

THE BUILDING AND EVOLUTION OF THE JOHN L. DEATON HOSPITAL AND MEDICAL CENTER

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DIRECT SOCIAL MINISTRY BEGINS AT CHRIST CHURCH.

By the early 1960s, the neighborhood around Christ Lutheran Church had fallen into significant decay, typical of one of the oldest sections of the city. Over 15 years before, the congregation had resisted the temptation to flee to the suburbs, as many other inner-city churches had done, and built a beautiful \$1,250,000 sanctuary. (In 2014 dollars, the figure would be \$10,900,000.) Dedicated in May of 1958, it was the only religious building of any kind to be built in Baltimore's inner city in over 50 years.¹

For almost 80 years, the church had brought strength, comfort, and hope to its own community of believers, to Baltimoreans by means of the weekly radio broadcast of its worship services, and to those across the nation and around the world through generous donations to national and worldwide missions projects.

But, in the mid-1960s, the congregation gradually became involved in a wider range of face-to-face social ministry programs, opening its doors to the immediate surrounding community. Initial projects included a neighborhood club; a summer day camp at which music, drama, art, recreation, and dancing were offered to children in grades 1-12; and community carnivals and Halloween parties. A teen center, organized and run by the young people of the church under adult supervision, drew both neighborhood youth and church members.²

¹ Thomas, Ronald. *Christ Church History*, 2002, p. 16.

² *Ibid.*, pp. 19-20.

Beginning in November, 1965, as a part of a cooperative program directed by Lutheran Social Services and funded jointly by Christ Church and the Saints Stephen and James congregation, social worker Matthew Ernst began coordination of the South Baltimore Social Missions Program. Christ Church's participation in the project was initially controversial. In a vote at an argumentative congregational meeting in mid-1965, the congregation's involvement was defeated. Some argued that the "church has no business trying to help people who aren't church members and probably will never be."³ But, in a follow-up written vote of the entire congregation, participation in the project was narrowly approved, and plans went forward.

As a part of this social ministry program, supervised study sessions were held four afternoons each week, two at Christ Church and two at Sts. Stephens and James. The centers were open to neighborhood children in the fourth, fifth, and sixth grades. In just four months, 90 children were regularly coming to the centers. An advisory committee, including Christ Church members, directed the project, and many Christ Church members volunteered as tutors.

Another arm of the program was an emergency counseling and referral service held one evening each week at the church, designed to provide on-the-spot free assistance to those who needed help immediately. Individuals and families either continued long-term counseling with Mr. Ernst or were referred to the parent LSS agency or to other agencies equipped to handle special problems.⁴

Dr. Warren Johnson, senior pastor when this project was planned, resigned shortly after its approval, stating that his leadership had been compromised because of the contentiousness of the issue and the very close vote of approval. After a several-month search, his place was taken by Dr. Carl W. Folkemer, a son of the congregation

³ Dorsey, John. "Church Launches Private Anti-Poverty Program," *Baltimore Sun*, October 30, 1966, p. D3.

⁴ *Lutheran Social Service News*, March-April 1966.

who clearly understood the congregation's history, spirit, accomplishments, and, mostly importantly, its needs.⁵

A MAJOR SOCIAL MINISTRY PROJECT FOR THE NEIGHBORHOOD IS PROPOSED.

The biggest thrust in the field of social ministry began shortly after Dr. Folkemer's return with the formation of the Greater Christ Church Committee to "make a thorough study of the pressing physical and spiritual needs in the Baltimore area and to identify ways that the congregation could help meet them."⁶

Although it would take time for the precise details to emerge, it was clear from the beginning, that through large sums of money and an enormous amount of time and energy, the church was about to expand its ministry many fold by constructing several buildings on run-down property near the church, to help meet the rapidly expanding housing and medical needs of the community, without regard to religion, creed, color, or station in life. This would become a multi-faceted project, modified over time, which was and continues to be heralded across the country as a unique and wonderful venture by an individual congregation.⁷

The first task was to promote the approval by city voters in the November 1966, election, of \$ 12,000,000 in municipal bonds to finance acquisition of properties located in the Inner Harbor Urban Renewal zone. Dr. Folkemer and others promoted this initiative by Christ Church as "much more than just buildings. It involves helping people who are culturally, educationally, and socially deprived."⁸

Studies in the mid-1960s by the Baltimore Lutheran Urban Church Planning

⁵ Thomas, *op. cit.*, p. 19.

