Dear Friends,

To thank you for your long-standing support of St. Paul University Hospital, we are pleased to provide you with this special, commemorative edition of St. Paul Medical Foundation’s annual magazine. This year, my office joined with the Foundation to produce this historic account, which chronicles St. Paul University Hospital’s singular role in Dallas over more than 100 years.

From its inception in 1896 as St. Paul’s Sanitarium, through several important transitions, St. Paul University Hospital’s growth and development were inextricably tied to the communities it served.

Created to meet the health care needs of a growing Dallas as it approached the turn of the 20th century, St. Paul quickly became a standard bearer for excellent patient care.

As the magazine stories and photos demonstrate, caregivers were so devoted they risked their own safety to attend to patients during the deadly Spanish flu outbreak in 1918 and again three decades later, during a five-alarm hospital fire in 1951.

St. Paul also distinguished itself by continuously broadening access to its services. Early on, the hospital offered free medical care to the poor. It later established community clinics specifically designed to reach immigrants and other underserved groups.

The hospital opened its doors to African-American doctors in 1954, becoming the first Dallas hospital to grant them courtesy privileges, and then, in 1956, after African-American doctors were allowed to join the Dallas County Medical Society, the first to grant them staff status.

Among other noteworthy “firsts,” in 1985 St. Paul was the first hospital in Dallas to successfully complete a heart transplant. The hospital became a major center for transplantation and a recognized leader in stroke care and other specialties.

By any standard, St. Paul’s legacy, which will live on at UT Southwestern’s new William P. Clements Jr. University Hospital, is a point of pride for Dallas. We hope you enjoy this keepsake magazine as a tribute to one of our most cherished institutions.

Sincerely,

Daniel K. Podolsky, M.D.
President, UT Southwestern Medical Center
St. Paul’s Sanitarium, operated by the Daughters of Charity of St. Vincent de Paul, opens a temporary hospital in a cottage on Hall Street in Dallas to serve patients until the inaugural hospital is built.
The Spanish flu epidemic struck Dallas with a fury. After every bed, porch, and corridor in St. Paul’s Sanitarium was filled with sick citizens and soldiers, 45 tents were set up outside to accommodate the overflow. The Daughters of Charity of St. Vincent de Paul, who had opened the hospital in 1896, sacrificed sleep and their own health to help those they could.

Sister Mary Michael, one of the nuns assigned to the hospital, matter-of-factly described the chaos in a letter she began writing Sept. 29, 1918, and finished nearly a month later due to the crush of work.

“It was surely a sad picture to see beds lined up wherever one could be put, porches, corridors, and all rooms occupied. Sister Martha was moved to tears at the sight of poor soldiers lying on the ground while waiting for beds,” she wrote of the care that hospital staff members provided to 1,500 soldiers from nearby Camp Dick, an Army aviation facility at the State Fairgrounds.

As World War I dominated world headlines, St. Paul’s dealt with its own tragedies that fall. The flu claimed at least 15 lives at St. Paul’s, including two hospital employees: a pathologist and a 21-year-old nursing student.

In a letter that reads like the report of a military victory, U.S. Army Col. John McReynolds applauded St. Paul’s for its selfless aid to sick soldiers.

“From the beginning, the sanitarium maintained an attitude of sympathy and cooperation with the government which never wavered throughout the struggle but steadily grew in force and efficiency until the final victory was won,” he wrote. “This spirit of consecrated service prevailed in every part of the institution.”

Throughout St. Paul University Hospital’s 118-year history – despite a series of name, ownership, and location changes – the institution maintained its commitment to serving the community during times of great need.
changes – one constant has been that spirit of exceptional service.

“The St. Paul spirit of service will continue, though some things will change with the transition to the new William P. Clements Jr. University Hospital,” said the Rev. Pat Hanser, who served as a chaplain at St. Paul for more than two decades. “There’s still that sense of the provision of excellent care and service to patients, even if they can’t pay for it.”

