Who Shall Take Care of Our Sick?

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When the first Catholic hospital opened in New York in November 1849, it was only the city’s third hospital and was the first to be organized by a religious group. Like the other two (Bellevue and the New York Hospital), St. Vincent’s was a general care hospital; it accepted patients of both sexes, of all ages, and those suffering from a variety of diseases and conditions. It was the first of numerous Catholic hospitals that would flourish in the following decades, mainly between 1870 and 1900, in Manhattan and surrounding areas.

How and why this came to be is a story about choices made by the Catholics who organized hospitals and their supporters who, as fundraisers and patients, kept the hospitals in business. While the founders of Catholic hospitals cared about therapeutics, Catholic hospitals were not organized to promote specific medications or clinical treatments or to introduce any Catholic religious ritual associated with healing. Rather, the founders wanted to institutionalize medical treatment that infused standard medical practice with a Roman Catholic perspective on life and death. Sisters’ efforts and their interest in health care, at St. Vincent’s and other hospitals, were a manifestation of the basic tenets of their lives as religious women in the context of immigrant life in New York City in the nineteenth century.

St. Vincent’s was not the first Catholic hospital in the United States. Mullanphy Hospital in St. Louis (organized in 1829 and completed in 1832) had that distinction; another in Buffalo, which opened in 1839, was the first in New York State. As in the rest of the country, most other Catholic hospitals in New York were founded after the Civil War.1

The church’s first involvement, or more accurately the earliest Roman Catholic interest, in health care in New York City predated hospital development and focused on the city’s public hospitals, those managed by city authorities. They were the very first hospitals in both
New York and Brooklyn and began as extensions of city almshouses. These were places of last resort that housed destitute people, including many sick people who ended up there because they had no money to treat their illnesses. Bellevue, Manhattan’s first city hospital, was officially separated into an almshouse and hospital in 1849. The number of public hospitals increased with the city’s population. Except for Bellevue, most of New York City’s public welfare institutions in the nineteenth century were located on the islands in the East River across from Manhattan. At different times, these islands housed hospitals for children and for those suffering from chronic and contagious diseases. In Brooklyn, similar city-run facilities existed in Flatbush.2

Eligibility for treatment at a city institution was based on the level of care deemed necessary by city officials, a residency requirement, and

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Fig. 1. There is little in this portrait of Mother Jerome Ely, S.C., to suggest her work, but she and other sisters were a familiar sight among immigrant Catholics. Ely was the administrator at St. Vincent Hospital in Manhattan from 1855 to 1861 and, at different times in the century, mother general of the Sisters of Charity of New York. Photograph ca. 1875; Sisters of Charity of New York
financial need, although it is not clear how rigidly procedures were followed. Regulations in Manhattan in the 1880s specified that an individual had to have lived in the city for one year and been approved by a local charity officer before he or she could receive treatment. According to the stated requirements, “Invalid applicants . . . must be provided with a permit, good for five days . . . giving name, nativity, age, occupation and residence in the city. It must be shown that the applicant is entirely destitute. The permit is delivered to the warden of Bellevue, the diagnosis of the disease is made by the examining physician and the patient assigned to the correct hospital.” Recent immigrants who did not meet the residency requirement were eligible for treatment at the Emigrant Hospital run by the Emigration Society and could apply at Castle Garden for admission to that hospital on Ward’s Island, located to the west of Manhattan in the East River. (Castle Garden was the point of debarkation for immigrants until Ellis Island opened in 1892.)

By midcentury, the patient population at city hospitals was overwhelmingly foreign-born. Between 1849 and 1859 more than three quarters of the patients at Bellevue were immigrants. By 1866, more than half the admissions had been born in Ireland. The immigrant nature of the institution would probably have been even more obvious if the native-born patients had specified the nativity of their parents.

Not surprisingly, the hospitalization of Irish immigrants at the public’s expense attracted attention—native-born New Yorkers worried about how much all this charity was costing them. Recognizing this, many health reformers used the cost of charity to support their proposals for preventive measures. While some publicized health statistics to suggest the need for improved city sanitation, others simply looked at the figures and blamed the victims. The amount of public money that went to support the institutionalized immigrant became a popular target for attacks on immigrants.

