Labor in a Hopeless Land: The Daughters of Charity and Hansen's disease Patients at the Louisiana Leper Home, 1896-1926

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Labor in a Hopeless Land: The Daughters of Charity and Hansen’s disease Patients at the
Louisiana Leper Home, 1896-1926

A Thesis

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By
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Abstract

The Miracle of Carville, as the late 1930’s and 1940’s have been called, is considered the pivotal point for those isolated with leprosy at the National Leprosarium in Carville, Louisiana. Scholars, researchers and folklorists alike have grappled with these decades as providing the environment in which patient reform was cultivated and eventually sown without a serious consideration of the labor and advocacy of the Sisters missioned there.

Understanding the multiple roles of the Sisters at the Louisiana Leper Home, those of home makers, care takers and patient advocates, provides the foundation for the patient reforms won during the Miracle of Carville.
Less than two years after the first patients settled into the Louisiana Leper Home, four Daughters of Charity accepted a mission to go there to care for those suffering with leprosy.¹ From 1896 until the United States Government’s purchase of the Home in 1921, the Sisters served as managers and caretakers for the increasing number of leprosy sufferers confined there. Perhaps the most influential of the roles undertaken by the Sisters was the one not written into their contract, that of patient advocacy.

Upon the Sisters’ arrival at the Louisiana Leper Home in 1896, the patients, a majority of whom were Catholic and feared they had been forgotten, enthusiastically greeted the four Daughters of Charity. Following an 18 hour journey up the Mississippi River from New Orleans, Sister Beatrice described the scene in a letter to the Visiatrix as follows:

The lepers watched the boat…until we finally stepped out. We told them that we had come to stay, wishing to do all that we could to comfort their lonely, suffering condition. It was touching to see the happiness of these poor people when they caught sight of the Sisters. They almost wept with joy. ‘Have you really, really come to stay with us?’ they kept repeating.²

They had indeed come to stay. As their tenure turned from years to decades, the Daughters of Charity advanced the physical condition of the Home from run-down slave cabins to full-fledged research hospital.

¹ The author elects to use the term ‘patients’ throughout although during the years 1894-1921, residents of the Louisiana Leper Home were sometimes referred to as ‘inmates.’ This term furthers the idea that isolation at Carville was meant to protect others from contracting the disease, not for research or to find a cure.
The Daughters of Charity came to serve those whom society had cast out and over a span of 100 years, they steadfastly improved the health and spiritual conditions of those living with an ancient disease. By the time the U.S. federal government took ownership of the Home and established it as the National Leprosarium, the Sisters had endured years of fighting for basic necessities and substantial upgrades in treatment for the patients. They also weathered an investigation of non-Catholic patient complaints about proselytizing.

The role of medical research at the National Leprosarium has garnered attention from scholars and the media. Betty Parker Martin, a patient, authored *Miracle at Carville*. The memoir details her life with a diagnosis of leprosy and explains the “miracle at Carville” as United States Public Health Service (USPHS) physicians found multi-drug therapy treatments successful in treating the disease. Relying extensively on interviews and less on archival records, folklorists, anthropologists and journalists have concluded that patients and their reduced status had to wait until the miraculous cure before their position as inmates or lesser citizens could be remedied.

The Hebrew word *tsara’ath*, from the Bible was translated as *Lepra* into Greek and Latin. It means to be stricken or defiled. Leprosy is caused by a bacillus or rod shaped bacterium known as *Mycobacterium Leprae*. Leprosy is a chronic disease affecting the peripheral nerves, skin, upper respiratory tract, eyes and nasal mucosa. The physical effects of the disease vary depending upon the strain one has contracted. In all forms of the disease, some degree of nerve damage occurs which results in sensory loss particularly in the fingers and toes. Milder forms of leprosy or Hansen’s disease may result in simple skin discoloration while in more aggressive forms, nodules, thickened skin and skin legions can develop. More detailed and regularly updated medical information can always be found by visiting the National Institutes of Health’s National Institute of Allergy and Infectious Diseases’ website at [www.niaid.nih.gov](http://www.niaid.nih.gov). “What is Leprosy” [www.niaid.nih.gov](http://www.niaid.nih.gov). Accessed March 12, 2013. The author’s use of the terms leprosy and leper are in no way an expression of preference for the terms. Leprosy and leper will be used during the time frame in which these terms were appropriate as will Hansen’s disease.

Scholarship regarding Hansen’s disease grapples with the “miracle of Carville.” This miracle encompasses the decades of the 1930’s and 1940’s as research physicians assigned to the National Leprosarium experienced success with sulfone drug treatments. These decades have been interpreted as Carville’s tipping point, sparking the patients’ reform movement. Many studying Carville see the 1940’s as the definitive “line” dividing a “pre-reform” from a “post-reform” Carville. Amy Fairchild argues that the success of sulfone drugs allowed patients to feel better and to begin to question why they were “still treated like inmates of a penal institution.”

However, archival records reveal that many of the demands for reform that are said to have followed medical advances were sought by patients much earlier. *The Sixty-Six Star*, a patient published newsletter, records patient advocacy on their own behalf well before the medical advances, according to historian Michael Mizell-Nelson. During the 1930’s and 1940’s Stanley Stein, often referred to as “The Carville Crusader” served as editor of the patient newspaper *The Star*. The mimeographed newspaper gave patients a platform to air grievances of daily life at Carville. For Stein, *The Star* provided an outlet to educate the world outside of Carville’s gates to the history of the stigma associated with leprosy.

Stein also advocated renaming Leprosy as Hansen’s disease to honor the Norwegian doctor, G.A. Hansen, who first discovered mycobacterium leprae in 1873 and to mitigate the stigma associated with leprosy.

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5 The site where those inflicted with Leprosy were sent has been known by several names: Indian Camp Plantation, the Louisiana Leper Home, the National Leprosarium, U.S. Marine Hospital #66 and simply as what the world knows by its postal code, Carville. Carville, Louisiana is a rural River Road community located 20 miles south of Baton Rouge and 70 miles northwest of New Orleans.


7 Michael Mizell-Nelson, “Treated as Lepers: The Patient-Led Reform Movement at the National Leprosarium, 1931-1946” *Louisiana History: The Journal of the Louisiana Historical Association* 44. No.3 (Summer 2003): under http://www.jstor.org/stable/4233938. *The Sixty-Six Star* was published during the 1930’s however Stanley Stein ended its publication shortly after its founding until he resurrected the patient newspaper as simply *The Star* in the 1940’s.
This thesis argues that the patients’ self-advocacy in the pre-medical cure era of the 1930’s would not have been possible without the essential role played by the Daughters of Charity as patient advocates in the decades prior. From their persistence in refusing to be ignored by the State of Louisiana in the waning years of the 1890’s through to the nationalization of the leprosarium in the 1920’s, the Daughters of Charity were the one constant in the lives of the patients. This is a story of frustration as the Sisters, familiar with the openness and accessibility of a city center through their work within the New Orleans’ medical community, experienced an isolation of their own. Living in the bend of the Mississippi River seventy miles from New Orleans, the Sisters found themselves with much to do but few means by which to accomplish their tasks.

While it is true that these decades did bring advances in medical research and patient rights, one must return to the beginning of the Louisiana Leper Home to understand how these advances in research and reform were made possible. This thesis argues that the long-serving Daughters of

Figure 1. Geographical location of the Louisiana Leper Home.
Charity played a large role in humanizing conditions for the patients as they sought to transform the prison-like “leper home” into a true medical research facility. Both their physical and spiritual work provided the conditions through which patient self-advocacy could develop.8

Previous studies of the Daughters of Charity have focused on more traditional Catholic history themes, emphasizing the religious aspect of the Sisters’ work while underestimating their work as professional nurses.

Religious missionaries, particularly among those inflicted with the disease, have a long history of working with leprosy.9 Priests and nuns were in charge of lazaret houses in medieval times and continue to provide care to those suffering into the modern era through healthcare facilities run in their name.10 According to Leslie Woodcock Tentler, a gulf exists between the two academic worlds of labor and religious historians. She argues it is “social as well as intellectual, not only do they fail to read one another’s work; they do not know one another.”11 In his review of “On the Margins,” labor historian Joseph McCartin argues that networking could help to resolve this gulf but that it goes deeper. He contends that when religious and labor historians do come together; they have a hard time understanding each other. They may have the same ambitions, he notes, but “different vocabularies and worldviews.”12 The larger historical picture remains incomplete and agency of the Daughters of Charity risk being lost if historians do not close the gulf between religious workers in the world of work.

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10 Ibid. 452.
History of the Daughters of Charity

Few opportunities for women existed in sixteenth-century France beyond the domestic sphere. For many young, unmarried women, religious life offered prospects outside the limitations of the law and opportunities to use their skills to help others. The spread of poverty across France proved too overwhelming for the meager charity programs available.

France’s government developed an “indoor relief” system that called on institutions to assist those who were ill, aged, and poor. Religious women were called upon to assist. Medieval hostels, predecessors to the modern day hospital, allowed religious women the opportunity to care for the sick and poor.

