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The Daughters of Charity at Carville: 1896-1981

Sister Daniel Hannefin, D.C.

Hansen's Disease, essentially a disease of the peripheral nerves which also affects skin, eyes, and other tissue, is the least contagious of communicable diseases. Although known as leprosy, it is not the same as the disease described in the Bible. The bacillus was discovered by Dr. G.A. Hansen, a Norwegian scientist, in 1873. Of the 3000 known cases in the United States, the majority are being treated by private physicians or in health centers near their homes. Only about 350 are under treatment at the National Hansen's Disease Center in Carville, Louisiana. It is generally agreed among HD specialists that 90% of the world's population has a natural immunity to the disease.¹

These are the facts about Hansen's Disease as we know them today. But 85 years ago, when the Daughters of Charity were asked to staff the "Louisiana Leper Home" at Carville, the public attitude towards the disease was characterized by ignorance, fear and horror. Even among doctors, most of the fight to control it was directed against the patients rather than the disease.

Among the many Daughters of Charity who volunteered for this new apostolate, four were chosen. Sister Beatrice Hart was a woman in her fifties with twenty years' experience in hospital administration. Her companions were all in their thirties: Sisters Annie Costello,

¹Robert R. Jacobson, M.D. and John R. Trautman, M.D., "The Diagnosis and Treatment of Leprosy," *Southern Medical Journal* (August, 1976), 979-985.

Mary Thomas Stockum, and Cyril Coupe. Traveling by steamboat the seventy-five miles upriver from New Orleans, they arrived on April 17, 1896. The conditions they found would have sent less hardy servants of the poor into despair. The Home was an abandoned pre-Civil War plantation in a bend of the Mississippi, surrounded on three sides by the river. More than twenty patients were housed in seven dilapidated slave cabins. The "mansion" reserved for the use of the Sisters was not habitable, except for two rooms which had been fixed up by Sisters Agnes Slavin and Mary Jane Stokes of New Orleans. The kitchen/dining room was in a building on stilts, so badly constructed that daylight showed between the boards.² The space below it was prepared by the Sisters for the first Mass, but proved so inadequate that one side of a double-cabin was soon requisitioned to serve as a chapel.³

Sister Beatrice's letters reveal many of the hardships: swampy land covered with tough weeds to be crossed many times a day and night in the care of the patients; leaking cisterns the only source of water, which must, in drought times, be hauled from the river; lack of even the most necessary outhouses; snakes, rats, bats, lizards even in the chapel and the house the Sisters occupied. Standard equipment by the Sisters' beds were an axe and a lantern — the former for killing the water moccasins that nested in

²Sister Agnes Slavin, writing to Mother Mariana Flynn Feb. 29, 1896, describes this building, originally intended to house the Sisters, as "a chicken coop" and adds, "I would not think of letting the Sisters live in this house. They would lose their health." Considering the alternative, it must have been bad indeed! Yet this seems to have been the only building erected with the \$5000 appropriation mentioned in the First Annual Report of the Board, 1896. Both the letter and the report are preserved in Marillac Provincial House Archives.

³Sister Beatrice Hart to Sister Josephine, April 20, 1896. Letter in MPH Archives.

the broken plaster and even climbed the bedposts;⁴ the latter for lighting their way in pitch-black nights to the bedside of whatever patient rang his handbell to summon them. There were no walkways. All supplies had to be requisitioned and sent by steamer from New Orleans. The resident doctor left April 22, 1896, a few days after the Sisters arrived. There followed a succession of doctors, some better than others. The Board decided they could not pay a resident doctor, so weekly visits had to suffice.⁵

But even more than the hardships, Sister Beatrice's letters reveal the beauty of her own dedication and the spirit of the Sisters. She describes their arrival in her first letter to Mother Mariana Flynn, April 20, 1896:

Our first move was towards the quarters of our patients. The word "Leper" we will not use if possible We went to each one separately and tried to make them feel we were come to be one with them, to care for them, and make them happy, to look into their wants and supply them, and in all this they must try to see the goodness of God their Father providing for them in their suffering and lonely condition

S. Annie Costello, a little wonder at work, being experienced in the care of the sick, will have supervision of the patients in the cabins. S.M. Thomas will look after their wants in the dining room. S. Cyril Coupe will be housekeeper. While I will be Sacristan and general manager, or to use Fr. Hartnett's expression, *boss the job*.⁶

In her letter of May 2, 1896, she goes into more detail:

⁴These ubiquitous snakes are described in the life of Sr. M. Thomas Stockum, *Remarks on Our Deceased Sisters*, 1931, p. 213; in *Annals of Carville*, a history compiled by Sister Hilary Ross, and in a letter from Sister Beatrice to Sister Juliana, undated. All the above are in MPH Archives.

⁵Letters of Sister Beatrice Hart to Mother Mariana Flynn dated April 20, April 27, May 2, July 1, July 6, 1896. Originals are in Marillac Provincial House Archives.

⁶Sister Beatrice to Mother Mariana, Apr. 20, 1896.

