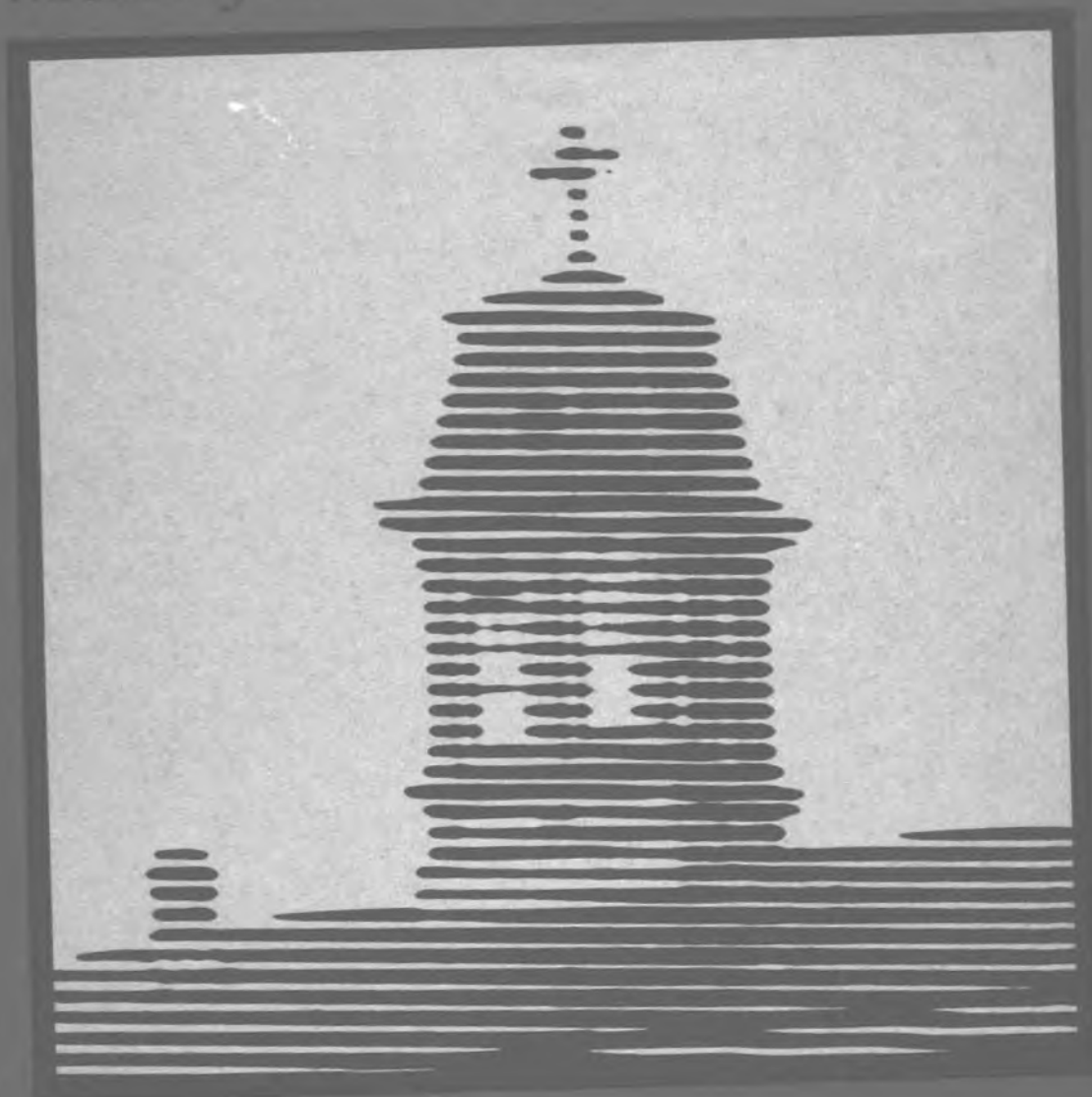


A CENTURY OF CARING

The Sisters of Providence at Sacred Heart Medical Center



John C. Shideler

A Century of Caring

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at Sacred Heart Medical Center
Spokane, Washington

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Dedication

A Century of Caring is dedicated to all individuals who have participated in Sacred Heart Medical Center's first one hundred years of history. Through dedicated labor, these men and women reflect and carry forward the original mission of the Sisters of Providence in Spokane. By interweaving professional skill, innovative ideas, decisive action, steadfastness in daily work, and concern for patients and each other, Sacred Heart personnel have created and sustained the institution as we know it today.

This book is published in the one hundredth year of Sacred Heart's history. Its writing was undertaken with the support and at the direction of Sister Peter Claver, president, now in her twenty-third year of leadership of Sacred Heart Medical Center. She is the nineteenth sister to direct the work of the hospital.

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Foreword

by

Sister Bernadette Botch,
Provincial Superior, St. Ignatius Province

Throughout the ages it has been the custom of societies to mark time and progress by celebrating the anniversaries of important events. It is a way to honor the heroes of our past and to reaffirm our commitment to their values. Such markings of time inspire poetry and song. They also give rise to holidays and celebrations that impart spirit and hope to nations and nurture the innate love of individuals for freedom and independence.

As Sisters of Providence, we too have looked back on our history and have recalled those memorable events which give witness to the values and traditions that are the hallmark of our call to service. Our ministry of health care has been given spirit and hope through a continuous belief in the Providence of God and through the gift of compassionate caring.

We come together in this year of 1986 to celebrate in a spirit of praise and gratitude the hundredth anniversary of Sacred Heart Medical Center. We gather knowing that we are blessed by a heritage rich with courage, vision, and perseverance. With all who come to celebrate with us, we share the belief that our dedication to compassionate love and Christian concern will make it possible for us to remain faithful to our goal and to continue the healing mission of Jesus.

Since our beginning as a nation and the time of our pioneer foundations, the American health care system has continuously evolved and changed. It has been shaped by public attitudes toward its role in society, by the demands and needs of the communities it serves, and

especially in recent years, by advances in medical knowledge. The direction, degree, and speed of change have depended in part upon the amount of national attention that has been focused on a particular need at any one moment in time.

In our own day there is a special urgency concerning the distribution of health care services. There is a call for us to remain true to our own tradition of ministering to those who are most needy, and of being a source of reconciliation and peace. We are both called and challenged to serve the sick and the dying. We are called and challenged to celebrate God's presence among us, and we continue to collaborate with others in the ministry of healing.

Today, I am grateful for the spirit of faith which prompted and challenged our founders to assume risks in the search for ways to bring about the reality which we enjoy at this moment.

I am thankful for the spirit of hope which has served through these one hundred years as a source of courage and strength to people who had reason to predict disappointments and failures.

I am most appreciative of the spirit of love and concern which has sustained and fulfilled all who have come to this place of service.

Most of all, I am humbly thankful to our God, whose loving Providence has brought us through the past one hundred years.

—Mount St. Joseph Provincial House
Spokane, Washington



Introduction

1

The Sisters of Providence came to Spokane to help the frontier community provide the most basic needs of humanity: shelter, care, and consolation. In founding a hospital one hundred years ago, they dedicated their careers primarily to the poor, the aged, and the homeless—individuals who generally fell through the webbing of the rudimentary “safety nets” of frontier society.

Medical care in early America was primitive in comparison to today, and most individuals sought to recover from illness or injury in the comfort of home, attended by family members. Until well into the nineteenth century, medical practice was largely restricted to first aid attention, treatment by herbal preparations, birthing assistance from midwives, and psychological and spiritual care. Because medical understanding of disease and surgical technology remained limited, rest and topical relief of symptoms constituted the key elements of treatment. If these failed, death came in familiar surroundings. Only rarely would a patient seek admission to a hospital, because these were generally regarded as refuges only for the homeless poor and dying.

When the Sisters of Providence opened Sacred Heart Hospital in Spokane, the general condition of hospitals had improved but little since colonial times. The first hospital in the colonies was founded in Philadelphia in 1754, in the same city that received the nation’s first medical school in 1765. In addition to serving the poor, some operated for the purpose of medical experimentation as well as for charity. But despite generally poor conditions, the hospitals of early America served a need that was as old as society itself.

Although the location of the first facility devoted to ministering to the sick or caring for the poor is not recorded, before the Christian

era Buddhists had organized hospitals in India and Jewish communities had established hospices in the Holy Land. The latter perhaps served as a model for early Christian institutions. These sprang up in response to the teachings of St. Paul that stressed charity, and of the church that promoted almsgiving.

Soon after the conversion to Christianity of the Roman Emperor Constantine in the fourth century, bishops were instructed to establish a hospital in every cathedral city. From such institutions descend some of the world’s most venerable hospitals, such as the Hotel Dieu of Paris founded in the mid seventh century. During the Middle Ages monasteries and other religious foundations provided a measure of care for needy individuals who lacked family or village support groups. These facilities tended to be located either along transportation routes or in urban areas. The latter became especially important after the year 1100, when migration into cities created vulnerable groups of uprooted peasants.

By the end of the Middle Ages and during the sixteenth century some movement could be seen toward establishing municipal or royal control over hospitals. In England the Elizabethan Poor Law of 1601 mandated that each local community provide relief to its poor, and this responsibility in time came to include providing medical attention. Such efforts remained mostly local, with few facilities extending a helping hand to individuals who found themselves outside structures of community support.

The eighteenth century saw growth in the number of general hospitals and dispensaries in England, and in the variety of specialized facilities for the treatment of individual diseases. As in the past, such institutions were established chiefly through private initiative



and supported by contributions.

Colonial and early American hospitals generally followed patterns already set in England. Most served the poor and destitute, the insane, or as training grounds for new physicians. Few persons who could choose sought care in them voluntarily. Under these conditions, it was natural that the focal point of most medical attention was the private home.

Institutions of charity for the poor and sick had a longer history in French-speaking Canada. One of North America's first hospitals was founded in Quebec in 1639. The Sisters of Providence who ultimately came to Washington Territory in the mid nineteenth century drew their inspiration from French-Canadian traditions of service to the afflicted.



Founding the Sisters of Providence

2

The Sisters of Providence trace their origins to the good works of Emilie Gamelin, a French Canadian. Madame Gamelin's concern for needy women grew stronger after she suffered the early loss of her children and husband. At the young age of twenty-eight, she consecrated her material fortune to works of charity in Montreal. Madame Gamelin and a group of volunteers known as the Association of Charity cared for as many as thirty aged and infirm women—first in her home, then in a larger residence called the "Providence Asylum."

The work of Madame Gamelin was much needed and won the support of the bishop of Montreal. The bishop had hoped to bring Daughters of Charity of St. Vincent de Paul from France to assure continuity in the good work, but the few sisters available in Europe were sent instead to Algeria and Rome.

The bishop's response was to bestow the religious habit and rules of St. Vincent de Paul upon seven young women in Montreal. These sisters began their vocations in 1843 at the Providence Asylum. Many in Montreal believed that Madame Gamelin would step aside from her work as the religious community became better established. But the presence of the sisters simply confirmed her calling to the religious life.

After visiting a community of Sisters of Charity founded in the United States by St. Elizabeth Seton, Madame Gamelin entered the Montreal order established by her bishop. Five months later, at age forty-three, she was confirmed as superior. Her religious life was distinguished. In recognition of this, steps that could lead to her canonization as a saint in the church were initiated in 1981.



Mother Gamelin.



The Latin motto of the Sisters of Providence means "the charity of Christ impels us."



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 order 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." Until recently, all Providence sisters appended the initials F.C.S.P. to their names, but this was changed by the order's general chapter in 1970, and now S.P. designates them as Sisters of Providence. The original act of incorporation of the order in Washington Territory—only the second issued by the territorial legislature—identified the order as "The Sisters of Charity of Providence of the Territory of Washington." This corporate name is still retained for legal uses by the Sacred Heart Province in Seattle.

Mother Joseph.



The work of the Sisters of Providence in Montreal earned the respect and support of the community, both in terms of contributions and in the equally important area of attracting new sisters to the vocation. Among these was Esther Pariseau, the talented and dedicated daughter of a rural Quebecois carriage maker. Esther Pariseau's father was justly proud of his twenty-year-old daughter whom he confided to Mother Gamelin with these words:

"Madame, I bring you my daughter Esther, who wishes to dedicate herself to the religious life. She is twenty years old, and for some time she has prayed with her family for enlightenment. Her mother and I have talked about her future with her as well as with Monsieur le Curé. It is a great sacrifice for me to part with Esther, but if you will accept her into your company, you will find her able to give you valuable assistance. She has had what education her mother and I could give her at home and at school. She can read and write and figure accurately. She can cook and sew and spin and do all manner of housework well. She has learned carpentry from me and can handle tools as well as I can. Moreover, she can plan and supervise the work of others, and I assure you, Madame, she will some day make a very good superior."

The paternal pride of Joseph Pariseau was well placed. Some thirteen years after she entered the order in December, 1843, Esther Pariseau, now Sister Joseph of the Sacred Heart, led a small company of five sisters to the distant Pacific Northwest.

Mother Joseph's practical upbringing enabled the sisters to commence purposeful work in Washington Territory from the moment they arrived in December, 1856. Their five-week long voyage had taken them overland from Montreal to New York, then by sea to Panama and San Francisco, and finally to Vancouver after a harrowing passage up the coast. But due to confusion in Vancouver over the sisters' ultimate destination, no preparations for their arrival had been made. Soon Mother Joseph's carpenter's tools were busy hewing makeshift



furniture from raw lumber hastily assembled for the purpose.

The bleak wood structures that Mother Joseph and her community of religious occupied in their early years in the Northwest only served to highlight the sisters' dedication to the care of the sick, the infirm, and the homeless. Their school provided education to Protestant and Catholic children alike, their convent a refuge for orphans.

Two years had barely elapsed since the sisters' arrival in Vancouver when the townsfolk met to discuss the community's need for a hospital. By consensus the project was entrusted to the sisters, whose just raised laundry house was refitted by the community and consecrated as St. Joseph Hospital. This was the first of a dozen hospitals founded by Sisters of Providence in the Northwest from 1858 to the time of Mother Joseph's death in 1902.

The Sisters of Providence gradually expanded their mission beyond Vancouver in the 1860s and 1870s. In the raw, young communities of the Pacific Northwest a growing influx of white settlers produced a number of needy unfortunates along with the strong and prosperous. Charity remained for the most part a private initiative, undertaken willingly for family and friends but sparingly, if at all, for the abandoned, the loner, and strangers.

The Sisters of Providence helped fill the region's social service needs by founding twenty-nine hospitals, schools, orphanages, homes for the aged, shelters for the mentally ill, and Indian schools in communities spread throughout Oregon, Washington, Idaho, Montana, British Columbia, and Alaska. Spokane's Sacred Heart Hospital joined these ranks in 1886. The hospital was one of the many to be erected under the direction of Mother Joseph, a pioneer builder remembered in 1953 as the "first architect of the Pacific Northwest."

Mother Joseph

National attention was focused on the pioneer Sisters of Providence in May, 1980, when a bronze statue of Mother Joseph was installed in the National Statuary Hall in Washington, D.C. Mother Joseph became the first nun and the fifth woman to be honored in the hall as "a great American." She joined Marcus Whitman as the second representative from Washington State.

The statuary hall began more than one hundred years ago when President Abraham Lincoln invited each state to

*Mother Joseph represents
Washington State
at the Capitol's Statuary
Hall in Washington, D.C.*

*Felix de Weldon with his
sculpture of
Mother Joseph.*





send a statue of two of its most distinguished citizens to be displayed in the nation's Capitol. Mother Joseph became the ninety-second person to be represented by a statue in the Old Hall of the House of Representatives, now Statuary Hall. The statue was sculpted by Felix W. de Weldon, creator of the monument "The Flag Raising on Iwo Jima" and of numerous statues of presidents, royalty, and other famous persons.

The movement to nominate Mother Joseph began in 1962 after the Sisters of Providence announced the impending sale or demolition of Providence Academy in Vancouver. The news dismayed long time resident Ann King, who held an interest in the city's historical buildings. She began tending Mother Joseph's grave in a Vancouver cemetery, and once Providence Academy had been saved from destruction, promoted the restoration of the building's chapel and the establishment of a memorial room for Mother Joseph.

Other Vancouver residents with a long-standing awareness of Mother Joseph's contribution to Washington history joined in two attempts to nominate Mother Joseph as the second person to represent Washington State in Statuary Hall. The second attempt, in 1974, won the approval of the Washington State Bicentennial Commission.

But final success for Mother Joseph's supporters required lobbying the Washington State Legislature for ultimate approval and establishing a foundation to raise funds. The group's legislative efforts were rewarded in 1977, and a year later the Mother Joseph Foundation commissioned de Weldon to create the Mother Joseph statue. A dedicated group of Mother Joseph admirers celebrated eighteen years of effort in 1980 when the likeness of Mother Joseph was enshrined in the nation's Capitol.



Sacred Heart Hospital's Early Years

When Mother Joseph of the Sacred Heart chose the young and booming Spokane Falls as the site for a new hospital, the pioneering sister was approaching her thirtieth anniversary as a missionary in the Northwest. Undiminished in energy and dedication despite her advancing years, Mother Joseph traveled north and east from Vancouver with Sister Joseph of Arimathea in the spring of 1886 to extend once more the charitable frontier of the Sisters of Providence.

The development of Spokane during the previous decade as a regional hub made it a logical place to build. The discovery of gold in the Coeur d'Alenes in 1878, the arrival of the Northern Pacific in 1881, and the increased settlement of the Palouse country to the south had finally begun to fulfill the promise that James Glover had seen in the tiny settlement around Spokane Falls. With a population exceeding 3,000 by 1885, the need for charitable assistance was already felt and would surely increase as the community grew.

The Jesuit fathers of Spokane also sensed the need, and they, through Father Joseph Cataldo, had requested sisters for a hospital. In response to his call Mother Joseph and Sister Joseph of Arimathea departed Vancouver for Spokane on April 30, 1886. The sisters took up temporary residence in the California House while they surveyed possible sites and drew up plans. The site offered by the Jesuits was found wanting due to its distance from the city. A better location, "most beautiful and close to everyone," was purchased from S. G. Havermale for \$2100. It lay on the south bank of the Spokane River on Front Street (now Spokane Falls Boulevard) between Browne and Bernard.

No time was lost in getting started. Within three weeks of the sisters' arrival, contractors were busy grading, blasting, and preparing a foundation. Construction continued throughout the year, with Mother Joseph and Sister Joseph of Arimathea quartered at the site in a small shack built of rough wood. During these first months Mother Joseph guided the

Notice of the decision to build a hospital in Spokane recorded in the minutes of the corporation of the Sisters of Providence in 1886.

Building of
an Hospital at
Spokane W. I.
May 14
1886

On the fourteenth day of May, Eighteen hundred and eighty six at a meeting of the Corporation of the Sisters of Charity of the House of Providence, Vancouver, W. I. it was agreed to build an Hospital in the city of Spokane Falls, W. I.

*Sister Joseph of the S. H. Treasurer.
Sister John of the Cross Pres.*



Begging tours during the nineteenth century.



workmen in their tasks while Sister Arimathea spent her free time visiting the sick in their homes.

The blessing of the cornerstone for the first Sisters of Providence hospital in Spokane occurred on July 2, the feast of the Sacred Heart. In Spokane for the occasion was Aegidius Junger, bishop of Nisqually. When the bishop asked for the name of the hospital, the sisters were caught unprepared. They had written to Montreal requesting a name, but a reply had not yet arrived. The answer to the bishop's question was supplied spontaneously by an assistant priest: "It will be Sacred Heart Hospital."

The arrival of Sister Pierre-Baptiste and Sister Hyacinthe in the early summer enabled Sister Arimathea to seek donations for the hospital in nearby railroad camps and at the mines in northern Idaho. Specific results of this begging tour are not recorded, although for the year ending June 30, 1887, alms and donations

amounted to \$2847, a fairly sizable sum. In December, 1886, the sisters sponsored a bazaar to benefit both Sacred Heart Hospital and the future Holy Names girls' school. This function netted \$997, with Sacred Heart's share amounting to \$440.

The opening of Sacred Heart Hospital in January was a welcome event to the citizens of Spokane Falls. Recapping the events of 1886, the January 1, 1887, issue of the *Spokane Falls Review* wrote extensively on the new facility. The sisters' hospital "is one of the most perfect buildings from the point of view of utility ever constructed, and in an artistic sense, of great architectural beauty." It described the main building as wood frame construction faced with brick, two stories in height, and capped with a mansard and cupola. The newspaper extolled the advanced hot water heating and plumbing systems installed in the hospital, and noted that the facility could accommodate from 80 to 100 patients in three wards and eleven



private rooms. The *Review* reported that "Mr. Blanchet is the architect under the general supervision of Mother Joseph. Mr. John Morrow is the builder."

The sisters' first patient was admitted to the building on January 15, 1887, twelve days before the opening date of the hospital. Sacred Heart's chronicler described him as "a young Protestant man, whom we found in a shed, alone and without care. Although the carpenters were still in the house, we prepared a room and gave him the best possible care." But despite their best efforts, the man died four days later.

The hospital formally opened on January 27, 1887, at a time when several of the sisters were themselves struggling to overcome poor health. Shortly thereafter the sisters were also treating Mother Joseph, victim of an accident that kept her bedridden for three weeks. These inconveniences were balanced by the joy of the sisters at the celebration of the first Mass in the hospital early in February, and of the first Mass in the finished chapel on February 27, also the date of blessing of the house.

The hospital's utility was quickly recognized by the county commissioners, who on February 14 awarded a contract to the sisters to care for the county's poor. Minutes of the proceedings note that the sisters supplied the "lowest responsible bid" of one dollar per day to provide board, lodging, all medicines, and washing services for county charges in their care. At the same meeting the commissioners contracted with W. Lockhard, M.D. for "medical attendance on the county poor" for the fixed sum of \$180 per year, payable in four quarterly installments.

When the first accounting year for Sacred Heart Hospital closed on June 30, 1887, Sacred Heart personnel consisted of Sister Joseph of Arimathea, Superior, and Sisters Pierre-Baptiste, Hyacinthe, Aegedius, Marie Euphemie, and Achille. Other members of the Sacred Heart "family" included two orphan girls, one orphan boy, and six helpers. Since their arrival in May, 1886, the sisters had made 1040 home visits, performed twenty night watches in homes and twenty-five in the



hospital. Of the hospital's first 122 patients, 10 had died.

Sacred Heart's chronicler noted also that "since our arrival in this mission, we have had the joy of baptizing eight newborns. Most of them died shortly afterwards, and we count them as our intercessors in heaven." Additionally, two adults and two newborns had received baptism in the hospital. She also reported that lack of personnel and increasing work load had forced the sisters to reduce the number of visits to the sick in their homes, and as a result numerous opportunities to baptize newborns were missed.

Early Expansion

Demands upon the Sisters of Providence to provide care to the sick and needy in Spokane grew apace with the city's rapidly increasing population. By 1890, 20,000 souls inhabited Spokane, a threefold increase in just two years. Sacred Heart Hospital's admissions also grew, with 579 patients served during the year ending June 30, 1888, and 747 during the following year. So great were the demands that the sisters began planning the addition of a new wing to the hospital in the winter of 1888. Work commenced in summer on an annex that the

Original 1886 hospital, photographed after completion of the 1889 addition.



Spokane Falls Review reported would be "fully as large as the main building, if not larger."

The new wing that opened in January, 1889, doubled the capacity of Sacred Heart Hospital. Even with this enlargement the hospital's capacity was severely tested by September of that year. In an article titled "A Crowded Hospital," the *Review* reported that there were "130 patients at the hospital, mostly fever patients from the mining, logging, and railroad camps throughout the country tributary to this city." This record capacity was reached because it was the philosophy of the sisters, as expressed by Sister Mary of Mercy, Sacred Heart's new superior since August 22, to "receive every one that knocks on our door, even if we have to give up our own apartments."

The story noted that "a great majority of the men coming from the camps are almost beyond recovery, and require the most careful nursing; then again a large number of the patients are penniless and have but a scanty supply of clothes, but they are cared for without hope of reward."

Included in the summer months' receipts for board are large sums paid by the Northern Pacific Railway, the Poor Man's Mine, and the city and county of Spokane. Other patients treated by the sisters included victims of the Spokane fire of August 4, some of whom were no doubt the intended beneficiaries of a \$209 payment from an otherwise unidentified "Relief Committee."

Spokane's support of the sisters' hospital appears strong during Sacred Heart's early years. Fairs or bazaars featuring donated merchandise helped raise funds and encouraged community involvement. One such event in 1888 lasted nearly a week, and brought the sisters \$1500. According to newspaper accounts, it was a gala affair with meals served daily in the hall and an orchestra in attendance each night. In summing up the results the fair's organizers expressed pleasure with "the very generous manner in which the public responded to their call for assistance." The account also noted that the "electric light company very kindly furnished light free of charge" and conveyed the sisters' appreciation to the owners of the hall

and to the newspaper for their help in making the bazaar a success.

Despite broad support for the sisters within the community, the year 1889-90 witnessed a sharp decline in Sacred Heart Hospital's patient census. The decline was not caused by a sudden spate of exceptional health among citizens, but by attacks against the hospital over the treatment of a recently deceased domestic servant. This young woman had died at Sacred Heart Hospital, and her body was given to undertakers for burial. Before the body was laid to rest an autopsy was performed at the direction of a local physician so that the cause of her death could be better understood.

The public scandal that cast a temporary cloud on the reputation of the sisters at Sacred Heart Hospital involved the disposition of two gowns donated by the Ladies' Benevolent Society as well as allegations that the corpse showed accumulations of dirt and had been insufficiently prepared for burial. These charges gave rise to the circulation of rumors throughout the city to the effect that poor patients were badly treated at the sisters' hospital. When city councilman Bettis publicly joined the detractors, Sacred Heart's chaplain headed the sisters' defense by challenging the councilman to prove his assertions and by inviting a newspaper reporter to inspect the hospital and interview the patients. The following day a story in the *Review* described the rooms and wards as "clean and neat," and affirmed that "not one [patient] had a word of complaint to make, while many spoke words of praise of the kind treatment they were receiving at the hands of the sisters."

The bad publicity was unlike any the sisters had ever received in Spokane, and occasioned much grief. Writing at the year's end in June, 1890, Sacred Heart's chronicler commented that "for a moment we believed that these impostors would be believed and that we would see ourselves deprived of giving our care to so many unfortunate poor people." A supportive group quickly came to the sisters' assistance. It included the Jesuit fathers and parish priests, the gentlemen of St. Vincent de Paul, and "many distinguished citizens of the city," who



offered not only sympathy but also the assurance that in the end the hospital would be vindicated.

It did not take long for the unfounded accusations to become nothing more than an unpleasant memory. Additional confirmation of the high esteem in which Protestants and Catholics alike held Sacred Heart Hospital came on Memorial Day in 1896. In a ceremony that day attended by fifteen hundred persons the Veterans of the Grand Army of the Republic publicly declared that Sacred Heart Hospital was their place of choice to fly the stars and stripes. "This arc of refuge for so many poor people, an arc destined to comfort so many ills, an arc sheltering the worthy sisters who have replaced those that we saw on the fields of battle at the time of the republic, this is the arc upon which we shall unfurl our noble flag."

One of the causes of the sisters' problems in 1890 was rivalry with other groups whose mission was to serve the poor, sick, and homeless. A month after the public criticism of Sacred Heart the *Spokane Falls Review* reported plans for the organization of another hospital in Spokane. This was to be a Scandinavian hospital, for which several thousand dollars had already been raised—enough, the paper said, "to insure the success of the undertaking." Spokane Falls will not lack hospitals, the story continued, "for there are two already: the Sacred Heart, or Catholic hospital, and the Protestant hospital." In addition the paper reported the imminent construction of the "Home for the Friendless" to be conducted by the Ladies' Benevolent Society. Finally, a fifth institution, the proposed Episcopal hospital (now St. Luke's), was also raising funds for construction.

This surge of charitable zeal among fraternal and religious groups in Spokane was another sign of the city's growing civic conscience and maturity. But at the same time, the sisters felt the effects of intensified competition. The first tangible result of new entrants in the field was Sacred Heart's loss in 1891 of the contract to care for sick persons who were wards of the county. On April 1 the commissioners let the

SPOKANE FALLS DIRECTORY.

5

Hospital of the Sacred Heart.

FRONT AND PARK STREETS,

SPOKANE FALLS, WASHINGTON.

..... CONDUCTED BY

THE • SISTERS • OF • CHARITY,

SISTER JAMES, SISTER SUPERIOR.

Private Rooms and Wards.

Charges, \$8.50 to \$11 per Week, Including Attendance.

EVERY PROVISION FOR THE COMFORT OF PATIENTS.

Admission and Attendance Free to those
Unable to Pay.

BEST • MEDICAL • ATTENDANCE.

ANY PHYSICIAN

At Liberty to Bring their Patients and Attend them.

*This ad appeared in the
R. L. Polk Company's
1890 edition of the
Spokane Falls Directory.*



contract to the low bidder, the "Home Hospital," a new Protestant foundation.

