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Bridges to Health: U.S. Daughters of Charity, Seton Institute, and Funding Primary Health Care Activities in Latin America, 1985–2010

Kristine Ashton Gunnell

Daughters of Charity in California founded the Seton Institute for International Development in 1985 to support the efforts of Catholic sisters striving to improve the health of those struggling in poverty in Latin America. The institute offered training, disaster relief, medical equipment, and grants for capacity-building projects. Positioned as a fundraising and grant distributing entity, Seton Institute solicited funds from government sources, corporate sponsors, and individual donors. Leaders sought to balance their need for funds with the commitments of their charism. As the expectations and priorities of U.S. government-funded programs and Latin American sisters did not always align, Seton Institute chose to put the desires of Catholic sisters first and shifted efforts towards private aid. These Daughters of Charity prioritized building transnational relationships that reinforced their community's mission to serve those in poverty rather than accept funds from any available resource.

Keywords: Daughters of Charity; Seton Institute for International Development; Catholic healthcare; Latin America

In the decades following Vatican II, calls for religious renewal and solidarity with the poor encouraged members of U.S. communities of women religious to strengthen ties with their sisters in Latin America. Against the backdrop of escalating poverty and violence, they lobbied for changes to U.S. policy and engaged in education campaigns to raise U.S. Catholics' awareness of the consequences of their government's actions as it ostensibly fought communism in Central America.[1] While Maryknoll sisters

1. Timothy A. Byrnes, *Reverse Mission: Transnational Religious Communities and the Making of US Foreign Policy* (Washington, DC: Georgetown University Press, 2011); Michael

Peggy Healy and Nancy Donovan directly interacted with policymakers to advocate for change, Daughters of Charity in California pursued humanitarian efforts in the region, founding the Seton Institute for International Development in 1985. Intent on sharing knowledge, material, and monetary resources with sisters serving the "poorest of the poor," Daughters in the Province of Los Altos Hills, California (now the Province of Saint Elizabeth Ann Seton) engaged with existing networks between their motherhouse in Paris and leaders in Latin American provinces to lay the foundation for this international effort.

Seton Institute embraced its identity as a faith-based organization, purposefully extending aid to health ministries sponsored by Catholic sisters to bolster transnational ties between U.S. sisters and those serving in Latin America. Initially, the institute sponsored in-country primary health care training projects and offered disaster relief, medical equipment, and other supplies to under-resourced hospitals and clinics in Latin America and beyond. Committed to connecting those with resources to sisters without, Seton Institute added a capacity-building grant program in the mid-1990s, which assisted Catholic sisters who conducted primary health care activities in some of the most impoverished regions of the world. Over its twenty-five-year history, the institute funded 1,500 projects in twenty-four nations and assisted an estimated 5,000,000 people in bettering their health.[2]

Seton Institute positioned itself as a fundraising and grant distributing agency, soliciting funds from government sources, corporate sponsors, and private donors at various times throughout its history. Representing the "business turn" in American religious history, the institute illustrates the Daughters' efforts to balance their need for funds with the commitments of their charism and mission to serve the poor.[3] However, the expectations and

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J. Cangemi, "'We Need the Closest Possible Cooperation with the Church': Catholic Activists, Central America, and the Reagan Administration, 1981–1982," *U.S. Catholic Historian* 37, no. 1 (Winter 2019): 167–191; Theresa Keeley, "Not Above the Fray: Religious and Political Divides' Impact on U.S. Missionary Sisters in 1980s Nicaragua," *U.S. Catholic Historian* 37, no. 1 (Winter 2019): 147–166; Eileen Markey, *A Radical Faith: The Assassination of Sister Maura* (New York: Nation Books, 2016); Sharon Erickson Nepstad, *Convictions of the Soul: Religion, Culture, and Agency in the Central America Solidarity Movement* (New York: Oxford University Press, 2004), 56–75.

2. Eugene (Gene) B. Smith, Daughters of Charity Foundation History Project, interview by the author, March 12, 2016, 3–4, Daughters of Charity Foundation, Los Angeles, California (hereafter DOCF).

3. See Amanda Porterfield, Darren Grem, and John Corrigan, eds., *The Business Turn in American Religious History* (New York: Oxford University Press, 2017); N.J. Demerath, ed., *Sacred Companies: Organizational Aspects of Religion and Religious Aspects of Organizations* (New York: Oxford University Press, 1998); R. Laurence Moore, *Selling God: American Religion in the Marketplace of Culture* (New York: Oxford University Press, 1994); Deborah

priorities of external funders, international sisters, and the institute did not always neatly align. As the institute developed, its leaders selectively determined when, where, and how to intervene in Latin America, prioritizing its relationships with Catholic sisters and their efforts to serve those in poverty.

Daughters of Charity

Founded in 1633 by Vincent de Paul and Louise de Marillac, the Daughters of Charity grew into a multinational community of Catholic sisters committed to "ease suffering wherever they find it."[4] Focused on the needs of the sick and poor, sisters administered hospitals, orphanages, and schools, as well as provided food and nursing care to individuals within their assigned parishes. Started in France, the Daughters expanded into Poland by the end of the seventeenth century. In the eighteenth century, they established houses in Lithuania, Russia, Italy, and Spain and grew during the nineteenth-century to embrace ministries in Mexico (1844), Peru (1858), and Guatemala (1862).[5] In 1809, Elizabeth Ann Seton founded the Sisters of Charity in the United States. Its Emmitsburg, Maryland, community merged with the French Daughters of Charity in 1850. Invited by newly-appointed bishops in California, the Daughters sent U.S.-born sisters to San Francisco in 1852, Los Angeles in 1856, and Santa Barbara in 1858. Three new recruits from Spain accompanied the U.S. sisters to Los Angeles.[6]

Daughters of Charity embrace a holistic, multi-sector approach to combatting poverty by providing healthcare, education, and other outreach serv-

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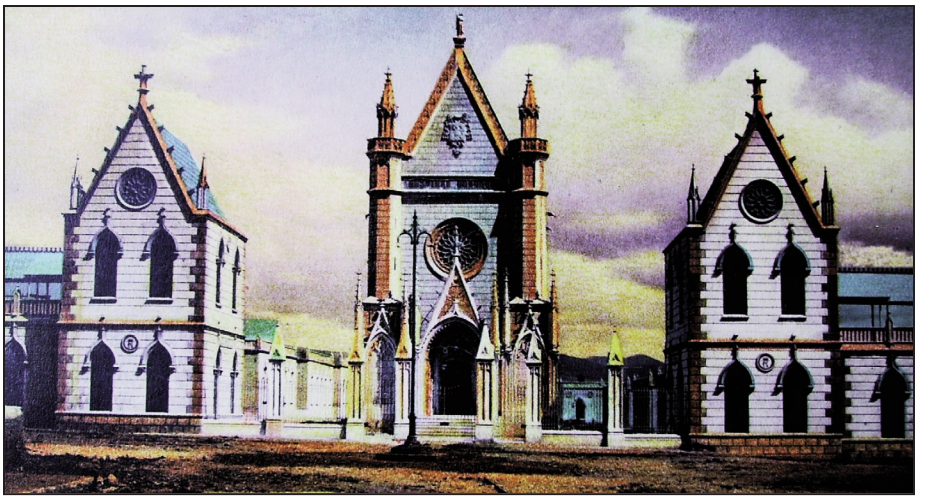
Skolnick Einhorn, "Power of the Purse: Social Change in Jewish Women's Philanthropy" (Ph.D. dissertation, Brandeis University, 2012); Amanda Porterfield, *Corporate Spirit: Religion and the Rise of the Modern Corporation* (New York: Oxford University Press, 2018).

4. "Strategic Plan, 2007–2012" (ca. 2007), 4, Seton Institute Collection, Series 1, folder 6, DOCF.

