

# PIONEERING SPIRIT



The Sisters of Providence in Alaska



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and  
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# Pioneering Spirit



*This book is dedicated to the people of Alaska and to their pioneering and visionary spirit. The generosity and confidence of Alaskans have contributed greatly to the ability of the Sisters of Providence to continue their healing and caring mission.*



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# Foreword

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*As mountains surround Jerusalem,  
so the Lord surrounds his people,  
from now and forever.*

Psalm 125

The history of the Sisters of Providence in Alaska is a story of love for the Great Land and its people. The first Sisters of Providence who went to Alaska, landing in Nome in 1902, were responding to an official request from Father J.B. René, S.J., Prefect Apostolic of Alaska, and from the City Council of Nome. The Sisters came and stayed, offering their ministries of health care, education and social services to meet the needs of the many peoples of Alaska.

For eighty-five years members of our community have been a part of the vitality, growth and challenge of Alaska. For eighty-five years we have served Alaskans through our institution's work of caring, healing, and teaching.

In the pages of this book is a story of hardships and successes; of faith, compassion and, always, deep love; of individual Sisters and their lay collaborators in a common mission of service set against the backdrop of a land rich in magnificence and beauty.

Our heritage of commitment to service in Alaska is a source of pride for us. We feel, and we are, intimately linked with the past, present and future of Alaska. The vision and courage of our Sisters who pioneered in Nome, Fairbanks and Anchorage are inspirations to us as we reaffirm our commitment to the Great Land and its people.

In Providence,

Sister Barbara Schamber, S.P.  
Provincial Superior



# A Place of Promise and Peril

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To outsiders, Alaska is a place of the imagination. Its tremendous size and beauty, fierce extremes of terrain and climate, and vast riches won only at great hardship create an image of a larger-than-life world, full of people and animals equal to the task of coexisting with its unique environments. Alaska and its image have promised much to all kinds of people, but the land has only yielded its rewards at the cost of great energy and commitment.

## Comprehending Alaska

Alaska is remarkable in a number of ways, but its size overwhelms other considerations. The largest of the fifty states by more than twice the size of Texas, its nearest competitor, Alaska's boundaries contain 586,112 square miles. Alaska straddles the Eastern and Western Hemispheres with a span of twenty-seven hundred miles from east to west, and covers fourteen hundred miles from north to south. In Alaska four time zones have been consolidated into two, but only a sharp westward bend by the creators of the international date line keeps the state in the same day.

Although scientists have not yet reached a consensus about Alaskan geology, a number of ideas have gained credence. Geologist H. Glenn Richards believes that Alaska may be composed of two tectonic plates that were once separate. During the Paleozoic and early Mesozoic eras, the plates drifted closer, then finally collided and coalesced in the late Jurassic-early Cretaceous period. In the last few million years, glaciers have been the primary tool for shaping the Alaskan terrain. Their final retreat about ten thousand years

ago created the present topography and geography of the state.

Alaska is a land of geographic contrasts. Alaskan vistas include arctic plains, glaciers, ice fields, broad valleys and fjords, expansive forests, swamps, and great mountains. Permafrost, a condition in which layers of the earth remain frozen for extended periods of time, dominates the geography of all but the coastal parts of the state. In the southern and panhandle areas, warm currents from the south produce a more temperate climate. Although much of Alaska is north of the timberline and other parts are well above timbered elevation, the state is also home to forests so thick as to recall the earliest images of the New World.

*The beauty of the Alaskan landscape is captured in a single moment of geologic time.*

Photo courtesy of The Anchorage Museum of History and Art.



The present consensus of scholars suggests that Ice Age hunters were the first humans to see Alaska. During the Ice Age, advancing glaciers lowered the level of water all over the world, and the land bridge now submerged in the Bering Sea became the avenue of passage for hunters chasing their prey to new lands. Gradually, these peoples migrated southward, eventually spreading over the length and breadth of the North and South American continents. About fifteen thousand years ago the glaciers began to recede, the level of the seas rose, and the land bridge disappeared, breaking all connection with Asia.

Although their descendants share genetic traits, the peoples that inhabited aboriginal Alaska were divided by language, geography, and to a lesser extent, lifestyle. Each group adapted to its environment, so that the culture of coastal Alaskan native peoples resembled that of other coastal dwellers further to the south in the Pacific Northwest. Three main southern coastal groups, the Tlingit, the Haida, and the Tsimshian, shared characteristics like height and complexion. They utilized similar technologies, and fashioned by hand harpoons, canoes, and finely carved and painted wooden decorations.

To the north of the southern coastal tribes lived



*An Athabaskan family.*

Photo courtesy of the Romig Collection, The Anchorage Museum of History and Art.

the Athabaskans. They inhabited a world that offered much less, and their culture evolved accordingly. As hunters and gatherers in a world of few resources, the Athabaskans were obliged, in the words of scholars Claus-M. Naske and Herman Slotnick, "to search for the particular resources upon which to survive." Periods of starvation threatened the Athabaskans, and as a result, they had simpler tribal structures than their coastal peers. The physical world they inhabited did not always provide sufficient food to sustain permanent social organizations.

The Aleut culture developed to fit its environment, the Aleutian Islands. The sea provided much of the basis for Aleut existence. The northern shore of the Aleutian Islands attracted them, for it offered a more abundant supply of fish and greater quantities of driftwood, one of the primary materials with which Aleuts built their homes. Birds, fish, and sea mammals provided much of their food and clothing. Aleuts made waterproof raincoats of seal intestines that they decorated with feathers, hunted sea otters and whales, and wove exceptionally beautiful decorative baskets. Although accounts of Aleut culture survive, modern anthropologists have been able to reconstruct little of their social structure.

Alaskan Eskimos inhabited the arctic and subarctic regions of the state. During the summer most lived in tents of sealskin or caribou hide, and in the winter they moved to sod houses. When away from their permanent homes, many built dome shaped snowhouses called igloos as protection against the elements. These they made of blocks of hard-packed snow cut with a long straight bone knife. Seal and caribou meat comprised the majority of their diet, while fish, birds, musk oxen, and other meats augmented their staples. Caribou skin, both warm and lightweight, was used for much of their clothing. Eskimos developed their own ways of life in an effort to meet the harsh demands of their world. They too

had little social organization, but each region, shaped by the rigors of the Arctic, had specific cultural traditions that differed from those of other groups of Eskimos.

### The Russians Arrive

The Aleutians were the first point of contact for the *promyshlenniki*, Russian fur hunters who followed the Russian discovery of Alaska in 1741, and the results for the Aleut people were disastrous. The fur hunters were brutal men who abused the natives. Moreover, the Aleuts had no prior exposure to European diseases like smallpox, measles, tuberculosis, and pneumonia, nor resistance to venereal disease. As in cases with natives all over the Americas, the Aleuts suffered as a result of a combination of European conduct and microbes. From precontact estimates of fifteen to thirty thousand, the Aleut population declined by more than ninety percent, and in the islands, Russian influence began to prevail.

Russian Alaska initially belonged to the fur companies and their hunters. Russian merchants recognized its potential as a source for furs, and sent the *promyshlenniki* to hunt animals, particularly sea otters. Landing first upon the westernmost islands, the *promyshlenniki* exhausted the supply of furs in the region, and progressed further east toward the Alaskan mainland. Before 1800 Russians reached Sitka, along the inland passage.

During the eighteenth century, Russian social organization developed little. The *promyshlenniki* were lawless men bent on economic gain, with little taste for social amenities. Largely illiterate, some were convicts promised freedom in exchange for their work. Their lives were hard, and because the companies required a seven-year commitment—a form of indentured servitude—most were trapped on the remote frontier. Drunkenness was rampant, and in a world without social controls, the *promyshlenniki* did as



they pleased, often victimizing native peoples and killing or maiming each other.

Alaska was too far from St. Petersburg to be of much concern to the Russian monarchy, so private interests, unchecked by government, ran the colony until the early part of the nineteenth century. The most flamboyant and effective leader, Aleksandr Baranov, managed the interests of the largest enterprise in Alaska, the Russian-American Company, from 1791 to 1817. He met the challenge of the frontier, implementing a rudimentary social order with measures like the prohibition of drinking during work. Although most of the hunters obeyed his directives, his efforts had little impact upon the character of the region.

In 1817 the Russian Navy replaced Baranov and assumed administrative control of Alaska. Its larger bureaucracy emphasized greater social order rather than economic exploitation. But because navy administrators found Alaska's interior too large for effective control, they focused their attention on Alaskan coastal regions, where most Russian subjects lived.

The Russians were not the only Europeans interested in southeastern Alaska. The Hudson's Bay Company, a major player in the North American fur trade, encroached upon the region and skirmished with the Russians. The aggressiveness of the company's traders prompted the Russians to lease much of the southern portion of Alaska to the British-North American firm in 1825.

After this Russian influence waned. The Russian government in St. Petersburg cared little for its remote territory, and the navy made no plans to increase its presence. By the 1850s critics in Russia doubted the Czar's resolve to hold Alaska against either English or American advances.

The United States posed the most significant threat to Russian interests in Alaska. Some Russians, who were aware of the Monroe Doctrine and the militaristic American stance toward Mex-

ico that led to the U.S. acquisition of the Southwest, recommended selling Alaska to the United States before the Americans took it. The outbreak of the American Civil War suspended negotiations opened during the 1850s in which the new Russian Czar, Alexander II, offered the territory to the U.S. A few years later, in 1867, Secretary of State William H. Seward arranged the purchase of the Alaskan subcontinent, and the next wave of influence upon Alaska came from the south.

### The Americans Move In

Alaska was too remote to make an immediate impact on the United States. After the Civil War American attention focused on settling the contiguous West, between the Mississippi River and the California coast. Some newspapers in the East regarded the purchase of Alaska as folly, and the House of Representatives, feeling slighted when asked to pay for the purchase after not being consulted during the negotiations, delayed appropriating money for almost a year. Meanwhile few Americans paid attention to the territory in the far North. The public lacked a clear image of Alaska and its future value to the U.S.

Nor were officials in Washington, D.C. prepared to administer the new acquisition. The U.S. Army sent soldiers to Alaska to take over Russian installations, and from 1867 to 1884 commanded the territory. Its presence, however, was soon limited to two installations in the southeast peninsula, Sitka and Fort Wrangell. Like the Russians, the Americans confined their activities to coastal areas, leaving the vast interior completely unguarded. Then, in 1877, the army recalled the few hundred troops that were stationed in Alaska to fight the Nez Percé Indians. For two years a customs collector was the only government official in the territory. The situation changed in April 1879 when the U.S. Navy, in response to local fears of a native uprising, sent the USS *Alaska* to Sitka,

and assumed jurisdiction of the territory. Although it enjoyed greater popularity than the army, an increasing white population clamored for civil government.

The American acquisition of Alaska encouraged speculators. As the center of American activity, Sitka quickly developed. In 1870 the Alaska Commercial Company acquired a twenty-year lease to hunt seals in the Pribilof Islands, and quickly became the primary force in the territory. It provided the few social services that existed, and encouraged the development of mining in the interior. Critics charged the company with obstructing the drive for self-government for its own economic ends, but a congressional committee decided that the accusations were unfounded. During the 1870s, the growth of the mining and cannery industries led to the creation of the first civil government in 1884.

But the limited home rule granted by the federal government made little impact on Alaska. Social order was a luxury on the remote frontier, one that took a long time to develop. After 1884, what one historian described as "a makeshift government" assumed nominal control of the territory. Economic opportunities continued to foster gradual growth of the Alaskan population, but the territory needed a catalyst to move forward.

The discovery of gold provided ample impetus. People flocked to Alaskan shores, and their presence increased the need for organized government and social services. The gold rushes of the turn of the twentieth century set the stage for the entrance of the Sisters of Providence.



*Mother Gamelin.*  
Photo courtesy of the Sisters of  
Providence Archives, Seattle.



# The Early History of the Sisters of Providence

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The Sisters of Providence were well prepared for the challenges and rigors of Alaska. They had begun their work ministering to the needs of the poor, the sick, and the unfortunate in French-speaking eastern Canada in 1843. This was a period of great stress and need, when the people of Quebec were beleaguered politically and economically by a dominant British elite.

In Quebec, social and political conditions had begun to deteriorate in 1763 when Great Britain won political control of French North America after the French and Indian War. Subjected to British rule, the French-speaking colonists became even more devoted to their language, culture, and Catholic religion. Their loyalty to the Church caused some friction, however, because the British did not recognize the authority of the Pope, either in Europe or in North America.

After 1763 both the Bishop of Quebec and the Holy See in Rome had to cope with a British government that was staunchly Protestant and sometimes openly hostile. The relationship was at times uneasy, but by 1820 Bishop Joseph Octave Plessis of Quebec had sufficiently demonstrated his good faith towards the British administrators in Canada, and was allowed to establish additional dioceses dependent upon Quebec. Three Vicariates Apostolic were formed in eastern Canada, as well as dioceses for Montreal and the Northwest. In subsequent years the Catholic Church in Quebec took an active interest in sending missionaries and Sisters to serve the French-Canadian trappers and traders, Native Americans, and the growing numbers of citizens of the United States who began pouring into the Pacific

Northwest in the 1840s.

In the meantime French-Canadians were facing many difficulties at home. Failed crops in the 1830s, poverty, and feelings of helplessness fomented a short-lived and futile revolt against British rule in November 1837. For the remainder of the decade and during the 1840s, the residents of Quebec suffered severely from recurrent epidemics of disease, economic hardships, and political repression. Under the circumstances, they reacted by exhibiting solidarity and holding fast to their French identity.

The Catholic Church was an important and distinguishing element in community life, and proud and hardy Quebecois reaffirmed their loyalty to it. Its institutional framework readily welcomed a group of dedicated and caring women led by Emilie Gamelin, who became the foundress of the Sisters of Providence. For many years she devoted her financial resources and personal life to combatting the afflictions of suffering people in Montreal.

## The Life of Mother Gamelin

Mother Gamelin was born in 1800 as Emilie Tavernier. As a child she learned of the precariousness of life, for nine of her elder brothers and sisters had died before she was born. Nonetheless, Emilie developed a pleasant disposition that flourished even after death deprived her of her mother at age four and her father ten years later. Her character was as strong as her Christian faith was deep. At age twenty-two Emilie Tavernier expressed the desire to enter a convent. Instead she married Jean-Baptiste Gamelin the

following year. But within five years, death had claimed her three sons and her husband.

As a widow Madame Gamelin dedicated her life to works of charity and to the poor. During this period she joined the Association of the Ladies of Charity and other groups in Montreal interested in helping the poor and infirm in their homes. By 1830 Madame Gamelin realized that some needy persons required more than home care, and she opened her first refuge for aged and destitute women. The need soon outgrew the first building and she added a second, which also filled rapidly. In 1836 a benefactor donated a third refuge that accommodated as many as thirty women. This house became known as the "Providence Asylum" in honor of the Christian belief that God cares for His people and is the cause of the good that happens to them. During this time Madame Gamelin sought new ways to help people by assisting families afflicted by an epidemic of cholera and by visiting political prisoners in Montreal.

The work of Madame Gamelin was much needed and won the support of Bishop Ignace Bourget of Montreal. The Bishop had hoped to bring Daughters of Charity of St. Vincent de Paul from France to assure continuity in this good work, but the few Sisters available in Europe were sent instead to Algeria and Rome. However, the Bishop's desire for a new religious community was met on 25 March 1843 when he bestowed the rules of St. Vincent de Paul upon a new congregation of seven women, two of whom were previously associated with Mother Gamelin's work in Montreal.

Many in Montreal believed that Madame Gamelin would step aside from her work as this religious community became better established. But the presence of the Sisters simply confirmed her calling to the religious life. Later that year, after visiting a community of Daughters of Charity of St. Vincent de Paul founded in the United

States by St. Elizabeth Seton, Madame Gamelin returned to Montreal, and on 8 October 1843 she entered the Sisters of Providence as a novice. On 29 March 1844 the new religious community was recognized canonically, and the following day it elected Mother Gamelin as its first Superior.

During the nearly eight years of Mother Gamelin's life as a Sister of Providence, the religious community extended its apostolate in many new directions. In their new endeavors the Sisters heeded the counsel of Bishop Bourget, who once told them, "Let your distinctive characteristic be that of compassion for the poor. You must be women who are willing to do anything. Your preference must be to do that which other communities cannot do." This advice adhered closely to the spirituality that inspired the work of Mother Gamelin from the beginning of her charitable efforts to her sudden death from cholera on 9 September 1851.

The work of Mother Gamelin in Montreal attracted numerous young women to her institution. One was Esther Pariseau, who received the name Sister Joseph of the Sacred Heart when she became the thirteenth Sister of Providence in 1843. Sister Joseph's intelligence, devotion, and practical skills in woodworking and domestic arts made her the logical choice to head a small group of Sisters of Providence who answered the call of the French-Canadian Bishop of Nesqually to send missionary Sisters to the Pacific Northwest in 1856.

### **A Mission in the Northwest**

In her role as Superior of the Sisters of Providence in Vancouver, Washington Territory, Mother Joseph embodied the spirit of Mother Gamelin. Under adverse frontier conditions in the Pacific Northwest, the Sisters of Providence worked tirelessly to care for the sick, the infirm, and the homeless. Their first institution, a school, provided education to Protestant and Catholic

children alike, their convent a refuge for orphans.

Two years after the Sisters arrived in Vancouver, the townsfolk met to discuss the community's need for a hospital. All agreed to entrust the project to the Sisters, whose new laundry house was refitted and named St. Joseph Hospital. This was the first of more than a dozen hospitals founded by the Sisters of Providence during Mother Joseph's service in the Pacific Northwest. Although always short of Sisters, the willingness of Mother Joseph to answer new calls for missions presaged the further extension of the Sisters of Providence to the United States' last frontier territory, Alaska.

The Sisters of Providence helped meet acute social needs by founding twenty-nine hospitals, schools, orphanages, homes for the aged, shelters for the mentally ill, and Indian schools in communities throughout Oregon, Washington, Idaho,

Montana, British Columbia, and finally, at the onset of the twentieth century, in Alaska. Although Mother Joseph died in 1902—the same year that Holy Cross Hospital opened in Nome—her spirit lived on in the works of the four Sisters of Providence who first traveled to Alaska and in the works of later Sisters of Providence who continued traditions of service in Nome, Fairbanks, and Anchorage.

### F.C.S.P.

The founding name of the Sisters of Providence in Montreal was "Filles de Charité, Servantes des Pauvres," or "Daughters of Charity, Servants of the Poor." But the identification of the religious community with the "Asile Providence," the original home for women founded by Madame Gamelin, has always been strong. This led to their popular designation as "Sisters of Providence," although the religious community was officially known by the name "Sisters of Charity of Providence" until 1970.



*Mother Joseph.*

Photo courtesy of the Sisters of Providence Archives, Seattle.



*Sluice operations on the  
Anvil Creek were a  
common method of  
recovering gold in the  
early years of the Nome  
gold rush.*

Photo courtesy of The  
Anchorage Museum of History  
and Art.



# Gold Fever and Health Care

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The discovery of gold in the 1890s brought a rush of miners to Alaska. Following news of a major strike in the Klondike in 1896, thousands of people streamed through Skagway, Alaska, to Dawson in the Yukon Territory of Canada. Two years later in 1898 news of the great Anvil Creek strike by the “three lucky Swedes,” one of whom was Norwegian, began to circulate, and by the end of 1899 more than three thousand prospectors had descended upon Nome. The discovery of gold in the beach sand at Nome brought more people, and by the summer of 1900 more than twenty thousand miners worked the Bering Sea shores of Alaska’s Seward Peninsula.

The mining boom exposed the severe limitations of Alaska’s social and political structure. In mining camps there were housing shortages, inadequate sanitation, and weak and often corrupt administration of law and order. Despite mining districts and other self-regulatory mechanisms, little formalized government existed. Claim jumping posed a continual threat to miners. Shady officials compounded an already chronic problem by using their offices to add to their personal fortunes. Alaska experienced growth pangs.

Medical facilities for miners were woefully inadequate. Few physicians followed the hordes of gold seekers to the North, and many of those who claimed medical knowledge had only marginal expertise. Remote prospectors fended for themselves by utilizing home remedies, setting their own broken bones, and sometimes employing native healing techniques. Even when patients had access to physicians, inadequate

treatment and convalescent facilities often limited the effectiveness of professional medical care. At the turn of the century, there was a crying need for hospitals and medical care in Alaska.

## **The First Missionaries in Nome**

Christian missionaries increased their activities in Alaska during the gold rush years. Their ministry in mining communities supplemented missionary efforts at both white settlements and native outposts, which had been conducted since the 1860s by representatives of the Russian Orthodox, Catholic, and Protestant faiths. One of the more prominent Protestant missionaries was Dr. Sheldon Jackson, a Presbyterian minister who was active in the establishment of mission schools during the 1870s, and who later became General Agent for Education in Alaska, stationed in Washington, D.C. Missionaries from other Protestant churches followed. Among them were Episcopalians, Congregationalists, Moravians, and Methodists.

In boomtowns like Nome the community welcomed missionaries. The first missionary to Nome was a Congregationalist minister, the Reverend Loyal L. Wirt, who arrived during August of the first full mining season of 1899. After visiting some mining claims and gathering subscriptions, Rev. Wirt left for the lower Forty-Eight, where he gathered additional funds and materials for Nome’s first mission hospital. He returned safely in the fall of 1899, but the steamship carrying lumber and provisions for his hospital was not so fortunate—a wreck at sea occasioned the loss of most of the cargo.



During the fall of 1899 Nome's diseased and wounded had sought relief from another Congregationalist missionary and from the U.S. Army surgeon. In the absence of legal authority to incorporate a municipality, a group of businessmen formed a "consent government" that opened a temporary hospital in October 1899. This makeshift institution immediately admitted nine patients.

But in late 1899 the hopes of the community for a solution to Nome's medical needs lay primarily with the efforts of Rev. Wirt. His small two and one-half story hospital was under construction. Nome residents had pledged \$2,000 of the \$12,000 raised for this charitable endeavor, with the rest coming from outside donors, primarily in Seattle and San Francisco. It was soon announced that six ladies, all trained nurses, had come "to labor among the sick at Nome" at Rev. Wirt's St. Bernard Hospital.

Despite these efforts, Nome residents were still seeking solutions to serious public health problems during the spring of 1900. The "temporary" hospital was filled to overflowing with sick and indigent patients. The St. Bernard Hospital also operated at capacity, and numerous private "clinics" were under construction, but according to the *Nome Gold Digger* they were purely business enterprises. Hospital facilities in Nome could barely contain even those patients who could afford to pay for their care. Those persons without resources were vulnerable and largely on their own. "Under existing conditions," a newspaper writer opined, "the duty of caring for the sick and indigent of this community was up to Uncle Sam."

Early in the summer of 1900 a smallpox epidemic further disrupted Nome's precarious public health situation. A stricken family on board the SS *Oregon* brought the terrifying disease to the crowded community. The disease spread rapidly, jeopardizing not only public health, but

order as well. The incapacitated publicly suffered, and the community looked for the culprits. They immediately blamed the captain of the ship, who "in direct violation of every law, human and divine," knowingly landed his infected passengers on the beaches of Nome during the middle of the night.

The epidemic quickly strained the ability of the loosely formed consent government to isolate smallpox victims and to enforce even the most elementary sanitation measures. As a result, Nome temporarily came under direct military control. After first securing the quarantine of infected persons, U.S. Army General Randall ordered Nome residents to follow new procedures for the disposal of refuse and human wastes, or face arrest and imprisonment by military authorities. According to the *Nome News* of 30 June 1900, General Randall "called attention to the unsanitary location of the town to begin with, the utter lack of drainage and sewerage, which has already greatly added to the native unhealthfulness of the site, [and] to the way in which the tents and buildings have been crowded together."

The smallpox crisis of late June and early July 1900 temporarily brought health care to the forefront of the community's attention. As soon as conditions returned to normal, however, health care, particularly for the poor, dropped to the bottom of the social agenda. Because Nome lacked a formal government, the community had few provisions for social welfare, and local leaders looked beyond the town for help. Many hoped that the military would continue to assist the community with its health problems.

The military wanted no part of the regular administration of local health care. In mid July General Randall reminded Nome residents that "the United States Government did not ask these people to come here, it held out no promise of any sort to them, and is in no wise responsible

for the unfortunate condition in which they now find themselves. Moreover, the Government has had its kindness so abused in the past, that it is rather reluctant to afford help, save in such cases that have been thoroughly investigated." This hard line was designed to convince the community that it had to fend for itself.

According to General Randall, the lack of a public, charitable hospital was the fault of the citizens of Nome. He criticized them for not acting on his suggestion to start a subscription drive

to erect such a facility. The success of the community required social responsibility, a quality the general found sorely lacking. "Not a cent was offered and not a thing was done, though it was easy enough to raise five hundred or more dollars for a Fourth of July celebration." A hospital fund, the general reasoned, "would have been much better employed than in paying a band to march up and down the street, and a hospital building would be a much more enduring monument to patriotism than a few perishable bits of decora-



*The fire department's pumping wagon parades through Nome on 4 July 1901.*

Photo courtesy of the Romig Collection, The Anchorage Museum of History and Art.

tion."

Despite the general's criticisms, Nome did not lack people with good intentions. The Presbyterian Church planned an evening of entertainment on 20 July to raise money for a fund destined for "unfortunates overtaken by poverty and sickness." At about the same time, the Episcopal Bishop of Alaska, the Right Reverend Peter Rowe, arrived to announce the opening of a mission church. While at Nome Bishop Rowe responded favorably to the idea of his church operating a self-supporting hospital if local businessmen financed its construction.

Meanwhile, the plight of the indigent, both healthy and sick, became a matter of grave concern. Chaos reigned in Nome during the summer of 1900 as people from other mining areas arrived by the score. The influx had been steady in winter and had continued since then. Many had traveled down the Yukon, one of these early arrivals bicycling the entire way and another ice-skating the thousand mile trip. The town became more crowded, and sanitary conditions worsened. As the summer progressed, the number of sick and poor continued to grow.

On 23 July 1900 members of the Chamber of Commerce held a spirited discussion about the condition of the poor. One member described the situation as "terrible . . . many were sick and helpless; and there was no demand for labor; as human beings the Chamber should take some action for their relief." Rev. Raymond Robbins, a Congregationalist minister, agreed, and insisted that the Chamber take care of the sick, for "the work of caring for [them] was beyond the capacity of the church." He suggested that a Chamber committee raise and administer a fund for that purpose. The business community was divided, with some members claiming that they had already contributed as much as they could.

Although the Chamber president suggested that businessmen in Nome could do more, he

contended that the federal government should resolve the immediate problem by providing the poor with free transportation Outside. "A government that would leave sick and destitute people to freeze on the bleak shores of the Bering Sea," he told the meeting, "was unworthy [of] the confidence of any party." Other participants looked for help to the Seattle Chamber of Commerce, which was expected at any time to arrive for a visit in Nome, because "if there is anyplace that has benefited by the discovery and alleged discovery of gold in the far North, it is Seattle."

A final topic considered at this meeting was the financial condition of St. Bernard Hospital and the performance of Rev. Loyal Wirt. Many had believed that Rev. Wirt raised funds for a "public" hospital, but the institution instead operated as a business rather than as a charitable enterprise. At the Chamber meeting Rev. Robbins stated that the Congregational Church could not subsidize alone the heavily indebted St. Bernard Hospital, or extend its mission. The hospital situation, he remarked, needed a "united effort."

Nome residents approached the cold and wet of the autumn of 1900 with meager provisions for charitable health care. By default, leadership in this area fell to a "health committee" of the Chamber of Commerce. Though it entertained some notions of opening a new hospital, the members of this committee soon found that they lacked the means for such an ambitious objective. The antipathy of Nome residents to funding social welfare programs was confirmed in November when voters defeated a proposal to incorporate the community. This measure would have given town leaders some legal authority to tax and govern.

In December 1900 the most difficult period for those concerned about caring for Nome's indigent sick began. The community awoke to find that St. Bernard Hospital had suddenly closed. Its superintendent, a man named McKay, refused to

open it or even allow access to its medical stores unless the Chamber of Commerce assured him a salary of \$500 per month and complete control over the hospital's administration. Not surprisingly the Chamber balked at these demands, and chose instead to contract with one of Nome's prominent physicians for care of the sick during the early months of 1901. This solution quickly encumbered the Chamber with financial obligations that exceeded its sources of revenue.

The strain of leadership proved to be too much for Nome's informal consent government. In late February it voted itself out of existence. For some, the event came none too soon. Others were more evenhanded. According to the *Nome Gold Digger* of 27 February 1901, the Chamber's regime had "given Nome a good apology for a government during the last few months." But it had its faults; its "most pitiable feature" was the condition of Nome's hospital and the mounting debts incurred on behalf of indigent patients.

The residents of Nome soon concluded that some form of local government was necessary. Rampant claim jumping had created legal chaos that worsened when United States Judge Arthur Noyes was appointed to Alaska's new Second Judicial District. Judge Noyes was for a time the only legal authority in the community, but he became a pawn of swindlers, and his term underscored the need for legitimate civil authority. The situation became so bad that Sen. William Stewart of Nevada unfavorably compared the administration of law in Nome with brutal Spanish rule in Cuba and the Philippine Islands.

The new city government that Nome voted into existence during the spring of 1901 assumed some of the burden of caring for the indigent sick in the community. To improve public health, it made cleaning up the town a first priority. Although the municipal health budget remained limited, responsible members of the community recognized the continuing need for improved



hospital facilities.

### Jesuits Arrive in Nome

When two Roman Catholic priests arrived in mid July 1901, Nome's prospects for a new hospital suddenly improved. The Very Reverend John B. René, S.J., had accompanied Father Aloysius A. Jacquet, S.J., to Nome. Father René was the Prefect Apostolic of Alaska—a position in the Church similar to that of a Bishop but exercised in an area where Rome had not yet designated one, with powers delegated directly

*Rev. Bellarmine Lafortune, S.J., photographed here in 1907, served as pastor of St. Joseph's parish in Nome from 1906 to 1916 and again in later years.*

Photo courtesy of the Archives of the Oregon Province of the Society of Jesus, Spokane.

from the Holy See. The two priests, both members of the Society of Jesus (popularly known as "Jesuits"), announced to a large number of residents their plans to establish a Roman Catholic church and hospital.

Judge R. N. Stevens was among them, and according to the *Nome News*, he "spoke in eloquent terms of the good work which the Holy Fathers and Sisters had accomplished in the past—work that had come under his immediate notice and congratulated Nome on having them among us; he extended to the Fathers a promise of a most hearty support by all classes in the establishment of the Sisters' hospital."

