

*PeaceHealth and the Sisters of St. Joseph of Peace*

# WE CARRY ON the HEALING



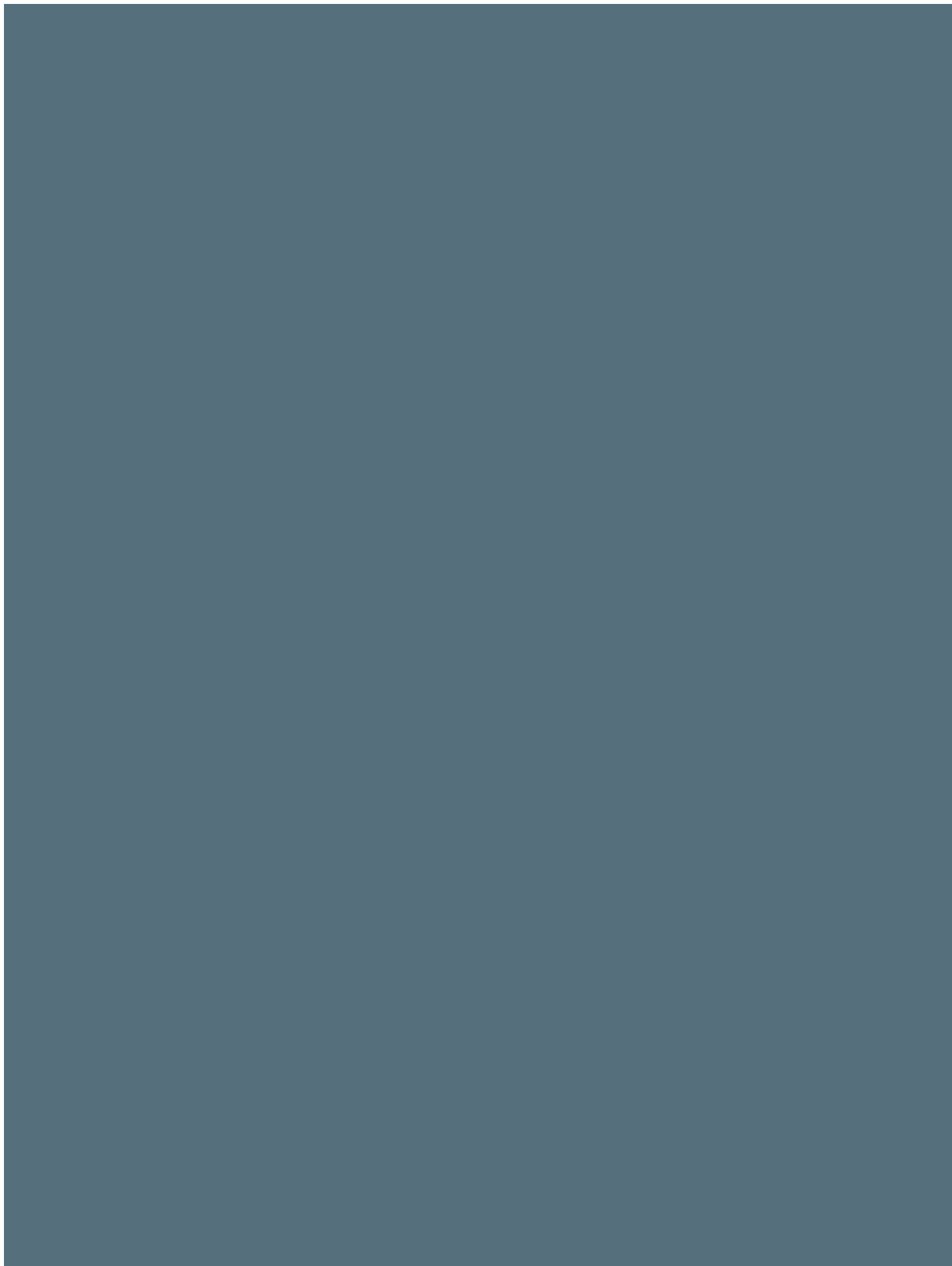
by Susan Dewitt, CSJP



**PeaceHealth**  
*The Spirit of Health*



*Celebrating 125 years of  
promoting community health*



*PeaceHealth and the Sisters of St. Joseph of Peace*

# WE CARRY ON the HEALING

by Susan Dewitt, CSJP

# Table of Contents

Foreword .....	3
Chapter One Beginnings .....	5
Chapter Two CSJs to CSJPs .....	19
Chapter Three From the Sisters' Hospitals to PeaceHealth .....	33
Chapter Four Visionaries, Teachers and Caregivers .....	63
Chapter Five Growing and Changing .....	79
Chapter Six Code Red and Other Disasters .....	95
Chapter Seven Living In the Community, Living In the World .....	103
Chapter Eight Living Our Values .....	111
Acknowledgments .....	117
Endnotes .....	118

# Foreword

This book carries some few of the thousands of stories that make up the past and present of PeaceHealth and of the Sisters of St. Joseph of Peace. While I have tried to cover some of the major moments in PeaceHealth's 125-year history, I've done it mainly by talking with people, listening to their stories about what has been important or challenging in their work.

Health care organizations have changed rapidly in the 21st century as they have been impacted by medical developments, federal and state programs, market situations, competition and personnel changes. This book was completed in the summer of 2016 and reflects PeaceHealth's makeup and situation at that time, which will have changed by the time the book is printed.


I was honored to be asked to write this book by Sister Andrea Nenzel. My only regret is that many wonderful and memorable conversations, each of which helped to shape my understanding of PeaceHealth, could not find their way into the final collection because of the limitations of size. The interviews that tell PeaceHealth's story will be archived at PeaceHealth and with the Sisters of St. Joseph of Peace.

Some of the best stories come out of the Archives of the Sisters of St. Joseph of Peace and from the memories of the Sisters who played their part in building the heritage of PeaceHealth. We Sisters love sharing the stories of earlier days, but we also feel immense joy and pride in the work of all who now "carry on the healing ministry of Jesus Christ." You are our legacy and our inheritance: It's my hope that this collection of stories will give caregivers a strong feeling for the legacy we put in your hands.

Susan Dewitt, CSJP




*Sister Susan Dewitt with a young friend during a PazSalud Health Mission in El Salvador.*



*For Sister Monica Heeran,  
Visionary Leader, Woman of Prayer*

---

*For the Sisters and Associates of St. Joseph of Peace  
and for the Caregivers of PeaceHealth*



# Beginnings

*We marvel at the courage of Margaret Anna Cusack, who listened to the call for service, stood up for the poor in the face of opposition from those in power, and founded the Sisters of St. Joseph of Peace, saying, “The very name Sisters of Peace will... inspire the desire of peace and a love for it.” We stand in awe of two young Sisters who came west to start a hospital in Fairhaven with no money and only three months’ training in nursing. They weren’t superwomen; after their first northwestern winter storm they were ready to get back on the train until the locals told them this was normal and survivable. They stayed, prayed, raised money in the logging and mining camps, and in four months built St. Joseph Hospital, the first step toward what has become PeaceHealth. It was easier to start a new community or a new hospital in those days, with no regulations to speak of, no state or federal program rules, and no need for expensive technology. But that same courage to work for the good of the community and the health of the people is just as necessary for PeaceHealth caregivers today.*

## *A Woman of Peace: Margaret Anna Cusack\**

She founded a community dedicated to peace, but her own life was often far from peaceful. She was a beloved advocate for the poor and powerless, especially for Irish women and children who were



Sister Margaret Anna Cusack,  
1829–1899.

\*A note on names: Over her lifetime, Margaret Anna Cusack was also known as Sister Francis Clare (when she was a Poor Clare) and Mother Clare (after she founded the Sisters of St. Joseph of Peace). I am naming her as Margaret Anna Cusack throughout here to avoid confusion. St. Joseph’s Sisters of Peace, as the community was originally named, were known as the Sisters of St. Joseph of Newark between 1929 and 1970. They are referred to as Sisters of St. Joseph of Peace throughout this book. CSJP, which stands for Congregation of the Sisters of St. Joseph of Peace, are the official initials designating Sisters and the community. CSJP Archives refers to the Sisters of St. Joseph of Peace Archives in Englewood Cliffs, New Jersey, and at St. Mary-on-the-Lake, Bellevue, Washington.

victims of oppression, but powerful landlords and bishops opposed her work. She loved the Sisters and the mission of the community she founded, the Sisters of St. Joseph of Peace, but opposition, exhaustion and illness caused her to leave the community and the Catholic Church. Margaret Anna Cusack, Mother Clare, suffered the fate of many prophets as she became a target for the powerful interests she opposed. Her courage and advocacy for the poor live on in the work of PeaceHealth and of the Sisters of St. Joseph of Peace.<sup>1</sup>

Born in Dublin, Ireland, on May 6, 1829, Margaret Anna Cusack was the daughter of a doctor who gave up a private practice to work with the poor. After his health broke down, the family fell apart; Margaret Anna's mother moved back to her family in England, taking her young daughter with her. As a young woman, Margaret Anna suffered a double tragedy. While she was visiting her ailing father in Ireland, her fiancé died. Her father's death soon followed, and she entered into a dark night of the soul: "I lay in a darkened room for months, for it seemed to me as if even the sunlight was too glad."<sup>2</sup>

As she recovered, so did her interest in the poor. Raised an Anglican, she entered an Anglican convent of Sisters, but became disillusioned with the internal conflicts. "The poor were out of the question altogether." She said, "I did not believe in offering the Gospel of talk to starving people."<sup>3</sup> She converted to the Roman Catholic Church in 1858 and entered the Poor Clare convent in Newry, Ireland, at the age of 30. Chosen to be among the Sisters who founded a new Poor Clare convent in Kenmare, Ireland, Margaret

Anna Cusack, then known as Sister Francis Clare, dedicated herself to writing. Over the next 21 years, Saints' lives, local histories, biographies, books on issues of social justice, and letters to the press all flowed from her tireless pen, and she became famous as "The Nun of Kenmare."<sup>4</sup> She spoke out for the suffering people of Ireland, for the rights of the poor, and for the rights of women, and founded a famine relief fund to help the poor. Her writing and relief efforts made her a popular figure among the poor Irish, but a suspicious character to the wealthy. "They took up the cry that I was interfering in politics! God help me, all the politics I cared for was to feed the hungry."<sup>5</sup>

By 1881 Margaret Anna Cusack moved to Knock, Ireland with the idea of expanding the ministry of the Poor Clares. There she started an industrial school for young women, a kindergarten for the children of working women and evening classes for agricultural workers. She quickly attracted a group of young women who began religious lives as Poor Clares. Soon Margaret Anna decided to form her own community, the Sisters of St. Joseph of Peace, saying, "The very name Sisters of Peace will, it is hoped, even of itself inspire the desire of peace and a love for it."<sup>6</sup> Opposed by the local Archbishop, she found support in England from Cardinal Manning and Bishop Bagshawe and on Jan. 8, 1884, two of the Sisters who had joined her in Knock, Ireland made their first profession to the new community in the Nottingham cathedral. Bishop Bagshawe told the Sisters, "You will give peace to those around you by teaching children... and carry peace and consolation into the house of the sick and the poor."<sup>7</sup>

As Sister Margaret O'Neill notes, "If the founding



of new religious orders can be looked upon as a kind of 'shock therapy' in the church, then the founding of St. Joseph's Sisters of Peace [the original version of the community's name] appeared to be the work of the Holy Spirit to re-emphasize the need for justice toward women and the poor."<sup>8</sup>

Margaret Anna was still a vowed Poor Clare, and to seek a papal dispensation from those vows and acceptance of the new order she traveled to Rome where she met with Pope Leo XIII. She wrote to her Sisters in Nottingham: "I have just returned from my audience, and what a happy audience—very funny being all alone with the Pope!"<sup>9</sup> Her dispensation was approved, her new order was commended, and in August 1884 Margaret Anna Cusack—Sister Francis Clare—took her vows in the Congregation of the Sisters of St. Joseph of Peace. Two months later, though her health, never good, had taken a turn for the worse, she took Bishop Bagshawe's advice and sailed for New York with Sister Evangelista Gaffney, leaving a small community to continue the work in England.

The Pope's approval of her new community may have been a high point for Margaret Anna. When she arrived in the United States as Mother Clare of the fledgling community, her fame as a writer and passionate advocate for the poor and the controversies that surrounded her in Ireland had already crossed the ocean. She was ignored by Archbishop Corrigan of New York, who refused to meet with her: "I learned that the word had been passed around through the priests that I was not to be received by anyone. The working men and women in New York, I have heard, were longing to see me...but they did not know what to do...It was

indeed a time of darkness and sorrow to me."<sup>10</sup> For many years, no Sister of St. Joseph of Peace was allowed to minister in the Archdiocese of New York.

Happily for Margaret Anna, though, New Jersey gave her the welcome that New York had denied. Bishop Wigger of the Diocese of Newark welcomed her and invited her to create homes for Irish working girls. She built the St. Joseph Home for working women and an orphanage for children, started a newsletter, established the Union of Peace and Prayer, made plans to open a School for the Blind and attracted new novices to the community. In an 1887 letter to the Congregation, Margaret Anna wrote: "We are beginning a new order. We want brave, noble, large-minded, courageous souls."<sup>11</sup>

The Sisters loved their work among the poor, but Margaret Anna encountered ongoing hostility every time she tried to reach out to other areas, and began to realize that the mission could not prosper as long as she was its head. Shaken by depression, illness and anger, she wrote, "An archbishop can put down a hapless person who is so foolish as to sorrow with the sorrows of the poor and afflicted, and prevent the establishment of a work which might have gone on happily and prosperously and made no diocese the poorer."<sup>12</sup>

In the summer of 1888, Margaret Anna Cusack withdrew from the Sisters of St. Joseph of Peace and left behind the Sisters she so dearly loved. She wrote to Sister Evangelista (who was to become the new head of the order) and Sister Ignatius Casserly, "You must take a decided and determined position...and save the Order you love and the Church."<sup>13</sup> She rejoined the Episcopal

Church, wrote her autobiography and lectured in Protestant churches, but kept in contact with the Sisters and expressed a loving concern for them. She returned to England and lived among friends. When she was in her final illness in 1899, the Sisters asked Mother Evangelista, the first member of Margaret Anna's Sisters of Peace and a dear friend, to cross the Atlantic for a last visit. But Mother Evangelista was too far away, visiting the Sisters in their new St. Joseph Hospital in Bellingham, Washington, a work that would surely have brought joy to the heart of Margaret Anna Cusack.

### *Mother Joseph and the Pacific Northwest's First Hospital*

The first permanent hospital in the Pacific Northwest began not because of a carefully designed plan, but because of great human need and the commitment of the Vancouver, Washington, community. In April 1858, John Lloyd, a young man in the last stages of tuberculosis, asked the Sisters of Providence to take him in, and the townspeople of Vancouver supported his plea.



Top Row: Sister Vincent de Paul and Sister Mary of the Precious Blood. Bottom Row: Sister Praxedes of Providence, Mother Joseph of the Sacred Heart, Sister Blandine of the Holy Angels. Sisters of Providence Archives.

Women of Vancouver organized the Ladies of Charity, bringing together Catholics, Methodists, Episcopalians and Jews for the cause, and Mother



*The first St. Joseph Hospital.*

Joseph of the Sacred Heart offered the Ladies part of a 16 by 20 foot, one-room building that was originally designed to be a bakery and laundry. This simple room became the first St. Joseph Hospital.

“The ceiling of rough boards was raised and covered with light muslin and ordinary tapestry. They [the Ladies of Charity] put up four beds and finished four tables. Needed chairs came next. They agreed to pay a dollar a day for each patient. . . Every two weeks these ladies were to meet at the convent to sew, and they were each to pay twelve and one-half cents per week (one bit) and they agreed to take up collections for the support of the poor.”<sup>14</sup>

John Lloyd managed to live for the opening of the new little hospital in June 1858 and when the time for the blessing came he “was already there seated on the doorstep awaiting the opening of the door. This man was a Protestant determined to die a Protestant. Finally the door opened to admit the Bishop, who was there to bless the little refuge for the sick. The patient, with his hat on his head, sat and watched with astonishment. . . But as soon as he saw the Bishop going about the hospital sprinkling holy water, he slowly lifted his hat, put it under his arm and lowered his head.”<sup>15</sup> The Sisters rejoiced when John Lloyd asked to be baptized a Catholic about a month before his death in August 1858.

In those early years, the conversion of souls was as much an aim as the restoration of health, understandably because that was the Sisters' first aim and the work of care for the sick had come to them from the community's need. "At that time we were not organized to run hospitals. We could not afford to pay a night nurse...Our first room for the sick was beside the bakery. You had to go through the bakery to get to the hospital room. On baking days you had to wait until the oven was empty to serve the meals of our patients. Dust and soot galore. In the midst of these daily inconveniences and of the difficulty of caring for the dying in so little space, the good God blessed our work."<sup>16</sup>

While the little hospital was in its early days, Mother Joseph opened a lodging for the mentally ill in Vancouver that the Sisters operated from 1861 to 1866; in the first of many moves, St. Joseph Hospital relocated in that building when the Territorial Asylum was relocated to Longview, Washington.

### *Fancy, Two Creatures Like Us to Build a Hospital!*

The connection between the Sisters of St. Joseph of Peace and the Pacific Northwest began while Mother Clare was still the community's head. In 1887 Father Hylebos wrote from Tacoma, Washington, pleading for Sisters to join the work. He was probably prompted by two young women from New Jersey who were visiting their sister in distant Tacoma and told the priest about the CSJPs.<sup>17</sup> Mother Clare was enthusiastic: "I saw there was a grand opening for a new religious order like ours. I knew

that neither the distance nor the poverty would hinder my Sisters from going. On the contrary, we have always preferred poor and destitute places that others would refuse."<sup>18</sup> She hoped Tacoma was far enough away from the Archbishop of New York that she might be allowed to begin a new mission there. But by February 1888, the malice had spread and she received a brief letter from the priest that his bishop had refused to receive her Sisters. It was one of the last blows that helped form her decision to leave her community.<sup>19</sup>

After Mother Clare's exit from the community, the Pacific Northwest again became a possibility. Father Hylebos visited the Sisters in New Jersey in 1890, saying that hospitals were desperately needed and that two Sisters should start for Tacoma right away. Sisters Teresa Moran and Stanislaus Tighe were chosen and prepared for their new adventure by training in hospital care for three months at St. Mary's Hospital, Brooklyn, New York.

Sisters Teresa and Stanislaus boarded a train on Aug. 3, 1890, to set out across the whole breadth of the United States for a remote, unknown



*Eleventh Street at Harris Avenue, c. 1900. Terminal Building in the background is still there, home to Tony's Coffee since 1971. Photo by Herman Wahlstrand, Whatcom Museum #1605.*



Sister Teresa Moran.

territory. When they got to Tacoma, they learned that their destination was not there—perhaps the prejudice against a community created by Margaret Anna Cusack was still in force—but far to the north in Fairhaven

(now part of Bellingham), a new community serving the lumberjacks and farmers of Whatcom County.

They arrived in Fairhaven by boat on Aug. 14, 1890, and were met by Father Boulet, “the only priest for these three small towns Whatcom, Fairhaven and Sehome. He is a very holy man, has labored amongst the Indians for thirty years.”<sup>20</sup> They roomed with Mrs. Huguenin: “In her cheerful happy humor she would set about providing for their comfort, especially when they came back to her in chilly and stormy weather, through newly made roads that ran rivers of mud and which were almost impassable.”<sup>21</sup>

The two young and inexperienced Sisters immediately set out to build a hospital for Fairhaven. Mr. J.J. Donovan, the civil engineer of the Fairhaven Land Company, who was to become a lifelong friend and supporter of St. Joseph Hospital, met with the Sisters three days after their arrival to start the plans and organize the fundraising. In their first letter back to Mother Evangelista, nine days after they had arrived, Sister Teresa said, “Architects are drawing the plan of the building, which is to cost about \$30,000. Mr. Bennett, the gentleman who donates the land, has given a whole block worth the same amount. One

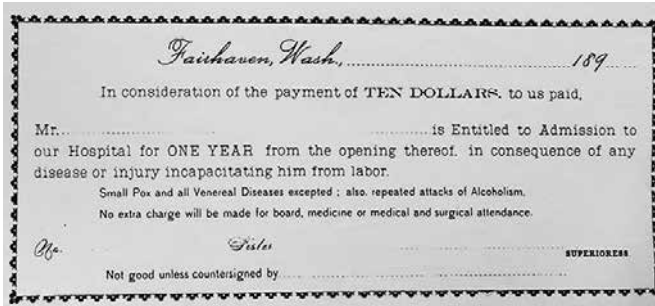
wing only is to be built at present. The people are very anxious for a hospital, even Protestants are glad to see Sisters coming. One doctor has already offered his services.”<sup>22</sup> As they got ready to go out into the community to beg for those \$30,000 dollars from lumberjacks, prospectors and the town’s businesspeople, Teresa confesses her amazement at their situation: “Fancy two creatures like us to build a hospital. If it ever succeeds it will be by the visible power of God alone.”<sup>23</sup>

### *Tickets for Health Care: Building St. Joseph Hospital*

Once plans for a small hospital were in hand, Sisters Teresa Moran and Stanislaus Tighe turned to the hard work of fund development—or, as they termed it, collecting.<sup>24</sup> With J.J. Donovan, they agreed that men in Fairhaven would canvass Whatcom County, while the Sisters would go to the lumber camps and outlying districts. In November 1890 they reported back to Mother Evangelista: “We have been collecting the camps... here we have mud to contend with. The



First hospital, Sisters of St. Joseph of Peace, on the hillside above Fairhaven, c. 1899. Image from *The Daily Reveille*, “The Bellingham Bay Country, Special Illustrated Edition,” September 15, 1899, p. 18, Whatcom Museum #X.5824



Ten dollar tickets sold to lumberjacks in exchange for one year of hospital services.

rainy season has commenced leaving the roads in an awful condition, so that it is impossible to travel on foot through the woods. Thank God we got home safe anyway in spite of all we heard of wild animals, etc. Everyone was very kind to us. [We] stopped nowhere overnight but where there was a lady... Don't think we are rash or risky. I assure you, dear Mother, we are not, but very careful, though we have to meet with some hard knocks in this sort of collecting. [We] got \$600 on this trip... sold thirty tickets, a specimen of which we send you. Next week we go in another direction. Two weeks more will finish our collecting for the winter."<sup>25</sup>

The tickets the Sisters sold were an early and attractive form of health insurance. For a payment of \$10, a lumberjack would get an elegantly printed ticket allowing him admission to the hospital, as yet unbuilt, for one year, with no extra charge for board, medicine or medical and surgical attendance. There were exceptions for smallpox, venereal diseases and "repeated attacks of alcoholism," surely a major issue in the remote lumbering and mining camps.

The new hospital was bounded by 16th and 17th Streets, north of Adams and "commanded a magnificent view for

miles around. It faced the beautiful Bellingham Bay which stretched five miles across to the forests of the Indian Reservation. Two rows of terraced hills running north and south and covered with evergreens of fir and cedar formed the background."<sup>26</sup>

The first St. Joseph Hospital in Whatcom County was a small two-story frame building that could hold about 30 patients. The first floor held an office, pharmacy, a private room, a dining room, a kitchen, a lavatory and a ward for 10 beds; the second floor had another 10-bed ward, two single rooms, a dormitory for the Sisters, a chapel, a linen room and a lavatory. Outside was a laundry and mortuary room.

It's a challenge for anyone involved in hospital planning and construction now to imagine this, but in three months the hospital building was completed. And on the very first night a northwestern gale blew up, so fierce that the Sisters feared that the hospital would be blown down. "The chimneys were overthrown. The terrific noise of the bricks tumbling around on



Carlson & Nelson logging camp, Stillwater, WA, November 1919. Photo by Darius Kinsey, Whatcom Museum #1978.84.6254.



*The second St. Joseph's Hospital on Elk (State) Street, c. 1905. Bellingham Bay Improvement Company Mill log booms on the waterfront below. Photographer unknown, Galen Biery Collection, Whatcom Museum #1996.10.1540.*

the roof was the signal for the caving in of the whole structure when all would be over for the three inmates. There was no safety in flight as the danger was equally as great on the outside. This night of terror was spent in prayer. . .with as much composure as could be imagined under such circumstances. The firm resolution was taken that if Almighty God spared them until morning, back to Jersey City they would go rather than live exposed to such danger."<sup>27</sup> In the morning they realized that only the chimneys had been lost, and the old-timers told them not to worry, the house would stay standing. Reluctantly, the Sisters agreed to stay a little longer, and after experiencing a few more winter storms they became accustomed to the uproar.

Furnishing the new hospital was a community affair. The Sisters bought hair mattresses and feather pillows from a factory in Tacoma. Blankets and sheeting were sent out from New Jersey. They

convinced an iron founder in Whatcom County to make their iron beds of piping—which was quite an innovative idea for the foundry, but the beds were still in use 30 years later. The local dry-goods firm Montague and McHugh supplied the hospital and carried the account on their books for years. The quilts were made by ladies of Sehome who met together in the home of Mrs. Edwin Cosgrove.

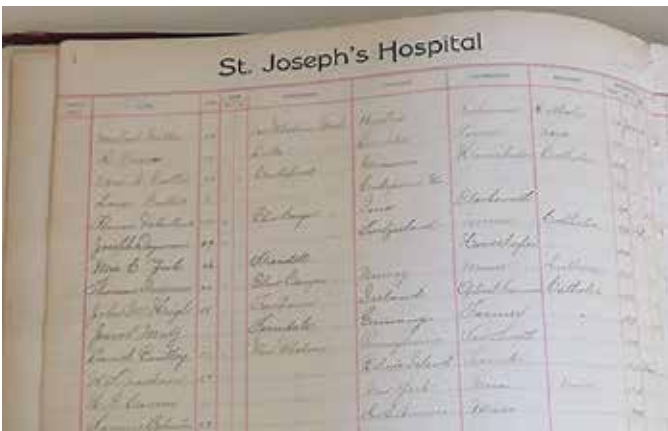
On Jan. 6, 1891, four more Sisters, including at least one with substantial nursing experience, arrived on the boat—a welcome surprise to Sisters Teresa and Stanislaus—and on Jan. 9, 1891, the hospital opened for the reception of patients. There was no formal medical staff—perhaps because “the Sister Superior in Providence Hospital Seattle advised us not to have a resident doctor. She called them a nuisance.”<sup>28</sup> So all doctors were free to send and attend their patients, but Dr. H.A. Compton of Fairhaven

quickly became the principal physician.

St. Joseph Hospital was launched.

## *Record Keeping in the Easy Days*

Tucked away in the Archives at St. Mary-on-the-Lake, Bellevue, Washington, are two large, leather-bound ledgers, a basic record of patients who came to St. Joseph Hospital between 1898 and 1918: Name, age, sex, residence, place of origin, profession, religion, date of entry, physician, diagnosis, payer (that field is called, delicately, "remarks"), date of exit and condition on exit (cured, improved, unimproved or died). It's a valuable guide to life, illness and death in Bellingham in the pioneer years before antibiotics, before Medicare, before electronic medical records.<sup>29</sup>



In 1898, the earliest year the records cover, when St. Joseph Hospital was still in its small original building in Fairhaven, 93 patients were admitted to the hospital. Most of them were men, 74 out of the 93 patients—clearly, Whatcom County was still a pioneer community with lots of single men working in the forests and mines, few families. Only two of those admitted were children (though that doesn't count one childbirth and the two-

year-old daughter who stayed at the hospital while her mother gave birth). Of the 17 women, 11 were listed as "Mrs." and given the occupation of "housekeeper." The others, mostly younger women, were identified as dressmaker, domestic and housemaid. Only one woman, identified as a hotel keeper, had work that was not reserved for women.

The men mainly worked in the forests, mines, farms and waters of Whatcom County: They were farmers, miners, woodsmen, fishermen and laborers. Carpenters, painters, teamsters, blacksmiths and a saloon keeper furthered the enterprise of the growing town. The importance of lumbering comes clear from all the different lumber specialties: In 1898 the Sisters treated a knot sawyer, logger, lumberman, millwright, sawfiler, sawsmith, sawyer and woodsman. And there were a few odd professions in the lot: A cigar maker, optical canvasser and stenographer were among those treated.

Very few of those treated at St. Joseph Hospital had grown up in Washington state; they came from Canada and Europe or from states to the east. Yet there was very little diversity. One woman came from Japan, one man from South America. No patients are identified as African-American or Native American.

When it came to the cause of their being in the hospital, they were given a wide variety of diagnoses. Naturally enough, at a time when most work was very physical, many came in with wounds, fractures and bruises. Many were admitted as alcoholics and sent out a few days later, labeled as "cured," which probably meant sobered. One alcoholic who left "cured" returned

four months later to die in the hospital. All the flu cases (it was known at the time as “La Grippe”) were cured, as were three pneumonias and five cases of typhoid fever. Heart disease, gastritis, hemorrhoids, hepatitis, pleurisy, measles and even one case of menopause (she was discharged as “cured”): the variety of diseases must have been a challenge to the few doctors in town. Only one childbirth was registered at the hospital. It seems likely that most women would have given birth at home with the help of a midwife.

To today’s health care professionals, it’s astonishing to see how long patients stayed at the hospital. The winner for 1898 was a laborer diagnosed with an ulcer on his leg who spent 191 days at St. Joseph’s. A fisherman from Texas spent 149 days recovering from tonsillitis. They were both discharged as cured, but a laborer diagnosed with aortic stenosis died after 160 days in the hospital. The average length of stay was 34 days.

More than half of the patients were paid for by the county, which had the responsibility for those unable to pay their own medical bills. By 1897 the county patients were divided between St. Joseph’s and St. Luke Hospital; each received 60 cents a day for each patient in their care. Others were mostly self-paying (or the responsibility of their families, “wards”), but one patient had a ticket—possibly one of those the Sisters had sold to fund the building of the hospital—and three were on contract with a mining company.

Thirteen of the 93 patients for 1898 died: heart disease was diagnosed in five, two were alcoholics, three had tuberculosis, one liver cancer, one septicemia, and one patient was admitted and died on the same day, before being diagnosed.

Some patients with heart disease were sent home improved, but all the tuberculosis patients died in the hospital. This was before the era of TB sanitariums. Many feared hospitals in those days as the place where you went to die, and this fear was not without cause. But in providing care for the wide variety of injuries and illnesses that presented at St. Joseph Hospital, the Sisters and the doctors offered the best medical and surgical treatment available at that time. That continues to be the goal of PeaceHealth, the health care system that eventually evolved from these early roots.

### *Three Cows, Some Pigs and Chickens*

The Sisters’ first fundraising took them through the mud and forests of November 1890 to the lumber camps and outlying farms. But once the hospital was opened and caring for patients other possibilities soon emerged.

*Daniel Riordan, a rancher of the town of [Lynden, Washington], ten miles north of Fairhaven, was admitted with a disease of the heart in an advanced stage. On being made aware of his serious condition, he requested Sister Stanislaus to call in a lawyer as he wished to make his will. When the lawyer arrived, Mr. Riordan made over his entire possessions to St. Joseph Hospital, which consisted of one hundred and sixty acres of farm and pasture land with its crops and stock, which included several tons of hay, two tons of potatoes, one ton of onions with a quantity of other vegetables, three cows, some pigs, and chickens.*

*The following day Mr. Riordan again called*



*Sister Stanislaus and said there was something else he had not mentioned...Out on the farm hidden in the hollow of a tree stump there was a tomato can containing \$200.00 in gold and silver coin, tied in a red handkerchief. He was somewhat abashed at having to give this description of his own system of banking, but explained it was because of his living alone and he feared robbers might break into his cabin. When the tomato can and its contents were brought to his bedside he said, "Now I die happy." His saintly death occurred a few days later.<sup>30</sup>*

Another bachelor from Lynden, a sufferer from chronic ulcers, willed an 80-acre farm to the hospital before his death there. The Sisters tried for a while to add farming to their many occupations, but because of the distance this proved unworkable, and they eventually sold both farms, but kept the cows, pigs and chickens from Riordan's farm on the hospital grounds. The cows continued to eat hay and give milk, which Sister Scholastica processed in "the little dairy on the hillside."<sup>31</sup> She undoubtedly made butter and perhaps cheese, as well as collecting the milk for patients and Sisters to drink. After 15 years, the community realized that buying milk from a local dairy would cost less than keeping the cows, and Sister Scholastica's little dairy was given up.

