This book is dedicated
to three families
of pioneers in healing:

The Franciscan Sisters
of Perpetual Adoration
•
The Skemps
•
The Mayos

For the hard work and perseverance
that made Franciscan Skemp Healthcare possible
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Preface

The story you are about to read is truly extraordinary.

The history outlined in this book demonstrates how the best qualities in human beings — strength, courage, compassion and intelligence — propelled three organizations to go beyond their dreams and achieve what was once unimaginable. It tells of how individuals toiled and sacrificed for the good of the people around them.

It's the story of . . .

• a group of young German women who came to this country with no money or medical skills and built a hospital;
• a local medical family who selflessly supported one another, their community and their country;
• two rural doctors who built a world-renowned medical clinic.

. . . and how their determined, undaunting human spirit in the pursuit of the common good brought these three pillars of strength together to form the organization known today as Franciscan Skemp Healthcare.

The purpose of this book is to acknowledge the tireless contributions of many people and to demonstrate how Franciscan Skemp Healthcare became the whole that is greater than the sum of its parts.
St. Francis operating room circa 1900
I: Introduction
New Year’s Eve, 1883

Three men among many working on the steamships traveling the Mississippi River near La Crosse, Wis., fell sick and needed medical care. The new St. Francis Hospital in La Crosse was not expected to open until the next day, but there was a need and the Franciscan Sisters of Perpetual Adoration (FSPA), who built and were to operate the new hospital, naturally responded to the challenge and opened a day early just for them.

The FSPA, in La Crosse since 1871, were like many religious groups in the 19th century that took on the need for health care in a world that was primitive at best. Many Sisters then had little or no formal education in nursing, but embraced their tasks with the same devotion they had for their religious life. Their name comes from the commitment and dedication exemplified by their perpetual adoration, round-the-clock prayer that began on August 1, 1878, and continues to this day.

In the waning years of the 19th century, doctors could recognize their patients’ diseases and injuries, but there was little they could do. There were no antibiotics to treat the most prevailing causes of death in those days — infectious diseases such as tuberculosis, smallpox, diphtheria, plus all of the childhood diseases such as measles, mumps and rubella. With so much infectious disease, it was little wonder that the life expectancy for a person born in the mid-1880s was 44 years.

In the 19th century, every tool a doctor used to diagnose and treat disease could fit inside the black bag he carried with him when he called on patients. With little technology, a doctor used his — and it nearly always was “his” — senses to identify what was going on inside the body. In medical examinations, hearing, sight, touch and smell were most critical. The stethoscope was a

The riverfront from Pettibone Park, La Crosse, Wis.
very powerful advance, indeed, when invented in the early 1880s by Theophile Laennec to listen to the heart and other organs.

Listening played a critical role in an even more important way. Doctors listened intently to the history of the medical problems that patients placed before them, piecing together a diagnosis from the words used and from the insight they gained from their experience as practitioners.

In 1895, Wilhelm Konrad Roentgen gave doctors the first opportunity to see inside the body without surgery. Before X-rays, a doctor could learn about internal organs only through lectures, primitive texts or sometimes-clandestine exploration of cadavers. These explorations were so important that La Crosse doctors started their own medical school in 1864. The short-lived La Crosse Medical College contained only a dissecting room, an indication of the desire of local doctors to perform dissections in order to gain more knowledge. At any rate, the record shows that only one lecture was held and no students were ever enrolled in the medical school.

St. Francis Pharmacy circa 1898
In 1883, La Crosse doctors were
generalists, doing whatever they could with
whomever walked in their door. The
La Crosse City Directory in 1884 listed 27
physicians, including Frank “White Beaver”
Powell, M.D., the infamous doctor who once
challenged the town’s other 26 physicians to
a duel. He promised to cure “whatever ails
you” with his own line of patented medi­
cines. Although criticized by other doctors,
he was a very popular mayor of La Crosse
from 1885 to 1887 and from 1893 to 1897.

Until St. Francis opened, patients in
La Crosse were cared for in private homes or
in one of the city’s 33 hotels, where condi­
tions were not exactly sterile. People in the
19th century didn’t understand or accept the
concept of microbes causing diseases.
Physicians, as dedicated to their patients then
as they are today, had much less training in
those days. Some learned their trade by
becoming apprentices to more experienced
doctors. Others attended brief courses at
medical schools.

La Crosse patients had an advantage,
though, in the gentle but determined

St. Francis ward circa 1900
hands, hearts and spirit of the Sisters, who did whatever it took to help their patients without ever a glance at the clock. With the Sisters' prayers and hard work, many patients did surprisingly well. Still, there was much to be desired of 19th-century medicine.

A hundred years later, life expectancy in the United States is 76 years. Infectious diseases are no longer a threat. Heart disease, cancer, and stroke are the leading causes of death.

Medicine today obviously is much more sophisticated, thanks in great part to the tremendous knowledge doctors gain through extensive education and experience. Technology allows us to view the body down to its smallest cells, to create three-dimensional pictures of organs to aid diagnosis and treatments.

Even more significant is the new era of cooperation and collaboration in health care that provides care for the most minor of medical problems through the most serious. One such alliance was celebrated on July 1, 1995.

*Dr. Frank Powell, early 1800s*
On that date, the entities that began life as St. Francis Hospital and Skemp Clinic officially merged to become Franciscan Skemp Healthcare, and as a single entity joined Mayo Health System. Together, this network of community-based healthcare providers in cities and towns across the region offer patients high-quality healthcare services close to home.

Although the buildings stood next to
Sister Helen Elsbernd, FSPA; Brian Campion, M.D.; David Nelson, M.D.; and Michael O'Sullivan, M.D., light a candle together during the partnering celebration.
each other for years and were physically connected five years before merging, Skemp Clinic and Franciscan Health System were separate organizations until the documents were signed. The result was Franciscan Skemp Healthcare, jointly sponsored by the Franciscan Sisters of Perpetual Adoration and Mayo Health System.

The creation of this organization was symbolized at the partnering celebration in La Crosse. Michael O'Sullivan, M.D., Mayo Health System; Sister Helen Elsbernd, FSPA president; David Nelson, M.D., Skemp Clinic president; and Brian Campion, M.D., president of the Franciscan Health System, each carried a pitcher of water to the front of the room. The water represented the cultures, strengths and traditions of each entity. Dr. Campion and Dr. Nelson poured their water into a new bowl, symbolizing the blending of old traditions. They then smashed the pitchers they carried. This dramatically represented the end of the old organizations and cultures. In another display of unity, the four representatives, each holding a candle, lit one new candle together. Those symbolic actions marked the beginning of something new and exciting.

"It was one of those moving moments," Dr. O'Sullivan said. "It was an honor for us to be the catalyst of a local integration with a tertiary care, academic medical center at Mayo Clinic. The ceremony was very solemn. We had readings from the Scripture before we went forward and broke the pitchers. We had new energy in the lighting of one candle. It was very, very meaningful."

It's often said that the only constant in health care is change. It is a work in progress, driven by constant advances in medical practice and their accompanying financial implications. Never has it been more true than today. Franciscan Skemp’s journey in this new millennium will be marked by change, growth and a renewed sense of mission.
II: The Dedication of the FSPA
The beginning in Germany

It’s hard to imagine the courage that a group of German emigrants must have had to travel to southeastern Wisconsin in 1849. Although life in the United States was primitive, it was different from the turmoil in Europe. European nations were experiencing significant change in the 19th century following the French Revolution. In Berlin, the liberal movements were erecting barricades and rioting.

In Bavaria, the Revolution was more practical. It developed a politically conservative reaction that soon turned into a system of repression, retaliation and persecution of liberals. Many German citizens grew weary of the constant upheavals and joined the already impressive stream of emigrants to the New World, where they hoped to find religious and political freedom.

Among them were a dozen or so women and men, including two Catholic priests, who were members of the Third Order Secular of St. Francis of Assisi. These Franciscans hoped to start religious congregations in the New World that could serve Catholic German immigrants who had few social services and little support for their religious lives.

The need to have separate institutions for Catholics was based on the 1846 work of the Council of Baltimore, according to Sister Celesta Day, director for FSPA Mission Effectiveness and past administrator of St. Francis Medical Center. “The Catholic Bishops reflected gratefully on the freedom of assembly and urgently on the needs of the poor immigrants, some of whom were experiencing prejudice and bigotry.” The Bishops wanted to provide for the Gospel being preached, as well as the needs of the poor being met. The developing United States was filled with the spirit of possibility. There were no papers required, no regulations to bind, no privileges of birth, only the need for everything: for laborers, railroads, houses,
streets, docks and stores. Occasionally there was hostility that led to some church burnings and violence, but sincere citizens denounced unreasoning anti-Catholic prejudice and sought to help supply the education and health care needed by the expanding population.

It took courage for the small group to take up the pioneering life in Wisconsin, where conditions were demanding and exhausting. Stories have been told of the Sisters, who worked from morning until night cooking, cleaning and farming, falling asleep in the midst of laundry. "They would get up at four in the morning and fall asleep over the washtub," said Sister Celesta, "and their original purpose was not being accomplished."

Conditions were primitive. Cholera took the lives of the two priests in 1851, within two years of their arrival. Eleven years later, Mother Aemiliana Dirr and five of the original Sisters left their new congregation and applied for membership in orders in their former homeland. The letters they received back said there was no place for them, and they worked in America as lay women until their deaths. Mother Antonia Herb, the new religious leader, relocated the center of the order first to Jefferson, Wis., in 1864 and then to La Crosse in 1871. In these locations, their purpose was fully realized.

This Franciscan congregation, begun in the United States in 1849, was the first vowed Third Order Regular group of women to be founded in the United States. They contributed to the young country by teaching immigrant children, caring for orphans and eventually by caring for the sick and infirm. Though the care of the sick was a work written of in the 1869 constitution, the actual work began only in 1883.

When first asked to open a hospital in La Crosse, the Sisters were in a bit of a quandary, as none had nurses' training. That was not a problem to the doctors, who were very eager to have the dedicated help that religious women would bring to their patients. "Give me two energetic Sisters," said La Crosse physician Dr. Charles Ottilie, "and I will instruct them."

The city of La Crosse in 1880 was a burgeoning town of 15,000 with Catholics making up 20 percent of the population. It was a young frontier city, having only been founded in 1852. A description of the community in
the 1884-85 City Directory reads, “La Crosse is an infant yet, though as we have intimated, undoubtedly has the element of a giant. [It] is not only situated where hearty health and comfort meet, but it presents in a high degree those civic and industrial advantages which have already become famous and are sure for an indefinite future to attract the attention if not the applause of every intelligent observer.”

There were 25 churches in the city in 1884, about which the directory said, “The citizens may be proud that Christianity has such a strong hold in such a rapidly growing western city.”

According to the directory, the city also had four breweries and three temperance societies. Manufacturing of lumber was the “leading interest of the city,” employing “an army of men.” La Crosse had flouring mills, more than 40 wholesale houses, foundries, a plow factory and a large tannery. To serve those residents, the city supported four dentists and 27 physicians and surgeons.

City officials approached the FSPA as early as 1880 about building and operating a hospital.

*A hospital lab of the late 1800s*
Gaining acceptance for a hospital

In these days, the concept of infection was not well understood. Hospitals were so filled with disease that they were viewed as nothing more than places to die — and only for the poor at that. The rich wanted to be anywhere but in a hospital when ill. Mother Antonia Herb, Mother General of the Sisters, wanted to change that image. She sought the approval of Archbishop Michael Heiss of Milwaukee, and to a lesser extent the populace that had long looked down upon and even feared hospitals.

Bishop Kilian C. Flasch of La Crosse, spiritual leader of the Diocese of La Crosse after Bishop Heiss assumed the role of archbishop in the Diocese of Milwaukee, strongly supported the notion of operating a hospital. In fact, he gave the Sisters an ultimatum: either build a hospital or he would find another congregation that would.

Mother Antonia sought the advice of Archbishop Heiss even though he no longer had control over the La Crosse Diocese, according to Sister Grace McDonald, historian for the FSPA. The two had a great deal of respect for each other and maintained a close relationship after the bishop moved to Milwaukee.

Archbishop Heiss was quite wary of a hospital's cost, as he indicated in a letter (see sidebar). The Archbishop's attitude was common for the day. One of the greatest obstacles to hospital development in the United States and Europe was the "hostile attitude of the people, an attitude fostered through centuries of hospital decadence," according to Sister Mileta Ludwig in her 1950 book, A Chapter of Franciscan History: The Sisters of the Third Order of Saint Francis of Perpetual Adoration. "... As late as 1880, hospitals were commonly looked upon as charitable institutions for the care of the sick poor and of patients suffering from contagious diseases. People of means were ashamed to go to them, and even many poor people felt themselves seriously remiss in their duties if they permitted a member of their family to be cared for in a hospital."

There was, however, a community movement afoot in support of a hospital, according to Sister Bonaventure Schoeberle, FSPA, who in Our Missions: 1864-1934, wrote "... Several of the most prominent men, as well as women, did their utmost to bring
about its accomplishment. But their plans, so noble and so laudable, failed to materialize until in March of 1883 the ground was broken for a hospital of this kind on Market Street between 10th and 11th Street. This was the initiative to the erection of St. Francis Hospital.

Construction was finally possible, in part, because Mother M. Ludovica Keller, Superior General of St. Rose Convent (home of the FSPA), went to Milwaukee to meet with the Archbishop in person to get his express approval. He agreed, but with the stipulation that no more than $10,000 be spent. Foreshadowing the experience of hospitals a century later, St. Francis had its first major cost overrun — the $20,000 construction cost was double the limit the Archbishop had set.

Even before construction plans were finalized, several Sisters were recalled from their missions elsewhere. They were to begin training so “from the very outset competent nurses, fully equipped with the necessary knowledge and experience, might be in readiness to fill the important post awaiting

Archbishop Heiss was concerned about the cost of a new hospital.
them at the completion of the building,” Sister Bonaventure wrote.

Instruction was given by La Crosse physicians: Dr. Ottilie taught medical materials; Dr. A. A. Maurer taught chemistry; and Dr. K. Hoegh taught clinics and practical nursing. This modest but important education was the foundation for what would later become the highly respected St. Francis School of Nursing, one of several hospital-based schools.

Local newspapers praised the three-story, 35-bed brick hospital. The Morning Chronicle
Men work on the first hospital building.
A marine ward in landlocked La Crosse?

Today, with most of our transportation by air and land, it's hard to imagine why La Crosse would need a Marine Hospital Service. But in the late 19th century, before the arrival of the railroad, La Crosse was the third busiest port after New Orleans and St. Louis for steamboats transporting goods and people up and down the Mississippi River. Some 53 boats were registered to the port of La Crosse in 1880, with 25 owned in the city itself.

Even after a railroad bridge was built at La Crosse in 1876 and the La Crosse and Milwaukee Railroad became a hub on the Chicago, Milwaukee and St. Paul railroad system, the river still played a critical role in the nation's transportation. With hundreds of men working on the upper Mississippi River in the heyday of river traffic, there were always injuries and illnesses needing treatment.

A good example is the 1882 explosion of the Bella Mac about 10 miles south of La Crosse near Brownsville. Nine of the 17 men on the boat died in the accident — six were killed immediately and three died a few days later. All others on board were injured.

The powerful explosion, which could be heard for many miles, brought many to the rescue.
including Drs. P. S. and D. S. McArthur (father and son) of La Crosse, who arrived by boat. They treated patients first in private homes in Brownsville and then encouraged their transfer to La Crosse, already a modest referral center for complicated medical cases. Although there was no hospital there, the city's doctors were known for their skills in an era when so much in medicine was lacking.

"We are taking all who have no permanent homes in the city to the Revere Hotel where it will make it much more convenient for the doctors to have all the injured men under one roof," was the announcement after the Bella Mac explosion.
on April 29, 1883 called the hospital “of lasting importance to the city and surrounding country, and no doubt will prove its necessity from the outset.”

The *Chronicle* later called for public financial support of the hospital, saying, “The FSPA have every reason to hope that the hearts of the public-spirited members of the community will generously and liberally respond to their humble and respectful call.” The Sisters called on La Crosse citizens for support and the community responded with the generous hearts that the *Chronicle* suggested with $1,200 in community donations.

The La Crosse City Directory for 1884-85 boasted of the Sisters’ work with the new hospital: “In the course of erection is a hospital, which they have charge of, and when this is completed, whoever may be sick or in need, will find the best of care and assistance within its walls.”

**The opening**

By the time the hospital was due to open, the potential for public acceptance was quite high. “God bless the Sisters of St. Francis and thank heavens for the hospital,” the *La Crosse Republican and Leader* wrote in 1883. “This splendid institution is an honor to the Sisterhood and it ought to be the pride of the city of La Crosse.”

The financial situation also looked promising. The Marine Hospital Service, which had provided services to marine workers in the city’s 33 hotels and private homes, contracted with the Sisters and guaranteed an income for the hospital for a special marine ward.

When St. Francis opened, La Crosse newspapers were beside themselves in their enthusiasm for the accoutrements of the new hospital. “The corridors are well carpeted, the lower floor with ingrain and the upper floors with matting,” wrote a *Morning Chronicle* reporter. “The rooms are well lighted and aired, nicely carpeted and provided with springs and mattresses and all the necessary furniture, and everything is as cozy and inviting as Christian hands can make it.”

Father James Schwebach, vicar general and later Bishop of La Crosse, dedicated the hospital on December 23, 1883. The first administrator — called superioress or superintendent until the 1940s — was
Sister Rose Francois. Other Sisters on the staff were Mathilda Lang, Leonarda Hamentien, Jerome Zwant and Clementia Kelly. Drs. Charles Ottilie and Karl Heogh were the two leading surgeons on the medical staff. Dr. A.A. Maurer was the first resident at the hospital and an assistant to Dr. Heogh. Also admitting patients was Dr. P. S. McArthur.

Plans called for the hospital to open on January 1, 1884, but those three marine patients needing care arrived on the hospital steps a day early on December 31, 1883. The Saint Francis Diary, a delightful record of the early hospital days, described one patient as living in Quebec and being cured of diphtheria and subsequent complications of typhoid fever. He stayed for five months. A second patient, listed as having a hometown of La Crosse, was described as "improved" for syphilis, but still stayed six months. The third, a native of Ireland who lived in La Crescent, was treated for chronic rheumatism, and was a patient a mere two months.

The Chronicle reporter talked to early marine patients at St. Francis, indirectly quoting them as saying, "The change from the hotels downtown to the hospital is like a leap from the depths to paradise."

The St. Francis Register of Patients from 1883 to 1890 showed the melting pot that had become America. Of the first year's patients, roughly 60 were born in the United States and more than 80 in other lands, including Russia, Norway, Bohemia, Ireland, Canada, Germany and Scotland.

By today's standards, when so much care is provided on an outpatient basis and lengths of stay are growing shorter and shorter, it's hard to imagine a time when patients stayed for months on end. Family members often took up residence with patients in those early days, including some who practically made their home in the hospital, sometimes bringing in their own furniture to make it seem more homelike. A May 2, 1884, note in the Saint Francis Diary described a time when a family member moved in without permission, "Mr. F. and wife left today. His health is much improved. The sister of Mrs. F came here yesterday. Nothing was said to the Sisters, consequently neither had board nor meals prepared for her. She accommodated herself with the lady. This, however, does not seem very
The first patients

In the early years, patients were admitted to St. Francis for injuries, infectious diseases, periositis (inflammation of the membrane covering the bones), lipoma (a benign tumor), dyspepsia (stomach upset) and tuberculosis. One patient was suffering complications from a 33-foot tapeworm.

The Sisters clearly had standards of behavior. One report in the St. Francis Diary described a marine patient in 1884 who stayed without permission after being given the medicine he was sent to the hospital to receive. The man marched into the dining room to eat with other patients “although no one asked him to nor did he as much request the privilege, made use of a bed in the same manner. We sympathize with him, but his rude way seems repulsive,” the journal writer said, adding: “Such is life.”

The Diary in June 1884 noted the operation on one woman “performed with great care, successful so far. Third ovarian tumor since opening of the hospital of which it was also the most difficult, in consequence of its age. The lady has had it for nine years.” Another patient had “an amputation of the breast,” clearly for breast cancer.

Among the serious cases was that of Patrick O., who had been injured in June 1884 when a boiler exploded. Being a stalwart, hardworking man, he kept on his job for three days despite extensive burns and wounds. He came to the hospital after “a cold he took in the scalded parts. His case grew as bad as to make him completely blind.” An infection of his face, including pain and fever, “made him senseless and almost ungovernable.” A week after he was admitted, the man was so out of control that a male staff member had to stay with him, apparently 24 hours a day. Later, while Sister Mathilda Lang sat with the patient to give the caregiver a brief break, the man opened a window, climbed to the roof of the hospital and began tearing up blankets into strips, possibly to lower himself to the ground.

“Not able to raise the window from the outside, the lock of the door was broken open and poor Patrick saved from certain death if he had had the chance. The Dr. was sent for who remained for a long time to watch the turn of the crisis,” the Diary said. “Some powder given to evacuate the bowels, seemed to ease him very much. After midnight he grew better. Is now, we hope, out of danger. The blanket torn into pieces we will keep as a remembrance.”

On April 20, 1884, the Diary included a reference to a Mr. S., hospitalized with inflammatory
An early patient room

rheumatism, who began instruction in the Catholic faith. His first confession was noted on May 2 and baptism on May 4. "Thanks to the goodness of God for the graces bestowed on his servant. May we often have the happiness of seeing similar conversions," the Diary entry said. 

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proper. Strangers ought to be notified to the Sisters. If she is not satisfied with the treatment, we cannot bear the blame, for nothing was said about her wants to remain here.”

Some patients apparently just wanted to be cared for by the Sisters, when it was convenient for them, without regard to the Sisters’ convenience or other workload. After staying quite a while, a Mrs. G. left on May 6, 1884, because she found the weekly charge too high. Still, she left open her possible return. “She is tired of stopping here for the reason that it is too lonely, although she is scarcely ever found in her department except at night and dining hours,” the Diary chronicler wrote. “She returned to her home in the city. She thinks she can live on a cheaper scale at home although she paid just $4 per week here. This is probably another reason for leaving. She speaks of returning in autumn, but she will scarcely be admitted.”

**Growth**

With some patients staying for months at St. Francis and clear public acceptance for the hospital, the need for more beds was apparent quite quickly. Early additions included east and west wings built in 1886. Those wings increased the number of beds from 35 to 50, with a few private rooms. In 1891, a chapel wing was added on the east side of the hospital. In 1896, a second west wing added 45 private rooms and eight wards to accommodate 120 patients. That was a near tripling of beds for the hospital in just 13 years.

The early success of the hospital was credited at least in part to Sister Rose Francois, who served as superintendent of the hospital until her death in 1904. According to a newspaper story, “Her death will be generally felt in this community on account of her long connection with St. Francis Hospital in which as sister superior she met thousands of people, both patients and visitors, and by her gentle, kindly ways greatly endeared herself to all.”

Noting she had been superintendent since the hospital opened, the article went on to say, “She has filled this position..."
Then and Now

A poem to commemorate the 25th anniversary of St. Francis Hospital
from a souvenir silver anniversary booklet

Five and 20 years ago!
Ah me! It seem so strange,
We little tho’t that Father Time
Would make so great a change.

Five and twenty years ago
Steam heat we dared not claim,
Sufficed if we might warm ourselves
Beside a pine-wood flame.

For things of now they differ so
From those days gone by,
Just as the candle’s flickering flame,
From the bright sun in the sky.

Today steam heat in ev’ry room
Is perfect as can be,
With thermostats that regulate
To a fraction of a degree.

In earlier days, when things were run
Upon a smaller scale,
We drew the water from the pump
And kept it in the pail.

Today, throughout the edifice,
Are pipes galore which hold
For ev’ry need, a good supply
Of water, hot and cold.

When water boiling hot we wished,
With which to sterilize,
’Twas heated on a gasoline stove
Of ordinary size.

The washing, too, was done by hand,
Beside the steaming tub;
On laundry day our music was
The washboard’s steady rub.

Today a sterilizer fine,
Kny-Scherer’s latest, best
Does duty in a charming way,
Surpassing all the rest.

An ambulance for patients was
Undreamed of in those days,
While farthest from our thoughts it was
To own a horse and chaise.

Today, when we are notified
Of any accident
Our ambulance unto the scene
Is forthwith quickly sent.
No button then to snap at will
To turn the lights ablaze,
A kerosene lamp was all we had
In those primeval days.

Compared with our electric lights,
Lamps but a shadow cast,
So their smoking wicks and mourning globes
Are "memories of the past."

An elevator was indeed,
"A castle in the air,"—
The patients entering the door
We carried up the stair.

The elevator bears them up
Today, with ease and care.
No castle now, although it hangs
Suspended in the air.

And so for 'phoning, why, my dear,
We simply couldn't do it.
The great expense 'twould put us to
Would surely make us rue it.

Today, as without doubt you know,
In answer to the bell,
We speak with ease to friends in town,
And out of town as well.

And as for an X-ray machine,
'Twas not yet then invented,
With simpler ways and means were we
In those days quite contented.
Today, our large X-ray machine
A foremost place now takes,
'Twill skyagraph your fractured limbs,
And cure your pains and aches.

Within the operating room
Great changes have occurred —
They've things, of which in olden times
We never even heard.

And all around and all about
Inventions new are seen,
Which five and twenty years ago
Would seem a fairy dream.

There's the stomach clamp, the cystoscope,
And forceps o'er and o'er,
The tube called tracheotomy
And retractors by the score.

A proctoscope and lithoclast
And Bigelow's lithorite,
The tonsil snare, the large trephine,
And the staphylorrhaphy knife.

But we must pause to take a breath
When all these names we mention,
While thanking Science for her skill
And talent at invention.

When five and twenty years have passed,
Things stranger yet there'll be
Of which today we do not dream,
If we only live to see.

ANONYMOUS
An early St. Francis ambulance is decorated for a parade.
Quality takes courage

The Sisters had the courage of their many convictions along the way, according to Philip Utz, M.D., a retired medical director of the hospital. Among their brave acts was the dramatic action taken by Sister Margaret Pongratz, known as Sister Regula, while she was administrator. She questioned the doctors' abilities and attitudes and felt it was important to set a standard for medical excellence. So she discharged the entire medical staff.

Sister Regine elaborated in her St. Francis history: In the late 1940s, major problems with certain members of the medical staff were increased and compounded by their refusal to abide by the hospital rules and medical staff bylaws. In a few instances, the opportunity to appear before the grievance committee was ignored, and it became necessary to inform two of the doctors that they had been dropped from staff membership. In 1950, all medical staff memberships were cancelled and a complete reorganizational program undertaken. Reapplications were required from all former members accompanied by signed agreements that the rules and regulations would be obeyed. This action resulted in a stronger and more committed medical staff, with complete alienation of only one member.

Dr. Utz thinks Sister Regula's maneuver was brilliant because it avoided a lawsuit by the few who otherwise might have been discharged. It was also a turning point in the hospital's history. "I can't stress how important that was and how much the Sisters must have prayed and cried about whether they did the right thing. It took extreme courage," Dr. Utz said.

Sister Joyce Bantle, a former director of nursing at St. Francis Medical Center and vice president of mission effectiveness for the Franciscan Health System, agreed. "It was a very courageous move. It was only for just a short time, a matter of hours, and all were back on the staff if they were compliant with the standards we had set. We had a very high standard. We were not ever going to compromise."
continually since and the harmony with which things have been conducted in this institution is due in a large measure to her untiring efforts. She has worked hard and faithfully in the cause of charity and was renowned for her peaceful nature and good common sense. In the management of all things pertaining to the hospital she showed marked ability and her place will be hard to fill.”

In a souvenir silver anniversary booklet commemorating the 25th anniversary of the hospital, the role of Sister Rose was described as still fresh in the minds of the hospital even though she had died four years earlier. “Her name is still pronounced with veneration and affection by those who had the happiness of being more intimately acquainted with her. Her noble, upright manner of dealing with all who had any relations with her, as well as her courageous heart, undaunted by hardship or trial, fully justifies the saying that Sister Rose was the strong woman, the woman of the time, worthy in every way of the confidence placed in her. May she long be remembered.”

Great expectations for caring, perseverance

The FSPA set a high standard for caring. Lorene Miller, a long-time administrative secretary to the hospital CEOs, was always impressed with the Sisters when she was hospitalized. She recalled Sister Mary Philip Zerwas coming to see her when she was hospitalized for migraines. “She came in and said a prayer for me. It was just peaceful in her presence. It just felt good,” she said. “I was not Catholic, but I admired the Sisters for their vision and calmness and presence. They were present for you. You talked to them and no matter what they were working on, they were there for you.”

The Sisters’ tenacity also impressed Miller. “They study first. They know their goals and I am sure they prayed hard and did all the background work needed and then would go for it. But they are not inflexible, I just admired them. That is the main reason I stayed here all these years,” said Miller, who retired in 1998.

Retired obstetrician/gynecologist Joseph Durst, M.D., credits the Sisters for St. Francis’ reputation of being a caring place. “It goes back to the values that the nurses had. They were caring.”
Lasting memories of many blessings

St. Francis and now Franciscan Skemp created many powerful feelings of loyalty, in large part because of the nurses' leadership in caring for patients.

Lynda M. Gerken remembers the healing power of the Sisters when she was ill and when her daughter was very sick. "I remember being very ill after the birth of my daughter. I refused food and fluids. A caring nursing Sister reached me, placing a prayer book into my hands, and told me to choose my very own prayer to keep with me always," she recalled. "The words leaped up from the page and became ingrained in my mind. It was the beginning of my healing anew, and this prayer still helps me today."

It was during a fierce blizzard that her daughter became ill in the early 1960s and needed to be taken immediately to the hospital. "We drove in the bad snowstorm for 30 miles. When we reached the emergency entrance, we were amazed. There stood a nursing Sister with her arms outstretched, outside in the storm, waiting to gather up our young daughter in her arms, and carry her inside to help make the child well again. We shall never forget such love," Gerken said. "We have all thrived from the excellent, loving care of your health care."

The Sisters were a force not to be toyed with, as A. Dahl recalled about her hospitalization in the 1950s. It was a cold, lonesome night and she had never been in a hospital before.

"Anyway, I was not sleeping, and there was no TV, no radio and no visitors at 2 to 3 A.M.,” she recalled. "I heard sharp steps in the hall. I knew it was a nun. They were strict. For the heck of it, I covered my head with a sheet and lay still. I heard her come in and pause. She tiptoed to the bed and lowered the sheet. I said, 'Boo.' She never blinked an eye and said, 'That will be enough of that.' I was chastised and never forgot that little thing." Incidentally, the Sister did rearrange the sheet before leaving the room.

A role model for women

In A Century of Caring, a special publication commemorating St. Francis' first 100 years, the Rev. Bernard McGarty, retired pastor of Blessed Sacrament Church in
La Crosse, wrote of how the FSPA served as role models for women:

I think of the thousands of Franciscan Sisters who earned bachelors, masters and doctorates long before their sisters in the world pursued higher education. No group of women prepared themselves better professionally. No women were better pacesetters on the forefront of science.

I trust historians of feminism in La Crosse will write: The first million-dollar corporation headed by a woman was St. Francis Medical Center.

The impact of the FSPA

Of course, the work of the Sisters resulted in much more than a hospital. The FSPA today is involved in education, including Viterbo University, and hospitals, nursing homes and clinics, as well as a unique partnership with the world-renowned Mayo Clinic. The Mayo Foundation and the FSPA jointly sponsor what is now Franciscan Skemp Healthcare. The story of that relationship will be told later, but it is enough to say that the FSPA gained joint leadership roles with the Mayo Clinic leaders as members of the corporation. In no other system in which Mayo is involved will you find Sisters or laypersons in this kind of decision-making capacity.

The origins of Franciscan Skemp predate Mayo Clinic, which was founded in 1889 as the medical practice of country doctor William Worrall Mayo, who was soon joined by his two sons, William J. and Charles. The Mayos quickly expanded the clinic into the world’s first and still premiere group practice. Today, Mayo Clinic in Rochester, Minn., attracts patients from around the world.

Franciscan Skemp Healthcare now offers a wide range of services to communities throughout the tri-state service area. Services range from family care, urgent care, and specialty care, including cardiology, oncology, orthopedics, neuroscience and women’s health; to behavioral health, home care, hospice, elder services and health services to business. Franciscan Skemp has a presence in Arcadia, Elroy, Galesville, Holmen, Onalaska, La Crosse, Prairie du Chien, Sparta, Tomah and West Salem, Wis.; Caledonia, Houston, La Crescent, and Winona, Minn.; and Cresco, Decorah and Waukon, Iowa.
In addition to co-sponsoring Franciscan Skemp in La Crosse, the FSPA also sponsors St. Anthony Regional Hospital and Nursing Home in Carroll, Iowa; and St. Joseph Memorial Hospital and Home in Hillsboro, Wis. Its presence also can be felt elsewhere in the United States and abroad.

Evelyn Jensen, a graduate of the St. Mary's Hospital School of Nursing and former nurse at St. Mary's, holds her infant daughter, Judith, while attended to by nurse Dorothy Hallingstad.
III: Education
Health care and learning have always gone hand in hand. With the volume of information available today, healthcare professionals need to participate in lifelong learning. At first, many educational programs for the healthcare professions were based in hospitals. Nurses, radiation technologists, laboratory technologists and others learned as they worked. They put in long hours of classes and work, often for little more than room and board.

Today, formal classroom work is conducted in collaboration with area universities that use the clinics and hospitals of Franciscan Skemp to give their students practical experiences, called clinicals, internships and residencies.

