



# A HISTORY

## OF THE PACIFIC TOWER CAMPUS

*Championing Health Equity*



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The early founders, and subsequent leaders, of this campus understood its immense value as a public benefit. Decades have seen multiple iterations of campus uses—a hospital, a site for primary care, a high-tech headquarters, an office building—and today a source of grant funds to support health equity. These adaptations, through highs and lows, all enabled the campus to remain true to its north star: being a champion for the people in our community who lack access to effective healthcare. While this north star won't change, the pathway we follow will.

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**1798** U.S. President John Adams establishes the Marine Hospital Service through “An Act for the Relief of Sick and disabled Seamen.”

**1837** The Marine Hospital Service receives its first appropriation from Congress. The Service was previously funded by taxes on seamen’s wages and later by tonnage taxes on ships.

**1891** Congress mandates that Marine Hospital physicians perform health inspections of all newly arriving immigrants. Preventing disease importation remains a major function of the service for almost 100 years. Its expanding role in public health and epidemiology leads the Marine Hospital Service to be renamed the U.S. Public Health Service in 1912.

**1905** The Service is finally financed entirely by Congressional appropriations. However, merchant seamen continue to donate to a Hospital Fund. This fund later helps construct the Seattle Public Health Service Hospital (PHS).

**1933** The new U.S. Marine Hospital, a 312-bed facility on Beacon Hill, serves veterans, merchant seamen, the U.S. Coast Guard, U.S. Light House Service, and “federal compensation cases.”



Over the years, the patient population grows to include Native Americans, Alaska natives, NOAA and other uniformed services’ personnel and their dependents.

**1951** All U.S. Marine Hospitals are re-designated as U.S. Public Health Service Hospitals.

**1953** The Federal Government proposes to close PHS hospitals nationwide as part of a larger plan to phase out the federal role in delivering care, including care to veterans, military personnel and dependents, and Native Americans, and to shift instead to financing and regulatory roles. Twenty PHS hospitals are closed over the next 18 years. The Korean War and Cold War tensions help to protect Veterans Administration and Defense Department health care systems.

Sen. Warren Magnuson supports "Partnership for Health Amendment," which authorizes PHS facilities to share their resources with hospitals and other health care providers. The Seattle PHS Hospital establishes affiliation agreement with University of Washington and becomes a major resource for medical and nursing education and research.

**1963** Dr. Donnal Thomas begins groundbreaking research and clinical trials in the basement of the Seattle PHS Hospital that ultimately leads to the world's first bone marrow transplant, which helps to treat leukemia, lymphomas and other blood-related diseases. He later wins the Nobel Prize in October 1990 for his 40 years of research.

**1970** The Nixon Administration announces planned closure of all 8 remaining PHS hospitals and 20 free-standing clinics by July, 1971.

The Seattle Indian Health Board (SIHB) incorporates as a non-profit and establishes the Kinattchetapi Indian Clinic. With an all-volunteer staff, including 50 doctors, SIHB began providing health services in donated space on the 2nd floor of the PHS Hospital.

This Indian Clinic is part of the "free clinic" movement in the Seattle area and across the country, organized to address the needs of underserved populations. A dozen clinics are created in Seattle by 1970.

**1971** Harborview Medical Center stops providing Seattle's "free clinics"

diagnostic and specialty back-up services for budgetary reasons. This creates a crisis for the thousands of patients they serve.

Dr. Willard P. Johnson, the Hospital Director, allocates up to 5% of the care offered at the facility for "special studies." Henceforth, every person referred to PHS from a community clinic is admitted as a special studies patient. This decision is the origin of the long-standing affiliation with the region's community health centers. As Dr. Johnson had hoped, opening the doors of PHS to the community clinics created the opportunity to build broad community support against closure. This relationship proves to be central to the hospital's survival and to the flourishing on the community clinics.

The "Public Health Care Coalition" (PHCC) is created by representatives with a stake in preserving the PHS Hospital: merchant seamen, commercial fishermen, retired military, Native Americans, community clinics and PHS Hospital staff. The PHCC puts forward an ambitious proposal to preserve and expand the hospital and its community role.

PHS Director Johnson is fired for allowing PHS beneficiaries and community representatives to meet in the facility. The Coalition, with the slogan "Health Care is a Right, not a Business," quickly mobilizes a significant grassroots campaign that attracts media attention and support from the Congressional delegation. The PHCC effort of combined demonstration, Congressional lobbying,

hearings, and involvement with PHS Hospital administration and local government, was sustained for 15 years.

**Mid-Late 1970s** The Seattle PHS Hospital houses the original Indochinese Language Bank, later named the Community Health Interpretation Service (CHIS). The interpreter program eventually becomes the Cross Cultural Health Care Program.

**1976** Dr. C. Alvin Paulsen, Chief of Endocrinology at Seattle PHS Hospital and Director of the Diabetes Research Center, conducts diabetes research at the hospital and becomes internationally renowned

With the help of Senator Magnuson, the community clinics of Seattle succeed in expanding the National Health Service Corps' (NHSC) mission so that urban as well as rural areas can receive health care. This leads to changes in federal law that expands the role of the NHSC in underserved areas, prisons, and mental hospitals.