According to the Sacred Heart chronicler, this transaction represented not only a sorrow and trial for the sisters, but also an injustice. For the rival's bid only "appeared lower [but] was in fact higher than ours." The county action not only deprived the sisters of the small revenue provided for welfare patients but also "of the means which were given to us to work for the salvation of their souls."

Providence worked its way quickly for Sacred Heart in this case, because by April 22 the commissioners had seen that the Home was incapable of providing adequate care and once again turned to the sisters. By commission action they cancelled the seventy-five cents per patient per day contract made earlier with Home Hospital and awarded a new one to Sacred Heart at the higher stipend of eighty-five cents. The following day the patients were returned to Sacred Heart Hospital.

Hard Times in the Nineties

During the Great Depression it became fashionable to call the decade of the 1890s "Gay" because many Americans associated business prosperity, American military success abroad, and gentle leisure activities with that period. It is true that some citizens prospered then. But for the majority of Americans, the nineties would be remembered as a decade when labor struggled fiercely to improve working conditions and pay, when women lobbied for political equality with men, when a stock market crash on Wall Street created financial panic that bankrupted businesses and ruined individuals, and when such marvels as the Ferris wheel introduced at the Chicago world exhibition in 1893 remained an amusement for only the privileged few.

There is nothing in the chronicles of Sacred Heart Hospital during the 1890s to lead one to conclude that the Sisters of Providence in Spokane found the need for their mission in any way diminished. To the contrary, the decade had opened with the city only slowly

rebuilding after suffering the consequences of a devastating fire.

The physical losses of businesses and homes to the fire were serious enough, but Spokane's troubles did not end there. In the words of the Sacred Heart chronicler, "never since the foundation of the hospital have we seen so much poverty in our city" as in the year 1890-91. The sister wrote the following analysis of Spokane's plight:

"This so flourishing city suffered such great damage by the fire of 1889 that it seemed to lose all its competitiveness of former times and was incapable of supplying work to the large number of laborers who, attracted here by newspaper accounts, come here looking for work, with the result that hundreds found themselves for months without shelter or bread, reduced to spending whole nights seated on benches and chairs that they might find in saloons or stretched out on the floor of public halls. Needless to say we had plenty to do to exercise our zeal and above all to prove our confidence in Divine Providence, because the city, under the pretext that the greatest number of these poor men were lazy and nothing but scoundrels, did not want to do anything for them. Naturally these poor unfortunates had recourse to the Sister of Charity. We saw as many as sixty come the same day to ask for food, not counting the many who, lacking food and shelter, succumbed under the weight of poverty and who came to us or were brought to us barely able to stand up. The courage of a daughter of Our Mother Providence was necessary for us to continue, faced with so many expenses and so few resources, because it must be known that the poverty was felt not only among the working class but also among those who had previously enjoyed prosperity. Let us hope that Our Mother Providence who never abandons her children will know how to take care of us and will return to us later what we did for the suffering members of Jesus Christ."

From the vantage of Sacred Heart Hospital,



Spokane was still suffering hard times over the winter of 1891-92, though the citizens surprised the sisters by their generosity during the December fund raising bazaar. The event produced a record profit of \$2905.15. The year 1892-93 produced a lull before the storm, as no particular mention of poverty is entered in the Sacred Heart Hospital chronicles. Not so in July, 1894, when the annalist acknowledged the nationwide consequences of the Wall Street panic of 1893. "Our establishments, so flourishing in the past, have been touched this year by the hand of God. The financial crisis under which the United States suffers seems to attack our dear missions."

During these lean years Sacred Heart Hospital was more than a hospital for the poor. From early on the sisters provided meals to persons in need, and they were encouraged to continue this work by the provincial superior when she visited Spokane in October, 1889. The "hard times" became particularly severe during the winter of 1893-94. In the twelve-month period ending in July, 1894, the sisters had served 2,171 free meals at the hospital kitchen.

This number was reached despite police efforts to prevent "repeaters" from imposing upon the sisters. Such police help went against the instincts of persons like Sister Joseph of Arimathea of whom it was later said that "out of the goodness of her heart she could refuse no appeal." Quoted in 1906 by the *Spokesman-Review*, Michael M. Cowley recalled that "if she were told that so and so was a bad man, her only task was to seek for a motive by which his actions might be justified and to seek an excuse by which it might be shown that he acted for the best."

In subsequent years the extent of assistance to the poor constitutes a rough barometer of poverty in Spokane. The severest need was registered during 1894-95, when 5,000 meals were served. The number declined to 800 in 1897-98, then rose to 1,433 in 1898-99 and to 1,739 in 1899-1900 before dropping to a low point of 512 meals in 1900-1901.

Another indication of the sisters' charity to the poor can be found in the number of in-

igent elderly sheltered at Sacred Heart Hospital. The statistics are spotty, but the numbers ranged from four to fifteen in the decade of the "Gay Nineties." Raw numbers do not tell all the story, however, as the arrival of one old man was credited for reversing a troubling slump in patient admissions that diminished Sacred Heart's resources. The man arrived one Wednesday in October, 1893, to ask for shelter. According to the chronicler, sister superior accepted the man, trusting St. Joseph to find the means to pay his room and board. After his arrival the number of Sacred Heart patients increased, with the greatest number coming on Wednesdays!

Strained Facilities

The early years of the 1890s were an uncertain period not only for Spokane's poor and unemployed, but for Sacred Heart Hospital as well. The hospital depended for most of its income upon payments for room, board, and medical care, and these had dropped dramatically from 1890 to 1894. After rising swiftly from nearly \$7,000 in the first year to almost \$49,000 in Sacred Heart's third year of existence, the hospital's total annual receipts (excluding loans) declined to \$17,978 in 1891. They rose slightly in 1892 to \$22,135, but dipped again a year later to \$18,352 and then plummeted after the hard winter of 1893-94 to \$10,330. The figures rose gradually after that, but it was not until 1899 that total annual receipts (excluding loans) rose above \$20,000.

The upward trend was noted in 1895-96 by Sacred Heart's chronicler who described the mission as prospering "despite the financial crisis." The reason for the increased prosperity was more patients, a statistic that the Sisters of Providence tracked closely from the very first year.

In fact the downturn during the early nineties proved to be only temporary, and soon the hospital at the corner of Front and Browne was again straining to accommodate an increased patient load. Sacred Heart's medical staff made increasing use of the hospital for



surgery, with the number of annual operations growing from 80 in 1893–84 to 175 in 1895–96 and to 322 in 1896–97.

Both the sisters and the physicians contributed to improving medical facilities at Sacred Heart. In 1892–93 the doctors requested that the dressing room be enlarged, and when the sisters accorded the favor, the physicians donated a new operating table. Just a year later staff doctors purchased another “magnificent” operating table made of iron and glass. By 1895 Sacred Heart physicians were performing as many as three operations a day. New equipment purchased that year included another operating table, a cabinet for operating room instruments and a sterilizer.

The chronicle for that year reported that the new equipment gave “great satisfaction to the doctors who declared in one of their last meetings that the hospital was on a solid footing and that they were very comfortable sending their patients here because they always received the attention their condition required.”

During the last few years of the 1890s Sacred Heart Hospital again bulged with patients. To meet growing needs and “to satisfy medical and surgical science” the sisters outfitted a new bandaging room and enlarged, repainted, and reequipped the surgery room. There were limits to the number of patients that even the expanded facility could accommodate, and by the end of the year 1897–98 Sacred Heart’s chronicler reported that “we have seen ourselves obligated to refuse admissions due to the crowded hospital.”

The time had come to move to larger quarters. The tone of apprehension over the future of the hospital that had echoed through the chronicles in the early 1890s was completely gone by 1898. In that year the annalist stated matter of factly that “the always increasing numbers of sick patients, especially in the last year, necessitate a larger facility. . . . Let us hope that before long our desire will be realized and that we will be able to accommodate all our patients and at the same time satisfy the doctors who these days are becom-

ing more and more demanding, especially for surgery.”

A new hospital building had been inevitable ever since James J. Hill announced his intention to bring the Great Northern Railway through Spokane. The plans were public knowledge by 1890, since in that year the *Review* remarked that the hospital “will soon give way to a new and more commodious structure in another part of the city.” The actual sale of a portion of the Sacred Heart grounds was concluded in February, 1892. This permitted the railway to build tracks hopscotch fashion over riverbank and islands into the center of Spokane.

The chosen route skirted the hospital to the north and minimized inconvenience to the sisters. During at least one season the sisters sought and received permission from Jim Hill to plant vegetables in the land he had purchased from them. Then in the spring of 1897 the sisters learned of plans to lay tracks close behind the hospital, which would occasion, according to the minutes of a hospital board meeting, “the inevitable ruin of our dear hospital of the Sacred Heart.” The board resolved to seek an audience on the subject with Jim Hill in St. Paul to express their concerns.

Any immediate danger to the hospital appears to have passed, for the sisters continued to improve and expand the original facility. Electric lights replaced oil lamps during Christmas 1892, and remodeling proceeded as needs arose. Finally the decision was made to add yet another wing to the original edifice. In 1902 the annalist explained the sisters’ reasoning in this way:

“Our facility becoming inadequate to accommodate the great number of patients who streamed in from everywhere, and seeing that our resources would not allow us to lay the foundations for the large projected edifice, it was decided that we would add a small wing to our present building which would give us seventeen private rooms, a new surgery room, as well as three new toilets and baths. The profit from these rooms will be very helpful in paying the debt that still weighs upon the



hospital and will allow us later to borrow a capital, enabling us to pay more easily the interest, which means that we hope to start sooner the new Sacred Heart Hospital."

The completion of the new wing during 1901-02 was a source of pride for Sacred Heart personnel. The rooms were "elegantly furnished" by hospital benefactors that included staff physicians, local charitable societies, two priests, and "generous friends who competed to outdo each other." The new rooms were also a welcome source of revenue, bringing the sisters from \$12 to \$15 a week in additional income.

An administrative change at Sacred Heart accompanied the expansion of the facility. Staff size had grown along with the patient census, and the work load had increased. These conditions called for the naming of "a younger superior who was more capable of carrying the heavy burden." In place of Sister Peter of Alcantara the order's General Council named Sister Vincent Ferrier whose "experience of more than twenty years in hospitals qualifies her to govern with prudence and success the lovely hospital of Sacred Heart."

View of the original hospital showing both the 1889 and the 1902 additions.



The Sisters' Religious Mission

A historical account of the early years of Sacred Heart Hospital would be incomplete without consideration of how the religious mission of the Sisters of Providence was reflected in their ministry to the sick and poor. It is safe to say that conditions have changed greatly in the last one hundred years, even though the fundamental religious convictions of the Catholic faith remain unaltered. The Catholic church in the late twentieth century is a fully integrated part of the American religious heritage. How it could be otherwise is difficult to imagine for people who have grown to maturity since John F. Kennedy was elected president in 1960 and since the Second Vatican Council completed its work in 1965.

These two events of the early 1960s contributed to the final breakdown of numerous anti-Catholic prejudices in the United States. But before this time the distinctiveness of the Catholic religious habit, the mystery of its Latin prayers and liturgy, and the authority of its world-wide leader fueled suspicion among many non-Catholics and fostered clannishness among the many immigrant Catholic ethnic groups that brought their religion to the shores of America.

In a boom town like Spokane in the 1880s the needs of the population were so great and the resources so few that the services of the sisters found immediate and nearly universal acceptance. For at least three years Sacred Heart Hospital was the only facility of its kind in Spokane, and for many years afterwards remained the unchallenged leader in its field. Still it was "the Catholic hospital" in newspaper accounts of the 1890s, and as such spurred Protestant denominations into founding competing institutions.

The rivalry is understandable given the religious sentiments of the period. One hundred years ago the scars left over from the Protestant reform movement of the sixteenth century still festered in many places. Instead of encouraging ecumenism, Catholics and Protestants alike sought conversions. The Sisters of Providence were part of this ec-

clesiastical tradition, and pursued their mission with wholehearted zeal.

The early chronicles of Sacred Heart bear ample witness to the importance to the sisters of winning new converts to Catholicism and in reclaiming to the faith Catholics who had fallen away from the church. Each year Sacred Heart's chronicler devoted considerable space to recording stories of successful conversions. One of the first, dating from 1887-88, was presented as follows:

"Another young man, [suffering from] tuberculosis, of the Christian religion, and for whom we had lost all hope of being able to do anything for his soul, found the path to heaven but in a very unusual way. Many times we had tried to speak to him about religion and the Good Lord, and far from listening to us, he turned his head. Seeing that his end was near, a sister tried once again to speak with him, but again he turned his head as if to say he did not want to be bothered. A short time thereafter we tried again and asked him if he had been baptized. 'No,' he said, 'and I would like to be if I could have my minister.' On this answer we told him that nothing prevented his having him. The minister was summoned, but he did nothing. At the third visit of the minister the dying man insisted on being baptized; he did not want to die as he was. The sister was asked if there was a bathtub in the house and on hearing her affirmative answer, [the minister] asked to see it. But it wasn't big enough, so the poor young man would have to die without baptism. His minister abandoned him and the poor dying man was in despair. We told him then that there was a priest in the house and would he like to see him. 'Very well,' he said, 'tell him to come.' The priest was called, gave him Holy Baptism, and the poor dying man expired in peace, happy to have found heaven."

Another case concerned an Irish Protestant who "was naturally very prejudiced against the Catholic religion." He came to Sacred Heart Hospital during the year 1890-91 because he



had heard that they took good care of the sick—"not for religion." It soon became evident that he would die in the hospital, so the sisters spared nothing to win the man for God. For a long time he persisted in his obstinacy, while the sisters prayed to Jesus to save this soul that was on the edge of eternity. Finally the Divine Heart of Christ made its conquest. One Friday a sister entered the chapel where the Blessed Sacrament was exposed on the altar and found the man transformed. He was convinced he would die and wanted to assure his eternal happiness. "The priest was called right away to administer Holy Baptism to him, and the poor sick man expired a short time later in a mood [of happiness] capable of edifying all who surrounded him."

In the early stories of conversions the spiritual role of the sisters is treated apart from the medical interventions of doctors. But the importance of both can be seen in a story from 1894. At that time the chronicler reported that Sacred Heart surgeons had lost the first four patients on a new operating table, and attributed this to the fact that it had not yet been blessed. Once it was, she said, the doctors experienced "much better success."

There is less evidence of a response by physicians to the sisters' spiritual efforts. But one doctor did reveal his feelings to the sisters. According to the annalist, he confided that personally he had no religion, but that "if I had to embrace one it would be the Catholic religion, because in the many years I have practiced at the hospital I have discovered in this faith something superhuman."

Ode to Religious Obedience

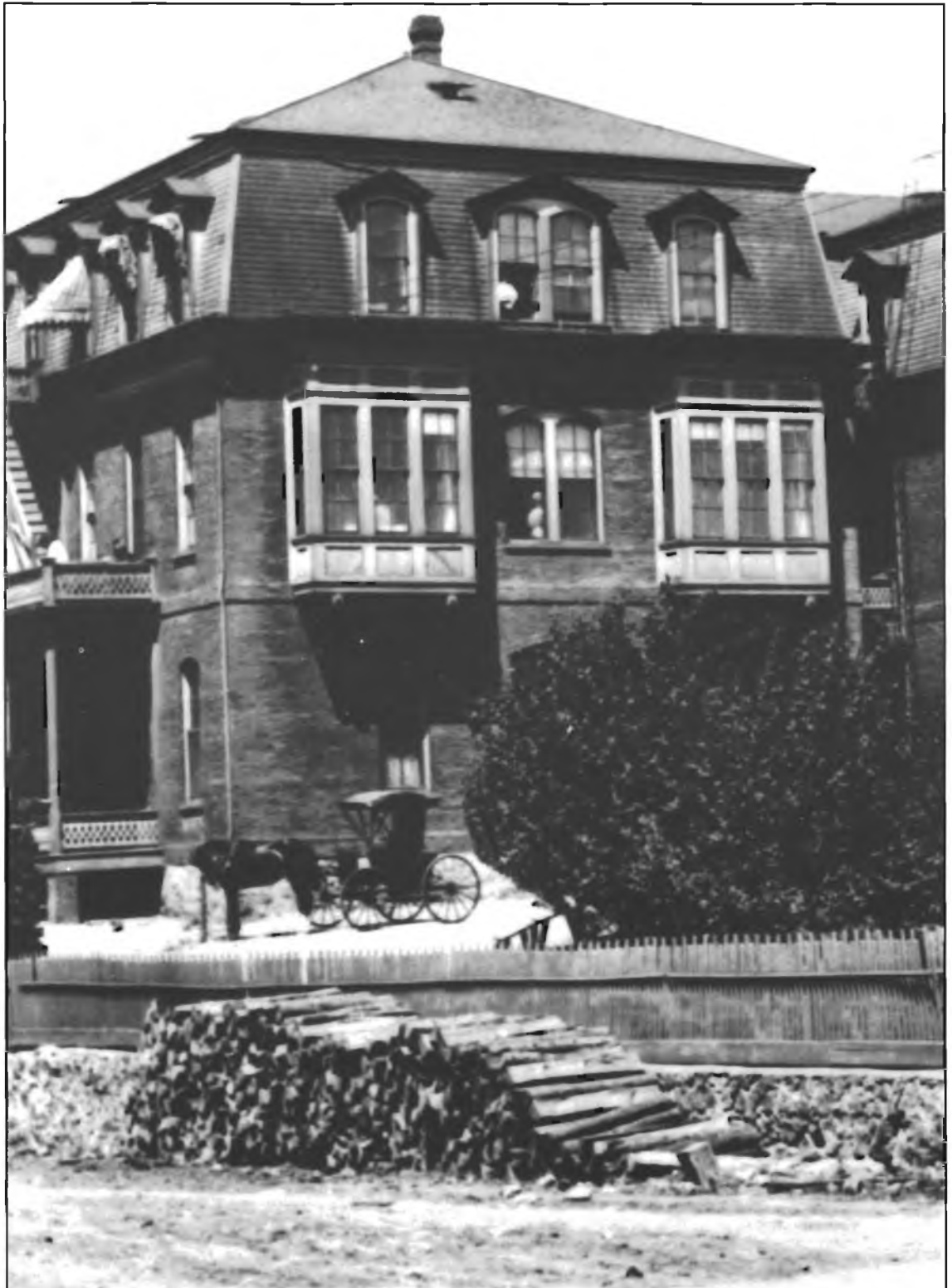
"Obedience has its charm when it harmonizes with the heart. So with happiness we seize the beautiful opportunity to offer here, for a future age, the different incidents that are mentioned in the annals of our hospital which is placed, as we know, under the safekeeping of the Sacred Heart.

"Always the Divine Master employs different ways to call back to Him the souls that are dear to Him. But we could say that in the hospital, the usual way is that of suffering.

"We are happy to have to mention in this narration some very touching acts of conversion performed among our dear patients. Oh what happiness for the poor little Sister of Charity when after long vigils and fervent prayers she may, with the aid of heaven, conquer a single soul redeemed at the price of the blood of a sacrificed, crucified, God. Can she shrink from some difficulties, from some sacrifices? No, far from it, because the happiness that she feels then, instead of diminishing her courage, only serves to increase it and, so to speak, makes her desire these difficulties.

"If, in our daily sacrifices our Divine Crucified Spouse invites us often to unite with Him in His life of sacrifice and suffering, it is certainly only for a short time, because this always good and so compassionate Heart draws us forthwith to Tabor, and has us taste such a happiness that we really find ourselves altogether unworthy of it."

This spontaneous description of the religious vocation of the Sisters of Providence heads the narrative account of Sacred Heart Hospital's activities for the year 1891-92. It is written in the hand of Sister Marie Euphemie, secretary.



*West wing of original
Sacred Heart Hospital
around the turn of the
century.*



Sacred Heart's Period of Rapid Growth

4

The early years of the twentieth century continued to justify the optimism of the Sisters of Providence for their Sacred Heart Hospital in Spokane. The needs for charity and spiritual assistance were all the more urgent in this western community that the sister chronicler described in 1903 as "without faith, and without religion." A year later the same annalist remarked that the mission functioned "in the midst of a Protestant population among which many indifferent Catholics may also be found!"

Yet despite such laments, the same sister acknowledged in 1905 that it had pleased the Good Lord to encourage the community and to crown their "feeble efforts" with success. Sacred Heart Hospital was "prospering." That is to say that it brimmed with patients and that its balance sheets for the years 1900-1905 showed modest cash surpluses.

Encouragement also came from the provincial council in Vancouver, the mother house in Montreal, and from the secular community in Spokane. The sisters of Sacred Heart Hospital had made their mark in Spokane, and from every quarter they garnered support for their plans to construct an even larger and more modern institution at the new location of Eighth and Browne. The support would be valuable, for the undertaking proved to be both longer and more costly than anyone at first imagined.

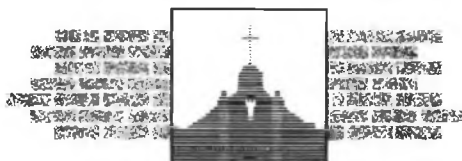
By mid 1900 the relocation project appeared to be well underway. In late June the Sisters of Providence received the visit of Mother General Marie Antoinette of Montreal and asked her approval of general plans for a building estimated to cost between \$80,000 and \$100,000. Addressing the *Spokane Chronicle*, Sacred Heart's superior, Sister Peter Alcantara, reported that the mother general was "heartily in sympathy" with the plans and had "ap-

proved all that we have done thus far toward the new building." The sister superior went on to say that she hoped the hospital "may be built in the near future," but added that construction would not start this year.

In the summer of 1900 the sisters commissioned J. B. Blanchet, the same Vancouver architect who had worked on the original Sacred Heart Hospital, to draw detailed plans for the building. The *Spokane Chronicle* reported that he envisaged a structure 160 feet long by 52 feet wide facing on Eighth Avenue, with a central wing extending south from the center of the building for an additional 75 feet. Under his plan, additional wings at the east and west ends of the main building could be added later as the need arose. But even without the wings the project's cost estimates had more than doubled in less than three months' time.

For \$200,000 Blanchet proposed a six-story building that would take three years to erect. As for ground breaking, the newspaper reported that "although everything is about ready for work to commence, the sisters do not expect to start construction until early in the spring. However, it is nearly a certainty that operations will be commenced by that time."

The *Chronicle* enthusiastically described the building's architectural features. These included broad verandas for each floor and an "imposing" main entrance. "Twenty-two stone steps will lead to the front door. Half the steps will be on the outside, while the other half will be in the large tower which adorns the front. This tower is to be 110 feet high from the ground and 40 feet higher than any other part of the building. The tower located in the center of the front of the building will be made especially beautiful by fine masonry work and will be part of stone. . . . Two others will adorn



the front part, while four others almost as ornamental can be seen in the rear.”

The spring of 1901 departed without the expected ground breaking at the sisters’ new site at Eighth and Browne. Instead the year 1901–02 saw the construction of a new wing at the old Sacred Heart Hospital on Front and Browne. For three years the sisters’ building plans lay dormant. Then, in the summer of 1904, Sacred Heart’s sister superior traveled to Montreal to obtain permission to proceed with construction the following spring.

Documents in the Sacred Heart archives indicate that Blanchet’s plans for the new hospital had been modified by 1904. Blanchet himself was succeeded by local architect H. J. Williams in September, and in November two sisters from Montreal arrived in Spokane to assist with the planning. They were Sister Charles and Sister Imelda whom the *Spokesman-Review* described as the order’s “chief architects” and veterans in planning “some of the finest hospitals in the world.”

In November the sisters announced the purchase of an additional half block of land between Eighth and Ninth avenues. This purchase would permit construction of a larger building, but only if the intervening street could be vacated. Local residents, already concerned about their property values, opposed the plans. But the mayor of Spokane and other leading citizens encouraged the sisters to take their case before the street committee. In the end the city not only approved the street vacation, but also made a donation of the 75 by 300-foot street right-of-way and that of an adjacent alley as well. The hospital’s proposed new exterior dimensions were 300 feet by 100 feet, with four stories plus basement and attic. The estimate of cost was raised to \$300,000.

The public announcements that accompanied excavation and the foundation laying in the spring of 1905 gave the impression that final plans for the building had been approved and that the structure would be ready for occupancy within three years. A story in the *Sunday Spokesman-Review* described the building and credited H. J. Williams for the plans. The architect’s drawing revealed the extent of the

departure from Blanchet’s design. Gone were the towers adorning the building and the verandas on every floor. Instead the front of the structure sported colonnaded verandas only on the first floor of the building’s central, east, and west pavilions, with porches above two of these, and small balconies on the third and fourth floors.

Little information exists to explain the change in architects or in the appearance of the proposed building. It is likely, however, that the Montreal sisters were instrumental for much of the change, since contemporary correspondence revealed clearly that the general council of the mother house was participating in all major decisions and even some minor ones.

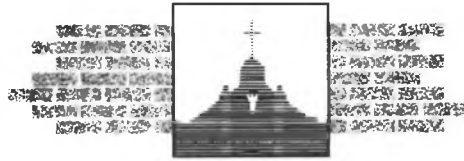
The final decision to proceed with construction in the spring of 1905 was made by the order’s general council on January 29. But even this was a provisional authorization:

“The general council, by measure of prudence, maintains its previous decision—that is, only to have the foundations done this year. The rest of the work should not proceed until after consultation with the general council, and [then it should be] in proportion to the pecuniary resources of the establishment, without having to count on the mother house for loans.”

Clearly there was concern in Montreal for the financial obligations of the Sisters of Providence in Spokane. Writing to Sacred Heart’s sister superior, Sister Vincent Ferrier, a day after the general council’s decision, Sister Imelda expressed the feelings of the mother house in these terms:

“One must consider, my dear sister, that the financial crisis that rages throughout the world and which threatens to make itself even more seriously felt can cause us terrible difficulties. This is why the general council believes, in its wisdom, that it is obliged to act with all possible prudence.”

Sister Imelda went on to relate that the council had decided that it was in the best interest both of Sacred Heart Hospital and the corporation of which it was a part that, (1) they should



Architect's rendering, circa 1905, of the new Sacred Heart Hospital.

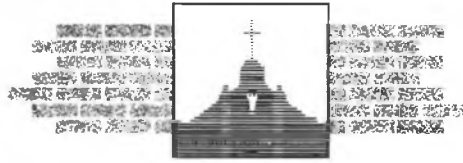
suspend work once the foundations were laid until a new authorization to proceed had been obtained, and (2) they should incorporate their hospital as soon as possible so that if any difficulties should arise, the hospital of Spokane should be solely responsible, and that the corporation of the Sisters of Providence in Washington should not be implicated in any "financial straits" that Sacred Heart might experience.

Both decisions from Montreal were honored, but in different time frames. Authorization to proceed the following year was requested, and granted. As for the incorporation of the hospital, the process was initiated but not completed. It was not until 1970, when the Sacred Heart Sisters of Providence received another building authorization—this time for the new Sacred Heart Medical Center, that the Spokane hospital finally obtained separate corporate identity.

Three factors appear to have affected the construction timetable. First of all, Montreal was closely involved in matters of building design.

In December, 1905, the mother house asked for more details about the proposed entrance so that it could decide whether to furnish it with a balcony or not. The second factor was the availability of money. When in January, 1906, the mother house sent word of its approval to continue work, it did so with the provision that Sacred Heart acquire financing without having recourse to the order's general treasury. The third factor concerned the integrity of the architect hired by Sacred Heart and the ability of a local company to furnish bricks for the structure.

The resumption of work on the hospital in the spring of 1907 was celebrated with a formal dedication of the cornerstone. The occasion drew Bishop Edward J. O'Dea from Seattle, Washington Governor Albert E. Mead, Spokane Mayor Herbert Moore, and a crowd estimated by the *Spokesman-Review* at "fully" 6,000 persons. Bands played as 1,200 persons processed from the old Sacred Heart Hospital to the site of the new, where Bishop O'Dea, clad in pontifical robes, blessed the edifice.



Following the rites he joined the other dignitaries for a round of speeches.

From Bishop O'Dea was heard the sentiment that "the religion of the fatherhood of God and the spirit of fraternal union is what has led to the erection of this edifice which is to be raised for the purpose of ministering to the wants of suffering infancy and decrepit old age." The governor spoke favorably of the work of the church which is accomplished not through taxation but "by that higher method by which the heart responds to feelings of charity and benevolence." For his part, Mayor Moore praised the "self-sacrificing" nature of the Sisters of Providence. "The grandeur and nobility of their lives will be alive in the memories of the citizens of Spokane when time has left its withering impress on this structure and its foundations have crumbled away."

However, the question in 1907 was not how soon the foundations would crumble, but rather how soon they would fulfill their intended role of supporting a completed hospital. The *Spokesman-Review* reported after the dedication ceremony that "those in charge of the work expect to have the roof on before snow flies, so that work on the interior may be carried on during the winter." The inference was that the building would be ready to occupy sometime during 1908. Work progressed much more slowly than this, and at greater cost. Already the estimate in May, 1907, amounted to \$400,000, up another \$100,000 from the figure given three years before. It would climb higher still.

It took the sisters a year after construction resumed to conclude that they were being victimized by their architect/construction superintendent Williams and his son George. George was secretary-treasurer of Dry Pressed Brick Company, a firm formed for the purpose of furnishing bricks for the new Sacred Heart Hospital. The company had been promoted as a cost-saving device by H. J. Williams, and he had persuaded Sister Vincent Ferrier to bankroll the firm's start in business.