Establishing a Catholic mission in Nome had not been easy. The Society of Jesus had made three prior attempts to bring priests to Nome. The first Jesuit Father came during the spring rush to Nome in 1899. The *Nome Gold Digger* reported that he offered Mass in a private home several times, "but owing to [dissension] on the question of the hospital, the priest returned and none was built." The next two Jesuits failed even to reach Nome. One expected to arrive late in the navigation season of 1900 by ship, but a sudden storm forced the steamer to return to Seattle without making its anticipated landing in Nome. Another priest had started across Norton Sound for Nome from St. Michael during the winter of 1900. He almost froze to death in a storm and had to turn back.

Nor was obtaining Sisters for a hospital in Nome an easy matter. As early as 1899 the idea of a Catholic hospital for Nome had surfaced, but it was not until June 1900 that Father René approached Mother Mary Antoinette, Superior General of the Sisters of Providence in Montreal, Quebec, to ask for Sisters for a hospital at Nome. Father René wrote that many residents had requested such an institution the year before, but that he had delayed the project until this year due to the lateness of the season. Such a work of charity, Father René explained, "would enlarge

singularly your field of action and become a fruitful source of all manner of good."

Father René's letters conveyed the urgency of the situation. Nome needed a hospital, and he preferred to have Sisters of Providence because of his great esteem for their work. In the case of a refusal, he would regrettably be obliged "to knock at the door of another congregation, and immediately at that, for I cannot present myself in Cape Nome this year without having Sisters whose cooperation is assured to me for the founding of this hospital."

Despite this plea Mother Mary Antoinette responded that there was little chance that the religious community could send Sisters to Nome during 1900. Because the Sisters of Providence had recently agreed to several new foundations, they were extremely strained for Sisters. She promised, however, to submit the matter to the General Council for deliberation, and acknowledged that "the good that we could accomplish at Cape Nome does not leave me indifferent."

Fully a year passed before Father René and Father Jacquet again presented themselves in Nome. From there the Prefect Apostolic addressed an even more urgent letter to the Mother General of the Sisters of Providence. He told her that "the population of Nome is unanimous in clamoring for a Sisters' hospital without delay. The city is paying greatly for the support of the destitute in a 'City Hospital' that it wishes to see disappear in order to confide to you the care of these poor people. The Congregationalist Church undertook the foundation of a hospital at Nome called 'St. Bernard's Hospital,' but this work is a fiasco, no one wants anymore to underwrite this work which has cost them greatly."

In his conclusion, Father René urged Mother Mary Antoinette to send at least two Sisters by September to found a hospital. Experience had taught him that:

“Your dear Sisters not only know how to relieve the misery of humanity by saving bodies, but are also the instruments that our Lord uses to save many souls. Come therefore without hesitation for the love of Our Lord Jesus Christ and his Holy Mother. . . . All the doctors of Nome, all the Catholics, the entire population joins with Father Jacquet and me to beg you not to reject our request and to undertake this work which is so profitable to Alaska, to the Church, and which conforms so well to [the purpose of] your Institute.”

To these pleas were joined those of Father George de La Motte, a Jesuit who visited Nome in July 1901 just after Father René returned to his headquarters in Juneau. He too sensed the warm feelings of the residents of Nome towards the Sisters, and urged the Mother General to accede to Father René’s request. “The residents, even the Protestants, are disgusted with the hospitals that were begun last year and yearn for a Sisters’ hospital.”

Under these circumstances the disappointment of the Jesuit Fathers was great when they learned of the inability of the Sisters of Providence to send Sisters to Nome. Because of the demands for Sisters in Montreal and elsewhere, Mother Mary Antoinette wrote on 12 August 1901, the General Council did not foresee accepting invitations to found new establishments for at least two years.

But neither Father Jacquet nor Father René could accept such a negative reply, and they continued their entreaties. For his part, Father Jacquet asked a colleague in Seattle to help persuade the Provincial Superior at Vancouver to send him two Sisters, at least temporarily. “And if Nome does not suit them and things are not as represented, then let them return and we shall compensate them well for their trouble.” He then wrote to the General Council of the Sisters of Providence in Montreal, citing Nome’s rich gold fields and their fund-raising opportunities for the Sisters. Beyond



*The Very Reverend  
John B. René , S.J.,  
Prefect Apostolic of  
Alaska.*

Photo courtesy of the Archives of the Oregon Province of the Society of Jesus, Spokane.

this practical consideration, he pleaded for Sisters because “the people here will not forgive us if we do not obtain, this year, the Sisters that have been promised for them.”

As Prefect Apostolic of Alaska, Father René was so committed to the idea of sending Sisters to Nome that he went to the extraordinary length of visiting Montreal during the fall of 1901. There his personal entreaty to both the Bishop of Montreal and to the General Council achieved the desired result: a commitment in principle to establish a Sisters of Providence hospital in Nome. However, by this date the season was so advanced that there was insufficient time for Sisters to arrive before navigation closed in the fall of 1901.

The missionary tradition of the Sisters of Providence compelled the religious community to extend its work to the far reaches of Alaska. The Sisters brought their tradition of service and a deep desire to help provide the most basic needs of humanity: shelter, care, and compassion. In 1902 they set out to provide medical care for the people who sought temporal riches in the treeless Seward Peninsula on the shores of Norton Sound.

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*Sister Mary Conrad.*  
Photo courtesy of the Sisters of  
Providence Archives, Seattle.



# Holy Cross Hospital at Nome

In heeding the call of the Church to found a hospital in Nome, the General Council of the Sisters of Providence in Montreal accepted a challenge more difficult than many it had refused in recent years. The outpost itself was in a remote and barren corner of the western world, and hardships abounded. For the missionaries, two features of this bleak polar region made a lasting first impression: the lack of arable soil and the Eskimos' ability to survive on fish and game.

The first four Sisters of Providence arrived in Nome on 19 June 1902. They were led by Sister Mary Conrad, a gentle looking woman who at age fifty combined experience with vitality. She was approaching her thirtieth year as a Sister of Providence, and she readily accepted responsibility for extending the work of the Sisters to the far North. Her outlook was partly born of experience—with her parents she had immigrated to America from Germany and had settled in Washington Territory near Olympia in 1861. Sister Mary Conrad had nineteen years experience as a Sister Superior. She had served in this capacity in three institutions in Washington and in British Columbia, leaving most recently a school for Indian children in Kootenay, B.C. that the Sisters of Providence had founded in 1890.

The other foundresses of the mission in Nome were Sister Rodrigue, Sister Lambert, and Sister Mary Napoleon. Among them only Sister Rodrigue had prior experience in the Northwest. Before their departure from Montreal for Nome on 1 June 1902, the four foundresses met with Mother Mary Antoinette, who bade them farewell and wished them Godspeed on their trip to



Alaska.

Seasickness accompanied the Sisters on four days of their nine-day voyage to Nome, and a seventy-two-hour smallpox quarantine in Nome harbor was their first official greeting. When Nome's municipal authorities finally allowed the SS *Senator* to discharge its passengers, four black-robed Sisters of Providence were transferred to shore.

Finding no one at the dock to meet them, Sister Mary Conrad, Sister Rodrigue, Sister Mary Napoleon, and Sister Lambert oriented themselves toward the comforting sight of Nome's Catholic church steeple and began to walk. They soon encountered the parish's two Jesuit Fathers,

*The Foundresses of Holy Cross Hospital in Nome, photographed in spring 1902 in Montreal. Seated in the center is Mother General Mary Antoinette. The foundresses, from left to right, are Sister Mary Conrad, Sister Rodrigue, Sister Mary Napoleon, and Sister Lambert.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

who accompanied them to the church and celebrated a welcoming Mass. The Sisters' mission to Nome had begun.

In anticipation of the Sisters' arrival, Dr. E. M. Rininger had opened a small hospital that he named "Providence Hospital." The physician was one of the Sisters' first visitors, and he immediately offered to donate his facility to them. They accepted, though they found the building small and poorly located. During their first week in Nome the building provided them with a temporary home and a patient census of four.

The Sisters continued to look for a more suitable facility for their hospital. Within a week they located a two-story building near the Catholic church that they agreed to purchase for \$5,000. With repairs and new equipment, the Sisters' capital debt amounted to \$7,100. With confidence that Divine Providence would provide for the material needs of their mission, the Sisters occupied their new building, which they named Holy Cross Hospital. This was the establishment long awaited by the officials, residents, and doctors of Nome.

Or so the Sisters had been led to believe. The immediate reality, however, fell short of expectations. "We are treated like true strangers by this population once so anxious to have Sisters in its midst; however, they do respect us," wrote the Sister chronicler a year after their arrival in Nome. And few residents spontaneously offered helping hands to the Sisters. One man, asked by the Sisters to help move mattresses, shocked them by asking for a dollar for one hour's work. "That gives you an idea of the price of things in this country," the chronicler wrote.

The local press and the medical community, however, strongly supported the Sisters and their work. A week before Holy Cross Hospital opened its doors to the public on 15 July 1902, the Sisters asked the Nome city council to grant them a contract to care for the city's indigent sick. An

editorial in the *Nome News* advocated favorable council action, and soon afterwards the councilmen accepted the Sisters' offer to care for the city sick at \$1.50 per day. Other patients who stayed in wards paid \$3 per day, while private room patients paid \$5. Considering the high cost

### Newspaper Editorial Supports Sisters' Work

"The proposal submitted by the Sisters is one that recommends itself. The Sisters propose to take a troublesome department off the city's hands and in future care for such patients as the city may commit, at a cost considerably less than that which the present system incurs. Everyone recognizes the high efficiency of hospitals conducted by the Sisters of the various Catholic orders. In every land these Sisters are famed for their gentle ministrations to the sick; it is the work of their lives, their training and education is in caring for and nursing the sick—to give succor and smooth away the traces of pain is their religion.

"The Sisters of Providence are spending much money in giving Nome an adequate and modern hospital. It is a private enterprise, which deserves every aid and encouragement that the people and the authorities can give. For the city to continue to maintain a hospital would be an injustice to these worthy people. The argument of a well known physician, and it may be remarked here that nearly all the Nome physicians signed the petition referred to, that it is better to have one good hospital than two or more indifferent ones, is sufficient."

—*Nome News*, 11 July 1902

of living in Nome, the Sisters considered these charges reasonable, though they had to justify them the following year when a new mayor tried to rescind the city's contract with the Sisters. The Holy Cross chronicler reported that his proposal drew wide criticism, even from those individuals in the city who had appeared indifferent to the Sisters during their first summer there.

The Sisters' new hospital generated favorable press in both Nome newspapers. A *Nome News* headline proclaimed that the "Sisters of Providence Have Given Nome the Best Hospital in Alaska." The text of the story informed readers that the Sisters had "fitted up at a very great expense one of the completest and most convenient hospitals of the North." The *Nome Gold Digger* entitled its story "A Model Hospital." Its readers learned that "on the lower floor are two general wards which will accommodate a dozen people without crowding. The culinary department is also located on this floor as well as a comfortable reception room. On the second floor are six private rooms, and here is also located the operating room which is a model of its kind."

The chronicles of the Sisters provide additional details about the new hospital. The chapel and the Sisters' living room were located on the second floor, while the third floor (more properly speaking an attic) provided space for laundry drying in winter and for dormitory accommodations for the Sisters. The hospital was equipped with two outbuildings, one a shed for coal storage and the other a laundry room and a special ward for Eskimos. In establishing this special facility, the Sisters followed prevailing American social standards that resisted racial integration.

### **Nome's Period of Prosperity**

For almost a decade, the city of Nome laid claim to a bright future as a mining capital in the North. The city had grown rapidly since its origin as a mining camp in 1899. Its residents came from all



over the world, represented all nations, and spoke almost every language. By 1902 Nome boasted multistoried wood-framed buildings and a population of fifteen to twenty thousand. It was this hastily erected, rough-hewn, but established urban environment that greeted the Sisters of Providence in 1902.

The Sisters exercised their mission to Nome's residents in many ways. Their most prominent contribution to the welfare of the city was providing a hospital for the relief of anyone in need, regardless of ability to pay. In addition to treating patients in the hospital, the Sisters also cared for patients in their homes, made visits to the poor and to prisoners, and supplied free meals and medical prescriptions to the needy. The Sisters also kept night vigils in the hospital over patients whose medical condition was most precarious. Such attention to patients provided its own rewards to the Sisters, whose inspiration for service came from the life of Mother Gamelin.

In their chronicles the Sisters noted evidence of appreciation on the part of patients. In

*This photograph of the first Holy Cross Hospital in Nome was taken in 1903. The Sisters erected a new structure in 1906.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

*The Sisters serving Holy Cross Hospital in Nome posed for this group photograph in fall 1908 on the occasion of a visit of Mother Aristide, Assistant General of the Sisters of Providence. Mother Aristide is pictured in the front row, center, next to Sister Monaldi, Superior, on the right.*

Photo courtesy of the Sisters of Providence Archives, Seattle.



November 1902, for instance, a non-Catholic miner requested baptism shortly before dying. As evidence of his new faith, the miner bequeathed his mining properties to Holy Cross Hospital. The Sisters had no way to assess the value of the gift, but they concluded that it was best to sell quickly to minimize the risk of claim jumpers and litigation.

During the Sisters' first year in Nome, Holy Cross Hospital treated mostly miners, but also other white residents and an Eskimo mother and her children who lived in a nearby native community. They had survived the explosion of a

lamp in their igloo that took the lives of the father and two other children. The Sisters sheltered the survivors for two months until the family was able to return home.

For the next five years the Sisters' work grew apace with the increasing maturity of Nome itself. The number of patients served at Holy Cross Hospital increased steadily, from 190 during 1902–03 to 407 during the year ending in June 1908. Public support also continued strong during these years, as evidenced by occasional gifts, such as that of a cow in 1904, and by the organization of annual fund-raising benefits during the winter. Such an event in January 1904 generated \$1,000 for Holy Cross Hospital. The popularity of the Sisters even prompted a Jesuit Father to report to the Sisters of Providence General Council in Montreal that because the affection of the citizens of Nome for the Sisters was so great, the Sisters "are able to obtain from them anything they want. We could even say that the Providence Sisters' hospital exceeds the church of Nome in popularity."

During the summer of 1905 the Mother General of the Sisters of Providence included Nome on her western itinerary and gained firsthand knowledge of the Sisters' missionary work in Nome. According to the chronicler, "our Mother General was able to see for herself what good we are called upon to perform on this corner of the earth. She quickly recognized and verified the opportuneness and the utility of the work that we accomplish in these districts where there are so many miseries to comfort. The thirst for gold is the great passion of the inhabitants of Nome, most have but one ambition, one desire: to make a fortune. To achieve this end, they spare nothing and devote themselves to the most laborious work. One also sees them soon succumb to the weight of this harsh labor; sickness follows, and in this extremity they have no other resource than the hospital."

The Sisters regularly made the rounds of the mines, covering miles of rough, muddy roads on foot or on horseback, to seek donations and to sell subscriptions for hospital care. Because the Sisters offered the best promise of good care and comfort to injured or ill miners, they were able to sell “tickets” that operated as a form of insurance to pay for care. These tickets bought a place in the hospital whenever the miners might need it: one month for \$3.00, six months for \$12.00, and twelve months for \$24.00. The legend

### Nome Newspaper Praises Sisters

“In reviewing the many features of local life which go to compose the whole, a short tribute to the Sisters of Holy Cross Hospital should certainly not be forgotten. In this remote region, where men are far from home, the establishment of such a refuge in time of sickness has found itself to be the source of incalculable benefit to the population. When men are stricken with illness, or hurt in the course of their labors, and when loving hands are far away the doors of Holy Cross Hospital are ever open to receive them.

“There, the best medical skill of the district and the trained, gentle attention of the nursing Sisters combine to alleviate the suffering and to bring back departed health. The work of these ladies is unrewarded. From morning to night and from night to morning they busy themselves around the cots of the sick and dying and no earthly return is obtained or expected. Nome has nothing to complain of in this respect, and the presence of such a splendid institution is one of the most satisfactory facts connected with our local life.”

—*Nome News*, 13 October 1905



on the ticket read:

“Let a few dollars of your wages go to Holy Cross Hospital, and when you get sick or injured, you will find in its wards the best treatment you can get in Alaska. This price includes board, Medicines, Fresh Milk, and Liquor, as ordered by your doctor, as well as the use of Bath rooms and Operating room. You choose your own doctor, and settle with him for his services. Your own doctor decides when you are to be admitted or discharged. You may secure a private room, while at the Hospital, by paying \$1.00 a day in advance. Present this card (signed by yourself at the time of purchasing), when coming to the hospital.”

In the summer of 1906 the Sisters in Nome decided that a larger Holy Cross Hospital had become “indispensable, both because of the restricted size of the old hospital that forced us to refuse admittance to many,” and because the old building required major and costly repairs that would add nothing to the hospital’s capacity. Sister Monaldi, who had succeeded Sister Mary

*Dogsleds were the only practical means of transportation for the Sisters of Providence during the winter months in Nome.*

Photo courtesy of the Sisters of Providence Archives, Seattle.



*The altar of the chapel at Holy Cross Hospital is pictured here in 1912.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

Conrad as Superior in 1905, purchased a lot and drew up plans. After construction began on 3 July, carpenters worked night and day to complete the building in time for winter. By 24 November 1906 the hospital was ready to occupy.

In an exultant passage, the Sister chronicler penned the following: "See us now installed in a good and large building, well illuminated, and as comfortable as we could have in Nome. It is true that the workers and painters are still work-

ing, but here at least we have enough room to move around and to have our quarters, community room, and dining room. No one can appreciate these things as much as those who have been deprived of them for a long time."

Additional work on the building continued into the following spring, but by May decoration of the last portion of the hospital, the chapel, was finally complete. Its walls and ceiling were painted white, with light green decorations and golden trim on the walls, and green painted lilies and leaves on the ceiling. A niche awaited the opening of navigation for delivery of a statue of Our Mother of Sorrows, an image that has held special significance for all Sisters of Providence since the days of Mother Gamelin.

Although the costs incurred by the Sisters for their new hospital were high, the residents of Nome responded with record generosity. On 6 April 1907 the townspeople organized a carnival-bazaar benefit that raised \$4,280. Nearly everyone in Nome lavished some cash on refreshments and every kind of real or contrived amusement that day. The attractions included fish ponds, raffles, side shows and such curiosities as "the heaviest pig in the world," which could be viewed behind a door for payment in coin. For his money the happy customer received an eyeful of stacked "Pig Iron" and the satisfaction of contributing to the Sisters' hospital.

The Sisters took pleasure in the fact that all manner of Nome residents worked together on the carnival. Even though the organizers were predominantly Protestants, with only one or two Catholics on the committee, "everyone seemed to be very satisfied with their hospital."

However, the quest for gold rather than altruism motivated the majority of the fifteen thousand summer inhabitants of Nome. "Gold abounds here," the chronicler observed after her first year in Nome, "and is very pure and beautiful. Miners extract it from the bosom of the earth in the form



*Holy Cross Hospital and St. Joseph's Catholic Church stood as solid and imposing edifices in Nome.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

of nuggets or dust. It is brought to the city and exchanged in the banks for minted gold and silver, and is immediately smelted and cast in bars like lead and sent out of Alaska. Only a small quantity is kept in Nome because of the danger that exists of being assassinated if one possesses much. In autumn, during the time of the closing of the mines and the departure of the last steamers, attempted murders are frequent."

Accidents and injuries were all too frequent as well, and they provided a steady source of business for Holy Cross Hospital. Dr. Rininger, the Sisters' original benefactor in Nome, provided care to the employees of a mining company, and brought his patients to Holy Cross Hospital.

The dangers that miners faced—instant death, fractured skulls, and broken legs—prompted the Sister chronicler in 1908 to reflect, "They leave

their parents, friends, country, all that is most dear to them, to come look for gold. And what happens? Most often they do not find what they hoped for, but they impair their health and sometimes, which is unfortunately too frequent, they waste away or lose their lives seeking wealth. If only they would demonstrate so much eagerness to gather treasures for Heaven! How few think about that."

In writing about patients treated during 1910–11, the chronicler told of a man who spent some time in the hospital recovering from the effects of a frozen foot. The man complimented the Sisters for their care during his stay with them, and remarked that "if everyone could spend a certain amount of time at the hospital, there would not be so many bad people in Nome."

### A Parish School for Nome

Almost from the beginning of the Holy Cross mission, Sisters of Providence assisted the Jesuit Fathers with the teaching of catechism to children in Nome. It did not take long for the Jesuits to begin urging the Sisters to found a school.

The circumstances that led to the school's founding were somewhat irregular. The General Council in Montreal rebuffed the Jesuit Fathers' initial requests for teaching Sisters, probably for the same reasons that almost prevented Nome from receiving Sisters of Providence in the first place. But communications with Alaska were still slow in 1904, and this fact and "an unexplainable misunderstanding" led to the school's opening in the fall of 1904 despite a decision to the contrary by the General Council of the Sisters of Providence.

Sister Mary Conrad, then Sister Superior of Holy Cross Hospital, apparently believed that the General Council's decision would be favorable. For \$1,500 she purchased a site and erected a small schoolhouse during the summer of 1904, and on 23 September welcomed to Nome two additional Sisters who were both prepared for teaching. School opened on 5 October with twenty-five children in elementary grades, fifteen of whom enrolled in optional music lessons for four dollars per month. When word finally arrived that the General Council had turned down the request for a school, the season was too far advanced and the Sisters had to stay in Nome. Official approval for the school followed later.

By the end of the first school year five girls had completed the grammar course and were admitted to the academic program of the public high



*Students and the two teaching Sisters of Providence assemble in front of St. Joseph School in Nome.*

Photo courtesy of the Sisters of Providence Archives, Seattle.



*This photograph was taken on the occasion of a visit by Father Crimont to help prepare children at Nome for First Communion and Confirmation.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

school. Reflecting on the year's results, Sister Mary Conrad wrote that "we are consoled with the thought of having accomplished a useful task for society and one that is dear to our Divine Master, especially in this country where religious instruction is so neglected."

Sister Mary Conrad would be well pleased with the effect of Catholic education in Nome upon young Gertrude Nestor. She attended the new St. Joseph School for two years before her family left Alaska. After working as an accountant for ten years, Gertrude entered the Providence Novitiate in 1918; she pronounced her first vows as Sister

Ursula Maureen, and served in the business offices of many Sisters of Providence hospitals.

The Sisters' school grew steadily after its first year, reaching an approximate enrollment of thirty students in 1907-08 and subsequently reaching forty students, always including some Protestants. The Sisters were especially pleased in 1909-10 when the school achieved a one hundred percent enrollment of the children of practicing Catholics in Nome.

Exposure to Catholic education encouraged two girls at the school to explore the possibility of religious vocations. A Jesuit missionary visiting

in 1911 agreed to their request for a religious retreat, and for three days the girls followed spiritual exercises at the hospital. The Holy Cross chronicler wrote that "the Reverend Fathers watch over closely our small school. They take so much to heart the intellectual and moral advancement of the children; they prefer to conduct themselves the final examinations that are crowned with brilliant success."

The Sisters' school in Nome maintained its enrollment for several years after the patient census peaked at Holy Cross Hospital in 1908. As late as mid 1915 the chronicles reported an enrollment of forty students during the previous year—equal to the institution's best previous years. Such numbers could not last however, as the continuing decline in Nome's population accelerated during the mid teens. By the opening of school in 1917 the demographic situation had changed. The Sister chronicler wrote that "the population diminishes considerably—many families have left during the summer vacation." As a result, only one Sister conducted classes during what proved to be the last year of the Sisters' mission in Nome.

### **The Sisters' Last Years in Nome**

The financial health of the hospital was closely tied to Nome's economic prosperity. But as the mining capital of the North, Nome's days were numbered. Once the beach sands had been stripped of the most easily recovered gold, and the streams combed from mountain slope to shoreline, an increasing proportion of recovered gold came from the mechanized operations of well-capitalized mining companies. Individual miners left for Fairbanks and other regions in Alaska, attracted by the prospect of new strikes or the potential for selling out their claims to corporations developing workings in gold, copper, and coal.

The changing fortunes of Nome were reflected in hospital statistics. At the time the Sisters de-

cidied to build a larger facility in 1906, Holy Cross Hospital was admitting approximately three hundred patients per year. The city's population probably reached a peak in 1907–08, a year when Holy Cross Hospital admitted a record 407 patients and when the Sisters' school reached its peak enrollment level. This was also the year the Sisters gave the most free meals to the poor—2,575 compared with 2,050 the previous year and 2,025 the following year.

After 1908 the changing conditions in Nome resulted in a drop in demand for services from the Sisters. By mid 1910 the number of sick admitted to Holy Cross Hospital had declined to 335 and fell a year later to 235. In mid 1912 the census dropped to 146—below the institution's first year figure of 190—and in each of the next two periods of three years averaged annual rates of only 154 and 117 respectively.

Demographic changes affected the Sisters' financial situation. In February 1909, a time when the chronicler noted that patients were rare and money rarer, a benefit raised a welcome \$600 for the hospital. At Christmas 1911 a carnival fundraiser netted nearly \$2,900. This result prompted the chronicler to exclaim, "it's wonderful, isn't it, especially when we consider that the population is diminishing considerably from year to year." When a storm destroyed half the city in early October 1913, even more residents decided to leave, further reducing Nome's population and economic base. A particularly large exodus of residents during the summer of 1917 finally raised the question of the continued viability of the Sisters' hospital in Nome.

Nome's major problem in the spring of 1918 was a troubled mining industry. The Sister chronicler noted that "if work in the mines is suspended, Nome will soon disappear, because there is no other industry here." The depressed economic situation dampened the residents' civic spirit and affected their level of charitable contributions to

the hospital. "The people here no longer have the enthusiasm of before concerning our work," the chronicler wrote. "At the price of great difficulty, we managed to realize the sum of \$500, which is very little compared to the sums previously obtained during the early years of our foundation."

The start of summer 1918 marked the beginning of the end of Holy Cross Hospital in Nome. In accordance with a decision reached by the General Council of the Sisters of Providence in Montreal, the Nome mission closed its doors on 20 September 1918 after sixteen years' service. Sister Robert, who at the time was Sister Superior at Holy Cross Hospital, was appointed Sister Superior at the Sisters of Providence hospital in Fairbanks. The other Nome Sisters received assignments in both Fairbanks and Seattle.

Only three patients remained as the Sisters prepared for their departure. Two were sufficiently well to return home, while a third, paralyzed patient was transferred to a small hospital that had recently opened in Nome. The Sisters also had given shelter for the past four years to two boarders, an old man without family or resources and a blind Eskimo. Sister Robert invited both to accompany her to Fairbanks, an act of kindness, according to the chronicler, that "aroused the admiration of many people—even the Protestants."



*Fresh water delivery  
required considerable  
effort in early years in  
Fairbanks.*

Photo courtesy of The  
Anchorage Museum of History  
and Art.



# St. Joseph Hospital at Fairbanks

Fairbanks was one of Alaska's last gold rush towns, and in many ways its most successful. It sprouted near the confluence of the Tanana and Chena rivers in 1902 when E. T. Barnette permanently established his trading post there. Although Barnette had intended settling further upriver, he abandoned that plan when he heard of Felix Pedro's recent gold strikes in the surrounding area. Prospectors had already started to pour in, and soon rich gold discoveries attracted hundreds more residents and made Fairbanks the natural hub of central Alaska.

By 1904 the townspeople of Fairbanks were eager to have a hospital. A group of them contacted Rev. Francis Monroe, S.J., a veteran Catholic priest then stationed along the Yukon River at Eagle, and requested that he come to Fairbanks. Although Father Monroe was unable to come immediately, the Right Reverend Peter Rowe, Episcopal Bishop of Alaska, soon arrived on the scene. He accepted a site offered by local residents and erected St. Matthew's Hospital. When Father Monroe finally reached Fairbanks in late summer 1904 to start a church and hospital, he found a mining camp where "gold fever" was "running wild," but where health care facilities—which mainly consisted of the small log cabin hospital known as St. Matthew's—were still woefully inadequate.

Fairbanks continued to grow as the surrounding mining district developed. In 1905 the Very Reverend Joseph R. Crimont, S.J., who the year before had succeeded the Very Reverend John B. René, S.J., as Prefect Apostolic of Alaska, established his residence in Fairbanks. He lent his

full support to Father Monroe's hospital project and made it his task to obtain Sisters to staff it. In January 1906 Father Crimont reported to the Holy See in Rome that the Protestant hospital, in operation for sixteen months, "is today insufficient and fairly unpopular." Moreover, during 1906 he stressed the need to enlarge St. Matthew's Hospital or support the construction of a new one.

On 19 May Father Crimont purchased a building site for \$1,200 and advanced additional money to begin construction. The *Fairbanks Daily Times* reported on 17 June that town residents were already supporting the institution generously, and that Father Crimont had left "with all the funds that are necessary to secure everything needed. When completed, the new hospital will be as modern as any institution of similar

*The site of St. Joseph Hospital shows ample room for expansion in 1911.*

Photo courtesy of the Sisters of Providence Archives, Seattle.





character on the Outside. . . . Sisters especially trained for such work as will come to the new hospital will be secured to take charge of the local institution. The site chosen is across the river, where the tract of land secured is large enough to have the surrounding grounds laid out in landscape form, making the place as attractive as possible."

The new thirty-bed St. Joseph Hospital opened to visitors on 29 November 1906 and to patients in early December. At the outset the hospital staff included three Sisters of St. Ann from the lower Yukon River mission of Nulato, as well as lay nurses and employees. The lay personnel gave good service for a time, but Father Monroe complained that several had "moved on to other, better fields." Others had difficulty getting along with the Sister Superior. The Sisters, in turn, resented the interference of Father Monroe, and in June 1907 returned to their mission.

With the departure of the Sisters of St. Ann, Father Monroe and Father Crimont set about the task of obtaining new Sisters for Fairbanks. Although many Bishops were reluctant to allow

Sisters to leave their dioceses for Alaska, Father Crimont persisted. In August 1908 seven Benedictine Sisters and Postulants from Yankton, South Dakota, arrived in Fairbanks. Due to the death of their Superior, they stayed only two years, and by July 1910 Father Monroe and Father Crimont began another urgent search for replacement Sisters.

### A Personal Appeal

According to the testimony of a handwritten letter, which is unsigned and undated, the personal acquaintance of Father Monroe with Mother Julian, the newly elected Superior General of the Sisters of Providence, helped induce the General Council of the Sisters of Providence in Montreal to expand its mission activity in Alaska. The two had forged a close friendship during the late 1880s when both had served at Indian missions in Montana. Although the Mother House was almost constantly short of Sisters for new foundations, his request received priority attention.