S. Coupe makes a nice housekeeper, is very much interested in her duty. S. Annie Costello is in her glory with the patients. S.M. Thomas equally generous but not so experienced yet — God certainly must bless them, for they are devoted each in her own way, and St. Vincent ought to feel proud of them . . . They are all practical in the view they take of the situation and I can tell you, there is neither poetry, nor romance in the affair . . . There is plenty for us to do, if only we had the means to do it with, and if it were possible for me to see some members of the Board, there are many matters I could put before them now, at the end of two weeks only. What will it be as we go on?⁷

This lack of contact with the Board of Control was a major problem for Sister Beatrice, particularly in these first months. Having accepted exile with their patients as the condition under which the Sisters would live for the rest of their lives, it never occurred to Sister Beatrice that she might go to New Orleans to lay their needs before the Board. She wrote to Mother Mariana:

There are many little things they could do for us to lighten the burden that would not cost them anything except the time needed to come here and go over the place with me and allow me to point them out. But to think we have been here three months, nearly, and not one ever came to see how we were, or if we needed anything . . . They could not do worse than that.⁸

The Board of Control had come into being in response to public concern about the growing threat of the disease in Louisiana, concretized in a letter to the Legislature from Dr. Isadore Dyer and Dr. R. Matas of the Orleans Parish Medical Society. The doctors asked for legislation to control the spread of the disease, suggesting that it require:

⁷Sister Beatrice to Mother Mariana, May 2, 1896.

⁸Sister Beatrice to Mother Mariana, July 6, 1896.

“the absolute isolation of all lepers . . . the prevention of intermarriage . . . the registration of all lepers, and their immediate relatives . . . their proper hygiene and medical care . . . under the supervision of qualified medical skill, under the direction of a higher board of control, appointed for that purpose by the State.”⁹ As a result, in 1894 the Legislature passed Act 80 establishing the Board of Control, and Dr. Dyer was appointed its first president. Although this was essentially a public health measure for disease control, Dr. Dyer had envisioned a hospital near New Orleans giving quality care to the patients and a team of dedicated doctors doing research into the transmission of the disease, experimenting with treatments that would alleviate it, and seeking its eventual cure. When other Board members did not share his dream, he resigned from the Board. Although he had no further official connection with the Home, he continued his own research; and his scathing criticisms often hit home and spurred the Board members to greater efforts for the welfare of the patients. In 1916 he testified in favor of a national leprosarium, but he died in 1920 before his dream of a quality research hospital came true.¹⁰

By the end of July, 1896, the Board members still had not visited the Home. Sister Beatrice wrote to Sister Josephine observing the difficulty of fixing nice dinners for them “in the wilderness,” where all provisions must come by boat from New Orleans. Twice she had received notice that the Board or a committee from the Legislature

⁹Letter of Drs. Isadore Dyer and R. Matas to Louisiana State Legislature, June 9, 1894, as quoted in *Annals of Carville*, compiled by Sister Hilary Roach, D.C.

¹⁰“Lest We Forget — Dr. Dyer.” *The Star*, November-December, 1954, p. 18. *The Star* is a magazine edited by the patients at Carville. It has a circulation of over 75,000 in the U.S. and 118 foreign countries. Its avowed purpose is “radiating the light of truth on Hansen’s Disease.”

would come, but no one showed up and the patients enjoyed the good dinner. This happened again the first week in August.¹¹

The Board finally came August 15, and Sister Beatrice described the meeting to Mother Mariana:

I have begged them to look about and find a place more conveniently located on a rail road line than this is. They must build everything from the very foundations here, so before investing their money, they might look about and see if they cannot do better. This place affords nothing to the inmates in the way of diversion, such as fishing, sailing, bathing, etc., all which would be so beneficial to the men, as they are comparatively well and able to enjoy these things Twenty years from now, no one will commend them for wisdom, if they locate permanently here, and as they have three years of the lease, they might with a little interest and effort find something more desirable. Those who think it is just the place ought to come and live here, and *feel* their wants before they talk so loud, but I said what I thought I had a right to say for the interest of the work, and I will say no more, they may do as they think best and I will never hamper them in the most remote way. The meeting on the whole was a most harmonious one

. . . .¹²

The most urgent need Sister Beatrice presented to the Board was for a dependable water supply. They agreed to take up the matter at a future meeting in New Orleans and to consider the repairs she had pointed out as needing to be done.

In 1899 the Board renewed for one year the lease on Indian Camp Plantation. A different site was chosen and

¹¹Letter of Sister Beatrice to Sister Josephine, July 31, 1896; letter to Mother Mariana, August 4, 1896. Letters are in MPH Archives.

¹²Sister Beatrice to Mother Mariana, August 15, 1896. (MPH Archives.) Sister refers to the recreational needs of men only because most of the patients were men. Incidence of HD is two to three times higher in males than in females.

purchased in 1901 — the Elkhorn Plantation near Kenner in Jefferson Parish — but irate neighbors protested and went so far as to burn all the buildings to the ground, determined that the leprosarium should not be in their vicinity. The land was sold at a loss, and the lease on Indian Camp Plantation was again renewed.¹³

Sister Beatrice's letters report joys as well as problems: gardens planted by the patients; visits from the Sisters of nearby missions, laden with gifts; the donation of cows and calves, promising the welcome addition of milk to the menu; conversions and returns to the sacraments among the patients; evenings of singing with mandolin and accordion, or Punch and Judy shows staged by the patients; the goodness of their few employees; the dedication of Fr. Michael Colton, the first chaplain; the passing of summer with its oppressive heat; recovery from the inevitable bouts of malaria.