The first contract was let in May, 1905, to supply approximately five million bricks. When no bricks had been delivered nine

months later, the company agreed to reduce the price per thousand in return for an additional advance payment. Deliveries finally began later in 1906 and work commenced—more than a year after Montreal's go-ahead—on the foundation and aboveground basement.

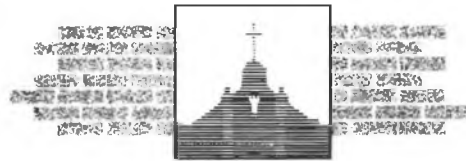
Once construction was underway, H. J. Williams informed Sister Vincent Ferrier that there was no reason to count the bricks in deliveries because the total number needed for the edifice could be accurately estimated. Counting, he said, wasted time and money. His calculations indicated that the structure required 5.6 million common bricks and .95 million facing bricks. This was later alleged to be almost double the amount of bricks actually required for the project.

The sisters' accusations against Williams appear in superior court papers filed in the course of litigation during 1909–10. The principal action was a suit against the sisters and the brick company by the construction contractor, A. L. Weber. Weber, who was also vice-president of Dry Pressed Brick, accused the sisters of wrongfully withholding payment for construction labor after the sisters fired him and the architect in May, 1908.

But Sacred Heart alleged that H. J. Williams and his son George Williams knew that only half the bricks specified in the estimate were really being used in construction and that the pair "knowingly and with the intent to deceive and defraud this defendant misrepresented the facts." Moreover the sisters disputed Weber's billing and added to the docket its counterclaim for more than \$21,000 in fraudulent materials charges.

The litigation was a draining experience for the sisters who had to appear in court. Still, according to Sacred Heart's chronicler, it was the testimony of former Sacred Heart Sister Superior Vincent Ferrier that persuaded the plaintiff to abandon his suit. After months of maneuvering, the attorneys for all sides agreed to a settlement whereby all legal claims were dismissed, and each party absorbed its own costs.

In the meantime Sacred Heart Hospital retained noted Spokane architect Albert Held to



*Sacred Heart Hospital
under construction in
late 1908.*

complete its building. How much he influenced the structure's final design is difficult to determine, for at least one major change predated his appointment. In February, 1908, the mother house in Montreal approved the decision to construct a flat roof rather than a gabled one. Sacred Heart's local council made this choice "in order to have the required light for the surgery." Other modifications, which imparted a more sober character to the building's external appearance, included a modernized treatment of the window openings and facade ornamentation.

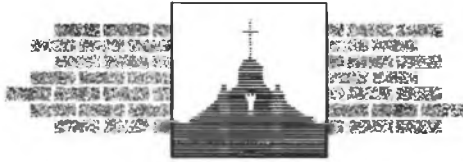
A finished architect's sketch by Albert Held adorned the cover of a souvenir booklet produced by Sacred Heart Hospital in late 1908. The booklet described the new building in glowing terms, and gave an anticipated completion date of 1910 and estimated cost of \$700,000. Additional expense raised the final cost to more than \$800,000 when all work was completed in the spring of 1910.

The new Sacred Heart Hospital opened in March to rave reviews from the local press. In an extensive, illustrated article that appeared on Easter Sunday, the *Spokesman-Review* waxed eloquent:

"In its majesty and grandeur, like a mammoth citadel peering across a vast field of battle, like a beacon in the night lending its rays of brightness to needy journeyers, the new Sacred Heart Hospital of Spokane, built at a cost of \$800,000 and six years of time, has opened its doors to the sick and needy, and stands perhaps unexcelled or unsurpassed among all hospitals west of Chicago.

"This vast structure, where sisters of mercy and numberless 'white angels' minister to the afflicted, stands out as one of Spokane's most secure strongholds against death. Its soldiers are the sisters, the nurses and the treasure store of medical, surgical, and philanthropic knowledge within its walls. Its beaconlike kindness [shows] in its open door, which is never barred, welcoming prince and pauper with the same importunate zeal to lighten the burdens of disease-ridden and injured humanity"

The article reported that "the honor of conceiving the enlarged hospital on so gigantic a scale" belonged to Sister Vincent Ferrer. The paper noted that "every detail in the construc-



Cornerstone of the 1910 hospital, now affixed to the front of Sacred Heart Medical Center. It immortalizes the names of architectural partners Williams and Julian, who were dismissed by the sisters in 1908.

tion of the hospital and the planning has been left to [the sisters].” The story credited Albert Held with the architectural design and Edward McConnell with construction supervision, thus passing over in silence any role for H. J. Williams and A. L. Weber.

In its final form the building rose six stories in height and occupied more than a city block. The main body of the edifice extended 300 feet in length, with an east wing measuring 160 by 41 feet and a shorter west wing measuring 60 by 41 feet. Together the hospital’s 240 rooms and wards could accommodate as many as 1,000 patients. A separate power house produced steam for heat and generated electricity “at producing cost” for the building.

As patients were moved into the new hospital in late March, 1910, Sister Emerita spoke for the Sacred Heart community when she praised the public for donations of linens and other supplies, and the *Spokesman-Review* opined that “the charitable sentiments of the Catholic and Protestant citizens of Spokane are making themselves felt.” The open house held later that spring confirmed the extent to which Spokane’s citizenry in general and the Sacred Heart Hospital community in particular supported the institution operated here by the Sisters of Providence.

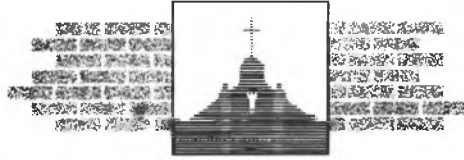
Sister Joseph of Arimathea

In the spring of 1906 death claimed Sister Joseph of Arimathea, the pioneer sister who with Mother Joseph of the Sacred Heart founded Sacred Heart Hospital in Spokane in 1886. Her passing deeply saddened the religious and lay members of the Sacred Heart community as well as hundreds of friends of all creeds from Spokane and throughout the Pacific Northwest.

Born Denise Bélaire in Joliette, Province of Quebec, in 1842, Sister Joseph entered the Sisters of Providence at age sixteen. After working at the Vancouver provincial house from 1863 to 1875 under Mother Joseph, Sister Joseph of Arimathea was assigned to St. Vincent Hospital in Portland and then to St. Mary Hospital in Astoria. In 1886 she accompanied Mother Joseph to Spokane and became the first sister superior of Sacred Heart Hospital. Her order called her later to found other institutions at Wallace, Idaho, and Great Falls, Montana.

As sister superior at Sacred Heart in its earliest days, Sister Joseph represented the hospital to patients and benefactors throughout the region. The extent of her reputation was summed up in the *Spokesman-Review*’s May 29 story relating her death from pneumonia the night before:

“In nearly every hamlet in this section of the country, it is said, Sister Joseph was known and beloved. She had visited every mining camp in this territory and while engaged in soliciting alms, donors to sweet charity through ‘Little Sister Joseph’ were numerous. Young and old, rich and poor, all loved her, for she was good, pure, sweet, loving, and her sole mission on earth seemed to be to aid the unfortunate and appease the pains of the suffering.



"Sister Joseph was particularly well known in Spokane by all who had occasion to visit the Sacred Heart Hospital. Her cheerful face it was which greeted all visitors, for she tended the door, and she was never too busy but that she found time to have a pleasant answer for inquiring friends of patients who asked over the telephone as to the condition of suffering ones."

Sister Joseph's good nature and charm of personality contributed greatly to her reputation. Her winsome naivete conquered many hearts and occasioned the telling of the following anecdote by Sacred Heart's Sister Mary Leopoldine:

"The Northern Pacific Railway was the only means of transportation in 1886, apart from the horse and wagon. The officials of the company proved to be our very liberal benefactors. They always very graciously responded to any request of the sisters for transportation to and from any point desired in the interests of charity. One incident will illustrate the extreme kindness as well as the courtesy of the railway clerks.

"Sister Joseph of Arimathea was collecting among the miners and the townspeople around Wallace for a coming bazaar. Instead of giving financial assistance, one good man offered the sister a fine cow which, when raffled, would net more cash for the bazaar than he could afford to give. Sister Joseph thankfully accepted the donation, and the men proceeded to crate the cow for shipment. Arriving at the station the shipping clerk began the routine of making a bill of lading for the transportation of the cow.

"Sister Joseph promptly checked the clerk by presenting a railroad pass for herself and a companion,

saying: 'You need not make out a freight bill for the cow. I am the Sister Superior and the cow is my companion.' The clerk smiled and shipped the cow on the pass. There was no argument about the case, but a good round of laughter."

Before a cortege brought her bier from Sacred Heart Hospital to the railroad station for a final journey to the Vancouver provincial house, fifteen hundred persons came to honor the memory of Sister Joseph at funeral services held at the Church of Our Lady of Lourdes. Flowers sent by 224 friends decorated the church and completely concealed the front altar railing. Bishop O'Dea of Seattle delivered the eulogy of Sister Joseph during a solemn requiem Mass officiated by the head of Gonzaga College, Father Herman Goller. Bishop O'Dea spoke these words of the departed Sister Joseph:

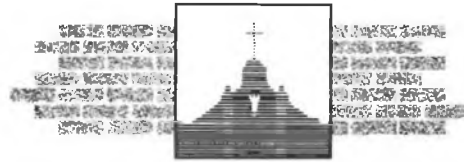
"Memorial Day is observed by all patriots throughout the United States, and on this day it is customary to pay tribute to those who fought and bled in freedom's cause. We, a great portion of the citizens of Spokane, have come on this occasion to pay tribute to the memory of a privileged soul who for nearly half a century fought the great battle of life and won a signal victory over self and in the cause of humanity.

"While we have every reason to heap praise upon those heroic defenders of a nation's cause, still one who, like little Sister Joseph, has fought in the fever wards of a hospital and at the deathbed of almost innumerable souls, proves herself to be a still greater heroine. It is to the memory of one who has known nothing but good, whose sole mission was the relief of the suffering and the comforting of troubled ones, to whom we have come here to pay

*"Little Sister Joseph"
earned the friendship and
affection of people
throughout the
inland northwest.*



*Sister Joseph of
Arimathea, photo-
graphed circa 1860.*



our last respects. In sorrow because we have lost a good and faithful friend, a friend of the masses and classes, a friend of humanity and the world generally; in joy because, after many years of faithful services in the path of righteousness, she is to come into the greatest of all rewards—a home with Our Maker.

“At the tender age of 18 years little Sister Joseph knelt at the altar of religion in her native home, surrounded by parents and friends, who were joyful at her vow to sacrifice her life for the relief of the poor and suffering members of humanity. How faithful she had been to that vow we have but to look about us and see the monuments she has erected in that cause in Astoria, Wallace, Vancouver, Portland, Great Falls, and our own Spokane. These monuments speak louder than words in praise of her devoted life.

“The great reason for this life of sacrifice and devotion was that she might sanctify herself and win souls for heaven. This, after all, is the grand object for which Christ died, and an object which should engage our most serious attention. Every other object is merely secondary, and when such an interest is at stake we should be willing to make any sacrifice to obtain it, even though other considerations may be as dear to us as our right arm or our right eye, and anything that would tend to divert us from the path that leads to eternal life we should avoid. The longest life, after all, is but a mere span to the grave, and what will it profit you, my dear friends, after the few fleeting years of this life have passed and we have accumulated a little more or less of what this world calls its goods, if, in the end, we lose our immortal

souls?

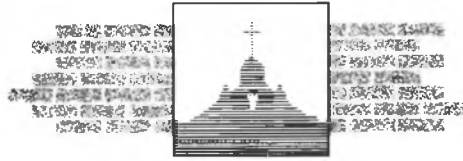
“This thought gave inspiration to little sister Joseph, and was the secret of her abiding charity and love of her own soul and the souls of men.

“While we pay Sister Joseph a tribute of respect by assembling here in large numbers, not only people of the Catholic religion, but also prominent ones from all denominations, and while we cover her bier with the choicest of flowers, we should not forget that Sister Joseph was human, and consequently may have some faults to expiate before her final entry into heaven. We should therefore pay her that higher tribute of prayer, and while the adorable sacrifice of the Mass is being offered up for the repose of her soul, we should all unite in prayer to God that her pure soul may soon find favor in God’s sight, and that her name, so honored on earth, may be written in the Book of Life, never to be obliterated for all eternity.”

From Hospice to Hospital

The hospice-type facility that Sacred Heart Hospital started out to be, and which was so typical of charitable hospitals throughout the United States in the late nineteenth century, was destined to be replaced quickly by a modern hospital. Progress came rapidly in the health care field then, and in the space of a generation changes occurred that shaped the character of Sacred Heart Hospital for most of the remainder of its first century of existence. The explanation for many of these changes may be found in the evolving nature of hospital personnel and their training, professional objectives, and stature within the community.

From the inception of Sacred Heart Hospital, the Sisters of Providence were the legal guardians and guiding force of the institution. This



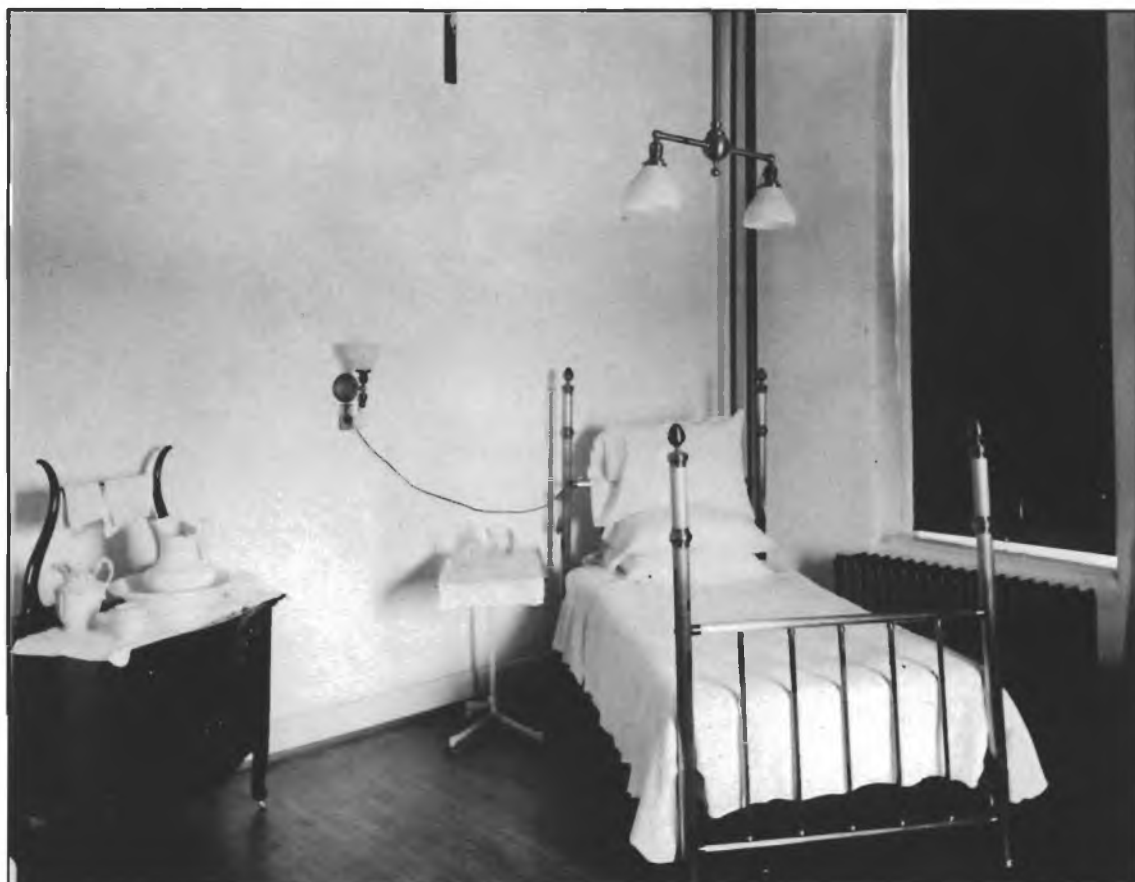
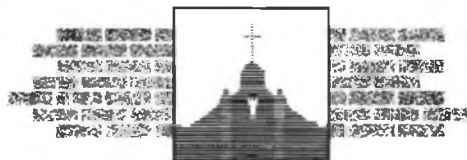
*Sisters Gaudentia,
Vincent Ferrier, and
Emerita with Sacred
Heart Hospital
nurses and personnel,
circa 1901-07.*

has been true regardless of their number in proportion to other elements of the staff. However, there have been changes. During the hospital's first few years in Spokane, the sisters were as numerous as other hospital personnel. But their numbers did not increase during the early growth years of the hospital in the same proportion as other staff elements. By the turn of the century there were as many doctors admitted to practice at Sacred Heart Hospital as there were sisters, and employees formed another group equally as large. And soon after 1900 Sacred Heart's school of nursing began to train nurses in numbers that would soon equal and then exceed those of any other employee group in the hospital.

Along with changes in the composition of Sacred Heart personnel came changes in the institution itself. Two factors are primarily responsible. First, dramatic improvements in medical knowledge and education in the second half of the nineteenth century

strengthened the influence of medical professionals, especially physicians, in health care delivery systems. And second, the improved success of medical interventions attracted a broader socioeconomic range of the population to hospitals. Hospitals were no longer shunned by the wealthy and working classes as warehouses for the destitute or as the first step toward death and interment.

Doctors were largely responsible for speeding the transformation from hospice to hospital around the turn of the century. Compared to visiting a patient in his home, practice in a hospital gave physicians more control over their surroundings, reliable support services, and access to the latest medical technology. Under these circumstances it is understandable that physicians would seek hospital privileges in the best facility available to them, and that they would encourage patients under their care to receive treatments there.



*A private room,
photographed
in 1917.*

Evidence of the transformation became apparent almost immediately. The number of staff doctors grew, the number of private rooms increased, and by 1900 a school of nursing graduated its first class. At the request of doctors new equipment was purchased to handle a rapidly growing demand for surgery.

The Sisters of Providence in charge of Sacred Heart welcomed the opportunity to serve a wider clientele. They took pride in making improvements to the hospital, and expressed sincere appreciation at the contributions volunteered by the medical staff. Still, the Sisters of Providence remained in control of the institution at a time when physicians nationally were demanding a larger voice in the operation of hospitals.

At Sacred Heart Hospital the medical staff met informally to suggest needed improvements or to voice support for the sisters.

According to the chronicles for the year 1894-95, staff physicians reported "that the hospital was on a solid footing and that they were very comfortable sending their patients here because they always received the attention their condition required." Two years later Sacred Heart's annalist wrote that "our doctors called a meeting in order to consider how to encourage the hospital and at the same time how to wage the struggle that will probably be occasioned by the opening of a new [competing] hospital."

On other occasions during the 1890s Sacred Heart's chronicler referred to the doctors as a staff, and noted such things as their requests for additional equipment, their benefactions, or their expressions of support. But one incident from 1900 revealed how competition could arise within the hospital as well as outside it.

The case concerned a popular surgeon who



had brought many patients to Sacred Heart Hospital. The surgeon's success provoked jealousy among four Sacred Heart physicians, who demanded that the sister superior exclude him from practice at the hospital or face their resignations. The group of four were Sacred Heart's leading physicians and they held personal services contracts with the railways and other companies—"all our contracts," according to the chronicler. Their loss would spell hardship or ruin for the hospital. The demand was little more than blackmail, however, to which the sisters were loathe to submit.

The order's general head, Mother Mary Godfrey, happened to be in Vancouver at the time. In anguish the sisters of Sacred Heart Hospital sought her advice. She counselled them to temporize, and concluded by saying, "You are on the spot. Do your best, but above all be just—and pray." The sisters decided not to acquiesce to the dissidents. That group showed consternation at the sisters' choice, and took several weeks to deliberate among themselves. During this time their looks "were more than cold: iced," reported the chronicler. The situation finally improved along with the arrival of summer weather, and "little by little all returned to ordinary calm."

Medicine during the Progressive Era

The attempt by a group of doctors at Sacred Heart Hospital to exercise administrative control at the institution occurred at a time in the nation's history when society was demanding greater accountability from businessmen and professionals. It was also a time when many people advocated a larger role for government in the regulation of private enterprise. This was the "Progressive Era"—a period between 1900 and 1917 when a significant portion of the American public sought limits on big corporations, reform of corruption in government, and application of government regulation to achieve social good.

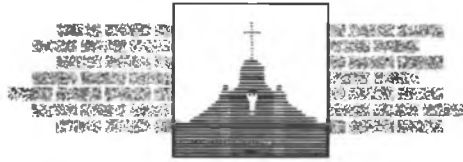
The progressive movement, and its allied "Populist" cause among western farmers and miners, followed a period in American history

after the end of the Civil War that had been marked by unbridled faith in the capitalist economic system. These decades saw the rise of giant corporations and "trusts," sometimes with monopolistic control over goods and markets, and the concentration of enormous wealth in the hands of a relatively few top executives and financiers. The emergence of big business also contributed to the creation of a nationwide transportation and communications network, and to the rising eminence on a world scale of American petroleum and steel industries.

In the competitive drive to conquer markets, raise profits, and outdistance rivals, the interests of working men and women and of the consuming public took second place to those of the corporation. The progressives' goal was to balance the scales that had tilted heavily in favor of business interests. Rather than relying exclusively on the marketplace to achieve social good, progressives like Theodore Roosevelt and Robert LaFollette favored government oversight and regulation. In this climate such reforms as the eight-hour day, pure food and drug laws, and regulation of common carriers and utilities helped to curb some excesses of American business.

The medical care industry was also touched by government regulation during this period. By 1898 all states and territories except Alaska had medical licensing boards. These were created by legislatures in order to ensure that those persons calling themselves "doctor" had sufficient medical training. Such regulation was needed in an era when almost anyone with a little black bag could practice medicine.

The territorial legislature of Washington first addressed the matter in 1881, when it declared that medical practitioners must be graduates of legally chartered medical schools or universities authorized to grant M.D. degrees. The law did not affect persons already practicing within the state, however. Further reform came when the first session of the Washington State legislature (1889-90) established a Board of State Examiners and required all physicians and surgeons to pass an exam and obtain a license. The law also spelled out ten grounds



for which the board could revoke the license of a doctor found guilty of "unprofessional or dishonorable conduct."

In 1909 the Washington legislature again tightened the rules for obtaining a license to practice medicine. It did so by specifying the length of study necessary for eligibility and by defining standards for medical schools. It also formally revoked the grandfather provision in the 1881 territorial law that had allowed physicians without medical degrees to practice in the state. Ten years later, in 1919, the legislature gave the regulations a form more similar to today's standards by requiring a one-year internship in a "thoroughly equipped hospital" of at least 25 beds.

The regulation of medical professionals by the state of Washington had little direct effect upon the operations of Sacred Heart Hospital. From even its earliest days, the sisters' facility appears to have attracted the most competent physicians and surgeons practicing in Spokane. These included founding members of the Spokane County Medical Society, organized in 1885, as well as the doctors retained by the railroads and other corporate accounts.

But not all medical care available in Spokane was of the caliber practiced at Sacred Heart Hospital. Charlatans abounded in many American cities, and Spokane was no exception. The twenty-year period between 1885 and 1905 was, in the words of Spokane author Jay J. Kalez, "a harvest era for quacks, medicine shows, and street pitchmen." Wrote Kalez in the *Spokane Daily Chronicle* (Dec. 25, 1967):

"Main and Trent were their stomping grounds. The only facilities they needed to set up for business were a suitcase filled with their wares and a box to support the opened suitcase. From then on it was the gift of gab that drew in the crowd. The gullible public seemed to be begging to be fleeced. . . .

"The maestro of Main Avenue's pill peddlers was 'Doc' Kevo. . . . With his Buffalo Bill hairdo, his buckskin coat, and handlebar moustache, Doc Kevo had no trouble commanding a sidewalk crowd's attention, even without his picturesque sales

pitch.

"Doc Kevo's pet peddling product was his Mexican Soap Weed concoction, which he distributed in a gaily packaged bar, at 25 cents a grab. However it was Kevo's sales spiel, along with his open-hack demonstration, that provided the sales incentive."

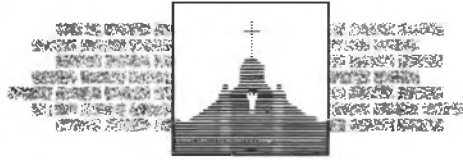
As a child in Spokane Kalez had happened across Doc Kevo while the latter was engaged in "rubbing a dry bar of store laundry soap over spread out dried corn husks," and thus had become privy to the proprietary secret. But Doc's pitch played well to spectators who credulously bought what Kevo claimed was one of "nature's true remedies" for "body rash, body itch, skin lesions, or any of the body vermin [that] may cause the same."

There was probably less harm done by this fraudulent selling of soap than in the persistent hawking of patent remedies. These miraculous cures for every ailment from pimples to cancer were touted on street corners, through newspaper ads, in doctors' offices and drug stores. The best of them had some value and scientific basis behind their formulation. But many lacked any significant medicinal properties, and the worst had excessive or harmful amounts of alcohol and narcotic drugs.

Until the Progressive Era, there was no government agency to oversee the manufacture, sale, or use of drugs and medicines. Sufferers were free to choose their potion from whatever was offered in the marketplace. All this changed dramatically in the twenty-year period prior to World War I.

In Washington State the legislature first attempted to regulate pharmacists in 1899 by limiting the occupation to graduates of schools of pharmacy or to holders of a license obtained in another state. This law also attempted some regulation of "itinerant vendors and peddlers" of medicinal preparations and required the registry of all poisons and liquors. Licensing of pharmacists by the state, however, was not required until 1923.

During Sacred Heart Hospital's first thirty years, the sisters compounded many of their own pharmaceutical preparations. A druggist's



bottle, discovered at the site of the original Sacred Heart Hospital during excavation for the Sheraton Hotel, is evidence of the sisters' patronage of local suppliers. Indications of their knowledge and skills as apothecaries can be found in the many well-worn medical reference works and formularies in the sisters' library.

The standard reference work for the sisters from Quebec was an 1870 French-Canadian publication whose title translates as "An Elementary Treatise of *Materia Medica* and Practical Guide of the Sisters of Charity of the Providence Asylum." For English-speaking sisters the order provided an English language reference book, published in Montreal in 1889 with the note that it was "especially compiled for Oregon and Washington missionaries."

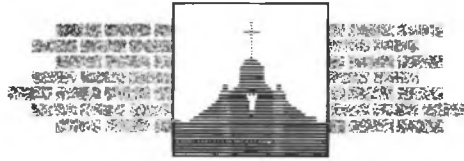
A better clue to the sisters' role in treatment of the sick in the early days is provided by formularies. These are handwritten recipes for medical preparations in simple notebooks that quite obviously endured the test of time. They include various elixers, ointments, tinctures and extracts that represented the best treatment or relief of suffering that medical science at that time could provide.

Some change in the pharmacopoeia of Sacred Heart Hospital as well as in the prescribing, administering, and management of medicines surely accompanied developments that occurred during the decade of the teens. With passage of the Harrison Narcotic Law in 1914 and ratification of Prohibition in 1918, the contents of every hospital pharmacy shelf in the nation became subject to government inspection. Correspondence in the archives of Sacred Heart Hospital indicates clearly that strict compliance with regulations was necessary, and that as a result improvements were made in patient record-keeping techniques, especially relating to medicinal prescriptions.

The advent of U.S. involvement in World War I is generally recognized as precipitating the end of the Progressive Era, since placing America on a war footing required the national mobilization of resources and the full orchestration of government and industry. Not every citizen concurred with the war effort or



Archaeological evidence of drug compounding at the site of the original Sacred Heart Hospital.



*A ward for men,
circa 1920.*

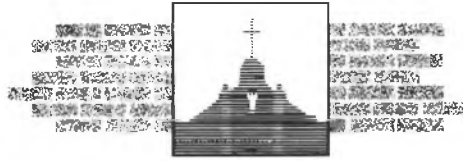


the government's new methods of pursuing it—especially the more radical elements of the labor movement. Much more important to such groups as the Industrial Workers of the World (the IWW or "Wobblies") were issues like free speech, industrial democracy, and social reform. The war, in their minds, simply provided employers with an excuse to repress the legitimate grievances of workers.

What relevance do the views of the Wobblies have in a history of Sacred Heart Hospital? The union had its northwest headquarters in Spokane during the teens, and was probably the organization that provoked Mayor Flemming in June, 1917, to write to "the management" of Sacred Heart Hospital. In his letter the mayor warned the hospital to look after its supply of "various kinds of chlorides, permanganates and nitrates, and many chemicals used in making fires or explosives." The mayor cited "the conditions that exist throughout the country" and asked the hospital "to take every precaution against their institution's being the source from

whence material for destructive purposes may be secured." He concluded by suggesting that the hospital "investigate the character, antecedents and associations of all persons that have access to your laboratories and chemical storage rooms and that you take absolutely no chances on any person."

