

# History of Student Health at the University of Portland

Paul Myers, Ph.D.

2012 Conference on the History of the Congregation of Holy Cross

## Introduction

Why is the history of student health services at the University of Portland worthy of our attention? This is an institution of higher learning, after all, so why discuss health services? It is hoped this examination will demonstrate how student health services play an important role in protecting lives as well as educations. And we will review how student health services evolved over time, and consider some factors that influenced these changes. Third, this survey will illuminate specific ways that Holy Cross contributed to the services provided to students.

## Why Student Health?

So for the first question, why are the health services worthy of our attention? The answer is that educators have recognized for centuries that when students and teachers lived together in teaching and learning communities there were seasonal patterns to illnesses, and there were random epidemics that would sometimes literally terrorize institutions, and sometimes even take lives. And for centuries these scourges were feared and expected.

However, as advances were made in medicine and public health, and later, in psychiatry and mental health treatments, educational institutions began employing the new discoveries to protect their faculty and students. And, over time, there have been ever more effective prevention and treatment strategies, so that preventing epidemics is nearly taken for granted, and the emphasis has been on retention and

performance enhancement through a variety of educational and treatment modalities, from public health education campaigns about washing ones hands after sneezing, to offering a variety of psychiatric medications, to providing specialized counseling services.

To place our examination in larger context, let us look at a remarkable example from the 19<sup>th</sup> century. This is not from a Holy Cross institution, but it is a snap shot in time to illustrate the importance given to preventive measures as medical understanding increased and higher education was growing in the United States.

In Turner and Hurley's text, *The History and Practice of College Health*, documentary evidence illustrates how early American institutions of higher education created student health services with an array of arguments. There were concerns about prevention of, or response to, epidemics. Many institutions had experienced yellow fever, small pox, cholera, and influenza outbreaks. There were concerns about student retention and loss of academic progress due to illness. There were clear patterns of illness that recurred seasonally as students and faculty lived and worked together in close proximity through the changing seasons of any given geographical location.

These early student health services were configured in a variety of ways, depending upon history and resources. Some institutions set up stand alone clinics and infirmaries, and others connected the health service to the athletics

departments, or to the gymnasium, or physical education programs. And still other institutions provided the services through medical schools.<sup>1</sup>

Turner and Hurley report that in 1826, the year of Thomas Jefferson's death, at the meeting of the board of visitors of the University of Virginia, Thomas Jefferson was rector and the University established what was considered at the time to be a comprehensive student health service. At the meeting were Thomas Jefferson, James Madison and three other gentlemen. To quote from their minutes:

“There shall be established in the University a Dispensary which shall be attached to the Medical School, and shall be under the sole direction and government of the Professor of Medicine who shall attend personally at the Anatomical theater, or such other place as he shall notify, from half after one to two o'clock, on every Tuesday, Thursday and Saturday, for the purpose of dispensing medical advice, vaccination, and aid in surgical cases of ordinary occurrence, to applicants needing them...and all persons shall be vaccinated gratis, and the students in particular shall be encouraged to do so, as a protection to the institution against the malady of the small pox.”<sup>2</sup>

This is a remarkable piece of text for its detail in setting staffing, scope of service, and office hours. And one can observe the priority given to accessible vaccination to protect the health of the University community.

So in this University of Virginia example the major outline of student health services is drawn for us:

1. Pharmacological Tools: Vaccination/immunization/dispensary
2. Medical advice and patient counseling (presumably for prevention and for self-care),
3. Treatment of injuries and “ordinary surgeries”

These three categories of service are still the main activities of student health services today. These services literally protect and save lives, they protect student

---

<sup>1</sup> Turner, H.S., and Hurley, J.L., *The History of College Health*, (Lexington, KY, 2002), pp. 3-6.

<sup>2</sup> Turner, H.S., and Hurley, J.L., p. 2.

retention, and they protect the potential for educational progress. What is missing from Jefferson's minutes is reference to hospitalization or infirmary stays for rest, recuperation, and separation of those with communicable diseases.