The decision of the General Council was to send six Sisters to Fairbanks. They chose Sister Monaldi, then at Nome, to be the first Sister Superior. The news of the reassignment of Sister Monaldi struck the Nome community of Sisters like a thunderbolt. On 9 September 1910 a steamship carrying five Sisters from Seattle arrived in Nome. No time remained for anything but last minute business, then good-byes and separation.

Recalling the scene, Nome's chronicler wrote nearly a year later: "Poor Sister Monaldi, what a great sacrifice it was for her to leave her dear Holy Cross Hospital, for which she herself had conceived the plans, supervised the construction, and where she exhausted herself for five years with a devotion that she is famous for, in order to go open a mission, and under such circumstances!"

Poor weather at Nome was followed by difficult navigation on the Yukon River. As the end of

*Sister Monaldi scatters feed to chickens that the Sisters kept during the early teens.*

Photo courtesy of the Sisters of Providence Archives, Seattle.



summer approached, the river's water level dropped, leaving steamers prey to sandbars and stretches of shallow bottoms. For four weeks the ship's crew valiantly plied and pried its way eastward, until finally an exhausted group of missionaries arrived in Fairbanks on 1 October 1910.

Sister Monaldi was an active and decisive administrator at St. Joseph Hospital in Fairbanks. Her strong personality sometimes clashed with the equally willful personality of Father Monroe. Because of this, Sister Monaldi soon asked Father Monroe if the Church would consider selling the hospital to the Sisters of Providence. He replied that the Sisters could have ownership for \$10,000, never believing that the Sisters could meet such terms.

Sister Monaldi relayed this information to the Mother House, asking for permission to make the purchase. To raise the money, she wanted to conduct a begging tour on the creeks, the primary gold-panning areas. Her superiors responded favorably to both requests, and after a month long campaign during the summer of 1911 Sister Monaldi and a companion had collected the sum from the miners. Because Father Monroe was absent at the time, Father Crimont accepted the payment and signed over deeds to the hospital.

In October 1910, during the first month of their service in Fairbanks, the newly arrived Sisters of Providence gained \$3,000 from a bazaar organized by a committee of ladies in Fairbanks. The following year a similar benefit yielded \$2,000, but caused so much work for the Sisters and their benefactors that in 1913 the Sisters decided instead to make direct appeals for contributions. That year they limited their collection to Fairbanks, and raised \$1,743. Two years later solicitation in town and on the creeks brought their annual drive results back to the \$3,000 level.

The Sisters were filling a genuine need at Fairbanks, and the town was glad that the Sisters were there. The hospital admitted on average just

over three hundred patients per year from 1910 to 1915, a number that compared favorably to the dwindling census at Holy Cross Hospital in Nome.

When Sister Monaldi died in Fairbanks on 13 November 1915, the community showed its appreciation for her efforts. "Regardless of denominations," the chronicler wrote, "hundreds of people, including the Pioneers, who came in a body, attended the [funeral] service and paid their respects to our beloved Sister who had gained so many friends during ten years of ceaseless work for the people of the North."

### Financial Difficulties During the Teens

During their first ten years of ownership the Sisters of Providence faced serious financial problems at St. Joseph Hospital. This was due in part to repeated and expensive remodeling projects at the institution. Another problem was \$30,000 of indebtedness that the Sisters of Providence inherited from the previous administrators of the hospital. Much of this resulted from uncollected patient bills. In a letter Father Monroe wrote that "collecting some of the old bills . . . would have been easy enough if I had been lucky enough to convince our Sisters that it was necessary to follow in the administration of the hospital ordinary business forms. But in vain. . . . Had they all been obliged to give a note when leaving, the hospital would have been protected against the many unscrupulous people we have in Alaska."

The Sisters of Providence had the further misfortune of arriving after the years of the greatest prosperity had passed. In 1914 Father Monroe stated that "it was much easier, a few years ago, for me to clear over two thousand in one night's [charity] entertainment than two hundred today." Still, charitable contributions had played a significant role in funding the construc-



*Dredges like this early model from Fairbanks typify the mechanized era of gold mining in Alaska.*

Photo courtesy of the Sisters of Providence Archives, Seattle.



tion of both the Catholic church and the hospital, and would remain important.

The period from 1914 to 1920 was a difficult one for Alaskan mining communities. Many, like Nome, entered a period of steep decline. Others simply ceased to exist, or reverted to their origins as rough-hewn mining camps. Fairbanks escaped this fate, because it offered both mining and a favorable location as the commercial, administrative, and transportation center of the Alaskan interior.

In a year marked by financial difficulty for the church, Father Monroe remained optimistic. In a letter of 2 February 1914 he wrote that he was "quite confident that Alaska is neither dead nor dying, as too many keep repeating. The rich placer diggings are worked out in many places; but quartz is developing steadily; and this will be some day the main richness of the country. Meanwhile we have immense areas of lower grade placer ground that will begin to give good returns

as soon as the railroads will have cheapened life in Alaska. And I will be much mistaken if Fairbanks is not to remain the main city of Alaska for years to come."

Father Monroe reiterated his favorable view of Fairbanks' future when he wrote in 1915 that "in general our town seems to have this year settled down definitively to stay a good long while. The government offices are renewed and enlarged; our new Post Office occupies now the N.C. [Northern Commercial Company] hardware store at the corner. The N. C. themselves have a new 75 ft. front covered with large glass plates. They must think that the town is not ready to die away. One can see improvements all around town. Money has never been so scarce, and yet it would seem that the prospects for the town have never been better."

Part of the future of Fairbanks lay with its role as terminus of the Alaska Railroad, which in 1915 had just begun the transition from surveyors' plans to material reality. When railroad construction activity reached the Tanana River area in 1920, Fairbanks' position as a residential community and administrative center was already assured. Prior to the 1920s, however, while the economy of Fairbanks was seeking its post-stampede point of equilibrium, the community and the Sisters' hospital suffered through some difficult years.

The economy in Fairbanks remained depressed in January 1919. At that time a low patient census caused financial strain at the hospital. The Sister chronicler wrote that the situation alarmed some residents who feared losing the Sisters' hospital as had Nome. These residents "formed a committee to come to the aid of 'their hospital,' as they called it. Several generous individuals headed a subscription drive, while others prepared an entertainment benefit. Protestant ladies, at whose suggestion these works of charity were organized, demonstrated an untiring devotion, sparing neither work nor fatigue for the success of this

enterprise. At the end of a few weeks, we received the pretty sum of \$2,456."

The influenza pandemic of 1918-19 created widespread chaos in all parts of the United States, and threatened social order in many communities. Although the Spanish flu erupted in

1918 in nearby communities, Fairbanks itself was spared. Two years later a return of the flu took Fairbanks "by storm," and incapacitated many Sisters. The people of Fairbanks rose to the occasion by volunteering to cook, nurse, and clean at the hospital. On 8 May 1920 Father Monroe

### The Colorful Father Monroe

A significant period of history in Fairbanks came to an end in 1924 when Father Monroe was transferred from Immaculate Conception Church in Fairbanks to the parish in Wrangell, Alaska. Father Monroe was a spirited and capable French born Jesuit who alternately generated controversy, wrath, and admiration with his decisive actions and frank opinions. He made many friends and some enemies as well; assessments of him were divided even within his own Society of Jesus. But he found a steadfast ally in Father Joseph R. Crimont, S.J., Prefect Apostolic in Alaska beginning in 1904, and later first Bishop of Alaska from 1917 to 1945.

Father Monroe designed and built St. Joseph Hospital, and managed it during the four years prior to the arrival of the Sisters of Providence. He always maintained a proprietary interest in the institution that was manifested in a number of ways.

The lines that separated parish from hospital property caused a recurrent problem between Father Monroe and the Sisters of Providence. Father Crimont had purchased ground for the hospital in 1906 on Garden Island, facing the early center of Fairbanks. When title to the hospital was fully conveyed to the Sisters in 1911, a deed for land owned by the parish was accidentally included in the bundle. As a result, the Sisters obtained legal title to land intended for the parish. Father Monroe immediately

recognized the error, and reached an agreement in 1912 with Sister Monaldi to divide the land, and to leave a straight line of separation between church and hospital property. In return he asked only that the Sisters agree never to build a structure on the portion of church property that he conceded to her.

During late summer 1923, one year before his departure for Wrangell, Father Monroe returned to find the Sister Superior and a carpenter laying out plans for a hothouse on the land covered by the agreement of 1912. When he objected, Sister Robert expressed doubt that her predecessor had actually committed the Sisters not to build on the land in question. The exchange grew tense, and prompted Father Monroe to write: "That I felt a few times obliged to oppose their views or ways, I do not deny; but I think that I can say positively that it was always in view of some greater good. I have a few times shown a too quick temper, but truly I do not think that I have the monopoly of it."

The entire dispute ended with a "friendly agreement" that confirmed the existence of a prior arrangement between Father Monroe and Sister Monaldi. The chronicles of the Sisters of Providence were more laconic, noting simply that 15 October 1923 marked the beginning of construction of a new hothouse that would furnish vegetables before the maturity of those raised in the garden.



inauguration of visits by officials of the Sisters of Providence from Montreal all were evidence of the development of stronger ties to the lower Forty-Eight and of the approaching end of isolation for Alaskan communities.

While the United States as a whole reeled from the social and economic effects of the Great Depression, during the mid thirties Fairbanks enjoyed a period of growth and expansion. A large increase in federal expenditures for local civil and military installations fueled the boom. The government dedicated a new federal building in 1933, and soon after selected Fairbanks as the site for a new military airbase. In anticipation of this, a squadron of ten U.S. Army Air Corps bombers made the transcontinental flight from Washington, D.C. to Fairbanks in 1934.

The squadron's arrival generated considerable enthusiasm from Fairbanks residents, including

the Sisters at St. Joseph Hospital, who watched from their rooftop. "Flying in perfect bird formation, it assumed the appearance of ten tiny specks on the eastern horizon. As these specks drew closer, they took on the appearance of ten wild geese approaching wing to wing. Later, the hum of motors in perfect rhythm lent a rather majestic tone to the whole spectacle that thrilled and fascinated the vast audience present at the field." The day's ceremonies were capped by a fifteen-minute radio transmission from the U.S. Army Signal Corps station to Bolinas, California, where CBS facilities originated a nationwide broadcast—the first ever from Alaska.

### **The Sisters Dedicate a New Wing**

During the 1930s, rising demands for services at St. Joseph Hospital put visible strains on

#### **Testimonials to the Sisters**

The dedication ceremonies that afternoon drew a crowd equal in size to approximately one-fourth of the population of Fairbanks, and featured speeches by E. B. Collins, Mayor of Fairbanks; by Dr. J. A. Sutherland; and by Judge Harry E. Pratt. In his address Mayor Collins noted that "we who have lived a great number of years in this community know and realize the important factor which this institution and these good Sisters have played in caring for those in need and alleviating the suffering of the unfortunate," and that sometimes "under great strain and stress of circumstances." He conveyed to the Sisters, nurses, and staff "the trust, the confidence, and appreciation of not only the people of Fairbanks, but the entire population of the Interior of Alaska for your good work."

Dr. J. A. Sutherland offered a historical perspective on the work of the Sisters during the previous twenty-five years.

"It was only with the aid of tombolas, charity benefits, and charitable donations, and the utmost economy on the part of the Sisters that the institution was kept running. They were not able to keep trained nurses. The Sisters took up all the nursing, drudgery, and responsibility, working without adequate supplies and equipment and under great difficulty. But they persevered.

"This condition existed until the railroad came in from the coast and the larger mining companies came in. Then improvements were made from time to time and they were able to keep abreast of the times. With the coming of the airplanes came even a greater change,

facilities that had remained substantially unchanged for nearly thirty years. The hospital needed to expand to meet the needs of both physicians and patients. Sister Joseph Anselm, supervising architect for the western missions of the Sisters of Providence, was called from Seattle to design an addition and to supervise its construction during the building season of 1935. The Sisters dedicated the new twenty-bed facility with a Mass on the morning of 27 October, just seventeen days after celebrating their twenty-fifth anniversary of service to the people of Fairbanks.

In a long article the *News-Miner* described the ceremonies and the hospital itself, emphasizing the new features of the physical plant and the modern furnishings of the new wing's eighteen additional private rooms. The newspaper congratulated the Sisters of Providence serving at St. Joseph's, as well as the physicians and ten lay nurses, and concluded by recognizing the many

for it meant not only taking care of the local sick, but this hospital became the mecca of all the Interior of Alaska for the seriously injured and ill, thus putting a great deal more work and expense on the Sisters, until during the last few years we found that the institution had not the room or capacity, nor the facilities, for taking care of all the patients that were sent here. The Sisters got busy then and made arrangements for the construction of an addition to their old structure and you can see now what they have succeeded in doing.

"This institution is a credit to Fairbanks. It is a monument to the zeal and energy put forth by the Sisters in the great cause of humanity. We all know that here we can receive the same care and comfort that would be available in

lodges, groups, and individuals in Fairbanks that had contributed to help meet the \$100,000 construction costs for the enlarged and improved hospital.

### Years of Expansion and Progress

From the mid 1930s to the mid 1950s, St. Joseph Hospital provided some of Alaska's most modern medical facilities for the residents of Fairbanks and a wide outlying territory. In addition to more beds, the 1935 wing also gave the hospital its first elevator and other conveniences. The capital improvement project brought St. Joseph Hospital up to date, and in 1936 favorably impressed a team of U.S. Army physicians that was in Fairbanks to inspect available facilities for a new military base. An army physician told the Sisters that "with such a splendid institution here, so well equipped, it will be necessary for us to build a dispensary only for emergency cases, therefore we will send our men right here."

any Outside institution. It is a wonderful thing for the Town of Fairbanks and in fact anyplace in the United States that does not make a specialty of surgery and medicine, and you will be surprised at the improvements that have been made."

Judge Harry E. Pratt followed Dr. Sutherland to the podium. He began his discourse by characterizing the naive beliefs of gold-seekers twenty-five years before.

"They thought all you had to do was to get a shovel and start shoveling gold from any hill, stream, or street, and put it in a bag and go Outside to spend it. The main ambition it seemed was for men to come up and gain a fortune quickly and return Outside to spend it. From which we can conclude that it is a great thing for humanity that all



The extension of regular air service to coastal Alaska in the 1930s brought Fairbanks closer to the rest of the nation. Although connections to Seattle by steamer remained, air service eliminated the most arduous and lengthy leg of the trip. With better communications, physicians and Sisters in Fairbanks learned more quickly about areas of advancement in medical practice that originated elsewhere in the United States. For example, St. Joseph Hospital modernized its accounting and credit practices during the early forties with the help of a lay bookkeeper sent by the Provincial Administration in Seattle.

In the prewar period the prevailing spirit in Fairbanks was optimism. When an occasional natural disaster occurred, such as the heavy flooding of the Chena in the spring of 1937, the Sisters observed a capacity among the people of Fairbanks to face adversity cheerily. "Fairbanksans are optimistic and confident that the country and the

people have not the same ideas. Gold seemed to be the only thing people were thinking of.

"The Sisters of Charity of Providence were thinking of anything but gold. They came up here with the sole thought of serving humanity, to bring comfort and relief to those afflicted and to give them a spiritual outlook on life which would help them overcome the obstacles of life. This they have done.

"This summer those Sisters further demonstrated their foresight and belief in the future prosperity of this camp by building the new addition to this hospital, by making over the old, effecting a structure that would do credit to a city of comparatively large population. The exterior of this hospital is imposing and attractive. The interior is beautiful. It bespeaks a swift efficiency. Words are

city have a great future," the chronicler wrote. "With such a spirit, all will quickly recover and push forward to a record-making era of prosperity."

The local optimism appeared justified, for Fairbanks grew considerably during the 1940s. National defense needs induced the military to improve the infrastructures of Fairbanks and other Alaskan communities. These efforts fueled economic prosperity locally and resulted in a sixty-seven percent increase during the 1940s. By 1950 the city had swelled to a total of 5,771 residents. Among Alaska's major population centers, only Anchorage exceeded this rate. The growth caused the Sisters at St. Joseph's to plan a major new addition to the hospital by the end of the decade.

Groundbreaking occurred in May 1950, and in less than a year, on 18 March 1951, the Sisters presented their latest addition. Unlike the wood

perfectly meagre and impossible to describe the beauties. You will be impressed with a subtle feeling resulting from it."

The civic ceremony ended with words of thanks to the citizens of Fairbanks from Father S. A. Eline, Pastor of the church, and from Sister Romuald, Sister Superior of the Providence community at St. Joseph Hospital. The following day, the Fairbanks *News-Miner* reported Sister Romuald's wish that thanks be conveyed "to the many who have assisted in making it possible to bring the new hospital wing to a realization, and to the many who so generously donated toward the cause, especially those who equipped at their own expense the fine rooms in the hospital."

—Compiled from documents in  
the Archives of the  
Sisters of Providence, Seattle



*St. Joseph Hospital viewed across the cresting Chena River. The August 1967 flood overflowed the banks of the river and flooded the basement of the hospital.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

framed structures that it adjoined, the new wing boasted poured concrete construction and a facing of white stone. A statement prepared by the Sisters in 1957 noted that it was "modern and compares with any stateside hospital."

According to Sister Conrad Mary, who served in Fairbanks first in the late fifties and again from 1965 to 1968 and who was a grandniece of Sister Mary Conrad, foundress of Holy Cross Hospital in Nome, the new wing had a more practical floor plan than the original Providence Hospital in Anchorage. Its most serious defect, which was corrected soon after she arrived from Anchorage in 1955, was the lack of a recovery room for surgery patients.

The new wing also provided the hospital with a much improved furnace that was capable for the first time of combatting Fairbanks' subzero winter temperatures. Sister Conrad Mary was pleasantly surprised by the warmth of the building, and

once asked other Sisters how they had fared with the older heating plant. The reply was that in winter it was so cold in the 1906 wing that the Sisters spent their recreation period dressed in boots, parkas, and mittens. A veteran Sister recalled that such conditions severely limited their activities: "either you talked or you didn't come."

*Sister Mathilda Benjamin, Sister Peter Olivaint, Sister Mary Constance, and Sister Regina Marie, Superior, during a picnic.*

Photo courtesy of the Sisters of Providence Archives, Seattle.





### Growing Pains in the Fifties

The mid to late fifties proved to be a difficult period for the Sisters of Providence at St. Joseph Hospital in Fairbanks. One factor involved was a certain complacency among physicians, who

### A Catholic School for Fairbanks

Ever since Mother Joseph began giving instruction to the children living at Fort Vancouver in 1856, the Sisters of Providence have served communities in the Pacific Northwest as teachers. This tradition continued in Alaska with St. Joseph School at Nome from 1904 to 1918, but was interrupted in the period between the World Wars.

With the growth of Fairbanks during the 1940s, the Sisters of Providence responded to an increased demand for Catholic education. In August 1946 Sister Joan of Providence and Sister Ignatia Marie arrived to found the Immaculate Conception Grade School. The school prospered, and in 1951 a newly constructed Monroe Catholic High School—named after Fairbanks' pioneer Jesuit priest—brought Catholic education to the secondary grades as well.

The number of teaching Sisters of Providence in Fairbanks grew to as many as eight in the mid 1960s, and they remained the predominant religious community serving in the schools until the early 1970s. However, changing staff requirements in other Sisters of Providence schools and the availability of teachers from other congregations of religious men and women prompted the Sisters of Providence to withdraw from the grade school in 1974 and from the high school in 1976. The schools were then staffed by lay and religious faculty who provide Catholic education to Fairbanks children in kindergarten through twelfth grade.

sometimes resisted efforts to raise the standards of medical practice in the community. Another was the severity of climate in the Alaskan interior, which could prevent patients in need from reaching the hospital and obtaining the care they required. The most important factor, however, was financial strain, which returned during the fifties.

Completion of the 1951 wing had left the Sisters with an \$850,000 debt in 1954 and an annual payment of \$50,000. A low patient census that severely limited revenues exacerbated the problem. For the first time since the early 1920s the Sisters decided to inform Fairbanks-area legislators of their pressing financial problems. Astonished at the severity of the situation, the lawmakers promised to seek relief at the next session of the territorial legislature. The result was an appropriation of \$100,000 which the Sisters received on 25 May 1955.

As part of an attempt to garner broader public support for the hospital, the Sisters in January 1956 created an advisory board comprised of prominent and knowledgeable community leaders. In December of its first year, the new board recommended that the Sisters publicize their mortgage payment difficulties through radio, television, and newspaper announcements. In this way the Sisters raised \$30,000 of the \$50,000 needed for their annual payment. The remainder of the amount due that year they borrowed from their Provincial Administration.

Many factors contributed to the financial troubles at St. Joseph Hospital. The annual mortgage payment was one burden. Others included high hospital operating costs in Alaska, and the fact that government agencies rarely reimbursed hospitals for the full cost of treating public welfare patients. The city of Fairbanks aggravated the problem by bringing drunks to the hospital. The city had no other facility for them, and the police routinely left the inebriated to the Sisters. The

Sisters admitted them when they needed hospitalization, but quite often were left without reimbursement.

Other public welfare cases included persons injured in barroom brawls, victims of violent crimes, and casualties of fires. In the period prior to statehood, personal pleas by the Sisters sometimes moved the city council to appropriate funds for city residents. After statehood, the Department of Welfare reimbursed hospitals up to \$25 per day for such cases. This sum was never enough, and in one case resulted in reimbursement of \$75 for the three-day hospitalization in 1959 of a patient whose final bill amounted to \$799.

The Sisters were committed to giving aid or care to all persons in need. Each year their annual



### "Blind Joe" Terrigluck

The Sisters of Providence cared deeply for the Alaskan natives who came to them in need. In no way is this better illustrated than in their nearly life-long relationship to Joe Terrigluck, a Catholic Eskimo abandoned by his wife and separated from his children after he was blinded by accidents in the early years of his manhood.

Joe lost the sight of one eye as a boy when he picked up a blasting cap at a mine site near Nome; the other eye was the casualty several years later of a flying splinter of wood. By the time of the second accident Joe had entered the employ of Holy Cross Hospital as the Sisters' handyman, supporting in this way a pregnant wife and two children with whom he lived in the nearby Eskimo village. The Sisters eased his pain and dressed his eye, and in a few days Joe returned to his home.

After a few months it became apparent that Joe's eyesight was deteriorating. Nome's Father Bellarmine Lafortune discussed his plight with the Sisters and a physician, and helped arrange treatment for him in Seattle. With a public health nurse he made the trip, but in vain. By the time he returned, his one seeing eye could only distinguish light and dark.

Joe's tragic loss of eyesight was compounded when his wife took their children and departed. Joe, now alone, was befriended by the priests at St. Joseph Church in Nome, who built him a shelter, and by the Sisters at Holy Cross Hospital, who continued to give him work. By extending the perceptiveness of his other senses, Joe was able to do most of the work that he had done before. In his leisure time, Joe maintained close friendships with Eskimos

*Blind Joe Terrigluck.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

summary of "external works" included a sum for charity, and a major sum to provide free meals to the poor. In 1958, for example, the Sisters gave cash or clothing worth \$505, and 7,187 meals with a value of \$8,135.33.

in the village and intimate contact with his natural surroundings.

When Holy Cross Hospital closed in 1918, Sister Robert offered to take Joe Terrigluck with the Sisters to Fairbanks. Because the Sisters had become like a family to him, he gratefully accepted. In Fairbanks, far from his familiar Bering Sea home, Joe continued to serve the Sisters at the Hospital. He also became a well-known local figure.

During the 1930s a Sister at St. Joseph's wrote about Joe in these terms:

"Every evening at about 7 o'clock Joe Terrigluck, an Eskimo, stands alone on Chena bridge. His head—and it is purely by instinct—turns to the north. Instinct, for you see, Joe is blind.

"Apparently he is silently meditating about Eskimo life and of his people far to the West and in the lone Arctic. So Joe makes a daily vigil, there on the bridge, sniffing the air for a breath of the North wind; his homeland.

"One of his hobbies is music; he has an excellent high baritone voice, and plays an accordion with genuine skill. He also plays the organ and without question, with his talent, could learn to play many other instruments.

"He possesses an excellent knowledge of the English language, and speaks Eskimo fluently, besides commanding an excellent vocabulary of the Yukon, Nome and Kuskokwim dialects. One of his real joys, though, is to have a chat

The Sisters freely gave what they had and accepted just as graciously the bequests that arrived from all quarters. Gifts large and small came in cash or in kind from staff, patients, and friends. The hospital furnished many rooms and acquired

in Eskimo whenever he meets a missionary, or a native from the Bering Sea or Arctic coasts.

"Joe is resigned to his lot, contented in his work and at the hospital has become an institution. It is the hope of the Sisters that Joe Terrigluck will remain in the hospital kitchen for many years to come.

"But every evening at around 7 o'clock, one may observe this stout fellow on the Chena bridge savoring the fragrance of winds whichever way they blow . . . to Joe the West and North winds bring a poignant, yet cheerful message, reviving memories of his boyhood home."

In 1941 Joe Terrigluck suffered a slight stroke, and became a patient at St. Joseph Hospital. He lived there in retirement until his death in February 1956. According to the chronicles of that year, Joe was an example to all who knew him of living with infirmity. "When one day Sister Germain d'Auxerre told him about the beauty of the sky and wished that he could see it, he remarked, 'I'll see better in heaven.' And so his eyes are opened now and may he remember us as he beholds his God face to face."

Requiem Mass for Joe Terrigluck, attended by his many friends, white and Eskimo, was celebrated in the Immaculate Conception Church. His body was laid to rest under swaying birch trees in a Fairbanks cemetery.

much new equipment in this way, and funded remodeling and other special projects. Sometimes the gifts were sent as tokens of esteem by former patients.

One such donation was a check for \$200 which W. K. Kellogg of Battle Creek, Michigan, sent in September 1949. He had been a patient of the Sisters in 1915. The founder of the country's most prominent breakfast food company told the Sisters that he was "most impressed" by the work they were carrying on, and that he was especially aware of the fact that "kindly attention was given to those patients who could not afford to pay for their accommodations."

Ten years later the Sisters received \$8,634.23 from the estate of a "tough old Alaskan miner" who had lived his last two and one-half years at St. Joseph Hospital. According to the chronicler, the old sourdough was blind and needed constant care. "Sometimes his shouts and imprecations could be heard all over the hospital, but the Sisters and the nurses could usually calm him down after a short time. They endeavored to teach him to say 'God bless you!' instead of the curses he was in the habit of saying, and succeeded to some degree."

### Medicine in a "Frontier Country"

In the same era that gave St. Joseph Hospital its 1935 and 1951 construction projects, the Sisters in Fairbanks began taking steps to raise standards within the hospital and to organize the medical staff. The steps were needed, but tardy in comparison to similar steps taken in Sisters of Providence institutions in the lower Forty-Eight.

In the 1920s the American College of Surgeons began promoting a program of standardization of medical practices for both physicians and hospitals. At the center of the program was the keeping of accurate, timely, and complete medical records for the treatment of each patient. Twenty years later, in July 1940, the Sisters held the first



meeting in the Alaska interior for physicians. At the meeting the keeping of medical records was discussed, but only some improvements resulted. The hospital's medical staff was not formally organized until a dozen years later, in 1952. In 1954 St. Joseph's joined the American Hospital Association, and began preparing for an accreditation review.

On 12 September 1955 the Sisters received word that the Joint Commission's executive board had denied accreditation. The denial was a disappointment to the Sisters. The commission had many reasons, including the fire hazard of the 1906 portion of the hospital. But the primary reasons concerned the medical staff, and focused on lack of committee supervision of clinical work, poor medical staff control, inadequate and uncontrolled surgery, lack of a pathology committee, delayed and sketchy medical records, and insufficient consultations. The decision and the detailing of shortcomings opened the eyes of staff physicians, many of whom voiced a new determination to make the necessary changes to achieve compliance and win accreditation.

From the perspective of the chronicler at St. Joseph the change of heart was no mean

*Nurses and Sister Ann Thomas in the operating room, circa late 1950s. Head Nurse Ethel Ghezzi is on the far left.*

Photo courtesy of the Sisters of Providence Archives, Seattle.



accomplishment:

“Since Alaska has been a frontier country, rules and regulations have perhaps not been deemed too important by the medical staff. The physicians for many years have been a law unto themselves, and it has behooved the administration to go slowly and gradually in introducing new regulations. Considerable progress has been made in the last five years in the entire hospital. It has only been since 1952 that the medical staff was organized and by-laws, rules, and regulations formulated.”

The criticisms of the Joint Commission and the remarks of the chronicler do not mean that Fairbanks was badly served by its physicians. According to Dr. Joseph M. Ribar, one of Fairbanks' long-time physicians, medicine in Fairbanks was “behind in some aspects” when he arrived in 1953, but he observed that physicians there were generally “very fine practitioners.” He found little lacking at St. Joseph Hospital, and believed that the Sisters provided the best service they could for the community. Dr. Ribar believed that improvements in Fairbanks medical standards and skills resulted from a gradual evolution that followed the denial of accreditation.

In its evaluation, the Joint Commission drew attention to the potential fire hazard of the 1906 wing of St. Joseph's. Sister Conrad Mary recalled that the wing presented other problems as well during the mid fifties. Warped floors in the operating rooms caused portable lights with wheeled feet to move. In this respect “there were just many things about the place that were in a sense very primitive. But still . . . we managed to give the [patients] everything that we had to give.”

### **An Era of Controversy**

By 1960 the Sisters of Providence and some residents of Fairbanks began to realize that the

aging physical plant of St. Joseph Hospital would have to be replaced by a newer and more modern facility. The public discussion that ensued revealed some cracks in what previously was perceived to be solid local support for the work of the Sisters of Providence. For the first time the question arose as to how long the Sisters would continue to perform a health care role in Fairbanks.

The first public forum for debate on the issue came in November 1959 before the Fairbanks city council. In response to Sister Romuald's request that the city help relieve the hospital of the financial burden of caring for indigent residents, attorney George McNabb suggested that the city or the state purchase the hospital and operate it. Mother Judith, Provincial Superior of the Sisters of Providence in Seattle, noted that fund-raising to repay hospital debts was lagging, and informed the citizens of Fairbanks that the Sisters would consider negotiations to sell the facility to the city for \$2.5 million.

This public discussion demonstrated two things. First, that a group of citizens was interested in taking an active role in operating the city's medical facilities. Second, that the permanence of the Sisters of Providence in Fairbanks could not be taken for granted. For the time being, however, a majority of Fairbanks residents and physicians solidly supported the Sisters. This became clear in January 1961 when an attempt to embarrass St. Joseph Hospital only served to galvanize public support for the institution.