Those roots of service date back to 1896, a time when the city of Dallas was growing and in desperate need of a new hospital. Back then, City Hospital was the only medical center to serve Dallas’ population of 37,000. Several prominent Dallas physicians and businessmen appealed to Bishop Edward Joseph Dunne of Dallas to encourage the Daughters of Charity to open a hospital. The Daughters of Charity, a Roman Catholic women’s order that operated several other hospitals at the time, was ingrained with a mission of charity to serve the sick and the poor.

Eventually, an agreement was reached in which the Daughters of Charity paid $1 for land purchased by a citizens’ group. The first two sisters traveled by covered wagon some 1,200 miles from Maryland to Texas that June. By November, ground was broken for the original three-story, 110-bed hospital at Hall and Bryan Streets.

That same month, a temporary hospital opened in a small cottage on the property.

It took nearly two years from the sisters’ arrival for the castle-like red brick and stone hospital with tall ceilings and archways to be completed.

An elaborate public ceremony marked its debut, including a blessing by the Bishop of Dallas, High Mass in the hospital’s chapel, and speeches by city leaders. In a local news report on the opening, Dr. Samson Eagon was quoted as saying that “St. Paul’s Sanitarium is the finest hospital in the world, having all that is modern in equipment and appliances.”

The hospital reflected the latest in features for its time, such as elevators, electric and gas lights, radiators, fireplaces, dumbwaiters, and bathrooms with hot and cold running water.

Stately Victorian-style verandas allowed patients to benefit from fresh air and sunshine, believed to have important healing properties. A listing in the Dallas Social Directory said costs for care ranged from $1 to $5 per day and that the aim of the sisters was to “relieve suffering humanity, regardless of faith.”

Throughout the years, the sisters served the poor. In 1906, a free clinic...
was set up in the hospital’s basement. Sister Brendan O’Beirne, in charge of that operation, felt passionate about her mission. Often she would visit patients in their homes, offering whatever they needed, whether it was food, clothing, or medicine. The clinic eventually had a building of its own, and a second free clinic, the Marillac Clinic, later opened to serve residents in the predominantly Hispanic “Little Mexico” neighborhood of Dallas. On opening day of the Marillac Clinic in 1920, soup was served to an estimated 1,000 people. Among those serving soup was a hospital kitchen employee helped earlier by Sister Brendan.

“When I first saw him,” Sister Brendan recalled in a 1939 newspaper article, “he was near death from starvation. I fed him with a spoon and he’s never forgotten.”

During 1920, some 10,000 people were cared for in the clinics, mostly Mexican immigrants who were without sufficient resources and who poured into Texas after World War I. A few years later, the Marillac Social Center was added, an expansion of the clinic program that offered recreational and educational programs.

Meanwhile, a major hospital expansion was completed in 1916 to keep pace with the city’s growth. This addition, called the Annex Building, elevated the structure’s height to five stories and added about 200 beds. In 1927, it was renamed St. Paul’s Hospital.

In 1943, at the height of World War II, a group of women founded the Women’s Auxiliary of St. Paul’s Hospital. They initially made pajamas, sheets, and pillowcases for patients, later becoming a key hospital support group of women – and men – who not only volunteered their time but also raised money for St. Paul’s through the operation of a thrift store and hospital gift shop.

After the war ended, the need for more patient beds continued to grow. The Dallas Building, a $1.5 million addition begun in 1950, increased St. Paul’s capacity to 475. But as construction wound down in late 1951, a disaster threatened to destroy everything the sisters and other hospital staff had spent more than a half-century building.
St. Paul’s School of Nursing

A postmarked, yellowed envelope glued to a scrapbook page contained a treasured letter from Billie Thompson’s father. In it, he wrote how proud he was of his daughter becoming a nurse.

“As you were marching in, the thought ran through my mind how proud your mother would have been of you. I had a hard time keeping the tears back,” he wrote of her graduation from St. Paul’s School of Nursing on Feb. 18, 1947.

