



QueensCare

Building a Health Community

2010 ANNUAL REPORT



QueensCare



OUR MISSION

As a faith-based organization, QueensCare strives to provide, directly and with others, accessible healthcare for uninsured and low-income individuals and families residing in Los Angeles County.





Dear Friends,

As one of Los Angeles' leading nonprofit, charitable healthcare organizations, QueensCare's role continues to expand.

Preventive services, direct and acute care, school-based mobile programs, and support for partner charities and organizations continue across our communities. In spite of the volatile and uncertain economic times, QueensCare remains committed to its mission to provide healthcare to low income, uninsured individuals and families throughout Los Angeles County.

Demand for care in our communities has never been greater, and we are rising to meet these demands locally as we watch changes and challenges at the national level. The Patient Protection and Affordable Care Act of 2010 is now history and no longer an "if" but a "how". While many of the provisions are clear, implementation is very uncertain and will take nearly five years to achieve.

This year saw the transition in management at QueensCare. Barbara Brandlin Hines, an executive with QueensCare for over 12 years, was named President & CEO upon Terry Bonecutter's retirement. Ms. Hines brings a new vision to the organization, while steadfastly focusing on its purpose—serving those in need.

In this annual report, select patient stories are highlighted to illustrate the role that QueensCare plays in Los Angeles. Enjoy getting to know some of the individuals who have been touched by QueensCare. We are blessed to have a wonderful opportunity to truly make a difference in the lives of the people we serve.

We continue to welcome your support and contributions.

Yours truly,



Jay Guerena, *Chair QueensCare Board of Directors*



Barbara Brandlin Hines, *President and CEO*

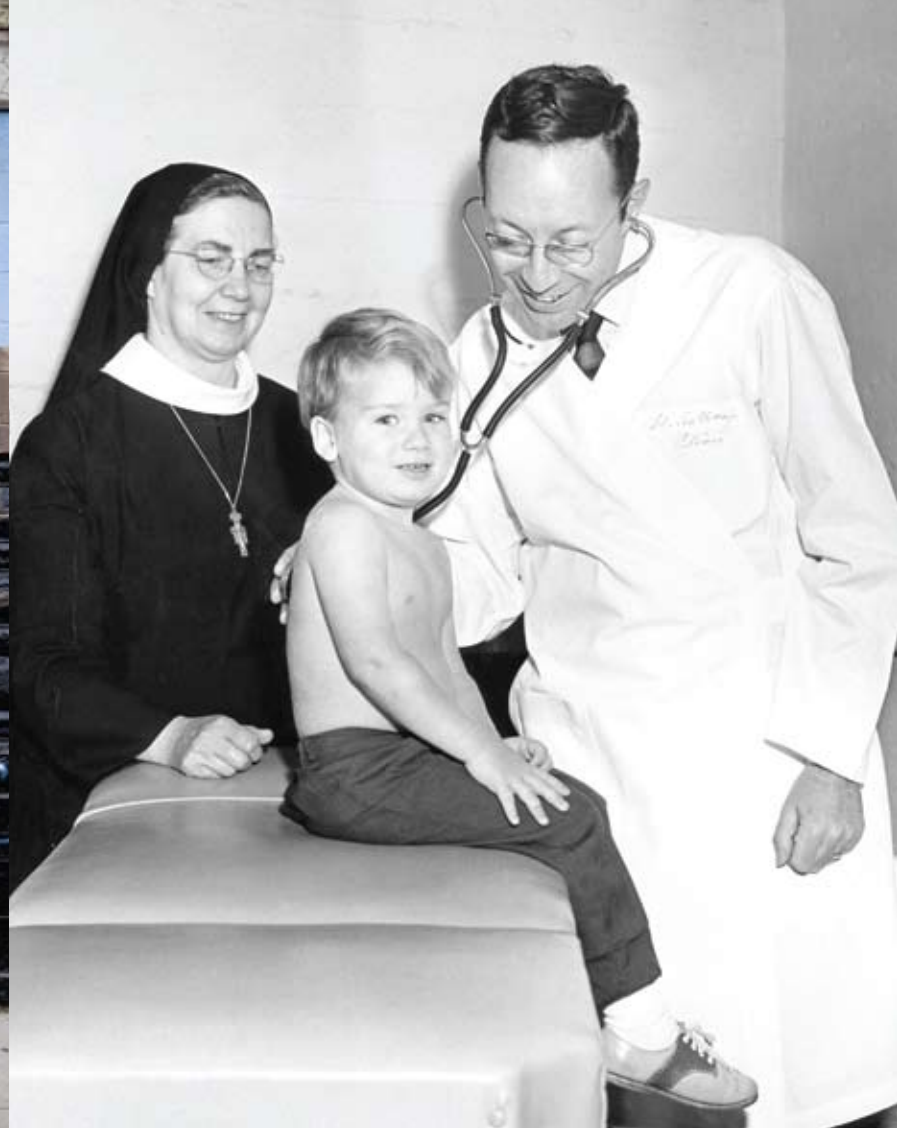
Barbara Hines PRESIDENT AND CEO

Ms. Hines assumed her duties as President and CEO of QueensCare and QueensCare Family Clinics in July of 2009. Barbara has over 25 years' experience in finance and healthcare and is a graduate of the USC Marshall School of Business.