5. Susan E. Dinan, *Women and Poor Relief in Seventeenth-Century France: The Early History of the Daughters of Charity* (Burlington, VT: Ashgate, 2006), 143; Vicente De Dios, *Historia de la familia Vicentina en Mexico: 1844–1994* (Salamanca: Editorial CEME, 1993); Jeffrey L. Klaiber, *The Catholic Church in Peru, 1821–1985: A Social History* (Washington, DC: Catholic University of America Press, 1992), 113–116; Brianna Leavitt-Alcántara, *Alone at the Altar: Single Women and Devotion in Guatemala, 1670–1870* (Stanford, CA: Stanford University Press, 2018), 185–186.

6. Knowing their language skills would be valuable, Bishop Thaddeus Amat, C.M., while touring Spain prior to traveling to his new assignment in Los Angeles, recruited three young women to join the Daughters of Charity. For a history of the Daughters in the U.S., see Daniel Hannefin, *Daughters of the Church: A Popular History of the Daughters of Charity in the United States, 1809–1987* (Brooklyn, NY: New City Press, 1989); Kristine Gunnell, *Daughters of Charity: Women, Religious Mission, and Hospital Care in Los Angeles, 1856–1927* (Chicago: De Paul University Vincentian Studies Institute, 2013); Catherine O'Donnell, *Elizabeth Seton: American Saint* (Ithaca, NY: Cornell University Press, 2018); Judith Metz, *Elizabeth Seton's Founding Community of Sisters of Charity* (Cincinnati, OH: Sisters of Charity of Cincinnati, 1995).



Hospital Goyeneche in Arequipa, Peru, which the Daughters of Charity administered for most of the twentieth century (Wikimedia Commons).

ices. The Daughters took charge of three colonial hospitals in Peru and administered the San Juan de Dios Hospital in Guatemala. In Los Angeles they started an infirmary, which later became St. Vincent's Hospital. In all three locations, the sisters also operated orphanages and schools, adjusting their services as needed into the twentieth century.

The Second Vatican Council (1962–1965) prompted introspection and renewal, causing sisters to evaluate their involvement in large institutions considering their mission to serve those in poverty. Historian Jeffrey Klaiber, S.J., noted that the Daughters in Peru withdrew from several hospitals, concentrating the sisters' presence in fewer places to better focus on their nursing vocation. More sisters worked in medical outposts within the parishes where they could directly interact with those they sought to serve.[7] Daughters of Charity elsewhere made similar calculations, adapting services to meet contemporary social needs and placing sisters where they felt they could do the most good.

The Vincentian charism espoused by the Daughters emphasizes the agency and ability of the people they serve, remaining person-oriented rather than focusing on organizational needs. Being person-oriented means compassionately recognizing an individual's humanity, protecting their dignity and agency, and believing in their capacity for growth. *How* and *why* the sisters serve matters as much, if not more, than what the sisters *do*. As Ben

7. Klaiber, *The Catholic Church in Peru, 1821–1985*, 115–116, 337–338.

Ramalingham explains, the international aid system represents "an expression of global compassion," dreaming of "a more fair and just world," but it also elicits an intricate web of imbalanced relationships, where money, knowledge, and power do not always serve those it is intended to help.[8] While it did not reach the scale of larger public and private agencies, Seton Institute ventured into the aid realm and was forced to choose how it would interact with its international partners. Within the Daughters of Charity's international structure, provinces are equal and leaders are responsible for designing, funding, and implementing services to meet local needs. With few exceptions, Seton Institute sought to respect and support local autonomy, rather than prescribe actions that mirrored its own preferences.

Primary Health Care Training in Peru

Like many new ventures, Seton Institute benefited from developing connections with those who could advance its work. In 1985, Charles Keaty worked for Seton Health Services, a Daughters of Charity hospital near San Francisco. Before coming to Seton, Keaty conducted a study funded by the U.S. Agency for International Development (USAID) that examined the needs of faith-based and secular Private Voluntary Organizations (PVOs) providing health services for women and children living in shanty towns, or *pueblos jóvenes,* surrounding Lima and other cities.[9] Poor sanitary conditions, malnutrition, and disease plagued these areas and Keaty believed that strengthening Peruvian PVOs would improve maternal and infant health, ultimately saving lives. Keaty maintained informal connections with colleagues at USAID/Peru, and proposed a joint project between the Daughters of Charity in California and those in Peru, funded by USAID and Seton Health Services. Based on his team's earlier recommendations, he developed a grant proposal, while Sister Teresa Piro, D.C., Visitatrix of the Province of Los Altos Hills, and Sister Pilar Caycho, D.C., Visitatrix of the Province of Peru, assigned sisters to work on the project.[10] In June 1985, USAID approved a $960,000 grant, matched with $200,000 from Seton.[11] The

8. Ben Ramalingam, *Aid on the Edge of Chaos: Rethinking International Cooperation in a Complex World* (New York: Oxford University Press, 2013), 7.

9. Charles and Geraldine Keaty, "A Study of Private Voluntary Health Organizations in Peru," in *Investigation of Health Service Delivery in Three Elements of the Peruvian Private Sector*, vol. 2 (Boston: Management Science for Health, 1983).

10. The final project evaluation for *Puentes de Salud* cites a 1983 report by the Management Sciences for Health as the source of its objectives, of which Keaty's study is a part. See "Final Project Evaluation, Puentes de Salud," June 30, 1988, 3, Development Experience Clearinghouse, https://pdf.usaid.gov/pdf_docs/PDAAX930.pdf; Keaty, "A Study of Private Voluntary Health Organizations in Peru."

11. "Seton Institute: History and Current Activities" (1999), 1, Seton Institute Collection, Series 1, folder 3, DOCF.

A Peruvian Daughter of Charity reaches out to a woman living in one of the *pueblos jóvenes* outside of Lima in 1986 (Courtesy of Eugene B. Smith).

grants would be administered by the newly-founded Seton Institute for International Development.

Named *Puentes de Salud* ("Bridges to Health"), the project sought to reduce infant mortality in Peru by using "proven health education strategies" to teach mothers how best to address the diseases caused by contaminated drinking water, food shortages, and lack of sanitary facilities.[12] Instead of engaging poor persons directly, the program set up resource centers in Lima, Arequipa, and Trujillo, which provided information, training, and technical assistance for PVOs. In a report to Sister Piro, Seton Institute's Executive Director Eugene B. Smith asserted that although vaccines and oral rehydration could have prevented 50% of infant deaths, "there is a major problem in making families aware of the value and importance of preventative healthcare and nutrition."[13] *Puentes* taught primary health care techniques to sisters, lay health workers, and other PVO representatives who shared them with moth-

12. Eugene Smith to Sister Teresa Piro, D.C., enclosure, draft of letter to Mother Ann Duzan, D.C., Superioress General, 1985–1991, September 10, 1987, 1, Seton Institute Collection, Series 3, folder 1, DOCF.

13. Smith to Piro, September 10, 1987, 2.

ers in the *pueblos jóvenes*. The U.S. Daughters recognized that receiving instruction from those familiar with local culture, language, and tradition increased the likelihood that families would apply the information.

Training workshops were designed around the United Nations Children's Fund (UNICEF) recommendations, which were introduced as part of its "Child Survival Revolution" in 1983. UNICEF promoted "simple, low-cost, widely accessible technologies for saving children's lives."[14] It was nicknamed GOBI for four principal interventions: growth monitoring, Oral Rehydration Therapy (ORT) to treat diarrheal disease, exclusive breastfeeding in the first six months of life, and immunization. Celebrated as the "leading edge of primary health care," GOBI represented a *selective* approach to expanding health services, focusing on a few, easy-to-implement methods. Yet by 1988, critics called GOBI a stopgap measure that naturalized poverty, rather than seriously addressing the underlying causes of infant mortality in developing nations. Ben Wisner noted, "Are we really supposed to believe that oral rehydration therapy is an acceptable substitute for the clean water which would prevent diarrhea, to which parent and child have a right?"[15] In too many cases, UNICEF's Child Survival Revolution remained a top-down, neatly packaged solution that reinforced existing power structures, rather than promoting the people's ability to take charge of their own health.[16] Still, in the absence of government commitment to structural change, GOBI promised a path to improve health and save lives.