Each year 125 to 130 students receive all or a part of their education at Franciscan Skemp. Staff members view the opportunity to teach as a way for them to continue to learn throughout their careers.

St. Francis School of Nursing

Nursing is a tough job, certainly not for the faint of heart, as James C. Fox, M.D., was quoted as saying in a 1983 commemorative booklet about the St. Francis School of Nursing: “Nursing is no place for weaklings or frivolous-minded women. Their work is hard and the lessons difficult.”

By 1901, it was clear that the hospital would need more hands beyond those the FSPA could provide. Always resourceful, the Sisters decided to open the classes taught by the physicians to women who were not members of the order. In that decision lay the foundation for what was to become the St. Francis School of Nursing.

Nationally, there was a need for trained nurses to care for the sick and injured, but until the late 19th and early 20th century there were few formal programs, particularly for laywomen. The first secular nursing schools in the United States had only been established in the 1870s in the East; Chicago opened its
Student profile at Franciscan Skemp in a typical year:

- 26 medical students from the UW-Madison, Mayo and other medical schools.
- 21 medical residents from the La Crosse/Mayo Family Practice Residency.
- 10 students from associate provider training programs, such as nurse practitioner students and physician assistants from Viterbo University, Winona State University, UW-Eau Claire, and the Gundersen Lutheran/UW-La Crosse/Mayo Physician Assistant Program.
- 55 to 60 students studying at Viterbo University, UW-La Crosse and Western Wisconsin Technical College to become nurses, X-ray technologists, lab technologists and technicians, and medical assistants.
- 12 students in the Franciscan Skemp Healthcare School of Anesthesia (joint program with UW-L).
- Several administrative and other interns for a variety of support departments.
- A dozen high school students who spend time on the Franciscan Skemp campus learning about future careers through mentorship and other programs.

Graduates representing the hospital's five schools are shown in 1965 with their newly acquired diplomas. From left, Juanita Elsbernd, School of X-ray Technology; Patricia Conway, School of Nursing; Mary Munroe, School of Medical Technology; Mary Kuhl, School of Medical Record Science; and Jerome Olmsted, School of Anesthesia.
first in 1881. Wisconsin, which had only 187 nurses among its 1.3 million population in 1880, opened its first schools in 1888 and 1894. The Wisconsin Training School for Nurses opened in Milwaukee in 1888 and the Sisters of Charity established St. Mary School of Nursing in Milwaukee in 1894.

Elizabeth Powell and Anna Newell were the first laywomen to enter nurses’ training at St. Francis, but when they began in 1901 there was no formal program for them. They were welcomed into the classes that the doctors offered. A year later in 1902, with Sister Seraphia McCafferty as superintendent and Sister Mathilda Lang and Sister Theodora Burns as instructors, the formal school began under the guidance of Dr. Edward Evans. Seven laywomen and five Sisters from seven states enrolled in the school.

In Homecoming 1983, a commemorative booklet about the school, Marie Flynn, Class of 1921, remembered how hard students worked during the influenza epidemic of 1918-19. Sister Beata Walsh, a graduate of the 1905 class, who served as director of nurses from 1913 to 1927, was said to have ministered to her nurses “when their feet swelled, blistered and bled after grueling hours of duty in their high-laced shoes.”

St. Francis nurses were in demand during World War I, according to the St. Francis Alumnae Association Quarterly of 1919: “Our graduates are wrestling with disease and death on this side and the ravishing destruction of war on the other.”

The school was first accredited by the Wisconsin Committee on National Education in 1911 and became affiliated with Viterbo College in La Crosse and Catholic University of Washington, D.C., in

The class of 1910
The graduates remember...

Irene (Holberg) Sill, R.N.: A day in the life

Among the graduates of the St. Francis School of Nursing was Irene (Holberg) Sill, who always had an attachment to the nurses at St. Francis, having been struck with polio when she was 11. "I'd go over to the hospital for therapy. I couldn't walk very well for a year and half. Gradually, I could," she said.

She was so appreciative of the kindness she received from the Franciscan Sisters that she decided to become a nurse. When she graduated from Central High School in La Crosse in 1926 at age 16, she wanted to begin immediately, but had to wait until she turned 17 in 1927. Because she had had polio, her father worried about whether she could handle the physical demands of being a nurse. "I'll give you six weeks," he told her.

She lived in the Nurses Home in a small room with two cots and two dressing tables, closets and a chair. She remembered very high standards in the classroom, in the hospital and in her quarters. "The room had to be perfect. You had to clean it, make your bed. They inspected them all the time. If it wasn't perfect, you couldn't have your night out. I had a good roommate. We got along well and both of us were fussy about how we wanted the room to look. We never had any trouble with that."

She rose each morning at 6 A.M. and quickly dressed for breakfast at 6:30 A.M. so she could be on duty at 7 A.M. Her day lasted until 7 P.M., with a few hours off during the day that included two hours of class. "You hardly had time to get your nurse's uniform on and wash your face before you had to get back to wherever you were working," she said.

Study hall from 7:30 to 8:30 each night followed the work day. She and the other students were back in their rooms at 9 P.M., with lights shut off at 9:30 P.M. "If you got up and did anything, it had to be with a flashlight, which was the way you did a lot of things you were not supposed to do," Sill recalled.

It was an exhausting life, but one she enjoyed. "You were tired. They would always laugh that when you came in as a freshman, you fooled around half the night and you were not tired," Sill said. "By the time you were a senior, you could barely crawl in bed when you got off. You really got tired. You were on your feet almost all day. You tried to study to get ready for your state board exams."

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The exacting demands of the Sisters prepared her for those exams. "Everything had to be perfect or you did it over again. The nurses had very high standards. They were excellent teachers."

**Lil Hendrickson, R.N.: On respect**

Lil Hendrickson entered the School of Nursing in 1929. "When I entered training at 17 years of age, the aura, atmosphere and feeling were different from what I had expected. The only contact I had had with nuns was a short period of violin lessons at St. Clare Convent [the convent associated with St. James' Parish on La Crosse's North Side]. I regarded them with the utmost respect and awe. I must confess I was a little afraid of a couple of nuns at first, also a couple of the doctors. There were constant reminders as 'probies' we must faithfully show respect not only to the Sisters and doctors but the upper classmen. When a doctor entered the chart room or classroom, we were to stand. If meeting a doctor, Sister or upperclassman at a door, we were to hurry and open the door for them and step aside. As time went on, we got to know all these good people, changes came about and all of a sudden we knew we were with good friends. We realized that we all shared the same feelings, emotions and sentiments. We built a strong foundation for many lasting friendships."

Hendrickson recalled 12-hour shifts as a nurse at St. Francis. "When the patient load was light, a 20-hour shift was available. The nurse would be permitted to lie down and rest on a cot in the room at the end of the hall after everyone was tucked in for the night. If necessary, the patient would use a hand bell to call the nurse. She would put on her shoes and always her cap and go to the patient."

When working the night shift, the student nurses could sleep on the large screened-in porch at the back of the building. Sister Evelyn, a teacher and supervisor whom Hendrickson greatly admired, slept in a corner of that porch.

"She was always quizzing us — questions on causes, symptoms, and treatments of communicable diseases. We didn't always appreciate this; if we didn't know the answer we had to look it up right away and the question was repeated with the reminder we might get that question in writing state boards. We became good friends. I really appreciated her knowledge and experience when my husband was a patient at St. Camillus, stricken
with lethargic encephalitis. We both visited her many times in later years."

Hendrickson also remembered some mischief as a nursing student. "Every once in a while some of us students would quietly creep down the stairway to make our way to the first floor north wing. Then we would make hot chocolate and toast and enjoy ourselves. This would be cut short if we heard the night superintendent coming. In those days, the Sisters wore long bulky robes, veils, and [rosary] beads around their waist, which made a noise as they walked, audible especially during the quietness of the night. So, if we were warned by this, we had time to make a hasty exit. Later, we realized she really must have known what was going on; the smell of toast followed us all the way back up the stairs."

On Sunday mornings they could often sleep a little later, but not always. Alvina Kuehthau, R.N., who worked in physical therapy, was a firm believer in exercise. She recruited the young nurses to go with her for 6 A.M. Sunday walks to the top of Grandad Bluff.

"The only excuse she would accept was to go to early Mass. We Protestants couldn't use this so we struggled out of bed," Hendrickson recalled. "She would set the pace and I swear we almost ran all the way to the bluffs. She would stop for a few minutes (probably so we could catch our breath). Then onward and upward we went to the very top of Grandad Bluff. I think we accepted it as a challenge to keep up with her. I wish Richard Simmons could have known her. I'm sure she could outrun him!"

Despite their early morning challenge on the one day that they should be able to catch more sleep, Hendrickson said Kuehthau was admired because, "She taught us to keep our bodies strong and healthy and, of course, perform the treatments for the patients to the best of our ability."

Hendrickson became a staff nurse after graduation in the midst of the Great Depression, working 12-hour shifts for a dollar a day. "It seems unbelievable nowadays, but we were glad to have a job and a dollar, which in 1932 went further than a dollar goes today."

Eunice J. Reget, R.N.:
We learned to do everything

Eunice J. Reget, Class of 1957, recalled the "dedicated, caring and kind women" who taught her nursing. "They instilled in me a little fear, which was good. It made me respectful and gave me a drive to do total nursing care. I have this same trait and drive more than 40 years later. I
needed the discipline and it left an indelible mark on me that I'm still thankful for. We gave our patients holistic care, a philosophy that I still maintain,” she said.

Regent remembered patients staying in the hospital for months, particularly one girl hospitalized just a day short of a year. “She had many complications and needed eight surgeries. It was a happy day for her and us to see her recover. She had to be well enough to do her many chores as there was no home care in those days to assist her.”

Regent also recalled the many jobs of nurses in her early days that other staff members do today. “We had to clean the patient rooms, chart rooms and halls. We cleaned the needles and syringes, filed the needles and autoclaved them. The rooms did not have piped in oxygen, so we would have to lug the big oxygen tanks on a cart and take them to the floors. We didn’t have air conditioning and so it was not very comfortable working in the summertime. We didn’t have a maintenance person at night. One night, a man tore a sink off of the wall in a locked room. There was water running from the fourth floor to the first floor. Every available Sister and worker was busy mopping.”

**Betty Hyde:**

**My sister, the nurse**

Student nurses, of course, had to learn the art of being calm in the midst of a crisis. Betty Hyde had her tonsils removed in 1932 while she was in the seventh grade. “None of my friends or family had ever been hospitalized, so I was quite the attraction,” she said.

Her short stay turned into almost a week because she lost a significant amount of blood and required many transfusions. “I understand it was touch and go for a while,” she said. “When I woke up I remember my sister, Peggy, who was in nurses’ training, standing at the foot of my bed looking at my chart. Suddenly, she let out a blood-curdling scream and ran out of the room. Afterward, she said my chart looked so bad that she thought I was dying. Thankfully, with the wonderful care I received from the Sisters and nurses, I came through the ordeal just fine.”

**Sister Theodora Feulner, FSPA:**

**Hands-on experience**

Sister Theodora Feulner joined the FSPA in 1938 and graduated from the St. Francis School of Nursing in 1950. The school rated high nationally in numbers of students passing their nursing boards, a success she credits to hands-on experience.
Student nurses receive their caps at a candlelighting ceremony.
Nurses held a homecoming celebration in 1947.

"One thing that I enjoyed most about the three-year program is that we had contact with patients every single day. To me, that was what nursing was all about. I always enjoyed being with the nurses," said Sister Theodora, who taught orthopedics, urology and otolaryngology in the school for about 10 years. "We always had bedside nursing where we learned the skills of nursing and the art of nursing."

After graduation, she supervised various floors in the hospital and taught from 1958 to 1963. She was nursing services director from 1957 to 1965. "I was a tough supervisor, I know that. I told the nurses when they came on duty that they couldn't
go out to see the patients unless their shoes were polished and they had white laces. I'd say, You wouldn't go down to the five-and-dime store looking like that. You are not going to a patient room either."

The shoes were an indicator of a student's overall cleanliness, which was vitally important. "A nurse should look decent and clean," Sister Theodora said.

She also remembered close ties with the medical staff, whom she described as dedicated and patient-oriented. "We knew the doctors well. Most of the doctors were friendly."

Sister Theodora, who left St. Francis in 1965 to pursue her master's degree in nursing administration and then served as a consultant to the FSPA hospitals, and went to Boston to work, said she still remembers the care that patients received. "Most of the time our patients seemed very satisfied. I think they were very appreciative of what people did for them. We really worked long hours in those days.

"With some hospital stays as long as six weeks, we really knew our patients before they went home. We knew their families, too."

Overall, Sister Theodora said, "I loved St. Francis and I always will. I have a special place in my heart for La Crosse and St. Francis."

Sister Joyce Bantle, FSPA, R.N., M.S.N.

Sister Joyce Bantle, Class of 1943, said, "I was very happy to be accepted into the School of Nursing. I had heard so many good things about it. I felt their mission and philosophy were compatible with what I wanted."

What impressed her about the School of Nursing was that she had a solid foundation of theology and ethics mixed in with her courses. The Sisters didn't just speak of values, they lived them as they worked side by side with the student nurses. "It gave you an awareness that you were taking care of a person with physical, spiritual, psychological and intellectual needs."

One measure of the quality of the School of Nursing was that its leadership was asked to become involved in setting standards for other nursing schools in the state. "We were always looked at as innovative because we kept up with the standards of nursing care," Sister Joyce said.

Like the other School of Nursing students, Sister Joyce was kept very busy with patient care, classes and study. She recalled that whenever students had a free moment, they were not given the opportunity to relax. Instead, they were put to work washing wastebaskets and making cotton sponges and balls. "We didn't have those things
made for us. We had to make all those things in those days," she said.

The nurses taught students not to waste anything. "The Sisters were savers. They taught us so many practical lessons," she recalled.

While Sister Joyce was a student nurse she witnessed the miracle of penicillin in the case of a child who was dangerously ill. "The child's temperature went from 105 degrees to 97 in a few hours," she said. "It was so frightening I called the physician. In the morning the child was up walking in his crib.

"I was always amazed by how quickly children recovered from illnesses," said Sister Joyce, who worked in pediatrics after graduation and later became head nurse of that department. She also taught pediatric nursing in the St. Francis School of Nursing.

Sister Joyce was named director of nursing service in 1953, when the department became a separate entity from the nursing school. Under her leadership, the decision was made to relieve nurses of housekeeping and dietary responsibilities, tasks that today's nurses would never be expected to do.

Although she recognized that the multiple tasks created a "wonderful work ethic," Sister Joyce knew that it made more sense to have other staff members handle them. She also encouraged development of ward clerks and nurses' aides' positions and developed on-the-job training programs for them.

In addition, when equipment and supplies were moved from the floors to central service in 1954, her nearby office became the site for anything broken. "It was heaped full of all kinds of things — anything that needed to be repaired. I had stomach tubes, wheelchairs, anything and everything was brought to my office," Sister Joyce recalled.

**Charlotte Baier, R.N.**

The office of Charlotte Baier, R.N., director of the operating room and recovery unit at Franciscan Skemp, has special meaning to her, as it is located in approximately the same spot in the hospital where she was born.

Baier said, "My mother sent me to Holy Trinity School with the message, 'Don't you come home and tell me what the nuns did or I will give you double anything they did to you.' The message was that the nuns were never wrong. She just believed that whatever the nuns said or did was the way it was."

Baier, who graduated from Aquinas High School in 1957 and the St. Francis School of Nursing in 1960, has worked at Franciscan Skemp ever since, with two years off for service in the Peace Corps in Brazil.
She remembers that as a nursing student she had very long days of work and study. “We were under a lot of stress during class and working our shifts, so we released our tension with laughter and high jinks. We would sneak into each others’ rooms, which was strictly forbidden, and played cards by the hour.”

She remembered the excellent teaching of Sister Grace Clare Beznouz in anatomy and physiology. Sister Grace later went on to become nursing department head at Viterbo College, after it started a nursing program in 1967. She also remembered Sister Rose Chapman (Concepta) calling her to the bedside of a patient with the firm words, “Come here. I have a beautiful MI [myocardial infarction, a heart attack] for you to see.”

The heart attack was beautiful to Sister Rose because she was a dedicated teacher and her students were eager to learn. “She made it so interesting. I would just be enthralled with what she was telling me,” Baier said. “I adored what I learned in nursing. It was unbelievable to me that there was so much to learn.”

Baier also found that the FSPA tied spirituality into the care of every patient. One technique they used during difficult times was to envision the Lord or someone close in each individual. “A nun said, ‘When you have to do something you find
extremely upsetting, picture Jesus or your mother in that bed and you know you will give the best care possible."

Those techniques were helpful many times as Baier cared for patients with horrendous physical problems, including a young woman who was critically burned in an explosion. The woman lingered for months with terribly infected burns. "We'd have to stand her up and she'd scream. She lived for months in terrible, terrible pain. It's something that you never forget," she said.

The respect for the dignity of each individual was tested as the student nurse dealt with unpleasant realities of caring for some terribly ill patients with no control over their bowels or bladders. "You have to look beyond what you see in front of you to really see the person in the patient," Baier said. "That's what the nuns got across to me. It was a spiritual approach to patient care.

"The nuns also inspired us because they were on duty virtually 24 hours a day, leaving only to sleep and pray. Overall they taught us some real values," she said.

When Baier began working at St. Francis after graduation, she earned $1.85 an hour, a nickel more an hour than other beginning nurses because she worked in the operating room. She was honored that Sister Clare Teeling, the head nurse in the operating room, who was strict and had very high standards, selected her. "I had a profound sense of loyalty to her."

Though Baier worked in other departments, she came back to direct the operating room in 1984. "My career started and will end in the same place," she said.

Technology in surgery has changed over the years, but Baier said she believes that the values of the Sisters endure. "We have made a significant effort to keep the philosophy and values of the Sisters ever present despite their physical absence. The way we treat patients and one another is profoundly influenced by their strength and perseverance."
The St. Francis School of Nursing closed its doors in 1971.

degree in nursing, took over the role of preparing nurses to take their places. The St. Francis School alumnae still have regular reunions and remain a dedicated group.

That dedication was expressed by a 1962 graduate, Maureen Quillin Monk, who said
in the 1983 reunion booklet: "Entering St. Francis meant leaving one's family but finding a new one in friends and faculty. As a family, we shared work, study, relaxation, joys and sadness. It filled my spiritual, emotional, educational and physical needs."

**School of Anesthesia**

In the past, members of the FSPA didn’t typically get to choose their mission. When Sister Yvonne Jenn was asked to go to St. Joseph's Hospital in Milwaukee to take a course to prepare her to become a nurse anesthetist, she was fearful. "I prayed every day I was there," she said. "I didn't want anesthesiology. I was uncomfortable with knowing that I had life and death in my hands. I was afraid something might happen, that I might give somebody too much anesthesia. What I really planned on was to be an OB nurse. There, everybody's happy. I just wanted to be an OB nurse."

Sister Yvonne overcame her fear to found the St. Francis School of Anesthesia (now Franciscan Skemp School of Anesthesia) and to be one of the most recognized and beloved figures in the field of nurse anesthesia. The School of Anesthesia, founded in 1942, is the only school of its kind in Wisconsin at the present time. So influential was Sister Yvonne in the lives of hundreds of students over the years that one former student said: "Sister Yvonne was the school of nurse anesthesia."

Born in Iowa, Sister Yvonne gained her nurse's training from the Mercy Sisters at the Mercy Hospital in Iowa City. After joining the Franciscan Order in 1933, she was
sent to St. Francis Hospital in La Crosse, where she was assigned to work in the pharmacy. “I had a great love of hospital life. I was afraid they would make a teacher out of me. I asked them to just let me go to the hospital and do something,” she said. “At that time there were 100 Sisters at St. Francis. They were in charge of every department and working in every nook and cranny of the hospital. They felt they had to have somebody in anesthesiology.”

After completing her coursework in anesthesia in Milwaukee, Sister Yvonne went to 100-bed St. Anthony’s Hospital in Carroll, Iowa, where she “dripped ether” for five years before returning to St. Francis in 1939. “When I came back, St. Francis, with its 350 beds, felt so large. It took me awhile to get acquainted.”

The surgeons were all very good to her. She quickly found herself quite busy, with only Sister Agnes Paggi, who had no formal training, dripping ether with her. At that time there were no anesthesiologists at the hospital — nurse anesthetists induced sleep prior to surgery, something that was much harder to do in those days of more primitive drugs like ether. “It was a long induction. It took 10 to 15 minutes to put a patient to sleep,” she said. “Ether was irritating. It made them cough so they didn’t breathe as they should. We needed to go very slow with it. We wanted a nice and slow induction that goes smoothly.”

At times Sister Yvonne worked around the clock, going many hours without sleep or being called out of sleep for emergency surgery or because a mother was in labor. She served such long hours because she had the steel of the FSPA. “I used willpower,” she said.

In 1942, she was asked to start a school of anesthesia to help meet the need for more anesthetists at St. Francis and St. Anthony’s. The six-month program began with one student, Sister Jean Marie Menke. The graduating class doubled in 1946 and grew to three student nurses in 1951. St. Francis was one of the first programs to accept men: students in 1953 came from the Alexian Brothers Hospital in Chicago. Among them was George Collins, who went on to become assistant director and later program director at St. Francis after Sister Yvonne’s retirement in 1981.

The program regularly added months to its length, going from six months, to nine,
increasing to its current 27, with those completing it receiving a master's degree from University of Wisconsin–La Crosse.

In Sister Yvonne's day, the school had much on-the-job training along with classes. Sister Yvonne was at a national meeting of the American Association of Nurse Anesthetists in 1945 when they announced the scores for those taking the first national certification examination. “Our students had the highest grades of anybody,” Sister Yvonne recalled. Sitting next to her was the director of the Good Samaritan Hospital School of Anesthesiology in Cincinnati, Ohio, who wanted to know what curriculum was used at St. Francis. Sister Yvonne agreed to share it if the Good Samaritan director would teach her how to perform endotracheal intubation and spinal anesthesia.

Students in Sister Yvonne's class had to have adventure in their souls along with dedication to studies and patients. After Sister brought back endotracheal intubation and spinal anesthesia, her staff tried the techniques on each other. Clinical supervisor Catherine Daniels sprayed the throat of Sister Jean Marie with a cocaine derivative to anesthetize it “until she had no control over her salivation.”

Sister Yvonne stood wringing her hands as Catherine Daniels placed the tube down Sister Jean Marie's throat. “You crazy kids, I wish you'd stop,” Sister Yvonne said, quickly adding: “How are you coming?”

“I knew the dangers of it,” Sister said. “I just told them how to do it. We practiced on dogs. We also practiced internal cardiac massage on dogs.”

The next day a real patient suffered a violent reaction to the cocaine spray. “None of us had given that a thought,” Daniels wrote in a booklet commemorating the 20th anniversary of the school in 1962.

In 1957, students tried the various anesthesia drugs on themselves to “get a patient's eye view of anesthesia.” Afterwards, the nauseated group learned the significance of the standing post-surgery order of “diet and fluids as tolerated.”

The much beloved Sister Yvonne was known as “White Lightning” in her early years, a reference to her flying white habit and very brisk walk between the operating room and St. Ann's Maternity Hospital. The term was coined by Judy Hanley, Class of
1962, who, when looking for Sister Yvonne, would ask others, "Have you seen White Lightning anywhere?"

"She would see me in one place and a few minutes later see me somewhere else or in another building," Sister Yvonne recalled.

Sister Yvonne said she had wonderful graduates and she made sure they had plenty of time for fun in addition to their duties. Every year on Christmas Eve, Dr. John Simones always gave her several bottles of wine, which she shared with her students.

Students were tremendously loyal to Sister Yvonne, according to Barbara Jochman, C.R.N.A., a 1980 graduate and current program director. "She ran a tight ship, but she had a nice soft side," Jochman said.

"The respect that you have for people and in caring for them came out of Sister's program, the St. Francis Program," Dennis Stalsberg, C.R.N.A., Class of 1977, said in a 1992 interview.

When administering anesthesia to children, she'd tell them to "Say good night to Jesus," a trick she learned from the late Jake Hoeschler, who said that to one of his sons before surgery.

Nurse anesthetists in the early days also were responsible for respiratory therapy at a time when rooms did not have piped-in oxygen. Students wheeled canisters of oxygen down the halls and cleaned the cylinders each day.

When the first registry of respiratory therapists began in 1960, Sister Yvonne was given Registry No. 1. She was involved in giving the exams and served on the national written and oral boards. At times, she had the sad duty of turning down an application when a therapist did not pass the test.

At a national meeting in November 1998 where Sister Yvonne was honored for her years of service to the profession, a therapist came up to her and said he had taken the exam from her 20 years before and failed. Her letter, encouraging him to study hard and ask for the Lord's support, was enough to keep him going in his studies. "He said, 'I was going to change my profession until I got your letter. It changed me. It made me work harder and to give it another try.'"
Family Practice Residency Program

For several years after World War II, more and more doctors were becoming specialists. It looked like the end for the generalist in medicine, the doctor who knew everything about you and your family. Slowly, the nation began to realize what a very valuable role the family doctor played in our lives.

St. Francis Medical Center never lost that appreciation for primary care. With a decided emphasis on physicians who cared for the whole person and the whole family, St. Francis was a natural site for a new specialty in medicine to blossom. In 1969 Family Practice became the 20th new medical specialty recognized by the American Board of Medical Specialty Societies. That compares with the development of the first 19 specialties between 1917 and 1948.

While the traditional general practitioner began practice after just a year-long internship, this new specialty required three years of residency after medical school.

It was in 1973 that St. Francis Administrator Sister Mary Gregory asked Philip Utz, M.D., to attend a meeting with a University of Wisconsin Medical School administrator about the possibility of a family practice residency at St. Francis.

"I remember going up to Dr. Chuck Skemp's home for dinner that night, and it was all I could talk about," Dr. Utz recalled in a 1992 letter to Thomas Grau, M.D., the current director of the family practice residency. "Our little hospital was thought to be a suitable place for a family practice residency. I was a family physician without any residency training, as such was not available in my day."

The program is postponed

Unfortunately, plans for the residency went on the back burner when Sister Mary Gregory left the hospital. The plans were reinvigorated when the new administrator, Stewart W. Laird, joined the staff in 1974. The St. Francis medical staff was eager to participate in teaching, sharing its expertise in primary and specialty care with young doctors, Laird said. "The medical staff wanted to get back into teaching."

The development of the program did not progress as hoped. According to Dr. Utz, "The University of Wisconsin and the Medical College of Wisconsin got into a brouhaha
about the sharing of state funds for residency programs. We thought we might have to go it alone, but we went before the Wisconsin Legislature. We could find no enthusiasm for funds for a program outside of their university system,” he recalled. “We were stalled.”

Dr. Utz then went to the Mayo Clinic to seek its participation in a family practice residency. “Family practice at the Mayo Clinic? ‘Preposterous’ were the thoughts in La Crosse,” he wrote.

Dr. Utz and some colleagues from St. Francis met with a number of leaders from Mayo Clinic — but no representative from the department of family practice because there was no such department at Mayo Clinic. “Incredibly, Mayo Clinic seemed interested. That institution was beginning to see the value of family practice and the necessity of having their own residency,” Dr. Utz recalled.

The alliance with Mayo Clinic

After several meetings, Mayo Clinic, with a short letter and a handshake, agreed to sponsor the program. Dr. Utz was put in charge of writing the extensive application for the program to the Accreditation Council for Graduate Medical Education. After many drafts and critiques by Mayo Clinic doctors and others, it was accepted.

This program foreshadowed a relationship between St. Francis and Mayo Clinic. “We were the first organization outside of Rochester to be able to use the Mayo name in its title: the St. Francis-Mayo Family Practice Residency,” Laird recalled. “We were quite proud they let us use it.”

The family practice residency program’s clinic opened in July 1976 as the Family Health Center. Among the first class of residents was Bruce Carlson, M.D., a native of Superior, Wis., who became acquainted with St. Francis as a University of Wisconsin Medical School student. “I was interested in participating in the first class because I thought we would probably be able to influence the staff more than subsequent classes would be able to. I felt I could learn more in this program than in an established program.”

As a resident, he found the faculty very interested in teaching. “It was fresh and new and everybody was enthusiastic. That attracted me more than anything else,” said Dr. Carlson, who graduated in 1979, and went on to
practice at Skemp Clinic-La Crescent for 15 years before joining the Skemp Urgent Care staff in La Crosse in 1994.

Training in a community hospital had its advantages over a university hospital, he added, because it meant there were not a lot of residents ahead of him. Instead of having to watch other residents perform a procedure or examine a patient, he was the one doing it. He was the assistant to a surgeon or helped a family physician or obstetrician/gynecologist deliver a baby.

Dr. Carlson, who today has medical students assigned to him as part of the University of Wisconsin Medical School program, said the presence of students results in quality medicine. “It provides some challenge to established physicians to remain current and to be able to communicate not only with patients but with other physicians and people in training,” he said. “It is very valuable to an institution to have a training program, whether it is a medical residency, nursing education, or any other type of education.”

The St. Francis-Mayo Family Practice Residency was successful from the beginning, but underwent a major transition in 1988 when its director left. “This decimated the faculty and was extremely worrisome,” Dr. Utz said.

Robert Avant, M.D., chairman of Mayo Clinic’s family practice department, recruited Dr. Grau, then practicing and teaching in South Dakota, to be the director of the residency. “It was challenging when I came here because the program was close to closing,” Dr. Grau said. One of Dr. Grau’s first actions was to appoint David Olson, M.D., to be chief resident of the program. Prior to that time, the program never had a chief resident. He credits the residents and staff for stabilizing the residency program.

Dr. Olson, a 1989 graduate who now practices in the Milwaukee area, said there were strengths to the St. Francis-Mayo residency, particularly for those who wanted to practice in a rural area. “You have a closer relationship with your colleagues and the people who teach you in a community-based program like in La Crosse, Eau Claire, or Wausau. It’s different than in Milwaukee or Madison,” he said.

He found that the hospital and medical staff embraced the educational process. “They were very receptive and willing to work with you as you were acquiring your
skills as a new physician," Dr. Olson said, adding that he found the physician teachers to have admirable qualities like thoughtfulness, intelligence, caring and devotion to patients and teaching.

Dr. Olson's training and leadership experience paid off. In 1995, The Wisconsin Academy of Family Physicians named him the Family Practice Physician of the Year. One reason is that twice a month he drives to his hometown of Norwalk, Wis., to practice medicine. The community had no doctor of its own for decades. A full-time physician has since moved to Norwalk, but Dr. Olson continues to make his journeys. "It's been wonderful. It's relaxed, but there are still sick folks who need care. I don't like to be too busy when I'm there. I like to visit with the folks."

The program fulfills its potential

When Dr. Grau arrived in La Crosse, he looked beyond the immediate problems that the residency was experiencing and saw tremendous potential. "The program was an ideal size with a supportive hospital and a supportive medical staff," he said. "It had strong support from the department of family medicine at Mayo Clinic. It had all the ingredients to be tremendously successful."

The year Dr. Grau came to the program, four of the five first-year residency slots were filled. Dr. Grau stabilized and expanded the program, recruiting five residents in 1989 and 1990, and then six in 1991. All six slots have been filled every year since 1991.

"At the national level no one was going into family practice. There were a lot more slots available around the country than students looking for them," he said. "Many people were saying it was not a good idea to add spots, but we did it anyway. Luckily, we were able to fill our positions. It boiled down to the quality of our program. Students saw that."

There's no question the Mayo Clinic affiliation helped, according to Dr. Grau. Working with Mayo Clinic provided the solid academic component of the program that some prospective students might have felt would be missing in a small community hospital. "To have Mayo Clinic as a sponsor offered a lot of reassurance."

The St. Francis-Mayo Family Practice Residency was the first Mayo Clinic program of any kind located outside of
Rochester. Mayo Clinic now has six family practice residencies, including one based in Rochester.

In June 2000, the program graduated its 100th family physician resident. About 80 percent of these doctors practice within a 150- to 200-mile radius of La Crosse, serving communities very much in need of practitioners.

**Graduates praise the program**

A 1999 graduate, Maureen G. Vanyo, M.D., practices at the Franciscan Skemp Clinic in Holmen. Dr. Vanyo said that she appreciated the one-on-one contact she had working with the staff members. "I picked this residency because I wanted a community-based program, not one at a university where you see so much of a pecking order. I knew I was not research oriented. I just wanted to work in the community."

When Dr. Vanyo, who graduated from the University of Minnesota Medical School, interviewed for the residency, she was impressed by the attitudes of La Crosse residents. "Everyone felt it was a good learning experience," she said. "They were not being tortured by being on duty for 48 hours."

Having volunteered at St. Clare Health Mission during her residency, she also felt the Franciscan Skemp mission was an important part of the practice. "I thought it was a helpful experience to see a different group of people, the working poor. They were really appreciative of this care. It's a very worthwhile program."

Dr. Vanyo said she stayed with the system because she liked its emphasis on primary care, with specialists available to see patients as needed. "I felt other models were specialty driven, with each person having a separate doctor for each organ," she said. "I liked the Franciscan Skemp model in that way. I have been very happy with Franciscan Skemp and definitely would choose to come here again for my residency."

As for her training, she said, "The doctors in the system trained us well, well enough to hire us here, and people like it enough to want to stay. I think that says a lot."