Jay Guerena CHAIR, BOARD OF DIRECTORS

CPA and retired partner of the accounting firm of J. H. Cohn, LLP, Mr. Guerena is an accomplished businessman, as well as an active community volunteer. In addition to his duties on QueensCare's board, Jay serves as a board member of St. Anne's Maternity Home, QueensCare Family Clinics and The Tidings newspaper, and serves as a member of the Board of Regents of Loyola Marymount University.





Building a Health Community

QueensCare's role in the City of Los Angeles is both contemporary and historic.

Today, we're building on our legacy originally established by the Franciscan Sisters of the Sacred Heart with grassroots programs that meet the needs of families and individuals in L.A.

We're building a health community by identifying and meeting local community healthcare needs. Through our four divisions, we're making spiritual connections, we're offering dental and vision care, we're creating community health solutions and we're building a more healthy future for Los Angeles through medical scholarships, charitable grants and funding.

It's important work and QueensCare is proud to carry the vision of the Sisters forward.

Medical science is not enough. Preventive care, education and lifestyle changes can all lighten the load on the medical establishment and help to strengthen a health community.

QueensCare is organized in four divisions, with each division dedicated to providing a unique brand of service in the health community of Los Angeles.

Health and Faith Partnership Division

In coordination with over 60 participating organizations, QueensCare's Health and Faith Partnership customizes its care to the unique needs of local communities throughout Los Angeles. Participating organizations create "health cabinets" to identify their own communities' needs and plan for their care. In collaboration with churches, schools and other organizations, QueensCare parish nurses administer low-cost immunizations, and health screenings and can refer patients out to others for further care.

Direct Care Division

Specialty care, inpatient care, mental health and mobile dental and vision care are all grouped under the Direct Care Division banner. This division provides limited specialty medical care to qualifying individuals and mental health care through screening, counseling and referral. Situated at qualifying LAUSD schools, mobile clinics provide free dental and vision care to students at no charge.

Pastoral Care Division

QueensCare's legacy began with the Franciscan Sisters of the Sacred Heart, and today its chaplains in the Pastoral Care Division are just as dedicated to ministering spiritual care to patients and their families as they encounter the hardships of illness and hospitalization. QueensCare is a place where the diversity of its community is reflected in its chaplains, who come from all over the world and embrace all faiths. Patients and their families find solace in the daily visitations conducted by the chaplains, and families, caregivers and medical staff are invited to share in daily religious ceremonies and celebrations.

Charitable Division

To fulfill its mission, QueensCare relies on many outside organizations, agencies and programs to help meet community needs. The Charitable Division of QueensCare provides funding, grants and scholarships to qualifying agencies and health-care students in a focused geographic area of Los Angeles. Programs providing healthcare-related services to low income, uninsured people of Los Angeles are funded by QueensCare grants. Scholarships are offered to qualifying students who wish to serve their communities in a healthcare field.

Role models to all in the QueensCare family, the Franciscan Sisters of the Sacred Heart answered the call of the needy and have passed their legacy of benevolence on to contemporary Los Angeles through QueensCare.





Together, We're Building A Health Network

Laura never thought she'd need a health safety net. With a good job and a good insurance package, she was completely unprepared for the free fall that was to occur in December of 2009.

"I had it all, or so I thought," said Laura (name changed). "But when my employer failed to pay its monthly insurance premium payment, I was suddenly out in the cold—without healthcare—and without COBRA."

The ensuing year was a downward financial spiral. Although Laura was still employed full time, payroll was unpredictable, her salary was greatly reduced and some months there was no payroll at all. Even the Employment Development Department had bad news: Laura would be ineligible for benefits if she voluntarily resigned. Eviction and homelessness became real fears and even nightmares. When Laura's former doctor refused to renew her prescription for her dwindling supply of thyroid medication without expensive lab tests, she was desperate and near panic.

Tim commented, "QueensCare came through for Laura when she was down and out. There is an unfortunate stereotype of the people who rely on community clinics, and Laura is an example of how inaccurate this stereotype is. Poverty is poverty. It's a brutal social equalizer."