There is no evidence of a response by Sacred Heart to the mayor on this subject, or any indication in the chronicles of any disruption in the hospital's routine during the summer of 1917. Meanwhile the U.S. war effort gathered momentum. Servicemen were recruited and conscripted, while at Sacred Heart numerous nurses and doctors volunteered to serve in France under Red Cross auspices. An entire hospital unit, formed in Spokane, sailed for France in the spring of 1918. No longer a small frontier boom town, the world and Spokane were one.



Fund Raising and Charity

By the end of the Progressive Era, Sacred Heart Hospital was a mature hospital set irreversibly on a course of modernization. It had experienced rapid growth and accommodated many changes in medical practice, yet had retained much of the character of the original mission.

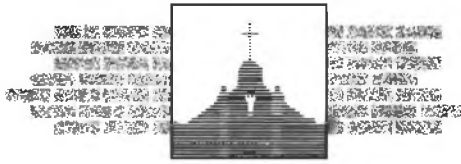
One area of continuity was community fund raising practices and the appeal of Sacred Heart Hospital to benefactors. In the spring of 1905 the leading ladies of Spokane came to the aid of the sisters by organizing an evening of dramatic and musical entertainment. The production raised just over \$1,000. In the following year the laying of the new building's foundations occasioned greater expenses, and again the sisters turned to the citizens of Spokane for help.

The bazaar that raised more than \$10,000 for Sacred Heart Hospital in 1905 was the sisters' first such event in nearly fifteen years.

Assisting Sister Vincent Ferrier was Sister Joseph of Arimathea, a veteran fund raiser, and lay women of Spokane whose concerted efforts "presaged success." According to the chronicler, these ladies "forgot for a moment their high rank in society and became mendicants and even servants during the bazaar in order to achieve their goals." An opening ceremony featured Bishop O'Dea and Mayor Daggett who both urged the residents of Spokane to favor the work of the sisters with their generosity.

Even while construction costs strained the budget of Sacred Heart Hospital in the long years from 1904 to 1910, the needs of indigents in Spokane remained. On one day in January, 1909, a wealthy woman was preparing to leave the hospital when by chance she happened to see a crowd of men below her window. Questioning a sister, she learned that as many as sixty men per day lined up in the courtyard of the hospital to receive a free meal. In admiration of the sisters' charity, she paid her \$100 in-

*Sacred Heart Hospital
1929.*



voice with a check for \$1000 in order to help defray the cost of supporting the poor.

The new Sacred Heart Hospital that opened in 1910 provided a separate dining facility for the needy, but even this facility became crowded during winter months. In January, 1911, the number of hungry men fed at the hospital reportedly reached from 60 to 100 each day. According to the *Spokesman-Review*, they came at all hours of the day, "some of them bent with age, some crippled, some just unfortunate and some strong but a trifle tired, all, or nearly all, clad in rags." The number of meals served to the poor tripled the following year to more than 32,000, and reached a record high of 41,046 in the year ending June 30, 1915.

The sisters' charity was a strain on the hospital's already precarious finances, and prompted the organization of another bazaar in October, 1911. A newspaper story reported that "every woman in the city" was asked to help the sisters plan the fair. The organizers rented a downtown store which was converted into a dining, entertainment, and merchandise fair. The week-long event netted the Sisters of Providence the record sum of \$11,000.

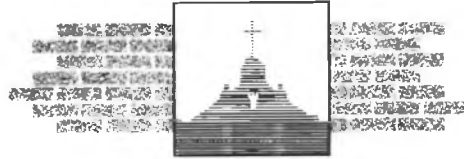
The chronicles of 1913-14 provide evidence of some new directions in the charitable work

of the sisters. Since its establishment south of Spokane, the sisters had initiated visits to the county poor hospital in Spangle. Once a week Sacred Heart sisters traveled the seventeen miles to visit the hundred or more patients residing there, and to bring them items for their personal comfort or for religious devotion, or to read to them or to arrange for the services of a priest. The sisters also visited Spokane prisoners, and did what they could "to alleviate somewhat the sad condition of these poor men."

The Sisters of Providence also gave assistance to needy families in Spokane. Some families received help with their rent, others with heating fuel, others with bedding. In this work the sisters were aided by Spokane's merchants and wealthy families who donated items for charity or offered the sisters the use of their automobiles. The sisters provided poor children with fine clothing for such occasions as first communions and distributed food for important feasts like Christmas and Easter. Other forms of assistance were help in obtaining baptism and Catholic schooling, and classes in sewing conducted by the sisters once or twice per week. The lessons combined training in practical skills with the teaching of prayers, songs, and catechism.

Sacred Heart Hospital and surrounding landscape in 1924.





Hospital Standardization and Sacred Heart Hospital

5

Sacred Heart Hospital faced a challenging new era when it welcomed back its nurses and doctors from World War I duty in France. Much had changed since the hospital's founding. The Sisters of Providence had managed the institution astutely during a period of rapid growth, and had effectively overseen the design and construction of a spacious new facility. But the greater challenge to face the sisters would be internal to the hospital: how to retain effective control of the institution and preserve its mission character in an era of increasing medical professionalization.

One trend of the early 1900s had been an increased role for doctors in improving medical professionalism and hospital administration. The American Medical Association played an active role in forcing the closure of "diploma mills" that awarded shamefully inadequate M.D. degrees. Another significant contributor to self-improvement within the medical field was the American College of Surgeons, organized in Chicago in 1913. Its founding charter recognized the importance of hospital conditions for the safe and effective practice of surgery. One of the stated purposes of the College was "establishing standards of hospital construction, administration, and equipment and all else that pertains to them." In very short order it undertook to evaluate and approve hospital procedures throughout the country.

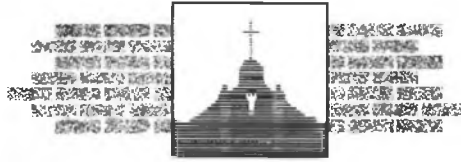
Initial survey reports submitted to the College of Surgeons confirmed the group's worst fears about conditions in many of the nations' hospitals. More than half of the hospitals that applied for approval were rejected by the College, mostly for failure to maintain adequate patient records. The College then decided to provide hospitals with a statement of minimum standards. These were condensed to a single page from fear that anything more elaborate

would be rejected by hospital staffs and administrators!

The results of an investigation of 692 hospitals of one hundred beds or more by the College of Surgeons in 1918 revealed how much more remained to be accomplished. Instead of publishing the names of the eighty-nine hospitals that could meet even the most elementary professional standards, the College decided to release only the numbers themselves and to dedicate itself to a formal program of standardization. It resulted in the rating of each hospital as a class "A," "B," or "C" facility. According to one observer, this program was "soon heralded over the world as one of the great advances of all time in promoting patient welfare." Hospitals nationwide embraced the program, prompting one historian of the movement to write that "the rapidity with which accreditation caught on and its far reaching influence are all the more remarkable in view of its voluntary status."*

Sacred Heart Hospital was one of the hospitals that took prompt action to attain the standards set by the American College of Surgeons. One of the first moves gave formal organization to the medical staff. The change was accomplished under the direction of Sister John Gabriel, who had been delegated to organize the staffs of all hospitals conducted by the Sisters of Providence. Dr. Robert L.

* Much of the information in this and the preceding paragraphs is drawn from an article entitled "American Surgery's Noblest Experiment," by Dr. Carl P. Schlicke, in *Archives of Surgery* 106 (April 1973): 379-85. The source of the first quote is R. M. Nesbit, "The Heritage and Obligation of Fellowship," in *Bulletin of the American College of Surgeons* 52 (1967): 383, and of the second R. M. McGraw, *Ferment in Medicine* (Philadelphia: W. B. Saunders Co., 1966).



Rotchford, writing fifty years ago for publication in Sacred Heart's golden jubilee publication *Fifty Golden Years*, explained the process as follows:

"Invitations were sent to all licensed physicians of the city and county, calling a meeting to be held at the Sacred Heart Hospital Thursday evening, August 28, 1919, to acquaint them with the plans and hear a discussion of the same. One hundred forty doctors attended. Sister John Gabriel called the meeting to order and briefly set forth the conditions and requirements exacted by the American College of Surgeons to obtain a class 'A,' 'B,' or 'C' rating. Each physician was notified that the hospital would be open to him, provided he conform to the standards set forth by the American College of Surgeons. Immediately an election took place to name officers to govern the practice of medicine and surgery in the hospital and in the future to pass on the applications of those who should wish to become members of the staff. . . . Following earnest deliberation, a set of bylaws was adopted. The staff now began to function."

From its inception in the fall of 1919, the executive committee of Sacred Heart Hospital worked to implement recommendations of the American College of Surgeons relating to medical and professional standards. This effort resulted in the awarding in 1920 of class "A" status to Sacred Heart Hospital—the highest rating possible. Meanwhile the process of staff organization continued. The executive committee's first task was to record the names of all physicians and surgeons already practicing at Sacred Heart, to judge their qualifications, and to establish a system of review for new applicants. The objective was to limit hospital access to worthy practitioners only. Not all doctors who had practiced at Sacred Heart retained their privileges under the new system of registration.

The reasons for rejecting physicians were not usually mentioned in the minutes of the executive committee sessions. But one practice clearly sufficed to disqualify an applicant or to

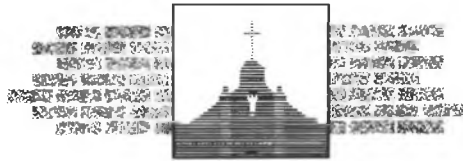
cause revocation of existing privileges. This was "fee splitting"—the granting of a kickback by a medical specialist to a referring doctor, usually a general practitioner. The conduct was considered highly unethical, since referring doctors were tempted to seek the highest percentage return of fees rather than to choose a specialist based upon a disinterested analysis of patient needs.

Fee splitting did occur in Spokane as elsewhere in the early twentieth century, despite the efforts of ethical members of the profession to ban the practice. It was one of the first matters to occupy the attention of the newly formed executive committee at Sacred Heart Hospital. In late 1920 this body set policies on the subject after seeking the guidance of the American College of Surgeons.

Other business at early meetings of the executive committee included reviewing the cases of two surgeons whose "work was under suspicion" and discussion of what should be done when analysis showed the tissues of organs removed in surgery to be normal. The review of two specific cases resulted in approval of one and disapproval of the second operation "on both surgical and moral grounds." It was left to sister superior to inform the offending doctor of the committee's findings.

The new staff organization included a separate records committee. This group helped to strengthen medical record keeping practices at Sacred Heart. The role of the committee may have expanded to include medical review, for in early 1921 the executive committee recommended that the committee "have access to all records for the purpose of inspecting these cases."

A fairly complete picture of Sacred Heart's medical staff and operations in 1921-22 can be reconstructed from the carbon copy of a typewritten document whose original probably served as the reply to an early questionnaire of the American College of Surgeons on hospital standardization. The document indicates that forty-one doctors served as staff physicians and surgeons at Sacred Heart Hospital. New staff members were elected,



subject to the approval of sister superior, and served continuously. The staff held monthly meetings in addition to daily conferences, and abided by provisions of a constitution and bylaws.

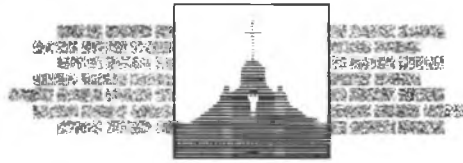
Sacred Heart did not have any resident staff in 1921-22. Nor did it have any interns, although as recently as July, 1920, it had appointed four men "from eastern schools." The document's typed response explained that the lack of interns was due "to inability at the present time to procure same." But a hand-penciled emendation indicated that "we found them very unsatisfactory. A satisfactory plan for this institution and control is being worked out, when same is complete no doubt they will be obtained." Later records suggest that Sacred Heart would not repeat the experiment with interns for at least another ten years.

The questionnaire to which our source forms the response asked for descriptions of twelve separate departments. At this stage in Sacred Heart's history, no division of staff into departments had been made. The response given for the category of "General Medicine" served as a blanket description for many functional areas of medical care:

"No departmental staff. Laboratory examinations free, excepting for X-ray and basal metabolism determinations. The quality of professional services depends upon the qualifications of the Physicians who have the privilege of the Hospital. This privilege is granted by the Executive Committee who demand, besides a license [to practice in the state of Washington], the ability to make complete physical examinations and record same."



Sacred Heart Hospital's sixth-floor surgery, 1921.



A penciled note to the last sentence added the words "and do work of passable quality."

To questions about the hospital's staff in nervous and mental diseases, dermatology, pediatrics, urology, ophthalmology, and otolaryngology, a standard response of "no departmental staff, requirements the same as [general medicine]" was given. But Sacred Heart did boast that pediatrics was "complete with nurseries and special graduate nurses." Facilities were said to be "complete" for most departments, except for "communicable diseases," which were not admitted to Sacred Heart.

In describing "general surgery," Sacred Heart was said to have complete facilities and thoroughly modern equipment. "Everything [is] furnished by the hospital with the exception of instruments, gloves, and catgut, which are furnished by surgeons themselves. Complete records and operative findings dictated at time of operation."

Facilities for gynecology and obstetrics were also said to be thoroughly modern, with "two delivery rooms, special sterilizers, consulting staff of five members selected from general staff of hospital." For orthopedic surgery the hospital told of "a Hawley table, fracture beds, all modern orthopedic apparatus."

As for anesthesia, this was administered by doctors or "specially trained nurses." Fees were \$5 to \$25, with special nurses at \$125 per month. "All anesthetic nurses trained to give all modern anesthetics. Hospital equipped with all methods of anesthesia." The volume of anesthetics administered equalled 275 per month, and records made by the anesthetist were complete "in every case at the time of operation."

Sacred Heart Hospital had six operating rooms where "general high standards prevail." The laboratory was headed by Dr. Mathew M. Patton, pathologist, assisted by two technicians, Sister Archibald, R.N., and Miss E. D. Tuttle, B.S. Additional services included physiotherapy, occupational therapy, vocational therapy, and reconstruction shops. Other facilities included a morgue, but no autopsy room or museum. X-ray facilities were

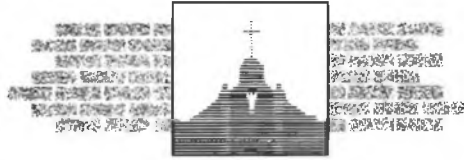
"complete for all types of Radiography, Fluoroscopy, and Therapy," and were under the supervision of Dr. J. Aspray, who received as payment fifty percent of the fees for work done, with assistants paid by him. No outpatient department existed at this time.

It is easy to see from Sacred Heart's responses to this questionnaire that the hospital was in the very early stages of acquiring the management and organizational structure of a modern medical center. Subsequent questionnaires and documents would show much progress by 1936 toward the development of a more highly specialized staff organization.

In at least one department, Sacred Heart Hospital had formulated rules in advance of the push toward standardization by the American College of Surgeons. This came in 1910 when Sacred Heart Hospital opened special quarters on the second floor of the new building for obstetrical and maternity care. Dr. H. E. Rhodehamel, writing in *Fifty Golden Years*, credited the establishment of strict procedural guidelines to the department's supervisor, Sister Oswald. "Previously each attending physician had been a law unto himself and made deliveries when and as he saw fit, but Sister Oswald, by using a diplomacy all her own of scolding and coaxing, worked out a system which was the foundation of our present obstetrical rules."

When Sister Catherine of Sienna succeeded Sister Oswald in 1918, she brought the department into full compliance with the rules formulated by the American College of Surgeons. As a consequence, Sacred Heart participated in new trends toward lower mortality rates for mothers and infants, and toward increasing use of hospital facilities for childbirth.

Discussion of the standardization movement dominated professional meetings in the early 1920s. One such forum was the Washington branch of the clinical section of the American College of Surgeons that met in Spokane in August, 1921. At this meeting surgeons gathered to observe the work of local and visiting doctors at Sacred Heart and St. Luke's hospitals, and to hear reports on various ex-



The X-ray facility
in 1921.

periences and results of the standardization movement.

One of the speakers at the meeting was Rev. C. B. Moullinier, S.J., president of the Catholic Hospital Association. Part of his address, "The Soul of Hospital Standardization," was quoted in the August 26 *Spokesman-Review*:

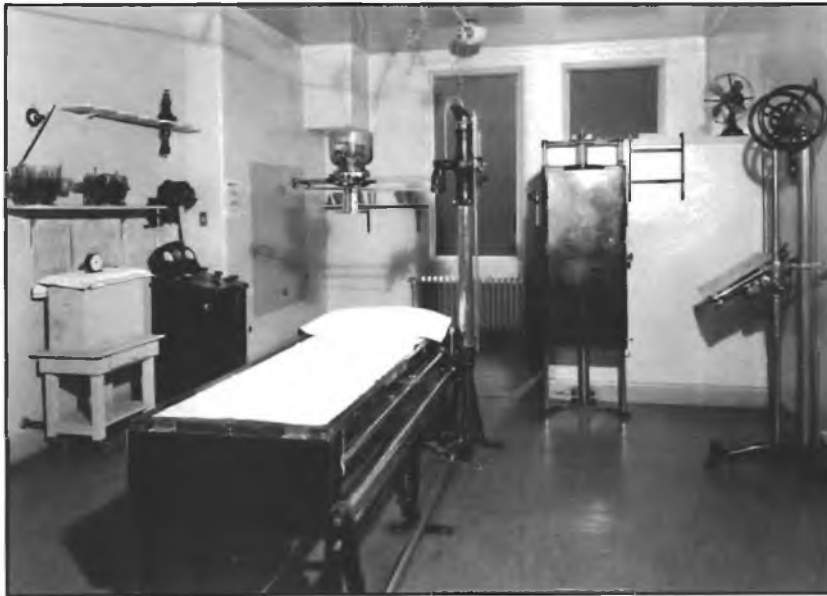
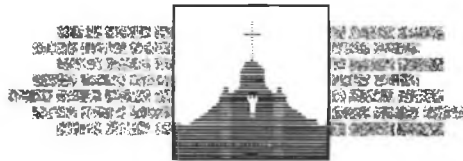
"The pooling of knowledge of all branches of the profession, for which the minimum standard provides, supplies the scientific advantage of standardization. This is the day of cooperation among medical men, and the big man is the man who says he does not know and asks his colleague for advice.

"Unless the physician, the nurse, the hospital superintendent, and the entire organization take into consideration the fact that every patient is a human being

and has tender social environments, it can not be successful. God save us from a soulless efficiency. A hospital must be as efficient as it can be made, but it must have a soul."

The message of Father Moullinier must only have served to recommit the Sacred Heart Hospital community to its special mission of healing and ministering to the sick. For this address was not the first contact of Sacred Heart sisters with the Catholic Hospital Association, a group founded in 1915. Sacred Heart had probably joined the Catholic hospital movement by 1919, when Sister Superior Gaudentia and Sister John Gabriel attended a convention of the group held in Chicago.

In June, 1922, another meeting of physicians convened in Spokane, this time under the auspices of the American Medical Association.



Sacred Heart's radiology department and special table, photographed after 1931.

More than one hundred prominent physicians visited Sacred Heart Hospital and attended a number of operating clinics there. According to the chronicler, the operations were "successful" and the recoveries "rapid."

Under Supervision of Sisters

From 1920 to 1936 Sacred Heart Hospital continued to make steady advances in standardization of hospital practices and in attaining higher levels of medical professionalism. In the summer of 1922 Sacred Heart's chronicler observed that "the staff is furthering the scientific development of the hospital and promotes keen interest among the doctors. Each month meetings are held in which cases are discussed and the general betterment is likewise considered." Sufficient progress had been made by September, 1923, to impress a visiting inspector. The envoy of the American College of Surgeons was one Dr. Williamson, who reportedly was pleased with the condition of Sacred Heart Hospital and found the records there "up to date."

New equipment purchases also received careful consideration. The sisters' philosophy, as expressed in the chronicles, was that "the

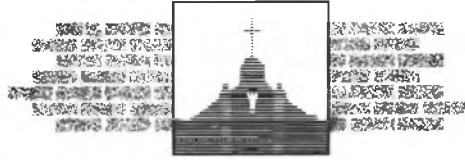
ever increasing demands of science for the betterment of patients calls for the installation of any new apparatus that aids in the alleviation of human suffering." In keeping with this commitment, the hospital acquired new X-ray equipment in 1924-25, equipment for a new physiotherapy department in 1925-26, and special kitchen facilities for a new pediatrics ward in 1929-30.

The organization of the medical staff of Sacred Heart Hospital continued to evolve during the 1920s and early 1930s. The executive committee shouldered most of the burden of judging doctors' qualifications and performance. On other matters it was assisted by committees on records, interns, the laboratory, obstetrics, and surgery/anesthetics. Later in the 1930s a dormant program committee was reactivated, and the work of the record committee was subdivided according to medical specialty.

The Sisters of Providence maintained their supervisory role throughout this process of bringing medical staff into the organizational structure of the hospital. Final decisions were still made or approved by the sister superior, and other sisters had supervisory responsibilities on a day to day basis. This is illustrated by the resolution of a matter brought before the executive committee in 1921.

The incident began when Dr. Preston complained about the assistance he received in the operating room. He claimed that the anesthetist "allowed the patient to swallow her tongue and resented his suggestions." The other side to the story was that the head nurse had taken Dr. Preston to task for not wearing a surgical mask as required. The sister supervisor of surgery then asked Dr. Preston, in the presence of the patient's husband, to wear the mask during surgery. After review of this tiff "Dr. Preston was informed by the committee that the sister and head nurse of the surgery had the liberty to correct the doctor when an error in technique occurred."

Additional evidence for the active involvement of the sisters in supervising the work of the hospital may be gleaned from a copy of a completed 1925 questionnaire from the American College of Surgeons. One question



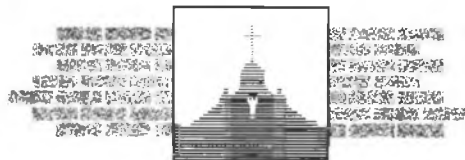
asked "what link or contact is there between the medical staff and board of trustees or management?" The reply: "the sister superior is a member of the executive committee and is present at all its meetings. Associated with her are the surgical supervisor and head nurses of each floor, all of whom are sisters."

How did Sacred Heart prevent "incompetent or unnecessary surgery?" "There is strict supervision by surgical supervisor who reports to surgical committee any unnecessary or incompetent work. Committee names or recommends a competent assistant for the operator [surgeon]." Questionable surgical cases were

frequently discussed at meetings of the Sacred Heart staff executive committee. Outcomes varied from accepting the explanation of the surgeon to recommending reprimand, suspension, or expulsion from the hospital.

In the matter of obtaining interns for Sacred Heart Hospital, the minutes of the executive committee for April, 1928, indicate that Sister Superior Mary Alice took the lead. She "suggested that we should have at least two interns, that there were certain cases that could be handled better by having interns." She announced her intention to appoint a committee to work with her on the subject of what work

A surgical operation in progress during 1928.



A letter describing the Sacred Heart Hospital program for interns and residents, sent to potential applicants in 1949.

An Intern Solicitation Letter

Sacred Heart Hospital will have twelve internships available in July, 1949.

Sacred Heart is a 600-bed general hospital, with approximately 50 charity beds. At present we have 18,000 admissions per year, 2,800 deliveries, and 9,000 operations are performed yearly.

The internship is rotating in type and is a twelve-months service. It is approved by the council on education of the A.M.A. Our teaching program includes the basic sciences, ward rounds, and bedside teaching in medicine, surgery, and the allied specialties.

Residencies in medicine, surgery, obstetrics and gynecology will be available in July, 1949.

At present our teaching program for interns consists of weekly ward rounds in medicine, general surgery, obstetrics and gynecology, urology, orthopedics, and pediatrics. These are conducted by staff members who are certified by their respective American Boards. A clinical pathological conference is held weekly. Staff meetings are held monthly.

Interns are paid \$100.00 per month and residents \$150.00, plus maintenance.

Spokane is in the heart of the Northwest's great Inland Empire, a land of rapid development and opportunity. Grand Coulee Dam and the associated gigantic reclamation project are nearby. For those interested in hunting, fishing, skiing, or boating, this area is a paradise.

I am sure this is a most satisfactory and valuable internship. There is an abundance of material, very adequate facilities, and a satisfactory teaching program.

Sincerely,
M. H. Querna, M.D.
Chairman, Intern Committee

the interns would perform and the conditions of their employment.

Apparently no action was taken on this subject for more than a year. By this time the American College of Surgeons had revisited Sacred Heart Hospital and repeated the case for securing interns. In a letter dated July 17, 1929, the College's director of hospital activities noted that interns "would be a great help in promoting better case records as well as increasing the general efficiency of the hospital. At the same time your institution offers a fine opportunity for good training and experience for interns."

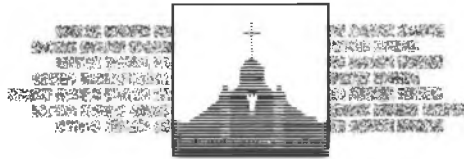
It was not until the executive committee's December, 1928, meeting that two doctors were finally appointed to work with Sister Mary Alice. The committee's first assignment was to "draw up a letter to send with applications" and to "draft rules for interns." The first intern to be appointed at Sacred Heart since the "unsatisfactory" experience of the late teens began his service in 1931. From this time onward a large number of interns has received valuable training at Sacred Heart Hospital.

Disagreement Among Doctors

The minutes of the December 17, 1929, meeting of the executive committee contain one other item of interest to the history of the practice of medicine in Spokane. This was the motion, proposed by Dr. John O'Shea, "that permission be denied to Dr. William Robinson to practice in this hospital, and that this be submitted to sister superior for consideration."

The motivation for this action can be found in a sensational case of medical malpractice that was brought against the long-standing Sacred Heart staff member and executive committee chairman, Dr. George Downs. The story is told in detail in a book by Dr. Carl P. Schlicke, *Working Together. A History of a Medical Practice, the Rockwood Clinic* (Fairfield, WA, 1980).

Dr. Downs was the attending physician for Elsie Prather, a young woman who had sus-



tained multiple fractures of the leg in an automobile accident. After bringing her to Sacred Heart from the city of Spokane's "emergency hospital," Dr. Downs decided to operate.

Unfortunately for the patient, rapid recovery did not follow the operation. Instead Elsie suffered greatly from infections and other complications. After five months of treatment, Elsie's parents decided to dismiss Dr. Downs and appoint the young but well-regarded Dr. Robinson in his place. His diagnosis confirmed that Dr. Downs' most recent recommendation, amputation, was necessary to save Elsie's life. He performed the operation at Deaconess Hospital and Elsie Prather made a good recovery from surgery.

The end of Elsie Prather's painful ordeal was just the beginning of Dr. Robinson's troubles with the Spokane medical community. Dr. Downs was outraged at what he regarded as a flagrant breach of medical ethics. In his view Dr. Robinson should only have offered an opinion on the need for amputation and then returned the case to the patient's original physician. The medical fraternity of Spokane agreed with Dr. Downs and branded Dr. Robinson as an outcast.

The story might have ended there had Dr. Downs not threatened to sue the Prather family for unpaid fees for Elsie. In response the family brought a \$33,400 malpractice suit against Dr. Downs for negligent and improper treatment. It was the largest such claim yet filed in Spokane.

If Dr. Robinson's relations with his Spokane medical colleagues were poor before the trial, they got worse after it, for he had the courage—or temerity—to testify that Dr. Downs had totally mismanaged Elsie Prather's treatment. After hearing the evidence for the plaintiff, presented chiefly by Dr. Robinson, and for the defense, presented by a number of the most prominent physicians in Spokane, the jury returned a \$12,000 judgment in favor of Elsie Prather. Dr. Downs' lawyers appealed, a second trial was held, and this time the jury increased the award to \$19,000.

The fury of the medical establishment was

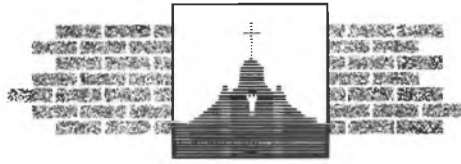


Dr. Carol Sundberg and interns on medical rounds at Sacred Heart Hospital.

now unleashed upon Dr. Robinson. He lost his hospital privileges first at Deaconess, then at the other Spokane hospitals, St. Luke's and Sacred Heart. Finally, in January, 1930, Dr. Robinson was expelled from the Spokane County Medical Society. His response came the following day in Superior Court. According to Dr. Schlicke's account, he filed suit against ten prominent Spokane physicians, "charging them with conspiring to injure him and his reputation and making it necessary for him to construct his own private hospital and operate it at a loss since he was barred from the city's other hospitals." The hospital he founded was the Rockwood Clinic.

The trial that ensued caught the attention of both the local and the national press, and prompted some sensational coverage. Dr. Schlicke tells the story this way:

"[Dr. Robinson] stated that he had testified in the Elsie Prather case without malice toward Dr. Downs and solely because he felt it was his moral obligation. He charged that immediately after he testified, the defendants, who for years had agreed among themselves never to testify against another physician, entered into a conspiracy with one another and with other members of the medical profession in Spokane to injure him by destroying his practice and attempting to 'run him



out of town.'

