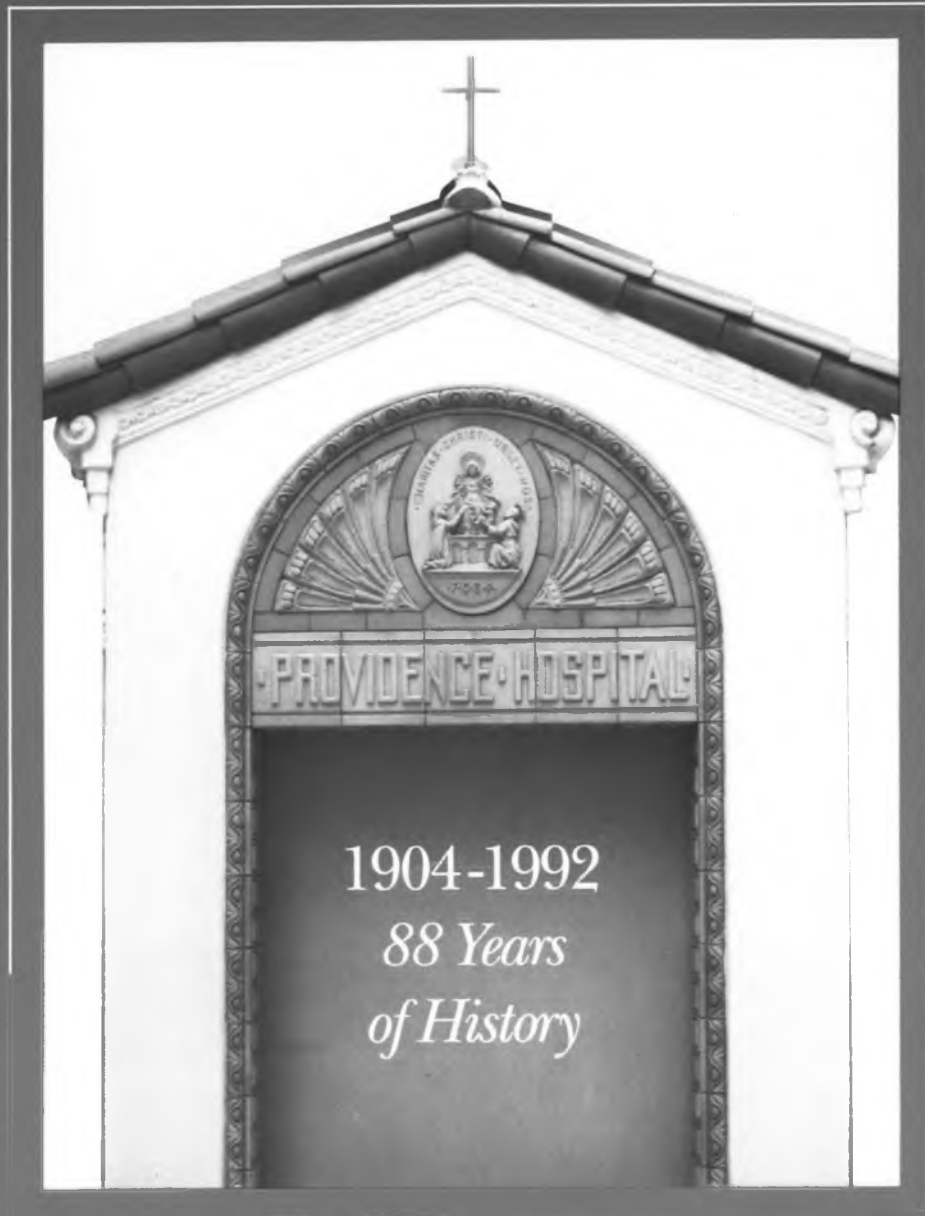


PROVIDENCE HOSPITAL *of* OAKLAND



1904-1992
*88 Years
of History*

A new province

It is December 8, 1856.

A tiny band of women take up their meager belongings and make their way off a steamer which has just docked on the banks of the Columbia River. After a treacherous journey from their homes in Montreal, Canada, they step into a coarse world of mining camps, Indian reservations, logging sites and military outposts in the Territory of Washington. They intend to live and work among the people of this rugged frontier.

These strangers presented an astonishing sight to the hard-working frontiersmen who greeted the boat. Nuns in the Northwest Territory were an oddity, to say the least. And yet these five women disembarked quietly and deliberately as though they were coming home.





Mother Joseph

The frontiersmen saw only a group of young, religious women coming into a hard world they no doubt knew little of; what they could not see was the profound determination in their hearts and minds. The frontiersmen would never know of the remarkable feat these five nuns were about to set in motion: the founding of one of the largest voluntary health care systems existing in the Western United States today. They called themselves the Sisters of Providence.

Leading the little band off the steamer was a tall woman whom the sisters addressed as "Sister Joseph." She was a 33-year old French-Canadian, a strong, energetic woman who possessed a myriad of skills and talents—all of which she intended to utilize fully in this wilderness. Fourteen years earlier, she had entered the Catholic order of nuns known as the Sisters of Providence and had shown herself to be an exceptional asset and a great resource to the Mother House in Montreal. Her father had taught her carpentry; she had an extraordinary talent for the arts and trades; and she possessed a love of architecture. But above all, she had demonstrated to her superiors that she was capable of great sacrifices, incessant work and creative thought. Her superiors had chosen her to lead this group to the Washington Territory; they fully realized this mission would require the kind of spirit, devotion and gifts Sister Joseph possessed.

Without delay, the five sisters set to work. They quickly became a dynamic force within the surrounding area. Soon, Sister Joseph designed and built six small cabins surrounding the convent, and the small compound came to be known as the "Providence enclosure." To its shelter the sisters brought the displaced, the sick and the elderly. One of the cabins served as a classroom.

Within just a few months, they built a small hospital—the first hospital in the Northwest. It was simple in design and approach (only a cabin with four beds); but it made a profound statement. It symbolized a philosophy; it represented a living force; it testified that the sisters had come to better the quality of life. The little hospital responded.

Two years later, the sisters established what is now the second oldest corporation in the State of Washington. "Begging tours" to mining camps in Idaho, Montana, Washington and Western Canada primarily funded the Northwest mission as it grew. Within the succeeding fifty years, a progression of Sisters of Providence institutions took their places, one by one, in response to the medical and social needs of the Northwest—the area the Sisters named the Sacred Heart Province.



A call for help in a new frontier

Now it was 1900. Back in Montreal, Mother Mary Antoinette, Superior General, had witnessed the magnificent progress of the institutions in the Sacred Heart Province over the past years. It was her duty to seek out new locations where missions could be founded, and she turned her attention towards other areas in North America. But then, one day she received a letter signed by Archbishop Riordan of San Francisco's Catholic Archdiocese in California. The subject of his letter was the city of Oakland, California.

Oakland was a community of only 52,000, a city of stevedores, porters and seamen. Its waterfront dominated the city's life; tall ships, ferries and tug boats paraded daily in and out of

Oakland was a community of only 52,000, a city of stevedores, porters and seamen. Its waterfront dominated the city's life; tall ships, ferries and tug boats paraded daily in and out of its harbor. Eager entrepreneurs had seen the limitless power waiting to be possessed through ownership of waterfront property. Harbor bridges were being built; wharves were quickly assembled; and boards and rails were being hastily laid in anticipation of the transcontinental railroad's passage through Oakland. New-comers by the hundreds came to cash in on the thriving harbor industries and opened shops to provide services and goods.



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As with any fast-paced growth, there were prices the citizens of Oakland had to pay. Industrial accidents were commonplace. Laborers who worked 12 to 14 hours per day without adequate rest periods or days off were easy prey for the many infectious diseases which medicine had not yet conquered. Moreover, the danger of fire was ever-present. The majority of Oakland's homes and buildings were wooden frame structures and posed severe fire hazards in all areas of the city. Once fires began, the

existing but essentially ineffectual fire services were unable to prevent the widespread ravaging of adjacent structures.