Laura calls herself one of the working poor—partially employed and struggling to survive without insurance coverage. Tim's knowledge of local community resources and how to apply them to individual issues like Laura's makes all the difference. Tim continued, "Times are tough, and there are a lot of people on the edge who have never been there before and don't know what to do. We help them sort it out and get them the care they need."

It takes feet on the ground to care for people like Laura, and that's what the QueensCare Health and Faith Partnership is all about. Its parish nursing program is a visible and effective means to connect health resources with the community. By placing registered nurses in churches, schools and other community organizations, QHFP facilitates access to low cost healthcare services through over 60 partnering organizations and providers. Parish Nurse Tim feels strongly about the work he does and shares, "It's a rewarding role QueensCare plays—our clients are getting their medical, mental health and social needs met at a local level by organizations that are dedicated to serving with excellence."

"QueensCare came through for Laura when she was down and out. . . "

—Tim Wright, RN, and QueensCare Parish Nurse



COMMUNITY CONNECTIONS: QueensCare's leadership of the health network exemplifies the deep connections and multitude of collaborations it maintains. One example is the Community Partners in Care (CPIC) research study. CPIC is a collaborative research project of community and academic partners (RAND, UCLA, Hollywood Multipurpose Senior Center, and more than 50 other agencies) working together to learn the best way to reduce the burden that depression places on our communities. Over 4,000 people have been screened for depression and 30% of this group requires follow-up depression assessment. Through the creation of a community network, CPIC hopes to open up new innovative avenues of care for people suffering from depression.

Parish Nurse Tim Wright, RN, visits at St. Thomas the Apostle Episcopal Church of Hollywood, where he administers flu shots and general assistance to the needy during a Saturday morning breakfast outreach.

“Dentists aren’t scary anymore.
Mine’s kinda cool. Really!”



Together, We’re Building Mobile Dental and Vision Care

Untreated cavities can cause pain, dysfunction, school absences, difficulty concentrating, and poor appearance—problems that greatly affect a child’s quality of life and ability to succeed. Children from lower-income families often do not receive timely treatment for tooth decay, and are more likely to suffer from these problems.

For Jonathan, it wasn’t about the pain—he hadn’t been to a dentist in years. No, it was about fear of the unknown. For a child without health insurance, dental care is uncommon, unfamiliar and mostly scary.

Project Director Janelle Kidman knew treating ten-year old Jonathan was going to be difficult, but was hardly prepared for his tears, thrashing, swinging and screaming as he fought the dental technicians. Jonathan’s fear of dental work had total control of him. The dentist gave him a bite block to help keep his mouth open, an assistant held his arms over his head to keep him from grabbing instruments and his grandmother held his legs to keep him from kicking. Nothing seemed to help, but Janelle sensed that they were making progress and so she asked Jonathan to squeeze her hand if it hurt. He grabbed both her hands and held them tightly at first, and then gradually began to loosen his grasp. The QueensCare staff continued to explain the procedures and as Jonathan calmed, his grandma began to relax her grip on his legs. When Jonathan assured his grandma that she could leave for work, she knew the QueensCare technicians had his trust. Over his next three appointments Jonathan would grow fonder of his dentist and dental hygienists and even more proud of himself. He had conquered his fear.

Located in the parking lots of qualifying elementary schools across Los Angeles, QueensCare’s Mobile Dental Program Care Vans are a convenient, but vital part of the local health community. Staffed by USC Pediatric Dentistry faculty and junior and senior dental students, QueensCare’s Mobile Dental Program visited eleven LAUSD elementary schools, accomplishing 22,150 dental procedures on 7,120 students over the last year. The program utilizes four vans with three pediatric workstations per van, and presents oral hygiene instruction and tooth brushing kits to almost 8,000 kids per year.

Fear of the dentist can lead to a lifetime of poor oral hygiene, and lack of access to dental care makes that fear all the more real for many inner city families. Jonathan learned that dentists don’t hurt, they heal. He even tells his classmates not to be afraid and to talk to the dental hygienists about having their teeth fixed.

On his tenth birthday, Jonathan’s extensive dental work was complete. He celebrated as any ten-year old would, but made sure that when his cake and ice cream was done, he finished the celebration properly—with his new toothbrush and toothpaste.



Vision Care

Blurred vision, headaches, squinting and poor performance in school are some of the most common symptoms seen in children with vision problems. How can a kid get a good start in life without adequate vision care? Sadly, many children in Los Angeles are faced with this reality.

Tooth decay affects more than one-fourth of U.S. children aged 2–5 and half of those aged 12–15. About half of all children and two-thirds of children aged 12–19 from low-income families have had tooth decay. Oral disease among California children is a major public health challenge and in Los Angeles County the problem is particularly severe.