But the promised repairs and water supply did not materialize. The condition of patients deteriorated; some who had been most helpful became incapacitated as the disease struck eyes, hands and feet. Each death was a loss to the Sisters who loved them deeply. The death of Fr. Colton in 1897 had brought a new deprivation: for almost three months they were deprived of Mass and the sacraments. There followed a succession of chaplains, with weeks in between when no priest was available. The Vincentians from New Orleans came occasionally, when they could; but at such times the Sisters experienced their exile as at no other time.

Inevitably sickness occurred. Sister Cyril developed a stomach ailment from which she never fully recovered. When Sister Mary Thomas asked the visiting dentist to pull

¹³Sister Ursula Bertschy, D.C., "A History of the United States Leper Colony" (Unpublished Master's Thesis, DePaul University, Chicago, 1946), pp. 50-51.

a painful tooth, he broke it, leaving the root in her jaw, and departed after blithely telling her that it would gradually work its way out. As her agony increased and suppuration set in, Sister Beatrice sent her to New Orleans where a more competent dentist completed the work.

Exhaustion was a constant companion, and the attacks of malaria were so regular that the Sisters came to expect and almost ignore them. No one was alarmed when Sister Beatrice remained ill for several weeks in the summer of 1901; she herself carried on as usual, even spending the night at the bedside of a dying patient. She left it for her own death-bed. Sister Mary Thomas, suddenly alarmed, sent a telegram to New Orleans for a priest. (It was one of the periods without a chaplain.) Fr. Cuddy arrived in time to give her the sacraments before she died, September 6, 1901.

The death of Sister Beatrice grieved not only the Sisters and patients, but also the citizens of New Orleans, who did not hesitate to proclaim her a martyr. It was obvious that conditions at Carville had shortened her life as well as the lives of many patients.

Her successor, Sister Benedicta Roach, was a woman of action and determination. Sister Catherine Sullivan, who knew her, noted the difference in this way:

Sister Beatrice was one of these holy souls who attain to sanctity just by enduring . . . Sister Benedicta was a very vigorous soul and didn't believe in enduring anything you didn't have to. She was Sister Servant when I went there. . . and she often used to say, "The first thing I did when I got into this house was to get a bathtub, and then the second was to get the Blessed Sacrament there." . . . She raised Cain with the Board and city officials and State until she got running water put in and steam heat.¹⁴

¹⁴Sister Catherine Sullivan in taped interview by Sister Mariella, Marillac College, St. Louis [1961] The tape is preserved in Marillac Provincial House Archives.

Sister Benedicta not only accepted donations; she solicited them. For Easter each patient received a basket of colored eggs, a comb, a fan and a set of dishes; in addition there were twelve rocking chairs and seven bicycles to be shared.¹⁵ For the Fourth of July picnic she provided a half-barrel of beer.¹⁶

She characterized the members of the Board as good men, but “sleepy” — one busy with his railroad stock, the others unable to visit the Home because “their wives, they say, won’t let them come.”¹⁷ There were now forty patients. When the Legislature moved to cut the monthly appropriation for running the Home, Sister Benedicta reminded the Governor that charity begins at home, and these poor people are also citizens of Louisiana; money should be spent for their welfare rather than so much on an exhibit in the St. Louis World’s Fair.¹⁸

Her first experience of drought, when the cisterns failed and the Sisters had to haul water from the river by wheelbarrow, up and down the levee, filled her with exasperation. When letters brought no result, she went to New Orleans to face the Board and refused to accept their answer that they had no money and the Governor disliked borrowing. She replied:

Gentlemen, I shall be at St. Vincent’s Infant Asylum until four o’clock this afternoon. If at that hour I have not heard from you, I shall make public appeal through the newspapers. The people of New Orleans will not tolerate

¹⁵Sister Benedicta to Mother Margaret O’Keefe (who had succeeded Mother Mariana) April 9, 1902. Letter in Marillac Archives.

¹⁶Sr. Benedicta to Mother Margaret, July 12, 1902. Letter in MPH Archives.

¹⁷*Ibid.*

¹⁸*Ibid.*

having the Sisters care for the lepers without even water to keep them clean.¹⁹

The money was borrowed and a water plant installed. Conditions began to improve in other ways. The Legislature appropriated \$10,000 for improvements. New cottages replaced the slave cabins; covered walk-ways were provided; clinics, lab, pharmacy and operating room were installed. Many of these improvements were due to the complaints and reports of Dr. Ralph Hopkins, who became attending physician in 1902 and remained in charge until 1921, visiting weekly from New Orleans. For the first time the patients were receiving skilled care and records of the effectiveness of treatments was being recorded.²⁰

The nursing staff had also been augmented with the addition of two Sisters: Sister Jerome Brest and Sister Edith McCullough. It may have been these additions that brought to the attention of the Board the fact that the "clothing allowance" of \$100 per year for each Sister had not been paid to the Community. This stipend, in lieu of salary, had been agreed upon in the original contract between the Board and the Community. A check for \$600 was sent "to settle amount so long due Sisters for clothing, up to June, 1904."²¹ From that time on the Board usually sent a check for \$50 each month for the six Sisters there, although occasionally Sister Benedicta had to remind them

¹⁹Sr. Benedicta to Mother Margaret, July 13, 1902, as quoted in *Annals of Carville*, p. 56, and Bertschy, *op. cit.* p. 112. The original is not in the Marillac collection.

