



Daughters of Charity

Community Health Ministries

By Carl R. McQueary, Senior Archivist and Historian,
Seton Family of Hospitals, Austin, Texas

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Daughters of Charity Services of Arkansas

St. Elizabeth • The Wellness Center • De Paul

Centro San Vicente

Alameda Clinic • San Elizario Clinic • Healthcare for the Homeless Program

Daughters of Charity Services of Kansas City

Seton Center Family and Health Services

Daughters of Charity Services of New Orleans

Carrollton Medical Center • St. Cecilia Medical Center • Metairie Medical Center

Daughters of Charity Services of San Antonio

De Paul Family Center • De Paul Children's Center • La Misión Family Health Center • El Carmen Wellness Center



St. Vincent de Paul and St. Louise de Marillac faced many obstacles when they began their ministry with the poor in the streets of Paris almost 400 years ago. Despite numerous and seemingly overwhelming hardships, they persevered and forever changed the course of serving the poor. The five Community Health Ministries of the West Central Province of the Daughters of Charity continue this care and dedication within the communities they serve.

As the face of health care has evolved, so have the works of the Daughters of Charity. The origins of the Community Health Ministries reflect the course of these changing trends. Although they share a common mission of caring for the poor and vulnerable, each of the Community Health Ministries does so in accordance with the varied needs of their clients. While similar in purpose, all five ministries possess an individual identity and unique history.

The following narrative documents for the first time the stories of these distinctive agencies.

Many people contributed to these histories; however, it is with deep gratitude that the Daughters of Charity thank Carl McQueary, senior archivist and historian with the Seton Family of Hospitals, for his outstanding leadership in their completion.

Sister Helen Brewer

Sr. Helen Brewer, DC

Chair, Seton Board of Trustees

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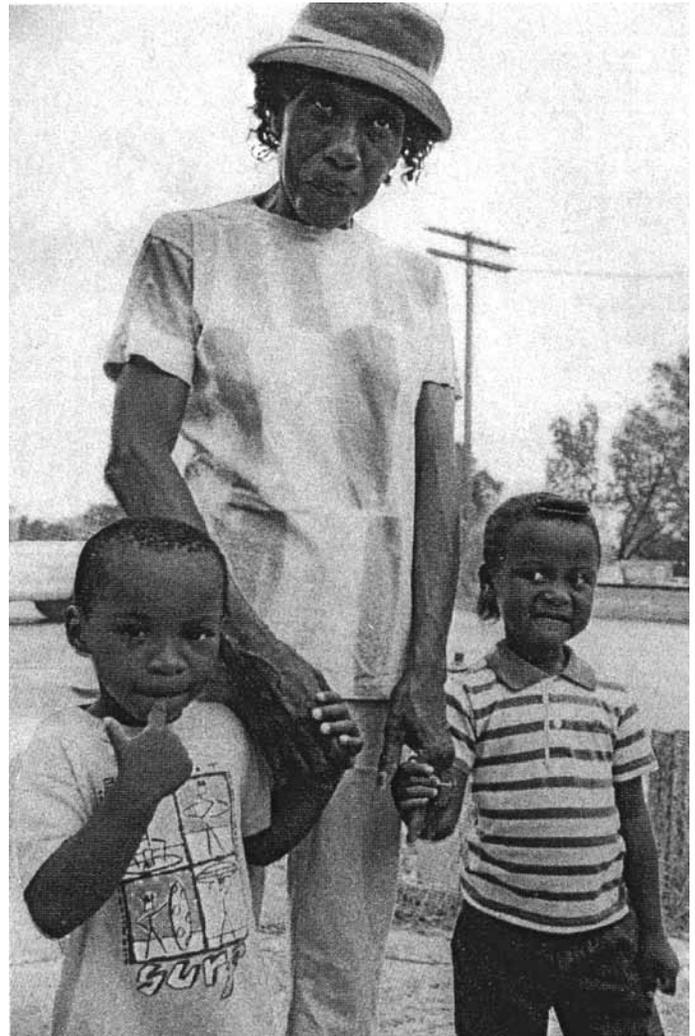
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Daughters of Charity Services of Arkansas: The First Two Decades

Railroad tracks cut through the Lower Mississippi Delta town of Gould, Ark., like a razor blade. It was once an unspoken boundary dividing the town as neatly as any border fence. For generations, white residents lived on one side of the tracks and black residents on the other. Poverty in Lincoln County is no respecter of man-made divisions, however. The majority of people here are poor – some exceedingly so. Many of the approximately 1,200 residents struggle with a series of seemingly overwhelming problems that the more affluent population of the country would have a hard time imagining. While some racial divisions still exist in Gould, the development of the health center, which has served the entire community for 20 years, has been a place where everyone – well-to-do and poor, white, Hispanic and black – have found a home.

Today, the population of the town is on the decline; the city government has endured many upheavals, and much of the industry in the region has either given up or relocated. Consolidation efforts shuttered the local school, the one remaining grocery store recently closed, as did the town's last remaining bank. A diminished economy and poor markets for cotton, rice and soybeans have pushed farming, the chief industry remaining in the area, to the brink. The townsfolk grapple with chronic unemployment as well as the resulting ills it brings. Drug abuse, teen pregnancy and illiteracy are all too common parts of life in this sleepy delta community.

The West Central Region of the Daughters of Charity National Health System (DCNHS-WC) was keenly aware of the suffering and lack of accessible health care in the communities in their service area. Previously, the systems' focus had primarily been on acute care within a hospital setting. This trend was shifting toward more focused efforts of keeping people well. In 1989, DCNHS-WC asked Charity Service Planners Sr. Mary Walz, DC, and Sr. Joan Pytlik, DC, to identify the health care and social services needs in underserved communities of the West Central Province. The province comprises a vast 11-state area stretching from the Mississippi River to the Dakotas and from Minnesota south to Texas. During the survey and assessment process, a group



of Vincentian priests extended an invitation to the Sisters to come to the Arkansas Delta to see the conditions of this area firsthand.

As a result of this visit and through additional research, the Sisters identified Gould as one of the most underserved communities in the province. In addition to the host of problems plaguing the town, the Sisters discovered that residents had very limited access to health care, social services or basic dental treatment. In rural Lincoln County, the geographic isolation and extreme poverty made seeking even the most basic medical services an ordeal. Many residents simply opted to go without.

The leadership of DCNHS-WC saw in Gould an opportunity

to make a difference. Establishing community support for these efforts was crucial. Through the years, local residents had faced a series of disappointments as doctors, promising great things, came and went. Repeatedly, plans to bring help to this area failed to materialize. The Sisters began working in the community to explain to the residents about the health center plans and to assure them that, yes, it really was going to happen. Community focus group meetings were held in various locations in the county to determine how a center could best suit the needs of the community. State, county and city leaders were involved in the assessment.

These meetings brought into very sharp focus the obstacles of bringing reliable, accessible health care to the town. No local doctor would live in Gould and there was no pharmacy or pharmacists. Many residents did not own or have access to a car or to transportation. Simply getting a ride to see a doctor could cost as much as \$25. This was money they could not afford to spend, and it would make paying for the physician visit and any required medication impossible. Therefore, serious health conditions often went unattended. Gould was a town in desperate need.

To the casual observer, the mostly Baptist community of Gould, might have seemed an unlikely place to consider founding a Catholic health care center. Arkansas has traditionally been less than five percent Catholic. Gould has only a handful of practicing Catholics. In fact, at the time of the needs assessment, there were only two Catholic families in the town. Gould was selected based on several established criteria including the fact that a large portion of the population fell below the federal poverty level, there was a shortage of primary care providers who served the poor, the services provided by the center would not duplicate existing community programs or facilities, and the local leaders and the community wanted the health center.

Once the required background work was done, the search for an appropriate building to house the community-based health and social service center was begun. This proved to be no easy task in a town where many of the structures still standing were either in use or abandoned and beyond salvaging. However, in March 1990, Catholic physician Dr. Randle Coker generously donated a building to the Daughters of Charity. A resident of Gonzales, La., Dr.

Coker had worked in the town some six years before and had converted the now-dilapidated brick structure into a clinic. Research into the site revealed its colorful past, that included housing city offices and the fire department. The jail also had once been located there before becoming the town doctor's office. In the latter years, use as a barbeque shack and junk store completed the building's downward spiral.

In May, George Muse, a native of Conway, Ark., was hired as executive director of the Daughters of Charity Health Services of Arkansas (DCS-ARK). He oversaw operations of the center and the extensive renovations of the donated building. Signs of the building's misuse slowly disappeared. While renovation was underway, Mr. Muse worked tirelessly to get the new center staffed, outfitted and ready to open. He worked with the Sisters, hiring new employees and getting new equipment ordered and in place. Sr. Joan Pytlik, a certified Nurse Practitioner; Sr. Mary Walz, a social worker; Mae Hawkins, a local nurse; and four others comprised the staff.

On Dec. 1, 1990, one year after the needs assessment study and the first visit of the Sisters, the St. Elizabeth Health Center opened to the public, bearing the name selected by a local focus group. The opening was commemorated by a large community celebration with local businesses providing food for the event. In a town where deprivation is all too well understood, the abundance of food provided for the opening reception was overwhelming. In addition to the dozens of local citizens as well as city, county and state authorities, the grand opening was also attended by Arkansas Governor Bill Clinton and Bishop Andrew McDonald of the Diocese of Little Rock. The stage was an 18-wheel flatbed trailer, decorated by the women of the community.

In rural Arkansas, word of mouth is one of the most effective means of communication and, soon, word of St. Elizabeth began to spread. The center's appointment calendar filled with new patients and, within the first two months, the staff had ministered to the needs of 150 patients. Fees for clinical visits were established according to a sliding scale based on the federal poverty level. A typical visit cost \$5 to \$10.

When a difficulty or need was encountered, innovative solutions were implemented. Realizing that it would be difficult to recruit a full-time physician to the area, a nurse-

practitioner practice was developed. The nurse practitioner, using an approved protocol, handled the majority of the cases in the center's family-practice setting. An agreement was made with a local physician to come twice a week to review charts, sign off on prescriptions and see the more complicated cases. Arrangements were made with St. Vincent's Health Center in Little Rock to provide various specialists who would volunteer their time and visit throughout the year.

A van was purchased and a transportation program was created to provide patients with safe, effective, low-cost transport to the center as well as to hospitals in the region. To overcome Gould's lack of a pharmacy, patient prescriptions were faxed to a pharmacy 10 miles away and the medicine was then delivered to St. Elizabeth at the end of each day. Additionally, as the problem of illiteracy became more evident, adult education classes were formed and taught by teachers with the Lincoln County Adult Education Program.

In 1992, St. Elizabeth named a new medical director, Dr. Robert Hoagland of Dumas, Ark. This relationship would prove to be fortuitous. Dr. Hoagland had for years operated the Dumas Medical Clinic in the small community 10 miles from Gould. He had been a supporter of St. Elizabeth from the start, was a friend to the working poor and was well-known and admired throughout the state. As St. Elizabeth reached its stride, plans for opening an ancillary health center to provide expanded services to meet the needs of the region were being considered. Dr. Hoagland's clinic seemed the perfect choice. That summer, the Daughters of Charity entered into a lease agreement with the City of Dumas, which owns the clinic building in Dumas. Dr. Hoagland and his five-member staff operated the facility.

After the agreement was signed, a major renovation of the building was undertaken. The \$70,000 improvements were completed in just over three weeks. The reception room was enlarged, several offices were created and the exam rooms expanded and improved with new equipment. Additionally, the exterior of the building was repaired and painted.

The new clinic began operations in August 1992 and, within the first week, was almost at capacity. In the first month, Dr. Hoagland, the nurse practitioner and the clinic's staff had seen nearly 400 patients. Originally, plans had called for the addition of another nurse practitioner within a year of

opening. However, due to patient load, it became apparent that another nurse would have to be added much sooner than was originally



expected. The center mirrors the operations of St. Elizabeth by offering both primary health care and social services.

Named after the Daughters of Charity's founder, St. Vincent de Paul, the De Paul Health Center's formal opening celebration and ribbon cutting was held on Sunday, Oct. 4, at 3 p.m. Dignitaries, city and county officials and citizens of the region turned out in large numbers to tour the newly renovated facility.

Immediately prior to the opening of De Paul, Sr. Seraphine Ferrero, DC, was named executive director over both of the clinics, replacing George Muse. As a former president of the West Central Region of the Daughters of Charity Health System, Sr. Seraphine brought a wealth of experience to the Gould and Dumas clinics. At about this time, Sr. Joan Pytlik, one of the original Sisters who had, with Sr. Mary Walz, worked tirelessly to found the center, left St. Elizabeth and Gould. She was missioned to Little Rock to direct the "Helping Hands" program, serving the poor in that community. Sr. Irma Vargas, DC, was missioned to Gould and Dumas to work in the centers. She served there for the next two years.