Much of the criticism around GOBI focused on the government adopting the program rather than pursuing a more comprehensive system of primary health care. Yet, as the Daughters' project illustrates, major funders like USAID did provide private organizations with grants to address gaps in government health services. *Puentes* formed one facet of a more comprehensive USAID effort to promote the expansion of primary health care in Peru, including $10.9 million to the Ministry of Health, research studies on the country's health sector, and grants to PVOs.[17] According to a 1988 USAID

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14. Ben Wisner, "Gobi versus PHC? Some Dangers of Selective Primary Health Care," *Social Science & Medicine* 26, no. 9 (January 1, 1988): 963.

15. Wisner, "Gobi versus PHC?," 965.

16. Claudio Schuftan, "The Child Survival Revolution: A Critique," *Family Practice* 7, no. 4 (December 1, 1990): 329–332; Kenneth S. Warren, "The Evolution of Selective Primary Health Care," *Social Science & Medicine* 26, no. 9 (January 1, 1988): 891–898; Wisner, "Gobi versus PHC?"

17. Between 1981 and 1986, USAID provided a $4 million loan and a $6.9 million grant for primary health care expansion and family planning, which was primarily used for equipment, supplies, transportation, training, and technical assistance. Dieter K. Zschock, *Health Care in Peru: Resources and Policy* (Boulder, CO: Westview Press, 1988), 205, 227, http://pdf.usaid.gov/pdf_docs/PNAAZ196.pdf. USAID commissioned Zschock's study, as

evaluation, *Puentes* was designed to implement recommendations from a 1983 report by Management for Sciences in Health (MSH), which advocated developing resource centers to provide PVOs with technical assistance, increasing inter-agency communication, and developing a distribution system for pharmaceuticals.[18] By improving PVOs' quality of service, project designers hoped to enhance health care for poor persons, but they used training and prevention models that depended on intermediaries rather than directly interacting with affected communities. The assumption was that well-trained and efficient PVOs could reach more people, more effectively, than could be reached by starting a new program, which would be limited by geographic and financial constraints. *Puentes* was intended to spur large-scale regional change within the private health sector, providing a model that could be expanded throughout the country. The grant was apparently tailored to specifically meet USAID needs, and the health education component—which most appealed to the Daughters of Charity—was subordinated to a minor objective in the grant proposal.[19]

Internal reports for U.S. Daughters of Charity in 1987 and 1988 clearly stated the PVOs' perceived importance for improving maternal and child health in Peru and linked *Puentes* with an overall goal of reducing infant mortality.[20] However, it is unclear how effectively these goals were communicated to the Daughters of Charity in Peru or if the province's leadership

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well as studies on literacy and communication by the Annenberg School at the University of Pennsylvania, and an evaluation of the Ministry of Health's Health Promoter Program, among others. See Annenberg School of Communications, University of Pennsylvania, "Communication for Health Literacy: Evaluation of the Peru Program, 1984–1985" (June 1987), Development Experience Clearinghouse, http://pdf.usaid.gov/pdf_docs/PNABH649.pdf; Kjell I. Enge, "Evaluation: Health Promoter Program, Ministry of Health, Peru, January–June 1984, Volume I," Development Experience Clearinghouse, http://pdf.usaid.gov/pdf_docs/PDAAR812.pdf. USAID also gave smaller grants to PVOs like CARE, which provided health and nutrition services in Arequipa. See John A. Sanbrailo to James Coberly, June 25, 1986, Development Experience Clearinghouse, http://pdf.usaid.gov/pdf_docs/PDAAZ089.pdf.

18. "Final Project Evaluation, Puentes de Salud," 3.

19. The *Puentes* project adapted a service-oriented support model like those used in other USAID-funded development projects. USAID/Peru tended to offer expertise, training, and linkages to build cooperative social and economic networks that were intended to foster Peruvian-directed irrigation, road construction, or other development projects. According to Gregory Schmidt, USAID/Peru strived to focus on capacity-building while respecting Peruvian self-determination. Gregory D. Schmidt, "Beyond the Conventional Wisdom: USAID Projects, Interorganizational Linkages, and Institutional Reform in Peru," *The Journal of Developing Areas* 26, no. 4 (1992): 437, 439–445, 450.

20. "Progress Report from the Province of Los Altos Hills on the 'Puentes de Salud' Project, Jointly Sponsored by the Province of Peru and the Province of Los Altos Hills" (1987), Seton Institute Collection, Series 3, folder 1, DOCF; "Final Report from the Province of Los Altos Hills on the 'Puentes de Salud' Project, Jointly Sponsored by the Province of Peru and the Province of Los Altos Hills" (November 9, 1988), Seton Institute Collection, Series 3, folder 1, DOCF.

agreed with this premise of the project when it began in 1985. The USAID report noted, "From the signing of the agreement between USAID and SIID [Seton Institute] in June 1985 to August 1986, almost no activities were implemented. . . . In the case of this project, the authorities of the Daughters of Charity in Peru showed little support for the project, which caused conflicts between the religious personnel who were supposed to be working full time in the project, the lay staff, and the congregation authorities."[21] U.S. Daughters reported that the Province of Peru's governing council had concerns about the "amount of service the project provides for the poor," and that tensions had developed between the Americans and their Peruvian counterparts, reaching a "crisis stage" in March 1986.[22]

Suggesting that a project insufficiently aided the poor was a serious charge among Daughters of Charity and resulted in a series of meetings to resolve concerns and find a way forward. Unfortunately, the reports did not elaborate on the specifics of the conflict, but USAID documentation did focus on strengthening PVOs. The project's benefits to poor persons were assumed rather than specifically included in project directives. The council wanted a more complete explanation about why the Daughters needed to be involved, rather than a secular healthcare organization. From Seton Institute's perspective, the Daughters' participation was "absolutely necessary." As Eugene Smith explained, "private voluntary organizations are the key to health advancement" in the region, but they needed improved coordination and management to effectively share health education information within their communities. The Daughters administered Goyeneche Hospital in Arequipa and were an established presence in Lima and Trujillo. Respected by area PVOs and trusted by the poor, Smith believed that the Daughters were "in a position to introduce and advocate the importance of good health more than any other organization."[23] Peruvian Daughters of Charity were well-situated to promote changes in primary health care delivery among PVOs, but the U.S. Daughters stated they were willing to "terminate the project immediately if it is not in keeping with the mission of the Daughters of Charity in

21. "Final Project Evaluation, Puentes de Salud," 3.

22. Smith to Piro, September 10, 1987. The report noted, "It was hoped that discussion and negotiations would settle the problems encountered, but feelings were so strong among the existing staff members that this was impossible." Staff members were not named nor were the conflicts delineated. Since this was a report to other U.S. sisters within the province, it is likely that Seton Institute smoothed over these events to avoid embarrassing the sisters involved. See "Progress Report from the Province of Los Altos Hills on the 'Puentes de Salud' Project," 4. It is unclear if any of the Peruvian sisters' records regarding the project have survived. A request for documentation from the Province of Peru did not elicit a response by the time of publication.

23. Smith to Piro, September 10, 1987; Klaiber, *The Catholic Church in Peru, 1821–1985*, 115.

Peru."[24] Sister Teresa Piro was pleased the Peruvian council chose to continue the project after meeting with USAID and Seton Institute representatives.