## *Rivals*

St. Joseph Hospital was the only hospital in what is now Bellingham when it first opened, but not for long. Mother Teresa Moran explains how this changed from a very partisan point of view:

*In the first year of the hospital's existence some*

*opposition was created by a certain doctor in Fairhaven... the Sisters were informed that this man was unfriendly, that he was using his influence against the hospital and consequently his connection with it should be cut off. When he received notice to this effect his true colors were shown undisguised. He threatened to open a hospital of his own, which he did by interesting some members of the Episcopalian Church, its minister becoming the director of the new enterprise. This was the foundation of St. Luke's Hospital in Whatcom, which is still in existence. St. Joseph's was never seriously affected by this opposition.<sup>32</sup>*



*St. Luke Hospital in Whatcom County formed by a Fairhaven doctor and members of the Episcopal Church. Photo by E.A. Hegg, Whatcom Museum #1979.57.151.*

Mother Teresa may have dismissed the importance of St. Luke's, but the rivalry between the two hospitals continued for almost 100 years, and was a source of financial worry and vexation to both hospitals. St. Luke's gave local people an option, one that was particularly attractive to those who did not want to go to a Catholic hospital. In the 1890s, the county had the responsibility of paying hospital costs for indigent patients, and both hospitals pursued the Whatcom County contract. By 1897, the indigent patients were divided between the two hospitals.

## *More than Ordinary Courage*

In the early days of the Sisters of St. Joseph of Peace, collecting was the most difficult and essential work of the Sisters—making the rounds

of houses, farms, timber camps and mining camps, asking for donations and sometimes getting a few coins, sometimes being ignored, sometimes being insulted. In 1907 Sister Teresa Moran, now Mother General of the Sisters of St. Joseph of Peace, wrote in a letter to Mother Evangelista, the community's co-founder:

*...Sisters Raphael and Imelda have returned to Rossland [B.C.] and have merely gathered their travelling expenses since I sent you the last installment. Bishops and priests are putting their foot down on all collectors and threaten all sorts if they are found out—without their permission, even to refusing them absolution. So I fear there is no use in resuming their fruitless task unless it be in out of the way places through western Canada; it is hard and humiliating, and requires more than ordinary courage to face all they have to experience.<sup>33</sup>*

## *Courageous, Unwise Undertakings*

Sister Teresa Moran comments on the 1915 opening of one short-lived project, Rosary Hall Home for Working Girls in Vancouver, B.C.: "The new home was considered by many a courageous, if not an unwise undertaking."<sup>34</sup> Nine years later, faced with unsustainable costs, the home closed. Similarly, all the hopeful beginnings of hospitals in the Northwest did not lead to long tenure.

Soon after opening Mater Misericordiae Hospital in Rossland, B.C., the Sisters were invited to build a hospital in Greenwood, B.C., a copper mining boomtown. With financial support from the mayor and council, from Rossland, and from collections at the mines, they bought a closed school and

remodeled it into Sacred Heart Hospital, opened in 1901. But Greenwood's boom soon ended, and the mines closed one by one. During the first World War, the Greenwood population shrunk further to a few scattered families and the hospital only took in "occasional" patients. While the local authorities and citizens appealed to have the hospital maintained, "Divine Providence had placed the seal on the door of the Sacred Heart Hospital of Greenwood"<sup>35</sup> and it was closed in 1918.

The Sisters' shortest undertaking was Seward General Hospital, opened at the request of Monsignor Crimont and Father Vander Pol, both Jesuits who would play a major role in the later and successful opening of Ketchikan General Hospital. The Jesuits agreed to finance the construction of a small hospital if the CSJP community would send Sisters to run it. The building was in progress when the first two Sisters arrived, and was "a model of comfort and convenience."<sup>36</sup> Seward's Sacred Heart hospital opened for patients in March 1916 and all went well until September 1917 when, after two days of solid rain, a glacier-fed stream burst its banks and flooded the hospital basement and first floor.



*Sacred Heart Hospital in Seward, Alaska, was operational for three years. Plagued by flooding and a flu epidemic, the hospital was closed in 1919.*

Patients were carried out on stretchers to find beds in the village, and the Sisters left at 11 p.m., wading through a 40-foot-wide river.

In a few weeks the hospital was dried out and ready to receive patients again—though some had recovered and gone home during the wait. A year later, almost to the day, the stream broke out again and again flooded the hospital. Patients were moved to a hotel where the Sisters and doctors visited them. In the midst of this distress, the community was hit by the 1918 flu epidemic. Sisters and patients alike suffered: “Those who remained on their feet were almost as ill as the cases they were attending. All available service was procured and convalescents helped the helpless.”<sup>37</sup> Sister Aloysius, one of the first Sisters at St. Joseph Hospital, and the Superior in Seward, was among the stricken and died a few months later in Bellingham.

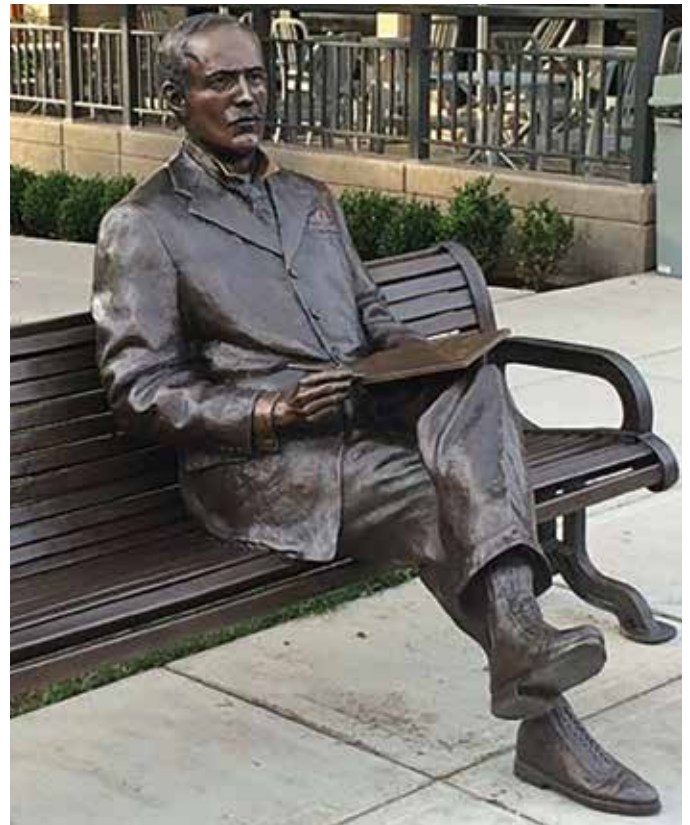
Battered by these triple catastrophes, the Sisters decided to close the Seward Hospital and retreat from Alaska in 1919, though only three years later they would return to build a lasting institution in Ketchikan.

### *A Patron and Friend: J.J. Donovan*

Every hospital that is part of PeaceHealth has a story of great community members who invited the Sisters, raised the money for the first hospital, and kept raising money for each addition and new building that changing medical practices required. For PeaceHealth, the pattern of patrons would have to be J.J. Donovan, the civil engineer who became “arguably the most important man in Bellingham history.”<sup>38</sup>

Hired in 1888 by Nelson Bennett, the master promoter of Fairhaven, to develop a coal mine in Woolley (now Sedro-Woolley, Washington) and to build a rail line from Woolley to Fairhaven, Donovan platted the new city (which is now part of Bellingham) and participated in the building of a municipal system, including water works, electricity and a trolley line to the Whatcom County Courthouse. Three years later, he was organizing the first fundraising campaign of the newly arrived Sisters of St. Joseph of Peace. Donovan, the most prominent Roman Catholic in Fairhaven, convinced Bennett to donate a full city block for the new St. Joseph Hospital.

J.J. Donovan became the invaluable business advisor and supporter of St. Joseph Hospital,



*J.J. Donovan, business advisor and supporter of St. Joseph Hospital, was considered to be “the most important man in Bellingham.” This bronze statue of Mr. Donovan was created by sculptor Robert McDermott of Blaine, Washington.*

a role he continued for life. He witnessed the incorporation papers in 1892, and when it became clear that the hospital needed a new and better location, he negotiated a land trade that brought the Sisters to the Forest Street site, conveniently served by the trolley.

Thirty-two years later, in 1924, in the records of a visitation by the Mother General, more of J.J. Donovan's generosity was recorded: "Thru generosity and gratitude for recovery from a serious accident, Mr. J.J. Donovan had the exterior of the building painted at a cost of several thousand dollars."<sup>39</sup> A few years later the Bellingham Herald reported, "For some months past, among the olive groves of Pietrasanta, Italy, the noted sculptor Prof. Palla has been working on a life-sized statue of 'St. Joseph and the Child Jesus' for J.J. Donovan, industrial leader and philanthropist of Bellingham, who will shortly present it to St. Joseph Hospital in that city, in memory of his grandson, 'Little Jack.'"<sup>40</sup> The statue was erected at the entrance to the hospital and when the Ellis Street campus was developed, it stood in front of the Sisters' convent while another St. Joseph statue graced the hospital entrance.

In the 1990s, Donovan's statue migrated to St. Mary-on-the-Lake, Bellevue, when the old convent was torn down to make way for a parking garage. The contractor was ready to junk the statue, but Sister Kathleen Pruitt, then Province Leader for the Sisters of St. Joseph of Peace, intervened. For some years St. Joseph welcomed visitors to St. Mary's until Bellingham historian Brian Griffin came to Sister Kathleen and said he would like to take the statue back to Bellingham for the 2013 J.J. Donovan exhibit at the Whatcom Museum.

She agreed, as long as he would arrange for it to be permanently placed at St. Joseph Hospital after the exhibit—and for the other St. Joseph statue to come south to St. Mary's. It was a good exchange, and J.J. Donovan's great gift is home once more at the institution he fostered and sustained, at the entrance to St. Joseph Hospital, Bellingham. ■



Statue, 'St. Joseph and the Child Jesus' was presented to St. Joseph Hospital in memory of J.J. Donovan's grandson.

# CSJs to CSJPs

*The Congregation of the Sisters of St. Joseph of Peace was only seven years old when Sisters Teresa and Stanislaus came to Bellingham. This fledgling community grew and flourished in the West as it did in the East and in England. Sisters were missioned to schools or hospitals and lived a very traditional life of prayer and obedient service. In the 1960s and 70s that life changed dramatically as Sisters heeded the call of the Second Vatican Council, created new forms of ministry and community life, stepped away from the traditional habit, and began to see themselves not as set apart, but as participants with all people of goodwill in carrying forth their mission of peace through justice.*

## First Deaths

The first Sister to die in the West had been the pharmacist and dispenser of medicines at St. Joseph Hospital in its earliest years. In 1895, Sister Benedict began to show signs of depression, which Mother Teresa Moran describes as “extreme scrupulosity and forgetfulness, which gradually developed until her mind became quite unbalanced and remained in this state until she was happily released by death on Nov. 18, 1897.”<sup>41</sup> She was far from being the only Sister to die in youth; Sister Benigna came all the way from Ireland to enter the community in Bellingham and died three years later; Sister de Lourdes died only four days after making her first profession in 1916. The Sisters’ records do not give a cause of death for those two Sisters, but possibly like Sister Eulalia (d. 1917), Sister Ethelreda (d. 1918) and Sister Mechtilde (d. 1918), they died of tuberculosis.

Four Sisters died as a result of the influenza epidemic of 1918–19,



Sisters of St. Joseph of Peace novices in the 1920s. CSJP Archives.

among them Sister Stanislaus, the pioneer who built St. Joseph Hospital with Sister Teresa Moran. She had returned to New Jersey and was working at the School for the Blind when the epidemic struck. "The first symptoms were of a severe cold, and no serious alarm was felt until the third day. After receiving the Last Sacraments, she became unconscious and died on Oct. 15, 1918 at the age of 55."<sup>42</sup>

People still die after suffering severe depression, from flu, from tuberculosis, from heart disease, but not so many and not so young. The records of these Sisters and of St. Joseph Hospital are a reminder of the limits of health care before the antibiotics and the diagnostic tests, procedures and medications that have extended our life span.

## *Hard Work and Happiness*

Whether they were missioned to hospitals or to schools, the Sisters' lives were filled with hard work, prayer and begging for funds to keep the doors open. Sister Norbert Martin, who came west in a four-day journey by rail in 1913 and taught at St. Joseph School, Nelson, British Columbia, remembered some of those hard times:

*There were no diners on the train. We had a suitcase full of sandwiches for the journey. We made coffee in the morning on a little stove at the end of our coach. We had a boiled chicken that we decided to keep for Sunday, but when Sunday came we had to throw it out the window! We were one day without food until we reached a small station where we bought ½ a loaf of bread.*



Sisters, students and parishioners at St. Joseph School, Nelson, British Columbia, in the 1920s. CSJP Archives.

Summer came and Sister Stanislaus and I went into the mountains to beg for money from the coal miners to help pay our bills. One day we got lost on the trail up the mountain and as it began to get dark we decided to make our way down to the main camp, but it was impossible. We spied a light in the distance and made our way towards it. It was a miner's shack. We asked him to help us to get to the main camp, but he said it was too risky in the dark. He invited us in, gave us his bed and in the morning took us to the camp where we collected from the miners after their breakfast. Then we had breakfast and went back to St. Joseph's [Nelson] that day.

The summers were much the same in work—collecting in the mines, scrubbing walls and floors, visiting the sick in their homes and in hospitals and making our 8-day retreat. The coal bill was never paid in full and the big house was never warm. Still we were all really very happy and we were a very united family.<sup>43</sup>

## Coming West

Like many Sisters who came to the CSJPs from Ireland, Sister Ellen Caldwell made a very long journey to the novitiate in Bellingham, where she would work and study for two years. She remembers:

*Our Pastor gave me the address of our Sisters in England. I wrote there and they referred me to Cabra [the big house in Northern Ireland where young women who wanted to be Sisters went through the first stage of entering the community, postulancy]. I entered postulancy in Cabra in 1935 when I was almost 18. Sr. Brigid Collins and Sr. Monica Collins were also in my group.*

*About six months later, we came by boat to New Jersey. We were seasick all of us, one after the other. The trip took nine days coming out. In New York we were met by some of the Sisters from the East and spent one month there. The novices there painted a rosy picture of the West, and I agreed to go, along with Monica and Brigid. We went by train, and we had fun amongst ourselves—we joked about who would sleep in the upper bunk and laughed so much that one of the waiters came around and asked us to be quiet.*

*In Seattle, we boarded another train for Bellingham, and I remember marveling at all the green trees, how much green there was.*

*The novitiate was at one end of St. Joseph Hospital. I remember that on a certain day of the week, I think it was Wednesday, we helped with the laundry. We washed patient gowns.*

*In the novitiate we had a lecture every morning and we all got charges—our tasks. One of the charges was to polish and wax the floor of the refectory, which we did by getting down on our knees and scrubbing. We were given subjects to study, had spiritual exercises and prayed together.<sup>44</sup>*

## Nurses, Schoolteachers and More

In the West the Sisters of St. Joseph of Peace found their mission primarily in hospitals and schools. They built these civic institutions in a pioneer society where health care and education were treasured, but not easily available, and they built them out of a call to serve the people of their communities, both Catholic and other, who were



*Mother Evangelista, Second Superior General of the Sisters of St. Joseph of Peace. CSJP Archives.*

poor or working class.

In the traditional version of religious life, the Reverend Mother General decided what mission, what job, each new Sister should have, and the Mother Provincial

and her Council would notify Sisters when they were to move to a new school or a new hospital, and when they would be sent for a degree or training. The Sisters lived in convents with other Sisters missioned to the same school or hospital, eating and praying and working together; the principal of the school or administrator of the hospital was also the Superior for the Sisters who were missioned there. It was a challenge to everyone when a Sister was missioned to work in a ministry that didn't fit her abilities well, and that happened. It was a challenge when a Sister in a small community of teachers or nurses was hostile or disruptive or unbalanced, and that happened. Some Sisters whom others found hard to live with were moved very frequently, which probably didn't help their disposition.

The Sisters in the West began with St. Joseph Hospital and soon followed by opening a temporary school in the basement of the Church of the Assumption in 1892. Mother Evangelista, the co-founder of the Sisters of St. Joseph of Peace, out on a visit to her Sisters in Washington, was one of the teachers for a few months. The location was difficult—too far from the homes of

most of the prospective students—but the little school kept going until 1895.<sup>45</sup>

During her next visit west in 1899, Mother Evangelista played a key role in the opening of a school in Canada. She responded to the request of the local pastor, bishop and townspeople in Nelson, British Columbia, and sent the Sisters out to collect funds for a school. St. Joseph School in Nelson opened a few months later with 166 students, including some non-Catholics and a few boarders. St. Joseph's grew to include a high school and quite a few students went from there to the Bellingham novitiate of the Sisters.<sup>46</sup>

Other schools soon opened in Alaska, British Columbia, Washington, Oregon and California, and in the early days of the community most Sisters were missioned either as teachers or as nurses, either to the schools or to the hospitals. (There were exceptions; some taught the novices and juniors, some were cooks or housekeepers, some administered the Province.) The teachers and the nurses lived on very different schedules and didn't connect often before the changes to religious life in the 1970s.

Along with the schools and hospitals, the traditional ministries of the Sisters included residential hotels for single women in Vancouver, B.C., and Seattle, Washington—this was a continuation of the mission of Mother Clare, who came to the United States in part to create housing and resources for Irish working women. These hotels flourished as a way to protect young Catholic women from the dangers of the world and, as culture changed, they no longer seemed necessary after the 1960s. Later, in 1984, the Sisters found a new way to carry out this mission



to women by opening Jubilee Women's Center, which offers housing and support to women experiencing poverty in Seattle.

## *A Matter of Habit*

Until the late 1960s, being a Catholic Sister meant wearing a habit that identified you, beyond any question, as a Sister, a religious woman. Schoolgirls who had a yen for the religious life paged through books like the 1952 *Guide to*



*Sister in traditional habit in Ketchikan. CSJP Archives.*

*the Catholic Sisterhoods in the United States* looking for the habit—and incidentally the ministries and location—that would be a perfect fit for their dreams of holiness. Each order had a page with a full-length picture of a Sister and a detailed description of

her habit, as well as a bit of history, information about the community's ministries and a list of qualifications.

For the Sisters of St. Joseph of Newark, as the community was known in 1952, the brief history erased Margaret Anna Cusack and the first four years of the community's existence, announcing that the CSJs had been founded by Bishop Bagshawe in 1888.

The habit was "of black serge with a scapular of

the same material; a cincture of black leather, a silver mounted crucifix, a guimpe, forehead band and domino of white linen, and a black veil."<sup>47</sup> To put that into other terms, Sisters wore a long-sleeved bodice and skirt of serge, a woven wool fabric, belted at the waist with a long rosary attached to the belt. Over that went a scapular, a piece of serge about a foot wide that hung straight down in front and back. Forehead, ears and neck were covered in white linen that attached to the big white guimpe—we might call it a bib—that covered the chest and shoulders. Over all this floated the long black veil. Practically, for almost any kind of work, the veil was pinned back and the wide sleeves were pinned up so the Sister could work in her tight black undersleeves. The black habit had a slit and underneath that was a big pocket, also tied around the waist, where everything from handkerchiefs to paperclips could be kept. Keeping the linens clean and starched was a major preoccupation—the guimpe and side pieces needed layers of starching to look right.

The nursing Sisters wore the same habit, but all in white cotton, and their cotton habits could be laundered in the hospital laundry, a big advantage.



*Sister Rose Fidelma in the nurses' habit visiting a patient. CSJP Archives.*



*Sisters' Tea at St. Joseph Hospital, May 1, 1952. The nursing Sisters wear the all-white habit. CSJP Archives.*

They had narrow sleeves that could be pushed up for patient care and a white apron over everything, and they looked elegant and very holy.

It was a lot of clothing, gloriously impractical for everyday living. Dressed in the habit, a Sister was clearly a different kind of being, one who should be treated quite respectfully, at least within the Catholic community. Sisters who wore the habit have stories about getting into the movies free, but also stories about being taunted on a city bus.

In the years after the Second Vatican Council (1962–1965), a tumultuous time of rapid social change, Sisters began to move away from the classic habit which, after all, was based on clothing worn during the middle ages. Habits with all their elaborate parts began to seem less appropriate as Sisters' ministries widened out from the traditions of school and hospital. Slowly at first, things began to change. For the Sisters of St. Joseph of Newark, on their way to becoming again the Sisters of

St. Joseph of Peace, there was an intermediate simpler habit, known unlovingly as the "baby bonnet" after its headgear, and then, suddenly, Sisters were wearing secular clothes, getting haircuts, using a simple veil and then no veil at all. Suddenly the Sisters looked pretty much like everybody else.

For some Sisters and for some lay Catholics this was and remains a great loss of identity and clarity. The nun in habit still shows up in greeting cards



*Sisters Louise DuMont, Kathleen Pruitt, and Rose Marie Nigro in the 1970s. CSJP Archives.*

and calendars and movies, and there are many communities where Sisters still wear a full habit. But for the Sisters of St. Joseph of Peace and for most of the communities of Sisters in the United States whose mission and ministry called for active engagement with the world (what are known as “apostolic” communities) the habit emphasized a separateness that no longer fit.

### *In and Out of the Habit*

For a few years the Sisters owned a little beach house on Lummi Island, just outside Bellingham, where they could go for vacations and retreats. There they could relax, play cards, walk on the beach, cook sausages and be out of the public eye.<sup>48</sup>

Habits weren’t just a daytime matter; at night,



*Sisters gardening at Lummi Island vacation house in the 1920s. CSJP Archives.*

Sisters slept in a long, plain nightgown and covered up their hair with a “night veil,” a strange-looking cap with another piece of cloth sewn over it to cover all the Sister’s hair.

One night—or so the story goes—the Sisters went out for an evening stroll in their nightclothes and somehow Sister Cecilia Arsenault got separated from the rest of the community. She wandered around, getting a little panicky, until she spotted

a man working on the garden in front of his cabin. “Please, sir,” said Cecilia in her French-Canadian accented English, “have you seen anyone who looks like me?” He allowed that never, never in all his life had he seen anyone who looked remotely like Cecilia in her night veil. Somehow, between them, they got her back home and we can only imagine the story he would have told his family that night.

.....

A Sister wearing the habit could seem mysterious, part of a different order of beings protected by an inviolable barrier. Schoolchildren wondered if the Sisters had legs and guessed at the color of their hair. One day in Sacred Heart Hospital that mystery may have had tragic consequences. On Sunday, July 19, 1959, Sister Teresa Kearns, a young and beautiful nursing Sister with a rheumatic heart condition, was combining Sunday Mass and Benediction with her duties as supervisor of the Emergency Room, Operating Room, Surgical Ward and Central Supply system. At 3 p.m. she was called to the

Emergency Room to admit a small boy who had taken an overdose of sleeping medicine. With the anesthesiologist, she accompanied the patient to the children’s ward. As she was reaching toward the oxygen tank near his bed, she suddenly slumped to the



*Sister Thomas Kessing (l) and Sister Theresa Kearns (r) as novices in 1951. CSJP Archives.*

floor. Sister Ede Reif remembers hearing that the anesthesiologist couldn't figure out how to deal with Sister Teresa's habit, so first aid waited until Sister Camillus could be called to manage the undressing so the doctor could try to restart her heart. It was too late. Sister Teresa probably died immediately, but the barrier of the habit sealed her fate.<sup>49</sup>

.....

Sister Margaret Jane Kling remembers the first day she wore a nurse's uniform instead of the long habit for her work at Holy Name Hospital in Teaneck, New Jersey. "I walked over to the hospital feeling very self-conscious with my long legs sticking out. I could see down the corridor Doctor Kissinger, a revered urologist, standing at the elevator. He walked over and said, 'Sister, I want to tell you that this is perhaps one of the happiest days in my life. We've been trying to get the Sisters in the Operating Room to wear shorter skirts that won't drag on the floor and pick up dust.'"



Sister Monica Heeran (then Sister Gertrude) demonstrates an oxygen tent wearing the "baby bonnet" habit. CSJP Archives.

Sister Margaret Jane also remembers the first time she appeared in street clothes after a harrowing trip to the hairdressers (a nurse friend slipped her a lifesaver wrapped around 50 milligrams of Valium to help her get through the ordeal). Wearing her new suit, a little too large, with her red hair nicely trimmed, she walked into the hallway and encountered Sister Xavier, who threw her apron over her head and wailed.<sup>50</sup>

.....

Sister Monica Heeran remembers going to Bellingham as the new administrator of St. Joseph Hospital in 1967, wearing the modified habit with its shorter skirt length and veil that showed hair. "When we started shortening our habits I thought that I'd go up to Bellingham in the shorter habit—none of the other Sisters had changed at that time. I'm in my office about three days after I get there and Sister Angela comes along and says, 'I don't approve of what you're wearing.' I said, 'Thank you, Sister Angela, I appreciate your

letting me know that, but I like what I'm wearing. I respect you for what you're wearing and would ask you to respect me.' Three days later she came to my office and she had taken off about six inches from the bottom of her habit. Then I knew I was accepted. I really admired her. She was at the end of her career, and I often discussed issues with her."<sup>51</sup>

### *A Changing Presence*

When the Sisters first moved west and began to build hospitals, they also staffed them. There were



*A nursing Sister and two nurses assist in surgery at St. Joseph Hospital, ca. 1950. CSJP Archives.*

always a few lay staff—sometimes the night nurse, or the cook or janitor—but the Sisters filled most of the roles, from admissions clerk to pharmacist. With each new invitation to open a hospital, the Sisters had to figure out whether they could provide the necessary staffing.<sup>52</sup>

In those early years of the future PeaceHealth the Sisters lived as well as worked in the hospital; until 1941, St. Joseph Hospital housed the community's novices and the province government as well as the Sisters missioned to the hospital. Sister Maria Gri had vivid memories of being assigned as a novice to clean out the hospital's "garret." She didn't know what a "garret" was, but eventually was directed to the attic, which she found full of dust. Sister Maria was famous for her perfectionist's approach to cleaning, so the garret was soon in a more presentable state.<sup>53</sup> In those days the novices also were responsible for the hospital's laundry as well as the washing and starching of the Sisters' habits, a hard and heavy task. As state and federal health programs developed through the mid-century, the Sisters moved into convents on or close to the hospital grounds.

Hospitals grew, and it soon became essential to employ many lay staff members in a variety of professional roles. As professional requirements became more strict and training became more essential, the Sisters opened schools of nursing—in 1906 at St. Joseph's, Bellingham, and in 1942 at Sacred Heart Hospital, Eugene, Oregon—in which Sisters and lay people trained together. Other Sisters went to St. Louis, Missouri, or New York, New York, to study specialties or hospital administration. And while many of the Sisters still served directly as nurses, by the middle of the 20th century their roles were supervisory. For example, the 1963 book celebrating the 75th anniversary of the community that was then called the Sisters of St. Joseph of Newark shows the six Sisters at St. John Hospital in charge of the Nursing Service, Central Supply, the Business Office and Purchasing as well as Administration.<sup>54</sup> The Sisters worked with a medical staff of 45 and nursing staff of 129; they were in the minority, but firmly in control.

Caregivers who have been with PeaceHealth for a long time recall with nostalgia the Sisters making the rounds, greeting everyone, visibly present throughout the day. If you worked at St. Joseph



*Sister Angela Wood shows off the new pharmacy in the new St. Joseph Hospital at the north end of Ellis Street, 1966. Photo by Jack Carver, Whatcom Museum #1995.1.49368.*



Graduating nurses at St. Joseph Hospital, 1933.

Hospital in the 1980s Sister Catherine McInnes knew your name, and knew your children's names. In Eugene Sister

Barbara Haase was famous for greeting everyone as "Child of Grace." Those were less complex times when hospital staffs were smaller and administrative meetings much less frequent, but that nostalgia is a good reminder of the importance caregivers place on having real relationships with their leadership.

Hospital ministry, along with almost everything else in the lives of Sisters, began to change after the Second Vatican Council, which opened in 1962. As Sisters began to choose their own ministries, their roles expanded. Nursing Sisters Brigid Collins and Ede Rief trained as social workers and opened Social Work departments in the hospitals. The opportunity to accompany



St. Joseph's Hospital Tea during Hospital week, l to r: Sister Anne Hayes (student), Sister Catherine McInnes (administrator), Sister Mary Ellen Nord (student from Seattle University), Bertha Wasell (director of volunteers), May 1969. Photo by Jack Carver, Whatcom Museum #1995.1.12734.

patients in their spiritual needs led some Sisters who had been nurses or teachers to become chaplains, like Sisters Mary Fleming, Noreen Terrault, Mary Powers, Francena Dodd and Beth Taylor. Sister Aileen Trainor used her nursing experience to good effect in risk management. Other Sisters joined missions in the Philippines, Cameroon, Haiti or Yemen.



Sister Noreen Linane, who started out as an R.N. and became a chaplain, visits with a patient ca. 1985. CSJP Archives.

Through the 1970s, 1980s and early 1990s, the Sisters continued to be a strong presence in PeaceHealth hospitals, but as older Sisters retired and fewer new women entered the community, their roles and their presence changed. During the 1990s all the hospitals transitioned to lay leadership. The Sisters were most often present as board members and chaplains and volunteers, like Sister Siobhan O'Donoghue who offered her warmth and her wonderful stories to families waiting to hear the results of surgeries in Bellingham. Those roles continue, but Sisters are less often visible to PeaceHealth caregivers now.

## Before and After

The lives of Catholic Sisters changed dramatically in the 1960s, after Vatican II opened the doors to

changes that would strengthen ministry. All over the United States apostolic communities (orders like the CSJPs whose mission called them to work



Sister Mary Patterson

in the world) changed their habits, their rules and their structure to make the community more collaborative, democratic and flexible and to give each Sister more responsibility for her spiritual and professional life. These changes also erased the gulf that once

existed between Sisters and the neighborhoods and towns they lived in. The table on pages 29 and 30, created by Sister Mary Patterson, shows some of the many changes that took place in the years between 1960 and 1980; none of these happened all at once, and all of them caused great turmoil, lengthy discussion and often painful individual discernment.<sup>55</sup> Many Sisters left the community during these years. But for those who stayed the new ways of living religious life created new energy and new possibilities, a rededication to the community's mission, and a joyful living out of each Sister's vocation.

existed between Sisters and the neighborhoods and towns they lived in. The table on pages 29 and 30, created by Sister Mary Patterson, shows some of the many changes that took place in the years between 1960 and 1980; none of these happened all at once, and all of them caused great turmoil, lengthy discussion and often painful individual discernment.<sup>55</sup> Many Sisters left the community during these years. But for those who stayed the new ways of living religious life created new energy and new possibilities, a rededication to the community's mission, and a joyful living out of each Sister's vocation.

<i>Life for the Sisters of St. Joseph of Peace before and after the Second Vatican Council</i>		
	BEFORE	AFTER
<b>CLOTHING</b>	Traditional long habit with many complicated elements.	A modified shorter and simpler habit quickly gave way to conventional clothing.
<b>PRAYER</b>	Prayer is scheduled (the Horarium) and the type of prayer is specified.	Individual Sisters and communities choose prayer styles and times.
<b>NAME</b>	Sisters were given a name in religion when they made first vows.	Sisters already in community could choose whether to return to their baptismal names or keep their religious names; new Sisters kept their baptismal names.
<b>RESIDENCES</b>	Sisters lived in convents usually attached to the school or hospital they ministered in.	Sisters could choose their living place; some chose to share housing in small communities and some lived on their own. St. Mary-on-the-Lake has housed the largest number of Sisters for many years, and is the retirement community for many senior Sisters.
<b>MINISTRY</b>	Sisters were assigned by superiors to ministries in health, education or social services.	Sisters discern the ministry they are called to (often with the help of others in the community) and apply for educational programs or jobs as individuals.
<b>MEALS</b>	Meals were eaten in silence; one Sister would read religious or meditative texts. Visitors ate in a separate dining area.	Except during retreat time, Sisters talk during meals and guests are welcome to join meals.

## *Life for the Sisters of St. Joseph of Peace before and after the Second Vatican Council*

	BEFORE	AFTER
<b>PENANCE</b>	Sisters confessed faults to the community and were assigned to eat kneeling at the Penance Table.	Sisters talk about interpersonal issues with their community. Outside of Confession, a sacrament of the Catholic Church, there is no expectation of community penance.
<b>MONEY</b>	Each house or convent had a Superior who handled everything related to house finance; Sisters had to ask permission to purchase needed items.	Sisters budget on their own or as part of a house community for the expenses they expect to have in the coming year.
<b>GOVERNANCE</b>	Governance was hierarchical and power flowed from the elected Mother General to the appointed Provincial (Province Leader) to the Superiors of each house.	The Congregation's Leadership Team is chosen by election; decision making is generally by consensus and in open meetings.
<b>COMMUNITY AND RELATIONSHIPS</b>	The Sisters' community was separated from worldly connections and worldly concerns; Sisters had to have permission to travel outside the convent and traveled in pairs.	Sisters see themselves as collaborating with a wider community of friends, colleagues and especially Associates—women and men who live the spirit and mission of the community and have a covenant relationship with the CSJPs.