In a community care model similar to that of the Mobile Dental Program, QueensCare brings vision care into 24 qualifying LAUSD middle school classrooms. If success can be charted in numbers, QueensCare is delivering exactly that. Last year, the QueensCare Mobile Vision Program screened over 15,000 children for vision problems. Of those 15,000 kids, 2,699 received vision care and, when needed, eyewear, at no cost to them. QueensCare has been working with LAUSD since 1999 to bring this unique program to adolescents in the City of Los Angeles.

PEDIATRIC VISION CARE AT A GLANCE:

80% of all learning during a child's first 12 years is obtained through vision.

Only 14% of children in the United States have received a comprehensive eye examination by age six.

The National Parent Teacher Association reports that more than **ten million** children suffer from visual problems, yet vision exams still are not a part of a child's school readiness package.

Vision problems are associated with the inability to master higher math concepts, reading comprehension and spelling.

Approximately **75%** of every school day is spent reading and writing.





The Gene and Marilyn Nuziard Scholarship Fund brings the care full circle, offering scholarships to students training in the healthcare profession.

Together, We're Building Community Solutions

The Charitable Division—Grants, Funding and Scholarships

QueensCare can't do it alone. The QueensCare Charitable Division is the arm by which its capabilities are extended far beyond its core services. By providing funding, grants and scholarships, the Charitable Division diversifies its care into additional areas served by qualifying partners outside QueensCare.

For qualifying organizations, QueensCare grants provide the means to serve more, serve deeper and serve wider. Community services supported by QueensCare include primary care, dental care, vision care, inpatient hospitalization, cancer screenings and more. One such organization is the Serra Project. The Serra Project provides housing, meals and individualized care in a group home setting to AIDS and HIV+ homeless people. Look for a full description of the Serra Project on page 16 of this report.

The Gene and Marilyn Nuziard Scholarship Fund brings the care full circle, offering scholarships to students training in the healthcare profession. Mr. Nuziard was Chair of QueensCare's board for eight years and has been a member for 16. As a tribute to a man who shares so much of his time, knowledge and experience, the Nuziard Fund offers scholarships to qualified students who wish to serve their communities as medical assistants and technicians, nurses, physicians, licensed vocational nurses, registered nurses, nurse practitioners and primary care physicians.

and Health Through Faith

QueensCare Health and Faith Partnership

For the disadvantaged and the poor, proper healthcare is often an expense that is just beyond reach. QueensCare Health and Faith Partnership takes healthcare out to the community, providing efficient, low-cost health education, health promotion and disease prevention in churches, temples, mosques, schools and other community organizations.

QueensCare parish nurses, in coordination with over 60 participating organizations, conduct needs assessments, train volunteers, educate individuals and their families, provide crisis intervention, case management, transportation and much more. As Registered Nurses, the QueensCare parish nurses are qualified to administer immunizations, health screenings, consultations and health education and can refer patients out to participating community health organizations where their individual healthcare concerns can be treated.

To meet the unique needs of the community, QHFP works together with partnering organizations to create "health cabinets." The health cabinet, made up of organization volunteers, identifies the most needed services in its neighborhood and creates a plan with which QHFP parish nurses can collaboratively administer targeted health services. By providing customized, low-cost care in familiar and convenient locations, QueensCare Health and Faith Partnership creates a unique entry point to primary care and other medical services for vulnerable, low income residents of Los Angeles.





Together, We're Building Spiritual Connections

Armenians, Guatemalans, Koreans, Mexicans, Chinese, Russians and Vietnamese all have their own cultural perspectives on disease, dying and death. No one knows this better than a QueensCare Chaplain.

“Sometimes I walk into a hospital room and it’s so full of sorrow, there is no room for anyone but family,” said Brother Larry Moen, QueensCare Chaplain and Claretian Missionary. “Even with their great respect for Catholic tradition, there are times when I have to stand back and wait to be approached.” Brother Larry continued, “Some cultures feel ashamed to accept outside help, regardless of its source. That’s OK—when that happens we just have to allow families to call on us when they are ready.”

Brother Larry made his first vows at age 18. He’s now 63, has been a missionary for 43 years and has been with QueensCare for eight. “If the years have taught me anything, it’s that we need to be present in the community and in the hospital,” Brother Larry added. That presence means being supportive of patients as they deal with their heartfelt issues and their fears of hospitalization.

Presence also means making daily rounds to all the patients on his assigned floors, assisting with midday Mass in the hospital chapel and meeting with hospital staff to strategize patient care. “If there is such a thing as a typical day, that’s it,” Brother Larry added.