When the council better understood "how and why it should be done," the project moved forward rapidly.[25] U.S. and Peruvian leaders agreed to "step up the original plan of transferring day to day operations to a Peruvian team after an intense training and orientation period."[26] Sister Paulina Santos, D.C., became the project's executive director. Dr. Luz Marina Ponce de León re-energized the project when she became technical director in July 1986. A USAID report notes that "the PVOs showed a great deal of enthusiasm for the *Puentes de Salud* project," requesting training and technical assistance, as well as designing a joint action plan for a new consortium of eighty-six PVOs. *Puentes* staff members made ninety-seven visits to area PVOs and offered workshops in administrative management and computer training courses. They improved inter-agency communication by publishing a quarterly newsletter, compiled a directory of PVOs, and opened an information center with reference material on maternal and child health.[27] *Puentes* registered with the Ministry of Health to become a distributer of basic medicines and established small distribution centers in each region "to make medicines available to the Poor," either through discounted or donated pharmaceuticals.[28] These actions focused on improving the internal management and effectiveness of PVOs, strengthening their abilities to provide quality health services.

Most importantly, at least from the Daughters' perspective, the centers conducted thirteen Primary Health Care training workshops for eighty-one PVO representatives. They, in turn, taught thousands of mothers how to prevent common illnesses and distributed 30,000 packets to treat diarrheal disease.[29] In the Villa María del Triunfo District of Lima, project representatives trained thirty-three lay health workers who visited an average of five families per week to share this information.[30] By the end of the project,

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24. Smith to Piro, September 10, 1987.

25. "Final Project Evaluation, Puentes de Salud," 4.

26. Smith to Piro, September 10, 1987.

27. "Final Project Evaluation, Puentes de Salud," 3; Luz Marina Ponce de León, "Progress Report, Puentes de Salud, January 1–June 30, 1987," 1987, Development Experience Clearinghouse, http://pdf.usaid.gov/pdf_docs/XDAAX930C.pdf; Luz Marina Ponce de León, "Informe de Progresos, Proyecto Puentes de Salud, Julio 1–Diciembre 31, 1987," 1988, Development Experience Clearinghouse, http://pdf.usaid.gov/pdf_docs/XDAAX930E.pdf.

28. "Puentes de Salud Final Report."

29. These were likely pre-packaged doses of a salt and sugar mixture used as part of the Oral Rehydration Therapy promoted as part of UNICEF's Child Survival Revolution in the mid-1980s. Wisner, "Gobi versus PHC?" 964–965.

30. Eugene B. Smith, "Report on Puentes de Salud, Evaluation Meeting, July 23, 1987," 1987, 3–4, Development Experience Clearinghouse, http://pdf.usaid.gov/pdf_docs/XDAAX930B.pdf.

Seton Institute reported that 4,000 sisters and laywomen had received primary health care training.[31] Presumably, this number includes the families taught by Daughters of Charity and other PVO representatives.

In the end, the project was a success. *Puentes* staff completed all its grant objectives and the Daughters of Charity in Peru committed to maintain the resource centers, continuing activities in Arequipa and Trujillo, while focusing on primary health care training in Lima. Project equipment remained in the resource centers, and since the sisters did not accept personal remuneration, fees and salaries paid to Daughters of Charity were donated to other ministries, including a day care center in Arequipa and nutrition programs in Lima and Trujillo. As for Seton Institute, it experienced the challenges of administering transnational projects, learning how to better secure the complete buy-in of partners and blending international staffs. *Puentes* also reinforced the criticality of local ownership for successful project completion. Despite the bumps, the institute learned which activities resonated most with the Daughters of Charity and parlayed that experience into other primary health care training programs around the world.

Expansion of Primary Health Care Training

As *Puentes de Salud* demonstrated, Daughters of Charity were not interested in improving the efficiency of health care delivery for its own sake. They desired to diseminate vital health education material to save children's lives. After learning about the project, the Daughters of Charity in Guatemala and Ecuador requested primary health care training for their sisters. Seton Institute initially proposed new projects in conjunction with USAID, but, at least in Guatemala, the sisters declined.[32] Headquartered in Guatemala City, the Province of Central America included Guatemala, El Salvador, Honduras, Nicaragua, Costa Rica, and Panama. The province's Visitatrix did not explain her refusal, but several national conflicts linked to U.S.-supported counterinsurgency efforts likely impacted her sisters. The Daughters might have wished to avoid U.S. government entanglements, as public perceptions connected USAID with the Guatemalan government's violent efforts to squash resistance to its rule.

The U.S. Central Intelligence Agency was key in the overthrow of Guatemalan reformist leader Jacobo Arbenz in 1954, and in the name of anti-communism, the U.S. supported the post-coup government's military

31. "Puentes de Salud Final Report."

32. Sister Teresa Piro, D.C., to Sister Alba Arreaga Rivas, D.C., March 30, 1987, Seton Institute Collection, Series 3, folder 5, DOCF; Eugene B. Smith to Sister Teresa Piro, D.C., December 4, 1987, Seton Institute Collection, Series 3, folder 2, DOCF.

action. As the Guatemalan government consolidated its control over civil affairs, guerrilla groups emerged in the northern and western highlands to combat government oppression. Perhaps the bloodiest years of the thirty-six year civil war were 1980 to 1985, when 100,000 civilian peasants were killed, 450 villages were completely destroyed, and 60,000 indigenous people were sent to government camps, or "strategic hamlets."[33] Linda Buckley Green argues that although USAID did not necessarily endorse state repression, "by channeling aid through (often militarized) state regimes, they reinforced pre-existing socioeconomic inequalities."[34] Sharon Erickson Nepstad notes that development aid in El Salvador and Guatemala eased some immediate suffering, but "did nothing to change the structural conditions that caused poverty."[35] Under the "guidance" of U.S. advisors, the Guatemalan government instituted "military/civil action programs" that undermined local support for the insurgents. These included USAID-funded rural development projects like road building, health clinics, and community education, which were often located "in areas where social inequalities were particularly acute and support for the popular forces the strongest."[36] In the peoples' minds, USAID was closely associated with the military regime.

The Daughters of Charity worked primarily with Guatemala's indigenous people, who, in those turbulent times, most needed their help. The sisters operated an orphanage and health clinic in Nebaj, Quiche, an indigenous area close to the fighting. They also assisted those in government internment camps and managed a program for young widows whose husbands had fought in the conflict. The young women made and sold handicrafts to support themselves and their families.[37] The Daughters walked a fine line, not wanting to be closely associated with either government forces or the opposition. Sister Mary Rose McGeady, D.C., reported that the sisters sought to remain non-partisan, but received criticism from both the left and the right whenever they aided those from the opposing side. The province included 600 sisters from seven nationalities. Political divisions among them could tear their community apart, especially in the wake of the "village burnings, . . . death, stench, and general misery" that they encountered every day. To survive emotionally and spiritually, the Daughters put their religious

33. Dirk Kruijt, "Exercises in State Terrorism: The Counter-Insurgency Campaigns in Guatemala and Peru," in *Societies of Fear: The Legacy of Civil War, Violence and Terror in Latin America*, ed. by Kees Koonings and Dirk Kruijt (London: Zed Books, 1999), 49.

34. Linda Buckley Green, "Consensus and Coercion: Primary Health Care and the Guatemalan State," *Medical Anthropology Quarterly* 3, no. 3 (September 1989): 250.

35. Nepstad, *Convictions of the Soul*, 44.

36. Green, "Consensus and Coercion," 253.

37. "Report on Central American Visit, April 21–29, 1987" (1987), Seton Institute Collection, Series 3, folder 2, DOCF.

identity first, "striving to preserve unity by community and prayer which energizes them to return to serve in the midst of such indescribable pain."[38] Accepting USAID money could have upset the delicate balance among the sisters and endangered public perceptions of their neutrality among those with whom they worked.