The incident began when a patient, contradicting orders not to smoke in bed, started a fire in his room. Dr. Charles T. Marrow, a local physician, presented an exaggerated report to the city council, claiming that the hospital was a firetrap and calling for the establishment of a community hospital. Although it was true that during the mid fifties the Fairbanks fire chief had condemned the 1906 portion of St. Joseph's, in 1960 the Sisters

had razed this wing above the first floor level and had installed automatic sprinklers in the remainder of the hospital and made other improvements. During the city council meeting none other than the fire chief rose to defend the hospital, and to accuse the physician of trying to advance the cause of a joint community-university hospital. Because of the reaction, the physician soon found himself apologizing to the Sisters for having caused trouble.

Meanwhile, a Community Hospital Association was formed to promote construction of a new hospital in Fairbanks. This group met in February 1961 with the advisory board of St. Joseph Hospital to survey Fairbanks' hospital needs and to explore areas of common interest. The group advocated the commissioning of an outside study of the situation in Fairbanks, and professed willingness to abide by a consultant's recommendations even if that meant supporting remodeling or expansion of St. Joseph Hospital. For its part, the advisory board explained that it had long-range expansion goals but that its current priority was improving the existing physical plant and getting St. Joseph's on a sound financial footing.

By January 1962 both the Community Hospital Association and St. Joseph Hospital were strengthened, the first by adding more members, the second by increasing its occupancy rates. At a meeting held at the Chamber of Commerce the association proposed plans for building a new hospital. Sister Romuald asked who they planned to have administer the institution, and whether the group felt that it could achieve communitywide backing for its project. The group answered that it had no plans to eliminate the Sisters of Providence from hospital work in Fairbanks, and that an agreement patterned on models working in other cities could be concluded.

In March the association and St. Joseph's met again, and discussed some practical matters that

would apply under community ownership with administration by a Catholic religious community. Father George Boileau, Pastor of Immaculate Conception Church, discussed therapeutic abortion and sterilization and explained the Church's opposition to them. At this meeting Sister Romuald also asked the association to draw up a sample contract that could be submitted to Mother Annunciata, Assistant General of the Sisters of Providence in Montreal, in a forthcoming visit.

A little more than a month later an envoy from Mother Judith, Provincial Superior of the Sisters of Providence in Seattle, brought news that the Sisters of Providence of Sacred Heart Province planned to construct a new four-story, 120-bed hospital in Fairbanks. The estimated cost for the building was \$3 million, with matching funds to be sought under the federal government's Hill-Burton Act. The news surprised the Sisters in Fairbanks and stunned members of the Community Hospital Association.

In the aftermath of the announcement the association raised a number of objections to the Sisters' plans. Some were specious, such as the assertion that the proposed building site lay within the airport flight path. Others were political, such as objecting to the sale of city property in a "hospital reserve" on the grounds that it would deprive Fairbanks of potential tax revenue. Some were contradictory, such as protesting that the association had no intent to eliminate the Sisters from hospital work in Fairbanks, while also stating that any new community hospital would have to be nonsectarian.

Soon afterwards the Sisters came to the conclusion that the association was attempting to give the people of Fairbanks the impression that "the Sisters were not sincere in their plans for building a new hospital, but just want to impede the plans of the Community Hospital Group." The chronicler observed that it was "now easy to see



that it would have been impossible to have worked harmoniously with this group."

The chronicler also reported that Mother Judith and her advisers had made their decision "after having been apprised of the fact through a friend that this group was actually planning to eliminate the Sisters of Providence from their hospital work here in Fairbanks."

In Fairbanks, the building plans of the Sisters of Providence were strongly supported by the local newspaper, by most of the medical com-

munity, and by a majority of citizens. Still, the Community Hospital Association announced in July that it too would proceed with building plans, and initiated a fund-raising campaign. In one of many editorials, the *News-Miner* underlined that "religion should not be an issue in this situation, as the Sisters merely staff the hospital and do the work, as they have been doing for more than half a century with only token recompense."

But religion was an underlying issue for at least



*The Sisters review blueprints for a proposed expansion of St. Joseph Hospital in the early 1960s. Seated from left to right are Sister Germain d'Auxerre and Sister Stanislaus of the Blessed Sacrament. Standing are Sister Conrad Mary and Sister Providence of the Sacred Heart.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

some members of the rival group. This became plain in August 1962 when approximately twenty Protestant churches made plans to participate in a "Community Hospital Sunday." The hospital association proposed the theme and distributed a suggested topic outline that referred to the "religious issue" and to reasons "why we do not further the interests of those with whom we are not in agreement."

In the meantime, the Sisters at St. Joseph Hospital continued to lay plans for their new building. First among the problems to resolve was a satisfactory site. Their location next to the Chena River exposed them to flooding, but engineering studies revealed that the city's hospital reserve site, which had been approved for sale to the Sisters, presented unsatisfactory permafrost conditions. After much consultation, the existing site of St. Joseph Hospital was approved in the fall of 1962 for the new construction.

After Alaska's Hill-Burton Advisory Council, a state entity established to administer federal funds for hospital expansion, approved plans for a ninety-six bed facility costing \$5.7 million, the Alaska legislature in April 1963 appropriated \$1.7 million to aid in construction. As plans progressed, however, rising estimated costs forced the Sisters to propose erecting a new wing rather than an entirely new hospital. By February 1964 even these plans began to unravel. At that time Mother Judith informed the Sisters at St. Joseph's that financing difficulties had forced a delay in the start of construction, then scheduled for June.

In the course of the following year, delay turned into abandonment. The scaled-down proposal for a new wing represented an imperfect solution to Fairbanks' hospital needs, and it gradually faded from memory. By the summer of 1965, when Sister Romuald ended her tenure as Sister Superior at St. Joseph's, Fairbanks was left with an increasingly obsolete hospital structure and no viable plans on the drawing boards.

Sister Romuald's successor was Sister Conrad Mary, who returned to Fairbanks in the spring of 1965 after an absence of six years. Her top priority was construction of a new hospital for Fairbanks. By year's end Sister Conrad Mary had invited interested citizens to join with the Sisters and members of the St. Joseph's Lay Advisory Board to explore ways to meet the community's hospital needs. From these meetings a new group formed that included prominent citizens and physicians, and some members of the former Community Hospital Association.

This new Citizens Hospital Planning Committee proposed that the Fairbanks Borough build a new hospital and contract with the Sisters of Providence to operate it. The plan required voter approval, first of the formation of the hospital district and bonding authority, and finally of the bond levy itself. A vote on the first ballot proposal was scheduled for June 1966, to be followed in October by a vote on the hospital bond issue.

A month before the June vote Sister Cecilia Abhold, Provincial Superior of the Sisters of Providence, announced that the Sisters of Providence had decided not to rebuild St. Joseph Hospital in Fairbanks. She cited as the major reason the "prohibitive cost" of \$7 million for a one-hundred-bed facility, and the need for raising \$2.5 million in local funds. This, according to consultants for the Sisters, would be "completely impossible" in a city of the size of Fairbanks. The Sisters of Providence made public their decision at this time so that the citizens of Fairbanks could "start planning now" for their future hospital needs.

The people of Fairbanks took the first step by passing the June ballot measure. Voters took two steps backwards in October, however, when they turned down a proposed \$5 million bond levy. Some residents apparently thought that the Sisters might change their minds about rebuilding, or that the old St. Joseph Hospital could continue indefinitely.



In late June 1967, Sister Cecilia Abhold cited such sentiments in a public letter concerning the future of St. Joseph's. She reiterated that the Sisters could not rebuild St. Joseph Hospital, noting that costs for a new one-hundred-bed facility had increased between one and two million dollars in just over a year. While repeating the Sisters' desire to cooperate in every way, she stated that the Sisters of Providence would soon be compelled to announce a date when St. Joseph Hospital would close.

### The Sisters' Last Year

The last year that the Sisters of Providence spent at St. Joseph Hospital was fraught with hardship, expense, and emotion. In August 1967 the Chena River overflowed its banks in a torrential flood that inundated the central portion of the city of Fairbanks and ravaged St. Joseph Hospital.

Heavy rains that began Thursday evening, 10 August and continued for five days, soon propelled the Chena River to a crest more than twelve feet above flood stage. By late Monday afternoon it became evident that the rising waters would overflow the sandbag protection and invade the hospital. The boiler had to be shut down to protect it from cracking, and patients evacuated to safer ground. From 9:30 p.m. to 10:50 p.m. hospital personnel orchestrated an orderly transfer of sixty-three patients to the army hospital. Half an hour after its completion, the rising river forced closure of the bridge linking the hospital to the central business district, and restricted hospital access to those traveling by boat or helicopter.

Sixteen persons, including five Sisters, remained in the hospital during the night of 14 August, working to protect hospital property and to salvage as much of the supply stocks as possible. Electric service in the already chilled building was cut at 2:15 a.m. Coffee made on a Bunsen burner offered a solitary source of warmth on

Tuesday, the Feast of the Assumption.

The basement filled rapidly with water that entered through windows and soon threatened the first floor. Logs and errant furniture struck the outside walls as waves of water swept past. The Sisters prayed frequently in the chapel that day, and finally at 5:00 p.m. had the opportunity to hear Mass when Father Segundo Llorente, S.J., the hospital chaplain, made it by boat to the hospital from the second-floor window of the church next door.

The hospital remained a busy place all day and all evening as boats brought people seeking supplies or assistance. Soon helicopters were landing on the roof to evacuate people to the higher ground of the university campus. By Friday the flood waters had begun to ebb. Sister Conrad Mary had returned from Seattle early Wednesday morning to find her community of Sisters cold and wet though safe and intact.

The losses to St. Joseph Hospital from the flood were severe. Hospital supplies that had been freely dispensed or taken without permission had to be replaced. In the end it cost the Sisters \$200,000 to repair and reopen a St. Joseph Hospital they knew would soon be closed. In the meantime, however, Fairbanks needed the hospital, so the Sisters sought permission to make the needed repairs. The Provincial Superior granted the request, and renovation began. Contributions in money and labor arrived from many sources in Alaska and Outside, but these and the heroic efforts of many individuals paled in face of the need.

Four weeks after St. Joseph Hospital reopened on 6 September 1967, the voters turned down a second bond levy attempt. Ten days later the Sisters of Providence announced that St. Joseph Hospital would close for good on 1 July 1968. Sister Cecilia Abhold wrote that setting a date was "an extremely difficult decision" for the Sisters, but that they simply could not finance the cost

of replacing the building. The Sisters of Providence, however, were "most anxious to remain in Fairbanks" and to continue to serve the medical needs of the area.

During the first six months of 1968 community leaders in Fairbanks finally put together a solution to the hospital crisis. Under this plan the city agreed to purchase St. Joseph Hospital and to delegate its operation to the Lutheran Hospital and Homes Society. The era of the Sisters of Providence in Fairbanks was coming to a close.

On 27 April 1968 the new Fairbanks Hospital Society feted the Sisters at a dinner during which testimonial followed testimonial. Near the end of the long evening, Sister Conrad Mary was presented a plaque as a token of the community's appreciation.

As midnight approached on 30 June 1968, Sister Conrad Mary handed over the keys to St. Joseph Hospital to a representative of the new administration. As she was leaving the building, a consciousness of fifty-eight years of history swept over her when she heard the switchboard operator intone: "Good evening, Fairbanks Community Hospital. . ."



*The Alaska Engineering  
Commission Hospital  
in Anchorage, circa  
1924.*

Photo courtesy of the Sisters of  
Providence Archives, Seattle.

# Providence Hospital at Anchorage

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When the Sisters of Providence agreed in 1937 to found a hospital in Anchorage, they prepared to serve a community that had been established twenty-two years earlier as the primary base camp for the construction of the Alaska Railroad. In the intervening two decades, Anchorage had already acquired regional importance in south central Alaska, and it held even greater prospects for future growth.

Anchorage sprouted nearly overnight after President Woodrow Wilson authorized construction of a Seward to Fairbanks railroad in April 1915, and the Alaskan Engineering Commission chose Anchorage as its headquarters. During its formative years, Anchorage owed its relative order and sobriety to governance by U.S. government railroad engineers. Workers vying for construction jobs flocked to the base camp in the spring of 1915. The earliest arrivals pitched their tents where it pleased them, but soon government officials presided over the development of a permanent settlement.

According to Margarite Travis, a student of the Alaska Railroad writing in 1929, the Alaskan Engineering Commission invested heavily in Anchorage during its first year there:

“Besides the construction of the railroad and terminal facilities including a freight yard and telephone line, the commission established a commissary, built fifteen cottages and an amusement hall for employees, began the rehabilitation of the Alaska Northern, platted the town of Anchorage, conducted a sale of town lots, improved the streets, arranged for the installation of water

supply and fire protection, and the installation of a telephone and electric lighting systems. In addition, a schoolhouse was built to accommodate the one hundred and fifty children of school age.”

Hospital facilities were another essential service provided by the railroad. When the earliest medical quarters became unsatisfactory, the Commission erected a two-story, fifty-bed hospital that opened on 1 December 1916. The *Alaska Railroad Record*, a weekly newspaper published by the engineering commission, remarked in February 1917 that the \$35,000 hospital was “probably the largest building of its kind, and the best equipped, in the Territory of Alaska.”

Although the railroad hospital initially provided satisfactory facilities, it failed to keep pace with the growing needs of Anchorage residents. Alaska Railroad administrator Colonel Otto F. Ohlson acknowledged the seriousness of the situation in April 1935 when he requested funding from Washington, D.C., for a new or enlarged hospital. A month later Secretary of the Interior Harold L. Ickes announced his support for construction of a larger, new facility to serve both Anchorage and the recently established government farm colony at Matanuska.

In Anchorage the Chamber of Commerce and the *Anchorage Daily Times* both supported the idea. On 26 June 1935 the paper editorialized that “a much larger hospital with more conveniences is sorely needed.” When government officials decided in July to build a hospital at Palmer to serve the Matanuska Valley residents, Anchorage

residents were assured that the plan would not interfere with their proposed new facility. But by fall the battle for a new hospital in Anchorage was lost. Subsidies for the Alaska Railroad were not politically popular in Congress.

Funds or no funds, there was one concern that hospital administration felt obliged to address during the fall of 1935. This was the lack of fire escapes at the crowded facility, where the sole access to upper floors consisted of a central hall and open staircase. On 18 September 1935 the *Anchorage Daily Times* reported that three enclosed ramps would be added to the structure's exterior, replacing wooden ladders that stood against the building as makeshift escapes. Colonel Ohlson and his medical chief of staff, Dr. Joseph H. Romig, planned to renew their efforts to obtain federal funds for a new building in January.

The pressing need for a new hospital was felt in Anchorage, but the political clout of Colonel Ohlson with Washington decision makers was limited. A majority in Congress believed that government-financed construction and operation of the Alaska Railroad was necessary, but not inherently desirable. And a minority of members, led by Republican senator Robert Howell of Nebraska, pushed the railroad to become entirely self-sufficient. According to historian William H. Wilson, Colonel Ohlson "did not need to be told that his job future depended on his ability to slash expenses."

These political realities prompted Colonel Ohlson to "set to work with energy, determination, and sometimes ruthlessness" to reduce costs systemwide. The cuts affected the hospital, where the colonel mandated a "get-tough policy" to curtail admissions. According to Wilson, the strict admission guidelines continued even after one Anchorage resident, who had been denied admission to the railroad hospital, died aboard a ship en route to Seattle for medical treatment.

The railroad hospital suffered another blow in

April 1936 when Anchorage Fire Chief Thomas S. Bevers submitted a report to the city council that urged condemnation of the building as a fire hazard. As reported by the *Anchorage Daily Times*, the chief concluded that "considering the structural defects in this building and other hazardous conditions, such as a narrow, crooked stairway, crowded wards, narrow doorways, elevator and dumbwaiter shafts, rapid burning building material, inadequate fire escapes, storage of dangerous supplies, etc., and other factors, many of which cannot be remedied satisfactorily at any cost, the Anchorage hospital is obsolete and unsuited for the purpose for which it is now used."

During the summer of 1936 Colonel Ohlson learned that the Department of the Interior had dropped its support for building a new government hospital in Anchorage. Describing an interview with Colonel Ohlson, the *Anchorage Daily Times* reported on 20 August that "the railroad is ready and willing to negotiate with a private hospital for a contract to provide for railroad employes, and withdraw its activities along those lines from the field."

This story spurred into action a number of individuals in the Anchorage area with an interest in health care. Some physicians investigated the idea of creating a doctors' hospital. Others, however, actively lobbied the Sisters of Providence to found a new hospital in Anchorage. The Reverend Dermot O'Flanagan, Pastor of Holy Family Catholic Church, was a leading member of this group.

Father O'Flanagan's desire for a Sisters' hospital intensified after a visit to St. Joseph Hospital in Fairbanks in early October. In a subsequent letter to Mother Petronilla, Provincial Superior of the Sisters of Providence in Seattle, Father O'Flanagan wrote that he "came back here more convinced than ever that we must have a [Sisters'] hospital in Anchorage. Of course I know that there are

many and various difficulties in the way, but at the same time I feel confident that now is the acceptable time if there is ever to be a hospital here. The Railroad hospital is about to stagger and fall; the railroad authorities are anxious for the Sisters to come here and relieve them of the work and expense. Those I have mentioned the matter to have all been fully in favor of the Sisters coming."

Acknowledging his fear that some other private enterprise would preempt a Sisters' hospital, Father O'Flanagan emphasized that "there is unlimited scope for spiritual work among the residents themselves, the children, and perhaps above all among the old-timers who come here by plane and train for hospitalization. Dear Mother Provincial," Father O'Flanagan concluded, "I feel that I am not far wrong when I state that it has always been the wish of your order to have a hospital here; it is certainly the wish of the Anchorage people. Whether it is God's will or not

we shall discover from the decision of your Mother General. I know the Sisters in Fairbanks are going to give St. Joseph no peace til we get it."

Mother Petronilla's response to Father O'Flanagan offered little hope for the hospital. "Your good letter of October 21 was read with much satisfaction and edification. One can readily see how your apostolic soul longs to spread God's Kingdom in the far North and against what tremendous odds you are so bravely battling," she wrote. "Your request was presented to our Mother General and while she finds the financial arrangement practicable she does not see how the community can supply the personnel at this time. There are few young women entering our novitiate prepared for or inclined toward hospital duties. Our Mother General is a born missionary and realizes the . . . influence which can be exerted through hospitals, hence it pains her to refuse for she knows the need. Besides, nothing would please her more than to open a hospital



*An aerial view of Anchorage in the late 1930s.*

Photo courtesy of The Anchorage Museum of History and Art.

within easy journey to Fairbanks were it at all possible. But let us not lose heart, dear Father, for if your hopes are to be realized, He will find the means, as you state."

The Provincial Superior's letter disappointed many when it arrived in Anchorage. Father O'Flanagan was stoic in his reply to Mother Petronilla, acknowledging that he had suggested "no small undertaking on your part" and expressing regret but little surprise at the answer. He then stated that "you will be pleased to hear that there has been expressions of great disappointment among the non-Catholics in Anchorage. I feel almost ashamed to admit it, but I think the non-Catholics were more interested and more willing to help financially than a great part of the parishioners."

During the winter and spring of 1937 leading citizens of Anchorage joined Father O'Flanagan's lobbying effort. Captain Austin E. Lathrop wrote Mother Petronilla in January, and offered to provide such information about local conditions as the Provincial Superior might desire. He also noted that "you are fully aware of the Government's desire to withdraw from the field and of the inadequate hospital service there now," and assured Mother Petronilla of the residents' one hundred percent support.

Captain Lathrop further observed that "the business men, particularly, are extremely anxious to see you come to Anchorage, for they see so much medical business going to Seward and to the States which should stay here. Anchorage is the focal point of a large district which is fed not only by the railroad and boats but by airplanes as well. At present, there are between thirty and forty airplanes based there so you can readily realize the amount of medical business which would come to Anchorage from the Interior with an improvement of her medical facilities. Anchorage could easily become the medical center of Western Alaska with a new hospital and

good doctors."

Other letters in support of a Sisters' hospital were addressed to both the Provincial Superior in Seattle and the Superior General in Montreal. Physicians who wrote included Drs. I. S. Egan, Joseph H. Romig, Howard G. Romig, and August S. Walkowski. They were joined by a dentist, Dr. Lawlor J. Seeley, by Winfield Ervin, cashier at the First National Bank of Anchorage, and by Miriam Dickey, a Lathrop Company employee.

On 6 May Colonel Ohlson informed Mother Petronilla about the costs of running the government's hospital. He noted that the railroad's entire operation, including revenues from commercial patients, had generated annual deficits of slightly more than \$15,000 a year since 1924, and suggested that this sum could serve as a basis for calculating an anticipated rate for serving railroad employees under contract.

Mother Petronilla addressed replies to her many correspondents in Anchorage on 3 June 1937. In her letters, she stated that the matter was under consideration at the Mother House in Montreal, and intimated that the decision might well be favorable. To Drs. Romig and Romig, she expressed the hope that "we shall soon have good news for you," and to Miriam Dickey "that it is with the hope of answering your expectation that we are taking the request into consideration."

Eleven days later Mother Petronilla wrote again to Father O'Flanagan and her "kind friends in Anchorage" with the news that "Mother Praxedes of Providence, Superior General, has just conveyed the news to me that our General Council in Montreal is favorable to the foundation of a hospital in Anchorage and has authorized the Provincial Administration to enter into the customary negotiation regarding the future hospital."

In her reply to the Provincial Superior, Miss Dickey said she wanted Mother Petronilla "to know what joy your letters received on the last

mail have brought to our town. I knew the townspeople would be pleased but I didn't foresee the sincere enthusiasm that we have met everywhere. . . . I just can't tell you how happy I am that we are going to have a Sisters' Hospital in Anchorage!"

Public support for establishment of a Sisters of Providence hospital in Anchorage was widespread, but not unanimous. When news arrived in late June that the Sisters had made a favorable decision, opponents of the project stepped into action. The first evidence of behind-the-scenes opposition came in the form of a letter of 16 July from Colonel Ohlson to Mother Petronilla, which accused Dr. Joseph Romig of employing "underhanded tactics" to promote his own "selfish interests."

The railroad administrator said that he was "reliably informed" that Dr. Romig had asked the Anchorage fire chief to inspect the railroad hospital for safety in April 1936, though the doctor had denied doing so at the time. Colonel Ohlson contended that Dr. Romig had "betrayed his trust" just prior to retiring from government service. For this reason, Ohlson informed Mother Petronilla that he could not "conscientiously be a party to Dr. Romig's schemes nor recommend to the Department the contracting of the hospitalization of Railroad employees in any other institution than its own."

Colonel Ohlson's dramatic change in sentiment grew out of what Father O'Flanagan called "a personal grievance between him and Dr. Romig." During the 1930s the railroad administrator controlled "the only payroll in town" and was the most significant force in Anchorage. Colonel Ohlson demanded loyalty from his subordinates and most often received it. When challenged, he became vindictive. Father O'Flanagan reported that it was Colonel Ohlson's "desire to run everything," and the issue of a new hospital fell within what the colonel believed was his sphere

of influence.

The question of influence grew more significant after Dr. Joseph Romig retired from the Railroad Hospital in mid 1936. When Ohlson discovered that Dr. Romig had become a leading advocate of the Sisters' hospital, he soured on his former medical chief of staff and began to counter the effort to establish a new hospital.

At Colonel Ohlson's behest, Dr. Powis Lee Heitmeyer, the new chief of staff, tried to improve the Railroad Hospital. He hired new people, began a number of remodeling projects, and requested funds for equipment. Father O'Flanagan believed that Dr. Heitmeyer sought to "put [the hospital] on a paying proposition," an endeavor he thought would surely fail. To spite Dr. Romig and others, Colonel Ohlson remained determined to try.

Colonel Ohlson's commitment to the railroad hospital continued undiminished following Mother Petronilla's visit to Anchorage in late August 1937. But so too did the unmistakable need for a new hospital in Anchorage and the overwhelming support of local residents for the establishment of a Sisters of Providence institution in their community.

The Sisters of Providence ended the suspense in the fall of 1937. On 2 September the *Anchorage Daily Times* heralded Mother Petronilla's formal announcement of a commitment to build with a four-column headline that read "New Providence Hospital To Go Up In Anchorage; Deal Closed." The newspaper reported the Sisters' decision to build a two-story hospital on a square block between "L" and "M" streets and Eighth and Ninth avenues. The newspaper quoted Mother Petronilla as saying that the Sisters of Providence had "definitely decided to erect a hospital in this city in the early future," and reported that construction was slated to begin in the spring of 1938.

On 15 January 1938 the *Anchorage Daily News* announced construction plans for a larger facility

than had been originally anticipated. The paper reported that the new Providence Hospital would have fifty-two beds and provide "complete facilities for taking care of patients in western Alaska," and that the building would cost \$300,000.

### Two Sisters Arrive

In contrast to the hardships endured by the first parties of Sisters of Providence to reach Nome and Fairbanks, the journey to Anchorage of Sister Stanislaus of Jesus and Sister Isidora in March 1938 resembled a triumphal procession. En route from Seattle well-wishers greeted and encouraged the Sisters as they traveled along the coast. Two days at sea brought the Sisters to Ketchikan. There they visited with Sisters of St. Joseph of Peace, who operated the local hospital. After resuming their journey along the coast, the Sisters were awakened the following day with the message that a priest awaited them at the dock in Juneau.

In the Alaskan capital the Sisters enjoyed a reunion with Sisters of St. Ann at St. Ann's Hospital and heard 6 a.m. Mass celebrated by Bishop Crimont himself. The Bishop had been a prime advocate of the Anchorage foundation in both Seattle and Montreal, and later the Sisters warmly recalled "his assurance of prayers for the success of the important work of foundation entrusted to us by Divine Providence."

The Sisters' ship arrived in Seward near midnight of 24 March. Around noon the following day, the Alaska Railroad brought them to the Anchorage depot, where they were greeted by Father O'Flanagan. In the evening the Sisters dined with parishioners and received a phone message from Sister Bernard, Sister Superior at St. Joseph Hospital in Fairbanks, welcoming them to Alaska and encouraging them to visit at the first opportunity.

Soon after their arrival in Anchorage, the construction phase of the first Providence Hospital

*Inspecting the construction site in Anchorage in September 1938 from left to right are, Provincial Treasurer Sister Isidora, Bishop Joseph R. Crimont, Provincial Superior Mother Mary Mildred, Provincial Secretary Sister Marcien, and the first Superior at Anchorage, Sister Stanislaus of Jesus.*

Photo courtesy of the Sisters of Providence Archives, Seattle.



began in earnest. Sister Isidora, Provincial Treasurer, took primary responsibility for coordination of the work, while Sister Stanislaus of Jesus, the founding Sister Superior, represented the Sisters of Providence to the community. At once a committee of residents formed to raise \$100,000 for the project, while the Sisters also began collecting gifts, loans, and pledges for the hospital in small and large amounts alike. The first major purchase was a block of land, which the Sisters acquired for what Dr. Howard J. Romig recalled was the "miserably low price" of \$2800.

On 6 April 1938 the McDonald Construction Company of St. Louis won the bid to build Providence Hospital. Father O'Flanagan blessed the site for the new hospital on 7 May, and on 10 May a groundbreaking ceremony marked the start of what became a delay-ridden, fourteen-month-long construction project.

The first hitch in the construction timetable occurred on 24 May when a cargo ship arrived in Anchorage. The ship, the first large steamer to navigate the inlet in many years, carried 2,400 tons of building materials for Providence Hospital. But the contractor had not reckoned with the opposition of Colonel Ohlson, who apparently believed that the Alaska Railroad was entitled to a monopoly on transshipment of freight from the more customary dockside at Seward to the Cook Inlet destination of Anchorage. The colonel demonstrated his displeasure by stationing ten loaded coal cars on tracks that crossed the only road leading to the Anchorage wharves. They remained until their removal was finally ordered by a federal judge in Valdez.

Labor troubles also slowed construction during 1938-39. The first work stoppage occurred on 20 June 1938, when Anchorage construction trades workers struck over rates of pay and grievances concerning their treatment by foremen. The union's primary target was a school construction job, but the stoppage affected Providence Hospital



until arbitration brought workers back to the job on 6 July. A second labor dispute lasted longer. On 28 October 1938 construction workers walked off the job, temporarily closing down the construction site. Although work resumed as early as 3 November when some men broke ranks with the union, mass picketing in mid November that doubled from fifty men and women on one day to one hundred the next severely strained community relations in Anchorage. Even shipments arriving from the Outside were affected. When a boat carrying furniture arrived, union men at first refused to unload it until friends of the Sisters convinced them that the cargo could be stored discreetly away from the future site of the hospital.

Although work on the hospital continued, the strike wore on over the winter. A harbor workers' strike in Seattle set construction back even further. Labor peace finally returned after four months, at which time construction resumed its usual tempo. The labor trouble cost the Sisters much money. Even after the settlement of the strike the building committee chafed under the delays, and

*The blessing of the Providence cornerstone, 9 September 1938. From left to right, the Sisters are Sister Marcién, Sister Stanislaus of Jesus, Mother Mary Mildred, and Sister Isidora.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

in May prodded the contractor to speed up finishing work.

Formal opening of Providence Hospital came on 29 June 1939 during a visit to Anchorage by Mother Praxedes of Providence, Superior General, and Mother John de Canti, Secretary General. Other distinguished guests included Bishop Crimont and Sister Bernard, formerly Sister Superior at Fairbanks. About twelve hun-

THE SISTERS  
OF CHARITY OF PROVIDENCE  
cordially invite you and your friends  
to be present at  
THE DEDICATION AND OPENING  
of the  
PROVIDENCE HOSPITAL  
Eighth and L Streets  
Anchorage, Alaska,  
on the evening of Thursday,  
the twenty-ninth day of June,  
Nineteen Hundred and Thirty-nine  
between the hours of seven and  
ten o'clock

*The invitation to the dedication and opening of Providence Hospital in Anchorage, 29 June 1939.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

dred Anchorage residents attended the open house to fete the new Sisters' hospital, and to enjoy tea served by the recently formed hospital guild. The following day Bishop Crimont celebrated the first Mass in the Sisters' new hospital chapel.

Soon after the formal opening Providence Hospital admitted its first patient, William A. C. "Lucky" Baldwin. Baldwin, a seventy-five-year-old man crippled by a serious accident many

years earlier, entered the hospital by his own choice as a long-term boarder. The chronicler wrote that "he is well able to pay for his maintenance, thus we consider him 'Godsent' at the beginning of our charitable work here in Anchorage."