Later in the year, St. Elizabeth was nationally recognized by the Catholic Health Association for its approach to holistic healing for the whole person. A few months after that, St. Elizabeth became Arkansas' first federally certified rural health clinic. Since that time, it has served as a model for the state's other rural health facilities. St. Elizabeth had exceeded all expectations. In the first two years, seven staff members had supported more than 6,000 patient visits.

In February 1995, Dr. Robert Hoagland died suddenly from an aneurysm at Baptist Medical Center in Little Rock. This profound loss was felt throughout the lower Arkansas Delta, as he had been active in all aspects of health care in the region. Thankfully, Dr. Steve Asemota, a native of Nigeria who had a practice in Dumas, volunteered to serve as interim

director until a new physician could be secured for the two health centers. Because the Delta region was considered a medically underserved region, DCS-ARK was able to recruit a foreign-born physician through a J-1 visa program. After an extensive search, Dr. Hoagland's position as medical director of the clinics was filled in 1996 by Dr. Medha Munshi, a native of India.

Later that year, in an effort to broaden the scope of the health center's outreach, St. Elizabeth took part in a Community Health Fair at the Gould High School. This event was held in partnership with University Affiliated Programs Interdisciplinary Team. The wellness fair clearly demonstrated a need to expand the family-centered preventative and curative health services offered by St. Elizabeth and De Paul even further. Due to pressing needs for wellness education, a meeting and classroom space were added to DePaul. For four years, Daughters of Charity Services served as the Gould School District school nurse. The clinic nurse provided episodic care and, with the assistance of the University Affiliated Program, provided mandatory health screening.

The year 1997 saw the culmination of sweeping change, forward thinking and careful planning within the DCNHS-WC. These changes would have a lasting and profound impact on the Community Health Ministries sponsored by the Daughters. Having realized the need for continued sustainable financial support for health and social services, a Fund for the Poor was created in 1988 through contributions from each of the major acute care hospitals within DCNHS-WC. This fund was structured as an endowment with generated funds earmarked for financing the health and social services ministries of DCNHS-WC. Initially, the supporting funds went to Centro San Vincente in El Paso, which had been created following the 1987 sale of Hôtel-Dieu Hospital in El Paso.

Over the next few years, several acute care hospitals within the Daughters of Charity Health System were sold.



Hôtel-Dieu in New Orleans was sold in 1992. In 1993, St. Josephs Hospital in Fort Worth was sold to Columbia/HCA. Two years later,

De Paul Health Center in St. Louis was sold to SSM Health System and, in 1996, St. Paul Medical Center in Dallas was merged within the Harris Methodist health System under a "co-sponsorship" agreement.

The funds realized through most of these sales were considerable. In 1995, the Fund for the Poor Task Force of DCNHS-WC presented recommendations regarding the use of these monies. A West Central Region Foundation was created with the stated purpose of supporting new works sponsored by DCNHS-WC as well as the support of DC-sponsored Health and Social Service Centers. In 1996, this entity was officially named the Daughters of Charity West Central Region Foundation (DCWCRF).

The Fund for the Poor assets and the cash proceeds from the sales of the hospitals were also placed within the DCWCRF. A separate board for the Foundation was chosen from the areas in which former or current health ministries were located. The Foundation also became a member of the DCNHS.

The Foundation, commonly referred to as the Daughters of Charity Foundation, initially did very well and enjoyed a high rate of return on their investments. Leaner years in the financial markets followed and the Foundation made the decision to curtail their successful external grants program. Eventually, even sponsorship of DC works was reduced. As the trends in the markets shifted, the Foundations investments rebounded.

Subsidies to the five health and social service centers of the DCWC, including those in Gould and Dumas, have been and are provided by the Foundation. Without the support of the DCWCRF, these centers would face crippling funding shortages and would be unable to provide the level of service and care to the communities they serve. St. Elizabeth and DePaul have been grateful recipients of support from the Daughters of Charity Foundation since its inception.

In 1997, a local Board of Trustees for the centers in Gould and Dumas was assembled. From that day to the present, the board has been an active, involved and vital part of the DCS-ARK organization. Many local citizens, the Daughters of Charity and people from outside the area have been dedicated to helping to direct, encourage and ensure the continuation of the mission. That year, a local businessman

was approached regarding a building he owned adjacent to Hwy 65 North in Gould. He had been a supporter of the Daughters' efforts from the beginning. The Daughters of Charity hoped to use the structure for a new wellness facility for the town. After lengthy negotiations, the family agreed to sell the building and adjoining property. Renovations were completed on time and the new equipment was delivered and installed. On a rainy Saturday, Sept. 12, 1998, the Daughters of Charity Services of Arkansas opened their new wellness center to the public.

The facility was equipped with a wide array of workout equipment and featured a meeting room as well as two computers for children. On-site exercise specialists at the facility worked with local residents to improve their physical well-being. They also endeavored to help those suffering from obesity diabetes and hypertension combat their conditions through nutrition and physical exercise. In 1999, Dr. M. Faheen Azhar from Pakistan joined the staff as medical director for the two clinics and the wellness center, replacing Dr. Munshi.

As part of her efforts seeking ways to better serve the area's underserved populations, Sr. Seraphine brought together a diverse group of health care partners from across the Arkansas delta. It was the group's objective to craft and submit an application for Health Care Access grant proposal to the Health Service Resource Administration. The resulting grant request was approved and initial funding was received in September 2000.

These efforts established the Delta Access program, a unique undertaking that formed a health care safety net for those living in Lincoln and Desha counties to avoid slipping through the cracks in the health care system. The program assisted those without health insurance in finding a primary medical care home and participating in pharmaceutical assistance, while also identifying appropriate social service resources.

The program's federal funding was matched by a grant from Ascension Health. The University of Arkansas for Medical Sciences served as fiduciary agent for the first four years. After the federal funding was exhausted, Daughters of Charity Services of Arkansas became the sponsoring fiduciary

agent. The program was discontinued in 2007.

By the close of the decade, St. Elizabeth had been in operation for 10 years. On Sunday, Dec. 2, 2000, the center celebrated a decade of service to the community. Unbelievably, the old building housing the center had held together, but was in dire need of further major repairs and maintenance. The need for additional space was also critical, as every available inch was being utilized. Patients filled the crowded waiting room to overflowing. There were not enough exam rooms to meet the increased demand and, on busy days, the wait times were unacceptable. The Daughters of Charity also wanted to expand the services offered at St. Elizabeth to include dental care and counseling. There simply was not room in the existing clinical space and demand was increasing. By the end of 2001, the center was hosting 22,000 visitors a year.

The need for a new St. Elizabeth Health Center facility was apparent. It had been on the minds of the Daughters of Charity and the staff for a number of years. Plans for a new, expanded St. Elizabeth were drawn up with the idea of locating it on a portion of land acquired during the purchase of the Wellness building. The renderings, showing a large, bright and expansive new facility with room for a modern



dental facility and classroom space was unveiled as part of the 10th anniversary celebration.

A little more than a year later, on Feb. 13, Ash Wednesday, leadership from the community and members of the Daughters of Charity gathered to break ground on the site of the new St. Elizabeth Health Care Center. Positioned adjacent to the Wellness Center, the new building would offer more exam rooms, a room for prescription medicines, a meeting space and an outpatient procedure room. It also would include a full dental suite with an on-site dentist. The new plans for the facility seemed almost too good to be true and stood in stark contrast to the crumbling building that had housed the clinic for more than a decade.

At the urging of Sr. Seraphine, Dr. Charles J. Woodyard, DDS, joined the staff in 2002 to provide dental services at the clinic. He left a very successful practice to “give something back” by helping those most in need. Dr. Woodyard saw the ravages of long-term neglect, drug addiction and poor diet on a daily basis. As a result, extractions were the most common procedures he performed. Through education and training, he hoped to stem the generational cycle of poor oral hygiene. The dental clinic was full to capacity and often booked appointments two or three months out.



Dr. Ehsan Hadi, a family practice physician from Pakistan, followed Dr. Azhar as the medical director in 2002. In 2009, Dr. Robert Scott, a physician from Dermott, Ark., replaced Dr. Hadi. Sr. Mary Walz left Gould and St. Elizabeth in 2004 after 14 years of service to the area. Being from a small town in Iowa, she had felt perfectly at home among the people in the Arkansas Delta. As the social worker for the clinics, her role had been that of cheerleader and confidant. Sr. Sharon Horace was missioned to St. Elizabeth as Coordinator of Social Services to fill the vacancy left by Sr. Mary. Sr. Sharon remained for almost two years.

Shortly before this, Sr. Seraphine retired due to illness. Paul Meeks became the center’s director, followed a year or so later by Jeanne Richards, a local attorney who had served on the board of the center for several years and was

hired in 2004 as CEO. She had previously worked in the Arkansas Department of Corrections and was familiar with the operations of the centers. Her position was vacated in July 2008. In 2009, Kathryn Musholt was brought on staff as CEO. Her time at St. Elizabeth and DePaul has been a period of great progress and excitement, stability and growth.

Sr. Judy Warmbold, DC, a licensed professional counselor, joined the staff in September 2006. Gould and Dumas had never had a counselor to help residents deal with the stress and depression that poverty and physical illness can bring. She was impressed by the lovely building, but even more so by the people she encountered. In January 2009, Sr. Judy established Women Inspiring Self Empowerment (WISE). The WISE group was established through a grant from the Charles A. Frueauff Foundation to help women believe in themselves. Often, the group meetings were the only opportunity the women had to join together in a positive setting to interact with others. For an hour or two, they experienced affirming dialog and learned to trust others. This, along with the center’s self-esteem groups and topical seminars, went a long way in undoing generations of sadness and poor self-image among the participants.

The Diabetes Program (Delta Well Care) was started in 2006 with the help of a large access grant from Ascension Health. This outstanding, ADA-Certified, Diabetic Self-Management Education Program was offered free to everyone in DCS-ARK service area. Run by a registered dietitian, an RN, a counselor and an administrative assistant, the program is recognized across the state as being one of the best in the region.

The patient load at the clinics continued to increase. Clinical space was at a premium in both locations. Non-clinical administrative services were also growing to serve the increased clinical demands. It became apparent that DePaul Health Center needed the space that administration occupied. The perfect answer to the over-crowding problem was found in a brick storefront located in the business district of down Dumas.

Since 1999, Main Street Dumas, a municipally administered partner of the National Main Street Program, has worked to stabilize, restore and revitalize the town’s built heritage. The group sought funding from USDA Rural Development

to resurrect the Adams Building. Home to one of the town's beloved longtime dry goods business, the building has played an important role in the collective memory of Dumas. In exchange for a 20-year lease on the restored structure, the Daughters of Charity Services of Arkansas contributed the funding to finish out the offices and the building facade.

In 2007, the Daughters of Charity Services of Arkansas



dedicated their new administrative offices in the Adams Building. This move proved beneficial for everyone concerned. The town's historic downtown was revitalized and the administration team is now housed in a welcoming and beautifully restored office. Several blocks away, with the offices relocated, DePaul Health Center has more clinical space allowing for more patients to be seen. That space has proven to be invaluable.

In 2009, the Arkansas Department of Transportation was widening the highway running adjacent to the Wellness Center building. The Daughters were faced with having to move to a new building to make room for the highway. However, a creative compromise was reached with the highway department. Rather than leaving a place where so much had been done, St. Elizabeth offered to remove six feet of the east end of the structure to make way for the highway construction. The Department of Transportation agreed and the clinic was able to remain in the same building. Additionally, the monies received from the state paid for a complete renovation of the facility. The Wellness Center emerged somewhat shorter, but better.

One of the most recent arrivals at St. Elizabeth is Sr. Dorothea Moll. She was missioned to Gould and Dumas from Austin, Texas, where she had served at Seton Shoal Creek Hospital for eight years. Her 40-year ministry among those who need assistance the most prepared her for the challenges and joys of working in the two community health centers. At the end of fiscal year 2010, the two centers of the Daughters of Charity Health Services of Arkansas have seen a total of 24,584 patient visits for medical, dental and counseling services. The Wellness Center has had 9,534 visits. The impact on the well-being and health of the residents of the Arkansas Delta is immense.

For 20 years, St. Elizabeth Health Center in Gould and the DePaul Health Center in Dumas have enriched and improved the lives of thousands of individuals. The centers have become important parts of the communities they serve and respond to the varied needs of the community including health, wellness education, social services and outreach. They have done much to break the cycle of poverty and neglect while bringing accessible health care to the citizens of Gould, Dumas and the surrounding lower Arkansas Delta. Many of the staff have been with St. Elizabeth and De Paul since the very beginning; their work is a labor of love.

As the Daughters of Charity Services of Arkansas celebrated 20 years of service in October 2010, they continued to follow the mission of serving the poor and underserved, as well as all citizens in Southeast Arkansas who need their services. The staff is compassionate, professional and happy to be a part of this organization. They all they agree they are proud to work here because of the mission. Services provided in 2010 are holistic primary health care for children and adults, dental care, counseling, social services, pharmacy assistance, Hispanic medical interpretation, diabetes self management education, and exercise and fitness education.

The legacy started by the Daughters of Charity is strong and growing in Southeast Arkansas. Although the stresses of poverty and the lack of resources continue to challenge these small, delta communities, the health centers St. Elizabeth and De Paul are signs of hope.