### *Reclaiming Peace*

In 1884, Margaret Anna Cusack, Mother Clare, named the new community she was founding St. Joseph's Sisters of Peace of the Immaculate Conception; informally, Sisters of Peace. Peace was the central concept as the 1884 Rule and Constitutions made clear: "The object of this Institute is, as its name implies, to promote the peace of the Church both by word and work. The very name Sisters of Peace will, it is hoped, even of itself, inspire the desire of peace and a love for it."<sup>56</sup>

After Margaret Anna Cusack left the community so that it could continue to live, the little community of the Sisters of Peace established

schools and hospitals and focused on being kind to "God's priests and God's poor." They took that motto and their guidance from Margaret Anna's successor, the calm and capable Mother Evangelista Gaffney. The name "Sisters of Peace" now recalled a difficult past and controversial founder. By 1908 the Sisters petitioned Rome to be allowed to change the name to Sisters of St. Joseph of the Holy Family. In 1929, the Vatican fixed the name as the Sisters of St. Joseph of Newark since the Motherhouse was in the Diocese of Newark, New Jersey. For many years thereafter the founding date was given as 1888, the year when Margaret Anna Cusack left the Congregation. Bishop Bagshawe was named as the founder.<sup>57</sup> Mother Clare became the



skeleton in the Sisters' Congregational closet, only remembered in whispers and rumors.

Those years of hidden history marked the Sisters. While other communities of Sisters cherished their history and proudly petitioned for sainthood for their founders, the Sisters of St. Joseph of Newark lived under the cloud of their unacknowledged, scandalous founder. As Sister Sheila Lemieux said, "It was the cloud that kept us honest and humble."<sup>58</sup>

When the Second Vatican Council urged religious congregations to examine their ways of living, the relevance of their mission and the roots of their communities, the Sisters of St. Joseph of Newark responded. The opening steps were taken in 1967-68 when Sister Catherine O'Connor gave a talk on charism at a Special Chapter meeting in New Jersey, and Sister Dorothy Vidulich followed up with a pamphlet, "Return to the Spirit," about Margaret Anna Cusack and the original charism of the Sisters of Peace. "Sisters began pulling letters and writings out of dusty boxes," said Dorothy Vidulich, and though some Sisters were distressed, most were excited by rediscovering the community's origins.<sup>59</sup>

The crucial step came during the 1970 General Chapter in England, when Sister Joan Ward



General Chapter, 1958. CSJP Archives.




General Chapter, 1970. CSJP Archives.

moved "that at this Chapter we reaffirm our title is Sisters of St. Joseph of Peace and that we start bringing this title into use before this Chapter ends." Twenty-nine of the 31 Chapter delegates voted for this motion; the delegates also voted to commission a study of Mother Clare (Dorothy Vidulich's *Peace Pays a Price*) and to set out a new vision of community life, *Response in the Spirit*, a first step toward the writing of new Constitutions.<sup>60</sup>

"It was a wonderful thing to reclaim our history," said Sister Louise DuMont, "and to recognize what had gone before, to acknowledge the falsification that had been done to hide Mother Clare. At first I had some difficulty in claiming Peace as our name, because that seemed so universal a command, but when I realized that this had been our original title, I supported the change with enthusiasm."<sup>61</sup>

As the community of Sisters embraced Margaret Anna Cusack, Mother Clare, as founder, they also began work on a new document describing their commitments and their common life. *The Constitutions of the Sisters of St. Joseph of Peace*, the work of many years, was formally adopted and given Vatican approval in 1994. The Constitutions are unique, profound and poetic, and they claim peace and peace-making as the Sisters' great mission.

  
 In accord with our tradition  
 we commit ourselves to promote peace  
 in family life, in the church, and in society.  
 We strive to respect the dignity of all persons,  
 to value the gifts of creation,  
 and to confront oppressive situations.  
 We respond to God's people in need  
 and promote social justice  
 as a way to peace.

Our charism of peace  
 challenges us to prophetic risk  
 so that God's reign might be more fully realized.  
 Confident of God's faithful love  
 and collaborating with others who work for  
 justice and peace,  
 we face the future with gratitude and hope.



*From The Constitutions of the Sisters of St. Joseph of Peace.*

Other Constitution quotations and current news about the Sisters can be found on the Sisters' website, [csjp.org](http://csjp.org).

Women still come to the Sisters of St. Joseph of Peace looking for lives of prayer, ministry and commitment to Gospel values. They come from a variety of cultures and backgrounds, and are welcomed into the community through the two-



*Sisters Katrina Alton, Sheena George, Juliana Ngozi Iwuagwu and Dorothy Verna made vows in 2014.*

year process of prayer, study and service known as the novitiate. At the end of that time, the novices make their first vows of poverty, celibacy and obedience. In earlier years Sisters were told what



*Associates who made their first Covenant in 2016: Pam McFadden, Ann-Marie Natali, Karen Hobson, Lori Falkel and Rhonda Medalia.*

ministry to pursue and where they were missioned; now those decisions are collaborative and arrived at through a process of prayer and discernment.

Women and men committed to working for peace through justice—the mission of the Sisters of St. Joseph of Peace—have been welcomed into the Sisters' community as Associates since 1983. Associates of the Sisters of St. Joseph of Peace "are persons who live our spirit and mission in their different ways of life."<sup>62</sup>

In May 2016 there were 58 Sisters and 63 Associates in the West, and quite a few of the Associates were PeaceHealth caregivers. The process of becoming an Associate takes a year or more of meetings; learning about the Sisters' spirituality, history and ministries; and meeting with a mentor and with other community members. Once new Associates have covenanted with the community, they are invited to participate in all community events—and invited to share the work of peace and justice making, as well as the ordinary and daily work of community building.

Information about vowed membership and Associate covenanting can be found at the Sisters' website, [csjp.org](http://csjp.org). ■

# From the Sisters' Hospitals to PeaceHealth

*As PeaceHealth grew from a single small hospital to a complex health care system, some things remained constant. Like Mother Agatha, who purchased the Eugene hospital at a bargain price, PeaceHealth caregivers combined deep spiritual grounding with hard-headed negotiating skills. Like Sister Monica Heeran, who insisted that the feasibility study for the Florence, Oregon hospital be rerun 22 times until it worked, they answered a call to new communities. And they kept first and foremost their commitments to promote personal and community health, relieve pain and suffering, and treat patients in a loving, caring way.*

## *Mother of Mercy, a Hospital for Mining Country*

St. Joseph Hospital in Bellingham had only been open for five years when Father Lemay of Rossland, British Columbia, wrote to invite two Sisters to visit and look at the possibilities of opening a hospital for the miners of the district. The two courageous founders of St. Joseph Hospital, Sisters Teresa and Stanislaus, set out on a two-day journey by train, boat and train in July 1896 to find a booming community of speculators, assayers, prospectors and miners, a rapidly growing town of 6,000 people.<sup>63</sup>

Some substantial donations had already been made for the hospital, but soon Sisters Teresa and Stanislaus were collecting in the mines and in the town. A temporary hospital, named Mater Misericordiae



A wall mural in Rossland, British Columbia, commemorates the Sisters' work.

(Mother of Mercy) was opened in rented quarters in November 1896, four months after their arrival, and four Sisters from New Jersey arrived to form the hospital staff. Along the way, their luggage had fallen into the Columbia River during a transfer from boat to train. And when they arrived in the middle of the winter night, no one was there to greet them, as no word had been sent to expect them. Lost and stumbling through the snow, they were rescued and guided to their new home by a local man.

At first Mater Misericordiae thrived from patient fees and monthly deductions of \$1 per miner from the War Eagle and Center Star mine payrolls (the insurance of those days). The Sisters were able to have a new three-story frame hospital building constructed: It opened on June 4, 1897, but from the beginning the finances were challenging. In 1898 Sister Teresa Kiernan, the new Superior (Sister Teresa Moran had returned to Bellingham) wrote to Mother Evangelista: "You have no idea of our financial condition and you would not be the happier for me to stop now and detail it for you, and I do dislike crying letters."<sup>64</sup> With the support of Rossland civic leaders, the Sisters applied for an annual grant to the Provincial Government; a grant of \$4,000 per year was awarded and began to be paid out late in 1898. This was the first grant made to a denominational hospital in British Columbia.

A strike called by the Miner's Union in 1901 lasted for nine bitter months and the end of the strike was also the end of Rossland's boom years. The



Sister Helena McMahon with a friendly dog at Mater Misericordiae Hospital in the 1930s. CSJP Archives.

town never quite recovered, but slowly became a residential and commercial community. The Sisters tried to remedy the lack of cash from patients and mining companies by collecting, but it was hard to collect much in Rossland's weakened economy. The Sisters updated and added to the hospital with a new wing in 1938 and a new main building in 1962, but as the 1960s continued, it became clear that the days of Mater Misericordiae were numbered. "When Sisters first went into hospital work it was at a time when no one else was taking care of the sick, but in 1965 the government was making good care available for all."<sup>65</sup> Also there were fewer Sisters available to provide staffing. So in 1969, after 73 years, the Sisters said farewell to Rossland and turned administration over to the Regional Hospital District.

## *Hospital Accounts, 1897*

The Rossland Miner published an account of receipts and expenditures for the first year of the new Mater Misericordiae Hospital in Rossland, noting that "in the summary of expenses is one for physician's fees. Patients who are poor are not charged, however, for medical attendance."<sup>66</sup>

### **RECEIPTS**

Subscriptions	2,387.69
From patients	3,428.62
From payroll deductions	1,824.00
From donations	437.64
From hospital tickets	90.00
Entertainments, fair and collections	3,634.40
Furniture [donated furnishings]	200.00
From miscellaneous source	717.00
	<hr/>
Total Receipts	\$12,719.35

### **EXPENDITURES**

Rent, improvements on old building	1,260.12
New building	3,971.05
Furniture	1,531.36
Fuel	372.00
Groceries and Provisions	1,842.13
Hospital supplies, medicine, nurses and doctors' fees	1,238.26
Light and water	143.50
General expense, including stationery	264.61
Dry goods	450.50
Labor	131.87
Sundries	1,313.72
	<hr/>
Total Expenditures	\$12,708.97
Balance	\$10.38

\$12,719.35

### **INDEBTEDNESS**

New hospital	\$2,744.32
Sundry accounts due and unpaid	1,501.65
	<hr/>
Total Indebtedness	\$4,245.97

## A Passionate Plea

The Sisters' brief experience in Seward, Alaska, where a flood had twice destroyed their hospital in 1917 and 1918, made them cautious about considering a new Alaska mission. And in the 1920s keeping up their commitments in Washington and British Columbia took the full time and energy of all the Sisters. They had, they thought, enough on their hands and too few Sisters to do the work.

One passionate plea changed all that. On June 5, 1922, Bishop Joseph Crimont, SJ, wrote to the Mother General, "After two years of fruitless efforts to secure Sisters for a foundation in Ketchikan, we turn to you as our last hope."



Rev. Joseph R. Crimont, SJ, Bishop of Alaska.

"I realize how difficult it is for your Community to secure subjects for your novitiate," said the Bishop, "Let us strike a bargain." He proposed working through a number of guilds and societies to recruit candidates for the community: "It may take two years to secure a dozen subjects, but we shall get them."

Then he goes to the heart of his plea: "In the meantime, the hospital foundation at Ketchikan, to be followed in due time by a parochial school, is urgent, very urgent. The Methodists have offered to build the Institution in Ketchikan. They were turned down, the Doctors...want the Sisters. But unless we go ahead this year, the Methodists will have it, and it means our work crippled for ever and Souls lost."<sup>67</sup>

"Be the Apostles of Alaska," he concludes, "God

will bless you for your generosity."

How could the Community say no to this? The Sisters' Council reported on his

visit to New Jersey in December

1922: "He was

irresistible, and met every objection from human and Divine standards, until he gained his point."<sup>68</sup>

By February 1923, the first Ketchikan, Alaska hospital had been built and was ready for the Sister nurses. The official report from the Sisters' Council said only that Sisters Antonius, Germaine and Benedict were on the way. "They went by the inside passage," said the Council report. "Reports of disasters on the North Pacific Ocean, around the time of the Sisters sailing, caused anxiety, until a cable telling of their safe arrival was received."<sup>69</sup>

But according to Bishop Crimont and Father VanderPol, SJ, who were awaiting the Sisters in Ketchikan, disaster had not quite been avoided. In a distressed and angry letter to Mother Agatha, the Mother General at the time, Father VanderPol, the parish priest for Ketchikan, said he did not want Mother Alphonsus McCauley (the Province Leader in the West) to come with the three nursing Sisters. "She has too many personal, preconceived, imaginary views about the conditions existing in Ketchikan...[and] if she imposes her views on the Doctors, Sisters, and our own people...she will hinder and mar the work from its inception."<sup>70</sup>

To his distress, when the Princess Mary arrived on



Mother Agatha Browne (left) and Mother Alphonsus McCauley, from a 1921 group photo. CSJP Archives.

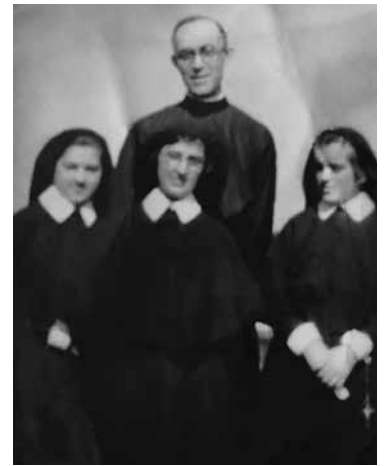
Feb. 16, Mother Alphonsus was on board with the three Sisters. And his expectations were fulfilled: "Mother Alphonsus has not, in my hearing, spoken one single word of praise or recommendation. . . She took possession in the full meaning of the word. Ordered at once this and that, whatever the cost, sometimes deigning to consult and sometimes dispensing with that formality. And scrupled not to spend money. . . that neither she herself nor the Bishop nor myself had."<sup>71</sup>

We don't have any record of what Mother Alphonsus thought of Father VanderPol, but it's reasonable to guess that she had opposed taking on a new responsibility in distant Alaska, knowing



*The Ketchikan community of the Sisters of St. Joseph of Peace in 1943; from top to bottom: Sr. Theodore Donohoe, Rita McQuaid, Helena McMahon, Stanislaus Gaffney, Edgar Pineau, Fidelis Hughes and Pascal Parker (several Sisters cannot be identified). At the bottom of the stairs are Bishop Crimont (right) and Father McNamara. CSJP Archives.*

how few Sisters with nursing or hospital experience she could send to the existing hospitals in Bellingham and Wenatchee, Washington, and Rossland, British Columbia. Bishop Crimont's offer to find new Sisters for the community might help the



*Three of the Sisters of St. Joseph of Peace recruited from Prince Edward Island, Canada: Jean Marie Gallant, Cecilia Arsenault and Germaine LeClerc with Father Edgar Gallant. CSJP Archives.*

situation, but only after many years. Pushed into this new venture by the Mother General, she was, apparently, not very gracious. She was reasonably concerned that there be enough staff so the Sisters would not end up having to do all the cooking, cleaning and laundry, while Father VanderPol just wanted them to get started right away.

Mother Agatha Browne, the Mother General, did respond to Father VanderPol's criticism a few weeks later: "Though the Little Flower [St. Therese of Lisieux] granted your request by bringing the Sisters there almost against our will, she evidently does not wish you to have things too easy. . . According to your letter you must not have seen the best side of M. Alph [Mother Alphonsus], but no doubt she has improved on acquaintance."<sup>72</sup> Two years later, Mother Agatha writes to say, "Won't you have pity upon our poor Sisters and even lose a little of your rest to satisfy their spiritual needs? It is not right that they should have to look after patients when fasting. . ."<sup>73</sup> So she, in her turn, takes Father VanderPol to task for having

forgotten his promise to her that he would give the Sisters Holy Communion by 7 a.m. each day.

Bishop Crimont, as good as his word, did indeed recruit new Sisters for the community. Through Father Edgar Gallant, a native of Canada's Prince Edward Island, six French-speaking young women ventured out to the distant West to become Sisters of St. Joseph of Peace. Two of them, Sister Edgar Pineau and Sister Cecilia Arsenault, served in the Ketchikan mission, as did Sister Joseph Rafael McHenry, an Alaska pioneer nurse converted to Catholicism by Bishop Crimont.

### **NURSING DUTY IN KETCHIKAN**

**Ketchikan General Hospital**  
**Ketchikan, Alaska**  
**Nursing Schedule**

#### **General Duty Nursing**

Eight hour day.

Six day week.

Rotating shifts.

Salary one dollar per hour with meals while on duty.

Two weeks vacation with pay after first year of service.

Rooms in nurses' residence when available, otherwise room outside.

#### **Requirements:**

Graduate of Registered School.

Registration number for present year.

Reliable references.

This is a General Hospital of 75 beds.<sup>74</sup>

## *Mother Agatha Clinches a Deal*

Pacific Christian Hospital in Eugene was in deep trouble in 1936. Built in 1923, the hospital was caught in the financial turmoil of the Great Depression and went into receivership in 1931. In 1933 it was reorganized, but without much success. Dr. Carl Phetteplace recalled in 1966 that, "The story of its operation is an uninterrupted series of misfortune, mismanagement and financial disaster."<sup>75</sup> Conditions were deteriorating fast:

*There was not a mattress in the house that would hardly qualify for use in a flophouse. The one creaky elevator...on several occasions cut loose from the 6th floor and dropped to the safety springs in the bottom of the pit with passengers aboard. Fortunately no one was ever hurt in these thrilling rides. But for days, patients would then have to be carried up and down the stairways in stretchers.<sup>76</sup>*

Still, it was the largest hospital outside Portland in Oregon, and it counted among its 35 doctors Eugene's first pathologist, Dr. Emil Furrer, a determined man and a Catholic, who decided that the solution would be to attract Sisters to operate the hospital. He went to the parish house to talk to Father (later Bishop) Leipzig about the possibilities. From Father Leipzig's perspective, "The cause looked hopeless, to secure Sisters as there was a tremendous shortage of Nuns everywhere."<sup>77</sup> The task was even more challenging because, said Dr. Phetteplace, "Eugene was far from an inviting place for a Catholic hospital. There was much anti-Catholic sentiment in the community then... and this was shared by a number of doctors. The Depression was still on and money just almost didn't exist."<sup>78</sup>





Postcard of Sacred Heart Hospital in 1936, just after it had been acquired by the Sisters of St. Joseph of Peace. CSJP Archives.

The Archbishop of Portland had heard that the Sisters of St. Joseph of Peace were interested in Oregon, and in the spring of 1935 Father Leipzig went to Bellingham to confer with the Province Leader, Mother Monica Gaffney, who was also a trained and experienced nurse. She gave him, he said, "the usual answer, 'We are very short of Sisters.'" <sup>79</sup> But she also showed interest.

On June 7, 1936, more than a year later, Mother Agatha Browne, the Mother General from Newark, New Jersey, came to take a look at Eugene with her assistant, Mother Louis. They met in the Miner Building with a group of key legal and medical luminaries, including Judge Lawrence T. Harris, Dr. Furrer and Father Leipzig. Soon after the meeting opened, Father Leipzig was in for a shock. Mother Agatha had told him the day before that she was willing to pay \$60,000 for a property originally mortgaged for \$312,500, and offered to the Sisters by the anxious trustees at the fire-sale price of \$75,000, "which represents about 20 percent of the actual value." <sup>80</sup> Father Leipzig had helpfully passed that information on to the others involved. But Judge Harris announced in the meeting that the Sisters had offered only \$50,000 and that would be impossible to accept.

At the first break of the meeting, Father Leipzig asked Mother Agatha what had happened, and she told him that "during Benediction yesterday the thought came to my mind that [it] would be just as prudent to offer \$50,000 and we could always go to \$60,000 if necessary." <sup>81</sup> Benediction is a solemn prayer in the presence of the Eucharist, not perhaps usually a time for financial calculation, but Mother Agatha was well steeped both in prayer and in common sense. She knew the trustees and doctors were desperate.

As the discussion went on, Mother Agatha "said the hospital was in bad shape, and they might construct a new building. One of the men of the committee said, 'If you do that there is a possibility of you going broke.' Mother Agatha smiled very graciously and said, 'There is always the possibility that you might go broke first.'" <sup>82</sup>

The discussion continued, with the Eugene committee unwilling to accept \$50,000. Mother Agatha announced that she would have to leave that day to return to Washington. <sup>83</sup> The committee members asked her to stay so they could hold a meeting that evening and come to a decision. Mother Agatha then planted the deal maker, no doubt smiling graciously: "We are very sorry, but we do not feel that we can wait... Several other communities are desirous of having our Sisters and we will go over these before we make any decisions." She told the committee that they could phone or wire her with their decision.

Disappointed, Father Leipzig escorted the two Mothers to the train and said, "Apparently you are not especially interested in securing the hospital." No, she said, "We are most anxious to secure the hospital, but it will have to be on our terms..." <sup>84</sup>

The next day the committee members, trustees and bondholders met and heard from Claude Washburne, the trustee for First National Bank of Junction City, that the Sisters were offering to purchase the hospital, its furnishings, fixtures and equipment free from incumbrance for \$50,000. And the Sisters also insisted that \$15,000 of this purchase price be held for possible payment of any taxes (at the time a legal dispute was testing whether the hospital would be tax free). The offer was accepted. Unanimously. And Pacific Christian Hospital became Sacred Heart Hospital.<sup>85</sup>

By July 6, 1936, the first nursing Sisters arrived in Eugene, “four nuns whom we thought of as girls,”<sup>86</sup> among them Sister Jane Frances Lowery, the first administrator, and Sister Theodore Marie Gorman, supervisor of nursing and later administrator of Sacred Heart Hospital. Recognized for their wisdom and drive, both would later be chosen as Province Leaders for the Sisters in the West. Dr. Phetteplace gives them their due: “I’m sure that anyone familiar with this history...will agree that the coming of these four Sisters representing their Order was one of the



Sister Theodore Marie Gorman, one of the first four Sisters at Sacred Heart Hospital, chairs a board meeting. As was usually the case in those days, the men far outnumbered the women, but Sister Theodore Marie was clearly the leader. From a history panel at PeaceHealth Sacred Heart University District Medical Center.

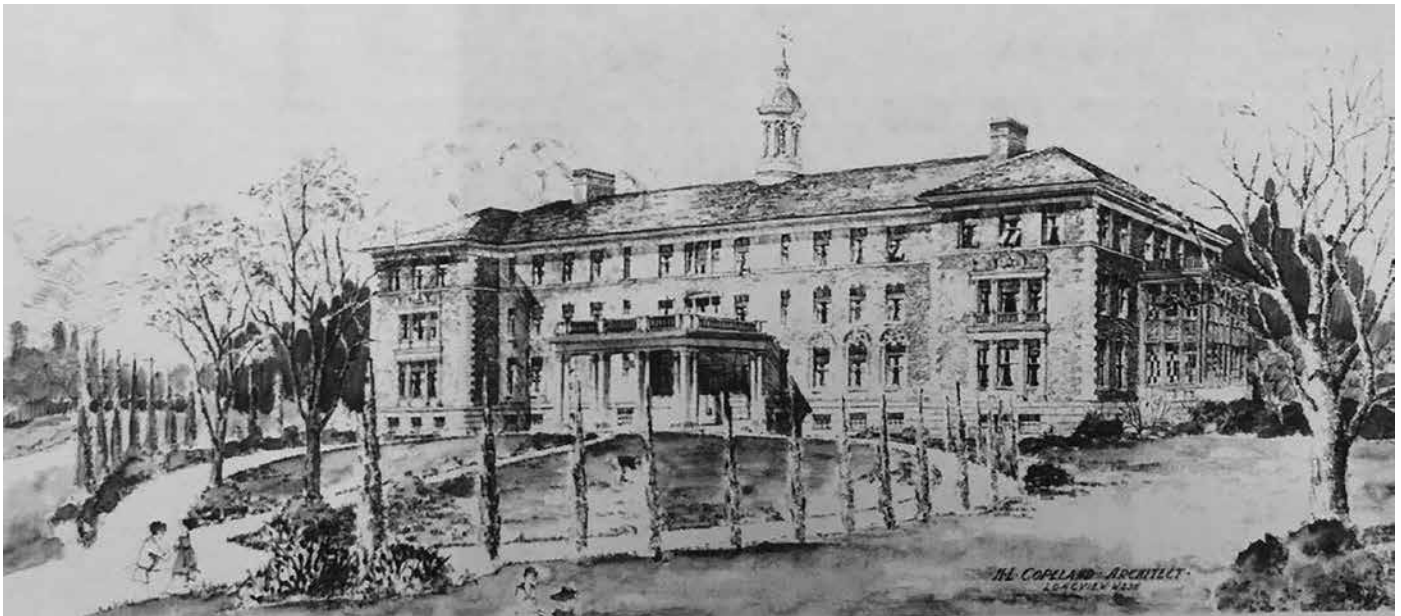
greatest pieces of good fortune this community and the profession could have had.”<sup>87</sup>

And the other communities that were eager to have the Sisters’ services in their hospitals? No trace remains in the Archives, but whether real or invented for the occasion, they certainly helped Mother Agatha to drive a sterling deal and begin a great institution.

### *From Longview Memorial to St. John Medical Center*

St. John Medical Center, Longview, Washington, was born out of the crisis of World War II. John M. McClelland, Jr., tells the story in *R.A. Long’s Planned City: the Story of Longview*. Longview,<sup>88</sup> the creation of timber baron Robert A. Long, was laid out in the early 1920s as a city that could house 50,000, including the workers in Long-Bell Lumber Company’s lumber camps and mills. With its handsome civic center and beautiful Sacajawea Lake and Park, Longview was clearly a town with a great future, a town that should have a hospital. Long-Bell donated the block between 15th and 16th Avenues on Douglas Street, a fund drive began in April 1924, and—with a substantial pledge from Mr. Long and leadership from Long-Bell’s J.D. Tennant—Longview Memorial Hospital, a three-story brick building, was ready for use in just eight months.

Medical services were paid for by the local industries at the rate of \$1 per employee per month. Initially all local doctors could treat the patients and receive fees; in 1927 the system changed with nine doctors hired on salary. “But whereas the doctors working on a fee basis seemed overly attentive to their patients, the same



Sketch of Longview Memorial Hospital by architect H.L. Copeland, 1924. From the files of the Longview Public Library

ones on a salary were accused of being negligent. Harder work didn't mean more earnings. And under neither system did doctors have an incentive not to keep patients in the hospital any longer than was necessary. . . There were many lengthy convalescences."<sup>89</sup>

The Great Depression hit, and soon Longview Memorial was in financial trouble. As a solution, the trustees leased the hospital to the Columbia Clinic, formed by three local doctors who hired young doctors just out of medical school as staff and captured the industry contracts. Any other doctor who sent patients to the hospital had to guarantee the patient's bills. Longview's independent doctors were infuriated and community uproar ensued: The Lions Club, City Council and Chamber of Commerce "all passed resolutions recommending that the hospital be restored to general use."<sup>90</sup>

In response, the independent doctors organized (as the Medical Service Bureau) and began to send patients to a simple 20-bed facility in a converted

hotel space they took over and named Cowlitz General Hospital. It soon moved into a remodeled former railroad passenger depot. Both hospitals depended on pre-paid medical programs that were available to individuals as well as the local industries.

As World War II began, young doctors were called into the armed services and both hospitals were greatly stressed. Each medical group offered a new medical plan with higher costs to employees of the big local industries: Long-Bell, Weyerhaeuser and Fibre. The employees said no to both.<sup>91</sup>

With few doctors and no new employee prepaid plans to rely on, the Columbia Clinic could no longer continue. It cancelled its industry contracts in April 1943, leaving Longview Memorial vacant and only a few beds available for patients at Cowlitz General. J.D. Tennant, president of Longview Memorial Hospital, Inc., needed to find a new, reliable owner and operator. He asked Seattle's Bishop Shaughnessy about the possibility

of Catholic Sisters taking on this charge, and the Bishop called on Sister Flavia Moore, Province Leader for the Sisters of St. Joseph of Peace, to visit Longview.<sup>92</sup>



Sister Flavia Moore. CSJP Archives.

Sister Flavia worked for Great Northern Railroad before entering the community; as a Sister she served for years first in the business office of St. Joseph Hospital, then as treasurer for the CSJPs, so she had all the right skills to assess the possibilities of Longview. She and Sister Bernard “went immediately to Longview” and “were favorably impressed by the beautiful City and the wonderful Industries.”<sup>93</sup> They found a hospital with all the latest in medical equipment:

*...we have a main surgery, a minor surgery, emergency surgery and a cast room in our surgical department. We have an Operay*

*Multibeam operating light in our main surgery, and we also have a portable spotlight...A year or two ago we installed a \$1200.00 electric autoclave and a three-unit electric sterilizing unit which cost an additional \$1200.00...We have a giant magnet, a metabolic machine, the only Electro-cardiogram in this section, a well-equipped physical therapy department, large laboratory and X-ray departments with a General Electric X-ray table purchased last year at a cost of \$1800.00; our own ice-making machine; and Venetian blinds throughout the building...Our nurses' home contains...a total of twenty rooms and four bathrooms, including a large living room, small dining room and small kitchen.*<sup>94</sup>

The Hospital Association's investment in land, buildings and equipment, along with furniture and fixtures (“Rugs, Silverware, China, Bedding, Medical and Surgical instruments”)<sup>95</sup> valued at \$325,585.91 could be acquired if the Sisters paid off the outstanding debts, which McClelland lists at \$85,000. The Sisters borrowed \$152,000, paid the debts, renovated the hospital, re-named it St. John Hospital, added space for Sisters' quarters and a chapel, and re-opened with Sister Borromeo as the first administrator on “the last Sunday in November, 1943. About three thousand people were present for the occasion, tea being served in the beautiful solarium.”<sup>96</sup> The crisis had been solved in seven months. But the independent doctors continued to send their patients to Cowlitz Memorial, and with some local suspicion about a Catholic Hospital, “Longview was to become indefinitely a two-hospital town whether two hospitals were needed or not.”<sup>97</sup>



An Operay Multibeam operating light from the 1930s.

## Systemness Before the System

Before Health and Hospital Services, the predecessor of PeaceHealth, was formed in 1976, the Sisters of St. Joseph of Peace owned and ran most of their hospitals (Ketchikan General Hospital, owned by the City of Ketchikan and run by the Sisters, was the exception). Each hospital was separately incorporated and the Sister administrator of each hospital was responsible for finances, for hiring and firing, for quality and for community relationships.

The hospitals appeared to be separate, but they were closely linked by the Sisters. In the days before the 1970s, Sisters in health care were missioned to the hospital where the Provincial Superior and her Council decided they were most needed. In practice, this meant that most hospital Sisters worked in every CSJP hospital in the course of their lives in mission.

New ideas and best practices were communicated by those Sisters moving around. One example

from a later time is the youth mentorship program, which was first started in Longview by Sister Rose Marie Nigro and then initiated in Eugene by Sister Barbara Haase.

Catastrophes and headaches were also shared. When St. Anthony Hospital in Wenatchee, Washington burned in 1943, most of the nursing students were dispersed to Bellingham and Eugene. And when St. Joseph Hospital in Bellingham was in dire financial straits, help came from the Sisters in Ketchikan General

Hospital. In November 1961, Sister Enda (Sister Ellen Caldwell, at that time the administrator for Ketchikan) wrote, "This meeting was called in order to consider a request from Sister Frances Xavier [Sister Brigid Collins] for a \$10,000 loan without interest for St. Joseph's Hospital, Bellingham. An estimate of our bank balance was reviewed and it was felt that we could loan St. Joseph's this amount."<sup>98</sup>

Apparently this happened more than once, as in 1963 the Sisters in Ketchikan met "to discuss a debt of \$20,000 owed us by St. Joseph's Hospital, Bellingham... St. Joseph's Hospital was apparently experiencing great difficulty financially and it did not seem likely that they would be able to repay this amount... It was unanimously agreed that the whole debt would be written off as St. Joseph's would not be able to repay it anyway."<sup>99</sup>

As hospitals got bigger and health care became more complex and more costly, this simple way of rebalancing the books and caring for each part of the whole was no longer sufficient. But

it's clear from this transaction that the reality of "systemness" existed in the interrelationships and shared commitments of the Sisters and caregivers long before the PeaceHealth system was put in place.