To return to our consideration of Holy Cross's institutions, we have the documented examples of epidemics that included the Yellow Fever epidemic that struck the Orphans Asylum in the New Orleans community in 1853, killing many sisters and priests of Holy Cross.<sup>3</sup> And then there was the terrible year of 1854 at Notre Dame in South Bend, Indiana when nearly 20% of the religious died, mostly from Yellow Fever but also from accidents and unknown diseases.<sup>4</sup>

To put these deaths in the context of the history of public health: It was that same year, 1854, that Dr. John Snow mapped a Cholera epidemic that struck in London, England, where he determined that the vast majority of the deaths occurred among people who drank from a particular city well without boiling their water. When he convinced the city officials to remove the pump handle, the epidemic subsided.<sup>5</sup> I mention these several examples to set context for what would come later when Holy Cross came to Portland.

By 1902, when Holy Cross arrived in Portland, there had been many major medical advances; for example, vaccines were created for anthrax, rabies, typhoid fever, plague, cholera, tetanus, and diphtheria. There were also advances in recognition of a variety of strategies for sterilization of instruments and cleaning to

---

<sup>3</sup> <http://www.newadvent.org/cathen/11005b.htm>

<sup>4</sup> <http://archives.nd.edu/wack/wack14.htm>

<sup>5</sup> <http://www.csiss.org/classics/content/8>

prevent the transmission of bacteria from one patient to another, via the health care worker or materials within the clinics or hospitals.<sup>6</sup>

Thus, by the time Holy Cross came to Portland (granted the institutional name was Columbia up until the 1930's, but for our purposes here I will refer to the institution as the University of Portland), there had been a number of improvements in public health strategy, as water supplies were better protected, hygiene was emphasized and taught more effectively, and vaccinations were increasingly available. Therefore, the physician hired to attend to the campus community at Portland, Dr. Andrew Smith, M.D., did have an array of vaccinations that were potentially available, if students had not received them before arriving on campus. And of course, he brought his diagnostic skills and his medical advice. And no doubt he treated students with colds, flu-like symptoms, poison ivy rashes, lacerations and contusions, and fevers of unknown origin.

### Changing Models of Care

What do we mean by models of care? In this instance, here the word “model” refers to the arrangement of the staff and services. At the University of Portland there have been essentially 6 models used in the past 110 years. In order of appearance the models have been:

1. Physician on call (1902-1903)
2. Infirmary with attending nurse and contracted part-time physician (1903-1946)
3. Outpatient clinic with “day bed” with attending nurse and contracted part-time physician (1946-1988)
4. Outpatient clinic with nurse, administrator, nurse practitioner and part-time physician. (1988-1992)

---

<sup>6</sup> [http://www.health.qld.gov.au/chrisp/ip\\_week/ip\\_wk\\_history.asp](http://www.health.qld.gov.au/chrisp/ip_week/ip_wk_history.asp)

5. Mind-Body Services Combined: Physical and Mental Health Outpatient clinic with nurse practitioners, RN, and counselors of various kinds. (1992-1995)
6. Mind-Body-Spirit Services Combined: Same as 5 above, but added pastoral care counseling (1995-2012)

So what were the factors that caused these changes? An exhaustive study of administrative documentation surrounding these transitions was not possible for the purposes of this paper. However, generally speaking, over this 110 year span there are several important variables to keep in mind.

After only one year, the Sisters of the Presentation of Mary came to Portland to run an infirmary (among other services) from 1903 until the 1940's. Infirmaries were a common feature on college campuses. They allowed better rest not only for the ill, but for those who lived around the ill student in dormitories. Infirmaries also provided separation to reduce the spread of some kinds of infections. By comparison, a 2010 study by the American College Health Association found that only 6% of surveyed institutions still provide an infirmary on their campus.<sup>7</sup>

Another factor that changed the scope of services available (rather than a change in model) was the inclusion of women in the academic programs offered at the University. Women began taking classes at the University in the 1930's as the St. Vincent's Hospital Nursing School based nursing students to "The Bluff" to take courses,<sup>8</sup> but it was not until the 1950's that female students were fully incorporated and matriculated into the University of Portland. There is no evidence that the addition of women changed the models of service, but the increased