Despite the variety of cultures, there is commonality. Armenians tend to be very well trained in the recitation of their prayers. Jews and Protestants alike enjoy Brother Larry’s leading in the Lord’s Prayer, which is common to many faiths. Korean Americans are comforted by Presbyterian Minister Reverend One Chou Rhau, who serves patients on a floor dedicated to Korean Americans who cannot speak English well. “We are pretty well covered here, but when there are actual language or religious barriers, we call in outside clergy as required.”

At the end of the day, there just doesn’t seem to be enough time. QueensCare chaplains see elderly patients who are lonely and have difficulty understanding why the chaplains can’t spend the entire day with them. There are unmet needs in the community that continue to pose challenges. One such need is maternity education for pregnant teens. Brother Larry said, “We’d like to create a support group for young mothers, fathers, and grandparents, too. We’re working on the problem and looking for a way to make it happen.”

The spirit of QueensCare is embodied in its Pastoral Care program. QueensCare chaplains fill a unique role in the local healthcare community, bringing care and comfort to patients who seek their compassion. As a faith-based organization, the spiritual life of QueensCare patients is an important part of their total health, and QueensCare Pastoral Care meets those needs head on.

“We’d like to create a support group for young mothers, fathers, and grandparents, too. We’re working on the problem and looking for a way to make it happen.”

—Brother Larry Moen



A SPIRITUAL LEGACY OF FAITH AND SERVICE:

While the shape and size of QueensCare has changed over the years, its spiritual legacy remains, and is embodied in the QueensCare Pastoral Care division.

QueensCare chaplains represent Catholic and Protestant faiths, but call on clergy of many other religions to help meet the diverse spiritual needs of QueensCare patients.

Operating on site at the CHA Hollywood Presbyterian Medical Center, QueensCare’s five chaplains visit every hospital patient, every day. Together with outside clergy, they bring prayer, spiritual counseling and comfort to patients and their families.

QueensCare chaplains celebrate liturgy in the hospital chapel Sunday through Friday at 11:30 AM and make the services available for patient viewing via closed circuit television.

Religious icons and places of worship are scattered throughout urban Los Angeles, and in the Hispanic communities that dominate the city, home-based churches are beloved neighborhood meeting places.

Together, We're Building Partners in Healthcare



THE HIV/AIDS EPIDEMIC, AT A GLANCE:

- 1969:** First known HIV-related death reported in the U.S.
- 1980:** 31 total HIV-related deaths reported in the U.S. to date.
- 1985:** 8,161 total HIV-related deaths reported in the U.S. to date.
- 1990:** 100,813 total HIV-related deaths reported in the U.S. to date.
- 1992:** Percentage of AIDS-infected who are female: 5%.
- 1995:** First drop in the annual HIV-related death rate since the beginning of the epidemic.
- 2007:** More than 576,000 total HIV-related deaths reported in the U.S. to date.
- 2008:** Percentage of AIDS-infected who are female: 11%.
- 2010:** 1,000,000+ people in the U.S. are living with AIDS. 56,000 people in the U.S. will become infected with HIV this year. 18,000 people in the U.S. with AIDS will die this year.

The Serra Project is a residential program providing food, lodging, healthcare, supervision and support on a long-term basis for homeless persons with AIDS or symptomatic HIV. QueensCare is a proud supporter of this unique, humanitarian organization.

"I have some good news and some bad news," said Rachel's gynecologist. Rachel was in no mood for games, so she asked for the bad news first.

"Well, I'm going to give you the good news anyway—we got all the cancer out. You're clean. The bad news is that you're HIV+."

It had been only seven months since 35-year old Rachel was discharged from Los Angeles County Jail and sent to a Christian recovery home. She'd been clean and sober ever since and was gaining a spiritual foundation that was a new and challenging world for her. But despite her struggles, Rachel thought the worst news was in her past.

Rachel confided, "I knew the cervical cancer was my own doing—I had avoided treatment for ten years, neglecting the appointments, neglecting the warnings. But HIV? I asked God, 'Lord, you pulled me out of a crappy place and time in my life, so why this?'"

With a family background that left her insecure at best, Rachel had moved in and out of dangerous relationships with dangerous men. Although she saw herself as a good, stable mother, the abuse her boyfriend inflicted caused Rachel to lose custody of her children. The resulting despair led to experimentation with marijuana, other drugs and then a serious addiction to crystal meth. Thirty days in the county jail took Rachel down to her lowest point in her life.

"The doctors were able to pinpoint the period of time when I got HIV almost down to the week." Rachel was not surprised to learn that it was when she was with her abusive boyfriend—the unfaithful and abusive man who had accompanied her in her crystal meth addiction—that she contracted the virus.