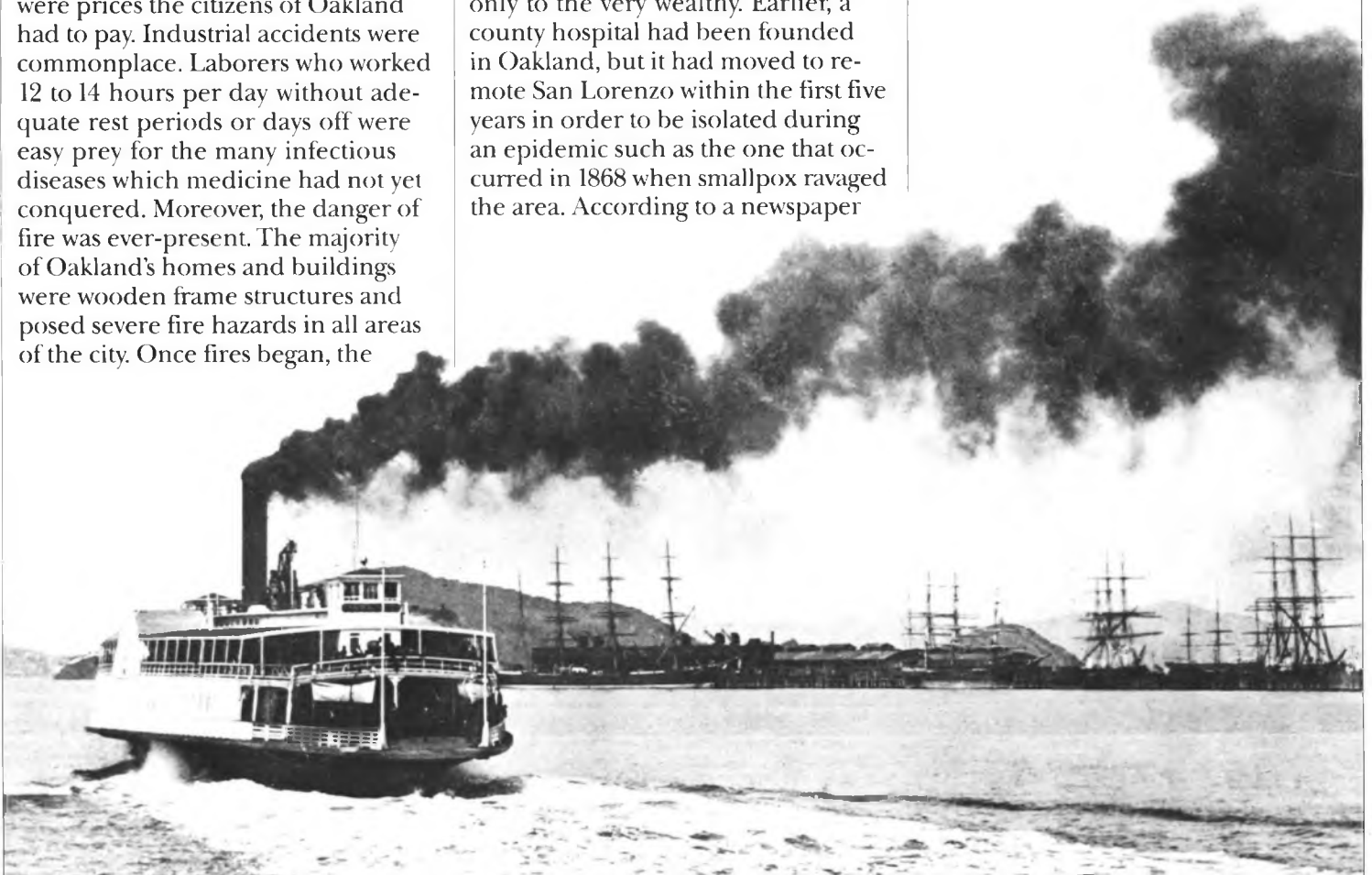
Trolley car, 1892

The need for a well-run, reputable hospital increased in step with Oakland's expanding population. As in any boom town, where only the fittest can survive through the long days of hard physical labor, the sick and frail citizens were displaced; their needs were sorely neglected.

There was little help from the medical profession. The number of reputable, well-trained doctors was scant. A few of them had established expensive mini-hospitals with only a few beds. Their services were affordable only to the very wealthy. Earlier, a county hospital had been founded in Oakland, but it had moved to remote San Lorenzo within the first five years in order to be isolated during an epidemic such as the one that occurred in 1868 when smallpox ravaged the area. According to a newspaper

of 1869, the County Infirmary "was nothing more than a shell, while its accommodations and arrangements are a disgrace to any civilized community." It came to be known as the "pesthouse" or "poor farm," and its reputation suffered.

In 1878 a group of concerned citizens founded the Oakland Homeopathic Hospital under the inspiration of a woman who, after having witnessed a street accident and the unanswered sufferings of its victims, became concerned about the lack of emergency care available in the city. Within a few months, she organized a fund-raising group of local women, raised \$900, and took the first steps towards construction of Oakland's first public health care institution, later called Fabiola Hospital. Because Fabiola came to practice homeopathic medicine, the county medical society attempted to discourage the medical profession, through censure, from admitting patients there.





Washington Street

Do not refuse Oakland

Archbishop Riordan had been keeping a watchful eye on Oakland's critical situation by conferring regularly with Father Thomas McSweeney, pastor of St. Francis de Sales Church in Oakland. Father McSweeney frequently and candidly related his parishioners' urgent needs to the Archbishop. They both realized that concerns for the health and welfare of Oakland's citizens were lagging far behind commercial consideration. And they both knew raising funds for medicine and shelters would be an easy task compared to finding health care professionals who would be willing to donate their services not only for the sick, but the needy as well. They knew of the Sisters of Providence and the reputation they had established as expert hospital builders and administrators in the Northwest. It was at this point that Archbishop Riordan resolved to compose a highly descriptive letter to Mother Mary Antoinette in Montreal and to ask her to extend the Sacred Heart Province to California, specifically to Oakland.

The Archbishop's letter stirred great discussion within the General Council at the Mother House. With so many areas calling for aid, the council was compelled to consider the proposal at length. After much deliberation, the General Council consented to Archbishop Riordan's proposal to found a hospital in Oakland. They assigned the direction of the construction work and installation to Mother Mary Theresa, Provincial Superior of Oregon.



And the story begins

Much of what is known about the history of the Oakland mission since that time lies within the pages of diary-like reports which the sisters meticulously composed for the purpose of recording their progress. These Chronicles, as they are called, were submitted to the Provincial and Mother Houses. The Chronicles are a story of obstacles, victories, setbacks ... a story of human ministry.

Father
McSweeney

Foundation

As soon as the decision had been made and the approval given, a remarkable joint effort began through a vast network of people. The Mother House in Montreal, the Archdiocese in San Francisco, realtors and contractors in Oakland, and a number of sisters within the Sacred Heart Province—all started planning and conferring. By January of 1902, just months after the first thoughts of establishing a mission in California, the sisters borrowed \$12,000 to purchase a plot of land through their representatives in the San Francisco Archdiocese. The property measured 336 by 221 feet, and it was located in the heart of Oakland, at Broadway and 26th Street.

On May 24th, Mother Mary Theresa and Sister Irene arrived in Oakland after a two-day journey by boat from Portland, Oregon. For the next few months, Mother Mary Theresa and Sister Irene absorbed themselves in building plans and discovering the needs of the people in Oakland.

*Sisters of Providence
Opening Day, 1904*



As the sisters' presence and their plans to build a hospital in Oakland became known, the city's citizens came forward to offer help, demonstrating their eagerness to finally have a modern hospital in their city. An elderly widow, Mrs. Mary Canning, offered her Oakland home as a refuge for Mother Mary Theresa and Sister Irene until the hospital was completed. In exchange, she asked that

the sisters care for her, as she suffered poor health and was an invalid. But Mrs. Canning went further; she also donated \$19,000 to the hospital, not for its construction, but for three free beds for the poor to be maintained in perpetuity. Her example was followed by others. Many church groups and lay organizations arranged concerts, highlighting local musical artists, and the money they raised was given to the new hospital. The Young Men's Institute gave a major gift in 1902. They also sponsored a grand ball that same year to benefit the hospital. The relationship with music lovers and concert goers and Providence Hospital began in 1902; spectacular concerts were routinely held at the MacDonough Theatre in Oakland.

A number of Oakland women expressed an interest in offering their services to make the hospital ready in the last weeks before opening and to assist the sisters on Opening Day. They were later to be the founders of the Providence Hospital Auxiliary.

As the months passed, and the building progressed, more sisters of Providence arrived on the scene, ready to take their posts in preparation for Opening Day. Each one of them had in-depth experience in hospital work, having served in varying capacities at other Sacred Heart Province institutions. By the time the hospital opened, there were twelve sisters present to administer the hospital under the direction of their Mother Superior, Mary Theresa.

*Seth Richards with his
Daughter and Son-in-law*



Opening day

On April 5, 1904, hundreds of Oakland citizens and prominent individuals, both clergy and lay, came to the now-completed hospital for the formal opening. Hours before the 3:00 pm ceremony, the hospital's doors were opened to the public. They crowded its corridors to inspect the operating rooms, the wards and private rooms, all of which "were equipped and furnished with the most modern appliances," according to the Chronicle entry of that date.

Assisted by the choir of sisters and a quartet from the parish church, Archbishop Riordan began the ceremonies by delivering the invocation and blessing the ground. Bishop George Montgomery of San Francisco, Oakland's Mayor Olney, Judge Henry A. Melvin, City Attorney, J.E. McElroy and Dr. Frank L. Adams all followed with short addresses of gratitude and praise as they projected the hospital's future impact on the city. Early the following morning, April 6, 1904, the Sisters of Providence opened the hospital to the people of Oakland following the same intentions of their foundress, Mother Joseph: to maintain quality of life for anyone in need.

By June of 1905 two more sisters arrived, bringing the total to eighteen. They taught in the hospital's school of nursing, fulfilled various administrative and managerial posts, nursed the sick and offered spiritual consolation. The nursing staff had now grown to 25. In the course of those first fourteen months, the sisters had treated just over 1,000 patients, fed 400 needy in their dining room, and taken food and money to numerous poor in their homes.

*Original Providence
Hospital, Oakland 1904*



Deliverance in Oakland

By the end of 1906, statistics recorded in the *Chronicles* show a drastic change. The staff had increased by only twelve, but the meals given to the needy numbered 2,800, and medical prescriptions 10,000. These figures reflect part of Providence Hospital's role in the great catastrophe that fell upon the city of San Francisco when, for 28 seconds, the colliding forces of the San Andreas fault violently rocked the earth's surface. Oakland was spared the brunt of the shocks; but it suffered severe damage. Twelfth Street, just fourteen blocks from the hospital, sunk eighteen inches; the small dam protecting Lake Merritt from the estuary's high tides cracked; scores of homes slipped off their foundations; chimneys crumbled; store fronts collapsed; and five people lost their lives in a downtown rooming house. Once the fires broke out across the bay, Oakland was shrouded in grey smoke and ashes.

A total of 250,000 San Franciscans were eventually left homeless, and they looked to the East Bay for help. Their mayor hurriedly dispatched a message to Oakland's Mayor Mott asking for food, medical supplies, fire brigades, volunteers, and dynamite. Thousands of San Franciscans flocked to the Ferry Building and waited for hours to be transported across the bay to Oakland. Barges, fishing boats, ferries, tugs and Chinese junks—anything that would float—were used to carry the victims out of the calamity. Some 200,000 people were received in Alameda County within the next 48 hours. The city prepared a refugee camp at Idora Park and brought in food, medical supplies, blankets and tent shelters. The Oakland Chinese community spontaneously organized a shelter near Lake Merritt for the 20,000 Chinese refugees out of San Francisco. People squatting in front of their tent shelters cooking in stew pots was a common sight. For the next week Oakland became a huge transient camp of victims desperate for food and information, many not knowing if their loved ones were dead or alive.