---

<sup>7</sup>[http://www.acha.org/Topics/docs/ACHA\\_Benchmarking\\_Report\\_2010\\_Utilization\\_Survey.pdf?section=unknown&task=3&CATEGORY=PUBS&PRODUCT\\_TYPE=SALES&SKU=SP19&DESCRIPTION=Professional%20Publications&FindSpec=&CFTOKEN=46247844&continue=1&SEARCH\\_TYPE=find&StartRow=1&PageNum=1](http://www.acha.org/Topics/docs/ACHA_Benchmarking_Report_2010_Utilization_Survey.pdf?section=unknown&task=3&CATEGORY=PUBS&PRODUCT_TYPE=SALES&SKU=SP19&DESCRIPTION=Professional%20Publications&FindSpec=&CFTOKEN=46247844&continue=1&SEARCH_TYPE=find&StartRow=1&PageNum=1)

<sup>8</sup> <http://www.up.edu/about/default.aspx?cid=8264&pid=3169>

presence of women no doubt increased demand for services, and women also presented with health concerns unique to women. It is a well established statistical fact that women utilize health and counseling services more often than men, and finally, female students have made up two-thirds of the enrollment in recent decades.

Further, physical and mental health care have advanced to such a degree that many students who could not have gone to college in the past, due to their physical or mental health conditions, can indeed attend college now. And they can be quite successful as long as they have access to their medications or other treatments or therapies, like counseling services. As an example, a recent review of health history form data indicates that 8% of incoming freshmen have already been under the care of a professional for depression and 6% for treatment of anxiety.<sup>9</sup>

#### Holy Cross Religious as Providers of Service

Because health and counseling services eventually were merged into one center, our examination will now consider the history of counseling services. For counseling services at the University, there have been multiple combinations of professions and service specialties since World War II and often members of the branches of the Congregation of Holy Cross have been treatment or service providers.

The record indicates that counseling services have been provided by psychologists, priests, sisters, and masters-level counselors, and by psychiatrists

---

<sup>9</sup> University Health Center, University of Portland, internal review of health history form data

and psychiatric nurse practitioners who have contracted to provide consultation and support services to the counseling program.

Originally, a "Psychology Clinic" was created in 1949 and by December of that year, the clinic was receiving "wide acclaim." Fr. John Delaunay, C.S.C. was the driving force behind its creation. The original clinic also served as a training center to teach psychology students about psychological testing. Fr. Delaunay's vision to was create a "Menninger Clinic of the West."<sup>10</sup>

Twenty years later, in 1969, the organizational chart of Student Affairs showed that there was a specialist in veteran's counseling during the time of the Vietnam War, and this person reported to the director of counseling. There was also a director of international students who reported to the director of counseling. And also, by 1980, Brother Frederick Williams, C.S.C. was a counselor on staff as a counselor for minority students. These specialties supplemented the general mental health counseling which addressed more general mental health and developmental disorders or challenges that may interfere with student wellness or academic success.

From the 1950's to 1979, there were a series of lay directors of counseling services until Fr. Anthony DeConciliis, C.S.C. became the counseling director from 1979-1985 and Fr. Terry Lally, C.S.C. from 1985-1989. And then there were two lay directors, a Dr. Merriam Erickson followed by Dr. Alicia Duran<sup>11</sup> who succeeded the priest directors until a major model change occurred in 1992. In that year, Rev.

---

<sup>10</sup> Archives, University of Portland, Delaunay Files.

<sup>11</sup> Archives, University of Portland, Health Center Files.



David T. Tyson, C.S.C., president of the University, moved to create a holistic center of health that would address needs of “head and heart,” or of mind and body.

### Creation of a Holistic University Health Center

Dr. Joseph Price, Ph.D., was named director of the new Center for Health and Counseling in Columbia Hall in 1992. He had been a professor in the School of Nursing for many years prior to this appointment. By 1993, the Center for Health and Counseling was renamed the University Health Center. The center provided wellness promotion, acute care and a dispensary. Dr. Price also included massage services. It also provided mental health, substance abuse, and learning assistance counseling. The substance abuse counselor was in place for several years (ending in 1997), learning assistance counseling was added to the array even before the merger, but it went through transformations over time. And from 2010 to the present, learning assistance counseling has been provided by Brother Thomas Giumenta, C.S.C.