When Sister Griselda Rios Samudio, D.C., declined Seton Institute's offer to apply for USAID funding on their behalf, the institute looked for other donors. In 1987, it submitted a proposal to the Pan-American Health Organization (PAHO), a regional arm of the World Health Organization. Funded by the contributions of thirty-five member nations, PAHO had a history of Latin American leadership, rather than being wholly driven by the United States.[39] PAHO's Dr. Juan Urrutia had attended a Daughters of Charity school as a child and agreed to fund the institute's efforts for expanding primary healthcare training for all sisters in Latin America.[40] While *Puentes* offered training and technical assistance to PVOs, this grant was directly geared towards sisters and their needs. *Puentes* director, Dr. Ponce de León, led the four-week course and PAHO agreed to pay trainers' salaries, travel, and material costs for a five-year period. The first workshops were held in Quito and Guatemala City in 1988.[41]

Between 1985 and 1999, over 600 sisters and lay health workers received primary health care training from Seton Institute. That number rose to more than 2,000 by Eugene Smith's retirement in 2010.[42] As interest grew, Urrutia revised the course, updating material, adapting it to local circumstances, and providing a distance learning component that enabled sis-

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38. Sister Mary Rose McGeady, D.C., served as Visitatrix of the Northeast Province (Albany, New York) from 1981–1987. She had visited Central America and reported some of the experiences that province's Visitatrix shared with her in a letter to Sister Lora Ann Quiñonez, C.D.P. Quiñonez, executive director of the U.S.-based Leadership Conference of Women Religious, sponsored a meeting regarding the situation in October 1983. Mary Rose McGeady, D.C., to Lora Ann Quiñonez, C.D.P., October 19, 1983, Nicaraguan Conference, 1979–1985, folder 17, box 81, Leadership Conference of Women Religious of the United States Records, University of Notre Dame Archives, Notre Dame, Indiana.

39. Elizabeth Fee and Theodore M. Brown, "100 Years of the Pan American Health Organization," *American Journal of Public Health* 92, no. 12 (December 2002): 1888–1889; Marcos Cueto, *The Value of Health: A History of the Pan American Health Organization* (Washington, DC: Pan American Health Organization, 2007); Pan American Health Organization, "Key Facts About PAHO," https://www.paho.org/hq/dmdocuments/2013/facts-about-paho.pdf.

40. Smith, Interview 1, March 12, 2016, 23–24.

41. PAHO funding amounted to $35,800 in 1988–1989: "Grant Application, Archbishop's Fund for Sisters, Los Angeles, California" (March 24, 1988), Seton Institute Collection, Series 3, folder 1, DOCF; "Puentes de Salud Final Report."

42. "Primary Health Care Training Draws 100% Satisfaction Rating," *Seton Institute* [Newsletter], Fall 1999, 1; Smith, Interview 1, March 12, 2016, 3–4.

ters to study the material in more depth and receive feedback after the initial training.[43] In a 1996 evaluation, "Several Sisters said the material was simple and easy to put into practice, especially in the villages."[44] Sisters routinely participated in training courses in Central America, but workshops were also held in Sierra Leone (1992), Ethiopia (1995), China (1997), Bolivia (2000), Haiti (2000), Nigeria (2002 and 2003), and the Philippines (2004).[45]

Puentes de Salud introduced the U.S. Daughters of Charity to the political and cultural challenges of managing international aid organizations as well as the limitations of partnering with government entities like USAID. Catholic Relief Services (CRS), headquartered in Baltimore, Maryland, competed with other non-profits to receive USAID money, while Catholic agencies in Ireland, Germany, and the United Kingdom also obtained funding from their respective governments. As one CRS representative explained, "I think we should take US government funding because Catholics pay taxes too, so why shouldn't we get our fair share and service those who are in need."[46] Yet from USAID's perspective, CRS and other faith-based organizations acted as "implementers" who were awarded money to meet "U.S. government objectives." As Seton Institute discovered, the grant process left little room to negotiate those objectives' parameters and established a client-contractor form of relationship, even though there was flexibility in the modes of implementation. Despite this, Catholic aid enterprises retained their agency by selecting the initiatives that aligned with their own goals and the Catholic Church's mission.[47]

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43. In 1996, Urrutia offered a four-day course in Guatemala that covered the treatment of diarrheal disease, cholera, respiratory infections, nutritional assessment, orientation to support breastfeeding and the Mother Kangaroo Program, which addressed issues accompanying low baby weight. The shorter sessions allowed more sisters to attend, reducing housing costs and not taking the sisters away from their regular duties for lengthy periods of time. By 1998, the course was called "Integrated Management of Childhood Illnesses," and Urrutia added a distance learning component. See "Training Courses Report Strengthening Primary Health Care, Given to Daughters of Charity, Central American Province, March–April 1996" (1996), Seton Institute Collection, Series 3, folder 2, DOCF; "Seton Institute Update" (1998), Seton Institute Collection, Series 2, folder 6, DOCF.

44. "Training Courses Report Strengthening Primary Health Care, Given to Daughters of Charity, Central American Province, March-April 1996."

45. "Primary Health Care Training Draws 100% Satisfaction Rating," 1; "Building Healthier Communities: Primary Healthcare Promotes Involvement, Education," *SIID News*, Fall 1996, 1, 4; "Seton Institute [Newsletter]" (ca. 1998), Seton Institute Collection, Series 2, folder 5, DOCF; "Activity Reports, Fiscal Years 2001–2003" (n.d.), Seton Institute Collection, Series 1, folder 11, DOCF; "2004 Activity Report, Seton Institute Newsletter" (Fall 2004), 5–8, Seton Institute Collection, Series 2, folder 8, DOCF.

46. Steven Morse and Nora McNamara, "Analysing Partnership in Aid Chains: A Case Study of the Catholic Church," in *Non-Governmental Public Action and Social Justice*, ed. by Jude Howell (Houndmills, Basingstoke, Hampshire: Palgrave Macmillan, 2013), quoted on 186.

47. Morse and McNamara, "Analysing Partnership in Aid Chains," 185–189.

While Keaty's USAID connections provided an opportunity for future collaboration, Seton Institute leaders put the wishes of their Latin American sisters first. As Smith remembers, the board sought to do "what they needed, how they needed it, and how they wanted, rather than us imposing our American way on them."[48] Reflecting the Daughters' commitment to individual respect, dignity, and self-determination, Seton Institute assumed a support role. Throughout the 1990s, it shied away from providing personnel to administer in-country projects, preferring to build its fundraising infrastructure and allow aid recipients to manage their own programs. Prioritizing transnational relationships within their community of women religious, the U.S. Daughters of Charity avoided government involvement and minimized political barriers that could complicate effective partnerships.

Disaster Relief and Shipping Program

A 5.7 magnitude earthquake in San Salvador spurred Seton Institute to engage in humanitarian relief, rather than limiting itself to training programs. On October 10, 1986, the earthquake struck the city's poorer neighborhoods particularly hard, including the Daughters' facilities.[49] Seton Institute immediately stepped into action, collecting 310 boxes of medical supplies and clothing from the Daughters' six hospitals in California, worth an estimated $200,000. Pan Am and Eastern Airlines provided free transportation for the supplies from San Francisco to Guatemala City. Sister Teresa Piro sent Sisters Camille Cuadra, D.C., and Rose Regina Ceretto, D.C., to deliver the shipment, assess additional needs, and inquire about further collaboration with the Daughters of Charity in Central America. The Daughters then trucked the supplies to San Salvador.[50] Sister Griselda Rios Samudio thanked all who donated to the effort: "To you and to all that have collaborated with your efforts, sacrifices, and monetary contributions to this 'Open Bridge' of all Christian brotherhood toward the brothers and sisters that suffer in San Salvador, our profound gratitude and may God repay you a hundredfold in the name of the poor and of our Central American Province."[51]

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48. Smith, Interview 1, March 12, 2016, 26.

49. Forty-two children died when a wall collapsed at the Daughters' Santa Catalina School. The sisters' home at San Jacinto House (an orphanage and childcare center) was also damaged. See "Sister Camille and Sister Rose Regina in San Salvador," *Seton Notes*, 1986, 49; "Report on Central American Visit, April 21–29, 1987."