Other mementos of Billie Thompson’s three-year education at St. Paul’s dotted her ribbon-bound book with a U.S. cadet nurse patch glued to the cover: nursing board exam grades, photos of the hospital, thank-you notes from patients, birthday cards from relatives and suitors, a printout of the school’s song, a nursing school graduation program, and the school-color ribbons she wore at graduation.

These glimpses into a student’s life provide valuable clues of how St. Paul’s nursing program transcended an educational experience. For the 1,709 students who graduated from St. Paul’s School of Nursing during its 71 years of operation, affection ran high. In the early years, the hospital was the students’ whole world – they studied, lived, and worked there. A sorority-like atmosphere, with activities ranging from dances to capping ceremonies, engendered closeness.

The unique culture of St. Paul’s Hospital, including its nursing school, is grounded in the service-oriented mission of the Daughters of Charity. Originally called the St. Paul Sanitarium Training School for Nurses, the school was established in 1900, just four years after the hospital opened. It operated until 1971, when the final class of 12 nursing students graduated.

Although the nursing program was beloved by the Daughters of Charity, declining enrollment and an industry trend toward university degree programs prompted St. Paul’s to discontinue its three-year program. The average senior class size was 22, peaking at 199 graduates in 1949. Although the majority of students were women, 17 men graduated from the nursing school through the years.
Fifteen minutes after midnight on Oct. 24, 1951, an odd odor awoke Sister Alberta Savage. It was smoke, accompanied by an ominous red glow on the ceiling of her fifth-floor hospital bedroom. Within the hour, a fire that had begun in the attic exploded into a five-alarm blaze that threatened St. Paul’s Hospital – and, worse, its patients. Keeping a calm demeanor instilled in her by the Daughters of Charity’s service-focused mission, Sister Alberta quickly implemented an evacuation plan that saved the lives of more than 250 patients and employees.

Years later, Dallas officials still marveled at Sister Alberta’s exemplary leadership during the fire. At a 1964 dedication ceremony for what would become the new St. Paul Hospital building at Harry Hines Boulevard and Inwood Road, C.A. Tatum Jr. described the hospital administrator’s heroic actions that night.

“Sister Alberta called the safe evacuation a miracle. It was that – and more. It revealed that in the face of trouble or disaster, our people can work with one will, one mind, and one heart.
toward a single goal," said Tatum, who served as Chairman of the St. Paul Hospital Advisory Board at the time.

Fortunately, only a few weeks prior to the blaze, Sister Alberta had approved a fire safety plan. She had telephone operator Mary Jo Wilson notify the Dallas Fire Department, then roused other sisters to assist with a hospital evacuation. Per the fire protocol, the hospital fire alarm code, "Emergency – Doctor Red," was announced over a public address system. Within 20 minutes of a fire chief’s command for a full evacuation, all patients were safely moved outside and then temporarily transferred to area hospitals.

Believed to have been caused by an overheated pipe, the fire caused $125,000 in damage but did not keep the hospital from reopening less than 24 hours later.

The fire was the first of many turbulent events—some of them heroic milestones—affecting St. Paul’s during the 1950s as it evolved into an admired, increasingly service-oriented hospital catering to a diverse patient population in an era of medical breakthroughs.

As repairs to the fire-damaged main hospital building began, construction continued at the Dallas Building, the thirteenth and final addition to the Bryan Street hospital complex. The $1.5 million, six-story facility, which added...
95 beds and 80 infant bassinets, opened in April 1952. In a newspaper article published that month, Sister Alberta’s leadership style was described as traditional yet progressive. As an example, the article noted that St. Paul’s was one of the first hospitals at that time to admit alcoholic patients, with five rooms dedicated to their care.

“They really are sick people,” Sister Alberta told the newspaper reporter. “We want to help them if they want us to.”

The following year, when Sister Alberta became ill and resigned, Sister Mary Helen Neuhoff, of St. Louis, Mo., was named hospital administrator. One of nine children of Henry Neuhoff Sr. of Nashville, Sister Mary Helen had three brothers living in Dallas at the time – Joe, John, and Henry Jr. – who operated a meat-packing plant.