### *Expanding, Contracting*

The Sisters took the first step toward creating a system from their network of hospitals in 1967, and we can fairly say that the PeaceHealth system began with the discovery that it was cheaper to purchase toilet paper and IV supplies in bulk. Sister Bernardine Becker was asked to coordinate a purchasing program and then to set up a health organization linking the six hospitals run by the Sisters (St. Joseph's, Bellingham; St. John's, Longview; St. Anthony's, Wenatchee; Sacred Heart, Eugene; Mater Misericordiae, Rossland, British Columbia; and Ketchikan General). From that grew Health and Hospital Services of the Sisters of St. Joseph of Peace, incorporated in 1976, with Sister Joan McInnes as its first president. In the interim, Mater Misericordiae had closed in 1969 and St. Anthony's was sold in 1974. With



*Sister Joan McInnes, left, Sister Bernardine Becker, center, and Sister Eleanor Gilmore, standing, at a meeting of Health and Hospital Services, the forerunner to PeaceHealth. Photo from Health and Hospital Services publication, 1978.*

Health and Hospital Services, ownership of the hospitals passed from the Sisters to the new corporation, and the Sisters soon began hiring professional staff to deal with the increasing regulatory and financial requirements. Health and Hospital Services, the ancestor of PeaceHealth, started very small with offices at St. Mary-on-the-Lake, Bellevue, but Sister Joan's vision was never a small one.<sup>100</sup>

Looking beyond the four hospitals that were connected by Health and Hospital Services, Sister Joan saw many possibilities for expansion. One of her first hopes was to establish a hospice, Francesca House. That vision was stated more as a demand than a request in Sister Joan's November 1980 letter to Sister Rose Marie Nigro, then the Province Leader: "The need for money to proceed with the program is imperative. It occurred to me that a fitting use of the monies remaining from the sale of St. Anthony Hospital would be the establishment of the hospice. For this reason, I am asking in the name of peace and justice, for the use of this money to give us a start in the care of the terminally ill."<sup>101</sup>

Sister Rose Marie's reply puts the brakes on this "imperative" demand: "I believe the process for decision will [require] some input from the Community at large," she says, and asks Joan to present her plan at the next Council meeting.<sup>102</sup> The hospice did not come to fruition, but other plans soon took its place.

As Sister Joan tried to define the role of Health and Hospital Services (HHS—the ancestor of the System Services Center), she brought in Jim Whitman from the Healthcare Financial Management Association to head operations and

Terry Kukuk as general counsel. Together they entered into several major expansions. At the request of the Snoqualmie Valley Hospital District Commissioners, they assumed management of that small critical access hospital in 1984. In that same year they purchased St. Helens Hospital in St. Helens, Oregon, believing this would allow them to capture market in Oregon for Longview. In 1985, Health and Hospital Services (HHS) purchased property on the Snoqualmie plateau above Issaquah and built the Marianwood Skilled Nursing Center, incorporating state-of-the-art design concepts like increased personal space in a beautiful natural setting. HHS became limited partners with a man who built retirement living complexes in Bellingham and Eugene. Finally, HHS partnered with others to build skilled nursing home facilities adjacent to the retirement homes, with the idea of providing a continuum of care with retirement living, nursing care and hospital care all available on one campus.

These were visionary purchases that promised to extend the presence of the Sisters of St. Joseph of Peace, but they could not be implemented effectively. Snoqualmie, at that time, didn't have enough population to support a hospital. Isolated on its plateau, Marianwood lacked a referring hospital to send its patients. St. Helens increasingly became a bedroom community for Portland, and residents there naturally turned to Portland, rather than Longview, for medical care. Other retirement homes and nursing facilities were built that competed with the ones HHS had invested in.

By the time Sister Monica Heeran was named president of Health and Hospital Services in 1988 (it became PeaceHealth in 1994), none of these

properties were performing well. As Stu Hennessey said, "Joan McInnes was visionary, but the locations and partners she and the people under her chose were not so good. They lacked the tactical skills to make it work. Then Monica came in, who had the practical experience of running Sacred Heart Hospital in Eugene, and she was visionary and tactical as well."<sup>103</sup>



*Sister Monica Heeran*

Sister Monica quickly concluded that to restore PeaceHealth's bond rating and financial stability, she would have to undo this expansion. In 1992, she and her staff first closed St. Helens Hospital and sold the space, then convinced the Snoqualmie Hospital Board to turn that hospital over to a professor at the University of Washington who was convinced he knew how to make it financially feasible (he was probably mistaken, and the hospital has gone through several administrations since). In 1995, PeaceHealth turned Marianwood over to the Sisters of Providence, who continue to operate it. The limited partnerships for the retirement and nursing facilities were unwound. And PeaceHealth was back to its core group of hospitals, with the addition of Peace Harbor in Florence, Oregon, which became part of PeaceHealth in 1989.

### *A Catholic Hospital?*

The Catholic identity of PeaceHealth has led to questions, passionate opposition and passionate

defense in almost every community in which PeaceHealth has been a presence. Anti-Catholic feeling led to the founding of St. Luke Hospital in Bellingham less than a year after St. Joseph Hospital opened. In Eugene, a Ku Klux Klan group opposed the Sisters converting Pacific Christian to Sacred Heart Hospital. In Ketchikan, Alaska and Friday Harbor, Washington, local citizens questioned whether a public hospital should be run by a Catholic organization.

Even before the U.S. Supreme Court decision in *Roe v. Wade*, opposition to the Catholic hospital often centered on concerns about how that identity would affect women's reproductive services. For example, in 1970 a Bellingham woman wrote a letter to the editor of the Bellingham Herald that asserted, "When St. Joseph's Hospital takes over all the maternity cases the expected [sic] mother must abide by all the Catholic hospital-church rules. This means



*Eloquent evidence of the forward-looking attitude of Catholic hospitals in the Northwest is this recent addition to the x-ray facilities at Providence Hospital in Everett. The new image-intensification television system enables*

*This ad proclaimed "the forward looking attitude of Catholic hospitals" in a special edition of the Catholic Northwest Progress focused on hospitals.*

that if an element of risk is involved in delivery, the saving of the child comes before the saving of the mother. According to the Catholic doctrine, the unborn child is the primary concern. No condition of pregnancy would be considered an exception to this policy and neither you nor your doctor can change this decision."<sup>104</sup>

The editorial of the Bellingham Herald on Sept. 20, 1970, the day that letter was published, talked about the long traditions and long rivalry of St. Joseph's and St. Luke's and then said:

*When loyalty to one hospital or the other is so fierce that it over-rides the basic goal of most effectively meeting the medical needs of the over-all community, or when fallacious religious issues are injected, that's not good. . . Apparently the blast at the St. Luke's administration in the letter printed today was touched off by the hospital's decision to give up its maternity ward. It has been a financial drain, actually, and the hospital now will be better able to support its expanded emergency service staff around the clock. But given the emotional attitude of some county residents, it took courage to take the step and we applaud St. Luke's for facing up to it.*

*And let's clear up one misconception once and for all. Catholic doctrine has **nothing** to do with medical decisions relating to "saving the baby" or "saving the mother." The doctor is in complete charge of his case at St. Joseph's as at any hospital, and the patient's welfare is his principal concern.<sup>105</sup>*

What's interesting in this 1970 editorial is not so much the editor's opinion about Catholic



doctrine—he or she and the letter writer are equally dogmatic and equally superficial in their understanding—as that the editor rightly looks at the complexity of the situation between the two hospitals and the relationship of each to the Bellingham community as the essential matter at hand.

Getting beyond the flash-point stereotypes and into thoughtful dialogue that acknowledges the tension and looks for healthy solutions to benefit the whole community has been the best resolution when questions about the role of a Catholic hospital come into play. It helps to recall that the wider grounding of Catholic health care is in “service to and advocacy for those people whose social condition puts them at the margins of our society and makes them particularly vulnerable to discrimination: the poor; the uninsured and the underinsured; children and the unborn; single parents; the elderly; those with incurable diseases and chemical dependencies; racial minorities; immigrants and refugees.”<sup>106</sup> As Sister Andrea Nenzel said in a video used for new caregiver orientations, “It’s about **life**.” The core of the mission for PeaceHealth caregivers lies in compassion and service to life in all its beauty and messiness, in respect for the dignity and worth of each and every person.

### *Becoming PeaceHealth*

*Sisters of St. Joseph of Peace Health and Hospital Services* was not exactly a memorable name, and in the 1990s Sister Monica and the administration decided to look for a name that might be easier to remember, might remind people of the essence and the mission. They did the usual thing: Contracted with a public relations company to

look for a new name and appropriate branding.<sup>107</sup>

The PR firm came up with a fistful of recommendations, none of which stirred the imaginations of the board. Then, in 1994, Sister Sheila Lemieux, at the time Province Leader for the Sisters, suggested the name PeaceHealth in a moment of inspiration, and it was instantly clear that she had found the answer. PeaceHealth brings together the mission of the Sisters of St. Joseph of Peace, peace through justice, with the ministry of health care—and it is easy to say and remember. The name change was adopted in November 1994, and the first dove logo followed rapidly: PeaceHealth was born.



## PeaceHealth

### *Guardians of the Mission: The Pontifical Private Juridic Person*

In the early days of PeaceHealth each of the Sisters’ hospitals was simply owned by the Sisters, and thus was a ministry of the church. The Sisters had the responsibility of administering them, caring for patients, contracting with physicians, hiring staff, paying bills and carrying out all the responsibilities of owners.<sup>108</sup> That began to change for PeaceHealth and for many health care systems sponsored by Catholic Sisters when Medicare was created in 1965. Accountability for funds received from the government meant financial records of the Sisters’ hospitals needed to be separate from those of the Sisters. Liability was a related concern as malpractice claims and other legal suits became more common.

To understand what follows, it's helpful to know that Catholic institutions—schools or hospitals or churches or dioceses—operate under two sets of law. All these institutions are incorporated according to the laws of the state they are in, and have to meet all the requirements of those laws: This is civil law. Each institution also has a religious identity under church law, which is called canon law. When Sisters' communities owned the hospitals, their canon law identity was simply linked to the status of the Sisters as a religious congregation. But when there was a need to separate the hospitals from the Sisters in civil law, religious communities wanted to create a link that would continue the hospitals as Catholic under canon law. Usually they incorporated the hospitals with key powers reserved to the Sisters' leadership—for example, the power to approve of nominations to the board of directors or to approve of expenditures above a certain amount.

In 1976, under the urging of Sister Joan McInnes, a very bright and autocratic leader, the Sisters' hospitals were incorporated into one entity, called Sisters of St. Joseph of Peace Health and Hospital Services—the forerunner of PeaceHealth. Sister Joan proposed incorporating the hospitals without reserving special powers to the Sisters, building Catholic continuity through a board consisting of Sister administrators and the Province Leader. She had the backing of a canon lawyer, Father Adam Maida (who later became Cardinal Maida): he and Sister Joan assumed the board would continue to be made up only or primarily of Sisters, which would guarantee the Catholic identity of the hospitals. The Provincial Council, then led by Sister Louise DuMont, agreed, and Health and Hospital Services was incorporated.

As time went by, however, there were fewer Sister administrators and more lay leadership on the board; it seemed clear that this would continue and accelerate in the future.

In 1992, the Sisters, under the leadership of Sister Sheila Lemieux, wanted to be sure that they could ensure continued commitment to the poor and to the mission as a Catholic health care system. They reviewed Health and Hospital Services' bylaws, consulted with canon lawyers and were shocked to be told there was no canonical connection to the church in the legal documents. The presence of Sisters on the governing board was not enough, because there was no guarantee Sisters would be a majority of the board members in the future.

In 1992 Sister Sheila, Province Leader for the Sisters, and Sister Monica Heeran, CEO of HHS/PeaceHealth, could have accepted the separation from the Sisters and Catholic identity as a reality and allowed the hospitals to continue as a private, non-profit system. Instead, they found a unique pathway that has kept PeaceHealth a Catholic and canonical health care ministry focused on mission. In 1997 they succeeded in having PeaceHealth accepted as a Pontifical Private Juridic Person (PPJP). A strange term indeed, but it is, in effect, a corporate status within the church where the organization's purpose is "congruent with the mission of the church and...transcends the purpose of the individuals that make it up."<sup>109</sup>

In PeaceHealth's PPJP, the membership and sponsor of the Catholic health care ministry is the board of directors of the civil corporation. A delegate of the Congregation Leader serves on the board (currently Sister Kathleen Pruitt). The board manages the health care facilities, and is

responsible for upholding “the philosophy and mission of PeaceHealth” and for ensuring that “the business affairs of PeaceHealth are conducted in a manner consistent with the teachings of the Roman Catholic Church.”<sup>110</sup>

While the property of a Pontifical *Public* Juridic Person—a much more usual designation for health care systems—is considered church property, with church permission needed when major properties are sold, the Pontifical *Private* Juridic Person’s property is not church property. In having the *Private* designation as a hospital system, PeaceHealth is unique.

To live out their responsibilities to PeaceHealth as a Pontifical Private Juridic Person (hereafter PPJP) the board is responsible for ensuring that a sponsorship review is done by the leadership of the Sisters or persons delegated by them. This has become the Mission and Values Review, which now takes place on site every two years with an annual update. The onsite visits bring a team of Sisters and Mission Services staff to each part of the PeaceHealth system for an open and honest dialogue with caregivers. These discussions



Senator Gordon Smith and Alan Yordy shake hands at the dedication of Cottage Grove Community Hospital and Clinics, October 6, 2003.

center on caregivers’ experience of living out PeaceHealth’s mission as well as on roadblocks that get in the way of the mission. Results and recommendations are shared with PeaceHealth leadership and integrated into the operational plans.

Sisters and others who’ve been involved with Mission and Values Reviews agree this process “gets down to the core,” as Sister Sheila Lemieux said, and creates a powerful conversation between the sponsors as, in a sense, guardians of PeaceHealth’s mission and the caregivers who are charged with carrying out that mission every day.

### *Saved by an Act of Congress: Cottage Grove Community Medical Center*

It took an act of Congress to preserve and rebuild Cottage Grove Community Medical Center.<sup>111</sup>

Cottage Grove had been a community hospital for many years, but by the mid-1990s it was in dire shape, with a physical plant that was falling down and a bad location. The hospital’s board reached out to several health care systems without success, then finally turned to PeaceHealth, its neighbor just 22 miles to the north. Sister Monica Heeran sent a team, including Skip Kris and Stu Hennessey, to investigate the feasibility of incorporating Cottage Grove Community Hospital into the PeaceHealth system, and they recommended not getting involved. Sister Monica, faced with that recommendation and with the call from the Cottage Grove community, said, “But these people need a hospital,” and told the staff to keep looking for a way to solve Cottage Grove’s problem.

Cottage Grove Community Hospital was in a situation shared by many hospitals in rural communities: with relatively few beds and few specialized services, these hospitals could not survive with standardized payments from insurance programs, Medicare and Medicaid. Many were going bankrupt, leaving the people in those communities with a long journey for basic health care. Congress took note and, in 1997, authorized states to establish a State Flex Program allowing rural hospitals to qualify as critical access hospitals and then to receive a cost-based reimbursement from Medicare, instead of the standard fixed reimbursement rates.

This made all the difference for small hospitals, and the critical access hospital designation has helped Ketchikan General, Peace Harbor, Peace Island and United General Hospital to thrive. When the bill was proposed, Cottage Grove could meet most of the requirements, but a critical access hospital was supposed to be 25 miles away from any other hospital, and Cottage Grove was only 22.5 miles from Sacred Heart Medical Center in Eugene's University District.

The community leaders of Cottage Grove met with Oregon's Congressional delegation and explained that the proposed rule would doom their hospital: The delegation got language into the legislation that allowed each state a waiver of the distance requirement, and Oregon waived the distance for Cottage Grove, saved by that act of Congress. Cottage Grove Community Medical Center was the first critical access hospital in the state of Oregon.

With that new possibility, Marilyn Kluge and Kirk Roberts (then the CEO at Sacred Heart) asked



*PeaceHealth Cottage Grove Medical Center Emergency Department.*

Alan Yordy, who had started his health care career at Sacred Heart but was then working in Lebanon, Oregon, to take a look at the situation as a consultant. Because of its bad physical plant and indebtedness, he recommended the Cottage Grove hospital go through bankruptcy, and that PeaceHealth partner with the community to build a new community hospital.

Then PeaceHealth asked the community to raise \$2 million for the new hospital. With help from local families, Cottage Grove leaders called back 90 days later to say, "We've raised \$1.9 million" and the partnership was sealed. The new Cottage Grove Community Medical Center—a beautiful building honoring the local timber industry in its design—opened in 2003. Tim Herrmann, who has been the chief administrative officer at Cottage Grove from the beginning, remembers Sister Kathleen Pruitt saying, as they planned the opening, "Is this a Catholic Hospital? Yes! We

should never have to apologize for that. But this hospital belongs to everybody, and I want this community to know that.”<sup>112</sup>

Because of the bankruptcy, PeaceHealth had no legal commitment to the employees at the old hospital, but when it became a part of the PeaceHealth system, employees were allowed to bring over their starting dates and accumulated leave—which instantly built good morale and loyalty.

This 14-bed critical access hospital incorporates a physician clinic, a 24/7 emergency room, a radiology unit and a laboratory, a combination that has proved successful in PeaceHealth’s other rural hospitals. Telemedicine makes some specialist services—especially for behavioral health—available without a trip to Eugene. Even emergency transportation is easily available with a helicopter waiting outside the back door.

### *A Hospital for Florence*

Sister Monica Heeran is famous for combining a heart for mission with tough negotiating skills, and both qualities were absolutely necessary as PeaceHealth partnered with the hospital board in Florence, Oregon. The connection began in 1979 when Sister Monica, then administrator of Sacred Heart Medical Center, signed a contract with the Western Lane Hospital District Board to manage the hospital in what was then a small, seaside community.<sup>113</sup>

For 10 years Sacred Heart provided patient accounting, fiscal management, medical staff services and quality assurance, and in the process it became very clear that a new hospital building would be necessary. The existing hospital



*PeaceHealth caregivers working at Peace Harbor Hospital.*

had been built in the 1950s and looked like an army barracks. It no longer met regulatory requirements, and the hospital district was finding it hard to recruit new doctors. So in 1985 a bond measure was floated to build a new hospital, and it failed, was floated again and failed again. It failed three times over the course of 15 months. In desperation, the hospital district board invited proposals from half a dozen health care systems to build and manage a new hospital in Florence. Sacred Heart/PeaceHealth responded, as did a for-profit hospital system, Quorum. Sacred Heart was chosen—perhaps to no one’s surprise, as Sacred Heart had been providing management services for seven years at that time and was well-known to the hospital district board.

Sister Monica hired a consultant to do a feasibility study, which did not show Florence as a promising site. The Sacred Heart Board agreed this seemed to be a bad idea. At that time the state was reeling from the timber recession, the economy was in a tough shape, and small, rural hospitals were closing all over the country. There were a lot of strikes against Florence.

Sister Monica was not deterred. She had the feasibility study re-run 22 times—updating the



*PeaceHealth caregiver at Peace Harbor Hospital.*

assumptions until they showed the possibility of breaking even—went back to the board numerous times and finally convinced it to allow her to negotiate an agreement. Jim Barnhart said, “What she cared about that made her so persistent was a community and people in need with very poor access to health care. She was called, and was bound and determined to make this happen. She was a tough negotiator—she had passion and ministry in her heart and soul, but she didn’t give away anything unnecessary.”

Sister Monica negotiated three conditions that had to be met before PeaceHealth would move forward. She asked that a site of 10-20 acres in a suitable location be donated; that the attorney general of Oregon approve the transfer of assets from the public to a not-for-profit corporation

(PeaceHealth); and that a fund drive raise at least \$500,000 for the new hospital.

All the conditions were soon met. A timber baron, Donnelly Davidson of Davidson Industries, offered a gorgeous site on the west side of Florence. The attorney general ruled that the hospital’s assets could be transferred by the hospital board. And the community went beyond the bare minimum, raising \$1.2 million for the new hospital. Jim Barnhart, who was the face of PeaceHealth for Florence, was named administrator in 1987 and oversaw the building of the new hospital.

Peace Harbor Hospital opened in July 1989 and all the patients and staff from Western Lane Hospital moved into the beautiful new building. Jim Barnhart remembers what Sister Monica said at the ribbon cutting: “Let us never forget that

PeaceHealth exists to serve the community,” and those words are engraved on a plaque at Peace Harbor.

Jim Barnhart worked with Dr. Jim Scott, who’d come to Florence from Harvard Medical School, to bring Florence’s primary care providers into the Peace Harbor network. By 1991, far ahead of the curve, Peace Harbor had merged with all the primary care practices in Florence and had begun to build the providers a series of medical office buildings—now totaling five. Combining primary providers and the hospital on one campus was an important key to Peace Harbor’s financial success, affirming Sister Monica’s wisdom in insisting on those 22 reiterations of the feasibility study.

### *Called by Florence*

When Jim Barnhart was asked to leave Eugene for the small seaside town of Florence, he wasn’t sure at first that he wanted to live in such a small town.<sup>114</sup> But Sister Monica was asking, and he thought about it. Then he went out to dinner with his wife, Janet, and with Alan Yordy, then president of Sacred Heart Medical Center, and Alan’s wife, Joan Kropf, “and they ganged up on me.” He agreed to try it out as interim administrator for three months, and by then Florence had cast its spell on him. Jim headed Peace Harbor Hospital for 20 happy years, until he was asked to move to the even more distant location of Friday Harbor on San Juan Island.

For most of that time one of his treasured colleagues was Sister Noreen Terrault, who became Peace Harbor’s chaplain. She had been working as a phlebotomist at St. Joseph Hospital when one of the Sisters said to her, “Why don’t



*Jim Barnhart with Sister Noreen Terrault at the celebration of her 50th Jubilee (50th anniversary of her entry into the CSJP community) at Peace Harbor Medical Center.*

you go to Florence?” “Florence, Italy?” she replied. No, the call was to a new hospital in Florence, Oregon. Sister Noreen wasn’t sure at first, but she kept hearing about Florence. She was invited to vacation with a Sister who turned out to be headed to Florence. And then Sister Monica introduced her to Jim Barnhart, who asked her to think about coming, and she said, “Lord, that’s three times you’ve talked about Florence—I don’t think I need another push.” Like Jim, Sister Noreen took a first option for a short stay—one year. And like him, she was quickly captivated by Florence, staying for 23 years.

### *PeaceHealth Peace Island*

Rural, but wealthy; hard to get to, but well connected: beautiful San Juan Island has startling contrasts in many areas, including health care. Before Peace Island Medical Center was built, San Juan County was identified by the Washington State Department of Health as the county with the worst access to health care in the state, and fourth from the bottom in insurance coverage.



*Peace Island Medical Center groundbreaking ceremony, July 23, 2011.*

But the county also was ranked as the healthiest in the state of Washington in a 2010 survey by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation. And, though there are wide disparities on the island in per capita income, it is the wealthiest county in Washington.<sup>115</sup>

In 2000, San Juan Island residents had only a health clinic available: For emergency care or any complex medical needs, people had to leave the island—a slow process of transport on the ferries or emergency transportation by plane. In 2006 a group of community leaders formed a steering

committee to develop a hospital on the island, and hired a consultant who convinced them to send out a request for proposals to seven or eight different systems, including PeaceHealth. Several other systems decided not to make a proposal, but for PeaceHealth this opportunity was a good fit. Experience in building rural community health systems in Ketchikan, Florence and Cottage Grove gave the PeaceHealth leadership confidence in their model. The ability to draw on the resources of St. Joseph Hospital, Bellingham, for administrative support, specialist services and hospitalization for complex cases was another strength.



*Peace Island Medical Center patient in her room with caregiver.*

PeaceHealth, under the leadership of CEO Alan Yordy and strategist Peter Adler, was in an expansive mode at that time, looking for opportunities to build a bigger system. As they began the conversation with San Juan's community leaders, they asked for a significant financial commitment to the planning process: \$2.5 million. They expected to wait for a few months while the sum was raised, but one week later Peter Adler was astonished to learn that the





*Peace Island Medical Center caregiver.*

goal had already been reached. As a result of the plan, the San Juan Island community was asked to raise \$10 million and to buy land near the airport for the new hospital. That might have seemed like a huge amount for an island community of a little less than 7,000 people to raise, but the population includes many residents with significant wealth, and they were able to exceed the goal, raising \$11.2 million. The additional funds were used to beautify the campus and buy art for it.

Peace Island Medical Center was designed with lots of input from the island community to be energy efficient, sustainable and reflective of its setting, as the American Institute of Architects said in giving it one of its 2012 awards for National Healthcare Design:

*Peace Island Medical Center began with a remote island community uniting to realize their vision of rural healthcare in the San Juan Islands. The hospital melds discreetly into the old-growth forest, basalt slopes and wetlands. Island resources are extremely limited, making sustainable choices fundamental. Naturally ventilated clinical areas and patient rooms*

*connect occupants with fresh air and drive down energy use. The design reflects the values of the caregivers and community, embodying humility, environmental sensitivity and innovation.<sup>116</sup>*

Peace Island also won a first place ASHRAE Technology Award in 2015, honoring its energy efficiency, achieved through geothermal pumps for heating and cooling, plus natural ventilation (openable windows are rare in hospitals, and required a release from the Department of Health).<sup>117</sup>

Peace Island has not been without controversy, as some residents have questioned whether a public hospital should be run by a Catholic health care system and have debated the ethical guidelines under which PeaceHealth operates. But the medical center has been a success in design, in financial stability, and in service to the community. Jim Barnhart, chief administrative officer for Peace Island and United General Medical Centers until his retirement in 2016, notes that in the first two years, 8,000 trips off-island for medical care were avoided and air evacuations (each one costing \$25,000) were reduced by half.

### *Joining with Southwest*

PeaceHealth Southwest Medical Center, with its proud history as the first hospital in the Pacific Northwest, was administered by the Sisters of Providence for more than 100 years (from 1858 to 1966—see the story on its founding, p. 8) and through four locations, ending up in 1909 with a hospital at 12th and Reserve in downtown Vancouver, Washington, that was expanded over the next 50 years.<sup>118</sup>



St. Joseph Hospital, Vancouver, Washington, ca 1911.

Meanwhile, Clark General Hospital opened in 1927 to meet the need for more hospital beds in Clark County; the hospital was built on Main Street just north of 33rd, where it still forms part of the PeaceHealth Southwest complex. In 1929, when it opened with 50 beds, a private room with bath cost \$6 per day and \$40 per week. It's also relevant to note that the administrator's salary was \$75 per month. A major remodeling in 1944 added 150 beds and new surgeries and labs. Then in 1945, Clark General was renamed Vancouver Memorial Hospital.

Vancouver Memorial grew with a major addition in 1960 and successfully completed a major fund drive to qualify for federal funds for major remodeling in 1965. St. Joseph Hospital also needed major remodeling, but was turned down for federal funds. Faced with an aging plant and increased government regulation, in 1966 the Sisters of Providence announced they would close the hospital.

A group of doctors and business people formed the St. Joseph Community Hospital Association and took on the challenge of raising \$1.2 million and obtaining federal matching funds.

*Members of the St. Joseph Hospital auxiliary form the Mother Joseph Miracle Workers. This group of women, up to 2,000 at one time, canvas the community door to door, hold auctions and sales. Their methods are a flashback to the work of the nuns and the ecumenical [Ladies] of Charity who begged and worked for money to open the first hospital in 1858.<sup>119</sup>*

In the great tradition of fundraising, the Hospital Association and Miracle Workers canvassed the community from Dec. 12, 1966, until Aug. 15, 1967, and met their goal in time to apply for federal funds "with hours to spare." The Sisters of Providence accepted the association's offer to take over operation of the hospital.

That great fundraising drive led to the building of a \$7 million, 238-bed facility at the present location on N.E. 92nd Avenue, opened in 1972. Then, in 1977, the two Vancouver hospitals merged to become Southwest Washington Hospitals. For 12 years, they operated as two separate hospitals with full health care services, but in 1989 they merged fully as Southwest Washington Medical Center, with different services on each campus. Mary Katherine Lookingbill, manager of spiritual



Vancouver Memorial staff, ca 1972.



*New community hospital campus, ca 1972.*

care for the Columbia Network, said, “The hospital was transitioning from being a community hospital to being a metropolitan medical center. The community was definitely behind the hospital. It was a non-faith-based, non-profit community hospital, and that was a proud point in our community. That was also a time of abundance in health care—there was lots of expansion going on in programs, people were allowed to go to educational events and seminars. It felt good to be in health care and at Southwest.”<sup>120</sup>

A number of major expansions during the 1990s and 2000s culminated with the opening of the Firstenberg Patient Tower; during this time Southwest received six National 100 Top Hospitals awards.

But this was also the time, in the mid-1990s, when Legacy Health built a new hospital at Salmon Creek, creating new competition, drawing caregivers and patients away from Southwest. And it was a time when new limitations and constraints began to be felt in health care. Then Southwest withdrew from engagement with Kaiser Permanente because the terms offered by Kaiser were unacceptable; that led to real panic among the staff.<sup>121</sup> When rumors about the affiliation with PeaceHealth began in about 2008, no one was surprised, because mergers were happening all

around the country. Caregivers at Southwest had always celebrated Mother Joseph as their founder, and many were excited about being part of a Catholic health care system.

Mary Katherine Lookingbill said, “Everyone believed that PeaceHealth would be our savior. The sense was that nothing important would change, that values were shared, that it would be an affiliation, not a takeover. Our expectations were unrealistic, but it was tempting to see the past as glorious and to feel that we were losing our identity.” The move to PeaceHealth came shortly after the bottom fell out of the U.S. economy in 2008, and that intensified the sense of loss.

Southwest fully became a part of the PeaceHealth system in 2010, just as PeaceHealth was engaged in a long process of moving from being a holding company, where each part of the organization operated essentially on its own, to a system structure that gathered key functions at the System Services Center (SSC), in Vancouver. Caregivers at Southwest watched “the palace,” as they called the SSC, being built, and worried about the

executives in the SSC making decisions that would affect their programs.

Six years later, the tensions are still palpable between PeaceHealth Southwest Medical Center



*PeaceHealth Southwest’s Firstenberg Tower lobby.*



*Providence Sister Chauncey Boyle and Sister of St. Joseph of Peace Kathleen Pruitt, join Lee Kearney, former Southwest board chair, to celebrate Southwest Medical Center joining the PeaceHealth system in 2010.*

and PeaceHealth—and between Southwest and St. John’s in Longview, which has sometimes felt overshadowed by the larger Vancouver hospital. In a time when all health care centers are asked to do more with less, weariness can come with expanded workloads. But as PeaceHealth and Southwest settle down into a long relationship and adjust to new leadership, a healthy synergy has begun to emerge. The fruits of Southwest’s long history of community involvement and outreach blend with PeaceHealth’s focus on living the mission to create a positive future.

## *United General Joins PeaceHealth*

A community hospital should be a major source of excellent health care, employment, stability and community pride. PeaceHealth United General Medical Center in Sedro-Woolley, Washington, offers all that and more, with a very wide range of emergency, medical and surgical services backed up by a full array of diagnostic and therapeutic technologies.<sup>122</sup>

A few years ago things were not going so well at United General. Founded in 1965, it had formed

Affiliated Health Services with Skagit Valley Hospital, the Mount Vernon, Washington, hospital, but in 2004 the Hospital District disaffiliated because people in town felt that all the attention and energy was going to Mount Vernon while their hospital was dwindling and dwindling. They wanted to bring it back.

Going it alone was costly. They tried to compete with the larger Skagit Valley Hospital, only 10 miles away, and they were struggling. By 2012, United General was losing \$3 million a year. That was not sustainable. They looked for possible solutions, and began negotiations with PeaceHealth.

Because Sedro-Woolley is close to PeaceHealth St. Joseph Medical Center in Bellingham, it was easy to see the savings and benefits that would result from collaboration. And the collaboration worked well because PeaceHealth had also been standardizing and centralizing, so instead of having to do its own purchasing or provide its own benefits package, United General could get the lower costs and better benefits that result from a big system. Also, Jim Barnhart, chief administrative



*PeaceHealth United General caregiver in clean supply room.*



*PeaceHealth United General caregiver discharging patient with family member.*

officer for United General and Peace Island Medical Centers until his retirement in 2016, stresses that “we were careful to learn what the strengths and

values and goodness of United General were and to carry that forward.”