50. At the time, the Daughters' hospitals in California included Seton Medical Center (Daly City), St. Catherine Hospital on Half Moon Bay (Moss Beach), O'Connor Hospital (San Jose), St. Vincent Medical Center (Los Angeles), Queen of Angels Medical Center (Los Angeles), and St. Francis Medical Center (Lynwood). "SIID Names Full-Time Director, Assists Quake Victims," *Crossroads* [Seton Health Services Employee Newsletter], 1, no. 3 (December 1986): 1; "El Salvador Earthquake Relief Effort Set for January 22," *Spirit: For the Employees of Seton Health Services*, January 16, 1987.

51. "SIID Names Full-Time Director, Assists Quake Victims."

Daughters of Charity Elizabeth Parham, Camille Cuadra, and Teresa Piro with Seton Institute Director Eugene B. Smith visited the Daughters of Charity's ministries in Guatemala and El Salvador, April 1987 (Courtesy of Eugene B. Smith).

This "Open Bridge" moved Seton Institute in new directions, building humanitarian aid networks and coordinating shipments of new and repurposed medical equipment to struggling health facilities in Latin America. With the help of Sister Irene Kraus, D.C., the institute invited other hospitals within the Daughters of Charity National Health System (DCNHS) to join in the effort. Fourteen hospitals donated supplies and equipment. Hospital purchasing managers convinced five pharmaceutical companies to give needed medicines. In all, Seton Institute coordinated the donation of more than $450,000 worth of supplies in 1987.[52] Along with Sisters Camille Cuadra and Elizabeth Parham, Sister Teresa Piro and Eugene Smith visited the sisters' Guatemala and El Salvador ministries in April 1987. This not only enabled the institute to better gauge the sisters' needs, it also paved the way for expanding its primary healthcare training program. Over the next two decades, Seton Institute continued to send supplies, offer training to the sisters, and support the Daughters' community health projects. After Hurricane Mitch in 1998, Seton Institute collected $160,000 in cash and

52. Seton Institute for International Development, Overview, enclosure in Eugene B. Smith to Sister Teresa Piro, D.C., December 21, 1987 (1987), 1, Seton Institute Collection, Series 1, folder 2, DOCF; "A Proposal for Closer Affiliation of the Seton Institute for International Development with the Daughters of Charity National Health System," enclosure in Frank C. Hudson to Sister Teresa Piro, D.C., December 28, 1987 (1987), Seton Institute Collection, Series 1, folder 2, DOCF.

$300,000 in food and medical supplies for those affected by the storm's destruction in Guatemala, Nicaragua, and Honduras.[53]

The collection, storage, and shipment of medical supplies became a major focus of the institute. One report called it the organization's "primary work" between 1988 and 1995.[54] Seeing significant potential to serve in this area, the institute sought increased visibility among Catholic hospitals, major funding organizations, and individual donors. Believing that the institute's "global mission can best be fulfilled by a highly visible and broadly endorsed body," Frank Hudson, the CEO of Seton Health Services, proposed incorporation into DCNHS, rather than remaining a separate non-profit sponsored by the hospital in Daly City. Associating with a national entity would better position the institute to receive outside grants, acquire pharmaceuticals, and increase member hospital support, through either routinizing donation procedures or receiving financial contributions for the institute's operating expenses.[55] Seton Institute became a subsidiary of DCNHS-West in 1994, and when the Province of Los Altos Hills merged its hospitals with Catholic Healthcare West (CHW) a year later, the institute became a division of DCNHS, whose corporate headquarters were in St. Louis, Missouri. However, Seton Institute retained its offices in Daly City and maintained ties with the province. In effect, the institute became a cooperative venture. In 1999, DCNHS (later Ascension Health) committed to fund the total operating costs of the institute, up to $250,000 per year. The Daughters of Charity Foundation in Los Angeles committed another $250,000 annually towards the institute's programs.[56] With its operating costs assured, all donations could go directly to the sisters' programs in developing nations.

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53. Eugene B. Smith to Sister Teresa Piro, D.C., January 28, 1999, Seton Institute Collection, Series 3, folder 4, DOCF.

54. "Seton Institute: History and Current Activities," 2.

55. To this point, Seton Institute experienced some difficulty obtaining pharmaceuticals because the Daughters lacked a central organization to request donations from the National Purchasing System. Vendors became confused with so many different regional organizations making similar requests and the vendors had difficulty verifying the requestor's tax status and ability to distribute the products safely. "A Proposal for Closer Affiliation of the Seton Institute for International Development with the Daughters of Charity National Health System," 18, 20.

56. DCNHS and the Daughters of Charity Foundation committed to provide these resources at the institute's advisory board meeting in the spring of 1999. By September, DCNHS merged with the Sisters of St. Joseph Health System to form Ascension Health. "Seton Institute: History and Current Activities," 2–3; "Attachment B. Memorandum from Michael Connolly, March 10, 1994, Regarding Transfer to DCNHS-West" (1994), Seton Institute Collection, Series 1, folder 3, DOCF; "Attachment C. Memorandum from Joyce Weller, D.C., to DCNHS Board of Directors, January 26, 1995, Regarding Transfer to DCNHS" (1995), Seton Institute Collection, Series 1, folder 3, DOCF; Sister Margaret Keaveney, D.C., to Donald A. Brennan, September 29, 1999, Seton Institute Collection, Series 1, folder 3, DOCF.

Placing Seton Institute within Ascension Health strengthened its legitimacy as a national organization and opened channels of communication between the institute and the system's hospitals. It also cemented the decision to deliver private, corporate-sponsored aid, rather than pursue government funding as had been done with the *Puentes* project. As a whole, Catholic hospitals struggled in the 1980s and 1990s. Demand for expensive technology, increased regulation, and decreased government reimbursements spawned a wave of closures and consolidations, which pressured administrators to focus on the bottom line. At the same time, government cutbacks prompted more requests for corporate donations to demonstrate their value as "good corporate citizens." However, those who promoted strategic corporate social responsibility also encouraged business leaders to donate in ways that aligned with corporate interests and benefited their public image. The Daughters' hospitals performed a delicate balancing act. Needing donations to maintain state-of-the-art facilities without sacrificing charity care, hospital leaders remained concerned about those less fortunate elsewhere in the world. Seton Institute reaffirmed the hospitals' Catholic identity by demonstrating compassion for, and solidarity with, people in poverty. The institute's focus on distant suffering reminded employees of the Daughters' mission, while also removing it from the day-to-day struggles of providing charity care at home. But Piro resisted efforts to incorporate the institute's work in hospitals' branding or public relations campaigns. She stressed Catholic hospitals' "role as a ministry of health care that operates with good business principles and not as a health care business that thinks its mission is a good marketing tool."[57]

As a joint effort between the Daughters of Charity Foundation and Ascension Health, Seton Institute took advantage of linkages within Catholic healthcare networks to gather supplies and collect donations. It also forged partnerships with other non-profits to manage storage and distribution. Through a connection with Volunteers for Inter-American Development Assistance (VIDA), 10,000 square feet of warehouse space was donated near the San Francisco airport in Burlingame, where Seton could store goods in between shipments.[58] In 2000, the institute joined with the

57. "Draft of 'Congregational Perspective: Q&A with Vice Chair Sister Teresa Piro, D.C.' for InSpirit Magazine" (December 4, 1996), Daughters of Charity Foundation Board Members Collection, Teresa Piro, DOCF.

58. "Seton Institute: History and Current Activities," 2; "Advisory Board Meeting" (September 13, 1994), Seton Institute Collection, Series 1, folder 7, DOCF. In 1991, Carlos Rodriguez-Pastor Mendoza and his wife, Haydee, founded Volunteers for Inter-American Development Assistance in the San Francisco Bay Area, which collected and distributed medicine and medical supplies in Latin America. His first interaction with Seton Institute occurred when he organized a group of Peruvian men and women to fund the shipment of medicine donated by Baxter Pharmaceuticals. Carlos Rodriguez-Pastor served on Seton Institute's Advisory Board until his death on August 5, 1995.