The sisters, stunned and anxious that each successive aftershock would bring yet further destruction, moved their 80 patients into sheltered areas of the hospital which were relatively undamaged and proceeded to set up emergency beds, cots—anything available to care for the onslaught of displaced that flooded into the city.

Each hour brought an influx of people who needed medical attention and food.

Within the span of a few days, the sisters fed a little more than 2,000 people, sheltered and medically attended to hundreds of refugees and distributed medicine to thousands.

SAN FRANCISCO
EXTRA Oakland
OAKLAND, CALIF.

VOL. LXV

GREAT

DEATH AND
SWEEP

HUNDREDS

THIS MORNING AT 5:14:48 O'CLOCK AN EARTHQUAKE SHOCKED THE CITY FOR 28 SECONDS. MANY CHIMNEYS IN PRIVATE HOUSES, MERCANTILE BUILDINGS AND OFFICES OF BUSINESS PLACES. BUT NO STRUCTURES WERE DESTROYED. THE LOSS WILL AGGRAVATE THE SITUATION.

The dining room never closed. The maternity ward filled to capacity and saw the birth of 107 babies. This response to the injured and needy was carried out by 20 sisters, 35 nurses and a small medical staff.

SAN FRANCISCO DOOMED

San Francisco Tribune. EXTRA

CALIFORNIA: WEDNESDAY EVENING APRIL 18, 1906

NO. 49

EARTHQUAKE!

*AND DESTRUCTION
IN THE BAY CITIES!*

DIE IN RUINS!

AS EXPERIENCED IN OAKLAND AND A NUMBER OF OTHER CALIFORNIA CITIES. THE TEMBLOR LASTED FOR 28 SECONDS. BUILDINGS, STORES, FACTORIES, CHURCHES, SCHOOLS, AND MANUFACTURING INSTITUTIONS WERE KNOCKED DOWN. IN SOME CASES HOLES WERE TORN THROUGH THE FLOORS. ENTIRELY DEMOLISHED. WATER FOR A TIME WAS CUT OFF FROM CONSUMERS AND TELEGRAPH AND TELEPHONE LINES. DAMAGE TO PROPERTY WORTH SEVERAL HUNDRED THOUSAND DOLLARS. FIVE LIVES WERE LOST. THESE VICTIMS WERE CRUSHED TO DEATH BY THE LOSS OF PROPERTY AND LIFE WAS EXCESSIVE. ESPECIALLY IN THE LATTER PLACE, WHERE THE EASTERN PART OF THE CITY WAS DESTROYED. THE MONUMENTAL BUILDING AND THE CITY HALL AND A NUMBER OF OTHER STRUCTURES WERE REDUCED TO RUINS. THE LOSS OF PROPERTY WAS ESTIMATED AT SEVERAL MILLIONS.

THE CALL

Transformations

Of the 200,000 earthquake victims who crossed the bay from San Francisco, one third remained in Oakland. Oakland's City Directory doubled in size between 1906 and 1907 and is convincing evidence of Oakland's role in the relief operations. In

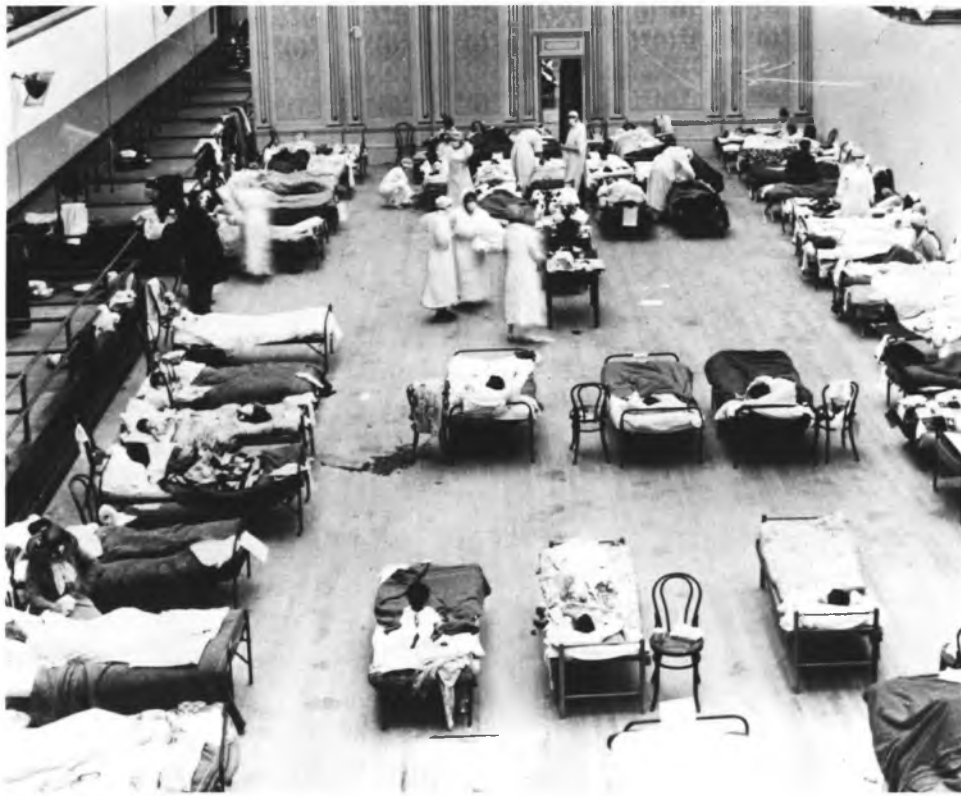


1906, Oakland's population was 67,000; it was California's third largest city. By 1907, its census had risen to 142,000.

From 1906 to the 1960's the story of Providence Hospital is one of renovation and expansion. Endeavoring to keep pace with Oakland's growing population and the advances in medical technology, the sisters struggled through one transformation after another. For the year following the earthquake, repair was the first order of business.

But as time went on and the hospital served a steadily rising number of patients each year, maintenance became increasingly substantial. Equipment of all kinds needed steady upgrading. With the heavy flow of patients and hard use of its facilities, the little hospital aged rapidly; despite all this renovation and repair, it was still deemed to be inadequate for the demands made upon it. Its capacity was no longer in tune with Oakland's population which, by 1910, had inflated to 150,000—an increase of 83,000 in four short years. In 1909 the city's area almost tripled from 22.9 to 60.25 square miles as the residential districts of Claremont, Melrose, Fitchberg and Elmhurst were incorporated.





It was only a matter of time before the sisters would have to join in the city's growth and modernization. The hospital was physically out of step with the city; it had to realign itself and keep pace with the rhythm of the 20th Century if the sisters were going to fulfill their mission.

On September 1, 1916 Sisters Mary Alice, Ottilia, Anthony, Theresa Thrall and Angela convened for a board of directors meeting. In the minutes, Sister Anthony records their resolutions to seek a new hospital location which would be free of fire hazards, away from the bustle of Broadway's traffic, and large enough to answer the growing needs of the city. But ten years were to pass before the new hospital would be built.

The winter of 1917 brought severe weather. Cases of pneumonia became common. Add to that the Oakland Harbor's intense ship building activities spurred by World War I—hundreds of industrial accidents brought injured and maimed individuals to the hospital for treatment. And in the middle of the winter a typhoid fever epidemic broke out, originating in a large construction camp near the harbor. Again the little hospital responded as best it could; and again the lack of space and facilities was sorely felt.

Then the great influenza epidemic of 1918 struck Oakland bringing devastation and a temporary halt to the great plans and grand progress the city had envisioned. Thousands contracted the disease which spread unhampered for many months. The new civic auditorium served as a makeshift hospital to care for hundreds at a time because the city's hospitals could not handle the load. Oakland's citizens were stunned into awareness of their inadequate health care facilities. As the epidemic indiscriminately spread to all classes of people, it no doubt awakened the more comfortable segments of the population to the need for sufficient medical facilities.

As the decade drew to a close, individuals and businesses rallied together to raise money for a new Providence Hospital. Supporters were many. Among the individuals who gave generously were J. Clem Ady, Mrs. A. G. Bagley, Harmon Bell, Mrs. R. A. Bray, Mrs. Gale Hunn Campbell, J. F. Carlston, M. J. Coakley, J. C. Cox, G. E. Daniels, F. A. Doggett, James J. Donnellan, Mrs. Jas J. Donnelson, Honorable William H. Donohue, C. W. Donovan, Robert Fitzgerald, Mrs. W. L. Friedman, James Gartland, W. E. Gibson, Theodore Gier, Dr. O. D. Hamlin, Mrs. Wickham Havens, Charles Heyer, Hugh Hogan, Joseph King, Joseph Knowland, Russell Lowrey, Miss Lorenna MacIntyre, Dr. J. Maher, C. T. Malcouronne, Charles J. McCarthy, John J. McDonald, Michael McInnis, Dr. H. B. Mehrmann, Honorable Henry A. Melvin, Mrs. Henry East Miller, Thomas G. Murphy, A. Vander Naillen, Jr., Mrs. J. B. Nelson, Former Governor George C. Pardee, Mrs. George E. Perkins, Senator J. D. Phelan, Judge D. L. Phillips, Mrs. George So. Pierce, Dr. George Reinle, Joseph J. Rosborough, Judge George Samuels, Dr. J. S. Slavich, Mrs. Oscar Sutro, Carl Sword, John H. Tolan and James Travers. Business and industry which demonstrated their active support included Alameda Steam Laundry, I. A. Beretta, Bowan Drugs, H. C. Capwell & Co., R. C. Endris, H. P. Flannery, Ghirardelli & Zuno, Healds Business College, Hogan Lumber Co., Lesser Brothers, Maxwell Hardware Co., Oakland Bank of Savings, A. Schleuter Co., Security Bank, Taft and Pennoyer and John H. Tolan.