²⁰Dr. Hopkins continued to serve the patients as a dermatology consultant until his death in 1945, even after the U.S. Government has assumed control.

²¹The letter from Albert C. Phelps dated Sept. 9, 1904, which accompanied this check, and a framed copy of the original contract are in the Daughters of Charity Archives at Carville. A copy of the contract is also included in the first annual report cited above, which is in MPH Archives.

that this \$50 is really for March and not May, as the letter indicated.

One of the improvements was a heating plant to replace the fireplaces in the old cabins. The cost of operating this plant (for which no money had been appropriated) led to a criticism of Sister Benedicta's management. She even received a letter from the Governor telling her that she and the Board had to obey the law, which allowed only \$1000 a month for the Home. Sister replied to the Governor and also wrote to Archbishop Blenk, pointing out that the fuel for heat and hot water cost ten times what firewood had cost. She listed all expenses: salaries, supplies, freight, rental of office for the Board and salary for their secretary, their travel expenses, etc. and noted that it totaled \$825.19, leaving a balance of only \$174.81 to feed and clothe 52 patients.²² Her point was made, and the appropriation was raised to provide an additional \$3000 a year to run the steam plant.

The work continued to grow. The report of 1906 lists 44 patients: 39 white and 5 black. On May 1, 1907, there were 47 patients. Eleven had absconded, two had died, one had been discharged.

The hurricane of September, 1909, severely damaged the administration building (in which the Sisters lived), destroyed the stable and outhouses, uprooted many of the giant oaks, washed away the walkways, and badly crippled the boiler and power house. Sister Benedicta appealed to the Board and the Governor, telling them that she had taken the chickens and livestock into the Administration

²²Letter of Sister Benedicta to Most Rev. Abp. Blenk of New Orleans, Aug. 2, 1907. Copy in Sister Benedicta's hand is preserved in Marillac Provincial House Archives. This matter is also described in a letter to Mother Margaret, July 21, 1908. She refers to the late President of the Board as "trying in every way to put the sisters in a false light before the state government" The letter from Governor Blanchard, dated June 8, 1907, is in the Sisters' Archives at Carville.

building for want of other shelter. The response was slow in coming, but in January Governor Sanders sent an architect to design a new barn. The architect's report describes the kitchen and dining room building (the one built on stilts described by Sister Agnes) as very old, in need of repair.

The worst feature, however, is its unsanitary condition; this is simply atrocious. There are no conveniences, and in consequence the slops, dish water, etc. simply run under the building, where are now standing putrid pools of filth enough to cause the propagation and spread of disease! Further, the building is but a breeding place for vermin of all kinds I also note that there are not adequate cooking facilities for seventy-six patients; the range is much too small for the number of inmates it must supply.

After describing the need for laundry, stables, sheds, and chicken house, the architect discusses the state of the administration building, in which the Sisters were occupying two or three rooms:

Lack of funds have forced the administration to permit needed repairs to go undone, and finally the almost complete unroofing of the building by the September storm has made a complete wreck of most of the interior of the building. Except to repair the roof, not one cent has been expended to put this building in habitable condition. With window frames half pulled out, improvised door frames, no plaster on the walls, rotten floor, the six self-sacrificing Sisters of Charity have made their home in this building, taking under shelter in the rooms almost adjoining their own cows, calves, and fowl, rather than see them suffer the severities of the weather.

It must appeal to you but just that those who are willing to abandon every living comfort and expose themselves forever to the ravages of a most dreadful scourge should at least have some degree of convenience and comfort. Besides, I cannot see now you can expect your Board to do its full duty in administering the affairs of this

institution, if they cannot, individually or collectively, go to the Home occasionally and note its workings.²³

The governor responded generously with an increased appropriation for operation of the Home as well as the needed repairs, including a better water system and a sewage system. Again in 1913-14 there were improvements made: reconditioning, painting, screening, fencing, farm implements and livestock. There were now 103 patients living at the Home.²⁴

Changes were made in the nursing staff. Sister Annie had been missioned to Charity Hospital in 1910; the last two pioneers, Sisters Cyril and Mary Thomas, were missioned in 1916, both in broken health. Sisters Angela and DeChantal had been added to the staff, and in 1916 Sisters Fortunata Garvey, who had taken a training course and was to continue her training while on mission at Carville, and Sister Catherine Sullivan, a graduate of the Providence Hospital School of Nursing in Waco, came to Carville. Their coming marks a turning point; from this time on love and dedication were not enough. All Sisters who served at Carville were (or were soon to become) registered nurses or certified in their respective fields.

In the biennial report of 1916, Sister Benedicta expressed gratitude that conditions at the Home "are now most conducive to the comfort of the inmates" and the work has been established "on a strong and scientific basis." She enumerates improvements made since 1914:

Dining Rooms, Female Cottages, Laundry and Detention
Buildings for insane male patients . . . two Male Cottages

²³Unsigned copy of report from Favrot and Livaudais, Ltd., Architects, to Hon. J.Y. Sanders, Baton Rouge, La. Jan. 26, 1910. A signed letter from Livaudais to Sister Benedicta is filed with it in Marillac Provincial House Archives.