As more women heeded the call of service to the country’s poor and sick, many communities of women obeyed the orders of the Council of Trent to cloister. In direct retribution to Martin Luther and the Protestant Reformation’s belief that one’s faith, not deeds, was the way to salvation, the Catholic Reformation blanketed France at the end of the sixteenth century. The belief that salvation required the performance of good works in addition to divine grace defined the message sent out by the Council of Trent to society. France’s elite, alongside monastic organizations, embraced religious zealously to address society’s problems. In 1633, as

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15 Ibid. 27.
16 Ibid, 27.
18 Martin Luther authored “95 Theses” with two central beliefs: the Bible was the central authority and human faith was the path to salvation, not one’s deeds. This protest would birth the Protestant Reformation movement against the Catholic Church in 1517.
20 Ibid. 17-18.
women’s religious communities closed their gates, Vincent DePaul organized a group of peasant women dedicated to meeting the poor where they suffered. This group was called Filles de la Charite. Members took vows of poverty, obedience, chastity and service to the poor and renewed those vows each year on the Feast of the Annunciation, March 25. Renowned for their skillful nursing in the public hospitals of France, Filles de la Charite were missioned to Austria, Australia, Ireland and Britain where they continued to care for orphans and those in need.

When Elizabeth Ann Seton founded the Sisters of Charity in the United States (Emmitsburg, Maryland) in 1809, she carried on the same hands-on tradition of France’s Filles de la Charite. In 1850, the Sisters of Charity joined the Daughters of Charity to form a single order, becoming the first American Province of the Daughters of Charity. When the American Civil War erupted, the Daughters of Charity found themselves serving at locations on both sides of the War forcing them to cross not only physical boundaries between the North and the South but political ones as well. Through their tireless and selfless work as nurses, the Sisters were successful in breaking down barriers of religious intolerance amongst the troops. The Sisters answered the call to duty again when America entered the Spanish-American war of 1898 and the U.S. government needed professionally trained nurses.

Research into nineteenth century New Orleans’ medical history offers evidence of the significant labor role played by the Sisters. By 1896, when Mother Mariana of the Daughters of Charity of Emmitsburg, Maryland, agreed to a contract with the (Louisiana) State Board of

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20 Daughters of Charity
Control to provide assistance at the Louisiana Leper Home, the Sisters of Charity had been in New Orleans for nearly 65 years.

Throughout the early 1800’s, Sisters of Charity were missioned to New Orleans to administer at asylums and hospitals. Initially summoned by Bishop Rosati to help administer with the teaching duties at the Poydras Asylum, two Sisters of Charity arrived in New Orleans in 1832.\(^\text{23}\) In 1833, shortly after their arrival at the Poydras Asylum, Charity Hospital’s Board of Administrators requested the Sisters consider assuming the management responsibilities at Charity. In 1834, after accepting the managerial duties, an additional ten Sisters began work as administrators at Charity Hospital.\(^\text{24}\) During this time period, those diagnosed with a contagious disease, including leprosy, were housed at Charity.

The original Sisters working at the Poydras Asylum stayed until Julian Poydras’ death in 1836, eventually relinquishing all duties and responsibilities of the Asylum to Presbyterian control.\(^\text{25}\) They joined other Sisters working at nearby orphanages and Charity Hospital. In 1859, the Sisters opened a hospital of their own, Hotel Dieu. Sr. Stanislaus Malone later founded the School of Anesthesia and the Department of Nursing at LSU.\(^\text{26}\)

**Leprosy**

The story of leprosy, its stigma and of America’s only federal leprosarium has provided the familiar narratives of this disease, but without enough emphasis upon the devoted and steadfast

\(^{23}\) Cecile Costley, “The New Orleans Female Orphan Asylum: A Study of Foster Care in a Congregate Institution for Dependent Girls.” (Dissertation, Catholic University, 1941), 5.


\(^{25}\) Cecile Costley, “The New Orleans Female Orphan Asylum: A Study of Foster Care in a Congregate Institution for Dependent Girls.” (Dissertation, Catholic University, 1941), 16-17.

\(^{26}\) Daughters of Charity Folder, Office of Archives and Records, Archdiocese of New Orleans. The DOC also opened several orphanages in New Orleans as well as DePaul Hospital for the mentally ill.
labor of those first sisters. The Daughters of Charity heeded the call to “leper land” when no one else would. Through letters to their superiors, the Sisters advocated not only for the patients’ basic needs but also for the medical treatment only a research hospital could provide.

Understanding the multiple roles of the first sisters, as home makers, caretakers and patient advocates, provides researchers a window into Carville and leprosy beyond the familiarity of stigma and the “medical miracle.”

For most of contemporary society, knowledge of and experience with leprosy resides in popular culture. Films such as Ben-Hur portray leprosy’s victim as that of a hooded figure, clanging his bell and screaming “unclean” to alert villagers of his approach. The use of the term “leper” renders someone an outcast, the most “despised creature.” Leprosy is an ancient disease shrouded in stigma with a modern reach. Indeed, the stigma had embedded itself so deeply that Betty Martin described her thoughts when she first learned of her diagnosis:

Leprosy! Oh no, not in this day and place! Its horror belonged to Christ’s time, to draped forms and warning bells and perpetual banishment. Some cases might exist in lands far away but not here in our own United States.

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27 The term “leper land” was taken from the Daily Picayune April 1896 article “Bound for Leper Land” which detailed the Sisters departure to the Leper Home.
29 For more on stigma’s reach regarding leprosy into modern times, one need to look no further than The Simpsons. The popular animated television show aired an episode in January of 2000, the show’s eleventh season, titled “Little Big Mom.” In the episode, the children are told they will contract leprosy from their unclean environment as a way to get them to partake in the household cleaning their mother wants them to do. More recently were the words of Pope Francis: “abuse of children is like leprosy, infecting the Church.” http://www.bbc.com/news/world-europe-28282050, Accessed July 13, 2014. For more detailed analysis on the persistence of stigma, consult Philip Kalisch’s “Lepers, Anachronisms and the Progressives: A Study in Stigma, 1889-1920,” Louisiana Studies, 12 (1973).
30 Betty Martin, Miracle at Carville, ed. Evelyn Wells (Garden City: Doubleday & Company, 1950).
From banishment in medieval times to nationalized isolation into the twentieth century, religious thought has been the consistent element in the continuity of the stigma associated with leprosy.31

The Medieval Leper Mass described the afflicted man being led to his own symbolic burial. The priest said “a few words of comfort, then a long list of prohibitions… [the leper is] forbidden to enter any public place.”32

As residents of New Orleans and daily witnesses to those isolated within Charity Hospital, the Sisters likely knew the care and attention provided within a hospital setting did not extend to those suffering beyond the hospital doors. An 1891 article first reported that New Orleans had “twenty-five fully developed cases [of leprosy] roaming unrestrained through the streets…” The article called for “suitable action to be taken at once to provide a place for their detention and isolation.” As early as 1883, such “suitable action” had been taken, when the Louisiana State Legislature passed Act 85 ordering all persons diagnosed with leprosy in Louisiana to be quarantined in New Orleans. The old smallpox hospital on Hagan Avenue was designated as the site.33

31 Tony Gould, A Disease Apart: Leprosy in the Modern World (New York: St. Martin’s Press, 2005), 3. Gould examines the Biblical references to the disease of the Bible. His review of Leviticus 13, 46-46 and Exodus 4:6 reveal descriptions of the disease as “snow.” John Updike wrote extensively about a condition which caused an “avalanche of excess skin” and “puddles of flakes” which forced him to vacuum his bed each morning. A disease more closely resembling psoriasis than the loss of feeling experienced among those suffering with leprosy. 3-6. In a July 11, 1909 New York Times article, Dr. L. Duncan Bulkley, a physician at the New York Skin and Cancer Hospital stated that he was convinced after “careful and prolonged review of Leviticus Chapters 13 and 14” that the leprosy described in the Bible is not the disease referred to it today.

32 Stanley Stein and Lawrence Blochman, Alone No Longer: The Story of the Man Who Refused To Be One of the Living Dead, (Baton Rouge: Franklin Press, 1963), 159. Stein relays a story of the Medieval Leper Mass in a 1934 issue of The Star. His description was taken directly from Charles J. Dutton’s Catholic Publication, Commonweal issue in October 1933.

33 United States Public Health Service, Gillis W. Long Hansen’s Disease Center, Known Simply to the Rest of the World as Carville…100 years 1894-1994 (Gillis W. Long Hansen’s Disease Center: USPHS, 1994), 47and an article from the Dallas Morning News, February 27, 1891.
However, as the 1891 article indicates, the “pest house,” as it came to be known in the community, did nothing to insure treatment or care for those suffering with leprosy. Those residing in the “pest house” were reportedly forgotten. \(^{34}\)

Only after the local community found out that meat sold at the French Market was allegedly handled by those living at the pest house did uproar ensue. \(^{35}\) Their presence in New Orleans sparked public concern as citizens became aware of the pitiful conditions in which those suffering with leprosy were living; however, fear of potential spread of the disease spurred a public outcry. The community demanded action from the City Council, which did little. Dr. Isadore Dyer, a noted Tulane dermatologist, took up the charge to provide medical treatment for those living with leprosy.

