Archivists catching up on homework during the pandemic
Elizabeth Russell, Pam Hedquist, Jessica Long

In January, the first patient known to have Covid-19 in the U.S. was treated at Providence Regional Medical Center (PRMC) in Everett, Washington. This case was professionally interesting to us as PRMC is part of Providence Health & Services documented by our repository. At the time, our first concern when we read the news was to make sure we were saving the news articles about the Everett case.

Little did we know that these articles about one patient would soon be a drop in the bucket of the Covid-19 documentation effort. Nor did we anticipate the severity of the pandemic and disruption that would follow.

As infections continued to rise in Washington State through February, our conversations turned to the impact an outbreak might have on our archive locations. Typically, seasonal flu outbreaks require employees to take precautions, but we did not know what to expect from a novel virus. Thinking ahead, Loretta scheduled us to work from home one morning in early March to test our remote work technologies. This was good planning on her part: By March 12, the Mother Joseph Province leadership team instructed all provincial administration staff to work from home. This was prior to Governor Jay Inslee’s Stay Home, Stay Safe order. In April, we learned there were Covid-19 cases among residents and staff at Providence Mount St. Vincent next to our main archive location in Saint Joseph Residence.

Since then, we have been immersed in the experience shared by many Americans working from home. Suddenly the Microsoft Teams application, a virtual platform recently implemented by Providence Health & Services, became our only mode of interacting with our teammates where once we had collaborated in a lively professional office. Through Teams video calls and chats (sometimes causing Teams exhaustion for our team) we have maintained our weekly staff meetings as well as spontaneous check-ins with each other about ongoing projects. Away

continued on page 2 continued on page 4 continued on page 5
from our sit-stand desks, we now searched for ergonomic home set-ups. While adjusting to our new family “coworkers” (including the furry ones), wearing headsets, dressing more comfortably, and taking breaks on our living room couches, the new reality was settling in.

Ordinarily, working from home is a rare situation for our staff, usually caused by inclement weather days. There have been technical challenges as we adapted to our new work environments. Some of our staff did not have work laptops yet and experienced the frustrations of lag time by remoting into desktops with their personal computers, particularly one member who lives in a more rural location where high-speed connectivity is limited. Above all, we are temporarily disconnected from the largest part of our professional identity: working with our analog collections in the climate-controlled environment of our repository.

Yet there are opportunities in these circumstances. Working remotely puts us in the shoes of our distance researchers. We realize anew the value of our digitized material. We recognize how good we already are at virtual communication due to the weekly virtual staff meetings we previously held due to the geographic split of our department. Staff have tackled a variety of tasks that are often put on the back burner, like email and digital clean-up, transcription editing, database work, and planning. We initiated new projects, such as strategizing on how and what to document in the flood of Covid-19 information now being created, exploring the possibilities of virtual tours, researching social justice issues in response to the Black Lives Matter movement, and reenergizing our social media efforts. Suddenly more researchers are investigating past epidemics; the impact of these scourges of the human condition, from typhoid and smallpox to HIV/AIDS, is documented throughout the 164 years of the Sisters of Providence in the western United States. This triggered the most substantial work-from-home project so far: searching our digital collections for mentions of these diseases, which sometimes necessitated translating handwritten nineteenth-century French, and gathering the research in one place for current and future uses (see Pandemic Research, page 3). The written accounts and ledger entries we found show that children and adults in the western U.S. of the 1800s and 1900s died routinely from infectious diseases, which came either in epidemic form like smallpox or endemically, as tuberculosis claimed victims from every generation. Those impacted by disease included not only the patients, but the sisters and secular staff in Providence hospitals as well as teachers and students in Providence schools. Primary sources reveal in stark terms the huge change to human existence brought about by mass vaccination, which removed so completely the threat of measles, diphtheria, and other formerly common infectious diseases; the justifiable terror of them was wiped for a time from our collective consciousness.

Currently, our three Seattle staff have partially returned to Saint Joseph Residence. The campus requires regular testing, masking, daily health surveys and daily temperature readings for all employees. “The first day back had some mental and physical impacts,” observed archivist Loretta Greene. “The nursing staff required to work during the Stay Home order were excited to see me, but I felt a sense of survivor guilt, since I had been safe at home while they had daily potential exposure. Transitioning from the laptop at home to dual large-screen monitors was like the sensation of a regular theater to an IMAX theater, and my legs and back tired quickly from using the standing desk all day!”