²⁴*Annals of Carville*, pp. 62-64.

and a Clinic . . . Ice and Cold Storage Plant . . . Electric
Light Plant . . .²⁵

In the same report Dr. Hopkins gives an account of treatments being used, experiments, successes and failures, and a detailed record of each of the 149 patients who had lived at the Home during this two-year period. These patient records are all given by admission number. (The name of the patient was confidential; most patients assumed a different name upon arrival at Carville in order to protect their families from the insults and ostracism that resulted from a known case of leprosy in the family.)

A sample report reveals some of the characteristics of the disease:

No. 201 — Admitted May 20, 1913, type tubercular, race white, male, age 10, native of Lake Charles, La. Treatment chaulmoogra oil, strychnine 1/60 gr. and hot baths. Condition improved. Brother of 69, 104, 220, 221, 222, 223, and 246.²⁶

This report underlines the susceptibility of children to the disease, and the fact that this susceptibility often runs in families. Of this family, several members had improved, one was hopeful of early discharge, but the oldest, age 32, had died. The others ranged in age from 7 to 20. The 13-year-old showed “condition unchanged, considerable mutilation.” The 20-year-old girl had been married two years and had left a 9-month-old daughter at home. Separation from the child was imperative, to prevent her contracting the disease; and even though the mother’s health was improving, she had little hope of ever seeing her child again.

²⁵Report to the Honorable Members of the Leper Home Board of Administrators, dated April 28, 1916 by Dr. Hopkins, April 30, 1916 by Sister Benedicta. This report is kept on file in the Medical Records Department of the National Hansen’s Research Center, Carville. Copy in Marillac Archives.

²⁶*Ibid.*

Although Hansen's Disease has endemic areas, patients come from everywhere. Thus the report shows that most of the patients are from Louisiana, but Germany, France, Italy, Denmark, Hong Kong, Norway, St. Louis, Florida, and Mexico are also listed among the birthplaces.

The report lists 17 patients who had died in this two-year period, 9 who had absconded, 1 who had been deported, and 1 who had been granted a "conditional discharge." But there were signs of progress; three are listed as "possibility of early discharge. No. 259's "bone condition improved after an operation" and No. 264's "condition of hand improved by operation" reveals how up-to-date Dr. Hopkins was in his methods of treatment.²⁷

State law and the rules of the Board of Control²⁸ required separation of the sexes. This was a strict measure to prevent marriage of the patients, and admitted of no exception, even in the case of members of the same family. Sister Benedicta had obtained from the Board the concession of a visiting room at the dividing fence, where once or twice a week brothers and sisters or parent and child were allowed to be together for a brief time. It was not much concession to human affection, but the best that could be managed under the circumstances.

The number of abscondee, then, is not surprising, when it is realized that these young men were committed to the Home against their will, often brought in chains by

²⁷ *Ibid.*

²⁸ Rules of the Board are mentioned in correspondence as early as 1897. A frame copy was hung in the Home and has been preserved in the Sisters' Archives at Carville. They prohibit leaving the enclosure, or even dealing through the fence with a peddler; visiting between the sexes; use of lamps or candles in their rooms; possession of firearms; violence of any kind. Rules of hygiene and participation in common work are expected. There is mention of guards and a guardhouse or detention rooms for offenders. A 9:00 curfew is enforced.

the sheriff, and condemned to spend the most productive years of their lives in an environment where deaths outnumbered discharges 17-1, marriage and normal mingling of the sexes were prohibited, and all around them were patients whose disfigurement, blindness, and even insanity²⁹ portrayed graphically what the future held in store for them. They ran, not just from the Home, but from that bleak reality. When the reality caught up with them they returned, as the report also indicates — some as often as six times — often “in terminal condition.”³⁰ Although treatment with chaulmoogra oil worked no cures, hygienic conditions and consistency of treatment did often achieve some amelioration of the disease.

Although Louisiana was the only state supporting a leprosarium, other states were becoming aware by this time of the need for care. Requests came from several states for permission to send patients; the decision was made in 1918 to accept them if the state agreed to pay for their care. In 1914 a bill was introduced into Congress³¹ providing for the establishment of a national leprosarium. Other locations were suggested: Florida, Texas, New Mexico, an island off the coast of Georgia — but no state wished to be the chosen site, and interest was expressed in the purchase of the Louisiana Leper Home by the United States Government. At a national meeting of leprologists held in 1916, Dr. Isadore Dyer pointed out that the spread of the disease was due to a lack of concerted action of all states. On February 3, 1917, a national law was passed

²⁹Insanity is not an effect of Hansen's Disease; but in the early days incidence of mental illness was high because of the hopelessness caused by the social stigma and ostracism which attended it.

³⁰Report of 1916 cited above.