Centro San Vicente: A Continuing Legacy of Service

At the close of the 19th century, the border town of El Paso, Texas, was but a small, dusty berg at the foot of the Franklin Mountains. When the Daughters of Charity began their ministry there in 1892, the town was basically a random collection of crude structures and tents. El Paso had undergone an unprecedented growth spurt and there was a critical need for medical care. Squalid, close conditions and poor sanitation fostered outbreaks of typhus, small pox and tuberculosis. The need for a hospital became one of the priorities of the town. Fr. Charles Ferrari, a local Jesuit priest at St. Mary's Chapel, began the work of organizing the efforts to found a hospital.

Fr. Ferrari contacted Mother Mariana Flynn, the Visitatrix of the Daughters of Charity Province of the United States (1887-1901), who agreed to send help. It was hoped the new hospital could be patterned after the Daughters' efforts in New Orleans. On Feb. 7, 1892, four nursing Sisters from Emmitsburg, Md., stepped off the train in this western outpost. Sr. Dolores Eggert, Sr. Mary Lee, Sr. Genevieve Hennessey and Sr. Mary Stella Dempsey had been traveling since January 26.

Their charge was to open and administer a new hospital that eventually came to be known as St. Mary's Hospital of the Sisters of Charity. The new venture was opened for business in three rented rooms of a house on Overland Street. In a very short time, it became clear the tiny facility could not begin to meet the medical needs of the town's poor and vulnerable. The Sisters swiftly sought and found more suitable quarters and moved to a larger house on Upson Street. They remained there for the next four years.

The town continued to grow and eventually this space also proved to be inadequate for the level of care the local population required. Ever-enterprising, the El Paso Sisters began to think about the next phase in the hospital's development. A fundraising effort was organized with the local women of the city to build a new, permanent facility. Money came from the community, but it also took a great deal of support from the Central House of the Daughters of Charity in Emmitsburg and a loan from an El Paso bank to make the dream of a new hospital possible.

A lot on Stanton Street, comprising an entire city block,



was purchased with \$5,600 sent from Emmitsburg. The expansive, new 80-room hospital, built at a cost of \$75,000, was named Hôtel-Dieu, meaning "Hostel of God." This name was chosen in honor of the ancient hospital in Paris where the Daughters had started their initial efforts of caring for the poor.

On Jan. 25, 1894, the Hôtel-Dieu was opened to the public amid a massive town-wide celebration. The hospital was not wired for electricity at this time and so relied on gas lights for illumination — even for surgeries. To ensure that there were enough nurses to staff their hospital, the Daughters of Charity opened a nursing school adjacent to the hospital in 1898. The training school remained in operation in the city until 1973.

The hospital building constructed in 1894 was in continual use until the new Hôtel-Dieu, a 270- bed facility, was built to suit the growing demands of 20th-century El Paso. The new, modern building was opened in April 1953. The old hospital structure was eventually demolished to make room for expansion of the new hospital. In the early 1970s, a third wing was added, expanding the available bed totals even further.

By 1987, the Daughters of Charity had served the medical needs of El Paso for almost a century. Hôtel-Dieu's physical plant was aging and the Daughters carefully considered the cost of renovation and repair of the 30-year-old facility. The



city also found itself with more than 800 unneeded hospital beds. These factors, and several others, eventually led to the difficult decision to sell the hospital.

On the third day of December 1987, the Daughters of Charity sold Hôtel-Dieu Medical Center to Millbrook. A series of tenants and short-lived medical offices came and went; ownership changed. The county-owned building sat unused and neglected for several years before it was eventually razed. On July 1, 1988, the obsolete Hôtel-Dieu Foundation was formally dissolved by the State of Texas. An enormous vacant lot is all that remains of Hôtel-Dieu.

Although the hospital was closed, the Daughters vowed to maintain their commitment and presence in El Paso. Earlier in the year, a study was commissioned by the leadership of the West Central Region of the Daughters of Charity National Health System (DCNHS-WC). James Kramer, CEO of DCNHS; Dennis Eike, CFO; Sr. Nannette Gentile, Visitatrix and her council; asked service planners Sr. Mary Walz, DC, a social worker, and Sr. Joan Pytlik, DC, a family nurse practitioner, to identify the health care and social services needs in underserved communities in the West Central Region. The Sisters' study, *Assessment of the Health and Social Service Needs of the Poor of El Paso, Texas*, revealed that the needs, resulting from a lack of basic health and social services in the lower-valley region surrounding El Paso, were immense. The study was reviewed by the DCNHS-WC on Oct. 21, 1987.

The study revealed that there were approximately 80,000 people within the nine census tracts in the city between Acarate Park and Ysleta who could not be conveniently served by the existing clinics. The study also identified the lack of primary care and related health services as the most pressing needs for those individuals. Following the city-wide needs assessment, a former medical clinic building was identified in an area deemed the most underserved in the city. The building, at 8061 Alameda, was purchased on March 4, 1988, with restricted funds generated from the sale of Hôtel-Dieu Hospital. Articles of Incorporation for the Daughters of Charity Community Services of El Paso (DCCS-EP) were adopted on March 8. They were filed with the Texas Secretary of States' Office on May 4. In June of that year, the Bylaws Committee of DCNHS-WC met and approved the second draft of the Bylaws. Phyllis Armijo, the first executive



director of the center, was hired on Aug. 1, 1988.

The new clinic opened on Nov. 14, 1988. The extensively renovated facility provided services to El Paso County, a federally designated Medically Underserved and Health Professional Shortage Area. It also filled the gap in the region created by geographic distance, eligibility for care and lack of transportation. Many of the sisters who had served at Hôtel-Dieu went to work at the new center. They were familiar faces to many of the clients and provided a sense of comforting continuity of service. The facility was busy from the very first and saw an average of 100 families a month who registered to be eligible for services.

At a DCCS-EP Board of Directors Meeting in December 1988, it was voted to rename DCCS-EP as San Vicente Family Health Center in honor of St. Vincent DePaul, founder of the Daughters of Charity. This recommendation was sent on to the Board of Directors of the DCNHS-WC for approval, which was granted later that month. The Internal Revenue Service granted a 501(c)(3) letter of exemption to the center on Dec. 14.

The center was formally dedicated on Sunday, Jan. 29, 1989, amid wide community support and celebration. At the time of the opening, the two existing, publically funded community health centers in El Paso restricted their care to only those who lived in designated census tract areas. Word spread quickly throughout the region about the new facility and its commitment to care for patients' physical, emotional and spiritual well-being regardless of ability to pay. On Feb. 1, 1989, a large story was published in the *El Paso Times*, entitled "Lower Valley Gets Health Center." The facility was soon crowded almost to capacity on a daily basis as the people of the region came seeking care. Fully operational,

San Vicente Family Health Center, by now commonly referred to as Centro San Vicente (CSV), submitted an application for associate membership in the Daughters of Charity National Health System (DCNHS.)

The Catholic Health Association presented its Achievement Citation to CSV in 1990. This recognition was a huge boost to the staff who had worked tirelessly to get the center operational. For the community, it was a point of pride that they were receiving quality care. A Management Agreement was signed between DCNHS-WC and DCCS-EP on April 3.

In 1991, in an effort to conclude all remaining business associated with the Hôtel-Dieu Medical Center, the DCNHS-WC Board of Directors signed a Voluntary Dissolution and Plan of Distribution of Assets from the sale of the hospital, with assets being distributed to DCCS-EP. The liabilities were transferred among other Daughters of Charity entities including DePaul Health Center, Daughters of Charity Health Services of Austin, St. Paul Medical Center, Hôtel-Dieu Hospital and Providence Hospital. In October, the Board of Directors of the DCNHS-WC visited CSV. Later in the month, Executive Director Phyllis Armijo resigned.

Following a lengthy search, Jimmie C. Parker was hired as the new executive director of the center. The center continued to grow under his leadership and much was accomplished. In June 1992, the DCNHS-WC Board of Directors approved a request by DCCS-EP to apply to the health care Financing Administration for Federally Qualified Health Center (FQHC) look-alike certification. In September, DCCS-EP received this certification. In August 1994, the center became a full FQHC. This change required DCNHS-WC to have a local community Board of Directors which, in turn, required corporate reorganization.

The DCHNS-WC Board of Directors approved the Articles of Incorporation and the amended Bylaws that were required to qualify for full FQHC status. As a result, the new Centro San Vicente Corporation applied to become an Affiliate member of DCNHS. This request was granted on Oct. 27, 1994. With these actions, DCNHS-WC ceased to be the corporate member of the "old" DCCS-EP, now CSV.

Later in August 1994, a Certificate of Amendment was filed with the Texas Secretary of State, noting the official



change of the center's name to Centro San Vicente and establishing it as a separate corporation from DCCS-EP. This enabled CSV to apply for and obtain status as a FQHC. The two corporations are closely linked. The DCCS-EP Corporation leased the property to the Centro San Vicente Corporation with the commitment from CSV that the facility would remain a Catholic institution. The following July, the center was granted permission to bill Medicare. This made a tremendous difference in the CSV's ability to collect revenue from a wider patient population. The change was retroactive to November 1994, which meant an additional sizeable reimbursement. On Oct. 27, the Board of Directors of DCNHS-WC approved the Affiliate membership for CSV. Services made available through this membership included risk management, employee benefits, pensions, purchasing and audit support.

The clinic was operating at close to capacity and had been for several years. In January 1996, Dr. Dennis Mull was hired as medical director. Later in the year, the center received a grant of \$335,607 from the Texas Department of Health Community Oriented Primary Care Program to establish a satellite clinic to provide much-needed health care services to the underserved in San Elizario, Texas. This area has a long and rich history. It was near here in 1598, that Spanish conquistador Don Juan de Oñate and his colonists paused on the banks of the Rio Grande River to observe the first Thanksgiving celebrated in North America. While here, Oñate claimed the entire province for King Phillip II of Spain.

Today, this small place is approximately 95 percent Hispanic, making it the town with the highest Hispanic population in the United States.

The San Elizario clinic was formally dedicated on Sept. 27, 1996. It was established in a mobile home with an adjoining classroom in a converted



house. Situated in a residential neighborhood, the clinic is two short blocks from the Mexican border. The new border fence, visible from the driveway, looms large at the end of the street. The DCNHS-WC Board of Directors approved CSV's request for \$206,510 from the Health Care Fund for the Poor to provide additional support monies for the clinic and to help defray start-up costs associated with the opening of the clinic. This arrangement would exist until 2008, when a double-wide mobile home was added to the compound. After extensive remodeling, the new structure dramatically increased available clinical space and the number of exam rooms.

John Romero began his service as executive director in January 1999, replacing Jimmie Parker, who had resigned in August of the previous year. This year marked the observation of a significant event in the history of CSV. A decade of service to the community had passed and thousands of lives had been touched by the staff of CSV and its satellite clinic. On Sept. 25, a large community celebration was organized to commemorate the center's 10th anniversary.

On Sept. 29, 1999, the center received designation from the Bureau of Primary Health Care as a Section 330 Grantee. Under section 330e of the Public Health Services Act, CSV can receive annual federal grant monies. This opened many funding opportunities for CSV and allowed for expansion of much-needed services. Expanding the services provided would also require additional space for both clinical needs as well as for administration. The original building had been feeling the squeeze for space. The waiting rooms were often standing-room only and exam rooms were in short supply. As rooms formerly used for other purposes were converted one

by one to clinical service, places to store medical supplies and other needed items became increasingly scarce.

As the CSV sought a physical expansion, the services provided to the community were also expanding. Opportunity Center, CSV's Clinic for Homeless Children and Families, was established in downtown El Paso. As a satellite facility, it provides services and counseling opportunities for the city's poorest populations in an atmosphere of compassion, dignity and respect. A psychiatrist and Licensed Counselor provide individual and group counseling for the Opportunity Center's clients. Case Management staff members assist clients with referrals to other community services and shelters. This program has served thousands of homeless individuals and families since its inception and continues to grow. In 2007, the need for more space necessitated the renovation of the facility, increasing its size from 2,000 to 6,000 square feet.

Plans were soon underway to create more room for CSV as well. Ground was broken for Phase 1 of an anticipated three-phase expansion plan on Friday, Feb. 16, 2001. Eighteen months later, construction was completed and the expansion was presented to the public with a community ribbon-cutting ceremony on July 30, 2002. Improvements included a much-expanded lobby area, refurbishment of existing clinical space and exam rooms. It was a huge step forward for the center. The patient load continued to increase.

In August 2004, CSV unveiled the second phase of its



\$1 million expansion to the public. The staff had endured construction and the resulting mayhem of Phase 1 and now for Phase 2 for more than two years. To all, the results were worth the minor inconveniences faced during the building of the expansion. The new pharmacy, a larger laboratory and a full dental clinic were added during Phase 2. State and federal funds, including \$690,000 in Community Development Block Grants, were used to pay for the improvements. The first two phases added 14,187 square feet of floor space to CSV.