**Establishment of the Louisiana Leper Home**

In 1894, Dr. Dyer recommended to the Louisiana State Legislature that a board be established to create a home for those suffering with leprosy. In September of that year, the Louisiana Legislature passed Act 80 to establish a “Board of Control for the Louisiana Leper Home” with Dr. Isadore Dyer as president. \(^{36}\) The Board consisted of four physicians and three laymen.

\(^{34}\) John Smith Kendall, “What Led to Founding the Carville Hospital: A Little Known Chapter.” Originally published in *The Daily Picayune*, 1894. Re-published in *The Star*, 1954. In his article, Kendall reports that the house was located on Broad Street although other reports indicate Hagan Avenue as the location of the old smallpox hospital. He contends that those suffering with leprosy were “induced to occupy the premises” even though the care given was very inadequate. Dr. Beard was identified as the physician who would occasionally care for those living at the pest house. Kendall surmises that without public pressure; there was little the authorities or local officials did for leprosy sufferers. Dr. Dyer was able to secure funding from the State of Louisiana and eventually the property at Indian Camp (in present day Carville) was leased.

\(^{35}\) John Smith Kendall reported that the meat seller stopped at the Hagan Avenue “pest house” prior to the French Market. The residents of the pest house would purchase meat from the seller thereby coming into contact with the inventory before it arrived at the French Market.

Dr. Dyer’s preference was to find a suitable locale within easy access to New Orleans. He wanted the home to be accessible to researchers and doctors in the city. The Board of Control received numerous letters from local residents about available property close to the city.

An August 24, 1894, letter from William O’Donnell, M.D. offered his services as resident doctor to the facility as well as a plot of available land. Dr. O’Donnell described the plot as three acres front by 80 deep, six miles from the city. The land had “daily railway communication, water facilities and is not subject to flood. There is a main house with outhouses.”

The letters offering potential sites continued into September of 1894 with land being offered twelve miles from the city by Colonel Larendon. He offered to sell the property for $20,000 or lease it at a cost of $1,800 per year. Another letter addresses the public concern regarding the housing of those with leprosy. In a September 12, 1894, letter, a site located below Cut Off, Louisiana was offered. The sender indicated that the citizens of Cut Off would cooperate because there were several cases [of leprosy] present. The sender stated that, with the exception of New Orleans, there were “more leprosy cases there [in Cut Off] than anywhere else in the state.”

While some sought to benefit by offering land for the state leper home, the general public tended toward hysteria when confronted with leprosy.

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necessary. Section 3 states that a sum of $10,000 per year is awarded by order of the President of the Board for the proper care, treatment and maintenance of all persons in the State of Louisiana who are now or may be hereafter afflicted with leprosy.

37 Louisiana Leper Home Records, MSS. 2515, General Correspondence. January – August 1894 1:1. Louisiana and Lower Mississippi Valley Collections. Special Collections, Hill Memorial Library. Louisiana State University Libraries, Baton Rouge, LA. Although the exact location of the land was not indicated in the letter, Dr. O’Donnell’s address on the letter was 119 Carondelet Street, New Orleans, LA.

Under the guise of leasing the land as an ostrich farm, presumably to dispel public protest, Dr. Dyer and the Board of Control eventually selected the abandoned site known as Indian Camp Plantation in Iberville Parish, Louisiana for the Louisiana Leper Home.

It is unclear, with offers available for land much closer to the city, why the Board of Control selected a site seventy miles northwest of New Orleans in an isolated bend of the Mississippi River. One may conclude that the Board of Control believed the more isolated setting would mean fewer problems from the public.

In November 1894, seven inhabitants of the Hagan Avenue pest house stepped off a coal barge and onto Indian Camp Plantation in Iberville Parish, Louisiana. The coal barge was the only means of transport for the first residents of the Louisiana Leper Home since those diagnosed with leprosy were forbidden from riding in public transportation for fear of contamination. Later, those compelled to call Carville home would arrive via railcar separated from the other passengers, handcuffed in a police car, or in a hearse. Stanley Stein described his journey “locked in a compartment” [of the train] and brought his meals on “paper plates.”

Another patient recalled his journey to Carville. With pressure from the local medical

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39 In archival records only one letter from an official entity was found contesting the location of the Home. The letter, sent from J.W. Austin, the Clerk and Treasurer for Iberville Parish, dated January 9, 1895, offered “to pay the Board of Control $750 in order to avoid the expense and delay of litigation to remove the Home.” Dr. Dyer responded on February 6, 1895 stating that the offer was rejected. Louisiana Leper Home Records, MSS. 2515, General Correspondence. January-February 1895 1:3. Louisiana and Lower Mississippi Valley Collections. Special Collections, Hill Memorial Library. Louisiana State University Libraries, Baton Rouge, LA.

establishment, a funeral director offered the use of a hearse. The Director shared that “ambulances are for the living, hearses for the dead.”

When a person was diagnosed with leprosy and “committed,” the procedure was the same as when a mentally ill patient was committed; certain legal rights were suspended and penalties resulted when one left without authorization. Those living at Carville lost the right to marry, vote and even use a telephone.

Once inside the gates of the Home, patients’ access to the outside world was greatly restricted. Visits to family were granted only to those whose relatives lived in Louisiana or Texas and the maximum allowed time away was ten days. In later decades, release from the institution was granted when twelve consecutive skin scrapes produced negative results for leprosy.

In the year and a half following their arrival, the first residents of the Louisiana Leper home lived in conditions not entirely different from their home in New Orleans. An 1897 article in the Western Watchman described the physical decay of the Home. The former slave cabins used to house the patients and the resident physician were crumbling around them. The grounds were overgrown with weeds and a high fence marked the boundary of the facility. Those living at the home were forbidden from leaving the area. The article described the isolation of the home and its effect on the residents as one of despair as “they were required to stay within the enclosure until the merciful hand of death would liberate them.”

Basic cleanliness of the environment

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41 Jose Ramirez, Jr., Squint: My Journey with Leprosy, (Jackson: University of Mississippi Press, 2009), 30-34.
43 Betty Martin, Miracle at Carville, ed. Evelyn Wells (Garden City: Doubleday & Company, 1950) Because of nerve damage caused from Hansen’s disease, scraping of the skin was not painful.
44 Western Watchman article dated May 15, 1897. Sister Hilary Ross, Carville History: A Compilation. National Hansen’s Disease Museum.
45 Ibid.
was suspect as well. The article explains that the patients washed their own dishes or used them again without cleaning them.

Dr. L.A. Wailes had been assigned as the resident physician to the home, but soon was overwhelmed by the needs of the patients and the horrid conditions in which they lived. In January 1896, Wailes wrote to Dr. Dyer to inquire if the Sisters had agreed to serve at the Home.

In a follow-up letter on February 8, Dr. Wailes alerted the executive members of the Board of Control that he had run out of money; however, he assures the Board that the “home is in fairly good condition with the help of two negro boys.”

Understanding that more help would be needed, Dr. Dyer, an admirer of the Daughters of Charity through their work at New Orleans’ Charity Hospital, requested the services of the Sisters to their superior, Mother Mariana and to Fr. Lennon, the Director of the Sisters in Emmitsburg, Maryland. In a March 20, 1896 letter to Archbishop Janssen, Dr. Dyer stated that he had received a response from Mother Mariana indicating that Sr. Agnes Slavin from New Orleans’ Charity Hospital, had visited the Home and was not satisfied with the proposed accommodations for the Sisters. She requested use of the abandoned mansion for the Sisters’ home and supply house. Sr. Agnes also requested a priest and monthly allowance for the Sisters from the Board. Fr. Lennon visited the Home after Sr. Agnes’ report and determined that this was a mission the Sisters should take on. Dr. Dyer and the Board of Control agreed to the

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Sister’s requests with the exception of the allowance and on the condition that the priest would do no other religious work but for the Sisters.  

On March 25, 1896, Dr. Dyer and Mother Mariana signed a contract securing care for those living at the Louisiana Leper Home.

Details of the contract provided the Sisters with “full charge of the domestic management.” The Board would provide basic necessities and an annual payment of $100 to the Sisters. With this contract, the Sisters agreed to provide their members to supervise “the household, culinary and laundry arrangements” as well as “attend to the nursing of the patients’ resident at the Home, for which they shall be responsible to the resident physician and through him to the Board.”

On April 16, 1896, four Sisters boarded the Paul Tulane to begin their journey to Carville. On that day, a crowd gathered at the Canal Street Wharf to see the Sisters off. A reporter from the Daily Picayune described the scene: “It was something of the tribute that a hero receives when he goes forth with deathless courage to battle to the end and wrest victory in a cause that is all but lost.” In stark contrast to the departure of the seven leprosy sufferers, the Sisters journeyed triumphal to the Louisiana Leper Home in broad daylight while those suffering with leprosy were hustled out of the city under the cover of darkness. A member of the Board of


51 The four original sisters included: Sister Beatrice Hart who would serve as Chief Nurse and Sister Servant, Sr. Cyril Coupe (nurse), Sr. Annie Costello (nurse) and Sr. Mary Thomas Stokum (nurse).