Over the years, the Neuhoff family would become key supporters of St. Paul’s Hospital, contributing both time and resources. The son of Henry Neuhoff Jr., Henry Neuhoff III, and his wife Kay, an Emeritus Director of the St. Paul Medical Foundation and a former St. Paul Auxiliary member, recalled Sister Mary Helen as a businesswoman in a nun’s habit “who could move mountains.”

“She ran a tough ship, and everybody knew it,” Henry Neuhoff III said of his late aunt.

But, his wife added, she was also “very caring and loving.”

That compassionate yet no-nonsense demeanor would make Sister Mary Helen a catalyst for change in an era of institutional segregation.

When she joined St. Paul’s in 1953, African-American physicians were not allowed to practice in the hospital, and black patients were treated in the hospital basement. Segregation was the norm at major Dallas hospitals – basically there were “white” hospitals and “black” clinics.

As the nation moved slowly toward integration, Sister Mary Helen took a stand. In 1954, St. Paul’s became the first Dallas hospital to give African-American physicians courtesy privileges to practice in the hospital. In 1955,

Champions of Desegregation

When St. Paul’s Hospital permitted African-American doctors to practice there in 1954, an era steeped in racial discrimination, it sent a ripple through the city, eventually serving as a catalyst for change.

For the Daughters of Charity of St. Vincent de Paul, it didn’t seem that big of a stretch from their original mission to serve the sick and the poor regardless of religion, nationality, or race. A front-page newspaper article heralded the milestone: “Negro MDs to Practice in St. Paul’s.”

A month earlier, in the landmark case Brown v. Board of Education, the U.S. Supreme Court had ruled public school segregation unconstitutional.

“It was amazing. … Nobody stood in their way. Nobody picketed,” recalled Julia Jordan in 2010. Her husband, the late Dr. Frank Jordan, was among the first five black doctors to work at St. Paul’s.

Change did not come easily, however. Because St. Paul’s required physicians to be members of the Dallas County Medical Society for admission to the staff, the first black doctors could receive only courtesy privileges. In 1953, Dr. Emerson Emory became the first African-American to intern at the hospital.

In 1954, African-Americans were barred from becoming members of the medical society, although that rule changed the following year. Taking the lead again, St. Paul’s in 1956 became the first Dallas hospital to add black physicians as hospital staff members.

“I think everybody was judged by their competence. I don’t remember anyone being prejudiced because of skin color,” said Dr. Pat Jenevein, a retired Clinical Professor of Pathology at UT Southwestern who began working at St. Paul in 1965.

Dr. Emmett Conrad, the first African-American surgeon on staff at St. Paul, became the first black Chief of Staff in 1980. His leadership extended to city government; he was the first African-American elected to the Dallas school board in 1967, and he played an important role in combating segregation in the city. Dr. Conrad, who died in 1993, was honored by the Texas Historical Society for outstanding achievement. In 1986, his portrait was hung in Dallas City Hall as a Living Legend.
St. Paul’s School of Nursing admitted its first black students. In 1956, St. Paul’s became the first Dallas hospital to admit black physicians to its staff. Finally, in 1959, the hospital ended racial segregation of patient-care areas, continuing its leadership role of embracing racial equality in Dallas.

Dr. Morris described Sister Mary Helen’s forward-looking beliefs on racial equality as reflecting the sisters’ values. “I think she felt that it was part of her mission as a Daughter of Charity to recognize that all people are created equal, and that if they have the proper credentials, they should be allowed to practice in the hospital.”

At the same time, St. Paul’s was at the vanguard of clinical care. On Sister Mary Helen’s watch, the hospital staff in 1957 successfully performed its first open-heart surgery and then, in 1959, opened the city’s first intensive care unit. The ICU embodied the growing trend of “progressive care” in which patients were grouped by degree of illness rather than by disease type.