The two Spokane staff members face different challenges when returning to the office as needed. Most caregivers working at Mount St. Joseph adhere to Providence St. Joseph Health’s decision to extend remote working for the foreseeable future. While the lack of people in the building is a comfort in the absence of regular testing, the empty hallways and overwhelming silence can be slightly unnerving. Projects must be carefully prioritized to maximize the precious few hours spent working in the repository - things have piled up in the months we have been away. Pam Hedquist remarked, “It is personally challenging remembering which materials to bring back and forth as you work part time office and home. Being a vagabond can be very exhausting.”

We expect that working locations for us will continue to be flexible for quite some time due to the persistence of the pandemic. For now, we are grateful for the technologies we have available, as well as the collaborative

continued on page 3
Photograph of St. Elizabeth Hospital, Yakima, Washington, in the 1900s, as it would have looked during the 1912 smallpox epidemic described in the following account:

“During July when the temperatures were in a high degree of intensity in our valley, a case of smallpox was declared among our patients on the first floor. Immediately the municipal authorities removed the victim and isolated him outside the town, after having nevertheless taken care to submit part of the house to quarantine. The sister placed in isolation with these patients spent three weeks cleaning and disinfecting after they were released.

But we did not have long to enjoy resuming our routine that we are brought from outside a so-called typhoid fever case which was nothing less than another smallpox. Judge our punishment when we had to again close part of our hospital to the public and send another sister to quarantine with the patients who had come into contact with the infected person. Finally, after more than a month of suffering physically and morally, the health officer raised the flags and we were released.” (Translated from the French by Loretta Greene, 2020).

The following passage is from a letter from Sister Peter Claver to Mother Joseph of the Sacred Heart, December 9, 1876:

“I would have liked to write sooner, but I really could not, for I was ill. And then I was in quarantine: Sr. Virginia and I were quarantined for three weeks, taking care of a smallpox patient. She is a young Methodist, whom we converted to Catholicism.

When the doctors refused to treat her, the County officers asked the Sisters. Seeing that Sister Vicar was in a predicament, and in spite of my weakened condition, I offered and was accepted.

We were in a small house about one mile from the city, and no one would come close to us. We were brought the provisions we needed, but those delivering stayed at a distance. They would leave them, and we would have to get them ourselves.” (Translated from the French by Sister Therese Carignan, SP, 1998).

Catching up on homework continued from page 2

working relationships we built with each other pre-pandemic. Our current research into the impact of infectious diseases that are now unheard of or controlled in this country, such as smallpox, polio and tuberculosis, gives us the hope that with time, community precautions, and the hard work of scientists, this too shall pass. Our research makes clear that quarantines, cleaning and mask-wearing have long been strategies to contain infectious diseases with no cure or vaccine.

As fall brings cool weather and changing colors, the rush of material about the novel coronavirus has slowed slightly even as the impacts of the disease still surround us. The adjustments we implemented in March to this “new normal” are becoming, well, normal. Nevertheless, our efforts to document Covid-19 have continued. Ten months later, the Providence Archives Covid collection has expanded from a few news articles about a single patient in Everett to materials that reflect the broader pandemic such as fabric masks made by sisters, photographs of Providence caregivers in PPE, and electronic communications about the health system response.

If we do our jobs right, the history of our organization’s response to this pandemic will be well-documented, and will give future generations a window into the experiences of Providence caregivers, just as the primary sources in our collection give us a sliver of understanding of the challenges and fears of the Sisters of Providence as they endured the ubiquitous danger of infectious disease throughout their early history.

A fabric mask handcrafted by Sister Felma Cerezo, SP, is now part of the permanent collection documenting Covid-19
statues of two outstanding deceased citizens. The collection would eventually include important historical figures such as Will Rogers (Oklahoma); Thomas Edison (Ohio); Ronald Reagan (California); and Sakakawea (North Dakota). As the number of heavy statues began to outgrow the space, the structural integrity of the Hall came into question. So, in 1933 Congress authorized the display of the statues throughout the building. The Architect of the Capitol is responsible for the placement and care of the collection, which was completed in 2005 with 100 statues from all 50 states.

Washington State donated its first statue, of pioneer physician Marcus Whitman, in 1953. It wasn’t until 1969 that the first attempt to nominate Mother Joseph of the Sacred Heart as the state’s second representative would take place. But the push behind the idea may have begun as early as 1962 when the Sisters of Providence announced that Providence Academy in Vancouver, Washington, the last surviving building designed by Mother Joseph, was to be sold or razed. The efforts paid off when Senate Bill No. 2431 was signed into law by Governor Dixie Lee Ray on May 4, 1977, officially designating Mother Joseph as a historic leader of national renown and authorizing her statue to be placed in National Statuary Hall.