Edward Malone, M.D., decided to stay within the Franciscan Skemp system after his graduation from the program in 1995. David Rushlow, M.D., a 1993 graduate, decided to return to the system in 1997 as a faculty member. Both cited the adult
learner model as a major strength of the program.

"There isn’t someone looking over your shoulder every minute," Dr. Rushlow said. "There’s a lot of opportunity to seek out your own experience. You work one-on-one with preceptor doctors. I had an interest in sports medicine, so I was able to go to UW-La Crosse to do things that I was interested in. There is a lot of support for individualization."

Dr. Malone agreed. "If you show an interest in being involved in an area of patient care, you are allowed to do that. You are treated with respect.

"Overall, the care in a hospital with a residency program is better because of that learning environment. You tend to spend more time with the patient. You are more compulsively thorough and you tend to be in the hospital. You are present when they are really sick and you’re available to the family,” he said.

Practically the entire medical staff of Franciscan Skemp is involved in teaching at one time or another, a role that attracts many doctors considering practicing in the system. "As family physicians, it is important for us to be able to teach our whole lives," Dr. Malone said, adding that he is pleased he stayed with Franciscan Skemp because “There’s a high ideal of professionalism and you can practice with your soul, not just your mind.”

Dr. Rushlow, who earned his undergraduate degree at UW-La Crosse, returned to La Crosse for his residency and then left to practice in Shawano, Wis., for four years before joining the residency faculty. "I was really impressed that there was a staff dedicated to the residency,” he said, adding, “I always loved to teach. Even as a rural family doctor, teaching made sense as a part of my practice."

Recognizing the value of teaching among other physicians at Franciscan Skemp, the residents each year choose a medical staff member as Teacher of the Year. That award has been renamed in honor and memory of a much-beloved and respected general surgeon, Gordon Kochsiek, M.D., who died in 1999 at age 47. Residents twice voted him Teacher of the Year.

“The Gordy Kochsiek Award for Teaching Excellence goes to the staff member that the residents believe is the best not only in teaching but as a role model for how the physician should be in terms of compassionate care of the patient," Dr. Rushlow said.
"Gordy was an example. He was one of the best, an example of the dedication of the medical staff to the residency program."

Dr. Rushlow is impressed with the caliber of residents the program continues to attract. "The program continues to get stronger. I joke with Tom Grau that if I applied now, I might not get in. Every year we get more outstanding residents. Tom continues to foster that quality atmosphere. We continue to change to make it better."

**The rural training track**

A new feature of the training, the rural training track, is designed to give family practice residents direct experience in smaller communities. The program, developed by the La Crosse-Mayo Family Practice Residency, combines the La Crosse-based resources at Franciscan Skemp Medical Center and Gundersen Lutheran Medical Center with three rural Wisconsin sites: Black River Falls; Mauston; and Prairie du Chien.

The idea is that doctors tend to practice in places they know or have had experience. With a greater emphasis today on primary care, graduates of a family practice residency have many job offers. "There is still a pretty high demand for family physicians. Most can go wherever they want," Dr. Grau said.

It's important for them to get an appreciation for practice in a smaller community, even if they don't necessarily end up in the three communities that host the rural track.

**Program produces high-caliber doctors**

The La Crosse-Mayo program has graduated a very high caliber of young doctors, who all do well on the family practice boards — very demanding exams that lead to the designation of board-certified specialist. While that test is important, there are other aspects to being a quality practitioner beyond book knowledge, such as compassion and a commitment to patients.

"We look for people who have good communication skills, who care about patients, who we think fit into the philosophy of practice that we have and the philosophy of family practice," Dr. Grau said. "We look for people who are willing to work hard, who are willing to give back, to contribute something to their community to help make it a better place."
Having a residency program does as much for a medical center as it does for the students it teaches. "There are intangibles that go along with sponsoring a graduate medical education program," he said. "The practice of medicine is better in teaching hospitals. It's easy to fall into a rut when you don't have students or residents around you. When you teach someone else, it makes you think about what you do and change things sometimes. There is no better way to learn than to try and teach something. All of us are challenged to maintain a quality practice when there are learners around us."

In addition, Dr. Grau, whose responsibilities include continuing education for the medical staff, said that having the residency helps ensure there will be daily medical conferences for all members of the medical staff and other health professionals.

"These are intangible yet very real ways to improve patient care," he said. "A lot of doctors joined the system in the last five to eight years because of the opportunity to teach."

Dr. Utz, who was instrumental in starting the residency, agreed. "The residency program forced us to be on our toes and keep up," he said. "If a resident asks a staff member, 'Why do you do it that way?' you can't just say, 'It is because this is the way that I've always done it.' That doesn't hold water at all. You have to stay on top of the literature. You have to be educated in order to educate others. Education is not something that you get in medical school and residency and then quit. It is something you must do for the rest of your life."

**School of Radiologic Technology**

Although the last class of the School of Radiologic Technology graduated in 1972, its legacy continues in the graduates who still work at Franciscan Skemp.

"I think about what Sister LaVerne Mary (Ramaeker) taught us, to be very respectful to the patients, to keep them covered. Modesty was drilled into us," said Sally Olsen Weise, Class of 1972, and a radiologic technologist in the department. "The patient was your first concern, your only concern."

Peter V. Hulick, M.D., a St. Francis radiologist, founded the school in 1947. Approved by the American Medical Association's
Radiologic technology students
Council on Medical Education and Hospitals, it was one of the first of its kind in Wisconsin.

Jean Kinstler, Class of 1971, said she appreciated the hands-on experience that the program offered. “You could really apply what you were learning in school.”

Among those remembered by students was Leona Goetzinger, a nurse who went on to supervise the radiology department. In a homily for Goetzinger, who died in 1999, the Rev. Robert Cook spoke of a conversation he had with a former student about her. “She told me how ‘tough’ Nurse Goetzinger was in the classroom. She told me how they snapped to attention whenever Nurse Goetzinger’s footsteps were heard coming down the hall. Then, she told me how soft Nurse Goetzinger was when a student came along without a dollar, without a parent, without hope. Leona always reached out to help. She had a respect for people, for the sacredness of people, for all people,” Father Cook said.

“Goetz influenced us through her professionalism. You didn’t goof off around her. You did your job,” said Marie Ferring Snider, Class of 1972 and a radiology department technologist. “You enjoyed your job and you did it professionally. The patients always came first.”

The school closed in 1972 after Western Wisconsin Technical College in La Crosse began offering a radiology technology program. WWTC students still come to Franciscan Skemp for clinical experience.

**Medical Technology School**

Working in a medical laboratory without much direct patient contact, it would be easy to forget the people behind the tests being processed. Not in the St. Francis Medical Technology Program.

“We had an awful lot of the traditional Franciscan dedication and pride,” said Elroy Sondreal, a staff medical technologist and 1970 program graduate. “The very obvious thing was that it was all about taking care of the patient. The patient could be your mother, sister or brother, or your best friend. That was the atmosphere that you brought to work when you came in. Our main mission was patient care.”

Sondreal applied to the Medical Technology School while a senior in chemistry at UW-La Crosse. The school, which was founded in 1939 as an 18-month course
under the direction of William E. Bayley, M.D., a St. Francis pathologist, joined six other medical technology schools then in Wisconsin.

The first year there were two students, followed by three the second year. At one point there were 10 students a year. By the time Sondreal entered in 1969, the program was a nine-month internship with ties to UW-La Crosse, Viterbo and other area schools. He completed the program the following spring and immediately joined the St. Francis staff.

"I had exceptionally good teachers with pathologists Dr. Ruth Dalton and Dr. Paul Dietz," he recalled.

Sister Joyce Conwell was the program's director. Because of her habit, Sondreal remembers her as visible only from her chin to her eyes. "She could be quite expressive in just that small area," he said. "You could tell she was about to reprimand someone or felt very strongly about something because you could see a little flash of red. If we saw that flush coming, we thought, 'Uh-oh. What did we do?'"

Sister Joyce was "always fair and very genuine. She was very strict. She expected us to be as Franciscan as she was," Sondreal recalled.

That meant anyone who worked in the laboratory had to be committed to the highest quality of patient care and to being frugal with resources. Over the years the school evolved to a program affiliated with UW-La Crosse. Students had a nine-month internship at St. Francis to get the practical experience to go along with their courses in medical technology. After the internship, they took a national registration examination.

After he graduated and joined the St. Francis staff, Sondreal became a teacher for the program. He served as the program's interim director while director Sister Joyce Conwell pursued her master's degree in medical technology at UW-Eau Claire, and became the director upon her retirement.

"I enjoyed teaching very much. I liked the relationships with the students. I felt a kinship with them, I felt that I learned from them," he said. "They all came in with different personalities, different ideas. We had to have a lot of energy to demonstrate that what we did was so important to the patients. We tried to do it in a way that was fun and exciting."
Sondreal said it was exciting to see technology develop. One example is the procedure for a calcium level check, which once took six hours to complete. Now the results are nearly instantaneous. Technology meant different roles for those working in the laboratory and different educational expectations for them.

Because of these changes, and government reimbursement issues, the School of Medical Technology graduated its last class in 1987. “It was sad for me,” Sondreal said of the closing.

Two medical laboratory technician students now spend 15 weeks with the Franciscan Skemp Laboratory as part of their studies at Western Wisconsin Technical College. UW-La Crosse also places clinical laboratory students in a six-month internship at the laboratory. “I think it keeps everybody on their toes. The best way to stay informed is to realize you have to be knowledgeable to teach someone else. When you are responsible for someone else you make sure that you think about what you are doing.”

Even more important, Sondreal said, “The Franciscan spirit is still here. We feel responsible to the patient.”

Clinical Pastoral Education

With pastoral care so much a part of the care provided by the FSPA, educating others in these special skills was a natural. In 1979, the Clinical Pastoral Education Program (C.P.E.) was established, based on the guidelines of the U.S. Catholic Conference, Department of Chaplainry Services. The initial program was for three months, but it later was extended to five months, with participants coming from all over the United States and Canada.

The program remained accredited over the years by the U.S. Catholic Conference, but had not been offered since 1995. The addition of Rick Erickson as director of pastoral care in 1997 rekindled interest in a formal program, which is offered again at Franciscan Skemp in a consortium with the Franciscan Spirituality Center, Viterbo University and the Diocese of La Crosse.

“These are all organizations interested in development of a ministry in the area. Rather than each of us operating separately, we feel like it is important to use all the resources together to educate people preparing for the ministry,” Erickson said.

One reason for developing a more
community-based approach is the reality that so much more of today’s medical care is provided outside the hospital. “The window of opportunity for chaplains in the hospital continues to shrink due to the environment we are in. People are sicker when they are admitted. A lot of things happen in a very short period of time,” he said.

In order to meet their spiritual needs, chaplains need to respond in a different way outside of the hospital, often working collaboratively with the patient’s home congregation and others in the community.

Students in the new C.P.E. program may either participate in a unit of 40 hours a week for 10 weeks or 20 hours a week for 20 weeks. The program serves both ordained and lay persons. Generally, four units are required for certification.

This additional training in pastoral education is important even for ministers and priests already ordained, according to Erickson. Just like in medicine, which has specialized because there is more to know and learn than any one doctor can master, a minister cannot have a grasp of all that is needed for every aspect of his or her parishioners’ lives.

Pastoral education also plans other educational programs, such as training for parish nurses, who work within their own congregations, and other continuing education programs for clergy.

“To be effective and helpful to people, we have to be more creative in spreading our continuum of services,” Erickson said. “We have to be more willing to collaborate with other providers in the community.”
IV: The Clinics
Archie Skemp, M.D.

Archie A. Skemp, M.D., founder of the Skemp Clinic, was short in stature, but large in presence and certainly in his work ethic. The man worked and worked and worked and then worked some more. When he died in 1954 after suffering a heart attack, it was said that he had never taken a day off or a vacation.

Dr. Archie, son of Tom and Kate Skemp, was born in 1894 and grew up on La Crosse’s North Side with six siblings, two of whom became doctors (George and Fred). Tom Skemp was an engineer on the Burlington Zephyr railroad, having developed a love of trains in childhood from the many locomotives that passed his family farm.

After completing medical school in 1916 at Washington University, St. Louis, Mo., and his internship in that city, Dr. Archie came back to La Crosse to practice in 1917. He joined the St. Francis staff at the very young age of 21.

Dr. Archie was ahead of his time in some ways. He was vehemently opposed to smoking in an era long before the link between smoking and cancer and other diseases was clearly known. He could see the terrible harm tobacco did from the people he treated. “He had patients whose lung problems he could trace to smoking. He could see they were getting cancer,” said Eleanor Sullivan, Dr. Archie’s daughter.

He felt equally strong about liquor. He never drank anything stronger than near beer, having taken a pledge of sobriety with the Matt Talbot Society, a temperance organization that once had a local chapter.

Dr. Archie was a deeply religious man, attending Mass every morning at 6 o’clock before performing surgeries in the hospital. He arrived at the clinic in the late morning, had a quick can of soup for lunch, and went right back to work. Hospital visits followed in the late afternoon, with more clinic patients squeezed in after that, usually into
1927, and with J.G. McGill, M.D., initially on the second floor of a building at 409-413 Main Street (about where a State Bank of La Crosse parking lot exists today). In 1930, the practice remodeled a building at 312 State Street that originally was a livery and later the home of Modern Steam Laundry.

A newspaper article announcing the 1930 Skemp Clinic described it as one of the most modern clinics in the Midwest. “For a long time, the doctors have realized the necessity of a ground floor clinic and in planning the building everything necessary for the convenience of their patients has been taken into consideration. The front of the building has been remodeled, the entrance being constructed of cut stone of modernistic design. Upon entering one steps into a spacious vestibule from which a stairway leads to the second floor.”

The clinic did not have a parking lot. Patients had to park wherever they could, walking several blocks if necessary. “I never heard people complain,” said Vernie Gmur, a nurse who joined the clinic staff in 1958. “Now people think they should be able to park right up at the door.”
Irene Holberg Sill, R.N., was among the early nurses working for Dr. Archie. She grew up on La Crosse’s North Side and knew the Skemp family. In 1930 she was nearing the end of her nurses’ training at the St. Francis School of Nursing and was quite worried about where she would find work during the dark days of the Great Depression. Fortunately, Dr. Archie offered her a job.

“I was thrilled to death,” she said. “I still had a month to go before graduation. Dr. Archie came down the hall of the hospital and asked me what I was going to do when I got through. I said I didn’t have the least idea. Nobody was getting a job. There were no openings at the hospital. He said, ‘How would you like to work for me?’ I went sky high. I would have done anything.” She said she was thrilled to earn $100 a month for her long hours.

Sill’s daily duties included preparing 30 to 50 patients for their examinations. She drew blood for tests, took patients’ blood pressure and gathered a little medical history. The office had four patient rooms, which Dr. Archie kept filled, particularly with expectant mothers.

Dr. Archie was “a kind person who was wonderful to me. I never heard a cross word from him. He was a quiet person, but always busy. There was never a minute to waste,” Sill recalled.

Dr. Archie also was a practical, compassionate man who recognized that in the midst of the Depression many of his patients could not afford to have their babies in the hospital. So a few weeks after he hired Sill, he started taking her to help him with home deliveries. “There were so many people who were so poor. They could hardly have the doctor. They could never come to the hospital, so he went to them. He was that kind of person, always willing to help somebody or do something to improve the medical care of people,” Sill recalled.

Dr. Archie, who later delivered all four of Sill’s children, “had a tremendous practice in the baby business,” she said.

Sill’s job was to sit with women in labor, day or night. “He would call me and come get me because I didn’t have a car. He would take me to the home and he would examine the patient. If everything was all right, he would leave me there. When I thought it was about the time for the baby, I’d call him to
come back. He would deliver the baby and I would clean up the baby while he took care of the rest of the stuff.”

According to Sill, “Dr. Skemp charged very little. I wonder if he ever got paid by everybody.” She was paid an extra $4 for each case. “I’d be there maybe a half hour or maybe four or five hours. Afterwards, he’d take me back to wherever I had come from, the office or home.”

Fortunately, Sill said, she never had trouble with any of the babies. “No baby came too soon or too late,” she said. That was lucky considering that one year Dr. Archie delivered 300 babies.

“He was extremely gentle, very empathetic, sympathetic and compassionate. The guy was a walking saint,” said his son, Sam Skemp, M.D., a retired ophthalmologist who practiced at Skemp Clinic from 1964 until retiring in 1993.

In fact, Dr. Archie was known to pray with and for his patients. Student nurse and later staff nurse Lil Hendrickson said, “Many times I would see Dr. Archie stop in the doorway of a patient’s room, bow his head and I knew he was saying a quick, short prayer.”

Sister Lucy Miller, now with the St. Francis School in Ellsworth, Wis., recalled the expectation that Dr. Archie had for how patients would be treated. “My mother, Mary E. Kelly Miller, delivered me, her first-born, when she was 19 years old. She told me Dr. Archie demanded that the nurses treat her and all mothers, the poor and the more well-to-do, with the same dignity and respect. We had nine more children added to our family over the years. I believe Dr. Archie was there for each of us as we
took our first breath. Because of him, each mother and baby in his care had a sense of self-worth.”

Irene Sill was amazed by the number of hours that Dr. Archie worked. “He never did anything else. The only time I ever knew that he didn’t work was Sunday afternoon. I don’t know what he did with that time. I know he spent time at home with his children. He had no social life that I knew about.”

Dr. Sam, the second youngest of Archie Skemp’s children, said he didn’t see much of his father while growing up. During the summer months, they slept on the sleeping porch of their home to get relief from the heat. “We had four beds on the sleeping porch and his was next to mine with the phone right next to him. It seemed like 50 percent of the time, he’d be called out for a mother with a delivery or something.”

During the Depression, when no one had any cash, it was common for patients to pay what they could. “I remember our front porch filled with bushel baskets of potatoes and beets,” Dorothy Heberlein, Dr. Archie’s youngest daughter recalled. “Of course, if they couldn’t pay, it didn’t mean they didn’t get help.”

The greatest sorrow of Dr. Archie’s life was the death of his daughter Loretta. She had polio as a 1-year-old and developed Hodgkin’s Disease at age 18. “When she died, he put on his overalls and dug a big hole to work through his grief,” Dr. Sam recalled.

With his father’s long work hours and early death, Dr. Sam said he had no interest in becoming a doctor at first. “I didn’t want
anything to do with it," he said. "My primary interest was farming.

"I fell in love with farming," Dr. Sam said. "But Dad thought that I couldn't make a living on the farm and that I might want to go to college. With a lack of any other plan, I completed pre-medical training at St. Mary's University in Winona and then completed medical school."

He spent about three years in the service as a physician in the 77th Special Forces (Green Berets), including a six-month tour in 1959-60 in Laos. After his training, there was no question about returning to La Crosse to practice. "I had to come back here. This is where the farm was. I did cultivate a real appreciation for medicine, no question about it. It is a great profession. But medicine and farming were both full-time jobs."

Dr. Sam said the love of farming came from his father, who owned as many as 14 farms at one point. "They were run-down farms that people had to leave, but couldn't find buyers. People would go to Dr. Archie to buy the farms," Eleanor Sullivan said.

Those farms became home to dozens of displaced persons from Europe after World War II. Dr. Archie worked with Catholic Charities to find homes and even groceries for them.

The La Crosse Tribune described that service in a eulogy after Dr. Archie's death: "His work with displaced persons was done at considerable personal expense. Under the sponsorship plan, he was required to furnish transportation for the persons, plus a guarantee of homes and jobs for those he brought to the United States."

In an accompanying editorial, the Tribune also wrote "Dr. Skemp gave much of his time to this and other ventures in the realm of humankind. He was one to move quickly to the side of anyone in need, among whom there will be a lasting memory of his good deeds and example."

The spirit of Dr. Archie continued after his death. William A. Gallagher, M.D., the first board-certified surgeon on the Skemp Clinic staff, never met Dr. Archie. Still he quickly understood what a presence the man must have had in the community and particularly at the hospital. "I saw old ladies genuflecting and making the sign of the cross, their eyes wet with tears, in front of a picture of Archie," Dr. Gallagher said.
George Skemp, M.D.

Archie's brother George joined the practice in 1927 after earning his medical degree at Marquette University Medical School (now Medical College of Wisconsin) in 1926 and serving an internship at the Milwaukee County Hospital. Before he was a doctor, Dr. George excelled in football and track at La Crosse Central High School and later at Marquette University, where he played halfback with the 1923 undefeated "Singing Hilltoppers." He was a heralded member of the Marquette University track team, running the dashes and as anchor on the 440- and 880-relay teams.

After medical school, there was no question that Dr. George would return to La Crosse to practice with his brother. With a busy practice between them, Skemp & Skemp Physicians and Surgeons soon outgrew their offices on Main Street so they built a clinic at 312 State Street.

Dr. George's personality was very different from his brother's, but he was highly respected in his own right. He was a very friendly man with "a lot of charisma," said his nephew, Dr. Sam. "George was a little less gentle and less shy. He could be gruff."

"He was born into the sports world. He almost didn't have any use for people who complained," niece Eleanor Sullivan, said.

Mary Ellen Howard, the Skemp Clinic office manager for many years, maintained a friendship with Dr. George, reading his mail to him when he had limited sight, until his death in 1998. She agreed he could be "gruff on the outside but very tenderhearted. People who had Dr. George for a doctor would never go to anyone else."

Vernie Gmur, R.N., who began working
at Skemp Clinic in 1958 after working for two years at St. Francis Hospital, said most of the nurses were afraid of Dr. George. “He liked to scare you but he was really a big teddy bear.”

In the days she worked at the hospital, nurses went on rounds with the doctors each morning. “He would get off the elevator to make rounds at 20 after 7. The elevator door would open and everybody would vanish,” Gmur recalled.

One morning word came that Dr. George was to be a patient on the gynecology floor where Gmur was then working. He had suffered a heart attack and that floor had the only suitable private room for him. All the nurses who worked there were frightened at the prospect of him being their patient.

“In those days, we kept heart attack patients flat in bed for six weeks,” Gmur recalled. “They couldn’t do anything. They couldn’t go to the bathroom. They had complete bed rest.”

Rather than live in fear for what could be a two-month or longer stay, Gmur steeled herself and decided she would not be intimidated. She stood up to him in order to be effective as his nurse. The experience turned into a positive working relationship. “We got along and he did well,” she said.

While he could be intimidating, Gmur said, “You knew he was kind. You had to be respectful, but if you showed him what you had to do to take care of him and let him know what you were going to do, he respected you. He liked hard workers.”

After he left the hospital, Dr. George came to see Gmur at the hospital and asked her to work at the clinic. “I thought it sounded good. I had been working rotating shifts and a lot of weekends. I thought it would be nice to work at the clinic and have Sundays and holidays off.”

One highlight of Dr. George’s career was the delivery of a baby to Alvera Aylsworth, whose fertilized egg had implanted in the abdomen outside of the uterus. Little Georgia Aylsworth was born on October 7, 1953, weighing just 5 pounds, 14 ounces.

The successful outcome of this rare, difficult case is amazing since Dr. George, like most other doctors at the time, was a G.P. — a general practitioner. He had only a smattering of training in obstetrics prior to practice, but as a G.P., he was expected to do it all.
Dr. George, who retired in 1968 because of heart problems, did not want to die the way his brother had, working long hours without time to just enjoy life. "I'm going to die with my sneakers on," he told family members. He outlived his brothers and sisters, dying in 1998 at age 96.

**Dr. Fred to the rescue**

General practitioner Fred Skemp, M.D., was the third brother to graduate from medical school and internship. He recognized that during the Great Depression the Skemp Clinic in La Crosse probably could not support a third doctor. He decided instead to establish his practice in Fountain City, Wis., in 1933, where the one town doctor, Dr. Paul Reinhardt, was nearing retirement. Dr. Reinhardt, who began his practice in the horse and buggy age, was of the old school and was still charging 50 cents for a house call when Dr. Fred arrived.

Dr. Fred's practice began above an old bank building in Fountain City, but later moved above a grocery store. He had a huge following in Fountain City and the Winona area, and never expected to move his practice. When Dr. Archie died suddenly in 1954, however, Dr. George was suddenly alone in La Crosse with a very busy practice. He needed help — and fast. Dr. Fred decided to return to help his brother.

Many of Dr. Fred's patients, upon hearing that he was moving back to La Crosse, followed him for their care. "Dr. George was the only one left at the time," recalled Florence Skemp, Dr. Fred's wife. "After Archie's death, he immediately came down and started seeing patients. I stayed in Fountain City until the children finished school in the spring. It was difficult for me. I thought we'd be in Fountain City forever. Fred just felt obligated to keep the clinic surviving. He was never displeased with the decision."

Dr. Fred also felt he owed it to his brother, Archie, who encouraged him to go into medicine. "He was his idol," according to Florence Skemp.

Dr. Gallagher said, "Dr. Fred had to leave his own established practice there and come to La Crosse to, if not pick up the pieces, at least keep the pieces together. Fred told me that he felt like he had 'a wild tiger by the tail.' He had been working for 17 years in happy isolation, developing his own skills,
with the hospital in Arcadia as his base. There were no tissue committees, no departments, and no inspectors looking over his shoulder and checking his charts and his every move. Yet Fred took on this burden of a huge practice, ready-made for him in La Crosse.”

At the time, Dr. Archie’s son, John, decided to train for a specialty in obstetrics/gynecology. “Neither his father nor his uncle, Dr. George, was too wild about the idea,” Dr. Gallagher said. “They were dedicated generalists in a professional world that was being invaded by specialists. Young John was going over to the enemy!”

Additional help was on the way. Dr. Joe Skemp, who was in the Air Force, was given compassionate leave to help Dr. Fred the summer of Dr. Archie’s death. Dr. Archie’s son Dr. Charles Skemp was then in a Navy urology residency, but returned for a time to help before formally joining the clinic.

Dr. Gallagher said that one advantage to joining the clinic during this period of time was the opportunity to have a ready-made practice. His fellow residents had to build their practices over time; his was waiting for him when he arrived in La Crosse. “While still in my residency, I knew of well-trained people sitting around with very little to do,” he said. “Not me. I was working my head off from the start. Fred had lined up a big backlog of hernias, gallbladders, biopsies, bronchoscopies, and hemorrhoids, all waiting for the surgeon to come.”

Dr. Gallagher called Dr. Fred a natural surgeon, who helped him in the operating room. “All these years later, with Fred gone from this earth, and me long gone from
The staff remember the early days

In the early days of Skemp Clinic, bookkeeping and other record keeping was very basic. Each family's record consisted of an oversized index card where only scant information was kept. The card might indicate an immunization given to a baby in the family, but not the name of the infant. As the family card filled up, others were stapled to it. Vernie Gmur, R.N., remembered office calls costing as little as a dollar, including laboratory work like urine analysis and blood counts.

In an era when there was little health insurance, many patients had outstanding accounts. Members of religious orders were not charged, nor were the relatives of employees. "We gave away a lot of services, but it was a thriving business," Gmur said. "We never got after people to pay their bills. But we had people who would come down and pay $1 on their account every month."

Gmur, who retired in 1996, enjoyed working with the patients most. "I loved follow-up calls. If there was a problem, I'd call to see how it was going. I knew how much it meant to people."

It was Dr. Archie who convinced Mary Ellen Howard to leave nurses' training at St. Francis Hospital and join his clinic. She had finished two years of training and her father had recently died, leaving her mother with very little income to raise her three younger children. Dr. Archie needed help, as his sister, Helen, a nurse at the clinic, was leaving to get married. A few years later his aunt, Mathilda Meyer, wanted to retire from her bookkeeping role and it was then that Howard took over as bookkeeper and office manager.

"He was very persuasive," Howard said of Dr. Archie. "I felt it was important at the time. It felt good to be needed."

Her first day of work was a hot and sticky July 1, 1940. Five tonsillectomies were performed in the clinic under general anesthesia. "I was surprised I went back a second day. The temperature was 90 degrees and the humidity was 90 percent. When I went home, my mother hung my uniform out the back door. It reeked of ether."

Howard, who worked there until her retirement in 1987, remembered tonsillectomies costing about $10 or $15 and obstetrics care, including the delivery, costing about $25. "We never pressed anyone for money," she said. "Once in awhile, when it was slow, we'd take a few cards..."
and send a few bills. But we never sent routine bills until the late '50s or early '60s."

In those early days, Howard also took care of filling prescriptions. "You did everything and filled in wherever you were needed," she said.

The workday was long, with the clinic open from 8 A.M. to 6 P.M. "We also worked all day Saturday and sometimes on Sunday morning," she said. "We took turns working Sunday morning, registering patients, filling prescriptions and answering the phone. We used to say we were open until noon, but it would be 1 or 1:30 by the time we got out of there." 

La Crosse, I remember the frequent long hours in the operating room with Fred — often under trying circumstances — as some of the finest hours of my life. We won often, but lost sometimes. No matter how difficult the situation — and how long and wearisome the struggle — Fred was always ready to try one more time, to suggest a different approach or say, 'Let's have another go at it!'"

Florence Skemp agreed her husband loved surgery. "It was his calling," she said.

Dr. Fred’s granddaughter Margaret Grenisen, M.D., practices at the Franciscan Skemp Center for Women’s Health. She said she had an opportunity during medical school to spend time working with Dr. Fred and Mark O’Meara, M.D., another surgeon who has since retired. "I went into surgery with Dr. Fred and Dr. O’Meara. I thought these guys worked so fast. I was amazed. They seemed like swashbucklers."

Gmur remembered both Drs. George and Fred as being so highly skilled in diagnosis that they could look at a patient and tell a great deal about what was wrong. "Things like the state of your fingernails and your eyes gave them clues," she said. "Plus, they just knew the patients and their families so well."
**Grandview Clinic**

The Grandview Hospital, located at 1707 Main Street in La Crosse, was built in 1914 as a private hospital, but was reincorporated in 1917 as a charitable institution.

In 1940, William A. Henke, M.D., a physician and leader at Grandview Hospital, began talking with the FSPA about a merger between Grandview Hospital and St. Francis Hospital. The St. Francis School of Nursing would use the Grandview School of Nursing home as a supervised residence for its students, something required by the Bureau of Nursing Education.

"There are two principal reasons for the merger negotiations at this time," the doctor was quoted as saying in a May 3, 1940, article in the *La Crosse Tribune*. "The first is that the Sisters, in order to conduct a school for nurses, must have a home. We have that home. The second reason is that it is essential that I be relieved from hospital management duties to give me more time to devote to medicine," said Dr. Henke, who added that there would be cost savings because duplications in equipment and supplies would be eliminated.

Five days later, a day before the merger papers were to be signed, Henke died from a heart attack. On May 11, 1940, days after Dr. Henke's death, the announcement was made that the Sisters still would become members of the Grandview Hospital Corporation and would take over its operation.

When surgeon John Satory, M.D., returned to La Crosse in 1949, the outpatient practice in the Grandview Hospital was reorganized as the Grandview Clinic. Paul Anderson, M.D., a general practitioner who later became an ophthalmologist, and Robert L. Gilbert, M.D., an internist, joined the staff.

Mark O'Meara, M.D., a surgeon, joined the clinic in 1949 after three years in the Navy following completion of his general surgery residency at Milwaukee County Hospital and Medical School at Marquette University. Dr. Anderson, a classmate, recruited Dr. O'Meara to Grandview, which then had four doctors, including Dr. Anderson's father, N. P. Anderson, M.D.

"It looked like an opportunity because there were offices right in the hospital on the first floor. The hospital then had about 80 beds," Dr. O'Meara said. "I was interested in getting into group practice."

Among the Grandview Clinic's leaders was obstetrician/gynecologist Joseph Durst,
The goiter specialist

William A. Henke, M.D., had a clinic in Grandview Hospital as well as a clinic in Chicago, where he traveled on weekends, to see patients. He was particularly well respected for his surgery on goiters, an enlargement of the thyroid gland that was very common then because most people had an iodine deficiency in their diets. Before iodine was added to salt, the problem was so significant that the Midwest was dubbed "the goiter belt." Chicago patients needing surgery on their goiter or other problems took the train to La Crosse for surgery at Grandview Hospital, presumably because it was less expensive than in Chicago. After their recovery, they took the train back home.

One of the stories about Dr. Henke was that he was supposed to have been a passenger on the ill-fated Lusitania, which was sunk by German U-boats in 1915. The deaths of 1,198 passengers and crew caused such resentment in the United States that it hastened the American entrance into World War I.

Dr. Henke decided by some stroke of fate to stay behind a few days and take a later ship. For a time, however, his relatives thought he was on the ship until he cabled them that he was alive. He was so pleased with his luck that he named his Tomah practice the Lusitanian Hospital.
M.D., who learned very early in his La Crosse practice how loyal patients could be. He came in 1955 as the new obstetrician at Grandview Hospital, to replace Everett Gustafson, M.D., a doctor who was indecisive about the direction of his career. "He [Gustafson] would tell them he was going to leave and then he didn’t leave. It would go back and forth," Durst recalled.

The other Grandview Clinic doctors finally called Gustafson’s bluff, hiring Durst as the only obstetrician/gynecologist. Shortly
after his arrival and while still feeling his way in his new medical practice, Dr. Durst heard a commotion one day outside on Main Street. Looking out the window, he was startled to find little children carrying signs proclaiming, “I want my Dr. Gus” and “We want Gus” and “Grandview unfair to Dr. Gus.”

For a young doctor just trying to establish himself in a new community, the children’s protest created tremendous uneasiness for Dr. Durst. “I couldn’t believe it. My wife and I began to wonder about the position. How was I going to attract patients if this is what’s going to happen and this is what I have to deal with,” said the obstetrician, who went on to deliver approximately 7,600 babies in La Crosse.