Dr. Richard Tompkins is appointed as Seattle PHS Hospital Director and launches a new era of modernizing health services and collaborating with community, including the creation of a Patients Advisory Council, a Patient Advocacy program, and the Public Health Automated Medical Information System (PHAMIS) one of the world's first electronic medical record systems.

**1977** As part of a long-term study, the Seattle PHS Hospital provides free medical exams for Hiroshima and Nagasaki atomic bomb survivors living

in Seattle. The exams are still provided at Pacific Tower.

During the Carter Administration, efforts to close out the PHS system were halted. Seattle's Hospital gains national prominence as a blue ribbon task force, charged with making recommendations on the future of the PHS hospital system.

**1978** Following the blue ribbon task force recommendations, the entire PHS system expands its mission in 1978 to include "medically underserved" populations in collaboration with local community programs. The PHS hospitals work to implement these recommendations.

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1979

**The Art Deco-style Seattle Public Health Service Hospital is placed on the list of National Historic Places.**

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**1980** Community Health Interpretation Service (CHIS) is now a joint enterprise representing 10 community clinics and operating a grant-funded initiative to make services accessible through a shared pool of medical interpreters.

The 152-bed Seattle PHS Hospital provides almost 120,000 outpatient visits.

**1981** The Seattle PHS Hospital becomes one of 11 locations in the nation selected as regional centers for Hansen's disease (leprosy) outpatient care.

President Reagan announces that all PHS hospitals will be closed. After touring the Seattle Hospital, Washington's U.S. Senator Henry "Scoop" Jackson said, "Mr. Reagan's budget cutters would have to close the hospital over our dead bodies." Once again, a massive community effort to save the Seattle Hospital is mounted in response to the closure announcement. A public hearing at the Sailors Union of the Pacific in Seattle draws more than 400 supporters where Seattle Mayor Charles Royer says, "I believe everyone in our city benefits from the PHS Hospital, whether they receive care there or not, and I will do everything in my power to see that the hospital's services are not lost to our city."

Federal officials press for the hospital's closure. Federal tactics include withdrawing appropriated funds, preventing the hiring of personnel, mandating the preparation of plans for closing the facility, carrying out unannounced audits and inventories, and canceling ongoing construction plans.

The battle for the PHS hospitals shifts from preserving the PHS system to local control as the Congressional Merchant Marine and Fisheries Committee votes to end the merchant seamen's entitlement to federal health care.

A task force, appointed by Mayor Charles Royer at the request of the Washington State Congressional Delegation, develops the "Plan for the Preservation and Continued Development of the Seattle PHS Hospital," which is submitted to

Secretary of Health and Human Services Richard Schweiker. The plan outlines requirements for a successful transition.

As a result of negotiations with Washington Senator Slade Gorton, the Reagan Administration agrees to ask Congress for \$26 million to ease the transition from federal to local control.

The City of Seattle charters the hospital, now renamed the Seattle Public Health Hospital, as a public development authority (PDA). The federal government transfers control of the property to the new PDA. This quasi-governmental structure allows essential services to be provided to the public through corporations that have public accountability but operates as private entities.

Thanks to last-minute maneuvering by Senator Jackson, a military appropriations bill designates all locally-surviving PHS facilities under the new guise of Uniformed Services Treatment Facilities (USTF). The Department of Defense contracts to provide care for the family members of active duty military, military retirees and their dependents, who now represent about one-half of the patients of these hospitals.

**1981–1982** Dr. Bob Wood and Dr. King Holmes conduct pioneer AIDS research and patient care on the 11th floor of the Tower. Together, they create the HIV/AIDS clinic on campus.

**1983** The Seattle PHS Hospital changes its name to Pacific Medical Center (PMC).

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**1985**

**The PDA Council formally changes the authority's name to the Pacific Hospital Preservation and Development Authority (PHPDA).**

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**1987** Pacific Medical Center (PMC) closes its hospital beds and emergency department, and partners with Providence Medical Center to provide these services at their facilities. This decision is driven by concerns about seismic issues and cost of upgrading the facility, financial challenges, and low inpatient volumes.

King County voters approve a regional health bond that provides \$9.3 million for seismic stabilization of the tower.

**1988** Seattle Indian Health Board moves off campus and consolidates all outpatient services at Leschi Center, a newly constructed complex for the Indian community, becoming the largest urban American Indian health care program in the nation.

**1991** Members of PHASE, the group practice corporation established in 1981, vote to dissolve PHASE as a legal entity and become part of the PHPDA, doing business as PacMed Clinics (PMC).

PMC enters into an agreement with the Department of Defense, which sets the stage for the transition from fee-for-service care for uniformed services beneficiaries to managed care.

Seismic stabilization construction begins on the tower, a project that lasts for four years. The architects decide to build a structure on the north side of the building, creating a buttress to the Tower, while providing additional clinic and office space.