The Christian recovery home was only the first step in her hard-fought recovery. As an HIV+ woman, Rachel was admitted to a more specialized group home called Casa Madonna. The home is run by The Serra Project, a nonprofit organization that is dedicated to feeding and housing AIDS and HIV+ homeless in Los Angeles. Home to five women and their children, Casa Madonna provides a secure shelter where the residents' individual medical and dietary needs can be met properly.

Casa Madonna is a transitional living facility, occupying a place between individual apartment housing and hospice. Since coming to Casa Madonna, Rachel has made steady improvement in her spiritual and social life and moved into her own apartment this past fall. "It's a little scary, but I've got my sisters here at CM who will be taking my late night calls," Rachel said, half jokingly.

"But really, I'm a survivor. That's how I've gotten this far—and with the help of Casa Madonna. I owe so much to them, to the Serra Project." Fighting back tears, Rachel is overcome with gratitude. She continued, "I am so thankful for the women who have come into and passed through this home. They have helped me over the big hurdles, helped me to step back and take a big breath when its time for the next challenge. I am grateful for the Casa Madonna staff and their program. I am so grateful."

Rachel's next challenge includes completion of her home-study course to be a veterinary technician. With her background in managing her disease, she feels that outreach work for HIV and AIDS awareness in drug and alcohol addiction programs would be valuable. Rachel added, "It will be a great way to give back to the community that I've come to rely on so much." She also intends to continue her spiritual journey at HRock Church in Pasadena, her church home since 2007. "My apartment may be in Downey, but I know God will find a way to get me to church!"

Moving can be hard work, but Rachel was all smiles on this October day as she set up her new apartment in Downey. Having graduated from her group home program, Rachel qualified to live independently, moving her one step closer toward her goals of education, work and volunteerism. The Serra Project's Community Housing Options at Independent Supported Sites (CHOISS) program makes Rachel's reentry into a world of personal responsibility and respect possible. Since 1988, the group homes of the Serra Project have housed more than 600 persons living below the poverty line with HIV/AIDS.



"I am so thankful for the women who have come into and passed through this home. They have helped me over the big hurdles, helped me to step back and take a big breath when its time for the next challenge."

—Rachel M., Los Angeles



I haven't been on my...

Each of our lives will always be a special part of the other.

Power or better -- it's your choice!

Every crisis in life makes you bitter or better -- it's your choice!





Together, We're Building A History of Compassion

Top: St. Joseph's House on Park Hill, San Francisco, founded by the Franciscan Sisters of the Sacred Heart, circa 1890. This site would later become the home of St. Joseph's Hospital.
Below: J.J. Brandlin and Arthur Barron.

QueensCare has its origins in 1870's Bismarck Germany, where a congregation of Roman Catholic Sisters were persecuted by a new, secular government.

To America's benefit, the Franciscan Sisters of the Sacred Heart fled to Illinois and in 1898, and at the request of San Francisco's Archbishop Riordan, established St. Joseph's Hospital.

The hospital overlooked what is now Buena Vista Park and soon became a beloved icon in the San Francisco community. Queen of Angels Hospital, opened by the Sisters in Los Angeles 28 years later, became the southern anchor of an organization that would eventually grow to become QueensCare.

The history of QueensCare has its beginnings with the Franciscan Sisters, but it was Arthur Barron and J.J. Brandlin who were instrumental in its conversion from a hospital into the dynamic, charitable organization it is today. Art Barron, a financial advisor, was hired by the Sisters in 1951. Twelve years later, the legal services of a Los Angeles lawyer, J.J. Brandlin, were retained, creating a team that would shepherd QueensCare throughout its many stages over the next half century.

Like St. Joseph's Hospital in San Francisco, Los Angeles' Queen of Angels Hospital became the heart of the medical community in Los Angeles. Patient volume increased, wings were added and Queen of Angels grew. In 1987, however, the Whittier Narrows Earthquake rocked Los Angeles, severely damaging the hospital building. Meanwhile, Hollywood Presbyterian Hospital (HPMC), a neighbor of Queen of Angels, struggled financially and stood on the brink of bankruptcy. The State of California proposed that Queen of Angels purchase HPMC.

While the Sisters supported the acquisition plan, they were concerned about the financial risks it involved, including the heavy debt burden HPMC brought to the merged entity. Coming at a time when the number of sisters available to participate in the operations of the hospital was declining, the Franciscan Sisters of the Sacred Heart decided to focus their efforts on the hospitals located closer to their motherhouse in Illinois and turned sponsorship of the medical center over to a business board, formed with help from J.J. Brandlin and Arthur Barron and overseen by St. Joseph's. In 1989, with the merger complete, Queen of Angels operations, staff and equipment were integrated into the Hollywood Presbyterian campus and the merged entity was named Queen of Angels-Hollywood Presbyterian Medical Center. Within two years the merged entity was returned to profitability and stable operations.