Sisters of Providence Program for International Missions (PIM) and the Catholic Medical Mission Board (CMMB) to form the Catholic Consortium for International Health Service (CCIHS). The collaboration increased shipping capacity to more than twenty shipments per year, valued at $3.55 million in 2004 and $6 million in 2007.[59] In total, they transported $40 million worth of material, improving the infrastructure of sisters' clinics and small hospitals in twenty-four nations.[60]

Through its shipping program, Seton Institute capitalized on the benefits of private, corporate-sponsored aid. Whether funds are distributed through public agencies or contracted NGOs, Official Development Aid (ODA) travels a long and winding road, passing through multiple levels of bureaucracy with associated costs, whether administrative overhead or pernicious forms of corruption. Consequently, only about half of allocated funds reach end-user beneficiaries. Private aid, however, shortens the distance between giver and receiver. Depending on their size and structure, private agencies tend to have lower overhead costs, avoid much of the corruption, and give beneficiaries greater input and autonomy.[61] Seton's shipping program helped both givers and receivers. Sisters requested needed items, and hospitals reduced waste, saving on storage and disposal costs. The participation of senior corporate and religious leaders on the institute's board added political clout to Seton's moral imperative, paving the way for greater support from the health systems' member hospitals.[62] With a staff of three, Seton Institute drew on the generosity and labor of corporate donors to package, label, and ship equipment to points of departure. It also sought connections with private foundations,

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59. Containers were sent to Angola, Argentina, Colombia, Congo, Cuba, Guatemala, Haiti, Lithuania, Malawi, Mexico, Nigeria (9), Sierra Leone, Tanzania (2), and Vietnam. Other shipping partners included MedShare International (Decatur, Georgia), and the Wheelchair Foundation (Danville, California). *Seton Institute* [Newsletter], Summer 2004, 9, Series 2, folder 8, Seton Institute Collection, DOCF.

60. "Seton Institute [Newsletter]" (Summer 2008), 5, Seton Institute Collection, Series 2, folder 8, DOCF; "Strategic Plan, 2007–2012" (ca. 2007), Seton Institute Collection, Series 1, folder 6, DOCF.

61. Raj M. Desai and Homi Kharas, "The New Global Landscape for Poverty Alleviation and Development: Foundations, NGOs, Social Media and Other Private Sector Institutions," in *Human Dignity and the Future of Global Institutions*, ed. by Mark P. Lagon and Anthony C. Arend (Washington, DC: Georgetown University Press, 2014), 193–195. For more on the power dynamics of aid systems, see Ben Ramalingam, *Aid on the Edge of Chaos*; Leslie Christine Groves and Rachel Barbara Hinton, eds., *Inclusive Aid: Changing Power and Relationships in International Development* (Sterling, VA: Earthscan, 2004).

62. Led by the executive director of the Daughters of Charity Foundation, the board included visitatrixes from the Daughters of Charity Province of Los Altos Hills and the Province of Emmitsburg; President/CEOs of Ascension Health, Catholic Healthcare West, and the Daughters of Charity Health System; representatives of transportation and medical supply companies, as well as the bishop of San Jose. See "Advisory Board Members, 1995–2008" (n.d.), Seton Institute Collection, Series 1, folder 4, DOCF.

transportation companies, and other non-profits that collected and distributed supplies, equipment, and pharmaceuticals. Knowing of these resources, Smith and his staff found and directed them to sisters who would ensure that they would not be wasted. Thus, by working with existing programs, the institute and its partners found ready and reliable distribution channels, efficiently connecting those with resources to those without.[63]

A Capacity-Building Grant Program: Moving Towards Systemic Change

In 1986, Seton Institute engaged in both humanitarian relief and capacity-building efforts. While attention to these segments of the organization's mission ebbed and flowed over time, it remained committed to both. Its interest in capacity-building grew out of a religious charge from Pope John Paul II to the Daughters of Charity and other organizations committed to Saint Vincent's legacy. In June 1986, he called on the sisters to "search out more than ever, with boldness, humility and skill, the causes of poverty and encourage short and long-term solutions; adaptable and effective concrete solutions."[64] Reducing poverty required not only a change in access to material resources, but also in expanding people's ability to use those resources. As Thomas Turay explains, "Capacity building is about empowering people to take control of their own lives. . . . The process enables people to build self-confidence and self-respect, and to improve the quality of their lives, utilizing their own resources, both human and non-human."[65] Dovetailing

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63. "Seton Institute Update" (July 1999), 2, Seton Institute Collection, Series 2, folder 6, DOCF. Besides Ascension Health and the Daughters of Charity Foundation which provided major gifts each year, Seton Institute's programs were supported by a variety of individuals and organizations. In 1998, Eli Lilly donated $800,000 of antibiotics, and Merck & Company donated $10,000. Hospitals, their employees, and hospital foundations from within the DCNHS network routinely donated funds in varying amounts, and St. Vincent Foundation in Indianapolis donated $250,000 between 1997 and 2004. Other partners included Magnificat Global Health Foundation, the Raskob Foundation for Catholic Activities, and MedShare International. See "Seton Institute Update, July 1999," 2; *Seton Institute* [Newsletter], ca. 1998; "Seton Institute Update [1998]"; "Annual Giving Circles: Honoring Annual Giving to Seton Institute from July 1, 1998 through June 30, 1999," *Seton Institute* [Newsletter], Fall 1999; "Seton Institute Annual Report, 2000," *Seton Institute* [Newsletter], Fall 2000, 4–5; "Annual Giving Circles," *Seton Institute* [Newsletter], Fall 2001, 6; "Giving Circles," *Seton Institute 2002 Activity Report*, 2002, 4; "St. Vincent's Indianapolis Presents Challenge Gift," *Seton Institute* [Newsletter], Summer 2004; "Your Gifts Change Lives," *Seton Institute* [Newsletter], Summer 2006, 6–8; "Your Gifts Do Make a Difference," *Seton Institute Update*, 2008, 4–5; Smith, Interview 1, March 12, 2016, 29–31.

64. "Audientia Summi Pontificas, 30/06/86 (English Text)," *Vincentiana* 30, no. 5–6 (December 1986): 417; Eugene B. Smith, "Seton Institute for International Development: A Vincentian Work, 1985–2010" (unpublished, 2016), 8, Seton Institute Collection, DOCF.

65. Thomas Mark Turay, "Sierra Leone: Peacebuilding in Purgatory," in *Patronage or Partnership: Local Capacity Building in Humanitarian Crises*, ed. by Ian Smillie (Bloomfield, CT: Kumarian Press, 2001), 159.

with the Daughters' approach to working *with* poor persons, capacity building acts as a foundation for systemic change, interrupting cycles of poverty and fostering conditions for growth at the community level.

In 1994 Seton Institute sought to bring "health and hope" to more communities through a program offering small grants ($3,000 to $15,000) to Catholic sisters conducting primary health care activities in the Global South, including—but not limited to—Daughters of Charity.[66] In what Eugene Smith refers to as "the Vincentian Way," the institute selected small, effective, and manageable projects that included local people in planning and execution.[67] Seton's grant program supported targeted interventions that promoted significant changes to increase food security, improve access to clean water, and educate communities on practices to prevent the spread of disease. It strategically chose to limit its role to that of a funder, leaving project design and implementation to sisters who worked in the affected communities. As with other localized aid, these women understood the community's cultural and political context and the challenges associated with it, and the institute believed that local leaders were best positioned to enact transformative, systemic changes in the villages and towns where they lived. Relatively small grants meant that sisters had to find multiple sources of support, extending and diversifying the partnerships needed to maintain their programs. Small grants also meant that the institute focused on concrete deliverables—a well, an ambulance, or a year's supply of retroviral medication—reducing the potential for leakage and maintaining accountability to the institute's donors. To raise awareness of their work and the needs of the poor around the world, Seton Institute engaged in multiple regions of the Global South. It played a minor role in many places and chose not to engage in any sustained investment in a single program or institution.