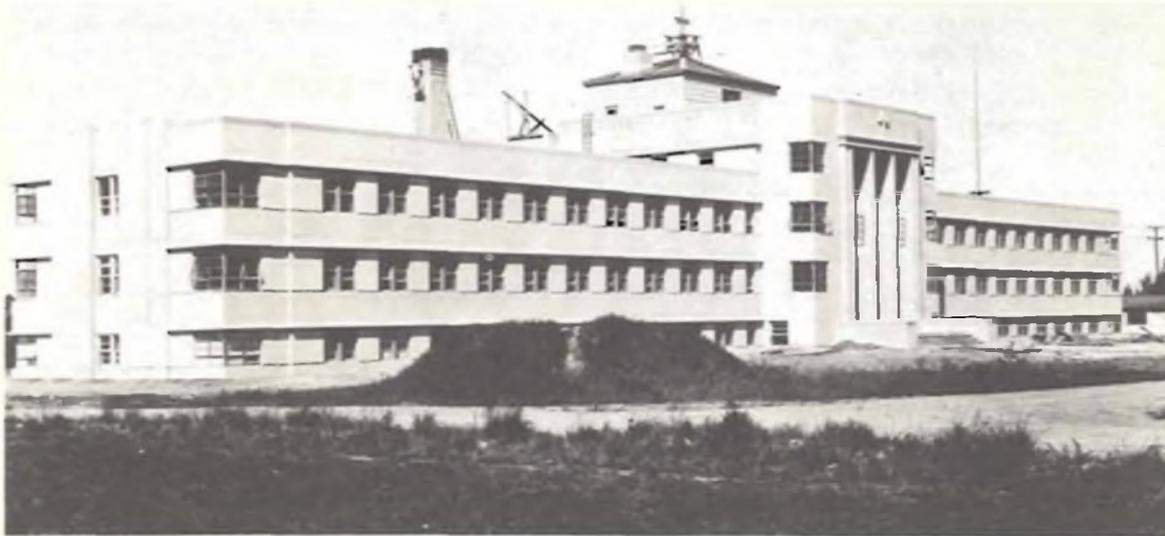
### Providence Hospital in the War Years

Providence Hospital opened as Anchorage was beginning a major transformation. The construction of the Sisters' hospital was one indication of impending change; no longer would Colonel Ohlson control the town. More people, many of them young and ambitious, came to Anchorage. The community developed a "can-do" spirit, and the residents were eager to attract any industry to make the town grow. What Anchorage found was the military.

Prior to the arrival of the military the town's economy was weak. Before the onset of World War II, Anchorage residents lobbied Congress and received a military base. Col. John C. H. "Court-house" Lee headed the installation and oversaw a construction boom. When told that the community did not have the five hundred men he needed for brush cutting, Colonel Lee confidently remarked, "they'll show up." By boat and foot, they did, and a new boom in Anchorage was on.

The war effort contributed greatly to the modernization of Alaska. With the Japanese invasion of the Aleutian Islands in 1942 Anchorage became a hub for military operations in the Arctic. The military built roads and buildings and established modern communication networks. As Anchorage and its needs grew, Providence Hospital played an important role in filling the demand for medical service.

But during the early 1940s the railroad hospital remained in operation. Even after 23 March 1944, when Providence Hospital admitted its ten thousandth patient, the employees of the Alaska Railroad still patronized the government owned



*The front of the new Providence Hospital as it looked in June 1939.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

facility. Although rumors of the old hospital's impending closure frequently circulated, railroad officials did not conclude an arrangement with the Sisters until September 1944.

The Sisters at Providence Hospital were overjoyed when the railroad facility closed. "At long last," the chronicler wrote, "our prayers for more patients are to be answered." After Providence Hospital received the first railroad patients on 11 September, the Sisters knew that "busy days" lay ahead. Having the contract enabled the Sister Superior to purchase enough beds to fill the hospital to capacity. More good news came a week later, when the Bureau of Indian Affairs contracted with the Sisters to treat native and Indian patients for all manner of care except for tuberculosis.

With its new responsibilities, Providence Hospital grew. The 1946 patient census of more than five thousand was nearly double that of 1944. Wartime growth and development laid the foundation for the future, and prepared Anchorage and its hospital for an era of sustained expansion that would transform the community into Alaska's foremost metropolitan area.



*The Providence  
Hospital staff stands in  
front of the hospital  
entrance in 1945.*

Photo courtesy of the Sisters of  
Providence Archives, Seattle.



# The Postwar Era

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The end of the Second World War brought many changes to Alaska. With improved worldwide communications, Alaska no longer seemed relegated to the periphery of civilization. The territory's great natural wealth inspired numerous efforts at development. Alaska became a crossroads for international travel as well as a frontier for the adventurous and daring. The territory began to grow and its importance increased. Simultaneously, pressure upon its social and medical services grew.

Anchorage developed more quickly than any other locale in the territory. At the end of the war it was still a small, remote town that lacked amenities, but its tradition of vigor and self-reliance already dated back a decade. The community was young and energetic, and its people wanted to make things happen. In 1945 only one main thoroughfare, Fourth Avenue, was paved, and most sidewalks were still wooden. Mud was everywhere, and cars frequently got stuck. One long-time resident remembered that in the late 1940s Fourth Avenue was the only place without mud—its inconvenience was dust. The spirit of the community encouraged improvement, and its leaders sought to modernize the town. Soon more roads were paved, and cultural amenities followed. Concert associations and theater groups began and Anchorage soon was on its way to becoming a modern city.

For Alaska, the postwar era created promising new opportunities. Anchorage became a global crossroads for commercial aviation, a reality made clear with the arrival of the first Northwest Airlines flight to Tokyo via Anchorage in 1947. Much to the delight of the Sisters of Providence, the transcontinental flight included nine Sisters

of various religious communities: seven from Spokane, Washington, and two from Rome. The ability to transport people so far so fast served notice that the future would be very different from the past.

To meet the increasingly sophisticated health care needs of Anchorage, the Sisters adopted the newest medical trends and upgraded "make-do" standards that had sufficed prior to 1945. In 1947 five physicians from Cook County Hospital in Chicago, Illinois, visited Providence Hospital. The physicians surveyed medical practices at the hospital and made suggestions for improvement. Such outside input had been rare prior to 1945, and it made the administrators and physicians more conscious of the highest standards in modern health care. The result was the belated adoption of a set of medical bylaws and record keeping standards that long before had become current in the lower Forty-Eight.

The adoption of new standards signaled a change in attitude and direction for the administration of Providence Hospital. Prior to that time, the Sisters saw their role as providing the best care they could under the circumstances. But like the Sisters at St. Joseph Hospital in Fairbanks, who grappled with similar issues, the Sisters in Anchorage realized their position in Alaskan health care depended upon raising local standards to meet those of the rest of the United States.

The implementation of rigorous standards challenged the Alaskan medical community. Because of the relative isolation of Alaska, physicians there received less continuing education than their peers in the lower Forty-Eight. As a result, many recent advances in medicine had



bypassed Alaska's older physicians. Other physicians who were fleeing personal or professional problems had come to the periphery of the civilized world to ply their trade without interference. But with the advent of new procedures at Providence, the Sisters served notice that in the future the practice of medicine in Alaska would receive closer scrutiny and increased peer review.

The quirks and perils of health care in the territory were a fact of life to the residents of Alaska. Some early physicians were known for their colorful personalities and unorthodox methods. One physician often chased out of his office those patients whom he did not think sufficiently ill. Other physicians attempted to work in specialties for which they had little training. Many people who identified Alaskan health care with such practices had developed a healthy fear of homegrown practitioners. As a consequence,

some went Outside for anything other than, in the words of a long-time nurse, "gall bladders, appendicitis, and broken bones."

As the facility upgraded its standards, research also increased. Initially, the efforts were small, limited both by the demands upon physicians and by the lack of research money. Prior to the war, research was a peripheral concern at Providence, but in the changing medical climate that followed 1945 it became more significant. One early study began in April 1948 when Dr. August S. Walkowski and a team of laboratory technicians studied the blood conditions of newborn babies. At the close of the study, Dr. Walkowski donated an Armstrong Baby Incubator, the second at the hospital, in appreciation of the support of the institution.

Alaska also received recognition on the national medical scene. In September 1948 the first

### A New Summer Tradition

In the summer of 1949 the Sisters of Providence began a new outreach program to serve the youth in Alaskan communities. In response to the request of the parish priest in Seward, Sister Beatrice Ann and Sister Paul Marie journeyed from St. Joseph Hospital in Fairbanks to conduct a two-week religious vacation school.

Twenty-one children in two classes met daily for two weeks. Their program included a Mass, prayers, lessons in Bible history, games, and other activities. The community received the Sisters enthusiastically, honoring them in a reception that counted thirty parents and friends on the program's final day. For many years afterwards Seward remained a regular stop in the Sisters of Providence summer vacation school program.

In subsequent years Sisters of Providence

visited many other small towns throughout Alaska, as well as military bases near Fairbanks and Anchorage. During the 1950s the Sisters rekindled their ties to Nome through a summer vacation school, and made their first visit to Kotzebue. Three-fourths of the one thousand residents of Kotzebue were Eskimos, and many of them saw Sisters for the first time.

Visits to military bases also provided some rewarding experiences for the Sisters. In a report filed in 1953 after conducting classes at Elmendorf Air Force Base near Anchorage, the vacation school teachers praised the cooperation and attention given the Sisters by the airmen and two Catholic chaplains. The Sisters concluded that "our Alaskan vacation schools are the most impressive work of our community. The presence and work of two Sisters every summer is something they will never forget."

Alaskan Medical Convention opened in Anchorage. It was the first meeting in the Territory of physicians from Alaska and other parts of the United States. Seventy-five physicians attended, more than sixty of whom came from Outside. Providence Hospital was on its way to becoming the primary health care facility in Alaska Territory, and its staff took the opportunity to show off the institution. Alaskan physicians were "pleased and proud" that the facilities impressed physicians from the lower Forty-Eight, and the meeting also enhanced the prestige of the hospital.

By 1952 the demand for a broadened scope of medical services and accompanying facilities was apparent. Emergency surgery capability was one of the top priorities. The hospital responded by converting the old orthopedic room into an emergency facility. Shortly thereafter, a higher patient census led the Sisters to occupy new quarters on the fourth floor in order to make fifteen more beds available for women patients on the second floor. Other changes included establishing a new staff room for physicians, and converting a room from the X ray department into a record room—an improvement that the Sisters deemed "vital in a standardized hospital."

Yet higher standards and increased professionalization also caused internal strife at the hospital. In February 1952 a group of nurses asked for dramatic increases in wages and benefits. The Sisters claimed that they could not afford the requests, and both sides turned the matter over to lawyers. Although the two sides appeared to reach an agreement, on 3 March the disenchanted nurses, mostly those working in obstetrics and surgery, staged a walkout. The ones in the obstetrical department left eleven premature and newborn infants unattended, and the following morning others who sympathized did not report for work.

The decision to walk out appears to have been



motivated by a classic misunderstanding of values. As the hospital grew, the nurses saw capital development all around them. New facilities and amenities for physicians seemed part of a package of improvement that left them out. The nurses were integral to the functions of the hospital, and they felt slighted by the lack of attention to their concerns. The Sisters were often isolated from economic realities, and may have failed to be sensitive to the material needs of their lay staff.

In October 1952 the issue was resolved to the satisfaction of both sides. District 1 of the Alaska Nurses Association and the Sisters of Providence entered into a written agreement that defined the obligations of each. It was renewable on a yearly basis, and even though at the time some of the Sisters were appalled by the behavior of the nurses, a later chronicler deemed the document an "excellent example of how a professional body can make a satisfactory arrangement with an institution so that both parties to the contract can assist one another in providing adequate care to the patients. The objectives of both groups were served, and both could go back to the more important business of serving their clients."

*The Sisters, shown here with the 449th Fighter Squadron at Ladd Air Force Base in October 1958, visited towns and military bases throughout Alaska.*

Photo courtesy of the Sisters of Providence Archives, Seattle.



The new contract included detailed descriptions of working conditions and responsibilities of the staff, legislating many of the points of contention between the two sides. By the time the third convention of the Alaska Nurses Association met, even that organization praised the agreement. The nurses also praised the efforts of Sister Elizabeth Clare, who assisted with the formation of the nurses' organization and with the settlement of the dispute.

As the 1950s continued, the administration of Providence Hospital became increasingly aware of the significance of its position in Alaska. The Sisters' mission, to provide physical, emotional, psychological, and spiritual care for anyone in need, became more complex as demands upon the hospital and its personnel grew. Communicating with a wider public became as necessary as serving it. Their "opportunities of leadership" were important to the Sisters, and they tried new innovations.

In 1953 and 1954 a rash of anti-Catholic pamphlets appeared in Anchorage, causing, in the words of one Sister, "trouble or misunderstanding." The hospital identified a need for public relations work, but the actual work only began after an outbreak of bad publicity involving the hospital. On 8 July 1954 a woman complained in a letter to the editor of the *Anchorage Daily Times* that she had received poor and inadequate care in the emergency facility at Providence Hospital. On the twentieth, a newspaper article with the headline "New General Hospital Needed" derided Providence for not offering service on the level of the largest hospitals in the United States.

Accounts of women who went to the lower Forty-Eight to have their babies in spite of the fact that Providence delivered ninety to one hundred newborns a month also surfaced. The beleaguered Sisters, led by Sister Anna Foley, then known as Sister John of the Cross, approached Robert Atwood at the newspaper. He

told them that people disliked some of the physicians rather than the institution itself. Yet from the point of view of the Sisters, the situation reflected poorly upon their work, and it drove home the need for constructive response.

Participants in the development of public relations for the hospital recalled that during the 1950s, many in Alaska, particularly non-Catholics, did not "know what the Sisters were all about." The Sisters were providing community services such as care for indigents and the poor, but they did not publicize their work. As a consequence, only those with whom they came in direct contact saw their contributions. One Sister later reflected that religious communities have an inclination to look inward and to isolate themselves from the public, and she suggested that this tendency contributed to a general lack of knowledge about the Sisters and their work.

In 1956 the hospital finally began a direct public relations program. One result was an extended article detailing the fifty-four years of the Sisters' presence in Alaska that appeared in the *Anchorage Daily Times*. Such work gave the Sisters the makings of a broader public image in Alaska.

Among the leaders in implementing change was Sister Anna Foley. A farsighted activist with nursing and administrative experience, Sister Anna Foley took a lead role in fashioning a response to the challenges of the times. Her experience at other Sisters of Providence institutions gave her insight into the workings of a modern hospital, and she worked tirelessly to ensure that the lay world understood the mission of the Sisters. Aware of increasing complexities in the postwar world, she helped the Sisters carve out a niche in the public perception.

Not only did the Sisters pay more attention to their public image, but the hospital also broadened the scope of its services. For a long time, Alaska lacked adequate mental health facilities. The Department of the Interior operated the only

public facility, but it generally deemed such responsibilities low on its list of priorities. The Sisters considered Alaskan law regarding mental health primitive, and as early as 1953 voiced concern over the state of care in the territory.

On 8 April 1955 the Anchorage Mental Health Association discussed plans for the construction of a mental health clinic. Sister Anna Foley attended a subsequent board meeting and expressed the desire to work in concert with the group. She proposed that if and when space became available at the hospital, the Sisters would begin outpatient treatment of mental patients.

The Sisters had found a void in health care that allowed them to provide an important service for the community. Although there was little glamor attached to caring for the mentally handicapped during the 1950s, the Sisters' action filled a common need to which no one had attended, and helped confirm the mission of the institution in the eyes of the public.

The Sisters also helped bring medical insurance to Alaska. As an outspoken advocate of modernized health care, Sister Anna Foley introduced representatives from Blue Cross of Seattle to legislators from Anchorage. This step led to the passage of legislation allowing the extension of medical coverage to residents of the territory. From the Sisters' point of view, insurance made health care accessible to a larger percentage of the population by enabling people to pay their bills.

Yet the most important efforts of the Sisters were directed toward combatting disease. During the 1950s, polio dominated the American epidemiological scene. In August 1954 the disease struck Alaska, and experts judged its impact to be more severe than in any other American state or territory. An entire wing of the hospital housed polio victims that month, and the staff had to cope. Providence Hospital had no physicians who had experience with polio, and only two nurses had previously handled cases. Nevertheless, they

fought the deadly affliction. The staff set up nine respirators for patients in a room at the end of the hall, and with excellent support from the Polio Foundation, handled more than 125 cases during the peak months.

The problems with polio were compounded by unusual circumstances. On 23 August, at the height of the epidemic, twenty-three victims of food poisoning from the 7:30 p.m. Northwest Airlines flight arrived at the hospital. Because of the epidemic, the hospital was already near capacity, and only two beds were available. The Sisters cleared out a room for female patients and the local civil defense unit brought cots for the men, who were placed in the halls. Baggage from the flight filled the medical records room. Under trying conditions hospital staff worked continuously, and by 9:30 a.m. the following day the food poisoning patients were on their way to their destinations. Ironically, after taking off for Seattle, the plane had to return to Anchorage when the pilot and copilot began to show symptoms of the same affliction.

After August the polio epidemic subsided, and by December 1954 only two cases remained at the hospital. But the memories of the hospital's response during the crisis resulted in increased respect and lasting goodwill. A team of physicians and nurses from Seattle who came to help "stood in awe" of the room with nine respirators and around-the-clock staff. One remarked that they could not equal that in Seattle. Local people also expressed their appreciation for the efforts of the Sisters.

Yet some of the Sisters regarded the polio epidemic with chagrin. The hospital lacked equipment and training for the crisis—there were no specialists in the territory who could help—and despite outside assistance from Harborview Hospital in Seattle and financial support from the Polio Foundation, Alaskans simply lacked the medical knowledge to combat the epidemic. The



hospital did not know that tracheotomies might help save the lives of polio victims, and some Sisters came to believe that this lack of information may have cost lives. This realization strengthened the resolve of those who sought to modernize.

As Anchorage grew, Providence became much more than a local hospital. Its reputation spread, and many recognized it as the leading medical institution in the territory. Yet it was only a small facility, though it had responsibilities far greater than its size. Overcrowding was commonplace, and extraordinary demands upon the staff were a regular occurrence.

Nurses were the hardest hit by the changes. During the 1950s the influx of trained women married to military men stationed in the Anchorage area provided many nurses, but there were never enough. Under these conditions,

nurses were generalists who handled all aspects of patient care from admitting patients to laundering bed sheets. In a crowded, shorthanded facility, life for the staff was often difficult. One nurse later recalled that "we did things because we had to." Nurses were often thrust into jobs for which they had little preparation. When they protested, they were told "you'll learn." The night shift usually had only one nurse, and she bore an inordinate proportion of the little tasks, such as sterilizing water and formula, washing and powdering gloves, and folding all the linen, in between taking care of patients.

The small building on "L" Street required other kinds of compromises as well. All the nursing "departments" were very small, and storage space was at a premium. The equipment was antiquated. One former nurse recalled that rooms built for two beds often held four. To get a bed

### **Alaska's Sister: Sister Solange**

One Sister who embodied the Alaskan spirit was Sister Solange. Born in Quebec Province, Canada, in 1898, she entered the Sisters of Providence at the age of nineteen. After holding numerous positions with Sisters of Providence institutions in Seattle, Medford, and Tacoma, she came to St. Joseph Hospital in Fairbanks in 1940. In 1947 she was transferred to Providence Hospital in Anchorage, where she remained until 1976. She loved to visit the patients, particularly children, and many remembered her for the special attention she paid to patients with contagious diseases.

In her thirty-six years in Alaska, the diminutive Sister came to represent the Sisters of Providence to many Alaskans. People recognized her throughout the state, a source of amazement to many of her peers.

"She knew everybody," Sister Barbara Ellen recalled, and they knew her. On a trip from Anchorage to Fairbanks, Sister Solange had Sister Barbara Ellen stop to visit at every tavern, whistlestop, and dugout. "We went into one dugout," Sister Barbara Ellen recalled, "and [it was as if] the place was on fire . . . when the people recognized [Sister] Solange, she was the most important person in the whole place."

Sister Solange was identified with the pioneer spirit of Alaska, a part of the roots of the state. When it came time to celebrate her fifty years as a Sister, the response of the people of Alaska was overwhelming. So many sent her flowers that the florists ran out. When one friend called to request that a flower shop send yellow roses to Sister Solange, the florist replied, "Sister Solange already has all the yellow roses to be found in Anchorage."

in, someone first had to wheel another out. The rooms were crowded with monitors and respirators, and there was so little room that the staff often bumped into each other. "When you've got limited space," she recalled, "there's only so much you can do." In the 1950s the medical room was like a closet, full of "quart jars with medicine in [them]." Despite efforts to keep current, some practices remained outmoded. For anesthesia, the hospital used drip ether until nearly the end of the 1950s.

The Sisters alleviated much of the stress. One nurse remembered that the Sisters were always available in emergencies. Their commitment made Providence special. "All you had to do was ring up [on the telephone], and one of [the Sisters] would come flying over. . . . They worked forever, [from] early morning till late at night." In the small hospital, the presence of the Sisters offered the overworked staff a sense of security.

Particularly at night, when nurses worked alone, many found the responsibility overwhelming. When she began as a nurse at the "L" Street hospital in 1957, Phyllis Holliday had just arrived from California. She was hired as night shift nurse. After a brief orientation by a second shift nurse, she was left to run the nursing floor for the night. "Aren't you going to stay with me?" she asked the nurse. "Oh no, I'm going off," was the answer. "Well, then who is?" Holliday asked. "Nobody," came the reply. Although she did not think she could make it through the night, Holliday survived, and in the morning, went down the stairs to quit. "You can't quit," the nurse told her. "Oh yes I can," she responded, and she left, vowing never to return.

About eight o'clock that evening, a taxicab driver came to the Holliday trailer with a note begging her to return to work. "I don't have anyone else," the note read. Holliday went back, and the second night was just as terrifying as the first. "It just wasn't my thing," she recalled, noting that



her training in a large Los Angeles medical center had not prepared her for "frontier nursing." She again quit and went home, and soon another taxicab arrived.

This quit-and-return process continued for a number of days, until Holliday aired her complaints to the supervisor. "If you don't like it, why don't you fix it?" the supervisor told her. As did many like her, Holliday accepted the challenge and stayed.

The medical situation at Providence Hospital also improved during the late 1950s. By 1956 the medical staff had increased to thirty-four, including a growing number of specialists. The capabilities of the staff included all major forms of surgery, a distinct change from the years before specialization. The improved capabilities helped raise morale, for the hospital seemed an increasingly attractive place to newcomers from the rest of the nation.

### Exploring Expansion

The real strain upon Providence Hospital resulted from the combination of continued growth in the Anchorage area and the small size

*Sister Solange, Alaska's "Angel of Mercy," celebrated her golden anniversary as a Sister of Providence. In this photo, Sister Evelyn Bergamini and Archbishop Francis T. Hurley flank Sister Solange as they view her portrait.*

Photo courtesy of the Sisters of Providence Archives, Seattle.



of the institution. As the community expanded, its needs increased in all areas, and a hospital built for a town of thirty-five hundred people could not possibly satisfy the needs of a metropolitan area nearing sixty thousand. New medical facilities were clearly on the horizon.

The Sisters had long been aware of the limitations of the little hospital at Ninth and "L" streets. As early as 1953, the chronicles mentioned the need for the expansion of units within the hospital, and recorded with "deep satisfaction" permission to remodel the maternity ward and build two new surgery units. By 1956 it was clear that the institution needed more space, and the hospital commissioned a building survey, paid for in part by a donation from the Ford Foundation. Upon its completion, Dr. Anthony J. J. Rourke, a member of the survey team, spoke at a dinner at the Forrest Park Country Club, where he announced that the people of Anchorage had to help meet the need for additional beds. Later that year, the Sisters received permission for a fund drive to finance a new wing for the hospital.

Anchorage retained the aggressive booster spirit that was so instrumental in its earlier growth. Local leaders sought solutions to an increasingly complicated, interrelated set of social service problems. Most of the community lived and worked in the area now called downtown, and as the city grew space was at a premium. Land in the small downtown area had become so expensive that it precluded a large medical complex there. The shortage of hospital beds was only one among myriad social problems, but it was one for which the "can-do" spirit of the Anchorage leadership could offer ideas.

In 1955 Providence Hospital formed a lay advisory board to offer advice and counsel about community-hospital relations. Among its original members were leaders from every important area of local life, including John "Jack" Clawson, of the Swalling Construction Company; Major General

Collins, the commander of U.S. Army forces in Alaska; and William J. Moran, the U.S. Commissioner in Anchorage. The board continued to be a dynamic force that readily concurred with the idea of a new hospital building.

Among the people appointed to the hospital board during the late 1950s was Walter J. Hickel, an energetic man in his middle thirties with an entrepreneurial spirit and a vision of a modern Alaska. Hickel's ties to Providence Hospital ran deep. When he first came to Alaska as a young man, the chaplain at Providence Hospital, Father James Snead, befriended him. Father Snead fed Hickel and helped him land a job. Hickel never forgot, and as he prospered he continued to be a staunch supporter of the hospital. Above all, Hickel saw Providence Hospital becoming a great Alaskan medical center, an idea that at the time seemed, in his own words, "pretty far out."

By this time, the Sisters had made provisions for acquiring land outside downtown. The Alaska Methodist College controlled a tract of federal land adjacent to its campus at Goose Lake, about five miles from the downtown area. Early in 1957, the Sisters requested that the board of regents of the institution relinquish its claim in favor of the hospital. Others, including the Bureau of Land Management, coveted the tract. After considerable reluctance the board finally consented to the Sisters' request.

With the prospect of available land, Providence Hospital had a new option. It was no longer bound by the economic constraints of a downtown site. Yet there were distinct disadvantages in moving the hospital. Some thought that the community might feel abandoned. Others believed that the distance to the new location might be too great. There were two conflicting points of view on the question.

Walter Hickel emerged as a leading advocate of the move. He believed that Providence could serve Alaskan health needs better than any other



*The first lay advisory board at Providence Hospital was formed in 1955.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

institution, and the sooner the Sisters had a facility equal to that task, the better off Anchorage and the rest of the territory would be. He championed the idea, speaking more of a medical center than a hospital, and the site at Goose Lake fulfilled his vision. He reminded everyone that when the "L" Street building was constructed, it too was on the periphery of the community. The prospect of the new hospital led him to envision a larger, more prosperous Anchorage. In his mind, the new hospital would become a "convening spot," a center for medical and cultural activity.

But during the late 1950s, moving to a wilderness site at the end of a dirt road was a

frightening decision. One member of the fundraising campaign later recalled that from the site the lights of downtown Anchorage were barely visible. The controversy over the move split the advisory board and the Sisters. The Superior, Sister Charles Raymond, resigned as a result of the disagreement. Many did not see the need for the large tract of land at Goose Lake. The "L" Street building was less than twenty years old, and the convenience of a hospital in the city center made opponents look askance at the prospect of a longer drive for emergency and other types of care.

Throughout 1957 pressure for a new hospital in



the Anchorage area mounted as the public became more cognizant of the need for additional hospital facilities. But despite the obvious necessity, financial obstacles stood in the way of expansion. The Sisters had no money to build, a reality that became evident in September when the Provincial Council in Seattle denied the hospital permission to expand. Although the Sisters in Anchorage planned to ask again the following year, the community sought to alleviate the local health care problem in different ways.

Other organizations wanted to meet the increasingly obvious demand for health care, and the city of Anchorage began to encourage groups that might establish a second hospital. In January 1958 the Alaska Medical Society took the lead. In an address to the Anchorage City Council, Dr. Lester H. Mangetts promoted the construction of a new hospital, pointing out that the population growth of the area far surpassed its medical facilities. Mangetts contended that the greater Anchorage

area needed an additional 150 hospital beds as soon as possible.

In February, a spokesman for the Southern Baptist Hospital Commission asserted that if Anchorage wanted a new hospital, it had to take the first step. His organization required an invitation to build as well as community participation in financing the endeavor. But money had been the problem all along, and efforts to bring in a new hospital yielded meager results.

The Sisters, however, soon received good news about their property. On 19 June 1958 a land patent was issued for forty-five acres at Goose Lake. This action allowed completion of the application for Hill-Burton money, and the Sisters renewed their efforts to find funding for a new hospital. In October 1958 the new Provincial Superior, Mother Judith, visited Anchorage, and again articulated the need for a new hospital. The Sisters understood its urgency, she confirmed, but financing presented an "enormous" problem. On

### **Anchorage's Catholic Junior High School**

The efforts of many residents to begin a Catholic school system in Anchorage led to the opening in September 1961 of the Catholic Junior High School, operated by the Sisters of Providence. Planning had occupied more than a decade, with the first purchase of land for school purposes completed in July 1949. Throughout the 1950s organizers had tried unsuccessfully to obtain Sisters to teach at the school, and construction was deferred.

When finally the Sisters of St. Ann agreed in 1958 to send teachers beginning with the 1961-62 school year, local Catholic school advocates launched a fund-raising campaign that sought to raise \$750,000. Although the drive fell short of its goal by nearly \$250,000,

construction of the school at 605 Fireweed Lane commenced. Only months before the scheduled opening in September 1961, the Sisters of St. Ann withdrew their offer to come to Anchorage, prompting an urgent new request for teachers from the Sisters of Providence.

Four Sisters of Providence came to open the new Catholic Junior High School. Sister Armella was Superior and Principal, with Sister Mary Maurice as Assistant. Sister Esther and Sister Patricia Maureen completed the staff. In the first year the Catholic Junior High School began with seventh grade classes, and grew in each of the next two years to include eighth and ninth grade classes. By the end of its third year more than three hundred students were enrolled, taught by ten Sisters of Providence and five full-time lay teachers.

3 January 1959, when Alaska became a state, the chronicler noted that the Sisters of Providence had undertaken extensive planning for a new hospital, but still had found no sure source for funds.

Sister Elizabeth Clare, who succeeded Sister Charles Raymond as administrator of the hospital, orchestrated the fund drive. Tall and reticent, Sister Elizabeth Clare had previously been a director of schools of nursing and loved teaching. With her unassuming manner, she was an excellent leader, but "the last thing she wanted to be was a hospital administrator," one of her contemporaries recalled. "Not only did she have to become an administrator, she had to build a new building." As administrator of Providence Hospital, she found some of the more public-oriented aspects of her job difficult. The hardest task for her was raising money for the new hospital.

A crossroads in Catholic education in Anchorage was reached during the school year of 1964–65 when the decision was made to add tenth grade classes and to plan for the addition of a full-fledged high school. Keeping the children who had started in the Catholic Junior High as seventh graders seemed only appropriate to both educators and parents, but the Catholic school system was beginning to suffer from severe financial stress. A new fund-raising drive began in the spring of 1965 to retire the remaining debts from construction of the junior high school and to provide needed funds for equipment, supplies, and construction of an adjacent high school.