Although the Irish were not the only immigrants in New York, many considered them to be the most different and troublesome because of their religion and poverty. Fears and concerns about the Irish, many of whom were clearly in dire straits, were directed toward the Catholic Church, which some Protestants accused of not taking care of its own. The Association for Improving the Condition of the Poor, for example, contrasted the Roman Catholic Church with the city’s Protestant churches. Its 1856 annual report explained that “all of our Protestant churches are charitable institutions,” but the Catholics “make no corresponding provision for their poor.”
While New York Protestants worried about Catholics and the health of the city, the Catholic Church was complaining about the treatment of Catholic patients in the city’s public hospitals. In much the same way they objected to Protestant involvement in public schools, the Catholic hierarchy feared the power of the Protestant churches in hospitals and worried about the influence of the Protestant clergy on the needy immigrant hospital population.

Protestant interest and involvement in the city’s charity institutions began in 1785 when the municipal government authorized Protestant clergymen to preach in the Bellevue almshouse. In 1812, the Interdenominational (Protestant) Society for Supporting the Gospel among the Poor of New York was organized to conduct services there. This group received the financial support of the city through salary grants made to their designated minister.7

The Society for Supporting the Gospel Among the Poor was anxious to place its chaplain at Bellevue because, like other nineteenth-century reformers, its members saw the lack of religion as a primary cause of illness and dependency. As Charles Rosenberg has shown, reformers and religious leaders emphasized the connection between the inmates’ spiritual and physical degeneration. In the words of one hospital chaplain, “All the bad diseases, or Nine out of 10, are produced by bad habits—or rum.”8

The role of the Protestant chaplain in a city hospital was not simply one of religious convenience but was an integral part of treatment. The Bellevue chaplain played an active part in the operation of the institution. In the annual report of the Almshouse Commission in 1848, for example, his comments are included along with those of the superintendent and resident physician. He describes his weekly visits to the hospitals where he “leaves no room unvisited” with help from “City Missionaries” and “two Christian men” who distributed tracts, read the scriptures, and made themselves available for “religious conversation and prayers with and for the people in their state of affliction.”9

Like their Protestant colleagues, New York’s Catholic clergy also recognized a connection between illness and the religious life of the immigrant. As early as 1834, Bishop John Dubois attempted to open a Catholic hospital in New York because of what he saw as the overwhelming physical and spiritual needs of new immigrants, specifically the poor Irish ones. Trying, unsuccessfully, to solicit funds in Europe for this hospital, Dubois explained it would offer them “the necessary relief, attendance in sickness, and spiritual comfort, amidst the diseases of a climate new to them.” The conditions the bishop referred to in-
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involved more than New York’s icy Hudson winds. Dubois and his successors were very concerned about the religious climate of New York City and feared the activities of the Protestant churches within the city’s public charities.10

The Catholic hierarchy was anxious to place Catholic clergymen in the early public institutions. Priests from the nearby parish of St. Stephen’s visited Bellevue as early as 1828. The Jesuit Fathers at St. Francis College ferried across to the island institutions beginning in the late 1840s, and some eventually took up residence there. Their visits were not without problems. There were disagreements between the priests and hospital administrators over what a priestly visit could include and how long it could go on. The Jesuits complained that since city officials considered the Roman Catholic sacraments to be idolatrous rites, they were allowed to visit the hospitals but not to administer the sacraments.11

For most of the century, Protestant and Catholic clergy competed for the religious life of the patients at the city hospitals. Comments of the Protestant chaplain at Bellevue in 1848 reflect the animosity between them. Rev. Lyall complained that Roman Catholic priests “give their influence against the reading of our Bible—supplying none of their own, that I have ever seen; and one of them has shown decided hostility especially to tracts.”12 At the same time, the Catholic Freeman's Journal voiced a complaint about Protestant chaplains in some hospitals. “He should not be permitted to force his opinions down the throats of Catholic patients, as if it formed part of their medical treatment, and also Catholic inmates and other inmates who wish to have the assistance of a particular clergyman should not only be permitted but aided to do so.”13 While all New York’s clergy seem to have agreed on the need for religious influence within the hospitals, they obviously disagreed on who should be supplying it.