⁶ *Ibid.*, p. 20.

⁷ *The Lutheran*, December 22, 1965, p. 31.

⁸ Telegram from Dr. Folkemer to the Baltimore City Council, June 10, 1966

Commission had revealed that while South Baltimore, as a whole, was one of the most stable and productive regions of the city, from Cross Street north to the harbor (the area directly around the church):

- The adult poverty level was more than double of that for the city as a whole.
- The male unemployment rate and the percentage of people receiving social service payments were double that of the total city rate.
- The adult crime rate was three times the city rate.⁹

In October of 1966, John Dorsey wrote in a *Baltimore Sun* article, “With 85% of the [Christ Church] congregation living outside the neighborhood, it would have been easy for the congregation to wash their hands of the whole thing. But, as Dr. Folkemer explained, ‘this is where God put us, so this is where He wants us to do His work. . . .In helping others, one helps oneself toward God.’ But Dr. Folkemer thinks too many churches don’t reveal this.¹⁰ According to Dr. Folkemer:

“God is relevant to the people, so the church must be. For too long, people have thought of the church as some place to go for an hour on Sunday to be bored by some preacher. Any why? Because the preachers themselves have thought that to be the role of the church. And what is the result? . . . For the first time since the Civil War, church enrollment is not keeping up with population growth. The church is dying. . . I am talking about all religious bodies. The result is that people are talking about the Post-Christian era and saying God is dead. But they really don’t believe that. In this doubt-ridden time, they *want* to believe, people *do* believe, more than ever, in God.

“But they can’t find Him in the church because the churches withdraw from life in the communities around them when they should plunge into it. People feel that the church is irrelevant in their lives because [the church] doesn’t show them how to carry out God’s work on earth by helping others. They want to help, but the churches won’t show them the way.

⁹ Dorsey, *op. cit.*

¹⁰ *Ibid.*

“The letter of James says, ‘What doth it profit, my brethren, though a man say he hath faith and have not works?’ The people feel this. But they can’t find the way by themselves.”¹¹

THE EARLY PLANS ARE MADE PUBLIC, AND THE PROJECT MOVES FORWARD.

Several components of Christ Church’s Inner Harbor project were initially envisioned:

- A nursing home, “initially to provide 150 beds for patients in addition to psychiatric and physical therapy treatment facilities,” with “capabilities to expand to a capacity of 450 beds.”¹²
- An apartment building with 200 to 225 units, for elderly people (over 62) with low and moderate income of a maximum of \$ 4,200/year for single people and \$6,000 tops for couples; as well as for disabled adults of any age;¹³
- A neighborhood house, offering health, home management, and counseling programs: According to Dr. Folkemer, “We hope to have a day care center and offices where people can get economic advice and family planning advice. We will have a social worker there, and we plan to give legal aid and have cooking and sewing classes. We also want to have referral service, where people can go, explain their problems and find out exactly what agencies or offices they should go to for help. Sometimes people in this neighborhood who want help go to six or seven places before they find the right one.”¹⁴
- A recreation program with a gym and pool.¹⁵
- An underground garage

¹¹ *Ibid.*

¹² Statement from Dr. Folkemer, not dated.

¹³ Dorsey, *op. cit.*

¹⁴ *Ibid.*

¹⁵ *The Lutheran, op. cit.*

- A landscaped plaza with a fountain¹⁶

The plan was that boards of directors would be established to operate these entities:

- John L. Deaton Medical Nursing Center, Inc.
- Christ Church Harbor Apartments, Inc.
- Charles-Light Parking, Inc.
- Christ Church Development Company (later renamed the John L. Deaton Holding Company)

Major roles of policy-making would fall to the Christ Church Pastor, as the Chair, and to members of the congregation who would serve on the boards, along with medical and community representatives.¹⁷

When this tremendous project was placed before the congregation, the members responded by adopting a resolution approving the concept and authorizing that planning of the facilities and a capital funds appeal begin. The goal of the church was to generate seed money for planning and initial land acquisition that would be supplemented by extensive funding from several federal and state urban renewal grant sources. While the approval by the congregation was not unanimous and there were a few vocal opponents, the okay to move forward came without the substantial contention and splitting of the congregation that accompanied the much more modest proposal to hire a social worker of only a few years earlier.