Once again donations fell short of meeting the school's financial needs. The Sisters of Providence teaching in Anchorage were disappointed, and they began to ponder

The project was overwhelming, and soon Sister Elizabeth Clare asked for assistance. The Provincial Council sent Sister Benedict Joseph to Anchorage, and the tiny Sister was placed in charge of construction. Sister Benedict Joseph was an outgoing person, a public personality who made friends easily and worked well with the public. Her strengths complemented those of Sister Elizabeth Clare, and the consensus of opinion was that the two made "a good team."

In small steps the Sisters approached their goal. On 22 April 1959 Delbert Kenney, the president of B. C. Zeigler and Company, visited Anchorage to look over the Goose Lake site. Kenney believed that the Anchorage community had to contribute at least \$500,000 toward the construction of a new hospital. If it did, federal money provided through the Hill-Burton Act, matching state funds, and one million dollars in borrowed money made the prospects for a 125-bed hospital

whether they should continue to serve in a system that could not afford both junior and senior high schools. Because of the difficulties that existed in Anchorage and the shortage of teachers in other locations, during the 1966–67 school year the Sisters of Providence announced their withdrawal from the Catholic Junior High School.

The following year the school reopened as Hubbard Elementary School, staffed by four Sisters of Providence and three lay teachers. Supporters hoped that sufficient funds would be found to retire the debts of the previous years and to build a complete Catholic school system in future years. These hopes failed to materialize, and Hubbard Elementary closed after its second year, bringing to an end a seven-year effort to support Catholic education in Anchorage.

look excellent. Other participants were equally convinced, and on 8 May 1959 Mother Judith announced that the General Council had granted permission to proceed with the project. That same day two architects from Los Angeles arrived to begin drawing plans, and two weeks later, the hospital received definite approval for \$900,000 in Hill-Burton funds.

By the middle of 1959, a local fund drive for the hospital had gotten off the ground. The Mayor of Anchorage, Hewitt V. Lounsbury, began a program called the "Mayor's Hospital Fund" to raise the necessary \$750,000. The initial plan called for a concentrated one-week television and radio campaign to raise the entire amount, beginning on 8 June. Sister Benedict Joseph told Lounsbury, a Freemason, to "polish up his pin and I'll polish up my cross, and let's go get 'em."

But the drive met unexpected local resistance, some of it attributed to the siting at Goose Lake. Alaska Methodist College planned to expand and to achieve university status, and the Methodist

Church wished to reacquire the land that the college had relinquished in favor of the Sisters. The local Catholic junior high school was also in the midst of a fund drive, splitting the gifts of the Catholic community.

As a result, contributions were relatively small, and on 15 June the fund drive was extended until the twenty-seventh. Lounsbury and his wife, Ester, even traveled Outside, appearing on radio talk shows to raise additional funds. Still the campaign fell far short of the goal of \$750,000, but \$2.5 million from the Sisters of Providence, \$450,000 in state funds, and substantial proceeds from the local drive brought total funds for the new hospital to \$4.6 million, enough to get the project underway.

The declaration of statehood for Alaska in 1959 helped to make the Goose Lake location more attractive. The Sisters' land there became part of the newly created Borough of Anchorage, a government entity that was separate from but superior to that of the city. At the time, most commercial property fell within the city, giving it a more substantial tax base than the borough. Under state law the borough had the power to zone Anchorage and regulate its planning and health services.

The two governmental bodies frequently clashed, and the borough used its powers to encourage growth outside the city limits. The government of the borough made it costly to build in the city by regulating building height, setbacks, and types of material, and by adding new restrictions to a list city officials already saw as never ending. The borough's tactics succeeded. Building increased in its tax domain, spurring the development of the midtown area. As a result, the new Providence Hospital became part of a trend toward decentralization of businesses and services in Anchorage. Soon Goose Lake did not seem so far from town.

Because of the shortfall in fund-raising during

*Sister Anna Foley, right, won a raffle held by the Alaska Nurses Association in 1954. Loreen Ostrander, a former polio patient at Providence Hospital, drew the winning number.*

Photo courtesy of the Sisters of Providence Archives, Seattle.



1959, Providence supporters reopened the campaign in March 1960. Walter Hickel, as energetic as ever, became chairman. The new effort was designed to last two months, until the official groundbreaking ceremony scheduled for 15 May 1960. When the drive closed, the coffers contained just over \$352,000, slightly more than half the amount the Sisters required. Disappointed but undaunted, the Sisters hoped that individuals and organizations would dedicate rooms and equipment to make up the difference.

The task of raising the remaining money fell to Sister Elizabeth Clare. She did not feel comfortable approaching people for donations, but there was no other way to finish the project. Anchorage was, in the words of one participant in the drive, "campaigned to death," and the only group left to approach was the physicians. With great difficulty, Sister Elizabeth Clare overcame her nervousness and asked each member of the medical staff for a sizable contribution. Many physicians generously supported the project.

The campaign the Sisters engineered had to be successful; John P. Greeley, at the time a fundraising consultant to the Sisters, recalled that "there was no more money to be borrowed." Others expressed admiration for the Sisters' ability to propel the drive onward. Greeley remembered that there was no choice. "They made it work," he said many years later. "They had to."

On 15 May 1960 a crowd of about three hundred attended groundbreaking ceremonies for the new Providence Hospital at the Goose Lake site. On a windy and overcast day, Sister Elizabeth Clare, Sister Benedict Joseph, George Byer, the new Mayor of Anchorage, his predecessor Hewitt V. Lounsbury, and Walter J. Hickel turned the first spade of dirt. Shortly afterward at Providence Hospital in Seattle, the Sisters opened construction bids. Patti-McDonald Construction won the competition with an offer of \$4,522,800. On 21

June construction began on the 97,000-square-foot project. After a long and arduous struggle the new hospital was underway.

While the new Providence Hospital was under construction, the Sisters of Providence continued to operate the hospital at Ninth and "L" streets. Deciding the role of the old hospital after the completion of the new was to prove challenging. Some advocated using it to augment the new

*Sister Benedict Joseph,  
Hewitt V. Lounsbury,  
George H. Byer,  
Mayor of Anchorage,  
Walter Hickel, and  
Sister Elizabeth Clare  
turn a shovel at the  
groundbreaking, 16  
May 1960.*

Photo courtesy of the Sisters of Providence Archives, Seattle.



facility, and initial plans did call for remodeling the structure and continuing its use. But at the beginning of the second fund drive in February 1960, Sister Elizabeth Clare announced that the building and grounds were for sale for \$1.5 million. For a time, the Sisters thought they had a buyer, and took the property off the market. But the deal collapsed when the prospective buyer did not exercise his option.

Meanwhile, competitors to the new Providence Hospital appeared. A survey of hospital needs in Anchorage projected a demand for 325 beds between 1962 and 1965. Since the new Providence Hospital was only slated to have 175 beds, room remained for another 150. One of two clinics in the city, the Doctors' Clinic, proposed adding hospital facilities to a new building they were constructing across the street from the old Providence Hospital at Ninth and "L" streets. The physicians sought the help of the local Presbyterian com-

*Sister Cecilia Abhold, Mother Judith, and two architects review plans for the new hospital.*

Photo courtesy of the Sisters of Providence Archives, Seattle.



munity, but after a squabble between physicians at the Doctors' Clinic and the rival Anchorage Clinic, the central office of the Presbyterians rejected the plan.

The need for more hospital beds was real, and the Presbyterians were determined to enter the marketplace. They offered \$1.8 million to purchase old Providence, \$300,000 more than the asking price of the Sisters. The plans of the Presbyterians posed an enormous threat. The move to Goose Lake was a calculated risk for the Sisters; the new hospital was far from downtown, and a competitor there might jeopardize the future of the expanded facility.

The Sisters faced a difficult choice. They could sell the hospital to the Presbyterians, and in essence foster the beginning of a competing institution on their old premises, or they could keep the building and run it as a hospital themselves. There really was no choice. If old Providence was to remain a hospital, the Sisters were determined to administer it. On 12 December 1960 the Sisters announced that they would not sell the old building, and instead planned to operate both the old and the new Providence Hospitals.

Faced with the dramatic expansion of Anchorage and ever increasing demands, the Sisters resolved to keep their facilities. Although keeping the building strained the Sisters' finances, the decision showed considerable business sense on their part.

Meanwhile the Presbyterians continued their drive for a hospital. On 28 January 1961 a spokesman for an organization of Presbyterian ministers in Seattle informed the Sisters that they planned to build a hospital in Anchorage. Presbyterian Hospital began to take shape across the street from old Providence at Ninth and "L". It opened in 1963.

At Goose Lake, construction progressed despite complications. Ironworkers struck the construc-

tion site on 16 June 1961 and remained out for nearly a month. Simultaneously, a wildcat strike by cement finishers impeded construction. The following summer, painters followed suit. But even with such stoppages, by the middle of 1962 the structure was almost ready.

Moving the hospital was a complicated undertaking. Sister Elizabeth Clare had been ill, and she again requested relief. The Provincial Superior sent Sister Barbara Ellen to assist her. In October 1962, three months after Sister Barbara Ellen arrived, Sister Elizabeth Clare resigned as administrator, and in November, Sister Barbara Ellen, who had headed St. Peter Hospital in Olympia and Mount St. Vincent in Seattle, became administrator of Providence Hospital in Anchorage.

Sister Barbara Ellen took charge at a critical time. The building was nearing completion, but much remained to be done. She was astonished when she first saw the new hospital. "It wasn't finished," she later recalled, "I never had so many problems in all my life." When Sister Barbara Ellen first arrived at the Goose Lake facility, she exclaimed: "Where's the buckets, where's the pans, where's the brooms, where's the mops?" Mother Judith replied, "Oh, that's your problem." According to Sister Barbara Ellen, no one had purchased hospital supplies, and she had to "go into [the] housekeeping [business]." Furniture for the hospital had been delivered to Alaska, but it remained in railroad freight cars. The contractors had fulfilled their obligations: they swept out the dirt from their work. Cleaning the new hospital thoroughly became the first order of business.

The Sisters also wanted to show off their new facility. In early August, an open house attracted approximately five thousand visitors, and a two-year-old became the first emergency care case associated with the new hospital. He knocked a piece of railing in the chapel onto his toe, and was

whisked to the emergency room at old Providence.

When all was in order the Sisters prepared to move. The convent at the new hospital opened, and the Sisters moved in before the end of August. In September the actual process of moving the institution began. The stored furniture was delivered to Goose Lake, and the interior of the new hospital began to take shape. The

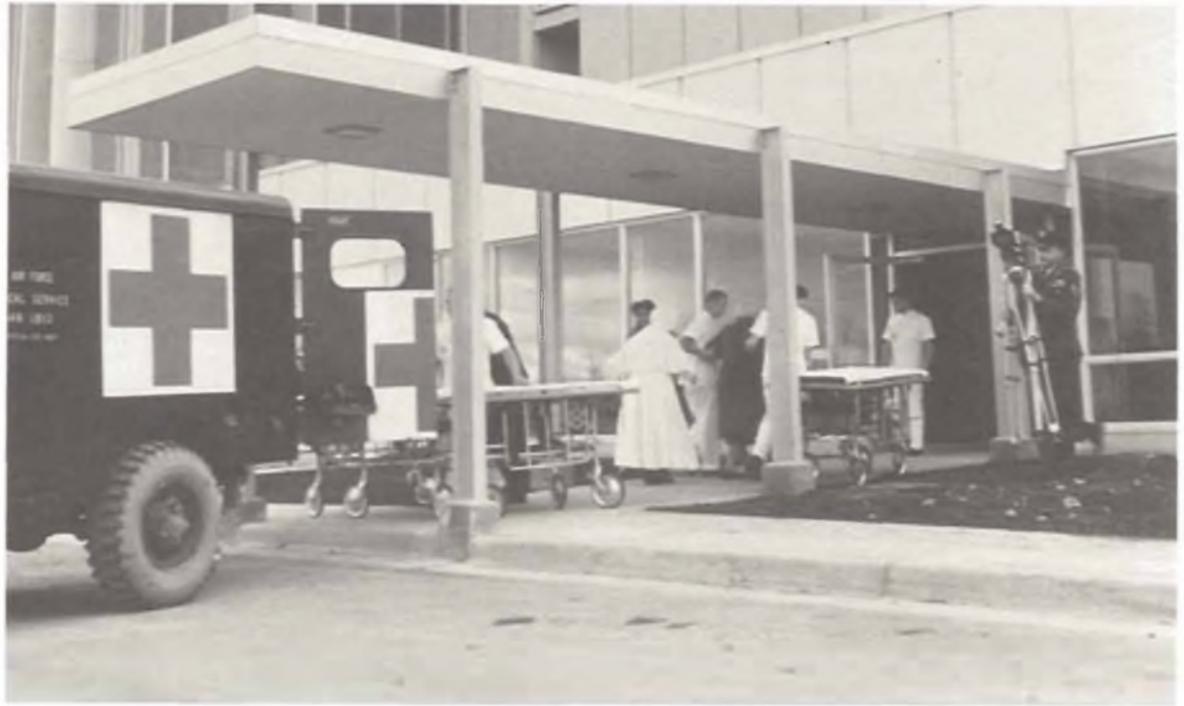


*Sister Barbara Ellen.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

logistics of transportation from downtown to the new facility at Goose Lake posed problems, so the Sisters sought outside assistance. In an October meeting Air Force hospital officers and department heads offered to provide labor and ambulances, and the first hurdle in the move was overcome.

By moving day—26 October 1962—sixty-three patients had been sent home from the old hospital on "L" Street. Only the most critically ill



*With Air Force assistance, moving day—26 October 1962—went smoothly.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

or injured remained to be transferred. This special day began like any other. Nurses carried trays, the telephones rang, and the switchboard operator answered them. A baby was born that morning. Then came the "get ready" signal, and in the words of the chronicler, "the blue Air Force ambulances were in line, and young airmen in white medical uniforms awaited orders." At noon the move was underway.

The first two patients to be transported were two Alaska pioneers, Orah Dee Clark, the first teacher in Anchorage, and Grace Watson. The two women, neither of whom could walk, were among five occupants of a nursing home the Sisters had created out of a porch at the old hospital. The rest followed, as Sister Barbara Ellen described it, hugging their medical charts "as if it were their skin." More ambulances followed, and a procession headed towards Goose Lake. By 3:10 p.m., three hours after the process began, the

patients were all installed in the new hospital.

Despite all the problems at the old hospital, most thought warmly of the structure. It had been a home, a part of their lives, and as glad as most were to move into a modern facility, they felt a sense of loss. Some of the nurses resisted the move. The pneumatic tubes, piped-in oxygen, and other modern innovations made them nervous, and the new building did not seem to have the comfortable atmosphere of the small structure on "L" Street. When they left the old hospital for the last time, some of the nurses cried. Old Providence had a feeling of closeness, and they feared it would be lost in the larger building.

The new building still required additional work, and it strained the patience of the staff. It was an exhausting process, fraught with frustration directed at inanimate objects. With a hammer and screwdriver in hand one nurse tried to put doors on the cabinets. She found herself sitting on the



*Providence Hospital in 1962.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

floor swearing at one of the cabinets. Sister Mary Lauren came up behind and heard the epithets. "That's all right," she said. "You swear it in, I'll pray it in, and we'll get it in." Sister Mary Lauren brought the nurse a cold washcloth, and after a rest, the doors on the cabinet were hung.

By the end of 1962, the new hospital at Goose Lake was functioning smoothly. The new facility offered a temporary respite from the overcrowding of the "L" Street building, and better equipment and conditions made operating the hospital noticeably easier. Even the nurses who cried when they left the old hospital adjusted to the new structure.

The Sisters also decided how to utilize the old hospital on "L" Street. Renamed St. Mary's Residence, it became a nursing home for elderly patients. After extensive remodeling, the facility opened in February 1963, and some of the elderly patients returned from Goose Lake.

The move solidified Providence's position as the leading health care facility in Alaska. Its resources far exceeded those of any other institution in the

North, and the new building offered a center in which the growing number of specialists in Anchorage could practice. Its up-to-date facilities improved the image of local health care, and after 1962, those who regularly went Outside for medical care were in the minority. Alaska had a hospital worthy of its position as the forty-ninth state. But its real challenges lay in the future.



*Downtown Anchorage  
became a shambles in  
the wake of the Good  
Friday earthquake in  
1964.*

Photo courtesy of The  
Anchorage Museum of History  
and Art



# Earthquake!

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Good Friday, 27 March 1964, began as an ordinary day in Anchorage. The temperature was typical of early spring, a brisk thirty degrees Fahrenheit. By early evening the temperature had dropped to about nineteen degrees, and snow began to fall. In the minutes preceding 5:36 p.m. an eerie ambience, gray and still, had settled over Anchorage. In the words of one observer, "there wasn't a breath of air stirring." Suddenly the entire West Coast of the United States, Canada, and Alaska shook violently as one of the most powerful earthquakes in recorded history struck. It registered between 8.4 and 8.7 on the Richter scale, not far short of the record high of 8.9. The tremors were felt over five hundred thousand square miles. Sections of land rose or fell as much as thirteen feet, and tsunamis [tidal waves] struck the western coast of North America and the Arctic.

The epicenter of the quake was located in Alaska, and the entire coastal portion of the state felt the impact. Coastal communities like Seward were inundated, other towns obliterated. Seismic waves tossed boats into downtown Kodiak. Thirty-five thousand square miles of Alaska sank between one and five feet, flooding coastal regions. Twelve thousand square miles rose between two and six feet. The impact of the earthquake was etched in ice and other natural features over an area of five hundred thousand square miles.

The full force of the earthquake struck Anchorage. Sections of Fourth Avenue in the main business district fell. One observer recalled that her car seemed to lift off the ground, first one side and then the other. More than one person who was driving thought the vehicle had

developed a will of its own. Parked cars slammed against each other, crevices opened in all the streets. The Denali Theatre marquee dropped to sidewalk level, taller buildings like the J. C. Penney Store took on the appearance of "melted wax candles." Many smaller ones looked like boats tossed about upon a stormy ocean. An incomplete high rise near the old Providence Hospital, the Four Seasons, collapsed upon itself, in the words of one observer, "like a controlled explosion." The airport control tower was demolished and homes were overturned as if someone had kicked a Monopoly board. Electrical power and water service went out all over Anchorage.

The low-lying portions of Cook's Inlet were among the hardest hit. Teleguana and Turnagain Bluffs collapsed, overturning homes and cars. From the air it looked as though a massive plow had been pulled across the coastal sections. More than seventy-five homes disappeared into furrows while adjacent areas remained untouched. Farther down the Turnagain Arm near Portage, the quake buried homes and communities.

At Providence Hospital at Goose Lake, the building began to sway. Sister Stella Marie was making a sandwich in the pantry when the shaking began. She grabbed one of the doors, but it swung out with her. As the floors shook harder and harder, walking in the building became difficult. Medicine cabinets opened and spilled their contents all over the floors. One nurse remembered "molasses and milk of magnesia everywhere." She grabbed the intercom and announced that everyone should stay calm. Many fell to their hands and knees as the building swayed eight feet at the top. The violent jolt slammed doors shut and many had to be forced



open. "The swaying, groaning, and creaking seemed endless," the chronicler wrote, and indeed, the moment seemed eternal.

The quake struck at dinnertime, and most floors were staffed by only one nurse and an aide. Dinner trays in the rooms flew everywhere, and food splattered many patients. On the upper floors nurses tried to cope, while many occupants of the lower floors ran out of the building. When they realized the building would stand, they reentered and began to make provisions for the crisis.

At the moment of the quake many hospital leaders were elsewhere. Sister Barbara Ellen, the hospital administrator, had gone with Sister Solange, Sister Mary Eliza, and Sister Cecilia Maureen to Good Friday Services at St. Anthony Church in Mountain View. Many physicians and nurses were at home or on their way. Realizing that they were needed, everyone went directly to Providence Hospital. Sister Barbara Ellen called to say that she would come immediately, and to let everyone at Providence know that she was sure

*Sister Barbara Ellen examines the aftermath of the quake: plaster crumbled and smeared like modern art.*

Photo courtesy of the Sisters of Providence Archives, Seattle.



the hospital would stand. After she hung up the phone lines went dead.

People at the hospital began to survey the damage. The entire town was dark; only headlights pierced the evening gloom. Civil defense and emergency radio announcements dominated the airwaves; most other forms of communication had ceased. Darkness created a sense of isolation and compounded the urgency of the situation. Medical service was critical, but so was instilling a sense of camaraderie in the victims of the tragedy.

The staff at the hospital assessed their resources. They had power from the auxiliary generator. The damage to the structure of the building seemed serious, but close inspection revealed that the structure had withstood the quake. The walls looked like cracked eggshells; the exterior plaster had crumbled and smeared so that it resembled modern art. The medicine cabinets had emptied their contents on the floor. Throughout the hospital, people tested stairwells and rooms with trepidation, finding in every case that the structure bore up. The building stood; it was time once again to turn to the needs of others.

The first task was to bring order out of chaos. The physicians responded, filling the temporary vacancy in leadership with a plan of action. Everyone, the chronicler later wrote, "seemed to sense the need for immediate action and responsibility." Staffers went to crucial areas such as the emergency room and prepared for the arrival of the injured.

When Sister Barbara Ellen reached the hospital the prospect of fire was uppermost in her mind. Earlier in the day the Sisters had lit seven candles in a devotion to Our Mother of Sorrows and left them burning in the community room and the repository in the sacristy. Sister Barbara Ellen threw her parka on the floor and raced to find the candles. They were all on the floor—out.

Her next stop was the pharmacy. It was a mess.

Gallon bottles of silver nitrate had broken and spilled all over the pharmaceutical texts. Pills were everywhere. Sister Mary Eliza, the pharmacist, had a Dutch door from which she dispensed her medicine. As Sister Barbara Ellen arrived, up from behind the door popped two male heads. "Can we help?" they asked. She answered affirmatively, and immediately had second thoughts. In an era when respectable men were clean-shaven and closely barbered, one of the men had a bushy red beard, and Sister Barbara Ellen thought the men might be drug addicts looking for an opportunity to steal narcotics. She brought in an orderly, ostensibly to help the men, and said to the orderly, "Bob, this is . . ." Turning to the men, she said, "I don't know your name." One replied, "I'm Mr. Crittenden," and Sister Barbara Ellen's fears were allayed. He was the architect who designed the hospital and had come to check the seal on the boiler pumps.

Within half an hour of the quake, the lobby at Providence began to fill. Local radio stations announced that all injured should be taken to Providence Hospital. Volunteers began to appear. Soon, the chronicler wrote, "a steady stream of cars, ambulances, [and] police [came] toward the hospital." The lobby filled with people, and Sister Barbara Ellen took charge. In the darkened city Providence Hospital was literally a ray of light; the only lights in the community were at Providence Hospital and St. Mary's Residence, the old hospital, where generators ran auxiliary power systems.

Sister Barbara Ellen had a master plan for just such a disaster. The staff had done disaster drills previously, and although simulated experience paled in the face of reality, the training helped people not to panic. The hospital was designed for utility. All medical facilities, including X ray, the laboratory, the emergency room, surgery, and the recovery room were on the first floor. Patients were upstairs. When people began to stream in



the hospital was ready. Everyone pulled together for the good of the community.

But disasters do not work according to human plans, and the Providence staff had to be flexible. The physician in charge of the disaster program wanted to stick to the plan, and reminded Sister Barbara Ellen that all the patients should come in through the emergency room doors. She responded: "They're not going to. They're going to come in every door in this house." She modified the plan. "Send a team to every door," Sister Barbara Ellen ordered, and each of the five doors soon had a physician, a nurse, and a recorder to meet incoming people. In as orderly a fashion as possible under the circumstances, Providence Hospital began to cope with the greatest natural disaster in the recorded history of Alaska.

By 6:00 p.m. the first of many "dazed and homeless" people began to stream into the Goose Lake facility. By 10:00 p.m. nearly five hundred crowded the lobby. Many were people in search of sterile water or formula for their babies. The public relations man, Ed Fortier, asked Sister Bar-

*"Molasses and milk of magnesia everywhere," one nurse recalled.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

bara Ellen if she wanted him to send the people home. "Where are they going to go?" she asked. "They don't know if they've got a home." Most were from Turnagain and Bootlegger's Cove, two hard hit, low-lying areas, and they were following civil defense instructions to go to higher ground in anticipation of a tidal wave.



*People from all over Anchorage sought refuge and aid at Providence after the earthquake.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

Alaskans are a self-sufficient and resourceful bunch, and in disasters they band together to help out the less fortunate. Throughout the evening, people arrived at the hospital with water and other essentials. Water from the faucets was no longer potable, and Sister Barbara Ellen recalled that many told her they brought drinking water. "I drained my tank at home," one said, "I knew you needed water." The local Pepsi Cola company delivered two fifty-gallon drums of treated water for drinking, as well as innumerable cases of canned soda. Milk, bread, rations, medical supplies, and other necessities arrived as if by magic. Late Friday evening chlorinators arrived at the

hospital in response to a radio appeal. People knew which hospital was functioning and what it needed.

Early in the evening a runner from Presbyterian Hospital informed the Sisters that the hospital planned to evacuate to Providence. By 6:30 patients began to arrive. The generators provided only enough power for essential functions, and many everyday conveniences were not available. The elevators were not working, so the first patients had to be carried on stretchers to rooms on the upper floors. But even transporting patients upstairs posed problems. The interior stairwells were too narrow for the long-handled stretchers, and some people were carried up the outside stairs. Others were placed in molded plastic chairs and carried to rooms. Later in the evening surgical patients from the badly damaged four-hundred-bed hospital at Elmendorf Air Force Base also arrived at Providence.

The crowd at the hospital continued to grow, and by the middle of the evening the Sisters were planning more than medical care. Sister Barbara Ellen allotted some of the incoming drinking water for making coffee, and by 10:00 p.m. sandwiches and canned soft drinks were also available in the lobby. A conference room on the first floor became a nursery. Dr. Fred McGinnis, the president of nearby Alaska Methodist University, offered dormitory rooms for the homeless. The Sisters also pulled out mattresses, and people slept everywhere—in the physical therapy room in the basement, in lounges, and in the medical records room. Some slept sitting up in the lobby.

There were many cases of individual heroism in the face of tragedy. Dr. Perry Mead and his family lived in the Turnagain area. He was at the hospital when the quake occurred, and his wife had run to the store for something for dinner. The quake tipped their house, and their twelve-year-old son, P. J., escaped. When the boy realized that no one had rescued his two-year-old brother, he



*Many homes were lost amid the wreckage of Turnagain Bluff.*

Photo courtesy of The Anchorage Museum of History and Art.

went back. He emerged from the house with his little brother, and began to cross the driveway. No more than an arm's length from the rescuers the two boys disappeared as the earth opened up; from safety onlookers watched in horror. Dr. Mead operated that night, crying and trying to do his work. "Sister, I've lost everything—my house, my kids, my everything," he exclaimed. The Sisters took care of the heartbroken man, keeping him at the hospital. After the crisis ended, he went into shock.

The pressure on Providence Hospital did not let up. Admissions personnel registered 108 people the first night, but the hospital

administered to the needs of many more. Its auxiliary power made the hospital a beacon on a dark night, and people came from everywhere. The strength and dedication of the staff and volunteers, the organization and charisma of hospital leadership, and the commitment of the physicians helped the people at the hospital come to grips with the tragedy. The physicians organized teams and went from person to person doing all they could. Many patients were sick children stricken with respiratory problems after sleeping in unheated houses. A few people were critically injured, and three arrived dead or died soon after.

After the initial onslaught of patients things began to slow down at Providence. After midnight some of the staff went home to check on their families. Many had been completely out of touch because of the quake, and disturbing rumors about areas of the city filtered in to Providence. Pat Kruse, a nurse who lived in Spenard, was told by someone bringing in injured people that Spenard no longer existed. After working frantically until 2:00 a.m., she and another nurse, both very nearly six feet tall, climbed into an MG Midget and drove over downed power lines and crevices to make sure their homes and families were still there. To their surprise, Spenard was intact, and after checking on their homes the women went back to the hospital for another shift.

By that time the pandemonium that characterized the hours following the quake had given way to ordered chaos. Civil defense procedures now governed, and an urgent tension hung over the hospital. As the night progressed emergency cases began to diminish in number, and more people at the hospital fell asleep. Soon the Sisters, physicians, nurses, and volunteers were the only people active in the hospital. Early in the morning many, including Sister Barbara Ellen, caught a brief nap in anticipation of the next day's work.

As the morning light appeared people again began to come to the emergency room. They appeared alone or in groups, but not as frequently as the night before. Most had minor injuries, many resulting from rescue work. The steady flow of people continued all day and into the evening, and the hospital staff remained ready.

Providence was even able to serve breakfast Saturday morning. Although the chronicler noted that the meal was "a little late," the hospital did offer coffee, bread and butter, dry cereal, milk, and fruit. By noon the kitchen was back in full operation, although the Sisters held back milk for those who needed it. No one knew when there

might be more.

As Saturday continued, the people at Providence found that they were not alone. The U.S. Army sent corpsmen to assist on all shifts, and later the Red Cross and other disaster relief organizations began to arrive. During the time their hospital was out of commission, nurses from Presbyterian Hospital also joined in at Providence. The increased number of trained people gave members of the Providence staff, most of whom had worked through the night, time for some sleep.

On Sunday morning word came that St. Mary's Residence had to be evacuated. The old hospital building was just ten feet south of one of the major faults. It had limited power from a small standby generator. Its water and sewage facilities did not work. The earthquake had thrown the elevator off its track, and despite power from the generator it would not work. Even the laundry was inoperative. In a decision fraught with symbolic connotations, the Sisters evacuated old Providence once again. "It was like a repeat of the original move," the chronicler wrote, and indeed, the Air Force again provided the labor and transportation.

On Easter Sunday the Sisters held Mass in the chapel at Goose Lake. People of all faiths attended. "We rejoiced in that we had been spared and thanked God, the Risen Saviour, for His many blessings and graces," the chronicler wrote. Survival must have seemed an arbitrary process to the people who crowded the chapel. In the span of five minutes the city they knew was transformed into a place of death and destruction.

The quake had devastated Anchorage and most of coastal Alaska. Seventy-eight people died, and another thirty-three were missing and presumed dead. The infrastructure of Alaska's largest city was crippled; its business district was in a shambles, its communications facilities, the primary link with the outside world, severely

damaged. People walked cautiously in the face of such a catastrophe. As soon as the airport opened the flights out were full. Many fled, but just as many Alaskans returned from Outside to help rebuild.