Dr. Jose Luna, the center's chief clinical officer, joined the staff in 2005. A highly regarded physician, and much-beloved by the patient population at CSV, Dr. Luna's compassion and understanding of both the physical and cultural needs of those he serves had tremendous impact.

The Dr. Jaime Martinez Dental Clinic, named for one of the city's longtime and respected dentists, was one of the most important additions to CSV. Previously, dental health services for the city's poor and vulnerable populations were often unavailable to most of the patients at CSV. The new dental Clinic made this much-needed component of holistic care accessible to those who need it most, including children. Dr. Marco Martinez and four assistants staffed the new clinic. The positive effect on the health and well-being of the dental clinic's patients was noticeable, restoring self-confidence, self esteem and the ability to work.

Phase 3 of the expansion occurred right on schedule and with a new executive director on staff. Donald Tufts replaced John Romero in March 2006. Designed to fill the need for pediatric care for the underserved of the region, the new pediatric clinical area added an additional 3,619 square feet to the clinic. It opened in April 2006 and was an immediate success. Utilizing the Centering Pregnancy

Model for prenatal care, CSV offers pregnancy education programs for parents, including information on newborn care and development and infant well care. CSV was serving 14,000 patients, mostly from the lower Rio Grande Valley. The three-part expansion would allow for a projected additional 5,000 more patients in the coming years.

Entering the third decade of service, CSV has grown and expanded to suit the diverse needs of the populations it serves. The Hôtel-Dieu legacy continues through



CSV's role as a community-based primary health care provider serving El Paso and the surrounding region with a particular concern for the poor and needy. The center is dedicated to fostering patients' physical, emotional and spiritual well-being through a number of current service lines that include a fully stocked on-premises pharmacy, a laboratory and a self-contained radiology department.

Additionally, CSV provides a number of social services and outreach including nutritional counseling and health education. The clinic has a referral system in place for HIV/AIDS testing and counseling for those living with chronic disease, substance-abuse counseling, as well as a broad spectrum of mental health services.

For the community, Centro San Vicente is more than the sum of its many parts. It is a place of hope and compassion for the people of El Paso providing peace of mind in an atmosphere of respect, dignity and cultural sensitivity for all.



Seton Center and the Daughters of Charity: A History of Caring in Kansas City

The work of the Daughters of Charity in Kansas City, Mo., spans the 20th century and beyond. At the end of the 19th century, the need throughout the Kansas City region for facilities offering safe, compassionate care for orphans was great. Babies were being left at police stations and local hospitals in such numbers that something had to be done to relieve the situation. A small contingent of Daughters of Charity first arrived in the city in 1896 to operate the newly established Kansas City Orphan Boy's Home. Sr. Mary Joseph Joyce of St. Vincent's School in St. Louis, Sr. Alexis Coughlin of the House of Providence Syracuse, N.Y., and Sr. Mary McNelis of the Seminary in St. Louis began managing the home in April 1897.

In 1898, local Catholic women began a project caring for the foundlings and orphans of the Kansas City region. Local Bishop John J. Glennon cautioned them that it would be an enormous undertaking, but the ladies persisted. Their work quickly grew to such an extent that less than a year later a more permanent solution had to be found. In 1899, St. Anthony Home for Infants was founded on 23rd Street between Walrond Avenue and College Avenue. Within two days of the home's opening, the first baby was received. This infant would be followed by many more; so many, in fact, that within the first three years, more than 100 babies would be left at the facility.

In 1899, the Sisters of Mary began administering the home, but they remained in the city for just a few months before returning to St. Louis. On June 21, 1900, the Sisters of Charity of St. Vincent DePaul came from Cincinnati to take charge of St. Anthony's. The "Black Cap" Sisters, as they were known, wore the same style black habit as worn during the lifetime of their founder Elizabeth Ann Seton. These Sisters were known for their often perilous missions assisting the wounded in time of war, caring for orphans and ministering to the sick. They remained for the next eight years before withdrawing.

After the departure of the Sisters of Charity in early 1908, the Daughters of Charity from Emmitsburg, Md., continued the work at the St. Anthony's Home for Infants in June. The



Daughters had been administering the Kansas City Orphan Boy's Home for almost a decade and were quite familiar with the operations of St. Anthony's. During the next 15 years, the Sisters provided care for more than 1,000 children. They continued this work until 1969 when, due to a lack of personnel, the operation of the home was transferred to Catholic Family and Community Services.

The late 1960s was a turbulent time in Kansas City. The assassination of Rev. Martin Luther King Jr., in Memphis on April 4, 1968, ignited racial discord across the nation. Kansas City was among the 37 U.S. cities that experienced rioting. The riots were triggered on April 9, when local students staged a peaceful march on City Hall in protest of the city government's refusal to close the schools on the day of Rev. King's funeral. When the group arrived at City Hall, Kansas City Police fired tear gas into the crowd.

The group dispersed, but the actions of the police served to incite rioting that spread throughout the city. Nearly 100



Pictured with Sr. Mathilde are many of the people who worked to found the Seton neighborhood Services, 1969.

businesses and homes were destroyed with wide-spread looting continuing for several days. Seventeen hundred National Guard Troops and 700 policemen were involved in stopping the riots. Before it was over, seven were dead, dozens were wounded and more than 300 arrests were made. A large, three-block swath of the city along Prospect Avenue was left in smoldering rubble.

The events of those long, violent days of April 1968 laid bare the enormous needs and frustrations of the city's poor. The Daughters of Charity, who were in the process of phasing out their work at St. Anthony's, recognized an opportunity to assist low-income families in the inner city with the basic necessities, while providing them with the tools to help themselves. A needs assessment Self Study and a Re-evaluation was conducted. Homes were visited throughout the inner city and residents were interviewed. This study revealed an enormous need for services such as family and individual counseling, emergency financial assistance for low-income families and the elderly, as well as the wide-spread need for basic necessities such as food, clothing and medicine.

Two of the five sisters who had worked at St. Anthony's remained in Kansas City to begin the new work for the poor. Sr. Mathilde Comstock, former administrator of St. Anthony's, and Sr. Rosella Molitor, a case worker, were ideal choices for the challenge that lay ahead. Sr. Mathilde had

been a Daughter of Charity for almost half a century. Serving as a nurse, social worker and administrator in a variety of facilities, including Hôtel-Dieu in El Paso and Charity Hospital in New Orleans, she was a Sister who was not easily deterred from any task. Sr. Rosella was also willing to do whatever it took to ease the suffering of the poor and vulnerable, regardless of race or faith tradition, in Kansas City's urban core with food, clothing and housing.

Sr. Mathilde worked tirelessly, navigating the intricate Catholic Diocesan system to get the needed permissions from the Bishop and local Catholic leadership. After receiving permission from the Bishop and eventually from the Diocesan Authority, The Very Rev. John Sharpe, C.M., in September 1969, the two enterprising Sisters opened Seton Neighborhood Services on Oct. 1, 1969. Named for St. Elizabeth Ann Seton, foundress of the Daughters of Charity in the United States, the agency opened in the front portion of the rectory of St. Vincent's Parish at 3110 Flora Avenue.

The Sisters were allotted a space in the rectory, which included administrative offices, offices for professional and volunteer staff, a food and clothing distribution area, and a group educational and recreational room for the elderly and low-income mothers. Staff initially consisted of the Sr. Mathilde, Sr. Rosella, a social worker, a receptionist and one part-time assistant. Clients were referred to the agency from a variety of sources including hospitals, schools, churches

and other social agencies. The inner-city location made it easily accessible for the individuals seeking their services. The work assisted the city's elderly poor in the urban core with food, clothing and housing

Volunteers to help the Sisters were recruited from the Ladies of Charity of St. Vincent DePaul and from the community. Getting people to commit to serving in the fledgling program was difficult at first. Ladies of the community were often reluctant to go into the central city to visit the homes of the poor and to conduct other charitable business. Gradually, these fears were overcome and, in a very short time, Seton Neighborhood Services had 63 volunteers, including those conducting counseling and case work. These volunteers filled a variety of roles, quietly visiting families, providing immediate necessities and providing support and encouragement as the family worked toward being self-sufficient.

The volunteers also visited nursing homes, provided transportation to those who needed it, worked with the elderly and staffed the clothing room and office. Money to support the endeavor came from contributions from the Marillac Provincial House, an active Advisory Board, the Ladies of Charity and the community. During the first year, \$17,683 was raised to finance the agency; \$22,090 was raised the second year. Additionally, during the first 12 months, Seton Neighborhood Services volunteers logged more than 9,000 hours helping the center meet the needs of 1,090 individuals and 240 families. The facility was off to a very strong start.

In 1971, Sr. Mathilde celebrated her Golden Jubilee. Fifty years of service as a Daughter of Charity had honed her skills to help the center flourish. She would remain as director until 1973, when she stepped down to devote more time to public relations for the agency and to find better ways to meet needs in the inner city area. Despite a change of responsibility, Sr. Mathilde continued to go alone on her daily excursions into the impoverished neighborhoods to help individuals and families.

Sr. Mary Louis Price, DC, was named director after Sr. Mathilde. She had been a Daughter of Charity for more than 20 years and had previously worked in a large public housing project in St. Louis. As a result, she was prepared for the scope of the work she was undertaking. Sr. Mary and Sr.

Barbara Dingman, DC, both caseworkers, continued to direct and assist the staff and Ladies of Charity with the needs of the agency. In addition to the regular demands of their daily work, the Sisters transported nursing home residents and elderly shut-ins to the rectory dining room for bingo and other activities.

Sweeping change came to Seton Neighborhood Services in 1975 with the consolidation of parishes including St. Vincent's, Annunciation and Holy Name. This consolidation created the large Risen Christ parish with Fr. McMullen, OP, former pastor of Holy Name, being named interim pastor. The changes additionally meant a move for Seton Neighborhood Services to the KRPS building at 23rd and Benton Boulevard. The agency relocated into two-thirds of the building with Johnson's Drug Store housed in the remaining one-third on the corner of Kansas Avenue on the Missouri side of the city. In March 1975, Sr. Mathilde Comstock was honored as one of Kansas City's "achievers" by the Kansas City Women's Chamber of Commerce and received a commendation from Mayor Charles B. Wheeler for her work at Seton Neighborhood Services. Coincidentally, St. Elizabeth Ann Seton, for whom the center was named, was canonized in September. St. Elizabeth became the first American-born Saint.

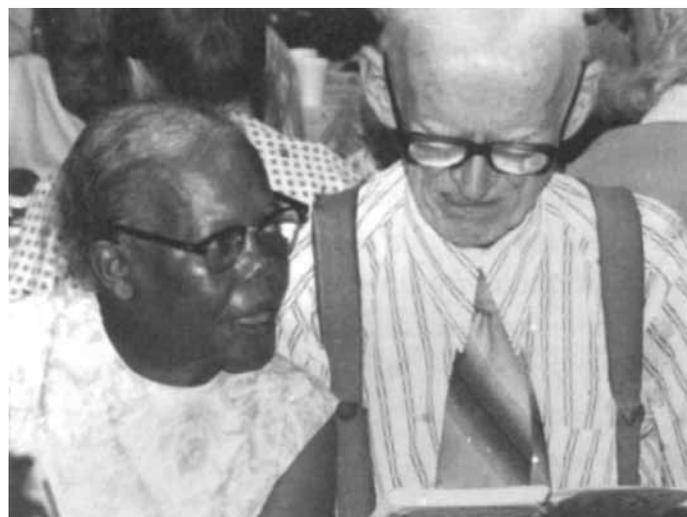
As the needs of Seton continued to grow with an ever-increasing client load, more space was required. When the Fr. Benedict Justice Catholic grade school's north campus became vacant, Seton obtained use of the building from Risen Christ parish. Sr. Marie Sullivan, OP, a Dominican sister, was named director during this time, replacing Sr. Mary Louise.

In response to the move facilitated by the consolidation of the parishes, the agency began to examine the boundaries of its new service area in and around the Washington Wheatley neighborhood. Stretching from 18th Street to 35th Street on the north and south and from Blue River on the east and Holmes Street on the west, this large segment comprised some of the most impoverished areas in the Kansas City. The name Seton Neighborhood Services no longer accurately reflected the scope of an agency that would serve such an expansive part of city. A decision was made to rename the organization simply Seton Center.

Services offered had expanded dramatically during the first eight years of operation. Family services, prayer groups, a Thrift Store, the Senior Buddies and a popular Christmas Basket project were part of the array of programs for the community. During its ninth year, Seton Center was incorporated. The center's board was given the opportunity and purchased the Fr. Benedict Justice campus from the Catholic Diocese. The two buildings were connected and the additional space allowed for expanded services. In 1978, a van with a lift was purchased through a \$46,000 grant from the Loose Foundation. This made a tremendous difference in the ability to provide assistance to the center's poor, elderly and disabled clients.

Seton Center had become an intrinsic part of the community and its impact was felt at all levels of Kansas City society. As a result, donations often came from surprising places. In March 1982, the Notre Dame de Sion Lower School presented the center with \$89.26. The students raised this money to pay for a class roller skating party, but voted instead to donate the money to the center to help with its work with the poor. They also gave the center the \$100 the class had received from the *National Catholic Reporter* for an article the students had contributed.