The rise of managed care continued to propel changes in the healthcare industry through the 1990s. Stand-alone hospitals carried little negotiating leverage and were often at the whim of the large hospital systems and insurance companies. The Board of Directors of Queen of Angels-Hollywood Presbyterian Medical Center decided to sell the operations of the hospital, and on June 12, 1998, QueensCare was born. The new entity retained many of the healthcare services associated previously with the hospital, such as QueensCare Health & Faith Partnership (previously known as Greater Hollywood Health Partnership) and the many primary care clinics. It also retained its core focus—healthcare for the poor and vulnerable. QueensCare’s mission to provide, directly and with others, accessible healthcare for uninsured and low-income individuals and families residing in Los Angeles County would be carried out by its parish nursing program, chaplaincy program, grant making program and its partnership with QueensCare Family Clinics, now a six site Los Angeles safety-net clinic system.



Historic Timeline

{1870s}

Franciscan Sisters of the Sacred Heart flee persecution in Bismarck Germany and settle in Illinois.

{1898}

Saint Joseph's Hospital is established in San Francisco by the Franciscan Sisters.

{1925}

Queen of Angels Hospital is opened in Los Angeles by the Franciscan Sisters.

{1986}

The Franciscan Sisters ask J.J. Brandlin and Arthur W. Barron to assist them in the management and operations of Queen of Angels Hospital.

{1989}

Queen of Angels Hospital and Hollywood Presbyterian Medical Center merge and become Queen of Angels-Hollywood Presbyterian Medical Center.

{1995}

The Franciscan Sisters transfer sponsorship of the Franciscan Clinic to Queen of Angels-Hollywood Presbyterian Medical Center.

{1998}

Hospital operations at Queen of Angels-Hollywood Presbyterian Medical Center are sold and QueensCare is born.

{2002}

The Franciscan Clinics are separated from St. Joseph and QueensCare to become an independent Federally Qualified Health Center.

{2008}

Franciscan Clinics are renamed QueensCare Family Clinics.

John Joseph Brandlin

On May 26, 2010, the QueensCare family was saddened to mark yet another milestone. After 50 years of service to the Franciscan Sisters of the Sacred Heart, St. Joseph’s Health Support Alliance, Queen of Angels Hospital, QueensCare, and QueensCare Family Clinics, J.J. Brandlin passed away.

Born in Sterling, Illinois on Halloween in 1913, Mr. Brandlin earned a BA from the University of Illinois. He graduated from the University of Southern California School of Law in 1938 and practiced corporate law in Los Angeles for 50 years.

As a child of the Depression, Joe understood the plight of the working poor. He honored honest hard working people – no matter their background. Through QueensCare and QueensCare Family Clinics he was able to help the working poor obtain healthcare that they needed so much. Shortly before his death he said that of all he did in his career, it was of QueensCare that he was most pleased! As much as we may miss him, we can be comforted in knowledge that we were blessed to have had him with us for so long.

Below: J.J. Brandlin's graduation photo from USC School of Law, 1938. Joe is fourth from the left, middle row.



Consolidated Financial Statements

For the years ended June 30, 2010 and 2009

Consolidated Statement of Financial Position

	2010	2009
Assets		
Cash, cash equivalents, and certificates of deposit	\$7,697,000	\$5,386,000
Cash whose use is restricted	662,000	653,000
Marketable securities	231,789,000	231,490,000
Accrued income and other assets and investments	408,000	560,000
Investment in and receivables from affiliates	117,000	171,000
Property and equipment, net	119,286,000	100,370,000
Total assets	<u>\$359,959,000</u>	<u>\$338,630,000</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	\$3,140,000	\$3,246,000
Grants payable	3,191,000	4,285,000
Note Payable	4,145,000	4,145,000
Total liabilities	<u>\$10,476,000</u>	<u>\$11,676,000</u>
Net Assets		
Unrestricted	\$348,828,000	\$326,299,000
Temporarily restricted	655,000	655,000
Total net assets	<u>\$349,483,000</u>	<u>\$326,954,000</u>
Total liabilities and net assets	<u>\$359,959,000</u>	<u>\$338,630,000</u>