The resilient and determined people of the community began to dig themselves out as soon as they could. Over time the crevices were filled, buildings torn down and replaced, and roads repaved. A new Anchorage grew out of the wreckage of the earthquake, a stronger place with a healthy reverence for the power of natural phenomena.

The hospital also recovered from the damage. The total cost of repairing cracked concrete, plaster, tile, and vinyl wall covering came to more than \$200,000. Most of the hospital had felt the impact. Three walls had cracked, one through the center core on three floors. The third floor had acted as a buffer between the two above and the two below, and it bore the brunt of the earthquake's force. Much of the hospital needed rebuilding, and nearly the entire facility had to be restocked.

But out of the destruction grew a stronger institution, in no small part as a result of the damage the earthquake caused. Medical technology had been changing rapidly throughout the 1960s. Specialization proliferated throughout the practice of medicine. Technological innovation created many new areas of expertise, and the demands of medical staff for new and *different kinds of equipment* echoed across the country. Alaskan medical facilities, including Providence Hospital, had always lagged behind the lower Forty-Eight in the acquisition of new medical equipment; the lack of resources, the pressures of practicing medicine on the periphery, and the often prohibitive cost of shipping inhibited the maintenance of a modern medical infrastructure.

The earthquake removed many of the barriers

that stood in the way of acquiring new technologies. The hospital had to replace damaged and destroyed equipment, and the process of acquisition meant that Alaska's premier hospital acquired more sophisticated technology than it had before the quake. This paved the way for making Providence into a medical facility that could offer the kind of comprehensive care that characterized the best institutions in the U.S. No longer would "frontier medicine" be the dominant mode in Anchorage.

Another consequence was that the need for efficient, modern health care and facilities was driven home to every Alaskan with an impact no public relations campaign could ever approach. The response of the hospital to the crisis heightened the regard in which the community held it, and out of the destruction of the Good Friday, 1964 earthquake emerged a new and stronger Providence Hospital. The stage was set for the development of an institution that could meet the health care demands of the growing population of the forty-ninth state.



*A thermal unit patient  
tests her hand with the  
encouragement of  
Providence staff.*

Photo courtesy of the Sisters of  
Providence Archives, Seattle.



# The Years of Transition: 1965-1980

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For the Sisters of Providence, growth and change during the 1960s and 1970s brought the opportunity to fulfill a complex set of unmet needs. Under the watchful administrations of Sister Barbara Ellen, Sister Evelyn Bergamini, and the first lay administrator at Providence, Al M. Camosso, Providence Hospital was transformed into a modern medical institution in the years that followed the earthquake of 1964.

Meeting the health care demands that Alaskan population growth precipitated required bold innovation and a sustained effort of the kind that was exemplified by the commitment the Sisters first made to Alaska in 1902. New technologies and approaches had to become part of the existing system. The Sisters and their staff faced the challenges of the future, and their recognition of Alaska's needs allowed the hospital to offer the most advanced and timely health services available.

## Oil and Growth

Alaskan natural resources had always spurred the economy of the region. Animal furs dominated the economy for the greater part of the nineteenth century; gold followed at the outset of the twentieth. At the end of the 1960s oil became the catalyst for renewed growth in the North, igniting the already existing process of modernization and accelerating economic and social change. Alaska not only boomed, it grew in significance in the eyes of the nation.

Oil was not a recent discovery in the North; reports of its presence dated from the nineteenth century. Thomas Simpson, an employee of the

Hudson's Bay Company, wrote that he saw oil along the arctic coast during a survey he undertook in 1836–37. Other observations followed, but serious commercial development did not begin until the Richfield Company cored into oil sands at Swanson River on the Kenai Peninsula in 1957. The discovery of oil at Prudhoe Bay in 1968 dramatically increased the known reserves in Alaska; all of the major American oil companies began to compete for the rights to the resources of the North Slope.

The state sought to capitalize upon its new-found wealth. In September 1969 the State of Alaska held an auction to lease 450,000 acres of the Prudhoe Bay region. Anchorage, where the sale was held, strained to the bursting point for weeks before. The noted Alaska historian Claus-M. Naske wrote of the affair: "Texans in big hats and cowboy boots mingled with conservatively dressed New York investors and dapper and shrewd oil experts from London. . . . All hotels, from the Westward to the Captain Cook and Traveller's Inn, as well as every tiny motel and rooming house, were solidly booked." The atmosphere tingled with excitement and competition as potential lessees sought the best tracts for drilling.

For the State of Alaska, the sale was an unqualified success. Between 10:30 a.m. and 5:15 p.m. on 10 September 1968 the state accepted bids totaling more than \$900 million. It was the greatest revenue windfall in Alaskan history and it became the basis for tremendous growth in Alaskan social services. With money to grow, Alaska could finally complete its transition into



*Sister Barbara Ellen tips her hardhat to the crowd of two hundred assembled at her farewell party.*

Photo courtesy of the *Anchorage Times*.

the modern world.

But the rush to develop posed social, economic, and environmental problems. Walter J. Hickel, who had been elected governor of Alaska in 1966, believed in growth and expansion. Even prior to the discovery of oil at Prudhoe Bay, he envisioned a bright future for the arctic North. To give the Alaskan trucking industry a head start in that region, Hickel authorized the construction of a road across the tundra from the vicinity of Fairbanks to the North Slope. Despite his good intentions, the road posed severe problems. Transporting freight on the new road was no less expensive than flying it north, and in some areas the road damaged the fragile tundra. Yet the type of initiative that Hickel personified was essential to the expansion of the state's services in the post oil boom era.

### Planning For Greater Demand

Alaska's existing social and medical services faced greater demands in this era, and remedies for the limits of the past had to be developed. Extending the range of services that Providence Hospital offered became imperative. Under Sister Barbara Ellen's guidance, the hospital had begun plans to meet increasing needs even before the oil lease sale of 1968. In a volatile economic climate such an effort was a formidable undertaking; the Sisters faced the challenge with the firm commitment that characterized their long service in Alaska.

As always, the Sisters sought to find gaps in service and to plan ways to fill them. Providence was the most logical candidate to become the primary medical facility for all of Alaska. It already served as an informal referral center for people in the bush, and almost twenty percent of its patients came from outside the Anchorage area. Despite the existence of military and Native American facilities in remote areas, when Alaskans required tertiary care within the state, they chose Providence.

The popularity of Providence Hospital and the growth of the state created much of the need for expansion. The new hospital at Goose Lake had offered only a temporary respite from seemingly continuous overcrowding. During 1962–63, its first year, 4,500 patients were admitted. The total for 1969 topped 7,200. Between 1964 and 1969 the number of emergency room visits doubled, rising from roughly 4,100 to more than 8,200. The number of outpatients using hospital facilities increased from approximately 5,300 in 1964 to more than 10,600 in 1969.

The oil boom helped to accelerate the Sisters' plans to expand Providence Hospital. On 5 November 1969 an *Anchorage Daily Times* headline presented them to the public: "Medical Center Planned." The article detailed a \$13 million project that included a \$3 million professional office

building, a diagnostic and treatment center, and a five-story, 125-bed nursing tower.

Sister Cecilia Abhold, Provincial Superior, announced that overcrowding of the present institution and the need for more diverse health care motivated the expansion. In fact, she remarked that even with the expansion, “we are still behind the times.” The impact of the oil boom was so great that a program that expended twice the original cost of the Goose Lake facility was only a stepping-stone to further development.

The public responded favorably to the planned growth of the institution. An editorial in the *Anchorage Daily Times* lauded the plan: “the Sisters of Providence have recognized their partnership in Anchorage’s growth and boldly set out on additional construction in the role of Godly service. We salute Providence Hospital and its good Sisters. They are partners with us all for a bigger and better Anchorage.”

The plan to improve the hospital once again was the final achievement of Sister Barbara Ellen’s career in Alaska. In June 1970 she accepted an appointment as Provincial Superior of Sacred Heart Province, and prepared to leave Alaska for Issaquah, Washington. After the move to Goose Lake, the earthquake, the rebuilding, and the plans for the future, Sister Barbara Ellen embarked upon new challenges.

The “gentle and gracious nun,” as the *Anchorage Daily News* characterized her, had a considerable following; more than two hundred people showed up for her farewell tea. Her leadership in crisis was a common theme of the day, and speakers praised her “wisdom, kindness, and love” for Alaska and its people. Sister Barbara Ellen was presented with a cake decorated with a rustic log cabin on an Alaskan creek, her long-stated retirement dream. A ham radio antenna with her call sign on it extended from the cabin. Mr. Lucian Cassetta of Crittenden, Cassetta,

Wirum, and Cannon, the Providence Hospital architects, presented her with a white hard hat decorated with five stars and the words “Provincial General.” Laughing, Sister Barbara Ellen put on the hat, and the following day the picture appeared in both local newspapers.

When Sister Evelyn Bergamini arrived to assume the administrator’s job in Anchorage, she inherited the already recognized responsibility for hospital expansion. In the decade since the building of the Goose Lake facility, the community had grown at a rate that outdistanced the ability of the hospital to expand.

Sister Evelyn was an experienced administrator. In the words of one who worked closely with her in Anchorage, the hospital was “fortunate she was there. . . . She brought a fantastic amount of knowledge and background to Alaska when it was needed.” In her assignments prior to Anchorage, Sister Evelyn had presided over the



Sister Evelyn Bergamini, the administrator of Providence Hospital 1970–76.

Photo courtesy of the Sisters of Providence Archives, Seattle.

renovation of St. Elizabeth Hospital in Yakima, Washington, and Sacred Heart Hospital in Medford, Oregon, which the Sisters renamed Providence Hospital during the 1970s. In her warm yet self-effacing fashion, she earned a reputation for intense determination and drive. Sister Evelyn led by example and kindness, often giving bags of vegetables from her garden to board members, but she also communicated that extra effort was expected and that nothing less could be accepted.



*Sydney Woll demonstrates the cobalt machine, an important technological innovation, on Cece Robinson.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

Upon arriving Sister Evelyn moved decisively. Her earlier experience made her a strong advocate of public participation in the workings of the hospitals. Within a week of her arrival she formed a ten-member advisory board comprised of civic and business leaders to offer suggestions about the administration of the hospital complex. Charles R. Webber served as its president from its inception in 1971, and was joined on the original board by Albert Swalling, George Sullivan, the mayor of Anchorage, Hon. C. J. Occhipinti, a justice of the Superior Court of the State of Alaska, J. Paul Dittrich, M.D., the presi-

dent of the medical staff at the hospital, and other leaders. The board offered its perspective on many difficult questions, and under Sister Evelyn's guidance, a plan to meet the unmet needs took shape.

### **New Technologies Reach Providence**

During the 1960s technological advancement and specialization of service dominated American medicine. Research by the National Aeronautics and Space Administration had opened the doors for significant progress, and the American medical community seized the opportunity. Sub-fields of medicine proliferated, and in fields like cardiology and neurology, specialists offered types of care never before available.

New laws and changing public expectations about health care complicated the challenges facing the health care profession. In 1965 Congress enacted the Health Insurance for the Aged Act, commonly called Medicare, which provided the first guarantee to the nation's elderly that some hospitalization benefits would be provided without regard to individual ability to pay. But this reform also conditioned health care consumers to expect the best possible hospital services without consideration of cost. Specialized care and technological innovation were expensive, and meeting the demands of the public forced hospital administrators to make difficult choices about the kinds of service their institutions could offer.

By the end of the 1960s rampant inflation in other sectors of the economy had combined with the process of specialization to drive the cost of medical service upward at an alarming rate. Specialization created the need for larger staffs, with physicians and nurses having narrower areas of expertise. The equipment for specialized programs, combined with the renovation or replacement of existing facilities, required substantial capital investment on the part of medical institu-

tions. Hospitals overflowed as specialized care from cardiologists, neurologists and others created new classes of patients. The medical future of the U.S. looked expensive and complicated.

Technological development allowed the Sisters of Providence to offer new kinds of service in Alaska. Dr. J. Paul Dittrich, the fourth orthopedic surgeon to join the staff, later recalled his amazement at the extent of quality equipment already available in the 150-bed hospital. What he saw when he arrived in 1966 was only the beginning of a series of tremendous advances in medical technology at Providence.

According to Dr. Rodman Wilson, a physician who practiced at the time, Alaskan medical professionals were very receptive to technological change. There was little time lag between the implementation of programs in the lower Forty-Eight and in Alaska. The staff was loaded with young physicians who embraced enthusiastically the new technologies that the Sisters were pleased to provide. "It was not a struggle to get what we needed," Wilson later recalled.

Throughout the late 1960s and the 1970s the procession of technological innovations played an important role in changing perceptions of Alaskan health care. Providence, in the words of one administrator, "was right up there" with the medical centers outside Alaska, and it gained respect among medical professionals. Patients from Alaska at the Virginia Mason Clinic in Seattle were often asked why they came to Seattle instead of utilizing better facilities at Providence Hospital. A few of the remaining sourdoughs still felt like the one who told a Providence nurse that "there isn't a damn doctor in Anchorage who can treat me." They and a few very wealthy people continued to go to Seattle, where they had long-standing relationships with physicians. But the majority of the old-timers had been won over by the Sisters.

The services that Providence provided were an important factor in changing attitudes. The Alaska Cobalt Center was established in 1969 to treat cancer patients with radiation. Dr. Bruce Wright, a radiologist, headed the program. The center was a community project; the Teamsters donated labor to construct the building, and in the words of one doctor, "we got an old cobalt unit from somewhere." The program became the first comprehensive cobalt treatment in the North.



In early 1972 a cardiac catheterization laboratory opened at the hospital. Under the supervision of Dr. James Baldauf and Dr. George Rhyneer, and in conjunction with Dr. Bruce Wright, the new facility offered complete diagnostic examinations. The cardiac catheterization facility saved Alaskans considerable time and travel. Prior to its inception, patients had to go Outside for similar care. When Providence initiated the procedure, a brief

*Cardiac catheterization was a vital addition in Providence Hospital's expansion of specialized services.*

Photo courtesy of the Sisters of Providence Archives, Seattle.



one and one-half day stay in the hospital replaced the long trip to Seattle. Patients checked in the night before the test, had the examination performed in the morning, and were discharged the following day.

In December 1972 Providence began to lay plans for a kidney dialysis unit. By the standards of the time dialysis was an inexpensive addition, costing less than \$10,000, and Providence handled more cases of acute renal failure than did the old Presbyterian Hospital, renamed Anchorage Community Hospital—the only facility in Anchorage that provided the service. More than half the cases treated at Community in 1972 originated at Providence. As part of its effort to be a full-service institution, Providence felt that it needed to offer dialysis.

Community Hospital opposed the move by Providence. It had opened a kidney dialysis unit in January 1971, and the acute care renal dialysis program was one of the few services Community offered that Providence did not. Robert Byrnes, the administrator of Community Hospital, stated that the volume of use was not sufficient to warrant a second system. In his view, the installation of a dialysis unit at Providence would constitute unnecessary duplication of medical resources in the community.

Many physicians and the public supported Providence's desire to develop kidney care. Dr. Tom Wood and Dr. John Selden, the primary developers of hemodialysis service at Community Hospital, advocated installing a unit at Providence. Dr. Selden believed that no hospital could be without dialysis. It was "part and parcel of care for the acute patient . . . no different than a respirator or physical therapy." Selden went so far as to suggest that Providence could be considered guilty of "an act of negligence" if it did not install the dialysis unit.

The most poignant advocacy came from Mildred Bennett, an RN whose husband had

been injured in a fall. His injuries required renal dialysis, and he had to be transported by ambulance from Providence to Community Hospital. The doctor who rode in the ambulance and manually operated the respiratory equipment described the trip as a "hairy ride" that he did not want to repeat. Bennett described herself as panicked by the experience, and publicly wondered about those who put institutional interests ahead of the welfare of dialysis patients.

The kidney dialysis unit was another step in the emergence of specialization at Providence. From the 1950s onward, Anchorage, according to one physician, was a "specialty-oriented town," and by the mid 1960s almost every doctor who joined the staff at Providence was a specialist. Many were overtrained by Alaskan standards of the day, with experience as faculty members at medical schools and exposure to the best equipment available. Young and innovative, these physicians made significant contributions to the institution. In 1958 old Providence lacked some areas of specialization; by 1966 the hospital offered a full complement of specialists in most major areas.

Throughout the 1960s and 1970s physicians and nurses strove to implement new programs. Many took the initiative in acquiring the necessary training. Dr. Arndt von Hippel went to the lower Forty-Eight to learn about open-heart surgery; in 1974, after he returned, he performed the first open-heart and heart bypass surgery at the hospital. Others also sought retraining.

Nursing also became more specialized as a result of changing trends in nursing education. By the mid 1960s Providence began to require that nurses have the ability to offer specialized care. Surgical and obstetrical nurses were in particular demand. Many "diploma nurses"—those who had graduated from hospital nursing schools—needed additional education and training to fill their new roles. Some college educated nurses had specific training, but noticeably less "hands-on"

experience. As their field modernized nurses had to adapt to new conditions.

Like other medical institutions in Alaska, Providence faced a continual shortage of nursing personnel. Since Alaska did not have a training facility, new nurses had to come from elsewhere. Few had to wait for a job when they arrived in Alaska. For years Providence hired nearly every qualified person who applied. But keeping them at the institution posed a completely different kind of problem.

"We never would have made it without the military," one nurse later recalled, and indeed nurses married to military men provided the backbone of the staff. During the mid 1960s the economic climate in Alaska was volatile, and turnover rates for nurses were astonishing. Many nurses came to Alaska with their families and found jobs, but often their husbands were not as lucky. After a month or two they would pack their cars and return to the lower Forty-Eight. In some years turnover of the nursing staff topped eighty percent. Under these circumstances the nurses married to military men provided stability. Although many stayed only one tour of duty, usually two or three years, at least hospital administrators knew when they were likely to leave.

Like the physicians, the nurses at Providence strove to offer the best and most up-to-date service they could. Throughout the 1960s and 1970s many programs began with the sparest of facilities, with a commitment rooted mainly in the determination of the Sisters and the hospital staff.

"If you could have seen what we used for an Intensive Care Unit," one former nurse recalled, "we had some six-bed wards on Three South, so we all got together and said: 'Why don't we put all our critical patients back here and assign just certain nurses?' " Dr. Winthrop Fish agreed to offer coronary care courses for the nurses, and the first ICU at Providence was born.

After the critically ill patients were centralized, the administration decided it needed the beds on Three South for an orthopedic ward. The ICU took over a different area, knocked out some walls, and made a four-bed ward. Unfortunately there were six critically ill patients at the time, and while the first ICU improved the care offered at Providence, the facility was always crowded.

Often the staff had to improvise. In the early stages of establishing orthopedic care at the hospital Dr. William Mills, one of the orthopedists, briefly used a Sears washing machine as a whirlpool. The swirling action of its central agitator duplicated the effects of spray jets in a conventional whirlpool.

Programs for care of high-risk and critically ill newborns also played a prominent role in the developments of the era. Before 1972 no system of referral for high-risk mothers and infants existed in Alaska, an unpleasant reality reflected in the state's extremely high infant mortality statistics. The distances of the interior and the harsh climate contributed to the high death rates among Alaskan infants. Nevertheless, being forty-eighth out of fifty states in infant mortality was unacceptable to Alaskans. Again the Sisters recognized a glaring need in Alaskan health care and sought to fill it.

In 1972 after studies showed that sick newborns fared much better under controlled conditions, Providence responded with its first special care nursery for infants. The hospital received a Public Health Service grant to finance the unit. The care of high-risk newborns required specialized knowledge, and the cooperation of the medical community facilitated the growth of the program. Four pediatricians, Drs. Thomas Porter and George Brenneman of the Alaska Native Medical Center, and Drs. Dion Roberts and John Tower of Providence, and two Providence Hospital nurses, Beverly Briesmaster and Pat Kruse, played important roles in the evolution of the program. After

going Outside for training, Briesmaster became the first newborn special care nurse at Providence.

The newborn special care facility at Providence helped save lives and change perceptions. Many in Alaska believed that when people chose to live in the bush, they accepted the risk of poor access to sophisticated health care. The increased emphasis at Providence on care for high-risk newborns from isolated areas helped change such attitudes. In 1972 the Alaskan Newborn Care Project, a statewide program sponsored by the State



*Bringing high-risk newborns in from the bush dramatically increased their chances for survival.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

of Alaska Division of Health and Social Services, designated Providence as the state referral center for premature and ill newborns.

In its early stages the newborn special care nursery operated in an ordinary hospital room with special equipment. The unit held six bassinets. The hospital sent “nurses out in [a] transport with a little incubator . . . it operated on a very small scale,” one former nurse

remembered. The nurses went to places like Valdez and Bethel to bring in high-risk infants, and the six bassinets were constantly full.

### Obstacles And Expansion

As the hospital grew, space for patients and new services became scarce. During 1969 and 1970 the monthly occupancy rate at Providence fell below seventy percent only once; for ten of those twenty-four months, it topped seventy-eight percent. In 1971 a thirty-month sequence began in which monthly occupancy dropped below eighty percent only three times and six times topped ninety percent. In April 1974 occupancy reached an all-time high of ninety-nine percent.

Operating near capacity both taxed and exhilarated the physicians and the administration, and the crowded conditions renewed their sense of commitment. One physician remembered the period as “wonderful days . . . we were terrific,” he recalled. “We were never more efficient as doctors and administrators.” Nor did the crowding diminish the resolve of the staff to provide first rate care. The period was marked by achievements such as the day in October 1973 when, during a month where total occupancy topped ninety percent, Assistant Administrator for Patient Care Services Pat Kruse took home a sign that read: “A Victory for Nursing—No More Beds In The Halls.” Yet the pressure on the hospital staff was enormous.

Crowded conditions had been the rule at the Goose Lake facility since it opened, and the possibility of alleviating the crisis of space was a thrilling prospect for the Sisters. They had planned since the late 1960s to add space to the hospital, and the 1970s became a period of substantial capital development.

The Providence Professional Building was the first step in the development project. Staff members from the time remember Dr. Rodman Wilson as the “spearhead and ringleader” of the

idea. Many Anchorage physicians spent more time at Providence than at their offices, and Wilson decided that they needed offices closer to the hospital. He chaired a committee that requested space for offices at the hospital, and soon plans for the building took shape.

The project progressed quickly. By April 1970 a three-story, twenty-five-office complex, adjacent to the hospital and connected by an enclosed first-floor walkway and a subterranean basement passage, was under construction. A 450-car parking lot was also underway.

"It's a logical concept," Associate Administrator Dan Meddleton told the press, and indeed there were many advantages. It allowed physicians to respond more rapidly to crisis situations, and increased their accessibility to patients. It made medical care more convenient for patients. Physicians had opportunities to share knowledge with their peers. In short, the construction of the office building was a step towards better communication and cooperation among medical professionals in Alaska.

But not everyone was pleased with the idea of the new medical office building. On 13 June 1970 Raypath Inc. and Lake Otis Inc., represented by Dr. Michael Beirne, a pathologist who had previously worked at Providence, and Dr. Duane Drake, a radiologist, filed suit against the Sisters of Providence and other organizations involved in the construction of the new office building. The suit contended that the Sisters enjoyed an unfair advantage in competing for tenants because of their non-profit status, and charged that the construction of a for-profit physicians' building on land deeded for hospital purposes violated restrictions upon the patent deed.

The controversy grew in part out of the actions of Walter J. Hickel. He had become secretary of the interior under Richard Nixon, and while he was in Washington a document that requested permission to lease the land for the medical

building at Providence to a group of physicians crossed his desk. Technically, the professional building did not fit the qualifications of the original deed, and the Sisters needed Hickel's signature for the project to proceed. "What happens now?" Hickel recalled asking his aides. They said he could hold a public hearing to see if there were objections. "Suppose I just signed it?" Hickel asked the solicitor general of the United States, who was also present. "Well, sign it," the man responded, and Hickel did, thereby authorizing the project to go forward. Hickel later recalled that he "did it because it was right, and because I was concerned about [the Sisters] having what was needed."

Hickel's action became the basis for the lawsuit brought by Raypath Inc. and Lake Otis Inc. Drs. Beirne and Drake challenged the legality of the building under the terms of the deed and sought an injunction to halt construction until the issue was resolved in court. The plaintiffs were denied an injunction, and construction on the Providence Professional Building continued. On 11 August 1971 the building officially opened. The structure exceeded 50,000 square feet, and contained thirty-two offices for physicians. The first floor was designated a "Surgi-Center," with facilities for radiology and minor surgery. The physicians voted Dr. Wilson the first choice of suites in appreciation of his role.

The lawsuit was indicative of changing conditions in Alaskan medicine. As technological advances revolutionized medicine, development became essential. The imminent construction of a pipeline to transport oil from the North Slope meant changes in the demands upon medical institutions. All kinds of medical professionals and institutions sought to implement new programs and services.

But often the market for these services was not as large as some believed. Compared to the lower Forty-Eight, the population of Alaska remained



*Providence handles an emergency situation.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

small. There simply were not enough patients in Alaska to support duplicative specialized programs, a problem exacerbated by the cost of acquiring technologies and the generally rising cost of health care service. Alaska could only support one of many kinds of services, and hospitals scrambled to get their programs in place.

Yet the division of necessary services among a number of institutions presented a different kind of health care problem. Decentralization of services meant that institutions might not be able to fill all of a patient's needs, a dangerous prospect for the severely ill. The dilution of health care specializations in a small market threatened the effectiveness of medical care.

Rising costs during the late 1960s prompted the federal government to enact regulations to prevent the duplication of expensive medical services and equipment. Although an informal system of review existed throughout the 1960s, like the Hill-Burton Advisory Council in Alaska, stricter controls were in the works. After 1972, hospitals were required by section 11 22 of an amendment to the Social Security Act to seek authorization from state and local health boards in order to qualify for federal reimbursement of expansion costs. The Alaska legislature adopted similar legislation in

1974.

The most obvious medical need in Anchorage was for more beds, and this made the review process critically important. Federal reimbursement became the key to immediate building. The Sisters commissioned research into the requirements of the Borough of Anchorage and discovered that by 1974 the community would need 500 beds, more than double the 235 available locally in 1970.

The time to fill that need had arrived, and Providence Hospital had developed a plan. On 2 December 1971 the *Anchorage Daily Times* headlined its afternoon edition: "Providence Will Expand." Sister Evelyn Bergamini publicly signed a contract with Skidmore, Owings, and Merrill, one of the largest architectural firms in the nation, for the architectural phase of a \$17 million expansion of the institution. "This is really our D-Day," she told the audience.

The plans called for the construction of a six-floor diagnostic and treatment center with facilities for radiology, nuclear medicine, a laboratory, surgical suites, and 127 additional beds. John Steinlee, a consultant to the hospital, remarked that the plan was designed to "maintain the proportionate responsibility" that Providence held in local and regional health care. When the population of Anchorage reached its projected level, Providence would have the capability to serve a similar proportion of the expanded city.

The program that Sister Evelyn announced offered a multifaceted approach to the changing health needs of the far North. First and foremost, it offered the most basic of health care essentials: more hospital beds. It also developed a physical plant that enabled the hospital to improve its facilities in a number of areas of specialized care.

Two other local groups sought to fill the need for additional hospital beds. Dr. Michael Beirne, the architect of the lawsuit against the Providence

Professional Building, headed one group. He sought approval for a hospital on Lake Otis Boulevard. Anchorage Community Hospital was the other.

The Greater Anchorage Health Planning Council [GAHPC], made up of physicians, administrators, and lay people, was the local planning agency for the medical profession in Anchorage. Its health services committee evaluated requests for hospital expansion, deciding whether the various proposals qualified for federal reimbursement under the Hill-Burton Act. The council's objective was to regulate health care in Alaska in a fashion that provided the best possible care and the most advanced facilities at the most reasonable cost to the consumer.

The GAHPC commissioned studies and, in an attempt to gauge public sentiment, held public hearings during the first week of February 1972 to evaluate the future of medical care in Anchorage. Two perspectives emerged from the dialogue. One indicated that at the moment a shortage of beds existed. A second recognized that if Dr. Beirne, Providence Hospital, and Community Hospital all received permission to build the projects they proposed, a considerable surplus would exist. Empty beds would drive the cost of those in use upward.

Testimony before the council indicated that Beirne's alternative was the least popular with the medical community in Anchorage. Few physicians favored the construction of a third hospital, some going as far as to say that they would use an overcrowded Providence ahead of an empty, smaller hospital.

The GAHPC eventually approved all three requests, and Providence Hospital and Community Hospital received state approval. Dr. Beirne did not receive approval at the state level. He continued to pursue his idea of a hospital, however, commissioning preliminary architectural drawings and occasionally hiring crews to do minor



groundwork at his tract on Lake Otis Boulevard. He received some state money and repeatedly sought state, federal, and private backing for his hospital. But despite his efforts, Dr. Beirne never succeeded in securing funding, and his hospital did not materialize.

Both Community Hospital, which was renamed Alaska Hospital and Medical Center, and Providence proceeded with their plans, and in the summer and fall of 1976 both opened new buildings. The 134-bed North Tower at Providence included expanded facilities for radiology and surgery and additional laboratory and emergency service. Ten-bed intensive care and cardiac care units were also established.

### The Fund Drive

Under the guidance of Sister Evelyn and the lay advisory board, a fund-raising drive to help finance the North Tower construction took shape. The Providence Hospital Expansion Fund was to

*The grand opening of the North Tower in 1976 was a major step toward a new and expanded Providence Hospital. Pictured from left to right are Governor William A. Egan; Sister Philius Denis, executive vice-president of the Sisters of Providence Corporations; Sister Evelyn Bergamini, Providence Hospital administrator; Sister Louise Gleason, Provincial Superior; and Walter J. Hickel.*

Photo courtesy of the Sisters of Providence Archives, Seattle.



raise \$4 million as part of an overall plan that called for more than \$25 million dollars to improve the facility. This was the highest goal ever set by a Sisters of Providence institution. Walter J. Hickel acted as general chairman of the effort, spearheading the drive with the contacts he had made as governor and secretary of the interior. The persuasive Hickel invested the drive with the energy and commitment that typified his career. A fund-raising firm also assisted in the drive, doing paperwork, sending letters and providing support.

"The drive was successful because the Sisters were successful," Hickel later recalled, "[but it] was tough." The goal seemed distant, and Hickel faced typical resistance. Some resigned from the fund-raising committee because they thought it was silly to start something so apparently unattainable. Hickel scoffed at their sentiments and got busy. He refused to announce the kick-off of the project until he had raised the first \$800,000, which included his own major gift.