Throughout the late 1970s and early 1980s additional programs were created including Home Help Aides, financial planning assistance, Friday Lunches and life-line reassurance calls. So popular was the lunch program that another lunch day was added on Tuesdays to meet the demand. The center touched the lives of more than 15,000 individuals in 1980



alone. Truman Geriatric Resources Clinic, an important part of Seton Center's programming, was opened in 1982 to offer basic health care services to the poor and elderly.

By 1985, the center was assisting 200 people a day and provided assistance to 42,324 individuals with its emergency utility and financial help programs, nursing home programs, home help aides and senior citizen lunches. Possessing a service area now comprising eight complete census tracts and portions of an additional 11 tracts, the center served a vast, rapidly aging and poor population. A program offering minor home repairs for the elderly was created as well as a summer lunch program for children of school age.

In October 1997, the center had been in operation for 28 years and was celebrating the much-awaited completion of its \$1.3 million renovations and expansion. The project added 3,500 square feet to the building and allowed for the addition of a new dental services suite. With an operating budget of \$754,000, the center was hitting its stride. Throngs of the city's poor came daily to the center seeking food, clothing emergency utility assistance and counseling. Sr. Judy Warmbold's woman's group meetings, established a year earlier, were full to capacity; the alternative school's classrooms were abuzz with activity; and the senior Buddies were preparing for another outing.

Sr. Mathilde's dreams had been fulfilled and exceeded in unimagined ways. The work that she, Sr. Rosella and the Ladies of Charity had started almost 30 years earlier had been realized. Although she had been missioned to the Provincial House in St. Louis in 1981, she had remained interested in the work she had helped found. On Oct. 23, 1997, Sister passed away quietly in St. Louis at the age of 96. She had been a Daughter of Charity for more than 60 years.

On Oct. 11, 1999, the Seton Center Family & Health Services celebrated its incorporation into the Daughters of Charity National Health System, now known as Ascension Health. This relationship has been very beneficial for Seton Center and has assisted in countless ways as they work with the poor and vulnerable in Kansas City.

Dr. Tom Purcell helped launch the Seton Dental Clinic as a volunteer dentist. He was a member of the St. Thomas More Parish and believed in the work of the center. Demand

continued to grow, eventually leading to a team of seven dentists and third-year students from the University of Missouri-Kansas City School of Dentistry working to provide the required services. The center would often see 900 clients every month. Most of those served could not otherwise afford private dental care.

The year 2005 marked a time of tremendous growth and change for the Seton Dental Clinic. A grant for \$100,000 was received from the REACH Health Care Foundation in July. This allowed the dental services to expand its oral screening outreach and education programs for low-income children in Head Start programs. These young children came from Wyandotte and Johnson counties in Kansas and were from a variety of facilities, including home day cares, pre-schools and elementary schools.

That same month, Sr. Mary Lou Stubbs, DC, executive director/CEO of Seton Center Family and Health Services announced a grant for \$150,000 from the Health Care Foundation. This grant also supported early detection of oral disease as well as the establishment of a Community Wellness Program expanding the dental services for clients who have complex health issues. Additionally, the grant also funded the coordination of exercise classes, nutrition education as well as the New Beginnings support group program for expectant and new mothers and their children. The philosophy includes using dental services as the initial triage point for clients, enabling the center to direct clients to other services they might require.

The years had passed rapidly and so much had been accomplished. In 2009, Seton Center celebrated 40 years of providing social services to the elderly, the sick and the poor of the Kansas City region. The anniversary was a time of reflection on all that has been done as well as a time of contemplation of all that remains to be done for the city's vulnerable. The celebration included a liturgy followed by a reception honoring the Ladies of Charity of Metropolitan Kansas City and the Daughters of Charity of St. Vincent De Paul. These two groups had labored tirelessly during the formation of the agency and had, for the last four decades, offered support in getting the work of the center done.



On Oct. 1, Kansas Bishop Robert W. Finn, DD, of the Kansas City-St. Joseph, Mo. Diocese celebrated Mass at the Cathedral of the Immaculate Conception. The beautiful cathedral was filled with members of the Daughters of Charity, the Ladies of Charity and Sisters of Charity of Leavenworth as well as volunteers, members of the Washington Wheatley Neighborhood Association, sponsors, donors and many friends. On April 6, 2010, the center opened its doors to the community, providing a glimpse inside the facility for sponsors, civic leaders and friends.

During the last 40 years, Seton Center has undergone many changes to meet the evolving needs of shifting local demographics. Changing from a primary resource for the elderly, the center has become a comprehensive community center. Seton Center changes lives through the operation of its food pantry and thrift store; its utility, rent and mortgage assistance program; senior services; wellness programs; and a high school serving local at-risk youth. Additionally, the Dental Clinic is recognized as one of Kansas City's primary safety-net dental programs.

Seton Center continues to be a place of hope and assistance for thousands each year in metropolitan Kansas City. It is a lifeline of support for all who seek its services as it continues to minister to them in countless ways.



The Daughters of Charity in New Orleans: 175 Years of Service in Health Care

"My debts having been paid and the above provision having been executed, a sale shall be made of all that remains, which together with my small lot, I bequeath to serve in perpetuity to the founding of a hospital for the sick of the City of New Orleans, without anyone being able to change my purpose, and to secure the things necessary to succor the sick."

With those words, written as part of his Last Will and Testament, Jean Louis, a French sailor by trade and resident of New Orleans, set in motion a series of events that would eventually bring the Daughters of Charity into health care for the city. The work started by Jean Louis' final bequest to the city continues to this day.

The first Charity Hospital, "L'Hospital des pauvres de la Charite," was named the Hospital of St. John. It served the city from 1736 until it was replaced by the second Charity Hospital in 1843. This facility was abandoned after being almost completely obliterated by a hurricane in 1779. In 1786, the third Charity Hospital, "Hospital de Caridad San Carlos," was completed. It burned to the ground in 1809, once again leaving the city without a permanent medical facility.

Frequent epidemics continued to sweep the area unchecked as they had for generations. Small pox, malaria and Yellow Fever, routinely brought in by the steady influx of sailors and immigrants, decimated the city's population. During the next few years, when there was no permanent hospital, patients were housed in a variety of locations with varying degrees of success. Four years later, in 1815, the fourth Charity Hospital was opened. Its 120 beds served the needs of the city for the next 17 years.

The Daughters of Charity arrived in the city at the request of the Most Reverend Joseph Rosati Bishop of St. Louis and administrator of the Diocese of New Orleans. He sent a letter to the superiors of the Sisters of Charity of St. Joseph's in Emmitsburg. His request outlined the conditions in the city and beseeched the Sisters to send assistance. The first two Daughters of Charity, Sr. Regina Smith and Sr. Magdalen Council, arrived in New Orleans from Baltimore in January 1830.



In 1833, the fourth Charity Hospital was sold to the state. After the sale, the building was used as the State House during the time New Orleans was the Capitol of the Louisiana. A new Charity Hospital, the fifth to bear that name in the city, was opened the same year. The new, three-story building had 21 wards and contained 540 beds. It represented a significant leap both in accommodations and technology over its predecessors.

With an expanded facility, the Board of Administrators of Charity Hospital realized very quickly that they needed additional staffing. The Daughters of Charity had already established a reputation for dedication and well-run orphanages in the city. The board, therefore, submitted a request to the superiors of the Sisters of Charity at Emmitsburg for 10 sisters to administer and operate the new hospital. This request was granted and, on Jan. 6, 1834, Sr. Regina, who was already in the city, and nine other sisters began managing the care of the patients of Charity Hospital of Louisiana at New Orleans.

In a time when little was known about the workings of communicable diseases, the Sisters working among the sick frequently became ill themselves. Several Sisters died as a result. As the needs of the city grew, so did Charity Hospital. By the late 1840s, the facility could accommodate approximately 1,000 patients, making it one of the largest

hospitals in the world. In January 1852, Sr. Regina, who had served in New Orleans for almost 30 years by this time, leased the Maison de Sante, a private hospital and staffed it with sisters three months later. The first crisis they faced was the horrific Yellow Fever outbreak of 1853 that killed hundreds in New Orleans. The Daughters operated this facility for three years, until building, in 1859, a new brick hospital of their own.

Named Hôtel-Dieu, or “Hostel of God,” the new facility opened its doors a few blocks from Charity Hospital and was built, owned and operated by the Daughters of Charity. Three years later, after the “War Between the States” began, the Daughter’s hospital was the only privately owned hospital in the city to continue to treat patients. Known from the start as a leader in medical innovation, Hôtel-Dieu began offering air-conditioned surgical suites in 1913, the first the U.S. hospital with this technological innovation.

The Daughters of Charity’s connection with Charity Hospital continued to grow and develop throughout the major history-shaping events of the late 19th century. They continued caring for the poor and vulnerable of the city at both Hôtel-Dieu and Charity Hospital.



Charity Hospital, or “Big Charity” as it was known, underwent many changes in the decades that followed. After being placed under the management of the Louisiana Department of Health and Human Resources in 1970, it experienced further renovations and reorganizations. The problems at the hospital were numerous and increasingly harder to manage. The physical plant was aging. Funds to make the needed repairs were habitually in short supply, but the hospital limped along, serving the needs of the state’s poor and

indigent. In 1973, the hospital had 48,223 admissions. The Louisiana State University Health Sciences Center had begun plans to expand with the intention to build next to Charity Hospital. In 1991, control of the facility was transferred to the Louisiana Health Care Authority. Six years later, the Louisiana State University System began administration of the nearly 60-year-old facility.

Two blocks away at Hôtel-Dieu, the Daughters had just completed construction of a new building. Finished in 1972, it replaced the second hospital structure that had been built in 1924. The proximity of the Daughters’ hospital to the campus of Charity Hospital was becoming increasingly desirable to the Louisiana State University System.

In 1989, a study was requested for Hôtel-Dieu by DCNHS CEO James Kramer; CFO Dennis Eike; Visitatrix Sr. Nannette Gentile and her council; the leadership of the West Central Region of the Daughters of Charity National Health System (DCNHS-WC); Sr. Mary Walz, DC, MSW; and Sr. Joan Pytlik, DC, CFNP, MTS. “*Assessment for the Need for Services for Acute, Non-Urgent Emergency Room patients*” revealed a need for more neighborhood primary care services in the city of New Orleans due to both the rise of poverty in the area as well as the ongoing financial crisis at Charity Hospital, which was facing a \$7 million shortfall for the year. The assessment also stated a new building for Charity was imperative within five years.

As the situation at Charity Hospital continued to degrade, the State of Louisiana stepped up their efforts in courting the Daughters of Charity in an attempt to purchase Hôtel-Dieu. By summer 1991, the state had problems at Charity that could no longer be overlooked, avoided or patched. Charity Hospital’s accreditation with The Joint Commission was in jeopardy due to “Life Safety Code” violations throughout the building. The physical plant had also deteriorated to a dangerous state and there was no money for either major repairs or new construction. The state needed Hôtel-Dieu to replace the aging Charity Hospital facility.

Eventually, Louisiana’s colorful governor, Edwin W. Edwards, and his administration made the Daughters an offer for the hospital that they literally could not refuse. In 1992, after 140 years of work at Hôtel-Dieu and following a great deal of difficult deliberation, the hospital was sold

by DCNHS-WC to the state for \$62 million. Louisiana later renamed the facility University Hospital.

Despite these sweeping changes, the Daughters, who had been in health care in New Orleans for 167 years, did not slow in their work for the poor. Although they no longer owned University Hospital, they would continue in their work both there and at Charity Hospital. The Daughters commitment to the city's poor and vulnerable would continue. Under the guidance of the Daughters of Charity Health System, the DCHS-WC designed a new ministry for comprehensive, holistic primary care and prevention for New Orleans. Sr. Marie Therese Sedgwick, DC, former chair of the DCHS-WC Board, guided the creation of a new vision and local ministry during this formative period.

On Dec. 6, 1995, the Hôtel-Dieu Hospital Corporation Board held a retreat. The trustees agreed on a vision statement for Daughters of Charity Services of New Orleans. The document they created called for collaboration by partnering with the local Office of the Social Apostolate/Associated Catholic Charities and other health agencies to provide the services the community required. The board also agreed to commit \$1.8 million to New Orleans in fiscal year 1996.

The Daughters continued the work to establish exactly where the greatest gaps in accessible medical care in the city existed. They did not have to look far. The city's poor population, many of whom had always been considered among the at-risk and the vulnerable, were suffering. The Daughters of Charity Health System, West Central Region, commissioned an assessment of need that revealed the most underserved areas in the city were Carrollton, Gert Town, Hollygrove and New Orleans East. They determined through research that a location along Carrollton Avenue, in one of the poorest neighborhoods of the city, reflected the area of the greatest need. In Carrollton/Gert Town, 55 percent of residents did not have health insurance or were not enrolled in Medicaid. Half of the area's children were growing up in poverty.