As the decade drew to a close, St. Paul’s began running out of space, but rather than planning yet another addition, a fund drive for a brand new hospital was launched in 1958 by Southwestern Medical Foundation. The campaign was led by philanthropist Karl Hoblitzelle, who has been a major benefactor of St. Paul’s and UT Southwestern Medical School already in place. Land for the new St. Paul Hospital on Harry Hines Boulevard was donated by the Catholic Diocese of Dallas and Southwestern Medical Foundation.

The sisters initially thought they would convert the old hospital on Bryan Street into a center for convalescent, chronic, and geriatric patients, nearly doubling the capacity when added to the proposed new 484-bed hospital. “The combined facilities will make St. Paul Hospital the largest of its kind in the South,” stated a 1958 brochure on St. Paul’s internship, residency, and other medical education programs. Unfortunately, the sisters’ aspirations were not to be realized because the old hospital was ultimately razed.

In 1963, St. Paul unveiled its newly renamed hospital. Significant advancements in medical care and growth at St. Paul would be juxtaposed against poignant endings over the next two decades, including the closure of St. Paul’s 71-year-old nursing school.
The sun had been up less than two hours on Dec. 22, 1963, when a caravan of 10 ambulances, two trucks, and a limousine rolled up outside the old St. Paul’s Hospital on Bryan Street. Bitterly cold temperatures and Dallas’ first snowstorm of the year threatened to derail carefully laid plans to move all patients the estimated four miles to the new St. Paul on Harry Hines Boulevard.

Doctors and nurses bundled up patients and accompanied them in ambulances. A van carried two orthopaedic patients, while a heated panel truck transported newborn babies.

Within five hours, 96 adult patients and 16 babies had been transferred without incident. Sister Elizabeth Steiner, the hospital administrator, kept watch at the emergency room entrance to check each patient personally.

Through this seamless move, St. Paul staff demonstrated the keen attention to patient care that has been its hallmark.

“It was exciting to see, because everything at the new hospital was so modern,” recalled James Campbell, an orthopaedic technician who had worked at St. Paul since 1961. “The old hospital looked like a castle, but a lot of the sections were running down. We were glad to get to a new place.”

Indeed, the new 10-story hospital reflected the latest in medical technology and patient care. Built, equipped, and furnished at a cost of $15 million, the 484-bed hospital boasted such innovative features as circular intensive care units and the best X-ray technology.

Babies in incubators are loaded into a heated panel truck for the move to the new hospital.

Endings and beginnings: 1963 to 1984
St. Paul Medical Foundation

Without strong community support, St. Paul University Hospital’s evolution as a service-oriented medical center offering the best in care might not have been accomplished. For the last half-century, a primary supporter of the hospital has been St. Paul Medical Foundation, founded in 1964.

Originally called the St. Paul Hospital Endowment Fund, the organization’s purpose was to support medical and hospital care with special emphasis on care for the underserved, and to support medical research and education in line with the values and mission of the Daughters of Charity.

Many varied and worthwhile projects have been funded and endowed to ensure a steady stream of resources at St. Paul to accomplish the Foundation’s mission, which has remained essentially the same over the years. That effort has been due in no small part to the participation of many dedicated and highly respected community leaders. Among those who served in the earliest years were Joe Haggar Jr. and Trammell Crow, followed by Mrs. John (Lupe) Murchison and Jere Thompson in the ’70s; Maurice Acers, Robert Crandall, Annette Strauss, and Rita Clements in the ’80s; and Stanley Marcus, Mary Kay Ash, and Ebby Halliday Acers in the ’90s.

During the 1990s, serious budget deficits afflicted the hospital. In the early 2000s, the Foundation stepped in to provide much-needed aid in the form of a $1 million grant to help underwrite the fees of a management consultant and a second $1 million grant for bridge loans. This support enabled the hospital to stay viable until January 1, 2005, when UT Southwestern Medical Center acquired St. Paul and Zale Lipshy Hospitals. That same year, the Foundation merged with its sister organization – the St. Paul Fund for Advanced Heart and Lung Disease.