The drive was a well-planned endeavor, and Hickel's charisma served as the catalyst for its initiation. He asked the Sisters how much freedom he had in his efforts. "How much do you need?" they queried in return. "A lot," Hickel responded. The Sisters told him he could have as much leeway as he needed, but Hickel wanted to be sure. "What if I had to call it the John Doe-Sisters of Providence Hospital?" he wanted to know. "Use your best judgement," the Sisters told Hickel.

As Hickel tells the story, he flew to Los Angeles to meet with Robert O. Anderson, Chairman of the Board and Chief Executive Officer of the Atlantic Richfield Corporation [ARCO]. A great believer in the chemistry of situations, Hickel did not feel that he had arrived at an opportune moment, and rather than suggest a donation at the wrong time he simply returned to Alaska. Two weeks later, he returned to Los Angeles.

When he met Anderson, the chemistry was right. For a time, the two men stood and looked out a fifty-fifth-floor window. Hickel knew he needed four million dollars for the entire drive, so he said: "Bob, for five million dollars over a period of ten years—and I can stretch it out longer if you want to—we can call [Providence] the ARCO Memorial Hospital." "Wally, that's a lot of money," Anderson responded, "don't you have anything smaller?" "Oh," Hickel said, "I can name a wing 'ARCO Memorial Wing' for half a million." "I'll take it," Anderson jokingly replied, and even though ARCO never intended to place its name on a wing at Providence, the generous gift helped the drive gather important momentum. At a luncheon at the Captain Cook Hotel in downtown Anchorage on 12 January 1975, Anderson announced the gift on behalf of the Atlantic Richfield Foundation.

Hickel saluted ARCO and its generosity, and the public fund-raising campaign began. In Hickel's words, the drive "rolled." In March the Alaska Interstate Trucking Company; Marathon Oil; the chairman of the board and the president of the National Bank of Alaska, Elmer and Edward Rasmusson, and their families; Union Oil; RCA Communications; and the Northern Commercial Company of Seattle all made sizable donations. Loren Lounsbury of Hewitt V. Lounsbury and Associates, the oldest engineering consulting firm in Alaska, presented a gift in memory of his father Hewitt V. Lounsbury, the statehood mayor of Anchorage. By April 1975 the fund had reached \$1,068,000, and Hickel was optimistic about the chances of the drive. Contributions continued to flow, and by the middle of October the fund had received \$2,564,434 in pledges.

More donations followed. In the summer of 1974 William P. and Barbara Pargeter, owners of Food Services Inc., which held the McDonald's franchise for the Anchorage area, had made an impor-



*The Providence Thermal Unit was the first of its kind in Alaska.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

tant donation to the fund. William Pargeter also called Ray A. Kroc, the founder and president of McDonald's, to request that McDonald's give one million dollars to Providence Hospital. Kroc told him that he could not offer the million at that time.

But Kroc did not forget about Providence Hospital. More than a year later he came to Anchorage for the opening of a new McDonald's restaurant downtown. Later that evening, Kroc took Pargeter aside and said, "By the way, I'm going to give \$250,000 to Providence." Pargeter was elated. The donation was one of only three to hospitals that Ray and Joan Kroc gave personally rather than through the McDonald's Corporation, and was the largest gift to the hospital from an individual. Moreover, the Krocs gave the

hospital shares of stock, which appreciated considerably before the Sisters sold them.

The Krocs' money was earmarked for a thermal injury unit for frostbite and burn patients. The Sisters planned to finance the thermal unit as part of the South Tower renovation, and the gift accelerated construction. The unit was a much needed innovation, for Alaska led the United States in frostbite injuries. Prior to its conception, severely injured burn patients had to be treated in the lower Forty-Eight, where fewer than one hundred of the six thousand general hospitals had facilities for treatment.

In 1979 the Providence Thermal Unit opened. Dr. William Mills, an orthopedist with the Providence staff for more than twenty years who had become an international expert on cold injuries,



headed the unit. It contained three intensive care beds for burns and a four-bed cold injury unit as well as four additional beds. The unit included a physical therapy area with whirlpools—not a Sears washing machine—and special heating and humidity facilities. Like many other programs at the hospital, it offered a one-of-a-kind specialty north of Seattle.

The Providence Thermal Unit was part of a major renovation of the South Tower, the original structure at Goose Lake. The South Tower had been “great for 1962,” one physician commented, “but it was not right for the future.” To bring it up to standard, the entire building underwent an overhaul. Besides the Thermal Unit, the additions included a twenty-one-bed special care nursery for newborns and a psychiatric unit.

*Providence Hospital in  
1980.*

Photo courtesy of the Sisters of  
Providence Archives, Seattle.

### Closing An Era

During this same period a major administrative change took place at Providence. After twenty-



four years in hospital administration, the last six of which were at Providence Hospital, Sister Evelyn Bergamini stepped down as administrator. There were no Sisters of Providence available to take her place, and the Sisters chose a lay administrator, Al M. Camosso, formerly the assistant administrator of finance at St. Vincent Hospital and Medical Center in Portland, to succeed her. Camosso arrived in July 1976 to work with Sister Evelyn on the Joint Commission for Accreditation survey, and shortly afterward, Sister Evelyn departed. The hospital received its accreditation, and on 16 August 1976 Camosso officially took the reins of Providence Hospital.

A man of broad vision, Camosso continued the Sisters’ long tradition of caring for all the people that needed their services. He shared the values represented by the “open door” policy, the principle that Providence Hospital never turned anyone away, and he planned for it to continue. He also realized that the open door policy positioned the hospital as the institution “[that had] to provide for the need of the majority, because by and large the ones that cannot afford to pay eventually come to you.” Camosso understood the mission of the Sisters and took it to heart as he formulated his plans for the future of the institution.

After three decades of consistent overcrowding, the institution had drawn even with the overwhelming demand of the oil boom decade. The people of Providence could look back upon the changes of the era of transformation with pride and amazement. The hospital had responded with innovation and progress, energy and zest. Not only did it set the medical standards for the North, it equalled those of the rest of the nation. But from the point of view of hospital leadership, the job had only begun. Providence had to address the needs of the future. The advances that followed would be even more breathtaking.

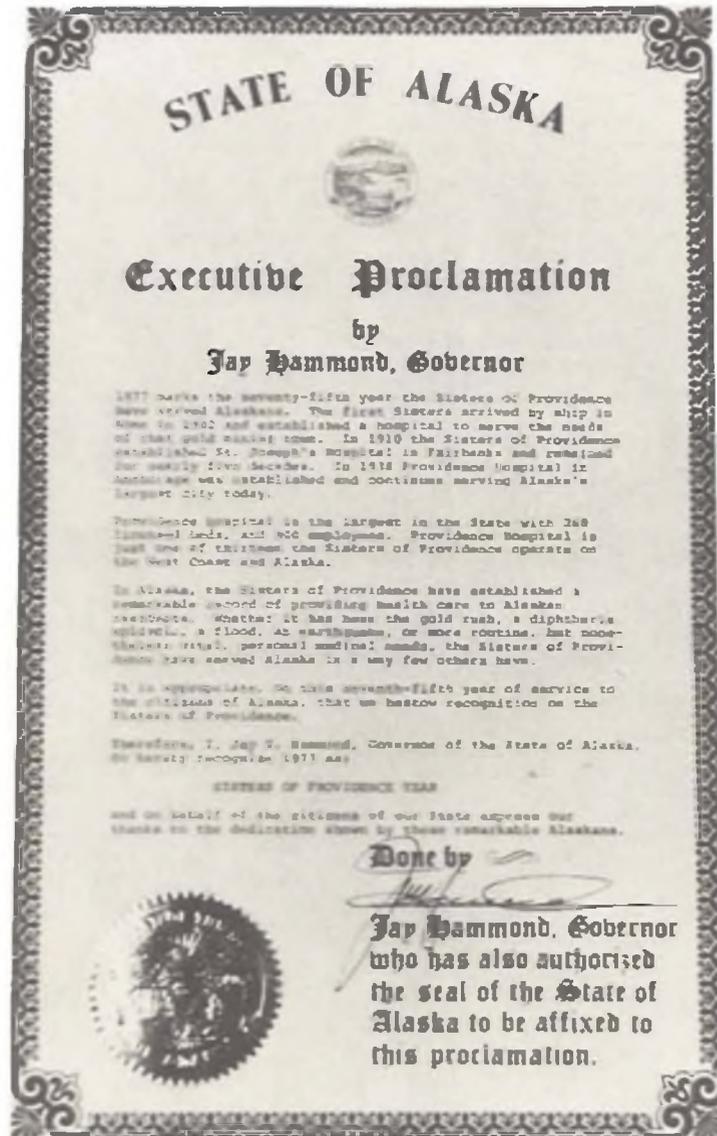


*Al M. Camosso, the first lay administrator at Providence.*

Photo courtesy of Providence Hospital, Anchorage.

*1977 was proclaimed "Sisters of Providence Year" in recognition of their outstanding contributions to Alaskan health care.*

Photo courtesy of the Sisters of Providence Archives, Seattle.





*In 1982 a bust of Mother Joseph was unveiled in the lobby of Providence Hospital.*

*Two former administrators, Sister Evelyn Bergamini and Sister Barbara Ellen, returned to Alaska for the ceremony. They are pictured here with Donald A. Brennan, President of the Corporation of the Sacred Heart Province of the Sisters of Providence.*

*Photo courtesy of the Sisters of Providence Archives, Seattle.*



# The Mission and the Vision

In 1980 the growth of Alaska showed no signs of abatement. After a brief interlude at the end of the 1970s, during which the growth of the hospital and the needs of the community reached a temporary equilibrium, the patient census at Providence again began to rise. The pattern of increased demand followed by overcrowding seemed likely to repeat itself. The years to follow clearly required both more space and different approaches to health care, and Providence Hospital again began to plan for the future.

The foresight of the hospital was in keeping with the tradition that the Sisters of Providence first brought to Nome in 1902. There the Sisters sought to fill needs as they occurred. Nearly eighty years later in Anchorage, Alaskans still depended on the Sisters' hospital for innovation, compassion, and advanced care.

As the leader in Alaskan health care, Providence Hospital accepted the challenges of the new decade. Articulating them engendered Project 90, a comprehensive program designed to prepare the institution for the needs of the 1990s. The program inspired development on a scale greater than any ever before conceived at Providence Hospital.

Such an undertaking required new levels of sophistication in planning. The Planning Policy Committee, headed by William P. Pargeter of Food Services Inc., found that preparing for the future required a different emphasis than scrambling to keep pace with overwhelming demand.

The Planning Policy Committee sought input from every level of the hospital and the community. "I've never been [a part of] a project of

that size and . . . scope [that] involved so many people," William Pargeter recalled. "We went through a mind-boggling series of reviews and counter reviews." The committee sought out every department in the hospital, asking physicians, nurses, and other staff members for their recommendations on questions ranging from equipment to the layout of facilities.

The cooperation that had been the hallmark of Providence Hospital in the past helped lay the basis for the future of the institution. Some physicians attended every one of the innumerable planning meetings, both an achievement in itself and vivid testimony to the commitment of the staff at the institution. The sheer quantity of input made the planning process exhausting, but "we ex-

*The linear accelerator was a significant advance in diagnostic technology.*

Photo courtesy of the Sisters of Providence Archives, Seattle.





posed everybody [to it]," Pargeter noted, "and I think we listened to everybody, too."

After nearly two years of close scrutiny, a comprehensive plan emerged. It was designed to expand the facilities at the hospital and rectify problems of space and access. Under the plan, 245,000 square feet were to be added to the hospital and another 122,000 square feet remodeled, raising the total number of beds on the Providence campus to four hundred.

Obtaining a certificate of need [CON] for the project posed problems. As the increased demand for hospital beds became apparent, the CON for 125 beds that Dr. Michael Beirne held became an issue. The possibility existed that the state might count these non-existent beds as it determined the need for additional bed space. By 1980 the Lake Otis Hospital was no closer to completion than it had been in 1971, and Providence Hospital and the South Central Health Planning and Development Agency, the successor to the Greater Anchorage Health Planning Council, sought to clarify the issue.

Over a period of time, Providence Hospital and

two health planning agencies initiated several judicial and administrative proceedings in an effort to resolve the situation. In 1983 these resulted in the revocation of Dr. Beirne's CON. In 1986, after a lengthy appeal process, higher courts upheld the initial ruling.

As Providence sought its certificate of need for Project 90, another medical institution came on the scene. In 1982 Humana Inc. of Louisville, Kentucky, purchased Alaska Hospital and Medical Center, formerly Anchorage Community Hospital, and sought to expand that institution. Providence had already filed its application for a CON with the state when Humana requested that the Commissioner of Health and Social Services delay the process to allow it to offer a competing application. Subsequently, Humana submitted a CON application for ninety-three beds.

The CON review process became increasingly political. After an intensive review of both applications, the state and the Health Services Administration determined that by 1990 Anchorage would require sixty additional hospital beds. After the state gave consideration to the requests of Providence and Humana, the Commissioner of Health and Social Services determined that the two hospitals would divide the number of beds needed. Providence received permission to staff thirty-seven beds, Humana the remaining twenty-three. Both institutions were also granted an additional sixteen beds for a rehabilitation services program, as well as permission to build but not to staff the other beds they requested.

In July 1983 construction on Project 90 began, in the words of Al Camosso, "with a fury." The first efforts, Associate Administrator Kaaren Riehle recalled, were directed "where the need was greatest." A high quality maternity center was a top priority. Its improvements included a new labor and delivery unit, a thirty-six-bed postpartum area composed largely of single

*When the ground was broken for Project 90, Providence Hospital took another step into the future of Alaskan health care.*

Photo courtesy of the Sisters of Providence Archives, Seattle.



rooms, a nursery, and a state-of-the-art thirty-eight-bassinet newborn intensive care unit [NICU].

The NICU was the crowning event in a long series of efforts to care for critically ill newborns at Providence Hospital. Between the inception of the program in 1972 and the 1980s, care for high-risk newborns at Providence became increasingly sophisticated. In 1978 the newborn special care nursery moved from its original one-room nursery to a twenty-one-bassinet unit in the renovated South Tower. In 1980 Dr. Jack Jacob joined the staff as the first neonatologist in Alaska. In 1982, after new studies showed that transporting high-risk infants might not always be the best way to guarantee their survival, Providence inaugurated a new program—the Maternal Transport System—designed to bring in high-risk mothers before they delivered. The maternal transport program represented a conceptual advance that greatly improved the chances of infant survival. In 1984 the hospital added a perinatal social worker to the health care team that cared for high-risk newborns and their families. The opening of the NICU in July 1985 elevated the facilities at Providence to the highest level of technology. From meager beginnings the program became an indispensable service in Alaska.

Statistics reflect the improved quality of care that the NICU offered. The facility allowed newborns to be taken from the maternity room to special incubators immediately after birth, an advance especially important for infants born with life threatening conditions. Between 1983 and 1986 the overall death rate in the NICU dropped from thirteen to six percent, and that of Native American babies in the NICU plummeted even further, from twenty-six to nine percent.

Another major element of Project 90 was the five-story West Tower that furnished the additional hospital beds Anchorage so badly needed.



The new construction included a pharmacy and day surgery, progressive care, orthopedic, and medical/surgical units; new intensive care and

*The Newborn Intensive Care Unit has given Providence Hospital the best infant care facility north of Seattle.*

Photo courtesy of Providence Hospital, Anchorage.



*An innovative Rehabilitation Unit was developed as part of Project 90. Here a Providence staff member helps a patient from the unit.*

Photo courtesy of the Sisters of Providence Archives, Seattle.



coronary care units; and expanded facilities for radiology and surgery. It also included an innovative twenty-bed Rehabilitation Unit on the fifth floor.

Providence Hospital had long favored the idea of having physicians in close proximity to the hospital, and with the expansion of facilities more physicians clamored for offices near the institution. The long waiting list for suites in the Providence Professional Building, the first medical office building at the hospital, confirmed the need for a second such structure. The Sisters of Providence leased the air space above the 276-car parking structure to a group of doctors who financed and constructed a new medical office building, the Providence Medical Office Building.

Providence Hospital continued to expand the range of its services to the community. The medical needs of Alaska were changing, and in keeping with the mission that motivated the institution, the administrators at Providence addressed needs that otherwise would not have been met. In the 1980s this often meant serving many small constituencies.

The patients from outside the Anchorage area, who made up nearly twenty-five percent of the patient census, emerged as a group with unmet needs. Providence Hospital was the regional referral center for Alaska; patients from the bush that required the special capabilities of the hospital were regular arrivals. But while the hospital could meet their medical needs, patients and their families often needed other kinds of support as well. The \$70 per night rates for the average hotel room in Anchorage burdened the resources of families already facing the financial and emotional strain of being in unfamiliar surroundings with an ill family member.

The idea of providing a facility for the families of patients was not new to the Sisters of Providence. In 1913 the Sisters at St. Joseph Hospital in Fairbanks purchased a small lot and installed

on it the small log cabin that had served as the first hospital in Fairbanks. The cabin became a guest house for the families of long term patients, "a courtesy," Sister Merilu Vachon wrote, "that many worried and lonely families appreciated." The tradition to support such an institution at Providence Hospital had existed for decades; in the 1980s the idea required a modern catalyst.

The administration and the advisory board assessed the options for such a facility. William Pargeter, a member of the hospital advisory board since the late 1970s, took up the question of a Ronald McDonald House for Anchorage with the Strategic Planning Committee of the advisory board. The Sisters liked the idea, as did the hospital administration, but the hospital census did not show a sufficient number of children with cancer, the target group of the national McDonald's program, to support a Ronald McDonald House in Alaska.

The concept of a home for all kinds of patients and their families had won widespread support and remained an obvious need. The administration of Providence Hospital believed, in the words of one administrator, "that we could do it ourselves . . . and do it locally." Providence House, a home away from home for patients and their families, was born.

The name conveyed the spirit of the facility, and Providence House came to play an important role in extending total health care. The original building had fifteen bedrooms, a living room/dining room area, two lounges, a television room, a quiet room, and a recreation room. It filled to capacity as soon as it opened, and the following year the hospital added a ten-room expansion of the hostel. Providence House was an idea with real importance for the people of Alaska, a reality reflected in its popularity. "It's for the families from Bethel or Nome or Dillingham," William Pargeter said. "They want to be by their relatives, to be able to visit them. . . . [Providence House]

is something the community is far better off with than without."

Many families and organizations offered their support, and the construction of the facility has been likened to an "old-fashioned barn raising." McDonald's of Alaska was a leader, offering more than \$60,000 in gifts between 1983 and 1986. The Soroptimist Clubs of Anchorage and Cook Inlet held an art auction to benefit Providence House. McDonald's of Alaska matched the \$30,000 the Soroptimists raised. Duty Free Shoppers, the Providence Auxiliary, and the Kiwanis Club of Anchorage and nearby University Kiwanis Clubs contributed money or services. Many families from Valdez utilize Providence House, and the Valdez Hospital Auxiliary also became a major supporter. After the building was completed, the supporters continued their involvement. For example, Safeway and the Soroptimist Clubs contributed groceries to the families staying at the house.

Providence House was one part of the long-standing tradition of caring at the heart of the Providence philosophy. The Shared Resources program was another example of the Providence tradition. Like earlier less formal outreach efforts, the Shared Resources program offered the special capabilities of Providence to smaller medical institutions and communities throughout the state.

During the 1960s outreach programs had begun on an informal basis at Providence Hospital. As the staff at Providence acquired specializations, the hospital sent experts out to help educate practitioners at smaller medical facilities. Medical personnel from remote areas also came to Providence for training. The programs began on a small scale and gradually grew. "Who started it?" one former nurse responded to a question. "It was one of the things that was needed so you went ahead and coordinated it."

That sentiment supplied the impetus for the



*Providence House is a home away from home for the families of long-term patients.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

*From the first log cabin guest house in Fairbanks to the comfortable modern facility in Anchorage, the Sisters of Providence have maintained their tradition of caring.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

formalization of the Shared Resources program. The program provided management consulting and clinical resources for rural hospitals, but quickly encompassed a larger vision. During 1983 officials of the Shared Resources program signed contracts to manage and staff the respiratory

therapy department of the Alaska Native Medical Center. Rural primary clinics in Naknek and Whittier followed, allowing residents of those communities their first continuous access to medical care.

As the program grew it added new responsibilities, and in 1985 the Diversified Services division was established to house the many units that grew out of the idea of sharing the resources of a major institution. By 1986 Providence Hospital offered services in five distinct areas: the Shared Resources program; Lifeguard Alaska, an air ambulance and patient transport system serving Alaska and western Canada; Practice Management Services, a management and office support service for physicians that included the management of FirstCare clinics in Anchorage; contract

management of the Alaska Treatment Center, the first certified comprehensive outpatient rehabilitation facility in the nation; and the management of Home Health Care, a separate division of the Sisters of Providence that provides direct home health services in Anchorage and consulting elsewhere in Alaska.

The commitment of the Sisters led Providence Hospital to enter new areas of service where such efforts were compatible with the Providence philosophy. From their inception the Sisters of Providence had always had a special place in their hearts for elderly and long-term patients. Mother Gamelin had first reached out to the elderly. The Sisters of Providence continued this tradition; Blind Joe Terrigluck remained in their care for more than forty years, and they had operated old



*Lifeguard Alaska gives patients in the bush access to state-of-the-art health care.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

Providence Hospital as a nursing home until the earthquake.

In 1983 Providence Hospital Administrator Al Camosso and the Sisters were approached by the owner of the Nakoyia Care Center, a skilled and intermediate nursing care facility. After extensive assessment the Sisters of Providence Corporations in Seattle, Washington, purchased the 216-bed institution. It was renamed Our Lady of Compassion Care Center, and the Sisters of Providence expanded their long tradition of caring to a population of the aged, the mentally handicapped, and severely disabled children.

According to the family of one resident, conditions improved markedly with the advent of the administration of the Sisters of Providence Corporations. Prior to 1983 erratic administration at Nakoyia and problems with equipment and supplies contributed to the worries of patients and their families. Under the new administration the situation was rectified. The unique brand of caring provided by the Sisters of Providence permeated Our Lady of Compassion Care Center. The resources and high standards of the Sisters were implemented at the facility, and both staff and residents were pleased with the change.

The employees of Providence Hospital also had needs that the organization could fill. Aware that many parents required supervisory care for their children, the hospital developed plans for an employee day care center, called the Center for Child Development. Designed with an emphasis on education, the facility opened in 1984, offering Providence employees access to high quality child care at work.

The mission of the Sisters of Providence included reaching out to people neglected by modern society. Homeless people frequently have chronic or acute medical problems, but few will approach a hospital or clinic. With this in mind the hospital joined forces with the Anchorage Neighborhood Health Center and the Brother



Francis Shelter for the homeless, which by the mid 1980s provided 200 to 250 homeless people with a place to spend the night. Providence Hospital provided equipment, medicine, organization, and supplies, while the Neighborhood Health Center staffed the clinic and the municipality furnished the space. In addition, Providence Hospital assisted the shelter's operation by donating its extra food, including hot soup, sandwiches, and leftovers.

The hospital has offered its expertise in health care to other groups that needed it. The Cook Inlet Housing Development Corporation [CIHDC] was established to provide assistance to the elderly of low income families, with a special charge to care for Native Americans. It developed the Robert Rude Senior Housing Center, a low-income housing facility for senior citizens, with funding from the Department of Housing and Urban Development [HUD]. But CIHDC found itself with a problem. Under HUD regulations, residents who could not live independently were evicted from government financed projects, and as residents at places like the Rude Center became

*Our Lady of Compassion Care Center treats a variety of patients, including the aged, the mentally handicapped, and severely disabled children.*

Photo courtesy of Providence Hospital, Anchorage.



infirm, a glaring need became evident.

Anchorage did not have sufficient facilities for people who needed intermediate and congregate care. CIHDC turned to the Sisters of Providence for assistance in establishing a facility to care for those who fell outside of HUD guidelines. The Sisters of Providence Corporations and Providence Hospital helped with the design of the project and its CON application, and CIHDC contracted with the Sisters of Providence Corporations to manage the ninety-bed facility, fittingly named the Mary Conrad Center after the pioneering Sister who led the Sisters of Providence to Nome.

The Mary Conrad Center embodies the idea of total care for all people in need that is central to



*Sister Ursula Emily continues the long tradition of caring at Providence Hospital.*

Photo courtesy of the Sisters of Providence Archives, Seattle.

the philosophy of the Sisters of Providence. It symbolizes continuity over time, dependability, and the Providence mission expressed so long ago by Bishop Ignace Bourget: "Let your distinctive characteristic be that of compassion for the poor. . . . Your preference must be to do that which other communities cannot do."

These programs are a part of the mission that the Sisters of Providence have implemented in Alaska since their steamer arrived in Nome in 1902. The mission manifests itself in many ways: from providing meals for the elderly at the hospital to caring for all regardless of their ability to pay.

In the modern era, balancing the cost of the mission with the expense of running a large modern medical institution is a difficult proposition. As Al Camosso noted, "It's getting [to be] more of a challenge than ever before." In the past, the hospital simply included the cost of its charitable cases in the price of services to paying customers, thus effectively funding the cost of charity.

But the costs of the open door policy have risen dramatically. In 1976 Providence spent nearly \$100,000 on charitable cases; a decade later the cost topped \$2.4 million. The increased cost of health care and changes in the way insurance companies and government pay hospitals for services have decreased the margin with which Providence Hospital has to work. Increasingly, the majority of services are provided on a fixed cost basis, and as a result the overhead of the open door concept is being spread among a smaller and smaller number of patients. Funding the good works of the Sisters of Providence becomes ever more difficult.

One long-term solution that emerged during the Camosso administration was the Providence Health Care Foundation. It encouraged "people that are attracted to our philosophy and our way of doing things," Al Camosso said, "to consider making donations to the mission of the Sisters of Providence." Providence Hospital established endowments to offer opportunities to make contributions. One endowment was a charity fund where through the years, Camosso hoped, \$10 million could be collected and its interest used to help defray the cost of charity hospital care. The



*An artist's view of the completed Project 90.*

Photo courtesy of Providence Hospital, Anchorage.

initial kick-off for the charity fund came from the hospital employees, who in the fall of 1986 raised \$200,000.

With efforts like the charity fund drive, Providence Hospital prepared to meet the new and different challenges of the future. After almost fifty years of rushing to keep up with ever-increasing demand, the Sisters of Providence finally had the facilities to meet future needs. But the decline of oil prices in 1986 changed the nature of the challenges Providence Hospital faced. Instead of struggling to keep up with the constant expansion that had dominated the Sisters' tenure in Anchorage, the hospital had to contend with a sudden decrease in demand, as well as with cuts in the amount of state money available for hospital services. Once again, Providence Hospital faced difficult choices.

The long history of the Sisters of Providence has prepared them for the challenges of the present and future. Their story is one of adaptation and transformation, of providing the best available medical care along with the compassion embodied in their mission to all who are in need. From their beginnings in Alaska on the treeless plains of the Seward Peninsula, to their state-of-the-art facility in Anchorage, the Sisters of Providence have served the needs of Alaska. Providence Hospital in Anchorage has explored a bold route, but on the eve of the twenty-first century it remains true to the mission of the small band of Sisters that landed in Nome in 1902. It is a tribute to the depth of commitment of the Sisters of Providence.



## Administrators of Holy Cross Hospital, Nome

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1902 - 1905	Sister Mary Conrad
1905 - 1909	Sister Monaldi
1909 - 1915	Sister Marie Gregoire
1915 - 1916	Sister Louise de Valence
1916 - 1917	* Sister Mary Edith (Acting Administrator)
1917 - 1918	Sister Robert



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## Administrators of St. Joseph Hospital, Fairbanks

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1910 - 1915	Sister Monaldi
1915 - 1918	Sister Marie Gregoire
1918 - 1924	Sister Robert
1924 - 1930	Sister Pascal
1930 - 1936	Sister Romuald
1936 - 1939	Sister Bernard
1939 - 1944	Sister Philippe d'Aquilee
1944 - 1950	Sister Melece
1950 - 1956	Sister Regina Marie
1956 - 1959	Sister Romuald
1965 - 1968	Sister Conrad Mary



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## Administrators of Providence Hospital, Anchorage

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1938 - 1941	Sister Stanislaus of Jesus
1941 - 1947	Sister Theodula
1947 - 1953	Sister Joseph Anthime
1953 - 1958	Sister Mary of Nazareth
1958 - 1959	Sister Charles Raymond
1959 - 1962	Sister Elizabeth Clare
1962 - 1970	Sister Barbara Ellen
1970 - 1976	Sister Evelyn Bergamini
1976 - present	Al M. Camosso

# Authors' Notes on Sources

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This history of the Sisters of Providence in Alaska has been written using three major sources of information: the chronicles of the Sisters of Providence at Nome, Fairbanks, and Anchorage; early newspaper accounts from Nome and Fairbanks, and modern ones from Anchorage; and oral interviews with administrators, Sisters, physicians, staff, and friends at Providence Hospital in Anchorage and in Fairbanks. We have attempted to enhance the book's readability by foregoing footnotes, while aspiring to retain in the text sufficient information to indicate the sources for our direct and indirect quotations.

It would be a lengthy process to cite fully all the written sources that have provided background for our historical account of the Sisters of Providence in Alaska. Readers interested in a systematic discussion of Alaskan source materials should consult Claus-M. Naske and Herman E. Slotnick, *Alaska: A History of the 49th State*, Grand Rapids, MI, 1979, pp. 275-83. More specific to the story of the Sisters is *The Dear Sourdoughs* by Sister Merilu Vachon, S.P., and Stella Muckenthaler's work, "The Inception and Early Developmental Years of St. Joseph Hospital, Fairbanks, Alaska," submitted in 1967 as a thesis for a Master of Science degree in Nursing at the Catholic University of America.

We would like to thank Al Camosso and the administration of Providence Hospital in Anchorage, particularly Kaaren Riehle and Cheri Cornachione, for sharing information with us and for helping us to arrange oral history interviews in Anchorage and Fairbanks. Much of the historical documentation for the Sisters of Prov-

idence in Alaska, and especially that relating to the foundations at Nome and Fairbanks, may be found at the archives of the Sacred Heart Province of the Sisters of Providence in Seattle. We are especially grateful to the Provincial Archivist, Sister Rita Bergamini, S.P., for her kind assistance with this project. We also utilized materials at the archives of the Oregon Province of the Society of Jesus, located at Gonzaga University in Spokane. We wish to thank the Reverend Neill R. Meany, S.J., for his help.

Several archives and repositories made copies of photographs in their collections available to us for this book. For their assistance in helping us to

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A Pacific Northwest native, John Shideler founded Futurepast in 1983. With the col-

laboration of specialists in other social and physical sciences, Futurepast offers consulting services to businesses, institutions, and government agencies that focus on the preservation, interpretation, and practical use of information and resources from the past.

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