Mayor Theodore R. McKeldin called the project “exciting” and praised the congregation’s plans as “an act of faith.”¹⁸ He continued,

“The interest of Christ Lutheran Church in developing major new facilities in the vicinity of its existing buildings on the edge of our Inner

¹⁶ Thomas, *op. cit.*, p. 21.

¹⁷ Programs, Groundbreaking for John L. Deaton Medical Center, January 31, 1971, and for Celebration of Our Expansion, April 4, 1989.

¹⁸ *The Lutheran*, *op. cit.*

Harbor is a source of great pride and great pleasure to the City of Baltimore. The decision signifies the confidence which this fine old church has in the future of our inner city. The decision is an act of faith on the part of the church in terms of community service, for the services which the church proposes to offer through these facilities are precisely those which its neighborhood needs – housing for the elderly, nursing care, and recreational and educational programs.”

“In addition, the church’s decision adds enormously to both the economic vitality and the social purpose of Baltimore’s plan to redevelop our Inner Harbor, and, the City has, in fact, altered the existing plan for the first Inner Harbor project to be this exciting church proposal.

“As a citizen and as a religious man, I am paying the highest praise by saying that here is a church understands its duty to both God and man.”¹⁹

After a feasibility study, a professional fundraising consultant told the Church Council that realistically church members would contribute about \$250,000 over a three-year period for the project. "If somehow," the consultant said, "you can really inspire the congregation, they might conceivably give \$350,000, but don't count on it." A third figure, \$425,000, was added in the way that a negotiator asks for \$100,000 in the hope of getting \$10,000. When the three years were up, the congregation had pledged \$419,000, but actually had given \$ 470,000.²⁰

In addition to the seed money raised for planning and the initial land acquisition, members of Christ Church participated in the project through the furnishing of rooms in honor or in memory of loved ones. At the end of five years, the congregation’s total contributions of the project reached almost three-quarters of a million dollars, all for a major initiative to serve not its own constituency but the community-at-large.²¹

¹⁹ Statement of Mayor Theodore R. McKeldin, November 18, 1965, at ceremony making public the Inner Harbor Project of Christ Lutheran Church.

²⁰ Thomas, *op. cit.*, p. 21.

²¹ *Ibid.*

In early 1969, the first plots of land were purchased by the church for \$ 70,000. In April, the houses on Hill Street across from the church were demolished, the first house to be torn down that of a lifelong member.²²

The groundbreaking for the medical building on January 31, 1971, was attended by a “who’s who” of the state’s political, business, and medical elite, including Governor Marvin Mandel; Mayor Thomas J. D’Alesandro, III; Former Governor and Mayor Theodore R. McKeldin; President of the Baltimore City Council William Donald Schaefer; United States Senators Charles Mathias and J. Glenn Beall, Jr.; several members of the United States Congress; Director of the Federal Housing Administration Allen Clapp; Executive Director of the Greater Baltimore Committee William Boucher; Vice Chairman of the Board of Charles Center-Inner Harbor Management Walter Sondheim; and Director of the University of Maryland Hospital Dr. George Yeager.²³

THE DEATON CENTER IS BUILT.

There was growing public concern at the time about the condition of nursing homes in the city. An October 1966 article in the *Baltimore Evening Sun* quoted Dr. Herman Seidel, a prominent physician in the care of the aged, as calling some nursing homes “snakepits.” He said that he understood the concerns of nursing home owners who might face financial hardships if more stringent regulations were adopted, but “Here we are not dealing with merchandise. You are dealing with living persons.” At that time, the reimbursement rate by the state to nursing homes was \$7 a day per patient.²⁴

²² *Ibid.*

²³ Groundbreaking Program, Christ Lutheran Church, January 31, 1971, and Dedication Program, December 10, 1972.

²⁴ No author cited. “Dr. Seidel for Stricker Nursing Home Rules,” *The Baltimore Evening Sun*, October 28, 1966.