³¹H.R. 1751. Calendar No. 282, 64th Congress, First Session. Report No. 306, Care and Treatment of Persons Afflicted with Leprosy, p. 138, as quoted in Bertschy, *op. cit.* p. 72.

providing for the isolation and treatment of all people afflicted with leprosy.³²

In a report she was asked to compile in 1918, Sister Benedicta estimates the full value of the Home as \$126,646.33.³³ However, its maintenance was costing the State of Louisiana \$40,000 a year. Act 77, which authorized the Governor to transfer the Louisiana Leper Home to the United States Government, mentions the price as \$25,000.³⁴

On January 3, 1921, the State of Louisiana transferred patients, personnel, buildings and grounds to the United States Public Health Service. A special flag-raising ceremony on February 1, 1921 marked the official opening of U.S. Marine Hospital No. 66, the National Leprosarium. By this transfer to federal control the Sisters and other employees became Civil Servants, the former Louisiana plantation achieved the same legal status as the District of Columbia, and the patients became charges of the Federal Government, entitled to free care and medicines. Hansen's patients are the only class of patients entitled to federal care by reason of their disease rather than services rendered.³⁵

At the time of the change from state to federal control, there were 90 patients and 6 Sisters at Carville. The census quickly rose to 172 as patients from other states were admitted, and seven more Sisters were added to the staff: Sisters Mary Meade, Martha Lawlor, Margaret

³² *Annals of Carville*, p. 79.

³³ A copy of Sister Benedicta's report is preserved in the Sisters' Archives at Carville.

³⁴ *Annals of Carville*, p. 82.

³⁵ [Sister Catharine Sullivan, D.C.] *Only One!* Pamphlet published at St. Joseph's Central House, Emmitsburg, Md., 1935, p. 16.

Suits, Carmelite Anchado, Teresa Kelly, Cornelia Roney, and Hilary Ross.³⁶

In 1923 Congress appropriated \$645,000 for expansion. Additions included 28 cottages, each housing 12 patients; new kitchen, cafeteria, garage, storehouse, refrigerating unit; a golf course; and quarters for doctors and other key personnel.³⁷ In 1934 an infirmary was added.

A new Catholic chapel was also needed. Sister Catherine Sullivan was Sister Servant at the time, and when she visited Sister Benedicta, who was sick in New Orleans, the latter asked her, "What are you doing about the chapel?" Sister Catherine replied that she had written articles for *Extension*, *Columbia*, and *Ave Maria* about the need. Sister Benedicta harrumphed: "Catherine, maybe you can build something with a typewriter, but I never did." But, Sister Catherine added in telling this story, "we really built the chapel with a typewriter."³⁸

Sister Catherine accomplished a great deal more for the Carville patients with her typewriter. She tackled centuries-old prejudices based on misinformation. Her crusade dates back to a day in 1918 when the injustice of the treatment of Hansen's patients was getting her down. The road was just 700 feet away, but the patients couldn't

³⁶Sister Mary Meade served 21 years, but was missioned after being stabbed in the throat by a mentally ill patient. Sister Martha was Chief Nurse until her death from a heart attack in 1935. Over 100 Sisters have served at Carville — seventeen of them for more than 20 years, and a dozen others more than 15 years.

³⁷Institutional Self-Evaluation, Section III, Historical Survey of the Institution, compiled by Daughters of Charity at Carville, Apr. 8, 1972.

³⁸Taped interview of Sister Catherine Sullivan at Marillac College, [1961]. The interviewer is Sister Mariella Gable, O.S.B. The tape is preserved in Marillac Provincial House Archives. Although undated, date can be fixed from internal evidence — references to age of patients, years there, etc.

go anywhere; in fact, they couldn't even see the road because of the six-foot bloodweed growing between the cottages and the fence. They seemed to her symbolic; she began to attack them with a cane knife as though she could cut down prejudices. Patients came to relieve her of the job, but she sent them for more knives, saying, "We'll do it together."³⁹ They did, and this small success became a symbol of their joint struggle to inform the public.

"I would take more precautions nursing a case of influenza than of Hansen's," she would often say. Or, "Patients with Hansen's Disease are still crucified on the cross of public opinion, held there by the three nails of prejudice, fear and ignorance, and the final spear thrust given by the knowledge of their helplessness."⁴⁰

Sister not only used her own typewriter; she encouraged the patients to do the same. It was with her encouragement that Stanley Stein reactivated the *Star* in 1941 and published his autobiography, *Alone No Longer*. She urged Betty Martin to tell her own story in *Miracle at Carville* and *No One Must Ever Know*. While she might speak to others of the helplessness of the Carville patient, to them she spoke only in challenge:

"If I have a fault to find with you it is that you fail to grasp the great role that is yours. Is it a small thing that you have an opportunity to change world opinion . . . ? In your hands rests the fate . . . of every sufferer from Hansen's Disease throughout the world You have a date with destiny. Your keeping of that date depends upon your large and generous appreciation of what has been done by the Public Health Service and by the doctors here. Let me be your liaison officer with the public The

³⁹ *Ibid.*

⁴⁰ Sister Catherine Sullivan, "The Social Aspects of Hansen's Disease," a paper presented to nurses on rotation at Carville December 11, 1946. A copy of the paper is preserved in the Sisters' Archives at Carville.