As with any aid program, this approach had some drawbacks. As one of many partners, Seton Institute had limited influence on program development or implementation. Annual grant cycles meant that it also had limited ability to learn about the long-term impact of its funding. Unless sisters reapplied (and were approved) for funding in subsequent years, the institute was largely unaware if the gains from their first investment continued. The institute intentionally left the responsibility for sustainability to sisters working in the field.

While the institute extended its shipping and grant programs across the globe, Seton maintained its relationships with sisters in Latin America.

66. "Building Healthier Communities: Primary Healthcare Promotes Involvement, Education," 1; Smith, Interview 1, March 12, 2016, 36.

67. Eugene (Gene) B. Smith, Daughters of Charity Foundation History Project, interview by the author, September 14, 2017, 25, DOCF.

During its history, Guatemala, Mexico, and Haiti received more grants than any other countries in the western hemisphere.[68] Concerned about the lingering effects of Guatemala's lengthy civil war, the institute supported two child nutrition centers in the country's northeast, one managed by the Dominican Missionary Sisters of Sisto in the Department of Izabal and the other operated by Daughters of Charity in the Department of Petén. In 2000, 44% of Guatemalan children under five were chronically malnourished, including 58% from indigenous families.[69] Migration to Petén increased during the 1990s as people fled the violence in other departments, increasing pressure on the region's relatively unproductive soil and hastening deforestation, which exacerbated food insecurity.[70] Nearly one-third of people in Petén lacked access to safe water, increasing their vulnerability to diarrheal disease and further complicating cases of malnutrition.[71]

The nutrition centers were extensions of the sisters' existing health care services in the region. Seton Institute had been involved with the Daughters' health clinic in Dolores, Petén, since 1994, when the institute raised money for a pick-up truck to transport patients needing specialized care to Guatemala City.[72] After serving as the institute's primary health care trainer in China and Latin America, an Argentinian doctor, Maria Garcia, volunteered to work at Clínica San Rafael in 1998. Architects without Borders-Spain later constructed the nutrition center that opened in 2000.[73] Serving

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68. According to available records, Guatemalan ministries received thirty-eight grants from the institute, more than any other country in the world. Mexican ministries received twenty-six and those in Haiti received seventeen. "Activity Reports, Fiscal Years 2000–2003, 2005-2006" (n.d.), Seton Institute Collection, Series 1, folder 11, DOCF; "2004 Activity Report"; "2006 Activity Report, Seton Institute Newsletter" (Summer 2006), Seton Institute Collection, Series 2, folder 8, DOCF; "Seton Institute Brings Relief and Hope to Haiti," *Seton Institute* [Newsletter], Spring 2010, 1, 3.

69. Alessandra Marini and Michele Gragnolati, "Malnutrition and Poverty in Guatemala," SSRN Scholarly Paper (Rochester, NY: Social Science Research Network, January 1, 2003), 2, https://papers.ssrn.com/abstract=636329.

70. "Once You've Loved a Child, You Love All Children," *Seton Institute* [Newsletter], Summer 2000, 4; Ignacio Blanco Lopez, "The Nourishment Centre of Dolores, El Peten (Guatemala), an Architecture Experience of the Rational Use of Energy," in *Architecture, City, Environment: Proceedings of PLEA 2000: July 2000, Cambridge, United Kingdom*, ed. by Koen Steemers and Simos Yannas (London: James and James, 2000), 255. See also Avrum J. Shriar, "Food Security and Land Use Deforestation in Northern Guatemala," *Food Policy* 27, no. 4 (August 1, 2002): 395–414.

71. Juan Alberto Fuentes, Edgar Balsells, and Gustavo Arriola, "Guatemala: Human Development Progress towards the MDGs at the Sub-National Level / Human Development Reports," Human Development Report Office Occasional Paper (United Nations Development Programme, 2003), 4, 9, 15, http://hdr.undp.org/en/content/guatemala-human-development-progress-towards-mdgs-sub-national-level.

72. "Bigger Wish List," *SIID News*, April 1994, 3.

73. Dr. Maria Garcia conducted primary health care training programs for three months in Xianjiang, China in 1997. While working in Dolores, she also conducted workshops for

a town of 32,000 people, the nutrition center offered in-patient care for severely malnourished children as well as primary health care services at its outpatient clinic. It also offered home-based nutritional support and education programs, which included instruction on how to maintain vegetable gardens.[74] Seton Institute offered similar grants for nutrition programs in Rwanda, HIV/AIDs support programs in Kenya, Thailand, and Vietnam, and clean water programs across the globe. Committing its resources "*totally* to healthcare-related activities," the institute restricted its grants and supplies to "primary health care and primary health care training as requested by women religious in clinics and hospitals in developing countries."[75]

Through its training, supplies, and capacity-building programs, Seton Institute expressed solidarity with Catholic sisters who sought to improve the health of poor persons across the globe. By 1998, the institute had built a solid reputation as "a source of financial support and as a resource for technical assistance for the health care facilities of women religious."[76] As word spread, grant requests increased and quickly exceeded Seton's budget even after the board limited requests to primary healthcare-related activities. Leaders again faced the question, "How do we fund our mission?" Instead of lamenting the situation, institute staff redoubled their fundraising efforts. Eugene Smith worked through U.S. Daughters of Charity networks, reaching out to hospital administrators, hospital foundations, family foundations, employees, and others who previously supported the Daughters' efforts. The institute raised $655,000 in fiscal year 2001 and $1.1 million in 2004.[77] Importantly, funds came from individual and corporate donors, not government programs. Securing private aid gave the institute added flexibility, enabling it to concentrate on the needs and desires of the sisters.

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twenty-six Adrian Dominican Sisters in Guayamate, Dominican Republic, as well as the Sisters of Charity of Leavenworth in Piura, Peru. Garcia also trained sisters from eleven Latin American countries in Guatemala City in early 2000. "Seton Institute [Newsletter]," ca. 1998; "Seton Institute Update [1998]"; "Seton Institute Update" (April 1999), Seton Institute Collection, Series 2, folder 6, DOCF; "Latin American Sisters Convene in Guatemala City," *Seton Institute* [Newsletter], Summer 2000, 3; "Once You've Loved a Child, You Love All Children"; Lopez, "The Nourishment Centre of Dolores, El Peten (Guatemala), an Architecture Experience of the Rational Use of Energy," 256.

74. "Update on Nutritional Center in Guatemala," *Seton Institute* [Newsletter], Fall 2001, 8.

75. "Five Year Fund Development Plan, Fiscal Year 2000–2004" (ca. 2000), 1, Seton Institute Collection, Series 1, folder 6, DOCF. Emphasis in original.

76. "Five Year Fund Development Plan, Fiscal Year 2000–2004," 2.

77. "Financial Report (Tab 4, 1–2), Advisory Board Meeting Packet" (February 18, 2005), Seton Institute Collection, Series 1, folder 8, DOCF; "Advisory Board Meeting" (January 18, 2002), 17, Seton Institute Collection, Series 1, folder 7, DOCF; Smith, Interview 1, March 12, 2016, 22, 29–30, 43–44; "St. Vincent's Indianapolis Presents Challenge Gift."

In keeping with the Daughters' charism, Seton Institute prioritized local autonomy, self-determination, and relationship-building. Mutual trust, built in part by shared faith and values, as well as Seton's willingness to let sisters design and manage their own projects, facilitated the flow of funds, equipment, and supplies from the United States to small communities in Asia, Africa, and Latin America. Operating from the position of "both/and," Seton Institute embraced both humanitarian relief and capacity-building work. It relied on religious networks, but also took advantage of secular training, shared technology, and corporate business structures to meet the needs of those it served. And while sisters' religious and national identities overlapped, the Daughters chose to place their religious mission first. USAID funding might have been attractive at first, but its baggage was not. Seton Institute built bridges to health through private, corporate-sponsored aid to avoid unnecessary complications resulting from entanglement in U.S. foreign policy.