Fund-raising pamphlets distributed by Christ Church described the need for better nursing home care:

- “At this time, one of every fifty members of our congregation is in a nursing facility of some kind. In the past ten years, approximately 200 members have been known to need nursing home care.
- “It has been estimated that, by 1970, of a projected metropolitan Baltimore population of 1,500,000, close to 100,000 will be 65 or older. Where will these people go when they need nursing home care?
- “Approximately 40% of the nursing homes throughout Maryland, and a higher percentage in Baltimore City, are considered inadequate or unsafe. Is this the best we can do?”²⁵

The medical center was the first structure of the Christ Church Complex to be completed, as well as the first building to be opened in the Charles Center Harbor I Project which became a nationally-recognized urban development program. The cost for the 103,085 square foot building was about \$ 6,800,000.²⁶ It was called “proof of the church’s commitment to the community” and “the only people-oriented project in the entire Inner Harbor Project.”²⁷ Its dedication was on Sunday, December 10, 1972, and the first patient was admitted on March 2, 1973.²⁸

The building was named in memory of Dr. John L. Deaton, the third pastor of Christ Church from 1933 to 1960. It was during his tenure that the Parish House was built and increased benevolences given to the wider church. The most dramatic result of this pastorate, however, was the building of the Gothic sanctuary in which congregation worships today, which was completed in 1958.²⁹ Representatives of the Deaton family participated in both the groundbreaking and the dedication of the medical building.

²⁵ Pamphlet, “We Care Enough,” Christ Lutheran Church, no date.

²⁶ Deaton Hospital and Medical Center Fact Sheet, December 8, 1987.

²⁷ Brand, Mike. “Deaton Medical Center Open,” unknown source and date.

²⁸ Deaton Dedication Program and Deaton Fact Sheet, December 8, 1987.

²⁹ Thomas, *op. cit.*, p. 16.

THE MISSION OF THE MEDICAL CENTER EVOLVES.

Early on, agreements made with University Hospital and the rapidly-changing nature of government and insurance funding for nursing and medical care would result, over time, in somewhat different missions for the building.

Originally promoted to the congregation as the “John L. Deaton Nursing Home,” at the groundbreaking on January 31, 1971, the building was called the “John L. Deaton Medical Nursing Center.”³⁰ But, by the time of its dedication on December 10, 1972, it was called simply the “John L. Deaton Medical Center.”³¹ It later became known as a “specialty home and hospital” focusing on services to the chronically ill.³² While its mission broadened over time as health care containment and advances in medical technology have extended life and shortened lengths of stays in acute care hospitals, the center remained dedicated to its initial focus: to provide “quality medical care to those in need of warm and personal concern for the elderly.”³³

Prior to the Deaton Center being built, Dr. Folkemer said:

“We will accept the University of Maryland Hospital’s patients for recuperation and convalescence, and have facilities for physical therapy and other methods of treatment. Interns and residents from the hospital will provide medical assistance within the nursing home at all times. . . . The hospital will also find a place for our patients when necessary, and send its student nurses for part of their training. We also plan to start an out-patient department.”

“We hope to keep the cost per average patient down to \$ 55 a week, which will mean that those eligible for Medicare be fully covered until their allotted time for Medicare support runs out.

“But we want to make one thing clear: We will never turn away a person because he or she can’t afford to pay. The church has obligated itself to a non-profit fund to help indigent patients.”³⁴

³⁰ Pamphlet, “We Care Enough,” and Groundbreaking Program, Christ Lutheran Church, January 31, 1971.

³¹ Dedication Program, December 10, 1972.

³² Guidera, Mark. “UM System Purchases Deaton Home,” *Baltimore Sun*, June 20, 1996.

³³ Comments of Dr. John Sabatelli, at the 15th anniversary luncheon, 1988.

³⁴ Dorsey, *op. cit.*

Newspaper articles cited “JLD” (as it came to be known) as “the first nursing facility in the country with continuous medical coverage and a continuing tie with a hospital.”³⁵ According to an early publicity pamphlet, “This unique center offers an unprecedented level of medical treatment and personal services. No other long-term health facility or convalescent care center can match its combination of medical care and supportive services.”³⁶

Hallmark features of the facility in its early years were:

- Nursing care by registered nurses, 24 hours a day
- Physicians, residents, student nurses, and therapists from University Hospital on site
- Continuing connections with patients’ personal physicians
- A 15-station renal dialysis unit
- A wide range of physical therapy facilities
- Private and semi-private rooms
- Certification as a skilled nursing facility
- A chapel as a place of prayer and spiritual renewal
- Sophisticated two-way communications systems between patient rooms and nurses’ stations
- Ultra-modern kitchen operated by professional food management company
- Social services department to help facilitate patient transitions home or to other facilities³⁷

With insurance company cooperation, the center pioneered methods of holding down medical costs by creating facilities similar to those in general hospitals, but

³⁵ Dorsey, *op. cit.*

³⁶ Pamphlet, “The John L. Deaton Medical Center: Baltimore First Inner Harbor Redevelopment Project Offers Quality Nursing Care,” no date.