Dave Ward, CEO of the newly formed Daughters of Charity Health Services of New Orleans had been hired to realize the vision of holistic, comprehensive primary care and outreach. He found a suitable space for the new center. Located in the Carrollton Plaza Shopping Center, a mid-city strip mall, the 8,200-square-foot space chosen was



convenient to the neighborhoods it was intended to serve. With easy highway access and a bus stop right out front, it was accessible via public transportation from anywhere in the city. The storefront, a former Western Auto Store, was rented in June 1996. Extensive repair and renovations were required to transform the dusty retail outlet into a medical clinic. Months of intense work and construction resulted in the creation of the new Daughters of Charity Health Center.

The center opened in February 1997 with one patient on the first day. In the coming weeks more and more came, and the clean, bright, new facility proved to be a tremendous resource for the community. Eventually, the variety of services offered expanded from primary care to optometry and podiatry. With a licensed retail pharmacy, social services, mid-wife training and a physical therapist on site, the center was full service. Outreach services included computer training, healthy lifestyles sessions provided in community centers and group exercise and nutrition classes. The Daughters of Charity Foundation, funded in part from the sale of Hôtel-Dieu, designated approximately \$1 million annually to fund the sliding-scale fee system for uninsured individuals for clinical and pharmacy services.

As the hurricane season of 2004 loomed on the horizon, New Orleans, which for years had been considered an exceedingly vulnerable target, was the subject of a government simulation study to attempt to map the effects of a major hurricane on the city. The Federal Emergency Management Agency prepared a series of scenarios involving a fictitious storm known as "Hurricane Pam." The results of

the study indicated if a large scale storm were to hit the city, the results would be disastrous.

On July 28, 2005, the staff of the center met for their annual retreat at the Yacht Club. The planning sessions were productive and everyone was optimistic about the future. Programs were expanding and additional staff had been brought on to meet the increasing needs. The Daughters of Charity Health Center was hitting its stride, while the Daughter's holistic mission of serving the poor and promoting healthy communities and families was in full swing.

Business began as usual on Wednesday, Aug. 23. Patients poured in with the traditional mixture of humility and boisterousness, joking among themselves and with the receptionist. Several no-shows, as usual, muddled the patient schedules. A few administrative staff members were tying up loose ends in anticipation of attending an Ascension benefits meeting in Austin the next day. The optometrist office was packed, as were the exam rooms. Everything was normal for the usual mid-week rush.

At 7 p.m., Hurricane Katrina slammed into the Florida coast between Hallandale Beach and North Miami Beach. Winds up to 80 miles an hour devastated everything they encountered, killing 11 and leaving more than 1 million people without power. Rather than dissipating at landfall, Katrina's winds remained at more than 75 miles per hour for four hours. The devastation in the hurricane's path was staggering.

On Friday, Katrina was on the national news. During the early morning hours, the intensity of the storm had slackened somewhat and the mighty hurricane was downgraded to a Tropical Storm. Around lunchtime, the power of the storm again increased and reached Category 2. The business of the center continued unabated. Fridays were usually a short day and the clinic usually closed early at around 2 in the afternoon. Due to the weather forecasts, the staff began taking preliminary precautions against rough weather shortly before closing. The computers, which were normally left running, were shut down. The center's servers, containing all the digital information related to the operation of the clinic, were on raised platforms and were deemed safe. No one was particularly worried. There was no thought of anything other than plans for the weekend.

As the days wore on, things became more troublesome. The storm had not veered to the north as was hoped and was bearing directly down on New Orleans. The decision was made to close the center early. As the staff left, they went through the routine of turning off the computers and unplugging everything possible. One of the staff, who had been in Austin at the benefits meeting, returned to New Orleans at the urging of her husband. The two of them came to the clinic that afternoon and put the computers up on the tallest surfaces they could find in the offices. A system-wide computer back-up was requested from their offsite IT management team. Anything that looked like it might be damaged if the clinic did flood was moved.

Several members of the staff began trying to make hotel reservations in case they had to evacuate. All residents of Louisiana's flood-prone areas were ordered to evacuate. Highways began to backup as residents rushed to leave the city. The center was locked and dark as the weather began to worsen. Mayor Ray Nagin appeared on local television stations reporting that his friend at the National Weather Service had told him that if the storm continued on its present path, it was going to be a disaster for the city. He urged everyone remaining in the city to please leave. It became apparent, even to the seasoned residents of the city, that this storm was different. New Orleans was directly in the path of the monstrously wide storm.

On Sunday, as winds reaching 175 miles an hour were reported in the Gulf, Mayor Ray Nagin again came on the air at 9:30 a.m. and ordered a mandatory evacuation of the city. Everyone was to leave, without exception. Several members of the center's staff left very early on Sunday morning and missed the heavy traffic. They were among the lucky ones. Traffic became gridlocked, with many reporting it took them 20 or more hours to cover a distance that normally could be driven in five hours or less. Amazingly, the majority of the center's staff as well as all of the Daughters of Charity missioned in the city were able to evacuate. The stories of these individuals and countless others who fled the storm are haunting.

The storm hit the Louisiana coast at 6 a.m. Monday with sustained winds at nearly 145 mph. Entire towns were obliterated. The National Hurricane Center warned that the

levee system in Greater New Orleans could be breached as waves reached crests of 47 feet just east of the mouth of the Mississippi River. The massive storm surge sent water crashing along the delta, causing flood protection to fail in several spots along the river. Although the storm had caused major devastation in the areas around the city, New Orleans appeared to be largely spared. Homes were damaged and debris littered the city, but, amazingly, the levees were holding.

Residents thought they had dodged the bullet and made plans to begin returning to their homes. Maybe it was just going to be a repeat of Ivan a year before. That evening, as people throughout the region were listening to radio station WWNO, a caller who had remained in New Orleans during the crisis was placed on the air. He reported, unbelievably, that while everything seemed fine and quiet in his neighborhood, there was water on his street several inches deep and rising. The center's staff members along with thousands of others listening immediately realized that the worst was not over for the city.

The city's levee system had failed after all. There were three major breaches and several minor breaks. Critical failures of the 17th Street Canal levee, the Industrial Canal levee and the London Avenue Canal floodwall resulted in 85 percent of New Orleans being under water. Fires began breaking out in the city as gas lines ruptured. Buildings, flooded up to the second story, burned out of control. The passing days would be a nightmare of unimagined horrors as the city erupted into barely controlled chaos. No electricity meant no air-conditioning in the 100+ degree heat. Intermittent cellular and telephone service and limited availability of drinkable water plagued the region for weeks. Fuel shortages simultaneously stranded thousands who were trying to leave and thousands who were attempting to return to the city. New Orleans was paralyzed.

Daughters of Charity Health Center staff members, scattered across the country after the evacuation, began the arduous process of locating their relatives and one another. The rest of the long, hot month of August and September passed in a blur. A crippled New Orleans slowly began to function as it grappled with the scope of the destruction. To overcome the gap in communications caused by inoperative

cell phones, staff relied on texting to convey information. News of the condition of the center eventually made its way to the scattered employees. It was flooded with standing water covering the desktops. The majority of the centers employees had lost their homes and their belongings. Four residences of the Daughters of Charity in New Orleans were flooded and 17 automobiles lost in the devastation.

Ascension Health assured the staff that there would be no interruption in pay during the crisis. Several weeks passed as the staff attempted to get the operations of the center up and running again through telephone calls and e-mails. As feared, the clinic was a complete loss. During those ensuing weeks, the flood waters had receded, but a broken water main continued to gush in the back of the building. Mildew spread over the surfaces of everything that remained. Patient files were dirty and waterlogged. All of the furniture and equipment was piled randomly where the waters left it. As if all of this was not enough, Looters had wrenched the door off of the safe during the crisis.

The other clinics in the city had also been decimated and the needs of the remaining citizens of New Orleans, rich and poor, were great. The center's staff worked non-stop to find a place to relocate and reopen. Due to a lack of computers, the accounting for the business portion of the clinic was handwritten on a legal pad. It was an archaic method, to be certain, but it worked. The staff was resourceful and did what they had to do to go forward in a time of great unrest and shock when even getting basic services such as electricity and telephone restored was difficult. In cooperation with the Office of Public Health, an undamaged clinical location in neighboring Metairie was found. Located in an industrial part of the city, adjacent to an overpass, it had not been used in a while and needed a lot of work. Members of the staff cleaned and scrubbed for several days to put the place in order. The center continues to serve the Hispanic population, many of whom came to help re-build the city.

In early November, Daughters of Charity Health Center of New Orleans opened again for business. It was the first clinic of its kind to re-open in the area. The city, however, was like a ghost town. The center's patient population had been scattered across the country. People began coming, though. Slowly, but surely, the patient appointment book began to fill.



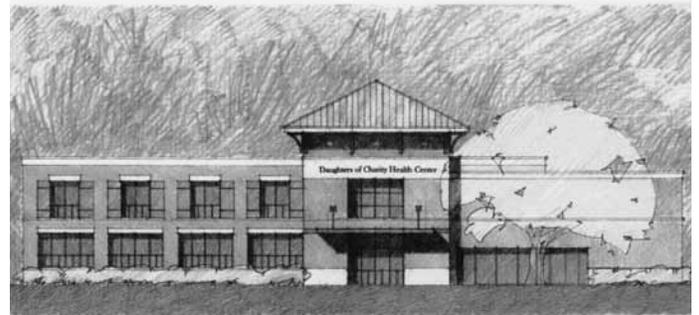
Initially, the Metairie clinic was to be a temporary measure. Soon, however, it became clear that the original center's location was beyond salvaging. The entire shopping mall where it had been located was demolished a short time later. A large vacant lot is all that remains.

To expand the service area and find a location in greater New Orleans, a search began for another site. One was eventually located at St. Cecilia in Bywater. The large, closed Catholic parish church had opened as a PACE site just before Katrina; they could not re-open their service immediately. DCSNO transformed the rectory into a five exam-room clinic. DCSNO established services in this temporary setting in 2007, growing it into a medical home for primary health care. Located in an impoverished neighborhood, the school portion of the complex proved to be a perfect choice for a new clinic. A United Health Foundation grant was also awarded to the project.

Renovations began and this represented a large commitment from Ascension Health and the Daughters of Charity Foundation. Administration for the centers was at a separate site (Canal), and the rented space for Carrollton Clinic was temporarily in a Medical Office Building on Napoleon Street. The creation of St. Cecilia proved to be a significant development as the DCSNO sites began moving from the crisis fostered by Hurricane Katrina and were settling into stable, permanent locations. Through the support of Ascension Health and the Daughters of Charity Foundation, the old gothic structure was slowly transformed into a state-of-the-art health center. In July 2010, the new, bright and

beautiful St. Cecilia Health Center opened with continued commitment from the Daughters of Charity Foundation and United Health Foundation, to grow to primary health care and wellness. Offering a full range of medical services as well as dental and fitness classes, St. Cecilia is a model neighborhood clinic.

In a city where the primary health care and social needs were so great, more still needed to be done. The Daughters of Charity Services of New Orleans continued to grow and expand their service area. Estimates of uninsured Louisianans ran as high as 900,000. In 2008, a site on Carrollton Avenue was selected for another clinic. The building was only a few blocks from the original center. The mid-city area was still in of great need of primary care and social services. A little more than a year later, due to increasing demand, the decision was made to expand this facility. The building renovation and expansion, totaling more than \$8.1 million, was completed in 2010. The 34,000 square-foot facility opened to the public offering primary health and social programs, pharmaceutical and wellness services as well as multi-bay, state-of-the-art, fully digitalized dental services and eye care facilities.



The new Carrollton Center as well as the centers in Metairie and at St. Cecilia's offer gleaming, modern testament to the Daughters of Charity's commitment to New Orleans. Together, they represent the culmination of 175 years of service to the city. The Daughters continuing health ministry offers primary care and preventative health services, addressing the needs of the total individual. A part of a vast and unique tradition of caring, the three Daughters of Charity Services of New Orleans Centers are places of help, hope and reassurance for the thousands they serve each year.



Daughters of Charity Services of San Antonio: The First 50 Years

The story of the works started by the Daughters of Charity at El Carmen can trace its origins to a time during the Spanish Colonial period in Texas. Long before the Daughters arrived, the events of those early days in the region helped forge the destiny of the area. In 1817, a small chapel dedicated to Our Lady of Mount Carmel – Nuestra Senora Del Carmen – was built with an adjoining crypt as a memorial to the war dead from the Battle of Medina River. The battle, occurring four years prior to the construction of the building, had lasted four hours as the Texians fought to gain independence from Spain.

The Texas dead had been left unburied on the battlefield by the Spanish troops and El Carmen's crypt would serve as their final resting place. Historical accounts also report that a number of the casualties remained on the battlefield until 1822 when soldiers, now under Mexican rule, gathered up the remaining bones and buried them with military honors. These remains were interred under an oak tree near where they battle had occurred.