In recent years, the Foundation’s signature fundraising events – the Legends Gala and Transplant Tee golf tournament – have raised millions of dollars to support heart, lung, vascular, and cerebrovascular programs at St. Paul and UT Southwestern. The organization also sponsors a support group called Friends of the Heart, Lung, and Vascular Programs at UT Southwestern Medical Center.

With the opening of the new William P. Clements Jr. University Hospital and the decommissioning of St. Paul, the St. Paul Medical Foundation, in supporting activities at UT Southwestern, will continue to champion the values and the tradition of care it supported so generously over the years at St. Paul University Hospital.

...continued

craftsman to design the mosaics. Dedication day was a huge cause for celebration. More than 1,000 people attended the ceremony, which included tours of the hospital. Roman Catholic Church dignitaries and local political leaders spoke, including a filmed congratulation from then-Texas Gov. John Connally. The St. Paul Post, the hospital’s employee publication, recapped Sister Elizabeth’s speech.

“Into our new St. Paul has been poured more than bricks and mortar. There is a combination of love, devotion, time, talents, and substance, to which everyone has contributed. This is what is unique about St. Paul,” she said.
Hospital construction lasted more than four years. By the time it was complete, community support had begun to grow. In October 1964, St. Paul Medical Foundation was founded. The organization’s purpose has been to promote excellence in medical care — with an emphasis on the underserved — as well as to support medical research and education. Through the years, the Foundation has provided critical assistance for St. Paul programs and patients, an effort that broadened to include Zale Lipshy University Hospital and the William P. Clements Jr. University Hospital, which opened in late 2014.

As St. Paul grew, the 1960s ushered in new ways of thinking about medical care that required taking a critical look at the hospital’s financial side. In 1968, tough but business-savvy decisions were made to phase out the School of Nursing and to raze the old hospital buildings on Bryan Street.

The new hospital established its own reputation for innovations in patient care. In 1962, St. Paul became the first hospital in Dallas to allow fathers into the delivery room and, in 1967, the first to open coronary care units. Also in the 1960s, the hospital acquired a high-pressure oxygen chamber to treat patients for cancer, gangrene, carbon monoxide exposure, and bacterial shock. Looking back, Dr. Pat Jenevein, a retired Clinical Professor of Pathology at UT Southwestern who worked at St. Paul from 1965 to 2003, said the sisters’ ability to recruit top physicians played a role in the groundbreaking developments and had a snowball effect.

"The 1960s were fun. There was always a big educational effort at St. Paul, which had one of the best surgical educational programs in the city," said Dr. Jenevein, who now serves as a Director of the St. Paul Medical Foundation.

He credited Dr. Ernest Poulos, former Emeritus Director of Surgical Training, and the late Dr. William Kraus, who started the cardiology department at St. Paul, with laying the groundwork for the hospital’s eventual expertise in organ transplants and heart, lung, and vascular surgery.

By the early 1970s, the new St. Paul was already experiencing growing pains. Ground was broken for Professional Office Building I, the hospital’s first addition, in 1974. Three years later, a $5 million campaign was launched, partially funding a $12 million expansion that included an eight-story patient tower and one-story cancer center that were completed by 1982.

The late Joe Haggar Jr., former President of Haggar Clothing Co., helped fund construction of the patient tower, named in honor of his parents, Rose and J.M. Haggar Sr. In 1955, Joe Haggar Jr. began serving on the St. Paul’s School of Nursing Advisory Board and, later, was a Founding Director of St. Paul Medical Foundation. The Haggar family’s support of St. Paul, tied to their Catholic roots, grew through the years.
St. Paul is where the Haggar family always went. I had several surgeries there and three children there,” recalled Isabell Haggar, Joe Haggar Jr.’s wife. “It just had a special, warm feeling, kind of like family.”

St. Paul Hospital’s dedication to helping patients in need expanded during this period, with the launch of a Cancer Crisis Fund in 1974, which paid some out-of-pocket expenses of terminally ill patients and the purchase in 1982 of the Labouré Care Center, a 168-bed skilled nursing facility near the hospital.