The question of salary was another area of contention between Catholics and Protestants. Beginning in 1848, Catholics made repeated attempts to have Catholic chaplains paid salaries at city hospitals, petitioning the board of alderman “to have the Catholic clergymen attending Bellevue Hospital, paid.”14 The issue was still being discussed ten years later when the pastor at St. Stephen’s wrote the archbishop that he was not “very sanguine in this regard.”15

In one case, the administration at a city hospital lowered the salary it was paying its chaplain, a Protestant minister, noting that the Catholic priest who visited did so at no cost to the hospital. That chaplain left and an Episcopalian minister, whose church paid his hospital salary,
took his place. Perhaps in an attempt to avoid a similar situation, other Catholic requests for salary mentioned no desire to interfere with the current chaplain’s salary, which, as one Catholic priest noted, “was meager enough.”

The Catholic hierarchy focused its attention on the salary question for more than financial reasons. Catholics felt the discrepancy reflected a fundamental difference of opinion over the status of the religion of patients in city institutions. In the eyes of the Catholic Church most of
those immigrants were Catholics because they had come to the United States from a traditionally Catholic culture. Because of the overwhelming number of Irish immigrants and, to a lesser extent Germans, in city charity institutions, the Catholic hierarchy agitated for an active Catholic presence. Catholics felt that if any chaplain were to receive a city salary, it ought to be the Catholic clergyman since the work to be done was really his. Comments in the Catholic press about the paid Presbyterian minister at Bellevue made the Catholic position clear. Noting that “we did not know before that Presbyterianism was the established religion at Bellevue,” Catholics complained that while it “is amongst the truest acts of charity toward these poor sufferers that they should have the services of their respective clergymen . . . if there is any salary to be given it certainly should not be given to the one who has the least work.”

Of course, New York’s Protestant churches saw the immigrants and their religious status in a completely different light. They were, in the eyes of one visitor to Bellevue, “Irish of the most common sort.” Patients were only nominally Catholic because “many of them could barely be called Christians.” Most important, they were “very accessible to kind words, and many of them will read what we put into their hands.” In other words, they were potential Protestant converts.

The Catholic hierarchy also complained about its clergy’s treatment at the privately operated New York Hospital, the only other hospital in New York City before St. Vincent’s opened. New York Hospital also had a Protestant chaplain who was paid a salary. Roman Catholic clergy were able to visit the hospital in the antebellum period but not easily. In 1851 the hospital established new rules for visiting, requiring a patient to request to see any other than the official clergyman before a visit could take place. The archdiocese complained about the new rule. As Rev. James Roosevelt Bayley, secretary to the archbishop, wrote to the board of governors, “the Catholic clergy of the City are very few in proportion to the work they are obliged to do, and if the Priest who attends the hospital was obliged to go to it, every time that one of the patients needed his services, he would have to visit it several times the same day.” Catholic attempts to have the rule changed were unsuccessful as the board deemed it “inexpedient to make any change in the existing regulations for the house on the subject which allows a patient to send for any Minister that he may prefer.”

Roman Catholics were not alone in their complaints to New York Hospital. Other requests for a more open visiting policy came from a tract organization and the Methodist Episcopal Church, but there was
a difference between these requests and the Catholic petition. As in their protests regarding city institutions they noted that the Catholic clergy should have a special position since “a majority of the usual inmates are Catholic.”

Both Catholic and Protestant chaplains at Bellevue and the New York Hospital were correct in their assessment of the religious status of the patient population. The immigrants who were filling up hospitals over most of the nineteenth century were Catholics by birth but not by practice. Jay Dolan’s research on New York City’s Irish and German parishes in the years between 1815 and 1865 indicates that a great many of New York’s Irish, and some Germans too, were Catholics in name only. Dolan found that many immigrants chose not to attend Sunday Mass or even marry in the Catholic Church.