The small chapel of Our Lady of Mount Carmel was slowly expanded and eventually it was enlarged into a church. This change resulted in the dedication of the parish of El Carmen on Jan. 24, 1855, by Fr. Claude Dubuis, vicar-general of the Diocese of Galveston, assisted by Fr. Girauden, CM, by order of the Bishop of Galveston John Marie Odin, CM. This church stood until 1872 when a fire nearly leveled the building. Five years later it was rebuilt and relocated over the original crypt. At this time, the church was the centerpiece of the little town La Villa del Carmen that had grown up around the structure. Being 20 miles from San Antonio, La Villa del Carmen was a favored stopping point for cattlemen driving their herds to the rail yards of the city for shipment. San Antonio, the closest town of any size, was a small, active place at this time, with few stores, but more than a dozen taverns.

Fire again gutted the church in 1904, destroying the bell tower and the roof. The building was restored and the congregation, isolated as it was from San Antonio, made do with a circuit priest who came several times a month to say



Mass and minister to the faithful. Eventually, as travel was made easier, a priest came to say Mass every Sunday. This was the way things were done at this poor mission church until Sept. 1, 1956. Recognizing the need for a full-time priest for their mission at El Carmen, the Vincentian Fathers at St. Leo Parish in San Antonio sent assistant pastor Fr. Raymond Francis O'Brien, CM, to serve the congregation.

Fr. O'Brien originally came to San Antonio in 1943 and taught pastoral and moral theology, sociology and economics at St. John's Seminary. He also taught theology at Incarnate Word College. Since arriving in San Antonio, he had wished to work among the poor in the surrounding parishes. Upon being sent to El Carmen, which ranked among the poorest parish in the Archdiocese, he got his wish. Initially, Fr. O'Brien lived at the rectory at St. Leo and commuted to the mission. This arrangement did not prove to be satisfactory, so he created a rectory at El Carmen in a small house trailer parked behind the parish hall. He lived there for two years.

Working tirelessly at the church, Fr. O'Brien began the practice of saying daily Mass at El Carmen – something that had not been done for several decades. Getting the church repainted and modernized took several months. Under Father's gentle direction, the mission began growing. It soon became apparent that the work he started of ministering to the diverse needs of the faithful was growing beyond what

the small church could accommodate. He utilized every inch of space in the small sanctuary, but even these efforts could not keep up with the demands of the congregational work.

In 1957, Fr. O'Brien asked Archbishop Robert E. Lucey of the San Antonio Archdiocese for permission to build a rectory to relieve the crowded conditions of the church's rudimentary outreach programs. It would also mean that Fr. O'Brien could move out of the cramped trailer in which he was currently living. The Archbishop, who had maintained an active building program since his appointment in 1941, responded with a challenge. If Fr. O'Brien could find an order of Sisters to conduct the church's community programs and outreach to the poor, then permission for a rectory would be granted.

Fr. O'Brien immediately traveled to the Motherhouse of the Daughters of Charity in Missouri to make a request for Sisters to come and serve at El Carmen as well as in the surrounding parishes that included St. Anthony, St. Leo and San Francisco de la Espada. Sr. Catherine Sullivan, DC, visitatrix, and the Council of the Daughters of Charity were so impressed and moved by Fr. O'Brien's impassioned plea that they agreed to send the requested assistance. This would mark the first time the Daughters of Charity had served in the Archdiocese of San Antonio.

In September 1958, three Daughters of Charity boarded the gleaming dark blue and gray Missouri Pacific train known as the "Texas Eagle." Their route took them from St. Louis to Texas through Texarkana and Taylor, until finally arriving in San Antonio. The diesel locomotive, with the distinctive chromed eagle on the front, pulled the train into the city on Wednesday, Sept. 17. After gathering their belongings, Sr. Esther Levan, Sr. Mary Vincent Foley and Sr. Loretto Ryan stepped down the metal steps to the platform below.

Waiting to greet them was an entourage including Daughters of Charity from Austin, members of the San Antonio clergy, Fr. Huber from St. Leo Parish and Fr. O'Brien from El Carmen as well as photographers from the local media. Al Garcia, the chauffeur and right-hand man for the Sisters in Austin, took the bags and loaded them in one of the waiting cars. Sr. Eugenia, director of Nurses at Seton Hospital; Sr. Alphonsine, Sister Servant at Seton; and Sr. Clare, Sister Servant at the Home of the Holy Infancy; welcomed their fellow Sisters to San Antonio.

Upon leaving the Missouri Pacific Station, the group began the winding 12-mile journey through downtown streets eventually coming to the road leading to their destination. They stopped at the church at El Carmen where they prayed giving thanks for their safe journey. This was the first time the Sisters had seen the sanctuary with the exquisite statue of Our Lady of Mount Carmel above the main altar. After leaving the church, the group passed by the newly built convent structure that would serve as the Sisters' home while they were missioned at El Carmen.



Sr. Philomena Feltz, the legendary director of the Dietary Department at Seton Hospital in Austin, had come down to San Antonio with the other Austin Sisters. Spending her afternoon preparing a meal for the group, Sr. Philomena had it ready for their arrival. Fried chicken, new potatoes, peas and tomato salad rounded out the menu. The ladies of the parish arrived shortly thereafter to pay their respects to the new Sisters.

As the day progressed, the Sisters from Austin left for home with Al at the wheel. The three El Carmen Sisters, alone for the first time since their arrival, sat at the community table in their new residence and marveled at the events of the last few hours. Miss Ellen Conley, secretary and housekeeper for Fr. O'Brien stopped by to take the Sisters on a little outing in the country and to drive them to several of the other churches in the local parishes. The Sisters returned home for supper and then went with Fr. O'Brien to the new El Carmen rectory to review the historical records of the church. These church records had been kept in the homes of members

of the congregation during the decades when there was no fulltime priest at El Carmen. They were returned to the church by those who had carefully protected and preserved them when Fr. O'Brien was missioned there.

The next morning, as workmen finished up the last few details on the new building, the Sisters began settling in, making a list of housekeeping items they would need. Later in the afternoon, the Sisters went to Sears Roebuck in town to buy brooms, mops and other essentials. That evening, they drove to the train depot downtown to meet Sr. Hortense Schruoff, who had been sent to El Carmen from her mission at St. Ann's in Dallas.

As several rainy weeks passed, the El Carmen Sisters began many works among the people of the parish. In addition to Catechism classes, they started home visits ministering to the poor and the sick. The needs of the people of El Carmen were staggering. Poverty, illiteracy and illness were widespread. The Sisters found that the need for religious instruction was also great, as many of the local children had received no teaching since they made their First Communion. Nine girls and eight boys comprised the first Catechism class taught by the Sisters.

They were granted a variety of diverse meeting spots in the St. Leo and San Francisco de la Espada parishes to teach the religious classes. These were comprised of the school at St. Leo as well as less-conventional locations including a dance hall in LoSoya, the pool hall in Florestown, the grocery store in Buena Vista, the Thelma Public School and the living room of a private home. Teaching the classes in many areas overcame the necessity for transportation for the children, who often were from homes that had no car. This situation was eventually rectified in 1969 when a bus was purchased.

The Sisters did have use of a car. It was a light green Plymouth that had seen years of fairly hard use. Among the automobile's many irksome maladies was a troublesome tendency for the horn to begin honking whenever the steering wheel was turned past a certain point in either direction. Other imperfections, like torn upholstery, were easily remedied with new seat covers from Sears. Despite its shortcomings, the Sisters, many of whom had either never driven before or had not driven in years, successfully made the rounds of the parishes.

Fr. O'Brien offered advice on how to drive over flooded roads, a lesson that proved very useful during the Sisters' first few wet and blustery months at El Carmen. This careful instruction did not prevent the car from becoming lodged, on at least one occasion, in the seemingly ever-present mud that surrounded the church, the rectory and the Sister's residence. A flat tire further complicated the muddy ordeal.

Additional assistance for El Carmen arrived on Monday, Oct. 6, aboard the noon train. Sr. Laurina Dolan, a nurse, joined the other Sisters. Following a quick lunch, she traveled with Sr. Hortense to Buena Vista to teach Catechism class. While she was there, Sr. Laurina was called on to visit a sick infant. The baby was very ill and Sister administered emergency care. Through her efforts, the infant was stabilized and sent immediately to the hospital.

On Nov. 2, 1958, the new rectory for which Fr. O'Brien had worked and prayed was dedicated and blessed, amidst much celebration, by Archbishop Lucey. He also blessed the new Sister's residence. The Fall Festival had been scheduled to coincide with the dedication with a celebratory Mexican dinner being served in the church hall. Later in the afternoon, from 3 until 5 p.m., an open-house tour of the new buildings completed the day. Five hundred people streamed through the facilities and the Sisters distributed Miraculous Medals and leaflets. Young girls from the parish assisted with the crowds.

By now, the daily routine for the Sisters had been established. Sr. Hortense and Sr. Laurina visited and ministered to families in El Carmen and Espada, offering health advice, food, clothing and teaching Catechism in both parishes as well as in Elmendorf on Saturdays. They were even known to cut the hair of the young men in the families to make them presentable to attend Mass. All skills or talents the Sisters possessed were pressed into service. Sr. Esther and Sr. Mary Vincent drove to Saint Leo for more home visits and to teach Catechism classes there.

The health care needs of the poor of the parishes in and around El Carmen were immense. Local residents often could not afford the money for gas to go to the County Hospital, so they would simply suffer, hoping the illness went away. The El Carmen Sisters acted as a sort of taxi service shuttling the very sick to Robert B. Green Hospital in San Antonio.

Despite the great need, the Sisters were also limited by a lack of space for any type of permanent clinical arrangement.

Plans had been in the works for a while to bring a structure onto the El Carmen grounds to act as a clinic. The negotiations and arrangements to obtain the building were very slow as the owners of the two-room house that had been chosen could not come to an agreement. Archbishop Lucey gave Fr. O'Brien \$500 toward the project and eventually the little building was purchased and moved to the El Carmen grounds where it was placed between the rectory and the Sister's residence.

The men of the parish banded together and remodeled the interior, changing it from two large rooms into five exam rooms. Painting, adding running water and electricity completed the needed updates. Just as the clinic was nearing completion, Fr. O'Brien suffered a fatal heart attack and El Carmen lost their beloved priest. The progress on the clinic slowed considerably.

Between 1959, when the building was moved, and spring 1961, when the El Carmen Clinic was officially opened, donations of medical equipment had trickled in slowly. Several special collections had been taken up to raise money for the clinic in the local churches, but, overall, it was an arduous process getting the facility ready and open. For the better part of two years, supplies for the anticipated opening came from the Daughters of Charity Hospitals and local sources. Finding a physician who would volunteer their services was also a major hurdle. During the long 24-month period after the building had been made ready but before the clinic could be opened, it was used as storage for donated food, clothing and other supplies.

Eventually, the money was raised, volunteer medical staff and assistants were recruited and the equipment was installed. The El Carmen Clinic opened to a flurry of activity. The little house functioned well as a rudimentary clinic, but, almost immediately, the demand for services began to overwhelm the space available in the converted house. Getting volunteers for the work was also a problem. These factors coupled with difficulties faced with the City-County Health Departments refusal to issue smallpox and diphtheria vaccines forced the temporary closure of the El Carmen clinic in May 1963.

For three years, the Sisters at El Carmen made do with what they had; however, bigger, more suitable quarters were desperately needed. In April 1964, a new clinic built of cinderblocks replaced the old frame structure. The second El Carmen clinic, built of donated materials by men of the parish, had rooms for medical services including minor surgery, pediatrics, dermatology and obstetrics. A large shipment of donated equipment – exam tables, surgical lamps, scales and instrument containers – was installed. Sr. Janice Cady, nurse midwife, performed the first home delivery on March 26, 1964. The new El Carmen Clinic opened on April 26 and also served as the regional birthing center, with the first El Carmen baby born there on June 14. From that time until the last delivery on Jan. 1, 1969, 214 mothers received prenatal care with 151 of them also delivering at El Carmen.

On March 4, 1966, the City-County Health Department moved into the clinic building to give immunizations and to hold well-baby clinics. In April, the El Carmen clinic was incorporated by the state as DePaul Family Center. To meet the ever-expanding needs of the communities the Daughters served, the decision was made to broaden the range and scope of services they offered. In November 1968, a modest one-story building was erected on Somerset Road to house the DePaul Family Center. It initially offered a wide range of medical, dental and social services. However, because there was no licensure for nurse midwives in Texas and there seemed to be no immediate legislation pending, deliveries at El Carmen Clinic were discontinued in 1969.

The Daughters continued their efforts to improve conditions in the community. Sr. Dolores Girauld, DC, and Sr. Grace Berger, DC, worked with city, county, state and federal officials to bring water to the BuenaVista-Losoya area. Their project began November 1977 and included visits to Washington, D.C., where they provided testimony regarding the poverty in the area. Media coverage in the San Antonio papers created awareness of the dire need for water in the area and the water project gained support. It took four years, but the Sisters efforts were successful and city water service was brought to the area.