The hospital’s reputation as a medical care leader continued in the 1980s. An alliance with UT Southwestern as a teaching referral center prompted yet another change of the facility’s name to St. Paul Medical Center. At the time, St. Paul planned to extend its geographic reach with new outpatient clinics and a second hospital in Coppell. However, despite exciting growth in many of its medical programs, including organ transplants, St. Paul would undergo financial strain and significant operational shifts over the next two decades.
John McMahon’s time was running out, and fast. He would not survive long without a heart transplant, a surgical procedure that was still in its infancy in 1985 when the 44-year-old electrical engineer from Euless came to St. Paul Medical Center after suffering a massive heart attack.

Nobody had attempted a heart transplant at St. Paul before. What’s more, the last two heart transplant surgeries in Dallas occurred in 1968, and both failed. The stakes were high.

None of that intimidated Dr. Gerry Geisler, Chief of Thoracic and Cardiovascular Surgery for St. Paul at the time and head surgeon of the team that completed the Aug. 31, 1985, transplant.

“I knew I could take the heart out and sew a new one back in,” said Dr. Geisler, a board member of St. Paul Medical Foundation who retired from practice in 1996. “I had a patient who needed a heart transplant or he was going to die. I didn’t have time to be scared.”

The historic surgery – the first successful heart transplant in Dallas – thrust St. Paul into the media spotlight. With the transplant still underway, the hospital held a press conference.

“The only hope for (the patient’s) survival is replacement of the heart,” the initial news release read in part. “In accordance with the mission of the Daughters of Charity to provide every available form of accepted treatment to the patients at St. Paul, a transplantation task force has been at work for one and a half years to prepare for the type of eventuality we are facing today: to try to save the life of a non-transportable patient after all other forms of treatment have failed.”

McMahon survived for 14 months following the historic surgery, even though, at that time, transplant anti-rejection drugs did not exist.

With that first heart transplant, St. Paul’s expertise in heart, lung, and vascular surgery took off under the direction of the late Dr. William Kraus, Medical Director of Cardiology. He headed The Heart Institute at St. Paul, a program that brought together heart surgeons, cardiologists, clinical nurse specialists, and support personnel in a multidisciplinary approach to treating heart disease that included educational and rehabilitative services.

Three years later, the groundwork laid by Dr. Kraus and others led to a collaborative heart transplantation and cardiothoracic surgery program with UT Southwestern Medical Center, founded by Dr. W. Steve Ring, an acclaimed heart transplant surgeon...
recruited to UT Southwestern in 1988. Twenty-six years later, in July 2014, St. Paul celebrated its 500th heart transplant. Despite this exciting early growth in its heart and other programs, financial difficulties emerged at the hospital, prompting the Daughters of Charity to begin a gradual withdrawal. The initial indicator of change came in 1985 with the appointment of St. Paul Hospital’s first lay administrator, Anthony Bunker, who replaced Sister Damian Wetzel upon her promotion to another post. Around the same time, the hospital announced a $64.3 million expansion and renovation project to be funded in part by a $10 million capital campaign.

But one month later, hospital officials put the capital campaign on hold, citing an “environment of cost containment and deregulation.” The expansion never occurred; instead, the 1990s brought more pressure to the bottom line. “It was a time when a lot of hospitals were going through crunches financially because of changes in insurance laws and Medicare. It wasn’t like it was in the olden days when things were really going strong,” recalled the Rev. Hanser, the former chaplain at St. Paul.

Budget deficits in the 1990s prompted help from St. Paul Medical Foundation. In the 2000s, the Foundation provided a $1 million grant to pay for a management consultant and another $1 million for hospital bridge loans. In 1996, Ascension Health Care System, the successor to the Daughters of Charity National Health System-West Central, turned over management of St. Paul to Harris Methodist Health Care System. The next year, the Daughters of Charity’s 101-year operation of St. Paul ended when Ascension sold the hospital to Texas Health Resources.