A photo and story on the protest went on the Associated Press national newswire, and was printed in newspapers around the country. Some of Durst’s far-flung classmates, family and friends saw the story. “I had a friend in New York call me. He wanted to know what in Sam Hill I was doing to cause that commotion,” Durst recalled with a smile.

La Crosse Clinic

James McLoone, M.D., was instrumental in the formation of the La Crosse Clinic. While he was not a founder, the clinic was nonetheless an extension of his own medical practice, an implementation of his plan to establish a group of medical specialists. Dr. McLoone had developed a successful medical and
surgical practice in the 1930s. By 1940, he had two associates, Joseph Egan, M.D., and James Fox, M.D. They practiced in offices on the fifth floor of the Batavian Bank Building in downtown La Crosse, and were members of the St. Francis Hospital medical staff.

Bernard Mansheim, M.D., was invited to join this group in July 1947 after returning from military service and completing his internship at St. Francis Hospital.

Dr. Mansheim figured it was as good an opportunity as any, as he was waiting like many other young doctors coming out of service after World War II to get into a specialty residency. His interest was in ophthalmology and an opening occurred at the University of Iowa when a tragedy delayed his entry.

The McLoone-Egan-Fox partnership was shattered by the discovery of Dr. McLoone’s bullet-riddled body on U.S. Highway 16.

Dr. Mansheim was called to the hospital about 10 o’clock that night because a patient of Dr. McLoone’s was about to deliver a baby and the doctor could not be found. “I had to deliver the baby. When I got home, the coroner had called. The police had called and the whole thing was dropped on us like a bombshell. It was an absolute calamity, a tragedy. He had five children and was a wonderful man,” Dr. Mansheim recalled.

“The three of us were left in total turmoil. I was very new in the group and Drs. Egan and Fox had been Dr. McLoone’s associates for a few years. We were still a pretty young group,” Dr. Mansheim recalled. “We didn’t even know whether we should continue the practice. We got together and decided to form a group a few weeks after the murder.”

The group called themselves the La Crosse Clinic with each member an equal partner. “We also decided at that time that we would be a group of specialists,” he said. “Prior to that time, there were not many specialists in La Crosse. Joe Egan was a board-certified obstetrician/gynecologist. He was about the only doctor certified in anything in La Crosse, except a couple at Gundersen Clinic. Most people did general practice.”

The La Crosse Clinic recruited Gerard Uhrich, M.D., a general surgeon who started in February 1948. Paul Phillips, M.D., came in 1949 as an orthopedic surgeon and Dr. Egan’s brother, Gregory Egan, M.D., came that same year as a pediatrician.
Pickets (J.G.) Want Their Doc to Continue Practice

Probably the youngest picket line in history demonstrated Thursday morning in front of the Grandview Hospital and Clinic.

It was composed of some 20 tiny tots from one to three years old who carried placards protesting the clinic's refusal to allow one of its resigned staff members to open up a practice in La Crosse.

As the little ones marched briefly in the warm morning sun, their mothers, who instigated the demonstration, stood on the sidelines and urged them on.

It was all over in about a half hour, but the irate mothers promised more fireworks in the future — if their demand was not complied with.

Center of the controversy is Dr. Everett Gustafson, who came to the Grandview Clinic in October 1951 and, presumably, resigned from the hospital, too, in order to go to Pontiac, Mich., to start a practice.

His contract with the clinic — and officials pointed out that it was standard procedure — prohibits him opening a practice in La Crosse for three years.

As their children carried signs reading, "We want Gus" and "Grandview, Unfair," they maintained that "all we want is for the clinic to break the contract and let Dr. Gustafson start a practice here."

The doctor had delivered some of the children and he was family physician to others.

"We really don't have anything against Grandview," said several, "We just want Dr. Gustafson to stay."

Dr. Gustafson could not be reached for comment Thursday morning. However, his attorney, Ray Sundet, said: "While Dr. Gustafson appreciates the loyalty and interest shown by his patients, he nevertheless believes the matter can be amicably resolved without demonstrations of this type."

The women claimed their action was spontaneous, and that they had procured 500 signatures to a petition within 48 hours, and the clinic had refused to meet with them or to accept the petition.

A clinic spokesman rebutted the women's claims of not accepting the petition.

"We have not had any direct contact with them, nor have we seen the petition. It is possible, however, that it was their intent to present the petition at some meeting with us."

The official emphasized that if Dr. Gustafson wishes, the clinic would gladly meet with representatives from the "women's voluntary committee."

It was stated that the doctors who sign a contract are guaranteed an income and that, if they take their practice away from the clinic, it could disrupt the organization.

It seemed to be the consensus of the Grandview side that "we don't know how this situation could have ballooned to such proportions from a tiny matter."

The La Crosse Tribune on August 4, 1955, ran a picture and story about the protest, calling the children "Pickets Junior Grade."
By 1950, the practice was stable enough that Dr. Mansheim could leave for the ophthalmology residency at the University of Iowa. In the meantime, the clinic recruited two internists, Robert McMann, M.D., and Al Hickey, M.D. When Dr. Mansheim returned in 1953, Dr. Fox took a fellowship in internal medicine. “Everyone was specialized,” Mansheim said.

The growing practice moved from the Batavian Bank to new offices in 1952 at 11th and King Streets.

Among the major events for the clinic was the polio epidemic of 1952, in which Dr. Gregory Egan cared for many patients. “Greg got it [polio]. Like a martyr, he took care of all these kids and finally got it. He almost died. At the time he was recovering, we recruited Mary Scheurich,” Dr. Mansheim said, referring to the pediatrician who joined the clinic staff in 1954.

Also joining the clinic in the 1950s were general surgeon Archie Britt, M.D., and internist Robert Pribek, M.D. In the
1960s, orthopedic surgeon Jesus Sierra, M.D.; obstetrician/gynecologist Ubaldo Alvarez, M.D.; internists Charles Link, M.D., Walter Vallejo, M.D., and Delbert Buchman, M.D.; and general surgeons James Murphy, M.D., and John Smalley, M.D., were added to the staff. The 1970s brought ophthalmologists Karl Grill, M.D., and William A. Blank, M.D.; and internist John Ujda, M.D.

**A new Skemp Clinic building**

In 1968, the Skemp Clinic opened a new building adjacent to St. Francis Hospital. The new building had room for 15 or 16 doctors though the staff consisted of eight. Space availability helped lead to a merger with cross-town rival Grandview Clinic in 1969.

Mary Ellen Howard was involved in the planning for the new clinic building on 10th Street, traveling to Madison and other places in the state to study other clinic buildings. The new Skemp Clinic building was designed by Marshall Erdmann, a Wisconsin architectural firm highly experienced in medical clinic building construction, including the Dean Clinic in Madison, Marshfield Clinic, and Krohn Clinic in Black River Falls.

The move to the new clinic occurred over the Thanksgiving holiday in 1968. “It was hectic. Before we moved, we had set everything up pretty much,” Howard said. “It went quite well. We didn’t have any big problems.

“The new waiting room was warm and inviting. At our old location patients sat or stood and looked at each other. It was very uncomfortable and we’d be full and there’d be no place to sit,” she said.

**The first clinic merger**

Shortly after moving in to the new clinic, the eight-member medical staff realized they had plenty of room for expansion. “The builder talked us into a building that was much bigger than we actually needed. We left the whole bottom floor unfinished to save money,” Dr. Gallagher recalled.

The Skemp Clinic had been negotiating with the La Crosse Clinic about merging, but negotiations were “going nowhere,” Dr. Gallagher said. “It was something like the Middle East peace talks — endless. I was all for it. Many weren’t.”

In the meantime, Dr. Gallagher said doctors at Grandview Clinic heard about the negotiations between Skemp and the
Archie Britt, M.D.

La Crosse Clinics and suggested a merger of Grandview and Skemp instead. Grandview doctors were interested in a merger because they were worried about the financial problems at their hospital. Grandview doctors had been told by their hospital business manager that the hospital was in a difficult financial position and couldn't last another year. La Crosse wasn't big enough for three hospitals, Dr. Gallagher said. Actually, there had been four hospitals — the tiny La Crosse Hospital had closed a couple of years before that.

Dr. Gallagher supported the merger of Grandview with Skemp, just as he would the merger a decade later of Skemp-Grandview Clinic with the La Crosse Clinic. "What could have been neater? There were eight of them and eight of us. And we had that whole empty basement in our new clinic building on 10th Street, which the builders happily finished off," Dr. Gallagher said.

William A. Blank, M.D.
About a year after the new clinic building opened, the Skemp and Grandview Clinics merged. The eight Grandview doctors moved into the Skemp Building. Grandview Hospital closed on October 1, 1969.

As a smaller hospital, it could not keep up with all that was needed to provide state-of-the-art services. "We had a pretty good X-ray department, but it was not equal to others in town," Dr. O'Meara said in a 1999 interview. "Smaller hospitals were on their way out."

St. Francis had more finely developed departments than Grandview Hospital, he added. "They had an anesthesia department that was superior to what we had at Grandview. They had laboratory facilities that we didn't have. We had to send tests to the state lab. St. Francis gave us faster and more direct services," he said.

It also was helpful to have more colleagues for consultations, particularly in the developing era of specialization. Being part of a larger group also made it easier to recruit new specialists "to enhance our delivery system. We could recruit orthopedic surgeons and neurologists. It worked out very nicely for everybody."

Dr. O'Meara said the quality of care at St. Francis was obvious, thanks to the dedication and principles of the FSPA. "Care for the indigent was typical of the attitude there. It was indicative of what feeling there was toward charitable and human health care."

Dr. Gallagher said Skemp Clinic was given credit for anticipating the merger with the construction of its building. "Later, I heard such things as, 'Those Skemps are so smart. They planned all along to take over Grandview. They built their building twice as big on purpose.' If people wanted to give us credit for preternatural sagacity, fine. But it was a total accident."

The merger with the La Crosse Clinic

As Dr. Gallagher described it, "The La Crosse Clinic stood silent" upon hearing of the merger of Skemp and Grandview. That silence would not last, however. In 1977, Skemp-Grandview and La Crosse Clinics announced plans to merge. It took until October 1, 1979 — ten years to the day after Skemp and Grandview clinics merged — to overcome Internal Revenue
Service hurdles so the two clinics could come together.

In announcing the decision to merge, Donald Comin, M.D., then Skemp-Grandview president, said the reason was “better utilization of personnel, medical services and facilities. . . . This is a big, long-awaited step for all concerned. We’re very happy the merger is finally happening.”

Walter J. Vallejo, M.D., president of the La Crosse Clinic, which then had 13 doctors, said the merger would have no significant impact on patients. “The patient who has been seeing a certain doctor for 20 years will keep seeing the same doctor. We aim to keep the personal kind of relationship that small clinics enjoy with their patients,” he said.

Dr. Mansheim said there had been sporadic talk over the years about the La Crosse Clinic merging with another practice that offered primary care. At one point, he said, La Crosse Clinic had very preliminary discussions with Gundersen Clinic. “St. Francis urged us to join Skemp-Grandview. They invited us to join them and that is what we did,” he said.

Dr. Mansheim, who was around 60 years old at the time of the merger, said he was very happy with the Skemp-Grandview-La Crosse Clinic, even if it was an awkward name. “I was always so pleased with the care my patients received at St. Francis, particularly the nursing care,” he said.

He named Sister Yvonne Jenn and Sister Grace Clare Beznouz as being particularly outstanding. “Our feeling, and it was also the feeling of the public and everybody in the clinic, was that the nursing care was wonderful. The nurses were always a very vital part of the medical team.”

The clinic continued to grow in size and services, and another building addition was inevitable. An $8 million, 60,000-square-foot addition on the building at 800 West Avenue South was completed in December 1990. It connected the existing 45,000-square-foot building, which was remodeled, with the hospital.

All La Crosse-based physicians associated with what was now called Skemp Clinic moved into the new building, which was owned by the Franciscan Health System. Skemp Clinic II on 11th Street was later remodeled for use for behavioral and home health services.
William O'Leary, M.D., an obstetrician/gynecologist who was Skemp Clinic president at the time the new building was announced, said in a St. Francis People article, "The new facilities will relieve overcrowding, improve accommodations for handicapped and acutely-ill patients and expand our walk-in services. By combining the staff and equipment at the two La Crosse locations into one facility, it will definitely be more convenient for patients. We will also operate more cost effectively."

Bruce Brenholdt, clinic administrator, also spoke of the benefits. "The direct physical connection in the new building between St. Francis and Skemp Clinic will further enhance the relationship between the hospital and clinic."
V: Creation of St. Francis Health Corporation and Franciscan Health System
Stewart Laird knew something about challenges when he accepted the role of St. Francis Hospital's first lay administrator in 1974. He had known and respected Sister Mary Gregory Hanson, administrator from 1968 to 1973, who had left to join a new order, the Connecticut-based Franciscan Sisters of the Eucharist.

Laird was the only outside candidate considered in the search for a new administrator, which for all of its 91-year history had been led by a member of the FSPA. “Being the first lay administrator certainly was a challenge, but so were the politics of the La Crosse medical community,” Laird said.

During Laird’s early years, St. Francis Hospital went through a major remodeling in 1974 to create a coronary care unit. In 1981, a $19.5 million major expansion project, with a new nine-story nursing tower connecting the Market Street wing and the six-story addition, was completed. The main entrance to the hospital was moved from the west to the east side of the building. The hospital’s name changed to St. Francis Medical Center to reflect the greater range of services.

“We knew we couldn’t expand facing 10th Street. We had to turn it around and
look at expanding to West Avenue,” Laird said. “I got kidded a lot about turning the hospital around.”

One reason he took so much ribbing about moving the entrance to the hospital was that it was about the time he and his wife purchased a home from the Congregational Church in La Crosse with the stipulation that it be moved to another site. The move of the house to South 28th Street came with great fanfare, as it was a major production — almost as large as the many construction projects going on at the time at the hospital. “I got a reputation for moving things around,” Laird said with a smile.

Another addition to the campus was Chileda Institute. The agency for children with multiple disabilities needed a new home in 1977 after a significant increase in rent on the UW-Stevens Point dormitory which was then housing the program. Chileda’s leaders wanted a community that had a strong medical center with multiple specialties. The educational resources of Viterbo College and the UW-La Crosse also were attractive.

Laird felt the service would be a wonderful addition to La Crosse and the St. Francis Medical Center campus. In the meantime, he knew the agency would have to be housed somewhere in La Crosse until new facilities could be built. Chileda was first located at Holy Cross Seminary on La Crosse’s far South Side until the new building was ready in 1980. The program continues to lease that building from Franciscan Skemp and enjoys a very strong relationship with the system.

The presence of the children with multiple disabilities encouraged further development of services for such children in the community. “I think the organization shared a pride in Chileda, that it was doing something for humanity. They were working to help these children overcome their difficulties or at least partially overcome their difficulties so they could function in the world,” Laird said.
Adapting to the changes in health care

In the early 1980s, hospitals were reorganizing to deal with changes in health care. The cost of care was rising dramatically because of new technology and the ability to support life in ways not previously possible. For example, wonderful new diagnostic and treatment procedures were becoming available for cancer and heart disease, the most prominent fatal illnesses of the age. These treatments were expensive.

The healthcare dollar began to take a larger part of the disposable income in the U.S., and the country's lawmakers decided to shift reimbursement for health care from fee-for-service methods to a standard payment for each diagnostic category. This created a gap of payment between the amount of money received from the government and the actual cost of providing the health care. The decreasing payments, the need for additional information services and the complexity of business practices produced a financial burden on hospitals. Costs were shifted to patients who were covered by private insurance plans that reimbursed the hospital whatever it charged.

Hospitals also found themselves providing more charity care for those who did not have insurance.

Sister Celesta Day, FSPA, St. Francis administrator from 1983 to 1988, remembered how difficult it was to change from the boom times of the 1960s. A direct result of rising healthcare costs was the shift to outpatient services.

Cataract surgery and knee surgery are examples of how revenues were affected by the move to outpatient or same-day surgery. Sister Celesta remembered a time when the stay following cataract surgery was two weeks. "Now we were bringing them in in the morning and they would go home that night," she said.

Knee surgery changed from an open procedure that required four days in the hospital and two weeks on crutches to arthroscopic procedures in which individu-
als literally walk out of the hospital the same day. The operating time for the arthroscopic surgery was longer, but recovery time was much shorter since the procedure was done through a telescope-like device that allowed for a much smaller incision. “It was much more sophisticated and precise, and recovery was much shorter,” Sister Celesta said.

Recognizing a need to change treatment methods, Stewart Laird began working with the doctors at Skemp-Grandview and La Crosse Clinics to reorganize their practices.

Sister Celesta recalled, “Before that they were pretty much private practitioners. He worked with the medical staff organization while I worked with the hospital.”

Also during this time of tremendous financial challenges, the hospital needed to streamline its operations. “We began downsizing. It was very difficult. These were people who had worked here for years, who had served this organization,” Sister Celesta said. “We tried to retrain people and made a special effort in personnel for outplacement if we couldn’t retrain them. We tried to help them get a job elsewhere and rehire them if we had any openings. It was a terrible thing to have to do no matter what.”

After the layoffs, the remaining staff had to be cross-trained in order to perform more duties.

To deal with the financial challenges, the St. Francis Health Corporation was formed. This umbrella organization included St. Francis Community Programs, St. Francis Elder Care, the St. Francis-Mayo Family Practice Residency, St. Mary’s Hospital in Sparta, and St. Joseph’s Hospital in Arcadia. Forming the corporation put the members on a better financial footing in terms of taxes, reimbursement issues and government regulations. In the 1980s it was better in terms of regulations and reimbursements to operate as one corporation, the Franciscan Health System. The new name also was a reflection that it was a system of care, not just a hospital.

“We had a continuum of care, including nursing homes, mental health services, Gerard Hall and independent housing. Franciscan Health System reflected what we were now. We were not just a hospital. It flowed, one into another. There was a gradual evolution,” said Lorene Miller,
administrative assistant to Stewart Laird and later Brian Campion, M.D., and briefly Glenn Forbes, M.D., current president of Franciscan Skemp Healthcare, before her retirement.

"We grew so fast. A lot of things changed," Miller said. "It was dynamic and it certainly isn't over."

**A pioneering role in managed care**

The term "managed care" was not a part of the average person's vocabulary in 1982 when Skemp Clinic developed a health maintenance organization with Blue Cross Blue Shield of Wisconsin. It was the first managed care plan in the La Crosse area.

With a managed care plan, or health maintenance organization (HMO), a member of the plan pays a flat rate per month to cover an array of medical services, although some additional fees may apply such as co-payments and deductibles. That's different from a fee-for-service plan, where a patient is charged for each service.

An HMO encourages preventive care, such as immunizations, health screenings and well-child and adult examinations. The idea is that leading a healthy life may prevent illnesses, and having regular examinations will detect problems before they become more serious and, therefore, more costly.

In 1982, Joseph Durst, M.D., then president of Skemp-Grandview-La Crosse, said, "We feel a responsibility to the communities we serve, to use our resources in whatever way we can to deal with the problem of rising costs. HMO studies nationally have indicated that HMOs can efficiently control costs while providing quality healthcare services."

Skemp's venture into HMOs occurred at a time when the concept of a prepaid plan that emphasized prevention and maintenance was in its infancy, according to David Westgard, M.D., a family practitioner and former vice president of medical affairs and business development. "We lost a fair amount of money in the beginning," he said, referring to the difficulty in pricing the plan initially.

Health maintenance organizations were more developed in larger cities, particularly on the East and West Coasts. In 1971, 31 such organizations in the country represented 3 million people. By 1981, there were 243 groups covering 10.1 million people.

Despite the challenges, Skemp and FHS
decided to pursue the managed care concept without Blue Cross. The idea was to make sure that decisions about what care a patient needed were made by physicians, who would base care on what was medically needed rather than what was profitable. "We didn't want an insurance company dictating to us," Dr. Westgard said.

The goal for the first year of operation for the new HMO (1982) was to have 3,000 members. The first plan for what would become the Greater La Crosse Health Plan was a Medicare supplement in which Skemp and St. Francis doctors provided services to about 1,000 initial members. Next to be developed was LaCrosseCare Plus, which was designed to serve the Toro plant in Tomah. That plan eventually included Employers Insurance Company of Wausau as administrator of the plan. Wausau bought a third of that plan and became a partner in all of the Greater La Crosse Health Plans until 1998, when Franciscan Skemp Healthcare bought Wausau's portion of the plan, which then was administered by Mayo Medical Services, Inc.

Currently, the health system's plan, known as Health Tradition, has more than 30,000 members enrolled.

A primary care provider who has an overall picture of the individual's needs coordinates a patient's care. This practitioner helps decide when a patient needs to see a specialist and helps explain and interpret the specialist's findings to the patient.

According to Dr. Westgard, "The plans have been successful. The goal is to support our delivery system and to give us the ability to decide how we will manage care of the patient. That's different from a plan where there are stockholders. Stockholders like to
Innovations at the close of the century

It is impossible to list all the advances or innovations that came to St. Francis Medical Center in the 1980s. The following are just a sample of what today we might call "thinking outside the box."

Hospice

In 1980, St. Francis brought hospice to La Crosse, offering a comprehensive program designed to meet the needs of terminally ill patients and their families. The support extended beyond the death of the loved one, helping families grieve their losses and find meaning in the pain they experience.

For many people then and today, death is a terrible experience. For those who work in the field, death is a challenge and an opportunity to appreciate the entire life cycle.

Kathy Hopihan, a staff nurse in the hospice unit at St. Francis Medical Center, said in a 1980 interview that she felt lucky to be working in that field in the hospital.

"I feel privileged to share something that special. We see the family at a time in their life that will never happen again," she said. "Hospice patients share deep emotions with us; we have to treat that as a privilege. We're privileged just to be there, to take part in that experience."

Magnetic Resonance Imaging (MRI)

Among the highlights in the 1980s was the acquisition of magnetic resonance imaging, which St. Francis proudly announced as a first for the area in 1988. MRI uses radio waves instead of ionizing radiation (as is used in X-rays) to get even clearer images than X-rays and computerized tomography (CT) scanning. The decision was made for the St. Francis MRI service to be mobile, housed in a specially designed tractor trailer.

"A mobile unit has major advantages over a fixed unit for St. Francis," said an article in St. Francis People, a weekly employee newsletter.

"A mobile unit allows us to share this technology with other hospitals and clinics — in keeping with the Franciscan Health System philosophy of providing health care close to home."

The mobile unit was designed to be in La Crosse only when it was needed, since the vast majority of MRIs could be scheduled in advance. In addition, having a mobile unit kept the medical center from being locked into one expensive piece of equipment at a time when technology was changing rapidly.
**Cardiac catheterization**

Also in 1988, a new $1.25 million cardiac catheterization laboratory was opened in the radiology department. Cardiac catheterizations determine the exact location and extent of coronary blockages that put a patient at risk for heart attacks and serious heart related problems.

“For diagnostic purposes, catheterization is an excellent tool, especially with the level of technology we have at hand here,” Dan Kolk, cardiac catheterization nurse, said in an interview at the time the lab opened. “It’s usually the last step in a cardiac workup. After the patient has had an EKG, exercise tests, echocardiogram, it’s used if further problems are indicated.”

**Lithotripsy**

In 1989, St. Francis opened the area’s first lithotripsy service to treat kidney stones using shock waves to break up the stones. This nearly painless technique eliminated the need for surgery for many patients. They also experienced less pain and could leave the hospital significantly sooner.

**Sleep Disorders Clinic**

In 1993, the medical center opened a sleep disorders clinic including a laboratory for overnight sleep studies. The lab was designed to identify patients with sleep apnea, a disorder caused by structures in the throat blocking the flow of air in and out of the lungs during sleep. People with sleep apnea stop breathing many times during sleep, causing sleep to be disturbed and fragmented. Another commonly diagnosed problem is narcolepsy, a condition in which individuals fall asleep repeatedly during the day.

**Women’s Health Center**

The Women’s Health Center, which opened in the hospital in 1988, originally provided educational and support services for women. In 1993, clinical services were added in a dedicated area that became known as the Center for Women’s Health. Nearly 5,000 square feet of space on the first floor of Skemp Clinic was remodeled to provide comprehensive clinical and counseling services for women from adolescence through adulthood.

“Within the next 10 years, we’ll see an explosion of information on women’s health,” said Margaret Grenisen, M.D. “The new Center for Women’s Health will be a natural environment for disseminating new information.”
have a dividend. That’s never been our objective with the health plan.”

The health plan has helped Franciscan Skemp grow, according to Dr. Westgard. “It has played a major role in allowing us to build and grow. It has provided us with a lot of new patients. At one point, 30 to 40 percent of the patients who came into our health plan had never been seen by our clinic or hospital. It is an opportunity for new people to experience Franciscan Skemp. When four out of ten people are new, we know the health plan is playing a significant role.”

Quality improvement

It’s not enough to provide good care or even excellent care. Anyone in health care today has to improve continuously. That’s the reasoning behind the quality improvement (QI) efforts of Franciscan Skemp, according to Dr. Westgard, who was responsible for these activities as vice president of medical affairs and business development.

QI is different from quality assurance, which was “a way of looking at bad apples and picking them out and getting rid of them,” he said. QI takes a more systems approach, studying a process from start to finish to understand it and make it better even if there are no bad apples. “Quality improvement focuses on the processes rather than events or single interactions,” he said.

Processes that are the subjects of QI include mammography services, chest pain screening, diabetes guidelines and total joint clinical pathway. Prevention guidelines have been developed for immunizations, smoking cessation, cholesterol screening, colorectal screening and follow-up care after depression.

Franciscan Skemp creates a quality improvement plan each year that outlines ongoing projects in disease management. It has developed practice guidelines and clinical pathways, which are roadmaps for how a specific medical problem is handled. The purpose of these pathways is to reduce unnecessary variations in practice, so that care is streamlined and improved.

Outcome studies are an important part of QI. For example, an outcome study for mammography would examine the number of cancers identified through the screening, the staff involved in the identifications, the treatment plans, the life expectancies, num-
ber of survivals and the quality of life of patients given a certain treatment. All of this information is taken together and the process is adjusted where necessary to enhance the outcome.

This approach is also used, on a much larger scale, to evaluate how Franciscan Skemp operates as a system in and of itself and as a part of the Mayo Health System. “QI tackles big questions like how do we deliver seamless care as a system? How do we communicate with each other and get and share the same information so that we are not redundant in testing?” Dr. Westgard said. QI also includes attention to patient satisfaction and meeting national standards of the Joint Commission on Hospital Accreditation and the National Committee on Quality Assurance.

“The difficulty in all of this is that building the infrastructure for quality improvement can be expensive,” Dr. Westgard said, adding, “In some ways, medicine is moving away from how we deal with a patient to how we deal with a population. We deal with the individual who has a heart attack, treating him or her with medicine or surgery. We also look at the population of people who have high cholesterol or other risk factors for heart disease and get them to change their lifestyles so we can prevent their heart attacks.”

Creation of Franciscan Health System

Two hospitals in the region, St. Mary’s in Sparta and St. Joseph’s in Arcadia, became a part of Franciscan Health System in the 1980s, beginning a rural system that today includes 12 regional outpatient clinics. The stories of the regional clinics and their services will be told in Chapter VI: Developing a Rural System.

St. Mary’s Hospital—Sparta

In 1877, the FSPA bought a building site on the corner of South K and West Main Streets, the present location of Franciscan Skemp Healthcare — Sparta Campus.

The first structure, a house completed in 1878, served as an orphanage and parochial school in this city of nearly 2,400 residents. That building, with additions, evolved over the next three decades into a boarding home for working girls and a domestic science school.
In the meantime, the city's first hospital, operated by Dr. Spencer D. Beebe and later his son, Dr. Dewitt C. Beebe, opened in 1905 at 608 Wolcott Street. Ten years later, after the hospital had outgrown its facility, the city asked the FSPA to run a hospital in Sparta.

In 1915, the FSPA agreed to convert six or seven rooms in the domestic science school on South K Street to hospital rooms. By 1916, the building was completely remodeled into a hospital with a 30-bed capacity. The parochial school was run from rooms within the hospital until 1919. The Rev. John M. Thill, who wrote a history of the St. Mary's Building, was quoted in the Sparta Herald's 1915 report about the decision to convert the three-story brick building to a hospital. "It will be a valuable and necessary institution in the city."

"It has not capacity for a large number of patients, but has filled a long-felt want, and is well arranged, and is a lasting monument to the good judgment and broad-minded public spirit of its donor. The new hospital will have a capacity, probably, of 25 to 30 patients, and will be one of the city's foremost institutions. That there is and will be need of it cannot be doubted," Thill said.

The first patient at St. Mary's Hospital on July 15, 1915, was Mrs. Henry Selke of Sparta, who arrived at 1:15 A.M. with her nurse, Maude Murphy, R.N., a St. Francis Hospital School of Nursing graduate. Sister Bertildis arrived at St. Mary's on July 24 as the first sister-nurse.

A 1920 addition more than doubled the capacity of the hospital. It included a beautiful chapel of Romanesque style, a reflection of the FSPA's belief in caring for the spirit along with the body.

Graduates from the St. Francis School of Nursing comprised the nursing staff until 1921, when St. Mary's opened its own training school. The school was short-lived, and closed in 1933.

Among other major events in the hospital's history are a $1.5 million addition completed in 1963, which included removal of a part of the building from 1876 and the addition of a fourth floor to the wing built in 1920.

In the 1970s and 1980s, St. Mary's, like many small hospitals, faced financial challenges. Care for indigent patients and other
non-reimbursed costs stretched the hospital so much that there were concerns about its future. "The system was looking for a way to keep St. Mary's open and alive," said Sister Julie Tydricht, administrator of St. Mary's from 1984 to 1990 and now treasurer of the FSPA congregation.

St. Mary's joined the Franciscan Health Services Corporation in 1977. It was an easy move considering both hospitals were sponsored and run by the FSPA. When consolidation was being considered, Sister Grace McDonald, president of the FSPA, acknowledged that small hospitals have a "difficult time making ends meet" and having enough doctors. "It could be that this would be a way of keeping the hospital in Sparta, keeping it viable."

St. Francis Medical Center assisted St. Mary's with management skills, general administration, and medical and nursing staff organization. The hospitals also shared purchasing, storage, laundry, food service, menu planning and pharmacy.

Sister Julie was an assistant administrator for patient services at St. Francis at the time she was appointed administrator of St. Mary's. "I had been there [at St. Mary's] as director of medical records from 1973 to 1975. I felt passionate about the place. I knew the employees were unsurpassed in their dedication to the place and to the people in the area," she said.

Sister Julie said St. Mary's still struggled despite the support from St. Francis in part because Monroe County has a large number of indigent people. In addition, many of those who could afford to pay for their care had gotten into the habit of traveling to La Crosse for medical services.

Many of the hospital's nearest potential
customers, including Ft. McCoy, bypassed St. Mary's for medical care in La Crosse. What was most needed at St. Mary's, Sister Julie said, was a campaign to remind area residents about their local hospital. Radio spots and newspaper ads were designed to tell area residents about the quality of care in their own backyard.

"I thought the county had forgotten we existed. We needed to let them know that we were still here and willing to care for them," Sister Julie said. "The ads brought a lot of comments like, 'Oh, St. Mary's is still running.' They hadn't heard from St. Mary's in so long they thought it didn't exist."

The campaign stressed the quality of services and the importance of having an emergency department that can stabilize critically injured persons before transfer to a specialty center for more sophisticated care.

Convenience and access to care close to home also were emphasized. Sister Julie asked the Franciscan Health System to provide specialists who would come to Sparta so the predominantly elderly population did not have to travel to La Crosse unnecessarily.

*Franciscan Skemp Healthcare — Sparta Campus*
Podiatrists, eye specialists and oral surgeons—all important to the well-being of the elderly—provided the first outreach services.

"We offered convenience and access to care that was less costly. When you do that, the population is more likely to use it," she said.

Today, the site includes a hospital, clinic and nursing home services. Bill Sexton, former administrator for the campus, said a new crisis occurred in 1990 as a result of loss of medical staff. At one point, the medical staff at St. Mary's consisted of 25 physicians, a number that had been declining slowly. Then, from August to November 1990, the number of doctors in the community declined over 50 percent. By January 1, 1991, only four physicians were left. Without doctors admitting patients, the income of the hospital dropped dramatically.

Sexton knew that the hospital had to be renovated and expanded to attract physicians willing to practice there. A city street was closed, funds were raised and a major addition was built to house new providers.

The $1.4 million Family Practice Clinic was built with $650,000 in local donations at the time ground was broken. Fundraising continued as the project was underway. "A lot of people have worked long hours to get to this point," Sexton was quoted as saying at the time of the groundbreaking. "But I think it was well worth it because with the new clinic, we're going to be able to bring the kind of health care a community the size of Sparta is worthy of."

The community rallied behind the clinic capital campaign because it knew how critical it was. "The hospital couldn't survive without the clinic. Truly, it was the hospital that spearheaded the initiative," Sexton said.

Having the clinic attached to the hospital was important for two reasons. First, it was more attractive to prospective practitioners who did not have to go outside to see hospitalized patients. Second, it created opportunities to share services, such as the laboratory, X-ray and medical records. "If someone goes into the emergency room and had been in the clinic earlier that day, that information is available," Sexton said. "The same is true if the person goes into the clinic after being in the emergency room. We have one medical record for the campus."

With the May 1993 opening of the clinic, the medical staff increased to five
physicians, plus two nurse midwives and three other mid-level providers. As of July, 2000, there are 11 providers, including five family practitioners.