Consolidated Statement of Activities

	2010	2009
Operating Revenues		
Net investment gains	\$4,318,000	\$(26,711,000.00)
Investment income	11,070,000	14,585,000
Net unrealized gains/(losses)	23,460,000	(42,753,000)
Contributions	494,000	322,000
Total operating income/(loss)	<u>39,342,000</u>	<u>(54,557,000)</u>
Expenses and Grants		
Program services	2,493,000	15,150,000
Grants	12,706,000	3,869,000
Administrative and general expenses	2,314,000	5,567,000
Total operating expenses and grants	<u>17,513,000</u>	<u>24,586,000</u>
Net operating income/(loss)	<u>21,829,000</u>	<u>(79,143,000)</u>
Total other revenue (expenses)	<u>710,000</u>	<u>6,475,000</u>
Increase/(decrease) in net assets from continuing operations	<u>22,539,000</u>	<u>(72,668,000)</u>
Gain/(loss) from discontinued operations of acute care segment	(10,000)	497,000
Increase/(decrease) in Net Assets	<u>22,529,000</u>	<u>(72,171,000)</u>
Net Assets, beginning of year	326,954,000	399,125,000
Net Assets, end of year	<u>\$349,483,000</u>	<u>\$326,954,000</u>

QueensCare

Charitable Grants

In addition to the healthcare it provides, QueensCare awarded \$6,587,576 in grants, contracts and scholarships during FY 2010.

AIDS Services Fund—Grants for home health, skilled nursing and hospice care for persons living with HIV/AIDS.

The Alliance for Housing and Healing	\$50,000.00
Project Angel Food	\$60,000.00
The Salvation Army—Alegria	\$24,000.00
HIV/AIDS Services Fund Total	\$134,000.00

Emergency Medical Services Fund—Grants to fund emergency room care of uninsured patients residing in L.A. County.

Beverly Hospital	\$2,967.00
Brotman Medical Center	\$11,480.00
California Hospital Medical Center	\$165,233.00
Cedars-Sinai Medical Center	\$16,381.00
Centinela Hospital Medical Center	\$1,161.00
Childrens Hospital-Los Angeles	\$154,398.00
Garfield Medical Center	\$3,354.00
Glendale Adventist Medical Center	\$18,961.00
Glendale Memorial Hospital and Health Center	\$11,351.00
Good Samaritan Hospital	\$311,504.00
Hollywood Presbyterian Medical Center	\$373,160.00
Huntington Hospital	\$1,806.00
LAC+USC Medical Center	\$544,068.00
Los Angeles Community Hospital	\$8,900.00
Monterey Park Hospital	\$1,290.00
Olympia Medical Center	\$51,079.00
Providence Saint Joseph Medical Center	\$1,290.00
UCLA Santa Monica Medical Center	\$12,512.00
UCLA Ronald Reagan Medical Center	\$35,214.00
Verdugo Hills Hospital	\$2,580.00
White Memorial Medical Center	\$26,313.00
Emergency Medical Services Fund Total	\$1,755,000.00

Grants Fund

Gene and Marilyn Nuziard Scholarship and Loan Fund Awards	\$234,469.00
Grants Fund Total	\$234,469.00

Inpatient Healthcare Fund

California Hospital Medical Center	\$499,736.00
Glendale Memorial Hospital and Health Center	\$208,517.00
Good Samaritan Hospital	\$2,716,488.00
St. Vincent Medical Center	\$460,497.00
White Memorial Medical Center	\$503,869.00
Inpatient Healthcare Total	\$4,389,107.00

Transportation Fund—Grants to fund transportation to/from hospitals and doctors' appointments for low-income patients residing in L.A. County.

Childrens Hospital-Los Angeles	\$75,000.00
Transportation Fund Total	\$75,000.00

Grand Total **\$6,587,576.00**

Grants/Gifts Received

St. Joseph Health Support Alliance	\$350,000.00
Celia Irwin Trust	\$99,802.00
National Institute of Mental Health	\$34,997.50
US Bank	\$20,000.00
The Episcopal Diocese of Los Angeles County	\$13,500.00
Los Angeles County Department of Public Health	\$10,467.00
Richard Dunn Family Foundation	\$5,000.00
Columbiere House	\$2,273.39
Kelsey Family Foundation	\$2,000.00
Dorothy Graff	\$500.00
Joan Fritz	\$500.00
In-kind	
Los Angeles County Department of Public Health—vaccines	\$54,400.00
Ultradent—dental supplies	\$2,070.51
State of California—books	\$900.10
Los Angeles County Department of Public Health—cholesterol & glucose testing cassettes	\$650.00
In Memory of John J. Brandlin	
Christopher Burtis	
Gwen M. Nishida	
George Sacco	
Greg Wintroath	

QueensCare Board of Directors



QueensCare Board

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“Master, grant that I may never seek so much to be consoled as to console; to be understood as to understand; to be loved as to love with all my soul.”

—St. Francis



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