"In furtherance of this conspiracy, he charged, 'the defendants, believing that if the hospitals of Spokane were closed to the plaintiff, the plaintiff's practice would be injured, caused notice to be served on each of the three hospitals in Spokane, both on their own behalf and on behalf of the other doctors in Spokane, that unless the hospitals refused admittance to the plaintiff and his patients, they would boycott the hospitals.' The defending doctors not only denied these charges but sought to prove that Dr. Robinson was guilty of incompetent, unnecessary, and improper surgery, citing several specific cases."

After months of preliminary motions and legal maneuvering, the case finally went to trial in December, 1930. The defense made another motion for dismissal, but this was refused. On the following day, however, the judge did exonerate St. Luke's and Sacred Heart hospitals and dropped from the proceedings a number of physicians including Dr. O'Shea and others from Sacred Heart.

For three weeks the courtroom of visiting Judge Dolph Barnett of Yakima was the scene of heated arguments, vitriolic accusations, and lengthy medical testimony. Finally, on January 4, 1931, the jury returned a verdict against ten defendants, awarding Dr. Robinson \$30,000 for slander and humiliation. Dr. Robinson's victory was cheered by the press and the public in Spokane, and his fledgling clinic thrived.

Some six months later the defense succeeded in having the jury's verdict overturned on procedural grounds and a new trial was ordered. But by this time all parties to the action preferred to put legal actions to rest and to get on with their professional lives. Dr. Robinson settled out of court on condition that his membership in the Spokane County Medical Society be reinstated and that the defendants pay all court costs and his costs as well, which by this time were estimated to reach about \$50,000. The conditions were accepted, though the medical society in fact blocked his return until after World War II.

This incident explains the origins of the

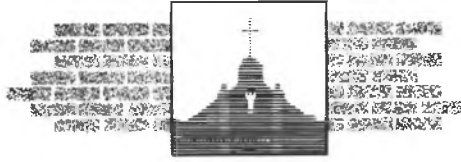
Rockwood Clinic, whose original premises were later acquired by Sacred Heart Hospital. It also illustrates the kinds of abuses that can occur in the name of protecting "fellow professionals." In this unhappy saga Sacred Heart Hospital was not a prime player, although the treatment that provoked the legal chain of events began on an operating table there.

There is no direct evidence for the attitude of Sister Superior Mary Alice in this affair. An oral tradition at Sacred Heart indicates that the sisters were sympathetic to Dr. Robinson and only permitted his exclusion from the hospital because the medical staff bylaws mandated membership in the Spokane County Medical Society. According to this tradition, Dr. Robinson's decision to offer the Rockwood Clinic property to Sacred Heart during World War II was partly due to his belief that the sisters had treated him fairly.

Fifty Golden Years

The celebration of the golden jubilee of Sacred Heart Hospital in 1936 presented an opportunity for reflection upon the foundation, growth, and transformation of Sacred Heart Hospital during its first five decades. As part of that celebration, Sister Mary Leopoldine undertook the preparation of a commemorative publication called *Fifty Golden Years*. The book is an important source for historical information about Sacred Heart Hospital during its first half century.

One of the recurrent themes in the various sections of *Fifty Golden Years* is the advancement of medical science. Perhaps more than at any time since the scientific revolution of the sixteenth century, the pace of change in the understanding of natural science was accelerating, and making its effects felt in the realm of human medical care. Establishing a suitable organizational framework for administering, managing, and evaluating the changes that such progress dictated was a challenge both for professional organizations like the American College of Surgeons and for individual institutions like Sacred Heart



The Sacred Heart nurses' home which originally was the Rockwood Clinic.

Hospital. The hospital operated by the Sisters of Providence met that challenge as well as any human institution could.

Dr. Rotchford's Summary

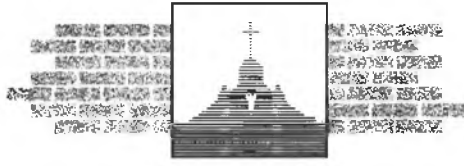
Yearly progress has taken place and Spokane may be proud of the Sacred Heart Hospital. It has been frequently stated by nationally known medical authorities that no city of its size in the entire country can boast of a better equipped and functioning hospital. Its laboratories, X-ray and pathology, diet kitchens, obstetrical, pediatric, surgical, and medical departments are second to none, made so by the never ending efforts and loyalty of its staff, combined with the one hundred percent cooperation of the management, and the efficiency of the nursing personnel. The staff greatly appreciates the cooperation and encouragement of the sisters who are in

charge of the hospital.

The staff, now numbering seventy-four doctors, is composed of men well trained to carry on their chosen profession. We may justly know that the staff is truly efficient, for its members measure up to the yardstick that guarantees ability; namely: graduation from recognized medical schools, ample internship and residency with proper postgraduate training. There exists no institution in the United States that can render a service or treatment, be it special or otherwise, that the staff of the Sacred Heart Hospital is not capable of thoroughly and efficiently giving.

As president of the staff, it is my wish that our members continue their wholehearted cooperation and observance of rules laid down by the American College of Surgeons; that we continue our interest in the scientific meetings which by requirement are held at least monthly; that each and every one feel it not only his privilege but his duty to

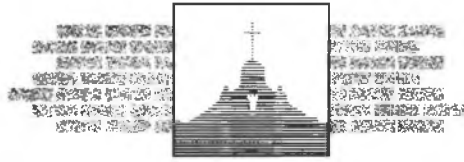
The concluding paragraphs of Dr. Robert Rotchford's two-page description of Sacred Heart Hospital's medical staff, published in the 1936 anniversary book Fifty Golden Years.



*A nursing arts class,
School of Nursing, 1943.*

make suggestions and recommendations for the betterment of the hospital. We may rest assured all constructive recommendations will, where humanly possible, be carried out by the managing sisters, be these recommendations, requests for additional equipment, a change of service to the patient, or anything that leads towards perfection in

the care of the sick. If the present spirit of our staff continues, there exists not a doubt that when the progress and hospital achievements of the present come to be tabulated, they will in no small degree measure up to those of the last two or three decades and perhaps lead us on to heights, the level of which we had never anticipated.



A Variety of Vocations

6

The construction of a modern hospital building by 1910, the organization of the Sacred Heart medical staff after World War I, and the standardization of hospital procedures according to the norms of the American College of Surgeons signaled the coming of age of the institution operated by the Sisters of Providence in Spokane. The hospice-type facility of the nineteenth century was only a distant memory when Sacred Heart Hospital celebrated its fiftieth anniversary in 1936. The Sisters of Providence who owned and operated Sacred Heart looked with considerable sense of accomplishment at their first half century of progress. Their institution addressed vital human needs. It was capable of constructive change. And it was durable.

The guiding force behind the success of Sacred Heart Hospital was the Sisters of Providence. They served as administrators and supervisors. They also worked as spiritual counselors, nurses, social workers, pharmacists, record keepers, and laboratory technicians. But their efforts alone were not equal to the task that an appreciative and trusting citizenry placed upon them. The sisters' allies in their mission to the sick and needy were doctors, lay nurses, technicians, and clerical, dietary, and plant personnel—numbering more than four hundred individuals by the mid 1930s. By 1960 this number reached eleven hundred, and it now tops two thousand. The history of these vocations forms an important part of the Sacred Heart Hospital story.

Nurses at Sacred Heart Hospital

By any standard of measurement, nurses formed the backbone of Sacred Heart's corps of personnel. The Sisters of Providence per-

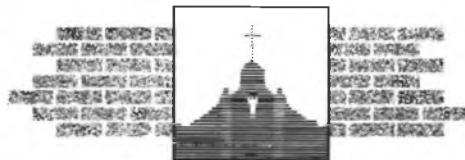
formed nursing duties from the time of their arrival in Spokane, and frequently gave the impression in their chronicles and other sources that this was the occupation they cherished above all. But in the booming young Spokane of the late nineteenth century, the increasing needs of patients exceeded the growth in the number of sisters. A response to the needs of the institution was to train and employ lay nurses.

The first graduates of Sacred Heart's program began a vocation that has changed considerably since the turn of the century. Sacred Heart's initial graduates resembled more religious postulants than modern health care professionals. The Sacred Heart chronicles for 1899–1900 described the first graduation day as follows:

"On the 18th [of June] we saw an eager crowd coming toward our abode. It was the glad parents and friends of our good nursing students, who that evening were going to receive the reward for their work and their devotion in the service of suffering humanity.

"They were about to receive well-merited diplomas; it was the first graduation in Spokane. They were only two, Miss Sullivan and Miss Arnold. . . May God bless these good children and may He protect them in their works of charity."

One of the new nurses, nineteen-year-old Anna Arnold, had converted to Catholicism during the summer of 1899. The annalist noted that after receiving instruction in the faith the chaplain deferred her first three requests for baptism. The sister chronicler remarked that the young woman, "while not flighty, enjoyed too much her freedom and was not always submissive; [the chaplain] wanted to correct her while testing her steadfastness. With joy we



A nurse at study, 1906.

saw that she made notable progress. She persisted and this happiness [baptism] was accorded her."

Sacred Heart Hospital was first in Spokane and second in the state of Washington to have a training school for nurses. For many girls, nursing was an excellent preparation for later responsibilities as mothers and homemakers. A Sacred Heart Hospital *Bulletin* dated 1908-09 noted that the school "since its inception has maintained a reputation, not only for imparting a thorough, practical, and scientific knowledge of the art of caring for the afflicted, but for excellent character training." A year after its opening, the *Spokesman-Review* described the course of study of ten young women enrolled at Sacred Heart as follows:

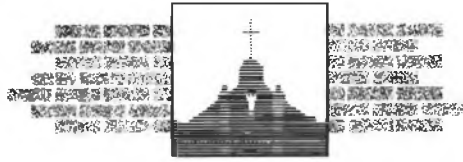
"They live in the hospital, having their working hours and their leisure moments.

During ten months of the year a series of three lectures a week is delivered for the benefit of these apprentice nurses. It takes about two years and a half before they can take out a diploma as a professional nurse, and they must become skilled in many things. They must be able to render assistance on the operating table, compound prescriptions, administer to the sick and the many other things that are included in the duties of the professional nurse. For those that intend taking up the duties of a nurse as a life profession there is said to be no better place as a training school than the field afforded by a hospital."

But even at the earliest stage of the school, a trend toward increased professionalization of nursing was evident. After graduating the first class of nurses, Sacred Heart extended the training period to three years from two. Several years later the Washington State legislature established a program to register nurses. The 1909 state law required applicants to be twenty years of age, to pass an examination, and to have a diploma "from a training school for nurses of a reputable hospital." The minimum term of training in 1909 was two years, a duration that Sacred Heart already surpassed. The first Sacred Heart nurses to take the state examination and earn the qualification of "R.N." were graduates in the class of 1912.

Nurses' Training in 1909

"The training covers all the general principles of nursing, including the management of helpless and convalescent patients and diet of the sick; the best method of friction to the body and extremities, prevention and treatment of bed sores, bedmaking, changing of clothes, moving and bathing bed patients, the making of poultices and application of fomentations, cups and leeches and bandaging; the dressing of wounds,



The nurses' costume party, 1914.

burns, blisters and sores of all kinds.

"In the special training in surgical work the student nurses are taught how to ventilate and warm the sick rooms; to take care of rooms and wards; to make accurate observations of the state of secretions, expectorations, pulse, skin, appetite, temperature of the body, breathing, sleep, condition of wounds, effect of diet and the use and effect of drugs. Preparing diet for the sick and everything that pertains to the comfort of the patient is also taught.

"Young women desiring to enter the training school must make formal application to the Sister Superioress of the institution upon whose approval they will be received into the school on one month's probation, during which time they receive board and room. With the application properly filled out, the applicant must send a letter from her pastor,

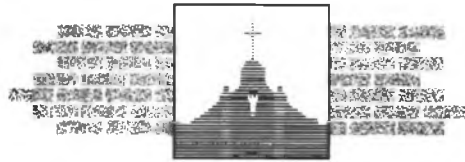
testifying to her good moral character, and one from her family physician attesting to her good health. Applicants should be between the ages of twenty and thirty years and should possess a good education.

"The Sister Superioress will determine at the end of the month whether the applicant is adapted for the course and if so the probationer will be enrolled in the school.

"At any time in the course the student nurse may be dismissed by the Superioress for misconduct, lack of physical strength, inefficiency or neglect of duty.

"Admitted to the training school young women are required to wear the uniform of the school, procured from the hospital at the expense of the student.

The rules for nurses in training during the early years of the twentieth century were designed "to perfect young women for their future profession."



"During the three years' course of training the young women reside at the Sacred Heart Hospital, which provides them with living accommodations, a reasonable amount of laundry, and five dollars a month. This amount is not intended as compensation, the instructions given by the staff and Sisters being regarded as an ample equivalent for their services. In case of sickness during the course the student nurse will receive gratuitous care, but the time lost by the illness must be made up at the end of the term. Unless in an emergency, each student is given an afternoon each week.

"Rules and provisions in connection with the course are intended not to be onerous, but to perfect the young women for their future profession.

"At the end of the course an examination is held, and if creditably passed the student will receive a diploma signed by the staff under the seal of the hospital."

Nurses playing tennis next to the west wing, circa 1920.

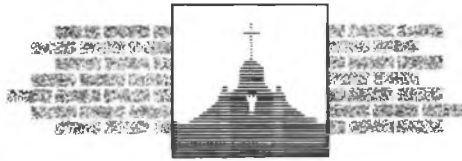


The nursing school classes were small for the first decade, averaging about five graduates per year during the first dozen years. Enrollment increased with the opening of the new hospital, however, and in 1913 seventeen nurses graduated. From 1913 through 1936 the School of Nursing graduated an average of twenty-four students per year, with a small rise evident during the years of American involvement in World War I.

The war created a strong demand for nurses that was felt in Spokane as elsewhere in the United States. The war was prominent among the topics discussed by Father J. J. Laherty of Gonzaga University when he addressed the graduating class of 1918. Warning against a "hysteria for patriotism," Father Laherty called instead for "poise, dignity, and a grim determination to win the war." According to an account of the ceremony in the *Spokesman-Review*, 43 of a total of 169 graduates of the Sacred Heart School of Nursing were active in Red Cross work. Another 50 graduates were married, leaving "but a small proportion who had not answered the call for nurses overseas."

By 1919 Sacred Heart felt a pressing need to provide its student nurses with more adequate quarters than the hospital then afforded. After securing permission from Montreal, construction began on a new southwest wing that was to house the nurses' school and home from 1923 to 1946. When the onset of World War II precipitated a sudden increase in the number of enrollments, Sacred Heart acquired the original Rockwood Clinic buildings that lay adjacent to the hospital grounds, and refitted them as a nurses' residence. The hospital's 1945 expansion plans provided for the construction of an entirely new nursing school facility on Ninth Avenue (now St. Joseph Care Center).

The war years enrolled record numbers of students. Those who graduated in the spring of 1946, 1947, and 1948 formed classes of seventy-three, eighty-eight, and eighty-five nurses. This was the highest number of graduates that the Sacred Heart School of Nursing produced during any three year period of its history, and only 1960, with ninety graduates, exceeded the peak World War II era



class in size.

The experiences of doctors and nurses on World War II battlefields had a profound impact on the practice of medicine and the future direction of nursing. In a few brief years doctors treated more patients with severe injuries than most physicians had seen in decades of practice. As a result great progress was made in the use of blood products and transfusions, in the use of anti-infective drugs, and in the use of antibiotics. Certain convalescent practices, such as immobilization and rest, were abbreviated or ignored out of necessity, and then found not to be as indispensable as doctors previously believed. The results of these experiences were felt in civilian medicine after the war. New drugs were introduced at a much faster rate, and doctors began to practice less conservative medicine. For nurses, this meant increased responsibilities and a need for more knowledge than before.

The Sacred Heart School of Nursing had always provided students with some of the best nursing education available in the United States. When the school was founded in 1898, a national movement to improve nursing education had recently gathered momentum, and from the start Sacred Heart adhered to the highest recognized standards. Nursing education also benefited from the standardization efforts of the American College of Surgeons, especially with regard to the keeping of patient medical records.

In the mid thirties the Sacred Heart School of Nursing again responded to national efforts to raise nursing education standards. One result was the integration into the nursing program of academic courses taught at Gonzaga University. Shortly after World War II Sacred Heart participated in another national evaluation program and received a ranking in the top one-fourth of the highest group. And in 1954 the school was among the five percent of nursing schools nationally to win full accreditation from the National League for Nursing.

World War II also effected change in the professional status of nurses. The intense demands of combat situations increased the self-confidence of many nurses and reinforced

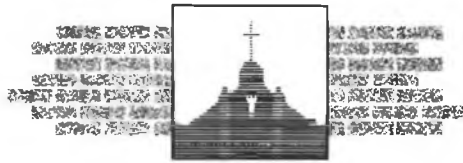


the importance of nursing to the patient's recovery. After the war, nurses in far larger proportions than before attended colleges to receive academic training and degrees. At the same time the American Nurses' Association began lobbying both for higher wages and for accreditation of nursing schools.

One result was that as hospitals increased the academic nature of their nursing school programs, they began to utilize student nurses less and to employ more registered nurses. Also increasing the demand for registered nurses was the closure of many small hospital training schools that did not have the means to meet higher accreditation standards. The trend toward greater professionalization of nursing accelerated.

During the past twenty years there has been a "quantum leap" in what nurses need to know, according to Betty Harrington, the former director of the Sacred Heart School of Nursing. New technologies developed for the space program have increased medicine's ability to monitor physiological changes. This means that nurses can observe better than before the evolution of a patient's condition, and alert the attending physician when complications develop. The extensive use of in-

The nurses' graduation Mass, May, 1960, in the sixth-floor chapel of Sacred Heart Hospital (now the Sacred Heart Doctors Building).



Nurse Karen O'Reilly observes heart monitors in the coronary care unit in 1982. Photo courtesy Spokesman-Review.

travenous treatment has also increased the importance of nurses for the care—as well as the comfort—of patients.

According to Betty Harrington, the new Sacred Heart Medical Center impacted nurses “like moving into a new world.” New facilities for intensive care and for the practice of specialized medicine seemed to increase the scientific level of the care that could be given. Still the philosophy of care that characterized the old hospital remains. Nurses know that their institution is committed to placing the needs of the patient first, and that professional concerns voiced by nurses receive careful consideration.

The Sacred Heart School of Nursing retained its national standing until its closure in 1973. By this time it had trained more than 2,600 nurses—including a number of men after 1953. Closing the school of nursing at Sacred Heart was dictated by an increasing academic orientation in nursing education, the formation in Spokane in 1969 of the Intercollegiate Center for Nursing Education, and the financial deficits incurred from maintaining a fully accredited school within the hospital.

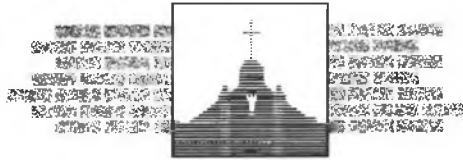
The First Technicians

Working with doctors and nurses are approximately 250 different categories of technicians and technologists whose work is vital to the

care and treatment of patients. The first technicians at Sacred Heart served as assistants to the doctor in charge of radiology. A medical laboratory soon followed, and Sacred Heart Hospital was committed to a program of continued improvement of its medical apparatus and to the training and employment of qualified and dedicated persons to operate machines, record findings, and analyze results.

Sacred Heart acquired its earliest X-ray equipment in 1899 when two staff physicians, Doctors Brown and Doolittle, purchased a machine for \$375 and donated it to the hospital. A radiology department did not formally exist until after completion of the new hospital in 1910, and even then it was limited to a corner of a surgery room. As a result of both perfection in equipment—early X-ray machines were not shock-proof—and of radiological technique, the X-ray quarters were enlarged in 1924 and again during the early thirties.

By 1961 when Sacred Heart celebrated its seventy-fifth anniversary, the radiology department was equipped to offer X-ray diagnosis and treatment, radium treatment, and diagnosis and treatment with radioactive isotopes. Its five X-ray machines produced 22,500 images annually, a more than tenfold increase over the early years of the hospital. Such devices now seem rudimentary compared to the latest computerized imaging techniques of ultrasound and CT scanners, which now account for about one-fourth of Sacred Heart's



annual volume of nearly 50,000 radiological images. [For more on the acquisition and technology of diagnostic equipment, please see chapter 8.]

The last twenty-five years have seen the creation of separate therapeutic and diagnostic radiology departments. The Radiation Therapy Department now offers several treatment alternatives for cancer patients. The cobalt treatments of the 1950s have been largely replaced by the development of linear accelerators that allow more efficient and accurate radiation therapy. Sacred Heart's latest equipment—purchased in 1980—allows technicians to target therapy to specified depths and areas of tissue and to protect the surrounding healthy tissue from radiation damage.

Laboratory Medicine

The Department of Laboratory Medicine was established in 1919 as a "pathology department" in accordance with the organizational recommendations of the American College of Surgeons. The physician-pathologist in charge was soon assisted by Sister Leon Alphonse, who served as medical technologist and supervisor, and by a small staff of technicians. The responsibilities of the department grew as increasing research rapidly expanded the frontiers of medical science.

From an early date the department contributed to medical education in the Spokane area through its program for technicians. In 1932 a program was accredited by the American Society of Clinical Pathologists and the institution was registered by the State Board of Health of Washington. Beginning in the 1950s, the training program offered bachelor's degrees to students entering with three years of college coursework. The requirements stiffened in 1979 when a bachelor of science degree became prerequisite. The program accepts twelve students per year who receive after one year a certificate from the school and the opportunity to take qualifying examinations for national certification.

By 1961 the medical laboratory had become

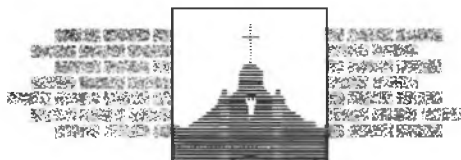


Second linear accelerator used in cancer treatment, circa 1976. Doctors Donald Schmutz and E. Finch Parsons, medical directors of Radiation Therapy, inspect the unit with Janet Meehan, chief radiation therapist.

a major medical resource for doctors and hospitals throughout the inland northwest. It conducted 260 different types of tests, up from only 41 separate tests ten years earlier. Its staff had grown dramatically since 1950, both in numbers and in research qualifications. Sacred Heart Medical Center and Swedish Hospital in Seattle were the first private hospitals in Washington to employ Ph.D. level biochemists, each recruiting their first in 1957. By 1985 the laboratory staff totaled 128 persons. It included six physicians plus Ph.D. level chemists, microbiologists, and geneticists, in addition to

Sister Leon Alphonse at work in the Pathology Department laboratory in 1936.





Certified registered nurse anesthetist administering anesthesia during surgery in 1962.

scores of university graduates.

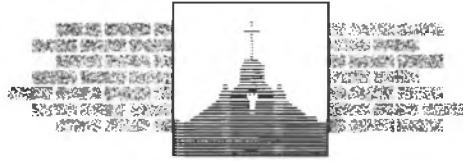
Part of the growth impetus resulted from advances in surgical technique that allowed more aggressive treatment of disease. Because such procedures placed patients at greater risk of physiological imbalance, the medical laboratory had to develop more sophisticated monitoring techniques to ensure patient survival both on the operating table and in the critical hours and days that followed. The department's ability to process mountains of data was enhanced in 1963 when it acquired its first computer, and has grown since, especially following the laboratory's transfer to quarters four times larger in the new medical center building.

Sacred Heart's modern complex of electronic, nuclear, biological, and chemical testing devices facilitates research as well as diagnosis and treatment. From the 1950s onward, the staff of Sacred Heart increasingly utilized the hospital's laboratories to conduct medical research concerning cancer, heart disorders, and drugs, and to pursue the quest for safer and more effective means for treating and curing

patients. Dr. John Hill, the laboratory's director from 1950 to 1983, attributes the success of Sacred Heart's scientific work to outstanding teamwork among researchers and technologists; and Sacred Heart's position of prominence among hospitals in the Northwest to the medical center's commitment to promoting the educational aspects of medicine. "It stimulates the entire institution," he said.

School of Anesthesia

Another Sacred Heart Hospital contribution to health science education in the greater Spokane area has been in the field of anesthesia. Beginning in 1917, Sacred Heart has provided training in the theory and administration of all types of anesthesia. By 1941 the course of study was eight months, with an enrollment limit of three beginning students accepted every four months. In its first twenty-four years, the school graduated thirty anesthetists. The program has been continually accredited by the



American Association of Nurse Anesthetists. In 1977 Sacred Heart Medical Center became one of only a few institutions to offer a joint program with a university graduate school. This two-year program, which is limited to five students per year, leads to a master's degree in anesthesiology education from Gonzaga University and a certificate from Sacred Heart's School of Anesthesia.

Sacred Heart's Kitchen

In the annals of the Sisters of Providence, and therefore of Sacred Heart Medical Center, a fondness of memory is reserved for those persons who prepare food for the hundreds of patients, employees, and visitors that break bread each day in the hospital. One memory goes back to 1856 at the wharves of San Francisco, when a young orphan traveling with Mother Joseph of the Sacred Heart and her small company of religious, failed to return to the ship in time to sail for Vancouver. The boy had attempted to fulfill a request for popcorn made by the two youngest sisters, and had not realized how far he had strayed or for how long.

Mother Joseph's concern was relieved when he appeared in Vancouver several weeks later. Apologizing for his unintended disappearance, the boy explained that he found temporary work with a baker, and was now qualified to practice his skills in the sisters' kitchen. As Christmas was fast approaching, his talents were put to good use preparing fancy breads and desserts for the celebration of Christ's nativity.

The modern hospital kitchen is a far cry from the frontier cook stoves and ovens that the original community of Sisters of Providence endured in the nineteenth century. The importance of special diets for patients gained recognition during the early twentieth century, and resulted in the appointment of a graduate dietitian. By 1936 Sacred Heart Hospital's kitchen produced a broad range of special diets designed to complement doctors' treatments of disease. In 1961 one-third of all patients



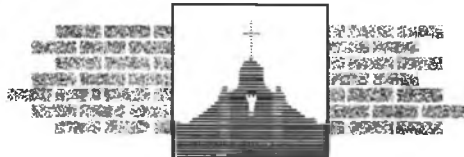
Dietary Department, 1965, with Lucille Reif and Sister Barbara Ann Brenner, director of dietary, preparing trays.

received modified diets, and six dietitians planned special therapeutic menus prescribed by physicians for their patients.

Medical Records/Accounting

The complexity of both medical treatments and the records that hospitals must keep of them have increased dramatically since Sacred Heart Hospital was founded in 1886. As a consequence, medical record keeping has also evolved from simple sets of ledgers to complex computerized information systems. In the pioneer days double entry account books recorded the expenses and the revenues of the Sisters of Providence in Spokane. One page in each of two ledgers summarized all significant transactions from May 21, 1886, to June 30, 1887.

A surviving ledger from 1902-03 indicates that the sisters maintained individual patient accounts early in their history. These were strictly financial records, however, and did not contain any medical information. Within a few years the effects of a revolution in hospital record keeping reached the Sisters of Providence in the Pacific Northwest. Writing in the St. Vin-



EXPENSE.

56				\$	cts.		
May 21	To	S. G. Chasumala Brick for Hospital	\$ 2100.00	2100	00		
		Blasting \$ 900.00	Stew Foundation \$ 400.25	Grading \$ 694.50	1996	75	
		Iron Work \$ 76.00	Laundry Work \$ 52.00	Work for Porches \$ 20.00	148	00	
		Stew Wall \$ 41.60	Mason Contractor \$ 389.50	Carpenter \$ 162.00	2592	70	
		Laundry \$ 150.00	Brick \$ 384.20	Sand \$ 99.00	Cine \$ 336.33	1197	00
		Freight \$ 52.50	Plastering \$ 999.72	Lumber \$ 4023.95	3676	17	
June 30	By	Door Windows 40	\$ 1046.24	Plumbing \$ 100.00	Pumace \$ 240.00	4526	00
		Painting \$ 363.90	Nails trimmings \$ 778.36	Barn \$ 65.00		1207	00
		Payment of Debt and Interest \$ 2018.00	Furniture \$ 391.00	Freight \$ 391.00		2419	00
		Grading \$ 435.19	Furniture \$ 1944.23	Food \$ 380.90		3110	00
		Expenses for Animals \$ 28.30	Wages \$ 87	Materials \$ 32.33		147	00
		Disfranchising \$ 275.73	Clothing \$ 27.50	Other Expenses \$ 289.25		592	00
				<u>29537.33</u>			

Closed this last day of June
Eighteen Hundred and Eighty Seven
Doctor Peter Baptist
Doctor Joseph Exp.

The first page of entries in the 1886 expense ledger.

cent Hospital Golden Jubilee publication in 1925, record librarian Margaret Tynan observed that

"Today with the encouragement of the American College of Surgeons and our own Catholic Hospital Association, the competition and example of our fellow hospital workers, records are permanent and are an intrinsic part of every well-governed hospital. No doubt the keeping of records entails a surplus of work, but if by so doing we save a patient from undergoing an unnecessary operation, we should feel well rewarded.