It was not until April, 1920 that the Sisters of Providence could again pursue the building of a new hospital—but in a new location, a site just a few blocks away from the original. This new parcel of land, once called the Foster block, was bounded by Summit Street, Orchard Avenue (later changed by petition to 30th Street), Central Avenue and Webster Street. It was a perfect location: one block up from Broadway, away from traffic, and yet still within minutes from the heart of

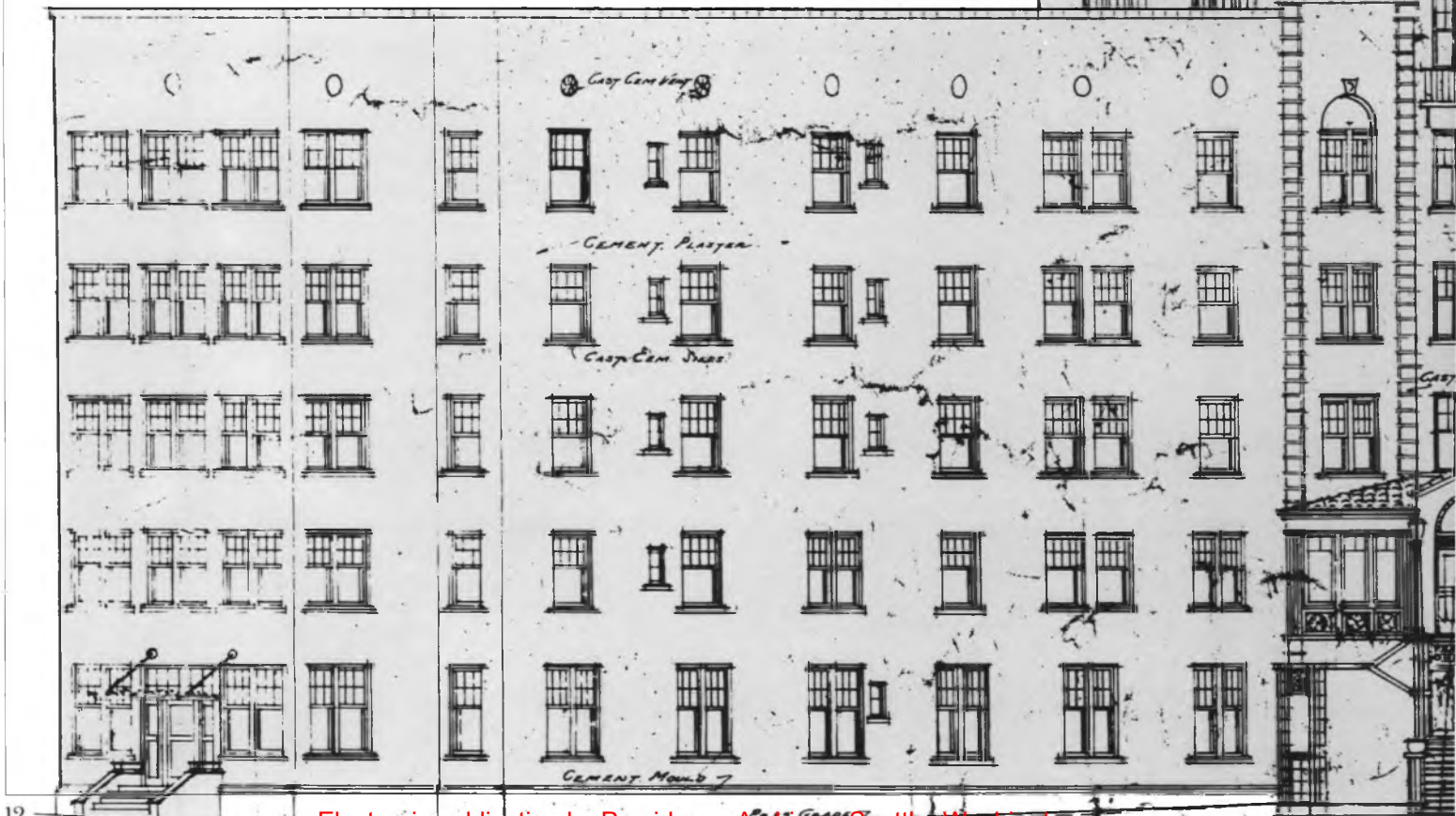
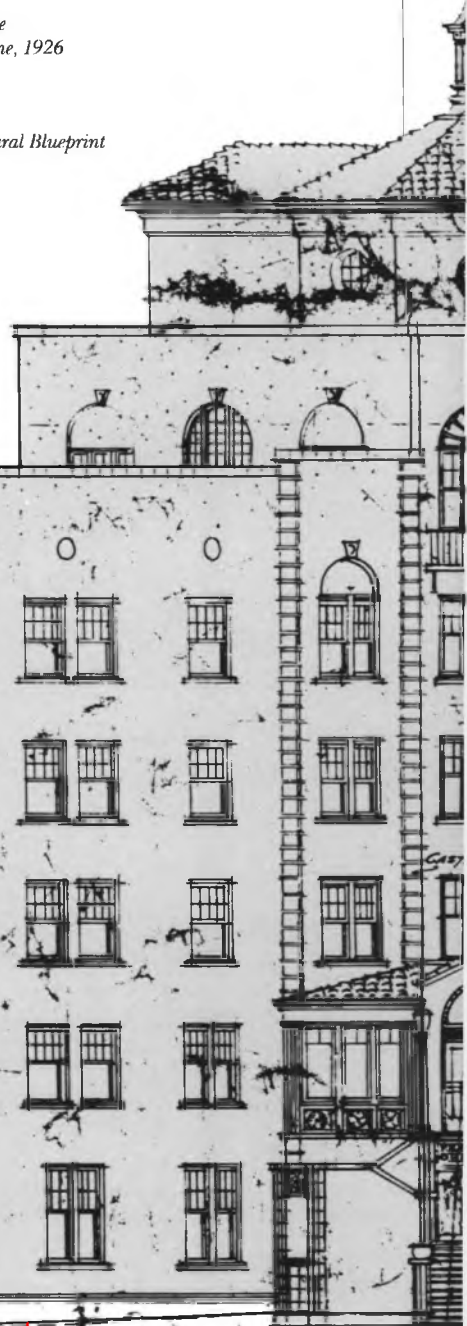
Oakland. They immediately offered to buy it from the owner, Arthur Breed, Sr., whose stately, three-story Victorian home stood at the center of the property surrounded by vast areas of lawns and gardens. The sisters hoped to build a bigger hospital than the one they originally envisioned. They planned to double the capacity to 225 beds and have 75 more available; to create large service areas for pharmacy, x-ray, physiotherapy, cardiology and pathology departments; to

reserve a major portion of one wing for a children's department; and to build a separate, adjacent building solely for the School of Nursing.

All of this would require a good deal of money. Local banks and the Archdiocese loaned a good portion of the amount needed, but the still-fresh memories of Oakland's inadequate health care facilities spurred scores of private citizens and organizations to contribute unprecedented support. The Auxiliary sponsored card parties with admission fees going to the new building fund; the student nurses held raffles and raised the best part of the cost for the pediatric department; doctors donated money

Laying the Cornerstone, 1926

Architectural Blueprint



for specific equipment; the parish of St. Francis de Sales held fund-raising campaigns; and private citizens of varying means gave large and small donations. Clergy of the city widely endorsed the campaigns and cooperated in "Hospital Sunday," a day they agreed upon to preach the value of a new hospital from their various pulpits. Four years later, on June 27, 1924, Reverend J.A. Lally, the hospital's chaplain, turned over the first sod for the official ground-breaking ceremony.

By May of 1925 the time to begin construction had come. The sisters contracted with a great number of companies in Oakland and San Fran-