Control expressed the optimism felt that day, “The very name of the Sisters of Charity inspires confidence and that is what we need in our work. The Board alone could not inspire this. The Sisters of Charity can…”  

On May 13, 1896, Louisiana Governor Murphy Foster commented on a recent report from the Board of Control shortly after the arrival of the Sisters. His hope for the future of the institution depended heavily on them. Now that the Sisters were there to provide comfort, he concluded that the “medical profession may be given a better opportunity for the scientific study of this dread disease.” The Sisters were looked upon as offering comfort to those with leprosy. The physical labor that would be required of the Sisters simply to maintain a livable environment at the Home was not mentioned.

Work for the Sisters began immediately upon arrival. The long abandoned mansion reserved for the Sisters required eviction of tenants. Rats, snakes, bats and spiders had long claimed the once grand plantation house as their own and the Sisters had a rough time making the house habitable. The walls shimmered with moisture and the rooms were drafty, but the Sisters prepared a basement room for a chapel the day after they arrived. The walls were covered with

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54 Sister Hilary Ross, Carville History: A Compilation. National Hansen’s Disease Museum.
56 Ibid.
a heavy white cloth, and linoleum brought from New Orleans covered the floor. The makeshift chapel was completed with benches and kneelers brought from Hotel Dieu.\textsuperscript{57}

![Figure 2. Abandoned Indian Camp Plantation Mansion, 1896. Courtesy of the National Hansen’s Disease Museum](image)

In 1896, the Home housed thirty-one residents, thirty of whom were Catholic. The healthiest attended the service offered and Father Colton, the chaplain, took the sacrament to those too ill to walk. Insuring proper care for those isolated at the Home, the Sisters quickly addressed the most basic of needs. Articles of clothing bought in New Orleans were distributed. Sr. Beatrice writes

\textsuperscript{57} Sr. Beatrice to Sr. Loyola dated May 20, 1896.11-2-3 Correspondence of Sister Superiors (Sister Servants) Box 1 Folder 1 Correspondence-Sr. Beatrice Hart, 1896-1899 Daughters of Charity, West Central Province Archives, Emmitsburg, Maryland. Available at the National Hansen’s Disease Museum
of giving the men hats, boots and slippers while the women received dresses, shirts, shoes and night gowns.\textsuperscript{58}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure3.png}
\caption{Father Colton and the First Sisters. Courtesy of the National Hansen’s Disease Museum.}
\end{figure}

A new dining room, reserved for the Sisters, soon housed dinners for the patients. Sr. Beatrice fondly wrote to Emmitsburg: “They looked comfortable compared with the dirty tables in the cabins.”\textsuperscript{59} Two Sisters served the patients and the meals they provided were of a “nice variety.”\textsuperscript{60} The Sisters also brought a sense of dignity in death. As Sr. Beatrice writes “before we took charge… they were thrown like dogs into the grave the same day they died. I have insisted

\textsuperscript{58} May 1, 1896. 11-2-3 Correspondence of Sister Superiors (Sister Servants) Box 1 Folder 1 Correspondence-Sr. Beatrice Hart, 1896-1899 Daughters of Charity, West Central Province Archives, Emmitsburg, Maryland. Available at the National Hansen’s Disease Museum

\textsuperscript{59} May 1, 1896. 11-2-3 Correspondence of Sister Superiors (Sister Servants) Box 1 Folder 1 Correspondence-Sr. Beatrice Hart, 1896-1899 Daughters of Charity, West Central Province Archives, Emmitsburg, Maryland. Available at the National Hansen’s Disease Museum

\textsuperscript{60} 11-2-3 Correspondence of Sister Superiors (Sister Servants) Box 1 Folder 1 Correspondence-Sr. Beatrice Hart, 1896-1899 Daughters of Charity, West Central Province Archives, Emmitsburg, Maryland. Available at the National Hansen’s Disease Museum
on a Christian burial… This has made a deep impression upon the lepers and has, they say, ‘taken away all the sting of dying here.’

The hardships of everyday living extended from the doorstep of the mansion to the dilapidated slave cabins that functioned as the living quarters for the patients. Letters from Sr. Beatrice described the harshness of the conditions encountered just to perform daily tasks. Water was collected in cisterns; in times of drought, it had to be brought from the Mississippi River by the barrelful. The cabins were quite a distance away from the Sisters and the pathways were mostly overgrown with weeds. A call in the middle of the night from an ill patient meant a Sister would have to travel along an overgrown path with light from a small hand-held lantern. Fireplaces provided the only source of heat. Many patients, having lost feeling in their hands, repeatedly burned themselves trying to keep warm.

On May 2, 1896, Sr. Beatrice wrote to Mother Mariana regarding the lack of communication with the Board of Control. She said that there was “plenty for us to do, if only we had the means to do it with…” Two months later Sr. Beatrice wrote again lamenting the absence of a response from the Board:

There are many little things they could do for us to lighten the burden that would not cost them anything except the time needed to come here and go over the place with me and allow me to point them out. But to think we have been here three months, nearly, and

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62 11-2-3 Correspondence of Sister Superiors (Sister Servants) Box 1 Folder 1 Correspondence-Sr. Beatrice Hart, 1896-1899 Daughters of Charity, West Central Province Archives, Emmitsburg, Maryland. Available at the National Hansen’s Disease Museum
63 11-2-3 Correspondence of Sister Superiors (Sister Servants) Box 1 Folder 1 Correspondence-Sr. Beatrice Hart, 1896-1899 Daughters of Charity, West Central Province Archives, Emmitsburg, Maryland. Available at the National Hansen’s Disease Museum Emmitsburg, Maryland served as the headquarters for the Daughters of Charity and as the residence of the Sister Superior or Visiatrix.
not one ever came to see how we were, or if we needed anything…
They could not do worse than that.\textsuperscript{64}

The Louisiana Legislature generally believed the home was serving its purpose to isolate the cases of leprosy in Louisiana.\textsuperscript{65} The consensus was that leprosy was an incurable disease; they had provided its victims with a place of refuge and the Sisters ensured they would have a “safe passage” into the next world.\textsuperscript{66} On June 20, 1896, Dr. Dyer, A.A. Woods, and Henry J. Scherck tendered their resignations from the Board of Control. Although the reasons were unknown for their resignations, perhaps the members of the Board felt that the establishment of the Home and the management of the Sisters accomplished much towards the goal of containing the disease.

The first four Sisters likely had not expected the continuous fight for funding from the State of Louisiana. During their decades managing asylums and hospitals, funding was carefully considered to insure patients received the treatments needed and the care desired.\textsuperscript{67} The Sisters were no strangers to impoverish situations however the institutions they worked with, namely Charity Hospital and church administered orphanages, received funding from both the local government (Charity) and the community. When the Sisters sent out a plea for monetary

\textsuperscript{64} 11-2-3 Correspondence of Sister Superiors (Sister Servants) Box 1 Folder 1 Correspondence-Sr. Beatrice Hart, 1896-1899 Daughters of Charity, West Central Province Archives, Emmitsburg, Maryland. Available at the National Hansen’s Disease Museum. As is the case with archival research, letters from the Board of Control provides the “other side of the story.” The letters from the BOC provide assurance that bills had been received and monies enclosed for the bills to be paid. Taking into account the location of the Leper home, the Sisters may have felt ignored by the BOC due to the physical isolation of the Home not entirely by the lack of response from the BOC. Many of these letters can be found in 11-2-3 Box 1 Folder 4 Correspondence of Sr. Benedicta Roach, 1902-1908, Daughters of Charity, West Central Province Archives, Emmitsburg, Maryland. Available at the National Hansen’s Disease Museum and in the Louisiana Leper Home Records, MSS.2515, Louisiana and Lower MS. Valley Collections, Special Collections, Hill Memorial Library. Louisiana State University Libraries, Baton Rouge, LA.


\textsuperscript{67} For more detailed information regarding the Sisters’ work at asylums, orphanages and New Orleans hospitals as well as the allotments for funding, the archives of the Archdiocese of New Orleans has minutes from meetings held at the New Orleans Female Orphan Asylum. Folders include St. Elizabeth Orphanage and Daughters of Charity as well as Catholic Charities, St. Elizabeth Home Minutes, 1914-1918.
assistance, the community responded. With this prior experience and the physical isolation of the Home, the Sisters found themselves in a situation unlike any they had previously experienced. They controlled the daily operations of the Home but not the money needed.

Never ones to turn down charity, the Sisters routinely entertained solicitations for donations from members of the community. In a July 1, 1896, letter to Sr. Beatrice Hart, a Mrs. Behon from White Castle, Louisiana, expressed interest in the home. Within two months of their arrival, Mrs. Behon sent the Sisters six dozen pillowcases and delicacies for the patients. Sr. Beatrice responded with a letter of her own to Mrs. Behon requesting for the patients “the best” which could be provided. Sr. Beatrice calls herself a “high minded beggar” when it came to the patients. She received the “nicest quality of canned pears and a case of mustard, sardines and mixed pickles.” Sr. Beatrice assured Mrs. Behon that all donations would be “used strictly for the patients.”