The Catholic clergy was aware of the number of less than rigorous Catholic immigrants, although some might have been reluctant to admit it. New York monsignor and diarist Richard Burtsell recorded a conversation he had in 1865 with another priest on immigrant religious habits, where it took some doing for Burtsell to convince his colleague “that half of our Irish population is Catholic merely because Catholicity was the religion of the land of their birth.” Burtsell saw little improvement in the situation over the years as he and other colleagues tried to persuade New York’s second archbishop, John McCloskey, that the church needed to do more to reach the large number of Irish Catholics who had little or no contact with the church.

Church officials often blamed the problem on a shortage of priests and churches. Burtsell mentioned that if New York had more priests, they could “rake up those who by neglect have grown careless.” More was involved in this issue than mere numbers, however. The crucial factor was the nature of the religion practice the immigrants brought with them to the United States. Many early-nineteenth-century Irish immigrants came from an environment where religious observance and responsibility was often slight or nonexistent. As Jay Dolan explains, “It is clear that all Catholics did not come to the United States in sound spiritual condition. Many had not regularly attended worship services in Ireland, and others had not received the sacraments of confession or communion for years. In their adopted homeland such habits were not quickly discarded.”

Dolan estimates that only half of New York’s Irish population at midcentury was an active part of the Catholic Church. The other half “lived on the fringe of parish life.” They “were the anonymous Catholics” who left behind very little record of their religious lives be-
cause the parish church was not a fundamental institution for them. As Dolan concludes, “It was only one institution in the neighborhood, and in the antebellum period it attracted a limited percentage of new-comers.”

The church’s concern for hospital visiting privileges reflected fears that the Protestant chaplain at Bellevue was correct in suggesting that these immigrants could become Protestants. Catholic clergy worried, with good reason, that a hospitalized Irish immigrant might not ever call for a priest, even if it were allowed upon request. Rev. Burtsell recorded at least one such unsuccessful sick call noting, “A dying Catholic acted rather obstreperously: was not very anxious to receive the sacraments.”

Visiting the sick was just the first step in an attempt by the Catholic Church to gain a position equal to that of the Protestant churches in charity hospitals, particularly the ones managed by public authorities. Fears about the fragility of the immigrants’ faith encouraged the church to continue to maintain an active and visible presence on hospital wards.

Some clergy were optimistic about the potential for bringing fallen Catholics, in a hospital, back to the fold. One Jesuit referred to the city’s charity institutions as “a royal hunting ground.” Another noted, “Persons are constantly met in the Hospital . . . who have never made their first Communion, not even their first Confession, or who have almost entirely forgotten what religious knowledge they may have acquired in their youth.” More realistic priests recognized that this could be a formidable task: “Many want to die as Catholics,” observed one priest, “but they don’t want to live that way.”

The position of the Catholic Church within the city’s public charities improved markedly during the Civil War. According to one priest who visited city-run institutions, by 1861 the prejudice against Catholic priests had “yielded or was forced to yield” because of the tenacity of the clergy. That same year Bishop Hughes commended the Commissioners of Charity and Health, the municipal board responsible for the city’s public hospitals, for their “true impartiality and fairness which places all religion on a perfect equality.” By 1863, the Metropolitan Record, for a time the unofficial voice of the archbishop, acknowledged in an editorial that religious liberty was now a reality at the city charity institutions and “the fact that anything like religious distinctions are completely ignored, shows that a complete and beneficial change has been effected.” While the presence of Catholic clergy might have still disturbed some hospital authorities, as another priest on Ward’s Island
noted in 1872, “once established there none of the Commissioners had the courage to send me away.”

In the last quarter of the century, some Catholic chaplains began to receive salaries from public authorities. At the Brooklyn City Hospital both the Catholic and Protestant chaplains received a salary of $300 in 1887. Some of the Jesuits at the island institutions were paid salaries in 1890, and there is some evidence that the Catholic chaplain at Bellevue received a salary in 1889. The New York State Freedom of Worship Act of 1892, which acknowledged the free exercise of religion within any government institution, was the final legal step to providing Catholic clergy equal status under the law.