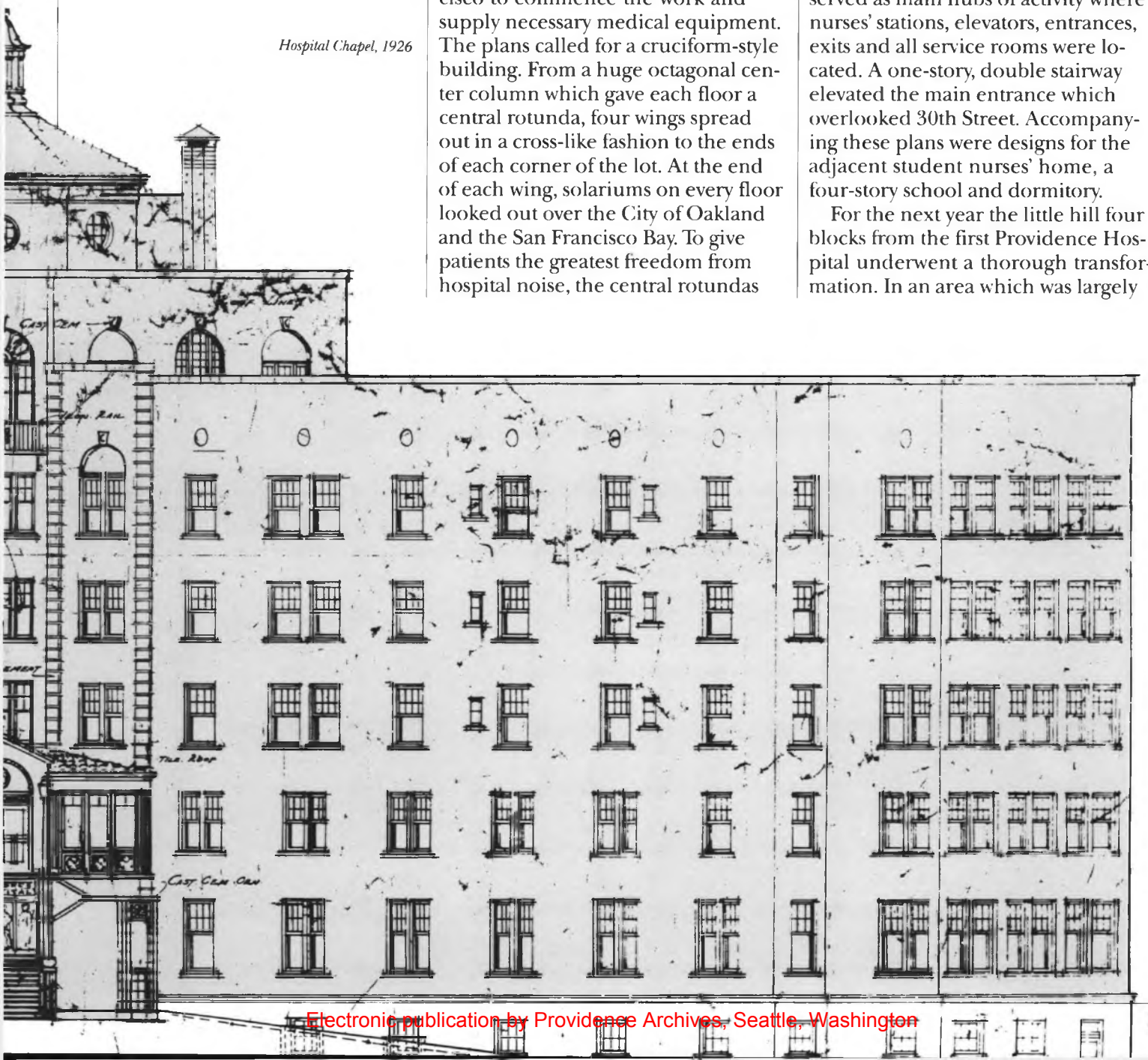
Hospital Chapel, 1926



cisco to commence the work and supply necessary medical equipment. The plans called for a cruciform-style building. From a huge octagonal center column which gave each floor a central rotunda, four wings spread out in a cross-like fashion to the ends of each corner of the lot. At the end of each wing, solariums on every floor looked out over the City of Oakland and the San Francisco Bay. To give patients the greatest freedom from hospital noise, the central rotundas

served as main hubs of activity where nurses' stations, elevators, entrances, exits and all service rooms were located. A one-story, double stairway elevated the main entrance which overlooked 30th Street. Accompanying these plans were designs for the adjacent student nurses' home, a four-story school and dormitory.

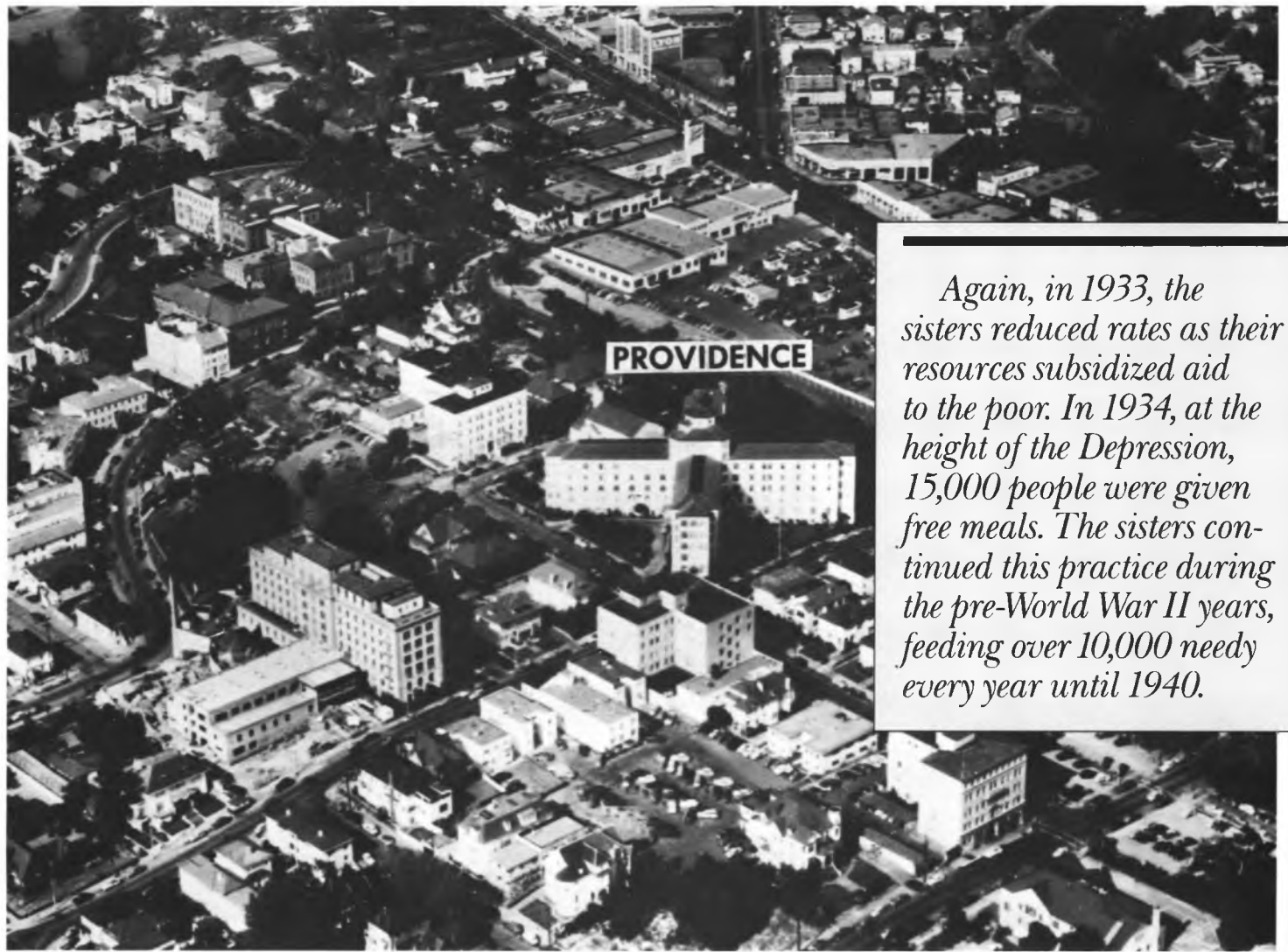
For the next year the little hill four blocks from the first Providence Hospital underwent a thorough transformation. In an area which was largely



residential, contractors and laborers of many diversified skills and trades created a five-story building of reinforced concrete. After so many years of fire destruction in the city, its builders adhered strictly to the newest building ordinances for hospital construction, incorporating the latest techniques in fireproofing and placing fire escapes at the end of each wing. Under two wings they built basements comprised of various areas designed specifically for cold storage of food, for the sterilization of mattresses, clothing and dressings, for storage of supplies and records and for an autopsy room. On the fifth floor they built a glass-enclosed roof garden and an open-air veranda for convalescing patients.

On the warm, sultry day of October 21, 1926, the sisters transferred their patients and entire health care facility to the "New Providence Hospital." In two hours' time seven ambulances conveyed seventy-five patients to a building seven times the size of the original hospital. Perched upon the little hill overlooking Oakland and now remote from the noise of Broadway's bustling traffic, the bright, new hospital enjoyed a new peace and serenity. Ironically, a tremor jarred the earth the following morning. "Our fine new building shook like a little flower," wrote Sister Angelica in the *Chronicles*. Not a bit of damage occurred. Having withstood the severe jolts, the hospital stood proven, ready and waiting for its official opening on October 31. The moving activity continued as usual, and the student nurses moved their belongings into the new, airy dormitory, so different from the crowded "nurses' cottage" they had inhabited at the former site.





Again, in 1933, the sisters reduced rates as their resources subsidized aid to the poor. In 1934, at the height of the Depression, 15,000 people were given free meals. The sisters continued this practice during the pre-World War II years, feeding over 10,000 needy every year until 1940.

Depression years

The dizzying growth rate of the 20's continued, accelerated by 7,000 newcomers each year and sustained by new manufacturing concerns which created a 40% increase in the city's gross product and employed 19,000 industrial workers. Real estate developers overtook the city and built scores of new housing tracts; construction permits in 1925 totaled 39 million dollars. In 1926 Alameda County completed Highland Hospital; in 1928 Peralta Hospital joined Providence and Samuel Merritt Hospitals on the little rise above Broadway which Oaklanders named "Pill Hill." For the first time in the city's history, traffic signals were installed to control the congestion in its bustling downtown.

1929 brought the opening of Providence Hospital's Part-Pay Clinic, the

first in the East Bay. Opened two days per week, the clinic was created for mothers who did not have the necessary funds for maternity and pediatric care. The clinic offered pre-natal care, delivery and one year of post-natal care, payable on a sliding scale according to income. When it opened, the base rate for the entire package of services was \$25, but during the Depression and World War II, Providence Hospital's clinic cared for thousands of mothers and infants, many of whom could pay nothing.

In the economic depression of the early 30's, the hospital's administration took a complicated turn. The number of paying patients admitted slumped dramatically. People who could afford hospitalization put off health care until better times. But the needs of the poor and elderly increased. To maximize help to the thousands of needy and yet sustain the hospital's operating expenses, the

sisters sought out new approaches of administration. In 1931, they leased the hospital's X-ray department to Dr. Safford A. Jelte and assigned him responsibility for its management with a ratio of its profits reverting to the hospital. The same year, they reduced surgical and lab charges and lowered the ward-bed rate. The next year, Dr. Hobart Rogers contracted with the hospital to establish and operate a cardiography service. And months later, Dr. Gertrude Moore, of Western laboratories, leased the hospital's pathology lab and assumed its management. Again, in 1933, the sisters reduced rates as their resources subsidized aid to the poor. In 1934, at the height of the Depression, 15,000 people were given free meals. The sisters continued this practice during the pre-World War II years, feeding over 10,000 needy every year until 1940.

The College of Nursing

The Providence School of Nursing began simultaneously with the original hospital in 1904 and graduated its first class in 1907. The school functioned with the full approval of the California Board of Nurse Examiners and received full accreditation. Thirty-six years later, on January 29, 1940, five sisters incorporated the School of Nursing and made it a separate institution which they named the Providence College of Nursing.



*Nursing School
Graduates*

*Nurse Mary Donnelly
1910 Graduate*



Profound changes

World War II brought the sisters new challenges. Transitions between the Great Depression years and the accelerating pressures of wartime demands taxed the hospital's resources and the sisters' ingenuity to confront obstacles and respond to Oakland's changing needs. During 1936, twenty sisters maintained a staff of 59 employees and 74 nurses; they admitted 3,421 patients. By 1943, seventeen sisters maintained a staff of 120 employees and 219 nurses. The number of patients admitted tripled to 9,653 in that year.