Both the physical and mental isolation of the Louisiana Leper Home proved to be a constant strain on the patients. Boredom seeped into the daily lives of those living at the Home, much like the humidity of the swampland Carville was built upon. Allowing the patients to assist with keeping the house and grounds tidy gave them a sense of ownership and control of their lives lost when they entered the gates of Carville. Sr. Beatrice also noted that the weeds were no longer

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69 Sr. Beatrice to Mrs. Behon of White Castle, July 1, 1896. Sister Hilary Ross, *Carville History: A Compilation* National Hansen’s Disease Museum and in 11-2-3 Box 1 Folder 1 of Daughters of Charity, West Central Province Archives, Emmitsburg, Maryland. Available at the National Hansen’s Disease Museum. The letter does not appear in its original format so we do not know the details of Mrs. Behon. We can surmise, through the same notes from Sister Ross that the papers did write of the location of the new leper home which would indicate how Mrs. Behon knew of the home’s existence.
70 Ibid.
high, so the patients appeared to be suffering less.  

To help pass the time, the Sisters encouraged the patients to grow vegetables, “cultivate flower gardens and harvest strawberries and melons.” Women cultivated the flowers while the men tended the vegetable beds.

Sr. Beatrice expressed pleasure in what she noticed as “the greatest change in them [the patients] since they have become interested in the outdoor work.” Soda bottles, unable to be returned, were used creatively as garden borders.

Those who were physically able, assisted the Sisters with the domestic duties. Women helped with the sewing of clothes and scrubbing of the floors.

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71 Sr. Beatrice to Mr. D. Lagan (Board of Control President), Louisiana Leper Home Records, MSS. 2515, General Correspondence. October-December 1896 1:9. Louisiana and Lower Mississippi Valley Collections. Special Collections, Hill Memorial Library. Louisiana State University Libraries, Baton Rouge, LA.


73 Sr. Beatrice to Dr. Lagan (President of the Board of Control). Louisiana Leper Home Records, MSS. 2515, General Correspondence. October-December 1896 1:9. Louisiana and Lower Mississippi Valley Collections. Special Collections, Hill Memorial Library. Louisiana State University Libraries, Baton Rouge, LA.

74 Bottles unearthed on the hospital grounds can be seen on display at the National Hansen’s Disease Museum. Bottles still outline some of the grave sites in the cemetery on the grounds as well.
A visitor to the Home (no name was signed) reported on the tangible changes since the arrival of the Sisters. The visitor reported that the common dining room was “friendly” and two sisters were waiting on tables. Laughter infused the meal and later, a choir sang in the makeshift chapel. The sounds of a banjo, harmonica and guitar joined the singing. Miss Deehaw presided over the kitchen preparing meals with “great care and wholesome measures.” The patients were given instructional readings on a daily basis and the amusements were diversified so that “their minds are kept as free as possible from dwelling on their isolation.” Sr. Beatrice felt that the patients were as content and comfortable as their surroundings could offer them. In addition to

75 Sister Hilary Ross, *Carville History: A Compilation*. National Hansen’s Disease Museum.
76 Ibid.
77 Sr. Beatrice to Dr. E.A. Pierce, Board of Control, February 2, 1901. Louisiana Leper Home Records, MSS. 2515, General Correspondence. January-December 1901 1:19. Louisiana and Lower Mississippi Valley Collections. Special Collections, Hill Memorial Library. Louisiana State University Libraries, Baton Rouge, LA.
their efforts to improve the patients’ mindset, the Sisters continued to write to the Board of Control for assistance with the struggles of maintaining the Home.

Correspondence from Sr. Beatrice in late July of 1896 to Mother Mariana indicated that the Sisters expected a visit from the Board of Control on August 4. Sr. Beatrice received this information from the newspapers suggesting that the Board had not formally sent notice the Sisters. In a follow up letter on August 4, Sr. Beatrice laments that the Board “but for some reason, known to themselves, did not come.”

Perhaps the Board publicized visits to the Leper Home as a way to show the community that those isolated were not forgotten, all the while knowing no one would visit, further validating the belief espoused by Governor Murphy Foster that the Sisters were all who were needed. At this time, the Sisters had been on site for only four months.

In an August 15, 1896 letter, Sr. Beatrice wrote to Mother Mariana with good news. Sr. Agnes, along with members of the Board of Control, had visited the Home. The visitors were served breakfast and given a tour. The Board members gave the Sisters permission to place a partition in one room and shelves in another. Sr. Beatrice goes on that she begged of the Board members to find a place more suitable to the care of the inmates. Although she had written earlier that the patients were comfortable, Sr. Beatrice believed a place located on a railroad line

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78 August 4, 1896. 11-2-3 Correspondence of Sister Superiors (Sister Servants), Box 1, Folder 1 Correspondence Sister Beatrice Hart, 1896-1899. Daughters of Charity, West Central Province Archives, Emmitsburg, Maryland. Available at the National Hansen’s Disease Museum.
would be better. She went on to indicate that the current Home’s location “affords nothing to the inmates in the way of diversion, no sailing, bathing, etc., which they are quite capable of.”

Although Sr. Beatrice expressed her desire to relocate the home, she also understood the reality of the situation. Heeding Sr. Beatrice’s plea to find a more suitable location, and with a sum of money appropriated by the State Legislature to purchase a site and build a lepersarium, the Board of Control settled on Elkhorn Plantation in present day Kenner. The locale boasted 400 acres stretching from the river to the railroad at the back of the property, just isolated enough for the patients but close enough for the city physicians to continue studying the disease. The property was sold under the belief that it would be used as a truck farm and fruit orchard. When nearby residents discovered the truth, protests before the board ensued. After hearing the concerns of the protestors, the matter was taken under advisement of the Board.

A decision from the Board was never made because in the early morning hours of May 23, 1901, a few residents of Jefferson Parish lit the old plantation home on fire in protest of the plan to move the leper home there.

An article in the New Orleans’ Daily Picayune illustrates the feelings of displeasure with the fire stating “the good people of Jefferson and St. Charles parishes expressed their condemnation of the act in the severest of terms.” It was becoming evident to the Sisters that Carville would be the Home’s permanent site as further attempts to find a new locale ended.

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79 August 15, 1896. 11-2-3 Box 1 Folder 1 of Daughters of Charity, West Central Province Archives, Emmitsburg, Maryland. Available at the National Hansen’s Disease Museum
81 “Jefferson Uses the Torch of Defiance,” The Daily Picayune, May 24, 1901. Parishes are the official boundary lines designated for local governments in Louisiana. Counties are used in the other 49 states of the U.S. Elkhorn Plantation was located in Kenner, Louisiana in Jefferson Parish. St. Charles Parish is the neighboring parish.
The Sisters also appealed to the Board of Control for more consistent visits from the resident physician, Dr. Pierce. Upon their arrival in 1896, Dr. L.A. Wailes had left the Home. A member of the Board, Dr. E. M. Hooper, had temporarily assumed his duties, prior to the appointment of Dr. Pierce. In an August 1901 letter to A. C. Phelps of the Board of Control, Sr. Beatrice complained about the “negligence” of Dr. Pierce. “He allows 2 even 3 weeks to elapse between his visits” she wrote. In a 1902 letter, Sr. Beatrice advocated for a change in the medical personnel at the home. She bemoaned that four years had passed since adequate medical attention had been paid to those living at the home. Dr. Dyer recommended (and was granted) a New Orleans based-doctor, Ralph Hopkins, trained in the treatment of leprosy, as the visiting physician.

More appeals by the Sisters followed. Sr. Benedicta had become chief nurse and Sister Servant upon Sr. Beatrice’s death. Sr. Beatrice had died at Carville in September 1901. The Sisters tell the story of her death as one of great sacrifice. Sr. Beatrice spent the last hours of her life by the bedside of a dying patient, only leaving for her own deathbed after the patient had expired.

Letters addressed to the Louisiana Legislature in 1901 asked for changes to be made at the Home to bring it into the modern era. The legislature had cut the appropriations budget for the Home’s maintenance from the proposed $12,000 to $10,000 while spending $100,000 on an exhibit at the 1903 World Exposition in St. Louis. Pointing this out, Sr. Benedicta sought to

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remind the finance committee that “charity begins at home.” Sr. Benedicta petitioned a legislative committee on appropriations to visit the home. When she was essentially ignored, she issued her firm and final plea:

Gentlemen, I shall be at St. Vincent’s Infant Asylum (New Orleans) until four o’clock this afternoon. If at that hour I have not heard from you, I shall make a public appeal through the newspapers. The people of New Orleans will not tolerate having the Sisters care for the lepers without even water to keep them clean.

Sr. Benedicta was exasperated with the physical labor involved with the extraction of water from the Mississippi River. Wheelbarrows filled with barrels of water were hauled down the levee daily. By the time the barrels arrived at the Home, most of the water had spilled and not able to be used.

Remembering the hero’s sendoff the original four Sisters experienced on their way to the Home, Sr. Benedicta understood that the community would come to the Sisters’ defense in their time of need.

Chairman James Ware of the Appropriations committee immediately visited the Home and agreed with the Sisters that there were many needs to be addressed. According to Sr. Benedicta, Chairman Ware became aware of the struggles: “the inaccessibility, the production of mosquitos; the want of drainage.” Capitalizing on the visit, the Board of Control presented a report to the members of the Louisiana Special Legislative Committee in April 1902.