By the time United General officially became PeaceHealth United General Medical Center in April 2014 staff size had been significantly reduced as back-office functions were handled at the Shared Services Center and management of patient services was coordinated from St. Joseph Medical Center. Bette Barlund, quality manager for United General, said, “As managers would leave United General, instead of hiring a new manager in Sedro-Woolley, we would work with a manager from St. Joseph and have a supervisor here. That let us lower costs and expand services.



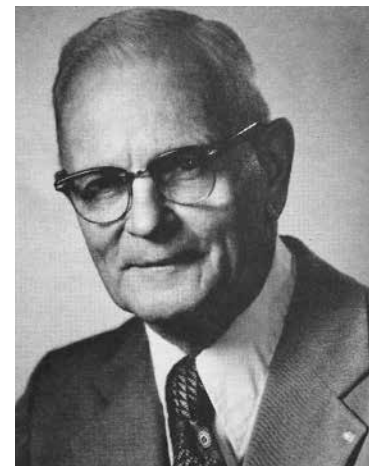
*PeaceHealth United General provider and caregiver discussing patient care needs.*

Being part of the system has made a huge, positive difference.”

The Sedro-Woolley community’s strong sense of pride and ownership is evident as one walks the halls of United General. For the community, said Barlund, “It has felt like the same vision and philosophy. And they have seen more services coming in, where before they often had to travel to Mount Vernon or Bellingham.”

### *PeaceHealth Labs*

Dr. Emil Furrer could be called the forefather of PeaceHealth Labs.<sup>123</sup> Trained at the Mayo Clinic, he was the first pathologist in Eugene. Seeing that Pacific Christian Hospital was failing, he reached out to attract Sisters who could purchase and run what became Sacred Heart Hospital.



*Emil Furrer, MD.*

A few decades later, in 1986, Dr. Grier Starr, who was part of a group practice, Pathology Consultants, got together with Sister Monica Heeran and they wondered if combining the lab and hospital operations could improve services, reduce costs and create jobs. With that kind of potential, it was worth a try. Their joint lab started off with 100 employees in Eugene and was a 50–50 joint venture between Pathology Consultants and Sacred Heart.

The combination worked well, but over time it became difficult to recruit other pathologists



because of the financial arrangement between the partners. The pathologists asked if PeaceHealth would buy out

their share. PeaceHealth did, and Oregon Medical Labs (OML) was born.

The land PeaceHealth purchased for the RiverBend campus in Springfield, Oregon, in 2004 included a huge building formerly owned by Sony and that became OML's new home. Uniquely, the lab links to the hospitals, clinics and provider offices through a pneumatic tube system; because of that all the testing for the hospital takes place in the old Sony building.

As PeaceHealth worked at strengthening its system in 2007-2008, leaders looked at the labs at each hospital and decided to move them into a single organization: PeaceHealth Laboratories, which now includes 12 laboratories in three states, was born. Ran Whitehead moved his family north and west from Florida, happy to find a home where his three-year-old daughter would not be sharing her yard with alligators, and became PHL's chief executive officer.

About 40 percent of the lab's work is outside PeaceHealth; PHL serves many hospitals and thousands of physician groups. Its sales team is out looking for new possibilities and its fleet of couriers runs up and down the I-5 corridor, bringing draws and samples and biopsies to PHL.

PHL is an innovator: Recently, it has developed two unique new lab tests. One, called Patient Project, tests to see what kinds of narcotics or street drugs a patient may be taking, something especially useful to emergency providers. In a study in Florence this test led to a 30 percent reduction in emergency visits among the affected population. The second new test, called RxAdhere, is designed to scan for more than 200 common drugs and makes it possible for providers to find out whether a patient is actually taking prescribed medications. Ran Whitehead notes that in 50 percent of hospital admissions a patient has not been following his or her prescribed medication routine, so the use of this test has great potential to give early warnings and head off serious problems.

### *PeaceHealth Medical Group*

Stu Hennessey remembers that the PeaceHealth Medical Group's origin was the need to connect indigent patients with doctors. "Those patients could get free medical care in the hospital, but could not get access to doctors. So PeaceHealth created medical groups as a way of providing care to people on the margins. It was entirely aligned with our mission and values, but not so good from an economic standpoint."<sup>124</sup>

The PeaceHealth Medical Group (PHMG) began as local groups, in Longview and Eugene, to answer that need, and a variety of medical groups joined other PeaceHealth hospitals, but were locally organized and managed. In a meeting in Bend, Oregon, in 2010 to develop the strategic plan called Vision 2012, one major proposal was to create a systemwide medical group.



*PeaceHealth provider and resident caring for a patient.*

Dr. Howard Graman, a physician leader with a background at the Cleveland Clinic and national experience in medical group management, was brought in as PHMG's first CEO, and the first part of his work was to understand where clinicians were already working within the system. Doug Watson, PHMG chief financial officer, said it was like creating a start-up company within a hundred-year-old entity. Graman and PeaceHealth CEO Alan Yordy had a compelling vision of an organization with a strong culture that could standardize and agree on clinical objectives.

Putting the organization together was challenging: Each local hospital had its own pay scale and contract, its own set of practices and expectations. And the realities of medical practice were very different in Ketchikan, for example, with its small population and huge island catchment area, than in the urban centers of Eugene, Bellingham or Vancouver.

Now under the leadership of Mike Metcalf, PHMG's current executive, providers are meeting the challenges of moving to the CareConnect

electronic health record and the changing nature of their practices. Often the patients they see today are older, have greater medical needs, and have more complicated conditions than would have been the case 10 years ago; they are likelier to be on Medicare or Medicaid. Also, according to Dr. Robin Virgin, many people now have insurance with very high deductibles and may put off coming in for care until there's an emergency, or may try to get everything done during their annual exam.

In a time when the practice of medicine is demanding and stressful—provider burnout has become a problem nationwide—the PeaceHealth Medical Group plays many crucial and difficult roles: Holding the standards for evidence-based medicine, building standards for the group practice, insuring coverage in all the PeaceHealth facilities, paying attention to finances—the list goes on and on. At the core, PHMG is strongly committed to the mission and values of PeaceHealth. The skill and dedication of the providers PHMG supports are essential to everything PeaceHealth does. The providers and caregivers of PHMG offer safe, compassionate care with a special focus on improving the lives of the most vulnerable. ■



*PeaceHealth caregivers in the outpatient clinic setting.*





# Visionaries, Teachers and Caregivers

The Sisters who built PeaceHealth worked hard and with great dedication. They built ties of friendship with people in the local communities and found ways to support those needing a helping hand. Some were visionary leaders who saw ahead of the curve; some were simple women who did their work with love. They worked hard, they loved to have fun and they pulled off a few outrageous jokes.

## Memories of Hard Times

The older Sisters remember how poor the people were.<sup>125</sup> Many paid in produce but soon the Sisters at St. Joseph Hospital were unable to pay creditors. They speak of anxiety when nobody would extend credit, of having no food for the patients, of needing to beg and of gathering potatoes at farms in Lynden. They also recollect the long, hard days beginning with times of prayer, doing the laundry, caring for the patients, cooking and taking time to listen to the sorrows of others while dealing with their own exhaustion. Still, it was important that everyone who needed it have access to health care. Some nursing students wondered when Sister Angela slept. “She did so many things. She was supervisor of nurses, she did all the x-rays at night, she did all the lab work, every blood draw that had to be done at night, and all the anesthesia, night and day. She was outstanding.”

## Pioneer Nurse to Pioneer Nun

Dorothea McHenry’s father, an Episcopal minister in Philadelphia, “expected [his] five children to be always examples of good



Sister Breda Dowling sorting in the linen room at St. Joseph Medical Center, ca., 1965. CSJP Archives.



Sister Joseph Raphael (Dorothea) McHenry in later years. CSJP Archives.

and adventure that led her to the remote Alaska frontier, to dogsledding—and to the Sisters of St. Joseph of Peace.

Dorothea studied nursing and said, “At first the actual nursing made me quite ill, so I tried to cover my feelings by having a good time off duty. In those days to have bobbed hair was a sign of a bad girl so I bobbed my hair and talked one of my friends into doing the same. We were both sent home until our hair grew longer.”<sup>127</sup> After nursing school she headed to Wyoming to visit her brother, paying for her ticket from an envelope of cash given her by a wealthy businessman. “I believe I have a little gypsy in me,” she said. “I love to travel and try new experiences.” After several years in Wyoming, Colorado and Missouri, she responded to a request from the Episcopal Mission Center for a volunteer to the Anvil Mission on the Yukon River. (“I loved cold weather and didn’t like the heat,” she said.)

In 1929, on a sternwheeler boat carrying her down the Yukon River, she met Joseph Crimont, the Catholic Bishop of Alaska, and began a conversation that would change her life: “I’ve always said that he prayed me right into the Sisters of St. Joseph of [Peace].”

behavior.”<sup>126</sup> We can imagine that mushing a dog pack would not have been on his list of suitable behaviors, but his daughter Dorothea chose a life of mission

Dorothea did everything from delivering babies to setting broken bones to extracting teeth as she worked with the native community. That mission closed, and Dorothea spent several years working in Fairbanks, Alaska, where she worked with the Sisters of Providence, and felt a pull from the Catholic chapel in the hospital: “I would slip down and listen outside in the hall. It just drew me—not quite knowing why. One day I stood by the door when the priest turned around to give the blessing with the Blessed Sacrament and something took place within me. I knew I’d never be satisfied until I became a member of the Church, but I wasn’t quite ready.” She began saying the rosary and going to Mass. Still called to the frontier and the native people, she accepted a position as a government nurse at Mountain Village, also on the Yukon, where she had her own five-dog team that included a pure white Siberian wolf and mushed them when she went out to visit the cabins. She and her fellow nurse boiled their instruments in a dishpan over the wood stove and compensated for an incompetent surgeon by sending people back to their homes for native medicine whenever possible: “That way we saved eyes, legs and people.”

Dorothea McHenry became a Catholic in 1937: “I walked on air for a week afterwards. Never knew God could be so wonderful. It was as if finally, after years of being blown around on a rough sea I had come home.” Soon after that she felt called to become a Sister. Bishop Crimont, who in 1922 had promised the Sisters of St. Joseph of Peace that he would promote vocations to their Community, naturally suggested that she look there. Although she was entering religious life at 35, far later than was usual, the Sisters welcomed her as a

postulant in Bellingham in 1938. She was advised to take a leave of absence rather than giving up her government job: Bishop Crimont wrote that this was “a measure of prudence, as experience has demonstrated that after the age of thirty it is difficult to adjust oneself to a life of discipline and obedience. But the grace of God can make one do what is naturally not only difficult, but impossible. The rest depends on your courage.”<sup>128</sup>

Dorothea, who became Sister Joseph Raphael—in honor of Bishop Joseph Raphael Crimont—had both courage and adaptability to fit into her new life. “I learned about kissing the floor when leaving the chapel. That took lots of my courage but not as much as having to kneel down to ask for things.” She was sent to Wenatchee and Rosslund, then, joyfully, she was called back to Alaska. Sister Joseph Raphael was missioned to work as a nurse at Ketchikan General Hospital, just in time to participate in the dedication of a new wing with her mentor, Bishop Crimont. After six years there, a severe back ailment—a common problem for nurses—kept her from nursing and led her into a lifetime of dealing with chronic pain. Several surgeries later (“I decided God loved me very, very much”) and after a long sad stay in Longview, “I begged to be given crutches and visit patients,” but the Superior felt that would discourage the patients.

Happily Sister Ellen Caldwell (then Sister Enda) asked her if she’d like to come back to Alaska. “It was like a star shining in my world,” she said, and there she became the executive housekeeper for Ketchikan General Hospital. “I was delighted to again become a useful member of the Community.” Everyone got used to seeing Sister



*Sister Joseph Rafael McHenry as executive housekeeper in Ketchikan with custodian Leslie Cauthen, ca. 1970. CSJP Archives.*

Joseph Raphael on her crutches: “Only children now ask me what they are for and why I have them. The adults just take them as part of me, such as I am.”

When even her work as executive housekeeper became too physically challenging, she visited patients, until finally, reluctantly, this Alaska pioneer had to retire to St. Mary-on-the-Lake in Bellevue, where she died in 1976.

## Sister Stephen Takes in a Stray

Sister Stephen McBride was a tiny nun with a great sense of humor, famous for her advice to “eat dessert first, you might not survive dinner.” For 17 years Sister Stephen ran the kitchen at St. Anthony Hospital in Wenatchee. In the early 1950s she encountered Joan Holliday, a teenager living on her own who’d found a job at St. Anthony’s on the night shift. Sister

Stephen took Joan under her wing, and told her one day that she could arrange an apartment in a vacant part of the hospital that used to house nurses. Joan said yes to that idea, and “after that I was on her list and under her eye. She was always humorously checking in with me to make sure I was OK and see what was going on. She discovered that I liked to go out late at night. I was supposed to be locked in to the nurses’ quarters at night, but there was a lattice outside the window of my room and I climbed up it to get back in. Sister Stevie knew I was sneaking out, somehow she knew, and she never told on me. The only thing she demanded was that I present every boyfriend to her for personal inspection and approval. She approved of most of them, but there was one older guy she was leery of—and she was right. She had good sense, which I didn’t at the time.”<sup>129</sup>

Sister Stevie also had a word with male patients



Sister Stephen McBride. CSJP Archives.

who were trying to get too familiar with young Joan, and warned her about the foibles of the other nuns and the patients. “She got you laughing,” said Joan. “She was kind and funny and caring about people. She just decided that I was a stray who needed her help.”

Joan left the hospital and went into secretarial work at J.C. Penney Co. but kept visiting Sister Stephen on a regular basis, and their conversations turned to Joan’s future. “I realized it was time to decide whether to become a religious or to get married,” said Joan. “I was engaged, but I wasn’t that excited about getting married. I loved the guy, but not that much. So I talked to Sister Stephen a few times, and she said, ‘If you have that desire, you need to check it out.’” Sister Stephen put Joan in contact with the Sisters in Bellingham and Joan decided she had to try out this life. “I didn’t have enough money for a dowry,” said Joan, “so Sister Stephen gathered up a trunk of clothes for me and sent me off. The fiancé had to wait a year while I tried it out, and then he had to find somebody else.”

Joan became Sister Virgil and later returned to her baptismal name as Sister Joan Holliday. Today she lives at St. Mary-on-the-Lake in Bellevue, where she carries on Sister Stephen’s tradition by baking breads and cookies that tempt everyone to eat dessert first.



Sister Stephen McBride chats with a patient in Ketchikan, ca. 1970. CSJP Archives.



Sisters June Stegeman and Joan Holliday (right) on the day they were received as Sisters of St. Joseph of Peace in 1954. Traditionally Sisters wore wedding gowns when they were received into the Community and became novices, then put on the habit. CSJP Archives.

## The Greatest Heroes

Four Sisters were missioned to Sacred Heart Hospital, Eugene, in 1936: Sister Jane Frances Lowery, administrator; Sister Theodore Marie Gorman, superintendent of nursing; Sister Marie de Lourdes McHugh, bookkeeper; and Sister Margaret Ann Whalen, receptionist.

Sister Margaret Ann entered the community at the advanced age of 34 and was about 40 when she arrived in Eugene. Unlike her Sister companions who would take charge in the hospital, Margaret

Ann didn't have medical or business training. Yet she became central to the image of Sacred Heart Hospital in the Eugene community by meeting and listening to everyone in the community who came by her desk.

Dr. Carl Phetteplace, who wrote her eulogy, said of her:

*From the beginning, she was assigned to the switchboard and she did in fact become, as has been said, the "Voice of Sacred Heart Hospital." But since there [were] hardly ever more than 40 patients in the house, she had many additional duties such as registering patients, listening to complaints, sending out statements, and what was probably most important, meeting and visiting with thousands of people over the years who came by her desk. In this capacity, she had a great deal to do with breaking down the strange prejudices that...existed about a Catholic hospital here.*

*I recall that on Sunday mornings she usually had a number of children of doctors' families gathered around the switchboard, entertaining them while their doctor-fathers were making rounds. I know our own children looked forward to this as a Sunday morning treat and they never forgot those happy visits...Her ever cheerful, friendly personality contributed so much to a spirit of goodwill in the community.*

*...It is not always those who receive all the plaudits and recognition for their great achievements in life that are the greatest heroes. Frequently these idols have everything going for them—inherent ability, good fortune and health, and above all the very stimulating*



Sister Margaret Ann Whalen in her last years, about 1965. CSJP Archives.

effect that comes from knowing that they are recognized and looked up to and cheered on...This is a great psychological stimulant. But often, it seems to me, the most courageous heroes are those who have almost had everything going against them and still are able to hold steadfast and give unceasingly of themselves for the benefit of others...Sister Margaret Ann was in this latter category.<sup>130</sup>

In her last three years, Sister Margaret Ann, who was plagued with illness for much of her life, was confined to bed from complications of diabetes, but never lost her friendliness and never complained. "Although unheralded and perhaps never appreciated as much as she should have been, she lived most nobly a life of devotion and service as long as she was physically able."

### *She Has Been Our Angel*

Sister Theodore Marie Gorman was one of the first four Sisters at the newly christened Sacred Heart Hospital in Eugene, Oregon. She began her mission as superintendent of nursing in 1936,

when she was 34 years old, and only four years later became the hospital's administrator. Later, as Mother Superior for the Western Province, she guided the community through the beginnings of the time of renewal and deep change (1964-68).

Dr. Carl Phetteplace named the quality of her leadership:

*From the beginning she had unbounded faith in the community and has been increasingly proud of her medical staff. She has constantly had a concept that the staff and the Sisters were a team that should be dedicated to providing the best possible medical service in this area and that her obligation was to provide the staff with everything it needed to advance in proficiency regardless of cost. She has been our angel.<sup>131</sup>*



Dr. Ralph Christenson and Sister Theodore Marie Gorman break ground for the School of Nursing building, Eugene, 1964. CSJP Archives.

## *A Mission for the Children*

Sick children touch everyone's heart. In Bellingham, in the 1930s, a group of women recognized that Seattle Children's Hospital was overwhelmed, especially in orthopedics, with only 45 beds to serve children in Washington and Alaska. They organized as the Whatcom County Orthopedic Association: The officers were Mrs. Bartlett Drake, Mrs. Irwin Le Cocq, Mrs. Max Davis, Mrs. Mark Timson, Mrs. Macrae Smith and Mrs. William Eddy. And soon they had talked the Sisters at St. Joseph Hospital into opening the St. Joseph's Children's Clinic. In 1949, a new wing of the Forest Street hospital with three floors included a therapy pool, classrooms, a gymnasium and physical therapy center, an occupational therapy room, and an isolation ward for polio patients.

A few years after the Children's Clinic opened, St. Joseph's Hospital was chosen to take a share of Alaskan children in need of hospitalization. Forty-nine children were flown south over the next four years: Diagnosed with tuberculosis of the bone, polio, cerebral palsy, congenital defects and traumatic injuries, these children came into the excellent care of a team of doctors, nurses



Children's ward at St. Joseph's Hospital, c. 1930. Photo by J.W. Sandison, Whatcom Museum #1402.



Sister Jean Marie Gallant with two of the Alaskan children she cared for. CSJP Archives.

and therapists, guided by a tiny Sister from Prince Edward Island, Sister Jean Marie Gallant.

Sister Jean Marie pursued her calling as a therapist with great determination.

Though she had taught before entering the Sisters of St. Joseph of Peace, she convinced the community to send her to nursing school, then on for an orthopedic nursing diploma, then for a bachelor's degree, and finally for a degree in occupational therapy. This was at a time when few Sisters were sent to earn advanced degrees. At St. Joseph Hospital she became the nursing supervisor for orthopedics and she brought persistence and skill to the care of the children, making sure they had classes as well as surgery and therapy, and working with the Orthopedic Association to raise money for all the extras. She had a special love and feeling for the Alaskan children, possibly because she was also far from her home and family.

As well as the Alaskan children, Sister Jean Marie and the staff at St. Joseph coped with the first polio epidemic in July 1945.

*In less than 48 hours, the assembly room became an isolation ward with 48 beds...There were 137 patients cared for in this emergency ward during the epidemic. It was during this*

first epidemic that the present pool treatment came into use. Through the tireless vigilance of Sister Angela, Sister Jean Marie, Mrs. Rhoda Roberts—the physiotherapist—and the entire staff of nurses, lives were saved and the patients brought through with astonishing results...It was learned afterwards that St. Joseph Hospital during this epidemic had the best results of the entire nation.<sup>132</sup>

## Taking the Long View

Because they are part of a multi-generational community with a mission based in Gospel values, Sisters can have an unusual capacity to act out of a long perspective, to make choices that seem foolish in the short run, but prove to be wise later. One of the Sisters who had an impressive ability to see possibilities and act on them was Sister Patricia McGuinness, who transformed both St. Joseph Hospital, Bellingham, and St. John Hospital, Longview, through farsighted determination.

When she was appointed as administrator of St. Joseph Hospital in 1957, Mother Patricia Moran wrote to her, "...We are convinced that you are the only Sister who will be able to undertake that great work...In this crisis it is only someone with your courage, personality and zeal that will overcome the obstacles there."<sup>133</sup> The Sisters' records do not reveal the nature of the crisis at St. Joseph's, but it was likely to have involved the competition with St. Luke Hospital for doctors and patients, and the challenge of dealing with the limited acreage of the physical plant on Forest Street. Sister Patricia's "courage, personality and zeal" led her to take the dramatic step of buying a 65-acre property at the northwestern edge of Bellingham



Sister Patricia McGuinness during her years as administrator of St. John Hospital, Longview, 1968. CSJP Archives.

without bothering to go through the proper CSJP channels for approval. It seemed like a rash and ill-advised step to almost everyone at the time, but it provided the space for a new, spacious hospital (opened in 1966) with plenty of additional room for medical offices, specialized clinics and future growth. The cost at the time was an immense sum: \$117,000. There can be little doubt that the new hospital and huge campus full of expansion possibilities had much to do with St. Joseph's, rather than St. Luke's, being the survivor of their long competition.

Sister Patricia was next sent to Longview, where her courage, personality and zeal were equally evident in the construction of the new St. John Hospital. In the 1960s both St. John Hospital and





*Sister Rosarii Metzgar, Sister Brigid Collins and other dignitaries at a groundbreaking event for the current St. Joseph Hospital, June 23, 1964. CSJP Archives.*

Cowlitz General Hospital needed to expand, and sought federal Hill-Harris grants.

St. John's received a favorable report on its grant application. Cowlitz did not. Then a storm broke. Alarmed that the two-hospital concept was in jeopardy, a number of local citizens hastened to apply political pressure. A petition with 10,000 names was laid on the desk of the state health director demanding that Cowlitz General get the money.

This strategy worked. The Health Department did an about-face, rejecting the grant for St. John's and awarding \$987,943 to Cowlitz. The new Cowlitz Hospital was to cost \$2,600,000, so a hurried fund drive was conducted and enough money was raised to qualify for the grant.

Sister Patricia, undaunted by the loss of federal

funds, plunged ahead with St. John's expansion plans. The Sisters had good credit. They could go into the bond market to raise funds, and this was done to the extent of more than \$3,000,000. Some of the Sister's associates were appalled at the size of the debt being contracted, especially since three of the eight floors of the high-rise hospital she planned would not be finished and thus could yield no revenue. Could the community actually support two such expensive new hospitals? But if others were worried, Sister Patricia was not. "God will provide," she was fond of saying when troubles were discussed.

Before the building was finished Sister Patricia announced that all floors, not just five, would be finished. More cost. More debt. But she knew the old Longview Memorial wing could not be used in the future because of new health care requirements. She was sure the additional space

being provided would be needed. The new St. John's building was dedicated May 11, 1968, just a few days after the new Cowlitz General was opened. Longview then became possibly the best served city, from a hospital care standpoint, in the nation.<sup>134</sup>

Again, a decisive move that seemed foolish at the time proved to be farsighted wisdom. Sister Catherine McInnes said of Sister Patricia:

*I often found her in quiet prayer in the chapel; and although she was very busy with hospital business, she rarely missed attending the community prayer... Sister Patricia was impulsive, aggressive, determined and focused, but with these qualities and her compassion for patients, she was able to accomplish much... Today, as we see the expansive medical center on the 65 acres of land purchased at the request of Sister Patricia, we cannot but be filled with awe at her trust and confidence in God. She often said that perhaps one day, the Sisters of St. Joseph may not be providing health care to the community but there would be a need for someone to do that and we should leave in place a respectable institution for the people of Whatcom County to secure health care. Indeed, this was accomplished with Sister Patricia's vision and determination.<sup>135</sup>*

*"God's going to ask you about this one"*

Kirk Raboin remembers that when he started working at St. John Medical Center in 1980 as a radiology technician, he was very young, very earnest and very impressionable. Sister Camillus Elliott was the night nurse in the emergency room

and she was quite the jokester. Some Sisters were still wearing the habit then, Sister Camillus among them, and they were very much protected and respected by the medical staff.<sup>136</sup>

At that time the radiology suite was at the back of the Emergency Department and Kirk, the first night x-ray technician, spent long hours waiting for patients to need his services. One night Sister Camillus said, "There's hardly anything going on; you should just go back and rest your eyes. I'll call you if I need you." So Kirk went back to radiology for a while, but his Catholic conscience was bothering him and he couldn't really rest. He felt guilty about being away from the ED. So he walked up to Sister Camillus' station and she said (in her Irish accent), "Where have you been? I rang you and rang you and nobody answered, so I had to call your boss." Kirk said, "My heart just sank. I thought I'd let people down. And then she started laughing and told me she was kidding me. And I said, 'When you come up to the pearly gates, God's going to ask you about this one.'"



*Sister Camillus Elliott, from Adveniat Regnum Tuum, CSJP publication, 1963.*

## *Sister Catherine's Logger*

Dale Zender remembers that when the 1985 tower was built at St. Joseph Hospital, there was an area covered with cottonwoods that needed to be used for parking. Sister Catherine McInnes turned to Dale, who was then working in finance, and said, "I know you're from a logging family. Would you do me a favor, would you cut down all these trees and save us a little money?" So Dale got one of his father's power saws and worked away at the four acres of trees. On the last day the saw flipped and he cut his leg and walked over to the emergency room where Sister Catherine, whom he adored, gave him a talk about being safer.<sup>137</sup>

## *Sister Monica Goes Undercover*

One day in Ketchikan General Hospital in the early 1990s—Laura Trettevik remembers this story—a hospital housekeeper was startled when she looked up from scrubbing the floor in the tunnel that led to the surgical unit and saw an older woman, looking a little rattled and disheveled. The housekeeper got up and said, "Hello, can I help you?" The old woman said her husband was in the hospital and she was lost and couldn't find him. The housekeeper put an arm around the woman and said, "Now don't you worry, I'm going to take you up to the surgical floor, and we'll find him." So she took the lost, confused woman upstairs, introduced her to the manager, explained what had happened and did everything perfectly. That lost woman then proceeded to reveal herself as Sister Monica Heeran, the CEO of PeaceHealth's ancestor, Health and Human Services, and said, "I am so proud to know how you really treat the people you care for."<sup>138</sup>

Sister Monica continued on her unannounced visit, happy to know she had tested the hospital's commitment to service not through statistics or a lecture to the heads of staff, but in the most direct possible way. The housekeeper became the hero for the staff of Ketchikan General Hospital.

## *In Brigid's Closet*

Brigid Collins came across the Atlantic from Ireland in 1936 with her friend Ellen Caldwell, and the two of them were sent further on to Bellingham, where they entered the novitiate and received their new names: Sister Francis Xavier (known as Frankie) and Sister Enda.<sup>139</sup> Brigid trained as a nurse and, in 1960, was named administrator of St. Joseph Hospital, where she planned the building of the new St. Joseph Hospital on the remote Ellis Street site that Sister Patricia McGinnis had purchased.

When changing times in religious life allowed her to make a choice, she chose to become a social worker and established the first Social Work department at St. Joseph's. Sister Brigid's way of doing social work was very personal and very effective. Women with few resources would come in to have their babies and she would make sure that they went home with a complete layette. And to supply that layette, she convinced the Women's Auxiliary to have a baby shower every year for Sister Brigid's babies.

Steve Omta remembers that she would give out free meal tickets to everyone, which drove him crazy. He'd say "Sister Brigid, how can we afford all this free food?" And she would ignore him. When he told Sister Catherine McInnes, the hospital administrator, about his worries, she said, "The Lord will provide and I trust you will make sure that the sock is always full."

Sister Brigid kept donations in “Brigid’s Closet,” a forerunner of the Dove Pantries in today’s PeaceHealth. If someone needed something, they would go to Brigid’s Closet, so the story went, and what they needed would be there. Phil Sharpe remembers that she had a fund—the Brigid Collins Social Services Fund—“and if you wanted to help a family that had fallen on hard times, you could go to Sister Brigid and say ‘I want to make a contribution to help this family, anonymously.’ And invariably you’d find out that Sister Brigid had delivered far more than you had donated.”

Sister Brigid didn’t always go by the book and she loved a good party. Phil Sharpe said, “When I think of Brigid I think of this fountain of human joy that enveloped every person in sight. She made you feel good about being a human being.”

Sister Brigid died suddenly in 1991 and her greatest legacy is one she would completely appreciate: The Brigid Collins Family Support Center, founded in her memory and honor, works to end the abuse and neglect of children.

### *A Matter of Perspective*

In 1985 Sister Andrea Nenzel heard an urgent call from Central American Bishops for Sisters to come and accompany people who had been displaced by government-sanctioned repression and guerilla activity. She remembers that an earlier request to study Spanish had been denied by the Superior of the time because she did not need it in her ministry. Now that she was called to a ministry among Spanish speakers, she didn’t have the language.<sup>140</sup>

Characteristically for Sister Andrea, this did

not stop her. She and Sister Margaret Jane Kling investigated, found a great need in El Salvador and decided to answer it. After a few weeks of studying Spanish, they flew to El Salvador—the country where three Sisters and a lay volunteer had been murdered by government forces only four years earlier—and agreed to become an “international presence” in a new refugee camp on the outskirts of San Salvador. Their first night in Calle Real, as the camp was named, the Sisters were put down in the middle of open country along with



*Sister Brigid Collins (l) shows off St. Joseph Hospital’s new autoclave, ca. 1962. CSJP Archives.*



*Sister Andrea Nenzel in her Calle Real "office" in 1987. CSJP Archives.*

some foam mattresses and a few men who would start digging and building the next day.

The camp became a true refuge, with simple housing for families, a school for the children, a common kitchen, a tiny health clinic and Mass offered by visiting Jesuits. The two Sisters, each of them considerably taller than the average Salvadoran, were the visible presence that deterred government forces from raiding the camp. It was a very simple life, with dirt floors, buckets rigged up for showers, beans and tortillas for food, and good company among the warm and generous Salvadoran people.

In 1988, Sister Andrea returned to the U.S. after she was elected as Province Leader for the Sisters of St. Joseph of Peace. "That first summer," she said, "I had just come back from El Salvador, from the camp and the heat and the dust and the leaky

tin roofs, and I was sent down to Eugene where, as the first vice president of PeaceHealth, I signed a check for \$17 million. It was the most unreal experience, going from the minimum basics of life to a North American hospital and seeing a check for that amount. I remember walking back to the community house and having the experience of rising above myself, being split between those two realities. I became aware that in some way I had to merge the two, so I went back to El Salvador on a



*Sister Andrea Nenzel with Miguelito at the Calle Real camp's farewell celebration, 1987. CSJP Archives.*



*Sister Monica Heeran at the RiverBend Annex blessing, January 5, 2006.*

regular basis with the Truth Finding Brigades, going to places where people had been massacred and listening to their testimonies. I also went to colleges to talk about the reality of what I had experienced in El Salvador. And that made it possible for me to continue working with PeaceHealth without denying my experience in El Salvador.”

### *Heeran Leaves a Mark*

*From the Eugene Register-Guard, Editorial, June 19, 1988.*

*People who know Sister Monica Heeran well describe her in two ways, sometimes in the same breath. First, there’s the compassionate*

*and gentle nun dedicated to the relief of human suffering. Second, there’s the shrewd administrator of Sacred Heart General Hospital, Lane County’s largest private employer. Somehow, Heeran has managed to serve God and the bottom line with equal success.*

*...She became administrator of Sacred Heart in 1973 and has steered the hospital through a time of unparalleled turbulence and growth.*

*During Heeran’s tenure, the hospital built its new six-story wing on Hilyard Street. It added cardiac, neonatal and prenatal services, among many others. It began preparations for a new*

office complex and a new hospital in Florence. Sacred Heart has a budget in excess of \$100 million and more than 1,900 employees and has become Oregon's busiest and most cost-efficient hospital.