Between 1910 and 1940 Oakland's population had doubled, swelling to a little over 300,000. With the advent of World War II, that figure increased dramatically. The city's life centered almost entirely on the war effort. Oakland's harbor once again experienced tremendous growth as wartime industries went into full swing round the clock.

Within just a few months after America entered the war, the Defense Program and the resulting expansion

of industries created an alarming shortage of hospital beds in the Bay Area. The Oakland Hotel, once used for some festive social gatherings, conventions and wealthy travelers, became a military hospital; in East Oakland, the Navy built the Oak Knoll Hospital. The federal government requested existing hospitals do whatever possible to increase bed capacity. The sisters redesigned some areas of the hospital and were able to increase capacity somewhat; but, despite these and other efforts, the acute demands continued to overtax the hospital and its staff.

In 1943, Dr. Thomas Parrau, Surgeon General in Washington, D.C., announced an allocation of funds to provide for the training of nurses under the new-found Nurse Cadet Corps. Providence Hospital participated in the program and the entire enrollment of the College of Nursing volunteered to become wartime nursing cadets. Between 1943 and 1946, the sisters trained 551 women for the Nurse Cadet Corps.

Almost overnight, the shortage of civilian workers in Oakland created a mass rush of people from all over the country who were eager to work after the hard depression years. The shipyards advertised nationally, recruiting thousands of women and minority Americans for immediate placement, on-the-job training and high wages. Thousands swarmed to the Bay Area where trailer camps and temporary housing projects quickly appeared to accommodate them all. By 1945—in just five years—Oakland became the home of 100,000 newcomers now bringing the city's population to just over 400,000. More important than the increased number, the ethnic ratio changed drastically; Oakland now had to deal with racial attitudes which, prior to the war, had been subdued. Tensions were a daily reality. The shipyards, housing areas and the city streets were the locations of violence. The city had changed.



U.S.S. Oakland,
Grove Street Pier

During the 20 years following World War II, the sisters witnessed a wealthy, prosperous post-war city move towards decline, and they did what they could to respond.

After the war, per capita income had tripled. People now wanted to fill their lives with conveniences; and with wartime industries converting to manufacturing consumer goods, these became readily available. The automobile, top on the list, accelerated mobility and dramatically widened possibilities of where people could live, work, shop and travel. Homeward-bound soldiers, protected by federal military recall rights, were given job preference over factory workers, many of whom were minorities. Thus the large, wartime work force was displaced within just a few months. Unemployment began to creep upwards to a chronic state as manufacturing cut back to peacetime production.

Then an exodus occurred. Many white, middle-class residents headed for the suburbs and left Oakland with a population which needed more services but which had less means to support it. Again, the sisters had to find ways to subsidize health care for the needy by drawing on the hospital's resources for the needed support. The 1926 building was far too inadequate for the growth Oakland experienced in the 40's, so expansion again became a priority on the sister's agenda.



A new wing facing Webster Street was constructed in 1956, and all offices were moved out of the hospital-proper and into the new wing to make room for more services and a 230-bed capacity. In 1964, a sixth floor was added to increase bed capacity. An Arthritis Clinic, the second part-pay clinic of its kind in the East Bay,

Post war years



Downtown Oakland

opened in 1956. This was followed by the opening of an Intensive Care Unit in 1960, a Respiratory Care Unit in 1967, a Coronary Care Unit in 1968, and a Hemodialysis Unit in 1969. The following year a Hemodialysis Home Training Center with two beds was established at the request of physicians. In 1970, the sisters formally opened a Nuclear Medicine Department, a Cerebro-Vascular Disease Unit and Employee Health Services. The following year they established a much-needed 24-hour Emergency Service.

In the early 1960's, part of President Lyndon Baines Johnson's Great Society program focused on semi-socializing the American medical system in an endeavor to respond to the med-

ical needs of the poor and elderly. National health insurance for the aged—Medicare—became effective on July 1, 1966 under Title 18 of the 1965 Amendments to the Social Security Act. Following suit, California established the Medi-Cal program and essentially gave all Californians drawing welfare compensation access to medical care in any qualifying hospital.



In the next fourteen years, governmental expenditures for health care increased 446% nationally, and the government became the largest purchaser of health care. For the sisters, this meant stringent regulations and requirements plus additional paperwork in keeping and reporting patient information and statistics. While the government tried to keep the lid on health care costs through imaginative and varying methods, inflation and strong union activity brought spiraling salary increases.



In the 1950's educational institutions began to phase in nursing programs which, by the late 60's, had become part of the curriculum in most universities and community colleges. In addition, pressure from governmental requirements related to hospital costs forced the sisters to examine and justify subsidies to the college. With these gradual changes, enrollment dwindled year by year, and the sisters found it increasingly difficult to support the institution. Finally, they decided to close the College of Nursing in 1972 after 68 years of providing outstanding education in nursing and graduating a total of 1,515 nurses.

The 60's and 70's brought changes to Providence Hospital. Fewer Sisters of Providence in the Sacred Heart Province meant integrating lay administrators into the hospitals in the system. The original Articles of Incorporation which five sisters created in 1903 was amended to include all the sisters' institutions in California. The lay administrators, professionals in the health care industry, managed the hospital in concert with and under the guidance of the Provincial House. The basic mission, though, remained whole and intact.



Diversification and further expansion

The Endocrine-Metabolic Laboratory opened in 1973 and today, is one of the most completely equipped and staffed of its kind in the Western United States. The Pastoral Care Department opened in 1973 to serve the spiritual needs of the sick. Its staff is composed of highly qualified religious personnel from various denominations who combine up-to-date counseling techniques with the traditional work of the sisters in visits to the sick and dying. The department is a continuation and an extension of the sisters' fundamental commitment to the spiritual and psychological welfare of patients.

In response to the sophistication of modern medical science, a Medical Morals Committee was organized to outline a code of ethical principles for treatment of all patients. The guideline statement embodies respect for the dignity of every human being, and includes discussion of the right to life, the right to bodily integrity, the right to die, as well as issues of social justice. Forums were held by the Medical Morals Committee to explain guidelines and relate the principles to employees.

More diversified services appeared within the hospital. 1973 brought the establishment of a Gastroenterology Laboratory. The Coagulation Laboratory opened in 1974 to provide diagnostic, therapeutic and research facilities for all aspects of coagulation. That same year, the hospital opened its Vestibular Laboratory. An Ostomy Care Program began in 1976, meeting the instructional and counseling needs of those who have undergone surgical diversion of the bowel or bladder. In 1977, the County of Alameda designated Providence Hospital as the base emergency care facility for North Oakland, the downtown area, Emeryville and Piedmont.

May 24, 1977 marked the 75th Anniversary of the official founding of Oakland's Providence Hospital. Congratulations and proclamations came from the White House, California's Secretary of State and the City of Oakland. On May 22, Monsignor John P. Connolly, assisted by the hospital's chaplain and three past chaplains, officiated at a Mass of Thanksgiving in the Chapel.

A modern hospital

In the summer of 1975, hundreds of guests attended ground breaking ceremonies for the construction of a new hospital on the site where the School of Nursing had once stood. The third hospital of the Sisters of Providence in Oakland, this multi-storied structure of approximately 200,000 square feet was to consist of a four-story nursing tower and an additional wing for special care inpatients. Four years and 22.5 million dollars later, in April, 1979, the completed hospital was ready for dedication.

In October of 1973, the California State Department of Health inspected the hospital and declared it did not meet seismic resistant criteria established by federal legislative action. Then, in 1974, an earthquake study showed that the Hayward Fault lay in direct proximity to the hospital. Providence Hospital, along with many other institutions in the Bay Area, had to be redesigned in accordance with seismic resistant standards. Plans for a new hospital were begun immediately.

The nursing personnel and 100 volunteers transferred patients to the new 230-bed hospital. In conformance with all seismic resistant requirements, it consists largely of single-patient rooms with private baths. Today, all the diverse services and programs begun in the 70's enjoy larger and more efficient locations in the new site; the hemodialysis unit expanded to become the largest in California; and the neuropsychiatric medical service is the only one in a privately-owned, general acute care hospital in Oakland.



The Providence Hospital Foundation

In 1981 a group of community leaders founded the Providence Hospital Foundation, a non-profit corporation existing for the sole purpose of giving the hospital a secure financial base and providing a means for the people of the community to make high quality health care a priority through philanthropic support.

The purposes of the foundation are:

(a) To assist, encourage, promote and advance the care, treatment and rehabilitation of sick, afflicted, infirm and injured persons at Providence Hospital, Oakland....

(b) To further charitable, scientific, research and educational activities of Providence Hospital...

The foundation is governed by a board of directors who administer the corporation in conjunction with the foundation president. Board members have authorized a full range of giving programs through which all people can participate according to their financial ability. And they ensure that every dollar is used for health care services and facilities.

The foundation is a 501(c)(3) organization, qualified to receive deductible contributions from donors. In addition to outright gifts of cash, the foundation encourages gifts of securities, real estate, and life insurance. The foundation also provides various programs of deferred giving, offering to donors such avenues as unitrust, annuity trust, pooled income trust.

In order to accomplish its goals, the foundation engages in continuous fund-raising activities. In concert with staff, the foundation's chairman and board of directors serve as active fund-solicitors.

As has been the tradition for almost a century since the Sisters began their mission in Oakland, the community has been very supportive of Providence Hospital. Each and every gift is deeply appreciated.



Providence Auxiliary

Fund-raising support is also provided by the Providence Hospital Auxiliary. In 1902 a group of East Bay women assembled at the home of one of the founding members to help plan the open house event for the original hospital. At that time they elected officers and established dues of 25 cents per month.

Today the auxiliary is the oldest of its kind in the East Bay and numbers more than 350 members. Its nine "branches" include groups with fund-raising and educational goals as well as a separate group of hospital inservice volunteers.