While Catholic clergy were making significant steps in city-run institutions, the Catholic Church in New York continued to open its own hospitals. The majority of the city’s Catholic hospitals were founded in the late nineteenth century, even as those religious restrictions at public institutions were lessening and priests had more access to patients. The second Catholic hospital to open in New York was St. Francis’ Hospital, which was organized in 1865. The hospital was founded as

*Fig. 3.* The pharmacy at St. Vincent’s Hospital in Manhattan in 1904 as pictured in the annual report for that year. Sisters were most usually touted by their supporters for bedside nursing, but they worked in other capacities in their hospitals too. Sisters of Charity of New York
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much in response to circumstances at St. Vincent’s, which was so much part of the Irish immigrant world of New York City, as to those at the city hospital, Bellevue. St. Francis’ was intended specifically for German Catholic immigrants. St. Vincent’s had not been founded as an “Irish” hospital, but the Sisters of Charity who ran the hospital were overwhelmingly Irish—and so were the patients they cared for.

Other Catholic hospitals would have similar ethnic connections. The Sisters of Charity remained closely connected to Irish New Yorkers and so did their hospitals. St. Catherine’s in Brooklyn was founded in 1871 through the efforts of a German parish there by Dominican Sisters originally from Germany; Columbus Hospital in Manhattan opened in 1892 under the direction of an Italian immigrant sister, Frances Cabrini, and was organized for the care of Italian immigrants.37

These ethnic hospitals were an extension of successful efforts by national groups to organize separate parishes within the dioceses of New York and Brooklyn, and they reflected the cultural differences among Catholics. Religious traditions and practices varied among nationalities, so German (and later, Italian) Catholics in New York were anxious to organize their own churches. Irish priests dominated Catholic New York in the nineteenth century, and these other Catholic groups looked for some autonomy and the opportunity to create a religious environment in the style of their homeland.38 The first German parish in the Archdiocese of New York was St. Nicholas Church, which opened on East Second Street in 1833. Brooklyn’s first German parish was Most Holy Trinity Church, founded in Williamsburg in 1841. New York’s first Italian parish, St. Anthony of Padua, was established in Greenwich Village in 1866, but most of the city’s Italian national parishes were organized later in the century as the city’s Italian immigrant population began to increase substantially.39

Language was important in the movement to organize both ethnic parishes and ethnic hospitals. When German Catholics first requested a church of their own in New York City they cited the need for a priest “who is capable of undertaking the Spiritual care of our souls in the German language.”40 Italian Catholics also complained that parish priests who did not speak Italian could not adequately serve Italian parishioners. Notably, Italians at one church in Manhattan complained that the priest assigned to their care could not make sick calls to them because he did not speak their language.41

The founders of several Catholic hospitals were anxious to provide physical care in the context of the patient’s native language. The administration at Columbus Hospital, for example, noted that even in the
best of circumstances, “our poor Italians . . . were not able to make themselves understood.” The immigrants’ unfamiliarity with English was viewed as a problem with serious implications. The priests instrumental in the organization of St. Francis’ feared that because of the language barrier, “the sick and infirm of the Congregation . . . were not satisfactorily well cared for in public hospitals.”

Catholics opened their own hospitals as a response to other kinds of abuses at municipal institutions too. In the decade following the Civil War, large municipal hospitals, Bellevue in particular, were often criticized by reformers for filthy and unhealthy conditions. Visitors in the 1870s reported on the intolerable state of affairs there, concluding that “Bellevue was a very much mismanaged institution; three patients sometimes slept on two beds, five patients on three beds, and it happened now and then that they slept on the floor. During two weeks in January, 1876, there was no soap in the hospital, and not enough clothing; many patients had neither pillows or blankets, and forty-eight percent of the amputations made proved fatal.” Reformers further noted the irony that “the most frequented refuge of the sick in this great city is notoriously liable to the suspicion that it does harm to those who are brought within its walls.”