Having more practitioners makes recruitment easier. “There are more people to share call. That is a critical issue. When there are not enough physicians in town, you likely are on call every other night. That makes life unbearable,” Sexton said.

Medical practice in a small community is different than in an urban area. “The staff needs to be more flexible,” Sexton said. “You have to adapt to different needs of the community probably more than you would in an urban community because you don’t have specialists available on the same campus. You may be able to get information over the telephone. But you don’t have someone who can walk down the hall and see the patient. You have to know when to keep them and when to transfer them when more specialized care is needed.”

St. Mary’s Medical Staff

John Smalley, M.D., was one of the first physicians to join the Family Practice Clinic of Sparta in 1992. A general surgeon at Skemp Clinic in La Crosse for 22 years, he was ready to retire. Instead, former medical director Philip Utz, M.D., suggested he consider moving into family practice at Sparta. After taking a course at the University of Minnesota, Dr. Smalley joined the clinic in Sparta.

“My number one impression is that the people — just about everyone from the initial receptionist to the nursing staff to the doctors — just worked together hand in glove,” Dr. Smalley said. “It was a tremendously good group of people to work with. It still is. I think that helped make the clinic go.”

Dr. Smalley said he felt he gave a sense of maturity to the staff, which was composed primarily of young doctors. “Some of the patients liked seeing an older doc. That fit right up my alley,” he said. “It was just a very, very good experience that I really enjoyed.”

The practice was a slower pace than that of general surgery. In family practice, Dr. Smalley had the opportunity to sit and talk with patients about their families. “It is a totally different perspective in family medicine,” he said.

Dr. Smalley retired in July 1999, but has
decided to return a couple of days a month to perform minor surgical procedures in Sparta, such as removal of skin lesions. He also volunteers at the St. Clare Health Mission—Sparta, a free clinic for the poor and uninsured.

Patricia R. Raftery, D.O., a family practitioner with the Sparta Campus since 1979, weathered several financial storms at the hospital. She stayed because she saw the quality of care that comes from “very caring, very dedicated” staff, including the FSPA.

“They had a sense that everybody should receive care and nobody should be turned away,” she said. “We looked at the patient before we looked at their pocketbook and insurance.”

There were strong connections between staff and patients and families. In fact, Dr. Raftery recalled one of the doctors stopping to play piano at St. Mary’s Nursing Home for the residents during his visits to examine residents. He put his experience as a jazz pianist during his college years to good use, entertaining residents with the songs of their youth. Dr. Beebe danced with residents while Dr. Williams played.

St. Mary’s Employees

The Sparta Campus also is important to the community as the fifth-largest employer in the community, spending about $13 million a year — half in salaries. Health care is critical to the growth of Sparta, whose population is now 8,000.

One strength of the Sparta Campus is the commitment of its employees, people like Jean Wiedl, an operating room technician who has worked at the hospital since 1952; Steve Ruetten, who has worked in mainte-
since 1956; and Millie Wiedl, a licensed practical nurse who has worked there since 1950.

Millie Wiedl, who started at St. Mary's right out of high school, realized it was the best place for her because of the relationships she had with her co-workers. "They treated you like family. They were concerned about you as much as your family. They treated the patients the same. They treated them as if they were from your family."

Ruetten agreed. "There was a family orientation at the hospital. They always asked how your family was doing. They called your children by name."

One manifestation of that support among employees was the donation of vacation time to a co-worker whose wife had terminal cancer. "That is a reflection of the attitudes of people," Sexton said. "People watch out for one another. When somebody loses a loved one, they tend to hurt for one another."

The employees said that they admired the Sisters who operated the hospital. "When you heard those beads rattle, everything was quiet. They had influence on you then and today. I respect them for that," Wiedl said. "They [the Sisters] taught you to respect the patient when you took care of them. If you didn't, you were out."

Working in a Franciscan institution, the employees also learned to shepherd hospital resources carefully. Once a roll of adding machine paper was finished, they turned it inside out and printed on the other side. They cut used rubber gloves into rubber bands. They used every inch of suture before cutting a new thread. If Jean Wiedl tried to discard the last couple of inches of suture on a needle, a doctor would ask, "Weren't you trained by the Franciscans?"

All three long-time employees were strong supporters of the capital campaign that raised funds for the 1991 addition of the new clinic to the hospital because they knew how important it was to patients.

"The older people really wanted it," Jean Wiedl said. "They didn't want to have to drive to La Crosse. It's a good hospital."

St. Joseph's Hospital in Arcadia

The history of St. Joseph's Hospital in Arcadia in many ways runs parallel to that of St. Francis in La Crosse. In 1923, 12 members of another Franciscan order, the Franciscan Sisters of Our Lady of the Holy
Franciscan Skemp Healthcare — Arcadia Campus

Angels, arrived in St. Paul, Minn., from Germany to cook, clean and do other domestic duties for boys preparing for the priesthood at Nazareth Hall. Soon, they found a need to care for the aged and sick and so they built the St. Mary's Home for the Aged in St. Paul.

By 1935, the city of Arcadia had about 1,500 residents and was eager to have a Catholic hospital in that city. Dr. Frank T. Weber and Msgr. Joseph Hauck had convinced Bishop Alexander McGavick that a hospital was needed in Arcadia.

"Quietly, and with little publicity, the Sisters bought a modest two-story frame house in Arcadia the following year and set about having it remodeled and converted into a hospital," wrote Margaret Morris in her book, The Durable Dozen: A History of Franciscan Sisters of St. Paul. "It was a brave
step for the little group and the first property the Sisters were to own in this country.”

The original Sisters coming to Arcadia — Sister Mary Laetitia Grentrup, who later became Sister Superior and hospital administrator; Sister Mary Theodosia Christ, who later became food service director; and Sister Modestra Stroh — arrived May 1, 1936, to start the hospital. They bought a house owned by Mrs. J.J. Schneider adjacent to the church property of Our Lady of Perpetual Help. Sister Mary Adelpha Jacobs, who later became surgical supervisor, and Sister Chrysologa Muench joined the original three in providing care at the fledgling hospital.

The three original Sisters, who had only $50 when they arrived in Arcadia, lived very simply, often on baked food and other items
The St. Paul Sisters' early years in Arcadia

During the years they were in Arcadia, the community helped the Franciscan Sisters of Our Lady of the Holy Angels, providing them with meat, eggs and other foods. The Lutheran community also was generous in its support for them and the hospital. The Sisters canned the fruits and vegetables grown in a large garden near the hospital to serve themselves and residents. It is perhaps because they had so little that the Sisters' Mother Superior in Germany, Sister Mary Irmgardis, urged them to return to that country to retire. In 1987, the surviving hard-working Sisters returned to Germany, the headquarters of their order. St. Joseph's employees felt sad to see them go, yet appreciative for what they had done for their community. Returning to Germany were Sisters Renatis Krass, Adelpha Jacobs, and Banthina Engel. Sister Brigida Lindenfelser went that same summer to live in the order's retirement center in St. Paul.

At the time of their departure, the Sisters spoke of their love for the Arcadia community in an article published in the La Crosse Tribune. "I liked it in this country from the beginning," said Sister Adelpha, then 88. "It was fun to go on the mission, and America became my mission country far away from home."

Sister Renatis had a similar view. "It's hard to leave the residents. You're attached to them, and they're attached to us. We have so many friends in Arcadia," she said. "I never thought in my life that I would leave America. I thought I would stay until I died, but this came along in a very mysterious way."

A party was held for the Sisters before they left. A limousine took them to the airport in Minneapolis for their flight back to Germany. It was "a gift of the community," said Diane Kokott, who started with the hospital as a nurse's aide in 1965 and is now a secretary for behavioral health.

donated by their neighbors. They also had a small garden, where they grew much of their food. They converted the house to a building with six hospital beds, an operating room equipped for surgery and confinement cases, an X-ray machine and a laboratory.

The town immediately outgrew the six-bed hospital. A year later, the hospital had 12
"The Sisters were very pious. I remember that they would have adoration. Someone was constantly praying in the chapel so that the Sacrament was never left alone," Kokott said.

Mary Jane Wolfe, a certified nursing assistant since 1970, remembers their standard for care. If anyone ever failed to perform as expected, a Sister would shake her finger and ask, "Would you like to be treated like that?"

"I was very privileged to work with them," she added."They instilled a lot of caring for people and God's love."

Joyce Maloney, now retired director of long-term care, remembered being on the floor when a meal was dished out to one particular patient. "Sister Adelphia said, 'He is a farmer. We will give him extra.' I'll never forget that. The individual was so important."

There are stories of Sister Renata, the first X-ray director, helping local veterinarians by X-raying horses. And there is the anecdote about Sister Clara falling off a roof with a baby in her arms. She landed on cement, taking the blow in a way that protected the baby.

Indar Ramnarine, lab and X-ray supervisor from 1971 to 1999, remembered working with Sister Renata."She was a firm leader. You knew what was expected of you and you did it. It was a great atmosphere where you all worked together to care for your patient."

Jeffery Flynn, M.D., a family practitioner who joined St. Joseph's staff in 1984, first became acquainted with the hospital during his training at the St. Francis-Mayo Family Practice Residency. During residency, he spent two years "moonlighting" in St. Joseph's emergency department on weekends.

"When I trained, I saw that the undergirding of the hospital was the commitment and faith of the nuns," he said."With all the changes going on in health care, I wanted to know that the heart of the institution where I worked was in the right place. I learned trust and respect and love from the very dedicated Sisters."

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Dr. Fred Skemp of Fountain City, who later joined the clinic started by his brothers in La Crosse; Drs. F.C. and Donald Peterson of Independence; Dr. R.L. Alvarez of Galesville; and Dr. E.A. Meili of Cochrane. Dr. B.C. Dockendorff joined the medical staff after World War II.

With the facility still too small, the decision was made to build a 75-bed hospital in a new location. The Sisters bought property owned by Prosper Schank on May 29, 1946, but construction did not begin immediately because building materials were in short supply after World War II. Prices also were rising dramatically. The project finally began in 1947 and was completed in 1948 at a cost of $400,000.

When that facility opened, it was described by the Arcadia News-Leader as "The finest hospital in the state for a city of that size."

Arcadia Mayor Otmer Schroeder said at the dedication, "The tremendous effort that was required to build such a spacious and beautiful structure is only enhanced by the benefits that are available to suffering humanity."

The 50 hospital beds on the first and second floors and 25 beds for the elderly on the third floor were soon filled to capacity. A new wing was added in 1960. It included a chapel, with seating for 80, and a donated Wicks pipe organ, a dining room, rooms for the hospital chaplain, several guest rooms and general storerooms. A $500,000 surgical wing was constructed in 1965.

In 1975, the hospital affiliated with St. Francis Hospital in La Crosse through a management service agreement. In 1983, the relationship became more formal as the sponsorship of St. Joseph's was transferred to the FSPA. The hospital and its nursing home became a member of the Franciscan Health System. Members of the Franciscan Sisters of St. Paul remained on the staff, however.

Gerald Myers, President of St. Joseph's board of directors, called the transfer "truly a positive step for St. Joseph's and the community and a step we are proud to be taking together with St. Francis and the FSPA in La Crosse."

Sister Arlene Melder, former director of pastoral care and historian for the Arcadia campus, said the legacy of the founding Sisters remains today. "They certainly had the support of the people for their hard
work and values. The values they instilled were the values of the mission. They were very poor, but had the ability to work with what they had. They didn’t have much and they were very sacrificing.”

Former Arcadia Campus family practitioner Jeffery Flynn, M.D., knows how important it is to his patients to have the clinic and hospital in their community. “Elderly patients are a great percentage of the population. Many of them were born, bred and raised here. It is a hardship for them to travel for routine care,” he said. “Here they come to physicians they know and nurses who are their neighbors, people who have taken care of them for years.”

The construction of the Family Practice Clinic of Arcadia, adjacent to the hospital, was a way to ensure that care could be provided locally. St. Joseph’s Foundation, now known as Franciscan Skemp Foundation-Arcadia, raised money for the clinic and signed a 20-year lease on the building. It was financed in 1980 by a $250,000 municipal loan from the city of Arcadia.

Even before the clinic building was constructed, two physicians, Robert Miller, M.D., and Rian Mintek, M.D., began practicing in Arcadia in temporary quarters in the hospital. They were recruited through the National Health Service Corp., a federal loan program that helps medical students pay for their education by practicing in medically underserved areas after completing their training.

Groundbreaking for the clinic was September 18, 1980, with the new building opening on January 9, 1981. The hospital and clinic were separate buildings. Clinic patients who were admitted to the hospital or needed X-rays had to go outside to get to the hospital. It was not uncommon to see patients traveling by wheelchair through the parking lot to the hospital.

In 1995, a connector wing was built between the hospital and clinic, which eliminated the need to go outside to get to the hospital. The connector includes such community services as a durable medical goods store, an expanded business office, patient education, optometry and a confer­ence room.

The connector wing turned out to be both a physical and symbolic connection between the clinic and hospital, according to Dr. Flynn. “Ultimately, it is patient care that
benefits most. It is much easier now to move from the clinic to the hospital and back again to the clinic. Even nursing home patients who are reasonably confined to the facility, can come here to see us in the clinic. It’s another chance for them to get out,” he said.

The connection between the clinic, hospital and nursing home encourages sharing of employees when extra help is needed in the hospital or clinic. That also is a benefit to patients, according to Dr. Flynn. For example, when an elderly patient who had recently been discharged from the hospital was confused by her medications, a nurse who normally worked in the hospital was helping in the clinic. Having cared for that woman during her hospitalization, she had special insight into her needs.

“People who work here in general tend to consider this a good extension of the family part of family practice,” Dr. Flynn said. “That helps us to work together in the best interest of the patient.”

Being trained to work in the three sections of the campus can be challenging, he added, “but it gives the staff a sense of accomplishment that they have that flexibility.”

Dr. Flynn said that among the strengths of

The Arcadia Campus is the pastoral care program, including a beautiful chapel. “There’s a commitment to the whole person,” he said, “to minister to the spiritual needs of the population. The nuns started that and it continues.”

Sister Arlene Melder said in a 1990 interview that the pastoral care team tries to manifest the values of compassion, caring, respect, teamwork and confidentiality. “We’re here for the patients and residents, for their families in a crisis situation and for the staff members.”
Robert Tracey, campus administrator, agreed there is a strong tradition of service in Arcadia. “We have a number of long-term employees who carry over the feelings of the Sisters in the hospital and on our campus.”

Dr. Flynn agreed. “The whole system is committed to loving thy neighbor as themselves. There’s a commitment beyond a job. You couldn’t pay for all they do here. They do it because they are committed and they care.”

Arcadia now offers several specialty services to its patients on an outpatient basis. Physician specialists come from La Crosse to provide advanced care in neurology, orthopedics, urology, obstetrics/gynecology, occupational health and medicine, audiology, otolaryngology, ophthalmology, cardiology, podiatry and endoscopy. Mayo Health System brings nuclear cardiology to Arcadia.

Being part of the Mayo Health System has made it easier to recruit staff, including members of the medical staff. “One of the things that it does is give us some instant credibility,” Tracey said. “We also have good credibility in terms of patients.”
VI: Developing a Rural System
The decades after World War II were a time of tremendous specialization and growth for hospitals and clinics across the nation. As technological advances occurred, Franciscan Health System and Skemp Clinic officials were eager to bring them to La Crosse.

It was natural for these new services to lead to concentration of new technologies and specialists in La Crosse rather than in the smaller communities in the area. With million-dollar technology like computerized tomography, for example, it didn't make sense for smaller hospitals to make that kind of investment for equipment that wouldn't be frequently used.

It looked as though this trend meant the end of the small-town medical practice. But leaders at FHS and Skemp Clinic realized very early on how critical it was to provide care close to home.

FHS began forging a path of cooperation and support with area hospitals and clinics very quickly. Yes, a patient might need to come to La Crosse to see a heart specialist, but that patient also could go home to his or her family doctor for follow-up care. That patient's primary care doctor, who knew the individual best, always had the opportunity to consult with a specialist in La Crosse as needed. Instead of trying to attract all patients to La Crosse, FHS and Skemp began establishing networks and systems to support the care provided in rural areas.

Skemp-Grandview opened its first regional clinic in 1974. "The days of expecting the patient to come to the physician are over," Skemp Administrator Bruce Brenholdt said in a 1986 interview. "Every small community would like to have its own doctor."

Family physicians were attracted to the network of clinics. This way, they had the backup of specialists in the larger group and could take vacations and attend educational meetings.

The leaders at FHS began to look for ways to bring more services to local
communities. In the late 1970s they developed the concept of a hospital without walls. FHS began mobile services to area hospitals to support rural health practices. The earliest service involved mobile computerized tomography, but St. Francis also brought physical and occupational therapy to area hospitals.

As time went on, St. Francis shared its management expertise through contracts with two area hospitals, St. Joseph's Hospital in Arcadia and St. Mary's Hospital in Sparta. St. Mary's joined the system formally in 1977, while St. Joseph's became a member in 1983. At the time of publication, the Franciscan Skemp system consists of three hospitals and 12 clinics.

Clinics in the System

Caledonia Clinic

The Caledonia Clinic began in 1985 when FHS purchased the Caledonia Hospital and Nursing Home. After one of two family physicians in the community left, the system started a clinic on the second floor of the old hospital building in August 1986. Family practitioner Laura Krister, M.D., stayed for a year and was followed by John Brennan, M.D., who later moved to the Sparta Campus. J. Alan Fleischmann, M.D., joined the staff in fall 1987, and certified nurse midwife Deb Miller came in February 1988.

Although the hospital provided many services, its days were numbered. Tom Murphy, former publisher of the Caledonia Argus, served on the hospital and clinic board and recognized that the hospital had to close, "It could not operate without a federal government subsidy. It had the same problems as other rural hospitals, primarily low census," he said.

While the decision was made to close the hospital, Murphy said there was a strong commitment from Franciscan Health System to operate a clinic in Caledonia, although there were "very definitely struggles to maintain services in Caledonia." He said Dr. Fleischmann, in particular, put in a "tremendous effort to build the clinic. Alan Fleischmann worked hard to get to know the people. He has a genuine interest in your health and your life."

The clinic is important for more than medical reasons, he added. Murphy called the
The clinic's other practitioners are equally dedicated and caring, which Murphy said is a testament to Dr. Fleischmann. "His approach to medicine, I am sure, is contagious. He is a very positive person. You get a sense that all the staff are very warm, caring people, not just the physicians, but the nurses and receptionists."

Dr. Fleischmann said, "We need to provide appropriate care close to home. Elderly folks can't get to La Crosse. Especially in winter it is very hard. Having the clinic here is very important to them."

Dr. Fleischmann is so committed to his patients that he does limited house calls for those who cannot make it into the clinic without great difficulty. Among them is a patient with amyotrophic lateral sclerosis (ALS, commonly known as Lou Gehrig's disease). Knowing that it would take an ambulance to transport the man to the office, Dr. Fleischmann often stops by and visits him in his home.

"There are all kinds of elderly folks and people with a variety of degrees of disability who can't travel well," he said. "These patients with uncertain health just wouldn't be served if we weren't here."

Having local care also is important for a community's economy. "You need to have it because when people leave for medicine, they also leave for shopping. Caledonia business was very grateful for me coming here. I was coming at a time when everyone else was leaving. The medical group had diminished and I had to build it up again," he said.

Dr. Fleischmann firmly believes that every patient should leave the clinic feeling better.
Their problems may not always be cured, but they should feel that someone listened to their concerns and responded. "We put a lot of emphasis on the doctor/patient relationship. That's where it all happens," he said.

Karen Beneke, a nurse at the Caledonia Clinic, adds, "When you get into a small community, the people know you and you know them. That means a lot to the patient, the doctor and the employees," she said. "The personal care is the biggest seller, but we also have resources. If we have to refer someone to La Crosse, it is comforting to the patients that our doctors know the doctor they are being referred to. That is a real plus.

"Older people, they don't want you to just check their blood pressure and put them in a room. They want you to sit and listen to them. As a nurse, even though I may have had 10 patients waiting, I always tried to make each one feel like they were my number one priority. That was one of my goals."

Beneke can think of many people whose lives were saved by the clinic. One older man came into the clinic one afternoon, saying he hadn't felt good all day. A receptionist looked at him and realized he was in trouble. She contacted Beneke, who came out with a wheelchair. The man, who had an irregular heartbeat, was sent by ambulance to La Crosse.

Beneke remembers him well because he was set to celebrate his 50th anniversary the next week. Now, around the time of the anniversary, Beneke always jokes with him about what he's going to do for excitement this year. More important, any time he says he is not feeling well, the staff is prepared for him. "If we hadn't been here, I suppose he could have gone to La Crosse. But he had pretty much waited all day before coming in. Of course, our clinic was not far."

Galesville Clinic

Drs. Elmer Rohde and Clarence Moen were independent physicians in Galesville who were members of the St. Francis Hospital medical staff because their community did not have a hospital.

Jeanne Foster, now a receptionist for the Galesville Clinic, had worked for Dr. Moen. He not only made house calls, he also provided occasional taxi service for his patients when they couldn't get to the clinic or hospital in La Crosse. "He'd transport
patients to and from the hospital. He'd go on rounds and then give them a ride back home,” she said.

“He was almost too dedicated, but that was his life. He liked people and wanted to do things for people,” said his widow, Lois. “He never thought about what to charge them or anything like that. It never occurred to him that somebody couldn’t pay for something.”

In 1987, after the death of Dr. Moen, officials from Skemp-Grandview-La Crosse Clinic opened the Galesville Clinic in the Lahrmaier Optometry office building. Holmen Clinic providers Dennis Ohlrogge, M.D., and James Richardson, M.D., initially provided care on a part-time basis.

D.B. Reinhart, a strong supporter and a member of the Franciscan Health System board of directors, leased a former Skogen’s IGA store in Galesville to Skemp Clinic. The Galesville Clinic today occupies a portion of the building.

Geoffrey Kloster, M.D., who came to Galesville in June 1988, continues the small-town tradition of Dr. Moen in seeing patients in their homes if they physically cannot get to the clinic.

“We have very caring providers,” said Mary Klonecki, R.N., who started with the Galesville Clinic when it opened and now serves as the supervisor for that clinic and the Arcadia Clinic. “Patients really think a lot of them. They are very personable and try to meet the different needs of our patients.”

Foster agreed. “The strength of this clinic is its homelike atmosphere. Patients know the people who work here. It’s like the old clinic in that respect. A lot of people are neighbors of the doctor or other people who work here.”

The practice, which also includes Lillian Nordin, a family practice nurse clinician, has steadily grown, particularly in the last year. Being part of Franciscan Skemp and a member of the Mayo Health System has made a difference. “People recognize us as being connected with a larger organization. Many of our patients think a lot of their individual providers, but they know if they need specialty care it is available nearby,” Klonecki said.

**Holmen Clinic**

Holmen Clinic began with Elmer Rohde, M.D., who had a very busy practice in Galesville that included home visits in
the Holmen area. Realizing how much time it took for him to travel between Holmen and Galesville, he decided to open a satellite office in Holmen in the 1960s that was open from 10 A.M. to noon three days a week. “I had so many calls I decided it was easier to have an office,” he said. “It was overwhelming to keep both ends of the candle burning.”

In those days doctors had patients in several hospitals at the same time. Rohde was on the staff of St. Francis from the time he established his private practice in Galesville in 1948, as well as the La Crosse Hospital and Winona General Hospital.

“I didn't join Grandview Hospital. I had enough places to go,” he said. “One day I came home at noon for lunch and said to my wife that I had three OBs, one in Winona, one in St. Francis and one in La Crosse Hospital. She asked me what I was going to do. I said I was going to wait to see who came first;” he said. “They called about the young lady in Winona first. Just about the time I had finished up, they called from La Crosse Hospital. I rushed down there and delivered her. Just about that time, they called from St. Francis and I went there. I made it to all three deliveries. Other times I missed them.”

In 1972, Dr. Rohde, feeling that the paperwork and regulations of medicine were taking too much of his time, joined Skemp Clinic. While primarily based in La Crosse, he did continue part-time hours in Holmen. He encouraged Skemp leaders to have a full-time presence in Holmen because of the number of patients from Galesville and Trempealeau who had to drive through that city to get to La Crosse.

When Skemp opened its Holmen Clinic in 1974, leaders commented that they expected to be successful there because its location was in an area of tremendous growth in northern La Crosse County.

Dr. Rohde and Fred Skemp, Jr., M.D., provided hours in Holmen initially until the arrival of the first full-time doctor, James Richardson, M.D., in 1980.

“I enjoyed my practice in the Holmen area. I like family medicine and making house calls,” Dr. Rohde said. “When you go into a patient's home, you learn a lot more than you do in the office. You can ask questions for an hour in the office, but you don’t know the home life as much as you do
when you walk through the kitchen and living room into the bedroom to take care of a sick kid or a sick mom. You see how they interact as a family."

As predicted, the demand for services in Holmen continued to grow. In fact, the clinic building was expanded in 1994, doubling its size to 8,000 square feet.

"Holmen is in a high growth area for us and it seems to be the preference for people to go to the local clinic rather than to La Crosse," said John Nemeč, who was associate administrator of Skemp Clinic and project coordinator at the time the addition was announced. "We believe [the expansion] can accommodate the growth in that area."

Building a satellite made care more available to patients. It has also made follow-up care more realistic by making it easier for people to get to the doctor," Charles Skemp, M.D., then chair of Skemp Clinic's satellite committee, said at the time of the addition. Dr. Rohde, who filled in at several Skemp branches as needed for the two years prior to his retirement in 1987, is proud that the satellite system has been so successful. From his two-hours-a-day, three-days-a-week practice, the Holmen Clinic has grown to three family practitioners and a physician assistant.

Dr. Rohde, who went to a conference on satellite medical clinics prior to the start of the full-time Holmen Clinic, said the concept of regional centers has been helpful for the entire Franciscan Skemp system. "It paid off. It gave us a base of family practitioners for the specialists. You strengthen the patient base for the specialists by having family practitioners, pediatricians and internists sending patients to them."
As for the Holmen Clinic, he said, “We have good doctors there doing a good job. They keep building it up.”

**Houston Clinic**

Houston, Minn., like any other community, wanted and needed medical services. John Brennan, M.D., practiced at the Caledonia Clinic, but did his best to provide services in Houston, according to Todd Wilson, administrator at Valley View Nursing Home and Heritage Court.

“Dr. Brennan, out of the goodness of his heart, kept something open,” Wilson said.

When Dr. Brennan did decide to close his Houston Clinic because he moved his practice to the Sparta campus, the city of Houston and Wilson approached Franciscan Skemp Healthcare about opening a clinic one day a week in a proposed assisting living addition to Valley View Nursing Home.

“We thought we could make it a part of our campus,” Wilson said. “It would build our business.”

Construction began in late 1996, with the new clinic opening on March 31, 1997. Martin Devine, M.D. supervised the clinic. Certified physician assistant Marcy Lisota provides coverage five mornings a week.

Patients of all ages are seen at the Houston Clinic, which offers prenatal care, pediatrics, well-person care, treatment for injuries, routine medical care, geriatrics and basic lab services.

Wilson also noted that the relationship with Franciscan Skemp and Mayo Health System has been very positive. “I’ve really enjoyed the process of developing this clinic. Dr. Fleischmann is great to work with.”

Nancy Horning, R.N., who has been with the Houston Clinic since it opened, said people who live in the adjacent Heritage Court can simply walk through the building for services and nursing home residents can be moved easily via wheelchair. “It’s easy for these folks to come over to use our clinic.”

**La Crescent Clinic**

When the La Crescent Clinic was built in 1978, it was off the beaten path, but what a beautiful path it was. The clinic was constructed on old orchard property on what at that time was the outskirts of town. It is
located on Apple Blossom Scenic Drive at North Elm Street.

Judy Senn, R.N., now retired, had worked at St. Francis Hospital and was taking classes at Winona State University when her husband heard about plans for the new clinic. “He thought it would be a great place for me to work. It was a great place. It always has been that way,” she said.

The La Crescent Clinic, the third Skemp branch, was constructed as a 2400-square-foot building on a 1.7-acre site. Every room has a window from which there are beautiful views of the orchards and hills.

“The Skemp physicians’ original tradition of commitment to the community has been continued by all of the family practice providers who have served at this branch clinic,” Senn added. “In fact, both of the current physicians live across the street from the clinic and are active in projects that benefit the local area.”

The La Crescent Clinic originally had one doctor, with one receptionist, one nurse and one X-ray technician as support staff. “We got to know everybody personally. I think that is really important to people,” Senn said. “They want you to know who they are, what their needs are. They don’t want to have to explain it to you every time.”

Senn, who retired in 1997, said she enjoyed the diversity of patients at the clinic, from infants to older adults. “You do everything in a small clinic like that. It was teamwork all the time.”

The first doctors were David Westgard, M.D., a family practitioner who became Franciscan Skemp’s vice president of medical affairs for business development, and John Brennan, M.D., now with the Franciscan Skemp Sparta Campus. Those two doctors staffed the clinic part time until Bruce Carlson, M.D., finished his residency.

From the time that Dr. Carlson joined the staff of Skemp Clinic-La Crescent in 1979, he felt a special connection with the community. “I liked that it was a community-oriented clinic, devoted to family practice, versus a multi-specialty approach,” he said. “I also liked that I could pretty much practice independently with a lot of secondary back-up from specialists who were available in La Crosse.”

While La Crescent is only a few miles from La Crosse, patients appreciated having
their own doctors in their city, according to Dr. Carlson. "That was true of a lot of people, but especially true for the elderly people. It was closer and more accessible time-wise and yet specialty care was readily accessible."

Among the patients pleased to have a clinic in La Crescent is Doris Johnson, who has been a patient since it opened. "I like having doctors close to home," she said. "They really take good care of us. They care about us as people."

Patient loyalty over the years combined with steady growth in new patients led to a remodeling in 1996 to accommodate two additional full-time providers. The clinic now has seven exam rooms, one minor procedure room, a lab area, an X-ray room, a centralized nurses' station and a break room/conference room in the lower level.

Franciscan Skemp Healthcare's La Crescent Pharmacy, in downtown La Crescent, opened on December 1, 1997, to serve the La Crescent community and surrounding area with a full range of services, including prescription medications, over-the-counter medications, drug regimen review and prescription counseling. Staffed by registered pharmacist Phil Steinhoff, it is a part of the Franciscan Skemp pharmacy base in La Crosse. The La Crescent pharmacy was the first stand-alone pharmacy for Franciscan Skemp.

Onalaska Clinic

The Onalaska Clinic opened in 1981 with family practitioner William Held, M.D., working from a 14-by-56-foot temporary building. Dean Dreblow, M.D., and later Mark Jungck, M.D., soon joined the practice. All were family practitioners.

A 5,000-square-foot, two-story permanent building was constructed in 1983. It was connected to a 40,000-square-foot, 45-unit apartment complex for the elderly.

"At the Onalaska Clinic, we found a way to maximize patient convenience and still offer good continuity of care with a personal physician," said P. Stephen Shultz, M.D., Skemp-Grandview-La Crosse medical director at the time the new clinic opened.

Dr. Jungck said he joined the clinic after his residency in Lansing, Michigan, because he was looking for a practice where he could have as much variety as possible and the opportunity for close relationships with his patients. When he was in medical school
and residency training, he was told that in the first seven years of his practice he'd probably see all the different types of cases he'd have in his life.

"I was told that if I expected my joy to come from new challenges, I would be sorely disappointed. Instead, I should get my enjoyment from dealing with the people," he said. "It's incredibly true. We don't see interesting new cases all the time. A lot of things we've seen before. The real draw is in working with the people. They always make my job fun."

In 1985, the Onalaska Clinic became the second Skemp-Grandview-La Crosse Clinic to offer expanded walk-in hours. Clinic hours expanded to 9 P.M. Monday through Friday and from 9 A.M. to noon on Saturday.

Dr. Jungck believes the availability of walk-in appointments reflects the needs of area families. "At the time we began offering them, it was a big venture, a big service for all the people north of the La Crosse area. We provided something that they didn't have," he said. "We have a lot of families where people work during the daytime hours. We opened up time for them so they don't have to take time off of work.

"Because we have been staffed by family practitioners, the physicians have tended to be very family care oriented," he said. "We try to see the whole family if people desire and to care for the majority of their needs. We tend to be very preventive medicine based, to educate them about cholesterol and screen for cancer."

**Prairie du Chien Clinic**

The city leaders of the historical fur-trading community of Prairie du Chien began discussions with the management of Franciscan Skemp Healthcare in the mid-1990s about their desire for another clinic. The town already boasted a small, successful hospital, Prairie du Chien Community Hospital, and a Gundersen Lutheran clinic, but the growth in industry and related population had created a need for additional health care. In January of 1999, Franciscan Skemp announced its intention to build a primary care clinic in Prairie du Chien; in March of that same year ground was broken, and the clinic was open for business in September of 1999. This was the first new clinic constructed after the affiliation with Mayo Clinic.

Two family physicians practicing at start-up were Michael Rogge, M.D., and
Robert Key, M.D., recent graduates of the La Crosse-Mayo Family Practice Residency program, and they were shortly joined by Paul Coffeen, P.A. Medical mentoring was provided by Kenneth Olson, M.D., from the nearby Waukon, Iowa, clinic. Clinic manager was Betty Hogan, R.N., B.S.N. From the first day, the clinic was well received by the community with an almost-full roster of patients.