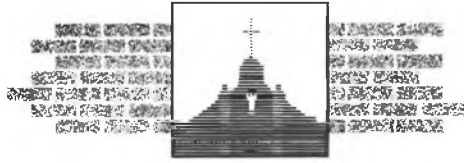
"[Hospital records] are a complete history of the patient, his symptoms, cause of ailment, physical condition, laboratory findings, medical and surgical treatment, and progress notes of the patient while in the hospital. All this is for the good of the patient, the good of the physician, the value of the patient individually and humanity in general, through the scientific

application of the data to be found in these records."

Sacred Heart Hospital established its record office in 1919 in order to conform to the minimum standards of the American College of Surgeons. The original staff consisted of Sister Lewis as record keeper, assisted by a graduate nurse and a stenographer. A manual filing system was inaugurated that filled several rooms with records by 1961 and occupied a twelve-person department in the tasks of filing, compiling, computing, and indexing.

In the new Sacred Heart Medical Center medical records and patient accounts are separate but interrelated functions. Medical charts are still handwritten documents prepared by doctors and nurses. Computerized indexes to the charts allow for rapid access and for statistical abstracting that serves both medical research and internal medical auditing (quality control) functions.

The value of accurate record keeping has changed little since the early 1920s. In 1936 Dr.



S. E. Rosenthal, writing in Sacred Heart's golden jubilee book, cited three major uses for records. "[They] are of importance to the hospital for statistical purposes, to check the work done at the hospital, and to protect it should any misunderstandings arise." As St. Vincent's Margaret Tynan noted in 1925, "the patient's record goes into court upon the slightest provocation, and there the nurse's notes play an important part. Care must be exercised in that our notes are accurate and honest and the thought always kept in mind that they are legal evidence."

Social Services Department

Sacred Heart was the first private hospital in Spokane to employ a trained social worker to help patients cope with the mental and material strains that serious physical impairment or prolonged disease may impose. An offer by the state of Washington in 1967 to help fund the social worker's first year's salary initiated a program that now has a full-time staff of eleven.

Additional social workers were employed during the late sixties to comply with federal Medicare regulations. But the department has grown subsequently because Sacred Heart administrators have recognized what difficulties some patients face once they leave the hospital.

The need was first felt at the Sacred Heart kidney center, where dialysis patients were found to need help adjusting both emotionally and financially to their condition and future prospects. Sacred Heart's social workers help to identify problems, find community resources, and motivate patients to develop positive attitudes for convalescence. Sacred Heart's social workers are called upon by the medical staff and by the Pastoral Care department, which furnishes a large number of case referrals.

The Sisters' Charitable Works

Since the arrival of Sister Joseph of Arimathea and Mother Joseph in 1886, the

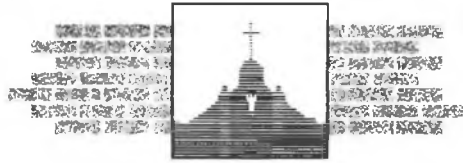
Sisters of Providence in Spokane have contributed to the alleviation of many basic human needs. They brought health care and spiritual care to the afflicted; and food, clothing, and shelter to the aged or needy. In the beginning of Sacred Heart's history, this charitable work was the almost exclusive domain of the Sisters of Providence. Today many of the same needs are addressed through organizations supported by Sacred Heart and by members of the medical center's Pastoral Care department.

During the 1920s social assistance was delivered by sisters with the help of a women's auxiliary known as the "Ladies of Charity." This group raised \$2000 in 1924 to purchase a Dodge automobile for use by Sister Mary Odile in her rounds among the poor.

Later in 1924 the Sacred Heart sisters asked the visiting Mother General of the order to consider the purchase of the convent of the Poor Clares on Mission Street. The negotiations bore fruit and St. Joseph Home for the Aged opened in 1925 with Sister Mary Leopoldine as director. She immediately recruited volunteers for another ladies auxiliary group whose mission was to assist the sisters with providing services to the poor. The St. Joseph home remained on Mission Street until 1975 when it was relocated to the former student nurses' residence on Ninth Avenue.

Sacred Heart Hospital continued throughout the 1920s and 1930s to be the primary source of free meals for the poor and unemployed of Spokane. Even during the so-called "Roaring Twenties," the hunger pangs of many individuals growled as audibly as cinema's new soundtracks. Throughout the decade the Sisters of Providence provided an average of nearly seven thousand free meals annually from the hospital kitchen. The situation got much worse during the Great Depression, when the breadlines at the hospital accommodated hungry men an average of 12,333 times per year.

From the evidence of the Sacred Heart chronicles, 1931 was the year of greatest need in Spokane. During that calendar year the hospital served 27,059 free meals to the poor. The annalist described how the city and



During the 1930s Sacred Heart Hospital served thousands of free meals per year, mostly to needy men like those shown in this Seattle photograph. —Photo courtesy of the Museum of History and Industry (Seattle).



View of Spokane's House of Charity, 1976.

businessmen in Spokane also helped out during the winter of 1931:

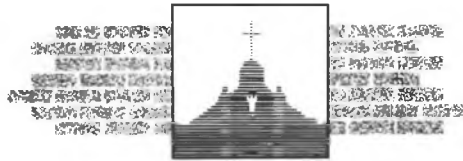
"The unemployment situation and financial depression caused much misery among the poor and itinerant laborers during the winter months. The feeding problem was taken over by the city. A billet was established in the old Schade Brewery where single men were housed and fed in return for a few hours' work. The businessmen, markets, and bakeries contributed to the maintenance. This relieved the breadline at the kitchen door, but a generous contribution of food was carted away daily to the billet. When this emergency work was discontinued by the city on April 1, a new breadline again came to Sacred Heart. On an average 175 half-starved men are given a lunch once a day. Sacred Heart Hospital is the only place in town where the poor are fed regularly."

From a reading of the statistics from 1932 through 1935 (a four-year average of slightly less than six thousand free meals per year), it would appear that the Sisters of Providence were not alone in aiding the hungry during the depths of the depression. But the mood at this time, as expressed in the chronicles, was still bleak:

"The burden of our daily petitions during the past year has been 'Providence did provide, Providence can provide, Providence will provide.' Despite the failure of banks, the scarcity of money in circulation, the difficulty of collections, the bountiful hand of Providence has led us, and provided the means to carry on our work among God's poor and afflicted."

The following year's entry, recorded in 1934, expressed a similar sentiment: "Seldom in the history of humanity has the spirit of courage and determination been needed more than now. The world is all awry."

It is difficult to determine what level of services was provided to the needy by other agencies in Spokane during the late 1930s. But we do know that the number of free meals given at Sacred Heart Hospital increased significantly to an annual average of 13,594 from 1936



through 1940. The need for free meals declined during the war years to an annual average of less than 3,000 before rising again later in the decade.

During the post World War II years the population of the inland northwest grew substantially. Fortunately, the number of community agencies dedicated to assisting the needy also increased. Joining the Salvation Army as a community resource was the Union Gospel Mission in 1952 and the House of Charity in 1958. Located in the heart of Spokane, these institutions assumed leadership in caring for transients and the unemployed. Other institutions, such as Catholic Charities, expanded their services to needy residents in Spokane.

For years after the breadlines stopped forming at Sacred Heart Hospital, the Sisters of Providence continued to feed anyone who applied at the kitchen's back door. Today the sisters maintain their historical tradition by donating funds for Easter dinners to the House of Charity and by making other contributions.

Sacred Heart Medical Center's mission to the poor also continues in other ways. Volunteer doctors and nurses from the Sacred Heart Service League staff the free clinic at the House of Charity. Emergency medical care administered at the medical center is another contribution. At Sacred Heart such basic needs as clothing are met through the clothes closet of Sister Therese Eugenie, whose eye and ability to establish an instant rapport with patients results in the selection of clothing that fits both the bodies and the personalities of individuals in need.

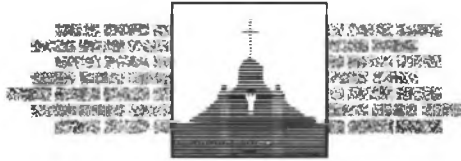
The spirit of caring at Sacred Heart Medical Center is also embodied in an organization of volunteers known as the Sacred Heart Service League. The group was founded in 1960 when twenty-five charter members organized for the purpose of assisting the hospital's professional staff. Now more than 350 strong, the Service League operates the gift shop at Sacred Heart Medical Center, and provides many volunteer services within the hospital that contribute to patient welfare or comfort. During its first year, the Service League organized junior

volunteers—comprised of those who wear the cheerful "Candy Striper" uniform. During the past twenty-five years Service League members have provided many hours of personal services as well as annual donations to the medical center.

*Junior Volunteers with
Sue George. Service
League coordinator, 1960s.*



*Helen Martinson of the
Sacred Heart Service
League presents an
annual donation check to
Sister Peter Claver,
president of Sacred Heart
Medical Center, circa
1964-65.*



Sister Therese Eugenie at her clothes closet in July, 1981.



A Very Special Calling

One of the most cherished areas of service at Sacred Heart Medical Center is also one of the most "interdisciplinary." It draws upon the skills of doctors, nurses, technicians—and patients! The obstetrical department is responsible for bringing babies into the world, and it has made Sacred Heart the first home address of more native Spokaneites than any other hospital.

Sacred Heart Medical Center is almost twenty-five years older than the tradition of encouraging hospital births. During the nineteenth century nearly all mothers delivered their babies at home, and this continued to be a common practice in the early years of this century. The major reasons for this were, first, that doctors and hospitals were viewed as a likely source for infections, and second, that with limited medical technology, hospital facilities provided few advantages that could not be duplicated at home. As a result, Sacred Heart's first obstetrical patient was not admitted until 1893, and in the entire twenty-four year history of the first hospital building, only 165 babies were delivered there.

But medical attitudes began to change after 1900. The sisters' plan for the 1910 building included special facilities and equipment for maternity and nursery patients. These were located on the east end of the second floor. During the next dozen years public demand for

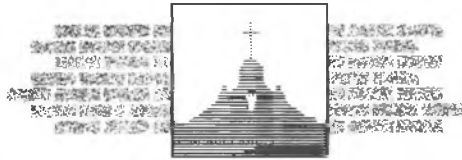
hospital delivery of babies grew appreciably, and in 1922 the obstetrics department moved to larger and newer facilities on the hospital's fifth floor.

The nurseries of the 1920s featured glass partitions and greater isolation from visitors, family—and even doctors—than was the norm in other departments. In this way hospital architecture reflected current thinking in medical science, which viewed "childbed fever"—or streptococcus bacterial infection—as its principal enemy. This approach to nursery facilities reached an apogee of development when Sacred Heart Hospital again expanded and modernized its maternity facilities just after World War II. Photographs of the period show fathers peering through windows at their offspring and nurses enveloped from head to foot in white sterile gowns.

Studies conducted many years later convinced most doctors and hospital administrators that taking sensible aseptic precautions eliminated most of the risks of spreading germs, and that other important needs of mothers, babies, and family members could be met in a hospital setting without compromising safety. This evolution in thought allowed hospitals to support "natural childbirth" techniques. In this style of delivery, mothers assumed a more active role and some fathers assisted their wives during the birthing process.

Since the 1960s the breast feeding of infants has regained popularity, and many mothers have opted to keep their babies close to them as they recover from childbirth. The obstetrics department on Sacred Heart Medical Center's ninth floor provides "birthing rooms" for a homelike setting for childbirth, as well as traditional labor, delivery, and recovery rooms.

While offering some choices that address primarily social and psychological needs, Sacred Heart's maternity and nursery staff are poised to respond to emergencies with specialized medical expertise and equipment. Because of its role as an acute care hospital, Sacred Heart opened an intensive care nursery with eight bassinets in the new Medical Center building. Responding to a strong demand



during the late 1970s, Sacred Heart expanded this facility in 1979 into a sixteen-bassinette Neonatal Intensive Care Unit.

Further advances in the medical understanding of childbirth prompted the obstetrics department in 1981 to open a special care unit for high-risk mothers. In this unit special attention is given to mothers who have a higher than normal risk for premature delivery and special care is given to maximize the baby's healthful development in the womb.

The facilities that Sacred Heart provides maternity patients today reflect advances in medical science that permit doctors to treat conditions that once condemned a significant portion of high-risk mothers and their infants to death or permanent disablement. Life sustaining techniques for premature infants in particular have made giant strides in just the last two decades. Such was the background for a tragedy of national proportions that befell thirty-nine premature babies across the country—including four born at Sacred Heart Medical Center—during the winter and early spring of 1983–1984.

In late 1983, O'Neal, Jones & Feldman Laboratories marketed a substance intended to inhibit blindness from developing in premature babies. Since small babies do not readily tolerate oral administration of vitamin E, a supplement with known preventative benefits against vision problems, doctors at both Sacred Heart and Deaconess Medical Centers were hopeful when an intravenous formulation, E-Ferol, became available. At Sacred Heart, twenty-five babies received the supplement from December, 1983, to mid January, 1984. But E-Ferol soon came under suspicion after doctors noted three fatalities among babies receiving the product, and they ended its use on January 19. The Food and Drug Administration ordered use of the product suspended nationwide in April, 1984. In the months that followed, investigative reporting by the *Spokesman-Review* and other newspapers focused national attention on the business practices of pharmaceutical companies and the regulatory efficiency of the FDA.

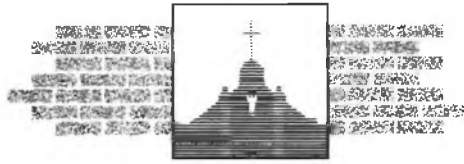
A drama of much happier proportions un-



The nursery at Sacred Heart Hospital, circa 1915.



Proud new parents leaving Sacred Heart Hospital, 1960.



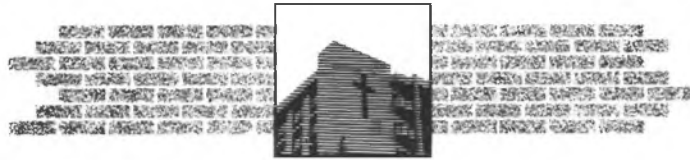
*Sister Mary Francine
with baby, 1944.*



*Dr. Wayne Lockwood at
the nursery during the
late 1960s.*



folded in the Neonatal Intensive Care Unit in the spring of 1982 when Sacred Heart Medical Center became the first Spokane hospital to welcome quadruplets into the world. Physicians attending Sandy Nelson (Mrs. Mark Nelson) prepared for quads after ultrasound imaging confirmed the presence of at least four fetuses. After complications threatened Mrs. Nelson's health, the quads were delivered by Caesarean section at thirty-three weeks' gestational development. The unit planned for the event by marshaling space and resources for the unusually intense activity that four simultaneous premature births required. The special teams that cared for the babies and looked after Mrs. Nelson shared in the family's delight at the delivery's successful outcome.



An Era of Decision, the 1960s

7

The decade of the 1960s proved to be a decisive era for the Sisters of Providence and for Sacred Heart Hospital. For the religious community the 1960s was a period of profound change. The Second Vatican Council, meeting in Rome from 1961 to 1965, modified points of religious form and style that had remained essentially unchanged since the sixteenth century. Latin gave way to the language of the people, the Church began to pare statues of saints and other objects of veneration from its institutions, and religious orders abandoned their medieval habits for modern dress.

But there was more to the reform than language and external appearances. The Catholic Church was reaffirming its values and its mission in a modern world. In developing countries some missionaries severed centuries old ties with colonial masters and assumed activist political roles based on the precepts of "liberation theology." In the United States many Catholic priests and nuns found a religious mission in the struggles of minorities and the poor for social and economic justice. Other Catholics spoke out against war, particularly concerning the involvement of the United States in Southeast Asia, and contrasted the biblical vision of the conversion of swords into plowshares to the intimate connection of United States industry with the military establishment.

In the tumultuous years of the late 1960s, the Sisters of Providence grappled with the challenge of reevaluating their mission and commitments. The question even arose whether it was appropriate for the Sisters of Providence to immobilize their assets in the "bricks and mortar" of educational and health care facilities that served publics dominated by the financially solvent and well-to-do rather than to exercise their apostolate more directly with the



poor and disadvantaged. Should one apostolate, the operating of hospitals, and one facility in particular, Sacred Heart Hospital, overshadow the rest?

The philosophic questions of the late sixties were unimaginable for the sisters who managed Sacred Heart Hospital when the decade began. Centuries of Catholic religious tradition remained largely unchallenged, and so too the role of Sisters of Providence in Spokane. More than half a century of tradition was embodied in the rooms, halls, and stairways of Sacred Heart Hospital in 1960. Although medical science had made rapid progress since the end of World War II, Sacred Heart's physical surroundings stood as a monument to the past.

The administration of Sacred Heart Hospital had attempted through the years to improve the hospital's physical plant as space requirements changed and as the acquisition of new equipment dictated. One improvement made in 1960 was long overdue: the remodeling of the main entrance to enhance hospital access by automobile and to provide curbside admission of emergency patients. Also in that

An ambulance outside Sacred Heart Hospital's new emergency entrance, 1960.



*Bishop Bernard Topel
and Sister Mary Bede,
circa 1960–61.*

year administrator Sister Mary Bede announced a ten-year construction plan that would add two six-story additions to the front of the 1910 building between the central pavilion and the pavilions to the east and west.

This ten-year plan was soon shelved because remodeling work in the 1910 building revealed that the structure was unsound. And, by 1962, the condition of the building began to concern state and municipal fire marshals. Extensive use of wood for structural framing, room dividers, and floor supports made the building non fire resistant, and hence a hazard for patients and employees alike. The building lacked a sprinkler system, and plumbing and electrical service facilities were antiquated. Moreover, the hospital was crowded, with 498 beds installed in spaces designed to accommodate a maximum of 460.

An inspection during the summer of 1962 by the state fire marshal resulted in a list of more than twenty items requiring correction at the hospital. Most of these concerned minor problems that could be easily rectified by plant maintenance personnel. One item in particular, however, called for the expenditure of substantial resources. This was the installation of a basement sprinkler system in the 1910 struc-

ture. Lengthy negotiations ensued between the administration, represented chiefly by Gus Bouten, the sisters' construction consultant, and the fire marshals, so that renewal of the hospital's provisional certification would be assured.

In January, 1963, the fire marshals agreed not to require action on Item 14 on condition that Sacred Heart Hospital "proceed with new construction planning and that construction would actually be underway in not to exceed thirty-six months." This agreement was probably based upon an overly optimistic assessment by Gus Bouten that Sacred Heart administrators would move quickly to replace the old building. Some justification for this opinion may have existed, for in February, 1963, Bouten was able to write to the Spokane fire marshal that "we wish to advise further that the Mother House has given the sisters at Sacred Heart Hospital permission to proceed with planning on a new building."

The first steps preparatory to erection of a new building were taken during the summer of 1963 when the administrator of Sacred Heart, Sister Amedee Marie, retained a national consulting firm to study the hospital's present and future needs and to make recommendations for future development. Issued in 1964, this report recognized the historic and the future role of Sacred Heart Hospital as a major medical institution in the Spokane area and confirmed the need for major reconstruction.

For the sisters at Sacred Heart Hospital, the continued updating and expansion of facilities was a clear priority. The sisters were proud of the institution's historic commitment to meeting the health care needs of all who applied, regardless of ability to pay. Moreover, the sisters believed that a major Catholic hospital was valued both by the medical community and by Spokane area residents. In their opinion, reinvestment in Sacred Heart Hospital would be justified if for no other reason than to preserve for Spokane a facility where the application of medical expertise was continually evaluated in the context of Christian ethics and Catholic morality.

The consultant's report of 1964 listed five op-



A meeting of the members of St. Ignatius Province, circa 1963-64.

tions for Sacred Heart to choose from in plotting its future course. All required major reconstruction or remodeling of facilities, with the most ambitious—and preferred—option envisaging the construction of a new \$12 million hospital. The consultants offered expansion alternatives in every direction but north, which they dismissed as “most undesirable” because of the topography.

As the fire marshal’s July 1, 1966, deadline for commencing work on a new hospital passed, Sacred Heart administrators studied construction alternatives. With not even a shovelful of dirt turned, they had no choice but to install the required sprinkler system. All the building choices offered by the consultants were found wanting: too much disruption for patients, too many square feet of building on the suggested site, or too many hundreds of feet of horizontal corridors. It was soon apparent that the option of choice was to build a totally new hospital incorporating the latest design advantages of a vertical patient tower. One by one the administration discarded site options—insufficient room to the west and east, and a rising hill to the south. Only the

north offered adequate space.

The site to the north presented an acquisition challenge, since the property was divided into as many as ten different parcels. To assure fair land prices, Sacred Heart in 1966 commissioned the real estate firm of Rogers and Rogers to negotiate purchase options with landowners for an undisclosed buyer. Among the parcels was the former estate of Louis M. Davenport, converted after his death into apartments, and numerous private homes. Only one resident resisted the imprecations of a persistent realtor and finally Sacred Heart’s administrator, Sister Peter Claver. Her home still stands in the shadow of Sacred Heart Medical Center just west of Browne Street.

Sacred Heart announced its purchase of the assembled five acres in February, 1967. However, Montreal had not yet given its final approval for the building project and architects’ plans were still two years away. The *Spokesman-Review* could only report that land costs approached \$600,000, and that “Spokane medical circles” estimated a price tag of four to five million dollars for the new medical center.

Some hurdles remained for the construction

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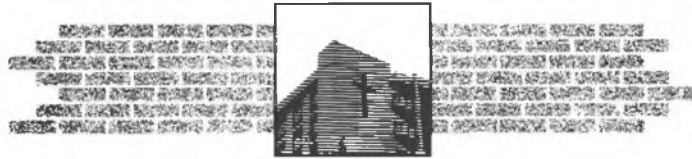


A view of the Sacred Heart Hospital complex, including Provincial House and School of Nursing, circa 1950.

project to proceed. Although the Sisters of Providence at Sacred Heart Hospital were fully committed to the replacement of the 1910 structure, the concurrence of all other Sisters of Providence in the St. Ignatius Province could not be taken for granted. For previous projects, unanimity of sentiment was not a factor. But one result of the Second Vatican Council was a trend toward decision making by consensus within Catholic religious orders. For Sacred Heart Hospital, this meant selling the building program to all the sisters within the province.

The loans for such a project would encumber the province as a whole, so approval at this level within the order was important.

The discussion among the sisters divided "traditionalists" from younger nuns who favored a more personal approach to serving the poor and needy. The challenge for many priests and religious was to extend their ministries beyond the security of local parishes and institutions by marching with farm workers on picket lines and by living among and helping individuals whose lives were most



deeply affected by such plagues as alcohol and drug abuse. The debate was open and lively.

Moreover, Sacred Heart Hospital was not alone in its need for rebuilding. Many other hospitals built for the Sisters of Providence in the Northwest had obsolete physical plants that required major reconstruction. This was relevant to Sacred Heart Hospital because the borrowing capacity of St. Ignatius Province alone might not suffice to secure the necessary funds for construction.

In 1967 both Sacred Heart Hospital and St. Vincent Hospital in Portland were seeking approval for new construction, and it was highly unlikely that both projects could be financed simultaneously. In the end both were successful, but Sacred Heart obtained permission to proceed with construction first.

A key moment for Sacred Heart was the agreement of the provincial council of St. Ignatius Province in December, 1967, to assist with the financing of the new medical center. This decision followed by six months an authorization by Montreal to proceed. As in 1905, the Sisters of Providence were again shouldering huge new debts so that their mission of ministering to the body, mind, and spirit of those who applied to them could continue.

The case for the financial commitment of St. Ignatius Province to Sacred Heart was summarized in a letter from administrator Sister Peter Claver to the order's provincial superior in December, 1967. In her letter, Sister Peter Claver acknowledged the concerns some sisters had about the costs of the building project and how these might affect other missions. But, she continued, "those having the facts about the volume and type of service we render and the serious consequences to this community if we should withdraw from the scene have no doubts in their minds but that the decision to rebuild is a valid one. Despite some people's opinion, the work in the health care institutions is and will be very much a part of the apostolate of the Church and of our Institute and a fruitful field for the sisters to minister to the people of God."

Sister Peter Claver's letter concluded with a

detailed list of the occasions on which Sacred Heart Hospital had lent or given money over the past fifty years to support the sisters' other missions throughout the Northwest. According to Sister Peter Claver, these sums would have sufficed to finance the new building had they been invested and left to accumulate.

Decision

"The point of need for a new hospital has been clearly demonstrated and a valid determination has been made to replace the present structure, for the following reasons:

"The present building is not a fireproof structure. There is no reinforcing steel above the first floor level. Wooden joists form the framework. The State Health Department and the state and local fire departments are greatly concerned about fire hazards. Constant vigilance is exercised on our operations. The hospital has

Photograph taken in February, 1968, during planning for the new Sacred Heart Medical Center. Seated, left to right: Gus Bouten, contractor; Sister Peter Claver, administrator; Tibor Freesz, architect. Standing: Sister Barbara Ann Brenner and Gerald Leahy, assistant administrator.





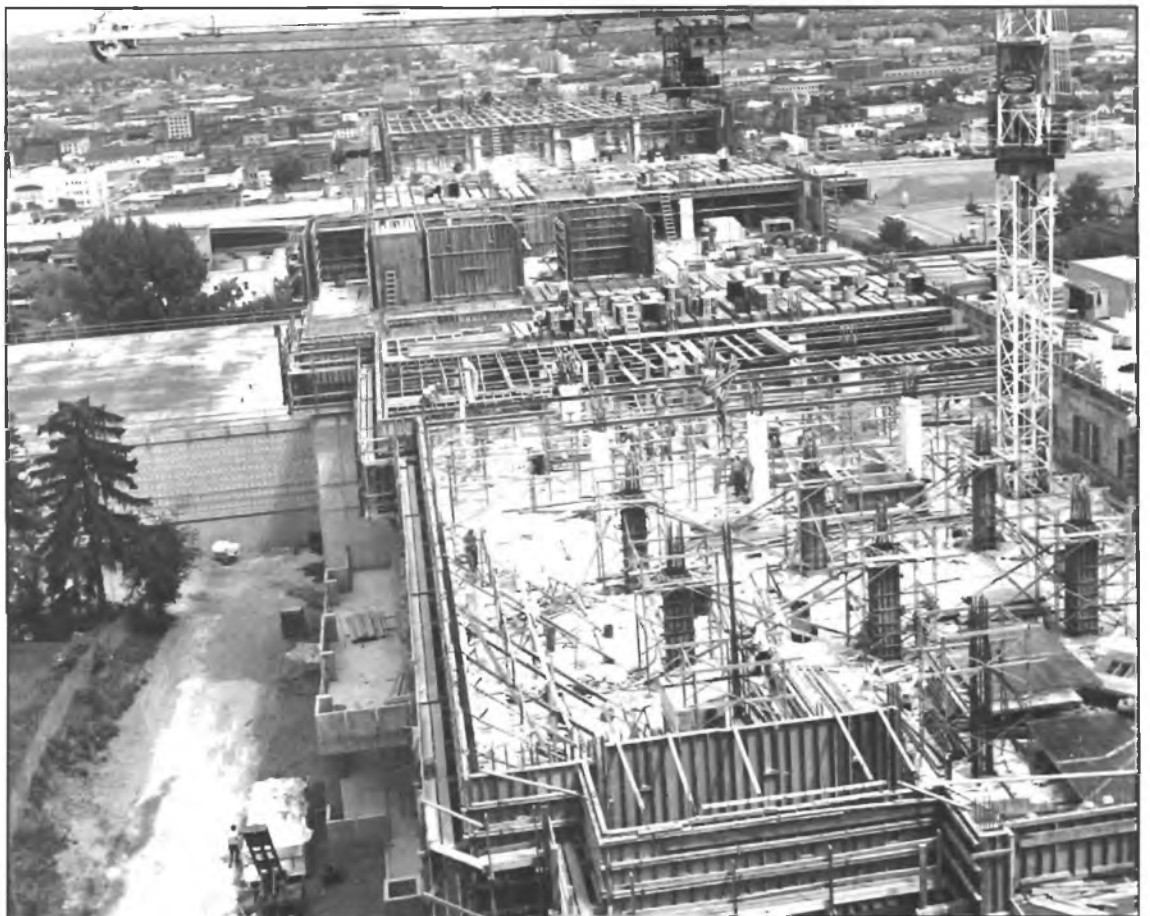
A portion of the text of a letter from Sister Peter Claver, administrator of Sacred Heart Medical Center, to Sister Charlotte Marie, Provincial Superior of St. Ignatius Province, in support of the hospital's request for financial support for its building program.

complied with the fire regulations suggested by both the state and local departments through the years. Stairways have been enclosed, fire doors placed, fire alarms installed and many other safety measures carried out.

"The hospital has an active fire protection and disaster plan in operation. All the above has been implemented in a cooperative manner, inasmuch as we, the owners, are most concerned for the safety of the patients. Through the loving Providence of God, we have been protected from fire, but it is now impossible to make further improvements to the old structure that will meet the requirements of the codes.

"We feel that we cannot close our 500-bed hospital, still having a commitment to serve the sick and ill of the area. The decision to rebuild is a valid one. This is the God-given task of the Sisters of Sacred Heart Hospital today—a challenge—a great responsibility which may not be abdicated lightly. This glorious apostolate of charity was handed on to us by the foundresses when the Servants of the Poor were entrusted with the care of the needy, the young, the sick, and the aged. This is a sacred trust gladly assumed for the glory of the Sacred Heart of Jesus and the salvation of souls in 1968."