In 87 years the purpose of the group has remained constant: "to promote and advance the welfare of Providence Hospital and to promote and interpret hospital functions to the community through hospital service and fund-raising events."

The presence of the auxiliary has always been integral in the Sisters' ability to carry out their mission in Oakland. In their early days they

helped wherever a need arose, working primarily in St. Joseph's Ward with needy elderly.

In 1929 they were instrumental in the operation of the children's clinic which was designed for families whose monthly income was below \$100. In 1957 they established the first Providence Hospital Gift Shop and Gift Card Program, which to this day continues to rely solely on volunteer support. Through the years their accomplishments are many and far reaching.

During the 1980's the auxiliary has continued to provide significant financial support to such programs as the Family Birthing Unit, Oncology Day Family Room, Surgery Waiting Room, Adult Day Health Care and other special programs.

The auxiliary and volunteer organizations become more and more important as we move into the economically challenging 1990's.

A City's Renaissance

By 1980, Oakland began taking a slow but perceptible turn toward a rebirth; it began to evolve in a new direction and to regain its faith once again as the visions of a new generation took root. Popular movements toward renovation of the old, the charming and the beautiful have since made permanent and culturally beneficial changes in neighborhoods, schools, public areas and the downtown core.

Oakland's center, at 14th and Broadway, has blossomed. The grand City Center complex has taken shape to include towering office buildings for major business and banking concerns, retail stores, restaurants, the Oakland Hyatt and the Convention Center. The "imaging" of Oakland has solidified into a major financial commitment by the city to attract business and commerce beyond the west and south bay to worldwide.

The Port of Oakland has once again taken its place as pace setter and holds the distinction of being the second largest container port in the nation. The population mix has become an asset. Today, Oakland—once again—attracts many people to call it home. Thousands of senior citizens who always considered it such and never left, are being joined by a very significant number of young families and single people who are now moving into the city.

In looking toward its future and responding to Oakland's changes, Providence Hospital developed its strategies for the '80's. To continue the mission of the Sisters, the hospital must continue to reach out to Oakland's community and provide the kind of services the community needs. Included in these strategies were major steps to serve those who are often forgotten, the poor and the elderly. Along these lines, a hot meal program, a food and clothing program and an Adult Day Health Care Program—sorely needed but very expensive to implement—were proposed.



Additionally, specialty programs, like the Metabolic Bone Institute for the treatment of osteoporosis and other bone diseases, and the Diabetic and Endocrine Institute for the treatment of diabetes and related illnesses were implemented. These programs which stay at the cutting edge of their specialties were unique in the Bay Area and offered the Oakland community the opportunity to receive care for these specialized services in their own city.

In July of 1982, the California Assembly passed three health care bills, and the federal government created the Tax and Equity Fiscal Responsibility Act (TEFRA). This legislation drastically changed the way hospitals are reimbursed for their services, spawning a decade of change, downsizing and competition, further straining the hospital's mission to serve the poor and elderly.

In late 1983 Sister Dona Taylor was named Administrator of Providence Hospital. Momentum picked up quickly as new programs and services got underway. Lithotripsy services, home health care services, occupational health care services, specialized cancer care programs all were implemented, furthering the hospital's service goals and keeping it competitive.

In 1986, Providence Hospital opened its Family Birthing Unit, after a lapse of over 10 years of obstetrical

services. The newest program in the area, the Family Birthing Unit quickly became a program to emulate. Private rooms, single-bed birthing, and a family centered concept, the new program gave East Bay families the opportunity to have their babies in a compassionate, caring atmosphere with all of the modern conveniences and technologies.

With the opening of the Adult Day Health Care Program in the fall of 1987, Providence Hospital became the first hospital in the Oakland community to offer such a program. The lack of government reimbursement for this kind of program did not deter the opening of this program—Providence through its foundation made a commitment to support the program until it could break even—a projected 3 years. Just three months after the program opened it met its first year enrollment goal, underscoring the tremendous need for these services.

In the summer of 1988, during Sister Dona's last year as Administrator of Providence Hospital, she helped to dedicate one of the largest and boldest projects of the decade. The 61,000 square foot, \$13.5 million Providence Medical Office Building is located at the site of the 1926 hospital and attached on all of its five floors to the main hospital building.

With room for some 55-60 physician office suites the medical office building also includes inhouse pharmacy, laboratory, radiology and food services. Three months after its opening, some 42% of the office space had been committed, ahead of the projected schedule.

This stunning building, which features a 2 story atrium lobby, glassed walls throughout and views of the San Francisco, Oakland and East Bay hills skylines, is a symbol of the commitment of the Sisters of Providence to the Oakland Community.

In March of 1989, David D. O'Neill came to the Sisters of Providence health care system from Voluntary Hospitals of America. Mr. O'Neill received his Masters of Public Health from the University of California at Berkeley and his Juris Doctor from Northwestern University School of Law in Illinois. Under his knowledgeable leadership, Providence Hospital stands ready to meet the difficult decade of the nineties.

As we look back, Providence Hospital's role in the community has remained constant. Since its first official opening in 1904, it has been meeting the most pressing needs of the community, providing the latest medical technology with the patient's comfort and wishes in mind. The hospital continues to reach out to Oakland's people and provide the kinds of services the community needs.

The Commitment Continues...



The Final Chapter

On October 17, 1989, at 5:04 p.m., a 7.1 earth quake shook the Loma Prieta fault in the Santa Cruz Mountains, causing \$5.9 billion in property damage and 63 deaths. Buildings collapsed in downtown Santa Cruz and in San Francisco's Marina District, while chunks of building facades fell to the street in downtown Oakland. A section of the Bay Bridge collapsed, as did the two-level Cypress interchange connecting Freeway 880 with the Bay Bridge. Oakland residents rallied to the rescue, pulling the injured from the Cypress structure. In Oakland, more than 2500 people were displaced, 200



Photo: Ron Ruesterer, Oakland Tribune

businesses and 1400 homes damaged, and 320 people injured. As the closest hospital to the Cypress structure, Providence quickly implemented its emergency triage system, treating 69 people while under emergency power.

This has been a story of the hundreds of Sisters of Providence who came to Oakland, California to dedicate their skills and talents to a mission. Most of them have remained nameless, as they would have preferred; their true recognition lies in the impact they so ably made on a city's history. They saw social injustice, extreme suffering and death, policies and legislation which abandoned the powerless, pressing poverty, severe economic conditions and hatreds; they responded with compassion, relief, nurturing—true, effective physical and spiritual sustenance. They operated through circumstances and spontaneously reacted according to their key objectives: to develop a Christian environment in striving for quality life for all people. Far from passive or cloistered, these women assertively sought out ways to influence the directions that mankind takes. This was their story in Oakland, but it could have been anywhere; their scope is cosmic.

In August of 1990, the threat of war in the mid-east became reality when the world responded swiftly to Saddam Hussein's Iraqi invasion and annexation of neighboring Kuwait. The United States entered into what became known as the Persian Gulf War on January 16, 1991. Twenty-six other nations pledged their support. Thousands of reservists were called to the front lines, and many health professionals in the reserves stepped in to fill the now vacant slots in the Veteran's Administration system. Many of the reservists were children and grandchildren of Providence employees, medical staff and auxiliaries. Providence Hospital held Prayer for Peace services in the Chapel and displayed pictures of relatives or friends serving in the mid-east as a show of support to those in service. A Mid-East Conflict Support Group met once a week to provide an outlet for fears and concerns. The Persian Gulf War ended 40 days after it began.

Health care delivery continued to change and adapt in response to more restrictive reimbursement policies. In February, 1991, Providence Hospital opened a 24-bed Skilled Nursing Facility (SNF), meeting a need for a less intense level of care for patients who no longer require acute care but who are not yet ready for comprehensive rehabilitation, long term convalescence in another facility, or recuperation at home. Generally, these are patients recovering from orthopedic, neurological, cardiac, vascular, oncological, renal, medical or surgical ailments in the acute hospital setting. Patients in the SNF have access to such hospital services as respiratory therapy, social services, discharge planning, physical therapy, pastoral care, and other resources to assure that all their needs are met during their stay, which is usually less than two weeks.





Photo: Michael Macor, Oakland Tribune

Santa Ana winds and an out-of-control fire near the Caldecott Tunnel whipped through the Oakland and Berkeley Hills on Sunday, October 20. The inferno raged for 69 hours and burned 1600 acres, leaving a staggering human toll of 25 dead, 150 injured and 5,000 people without homes. Providence Hospital immediately responded as a red alert zone 1 hospital, ready to receive and treat many patients. Physicians and hospital staff responded to the call, many fulfilling their duties on site without knowing if their houses survived the raging fire. Providence treated 29 patients, most with "smoke inhalation" problems. Nine people were admitted, including Leo Pedemont, M.D., a past president of the Medical Staff, and several fire fighters.

The health care community was hit particularly hard by the fire, since many physicians, employees, and volunteers in the greater health care community lived in the fire zone. At Providence, some 43 physicians, hospital staff, and auxiliary members lost their homes or suffered severe damage to their homes as a result of the fire. The hospital provided group counseling sessions and established a loan program for those affected. City, state, federal, and private agencies rallied together to provide immediate and long-term support. Oakland now faces the challenge of rebuilding once again, just two years after starting to pick up the pieces from the 1989 earthquake.

New Beginnings

Concern about enhancing the delivery of health care to Oakland residents in the current and future economic environment brought Providence Hospital and its immediate neighbor Merritt Peralta Medical Center together for discussions on cooperative efforts. On August 9, 1991, the boards of directors of both facilities signed a letter of intent to form a new, single health care organization that will continue to provide the community with compassionate, modern health care. A Transition Steering Committee with representatives from both hospitals immediately started working on the many details that needed resolution prior to completion of the consolidation in early 1992. Planning task forces and subcommittees addressed such issues as where services should be located, configuration of beds, evaluation of new and existing services, human resource concerns, financial considerations, cultural integration, and a new name.