**Lake Tomah Clinic**

The Lake Tomah Clinic began with the merger of the medical practice of Dr. Clarence Kozarek, who came to Tomah in 1944, with the Landmann Clinic in Tomah. After Skemp-Grandview-La Crosse Clinic bought Dr. Kozarek’s building in 1985, it was expanded and remodeled before reopening as the Lake Tomah Clinic in late 1985.

The remodeled facilities were large enough to accommodate the two physicians from the Landmann Clinic, which was started by Gustave Landmann, M.D. The new building had 16 examination rooms, X-ray space, laboratories, two rooms for office procedures and for placing casts on patients with orthopedic problems, a patient education and family counseling center, vision testing rooms, an optical dispensary and staff offices.

Sue Landmann Pierce, a medical transcriptionist at the Lake Tomah Clinic, remembers when she was a junior in high school and helped her father, Dr. Landmann, with patient records. “The charts were very different back then. Instead of a chart for each person, we had family charts. The whole family was in the same chart,” she said.
House calls were common in those days and there was no regular emergency room coverage. Instead, a doctor was called in when there was a patient in the hospital.

“It was a small town. Doctors did everything. They were jacks of all trades,” Pierce said.

Pierce left the clinic when her children were young, but was called back to help out for a few hours each week. Gradually, she added to her hours as the need grew and is now working full-time again.

Pierce said patients are loyal to the clinic and appreciative that care is available locally. A long-time patient, Barb Sutton, traces her use of medical services in Tomah to when she was expecting her first child in 1958 and saw Dr. Kozarek at his clinic. She and her husband, Bob, went on to have a second child and they now have six grandchildren. Over the years, she and other family members have continued to be seen at the Lake Tomah Clinic.

“All the doctors are very caring and compassionate. They really do care about the patient,” she said. “They are a great bunch and really know you and your family.”

Waukon Clinic

The roots of the Waukon Clinic date back to 1947, when Clark M. Rominger, M.D., established the Family Practice Clinic of Waukon. The clinic operated independently for over forty years, but in 1988, it became a member of the Franciscan Health System.

The clinic has experienced many changes since Dr. Rominger’s dream became reality. Shirley Steffenson, R.N., joined the Family Practice Clinic in 1966, and still works at the clinic today. She has seen many changes first hand. For example, when she began her career at the Waukon Clinic, office visits were $3, no matter what prompted the visit. Steffenson said she remembers giving patients shots of penicillin and immunizing children, which wasn’t as easy as it sounds.

“Mothers told me as soon as they turned the corner to the clinic the children would start to scream and holler,” because they didn’t want to get their shots, she said. The event was anything but pleasant for the nurses. First, they had to face those teary eyes looking up at them. And when it was over, there was much more work to be done. In the days before disposable syringes, every needle and syringe had to be washed and sterilized.
Steffenson has watched the clinic become more sophisticated over the years. Initially, patients who needed lab work or X-rays were referred to the hospital. But demand for those services grew along with the patient base, until X-rays and lab work became a part of the daily clinic operations. Today, Waukon Clinic has its own laboratory and X-ray departments, and if patients have a need for specialized care, the specialists at Franciscan Skemp Healthcare—La Crosse provide outreach.

Technology has improved through the years, keeping current with changes in health care. Currently, nine specialists provide outreach to the clinic in Waukon, and behavioral health services are available twice a week. These offerings are particularly important to elderly patients, who may have a difficult time getting transportation to La Crosse. In addition, having specialized health care that's regularly available helps build partnerships between patients and providers. Steffenson said, "Patients like to come in here and see a familiar face — people they know. I think when you know the person you give a little more personal care. You have to be on your toes because everybody knows everybody."

Richard Perry, M.D.

Richard Perry, M.D., joined the clinic staff in 1977, and worked to forge the affiliation between the Family Practice Clinic and the Franciscan Health System ten years later. At that time the Waukon Clinic was in demand, as a number of systems clamored to add the clinic to their ranks. Dr. Perry said, "We always had the kind of relationship that when we had consultations with St. Francis, we would get the patients back to our care." In the end, these Franciscan values and the philosophy
of the system made Franciscan Health System the affiliation of choice.

The decision to join a healthcare system came out of necessity. Doctors were spending an enormous amount of time on the administrative details of the practice, and wanted to return the focus of their energies to patient care. The complexity of rules and regulations related to government reimbursement was demanding. In addition, the clinic operated with a budget too small to cover the salary of a full-time human resource director. The system offered expertise in handling human resource issues, including the development of personnel policies, as well as other administrative duties. Dr. Perry acknowledges, “There wasn’t anyone in the group that wanted to spend that kind of time doing administrative work.” Physicians wanted to spend their time dealing with patient care in family practice, obstetrics, pediatrics and geriatrics.

In 1997, Franciscan Skemp Healthcare built a $1.5 million clinic in Waukon. Today the therapy departments of the local hospital, Veterans Memorial, occupy half of the clinic. The hospital underwent extensive renovation and construction, and now the two facilities are attached. Dr. Perry said, “Since we opened this building, we have grown from four providers to six and we are trying to recruit a seventh. Behavioral health professionals are here part of the week and the number of visiting specialists is growing.”

Being part of a larger organization, and part of the Mayo Health System, has many benefits. The Waukon Clinic has more purchasing power with a volume discount on equipment and supplies and access to continuing education for all providers and staff. The Mayo Health System has also encouraged the development of patient care protocols, especially preventative health strategies for common chronic diseases. All of these services and benefits add up to improved care for the patients at Waukon Clinic.

West Salem Clinic

Baldwin Lloyd, M.D., and David Morris, M.D. (now an allergist with Allergies Associates of La Crosse, affiliated with Franciscan Skemp), opened the West Salem Clinic in 1959. They were soon joined by
others, including George Gersch, M.D., and later Charles Engel, M.D.

Dr. Engel joined the West Salem Clinic in 1968, right out of residency, training that was broken up by military service in Vietnam.

"West Salem seemed like a good place to be," he said.

There was a close relationship with patients, Dr. Engel said. "You saw them more often because you were a part of the community. You saw them in church or other places in town," he said. "I believe that your patient is also your friend. There's real satisfaction in seeing the patient get well and go from feeling terrible to being happy again."

The West Salem Clinic became part of the Skemp organization in 1976, in part to recruit more physicians who would stay with the practice rather than move on after a short time. "We had some individuals who worked in the clinic for one to two years and then left. It just appeared better from the standpoint of quality of life to join Skemp-Grandview," Dr. Engel said. "Rather than being on call every other night, you were on call once a week, as you shared call with the other members of the family practice depart-

ment. Recruiting physicians was easier. If physicians look at one place where they'll be on call every third night or another where they'll be on call once a week, you know what place they'll pick."

Dr. Engel said affiliation with Mayo has made a difference for West Salem patients. "It is easier to get patients into Rochester to be seen. That's an advantage for West Salem and the whole system," he said.
Building a stronger rural system as part of the Mayo Health System

Imagine a wheel with spokes going out from the center hub, but with no rim around the outer edge. J. Alan Fleischmann, M.D., a family practitioner with the Franciscan Skemp Healthcare Caledonia Clinic, had that image for the rural healthcare system prior to the partnership with Mayo. The smaller members in the system had no connections to each other, only to La Crosse.

Dr. Fleischmann, who was born in Ireland and educated at University College Cork of the National University of Ireland, came to the United States in 1974 as a medical student for a three-month rotation at Gundersen Clinic. After completing medical school and residency training, he practiced medicine for seven years in England. He is now vice president of medical affairs for regional services for Franciscan Skemp Healthcare.

The rural communities welcomed the partnership with Mayo Health System. "Mayo has been highly positive. We’ve talked a lot about the mission of Mayo and its philosophy of putting patients first and remaining totally patient-oriented," Dr. Fleischmann said. "It’s an absolutely enormous system, but it still maintains that philosophy."

He and his patients benefit because he has access to the best minds in medicine. "There are just endless advantages when a patient has a rare disease and you are troubled," he said. "You can ring up and speak with a world expert on that disease and from five to ten minutes on the phone get a treatment plan. We have access to unbelievable knowledge and skill."

Another advantage for patients is that being in the same system as Mayo, tests do not need to be repeated when a patient is referred to Rochester. Mayo doctors know Franciscan Skemp and its capabilities and respect them. They do not see a need to repeat tests unnecessarily.

Since the affiliation with Mayo Health System, Sparta’s Patricia Raftery, D.O., sees a stronger rural health system. "You talk about seamless continuity of care. We’ve got that," she said. "I really do think the best care available in the world is at the Mayo Clinic. The best continuing medical education and the best philosophy of care are at the Mayo Clinic."
Clearly, recruitment of family physicians and other specialists for Sparta is easier because of the affiliation. "It is easier to recruit. There's a sense of pride just being associated with Mayo Clinic," said Bill Sexton, former administrator of the Sparta Campus.

The Mayo and Franciscan Skemp systems are bringing resources to rural practices, according to Dr. Fleischmann. Prior to the partnership, he said, "There was not a lot of money in the coffers for the things that needed to get done. Now the clinics have absolutely gorgeous facilities."
It is exciting for Dr. Fleischmann to see greater strength for the regional system in the last five years. Named the system’s first regional medical director in July 1995, he was given a seat on the Franciscan Skemp clinical practice committee and was later appointed vice president of medical affairs for regional services, which put him on the system’s management team.

Dr. Perry, who also serves on the policy advisory committee and the clinical practice committee, said regional clinics have had a greater voice in the last few years. “They hear from me,” he said.

One perspective Dr. Perry offers is the difference in practice in a rural community, where family practitioners take care of sicker patients than their counterparts in a larger city. “We are not only office family practitioners, but we are emergency physicians,” he said.

Having a rural physician on the Franciscan Skemp board is important, Dr. Fleischmann said. “It means that people hear regional opinions. There is a much greater understanding of what the region is about. We have an ability to make an impact on the organization as a whole.”

The future of rural health care

There also are challenges related to reimbursement for services in general. With shorter hospital stays today and so much emphasis on outpatient care, the roles of the regional hospitals are in flux, as are the roles of medical centers in larger communities. There is less need for the traditional role of rural hospitals of providing care for acutely ill patients. Specialty care fills beds in larger communities like La Crosse, but in smaller cities like Arcadia and Sparta, occupancies continue to decline. These hospitals, in conjunction with the local people, are now taking a careful look at just what their communities need.

The state of Wisconsin now offers the opportunity for rural hospitals to become critical access hospitals. These hospitals have to maintain emergency services and have no more than 15 acute care beds and 10 swing beds, which are a transitional service for patients who no longer need as much nursing care but are not ready to go home.

Franciscan Skemp Healthcare President and CEO Glenn Forbes, M.D., said it is important to release the old allegiances to brick and mortar and instead look at specific
healthcare needs of a community and how those needs can be met in the most efficient yet compassionate way possible.

"If you need certain types of medical care for an illness or an injury, the best way may or may not be in that building. We have to focus on what the needs of the people living in that community are and how we can continue to provide those services."

Rural System Achievements

Among changes that have occurred in the rural system are:

- The number of Franciscan Skemp doctors going to regional sites to provide specialty outreach services has increased from 19 to 90. That means even specialty services like cardiology, urology and podiatry are more convenient for patients.

- Buildings in the regional system have been remodeled and expanded. A new Prairie du Chien clinic opened in September 1999.

- Each regional center now has a physician leader and an administrative leader who work in tandem, which is consistent with the Mayo structure.

- There are new physicians and associate medical staff throughout the regional system, which has helped to increase the number of patients in these communities.

- A regional physician serves on the Franciscan Skemp Board.

Dr. Fleischmann agreed, "We have to decide how best to serve people. Within 20 years, even 10 years, there will probably be only two kinds of people in hospitals: those who have dramatic needs for the services provided in an intensive care unit and those who need observational beds."
VII: The Search for a Partner
In the final decades of the 20th century, Franciscan Health System was at a crossroads, as were many healthcare organizations across the country. With the healthcare portion of the nation’s gross national product rising dramatically year after year, employers felt tremendous pain from rising health insurance costs and still many Americans were uninsured. There was a strong demand in this country to do something about health care.

One idea that was gaining momentum was managed care, with the most popular form being the health maintenance organization (HMO). Preventive care, including regular services, immunizations and screening tests, are emphasized under the theory that keeping patients well — or at least identifying problems at an early stage — would help keep people healthier and, therefore, keep costs down.

In 1992, an estimated 36 percent of Americans were part of a managed care program. By 1996, that number had nearly doubled, to 60 percent.

Skemp Clinic and FHS first entered the managed care arena by forming the Greater La Crosse Health Plan, which began with a Medicare supplement plan in 1982. The coming of managed care in general created shock waves nationally and locally. Healthcare organizations, large and small, realized that they would need a complete system to compete in this new environment.

Brian C. Campion, M.D., who joined FHS in January 1990 as president, recognized that a partner was needed. “The health system had been through some incredibly rocky financial times and was almost bouncing back,” Dr. Campion said, “but I thought the ballgame had changed. I had been through a very effective merger between a hospital and clinic — Ramsey Hospital and Ramsey Clinic. I came out of that experience with the belief that a healthcare organization would only be successful when the
Also at the time, FHS was the sole member or sole shareholder of various subsidiaries and affiliates that were part of an integrated system of healthcare services:

- St. Francis Foundation, St. Mary’s Foundation and St. Joseph’s Foundation.
- Franciscan Elder Care, Inc., which included Elder Care of Sparta, North La Crosse and Elder Hospitality of Iowa, and nursing homes in Onalaska, La Crosse, Sparta and Arcadia.
- St. Francis Community Programs (housing and programs for people with chronic mental illness and chemical dependency).

Skemp Clinic certainly worked with FHS and was St. Francis Medical Center’s primary source of patients, but they were still separate organizations with comparable values.

By 1993, FHS and the FSPA together began the search for a partner. Their first choice was to find a Catholic organization as their sponsor.

“We needed to do something, to look for other partners, particularly to align ourselves with tertiary care or an organization with a larger focus,” said Sister Maris Kerwin, vice
Sister Maris Kerwin, president of the FSPA from 1984 to 1994 and now administrator of Villa St. Joseph, a retirement home for the Sisters.

During the spring and summer of 1993, Sister Maris and Dr. Campion traveled to St. Louis, Mo., to meet with the SSM Ministry and to Omaha, Neb., to meet with the Catholic Health Corporation. “Both organizations were interested, but could not meet our needs,” Sister Maris said.

Also around that time, Sister Maris and Dr. Campion had an exploratory meeting with Michael O’Sullivan, M.D., then chair of the Mayo regional strategy committee. That committee was looking at how Mayo Clinic might restructure itself to respond to the challenges of managed care. At that point, Mayo Clinic had not partnered with a hospital system, but had merged with clinics. Since Skemp Clinic was not then a part of the equation, Mayo Clinic was not interested in a partnership at that time.

By summer 1993, however, Skemp Clinic leaders began to recognize that they would benefit from having a partner as well. “They told us they needed to merge, too,” Dr. Campion recalled.

David Nelson, M.D., now chairman of the Franciscan Skemp board, said the concern was that without a partner, “we didn’t think we would be around in 10 years.”

It was clear that whatever the partnership would entail, a complete array of specialty services would be required.

Franciscan Health System/Skemp Clinic and Lutheran Health System/Gundersen Clinic had both a cooperative and a competitive relationship over the years. Clearly, in the late 20th century there was intense competition. Yet, many times each medical center
David Nelson, M.D.

recognized the need for community cooperation.

“We were always competing with Gundersen Lutheran, but we were always working together on all kinds of things, such as the paramedic training program, PACE,” said Sister Celesta Day, former administrator of St. Francis Medical Center.

She also noted that when there was a fire in 1961 at Lutheran, St. Francis immediately helped out Lutheran until it was back in operation. If a piece of surgical equipment was needed, one hospital would help the other.

“When someone is hit by a car, competition is absolutely unacceptable. The welfare of the patient must always be the determining factor,” Sister Celesta said.

Shortly after Dr. Campion arrived in La Crosse, he met his counterparts at Lutheran Hospital and began having regular lunch meetings. Over time, he and William O’Leary, M.D., representing Skemp Clinic as president; Jack Schwem, representing Lutheran Hospital-La Crosse; Kermit Newcomer, M.D.; and later his replacement Philip Dahlberg, M.D., representing Gundersen Clinic, began talking about projects they could do cooperatively.

The first was the advanced directives project, to encourage people to record their end-of-life wishes regarding medical intervention. Having these documents ensured that their treatment decisions were respected if they were unable to speak for themselves.

That highly successful collaboration was followed by a smoking cessation campaign and the Dubna Friendship Program, which sent medical resources and education to La Crosse’s sister city, Dubna, Russia, a
community starved for medical care. “Jack and I went to Dubna together to kick off that project,” Dr. Campion recalled.

Next up as a cooperative venture was a free clinic for the working poor, the St. Clare Health Mission. The idea for the clinic originated on the St. Francis campus, where leaders suggested it be housed and named after the Catholic saint, Clare, who ministered to the poor, part of our Franciscan heritage of fulfilling unmet needs. Dr. Campion worried about presenting this concept to Schwem and others at Lutheran, but was thrilled to find support on all issues. “We were very excited about this. We felt we had built trust and we were coming together,” he said. The four medical organizations became joint sponsors for the St. Clare Health Mission, which opened in 1993.

Building on such successes through collaboration, it was natural for discussions to lead to a possible merger of all four institutions: Franciscan Health System, Skemp Clinic, Gundersen Clinic and Lutheran Health System. There were obvious challenges in this, the biggest being the federal antitrust laws. Would the U.S. government block such a move as restraint of trade because there would, in effect, be a monopoly in La Crosse health care if all four of the major players became one? The government resisted monopolies for fear they would drive up prices after controlling the market.

“We knew there were huge antitrust issues, but we had hope we could come together,” Dr. Campion said. “We had enough hope that we hired a consultant together in the fall of 1993 to help us evaluate the potential of a successful merger.”
Another option considered was for the two clinics to merge and the two hospitals to merge separately, but the FHS board felt that this would not offer the integration with the physician group which they felt would be vital for future success.

At the same time these discussions were occurring, the conversations with Mayo Clinic increased in intensity.

One of the benefits of a partnership with Mayo Clinic, from Dr. Nelson’s standpoint, was that the two medical centers shared core values. “Care of the patient comes first,” he said. “They were interested in taking care of patients, treating people with dignity. They made you feel like you would get the best care that you can get.”

Market study information also showed that patients wanted choice in where they went for their care, particularly as it related to tertiary care. Patients, particularly in the La Crosse area, wanted to be able to go to Mayo Clinic or Gundersen if they needed services that could not be provided by their own doctor.

“Mayo Clinic was an aggressive suitor,” Dr. Campion said. “They knocked down one barrier after another.”

Another critical concern was the FSPA’s desire to retain sponsorship of some kind in whatever new organization developed. While the FSPA wanted to continue the Catholic heritage, it was not their first priority, according to Sister Helen Elsbernd, vice president of the FSPA in 1994 and FSPA spokesperson during the negotiations. There was a certain comfort level because the FSPA had consulted previously with the Franciscan Sisters of Rochester. “We felt that our values would be respected with an alliance with Mayo Clinic,” Sister Helen said.

The leaders of Skemp Clinic, FHS and FSPA asserted that there were tough decisions to make. The most important determinant was what was best for the people of the area, Sister Helen said. “That was our primary goal. Our secondary goal was to keep it as Catholic an organization as possible. We wanted to preserve the heritage.”

Mayo Clinic had a history of working with Franciscan Sisters, albeit a different order. St. Mary’s Hospital in Rochester was built as the result of a tragedy. In 1883, a tornado swept through Rochester, leaving in its wake many deaths and injuries. Temporary hospital quarters were hurriedly improvised.
in offices and hotels. Nuns from the Sisters of St. Francis, a teaching order, were recruited as nurses. They took some of the injured people into their academy. The experience inspired Mother Alfred Moes to request that the Drs. Mayo join with them to build the first general hospital in southeastern Minnesota. The 27-bed Saint Mary’s Hospital opened in 1889 because of this first partnership.

Dr. O’Sullivan described the relationship with the FSPA as “one of the more complex and exciting discussions that we got into. They obviously had served the community in a superb fashion over many, many years. They also wanted to protect the Catholicity of their mission. We got into a lot of discussions about how we would structure the relationship. It was quite a challenge.”

The Sisters were key to the relationship, which Dr. O’Sullivan said had to be built on mutual trust and respect. “I have the greatest admiration for the Sisters and their work. The Sisters were excellent negotiators.”

Mayo Clinic was interested in Franciscan Health System and Skemp Clinic as part of Mayo Health System, its network of community-based healthcare providers. At the time of publication, Mayo Health System includes 13 organizations that provide care in 62 communities in Minnesota, Iowa and Wisconsin. Mayo Health System clinics, hospitals and other healthcare providers are wholly owned subsidiaries of the Mayo Foundation, except for Franciscan Skemp, which Mayo Health System co-sponsors with the FSPA. In each community, the partnerships mix local governance and administrative responsibility with centralized resources.
Mayo Health System had been developed for the same reasons that FHS and Skemp Clinic were looking for partners — for greater efficiency while maintaining the highest quality of patient care. “We didn’t want an insurance company or government agency to tell us how to cut costs,” Dr. O’Sullivan said. Instead, he felt the efficiencies would come for Mayo Clinic just the way they would for Franciscan Skemp — by having an integrated system that cared for patients along the entire spectrum, from the most basic medical needs to the most complicated.

Maintaining the values of the FSPA and the FHS in the new organization also was very important, Sister Helen said. “Franciscan Health System had always been identified with caring for the poor and taking care of certain social needs of the people.”

For example, the system had 160 beds designed for halfway homes and other care of persons who are mentally ill or have other special needs. It also had 180 apartments for people who are elderly or have disabilities. These were financed through the U.S. Department of Housing and Urban Development. “These programs address the philosophy of meeting the needs of the less fortunate of society,” Sister Helen said.

The vote and the fallout

Mayo Clinic and Lutheran Health System/Gundersen Clinic both made presentations to the boards of FHS and Skemp Clinic on a single day.

Dr. Campion said that after the presentations there was a reversal of opinion from supporting a local affiliation to going with
Mayo Health System. “It was an amazing shift,” he said. “The board made it very clear that what they wanted was an integrated system with continuity of care and a strong relationship with physicians.”

The late D. B. Reinhart, a former member of the FHS board and owner of Gateway Foods, asked this question after the partnership agreement: “How will the people of La Crosse know Mayo Clinic is here?”

“I said we will know Mayo Clinic is here because patients will get really good care. We will not build a whole new set of buildings or look a lot different,” Dr. Campion said. “We will make sure that the care is good and we’ll get progressively better.”

A complicated partnership
The actual partnership of the institutions was complicated. It involved Mayo Clinic acquiring the physician practices of Skemp Clinic, which it then transferred to the new Franciscan Skemp Healthcare organization. That organization, jointly sponsored by the FSPA and Mayo Clinic, has a shared governance model (the first and only time that Mayo Clinic has agreed to such a structure).

The 15-member board has:

- five members jointly appointed by the FSPA and Mayo Clinic. Three come from the community, one is the president/CEO, and one is a Mayo Clinic recommendation.

- three exclusive FSPA appointees.

- seven exclusive Mayo Clinic appointees.

Three are locally-employed physicians and Mayo Clinic appoints four others.

Determining exactly how Mayo Clinic would share governance with the FSPA was difficult. “The FSPA and Mayo Clinic have certain reserve powers,” Sister Helen said. “There are certain things that the FSPA has as reserve powers, such as the identification of what makes it a Catholic organization. Mayo Clinic has more reserve powers in the business aspect. Other reserve powers, such as approving the CEO or changing the philosophy, are held by both sponsors.”

Allowing the Sisters to have that kind of sponsorship and leadership role was “a huge concession from the Mayo Clinic perspective,” Dr. Campion said.

Sister Helen appreciates the participation of Mayo Clinic at two sessions each year.
where Mayo Health System and the FSPA, as the corporate sponsors, discuss Franciscan Skemp's values and directions. They also address caring for community needs, with which Mayo Clinic has had less experience because many of its patients come from throughout the nation and world. “It has been a very positive experience,” she said.

The FSPAs feel strongly about their tradition of addressing the underlying spiritual value, that sense of dignity and importance of the individual. “No matter who that person is, he or she is deserving of that deep respect as a human being,” Sister Helen said.

There was still one more step. The Wisconsin Cost Containment Commission had to review and approve the proposed partnership. Part of that process involved a public hearing. About 300 people attended a public hearing on the partnering plan on March 24, 1995.

During the 90-minute hearing, no one spoke in opposition to the partnership. Patients spoke of the quality care they received when referred to Mayo Clinic and business leaders spoke of the need for competition to hold healthcare costs down. Mayo Clinic physicians in regional clinics talked about the opportunities they have had for their patients and their practices as members of Mayo Health System.

After the hearing, Dr. Campion said, “The outpouring of people surprised me a little and it was heart-warming when the patients talked.”

On June 22, 1995, the Wisconsin Cost Containment Commission approved the partnership. “The proposed project is the most advantageous to the public because it creates the least market concentration,” the commission said.

Franciscan Skemp Healthcare officially began July 1, 1995.
Creation of Mayo Health System

"A number of things were happening in 1992. The country had a new president who talked about putting a national health system into place that might significantly impact the ability of patients to come to Mayo Clinic," said Peter Carryer, M.D., who was then on Mayo Clinic's clinical practice committee. "Another concern was that insurance companies might restrict the ability of patients to cross state lines. There were a lot of ideas floating around and managed care was on the scene. Many clinics became nervous that they didn't have the resources to be successful in the coming environment. Clinics like Skemp that traditionally had felt very comfortable remaining independent felt a need to join with large partners to bring necessary resources to keep them successful." Dr. Carryer, who is now chairman of operations for Mayo Health System, said there were two reasons for forming the system:

- To guarantee that patients from within 120 miles of Rochester could still come to Mayo Clinic for care when they wished, or when specialty care was needed.
- To bring resources to regional clinics to allow them to be successful in the new healthcare environment.

The first of these clinics to join Mayo Health System was the Decora Clinic, in Decora, Iowa, in 1992. Eau Claire was the second site of Mayo Health System with the Midelfort Clinic and Luther Hospital joining the system. The clinic, which dated back to 1927, and the hospital, founded in 1905, together have 152 physicians and 2,237 allied health staff.

At the time Skemp first approached Mayo Clinic in 1994, Mayo Health System leaders were negotiating with several other medical practices. Some included both a clinic and a hospital. The partnering of both clinic and hospital is something with which Mayo Clinic had experience. In 1986, Mayo merged with St. Mary's and Methodist Hospitals.

"There was a tremendous advantage to becoming a single organization," Dr. Carryer said. "There was an incentive to minimize duplication..."
and waste. By engaging the doctors in the hospital environment, we could reduce unnecessary costs. We felt that if we could roll that model into Mayo Health System it would be equally effective. In many communities, we acquired both the physician group and the hospital.

When Skemp Clinic approached Mayo Clinic, the Rochester-based system was interested in working with both Skemp Clinic and St. Francis Medical Center. Mayo Clinic had had a cordial relationship over the years with FHS because of the ongoing partnership in training physicians at the St. Francis-Mayo Family Practice Residency, according to Dr. O’Sullivan. “We knew it was a high class organization from the relationship we had with them in education, and we knew they had high class physicians from the patients that they referred to us.”

Dr. Carryer agreed. “They had so many strengths. That’s the reason that we felt partnering with Skemp Clinic and FHS made sense to Mayo Clinic.”

Among the strengths he mentioned were:

- The reputation for excellence demonstrated by the physicians. Mayo Clinic already knew Skemp had excellent primary care providers with some specialists.
- The FHS mission, which meshed well with the Mayo Clinic mission of providing patient-focused care. “We had talked to many groups that we felt were more interested in the dollar than the patient,” Dr. Carryer said. “We saw that they would not be as good a fit with Mayo Clinic.”

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**Board members of Franciscan Health System at the time of the vote to partner:**

- Richard Campbell, Chairperson
- Sister Leclare Beres, FSPA, Vice Chair
- H. Allan Poser, Secretary
- George Smith, Treasurer
- Brian C. Campion, M.D., President
- Sister Helen Elsbernd, FSPA
- Sister Rita Heires, FSPA
- Ed Hengel
- Charles F. Mathy
- David Nelson, M.D.
- Sister Laurian Pieter, FSPA
- Lindon Saline
- Sister Moira Tighe, OSF (Franciscan Sisters of Rochester)
- Sister Julie Tydrich, FSPA
- Sister Margaret Wagner, FSPA
Mayo Health System

To achieve the highest standards for medical care and health improvement in the communities in which we live and work.
VIII: Blending the Organizations
No one ever said it would be easy. Blending Franciscan Health System, Skemp Clinic, and Mayo Health System was going to be a difficult process. Additionally, it was critical that the FSPA's culture be present in the new organization.

"We did something unique with Franciscan Skemp by bringing together a larger hospital and larger clinic and wrapping them together into Mayo Clinic in a single move. It was a Herculean task to accomplish bringing three organizations together at the same time," said Dr. Carryer, chairman of operations for Mayo Health System.

"It's always challenging when you bring different cultures together," said Dr. Michael O'Sullivan. "It's not something that happens overnight. Organizations never like to partner. Even the happiest partnerships have bumpy parts."

For example, there were considerable differences among the three organizations in how they made decisions. A hospital system operates more by consensus with community input from its board. Skemp, as a physician group, was entrepreneurial and typically made its decisions quickly. Mayo Clinic, as an academic medical center that is known worldwide, also makes its own decisions through its own processes. It also has a highly structured committee system.

"There was a lot of hard work. It takes a lot of understanding and a willingness to be patient and to work for the eventual good that comes out of it," Dr. O'Sullivan said.

"You have to keep the vision ahead of you."

The first challenge was to develop a list of principles that all of the organizations shared. These principles became the foundation for the values of the new organization.

"They were the hallmark of the success of the relationship," Dr. O'Sullivan said.

Dr. Campion said he did not feel like he was partnering with strangers when the new Franciscan Skemp became a part of Mayo Health System. "We built trust very fast. Dr. O'Sullivan was a legend. He'd come into
town and say, ‘You are good folks, good doctors and we think our values are similar.’ He would tell stories, talk about his kids and ask about your kids. What that did is build values. We forged a relationship quickly.”

Dr. O’Sullivan said it took much “windshield time” for the parties to come as far as they have, a reference to the drives between La Crosse and Rochester for meetings. Today, meetings continue in person or via Mayo Clinic’s sophisticated teleconferencing network, which allows parties to see and communicate with each other over interactive television, but he said, “There’s nothing that can match human interaction.”

The progress has been excellent, said Dr. O’Sullivan, who left Rochester in September 1997 to become chairman of the board of governors for Mayo Clinic-Scottsdale, Ariz. “At the time I left it was evolving in a positive direction. We certainly were very pleased with the way that the relationship was progressing.”

A brief history of the new partner: Mayo Clinic

Mayo Clinic is synonymous with quality health care. Patients come from around the world because of the reputation of the clinic in Rochester, Minn.

Why Mayo Clinic has come to stand for the highest quality in medicine begins with the physician sons of William Worrall Mayo, M.D., a country doctor who had emigrated from England in the 1846. William J. Mayo, M.D., and Charles H. Mayo, M.D., both surgeons, found themselves so busy in their practice that they needed help. When they invited other specialists to join them beginning in 1892, they invented a new form of healthcare delivery — the group practice.

“It has become necessary to develop medicine as a cooperative science; the clinician, the specialist and the laboratory workers uniting for the good of the patient,” Dr. Will once said. “Individualism in medicine can no longer exist.”

In 1912, a new clinic building was constructed with the concept of bringing all the departments under one roof. That building, now called Mayo Clinic, had a common medical record between clinic and hospitals at a time when such a system was very rare. In addition, the record was brought by conveyor belt to the doctor seeing a patient. The
Mayo Clinic also had the world's first telephone paging system.

Mayo Clinic continued to add new specialties during the early years of the 20th century. Perhaps most significant was the decision in 1915 to integrate research and education with practice through the Mayo Graduate School of Medicine. In 1919, the Mayo brothers dissolved their partnership, instead creating the private, not-for-profit Mayo Foundation. "We want the money to go back to the people, from whom it came, and we think we can best give it back to them through medical education," Dr. Will said.

Since its beginning, more than 5 million people have been treated by Mayo Clinic, whose mission is to provide the highest quality, compassionate care at a reasonable cost through a physician-led team of diverse people working together in clinical practice, education and research in a unified multi-campus system.

More simply put by Dr. Will long ago,
"The best interest of the patient is the only interest to be considered."

For years, patients flocked to Rochester for the finest care that medicine could offer. Mayo Clinic spread beyond Rochester for the first time when it opened Mayo Clinic-Jacksonville, Fla., in 1986, and Mayo Clinic-Scottsdale, Ariz., in 1987. Today, the Jacksonville clinic has 220 physicians and the Scottsdale clinic has more than 250.

The Mayo way

Mayo Clinic's primary value continues to be putting the needs of patients first, according to Dr. Carryer. "For more than 100 years we have demonstrated over and over that this is our value. It is the reason Mayo Clinic is successful. We had a very similar mission with both Skemp and FHS. They had good doctors and our missions fit well. We continue to feel that way."

Noting that the FSPA in La Crosse negotiated for reserve powers to maintain their identity, Dr. Carryer said, "They wanted to make sure that they didn’t lose the cultural things that were so important to them and to us," he said. "The whole atmosphere was different in La Crosse in terms of constantly being aware of how the underprivileged population was doing."