Sacred Heart Medical Center under construction in September, 1970.





Four Years to Completion

The unveiling of architects' drawings for the new Sacred Heart Medical Center in early 1968 culminated several years of preparatory efforts. It represented the end of a drama for the Sisters of Providence and the Sacred Heart Hospital community. During this period much effort had been expended beyond public view. Much planning still remained to be done, even though architect Tibor Freesz had studied sites and considered preliminary plans before signing a contract with the sisters in December, 1967.

The initial design envisaged a new medical center located across Eighth Avenue and parallel to the old facility. But the unwillingness of a single resident at the corner of Eighth and Browne to sell her property to the hospital forced the architect, after considerable delay, to reorient the patient tower on a north-south line. At the time this problem was seen as a setback and a source of additional expense. In hindsight, however, everyone at Sacred Heart agrees that the architectural solution to the problem resulted in a better building design than the original plan. In addition to functional advantages, the new layout provided breathtaking panoramic views of the city and valley for every Sacred Heart patient. "Providence," says Sister Peter Claver, "was looking out for the hospital."

Excavation occupied the first season of work as nearly 100,000 cubic yards of soil and rock were removed. Final site preparations began in April, 1969, and actual construction commenced in May. By the time the new building was dedicated on October 29, 1971, construction workers had fashioned 42,000 cubic yards of concrete, 3,800 tons of reinforced steel, and more than sixty acres of plaster into three earthquake resistant building units that make up the nine-story patient tower and the lower five-story medical center.

Atop the tower was a helistop which initially provided a landing site for MAST (Military Assistance Safety Transportation) helicopters conveying critically ill or injured patients from outlying areas. More recently, in the 1980s, Sa-



cred Heart inaugurated a hospital based helicopter with an adjacent dispatch center and transport team to complement the medical center's emergency department and six intensive care areas.

The Heartflite helicopter is used for transport of critically ill or injured patients, and is based on medical center roof. Helicopter service began in 1971.

Cornerstone

"Today [September 10, 1968] the following list of beads, medals, pictures, and other pious articles were placed in a metal box and inserted in a concrete pillar which forms a foundation corner of the new medical center. This is not a cornerstone, but a loving plea to our heavenly intercessors to bless our new building and all those connected with it.

"The contents of the box are as follows: pictures and relics of Mother Gamelin and Bishop Bourget; medals of Our Lady of Loretto, and a scapular and chain belonging to Sr. Raymond Nonatus who worked here for fifty years; medals of St. Peter Claver; St. Joseph; St. Christopher; St. Martin de Porres, Cross of the blessing of St. Francis of Assisi and St. Anthony of Padua; St. Bernadette relic; Mother Mary Magdalen Bentivoglio (Poor Clare Foundress) relic; medals of Our Lady of Perpetual Help; St. Gerard, St.



Jude, Our Lady of the Chair, Holy Family, St. Rita of Cascia, Our Lady of Good Counsel, St. Clare of Assisi, Pope John XXIII, St. Bernard, Our Mother of Sorrows, St. Joseph of Mount Royal, Our Lady of Fatima and the three children, Our Nursing Mother of Happy Delivery, St. Anne and the Guardian Angels, Miraculous medals, Our Lady of Providence, St. Therese of Lisieux, bottle of St. Ignatius of Loyola holy water, picture of Sister Mildred Dolores; and a quotation of John F. Kennedy, 'Let us go forth . . . asking His blessing and His help, but knowing that here on earth God's work must truly be our own.' A small crucifix was also in the box."

—From the chronicles of
the sisters at Sacred
Heart Medical Center.

The dedication of the new medical center occurred on a cold autumn day, but the weather did not chill the spirit of a large crowd that gathered for ceremonies at the structure's main entrance. The many well-wishers of Sacred Heart Medical Center witnessed the blessing of the building by Bishop Bernard Topel of Spokane and heard a dedicatory address by Sister Margaret Vincent, president of the Catholic Hospital Association. Her address, as reported in the *Spokesman-Review*, echoed themes that have been manifested in the work of the Sisters of Providence since their inception:

"This hospital facility, as with all hospital buildings, assists men in becoming truly humanitarian. Service to the sick is a perfect means to express man's true dignity. . . . I would like to salute the women who founded this hospital eighty-five years ago, and encourage the motivation which helped make the construction of this center possible."

Sister Alice Hurtubise, assistant superior general of the Sisters of Providence, conveyed warm greetings and congratulations from Montreal to the Sacred Heart community. And Dr. Richard J. McCartan, president of the Sacred Heart medical staff, noted that the medical center will expand its treatments from an "illness-

oriented vein" to a scope of services that provides preventive medical care, acute care, and rehabilitation for its patients. According to the *Spokesman-Review*, Dr. McCartan also noted the importance of the medical center as an educational facility for interns, residents, and physicians, and then remarked:

"But the most important thing to consider in our new plant is that the patient coming to us is an individual and our empathy must be extended to him in a personal manner. We, as medical professionals, must always keep in mind while serving our patients in the center that compassion, understanding, and human dignity are the axiom of our profession. Our deepest thanks are given to the sisters for providing the staff with this institution, and we pledge our loyalty and service to it."

Among the other participants in the dedicatory ceremonies were U.S. Representative Thomas S. Foley, who presented a flag that had flown at the Capitol in Washington, D.C., and the individuals most directly involved with planning and building the new facility. Keys to the building were given first to general contractor Gus Bouten, who then passed them to Tibor Freesz, the structure's architect, who in turn presented them to Sacred Heart administrator Sister Peter Claver. Sister Frederic Marie, a Sacred Heart veteran of more than fifty years' service, then cut a ribbon to open the new center.

Reporting on the two-day open house that followed, the *Spokesman-Review* commented that "parts [of the new center], with some modification, could have passed for a high-rise luxury hotel." For the benefit of those readers who were not among the three thousand to tour the building personally, the newspaper guided its readers' imaginations through the new facility in much the same fashion as its reporters did for earlier openings of Sacred Heart Hospitals in 1887 and 1910. The article concluded with the confident prediction by Sister Peter Claver that the new structure should easily last one hundred years. "Our previous center, which was built of wood and brick, lasted sixty-five years. Obviously, this structure is of much better construction."



*Dedication ceremony for
Sacred Heart Medical
Center, October 29, 1971.*

A Misunderstanding Concerning Obstetrics

The new Sacred Heart Medical Center was completely finished and occupied in November, 1971, except for the top floor of the patient tower. In Sacred Heart's original plans, this floor was to be left unfinished for future expansion. But several months before the formal opening ceremonies, Sacred Heart began to ready this space for its obstetrics and gynecology department. The decision was a disappointment to some Spokane area physicians who believed that Sacred Heart's administration might be persuaded to phase out the practice of obstetrics at the new medical center.

There was a legitimate concern growing among medical professionals in the late 1960s about the duplication of services in nearby hospitals and how this impacted the total costs of providing health care to a community. And at the time Sacred Heart announced its plans for a new facility, the post war baby boom had ended and the supply of Spokane area maternity beds momentarily exceeded the demand. For this reason some physicians suggested that Sacred Heart could serve the best interests of the medical community by allowing other

hospitals, notably Deaconess, to become the major providers of obstetrical services.

The suggestion provoked intense, negative responses from some sisters and members of the medical staff. After careful consideration, the Sacred Heart administration rejected the idea. This was partly because issues of medical, religious, and ethical concern were particularly sensitive, and partly because Sacred Heart was a recognized leader in the field and felt it should maintain its position. Still, some individuals not associated with Sacred Heart interpreted the last minute readying of the ninth floor for obstetrics as the breaching of an understanding.

In fact, Sacred Heart's intention from the start was to combine obstetrics, gynecology, and a nursery into a new free standing women's center to be housed in the hospital wing built in 1949. But as the new building neared completion, the affected medical staff reacted negatively to remaining in the older building, and asked to be moved with the other departments into the new center. The ninth-floor ob/gyn department was occupied in early 1972, just a few months after the transfer of patients to the medical center the previous November.



Renewing Community Ties

As work progressed on the new medical center in the late sixties, Sacred Heart administrators began planning for some additional expenditures that the ambitious construction project would occasion. The capital expenditure budget, already \$25 million and rising inexorably toward its final \$34.7 million total, did not include money for new furnishings and equipment. A community fund drive was proposed to raise \$1.5 million for the purpose.

So many years had elapsed since the Sisters of Providence at Sacred Heart Hospital had requested assistance from the community that many had forgotten the tradition of soliciting gifts that characterized the institution's early history. Nearly three-quarters of a century had passed since the last begging tours, and almost that long since the last fund raising bazaar or benefit gala. To be sure, many grateful individuals and families had demonstrated their appreciation for Sacred Heart Hospital's services by making modest donations. But on the whole, the hospital had been entirely self-sustaining since its move in 1910 to the "new" site at Eighth and Browne.

It is a twist of irony that the long passage of time since the Sacred Heart sisters had asked for community help increased the challenge of mounting a successful fund raising drive. In the intervening years the citizens of Spokane

had found other objects for their philanthropy. It was even suggested that while Spokaneites widely respected Sacred Heart as a leading hospital, many residents knew too little about its achievements or about its role in the economy and in the health care field.

The need for closer ties to the community and its leaders resulted in some changes that have added new strengths to Sacred Heart. The most dramatic was opening Sacred Heart's board of directors to lay members. Until 1970, when Sacred Heart Medical Center was separately incorporated, the local governing body of the hospital had been the provincial council of St. Ignatius Province. Under the new corporate structure, the hospital is administered by a board of directors of which Sisters of Providence comprise a majority-plus-one.

Just as the sisters remembered their historic links to the people of Spokane, so too did Spokaneites "rediscover" Sacred Heart Medical Center. The fund raising drive that capped the building program allowed the new facility to acquire the latest radiology equipment, furnishings for hospital rooms, and diverse other equipment. The drive was announced to the general public after the pledges of doctors and hospital personnel had reached \$600,000. The final \$1.5 million goal was reached, thus saving Sacred Heart and its future patients from the burden of additional debt and interest expenses that over the life of the loans would have equalled the total amount of the equipment costs.

A board of directors meeting in March, 1980.



New Trends in Medicine

The construction of the new medical center was without doubt the biggest story of the 1960s for the Sacred Heart community. When all the planning, preparing, and moving was finally accomplished in 1972, Sacred Heart Medical Center had an imposing new edifice and the most modern medical equipment available.

Yet there was also continuity with the past. The meaning of all of this "brick and mortar"—



or more appropriately, “concrete and reinforced steel”—was fulfilled only when human hands consecrated it with their efforts. It was the medical staff, nurses, and support personnel who made the new building functional. They were comprised of the same individuals, performing for the most part the same tasks as before. Much remained the same, though some things had changed.

During the sixties this community of workers had been obliged to adapt to new developments in health care. Of them all, Medicare was without doubt the single most prominent innovation. Passed into law by Congress in 1965, Medicare 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 had the effect of conditioning health care consumers to expect the best possible hospital services without consideration of cost.

To many physicians the legislation seemed to be the first step toward socialized medicine, and therefore a threat to the free enterprise system. An invited speaker to Sacred Heart’s seventy-fifth anniversary staff banquet in May, 1961, summarized the official position of the American Medical Association in remarks quoted the following morning in the *Spokesman-Review*:

“I do not deny that individual human suffering and isolated cases of medical need exist in this great nation. I do deny that any other nation has met more adequately the needs of man or that any other nation has given to him a greater opportunity for freedom, health, and individual happiness. What better function can we serve on this seventy-fifth anniversary than to carefully evaluate what may truly be our few remaining weeks of free enterprise medicine?”

The urgency of this alarm was premature, as the medical profession succeeded in delaying the passage of Medicare for another four years. But the doctor’s remarks foretold of some enormous changes that would transform the financing of medical care in the United States. The

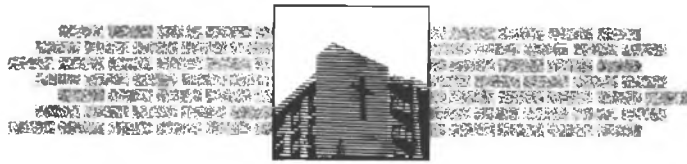


cumulative effects of federal legislation were to impose new restraints on the practice of medicine, though the system that evolved would hardly qualify as “socialist.”

Even before 1960 some changes had occurred at Sacred Heart Hospital that limited the freedom of doctors to practice medicine as they pleased. Traditionally, doctors whose qualifications had been accepted by the staff executive committee had the liberty to treat their patients in the hospital as they deemed fit. Medical review by peers was limited, and an enormous responsibility was placed upon the floor or operating room supervisor—at Sacred Heart usually a sister until the 1960s—to ensure that medical treatments were appropriate and professionally executed.

But the increased sophistication of medical techniques and procedures made it difficult for every physician to perform every operation or treatment on his patients. By the early fifties medical specialists were established in Spokane, and it only made sense to restrict access to the operating room to those surgeons who had demonstrated expertise in given procedures.

*Sister Charlotte Marie
with patient John
McIntyre, known for his
role in the TV series
“Wagon Train,”
in June, 1977.*



A regular educational session for Sacred Heart Hospital staff doctors, circa 1950s.

Sacred Heart's response to this need during the mid fifties was to appoint a new chairman of the surgical department with greater responsibilities and the full support of the administration. New rules were adopted that listed necessary qualifications for the performance of each category of operation. While some older general practitioners were still allowed to operate, new staff doctors had to meet higher tests of skill and knowledge, and all practitioners were subject to greater internal review when patients died or when complications developed. During the sixties the same kinds of rules were extended to doctors in other departments, so that institutional quality control measures governed the work of physicians.

The issue of rapidly rising hospital costs also began to claim greater public attention during the 1960s. There were many reasons why health care costs rose faster than the general rate of inflation. One of the most important during the 1960s was the general recognition

that hospital workers were severely underpaid. Nurses in particular demanded and received significant increases in pay throughout the mid and late sixties. As salaries rose, so did hospital room rates, and at a rate which exceeded cost increases in other industries.

The advent of Medicare in the mid sixties also impacted costs. Added governmental review raised administrative costs by increasing the volume of paperwork. This occurred at about the same time that the "guns and butter" policies of Lyndon Johnson set the economic course of the United States on an unprecedented inflationary spiral. Prices of equipment and supplies, higher salaries and interest rates, all contributed to rapidly escalating hospital costs. Greater regulation of health care providers—which in some cases contributed to higher administrative expense—was the solution proposed for the seventies.



A Decade of Renewal

8

The decade of the seventies signaled a period of renewal for the Sacred Heart Medical Center community. Old gave way to new: in buildings, in services, in regulatory environment—and in the costs of providing hospital care. Some changes, such as in physical plant, made easier the work of Sacred Heart staff and personnel. Other changes, such as increased government regulation, augmented the work load of hospital administrators. Nearly every change, whether perceived as positive or negative, affected patient costs. These trended inexorably upward during one of the worst decades for inflation yet experienced in the history of the United States. For the Sacred Heart community as a whole, the seventies represented the best of the old and the new: continuity of commitment to medical excellence and utilization of the latest and most modern physical plant and equipment.

An Era of Regulations

The 1970s brought important changes to the health care industry in Spokane and the nation. One of the most significant was the establishment of procedures for governmental review and approval of hospital capital expenditures. Its purpose was not to establish socialized medicine in the United States, but to achieve cost containment and better utilization of existing resources through coordination and planning. Still, to some degree it marked the end of an era of unregulated, entrepreneurial medical care in the United States.

The opening wedge for increased governmental oversight was Medicare and Medicaid, two programs of the 1960s that attempted to assure the availability of health care services

to the aged and destitute. Initially, the programs simply operated as insurance policies, with payments to doctors and hospitals remitted on the traditional fee-for-service basis. Unfortunately, the maximum amounts paid for any given procedure or service declined in value during the program's first decade as inflation and soaring medical care costs eroded the purchasing power of Medicare dollars. The result was a cost squeeze that forced hospitals to subsidize Medicare patients with income from other sources.

One important cause of financial strain for providers was that government payments covered the cost of medical services only, to the exclusion of overhead and other operating costs. Such costs are normal in any business, but tend to multiply when government is involved. The effects of Medicare alone on Sacred Heart Hospital were immediately noticed by the sisters, whose annalist wrote in 1966 that "at least five forms per patient have been added and the services of two clerk-typists are needed to keep abreast of the paper work and to process all forms."

With the decade of the seventies the federal government began to utilize the social and health services bureaucracies of the individual states to implement national policies. The inducement, typically, was the offer of federal money to help fulfill one worthwhile objective or another. But invariably the available funds did not go quite far enough, and this put pressure on states to ante up the difference or to shift the costs away from state treasuries. One solution proposed by Washington Governor Dan Evans in 1971 was to require persons on public assistance to pay the first \$750 of their hospital charges.

Hospitals were aghast at the idea. According to a February, 1971, *Spokesman-Review* article,



Spokane Valley General administrator Tom Markson concluded that the Evans bill would spell disaster for hospitals. "These people are destitute already or they wouldn't ask for help," he said. Markson further noted a growing movement in the country to force medical expenses onto hospitals, saying "this has crept up on us in the last five years."

The trend for hospital costs was already up, and from a variety of sources: the high cost of new technology, hospital renovation and expansion expense, growing hospital wages, rising insurance costs, increased clerical work, and underfunded government assisted health care services. Even accounting for the galloping inflation of the seventies, the rise in costs was massive. During the period 1963 to 1977, the gross national product (GNP) rose 254 percent, and personal consumption expenditures 222 percent. Hospital costs, however, rose 499 percent, a twofold increase in constant dollars over the fourteen-year period.*

One result of cost increases that some observers considered out of control was passage of the "National Health Planning Act of 1974." It contained a provision that mandated the establishment of "professional standards review organizations" in hospitals to monitor the expenditure of federal dollars. This physician review group was created to consider the "appropriateness, necessity, and quality of care for Medicare, Medicaid, and Maternal and Child Health patients," according to a *Spokane Chronicle* story in May, 1976. But the inevitable general effect was to pressure doctors and hospitals to stay within statistical norms for treatments, regardless of individual need. For Sacred Heart Medical Center the guidelines presented administrators with yet another challenge for finding new ways to meet the medical needs of federally subsidized patients.

Another portion of the health planning act created regional health systems agencies whose functions included reviewing major hospital expenditures. Following review at the regional

level, the law gave state agencies final authority to approve or refuse "certificates of need" for major projects. In Washington, this role fell to the Department of Social and Health Services.

A New Psychiatric Unit

Sacred Heart Medical Center has filed eighteen applications for certificates of need since 1975, and has won approval for all that have run their full procedural course with the regional agency, the state hospital commission, and the Department of Social and Health Services. But the process has engendered delays, especially regarding the proposed construction in 1979 of a new ninety-six bed psychiatric facility. The delay was partly responsible for cost escalation that doubled the price of the structure from the original \$16 million estimate to the final price of more than \$32 million.

More was involved in the increased costs than time and effort expended for bureaucratic review. The project was approved in the summer of 1980, despite a negative recommendation by staff of the Eastern Washington Health Systems Agency, and construction was scheduled for the spring of 1981. But the building plans ran afoul of unforeseen water and soil problems on the site located just east of the main medical center frontage on Seventh Avenue. A preferred solution was to build the psychiatric unit on top of the parking structure instead of aside it, and to add two more floors to meet future expansion needs.

The change in design and the increased costs of construction necessitated new public hearings and reconsideration of the certificate of need by state agencies. At the hearings St. Luke's Memorial Hospital opposed the project, arguing that sufficient bed capacity already existed on Spokane's South Hill. State approval finally came in May, 1982, but by this time Sacred Heart administrators had to seriously reconsider the economics of a project whose costs had steadily mounted during three years of planning and review.

Within a month Sacred Heart decided to proceed with both the psychiatric unit and new

* Statistics from Thomas A. Barocci, *Non-Profit Hospitals. Their Structure, Human Resources, and Economic Importance* (Boston, 1981).



outpatient and ambulatory care facilities. Construction of the new medical tower was finally completed in early 1984, at almost twice the original cost estimate. In its final configuration, the new Sacred Heart wing provided seventy-two psychiatric beds and twenty-five beds for physical therapy and rehabilitation. In addition, short stay surgery facilities and diagnostic services for outpatients were also completed.

Sacred Heart Medical Center invested major resources of time and money to add new acute care psychiatric beds for adult, adolescent, and child patients because Spokane had no

dedicated facility of this kind. The surplus of beds in neighboring general hospitals did not obviate the need for specially designed patient rooms and facilities for psychiatric treatment.

Since its opening in 1984, the psychiatric unit has given extensive special training to staff nurses, psychologists, social workers, and occupational and physical therapists who assist psychiatrists in their treatment of patients. As an acute care facility, Sacred Heart offers a somewhat different complement of services and a higher staff to patient ratio than Eastern Washington State Hospital, the only other in-

View of Sacred Heart Medical Center campus in June, 1984, showing new east addition.



Psychiatric Center for Children and Adolescents, photograph of simulated group activity, April, 1984.

stitution in the Spokane area that accepts psychiatric cases.

Sacred Heart's psychiatric unit also offers the full time services of a specially trained Pastoral Care staff member. According to Dr. Cornelis Bakker, the department director, this extra dimension distinguishes Sacred Heart's unit from the psychiatric facilities of most other general hospitals and contributes to Sacred Heart's 'whole person' approach.

The 'Decade of Imaging'

Sacred Heart Medical Center was fortunate during the early seventies to be able to install state-of-the-art diagnostic radiology equipment in its new building. The move from the old hospital building to the new facility coincided with dramatic progress in applying microprocessing and computing techniques to radiology. Transferred from NASA and military research applications, the technologies contributed to exponential advances in medical image making and recording capabilities.

The radiology department expanded rapidly in the new medical center during the seventies, medicine's "decade of imaging." During the sixties the old hospital building's equipment had been updated with motion picture X-ray devices, but the technology of the seventies made that improvement pale by comparison. In any case, it had become physically impossible to load any more heavy and bulky

new equipment onto the wood beamed sixth floor of the 1910 structure.

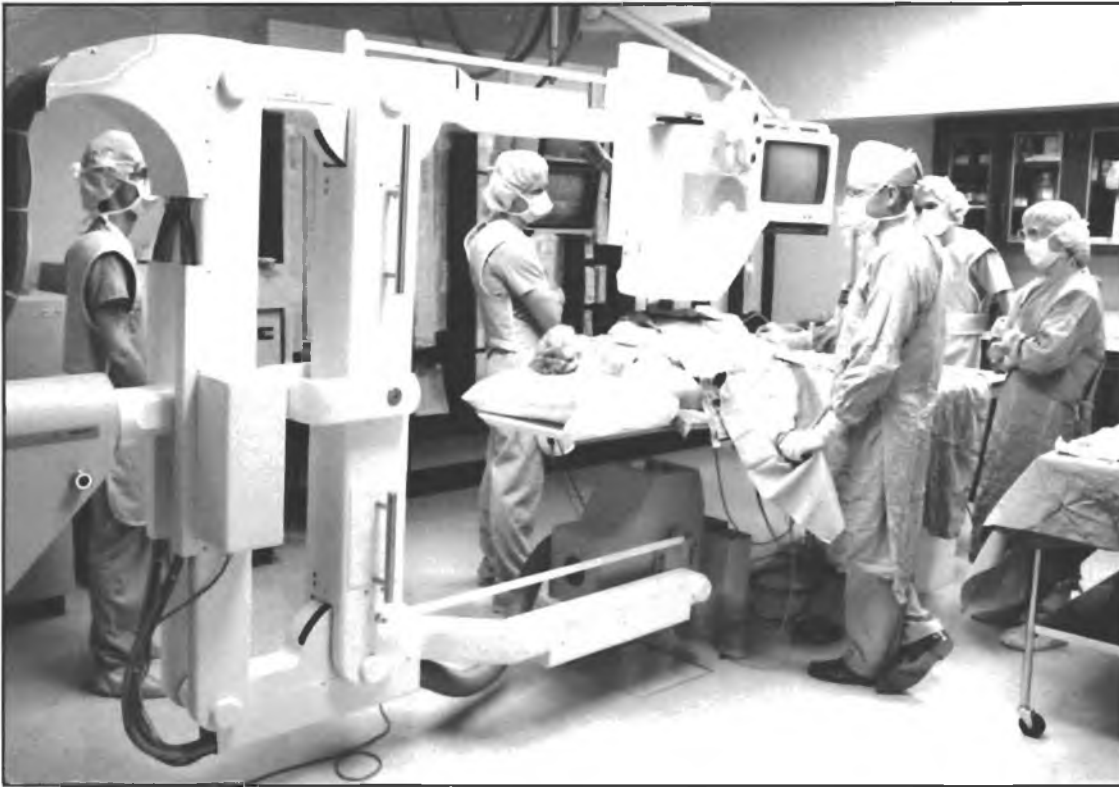
Within a few years of Sacred Heart's move to the new medical center, the radiology department had acquired full body CT (computerized tomography) scanners and ultrasound scanners. These devices incorporated recently developed technology that used computers to intensify and even reconstruct the images of body organs. In the past, doctors had donned dark red glasses thirty minutes before a fluoroscopic examination to prepare their eyes for a darkened room and a chance to penetrate the mysteries of a shadowy X-ray image. With the new equipment, digitized data produced much clearer images that could be easily stored on video tape or printed on film.

The ultrasound scanner represented new imaging technology that eliminated any risk of damage from X rays. Operating on a principle similar to the sonar of submarines, the ultrasound scanner produced an image (computer assisted, of course) by measuring the echo from high-frequency sound waves. This technology is most commonly used to produce images (moving or still) of developing fetuses.

The timing of Sacred Heart's move to its new medical center meant that much of its new equipment was acquired before the state administered certificate of need process was established. This allowed the radiology department, in conjunction with General Electric, a major equipment supplier, to make the new department a showcase facility without enduring lengthy reviews and delays.

The decisions taken to install the latest and best technology at Sacred Heart Medical Center have proven cost effective despite the equipment's high price tags. This has occurred because the new equipment has actually replaced more expensive and sometimes higher-risk procedures. In belated recognition of this fact, Washington's regulatory agencies in 1977 eased acquisition guidelines for CT scanners and opened the door for their purchase by other Spokane area hospitals.

Despite their experience with CT scanners, state regulators balked in the mid eighties at Sacred Heart's initial request for authorization



*Modern equipment
creating an image of a
patient's vascular
system, 1985.*

to acquire the latest in medical imaging equipment. Called an MRI (magnetic resonance imaging), the \$1.6 million device offers the possibility of substituting images of body fluids and tissues for surgical biopsy in cancer diagnosis. The regulators preferred that Sacred Heart share MRI equipment with Deaconess, and negotiations were conducted to find a suitable location for the facility at some midpoint between the institutions.

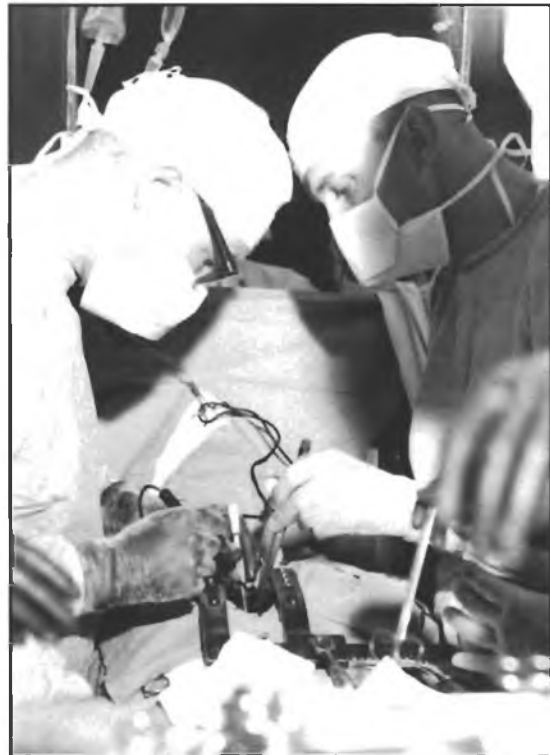
The final chapter in the extension of MRI technology cannot be written until the devices are in common use and have proved their utility and cost effectiveness. In the meantime private radiology groups—which are not subject to certificate of need regulations—have installed one MRI near St. Luke's Hospital and a second one in the Sacred Heart Doctors Building on Eighth Avenue. In the latter instance, the investor owned equipment is operated by a group of radiology physicians who practice at Sacred Heart Medical Center. As of mid 1985, further discussion concerning

a joint Sacred Heart-Deaconess acquisition had been shelved.

Caring for a Heart

With occupation of the new medical center, the medical departments at Sacred Heart enjoyed a new climate of technological sophistication. The physical surroundings of each department now matched the advanced medical techniques that had been developed at Sacred Heart Hospital and elsewhere during the previous twenty years. The "bricks and mortar" of the new structure were just part of the story, however. In nearly every case the medical practices of the 1970s were deeply rooted in prior work stretching back through the sixties, fifties, and even beyond.