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85 Sr. Benedicta to Mother Superior, July 12, 1902. RG 11-2 National Hansen’s Disease Programs, Carville, LA, Daughters of Charity, West Central Province Archives, Emmitsburg, Maryland. Available at the National Hansen’s Disease Museum.
87 Louisiana Leper Home Records, MSS. 2515, General Correspondence 1894-1914 Subseries I, Box 1:20 January-April 1902, Louisiana and Lower Mississippi Valley Collections, Special Collections, Hill Memorial Library. Louisiana State University Libraries, Baton Rouge, LA.
Within this report, A.C. Phelps (Secretary of the Board of Control) detailed the daily hardships faced by the Sisters. He explained that general maintenance of the Home had been delayed in hopes of relocation. Now, as more people were diagnosed with leprosy, more were arriving at the Home. Phelps asked the committee to consider increasing the appropriations for the Home and to understand that treatments for the disease had begun to show limited success. He contended, however, that treating patients as well as finding a potential cure were not conceivable under the present circumstances at Carville.\(^88\) The Committee surely agreed as additional funds were appropriated to the Home.

Beginning in 1902, the Board built new cottages with a private room for every patient and bathrooms. These new cottages could house 10 patients each to replace some of the old slave cabins.\(^89\) By 1904, the improvements made by the additional monies appropriated by the State allowed for a laboratory, separate clinics for men and women and a covered walkway between the buildings.\(^90\) The walkways allowed the patients and the Sisters to pass between buildings and avoid the swampy grounds. Finally in December 1905, the State of Louisiana purchased Indian Camp Plantation.

\(^{88}\) Albert Phelps to Chairman and Members of the Special Legislative Committee, April 5, 1902. Louisiana Leper Home Records. MSS. 2515, General Correspondence 1894-1914 Subseries I, Box 1:20 January-April 1902, Louisiana and Lower Mississippi Valley Collections, Special Collections, Hill Memorial Library, Louisiana State University Libraries, Baton Rouge, L.A.


In 1906 Dr. Kohnke, President of the City Board of Health of New Orleans, along with Father Beaver and Dr. Dyer, visited the Home. Dr. Kohnke noted that “the patients received the most scrupulous treatment by Dr. Hopkins and the Sisters, who acted as nurses, were patient, gentle and conscientious.”

Not all the patients, however, lived in the new cottages; some still called the run-down slave cabins home. Dr. Kohnke lamented that no one could be found who would risk working to repair the “lepros” houses. Even more disappointing for the Sisters was the reduction in appropriations shortly after many of the repairs and upgrades were made. By 1907, the legislature refused to allocate any more money for the Home’s maintenance. The Sisters were “by any means necessary” keeping the home open.

In a June 1907 letter from Louisiana Governor Newton Blanchard, he stated that monies allotted by the Legislature for construction of buildings at the Home had been used instead to pay for maintenance costs. Sr. Benedicta responded directly to the Governor to explain how the misappropriation of funds began.

According to Sr. Benedicta in 1903, the Board of Control installed a steam pump to heat the buildings. The annual cost of maintenance caused the Board to take money allocated for construction and use it to pay for maintenance of the steam pump. In a July 21, 1908 letter, Sr.

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93 Governor Newton Blanchard to Sister Benedicta, June 8, 1907. 11-2-2 Administration Box 1 Folder 8 Daughters of Charity, West Central Province Archives, Emmitsburg, Maryland. Available at the National Hansen’s Disease Museum.

94 Sr. Benedicta to Gov. Blanchard, June 18, 1907. 11-2-2 Administration Box 1 Folder 8. Daughters of Charity, West Central Province Archives, Emmitsburg, Maryland. Available at the National Hansen’s Disease Museum.
Benedicta wrote Mother Margaret that the Sisters were “cast in a bad light,” effectively accused of spending the money “extravagantly.”⁹⁵

With the increase in the numbers of patients, the Sisters found it difficult to continue proper management of the Home with the allocation of $10,000. Sr. Benedicta sought to inform the Louisiana Governor.

I wrote to the Governor and told him the Leper Home could not be run on the same point of economy with any other hospital in the country, that $10,000 per year meant $810.33 per month; deduct from this outside overhead expenses such as Doctor’s salary, freight, office workers, etc., and very little was left to run the home, or for living expenses; besides all the clothing and shoes for the patients, and rent for the property had to be paid out of this.⁹⁶

As the Louisiana Leper Home entered its second decade of existence, more patients entered. By January 1910, the Home sheltered some 62 inmates, twenty-six females and thirty-six males. Dr. Ralph Hopkins wrote to the Board of Control with news of one released from Carville as cured.⁹⁷ By May 1910, a total of 70 “inmates” resided at the Louisiana Leper Home.

With seventy patients to care for, Sr. Benedicta wasted no time asking for additional help and wrote directly to James Rainey, the Secretary of the Board of Control. In this letter, Sr. Benedicta asked for financial support for two more Sisters at Carville. In turn, Rainey submitted this

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⁹⁵ Sr. Benedicta to Mother Margaret. July 21, 1908. 11-2-2 Administration Box 1 Folder 8. Daughters of Charity, West Central Province Archives, Emmitsburg, Maryland. Available at the National Hansen’s Disease Museum.
⁹⁶ Sr. Hilary Ross, Carville History: A Compilation. National Hansen’s Disease Museum. Thirty-eight patients called Carville home at this time.
request to Reverend Mother Margaret. In two years, 1908 to 1910, the Louisiana Leper Home had welcomed twenty-three new patients.  

The dawn of the twentieth century revealed an American society focused on making life better and safer. These “Progressives” as they called themselves, demanded responsibility from big institutions of business and government alike to clean up corruption, improve conditions for workers in factories and provide better living conditions. Although isolated at the Louisiana Leper Home, the Sisters and patients were not immune from the national trend towards progressivism.

At the Home, the decade 1910 through 1920 served both as years of routine and changes for the Home. The Sisters and patients settled into the routines of daily living. Bills were paid and repairs were made; but the Home also underwent forms of change as well. New buildings, most notably a Protestant chapel, were erected on the site. A second Catholic Chapel had been built in 1905. Telephones were installed along with heating and water lines.

Since 1900 the Board of Control had quietly sought to move the Home closer to New Orleans. In 1901, after residents of Jefferson Parish had burned the selected Elkhorn site, talk had turned to establishing the Louisiana Leper Home at Carville as the permanent care facility. Since the State of Louisiana already owned the property, the outcome of settling permanently at Carville had seemed clear.

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98 Louisiana Leper Home Records, MSS. 2515, General Correspondence. January – May 1910 1:50. Louisiana and Lower Mississippi Valley Collections. Special Collections, Hill Memorial Library. Louisiana State University Libraries, Baton Rouge, LA. In 1908 the number of patients in residence totaled 47. By 1910, the number had increased to 70.


100 Sr. Hilary Ross, Carville History: A Compilation. National Hansen’s Disease Museum. Money for the Chapel was raised primarily through a fund drive held by the Daily Picayune.
During a January 24, 1914, meeting, the Board of Control adopted a resolution, providing Sr.
Benedicta “complete control and authority over the Leper Home including the authority to make
rules and regulations governing inmates and the authority to enforce the rules and
regulations.”\(^{101}\)

On January 27, 1914, Sr. Benedicta was informed of this decision in a letter from the Board.
Perhaps acting on her newly acquired authority, Sr. Benedicta wrote to the Board in March 1914,
to request that Protestant religious services be offered at the Home. At the time, nineteen patients
identified as Protestant.

In May of that year, the Protestant Ministers’ Association requested a chapel be built at the
Home. Approval for the chapel was granted and the funds needed to build it would be allocated
from the Association.\(^{102}\)

**A National Leprosarium**

The Louisiana Leper Home became part of a national conversation when, in 1916, John Early,
a veteran of the Spanish-American War and Louisiana Leper Home inmate absconded to
Washington, D.C. to lobby for a National Leprosarium.\(^{103}\)

Early introduced himself in this way:

\(^{101}\) Louisiana Leper Home Records, MSS. 2515, General Correspondence. January – May 1914 1:70. Louisiana
and Lower Mississippi Valley Collections. Special Collections, Hill Memorial Library. Louisiana State University
Libraries, Baton Rouge, LA.

\(^{102}\) Louisiana Leper Home Records, MSS. 2515, General Correspondence. January – May 1914 1:70. Louisiana
and Lower Mississippi Valley Collections. Special Collections, Hill Memorial Library. Louisiana State University
Libraries, Baton Rouge, LA.

\(^{103}\) U.S. Department of Health and Human Services, *History of the National Leprosarium.*
I am Early, a patient from the leper colony at Carville, Louisiana. I have come to tell you gentlemen something about how much we patients need to have that colony made over into a United States hospital.”

Also at the Congressional hearing was Dr. Isadore Dyer. Dr. Dyer addressed the Senate Committee on Public Health and National Quarantine on the proposed Senate Bill 4086. The bill was authored by the Committee Chair, Senator Joseph Ransdoll (Louisiana). The bill required all persons within the United States diagnosed with leprosy to report to Carville and the Louisiana Leper Home.