In 1983, DePaul became a United Way agency. The needs of single parents and two wage-earner families for safe, affordable child care were recognized in 1984. Shortly

after the doors for this child care facility opened, the state requested to place abused and/or neglected children at DePaul.

These children also required transportation to and from the center each day and special care to overcome developmental delay. Furthermore, the need to support teenage mothers was quickly recognized, as many were dropping out of school permanently to care for their babies. By 1987, the Child Development Center at DePaul had grown to accommodate 120 children and was licensed for 129 children in 1992. In 1999, South San Antonio School District contracted with DePaul Child Development for 16 slots for special needs children ages three and four. The school district supplied two special education teachers, a teacher's aide plus some equipment; the children attended at no charge. This partnership lasted several years.

In 2003, DePaul Child Development Center took a giant leap forward by earning national accreditation from the National Association for Education of Young Children. The five-year accreditation process moved the center into the elite group of only 29 child development centers in all of San Antonio, the only accredited center south of downtown. Another significant event for child development occurred in March 2004, when the Daughters of Charity Services assumed management of the Wesley Child Development Center. That center had space for 130 children ages six weeks to four years, plus an after-school program for up to age 12. In May 2004, the Board of Trustees voted to name the center DePaul-Wesley Children's Center to honor the 90 years of service Wesley Community Center had in the neighborhood.

The St. Philip of Jesus Center came into existence in November 1979. The house in which the center was located needed many repairs, so the first day of operation was held in the church hall. Patient records were kept on 3x5 cards, the "pharmacy" was contained in a paper bag and the examining table was an office desk covered by sheets. After the house was repaired, the clinic was equipped through donations from the Santa Rosa Hospital and other area clinics. St. Brigid volunteers and people from the neighborhood provided supplies.

The center's role in the community expanded and, in August 1981, the center was incorporated under the name:



St. Philip of Jesus Holistic Health Center. In 1982, counseling services began using volunteers and students. Specialty clinics were started in 1983 and The University of Texas dental van began providing services in 1984. To ensure stability of the center, the sponsorship of the Daughters of Charity National Health System began in 1985. During 1985, El Carmen Clinic experienced a considerable expansion with the addition of 1,950 square feet to the facility. Several foundations and many local contributors donated \$150,000 to cover the cost of construction. Equipment for the new area was furnished through three Community Development Grants.

In July 1987, the three centers, which were distinct entities, were incorporated under Daughters of Charity Services of San Antonio with the names the "El Carmen Center," the "DePaul Family Center" and the "St. Philip of Jesus Center." Also in 1987, Daughters of Charity Services of San Antonio (DCSSA) was incorporated into the Daughters of Charity National Health System, West Central Region. These consolidations brought economies of scale for the purchase of supplies, insurance, employee benefits and so forth.

The center received additional extensive renovations in June 1991 through a \$100,000 grant from the Bexar County Health Facilities and a \$50,000 Community Development Block Grant. These monies enabled the El Carmen Clinic to add an additional building to its facilities for diabetes education. The new Wellness Center facility included meeting rooms and a kitchen to aid in educational nutrition classes.

By 1993, St. Philip of Jesus Center began experiencing

a decline in client volumes. The parish that it served had become increasingly transient and the center's services area did not resemble the make-up of a neighborhood center. A decision by the trustees to close the center in 1996 reflected these trends. In addition, the trustees had recognized that several other providers in the same area were meeting the needs of the poor and that the resources could be redirected toward the unmet needs in the DePaul and El Carmen and all dental services were consolidated at DePaul Family Center.

In 1998, Daughters of Charity Services of San Antonio's 40th year, plans for a new large primary care clinic were approved. The groundbreaking for La Mision Family Health Care occurred in June 1999 and services began January 2000. Dr. Rodolfo Urby was the medical director when La Mision Family Health Care opened. His involvement with the clinic had started years before as a physician volunteer at El Carmen. His service as a volunteer eventually grew to a contract and resulted in more than 20 years of working with the El Carmen Clinic.

On Nov. 1, 1999, the Daughters of Charity National Health System, sponsored by four provinces of the Daughters of Charity and the Sisters of St. Joseph Health System based in Ann Arbor, Mich., united to form Ascension Health, the nation's largest Catholic and nonprofit health system and the third-largest system, based on revenues, in the United States. The Sisters of St. Joseph of Carondelet Health System joined later in 2002. The relationship with Ascension Health has been tremendously beneficial for DCSSA.

In March 2000, Larry Mejia joined DCSSA as executive director during a time of considerable expansion and change. The Board of Directors were moving forward with their commitment to expand and improve child care. The five-year journey toward national accreditation of DePaul Child Care was also underway. Additionally, steps were being taken to begin the first capital campaign to double capacity and to construct a new building to accommodate 200 children in the program at the DePaul campus.

A committee of community leaders were called together to form "Children First." Under the leadership of Larry and Board Chair Steve Dufilho, "Children First" successfully raised \$5 million to build DePaul Children's Center, expand dental services and remodel DePaul Family Center to expand

Social Services to the community. During his 10 years with DCSSA, Larry has worked closely with Ascension Health to improve access to care for people in poverty. DCCSA has grown and more than doubled its services to the community in all programs. Revenue raised during the last 10 years has increased 134 percent through fees, partnerships and philanthropy.

The 1990 U.S. Census data indicated that the neighborhoods that the El Carmen facilities serve are predominately populated by Hispanics. Little changed in the decades that preceded this census or in the 10 years that followed. The median income for families in the service area is far below that of the rest of Bexar County. Many are unemployed or working at unskilled or seasonal jobs. Almost 20 percent of the families are female head-of-household. In many others, both parents work. Due to their income, most lack access to affordable child care. They have neither health insurance nor the money to pay for health care when a family member is ill.

Diabetes and hypertension are prevalent among Hispanics. Dental care is not a priority for the poor, until pain becomes overwhelming. Their medical conditions are often complicated because they do not take medications as directed. All of the neighborhoods in the center's service area have been federally designated as medically underserved areas. The poor in these neighborhoods lack accessible transportation to enable them to reach affordable medical and dental care and other social services. Problems associated with alcoholism, abuse and neglect are often ignored because of the lack of resources.

Despite these disadvantages, the communities served have several strengths that breed hope for betterment of the neighborhood. The parishes served have very active churches — St. Clare Church in the DePaul area and Our Lady of Mt. Carmel in the El Carmen and La Mision area. In fact, the centers are next-door neighbors with the churches. Faith communities in each of the parishes have been supportive of the centers throughout their history. Also, both parishes have active community development organizations that have achieved tangible results for social justice and obtaining infrastructure for the community.

Family loyalty is extremely strong. Running throughout

the Hispanic culture is a zest for celebration, thankfulness and recognition of a common heritage. Disease prevention remains the primary focus of the activities, but La Mision Family Health Care provides primary medical outpatient services five days a week.

The DePaul Family Center and DePaul-Wesley Children's Center provide safe, bilingual and educationally sound child development Monday through Friday, 6:30 a.m. to 6 p.m. for children ages two weeks to 12 years. A heavy emphasis is placed on learning and socialization with other children. One of the most important features of this program is the nutrition component. All children receive two hot meals and a healthy snack daily. For many of these kids, this is the bulk of their weekly nutrition. Classes are organized by age and activities are planned appropriate to the developmental needs of the group. Activities are well-balanced between learning, motor-skills, play and recreation. The two campuses have the capacity for more than 200 children, depending on the age mix.

La Mision Family Health Care now provides affordable primary dental services including preventive dentistry, restorations, extractions and education. A dentist and a dental hygienist provide the



care. In 1996 the DePaul site dental clinic was expanded from two-to-four dental chairs to meet growing needs. In 2006, the dental department was moved from DePaul Family Center to La Mision Family Health Care. Due to increased need, it is currently expanding from four to seven dental chairs.

The medical program provides full-time primary care services to clients of all ages. Routine preventative care, such as well-child physicals and immunizations, are provided regularly. Diabetes, cardiovascular disease, anxiety/depression and infections are the most common ailments that we treat. Simple diagnostic tests and medications are also available at La Mision. When needed, they can link patients with specialty services at the University Health System, several other health systems in San Antonio and San Antonio Metropolitan Health District. On a monthly basis, Dr. John Gonzalez holds clinics at La Mision offering dermatology.

Staffing for these programs is handled in a very unique way. The centers have a first-of-its-kind partnership with the Bexar County Hospital District (that does business as University Health System) in which their physicians fully staff the medical program. This was the first step in a long-term effort to enrich the medical services at El Carmen and help the University system meet more community needs. In addition, DCSSA has had several physicians who volunteer on a regular basis.

De Paul Family Center and La Mision Family Health Care also have a wide array of social outreach programs available. Social workers at the centers provide services that include crisis intervention, home visits, benefits assistance, advocacy, counseling, monetary and emergency help, and food and clothing assistance. These caring individuals are very knowledgeable about other community programs and can make proper referrals. Patients are encouraged and expected to partner with DCSSA social workers to find solutions to their individual problems.



The wellness program is not tied to a specific site. Instead, the wellness activities are coordinated with other center services to emphasis prevention, rather than solely curative, approach to patient care. Diabetes education, prenatal care, parenting, weight management, exercise, nutrition and self-care classes are taught at each center, at local parishes and other community centers. In 1996, Daughters of Charity Services began the first Catholic-sponsored parish nurse program in San Antonio in recognition that clients achieve behavioral changes and improvements in health when services are delivered through the medium of the church.

DCSSA networks with University Health System; Methodist Health Care Ministries; Baptist Health System; CHRISTUS Santa Rosa Health System; Salvation Army; Society St. Vincent DePaul; San Antonio Food Bank; Harlandale, South San Antonio and Southside independent school districts; Department of Health & Human Services; Department of State Health Services; Metropolitan Health District; Wesley clinics; Centro del Barrio (Centro Med); United Way; and many others to provide services beyond what the centers could provide individually.

Additionally, DCSSA coordinates with neighborhood churches of all denominations to educate the public about their needs and services, and to get feedback on the community's perception of DCSSA's performance. The centers also participate in numerous area Health Fairs and routinely visit south-side senior citizen nutrition centers to provide preventive health education and social service intake. They continually seek partners with whom they can do more together.

For more than 50 years, beginning when the first Sisters stepped from the train, the Daughters of Charity Services of

San Antonio, a proud member of Ascension Health, has been a vital part of the communities in which they serve. The center's combined ministry touches more than 30,000 sick, needy and troubled clients each year while discerning the invisible beauty of Christ abiding in each of them.



Daughters Of Charity Services Of Arkansas

St. Elizabeth Health Center

407 S. Gould Ave. / P.O. Box 370
Gould, AR 71643
Phone: (870) 263-4317
Fax: (870) 263-4782

DePaul Health Center

145 W. Waterman St. / P.O. Box 158
Dumas, AR 71639
Phone: (870) 382-4878
Fax: (870) 382-4895

Daughters of Charity Services of Arkansas Administrative Office

161 S. Main St. / P.O. Box 158
Dumas, AR 71639
Phone: (870) 382-3080
Fax: (870) 382-3085

Centro San Vicente

Alameda Clinic

8061 Alameda Ave.
El Paso, TX 79915
Phone: (915) 859-7545
Fax: (915) 859-9862

San Elizario Clinic

13017 Perico Rd.
San Elizario, TX 79849
Phone: (915) 851-0999
Fax: (915) 851-6060

San Vicente Healthcare for the Homeless Program

1208 Myrtle Ave
El Paso, TX 79901
Phone: (915) 351-8972
Fax: (915) 351-6033

Seton Center Family and Health Services

2816 E. 23rd Street
Kansas City, MO 64127
(816) 231-3955

Daughters of Charity Services of New Orleans

Mailing Address:

P.O. Box 970
Harvey, LA 70059

Carrollton Medical Center

3201 S Carrollton Ave
New Orleans, LA 70118
(504) 207-3060

St. Cecilia Medical Center

1030 Lesseps St.
New Orleans, LA 70117
(504) 941-6041

Metairie Medical Center

111 N Causeway Blvd
Metairie, LA 70001
(504) 482-0084

Daughters of Charity Services of San Antonio

Administrative Offices

7607 Somerset Rd.
San Antonio, TX 78211
Phone: (210) 334-2300
Fax: (210) 922-0332

De Paul Family Center Social Services

7607 Somerset Rd
San Antonio, TX 78211
Phone: (210) 334-2327
Fax: (210) 922-1728

De Paul Family Center Children's Center

7607 Somerset Rd
San Antonio, TX 78211
Phone: (210) 334-2311
Fax: (210) 334-2344

La Misión Family Health Care

19780 US Hwy 281 South
San Antonio, TX 78221
Phone: (210) 626-0600
Fax: (210) 626-1174

El Carmen Wellness Center

18555-1 Leal Rd.
San Antonio, TX 78221
(210) 626-1745





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Researched and written by Carl R. McQueary, Senior Archivist and Historian

Edited by Jill Pendleton, Publications Editor

Designed by Katy Byther, Graphic Designer

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“
Lord, help me to make time today, to
serve you in those who are most in need of
encouragement or assistance.”

- St. Vincent de Paul