Cardiac surgery is a case in point. The techniques that allowed surgeons to operate on heart problems were pioneered just prior to and following World War II. This early work



Coronary heart bypass surgery, 1962, Dr. Ralph Berg and Dr. Robert Kendall.

led to the first open heart surgery in 1955 at the Mayo Clinic. Shortly thereafter, Spokane became a center for heart research when Sacred Heart Hospital opened its laboratory facilities to Dr. Ralph Berg. Two years of research and experimentation with dogs prepared Dr. Berg to perform Spokane's first open heart surgery with Dr. Richard N. Kleaveland at Sacred Heart Hospital in 1959.

Nearly one thousand open heart surgeries were performed at Sacred Heart before the department moved to the new medical center building in late 1971. A medical milestone came in June, 1972, with Dr. Berg participating in the center's 1,000th and 1,001st cases. By that time techniques and procedures had changed dramatically.

"In 1959, we started out with a few congenital defects that were relatively easy to correct," Dr. Berg said for a story published in the *Spokesman-Review* in 1972. "Now we operate on problems of almost any dimension." One of the new treatments that surgeons found increasingly useful was bypass surgery, a procedure

developed elsewhere in 1967-68 to correct clogged coronary arteries.

The bypass procedure involves replacing a section of diseased and constricted artery with a healthy length of artery from the leg. The rationale for the surgery, according to Dr. Berg, is to reestablish blood flow in the heart before any serious muscle cell damage occurs.

Employing the bypass as an emergency procedure on patients still suffering from heart attacks became a hallmark of Spokane heart surgeons during the 1970s. The Spokane heart surgeons who pioneered this treatment precipitated a vociferous debate within the medical community over its effectiveness that lasted more than a decade. Now, according to Dr. Berg, the emergency bypass treatment "is no longer controversial, but established medical practice."

Spokane in the seventies and eighties earned an international reputation for the quality of its heart surgeons. Much of the leadership in this field has been provided by doctors practicing at Sacred Heart Medical Center, an institution that Dr. Berg says is equal to the country's finest academic hospitals. The reasons for Sacred Heart's present excellence in heart surgery go back to its early commitment of facilities for research and to the administration's consistent willingness to approve new procedures.

Beginning with Sister Mary Bede, Sacred Heart administrators provided "an environment that allowed us to grow," according to Dr. Berg. The medical payoff, he notes, is that mortality rates in open heart surgery cases have improved every year.

During Sacred Heart's second century heart transplants are expected to take their place alongside other cardiac procedures offered at the medical center. Both administrators and doctors are ready to offer this life-extending operation in those instances when suitable donor hearts can be matched to individuals in need.



A Regional Kidney Center

Another lifesaving treatment with a lengthy past at Sacred Heart is artificial kidney dialysis. The technology was still very young when Sacred Heart administrator Sister Mary Bede recognized the need for a treatment center for patients with kidney failure. She supported the establishment in 1962 of the Spokane and Inland Empire Artificial Kidney Center in the basement of the old southwest wing. It made Sacred Heart the third hospital in the nation to offer artificial kidney services.

From the start Dr. Thomas A. Marr, director of the kidney center, recognized that only a full commitment to kidney treatment would serve the needs of patients. This meant becoming a regional treatment center for acute and chronic kidney failure—serving patients throughout a four state area and parts of British Columbia and Alberta as well.

The distance that many patients had to travel for life-sustaining dialysis explains Sacred Heart's interest in the home treatment of kidney patients. Supported by an initial \$400,000 grant from the U.S. Department of Health, Education, and Welfare, Sacred Heart pioneered a training program in home dialysis. Today ninety-five percent of Sacred Heart's patients are using artificial kidneys at home. This compares to a rate of at most fifty percent of patients using centers in other cities.

In 1981 Sacred Heart Medical Center won regulatory approval to perform kidney transplant operations in Spokane. Previously more than one hundred kidney transplant candidates were referred to hospitals in Denver or Seattle. But the distance to these centers imposed both financial and psychosocial burdens upon families. The addition of Spokane as a regional transplant center has not only helped bring the treatment of choice for most kidney patients between the ages of nineteen and forty much closer to home, it has also reduced the length of time that many candidates must wait for organs.



A kidney patient undergoing dialysis is examined by Dr. Benjamin Fiorica in 1969.

Sacred Heart's Rehabilitation Center

One area of medicine that has grown almost from infancy to maturity in the space of a decade is physical medicine and rehabilitation. With the support of Sister Peter Claver, this department was established at Sacred Heart Medical Center in 1973 under the direction of Dr. Philip S. Morrison. The department is formed of physicians, rehabilitation nurses, psychologists, social workers, nutritionists, vocational counselors, and the following kinds of therapists: physical, occupational, recreational, speech, and behavioral. The guiding concept in helping patients to overcome or to adjust to disabilities is teamwork.

The rehabilitation specialty grew in sophistication during the seventies in part because of a wider visibility and greater acceptance of disabled persons in society at large.



Other reasons for the growth of this medical specialty include better results in treatment of patients suffering trauma. With more survivors, an increased number of patients require more than basic medical attention to achieve complete recovery. The department's goal is to help patients reach a maximum potential of functional independence.

The kinds of patients that use the rehabilitation center are as diverse as the events they survived: accidents, burns, strokes, arthritis, and disabling diseases. The center treats patients who only a few years ago were likely to be consigned to nursing homes. In 1971, for example, seventy-five percent of all stroke victims were

admitted to nursing homes. Now seventy-five percent of these patients may be sufficiently rehabilitated to return to their own homes.

The success of rehabilitative medicine is reflected in greater acceptance by insurance companies and state agencies, which recognize that money invested in rehabilitation generally reduces long-term costs associated with the care of totally disabled and dependent persons. The most important reason for the growth of rehabilitative medicine, however, is the benefits it provides to patients whose attitudes toward life and self-esteem grow more positive with every incremental increase in self-sufficiency.

Pat Harbine, physical therapist, assists Frank Travers, a paraplegic patient, in kayak.





Looking Toward the Future

9

During the past one hundred years the capabilities of medicine, the role of hospitals, and the demands of society upon the healing professions have changed considerably. The present history has attempted to identify some of these major developments and to trace their impact upon the administration and employees of Sacred Heart Medical Center, the local medical community, and the citizens of Spokane.

This story has focused upon Sacred Heart Medical Center as an institution—that is, as the expression of the integrated and collective efforts of a multitude of individuals. In the beginning the Sisters of Providence established the mission of Sacred Heart Hospital and participated actively in the translation of goals into achievements. But over the years the number of sisters in proportion to hospital employees has diminished. As this has occurred, the responsibility for living the philosophy of the Sisters of Providence and meeting their agenda has been increasingly assumed by the entire Sacred Heart community.

There is ample evidence for concluding that the daily activities of the Sacred Heart Medical Center staff are driven in part by a deeply held and widely shared value system. In 1982 a series of employee polls defined five values that motivate members of the Sacred Heart community. These are treating patients with compassion, care, and concern; caring for the "whole person;" respecting the dignity of each individual; caring for the poor; and working cooperatively with fellow employees and departments. Other indices, such as a low employee turnover rate (thirteen percent at Sacred Heart versus a national average of thirty-five percent), and an active employee association that promotes staff interaction for both social and service purposes (the Fun-Timers),



also support the impression that Sacred Heart Medical Center possesses a positive institutional "culture."

Such a culture is one of the products of historical process. It reflects the judgment of a collective conscience, and assumes a reality all its own. The content of such a culture and the forces that work to sustain or modify it are, therefore, of vital importance to the administration and to the personnel of any institution. As Sacred Heart Medical Center prepares to begin its second century, its leadership is confident that the dedication and shared ideals of the Sacred Heart community will continue to reflect the inspiration of the founding Sisters of Providence whose resolute belief in Divine Providence gave the hospital its early direction.

The Muscular Dystrophy Association bedrace team from the intensive care unit, grouped in front of a bed decorated with a giant model of a heart, in 1981.



Looking Toward the Future

It is easier to describe the past than to predict the future, especially when numerous challenges of the present remain for the moment unresolved. Yet there is confidence in Sacred Heart's executive offices that the medical center will make the necessary adjustments to remain competitive in the health care marketplace and true to its historic mission and objectives.

Sister Peter Claver—Sacred Heart Medical Center's guide for the last twenty-two years—foresees a trend toward the utilization of hospital resources for the total health care needs of individuals, rather than solely for acute patient care. She also perceives increased coordination of Sacred Heart's services with patient payment plans offered by members of the health insurance industry. And she believes that Sacred Heart will make some changes in its mix of services and even in its operational structure.

Providing for future needs is an important

aspect of present-day hospital planning, since recent changes in third party payment plans have tended to isolate immediate patient care costs from other costs that are associated with the operation of quality acute care hospitals. While it may seem fair that individual patients and/or their insurers should pay only for services received directly, the question is not really so simple. For most of the twentieth century, patient revenues helped both to increase the quality of hospital medical care and to care for the indigent, so that patients and society as a whole have benefited.

In anticipating the future, Sister Peter Claver has identified several areas of need. Continuing the hospital's tradition of charity is foremost on the list, along with helping to provide quality medical education opportunities. Another major interest is meeting the health care needs of the elderly. As an example of its concern, Sacred Heart encouraged the Sisters of Providence to acquire the Madison South Convalescent Center (now St. Brendan Nursing Home) in late 1985. Further response to

Sacred Heart Medical Center, photographed in a serene evening light during the early 1980s.





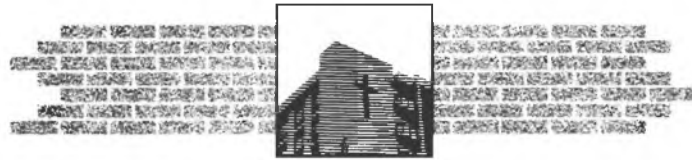
these challenges will require additional sources of revenue for capital improvements and for the initiation of new services.

Some of the means for achieving these goals have already passed from concept to reality. Sacred Heart has developed a new for-profit service that markets the talents of its clinical engineering staff to other hospitals in Spokane and the greater inland northwest region. These experts service the highly sophisticated electronic monitoring and diagnostic equipment upon which modern hospitals rely. All parties benefit, because Sacred Heart can perform this work more competitively than the service arms of the major manufacturers. Sacred Heart expects to consider other business opportunities as they are identified, and to use the surplus revenue generated from them to fund its charitable works and other underfunded priorities.

Another element of Sacred Heart's management strategy is to remain a low-cost provider of acute care hospital services, and to strive to serve as wide a public as possible. Because the health care industry has become more competitive in recent years, the ability to contain costs is itself a marketable advantage. Sacred Heart compares favorably in part because of its relatively low debt to asset ratio. It also benefits from membership in the Sisters of Providence Hospital Group, and intends to explore wider affiliation with other Catholic hospital associations in order to maximize economies derived from large-scale purchasing and/or shared resource development.

In the current regulatory environment, however, the competitive advantages of maintaining quality service at low cost is attenuated by the limits that the Washington Hospital Commission places on the generating of surplus operating revenue (profits). This means that funds for some priority programs must still come from other sources. In addition to operating some for-profit businesses, the administration expects philanthropy to play an increasingly important role. The "Sister Peter Claver Endowment Fund," established in 1985, is evidence of a renewed emphasis upon supporting charity from the offerings of a compassionate public.

Sacred Heart Medical Center faces its second century with optimism. It has drawn considerable strength from its first one hundred years, during which time it has pursued its mission with devotion and expertise. It is in celebration of this collective effort that Sacred Heart Medical Center's first one hundred years may be described as "a century of caring."



Administrators of Sacred Heart Medical Center

1886–89	Sister Joseph of Arimathea
1889–90	Sister Marie of Merci
1890–91	Sister Jacques Kisai
1891–92	Sister Blandine
1892–98	Sister Columban
1898–1901	Sister Peter of Alcantara
1901–07	Sister Vincent Ferrier
1907–09	Sister Marie Melanie
1909–15	Sister Mederic
1915–22	Sister Gaudentia
1922–26	Sister Petronilla
1926–32	Sister Mary Alice
1932–38	Sister Blasius
1938–44	Sister Henrietta
1944–50	Sister Agnes of the Sacred Heart
1950–56	Sister Theodula
1956–62	Sister Mary Bede
1962–64	Sister Amedee Marie
1964–present	Sister Peter Claver



Sacred Heart Medical Staff Presidents

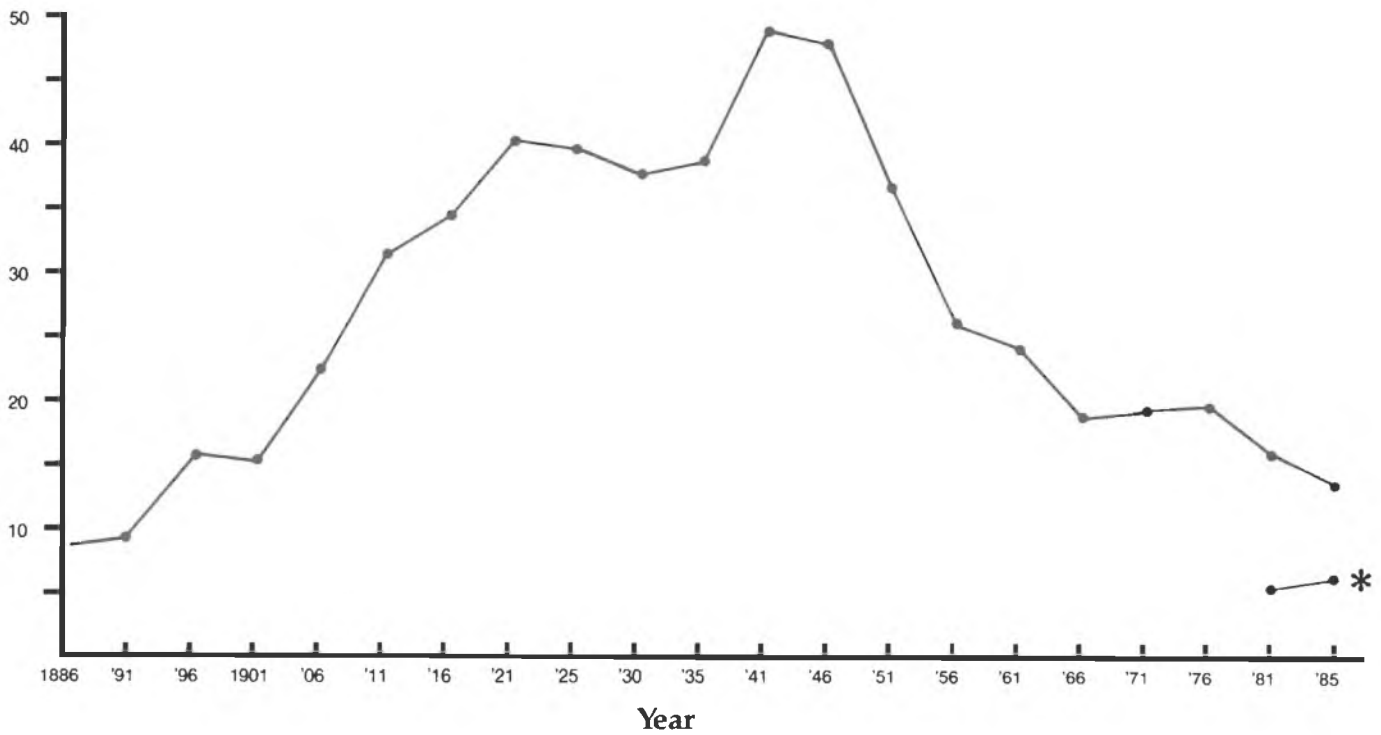
1919-20	Henry B. Luhn, M.D
1920-21	D. Laurence Smith, M.D.
1921-22	James B. Munley, M.D.
1922-23	Erich Richter, M.D.
1923-24	John G. Cunningham, M.D.
1924-25	Scott Hopkins, M.D.
1925-26	Thomas. C. Barnhart, M.D.
1926-27	John H. O'Shea, M.D.
1927-28	Robert J. Kearns, Sr., M.D.
1928-29	George A. Downs, M.D..
1929-30	Frank W. O'Neill, M.D..
1930-31	Mathew M. Patton, M.D.
1931-32	Sidney S. Oppenheimer, M.D.
1932-33	Charles M. Doland, M.D.
1933-34	Carroll Smith, M.D.
1934-35	Ronald A. Greene, M.D.
1935-36	Arthur E. Lein, M.D.
1936-37	Robert L. Rotchford, M.D.
1937-38	Edwin J. Barnett, M.D.
1938-39	Richard T. Flaherty, M.D.
1939-40	Donald G. Corbett, M.D.
1940-41	Raymond A. Lower, M.D.
1941-42	Joseph W. Lynch, M.D.
1942-43	Frank W. Fursey, M.D.
1943-44	James R. Condon, M.D.
1944-45	James W. Mounsey, M.D.
1945-46	William E. Grieve, M.D.
1946-47	William H. Tousey, M.D.
1947-48	Jean D. Kindschi, M.D.
1948-49	Marion M. Kalez, M.D.
1949-50	Howard V. Valentine, M.D.
1950-51	Milburn H. Querna, M.D.
1951-52	Robert J. Kearns, Jr., M.D.
1952-53	James E. Cunningham, M.D.
1953-54	Alfred O. Adams, M.D.



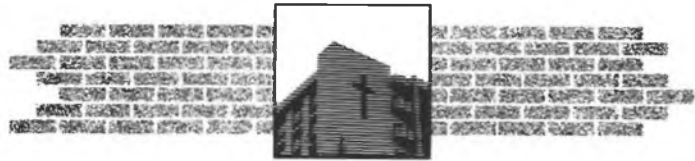
1954-55	John K. Burns, M.D.
1955-56	Robert L. Pohl, M.D.
1956-57	Carl P. Schlicke, M.D.
1957-58	Edward N. Hamacher, M.D.
1958-59	Harold D. Carnahan, M.D.
1959-60	Otto J. Penna, M.D.
1960-61	Robert P. Sagerson, M.D.
1961-62	John J. Black, M.D.
1962-63	George T. Wallace, M.D.
1963-64	Gordon A. Windle, M.D.
1964-65	Samuel E. Shikany
1965-66	Samuel K. McIlvanie, M.D.
1966-67	Richard D. Jordan, M.D.
1967-68	Robert G. Heskett, M.D.
1968-69	Robert P. Parker, M.D.
1969-70	William Harvey Frazier, M.D.
1970-71	Thomas H. Jones, M.D.
1971-72	Richard J. McCartan, M.D.
1972-73	Dee J. McGonigle, M.D.
1973-74	Shigeo Nishimura, M.D.
1974-75	G. Edward Schnug, M.D.
1975-76	Wayne L. Attwood, M.D.
1976-77	Arch H. Logan, M.D.
1977-78	John R. Cole, M.D.
1978-79	John G. Rotchford, M.D.
1979-80	Kennard J. Kapstafer, M.D.
1980-81	Leonard A. Dwinnell, M.D.
1981-82	Bert P. Jacobson, M.D.
1982-83	Thomas A. Marr, M.D.
1983-84	Richard E. Steury, M.D.
1984-85	Charles R. Cavanagh, M.D.
1985-86	Henry W. Gerber, M.D.
1986-87	Michael A. Donlan, M.D.



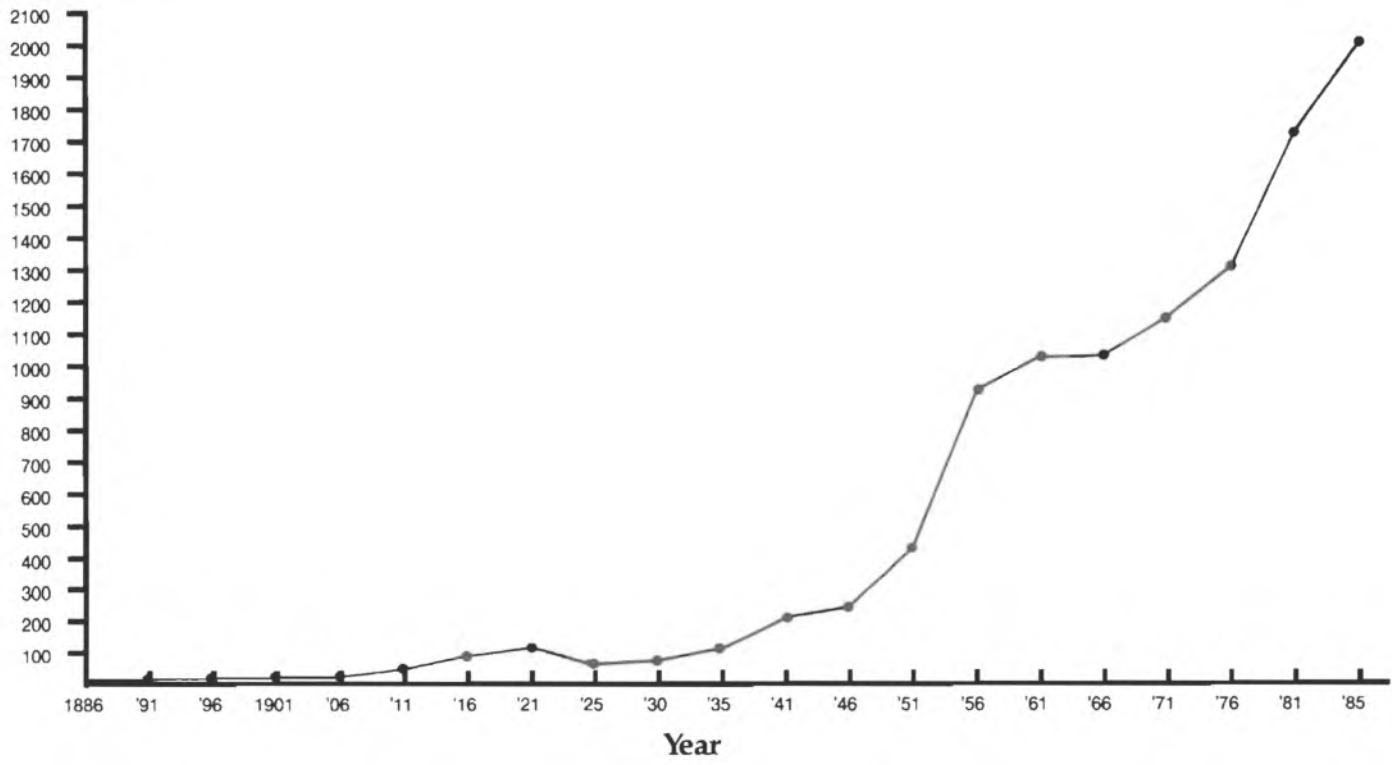
Sisters — SHMC

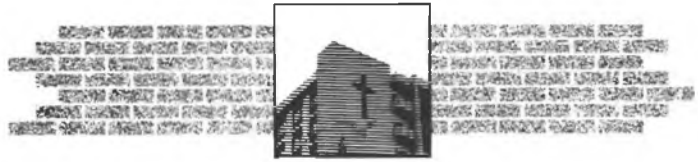


*Since 1975 nuns from other orders besides the Sisters of Providence have worked at Sacred Heart Medical Center. The bottom line indicates their average number.

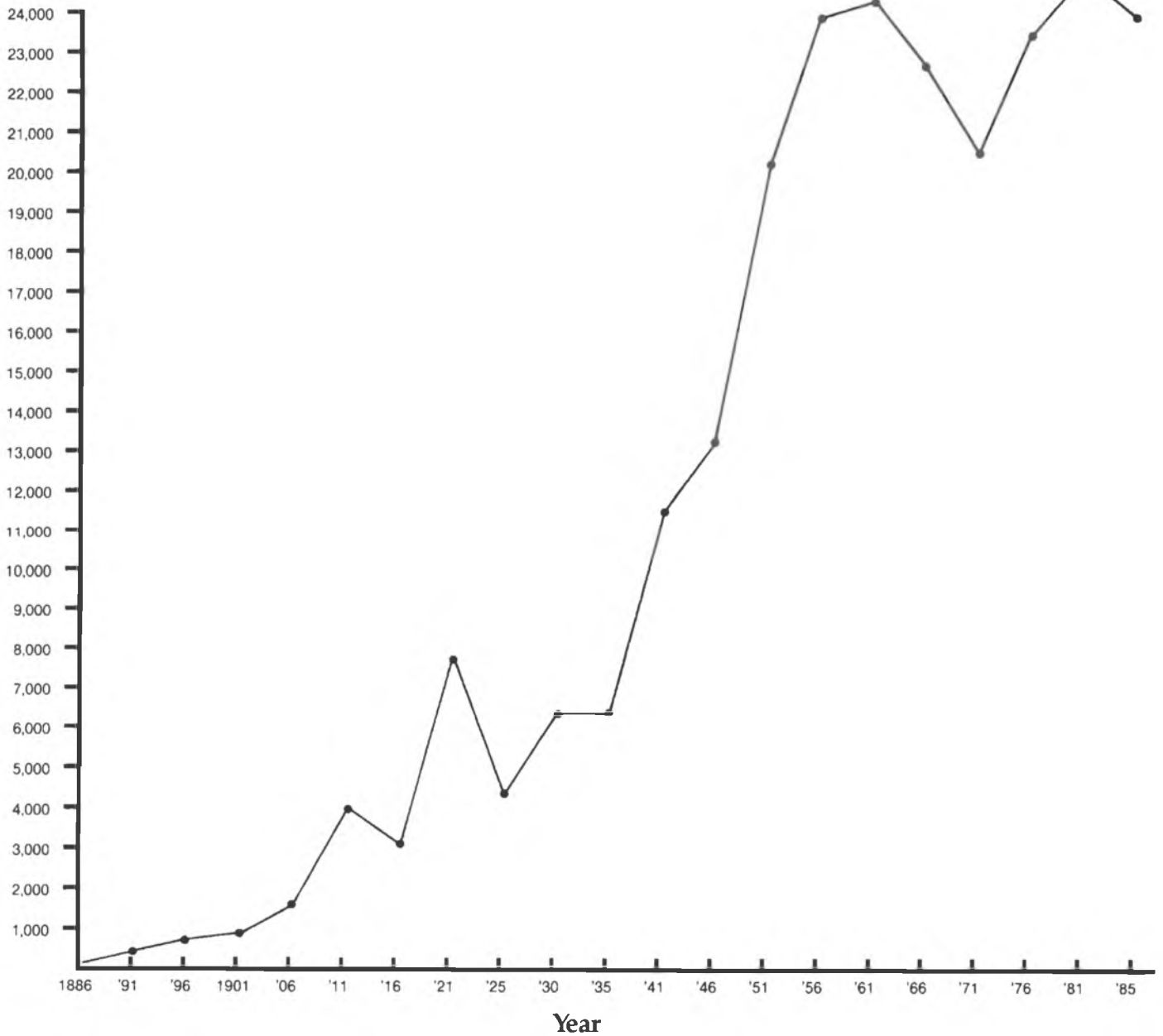


Employees — SHMC





Patients — SHMC





Author's Note on Sources

This history of Sacred Heart Medical Center has been written using three major sources of information: the chronicles of the Sisters of Providence at Sacred Heart, newspaper accounts of the *Spokesman-Review* and *Chronicle*, and oral interviews with administrators, doctors, and staff at Sacred Heart Medical Center. In order to enhance the presentation of this book, I have chosen not to encumber it with footnotes containing page number references to the Sacred Heart chronicles or to newspaper accounts. However, I have attempted always to clearly indicate the source of my information in the text of this work.

I have consulted some authors whose works are not cited in the text. The most important of these was David Rosner's *A Once Charitable Enterprise. Hospitals and Health Care in Brooklyn and New York, 1885-1915* (Cambridge, Mass., 1982). Other important background information came from an essay by George Rosen entitled "The Hospital. Historical Sociology of a Community Institution," in *From Medical Police to Social Medicine: Essays on the History of Health Care* (New York, 1974), pp. 274-303. Finally, the story of Mother Joseph has been told with loving devotion by Sister Mary of the Blessed Sacrament McCrossen in *The Bell and the River* (Palo Alto, Calif., 1957).

The administration of Sacred Heart Medical Center imposed no restrictions on my research and allowed me free access to their archival materials. For their cooperation in facilitating my work, I wish to thank Sister Peter Claver, Sacred Heart president, and Mrs. Marilyn Thordarson, public relations director, and all others at Sacred Heart Medical Center who shared their knowledge of the institution's

history with me. I also wish to thank Mrs. Nancy Compau for assisting me with the research for this book, and the management of the *Spokesman-Review* for allowing us access to their newspaper files.

About the author

John C. Shideler

John C. Shideler is president of Futurepast: The History Company, a Spokane, Washington, history consulting firm. John Shideler earned a Ph.D. degree in history at the University of California, Berkeley, and has taught undergraduate and graduate history courses there and at other universities. His other books include *A Medieval Catalan Noble Family: The Montcadas, 1000-1230* (1983), a portion of *A View of the Falls: An Illustrated History of Spokane* (1985), and *Coal Towns in the Cascades: A Centennial History of Roslyn, Ronald, and Cle Elum, Washington* (1986).

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