*That's not bad for a woman who tells people that she's just "a little old nun trying to do my job."*

*Heeran is, of course, considerably more than that. She's a trained hospital administrator with a background in nursing who developed a knack for distinguishing between trends and fads in the health care industry. She has attracted top-drawer talent to Eugene—for instance, Sacred Heart is rated the safest place in the country for coronary bypass surgery. She has been the hospital's chief strategist and visionary.*

*She can also be tough when she thinks her principles or the hospital's well-being require it. The most painful episode in Heeran's career at Sacred Heart probably was the 10-week nurses' strike in 1980. The hospital's management stood its ground in a confrontation everyone would have preferred to avoid. Heeran's willingness to endure a strike proved to any doubters that she could be a formidable adversary.*

*As head of the hospital's parent company...her presence in Eugene will continue to be strongly felt. That's good news for the hospital and its community, both of which show her indelible imprint.*

## *Making Life More Joyful*

Sister Aileen Trainor seems to know everybody in Sacred Heart. She may well know just about everybody in Eugene. She has been there for 45 years as nurse and risk manager, making life more joyful for everyone whose path she crosses. Pam Bristol talks about her focus: "The places she goes at PeaceHealth today, the things she can say that no one else could say, some of them no one else would say. Recently she gave the prayer before dinner at an employee celebration in Eugene, and then made a joke and everybody cracked up. Afterwards a number of people at my table talked about how she had touched their lives."<sup>141</sup>

Sister Aileen is famous for that great sense of fun, and does not hesitate to use it among her Sisters. Sister Anne Hayes remembers coming to Eugene for a visit when she was thinking about going into nursing. "Sister Aileen was already a nurse, and she sent me out to look for Fallopian tubes. After a long search it dawned on me that they are part of my body."



Sister Aileen Trainor (third from the left) with PeaceHealth Caregivers.

Sister Aileen’s humor is a joy to all who know her, but underneath that twinkling eye is a heart of gold and a clear passion for the most vulnerable.

### *For Dignity and Comfort*

Sister Francena was such a stickler. Kirk Raboin remembers back to his days as a radiology technician in Longview: Once he went up to the seventh floor and got an elderly gentleman into a wheelchair and was whisking him past the nursing station on the way to Radiology. Then Sister Francena called out to him, “Young man, young man!” She called him back and took him aside, showed him where to get a blanket and had him tuck it around the patient’s lap. She said, “You may not think much of this, but we respect people’s dignity. We always cover them up and we always make sure they’re comfortable.” Kirk said, “That has stuck with me, and I always think about putting the patient first and remembering that they’re somebody’s mother, father, family member.”<sup>142</sup> ■



*Sister Francena Dodd with a happy friend.*



# Growing and Changing

*Health care has changed dramatically since the early days of St. Joseph Hospital. In recent decades, the pace of change has been breathtaking, reflecting new technologies and new treatment paradigms—and also reflecting continual changes in health care organization and economics. A grounding in mission and values makes it possible for PeaceHealth and PeaceHealth caregivers to move through all the changes with a sense of purpose and commitment.*

## Nurses in Training

Nursing education in the U.S. began in 1873 with training schools in New York, New York; New Haven, Connecticut; and Boston, Massachusetts. The impetus for the professionalization of nursing came from upper-class women who “found patients and beds in ‘unspeakable’ condition; the one nurse for a surgical ward slept in the bathroom, the hospital laundry had not had any soap for weeks, and at night no one attended the patients except the rats that roamed the floors.”<sup>143</sup> Though doctors objected that educated nurses “would not do as they were told,”<sup>144</sup> the women persisted, and trained nurses quickly became essential to the working of the hospital.

St. Joseph Hospital opened a nursing school in 1906,<sup>145</sup> and the Sisters also ran nursing schools at St. Anthony’s, Wenatchee, and Sacred Heart, Eugene. A prospectus for the St. Joseph’s Hospital Training School for Nurses, apparently from the 1930s, offers a state-accredited three-year program leading to the state examination



*Sister Frederick Sullivan training student nurses at St. Joseph School of Nursing. CSJP Archives.*

to become a registered nurse. "Candidates should be between the ages of eighteen and thirty, and be single," said the prospectus. "They must be very dependable women, of good moral character, and in good health, of pleasing personality, and must be neat and orderly. High School graduates and women of superior qualifications will be preferred."<sup>146</sup>

Initially all the classes and clinical experience took place in the hospital, but in 1936 students began going to Western Washington State College (as it was then) for basic sciences. Providing clinical experience became more and more difficult as the years continued: Students had to go elsewhere for their psychiatric, tuberculosis and pediatric training. With St. Joseph's and St. Luke's in competition, neither hospital had enough patients for a thorough training of the student nurses.

In September 1961, Sister Rita Mary Lyons sent a hopeful summary of personnel and planning for the nursing school to Mother Hildegard McMahan. A few weeks later a letter from the Washington State Board of Nursing in Olympia must have dashed those hopes: "The Board commends the faculty for their effort to provide as good experience as possible, but, with the low census, facilities are inadequate."<sup>147</sup> By Dec. 1, the hospital's governing board, led by Sister Francis Xavier (Brigid Collins), had concluded that the nursing school would be closed after the graduation of the class of 1963.

In Eugene, the Training School for Nurses "started on the feast of St. Ignatius in 1943, has been a great success, and received full approval."<sup>148</sup> More than 2,000 nurses were trained in the program, including many Sisters, who learned under the



*Making the bed perfectly, four-inch cuff and all, at St. Joseph Hospital. CSJP Archives.*

watchful eye of Sister Peter (Mary Powers). As Nancy Glasscock remembers, the student nurses learned that the top sheet of the properly made bed had to have a precisely four-inch cuff, and that you could be sent back to your room if your shoelaces were judged to be dirty.<sup>149</sup> But the students also got a full experience of nursing care, as Sacred Heart Hospital was much larger than St. Joseph's, with 260 beds, and offered the only Oregon nursing school outside Portland.

Like St. Joseph's nursing program, Sacred Heart's also came to a close as nursing education nationally moved from hospitals to colleges. In 1970 the nursing program moved to Lane Community College, though students continued to get most of their clinical experience at Sacred Heart.

The hospital nursing programs, with their special caps and uniforms, yearbooks and pinning ceremonies, gave way to an increasingly demanding and professional curriculum for nurses, who now might well be male or married or embarking on a second career. Registered nurses no longer make beds, and the length of the sheet cuff is probably no longer measured.

## General Rules for Student Nurses St. Anthony Hospital School of Nursing

### *Requirements for Admission*

Candidates should be under thirty and single.

They must be dependable women of good moral character, in good health, of pleasing personality and must be neat and orderly.

### *General Rules*

1. The rising call is given at 6:30 a.m., roll call 6:45 a.m. Nurses should form a habit to rise instantly when the bell rings, so as to have sufficient time to dress carefully, make their beds and leave their rooms in order. Everything must be put away in the place assigned to it.
2. No nurse is permitted to report for duty until after she has eaten breakfast and no nurse is excused from roll call, unless ill or absent.
3. Nurses must be prompt at their meals and must not linger in the dining room. Attention must be given to table etiquette. A lady is known by her conduct at table.
4. Nurses assemble for morning prayers at the time and place appointed by the Sister, Director of Nurses. No one is excused from this exercise. No talking will be allowed and a respectful demeanor must be observed.
5. Nurses are expected to be in their respective wards promptly at the hour appointed. Their person and clothing scrupulously neat, and wear the uniform prescribed for their rank avoiding unnecessary ornaments of any kind ...
6. Nurses are requested to be very careful to prevent all noise which tends to disturb the patients, such as loud talking, laughing, careless closing of doors and the like ...
10. Nurses in the discharge of their duty must observe the strictest secrecy, and avoid all tale bearing or gossip; they must bear constantly in mind the importance of their calling and show at all times the self-denial, forbearance, gentleness, and good temper so essential to those attending the sick and also to their character as Christian nurses.
11. Nurses are requested to treat patients with gentleness and consideration and maintain a dignified demeanor on all occasions.
14. Nurses shall not visit patients or one another while on duty without permission; neither shall they answer personal telephone calls, but if the message is important it will be delivered to them.
19. Nurses may not eat in the pantries or in patients' rooms much less chew gum; no well-bred person is guilty of such a vulgar habit.
22. Nurses are expected to put forth every effort to protect the interest of the hospital, seeing that there is no waste or extravagance in the use of supplies. Utility rooms, patients' rooms and wards, closets, dressing and treatment trays, are at all times to be kept in immaculate order. There is a place for everything and everything must be kept in its place. If a nurse should break or ruin any article, she shall report it at once and it will be charged against her breakage fee.<sup>150</sup>

## Two-Hospital Towns

As mentioned in Chapter 1, within a year of the founding of St. Joseph Hospital another hospital was opened. Though the town of Bellingham was hardly big enough for two hospitals, St. Luke's "had its roots in the religious and community competition spurred by the presence of the Catholic sisters and their arrival in Fairhaven."<sup>151</sup>

The rivalry between St. Joseph's and St. Luke's continued for almost 100 years, created a great deal of rivalry and bitterness in the Bellingham community, and made it hard for either hospital to prosper. Archives of the Bellingham Herald show decades of discussion over the two-hospital town and many proposals to solve or dissolve the rivalry, including a Medical Society proposal to have a community-run hospital, coyly named the Whatcom County All Saints Ecumenical Community Hospital,<sup>152</sup> take the place of both hospitals, but on the St. Joseph Hospital Ellis Street campus.<sup>153</sup> A 1970 editorial in the Bellingham Herald sums up the problem: "The patient's pocketbook also is worthy of consideration. We don't profess to have all the answers, but we do know that the community cannot afford to buy duplicate sets of limited use equipment such as cobalt machines. We know that neither hospital, in separate location, is big enough to support a nursing school. And we know that a lot of non-productive travel time would be saved for seeing patients if the two hospitals were in one location."<sup>154</sup>

The obvious location for a two-hospital campus was St. Joseph's big property on Ellis Street, which Sister Patricia McGinnis wisely purchased in 1960. St. Luke's was landlocked in its campus, while St.



*Sister Catherine McInnes, long-time administrator at St. Joseph Hospital.*

Joseph's had plentiful room for physician offices, labs, specialized clinics, ambulatory services and future hospital buildings.

That solution would have depended on the two hospitals giving up their rivalry and probably their identity to merge; it was not attractive to either. Their long rivalry only became fiercer during the 1970s when the County Medical Society and Comprehensive Health Planning Council recommended against expansion of each hospital's facilities because of their failure to plan together.<sup>155</sup>

With both hospitals clamoring to meet all of the Bellingham community's needs, the Washington Department of Social and Health Services tried to limit duplication by declaring that St. Joseph Hospital would have the only birthing center and St. Luke's would have the only emergency room.

Sister Catherine McInnes, longtime administrator of St. Joseph Hospital, quickly saw that this could doom St. Joseph's. As Dale Zender said, "Everyone agreed there was only room for one hospital and Sister Catherine was determined that it was going to be ours. When we were building the tower things were so tight we were afraid that we would only be able to shell in the top two floors. But she had the vision. She could see the future."<sup>156</sup> And that future had to include an emergency room.

Sister Catherine hired attorneys and sued to be allowed an emergency room at St. Joseph's. She lost that suit, appealed it and lost again. Then she came up with the idea of an "out-patient diagnostic and treatment center," essentially an urgent-care clinic, which was approved in 1972. But the truth was out when a 1976 advertisement in the *Journal of the American Medical Association* said that St. Joseph's was "seeking new group to provide coverage in new emergency department."<sup>157</sup>

The editorials were scathing, but Sister Catherine was not deterred. Dr. Dale Heisinger remembers that the pediatricians wanted to have emergency services available at St. Joseph's so they could admit their young patients directly without having to transport them across the city.<sup>158</sup> Many families who'd given birth at St. Joseph's naturally wanted to return there for childhood emergencies. And so Pacific Physicians Services contracted with St. Joseph Hospital to run a 24/7 "Immediate Care Clinic" and lawsuits continued as well.

Finally, in October 1986, the state dropped a suit, concluding that St. Joseph's emergency room did not need a Certificate of Need. St. Luke's

immediately announced plans to open its own birthing center. St. Joseph's objected.<sup>159</sup>

And the dance went on, but it was almost over. St. Luke's had been purchased by UniHealth, a California company, and with the element of local rivalry diminished, it was clear that St. Joseph's was in the far stronger position. On Oct. 20, 1988, St. Joseph's announced the agreement to acquire St. Luke's.<sup>160</sup>

For St. Luke's 400 employees (St. Joseph's had 440) this was a bombshell. Nancy Tieman, then working at St. Luke's as assistant manager of the lab, remembers that "everyone was astonished and dismayed." When she heard the news she decided to put off buying new shoes for her one-year-old son, as she didn't know what the future would bring. Everybody had to reapply for their jobs, and the tone was different. St. Luke's had been collegial and informal, but St. Joseph's was "very much top down and toe the line."<sup>161</sup>

Hard feelings took a long time to dissipate, and some families drove to Mount Vernon for treatment after St. Luke's closed, but slowly St. Joseph's was accepted as Bellingham's hospital.

.....

St. John Medical Center and Monticello Hospital (the successor to Cowlitz General) in Longview faced a similar problem, made sharper by their proximity to Portland. Sister Anne Hayes, who was administrator of St. John's from 1982 to 1990, remembers that "both hospitals were struggling financially, and it was clear that Longview couldn't support two hospitals." She worked with assistant administrator Ed Mahn to craft a strategy that

included starting a new alcohol rehabilitation program at St. John's that drew away patients from Monticello's program and left them in a more precarious position.<sup>162</sup>

Like St. Luke's, Monticello had been acquired by a California company, Sutter Health, and that outside perspective probably made the inevitable next step less painful. In 1987, St. John's acquired Monticello: The announcement came as a shock to some, the Daily News reported, but was seen as a positive move for the future. Dianne Lowe, a nurse at Monticello's medical/surgical unit said, "You can't have two hospitals in a town this size. I think now we'll have one really great hospital."<sup>163</sup> Sister Anne remembers that "we worked day and night to make the merger work. We brought everyone on as equals. St. John's employees thought they were the dominant hospital and should have

preferential treatment, but we brought everyone over with their full seniority and benefits, and that made a big difference."<sup>164</sup>

.....

It was otherwise with St. Anthony Hospital in Wenatchee. Part of the Sisters' health care ministry since 1916, it shared the Wenatchee market with Central Washington Deaconess Hospital, and it became clear in the 1960s and 1970s that St. Anthony's was the weaker of the two hospitals. The solution that was proposed for Bellingham worked in Wenatchee, and the two hospitals merged to form the Central Washington Health Services Association, now known as Confluence Health.<sup>165</sup>

.....

Eugene continues to be a two-hospital town, and

is large enough to support both PeaceHealth Sacred Heart on two campuses and McKenzie-Willamette, a smaller, for-profit hospital. McKenzie-Willamette and PeaceHealth crossed swords memorably in 2003 when McKenzie-Willamette sued PeaceHealth, alleging it violated anti-trust legislation.

As Stu Hennessey tells the story, PeaceHealth had positioned itself with a preferred provider plan, while McKenzie-Willamette was still working from an older health maintenance



Sisters at St. John Medical Center, Longview, gather for a groundbreaking: From left, Sisters. Maria Gri, Francena Dodd, Anne Hayes, Cecilia Marie Gri and Rose Marie Nigro.

organization model.<sup>166</sup> As insurance companies moved to the PPO model, McKenzie-Willamette had not organized a PPO panel of providers and it lost patients. It sued in federal court, alleging PeaceHealth was monopolizing the local market for health services, using what McKenzie-Willamette said was anti-competitive “bundled pricing.” It hired a Portland firm that dazzled the jury, while PeaceHealth’s more cerebral litigation team focused on the legal technicalities. PeaceHealth lost, painfully, but most of the loss fell on its insurance company because of the way the suit was framed.

PeaceHealth appealed and won; McKenzie-Willamette appealed that judgment, and PeaceHealth won again, a judgment that turned out to be important in anti-trust law and is often cited. After that, the two parties reached a settlement and continued their competition in the Eugene marketplace for health care.

The time and money consumed by this litigation is a good clue to the financial stakes both hospitals had in the Eugene community.

### *Strike and Aftermath*

For Sister Monica Heeran, the nurses’ strike against Sacred Heart Hospital in 1980 was “the hardest time” she lived through in her many years with PeaceHealth.<sup>167</sup> The strike, which began on Aug. 15, 1980, and ended on Oct. 28, 1980, caused suffering and financial loss for people on both sides of the picket lines.

This strike lasted through 10 weeks, which must have seemed endless to all the participants, because those on both sides were committed to what each saw as essential principles. As the



*PeaceHealth nurses strike in front of Sacred Heart Hospital, 1980.*

Eugene Register-Guard said on Sept. 2, 1980, “The strike is not simply a wage dispute. Instead it involves numerous issues that Sacred Heart administrators say could affect their management prerogatives and nurse leaders say could affect the power of their union.”<sup>168</sup>

During the strike, nursing care was handled by a few Sisters and a few nurses who chose to make their way through the picket lines in place of the 450 to 500 nurses usually working at Sacred Heart. Sister Aileen Trainor remembers the difficulty of trying to staff the hospital with a minimal nursing crew; at many times, only a third of the hospital’s 350 beds were occupied. Feelings were personal and painful between Sisters and nurses who were good friends, but now were standing on the other side of that picket line. “Once I was followed all the way home by union organizers,” Sister Aileen said, “and they started taking pictures of me and called me names. It felt so threatening.”<sup>169</sup>

Wages were never an issue in this particular strike, and a number of other issues about benefits and working conditions were resolved during negotiations, but the most difficult issue that kept the strike alive was the Oregon Nurses Association

demand that all Sacred Heart nurses be required to join the union. The final agreement, reached on Oct. 26, set out various conditions under which nurses could choose or reject union membership, the issue most important to the hospital in the negotiations.

Then peace had to be made. Those on both sides returned to the normal functioning of the hospital with passionate feelings, including resentment, anger and fear, left from the 10 weeks of impasse. Sister Monica worked hard to mend relationships: “We respected the nurses who went out, because they had a right to strike, but we also respected those who had crossed the picket line. I remember one male nurse who started persecuting the strikebreakers after they came back. I said to him, ‘I think you need to respect the decisions people made. Have you ever considered that some people might have crossed the line because their families needed their salaries? I would hope you could respect those who made a decision different from yours, and let us get back to functioning.’ And he backed down.”<sup>170</sup>

Union-management negotiations are now a familiar part of life in PeaceHealth, and nurses at Sacred Heart are now required to be members of the Oregon Nurses Association. For the Sisters at Sacred Heart in 1980, however, the adversarial situation of the strike may have felt more like a divorce than a management issue; they had seen themselves and Sacred Heart employees as family, working together for the health of the community, and that unity was broken, momentarily, during the strike. But the hospital also was and is a major force in the economy of Lane County, a very big and necessary business. As health care changed

and became more complex, management-labor negotiations became a necessary, difficult dance. Carrying on that dance requires the skills that Sister Monica understood well in working through the strike and its aftermath: Both firmness and mutual forgiveness are essential in carrying the mission forward through internal conflict.

## *On the Bleeding Edge: The Pursuit of Quality*

When Sister Monica Heeran became the CEO of PeaceHealth in 1988 she built her team: Dr. Wes Jacobs for strategy, Skip Kris for finance and Stu Hennessey for legal, and they concluded that a push for quality was essential.<sup>171</sup> Stu Hennessey said, “It’s hard to imagine now, but at that time the focus on quality was brand new. She was very much on the cutting edge.”

Quality had become a key concept in industry and manufacturing—this was the time when Japanese firms had picked up the practices of W. Edwards Deming, the original quality guru, and put into practice the idea of continuous quality improvement. Sister Monica recognized this as a key concept for health care and began sending staff to a new program put together by Doctor Brent James at Intermountain Health Care in Salt Lake City, Utah. One of the first to recognize the importance of James’ work, she asked each of the hospital administrators to identify the key people in their organization, doctors and staff, and send them to James’ advanced training program, “a combination of statistical methods and management theory applied to the practice of medicine.”<sup>172</sup>

The push for quality began at PeaceHealth. Sister



Monica started having quality reports presented at board meetings, with the goal of spending as much time on quality as on finance, which made quality as critical as money. This was practically revolutionary. And the push for quality led to the need to describe and measure standard work. This was anathema to doctors of the time—as Stu Hennessey puts it, “Across America the type of treatment you get, from specialists in particular, had more to do with where the physician was trained than with the type of illness you have.” To find out which treatments were most effective for a particular condition and to lean on physicians to use those treatments, rather than others that could be more complex and more costly without any improvement in outcome: that is evidence-based medicine and the major goal of quality.

The challenge was to accumulate the evidence, and it quickly became clear that doing it well required an electronic medical record (EMR), something that almost didn’t exist in the 1990s. So PeaceHealth decided to pioneer working with an EMR: The goal was to go paperless and to develop a patient-centered record that could be used across the system. Tremendous work went into this across the system and Dr. John Haughom, a physician who was committed to developing medical information technology, took a lead role.

PeaceHealth contracted with a small Northwest company headed by two doctors who had developed an EMR and, after months of preparation, a first go-live was scheduled for St. Joseph Hospital, where John Hayward was the administrator. Stu Hennessey remembers, “It was a huge undertaking, revolutionary, really, and we failed. We brought it out at St. Joe’s and it crashed

within two weeks. We just couldn’t pull it off. We had to shut it down and go back to the paper record. Everyone was feeling this. We were on the bleeding edge.” For John Hayward, the crash was “one of the saddest days of my life, having to tell Sister Monica and the staff that it wasn’t working well.” Eventually they got the EMR working in the hospital, but couldn’t connect to the various provider and clinic offices.

The hope had been to have a single medical record format that would be used everywhere in the PeaceHealth system, but instead each hospital developed its own customized format, and clear comparisons across the system were not possible.

This was one time when PeaceHealth was so far ahead of the field that it fell short, but this was a noble failure. Few leaders and few organizations so clearly saw the centrality of quality to improving health care and the necessity of an EMR for tracking quality. As John Hayward said, “We paid a price for being ahead of our time.”

### *Patient in the Center*

The tension between local power and systemness follows from the slow transformation of the Sisters’ hospitals into the PeaceHealth system. For the first 100 years of PeaceHealth’s history, the group of hospitals were linked by the Sisters, but otherwise fairly autonomous. Over the years, each hospital developed strong local traditions. Boards were set up differently; key physicians and major donors influenced the directions taken; even finances were organized and reported differently from place to place.

As PeaceHealth emerged from this group of hospitals, the need to shift to a more centralized



*Sister Monica Heeran and John Hayward, 2005.*

management became clear—at least to the board, Sisters and staff in the central office. That necessary shift was strengthened and emphasized by the key concept of quality. To compare the quality of health care from place to place one had to be able to sort the apples from the oranges: Everyone had to be using the same measurements for the same phenomena.

Skip Kriz, chief finance officer for many years, used to say that PeaceHealth could either be a holding company, where most decisions are made in each region, or an operating company, with key decisions made at the system level.<sup>173</sup> PeaceHealth also had some of the characteristics of a family business: Requests from the Sisters got attention even when they didn't follow the standard format. During Sister Monica Heeran's time as CEO, PeaceHealth began to move from the family business/holding company model toward the operating company.

When John Hayward became the first lay CEO

of PeaceHealth, he favored an understanding of health care as regional, delivered regionally—the holding company. "The system should be there to serve the communities," he said, and he allowed the regions as much autonomy as possible. He also brought regional CEOs to report at the system board meetings.

Alan Yordy succeeded John Hayward and moved toward understanding PeaceHealth as an operating company with an increasing emphasis on the need for the regions to be coordinated and work effectively together. The decision to move the system office to Vancouver and to gather the back-office functions for the whole system in that location was a major step toward systemness.

The move to systemness has continued and increased as PeaceHealth has focused on being one organization that would be "highly reliable, quality focused and metrics driven."<sup>174</sup> Recognizing that the focus on standardization would seem to some like being boxed in, the plan called for



*Alan Yordy at the RiverBend Annex dedication and blessing ceremony, January 2006.*

celebrating differences while staying and working strongly connected.

The benefits of systemness? Bette Barlund, quality manager at PeaceHealth United General, said it well: "Being part of a system gives you more experts and an evidence-based practice. With a system you have a large professional practice committee with a representative from every community who brings back the conclusion and is responsible for distributing it. They also make sure of compliance that the decision is followed up on."<sup>175</sup> And those quality imperatives, those evidence-based practices, are most important as they put the patient and the family, not the system, in the center of all the decision making. The system exists to give each patient quality, reliable, safe care. That has always been the mission of PeaceHealth.

Tina Ronczyk, program manager for clinical learning, sees it as a survival issue: "I am excited by the PeaceHealth mission, knowing that to keep the mission going we do need to tighten up. If we're going to survive and carry on the mission, we have to change what we're doing. We need to bring things into a system perspective and I want to be a part of that."<sup>176</sup>

## *Changing Places*

Health care systems are very complex organizations with lots of room for caregivers to grow and change, discover new skills and strengths, and branch out, sometimes in surprising directions. Liz Dunne, PeaceHealth's president and CEO, began her career in health care as a dietician; Beth O'Brien, former COO for PeaceHealth, is a nurse. Kirk Raboin, former CAO

at St. John's, Longview, started out as a radiology technician. It's a list that goes on and on.



*Karmon Carter-White, RN, Clinical Informatics, PeaceHealth Oregon network.*

One caregiver discovered a greatly needed vocation within her vocation of nursing: Karmon Carter-White has been a nurse for 36 years, 18 of them with PeaceHealth. Between 1999 and 2001 she worked on building a database of diabetic patients so their doctors could better help them to manage their illness. Each of the doctors involved in the study listed the diabetic patients they were aware of in their practice, but when Karmon checked against patients' lab results, she discovered they were only aware of half of their diabetes cases.<sup>177</sup>

Following up on the database, she asked each patient to come in quarterly for a checkup, and used the data she had gathered to persuade them. She remembers one man whose lab results were very worrisome, but who was shrugging

off her urgings to come in. When she told him his results put him in the bottom 10 percent of the diabetes patients, she suddenly got his full attention, and he was ready to make an appointment. To her delight, within a few months his tests showed him under good control.

Because of this experience, Karmon decided to work with the Community Health Record—"It wowed me!" she said. "I took all my past experience and developed documents and screens for nurses. I spoke their language; I could understand it. I translated the technology for the nurses."

Now as an informaticist, Karmon has helped to smooth the path to the CareConnect EMR for many caregivers. "The computer is the same kind of tool a pencil is," she said. "You can use it as a teaching tool."

## Electronic Catch-Up

After its pioneering move toward electronic medical records fell short of the goal, PeaceHealth never quite regained its early edge. EMRs that covered all aspects of patient care and that could be used between systems became more and more essential, and were mandated in the Affordable Care Act. When Beth O'Brien came to PeaceHealth as chief operating officer in 2014, she hastened the process of adapting Epic software to PeaceHealth, building CareConnect. This electronic platform connects almost every element of PeaceHealth's work, from the laboratory to the pharmacy to the provider, and its complexities require training "super users" in each area, backed up by technicians who can tweak software to solve problems.



The first go-live for CareConnect took place in the Columbia region in August 2015; painstaking ground work in advance and support during the first few weeks led to success. The meaning of that success is made clear in a story that Dr. Robin Virgin tells about the 2014 adoption of the Epic system in the PeaceHealth Medical Group's Vancouver clinics:

*The first day we went live with CareConnect was a Saturday, and I had a patient who had been seen the night before at Legacy Salmon Creek [a Vancouver hospital outside the PeaceHealth system] for abdominal pain. There's a button called "Care Everywhere" that lets you look at patient records in other hospitals or clinics. So I pushed the button to see what would happen and I could see her labs and her CT scan. And I read something in the scan that didn't make sense to me. I could see she was in a lot of pain, but I thought I'd have to do more lab work to see what was going on. I called the radiologist and asked him to take a look at the CT scan*



Dr. Robin Virgin with patient.

*with me. And he said, 'Oh, there is a kidney stone and the doctor last night missed it.' So I saved that woman another scan, a bunch of lab work and a lot of time in pain: All I needed to do was give her pain medications, lots of fluids and a referral to urology. Never before had we been able to see the records that quickly and directly. It sold me on the first day, knowing that I could really take good care of this patient.<sup>178</sup>*

## *A Place on the River*

Hospitals and all that belongs with them—ambulatory clinics, laboratories, pharmacies, offices, security, parking and more—are forever being remodeled, added to, demolished and reconstructed. Each time there's a complicated and difficult dance: Fundraising, site selection, negotiations with city planners and boards, design, engineering, construction. All of that

happens with a small-scale addition to an existing building. And then there's RiverBend.

Alan Yordy, president and CEO of PeaceHealth from 2004 to 2015, remembers that long journey.<sup>179</sup> By the 1990s Sacred Heart's four-block downtown campus next to the University of Oregon was running out of room. It had no space for a new building, and existing buildings couldn't be demolished without disrupting health care services. Alan became convinced that PeaceHealth could only continue at its historic site if the City of Eugene would partner with it and use powers of eminent domain to condemn properties on six adjacent blocks (the property owners would have received fair market value for their holdings, and the properties would then have been sold or leased to PeaceHealth). The city manager was enthusiastic and key city council members were ready to support Sacred Heart.

On the day of the city council vote, the motion was overwhelmingly defeated: Students and other constituents had lobbied strongly against the proposed use of eminent domain. At that point, Alan said, it was clear that the future of PeaceHealth wasn't going to be in downtown Eugene. So they looked around and couldn't



Site for the RiverBend Campus prior to construction.



*Sisters Barbara Haase, Aileen Trainor and Andrea Nenzel in front of the RiverBend construction site, 2006.*

find sites in Eugene that really met their needs: Access to the freeway, access to airports, good emergency vehicle access and enough space—at least 50 acres.

Then John Musumeci, co-founder of Computerland and longtime Eugene resident, offered PeaceHealth the opportunity to buy a site in Springfield. It fit into the City of Springfield's

long-term transportation plan and was one of the few parcels of undeveloped land that could meet the access needs of a major hospital. PeaceHealth ended up buying a site of 125 acres, and later acquired the old Sony plant, 50 acres more, that now houses PeaceHealth Labs. Alan Yordy describes that huge site, far more than PeaceHealth needed for its development, as an endowment for the future: "We were building for people we will never know, people who will long outlive us. We were determined to do it right, to do it once and not to find ourselves constrained and landlocked 50 years from now."

Like St. Joseph Hospital in Bellingham a generation earlier, Sacred Heart now had the space to plan a campus that would meet all its needs. Alan said, "We picked up the Sisters' legacy of finding extraordinary sites and tried to build on it." By 2004, when he left Eugene to become CEO of PeaceHealth, Sacred Heart had



Main lobby reception area of Sacred Heart Medical Center at RiverBend.

cleared the last hurdle, and had its land use plan accepted, after agreeing with a family across the river to build nine rather than 10 floors to avoid disrupting the view.

RiverBend began to belong to all the people who were building it, people like Fidel Guerra-Cuevas.

### *The Owner of RiverBend*

Fidel Guerra-Cuevas remembers with amazement that he was once the owner of RiverBend. As PeaceHealth's on-site coordinator for delivering all the new hospital's equipment, he was named as the "owner" in many construction meetings. He saw the evolution of RiverBend from farmland to completed complex for health care, and got to know each space intimately in the process—from lines on a blueprint to finished patient rooms and offices. "Watching the completion of the RiverBend hospital from the ground up was very fulfilling, like raising a family," he said. "From visiting the site on the first day through raising the last beam at the end, I felt I was part of this beautiful endeavor."<sup>180</sup>

When only the first floor had been laid out, Fidel was invited to climb one of the construction cranes. He went up and up with a construction crew member behind him until finally they were at the height of the future roof, and Fidel said, "I knew about the healing surrounding our hospital before the floors had been raised because from the crane I saw the beauty, the distances all the way to the mountains. I was standing on top of a space that would become RiverBend in a crane moving like the tall trees all around, in a hospital without walls."

"To me, as an immigrant," Fidel said, "the American dream had been a fantasy. Some people thought that building a hospital at RiverBend was just a fantasy. Both dreams became reality and I got to be part of making that come true. I'm still amazed and my head is still full of memories of great friends, of the mechanical rhythms of construction, of cranes, forklifts and engines working at full speed."