³⁷ *Ibid.*

omitting the high-expense emergency and operating rooms.³⁸

THE DEATON CENTER EXPANDS ITS SERVICES.

At its 15th anniversary luncheon in 1988, then Christ Church Pastor and Board Chair The Rev. Dr. John R. Sabatelli described the services provided at JLD as equally divided between sub-acute, chronic, intensive nursing care (160 beds) and long-term comprehensive nursing care (160 beds). But 70% of the comprehensive care patients required much more intensive services than the average nursing home. Special programs at the time included a ventilator unit, transitional rehabilitation services for frail elderly, post-trauma rehabilitation services, pressure ulcer therapy, and hospice care.³⁹

Typical patients were:

- A 75-year old man who suffered a stroke which left him paralyzed on the left side. He attended physical therapy and expected to return home in 30 days.
- A 71-year old woman who had lived at Deaton for 13 years. She was a paraplegic as a result of a spinal cord tumor.
- A 27-year old woman with head trauma as a result of a gun-shot wound who had lived at Deaton for three years receiving intensive physical therapy.
- A 65-year old man in the ventilator unit who was totally dependent in all activities of daily living as a result of ALS or Lou Gerhig's Disease. He was on a mechanical ventilator and tracheostomy tube continuously.⁴⁰

Dr. Sabatelli also shared the following information about the center's status as of 1988:

- Total of 240 beds (100 chronic care and 140 comprehensive care) in the Deaton

³⁸ Rehert, Issac. "Church Builds Medical Complex at Harbor, *Baltimore Sun*, no date.

³⁹ Comments of Dr. John Sabatelli, at 15th anniversary luncheon, 1988.

⁴⁰ *Ibid.*

building with an additional 80 beds at the South Baltimore General Hospital -- now Harbor Hospital (60 chronic care and 20 comprehensive care).

- A total of 6,772 patients served since 1973
- Occupancy: 94% average
- Age ranges: 30% less than 60 years; 30% between 60 and 73 years old; and 40% 74 years and older
- Average length of stays: Chronic: 60 days; Comprehensive: 430 days
- Payor mix: Medicaid: 84.7%; Medicare: 9.1%; Private Pay: 3.0%; and Other: 3.2%⁴¹

As the Deaton Center prospered, so has the involvement of Christ Church members in its work. Many church members continued to contribute to funds to help support patients with non-medical extras that the center was not able to provide. Church members volunteered to help at JLD in many ways, such as to be friendly visitors when no family members were in the area to stop by, to escort patients to chapel worship on Sunday afternoons, and to work throughout the week as greeters and in the gift shop.

DEATON FINDS ITS NICHE AND GROWS.

By 1987, Deaton was one of only four Baltimore-area hospitals providing long-term rehabilitative care for elderly and invalid patients. The other three (Mason F. Lord, Keswick, and Levindale homes) only had a small number of beds for this purpose between them. Many more patients being discharged from hospitals needed more care than a nursing home could provide but not so complex care that they needed to be in an acute care hospital. Deaton became the area's only large-scale provider of specialized long-term care for the chronically ill. Its long history of affiliation with the University of

⁴¹ *Ibid.*

Maryland School of Medicine enabled Deaton to pioneer new treatment programs.⁴² With its high occupancy rate and annual surpluses totaling \$6,000,000 over the years, Deaton was ready to grow.