While the Sisters continue to be members of the Franciscan Skemp board, the operations of the La Crosse-based system are doctor-led, another Mayo Clinic tradition. "We have physicians in leadership because the healthcare relationship is between the patient and the doctor or provider. That relationship is the foundation of administrative activities. That is a fundamental Mayo Clinic tenet," said Glenn S. Forbes, M.D., who assumed the role of physician leader at Franciscan Skemp in 1998. "It also means you never leave the culture of being a physician. You want to stay grounded as a physician."

This grounding is important in order to understand how decisions relate to patients as individuals. The physician as leader is so fundamental to the Mayo Clinic way that one of the first things that Dr. Forbes did when he took over the leadership role of Franciscan Skemp was to have a viewbox for radiology films placed on the wall of his office. "It was a subtle signal that every one of us as physicians needs to be grounded on a one-to-one relationship in patient care," he said.
As a neuroradiologist (specialist in imaging of the brain and nervous system), Dr. Forbes has an unusual specialty. He is always available for consultations at Franciscan Skemp and occasionally at Mayo Clinic Rochester.

Prior to the partnership, Dr. Forbes had no direct experience with Franciscan Skemp. It was only when he became involved in strategic planning for Mayo Clinic that he became familiar with FHS and Skemp Clinic. Prior to that time he had been part of a team from Mayo Clinic that had focused on mergers in Minnesota with Austin Medical Center and Immanuel St. Joseph’s in Mankato.

In 1997, Dr. Forbes was asked to become the liaison between Franciscan Skemp and Mayo Clinic to help bridge the gap between the two organizations’ cultures and operations. He presented the Rochester viewpoint to La Crosse and the La Crosse position to Rochester.

When Dr. Campion retired as CEO of Franciscan Skemp, Dr. Forbes was encouraged to apply for the position. By that time he had developed strong relationships with Franciscan Skemp. “I was impressed that Franciscan Skemp had a unique culture and

Glenn Forbes, M.D.

that it also clearly had a unique form of governance and relationship within Mayo Health System,” he said. “That uniqueness provided both an opportunity and a responsibility to define certain elements of health care that are not defined any other way.”

Mayo Health System allows Franciscan Skemp to have a unique expression of its mission. With the Mayo Clinic connection, it
has a platform that is recognized around the world. "Mayo Clinic sees this as a unique opportunity and how we develop this relationship can serve as a model for how health care evolves," Dr. Forbes said.

Mayo Clinic understands that models and strategies need to continually change. "Mayo Clinic started as a family practice in the 19th century. It has always been innovative, recognizing that another model may be even more successful," Dr. Forbes said. "In the late 20th century, we recognize that American society is undergoing a revolution in health care."

Rather than staying focused in one spot — Rochester — with one approach to health care, there are opportunities to meet individual community needs with different approaches that come from these local practices. Franciscan Skemp brings such attributes as more holistic care, spirituality and a commitment to the community to Mayo Clinic's three shields of patient care, education and research.

"The dedication and commitment of the people here is very obvious. There is a definite sense of the mission in the people who work here," Dr. Forbes said. "You don't always run into that when you go into organizations. In some organizations, when you ask for their sense of commitment or mission, they scramble around or dig in a drawer somewhere for the mission statement. You can walk into any room here and see the mission."

There also is a sense of the patient as a whole person, not a collection of ailments. "The patient is not a clinical problem, but a whole person who lives and works in the community," he said.

The culture continues to include the Sisters, even if the number of the FSPA who are actively involved in day-to-day operations has declined markedly from more than one hundred in the 1960s to half a dozen or so today.

"They are a beacon that is always there to guide the decisions that are made. Their presence acts as a filter that helps us focus and keeps us anchored on certain bedrock principles that we all share," he said.

**Benefits of the partnership**

One of the most significant benefits of the partnership is the ability to recruit and retain physicians. When Mayo Foundation acquired the Skemp practice in 1995, it
committed itself to a substantial investment over the next three years. This support meant competitive salaries could be offered to qualified providers.

As a result, Franciscan Skemp was able to recruit specialists who generally would not come to smaller medical practices, including neurologists, cardiologists, urologists, geriatricians, gastroenterologists and many more.

"More young doctors give us a look because of the Mayo Clinic affiliation," said Dr. David Nelson, chairman of the Franciscan Skemp board. "It is much easier to hire qualified physicians because people look at us as a long-term player. It is a huge improvement for this institution and this town." Since the partnership with Mayo Health System, the Franciscan Skemp medical staff has grown from about 75 doctors to 140.

Among the new recruits is Thomas Loepfe, M.D., the first fellowship-trained, board-certified geriatrics specialist in the La Crosse area, a subspecialty that is only about 20 years old. As he was completing his fellowship at Mayo Clinic Rochester, Dr. Loepfe interviewed at many facilities. With so few geriatricians in the country, he had many options, but was impressed with the energy at Franciscan Skemp. "The fact that it had affiliated with Mayo Clinic was a big plus. The La Crosse region was attractive. That was a plus as well."

Dr. Loepfe, who joined the Franciscan Skemp staff in September 1996, said he has not been disappointed. "The place continues to evolve and is forming its own unique culture, which I think is exciting."

He cites the mission as a major strength, which he attributes to the "dedication of the people here, the fact that they work so very hard to do their jobs and keep the patient
first. I interviewed a lot of places where I didn’t get that feeling. It was more ‘we are in it for the money.’ I saw it as a strength that this is much more a mission-driven place than most medical centers, especially large ones. That goes back to the history of the Sisters.”

As for the new specialty of geriatrics, Dr. Loepfe said it is analogous to pediatrics. Certainly, family practitioners and internal medicine specialists have done an excellent job of taking care of older patients just as family practitioners have taken care of children. But it is helpful to have someone with additional training available in such issues as dementia, the interaction of medications given to older patients, and nursing home care. “It’s nice to have a second opinion, someone else to look at a patient,” he said.

Other specialty areas that have successfully recruited include oncology, cardiology, neonatology, pediatrics, dermatology, and neurosciences.

Dr. O’Sullivan said, “You can see the benefit with the caliber of physicians that they have been able to recruit. I think that is the real benefit of the integrated system: that physician specialists, such as a neurosurgeon and cardiologists, have come to Franciscan Skemp because they know it is a quality institution.”

Being able to continue their education at the large academic center at Mayo Clinic is attractive to physicians, no matter where they are in their career.

Mayo Clinic also has gained from the partnership, according to Dr. O’Sullivan. Patients who need specialty care can receive it locally with backup at Mayo Clinic when needed. Another benefit is that patients can come to Mayo Clinic if they need services available there. “The fact that we are still seeing the patients from La Crosse is the true test of the success of the integration. For the rest of us in Mayo Health System, it truly was a rewarding experience to bring this to fruition for the benefit of Franciscan Skemp, for the patients, for the Sisters and for all the employees. Getting to know these constituencies better was a very personally rewarding experience for me,” Dr. O’Sullivan said.

The partnership of Franciscan Skemp with Mayo Clinic has also provided benefits and learning opportunities for Mayo Clinic, according to Dr. Carryer. Among them are:
• Franciscan Skemp is very strong in managed care. The experience and knowledge of how it has operated the employer health plans is helpful to Mayo Health System.

• Franciscan Skemp leaders provide a voice about community-based primary care in Mayo Health System meetings.

• Franciscan Skemp's strong focus on patient-oriented care serves as a model for other system members, contributing to the practice in the rest of the system.

While some joked that they'd need a bus to haul patients to Rochester as soon as the partnering documents were signed, Dr. Nelson said more than 90 percent of patient needs still are managed in the communities closest to where patients live. "Less than 5 percent of our business is taken out of La Crosse," he said.

Dr. Carryer agreed. "We believe that decisions about where patients go for specialty care should be made by the individual patient and physician."

On the other hand, Mayo Clinic does not want patients to journey unnecessarily to Rochester. "We want to make sure patients get the most appropriate level of care at the most appropriate location. We encourage patients to be seen locally and look for ways to encourage that," he said.

Most of all there should be a single quality standard of care everywhere in the system. "Whether the patient is seen in La Crosse or Decorah, he or she should have the same quality of patient care," Dr. Carryer said.

Technology helps make that possible. Video conferencing, available at all Mayo Health System sites over high-speed data and video lines, e-mail, library services and much more allow for physicians who practice in smaller communities to have access to the knowledge they need to care for patients. The system is also developing a common electronic medical record so that information about a patient's medical history as well as test results are immediately available to practitioners. "This will be rolled out to Mayo Health System over the next three to five years," Dr. Carryer said. "It is important for sharing patients' medical information across the health system.

"Becoming part of Mayo Health System is mutually beneficial for Franciscan Health System and Mayo Clinic Rochester," Dr. Carryer said. "We are pleased that the relationship is working so well."
**Benefits of the partnership with Mayo Health System**

- A shared bottom line for the clinic and hospitals, with all parties working toward a common goal. "There's one leadership, one governance, one strategic direction," Dr. Nelson said.

- Access to Mayo Clinic educational programs, which are free to employees of Mayo Health System. This means physicians and other staff are better able to keep up with the dynamic changes in health care.

- Ability to buy medical and other equipment at a volume discount.

- Access to Mayo Clinic support services, including the legal department and financial advisors.

- Specialty services from Mayo Clinic, meaning specialists come to La Crosse to provide specialty services in nephrology and cardiology on a part-time basis so patients do not have to travel to Rochester.

- Willingness of Mayo Clinic to establish a new service when demand is sufficient. The renal dialysis unit placed in the hospital in 1999 is an example. Mayo Health System supported the addition of a Franciscan Skemp Clinic in Prairie du Chien, which opened in September 1999.

*Source: David Nelson, M.D.*
IX: The Mission: Yesterday, Today and Tomorrow
Tracing our roots to St. Francis and St. Clare

One of the common values that Franciscan Skemp shares with Mayo Clinic is concern for the dignity of each individual patient, regardless of his or her circumstances.

The role model for Franciscan Skemp was Francesco Bernadone of Assisi, Italy, who was born in the year 1182. The son of a wealthy clothing merchant, he had the means to accomplish almost anything, but had little formal education and even less direction in his early years.

After drifting and deciding he wanted to be a knight, Francis ended up in a battle between the cities of Assisi and Perugia, some 30 miles from his home. Held captive for more than a year in Perugia in dire conditions, he became desperately ill. It was then that he vowed to change his way of life if he survived.

The story goes that Francis once spotted a leper begging on the road. He dismounted his horse and embraced the leper. It was a profound moment because society disdained anyone with this disease, sending the afflicted off to live and die in leper colonies. In 1205, Francis dedicated his life to working with the lepers in Assisi and to restoring old churches, moves that angered his father so much that he disinherited Francis.

Another Franciscan value is caring for the poor. In Francis' time, the Majores — the wealthy people who lived within the protection of the walled city — paid taxes to take care of the Minores, the poor and others who lived outside the security of those walls. The Minores are similar to the poor today: people who do not have a voice or who are dependent on others.

“Care for the ill and disenfranchised is the value that we carry out in service, how we respect every person. That is part of the service program that St. Francis had over the
years. Part of the mission of Catholic health care is to look at the needs of society that are not being met,” said Sister Helen Elsbernd, vice president of the FSPA.

Francis’ profound conversion not only shaped his future, it has influenced the Catholic world ever since. He preached the necessity of a poor, simple lifestyle based on the ideals of the Gospels. His embracing of the lepers and his living among society’s most shunned inspired his followers to make ministering to the sick a part of their mission.

Among Francis’ followers was Clare of Assisi, an Italian nun also born of a rich and noble family. After hearing St. Francis of Assisi, she joined the Order of the Franciscans in 1212. She founded the order of Franciscan nuns that became known as the Poor Clares, which was short for the Order of the Poor Ladies. Having recovered from a long illness, she had an appreciation for being a model for the sick or suffering.

The mission’s influence

Much has changed in health care since that first request in 1880 to the FSPA to open a hospital to serve La Crosse’s ill and injured. But what has not changed is the willingness of the Sisters — and by extension Franciscan Skemp — to tackle whatever human challenges came along. Caring for the sick, particularly those who were poor, was much more than a job for the FSPA — it was their mission.

Wherever suffering or a human need exists, you still will find the FSPA meeting the challenge. Their numbers have declined but their influence on Franciscan Skemp Healthcare has not. The tradition of caring that they established remains at the heart of what this health system has become.

Nickijo Hager, R.N., M.S.N., vice president of mission effectiveness and organizational development for Franciscan Skemp Healthcare, said, “The mission has always been to address unmet needs. It’s something that religious orders of women have done across the United States.”

Catholic health care focuses on the spirit and spirituality in the care of the whole person. “You can’t help but get into these issues when patients and families face serious illnesses,” she said. “There is less of a tendency to say this is just a physical illness and not discuss the spiritual.”
This philosophy is so important that Hager works with staff on a program called RISEN — Reinvesting Spirituality and Ethics in our Networks. This program emphasizes attention to personal growth and development as individuals in order to be a healthy presence for others. In addition, it addresses values like respect, dignity, compassion, stewardship and service so they are much more than words on the wall.

RISEN teaches the message that for healthcare providers to have a compassionate presence, they have to take care of their own spiritual needs. They need a solid foundation of relationships with family, friends and colleagues. “This is the foundation for one-to-one relationships with patients,” said Hager.

One reason that she believes Skemp Clinic and Franciscan Health System came together so well is that they shared common values. Skemp Clinic spoke of respect, service and teamwork, while FHS values were dignity, trust, service and teamwork. Respect is defined in every value and is the bridge from past to present to future. (See FSH values on next page.)

“As we look at our past, the Sisters and physicians were very innovative in respect to the needs of the community. Innovation links our past with our future relationship with Mayo,” Hager said.

The mission in earlier times

In some instances this support for people in need was informal. Lil Hendrickson, who graduated from the St. Francis School of Nursing in 1932, fondly recalled the arrival of supplies each morning from farmers and others to the hospital kitchen. “But most of all, I will always remember how the Sisters
The Mission and Values of Franciscan Skemp Healthcare

Our Mission
Franciscan Skemp Healthcare, based on our health system's Christian heritage and our belief in human dignity, commits to put the needs of our patients first and to collaborate in improving the health of individuals and the communities we serve.

Respect
We respect the dignity, diversity and the God-given worth of every human being.

Compassion
We provide compassionate personal care through our presence and response to the thoughts, feelings and unique needs of all people, especially the poor and underserved.

Service & Teamwork
We contribute our unique talents and skills in service and teamwork to pursue a shared vision of continually improving the quality of health care.

Innovation
Education, research and creativity are central to innovation which enhances the lives of those we serve.

Stewardship
Stewardship requires that we use our natural, technical and human resources wisely and maintain the financial viability of Franciscan Skemp Healthcare.
would come out, regardless of weather conditions, to give food to the many hungry people waiting near the door. These were the days during the Great Depression, which affected everyone in the land in varied degrees.”

Eunice Reget, R.N., also recalled Sister Mary Godfrey going to the kitchen at 6:30 A.M. to feed the hungry with leftover bread and other food. “Nothing was ever wasted. Sometimes there were 15 people lined up waiting for her. She had a heart for the poor and alcoholics,” Reget recalled. “She called everyone her ‘little one.’ We have a lot to learn from these dear Sisters. Franciscan meant you were conservative and didn’t waste anything.”

Caring for the whole patient was very much the mission of Franciscan Skemp from the earliest times, within the hospital and outside of it. It came out in the dedication of doctors and nurses to matters both medical and non-medical.

Marilynn and Victor Bohlin remembered the loving care given their son, Chris, during his long battle with nephritis, a kidney disorder that eventually took his life. In 1951, Chris was given many transfusions and medications as a patient on the eighth floor of the old hospital building. He stayed there for many months, and even after he was discharged, he returned several times for transfusions.

The Bohlins recalled the care of Sister Jane Francis Ferring, a woman they described as having a great love of children. “During our son’s long stay, she had a birthday party for him on February 28. A few of the other children on the ward were invited. She made the cake herself. It was a year of much polio and a lot of children were there with it.

“His last visit there was March 5-9, 1952. The last 24 hours of his life, Dr. [pediatrician Gregory] Egan never left the hospital,” the Bohlins recalled. “We will never forget the wonderful care Chris received while a patient and especially Sister Jane Francis. Also we truly appreciate the services of Greg Egan and Joseph Egan.”

With so much of the life and spirit of Franciscan Skemp related to its mission, it is only possible to give a few examples of how the mission of Franciscan Skemp was carried out over the years.

**St. Camillus Annex**

One did not have to look further than the construction of St. Camillus as a separate
**St. Camillus**

The St. Camillus Annex was named for St. Camillus de Lellis, a 16th century Italian novice who was unable to be professed because of a diseased leg he contracted while fighting the Turks. Still, he devoted himself to caring for the sick, and became director of St. Giacomo Hospital in Rome. After finally becoming ordained, he and two companions founded their own congregation, the Ministers of the Sick (the Camellians). They ministered to the sick of Holy Ghost Hospital in Rome and attended the plague-stricken aboard ships in Rome’s harbor and in Rome. Camillus was canonized in 1746 and was declared patron saint of the sick.
isolation hospital in 1908 to see how the
FSPA filled unmet needs. The two-story
brick building had a capacity of 20 patients.
It was known as the “pest house” because it
took in people who were suffering from
infectious diseases that were frightening for
their ability to quickly take the lives of peo­
ple once thought strong and hardy.

Patients in the St. Camillus Annex had
ravaging diseases like typhus, scarlet fever,
typhoid and smallpox. Irene Beck had a par­
ticularly terrifying experience – she devel­
oped smallpox while pregnant with her first
child in 1930. A beautician, she had the ter­
rrible luck to work in the same building as an
accountant who had smallpox. It was possi­
ble that Irene Beck, already well into her
pregnancy, picked up the dreaded disease
merely by touching handrails in the build­
ing. “She had never been vaccinated. Her
father did not believe in vaccination,” said
that baby, Jacky Beck Oldenburg.

Irene Beck entered the hospital several
weeks before she was due to deliver her
baby. “She was terribly sick. She had to walk
on pillows. She had it in her hair,” Olden­
burg said. “She had it in her fingernails.”

No one gave her unborn baby much

chance for survival. Anthony Murphy, the
city health officer, stopped by periodically to
check on her along with Dr. Townsend.

Jacky’s baby book, carefully kept by her
mother, told the story:

“I was born at an isolation hospital called
St. Camillus on the morning of June 3rd,
1930. My mother had been very sick with
smallpox for a week and a half before I was
born. The doctors feared I would have small­
pox when I was born and my mother
thought surely she would lose me, which
made her feel very blue. I was born without
a mark, so I was vaccinated when I was a day
old by Doctor Welsh, the house doctor. I did
not seem to suffer much although my vacci­
nation worked very well. Our special nurse
was very capable and my mother liked her
very much. We also had Miss Dorothy
Brophy as our night nurse. She was very
nice. The last two nights we had Helen
Wahlenberger. There was a Miss George
there and Sister Evelyn.”

Jacky said, “They told her I would proba­
bly not be born alive. They’d never had a
child born alive to a mother with smallpox.
They told her that she herself might not
even make it,” Oldenburg recalled.
For several weeks, Irene Beck did not feel life or movement of her baby inside her. So dire was the situation that when the hospital called her husband, John, at Modern Laundry, where he worked, he feared the worst. “My dad dropped the phone at the office. He thought my mother had died. They told him he had a six-pound baby girl,” Oldenburg said.

Suddenly needing a name for a baby whom she never thought would live, Irene Beck picked Jacquelyn, to which her husband responded: “At least you could have picked a name I could spell.”

With such an unusual occurrence of a mother with smallpox delivering a healthy baby, doctors came from Chicago and other places to see this infant and mother. Irene Beck refused to allow anyone to take her photo during the time she was covered with pox, something she later regretted.

A birth was a rare experience at St. Camillus. And when Jacky turned out to be free of smallpox, there was much rejoicing. “I’ve been told that the nuns and the nurses just spoiled me,” Jacky said.

Incidentally, the bill for the hospitalization from May 31 to June 17 totaled $132, including $68 for the hospital service, $48 for a special nurse, $8.50 for care of the baby, and $5.50 for dressing and $2 for an X-ray.

Retired nurse Lil Hendrickson recalled St. Camillus as “scarlet alley,” as it was once filled with patients with scarlet fever. “This disease seemed to strike children and young adults more than older people,” she said. “It was a lively place during the recuperating stages as these young patients met and made new friends. Everyone was happy to be becoming well again. Many stories were told about how they playfully harassed the nurses.”

Another retiree, Joyce Hagmann, R.N., also a St. Francis School of Nursing graduate, remembered being sent to St. Camillus during her nurse’s training, which began in 1944. “We had people in iron lungs because polio was prevalent then. Much of the time in St. Camillus was spent on night duty and I felt quite isolated and alone because it was a separate building connected to the main hospital by a tunnel. The nurses working there at night would call the night watchman whenever they heard noises they couldn’t account for. Once in a while the night watchman would find someone sleeping on the porch which was off the iron.
Gerard Hall

lung room," she recalled.

Hagmann and Hendrickson both recalled the old elevator in St. Camillus. One of the challenges in their day was simply moving a patient from floor to floor. "We had a one-of-a-kind elevator in this building," Hendrickson
recalled. "It was small and was operated by pulling on a rope. If we had a patient on a gurney, the patient had to elevate his knees. If he wasn't able, the knees had to be held up by the nurses as the end had to be dropped down to get into the elevator. It was quite an accomplishment for the nurse to hold the patient's knees up with one arm and pull on the rope with the other arm. From the basement of St. Camillus, we had to go through the tunnel leading to the hospital. This led through the laundry room. There was only a dim light on during the night so the baskets of various heights of linens cast many eerie, ghostly shadows, causing one to walk quickly through this area."

Hagmann, who worked for Franciscan Skemp for 41 years in different departments, remembered the old elevator gates that had to be lifted gently on the top floor. "If the gate was left up by mistake, it would drop down, waking all the sleeping patients. The elevator was so small a patient on a cart couldn't fit in it. We used it to move small equipment, but sometimes it was easier to carry it up the stairs."

St. Camillus served as an isolation hospital until 1951, when the service was moved to the seventh floor of St. Francis Hospital. After serving as a dormitory for hospital sisters, it was torn down in 1959 to make room for hospital expansion.

**Gerard Hall**

Gerard Hall, a maternity home for unwed mothers, opened its doors in 1936. In these early years, girls who became pregnant often were sent away from home in shame. Often they quietly gave birth in a maternity home, put the baby up for
adoption, and returned home, trying to pick up the pieces of their lives.

"It used to be that they came here because it was a Catholic place. Girls came from all over the state. They would go to visit 'Aunt so-and-so,' have the baby and they would go home and nobody would know the difference supposedly," said Joseph Durst, M.D., a retired obstetrician/gynecologist who cared for many of these girls. "It was sort of a hiding place for them."

In the 1950s and 1960s, there were other homes for unwed women in Wisconsin. Today, there is one left — Gerard Hall — which is usually filled and even has a waiting list. "It is the last one in the state," said Dr. Durst. "Thankfully, someone had the foresight to recognize that in order for it to survive it needed an endowment fund. In Milwaukee, where there are plenty of candidates for a maternity home, there was simply no way to keep going because of a lack of money."

Gerard Hall is financed in part by the Tree of Life display, which was installed on Mother's Day weekend in 1989 to recognize those who are playing a leadership role in the effort to build a long-term endowment fund for Gerard Hall, which now is at about $400,000. The Friends of Gerard Hall also provide support.

"Without the endowment fund, we would have closed 15 years ago," said Bob Hillary, director of Franciscan Skemp behavioral health services. "We do get some county contributions for girls who are placed here out of their homes. For anyone who is 18 or older, there is no funding at all. And we are seeing younger and younger girls. Thirteen seems to be a common age right now."

Gerard Hall's continued presence is an example of how Franciscan Skemp continues to meet unmet needs of the community, Dr. Durst said. "That sort of thing is most satisfying to me."

The program, originally located on the top floor in the St. Ann's Maternity Hospital, also had some strong leadership in its earlier days. In addition to her duties with anesthesia and respiratory therapy, Sister Yvonne Jenn was responsible for supervising the home from 1936 to 1960 and again from 1962 to 1972. Between 1960 and 1962, the home was closed because of major building and renovation projects at St. Francis.

"It shouldn't work you half to death,"
Sister Yvonne was told when given her additional assignment: "It shouldn't be much more than taking care of the mail. At that time, the girls took an assumed name. Nobody knew that you were there or where you were from."

Most were "good kids who just got into trouble. I had a nurse who had gone overseas. She walked through snow every day to get to Mass. She was invited to an office party one night and was drinking and she wasn't used to it. She woke up the next morning where she shouldn't have been," Sister recalled. "They were kids that you felt sorry for. I always encouraged the girls to give up their babies for adoption. I think they had a happier life that way."

The doctors caring for the expectant mothers were paid $25 — sort of — at a time when they charged $65 or $75 for care during pregnancy, labor and delivery. The hospital in those days charged about $10 to $15 a day for its services.

Sister Yvonne was the reason the pay was only "sort of." "She gave us the check with her left hand and had her right hand out for us to donate it back," Dr. Durst said.

Located close to the medical center, [from a letter Sister Yvonne received in the 1960s from a Gerard Hall mom who gave up her baby]

It's been a year and a half since I gave my baby up for adoption, but that isn't long enough to forget how it feels to be one of the 5th St. Anne's girls. I remember very well the indecision, the personal fears and loneliness that I experienced.

I wanted more than anything in the world to keep my little boy, especially after he was born. A mother's love is something that begins when you first realize there's a baby growing inside you. . . . But I think it was because I loved "Jimmy" so much that I decided to give him up for adoption. . . . He has a mother and father who love him and I'm sure he loves them as much as if they were his natural parents.

It was the most difficult decision I've ever had to make, because the future of my child depended on it. I shed a lot of tears and spent a lot of sleepless hours but I know now my decision was the best for both my baby and myself.

My social worker told me that the people who adopted Jimmy had been waiting for over a year for a little boy. They took him home with them the week after I signed the release papers. She said they were overjoyed with their new son.

The loss of giving up something you love so much lessens with time but I don't think it's something you ever forget. It is a source of comfort to know that the child will have a normal life with a mother and father and that none of the sense of sorrow and loss felt by a mother giving up her child will be shared by him.

A child's life is a gift from God and it's up to each girl who faces this situation what she does with it. It is a decision only she can make.

When I marry and have children, I'm sure I'll realize even more how much my baby meant to parents who couldn't have their own children. I'll love each one of mine just a little bit more for the baby I gave to a better life than I could have given him.
Gerard Hall today provides round-the-clock live-in house parent coverage in the residential facility. It has eight beds plus two apartments in a nearby house for mothers and babies. According to Hillary, the program focuses on:

- **The overall health of the expectant mothers**: During pregnancy and afterward, as well as good pediatric care for their babies.

- **Their life situation**: They must attend school or, if they have completed high school, they must develop a vocational plan to become self-sufficient.

- **Parenting skills**: So that they can better care for their babies.

Some of the girls at Gerard Hall are homeless, have come from the Salvation Army Shelter or have been in situations where they have been neglected or abused. While there are college-age mothers, there also are many 13-year-olds. An immediate assessment is performed when an expectant mother is admitted to the program so that a comprehensive plan can be developed for her. The services continue after the baby is born because so many mothers opt to keep their babies. Sometimes, mothers are referred to Gerard Hall even after they have had their babies.

“Many of the girls we work with have been on the streets or are bouncing in and out of foster homes or have been struggling. They are a very high-risk population for all kinds of things happening to them,” Hillary said. “What we hope to do with the girls is break the cycle of abuse, neglect and/or welfare dependency. We want to try to make them more productive adults so that they and their babies are healthier. We want them to leave with skills of self-sufficiency.”

**The Indochinese Screening Clinic**

Sister Leclare Beres, R.N., M.S.N., was walking near the campus of Franciscan Skemp in about 1983 when she came across a crying Hmong child. Somehow the young boy, who was with his sister, had hurt his foot on a bike. Sister Leclare, then associate director of nursing at the hospital, checked the boy’s foot and held him for a few moments to comfort him.

The Indochinese Screening Clinic conducted initial health screenings and did blood work and other exams.
“Someday, I thought, I’m going to work with these people. My heart just went out to him,” said Sister Leclare, who had worked as director of nursing at a government hospital in Guam from 1964 to 1973.

Sister Leclare did not have to wait long. La Crosse was in the midst of an influx of refugees from Southeast Asia, most unable to speak English and with very limited health records. A task force identified a need for health services for these people. What became the Indochinese Screening Clinic was funded with federal grants written by the La Crosse County Health Department and the task force, as well as matching funds from Franciscan Health System.

Sister Leclare, county health nurse Julie Osborne, R.N., and interpreters Pao Yang and Neng Moua staffed the clinic. The goal was to provide primary health care and health education. “There was a definite thrust to help people understand western medicine and to provide a place to come when they felt the need to do so. The interpreter was present so a trust factor was soon established,” Sister Leclare said. “Another goal was to help them understand the need for continuity of care by choosing one of the clinics and hospitals where their medical needs would be met.”

The clinic was so badly needed that as soon as the door opened on February 6, 1984, a family was there waiting to walk in. More than 1,000 people were seen and cared for that first year. “I was brought in because they wanted a nurse with multicultural experiences,” Sister Leclare said. “I had been on the island of Guam for nine years. I learned a lot from working with other cultures.”

She found that the newcomers to the United States were accustomed to medicating themselves for many medical problems with ointments and herbal medicines. Sister Leclare also quickly learned the immigrants did not want to go to the hospital unless they were dying. “They only went if they were critically ill. That was the mentality that we had to change,” she said. “To me, the positives were unity of families, respect for authorities and respect for other people. They were very intelligent people who had the ability and desire to be integrated into our society.”

Sister Leclare observed that the immigrants exhibited a strong sense of wanting to
become Americans, but wanted to maintain their own culture and language. "There was a conflict, but a wonderful conflict," Sister Leclare said.

After the first year, the role of the clinic changed as more refugees began arriving directly from the camps in Thailand, rather than from other parts of the United States. As the first entry into health care in this country, the clinic examined whole families, conducting initial health screenings and doing blood work and other examinations. It updated immunizations and began patient education. After a time, each family was referred to another clinic of its choice to establish a relationship with a primary care physician.

As the years progressed, the clinic continued its advisory role. "Many a time a mother would bring a sick child to the clinic to see if it was necessary for her to see a physician," Sister Leclare said. "The trust factor continued to increase over the years. Often after a visit to one of the clinics, the mother and/or father would come to the Indochinese Screening Clinic because they didn't understand what they were to do or maybe just to be reassured that what they were told is OK. I cannot ever say enough about the significance of the interpreters and how the people trust and love them."

Sister Leclare remembered one baby who was very ill with chickenpox. The parents had called one of the clinics in La Crosse and described what the baby had. Since there was an outbreak of chickenpox, the nurse described what was the usual treatment. She told the parents if they needed further help to call the Indochinese Screening Clinic where there was an interpreter. The parents did that and were able to describe to the interpreter the serious condition of the baby. They were told to bring the baby to the clinic immediately, which they did. Sister Leclare recognized that the baby was acutely ill with chickenpox. She took the child in her arms and, with the parents and interpreter, ran to the Family Practice Clinic, which was then located across the parking lot. The doctor immediately took the baby to the emergency department, where the child received excellent care and recovered.

Other times, Sister Leclare or other staff spent time talking with their patients about upcoming surgeries. This was very important because there was concern among many
Indochinese people about letting in bad spirits during an operation. "It took several years before we could convince some people that surgery was a good thing," she recalled. "They worried that if you open someone up, the good spirits would go out and the bad spirits go in."

The Indochinese Screening Clinic was open from 8:30 A.M. to 5 P.M. Monday through Friday. Four thousand people were seen in its 14 years of operation. The busiest year was 1990, when 1,640 new people were seen at the clinic and there were 2,857 return visits. By 1997, very few people were coming to the clinic.

The decision was made to close the clinic in August 1998 because most immigrants had successfully moved on to other medical services in the community. With the resettlement camps in Thailand closed, no more refugees would be coming to La Crosse as their first stop in the United States.

"For most of us there was a feeling of satisfaction that we had done what needed to be done," Sister Leclare said. "We met our goal to give primary health care at the clinic and have people integrated into one of the healthcare systems in the area where interpreters were present to assist them with their needs. For many Hmong, there was sadness. They liked coming here and getting help. They still don't understand why we had to close. The interpreter told them Sister is getting old and she may want to retire someday. They don't think I'm that old."

**St. Clare Health Mission**

In the 1990s, the number of uninsured and under-insured patients reached a new high. While government programs such as Medicare and Medical Assistance covered some people living in poverty, many people in the middle income group went without insurance or government coverage.

More than 30 million Americans were estimated to be without health insurance. A report by the Wisconsin Department of Social Services found 11 percent of La Crosse County's population — 10,500 individuals — were uninsured. For many of them, St. Clare Health Mission has become a modest but often critically important safety net.

As if Sister Leclare did not have enough to do in 1993, she and others took on the cause for these people who were falling through the cracks. Franciscan Health
System administration was very supportive, but recognized that a free clinic for the poor needed to be a collaborative effort involving both La Crosse hospitals. St. Clare Health Mission is on the Franciscan Skemp Campus, but it has been a shared program operated by both medical systems, Franciscan Skemp Healthcare and Gundersen Lutheran.