**1992** The City of Seattle designates the Beacon Hill campus and tower as a Seattle Historical landmark.

With the aid of a four-year grant from the W.K. Kellogg Foundation, the Community Health Interpretation Service, becomes the Cross Cultural Health Care Program (CCHCP). The program educates health care professionals on cultural awareness, trains medical interpreters, and creates resources for health care organizations across the country.

**1994** The tower seismic stabilization construction is completed. The building is honored by the American Institute of Architects for being "utterly responsive to the original building" and "a wonderful seismic solution."

**1995** PMC establishes an alliance with Swedish Medical Center and PMC to provide primary and hospital care.

**1998** PHPDA receives federal approval to lease a portion of the building to a non-health care organization. The agreement requires that PHPDA use lease revenues to provide charity health care for the poor in King County. PHPDA signs a 99-year lease with Wright Runstad, a local real estate development company.

Wright Runstad finds a long-term tenant in Amazon.com, which agrees to sub-

lease the tower. Amazon.com occupies 190,000 square feet in the tower as its headquarters between 1998-2011 as the company grows into a major force in national economy.

**2002** In anticipation of a significant reorganization, the PDA amends its charter, refocusing its mission from administering a group practice to funding charity health care.

Cross Cultural Health Care Program (CCHCP) is spun off from PHPDA to form an independent 501(c)3 organization.

**2003** The clinical group practice separates from the PHPDA, forming a separate 501(c)3 health care organization, Pacific Medical Centers Clinics. PHPDA leases office and clinical space to PMC.

**2004** PHPDA and King County amend the Interlocal Agreement to clarify the charity health care commitment and reporting requirements. PHPDA commits to ensure the provision of a minimum of \$1.5 million annually in health care services to low-income and uninsured individuals.

**2006** PHPDA is a founding funder of Project Access Northwest, an innovative initiative that facilitates provision of pro bono and minimal cost specialty health care to the uninsured by local specialist physicians.

**2009** PHPDA funds a two-year Patient Navigator Pilot program with Seattle Children's Hospital.

**2011** The Amazon.com sublease with Wright Runstad ends.

PHPDA completes its obligation to King County under the Interlocal Agreement, with the bonds being fully paid off. The Charity Care Agreement between the PHPDA and Pacific Medical Centers is complete.

PHPDA celebrates its 30th anniversary, honoring those involved in the history of the organization and opening a renewed dialogue about the future of health care for the uninsured and underinsured.

**2012** WRC.Com Tower LLC terminates its lease on the tower.

**2013** The Washington State Department of Commerce signs a 30-year lease agreement for Pacific Tower property, effective Jan. 1, 2014. Pacific Tower will serve as a new satellite campus for Seattle Colleges to house its growing Allied Health programs. The college offers two new four-year degree programs: a Bachelor of Science in Nursing and a Bachelor of Applied Science in Allied Health. The Department of Commerce leases remaining space to other nonprofit organizations and state agencies that share the goal of improving the health, education, and well-being of the region's population. Revenue from the lease of space goes to the PHPDA to make grants.

**2014** The Washington State Legislature provides \$20 million for renovations to the Tower for its new mission as a non-profit innovation center. The funds are combined with tax credit revenues and philanthropic contributions to total \$54 million in upgrades to the building.

Major investments make the building a model of energy conservation and Governor Jay Inslee calls the Tower “the greenest historic building in America.”

The Cross Cultural Health Care Program returns to Pacific Tower as one of the first partner organizations.

PHPDA conducts its first round of Major Grant funding.

**2015** PHPDA begins the Nimble grant program providing community grants for program infrastructure improvements, capacity development, technology upgrades and conducting health-related advocacy.

Seattle Central College opens the Pacific Tower Health Education Center on floors 2-6, to train nurses, surgical technicians, and a range of other health professionals.

The College and Neighborcare team up to create a dental teaching center on the 4th floor to train dental hygienists and assistants. The center is the first of its kind in the nation.

PHPDA joins King County and the Seattle Foundation as an aligned funding partner of Communities of Opportunity (COO), an innovative model of community-driven health, economic, and social service projects.

**2016** A celebration attended by more than 200 marks the rededication of the Tower portion of the building to its mission of public service.

**2017** Pacific Tower earns a performance bonus from Seattle City Light for its energy conservation initiatives.

Major Jenny Durkan, Seattle’s first woman Mayor in ninety years, announces her candidacy at the Pacific Tower, recalling how the Public Health Service Hospital cared for her father during and after his service in WWII.

**2019** PHPDA rebrands its Major Grant and Nimble Grant programs under the Health Equity Fund grantmaking program.



PHPDA parcels and agrees to a purchase and sales agreement regarding the North parking lot with another PDA, the Seattle Chinatown International District Preservation & Development Authority (SCIDpda) for the construction and operation of affordable mixed-use housing units, anticipating the addition of senior housing services and a child daycare center on campus.

**2021** Usage and services restrictions from the 1981 U.S. Department of Health and Human Services deed expire.

**2022** The Pacific Hospital PDA commemorates its 40th anniversary, working together with community to create and install a mosaic at the entrance of the 8th floor panoramic room of the Pacific Tower.



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