Star . . . is your most valuable weapon in this fight
 You have been called, not voluntarily, but by a greater Will
 than yours, to play an important part in a world progress
 Do not fail yourselves and you will never fail others.
 Remembr, never in medical history did so many look for
 so much to so few. You are those chosen few.⁴¹

The staff of the *Star* took up the challenge, struggled to increase circulation, renounced insularity to make of the magazine an, outstanding source of information on experiments, treatments, and results with Hansen's patients. It is the expressed editorial policy of the *Star* to banish the word "leper" from the language, limit the term "leprosy" to historical usage, and convince the medical profession and journalists to use the term "Hansen's Disease." Sister Catherine supported this policy wholeheartedly. "Shakespeare notwithstanding," she said, "there is a great deal to a name. A rose by any other name might not smell as sweet. When we get away from the term "leprosy" or "leper," we've done a lot towards abolishing all the response that comes to it."⁴²

The What Cheer Club Sister Catherine had helped form in the 1920's became the Patient Federation in the 30's, and she was asked to represent them before the hospital administrators. Again in 1946 she was appointed their representative, this time on the national level when the Surgeon General's Advisory Committee was formed. The resulting legislation placed more emphasis on outpatient care of Hansen's victims rather than isolation and

⁴¹"A Date with Destiny," a talk given by Sister Catherine to Carville patients gathered in the Recreation Building Tuesday, December 10, 1946. A copy is preserved in the Sisters' Archives at Carville.

⁴²Sister Catherine Sullivan in taped interview with Sister Mariella Gable, O.S.B., [1961] at Marillac College, St. Louis.

emphasized the importance of educating the patient, his family, and the general public.⁴³

The greatest breakthrough in the history of the disease occurred in 1941 when Dr. Guy Faget, experienced in the use of sulfones for tuberculosis patients, researched the possibility of using them with Hansen's Disease patients. In February, 1941, the first injections were given to Carville patients. Within months a dramatic change was noticeable in the side-effects of the disease, if not in the actual bacteria count.⁴⁴ Sister Hilary recorded with her camera the "before and after" appearance of patients, and posted the results for patients to see. A wave of hope swept through Carville. Cases could be arrested, if not cured; mothers could hold their children without fear of infecting them; the patient was no longer regarded by doctors as "a menace to the public health." Up to this time it had been necessary for a patient to show negative lab tests for 24 consecutive months — later reduced to 12 — before being released from the hospital. In 1947 the policy of "Medical Discharge" was inaugurated. Without the negative bacteria test results, a patient could be treated at home by a physician who would make monthly reports, provided the family could pay for medical care and there were no small children in the household. From this time on, outpatient care became common in the United States.

The Patient Federation continued its crusade for improved social conditions in Carville. The 1940-41 building program had provided 18 new residence buildings,

⁴³ *Annals of Carville*, 1946, pp. 125-6, 1948, pp. 126-8. The National Leprosy Act was introduced May, 1948, passed in 1949. These *Annals*, begun by Sister Hilary Ross, who spent 37 years at Carville, have been continued, organized and expanded by Sister Laura Stricker, now in her 56th year of service at Carville.

⁴⁴ J. Gay Prieto, M.D. and V. Martinez-Dominguez, M.D., "International Work in Leprosy, 1948-59," *WHO Chronicle* (14:1) World Health Organization, (Jan. 1960), 11.

a new infirmary, recreation building, theatre, library, canteen, paved roads, a new Sisters' home and 25 residences for doctors and other personnel. With its golf course, ball field, and the later addition of Lake Johansen, the station resembled a country club more than a hospital. But social advances were not keeping pace, and the *Star* staff again took to their typewriters, with good results. They won the right to vote (1948), to marry with government approval,⁴⁵ to ride on public conveyances, compete with neighboring teams, go on "vacations" twice a year. The jail was torn down.⁴⁶ Mail was no longer sterilized. Cottages for married couples were rebuilt, and a more open visitors' policy made isolation a thing of the past. The hospital regulations for 1960 allowed pets and the use of privately owned vehicles. The only rule still in force from state times was the ban on firearms.⁴⁷

On April 11, 1957, the Daughters of Charity at Carville were presented with the Distinguished Service Award, the highest award of the U.S. Department of Health, Education, and Welfare, "for devoted services to the patients of the leprosarium at Carville, and contributions to the success of the unique program at this hospital."⁴⁸

In his recommendation for this Unit Citation, Dr.

⁴⁵Carville had 17 married couples who met as patients and went "under the fence" to be married outside. The first approved wedding was in the early 1950's.

⁴⁶The jail was erected by court order in 1927 to incarcerate a patient who murdered a fellow patient. It was later used for another who killed his friend in a knife fight, as well as for punishing abscondee who returned and confining mental patients who were hard to control. A neuropsychological wing was added to the infirmary to care for these.

⁴⁷*Patient Handbook*, 1960.

⁴⁸"U.S. Health, Welfare Department's Highest Award Given to Nuns Who Staff Leprosarium," *The New World* (Apr. 12, 1957), p. 3.