St. Clare Health Mission was named for Clare of Assisi, a contemporary of St. Francis who renounced all her possessions — even giving away her shoes — to devote her life to the care of the poor. The term “health mission” describes the program and the motivation behind it: serving the less fortunate while preserving their dignity.

One of the consultants for St. Clare was Stewart Laird, the former St. Francis
administrator who moved on in 1990 to work with the Benedictine Health System in Duluth, and who is now chief operating officer for Carondolet Lifecare Ministries. Carondolet runs 11 free clinics throughout the Minneapolis-St. Paul metropolitan area. Staffed by volunteer physicians, nurses and administrative people, the clinics are very similar to St. Clare Health Mission.

St. Clare is located at 916 Ferry Street, and shared quarters initially with the Indochinese Screening Clinic. While the Indochinese Screening Clinic had daytime hours, St. Clare is open from 5 to 8:30 p.m. Tuesdays and Thursdays. Doctors, nurses, pharmacists, social workers, laboratory technicians, receptionists and other support personnel all volunteer their time and expertise.

St. Clare volunteers are passionate about what they do. “There’s this powerful spirit of working together for a common cause,” Ralph Tauke, M.D., a Franciscan Skemp urgent care physician, said about the Mission’s opening. “The Mission also gives us physicians a rare opportunity to work with other physicians in the community. I think it shows that the physicians in our community — and all the healthcare volunteers — are good people. We do care and we are willing to help others.”

Sister Leclare had tears in her eyes when the clinic opened on June 24, 1993, because it was a dream that came true. When only eight patients came that first night, she worried that the program would not be successful. The number of patients doubled the second night and has stayed steady at between 35 and 40 most nights, sometimes many more.

“Many come from the Salvation Army. A lot are working poor with two or three jobs, but have no insurance,” she said.

Patients have been taken from St. Clare to the emergency room. At least one patient needed heart surgery and others were diagnosed with cancer. Still others had severe diabetes that was not under control because they could not afford insulin.

When the mission opened in 1993, some thought that it might only be needed for three years because the new Clinton Administration was hoping to come up with a national solution to the problem of millions of people either not having health insurance or not having enough of it. When that never came to be, Sister Leclare realized that St. Clare was here to stay.
Sister Leclare has compassion for the poor because she grew up poor on her parents' farm near Elroy. That experience made her want to work with the poor, which led to her joining the FSPA in 1944.

"We always had enough to eat because we lived on the farm. We didn't have a lot of money," she said. "When we looked around, everyone was in the same boat."

Most of St. Clare's costs are related to medicines and supplies. While its budget has more than doubled from $70,000 the first year to $188,000 for 1999, she said it really is a bare bones budget. "We don't get a lot of extras." The most urgent needs are always for drugs and supplies, which pharmaceutical companies sometimes donate.

"This clinic continues to operate because of the volunteers who come in each night plus the generosity of people who make donations, memorials and honor gifts," Sister Leclare said. "We continue to look for donations and hope to be remembered. It is just good work and people in the community are proud of St. Clare because it is a cooperative effort of two sponsoring institutions and the volunteers who come here. I can't say enough about the volunteers."

St. Clare Health Mission embodies the mission of Franciscan Skemp. "It is in our mission statement that we care for the poor," Sister Leclare said. "The poor are a part of us, our institution as well as our community."

Since the success of St. Clare Health Mission in La Crosse, the Sparta Campus has opened a St. Clare Health Mission, which offers services to uninsured and under-insured patients from that area. Services for this equally successful program are offered on Tuesday nights. It operates much like the La Crosse program with volunteer staff and donated supplies and drugs.

**Pastoral Care**

From the beginning, consideration of the spirit of each patient was a part of the nursing care provided by the Sisters at St. Francis Hospital.

Over the years, many priests from La Crosse parishes served as chaplains, with daily Mass and the sacramental ministry provided by the Chancery office and St. Rose convent chaplains frequently assisting. The first resident chaplain at St. Francis was the Rev. James Foppe. A number of chaplains
followed, including the Rev. Paul Zahn in 1938, who requested that a Sister be assigned full-time to assist in the spiritual care of patients, especially the ill and the dying. The first was Sister Romualda Schilling, a registered nurse who served from 1943 until her retirement in 1970. A formal department of religion, opened in 1961, was one of the first of its kind in the Catholic Hospital Association.

Sister Drusilla Trussoni, now a volunteer at the medical center, was one of the first Sister Visitors who stopped in the rooms of patients to give them Holy Communion. She later went to Little Falls, Minn., for a clinical pastoral care program. There she studied psychology and psychiatry, particularly of the ill and the dying, and learned the fine art of listening.

Sister Catherine O’Neill, former chaplain with the pastoral care department, came to St. Francis in 1980 with tremendous understanding and compassion for the needs of sick people. Having been quite ill in her own life, she said she knows praying is difficult at that time. “I learned that there is prayer out of the book and prayer out of your heart. When I was really sick, I asked the Lord to help me through that. I think I understand patients much better — where they are coming from when they are going through some of these things.

“Much of my pastoral care work has been with cancer patients, including hospice, a program that provides end-of-life care. In these situations, the family is included as much as possible. In my experience with people who are dying, it is very important that the family thank their loved one for their life and reminisce with them so that
when the person dies, the family does not say, ‘I wish I would have told them this or that.’”

She describes pastoral care as “listening to people’s stories and seeing where God fits into their lives and seeing what has helped them through difficult situations in the past. I ask them who or what has given them strength before,” she said.

This is different from coming in and offering a prayer. “A lot of people are angry because God hasn’t answered their prayer,” Sister Catherine said. “I go in and listen to their anger or listen to whatever they are feeling, to see the emotions that go with it. There’s something about listening to where they are and helping them with what they are feeling. It’s not that a prayer can take away their pain, or that I can take away their pain. Suffering is a part of life.”

God does not want people to suffer, Sister Drusilla said. “God permits it and gives strength and courage, but He doesn’t want people to suffer.”

All religions are respected, Sister Catherine said. “I am sensitive to helping people get in touch with their God.”

Franciscan Skemp Medical Missions

One of the values long held by the FSPA was never to waste anything. Unfortunately, the culture of modern medicine in the United States has become one of throwing away old, unused medical equipment and expired and unused medications. The tragedy is that much of this material could be put to good use in other parts of the world.

Franciscan Skemp Medical Missions was founded in 1999 to organize donations of medical supplies and equipment to the Third World.

“This project has always been a dream to me, ever since I came to this country from England,” said J. Alan Fleischmann, M.D., Franciscan Skemp Healthcare vice president of medical affairs for regional services, and family physician at Franciscan Skemp Healthcare-Caledonia Clinic. We had a similar system in my London clinic. It means everything to me that this has become a reality at Franciscan Skemp.”

Steve La Liberte, an optometrist with Franciscan Skemp Healthcare-Arcadia Campus and Holmen Clinic, was a catalyst in bringing the project together. He had
done some medical missionary work in Central America. When he was in Nicaragua, he saw people go blind after surgery simply because they needed $5 worth of antibiotics. He contacted Dr. Fleischmann, who, through Dr. Robert Stanhope of Mayo Clinic in Rochester, found a way to get needed medical supplies to the Third World, and then set up the necessary systems at Franciscan Skemp Healthcare to make the dream a reality.

Franciscan Skemp Medical Missions works closely with the Medical Relief Missions Group, which was started by a Mayo Clinic doctor in the 1970s to collect and deliver medical supplies to Third World countries. The Rochester group, which consists of retired doctors, medical staff and volunteers, knows what medicines are needed and where they are needed.

Area businesses and residents donate medical equipment, hygiene items and expired medications to their local Franciscan Skemp Healthcare site. "We've received everything from old crutches to electrode patches. We sent the patches to South America to be used with an EKG machine that they hadn't been able to use because they couldn't afford the patches," said Joseph Durst, M.D., vice president of the Franciscan Skemp Foundation. Dr. Durst runs this donation effort with assistance from La Liberte.

Franciscan Skemp has shipped several truckloads of medical supplies to Rochester. Many doctors from Franciscan Skemp and other practices have participated in medical missions to Third World nations. They take with them equipment and supplies that are needed in those nations but are no longer usable here.

"This is not a new concept for the La Crosse medical community, but this is the first organized, ongoing effort that will benefit many Third World countries," Dr. Durst said in a La Crosse Tribune article.

Dr. Durst also has made connections with other organizations for equipment or medicines that the Rochester group does not want. Occasionally, he also gets a call about a local needy person in need of a specific piece of equipment, such as a wheelchair. When that occurs and a chair is available, he will share that equipment with the local individual.

"We waste so many medications here when they are expired, but many still are
good," Dr. Fleischmann said, adding, "The best thing is helping people who can't afford the luxury of good medicine, and we are preventing waste."

Leadership in Behavioral Health Services

The FSPA established a tradition of caring for the whole person, mind, body and spirit. St. Francis, under the leadership of Richard Lenz, the former director of planning and health services, took on the challenge of developing mental health programs.

"We were really a leader in developing the community model of mental health services in the western region of the state," said Bob Hillary, director of Franciscan Skemp behavioral health services. "We've always believed that hospital care for these patients should be very minimal."

St. Francis offered several firsts for the La Crosse area, including the first designated psychiatric unit and inpatient chemical dependency unit. In addition, it developed community-based programs to help ease the transition from hospital to community. Among them were:

- Siena Hall, a 22-bed psychiatric halfway house opened by St. Francis Medical Center in 1967 at 608 South 11th Street in La Crosse to help men and women make the transition from inpatient psychiatric unit to community life.
- Adolescent day treatment program, opened in summer 1970 to help young people overcome emotional problems interfering with their schoolwork or social life. This was the first day treatment program in the state.
• Adult day treatment program, opened in 1975 to serve individuals in need of long-term mental health treatment.

• La Crosse Area Alcoholism Rehabilitation (LAAR) House, established in 1970, which continues to serve adults with chemical dependencies.

"We have the most expansive behavioral health services and our hospital system is more complete than most hospitals in the country. The driving force was the mission of the FSPA," Hillary said.

Today, Franciscan Skemp behavioral health operates a psychiatric unit in the hospital for people who are at risk of suicide or harming someone else or who are grossly psychotic. "The hospital is used to stabilize medications and then get the people out in the community to where most of the treatment is done," Hillary said.

Alcohol and drug detoxification continues on the inpatient psychiatric unit, but the inpatient chemical dependency treatment program has been moved into a community residential setting. LAAR House provides intensive residential chemical dependency treatment as well as transitional (halfway house) services. Adolescent chemical dependency services are provided through an intensive outpatient program and Scarseth House.

Community-based services in La Crosse include Siena Hall, St. Francis Group Homes, LAAR House, and Scarseth House. Scarseth House is a residential treatment facility for adolescents with alcohol and drug problems, and the group homes provide long-term care for persons with chronic mental illnesses.

Residential treatment facilities in the region include Pinecrest Center in Elroy, and
Villa Succès in Prairie du Chien. Both provide residential treatment for persons with chemical dependencies. Based in Winona are Hiawatha Hall, Wenonah Hall, Hiawatha Three-Quarterway House, and AAmethyst House. Hiawatha and Wenonah serve individuals with mental illnesses, while AAmethyst serves persons with chemical dependencies.

Perhaps the greatest change for behavioral health in recent years has been greater collaboration with family practice doctors.

Eleven outpatient clinics providing mental health, chemical dependency and eating disorders services have been developed throughout the region. “They are all integrated into Franciscan Skemp family practice clinics,” Hillary said.

Outpatient behavioral health services are provided in Arcadia, Galesville, Holmen, La Crosse, Prairie du Chien, Sparta, Tomah, West Salem, Caledonia, and Waukon.
Care of the elderly

Franciscan Skemp care for the elderly dates back to the early days, when elderly patients moved themselves into St. Francis Hospital, furniture and all, staying for months and sometimes even years at a time. In 1926, care became more formalized as the FSPA took over the care of St. Joseph's Home for the Aged in La Crosse, a nursing home that had been operated by the Diocese of La Crosse.

In 1963, the Sisters began conversion of St. Ann's Maternity Hospital into St. Francis Home, with beds for 22 patients on the first floor. Twenty additional beds were added on the second floor in 1965; 25 more on the third floor in 1967; and 26 in 1968, bringing total capacity to 93. The nursing home was licensed for 95 beds in 1982.

Carol Strittmater, R.N., who graduated from the St. Francis School of Nursing in 1961, moved over to the nursing home in 1965 after working in the hospital. Today nursing homes are primarily for individuals who are physically unable to live on their own. In those days, Grandma and Grandpa usually were cared for at home by their children until they died. When there was no one to take them in, Strittmater said, some made their way to St. Francis Home. “Some just needed a place to live. Not all needed nursing home care. Some elderly people lived there even before it became a nursing home. It was an early form of assisted living.”

Some patients needed a higher level of care because they had suffered strokes, heart attacks or other serious medical problems.

During Strittmater’s career, care of the elderly in nursing homes became a highly regulated profession. She remembers being new on the job when the first state surveyor came through, armed with a sheaf of paperwork for her to fill out. Documentation of services and treatments became very important. “There were all these hoops that had to be jumped through. I was not aware of it all,” she said.

The Social Security Act of 1967 and the State Department of Health and Social Services produced a growing list of regulations. In 1971, the nursing home was the first in the area to be accredited by the Joint Commission on Accreditation.

In the meantime, services provided to residents grew. In the 1960s, a patient with a broken hip would stay in the hospital for
two or more weeks. Some went to a nursing home after that or back to their homes.
“Now if you stay three to five days, you are pretty lucky,” Strittmater said.

With shorter hospital stays, the role of the nursing home has changed dramatically. Patients are sicker and more debilitated, requiring more intensive therapy. Also, there is a greater emphasis on getting patients discharged from the nursing home, which often requires extensive rehabilitative therapy.

Strittmater said the care extends beyond the physical and includes the spiritual. Mass was offered frequently and Holy Communion offered daily. An ecumenical service also was offered. “It didn’t matter if you were Catholic or non-Catholic,” Strittmater said. “We always encouraged residents’ ministers to visit their people and perform the ecumenical services.”

At the time of publication, the long-term care portion of the La Crosse nursing home had been discontinued to meet the changing needs of nursing home patients. The system also operated a nursing in Onalaska for many years and recently sold it.

Additional services for seniors include hospice, home health services, and a comprehensive Alzheimer’s and dementia program.

In 1984, recognizing the need for more services for the elderly, St. Francis established a separate corporation, St. Francis Elder Care. The corporation opened Able Arms in 1985 to provide activities for people who live at home but want social activities. A second Able Arms opened in 1988.

The corporation also developed independent housing, including nine apartments in the nursing home as St. Francis Independent Care, and a facility in the former Blessed Sacrament convent at 225 South 24th Street. With the success of the early housing efforts, Elder Care built the Franciscan Village in 1987 at 9th and Market Streets. The apartment village includes optional services such as meals, medical services, social activities and spiritual programs. The Heritage Haven apartment complexes opened on La Crosse’s North Side in 1988. Independent care facilities offer a variety of services for a monthly fee, including meals, weekly housekeeping, linen change, evening staff supervision, day care programs, transportation for
regular physician visits and weekly small item shopping trips.

Today, Franciscan Skemp operates Village Apartments in Black River Falls, Dodgeville, Mauston, Prairie du Chien, Sparta, Arcadia, Decorah and Cresco; Crestview Apartments in La Crescent; Village on Cass, Village on St. James, and Village on Ninth in La Crosse.

Franciscan Skemp also operates nursing homes in Sparta and Arcadia.

Franciscan Skemp Foundation—La Crosse, Sparta and Arcadia: Financial realties of the mission

Franciscan Skemp Foundation plays a significant role in ensuring that the mission continues. Founded in 1973, the Foundation took a formalized approach to financial support after years of just accepting donations from patients and community members that came in from time to time.

One particular concern is for the future of medical education in this country, such as the La Crosse-Mayo Family Practice Residency at Franciscan Skemp. No longer can revenue from patient services pay for the cost of this very important education. “Many of the big institutions are going down the tubes simply because they don’t have the money,” Dr. Durst said.

The future financial health of the organization will require more community support for education and for such programs as the St. Clare Health Mission and Gerard Hall, which serve needs not otherwise being met.

“The Foundation is becoming more and more essential if we want to keep up, especially for any of the programs that are driven by the mission,” Dr. Durst said. “The Sisters are big supporters of the Foundation because it is our mission, like theirs, to deal with unmet needs.”

As an example, the former Bishop’s House, now Siena Hall, was in serious need of renovation to maintain it as a halfway house for persons with mental illness. It was the only facility of its type in the area and one of only a few in the state. The halfway house has 20 full-time residents and sees 50 to 60 people daily as outpatients. It would be very difficult to relocate the program.

Recognizing the importance of maintaining that facility, which also had historic interest, the Foundation raised $650,000 for
the renovation. "Now it is good for at least another generation," Dr. Durst said.

Another example of the Foundation's support for unmet needs is development of an endowment fund for Gerard Hall—the last maternity home in Wisconsin for unwed mothers.

Since 1990, Franciscan Skemp Foundation's assets have grown from just under $2 million to more than $12 million. The Foundation has special funds for specific needs, which are met through grants. In 1998, programs and services received 73 percent of the Foundation's grants, while staff education and research received 25 percent of the grants.

St. Clare Health Mission, which is jointly sponsored with Gundersen Lutheran, is the program receiving the largest share of Foundation dollars.

Dr. Durst, who retired from his obstetrical practice in 1987, spends nearly as much time as the executive vice president of the Foundation as he did while practicing medicine. It is rewarding work. "It makes you feel like you are accomplishing something," he said.

As part of his role, Dr. Durst speaks and sometimes meets with patients and other community members eager to support the mission of Franciscan Skemp. "Almost everyone would love to be able to donate. I don't care what it is, it is a basic human trait to want to give."

He remembered one woman who several times sent in a check with an unusual amount of money, something like $43.67. When his curiosity got the better of him, Dr. Durst picked up the phone, called the woman and thanked her for her generosity. The woman explained that she and her husband had always supported the Foundation until his retirement. Then, on a fixed income, he felt they could no longer afford it. The woman decided she would quietly continue to write checks, donating all she earned from the little sewing work she took in on the side.

"I think that people just want to do good," Dr. Durst said. "I know there are many worthy organizations seeking donations. We all have to pick and choose, but I think we have a top notch program here."

The Sparta and Arcadia campuses each have their own foundations to support local activities. Franciscan Skemp Foundation-Sparta
Where the Foundation money goes

In 1998, the Franciscan Skemp Foundation funded

- St. Clare Health Mission
- Gerard Hall
- Wisconsin Women's Cancer Control Program
- Domestic Violence Intervention Program
- AIDS patient support
- Indochinese Screening Clinic
- Lifeline emergency response system
- Infant safety seat program
- Peer support program
- Neonatal intensive care unit
- Diabetes education
- Cardiac rehabilitation
- Behavioral health
- Cancer programs
- Physician and staff education and research
- Carbon monoxide monitors for smoking cessation classes
- Ropes and challenge course for rehabilitation services
- Basic and advanced cardiac life support training for critical care workers
- A teaching microscope for the laboratory
- Diabetes workshop

was founded in 1978 and Franciscan Skemp Foundation-Arcadia was founded in 1982. Each is involved in activities large and small.

James Michaels, chairperson of the Sparta-based foundation, said the Foundation or its precursor has led major fundraising campaigns for additions in the 1960s and the 1990s. It also has supported smaller but still important projects, such as refurbishing and equipping the emergency room, buying equipment for the rehabilitation department, and renovating the physicians' room in the hospital, including a computer system so that doctors can be connected to the Franciscan Skemp network.

With the pressures from reduced government reimbursement, Michaels expects the role of the Foundation to grow. “While we find ways to tighten our belts, we have to help the hospital so it does not lag behind in the things it needs.”

The Arcadia-based Foundation has been
involved in several capital campaigns, including the development of a family-centered birth center in the 1980s and a connecting wing between the clinic and hospital in the 1990s. It also has provided support for projects at the nursing home and for educational grants for nurses and other employees.

“We are adamant in our community that rural health care is needed, that people still want to be close to home for their care,” said Ann Nelson, a former Foundation board chair who has returned to the board. “We look at what the needs are and then see if people are interested in stepping up to the plate to support them.”

At the annual pancake dinner in fall 1999, hundreds of people showed up for the fundraiser for the Foundation. “Community support continues to be shown over and over again. It’s not just people who have been here for a long time in the community or older folks, but young people with their families,” said Nelson.

Another past Foundation president, Michael Schroeder, a chiropractor with the Arcadia Chiropractic Office, agreed. “This community gets behind things. Once there is a project in the works, everything clicks. People by and large support it. When we built the connecting wing, they also were raising funds and building Kids Kingdom (an interactive playground), yet people dug into their pockets and supported both endeavors.”

Schroeder sees the role of the Foundation as bridging the gap between their medical campus and the community, providing information about the needs of the medical campus as well as the benefits of the care that is provided locally. “We inform the greater community about what’s happening,” he said.

**Living the values**

Lorene Miller, a longtime administrative secretary, believes the average employee is more aware of the philosophy and vision of Franciscan Skemp today than 20 years ago. “The organization is doing a better job of making employees aware of the importance of being sponsored by a Catholic organization.”

She said it is interesting that the caring atmosphere has remained, even though the organization is so much larger. “In 1977, I knew everyone by name. Now I couldn’t possibly know everyone,” she said, “Yet, in
our growth, we haven’t lost that friendliness, that feeling of family.”

Miller sees employees caring for each other today in a way that they did not years ago. “I see smiles on the faces of people as I walk by. They greet you. They help you. There’s a caring feeling among employees.”

New employees learn about the Franciscan Skemp values in their orientation. “They are sincere,” Miller said. “The values are not something that you put on the wall and forget.”

The values are obvious in annual conferences, continuing education and other programs. In these situations, there is always an effort to explain the historical, church and biblical foundation for FSPA sponsorship for organizations.

The pilgrimages to Assisi

Since 1993, the FSPA has sponsored annual pilgrimages to Assisi, Italy, for CEOs, administrators, board members and other leaders at Franciscan Skemp to learn about the teachings of St. Francis and how they apply to daily life. The goal is to bring into focus the vision and legacy of St. Francis of Assisi, to instill Franciscan values into the organization and to help clarify the vision and values that shape the philosophy of Franciscan institutions. Once a year, participants meet to renew thoughts and questions about their need to keep the Franciscan story alive in the organization.

The experience has proven to be very rewarding for participants. Among comments from the 1998 pilgrimage, a physician wrote, “I have a far different feeling for the marginalized I come in contact with — mainly patients in my practice. I think this has made me a gentler and more caring physician.”

Another physician wrote that his experience resulted in a “sense of connectedness between myself and the spiritual and natural worlds, and a greater need to own less and give more.”

Still another participant wrote, “I know Franciscanism is alive and well, because the people in leadership positions have had the experience. It not only filters down, I think sometimes there is a ‘gush’ to hear physicians relate to their experience as wonderful.”

Glenn Forbes, M.D., Franciscan Skemp CEO, and his wife, Celeste, were among the
participants in October 1999. Spouses are encouraged to attend together to share the experience because of the profound impact the pilgrimage has on each individual in the marriage.

“The Assisi pilgrimage is a very intense experience that is encompassing and inclusive both historically and spiritually,” Dr. Forbes said. “There’s a lot of homework and reading that you do ahead of time. When you visit the site and walk the steps that St. Francis and St. Clare took, it is a very powerful situation.”

Dr. Forbes said he returned with a better understanding of the Franciscan values. “I knew what they were ahead of time. I could read them on the wall, but there is a deeper, larger meaning to them that manifests itself from the personal side and professional side.”

There was no one moment that he said changed him forever. “I am a radiologist. Nothing is black and white. Everything is shades of gray. The experience manifested itself in gradation. Clearly, I have a greater sense of meaning and understanding of the values and how this organization should manifest its values and its mission.

“If you believe that you have resources that are only for the betterment of your own organization, you choose your market and your services differently. If you don’t make money, you pull out of it,” Dr. Forbes said “We view it differently, acknowledging that everything we have came from the community. Not just the buildings and people but our training, education, knowledge and experience — all these are gifts from the community. We have much more engagement with the community. It brings you to a different level of thinking when you believe everything that you have is used and returned for the betterment of the community.”

Richard Perry, M.D., participated in a pilgrimage with his wife, Peggy. The fact that physicians at regional clinics have the opportunity to participate helps spread the Franciscan Skemp mission systemwide.

In that way, Dr. Perry said, “The influence of the Sisters can be felt more in the last five years. Since partnering, they have put the values on the whole system. The pilgrimage encourages us to embrace the philosophy of St. Francis and St. Clare. Their history is where our mission comes from.”
Sister Celesta Day, Director of Mission Effectiveness for the FSPA, agreed. "We have to continue to remind ourselves why we did the things we do in the first place. We have to keep going back to the deep story."

The future

Franciscan Skemp is still growing and defining itself strategically in the healthcare market. "We are a new organization and growing. The process continues to define who we are and what we want to do. We have grown a lot in the years since the partnership and frankly we will continue to grow," Dr. Forbes said. "What we have really done is expanded our vision, opportunity and potential for what Franciscan Skemp Healthcare can be or will be."

Dr. Fleischmann is excited about the future of the health system. "We truly have a good understanding now of our potential and can grow, develop, thrive and maintain our system's vision. We have an incredible future. Franciscan Skemp and Mayo Health System is an unbeatable mix," he said. "Truly, our vision and mission is what we are all about. That will never change."

It is an opinion shared by Dr. Forbes. "Being part of Mayo Health System, we have the ability to think long-term and build new resources for the health system. Five, 10, 20 years from now we will be able to do things that are only possible as part of a large system."
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1841
Nathan Myrick, the first non-Native American settler in the La Crosse area, arrives and establishes a trading post in early 1842.

1848
Wisconsin becomes a state.

1849
Seven Franciscan Sisters are among a party of 14 men and women arriving in the United States from Germany on the steamer Hermann.

1850
William Worrall Mayo becomes a doctor four years after immigrating from England.

1856
La Crosse is incorporated as a city.

1858
Minnesota becomes a state.
1863-64
Dr. Mayo appointed a Civil War examining surgeon for the Union enrollment, then moves to Rochester, Minn., where the Army enrollment board is located.

1871
A group of Franciscan Sisters of Perpetual Adoration arrives in La Crosse to begin teaching in Catholic schools.
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1880
FSPA approached by Marine Hospital
Service and city of La Crosse to build a
permanent facility as a hospital instead
of relying on private homes and hotels.

1883
St. Francis Hospital, with three stories and
35 beds and located on Market Street
between 10th and 11th Streets, opens
December 31.

1888
Dr. Charles Mayo joins his father and
brother in practice after graduating from
the Chicago Medical College of
Northwestern University.

1892
The Mayos invite other doctors to join
them in practice in Rochester, Minn., to form the
Mayo Clinic.

1893
The process for manufacturing
aspirin is developed.

1895
X-rays are discovered by German physicist
Wilhelm Roentgen.
First classes of St. Francis School of Nursing opened to women who were not members of the FSPA.

1908
St. Camillus Annex built in St. Francis Hospital courtyard to isolate patients with communicable diseases.

1910
West and east wings added to St. Francis, increasing patient capacity to 200.

1912
St. Ann's Orphanage for Girls converted to St. Ann's Maternity Hospital associated with St. Francis. It was vacated in 1926 and later used as a dormitory for aspirants, then a home for sisters teaching at Aquinas High School and finally as Alemero Hall, a rooming house for St. Francis women employees.

1914
New Mayo Clinic building opens; 30,000 registered patients seen that year.
Dr. William Henke opens Grandview Hospital at 1707 Main Street in La Crosse.

1915
FSPA asked to run a hospital in Sparta and the Domestic Science School is converted to St. Mary's Hospital.
Mayo Graduate School of Medicine opens with an endowment from the Mayo brothers.

1916
Archie Skemp, M.D., returns to La Crosse to practice medicine; founds Skemp Clinic.

1917
First U.S. troops arrive in France during WWI; the Russian Revolution is followed by the execution of Czar Nicholas and family.

1918
World-wide influenza epidemic results in 20 million deaths by 1920, including 500,000 in the United States.

1919
Paris Peace Conference leads to end of World War I and formation of the League of Nations.

1920
The Mayo brothers dissolve their partnership and turn over the clinic's name and assets, including the bulk of their life savings, to a private, not-for-profit, charitable organization now known as Mayo Foundation.
1940
Dr. Henke agrees to affiliate Grandview Hospital with FSPA, he dies just before documents are to be signed, FSPA still becomes a member of Grandview Hospital Corp.

1941
St. Francis School of Nursing is built for 165 students. When the diploma program ended in 1970 and nursing education moved to Viterbo College, the building was renamed the Education Building. After extensive renovations in 1970 and 1972, it became known as the Professional Arts Building.

1942
St. Francis School of Anesthesia is founded as the first and only program in the state and one of 82 in the nation.

1943
The School of Nursing becomes affiliated with Viterbo College.

1947
The School of Radiologic Technology opens; it's now part of Western Wisconsin Technical College.

1948
Dr. Joseph Egan and Dr. James Fox form La Crosse Clinic. A new hospital is built in Arcadia.

1950
The Korean War begins when North Korean Communist forces invade South Korea.

1954
Archie Skemp, M.D., dies of a heart attack. Brother Fred Skemp, M.D., moves his practice to La Crosse from Fountain City, Wis.

Children are immunized against polio following development of a vaccine by Dr. Jonas Salk.

1955
Rosa Parks refuses to sit at the back of a bus in Montgomery, Ala., leading to a general boycott of the bus system and giving great impetus to the Civil Rights movement.
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Sister Yvonne Jenn becomes the first person in the United States to be registered as a respiratory therapist.

A new wing is added to St. Joseph’s Hospital in Arcade.

The Department of Religion is formed at St. Francis, the first of its kind in the Catholic Health Association. It later becomes the Pastoral Care Department.

St. Francis Home is opened in the vacated St. Ann’s Maternity Hospital. A major renovation in 1969 raises the capacity to 93; a courtyard patio between St. Francis Home and the Professional Arts Building is added in 1979. A $1.5 million addition is built at St. Mary’s Hospital in Sparta.

1960-64
A service building, a five-story, L-shaped addition on 10th and Winnebago Streets and Marycrest Auditorium are constructed. St. Camillus Annex, adjacent garages, and the carpentry shop, the chaplain’s house, and the west wing built in 1916 are razed as part of the expansion.

1961
The east pedestrian bridge is constructed over Market Street. Alvarno Hall is razed.

1962
Sienna Hall, a psychiatric halfway house, opens at St. Francis Hospital.

1968
Skemp Clinic opens a new building adjacent to St. Francis Hospital.

1969
Skemp Clinic and Grandview Clinic merge as Skemp-Grandview Clinic.

1970
LCAF House opens as a rehabilitation house for persons with alcohol dependency.

1971
The last St. Francis School of Nursing class graduates.

1974
The eight-story St. Francis Hospital building is remodeled to accommodate a new intensive care/coronary care unit. Skemp opens Holmen Clinic.

1975
Stewart Laird, first lay administrator, joins staff. St. Joseph’s Hospital affiliates with St. Francis.

1976
West Salem Clinic joins Skemp-Grandview. Building at 10th and Market Streets is remodeled into the Family Health Center, a medical and teaching facility for family medicine. St. Francis-Mayo Family Practice Residency is first outside Mayo to bear Mayo name.

1977
St. Mary’s Hospital joins Franciscan Health System.
La Crescent Clinic opens.

1979
La Crosse Clinic merges with Skemp-Grandview Clinic to form Skemp-Grandview-La Crosse Clinic.
1980
St. Francis Hospital program opens.
1979-81
A $19.5 million expansion project connects the Market Street wing and the six-story addition with a new nine-story nursing tower; main entrance is moved to the east side of the building; fountain sculpture is built; name officially changed from St. Francis Hospital to St. Francis Medical Center.
1981
Onalaska Clinic opens in temporary building; permanent structure completed in 1983.

1982
Greater La Crosse Area Health Plan begins.
1983
Franciscan Health System (FHS) formed.
1984
Indochinese Screening Clinic opens.
St. Francis Elder Care formed.
1985
Skemp-Grandview-La Crosse acquires practice in Tomah.
FHS buys Caledonia Hospital/Nursing Home and starts clinic later purchased by Skemp Clinic.
1987
St. Francis Medical Technology School closes.
Galesville Clinic opens.

1988
Waukon Clinic becomes part of FHS.
St. Francis Medical Center brings mobile MRI unit to the region.
Cardiac Catheterization Laboratory opens.
1989
St. Mary's Hospital is expanded.
1990
St. Mary's Hospital is expanded.
1991
Mayo Health System formed.
1992
U.S. and FSPA begin search for partner.
St. Clare Health Mission opens as joint project of Franciscan Skemp and Gundersen Lutheran.
1993
FHS and FSPA begin search for partner.
Mayo Health System formed.
1994
FHS and FSPA begin search for partner.
St. Clare Health Mission opens as joint project of Franciscan Skemp and Gundersen Lutheran.
1995
Wisconsin Cost Containment Commission approves affiliation of FHS and Skemp Clinic under sponsorship of FSPA and Mayo Foundation.
Documents are signed to make FHS and Skemp Clinic part of Mayo Health System as Franciscan Skemp Healthcare (FSH).

1996
Houston Clinic and expanded Waukon Clinic open.
1997
Rural Track Residency arm of La Crosse-Mayo Family Practice Residency opens.
Franciscan Skemp Medical Missions formed to share medicines and equipment with Third World countries.
1998
Prairie du Chien Clinic opens.