Even in the face of these significant financial and organizational challenges, St. Paul didn’t miss a beat in the growth of its core programs. The facility continued to build on its expertise in heart, lung, and vascular programs, surgery, and obstetric care. Notable programs added in the early 1990s – many in collaboration with UT Southwestern – included a lung transplant program, a high-risk maternity unit, a surgical intensive care unit, a hospital-based psychiatric services program for AIDS patients, and a patient-focused care unit for bone and joint surgery.

In December 2000, UT Southwestern purchased the hospital’s physical assets for $29.8 million and renamed it St. Paul University Hospital. The arrangement was considered a win for both, expanding UT Southwestern’s referral capacity while stabilizing the hospital’s financial side. University Medical Center Inc., the holding company of Zale Lipshy University Hospital, would lease and operate St. Paul as a subsidiary.
Generous contributions from the community continued to support the hospital during these years of upheaval. Donors included the J.M. Haggar Family, the Hoblitzelle Foundation, Mr. and Mrs. Jere W. Thompson Sr., Mary Kay Inc., the Sammons Dallas Foundation, Mr. and Mrs. Ben H. Carpenter, and Mr. and Mrs. Robert T. Hayes, among many others.

The changes in hospital ownership and operation led up to the departure of the Daughters of Charity in 2004, when the head of the order’s St. Louis, Mo., operations announced that all nuns working at St. Paul would be reassigned to ministries directly sponsored by the order. That April, a farewell ceremony was held for the last eight sisters, six of whom were volunteers.

“It was a very sad day,” recalled Rev. Hanser. “It was just like having angels working with you. There were a lot of tears because this was the end of an era. It was also a sign of the change that was taking place.”

After the sisters left, however, their spirit of caring and exemplary service remained. The sisters’ service-oriented passion had become ingrained in the hospital’s work culture. Many employees possessed an unusually high degree of loyalty and affection for St. Paul, which positively impacted patient care.

In the summer of 2014, Marilyn Bordelon, a nurse who worked at St. Paul for 37 years, said, “This is my second family. It’s just been a great place to work. I never thought about going anywhere else, even with all the changes we’ve had and the rough times. Everybody at St. Paul takes care of each other.” Allen Haskell, a heart transplant patient at St. Paul in 2000, credited excellent care for his success in surpassing the worldwide median survival rate of 11 years for heart transplant recipients. “It was more than a hospital; it was a community of care,” Haskell said. “They didn’t just look at your heart, as in my case, they looked at all of you. It was hard not to fall in love with all of the nice people there. I wondered for a long time if there was not something in their training culture about being nice.”

In 2005, UT Southwestern fully acquired and consolidated St. Paul and Zale Lipshy. University Medical Center Inc. transferred to UT Southwestern the ownership of Zale Lipshy and business operations of St. Paul, whose physical assets the medical center already owned.

Then, in late 2014, the time came for a second transition to a new hospital building and the extension, once again, of St. Paul University Hospital’s unique continuum of compassionate, service-oriented care. Many St. Paul employees and programs shifted to William P. Clements Jr. University Hospital, beginning an exciting new chapter for UT Southwestern that today carries on the steadfast commitment to exceptional patient care established at St. Paul’s Sanitarium more than a century ago.

“Many of us who treated and cared for patients at St. Paul know how much affection the hospital has generated from the community through the years,” said Dr. John Warner, Vice President and CEO of UT Southwestern University Hospitals. Dr. Warner, an interventional cardiologist, served as Medical Director of the Doris and Harry W. Bass Jr. Clinical Center for Heart, Lung, and Vascular Disease and directed the Clinical Cardiac Catheterization Services at UT Southwestern’s affiliated hospitals. “It’s important for the community to know that the cherished patient-care traditions from St. Paul continue at William P. Clements Jr. University Hospital,” Dr. Warner said. “We’re pleased to be in a brand new, state-of-the-art facility, and yet we know we already have a significant legacy to uphold.”

Orthopaedic technician James Campbell, a St. Paul Hospital employee for 52 years, turns out the lights for the last time at his old St. Paul workplace.