Edgar B. Johnwick, Medical Officer in Charge at Carville, pointed out:

their performance of the tasks of an entire staff for many years without a resident physician;

their service during the smallpox epidemic of 1921, vaccinating, nursing the quarantined, scrubbing, washing for them, digging graves and burying the dead;⁴⁹

their readiness during the flood of 1927, drilling disaster teams, preparing the patients for possible flight from the river if it should break through;

their competence as nurses, dietitians, pharmacists, medical technologists, and medical record librarians, and their educational efforts to keep ahead of rising standards, even publishing professional articles;⁵⁰

their "invaluable aid in maintaining morale of chronically ill patients through music, choral work and little theatre productions. Such extracurricular activities do not appear in job descriptions nor could they be accomplished within a forty-hour week 85 patients have been given an opportunity to learn piano Piano recitals and other group entertainments were held periodically One of the early major productions was "A Sylvan Fantasy" written by one of the Sisters. . . . Many excellent performances have followed although at many times they must have been hard pressed in their work by such insurmountable obstacles as language barriers, illiterate performers, inebriated tenors, or actors with ill-timed relapses complicated

⁴⁹The heroine of this epidemic was Sister Regina Purtell, who was first to recognize the symptoms, and who went into quarantine with the patients.

⁵⁰Sister Martha Lawlor gave the first professional paper on Hansen's Disease for Nurses, "Modern Methods with an Ancient Scourge," at the meeting of the A.N.A. Government Section, Biennial Convention, Milwaukee, Wis., June 10, 1930. A brilliant specialist, she was also a warm nurse, as a patient wrote in a poem after her death: "The sweetness of her human touch livened many a soul in dim alarm of death." (*Annals*, Bk. 1) The poet, Andrew Hussey, died in 1956.

with fever and pain.⁵¹ In every endeavor the Daughters of Charity have labored as a team without star performers. It is fitting, therefore, that they be nominated as a group for the Distinguished Service Award”⁵²

The following year Sister Hilary Ross received the Damien-Dutton Award and the President’s medal of St. John’s University, Brooklyn; even in a well united team there may be star performers! As pharmacist and later as biochemist at Carville, she won international fame as a leprologist. In presenting the President’s Medal, Fr. Flynn quoted the director of the American Leprosy Foundation: “I know of no one in the whole history of leprosy research who has been as persevering and as brilliantly successful as she has been in her investigations of the changes which take place when the leprosy bacillus invades the body.”⁵³

Research continues at Carville. In 1971 a second breakthrough occurred when Hansen’s was transmitted to an armadillo - the first animal to be infected with the bacillus. This accomplishment has made possible research that cannot be done on human subjects, and gives hope that at long last scientists may learn how it is transmitted from one human to another and may be able to develop a

⁵¹“A Sylvan Fantasy” was written by Sister Rosalie Munn [O’Dea]. The musicals were taught and produced by Sister Laura Stricker, who also taught piano to patients in off-duty hours. The Christmas plays have been discontinued because so few patients remain on the station over the holidays.

⁵²The original of this letter of recommendation is in Carville. A copy is preserved in Marillac Provincial House Archives.

⁵³A copy of this citation, dated June 8, 1958 and signed by Very Rev. John A. Flynn, C.M., is preserved in Marillac Provincial House Archives. Sister Hilary published 38 papers relating to changes that occur in HD. In 1960 she “retired” to a foreign mission, and is now working in a hospital for crippled children in Wakayama, Japan.

vaccine to prevent it.⁵⁴ Other experiments deal with transfer factor, an attempt to build up immunity by injecting blood from persons with natural immunity; and the attempt to prevent drug-resistance by combination drug therapy.⁵⁵ But the disease persists, largely because of late diagnosis (often as long as three years) and immigration (76% of new cases are foreign born).⁵⁶

While the census (August, 1980) showed 372 inpatients, 130 of these were out on pass, returning for check-ups every three months. New patients stay at the station until their medication is regulated and they have been taught how to live with their disease; then most are discharged into the care of doctors near their homes.

But there are the long-term patients: the sulfone-resistant; the blind, disabled, disfigured, who may be inactive cases, but who choose to stay because it is the only home they have.⁵⁷ These are the ones who beg: "Let the Sisters stay with us!"⁵⁸

The Sisters are staying. There are ten Daughters of Charity serving at Carville at present: five nurses, a pharmacist, a medical record librarian, and three Carville "retirees" who are volunteers, devoting their full time to bringing joy to the patients, reading to the blind, talking over "the old days" with them, reminding them of God's

⁵⁴"HD to Armadillo Reported Worldwide," *The Star*, Sept.-Oct., 1971, p. 2; "A Vaccine for HD" by Dr. Stanley G. Browne, *The Star*, Nov.-Dec. 1978, p. 8.

⁵⁵S.G. Browne, M.D. "Modern Ideas on the Treatment of Hansen's Disease," *The Star*, Mar.-Apr., 1981, pp. 2-3.

⁵⁶Emanuel Faria, "Status of HD in U.S.," *The Star*, Jan.-Feb., 1979, pp. 12-13.

⁵⁷The average length of stay is 568.9 days. Statistics are from interview with Sr. Francis DeSales Provancher, Medical Record Librarian, Carville, Sept. 1, 1980.

⁵⁸Quoted by Dr. Johnwick in Recommendation for Distinguished Service Award, April 11, 1957.

enduring love and the promise of Easter that follows every Calvary.

Eighty-five years ago Sister Beatrice wrote: "We think the patients are happier because we are here." The same could be said by the Sisters at Carville today.



When we serve the poor we are serving Jesus Christ. How true that is! You serve Jesus Christ in the person of the poor and that is as true as that we are here. If a Sister went ten times a day to visit the poor, she would find God in them ten times that day.