On November 11, 1991, the two hospitals signed a Memorandum of Understanding, calling for both Providence Hospital and Merritt Peralta Medical Center to cease to exist in their present forms on March 1, 1992 and to create a new corporation, Summit Medical Center. The new medical center centralizes most acute care services at the Merritt site with the exception of 24 Surgery/Recovery beds and 24 overflow beds at the Providence location. The Providence site will house an expanded Skilled Nursing Facility (from 24 to 48 beds), 18 Psychiatric, and 34 Chemical Dependency beds. Adult Day Care, Ambulatory Surgery, Ambulatory GI & Bronchoscopies, Ambulatory Treatment Center, outpatient imaging, and outpatient laboratory will all be located at the Providence Site. The Medical Staffs, which virtually had the same membership, have reorganized, as will the auxiliary, volunteers, and the Foundations.



The health care ministry in Oakland will continue through the new organization, but no longer under the umbrella of the Sisters of Providence health care system. Named to the Board of Directors for Summit Medical Center are Sr. Karin Dufault Chairperson of the Board of Directors of Sisters of Providence Corporations, and Donald Brennan President of Sisters of Providence Corporations. Providence's unique Pastoral Care Program will be a part of the new medical center, providing patients

and staff with support, guidance and counsel in times of stress and trauma. With a larger facility and more resources, we will continue to attract and retain top physicians, nurses and medical personnel in the field as well as implement new technology as it becomes available. Since services will be streamlined and duplication eliminated, we believe the organization will be able to serve the Greater East Bay community more efficiently and cost effectively.

As we close this chapter in the history of the Sisters of Providence in Oakland, we look forward to continuing their legacy under a new entity. The physicians, hospital staff, auxiliaries, volunteers, and community leaders who are Summit Medical Center will continue to provide quality health care with compassion and respect to the people in Oakland and the greater East Bay Area. And thus the story continues...

Administrators

Mother Mary Theresa <i>(M. Rosalia Muller)</i>	1903-1909
Sister Joseph Albert <i>(Amanda Jutras)</i>	1909-1910
Sister Mary of Nazareth <i>(Catherine O'Donnell)</i>	1912-1912
Sister Mary Alice <i>(Margaret Catherine Woods)</i>	1915-1921
Sister Angelica <i>(Ellen Elizabeth MacKinnon)</i>	1921-1925
Sister Gertrude of Providence <i>(Clara Ann O'Brien)</i>	1925-1931
Sister Joseph Ignatius <i>(Ernestine Quenneville)</i>	1931-1937
Sister Peter Francis <i>(Zelie Bourdage)</i>	1937-1938
Sister Anne Philomena <i>(Rose Alba Latour)</i>	1938-1941
Sister Peter Francis <i>(Zelie Bourdage)</i>	1941-1947
Sister Bonosa <i>(Elizabeth Marshall)</i>	1947-1953
Sister Yves of Providence <i>(Yvette Lalonde)</i>	1953-1959
Sister Charles Raymond <i>(Therese Yvette Bilodeau)</i>	1959-1965
Sister Francis Ignatius <i>(Gladys Teresa MacDowell)</i>	1965-1971
Stanley W. Volga	1971-1976
Peter Bigelow	1976-1979
W. Stewart Tittle	1979-1983
Sister Dona Taylor	1983-1988
David D. O'Neill	1989-1992

Chiefs of Medical Staff

O.D. Hamlin, M.D.	1904-38
Safford A. Jelte, MD	1938-40
Leonard Barnard, MD	1940-41
Michael A. Torrano, MD	1941-42
W. Wilbur Harding, MD	1942-43
John G. Saam, MD	1943-44
Demetrio E. Jeffrey, MD	1944-45
Homer S. Fornoff, MD	1945-46
Harry N. Akesson, MD	1946-47
James C. Raphael, MD	1947-48
F. Rene Van de Carr, MD	1948-49
Noble H. Logan, MD	1949-50
Kenneth B. Jenkins, MD	1950-51
Robert S. Peers, MD	1951-52
R. Bruce Henley, MD	1952-53
Charles W. Libbey, MD	1953-54
Dean E. Hart, MD	1954-55
Kenneth C. McLeod, MD	1955-56
Wayne P. Chesbro, MD	1956-57
Leo R. Pedemont, MD	1957-58
Theodore. W. Weller, MD	1958-59
Jacob J. Yee, MD	1959
Robert G. Libby, MD	1950
Harold P. Maloney, MD	1960-61
Robert V. Slattery, MD	1961-62
Max E. Krause, MD	1962-63
Ray C. Atkinson, MD	1963-64
Glenn Malley, MD	1964-65
Willard S. Calden, MD	1966-67
Philip R. Van Horn, MD	1967-68
Clarence A. Poor, MD	1968-69
Frank Anker, MD	1969-70
William J. Sullivan, MD	1970-71
Sidney M. Priday, MD	1971-72
Lyle N. Yates, MD	1972-73
Justin R. Dorgelogh, MD	1973-74
Mitchell P. Tarkoff, MD	1974-75
Frances J. Schnugg, MD	1975-76
John P. Evans, MD	1976-77
Anthony S. Ravnik, MD	1977-78
Charles C. Jenkins, MD	1978-80
Harvey Olsen, MD	1980-81
Robert S. Safran, MD	1981-82
John S. Hege, MD	1982-83
James F. Eggert, MD	1983-84
Sherwin Nelsen, MD	1984-85
Donald Townsend, MD	1985-86
Richard Nusser, MD	1986-87
J. Gordon Frierson, MD	1987-88
James Pfeifer, MD	1988-89
Nicholas Baylies, MD	1989-90
Fredric Herskowitz, MD	1990-92

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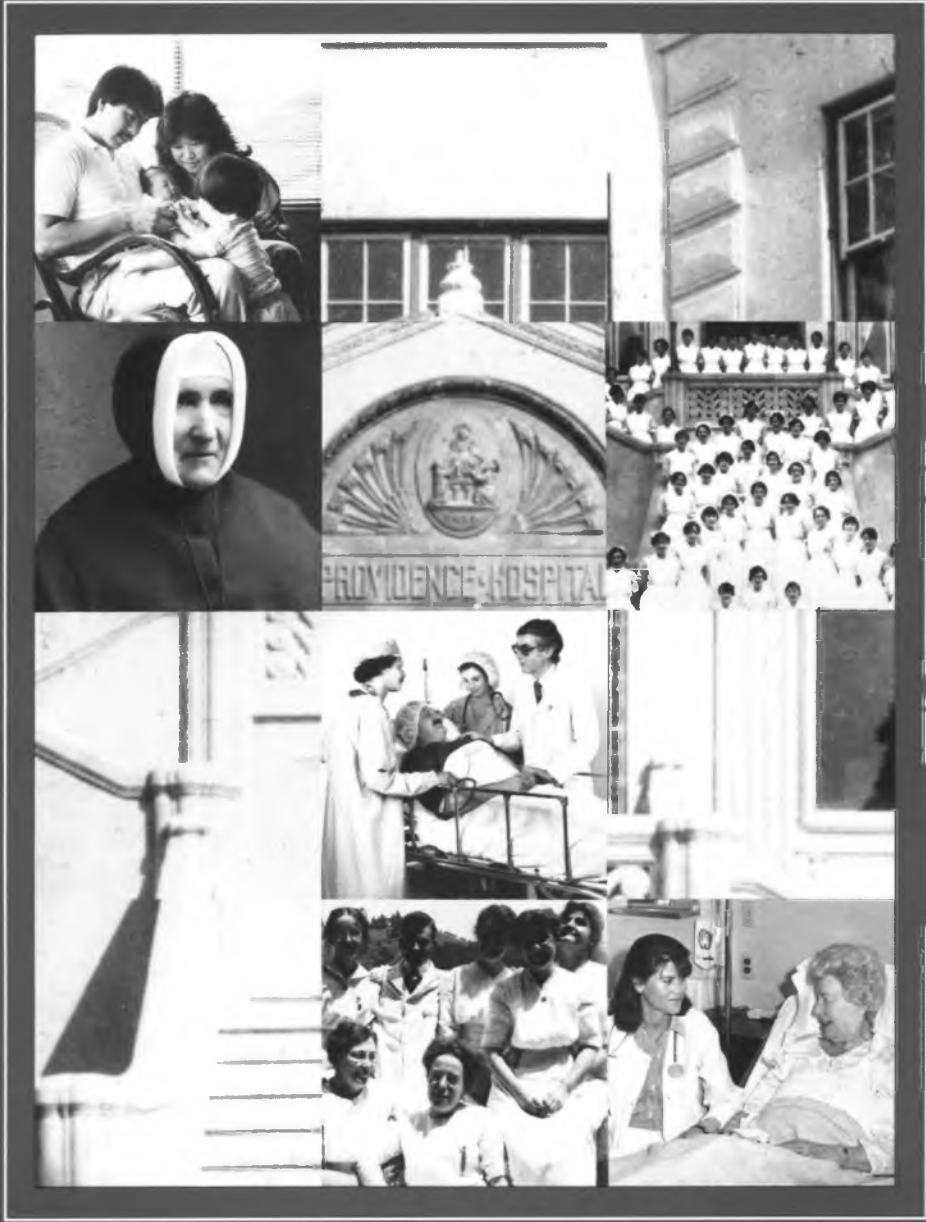
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Mission Statement



Providence Hospital, a Catholic hospital, is owned and operated by a group of women religious, the Sisters of Providence.

Through their sponsorship and by the provision of a broad spectrum of hospital and related healthcare services, Providence Hospital exists to enhance the quality of life for people in Oakland and the greater East Bay Area, specifically seeking out and serving those whose basic human needs are not being met. It will extend hope and compassion in providing care for the whole person, regardless of race or religion, recognizing individual dignity when ministering to specific health problems as well as psychological, spiritual, social and material needs.

Christ's healing mission is present in this community healthcare resource through the Sisters of Providence, the Community Advisory Board, the Medical Staff, the Auxiliary, volunteer groups and the employees of the Hospital.



SISTERS OF PROVIDENCE

Serving the West since 1856

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