"I can imagine much later, after I retire and I'm back here as a patient, saying to the nurses, 'I built this hospital.' And they'll say, 'OK, Mr. Guerra, OK.' But I was working here when there were just metal studs where the walls are now, making sure that each bed and instrument and TV and chalkboard was exactly where it was supposed to be. And I stood on a crane where the roof would later be placed and saw the beauty fresh and clear as the river that embraces us each day." ■



*Fidel Guerra-Cuevas on the RiverBend building site.*





# Code Red and Other Crises

*In times of crisis, the hospital becomes the center for the community. The wounded come here, and their families, the first responders, the press. Everything is instantly reorganized to free up the essential caregivers. Every hospital plans and prepares for the big crises, hoping the preparation will never have to be put into practice. But when the crisis comes, caregivers are ready to set aside their own fears and concerns in service to those in trauma. A few stories of varied crises from the history of PeaceHealth follow.*

## Code Red!

When she was in her 90s, Sister Rita Mary Lyons remembered Jan. 7, 1943, at St. Anthony Hospital in Wenatchee. “In the morning after prayers I always went up to check the floors before I went to breakfast. This morning I smelled smoke and looked around. The smoke was coming up from the dust chute, so I called the fire department.” A dust chute, a tube connecting all the hospital’s floors where rubbish could be dumped, would certainly not be allowable today, but in the 1940s was common. “I waited until they came,” Sister Rita Mary continued, “and I showed them where it was. They put it out and they went home and I went down to breakfast. Then I went to check it again before the students came on duty and there was more smoke and it was coming from the roof. So I called the fire department again and they came back, but by then the fire was all over the roof.”<sup>181</sup>

“So we began to move the patients and the students knew what to do. They went to the nursery and took the babies out, wrapped



Sister Rita Mary Lyons in later years.  
CSJP Archives.

them up, and moved the mothers on their mattresses." One of the patients in the hospital that day was Sister Camillus Elliott, a young Sister and student nurse at that time, who was in bed with pneumonia. She remembers that "my closet started to take on the fire" and Mr. Kinneman, the janitor, "came up the stairs and wrapped me in a blanket and took me down in his arms." She adds that he became a Catholic after that!<sup>182</sup>

"We got all the patients down,"—again, this is Sister Rita Mary's telling—"and by 11 o'clock everyone was taken care of." New mothers and recovered patients went home while others were sent to Deaconess Hospital, and then "the hospital was in ruins from the water which had gone through all the floors."

And life went on. "Then one of the neighbors invited us over for breakfast—we hadn't stopped to eat or anything—so we had a brunch. And after that we had to decide what to do." First-year students went to Bellingham, seniors to Eugene with Sister Rita Mary, and the juniors stayed in Wenatchee, continuing their training at Deaconess.

The Wenatchee World loved the drama of the fire: "Crosses outlined before the inferno withstood the flames as nurses, firemen and volunteers quickly moved 50 patients and eleven whimpering infants in safety through the smoke-filled corridors. Not a life was lost. Not a patient suffered... Before the flames were completely out, Sisters of the hospital were making plans to continue the nursing school and rebuild the hospital."<sup>183</sup>

That same day, "a Sister of the hospital told the Daily World that it was impossible to express the

gratitude that they all felt toward all who helped... in the catastrophe. Work of rebuilding will commence as soon as possible, she said."<sup>184</sup>

The attention first of all to patient safety and essentials, the matter-of-fact response to a traumatic event and the determination to continue forward—all characteristics of health care at its finest in the middle of World War II or in PeaceHealth today. But we continue without dust chutes.

## *Witnesses to War*

### **Ketchikan War Journal**

During the years of World War II Alaska was a theatre of war. From the shock and alarm of Pearl Harbor (Dec. 7, 1941) through the Aleutian Islands Campaign (1942-43) when Japanese forces occupied two strategic islands and until war's end in 1945, Alaska became a strategic outpost. In Ketchikan, the Sisters of St. Joseph of Peace witnessed it all and kept a running journal in their Scholastic Loose Leaf Notebook.<sup>185</sup>

The first entries, from 1940 and 1941, record the comings and goings of visitors who arrived by boat (commercial air flights to Ketchikan were not yet available):

*Sr. Benedict left Ketchikan for good. September 1940*

*5/20/41 Sr. Mildred (Providence) & Sr. Bernardine stayed [between] boats.*

*6/1/41 Rev. Father Bisette, O.M.I. and his father stayed between boats (he had 45 minutes) going South. (to Vancouver Island.)*

6/6/41 Mother Flavia & Sr. Berchmans arrived from Bellingham on the Canadian Boat "Louise" Friday 6-6-41 @ 7 P.M.

Tuesday 6/10/41 Mother Flavia and Srs. Borromeo, Lelia, Rita, Amadeus, Pauline went with Rev. Fr. Maruca, Bill Barnes, etc. to Metlakatla in Casey Moran's Boat "The Arrow"; it rained heavily all day and the Sisters got wet but they had a good time.

These cheerful notes change character in July when a "Representative of the Gov. Defense Act called at Ketchikan...He demands that a 50 bed Hospital be put up to give needed aid as a Defense Civilian [sic] project. He said that the Government will put it up and run it if we do not. Steps are being taken by Rev. Mother, Mother Flavia, etc." By September the Sisters engaged Alaska's lone congressional representative, Anthony J. Dimond, in helping them to get a grant of \$100,000 to build a new wing of the hospital.

The next note was written a week after the bombing of Pearl Harbor, on Dec. 14, 1941. "Evacuation has been ordered for Army wives, Coast Guard wives, and women and children of the interior of Alaska...The Ministerial Association of Ketchikan met the Friday preceding and decided on Penance Week for all the Churches. The Mayor announced it. The danger for Alaska... is very great. Rev. Mother wrote to tell us that God would protect us as He has our Sisters in England in the War Zone."

The Sisters did not leave when wives and children were evacuated. Instead, in February 1942, they noted, "For almost the past year our town is really a military camp. Soldiers and Coastguardsmen

7-11-42 Sr. Phillips and Companion  
Sister stopped in for an hour. Rev. Harley Baker  
left us for Skagway (with native boys & girls for  
the Five Tenths Mission at Skagway) He and  
Sr Phillips and four more St. Ann Sisters were  
on board the "Princess Norah" This ends  
the three weeks' visit Father Baker paid us.  
Note: Rev. Father Maruca, S. J., is a patient in Room 301.

9-24-42 Rev. Father Buffano, S. J., of  
St. John's University arrived 9 A.M. to take Rev. Father  
Maruca's place. // Sisters Borromeo, Lelia, & Rita  
left at 8.30 A.M. (just before Fr. Buffano arrived).  
They went with Father Sulzman and a party of  
people on the boat for leaving to spend the  
day watching the bears & catch fish. Everyone  
is tired (no summer or Retreat vacation) so it  
is desirable that this opportunity come along.  
The weather is perfect.

10-15-42 Visitors today are Rev. Fr. Sulzman; and  
three Army Chaplains off a boat going North. Left at 2 P.M.  
The Hospital is full of patients.

10-29-42 Srs. Pauline & Amadeus arrived  
at 8.30 A.M. (Thursday) on the "Prince George". They  
have been away since  
June 8, 1942 (10 A.M. Monday on the "Princess Norah".)

Ketchikan War Journal. CSJP Archives.

and uniformed men of similar activities everywhere. Evacuees leaving for almost any and every place in the States. Practicing of all civilians for 'black outs.' Hospital 'Preparedness' planned. Prayers and a parish mission... We are in peril and our trust in Divine Providence grows stronger."

They had their annual retreat in March: "Perhaps it is because of the War uncertainties, but all the Sisters say there was something very real about the truths meditated on during the Retreat Time."

The world at war produced some pitfalls and almost comic moments in Ketchikan. From June 1942: "Rev. Father Maruca, S. J., boarded a boat



*A Ketchikan fishing expedition in the late 1950s. Front row, Dr. Stagg, Mrs. Stagg, Sisters Eileen Rahal, Anna Rourke, unidentified person, Sisters Olive Bennett and Cecilia Arsenault, a child, Sisters Francis deSales McMahan, Ellen Caldwell. Back row, Sisters Mary Keough and Helena McMahan. CSJP Archives.*

for Ketchikan in Seattle, June 23. The Army Authorities took him off the boat because he is Italian born. Not known yet what became of him." In July they learned he had been declared an enemy alien by the Coast Guard—and he was the Pastor of the Catholic church in Ketchikan. Fortunately the Jesuits had a few good connections, and by Aug. 9 Father Maruca was back in town. Another Jesuit from Dublin, Father George Carroll, left his luggage on the dock in Seattle and got on the overcrowded steamship "Alaska" by offering to wash dishes. The Sisters "rigged him up with proper clothes, Mass Kit and all."<sup>186</sup>

Even in wartime, having a day off was restorative. From the journal for Sept. 24, 1942: Three "sisters went with Father Sulzman and a party of people on the boat for Loring to spend the day watching the bears catch fish. Everyone is tired (no summer or Retreat vacation) so it is desirable that this opportunity came along. The weather is perfect."

The Sisters learned that the president had signed a grant of \$104,700 for the new wing with 50

additional beds, and soon they were inundated with official papers, regulations and record-keeping requirements. On Feb. 25, 1943, a rare sunny day, the Sisters had their photograph taken with Bishop Crimont and Father McNamara, who had just blessed the site of the new wing (see photo on pg. 37).

Five days later, they learned that the grant had been refused because the hospital's occupancy rate was too low. Bishop Crimont promised to pray to his friend, Saint Don Bosco, and when the Sisters figured out that their occupancy would be just fine if they excluded the baby baskets and cribs from the count, they were sure the Bishop's friend had been at work.

The new wing was definitely needed, as by May 17 the hospital was 100 percent full and had a waiting list. That very day, the Sisters learned their expansion had been approved, and soon they were surrounded by workers. "Some of these apparently ordinary painters, carpenters, etc., have strange backgrounds—one, Mr. A.G. Watkins of California, came to give us a donation of \$20 and we suggested that he might need it himself. He admitted he is a millionaire gold mine owner and gold shipper and some more big things. He had a hobby for carpenter work and saw his chance (when the War closed his gold mine) to do a lot of the things he couldn't do under peace conditions. He dropped all his snobbery, grabbed some old clothes and his tools and came north. He is bossed around by the master carpenter. Note: I hope he will bestow a few thousands to be used here."<sup>187</sup>

The Opening Ceremony for the new wing, on April 23, 1944, was "attended by almost everyone

in Ketchikan,” or about 500 people. The gathering included two Sisters with a special connection to Alaska: Sister Antonius Warren, who had been the first administrator of the Ketchikan Hospital, and Sister Joseph Raphael McHenry, the pioneer nurse converted to Catholicism and recruited for the CSJPs by Bishop Crimont. They had joined the community in January. The Coast Guard Glee Club performed, the project engineer and architect talked, and Bishop Crimont, of course, gave an address and dedication. Refreshments were served by ladies of the Hospital Guild. And the government representatives took a look around and condemned the laundry and engine room, promising more federal funds for replacements. “We are to pay part of the cost,” the journal notes, though later the Sisters asked Rep. Dimond for his help and pared their share from 50 percent to 30 percent.<sup>188</sup> By November this project had morphed into a new home for nurses with utility quarters.

By the journal’s end, in December 1944, “Christmas Eve was celebrated with a very merry and cheery feeling by Sisters, Patients, Nurses and help. Santa came early...A very delightful evening was spent in the singing of Xmas Carols after presents had been distributed.” The War was still going on, but in the tone of the journal one can sense the feeling that its end is near. Certainly the Alaska campaign in the Aleutians had ended, and the Sisters ended their war years with a new 50-bed wing, new nurse’s residence, laundry and engine room, mostly paid for by the government.

## *Tornado!*

No one in Vancouver, Washington, had any reason to expect a disaster on the morning of April 5, 1972.<sup>189</sup> But an unusual collision of cold ocean air and warm air from the Willamette Valley turned into a squall and then intensified into a tornado that swept across the Columbia River and moved north into the McLoughlin Heights neighborhood, damaging homes before it moved toward the Peter Skene Ogden Elementary School, blew the roof off the school and collapsed walls. Students from the high school across the street rushed over to dig students and teachers out of the rubble. Though 70 students were injured, no one was killed. But to the northeast, a woman was killed in a bowling alley, as was a woman and her two children in a parked car. Then the tornado hit the Waremart Discount Store and shoppers ran for the front door, only to have the front wall blow down, trapping many of them.

In just a few minutes, just before 1 p.m. the tornado killed six people and wounded more than 300. St. Joseph Hospital had just moved to



*Debris after the tornado hit the Vancouver, Washington area.*



Linda Crull (kneeling) unpacking supplies in the new hospital just a few days before the tornado hit.

its new campus at Mill Plain and 92nd. Linda Crull remembers that day vividly: She was working in the lab, which had just moved there 10 days earlier, and her first clue to the disaster was ambulances coming in. She and the other caregivers in the lab ran over to the emergency staff, asking how they could help. “We need supplies,” was the answer, and Linda rushed downstairs to the storeroom, where she grabbed anything that looked as if it might be useful and brought it up.

Later she was working with the triage team when a woman was brought in from the Waremart Discount Store and looked horribly injured. Linda thought she had sustained an abdominal wound and had intestines coming out—but when she got closer, she found the woman was coated in a mixture of Cheerios and rainwater and, fortunately, only had minor injuries.

The disaster turned caregivers in the emergency room and the lab—people who hardly knew each other dealing with a catastrophe in a building so new that they hadn’t yet had an emergency drill—into a smoothly functioning team. “It just meshed,

it worked, and I think a lot of lives were saved because of that,” said Linda.

## *Chlorine Poisoning in Longview*

In a 1956 “Items of Interest” report to the western Province, the Sisters in Longview noted, economically: “Living in an industrial area, the hospital must anticipate accidents, specific to the various industries. In October, a massive leak of chlorine gas at one of the mills resulted in an influx of sixty patients within an hour and a half, to the hospital. This occurred between 11:00 p.m. and 12:30 a.m. By 2:00 a.m., all the patients had been cared for, and twenty-two were admitted to the hospital.”<sup>190</sup>

Next day the Longview Daily News reported that “a safety device designed to control the flow of chlorine failed to function and the gas seeped through the board mill...A lack of wind and dense fog at the time held the chlorine gas in the area.”<sup>191</sup> Chlorine dioxide is used as a bleaching agent in pulp mills and is highly corrosive; it can burn skin, eyes and lung tissue and can be fatal. Quick medical treatment was essential: “The Cowlitz General and St. John’s hospitals went on a near disaster basis shortly after 11 p.m. Wednesday when the exposed workers began pouring in, hauled from the plant by ambulances and every available police car in the area.” Fortunately most of the patients were discharged the next day, only one remaining for longer care.<sup>192</sup>

## *School Shooting in Springfield-Eugene*

Kathy Garcia recalls the Thurston High School shootings as the worst day in her 30 years with PeaceHealth. She was driving in to work when she



*Memorial for shooting victims at Thurston High School in Springfield, Oregon.*

heard the first report of something happening at Thurston High School in Springfield, and as she entered the hospital a trauma was being called on the speaker.<sup>193</sup>

She was managing the Cardiac Catheter Lab and the Emergency Department quickly called for all the scheduled procedures to be stopped and for the nurses in the lab to come to the ED. Soon they heard that an expelled student had killed two students and shot another 25 who were on the way to the hospital.

Her station was next to the CT scan area, and they brought a lot of the young people up there for screening. Kathy helped to lift them onto the table. With one young, terribly wounded person, she was asked to take her into the hall and stand by her because she wasn't going to surgery. Kathy

gathered that she was not expected to live, and it seemed like forever that she stood there next to the girl on the gurney, wondering if anyone would ever come for her. Finally they did, and the girl did survive her wound.

"Everyone was on edge that day," she said. "We even had caregivers with children at Thurston, so we were dealing with their fears and our own fear and outrage. But the community came together, the caregivers came together, and the way we worked as a hospital community was beautiful. That's what kept us going, but it was just a horrible day, my worst day at PeaceHealth."

Tina Ronczyk remembers how personal the shooting was for everyone in the hospital and everyone in Eugene and Springfield. "Lots of people working in the hospital had children

in the school. It was chaos and turmoil, but organized chaos. We learned so much that if a huge emergency happens again, it will be more controlled.”<sup>194</sup> Sadly it did happen again, in an October 2015 shooting at Umpqua Community College in Roseburg, Oregon. Ten students were killed, seven injured; the three most severely injured students were sent to PeaceHealth Sacred Heart Medical Center at RiverBend, and all survived thanks to dedicated medical care in the midst of another huge emergency.



*Thurston High School memorial plaque.*



# Living in the Community, Living in the World

*In the earlier days in the hospital communities, the Sisters' involvement was direct and personal, and many of the Sisters formed strong bonds of friendship with local families. As the hospitals and their communities grew larger and as the Sisters became involved in new ways—as social workers, chaplains, volunteers—they began and supported new programs that met some of the needs they recognized in their communities. They served on boards, they helped with fundraising and they stayed involved in very direct, personal ways, a tradition that is now carried on by many PeaceHealth caregivers.*

*Deep connection with the local community is also the wave of the future for PeaceHealth, as Jeane Conrad reflects: “When I look at the big new interest in community health workers, and learn about the ways proficiency and certification programs are being developed for them—to me, it comes back to what the Sisters did all those years. And I smile to myself, thinking that we’re coming back to our own roots.”<sup>195</sup>*

## Part of the Heart of the Community

In the various cities and towns they had been called to, the Sisters of St. Joseph of Peace were a vital part of the community. Sister Judy Tralnes remembers that she heard “numerous stories of the kindness of the Sisters, particularly to widows and their children. How they would go to a home and care for the young children so the mother



*Sister Eleanor welcoming visitors to her home in San Salvador, 2001.*

could hold down a job at the hospital, how they took in a child for six months or so whose mother had a mental collapse, how they would watch over a child waiting for her mother's shift to end, how Sister Mercedes would distribute the newest records sent by her friend, Bing Crosby, to the student nurses, and how Sister Gonzaga painted apple boxes white when there weren't enough cribs and 'put those babies in little wooden apple boxes.'"196

Sister Susan Francois heard one of those stories of the Sisters' kindness when she was studying in Chicago. A young, single mother with a mixed-race daughter in Bellingham in the 1970s was befriended by the Sisters at St. Joseph Hospital. They found a job for the mother, helped her get an apartment and stayed connected with her. Throughout the daughter's childhood, the Sisters were an important part of her life.<sup>197</sup>

### *Living Obedience in a Room with a View*

One community project that involved quite a few of the nursing Sisters was a senior housing project in downtown Seattle: Archbishop Connolly had



*The Josephinum.*

purchased the New Washington Hotel at 2nd and Stewart, which he renamed the Josephinum. He asked the Sisters of St. Joseph of Peace to staff the hotel, to be used as retirement housing for Catholic seniors. Sister Catherine McInnes was missioned to head the new project in 1963, and she was not the least bit happy about it because she had been enjoying teaching in the Sacred Heart nursing school and working with older people did not appeal to her. But she went, because, as she said, "with the vow of obedience, you could say why you didn't think you were capable of managing, but if the Mother Provincial or your Superior said, 'This is what I want you to do,' it was a *fait accompli*. The thing to do was to believe that you would be gifted with the ability to do it."<sup>198</sup>

When Sister Catherine and Sister Jean Marie Gallant arrived, "the place was totally vacant except for one old gentleman on the 10th floor." They had rooms with a great view on the 12th floor. They were frightened at first, being alone in the hotel at night, and pushed furniture against the door. Sister Catherine remembered that "I spent lots of tears those first nights wondering how we were ever going to get this great big vacant building filled." In spite of those fears they took on the work, welcomed the residents, and built a complete retirement residence program with meals, crafts, library and nursing support. The Josephinum now houses low-income residents and the Sisters' chapel has become a downtown parish, Christ Our Hope.

## *A Legacy of Love and Care: Volunteers in Medicine*

Retirement is not really a part of the vocabulary of the Sisters of St. Joseph of Peace. While Sisters may stop working in a paid ministry and eventually may no longer be able to volunteer in the community, they always carry the charism and mission of the community through their prayers and presence.

When Sister Monica Heeran first retired from the leadership of PeaceHealth, she took some time for quiet and renewal, but soon her heart called her back to Eugene, where she saw a great need in the community for health care that would be affordable to those who lacked insurance and wealth. She had learned about a Volunteers in Medicine clinic in Virginia, and decided to see about the practicalities of forming one in Eugene/Springfield.

The backbone of the Volunteers in Medicine (VIM) clinic would be retired physicians, nurses, pharmacists, technicians and therapists who could volunteer time at the clinic. Since Sister



*Sister Monica Heeran and DeLeesa Meashintubby, the executive director of the Volunteers in Medicine clinic.*



*Sisters, both by birth and in community, Sister Monica Heeran (left) and Sister Anita Heeran, CSJP Jubilee celebration, 1998.*

Monica knew just about every retired and active caregiver in Eugene, and knew how to talk them into volunteering, the clinic soon became a well-funded and well-staffed reality. As DeLeesa Meashintubby, the executive director of VIM, said, “Sister Monica is the glue that held this clinic together. She knows how to draw people in, how to keep them engaged, and it’s from the heart. She’ll talk to the patients like they’re her best friends, like she’s known them forever.”<sup>199</sup> And Sister Monica could talk to the wealthy of Eugene in the same genuine and friendly way, so fundraising went very smoothly.

For years Sister Monica and Sister Anita Heeran—sisters by birth and in religion—made Volunteers in Medicine their mission and ministry. After their move to Bellevue in 2014 and Sister Anita’s death soon after, it is their legacy, a place that still speaks their love and care, not only for those who need health care, but also for those who long to serve and heal in the Eugene/Springfield community.

## *Collaborating for Longview*

Sister Rose Marie Nigro was famous for her joyful hospitality. In the 1980s she went on a long journey to Cameroon in Africa to visit the Sisters who were running a health clinic in a remote area. When she finally got to them, after a long trek over rough country, she said, “Now, let me take you out to dinner!” And they laughed and laughed, because the nearest restaurant was several days’ travel away.<sup>200</sup> Sister Rose found it easier to be hospitable in Longview, where she was famous for her prime rib dinners and showed up at the annual Star Affaire fundraising dinners for the St. John’s Foundation in glorious costumes. Fundraising was a natural for her, and she helped the Emergency Support Shelter to begin an annual fundraising breakfast, modeled on the successful breakfasts put on by Jubilee Women’s Center in Seattle—another project of the Sisters. Today Sister Anne



*Sister Rose Marie Nigro and Sister Catherine McInnes all dressed up for a Star Affaire with a Wild West theme.*

Hayes carries on Sister Rose’s work with the shelter, doing the “ask” at the breakfasts; in 2016 the 17th annual breakfast raised \$600,000. An annual award honors the memory and generous spirit of Sister Rose Marie.

In the 1990s, the Emergency Department of St. John Hospital was filled with a lot of patients who had no insurance and no other place to go for health care. Sister Rose Marie Nigro, as director of community health at St. John’s, worked with Community Health Partners, a collaboration of the Cowlitz County Department of Health, Kaiser Permanente and the Family Health Clinic. After studying the needs of the uninsured, the coalition decided to form a free clinic. Sister Anne Hayes, then vice president for mission at St. John’s, worked with Community Health Partners to bring the plan to life. Sister Anne knew the physicians and caregivers at St. John’s well, and recruited many to volunteer at the clinic. She also got PeaceHealth to allow the use of its wellness center for free clinic operations one night a week. In 2005 the clinic opened; by 2008 it had expanded to two nights a week and moved to a space made available by Kaiser. Today the clinic continues to provide care to those most in need in Cowlitz County and continues to offer caregivers an opportunity to serve.

## *“At a Vulnerable Age”: The Youth Mentorship Program*

“There was a road block when I tried to look ahead,” said Brittany Mosher, remembering a hard patch in her life at 15 when the death of a friend and family crises shut down her sense of the future. Her mother, Barbara Mosher, a nurse with PeaceHealth, told her about the Youth

Mentorship program at Sacred Heart Hospital. Two youth would be selected from each high school in Eugene and Springfield to be employed at PeaceHealth, working with a mentor and having one-third of their earnings set aside and matched for college funds.<sup>201</sup>

Brittany didn't think she had a chance, but she applied and was called in for an interview with Sister Barbara Haase. She remembers thinking that she had no idea how to talk to a nun, and she was sure she would embarrass herself. But it was just a good conversation. "Sister Barbara wanted to learn about me, about how I saw myself."

Brittany was selected, and went through the orientation program with all the new hires at Sacred Heart—nurses, technicians and accountants and a few other high school students. She felt really important, beginning her first real job. She toured a couple of possibilities, based on her interests, and fell in love with the Senior Health and Wellness Center, even though it was a long bus ride away for her. "They were so happy to have me there! They took me under their wings. When I first started, I ate lunch by myself because I was so shy. By the end of my two years, I was organizing lunches."

She remembers that Sister Barbara kept a watchful eye out for all the students, visiting them at work and connecting regularly with them and their mentors. For Sister Barbara, the young scholars in the program, identified by their schools as promising students in vulnerable situations, became a part of her extended family, and she watched over their subsequent careers with pride and delight.

"It wasn't just the savings that helped me in college," Brittany remembers, "but I wrote about my PeaceHealth experience in every scholarship application, and because of that experience I was able to land a coveted work-study job at the student health center and was accepted into the Peace Corps."

The Youth Mentorship program at PeaceHealth began with Sister Rose Marie Nigro at St. John Medical Center in Longview, where it still continues. The Eugene program was lost to budget cuts, perhaps when Sister Barbara was no longer able to advocate for it. Brittany Mosher, now a talent acquisition specialist at the Shared Services Center, hopes to pay forward the gift of those years that taught her to believe in her own capacities by helping to rebirth Youth Mentorship programs at all PeaceHealth facilities. "It's



*Brittany Mosher on a PazSalud El Salvador Health Mission, 2015.*



Sister Rose Marie Nigro with a student in the Youth Mentorship program.

invaluable at such a vulnerable age to have people believe in you,” she said.

The Youth Mentorship program was a turning point for many. When Sister Barbara’s obituary was posted on The Caregiver, Melissa D. noted, “My daughter was part of the Youth Mentorship program. After the two-year program, she’d saved \$7,000, which helped tremendously in college. She received a bachelor’s degree in Public Health and an associate’s degree in Medical Assisting. The Youth Mentorship program was key to her college education and she was able to continue her savings account which allowed her to go on a humanitarian trip to Uganda after graduation. There, she led an immunization initiative giving over 100 immunizations and deworming 400 children. Sister Barbara’s program reached much

farther than just the kids in our high schools. Her loving touch on our children will continue affecting others throughout the world for decades to come. Sister Barbara will be missed very much.” And Benyahman Lunn said, “Sister Barbara hired me into the Youth Mentorship program as a junior in high school. I was a troubled kid on a bad path and she and others here helped pull me out of it. I worked my way up through multiple departments (Biomed/Electronics, Kitchen, then Sterile Processing) and now I am an RN in the ICU at RiverBend. I wouldn’t be here today if it wasn’t for her. She literally saved my life and the lives of many others. May she rest in peace.”<sup>202</sup>

### *PazSalud: Connecting PeaceHealth with the People of El Salvador*

Sister Eleanor Gilmore had a powerful career as a Sister of St. Joseph of Peace: She was the admired administrator of St. John Medical Center, then held major responsibility with the Sisters, serving as the Province Leader from 1982 to 1988, a time of great change in the community. But her heart was stirred in a new way when she chose to go to El Salvador in 1989 and to work there among the poor and needy in a country still caught in civil war.<sup>203</sup>

Sister Eleanor worked with Jesuit Refugee Services in San Salvador, the capital city, where she made a home for people coming from the countryside for medical treatment. It was dangerous work: Sister Eleanor was twice arrested by agents of the Salvadoran government who thought the Sisters and Jesuits were subversives, helping the guerillas. It was hard work: Sister Eleanor lived in houses with dirt floors and leaky roofs, endured heat and



*Sister Eleanor Gilmore at San José las Flores, El Salvador, during the Salvadoran Civil War.*

flies and mosquitoes, and protected the patients who spent a few days or a few years in the El Despertar refuge. And she loved it.

When Sister Eleanor came back to the U.S. after the peace accords that ended the civil war were signed in 1993, she again worked with PeaceHealth as vice president for mission. But she wasn't content. Laura Trettevik remembers being warned, when she came to the System Office in Bellevue to be Sister Eleanor's administrative assistant, that she would have a very demanding

boss, and so it was. Sister Eleanor seemed to expect nothing less than perfection.<sup>204</sup>

What she really wanted was not to lead mission in the System office, but to live mission again in El Salvador. And soon she convinced others in PeaceHealth to take a look at the possibilities: In 1999 she led a team of PeaceHealth executives to El Salvador to visit villages and talk to leaders of non-governmental organizations about the health needs in that poor country.

Sister Eleanor was compelling. Soon the board

approved a PeaceHealth mission in El Salvador, co-sponsored by PeaceHealth and the Sisters of St. Joseph of Peace. Kathy Garcia remembers interviewing for the program manager job, to be the U.S. person supporting Sister Eleanor: The key question may have come from Stu Hennessey—did she know what a pupusa was? Kathy knew well—it's the Salvadoran comfort food, a corn tortilla wrapped around beans and cheese—and she liked them, to Stu's satisfaction.<sup>205</sup> She got the job, and is now director of international missions.

Sister Eleanor happily moved back to El Salvador in 2000 and she and Kathy soon developed the PazSalud medical missions, which bring down a large group of PeaceHealth volunteers and Sisters each year to offer health clinics in a rural town and a smaller group to perform cataract surgery on patients from the town.

The joy of those missions for volunteers is certainly in the giving, and Salvadorans love receiving medical attention and the medications, eyeglasses, water filters and canes the teams

bring. But there's even more joy for PazSalud volunteers in receiving the hugs and thanks of their patients, in admiring their dignity and strength, in learning from their patience and support for each other.

The missions continued when Sister Eleanor retired; Sister Susan Dewitt moved to El Salvador in 2009 to be the in-country coordinator. Now Darren Streff has that role and leads the PazSalud teams with Kathy Garcia. This wonderful mission captures the heart of all who come to El Salvador with PazSalud: It's Sister Eleanor's best legacy. ■



*Sister Eleanor Gilmore, Sister Susan Dewitt and Kathy Garcia on mission in El Salvador.*



# Living Our Values

*Today PeaceHealth caregivers are living out the values and mission that began with the hospital ministry of the Sisters of St. Joseph of Peace in thousands of daily ways. Like Molly Graham, PeaceHealth caregivers work for peace and justice one day at a time and one person at a time. They carry out the mission by making a difference to each patient.*

## Respect

*From a story by Liz Kowalczyk in the Boston Globe, Jan. 11, 2016.*

*Frances Iacobucci was exhausted and worried. Her husband of 64 years lay semi-conscious in a hospital bed. Knowing he may not have long, she tossed and turned in a bedside chair until sunrise, not wanting to leave him. But now her children were insisting she go home and sleep.*

*There to take her place by Michael's side was Sharon Cusack, a 57-year-old teacher's assistant from two towns over—and a complete stranger. Cusack, who volunteers for a program designed to ensure that patients do not die alone, was one of two volunteers who sat with the 89-year-old retired television repairman during hours his family could not.*

*During Cusack's Saturday night shift at Milford Regional Medical Center in October, about a half-hour after Frances drove home, Michael Iacobucci passed away. Cusack left a note:*

*"I talked to him about the Pats game tomorrow evening and kept my hand on his shoulder to let him know he had company," she wrote in a journal given to his wife.*



*A volunteer companion is joined by a volunteer harpist to hold vigil with a patient in PeaceHealth's "No One Dies Alone" program.*

*The idea for No One Dies Alone emerged 15 years ago at Sacred Heart Medical Center in Oregon, where Sandra Clarke worked the night shift as a critical care nurse. A pale, elderly man, near death, without family and fearful, asked Clarke to stay with him. He was one of her seven patients that evening and she was busy.*

*“Sure, as soon as I check my other patients,” she told him. When she returned 90 minutes later, he was gone. “I felt awful,” she later wrote in a newsletter about end-of-life care. Nurses have sometimes filled this role, but as Clarke’s experience shows, they often don’t have time.*

*The Sacred Heart program now has 50 volunteers, with 70 more people on the waiting list, and the concept has been adopted by more than 100 hospitals, many in Texas, California and on the East Coast, said Anne Gordon, coordinator of No One Dies Alone at Sacred Heart, which is owned by PeaceHealth.*

## Stewardship

A couple of months ago the caregiver team at PHMG-Vancouver Thoracic and Vascular Surgery decided to start working on an old problem. The caregivers noticed that providers were having to interrupt their time with patients to get things from outside the exam rooms.<sup>206</sup>

The team created a simple tally sheet, called an Abnormality Tracker, to start tracking why a provider was interrupted. After only a few days, they saw patterns and worked immediately on those issues.