The Bill also provided for the establishment of a National Leprosarium. Senator Ransdell stated that he was compelled to act due to the horrible conditions in which leprosy victims languished outside of the Louisiana home. The Committee passed the bill. In 1916, 103 patients called Carville home.

With talk swirling of a federal purchase of the Home, some patients were anxious that a National Leprosarium, if established, would mean that the Catholic Daughters of Charity could no longer provide care at Carville. The Sisters, acting on behalf of the patients, wrote Governor Pleasant in May of 1918.

We wrote the following letter after the Federal Officials visited the Home. The greater number of patients begged those officials not to remove them from Louisiana and not to

\[104\] Ibid.
\[105\] State Senator Ransdell represented Louisiana’s 5th Congressional District, the northeast part of Louisiana. He would later sponsor the Ransdell Act which would create the National Institutes of Health.
\[106\] At the time of this hearing, Dr. Dyer concluded that there were nearly 500 cases of leprosy in the U.S. Three state leprosaria existed, San Francisco, Carville and off the coast of Massachusetts. Although not yet a state, Hawaii also housed leprosy sufferers. “Leprosy Increases; Needs U.S. Control,” \textit{The New York Times}. June 24, 1914.
deprive them of the Sisters’ care. We did what we could on this point in writing to the Governor. The patients are storming heaven for their request to be granted.\textsuperscript{107}

In February 1919, Sr. Benedicta wrote to Archbishop Shaw of New Orleans that the patients had read a \textit{Times Picayune} article indicating the Sisters would be kept on for service at Carville. Sr. Benedicta wrote that the patients had been worried the Sisters may be “taken from them.”\textsuperscript{108}

Although they functioned as managers for the Home, the Sisters constantly strove to provide patient diversions from their isolation. From Sr. Benedicta’s letters to the Governor of Louisiana and to Archbishop Shaw, it appeared that most of the patients recognized the selfless care of the Sisters.

Letters from patient Norbert Landry described tasks done around the Home, from making his bed and sweeping his room each morning before breakfast, to painting chairs, cleaning under the houses and cutting the grass.\textsuperscript{109} News articles published letters of thanks from Sr. Benedicta expressing gratitude to the community for gifts. In July 1916 Sr. Benedicta conveyed her thanks to the Choctaw Club for their thoughtfulness in the purchase and subsequent donation of a record collection and Victrola.\textsuperscript{110} The Sisters also extended thanks to those who subscribed to what was referred to as the Lepers’ Christmas Fund.

Because of such donations, the patients were able to enjoy a week-long Easter celebration complete with a spirited egg hunt on the home’s property.\textsuperscript{111} In preparation for the Fourth of

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\textsuperscript{107} Sender unknown to Emmitsburg, Maryland. 11-2-3 Correspondence of the Sister Superiors Box 3 Folder 14. West Central Province Archives, Emmitsburg, Maryland. Available at the National Hansen’s Disease Museum.
\textsuperscript{108} Sr. Benedicta to the Archbishop, February 14, 1919. Daughters of Charity Collection, National Hansen’s Disease Museum.
\textsuperscript{111} “Thanks Extended for Lepers’ Home Easter Pleasures,” \textit{Times Picayune}. April 7, 1918.
\end{flushright}
July celebrations, Sr. Benedicta wrote to her superiors in Emmitsburg that the donations were able to purchase “half a barrel of beer, pretzels, music and fireworks” for the patients.\textsuperscript{112}

Norbert Landry’s letters convey a sense of what life was like during the later years of the Louisiana Leper Home before the federal purchase. In a May 7, 1920, letter, Norbert writes of Sr. Regina washing and ironing “two of my white ties, my silk shirt and my white pance [sic].”\textsuperscript{113} Norbert noted in his letter that Sr. Regina encouraged the patients to maintain their neatness and cleanliness at all times.

Leprosy was still considered caught from uncleanliness and unsanitary living conditions. At best, the treatment provided to the patients living at the home consisted of the ancient remedy, chaulmoogra oil.\textsuperscript{114}

Norbert described a field trip around the grounds led by the Sisters. “Last Sunday the Sisters took us boys out for a walk back in the woods looking for some pecan trees…we certainly had a good time and a good exercise too.”\textsuperscript{115} Music was played on the Victrola and the radio was often tuned into baseball games. In Norbert’s letters home, a religious and spiritual foundation at the home often appeared.


\textsuperscript{114} Although many stories exist about the origins of chaulmoogra oil, the story referenced in Tony Gould’s \textit{A Disease Apart}, may be the most detailed. It can be found on page 2. Briefly: Hindu legend tells of the king of Benares, Rama, as being stricken with leprosy. He flees his village to live in the jungle. Wild fruits provide nourishment and the fruits of the chaulmoogra tree cure him of his disease. Because of the repulsive taste of chaulmoogra oil, Western physicians began to experiment with ways of injecting it. Again, the repugnant taste of the oil is well documented; see Stanley Stein’s, \textit{Alone No Longer} pages 15 and 38-39.

Publicly, Dr. W.C. Rucker, Assistant Surgeon General of the U.S. Public Health Service, said that he would spend $500,000 for a federal leprosarium because of the inhumane treatment to which leprosy sufferers were subjected. Such treatment, Dr. Rucker advised was due in part to the public’s “susceptibility to lepraphobia,” which was “a state of mind that induces a feeling of horror at the thought of leprosy prevailing in the country.”  

In preparation for the possible sale of the Home to the federal government, Sr. Benedicta had been tasked with assessing the Home’s worth in preparation of the sale. Sr. Benedicta appraised the Home at $125,000 with an annual maintenance of $40,000. Finding this price “exorbitant,” the federal officials negotiated with State officials to purchase the Home for $35,000. In 1920, Louisiana Legislative Act 77 authorized the sale of the home to the United States government.

The Louisiana Leper Home became U.S. Marine Hospital #66 officially on February 1, 1921 as the Home’s first Medical Officer in Charge (MOC), Dr. Oswald Denney raised the U.S. flag on the front lawn. The Sisters, having triumphed over physical adversity since their arrival in 1896, faced another potential adversary: the federal administration now in charge of Carville.

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The Sisters’ roles and responsibilities lay undefined when the federal government assumed control of the home in 1921. Although a letter from Dr. Denney to Sr. Eugenia of Marillac Seminary tried to reassure her that the Sisters would be kept as nurses at Carville. He explained, however, that the federal government was prohibited from entering into the sort of contract signed in 1896. The Sisters would become civil service employees of the federal government and the patients would become its charges. Dr. Denney explained that the Sisters would be compensated for their service with the federal government and their contract would be reviewed and possibly renewed annually. He assured Sr. Eugenia as more patients were sent to the National Leprosarium more Sisters would be needed.

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In July 1921 Dr. Denney received a letter from Marillac Seminary on behalf of the Sisters serving at the National Leprosarium.¹¹⁸ Now four months into federal control of the Home, the Sisters wanted answers. The letter outlined main points and key concerns of the Sisters. One of the points focused on the contract signed in 1896 between the Daughters of Charity and the Board of Control. The contract indicated that it could not be annulled without the agreement of the two parties. The Sisters had been given complete charge of the nursing and managerial duties and were subject to the Board according to the contract. Of course, the Louisiana Board of Control was established by the State of Louisiana and upon transfer of ownership to the U.S. Government; the Board had no further control over the National Leprosarium. The Sisters, the letter claimed, found the change [in ownership] disturbing. They had made the Home livable only to have it taken from them.¹¹⁹ In closing, the letter requested the specific duties expected of the Sisters. As Civil Service employees, the letter requested a printed list of the regulations required of the U.S. Government’s Classified Civil Service office.

Challenges for the new federal administration was not exclusive to the Sisters serving there Dr. Denney also received complaints against the Sisters, mainly from the veteran patients of the Spanish-American War and World War I, led by John Early, the inmate who had absconded to Washington, D.C. to plead for a National Leprosarium.¹²⁰ Chief among Early’s complaints was the employment of Roman Catholic Sisters as nurses in a government hospital. He spearheaded a petition which was eventually signed by 32 other patients, eleven of whom were veterans. The petition was published in the summer of 1924 in *The Menace*:

¹¹⁸ The Daughters of Charity also had a community in St. Louis, Missouri..
We, the undersigned, protest their employment in the government’s institution and request their removal, and that trained nurses be employed in their stead as a preventative of proselytizing and religious favoritism that is obtained under their (Sisters’) nursing.\textsuperscript{121}

The Sisters, of course, were nurses but that did not stop the lodging of complaints against them. Eventually an investigation was launched by the United States Public Health Services (USPHS). Dr. Denney advocated on the Sisters’ behalf, detailing their “physical and mental stamina” as well as their “readiness to personally dress patients…that the orderlies themselves did not care to handle.”\textsuperscript{122} The Assistant Surgeon General’s report at the investigations’ end found evidence that proselytizing occurred on both sides, Catholic and Protestant.