Choosing the sculptor to create the Mother Joseph statue involved inviting more than 40 artists to submit plans and concept art. Each sculptor received biographical information and photographs of Mother Joseph along with the specifications for National Statuary Hall statues as established by Congress. For example, statues can only depict one individual, must be made of marble or bronze, measure larger than life size, and the combined weight of the statue and accompanying pedestal must be less than 5,000 lbs for bronze or 10,000 lbs for marble. Prospective artists submitted either sketches or small replicas of their proposals, cost estimates, and photographs of previous sculptures.

The finalist, sculptor Felix de Weldon (1907 – 2003), was chosen unanimously by members of the statue committee. De Weldon was a renowned Austrian-American sculptor with approximately 1,200 sculptures located all over the world, including Antarctica. One of his most famous pieces is the United States Marine Corps War Memorial (Iwo Jima Memorial) in Arlington, Va. He also sculpted the Statuary Hall contributions of New Mexico (Senator Dennis Chavez, 1966), and Alaska (Senator Bob Bartlett, 1971).

De Weldon’s finished bronze Mother Joseph statue is approximately 5 feet and 6 inches tall (1 ¼-life size). Mother Joseph is depicted kneeling, with hands clasped, because de Weldon felt that she could not have been the woman of action that she was unless she had been a woman of prayer. “In creating the statue of Mother Joseph, I have attempted to portray her brilliance and creativity of mind, her simplicity and charm of manner, her deep faith and the love for the humanity she served. If you look at her face, one side will show her strength, will-power and determination. The other side expresses sweetness, love and compassion.”

Mother Joseph’s talents as an architect and craftsman are represented as well, in the three tools scattered around her skirts. These tools, used for measuring, clamping, and bookbinding, were modeled after her real tools found in Providence Archives! The statue sits on a base with the gilded inscription “She made monumental con-
Contributions to health care, education, and social services in the Northwest.“ Four copper engraved plaques on the sides of the base each depict an early Washington institution: Providence Academy, Vancouver (front); Providence Hospital, Seattle (left); Sacred Heart Hospital, Spokane, (right); and St. Peter Hospital, Olympia (back).

Nearly three years after Mother Joseph was selected as Washington State’s second Statuary Hall representative, her bronze statue was transported from Felix de Weldon’s art studio in Newport, Rhode Island to Washington, D.C. It arrived on April 28, 1980 and the monumental task of maneuvering it into the Capitol Rotunda was accomplished with a system of pulleys and rollers. The next day, more than 100 Sisters of Providence from Sacred Heart, Saint Ignatius, and Holy Angels Provinces took to the skies on chartered planes to attend the statue unveiling and dedication ceremony in Washington, D.C. A legislative luncheon with a film presentation on the contributions of the Sisters of Providence in health care, education, and social works was held on April 30th. This event was attended by administration staff from Sisters of Providence institutions and senators, congressmen, and their staff from Washington, Alaska, Montana, Oregon, and California.

The main festivities opened with a Mass of Thanksgiv- ing at St. Matthew’s Cathedral followed by the dedication ceremony in the Capitol Rotunda at 4 p.m. on May 1. Officials and spectators filled the Rotunda, with an over-flow crowd of about 1,400 people accommodated in an adjacent area. Several individuals gave speeches during the ceremony, including superior general Sister Gilberte Villeneuve, SP who spoke about Mother Joseph of the Sacred Heart; Felix de Weldon, who spoke about his experiences and inspiration in sculpting the statue; and the Honorable Warren G. Magnuson, president pro tempore and senator from Washington State, who read a letter on behalf of President Jimmy Carter.

Sister Lucille Dean, SP, provincial superior of Sacred Heart Province, and Sister M. Michelle Holland, SP, provincial superior of Saint Ignatius Province, had the extraordinary privilege of officially unveiling the statue to the country. Mother Joseph of the Sacred Heart had the honor of being the 92nd statue, the fifth woman, and the first religious woman to be added to the National Statuary Hall collection. Her statue is currently located at Emancipation Hall, in the Capitol Visitor Center.
New Walla Walla history

In August, Providence St. Mary Medical Center published its new history entitled “In Order to Do Good: The History of Providence St. Mary Medical Center.” The book was written by Walla Walla resident Linda M. Andrews, whose prior work includes research and speech-writing for non-profit healthcare executives, poetry, stories and essays. She has also taught literature and writing at the college level for 15 years. The title phrase “in order to do good,” is the translation of a line from an 1858 letter from Mother Joseph of the Sacred Heart to Bishop Ignace Bourget.

Book sales will benefit areas of greatest need through the Providence St. Mary Foundation. The book is available for online or telephone order at the medical center gift shop: tinyurl.com/WallaWallaHistory or (509) 897-2202, Tuesday to Thursday 10 a.m. - 1 p.m. Alternatively, order from Walla Walla bookstores Book & Game Co. or Earthlight Books.