This tracker tool helps the clinic improve, using the plan-do-check-act cycle. It allows the surgery

caregivers to easily see if the changes they made lead to fewer interruptions to the providers.

They found dozens of little reasons for provider interruptions and took care of each one, so that now there are more of the right supplies in the exam room, more accurate paperwork and many fewer interruptions. These were small improvements that added up to a big saving of time and energy.

The Abnormality Tracker was part of the larger Daily Management System being implemented in PeaceHealth and is a perfect example of the critical feedback needed for making improvements.

## Collaboration

Two partners, each doing what they do best and connecting at the intersection: that well describes the collaboration of PeaceHealth and Mercy Housing Northwest. Mercy Housing Northwest developed two Bellingham properties, Sterling Meadows, housing for farmworkers, and nearby Sterling Senior, offering housing for people 62 and older. PeaceHealth’s Chris Phillips has been involved with both Sterlings and is the liaison for Mercy Housing’s latest project: 80 affordable senior housing apartments, now in the design



*Sterling Meadows, Bellingham, Washington.*



*Sterling Senior, Bellingham, Washington.*

phase, to be built on East Champion Street in downtown Bellingham.<sup>207</sup>

This is a very special project for PeaceHealth and Mercy Housing for two reasons: first, it is a great example of the kind of collaboration that both organizations look to in building the future. The completed project will have both apartments, built and managed by Mercy Housing, and a PeaceHealth clinic, serving the needs of residents in the five-story building and people living nearby. It's a great example of the way population health management will work to keep people healthy in their homes and neighborhoods, and it's a great demonstration of PeaceHealth's value for collaboration.

The second thing that makes this housing and clinic development special for both organizations is its name: it will be called the Eleanor Apartments, in memory of Sister Eleanor Gilmore. Sister Eleanor, whose many roles with PeaceHealth include being administrator of St. John's and starting the El Salvador Health Mission, was a beloved member of the Mercy Housing Northwest Board of Directors in her last years. She would be delighted to know that her name will be remembered in a development that brings her two favorite nonprofits together to offer stability and health to low-income seniors.

## *Social Justice*

It was a business manager at Peace Harbor Hospital, Sharon Davis, who pushed for a program that would give more dignity to people who could not afford to pay for health care. The Bridge Program began in Florence, where a lot of people worked in minimum wage jobs: those who made less than 200 percent of the federal poverty level would receive a card that looked just like an insurance card and would make a small co-pay—\$3 for a clinic visit, \$25 for an Emergency Department visit—only if they were able. They would not be billed or sent to collection. It could be called charity care, but the better name would be neighborly care.<sup>208</sup>

The Bridge Program was adopted as standard policy in all of PeaceHealth in 2004, with leadership from Kevin McAndrews, then vice president for financial services, and is still a program throughout the system.

## *A Passion for Leadership*

Barbara Mosher, RN, landed her first nursing job at Sacred Heart Hospital in Eugene during a time of great stress, in the middle of the nursing strike of 1982. "I had to do a lot of thinking about whether I would cross a picket line," she said, "but I did, because I needed to work." She began work in the Newborn Intensive Care Unit, the NICU, which continued to be her workplace home until 2004.<sup>209</sup>

When the strike resolved there was some tension between the former strikers and those



*Barbara Mosher and her daughter, Brittany.*

who'd kept the hospital working through the weeks of the strike, but "we worked together, progressed and learned to trust each other again." After about six months in the NICU Barbara became charge nurse for the evening shift and discovered her strengths as a leader: "I had a passion for leading, being there for my co-workers, supporting them and teaching. I felt that if you invest in good orientation and mentorship, you'll get great results."

Barbara remembers how her mentorship as a staff leader was buoyed by Sister Monica's frequent and unannounced rounds in the hospital: "She had a presence about her, a smile and a calmness." Some of that got lost, Barbara thinks, when the hospital was guided more as a big business than as a medical and spiritual enterprise. But in many ways she sees the practice of nursing and caregiving coming full circle, sees practices like team nursing discarded for a while and then returning.

Since 2004 Barbara has nursed in Eugene's Family Clinic. As care manager she uses her many years of experience and leadership every day in collaborating with patients who have complex medical conditions and often difficult economic circumstances. "There's a lot of teaching and explaining and negotiating with patients," she said.

More than 30 years after she began her nursing career with new babies in Intensive Care, Barbara Mosher now is on the front line of population health management, pioneering new ways of being a caregiver who works to keep patients out of the hospital.

In addition to being a leader for staffers in the NICU and at the Family Clinic, Barbara has been a leader and mentor in her own family. Her daughter Brittany, who now works for PeaceHealth as a talent acquisition specialist, said her mother is her hero and her role model. Barbara and Brittany are fine examples of a PeaceHealth community that includes families of caregivers and families of the cared for across the generations.

### *To Take a Stand*

In the acknowledgements to his book *Designed to Adapt: Leading Healthcare in Challenging Times*, Dr. John Kenagy talks about his 20 years of surgical practice at St. John Medical Center, Longview:

*Breaking my neck gave me an unintended but very unique view of healthcare. Fortunately, I worked with a healthcare system, PeaceHealth, in which others could share that view. Many leaders within PeaceHealth accepted and vigorously encouraged my interests. It was the nature of the organization and their founders, the Sisters of St. Joseph of Peace, to take a stand and do something different. Many, many people helped and encouraged me to make this transition. . . I cannot list all the names but Sister Eleanor Gilmore, Sister Anne Hayes and Sister [Monica Heeran] stand out among many others. PeaceHealth carries out the Mission of their sponsors; they mean what they say.<sup>210</sup>*

### *Nursing for Justice*

Molly Graham came to nursing from her own experience as a patient in Sacred Heart Medical Center. Her aunt, Tina Ronczyk, a long-time nurse at Sacred Heart, had encouraged her to think about nursing. But Molly was afraid of needles

and got a degree in French—as far from nursing as she could get. Nonetheless, she had grown up with the idea of doing something about social injustice, and when she became a patient herself, she saw a way to work for justice through nursing. “I was at Sacred Heart as a patient and I saw things I admired or things I would do differently. Most of all, I saw that the nurse has a real power to touch the family, the patient.” So Molly changed her life plan and went to nursing school: now, as a registered nurse in Oncology, she uses that passion for justice to help her patients and families. It’s an approach to social justice that may not change the world, but, as Molly’s mother said to her, “You made a difference for this one.”

### *Changing Realities, Continuing Mission*

Sister Andrea Nenzel has experienced the changing reality that is PeaceHealth since her early years with the Sisters of St. Joseph of Peace in the 1960s. Now, as chair of the PeaceHealth System Board, she looks back on profound changes in health care leadership and governance. “When I first experienced our hospitals” she said, “they were run by Sisters in habit and in good numbers. The Sisters’ presence formed the hearts and minds of those who worked with them. Our hospitals were in many ways a family business, they were run by the Sisters, and they operated as individual fiefdoms. Now we have moved profoundly from the family business to a complex non-profit corporate structure; from Sister leaders to lay leadership; from individual units to a system with many branches and individual expressions.”

People become PeaceHealth caregivers because of their commitment to a healing ministry, Sister

Andrea notes, and in the reality of this time “the mission of both Sisters and lay leadership is to support and develop those commitments and to find ways to pass on the grounding in Catholic values that is an inheritance PeaceHealth caregivers share from many different faith perspectives.”



*Sister Andrea Nenzel*

Sister Andrea knows well that the pace of change from those Sister-run hospitals has been challenging, but, “I think we’re in a wonderful moment when we have completed a lifecycle in PeaceHealth. We’re now on the uprise in a hopeful, generative and really exciting time when people are pleased and proud to be part of the ministry of PeaceHealth.”<sup>211</sup>

### *A Vision for the Future*

Liz Dunne, president and CEO of PeaceHealth, recalls key moments in her career that have prepared her for leading during challenging times while answering the call to service. In November 1978, while serving as a lieutenant in the Air Force, she was the Dover Air Force Base hospital administrative officer in charge on the weekend the Guyana Jonestown tragedy occurred. During one of our world’s most historic tragedies, Liz orchestrated her medical center to respond to the potential medical needs of Jonestown survivors while preparing to receive possible casualties. She felt drawn to know what to do and how to do it, “almost like an out-of-body experience,” a longing



Liz Dunne

to active duty to participate in Operation Desert Storm.

Like all of the “Code Red” experiences described in this book, those moments of pending catastrophe heightened awareness and built camaraderie across Liz’s highly skilled team of caregivers and leaders. And although the casualties never materialized, getting ready for them showed Liz a pathway that has now led her to the leadership of PeaceHealth.

“I saw that PeaceHealth was at an interesting time in its journey,” she said thoughtfully, “an exciting time to shape it toward a new way of living out its mission and to shape leadership for that future.” PeaceHealth’s strength, as she sees it, lies in the connection with the communities, “with our opportunity and responsibility as the largest provider of health care in our communities, and often the largest employer. That must lead us to ask whether we are doing enough for our communities. We can’t do all things for all people, but we can provide leadership and work through

that illuminated for her a call to service and leadership. In January 1991, her leadership was needed again as the nation prepared for the unfortunate impacts of war: she was recalled

partnerships to focus on community issues like giving children, in toxic situations, the resources they need to build their own resilience. We can be a positive, intervening force in all of our communities—a force that not only shows people the path to a healthier life, but also paves that path for a smoother journey.”

As a woman leader in health care, Liz finds special joy in continuing the leadership traditions of the Sisters of St. Joseph of Peace. “Women lead differently,” she said, “because of their experiences and world views. Like the Sisters who led PeaceHealth for so many decades, women leaders are more relationally focused and place a greater value on listening and understanding the people we serve.”

Liz spent her first two months at PeaceHealth getting to know the communities and meeting with the chairs of the Community Health Boards. She said, “I thought I might have to motivate them, but they are the ones who have energized, motivated and inspired me. They are knowledgeable, interested and passionate about their communities.”

The future for health care is full of unknowns, but, according to Liz, PeaceHealth will have advantages in being a mid-sized health care system that can be nimble and agile in meeting new needs. “We will need trust and openness to try different things, to stay open to change, to be curious: that will be our strength as we carry on the mission of PeaceHealth.” ■

Thanks to Rosanne Ponzetti, Vice President for Mission Services at PeaceHealth, who has enthusiastically supported this history for over a year, to Theresa Vithayathil Edmonson of Mission Services and to Michelle Halfhill of Communications who have solved problems, read drafts, answered questions, and kept me on track through the research and writing.

I am especially grateful to three archivists who helped me find much of the early material: Sister Ann Taylor, Archivist for the Sisters of St. Joseph of Peace in Englewood Cliffs; Sister Helen Haigh, Archivist for the Western Region of the Sisters of St. Joseph of Peace in Bellingham; and Loretta Greene, Archivist for the Sisters of Providence. The photo archives of the Whatcom Museum are an amazing resource, and Jeff Jewell helped me find many photographs from the long history of St. Joseph Hospital.

Most of all, I am grateful for all those who told me their stories of working with PeaceHealth. Among the Sisters, I interviewed Sister Ellen Caldwell, Sister Margaret Dimond, Sister Francena Dodd, Sister Louise Dumont, Sister Camillus Elliott, Sister Susan Francois, Sister Maria Gri, Sister Anne Hayes, Sister Monica Heeran, Sister Joan Holliday, Sister Mary

Keough, Sister Margaret Jane Kling, Sister Connie Krieger, Sister Sheila Lemieux, Sister Andrea Nenzel, Sister Margaret O'Neill, Sister Margaret Parry, Sister Mary Powers, Sister Kathleen Pruitt, Sister Ede Rief, Sister Beth Taylor, Sister Noreen Terrault, Sister Aileen Trainor, and Sister Judy Traines.

Thanks to the PeaceHealth present and former caregivers who shared their story with me: Sarita Angulo, Bette Barlund, Jim Barnhart, Bonnie Behre, Pam Bristol, Todd Broderius, Bridget Carney, Karmon Carter-White, Dick Cathell, Jeane Conrad, Linda Crull, Liz Dunne, Mark Dwyer, Ross Fewing, Kathy Garcia, Nancy Glascock, Molly Graham, Fidel Guerra-Cuevas, Gary Hall, John Hayward, Dr. Dale Heisinger, Stu Hennessey, Tim Hermann, Dr. Wes Jacobs, Mary Catherine Lookingbill, Ed Mahn, Mary Ann McMurren, DeLeesa Meashintubby, Barbara Mosher, Brittany Mosher, Chris Phillips, Barbara Poole, Kirk Raboin, Tina Ronczyk, Laurel Smith, Nancy Tieman, Laura Trettevik, Dr. Robin Virgin, Doug Watson, Ran Whitehead, Richard Yecny, Alan Yordy and Dale Zender.

Thanks to Paul Chiocco for the story of the Eleanor Apartments in Bellingham. ■

## Endnotes

- <sup>1</sup> Sources include Margaret Rose O'Neil, CSJP, *The Life of Mother Clare*, 1990; Dorothy Vidulich, CSJP, *Peace Pays a Price: A Study of Margaret Anna Cusack, The Nun of Kenmare*, 1990; and <http://csjp.org/about-us/our-roots/our-history-and-founder>, 2016.
- <sup>2</sup> Vidulich, p. 14.
- <sup>3</sup> Vidulich, p. 17.
- <sup>4</sup> Vidulich, p. 14.
- <sup>5</sup> Vidulich, p. 17.
- <sup>6</sup> Vidulich, p. 30.
- <sup>7</sup> Vidulich, p. 31.
- <sup>8</sup> O'Neill, p. 137.
- <sup>9</sup> Vidulich, p. 33.
- <sup>10</sup> Vidulich, p. 33.
- <sup>11</sup> Joan Ward, CSJP, ed., *The Letters of Mother Francis Clare Cusack Transcribed Verbatim from Her Original Letters*, 1996, Letter 33.
- <sup>12</sup> Vidulich, p. 47.
- <sup>13</sup> Vidulich, p. 60.
- <sup>14</sup> *Chronicles of St. Joseph Hospital, Vancouver, Washington, Volume 8, 1858-1952, Foundation Number 23*. Notes on the first years written in 1886 by Father Peter Claver; translated by Sister Dorothy Lentz, S.P., 1978., Archives of the Sisters of Providence.
- <sup>15</sup> *Chronicles*, p. 3.
- <sup>16</sup> *Chronicles*, p. 10.
- <sup>17</sup> This part of the story comes from Rev. P.R. McCaffrey, *From Dusk to Dawn, A History of the Sisters of St. Joseph of Newark, New Jersey*, 1932, p. 169-170, though he reframes it to keep Mother Clare out of the picture.
- <sup>18</sup> Vidulich, p. 54.
- <sup>19</sup> Vidulich, p. 56.
- <sup>20</sup> Sister M. Teresa Moran, letter to Rev. Mother Evangelista Gaffney, August 23, 1890, Sisters of St. Joseph of Peace (CSJP) Archives, Englewood Cliffs, New Jersey.
- <sup>21</sup> Sister Teresa Moran, *History of the Northwestern Province from 1890 to 1924*, typewritten mss., CSJP Archives, Bellevue, Washington, p. 8.
- <sup>22</sup> Moran Letter, August 23, 1890.
- <sup>23</sup> Moran Letter, August 23, 1890.
- <sup>24</sup> The primary source is Mother Teresa Moran's *History of the Northwestern Province from 1890 to 1924*, mss. in the Archives of the Sisters of St. Joseph of Peace, Bellevue, Washington. Other sources include McCaffrey, *From Dawn to Dusk*, p. 177-181; Sister Rosalie McQuaide, *Letter from Another Time: A Portrait of Mother M. Teresa Moran*, Sisters of St. Joseph of Peace, 1999, p. 20-27.
- <sup>25</sup> McQuaide, p. 21.
- <sup>26</sup> Moran, *History*, p. 7.
- <sup>27</sup> Moran, *History*, p. 9.
- <sup>28</sup> McQuaide, p. 22.
- <sup>29</sup> St. Joseph Hospital Ledger, 1898, handwritten mss., CSJP Archives, Bellevue, Washington.
- <sup>30</sup> Moran, *History*, p. 11-12.
- <sup>31</sup> Moran, *History*, p. 12.
- <sup>32</sup> Moran, *History*, p. 11.
- <sup>33</sup> CSJP Archives.
- <sup>34</sup> Moran, *History*, p. 42.
- <sup>35</sup> Moran, *History*, p. 49.
- <sup>36</sup> Moran, *History*, p. 44.
- <sup>37</sup> Moran, *History*, p. 51.
- <sup>38</sup> Brian L. Griffin, *Fairhaven, A History*, 2015, p. 50.
- <sup>39</sup> Record of 1924 visitation, CSJP Archives.
- <sup>40</sup> *Bellingham Herald*, January 19, 1928.
- <sup>41</sup> Moran, *History*, p. 14.
- <sup>42</sup> "Lest We Forget," life records of the Sisters of St. Joseph of Peace, mss., CSJP Archives, Englewood Cliffs, New Jersey.
- <sup>43</sup> Sister Norbert Martin, Memoir, mss., n.d., in the CSJP Archives.
- <sup>44</sup> Sister Ellen Caldwell, interview with author, November 4, 2013.
- <sup>45</sup> Moran, *History*, p. 13.
- <sup>46</sup> Moran, *History*, p. 21.
- <sup>47</sup> *Guide to the Catholic Sisterhoods in the United States*, 1952, p. 162.
- <sup>48</sup> Sister Cecilia Arsenault told the author this story in the 1990s.
- <sup>49</sup> Sister Ede Reif, interview with author, June 29, 2015; Sister Camillus Elliott, interview with author, August 12, 2015.
- <sup>50</sup> Sister Margaret Jane Kling, interview with author, August 4, 2015.
- <sup>51</sup> Sister Monica Heeran, interview with author, March 26, 2015.
- <sup>52</sup> Information not attributed in this story comes from the author's knowledge of the CSJP community.
- <sup>53</sup> Sister Maria Gri, interview with author, October 15, 2013.
- <sup>54</sup> *Adveniat Regnum Christi*, Englewood Cliffs, 1963, p. 172-3, CSJP Archives.
- <sup>55</sup> Sister Mary Patterson, continuation of Mother Teresa Moran's *History of the Northwestern Province*, mss., 1985, CSJP Archives.
- <sup>56</sup> *The Rule and Constitutions for St. Joseph's Sisters of Peace of the Immaculate Conception*, 1884, p. 3, CSJP Archives.
- <sup>57</sup> *Adveniat Regnum Christi*.
- <sup>58</sup> Sister Sheila Lemieux, interview with author, August 6, 2015.
- <sup>59</sup> Sister Susan Dewitt, "History and Roots: Reclaiming Peace," *Living Peace*, Winter, 2014, p. 20.
- <sup>60</sup> Dewitt, p. 20.
- <sup>61</sup> Sister Louise DuMont, interview with author, CSJP, August 12, 2014.
- <sup>62</sup> *Constitutions of the Sisters of St. Joseph of Peace*, Directive 78.
- <sup>63</sup> Rossland Hospital history, mss., n.d., CSJP Archives.
- <sup>64</sup> Teresa Kiernan, Letter to Mother Evangelista, September 16, 1898, CSJP Archives.
- <sup>65</sup> *Mater Misericordiae Hospital, Rossland, British Columbia, 1896—1969*. Memorial booklet and history, n.d., CSJP Archives.
- <sup>66</sup> *Rossland Miner*, November 27, 1897.
- <sup>67</sup> Joseph Crimont, S.J., letter to Mother Agatha Browne, June 5, 1922, CSJP Archives.
- <sup>68</sup> Minutes of the Sisters' Council, December, 1922, CSJP Archives.



- <sup>69</sup> Minutes of the Sisters' Council, March, 1922, CSJP Archives.
- <sup>70</sup> G. VanderPol, S.J., typewritten letter to Mother Agatha Browne, February 12, 1923, CSJP Archives.
- <sup>71</sup> VanderPol, S.J. to Mother Agatha Browne, February 21, 1923, CSJP Archives.
- <sup>72</sup> Mother Agatha Browne, handwritten letter to Father G. VanderPol, S.J., March 8, 1923, CSJP Archives.
- <sup>73</sup> Browne, typerwritten letter to VanderPol, March 6, 1925, CSJP Archives.
- <sup>74</sup> CSJP Archives, n.d.
- <sup>75</sup> Carl H. Phetteplace, M.D., Eulogy for Sister Margaret Ann Whalen, March 21, 1966, CSJP Archives, Bellevue, Washington, p. 3.
- <sup>76</sup> Phetteplace, p. 3.
- <sup>77</sup> Bishop F. P. Leipzig, Memoir, mss., n.d., CSJP Archives, p. 2.
- <sup>78</sup> Phetteplace, p. 2.
- <sup>79</sup> Leipzig, p. 3.
- <sup>80</sup> Trust Department, First National Bank, Junction City, Oregon, letter, April 15, 1935, CSJP Archives.
- <sup>81</sup> Leipzig, p. 4.
- <sup>82</sup> Leipzig, p. 4.
- <sup>83</sup> Sister Monica Heeran reports that Mother Agatha bought the return ticket on the advice of her attorney, Windsor Calkins, who helped her craft this effective negotiating stance.
- <sup>84</sup> Leipzig, p. 5.
- <sup>85</sup> Leipzig, p. 5-6.
- <sup>86</sup> Phetteplace, p. 3.
- <sup>87</sup> Phetteplace, p. 3.
- <sup>88</sup> John M. McClelland, Jr., R.A.Long's Planned City: the Story of Longview.
- <sup>89</sup> McClelland, p. 218.
- <sup>90</sup> McClelland, p. 220.
- <sup>91</sup> McClelland, p. 221.
- <sup>92</sup> McClelland, p. 222.
- <sup>93</sup> Memorandum re: St. John's Hospital, Longview, Washington, 1943, CSJP Archives.
- <sup>94</sup> Paul L. Mitten, Superintendent, Longview Memorial Hospital, Inc., letter to Mother Flavia, June 3, 1943, p. 2, CSJP Archives.
- <sup>95</sup> Mitten, p. 1.
- <sup>96</sup> Memorandum, 1943.
- <sup>97</sup> McClelland, p. 222.
- <sup>98</sup> Sister Ellen Caldwell, typewritten document, November 27, 1961, CSJP Archives.
- <sup>99</sup> Caldwell, typewritten document, December 1, 1963, CSJP Archives.
- <sup>100</sup> Sister Bernardine Becker, "History of Health and Hospital Services," CSJP Archives and Stu Hennessey, interview with author, March 30, 2015.
- <sup>101</sup> CSJP Archives.
- <sup>102</sup> CSJP Archives.
- <sup>103</sup> Hennessey.
- <sup>104</sup> Mrs. William Moultray, letter to the editor, *Bellingham Herald*, September 20, 1970, p. 14.
- <sup>105</sup> Unsigned editorial, *Bellingham Herald*, September 20, 1970, p. 14.
- <sup>106</sup> Directive 3, *Ethical and Religious Directives for Catholic Health Care Services*, Fifth Edition, United States Conference of Catholic Bishops, 2009.
- <sup>107</sup> Heeran.
- <sup>108</sup> DuMont, Heeran, Lemieux, Hennessey and Sister Kathleen Pruitt, interview with author, February 12, 2015.
- <sup>109</sup> Catholic Hospital Association USA, "Glossary of Catholic Health Care Terms," <http://www.chausa.org/careers/careers-in-ethics/glossary-of-catholic-health-care-terms>.
- <sup>110</sup> The Canonical Statutes of PeaceHealth, June 13, 1997.
- <sup>111</sup> Heeran; Hennessey; Alan Yordy, interview with author, April 27, 2016; Tim Herrman, interview with author, March 23, 2016.
- <sup>112</sup> Herrman.
- <sup>113</sup> Jim Barnhart, interview with author, February 22, 2016, and Hennessey.
- <sup>114</sup> Sister Noreen Terrault, interview with author, March 26, 2016, and Barnhart.
- <sup>115</sup> Barnhart and Hennessey.
- <sup>116</sup> AIA.org. Anne Schopf, with the Mahlum firm, is the architect.
- <sup>117</sup> American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE). Mark Stavig is the engineer who won the award.
- <sup>118</sup> *Celebrating 130 Years, Southwest Washington Hospitals, 1858-1988*, flyer, Sisters of Providence Archives, PeaceHealth Southwest Medical Center history panels and Mary Katherine Lookingbill, interview with author, March 18, 2016.
- <sup>119</sup> PeaceHealth Southwest Medical Center history panel.
- <sup>120</sup> Lookingbill.
- <sup>121</sup> Lookingbill.
- <sup>122</sup> Bette Barlund, interview with author, April 6, 2016 and Barnhart.
- <sup>123</sup> Ran Whitehead, interview with author, February 26, 2016.
- <sup>124</sup> Doug Watson, interview with author, February 25, 2016; Dr. Robin Virgin, interview with author, February 14, 2016; and Hennessey.
- <sup>125</sup> Sister Judy Tralnes, January, 2001, CSJP Archives, Bellevue, Washington.
- <sup>126</sup> Sister Joseph Raphael McHenry, Memoir, CSJP Archives, p. 1.
- <sup>127</sup> McHenry, p. 1.
- <sup>128</sup> Bishop Crimont, letter to Miss Dorothea McHenry, August 12, 1938, CSJP Archives.
- <sup>129</sup> Sister Joan Holliday, interview with author, March 26, 2015.
- <sup>130</sup> Phetteplace, p. 6.
- <sup>131</sup> Phetteplace, p. 3.
- <sup>132</sup> Orthopedic Association History Committee report, n.d., CSJP Archives.
- <sup>133</sup> *Lest We Forget*.
- <sup>134</sup> McClelland, p. 223-224.
- <sup>135</sup> *Lest We Forget*.
- <sup>136</sup> Kirk Raboin, interview with author, October 9, 2015.
- <sup>137</sup> Dale Zender, interview with author, June 1, 2015.
- <sup>138</sup> Laura Trettevik, interview with author, March 17, 2016.
- <sup>139</sup> Brigid Collins, *Her Life and Legacy*, a video produced for the Brigid Collins Family Support Center, n.d.
- <sup>140</sup> Sister Andrea Nenzel, interview with author, June 22, 2015.
- <sup>141</sup> Group interview with author, Sisters of St. Joseph of Peace and

- Associates, October 30, 2015.
- <sup>142</sup> Raboin.
- <sup>143</sup> Paul Starr, *The Social Transformation of American Medicine*, 1982, p. 155.
- <sup>144</sup> Starr, p. 155.
- <sup>145</sup> St. Luke's School of Nursing closed seven years before St. Joseph's, CSJP Archives.
- <sup>146</sup> CSJP Archives.
- <sup>147</sup> CSJP Archives
- <sup>148</sup> "History of the Sisters in Eugene," 1955, CSJP Archives.
- <sup>149</sup> Nancy Glasscock, interview with author, July 30, 2015.
- <sup>150</sup> Booklet, n.d., in the CSJP Archives.
- <sup>151</sup> Griffin, p. 216.
- <sup>152</sup> Jim Kjeldsen, *Bellingham Herald*, February 16, 1976, p. 1.
- <sup>153</sup> *Bellingham Herald*, March 3, 1970, p. 10.
- <sup>154</sup> Editorial, *Bellingham Herald*, September 20, 1970, p. 14.
- <sup>155</sup> *Bellingham Herald*, January 14, 1972; January 18, 1972.
- <sup>156</sup> Dale Zender, interview with author, June 1, 2015.
- <sup>157</sup> Rick Cocker, *Bellingham Herald*, August 18, 1976.
- <sup>158</sup> Dr. Dale Heisinger, interview with author, August 24, 2015.
- <sup>159</sup> Janne Sleeper, *Bellingham Herald*, October 26, 1986.
- <sup>160</sup> John Stark, *Bellingham Herald*, October 20, 1988, p. 1.
- <sup>161</sup> Nancy Tieman, interview with author, June 2, 2015.
- <sup>162</sup> Sister Anne Hayes, interview with author, September 14, 2015; Ed Mahn, interview with author, April 12, 2016.
- <sup>163</sup> *The Daily News*, January 14, 1987, p. 1.
- <sup>164</sup> Hayes.
- <sup>165</sup> Confluence Health website, <http://www.cwhs.com>.
- <sup>166</sup> Hennessey.
- <sup>167</sup> Heeran.
- <sup>168</sup> *Eugene Register Guard*, September 2, 1980, p. 1.
- <sup>169</sup> Sister Aileen Trainor, interview with author, July 28, 2015.
- <sup>170</sup> Heeran.
- <sup>171</sup> Hennessey; Yordy; John Hayward, interview with author, March 22, 2016.
- <sup>172</sup> "Making Health Care Better," *New York Times Magazine*, November 3, 2009.
- <sup>173</sup> Hayward.
- <sup>174</sup> PeaceHealth 2015 Summer Symposium Graphics.
- <sup>175</sup> Barlund.
- <sup>176</sup> Tina Ronczyk and Molly Graham, interview with author, July 23, 2015.
- <sup>177</sup> Karmon Carter-White, interview with author, July 30, 2015.
- <sup>178</sup> Virgin.
- <sup>179</sup> Yordy.
- <sup>180</sup> Fidel Guerra-Cuevas, interview with author, July 24, 2015.
- <sup>181</sup> Sister Rita May Lyons, interview with Anne Rutledge and David Current, June 17, 2008, CSJP Archives.
- <sup>182</sup> Sister Camillus Elliott, interview with author, August 20, 2016.
- <sup>183</sup> *Wenatchee World*, January 7, 1943, p. 1.
- <sup>184</sup> *Wenatchee World*, p. 8.
- <sup>185</sup> *Items of Interest*, handwritten notebook, 1940-1944, CSJP Archives.
- <sup>186</sup> *Items of Interest*, June 15, 1943.
- <sup>187</sup> *Items of Interest*, December 20, 1943.
- <sup>188</sup> This may not have been the final split. In a November 28, 1944 letter to the Alaska Auditor, Frank A. Boyle, Sister Lelia says that the "new project"—nurses' quarters, engine room and laundry—was to cost \$57,000, of which the federal government would pay \$22,500. We can guess that the 70-30 split referred only to the engine and laundry rooms, while additional Sisters' money went into the nurses' quarters.
- <sup>189</sup> Linda Crull, interview with author, July 22, 2015. HistoryLink file: <http://www.historylink.org/File/8099>.
- <sup>190</sup> *Items of Interest*, St. John's Hospital, CSJP Archives.
- <sup>191</sup> *Longview Daily News*, October 18, 1956, p. 1.
- <sup>192</sup> *Longview Daily News*, October 19, 1956, p. 2.
- <sup>193</sup> Kathy Garcia, interview with author, July 28, 2015.
- <sup>194</sup> Ronczyk and Graham.
- <sup>195</sup> Jeane Conrad, interview with author, July 8, 2015.
- <sup>196</sup> Sister Judy Tralnes, "Tidbits of History: 110 Years of Healing at St. Joseph Hospital, Bellingham," January, 2001, author's copy.
- <sup>197</sup> Susan Francois, CSJP, interview with author, October 30, 2015.
- <sup>198</sup> Sister Catherine McInnes, interview with Anne Rutledge and David Current, June 17, 2008, CSJP Archives.
- <sup>199</sup> DeLeesa Meashintubby, interview with author, July 28, 2016.
- <sup>200</sup> Sister Francena Dodd, interview with author, April 9, 2015.
- <sup>201</sup> Brittany Mosher, interview with author, February 14, 2016.
- <sup>202</sup> *The Caregiver* obituary for Sister Barbara Haase, December, 2015.
- <sup>203</sup> Sister Eleanor Gilmore, interview with author, 2001-2014.
- <sup>204</sup> Trettevik.
- <sup>205</sup> Garcia.
- <sup>206</sup> Matt Horvat in *The Caregiver*.
- <sup>207</sup> Chris Phillips, interview with author, February 22, 2016.
- <sup>208</sup> Richard Yecny, interview with author, April 15, 2016.
- <sup>209</sup> Barbara Mosher, interview with author, July 29, 2015.
- <sup>210</sup> John Kenagy, *Designed to Adapt: Leading Healthcare in Challenging Times*.
- <sup>211</sup> Sister Andrea Nenzel, interview with author, October 25, 2016.