The report was critical of the Sisters who provided the patients with “emblems of the Catholic faith” and for placing those emblems on dying Protestant patients.\textsuperscript{123}

The report also shed light on the unorthodox relationship in which the federal government found itself regarding the Daughters of Charity. As written, those responsible for the investigation agreed that having a religious order serving as nurses in a federal facility “was not right in principle,” but there was more to lose, however, with the dismissal of the Sisters. The members simply were not convinced that secular nurses could be coaxed to serve in that particular environment.

For those Sisters serving at Carville during the transition from state to federal ownership, changes were on the horizon. For twenty-five years, the Daughters of Charity had quite literally labored for the patients living at the Louisiana Leper Home. Upon acceptance of the mission to

\textsuperscript{121} Ibid. 208.
\textsuperscript{122} Ibid. 208.
Carville, the original four Sisters found themselves in a difficult position, one in which they had all the managerial duties and responsibilities of running the home but without the financial support needed to sustain such an endeavor. In 1921, the Sisters again found themselves in a difficult situation, with consistent funding from the federal government but with no clear duties or responsibilities and many questions regarding their presence at a federal facility.

As employees of the federal government, the Sisters received the salary and benefits of those on government payroll, but sacrificed their positions as central authority figures for the patients at Carville. With Carville designated as the National Leprosarium, patients diagnosed with leprosy came from all across the United States, bringing with them different histories and various religions.

Since 1914 a Protestant Chaplain visited the home regularly, but complaints against the Sisters for proselytizing continued. Some patients opposed any religious influence at a federal institution and targeted Catholic Chaplain Fr. Keenan.

In correspondence from Archbishop Shaw to Sr. Edith at Carville, the Archbishop relayed a message from USPHS Surgeon General Cummings concerning the “considerable friction between the Chaplain and patients at the hospital.”¹²⁴ In June of that same year, the Archbishop wrote to Sr. Edith lamenting that “the old place ain’t what it used to be. The new broom is making every effort to sweep clean…trying to relieve the home of all Catholic influence.”¹²⁵

It would take a year, but by September 1923, Fr. Keenan would be out as Carville’s chaplain and replaced by Fr. Benedict Stetter. The Sisters would be exposed to more scrutiny as they

sought to assimilate into the environment of the federal system. Sr. Hilary Ross, amongst others, returned pursued the necessary training to manage the pharmacy and assist research physicians in the laboratory to search for leprosy’s cure. As late as 1926, the federal government was answering complaints logged by patients against the Sisters for proselytizing; however, Dr. Denney assured the Surgeon General’s office of the professionalism of the Sisters and his own high regard for them. In a June 1926 letter to the Visiatrix, Archbishop Shaw noted that any further investigation regarding complaints against the Sisters would not result in the Sisters’ removal from the hospital.\textsuperscript{126}

**Conclusion**

The stigma associated with leprosy, the isolation of its sufferers and the American response to the disease can dominate the research of scholars or the casual reader alike.

The story of the Daughters of Charity and their role as advocates for patients confined to the Louisiana Leper Home broadens the base of leprosy’s story from that of disease, stigma and multi-drug therapy. The Sisters were no strangers to those whom society cast aside; such conditions existed from the time of their founding; however, heeding the call to care for patients at the Louisiana Leper Home tested even their strong resolve.

From the city of New Orleans where they had worked as administrators in Charity Hospital, asylums and orphanages, the Sisters found themselves on a virtual island in the spring of 1896. Three sides of Indian Camp Plantation where the Louisiana Leper Home was located was surrounded by the Mississippi River, physically isolating them from the accessibility of which

they were once familiar in New Orleans. Correspondence to the Board of Control telling of the hardships faced at the Home appeared to fall on deaf ears, yet responses came eventually. The length of time between the deliveries served as a reminder to the Sisters of their isolation. Given the responsibilities of managing the Home and the daily operations of it, the Sisters nonetheless experienced loss of power once enjoyed as administrators of Charity Hospital and later at their own hospital, Hotel Dieu. The male-dominated Board of Control held the final approval over projects and ultimately the money needed by the Sisters to care for those living at the Home.

For decades, the Sisters provided a voice for the patients to the outside world. They created space for the patients to plant gardens, direct in-house plays as well as eventually to find their own voices through the patient newsletter developed in the 1930’s. Understanding the story of leprosy includes understanding the work done by the Daughters of Charity during their mission. The mission officially ended in 2005 but the dedicated service of the Daughters of Charity to sufferers of leprosy provides a different narrative which extends beyond the years of the Home. It built the foundation from which the patients’ rights movement was able to flourish.
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Appendix
Figure 6. Soda bottles define a gravesite at the National Leprosarium. National Hansen’s Disease Museum.

Figure 7. Indian Camp Plantation Mansion as it appears today. National Hansen’s Disease Museum.
RULES FOR THE INMATES OF THE LOUISIANA LEPER HOME

1. PATIENTS must be in their respective rooms and places when the physician makes his visits.

2. PATIENTS must not laundry, cook, bathe nor store food and working tools in their rooms, or clothes rooms; the laundry, bathroom, clinic, dining and anterooms, being destined for such purposes. Living rooms and bedding must be aired daily, clothes rooms and individual clothes lockers must be aired weekly. Patients will deposit refuse bandages and dressing in receptacles designated for such, and same to be disposed of in incinerators.

3. PATIENTS will adhere to the regulations made prohibiting the men visiting the women in their enclosure and the women visiting the men in theirs. Inmates (relatives) will be allowed occasional visits in the place assigned for visitors; patients violating rules governing these visits will be denied further visits.

4. PATIENTS will be required to be in their respective rooms for the purpose of retiring at nine o'clock. Patients are prohibited the use of lamps or candles in their rooms. Lamps from halls will light rooms; book cases, desks and rolling chairs must be kept in halls. Patients are prohibited from throwing cigarette or cigar stubs upon the floor of the rooms, halls or galleries, but same must be placed in receptacles for such or thrown upon the ground.

5. PATIENTS must assist according to their strength in the general care of the home and its inmates, and behave to one another, with proper decorum. Inmates disturbing the peace by striking one another will be put in the Guard House. Patients are prohibited the holding or keeping in their possession of FIRE ARMS. Packages intended for patients which have the appearance of containing articles prohibited to patients will be opened and inspected in the presence of one of the sisters.

In order to avoid the spread of leprosy, patients are forbidden to go out of their enclosure or send out articles in their possession and prohibited trading directly with peddlers, employees, or any other persons outside the premises.

Guards are for the purpose of preventing patients leaving the premises without proper authority, and any guard who permits or allows a patient to violate this rule shall forfeit not less than two days' pay for same, subject to the approval of the Board.

A violation of any of the above rules by the patients will subject the violator to be detained in the Detention Room for a length of time commensurate with said violation, and any inmate communicating with a patient while in said Detention Room, without proper permission, will be deemed an offender and subject to be placed in said Detention Room. All reasonable complaints will be made to the Sister in charge, and same will be reported by her to the Board for its action.

No particular mode of religion or worship is required of any patient, but all patients are urged, for their own welfare, to attend religious services.

The Sisters are in charge of the Home as the representatives of this Board, and for the decorum and management of the Home they may adopt rules not herein enumerated, and not in conflict with these rules; and the rules and orders as adopted must be obeyed by the inmates and all employees.

By the order of the Board of Control LA. Leper Home,

J. J. PROWELL,
President.

R. STAIGG,
Secretary.
Figure 9. Arial view of Carville Historic District, red arrows indicate original locations of the Sisters’ dining room and plantation home. National Hansen’s Disease Museum.
CONTRACT BETWEEN THE STATE BOARD OF CONTROL
OF THE LEPER HOME OF LOUISIANA WITH THE
SISTERS OF CHARITY

March 25, 1896

The State Board of Control of the Leper Home of Louisiana agrees to furnish sleeping and living apartments for the Sisters of Charity who shall be designated for the work; to arrange a room or rooms for a chapel for these; to provide for the services of a priest, who shall be either resident on or convenient to the grounds of the home; to pay the sum of one hundred dollars per annum to each Sister of Charity engaged in the work, for clothing or other incidental expenses. It is further agreed that the Sister Superior in charge shall be held accountable to the Board alone for the management, and they shall have full charge of the domestic management appertaining to the servants, kitchen, household and detail of nursing, which last shall be at all times under the direction of the Resident Physician.

The Order of the Sisters of Charity agrees to furnish members of its Community who shall be responsible for the domestic management and all its details; who shall supervise the household, culinary and laundry arrangements, who shall attend to the nursing of the patients resident at the Home, for which they shall be responsible to the resident physician and through him to the Board.

This contract cannot be annulled except by mutual consent between the State Board of Control of the Leper Home and the Order of the Sisters of Charity.

By order of the Board of Control, Louisiana Leper Home
J.J. Prowell, Pres.  (Signed: Isadora Dyer; M.D.
Mother Mariana

Figure 10. Contract between the Louisiana Board of Control and the Daughters of Charity. National Hansen’s Disease Museum
VITA

The author was born in St. James Parish, Louisiana. She obtained her Bachelor’s degree in Psychology from Loyola University New Orleans in 1999 and a Master’s degree in Higher Education Administration from the University of New Orleans in 2003. In 2010 she joined the University of New Orleans’ history graduate program to pursue a Master’s degree in Public History.