ibid., 131.
16.
17. Ibid.
20. Ibid.
23. Community Hospital Board, January 8, 2015, 1, Community Hospital archives.
24. Ibid., 2.