Explained Dr. Sabatelli:

“We wanted Deaton to be even more excellent. Going into the late 1980s and beyond, the medical world is obviously getting very competitive. The federal government’s reimbursement is lessening, and many acute hospitals are getting into long-term care. To accommodate state and private insurance guidelines, many hospitals discharge patients before they are ready to function by themselves. Deaton fills this gaps by providing medical care while the patient continues to recover. For one-third the cost of an acute care hospital, we deliver the kind of care society needs at a cost society can afford.”⁴³

Added CEO Noel Kronche, “Despite our downtown location, we don’t cater to the wealthy. Three-fourths of our patients are at least 65 years old and have debilitating illness. Most of them are on Medicaid.”⁴⁴

Because of its high occupancy rate of 95-96%, Deaton was given permission by the Maryland Health Resources Planning Commission to expand its number of beds, while some other facilities were forced to cut back.⁴⁵ In 1987-88, therefore, Deaton built a \$14.5 million, five story, expansion, with almost 132,000 additional square feet that effectively doubled the center’s previous space. At the dedication ceremonies on April 4, 1989, the new wing was named in honor of Dr. Carl Folkemer, whose leadership, dedication, and commitment had transformed the original vision of the hospital into a

⁴² Unknown author. “Deaton Hospital and Medical Center: Unique Provider of Long-Term Care for the Chronically Ill,” 1987.

⁴³ Hamilton, Susan. “Deaton Branches Out to Guarantee Survival,” *The Daily Record*, December 9, 1987, pp. 3-4.

⁴⁴ *Ibid.*

⁴⁵ Hamilton, *op. cit.*, p, 4.

reality.⁴⁶

This expansion brought the total number of beds to 360, 40 more than were available at the combined previous Deaton space and at the South Baltimore General Hospital annex. The addition also provided retail ground-floor retail space for pharmacies and doctors' and dentists' offices, that were hoped to generate income, as well as enlarged the underground garage.⁴⁷

In essence, Deaton became an entrepreneur, but, according to Dr. Sabatelli, "only to do what we want to do: help people."⁴⁸ Explained Richard Wade of the Maryland Hospital Association, "Institutions like Deaton have to change in order to be able to stay the same. Deaton has a firm commitment to be there in the inner city and, in order to do that, they have to reach out and change."⁴⁹

DEATON IS SOLD TO THE UNIVERSITY OF MARYLAND HOSPITAL SYSTEM.

In June of 1996, it was announced that the University of Maryland Medical System (UMMS), which operates the University of Maryland Hospital, had purchased the Deaton Specialty Home and Hospital from the Deaton Hospital and Medical Center of Christ Lutheran Church, Inc. The congregation sold Deaton because it was no longer financially viable to be a stand-alone institution, and the money received allowed the church's ministries to grow in a variety of ways.⁵⁰

According to Don Joyce, a UMMS vice president, "the Deaton purchase fits well into our strategy of creating an integrated health system to which patients can move in a seamless fashion from acute care to lower-cost settings for follow-up care with the same doctors. . . . Managed care and health maintenance organizations are driving this

⁴⁶ "A Celebration of Our Expansion" Dedication Program, April 4, 1989.

⁴⁷ *Ibid.*, and Dr. Sabatelli's comments, 15th anniversary luncheon, 1988.

⁴⁸ Hamilton, op. cit., p. 4,

⁴⁹ *Ibid.*

⁵⁰ Dr. John Sabatelli, Personal Communication, August 2015.

strategy by requiring alternative settings for health services than hospitals and nursing homes.” Until this deal, UMMS did not have a long-term care facility.⁵¹

On October 7, 2001, Deaton Specialty Hospital and Home officially became University Specialty Hospital. The new name reflected a change in focus since Deaton had eliminated its nursing home beds in the summer of 2000 to concentrate on its chronic care programs and its connection with the University of Maryland.⁵² The entire facility was closed in July 2012 when the remaining services were transferred to other UMMS facilities. The Abell Foundation purchased the property from UMMS in April 2013.

CONDITIONS CHANGED. THE MISSION DID NOT.

Technology has advanced, and governmental, insurance, and health agency laws and policies have changed significantly multiple times since Deaton opened its doors in 1972. Through all of these massive societal changes, however, the John L. Deaton Center remained dedicated to its initial focus: to provide “quality medical care to those in need of warm and personal concern for the elderly.”⁵³

This is the heritage – and the continuing challenge – that the Deaton Center leaves with us today.

⁵¹ Guidera, op. cit.

⁵² Salganik, M. William. “Deaton to Change Name, Focus,” *Baltimore Sun*, October 6, 2001.

⁵³ Comments of Dr. John Sabatelli, at the 15th anniversary luncheon, 1988.