The medical services moved to a nurse practitioner base in 1992 with no physicians in clinic by 1993. Other variations in staffing and programming were also tried to meet increased service demands and to facilitate the collaboration between the mental health providers and the nurse practitioners (e.g., hiring certified medical assistants, planning collaborative education programs, altering standard appointment lengths).

The Office for Students with Disabilities was added to the Health Center service array in 1995 after being managed initially by the Office for Continuing

Education in the School of Education. And, in August 1995, the University Health Center was moved to the upper level of a new building, Orrico Hall.

Then, in 1996, Fr. David T. Tyson, C.S.C., still president of the University, called for the creation of a pastoral counseling position within the University Health Center. This was a unique among college health centers in the country. By providing pastoral counseling within the University Health Center there was more immediate interdisciplinary consultation and coordination of services and more ready attention to the role that matters of spirituality, faith, or religion might play in the manifestation of a health concern, or in managing treatment planning, and treatment compliance.

The pastoral care services were provided first by Fr. Dennis O'Hare, C.S.C., and then by Fr. Bill Dorwart, C.S.C., and then by Fr. Frank Murphy, C.S.C. over a 16 year span.

Fr. Dennis O'Hare faced the challenges associated with creating a new position and educating the community about what he could provide. Often he heard comments like, "Isn't placement of pastoral care in a health center, like providing immunizations in the chapel?" But each of these exchanges provided an opportunity to educate about whole person wellness and the central and essential role of spiritual health or wholeness in any model of wholeness.

Fr. Bill Dorwart came to the University after having served as provincial of the Indiana Province. And he built upon the foundation established by Fr. O'Hare by adding new dimensions that focused on increasing community awareness of the

teachings of Holy Cross founders and helped to shape a greater awareness that the University of Portland is part of a global apostolate that began in Le Mans, France.

And then when Fr. Dorwart returned to serve in the U.S. Navy, Fr. Frank Murphy came from East Africa and brought to the University of Portland an emphasis on the value of retreats and of intentionally developing one's relationship with God.

Thus, with the inclusion of pastoral care counseling, the services of the University Health Center addressed more explicitly problems or challenges of spirit as well as mind and body. Including attention to spiritual health not only kept pace with national standards for health care, like one finds in professional accreditation standards like National Council on Quality Assurance (NCQA),<sup>12</sup> but it also brings into the present, the vision of the founder of the Congregation of Holy Cross, Blessed Basil Anthony Moreau, C.S.C.

Just as Moreau taught that for proper growth and proper realization of God-given potential the whole student needs attention and education, that is, head and hands as well as heart, all three need care. So too, the University Health Center at the University of Portland also provided services to address these three aspects of wellness, and whole person education, in what today's parlance would be called: "mind, body and spirit."

### Conclusion

To conclude, we noted how student health services have been essential for the protection of the learning communities at colleges and universities. And we

---

<sup>12</sup> <http://www.ncqa.org/tabid/1402/Default.aspx?q=spirituality>

looked at examples of the tools used by these services to protect lives, and preserve educations. Next, we noted the influences of medical and public health advancement that led to the decrease in epidemics, and decrease in the use of infirmaries, for example, toward services that can focus on retention and inclusion. We also considered how the inclusion of female students at the University of Portland did not change service models, but increased demand for services as enrollment grew and it diversified the types of issues students presented to care providers.

And then we noted that particularly in the counseling area, there have been several members of the Holy Cross family who have been directors or direct service providers within mental health and academic retention programs of the University, and that later those services were merged with the health care services to create the University Health Center. And, we noted that the Holy Cross presence, particularly in the provision of pastoral care counseling, represented a student health services model that could attend to issues of mind, body and spirit--a model that harkens back to the vision and teaching of Blessed Basil Anthony Moreau, C.S.C., the founder of the Congregation of Holy Cross.