Catholic hospital founders offered the possibility of better medical care than was available at the city-operated hospitals. Yet even amid criticisms like those noted above, Catholics overwhelmingly cited religious reasons when they explained the need for Catholic hospitals. The hierarchy did voice some concern in 1850 about the lack of Catholic physicians at the city hospitals, but that point was never pursued, probably because there were few Roman Catholic doctors in New York at that time. Jay Dolan’s sample of the occupations of the parishioners at midcentury immigrant parishes reveals few physicians among them. (The first president of St. Vincent’s medical board and the chief surgeon, for example, was New York’s leading surgeon, Valentine Mott. Mott was also chief surgeon at New York Hospital and Bellevue and was not a Roman Catholic.)

Although Catholics did not dwell on the need for Catholic physicians, they did talk about the comforts of Catholicism in a hospital. A fictional account of a Catholic hospital published in the Catholic press in 1862 describes the experiences of a hospital nurse named Sister Magdalen and a Protestant patient. From the beginning of the story it is clear to Sister Magdalen, and to readers, that the patient is not going
to survive. The hospital’s medical capacity is never at issue; what is im-
portant is Sister Magdalen’s attention to the dying man and his fam-
ily.49

The nurse is unable to help the inconsolable wife who keeps a lonely
vigil beside her dying husband’s hospital bed. Because the woman is a
Protestant, Magdalen cannot comfort her with the suggestion she
would offer a Catholic in a similar situation: to compare her grief to
that of Mary watching Christ suffer. “There was a cloud which ob-
scured from her the cross of Jesus and the heart of Mary, the Catholics’
great consolation and refuge.” But Magdalen knows that she can still
“pray for them.”50 Throughout the patient’s final hours she kneels by
his bedside with his wife and mother where she “forgot I was praying
by a Protestant deathbed; and . . . invoked the aid of Mary all power-
ful.” Before the patient dies he temporarily regains consciousness and,
with Sister Magdalen’s prompting, peacefully leaves this world with
the words, “Jesus receive my soul” on his lips. The story continues af-
ter his death: the grief stricken wife falls ill with a fever and Magdalen
nurses her for several weeks. When the grateful widow recovers, she
announces that she wants to become a Sister of Charity, just like her
devoted nurse. She converts to Catholicism and the piece ends happily
as she enters the convent.51

This parable shows how proponents depicted the special and, in
their eyes, superior nature of Catholic hospital care. The story also
demonstrates that medical treatment was not their only priority. Al-
though the patient dies, this operation is clearly a success. Although
highly romanticized, Sister Magdalen’s story represented a very real ex-
pectation that Catholic hospitals would be a more comfortable place
to be in sickness and in death, and could increase the visible ranks of
the faithful.

The rhetoric surrounding initial efforts to open Catholic hospitals
mirrored the church’s earlier arguments in support of Catholic schools.
During a highly publicized controversy over public funding of schools
in New York in the 1840s, Bishop Hughes made it clear that although
he objected to the religious orientation in the city’s public schools
because it was Protestant, and often antagonistic toward Catholicism,
he was not lobbying for the removal of religion from the curriculum.
Indeed, he found the idea of nonsectarian education just as alarming
than a sectarian kind that discriminated against his own.52 Similarly,
advocates of Catholic hospitals in the nineteenth century commented
on the lack of religious influence in public hospitals. They argued
that even in the best possible circumstances—no Protestant prosely-
tizing—those hospitals offered inadequate care to Catholic patients. Supporters of Catholic hospitals maintained that spiritual and temporal tending were equally significant in terms of treatment. They warned that public hospitals did not offer complete care because “the care of the soul is not the order of the day.” Catholic hospitals, by contrast, offered more effective treatment because, in addition to medical treatment, they offered “the sick in soul the blessing of a spiritual retreat.”

The hierarchy recognized that hospitals, like schools, could nurture and maintain a Catholic culture in New York. The *Freeman’s Journal* in 1856 explained that hospitals offered the chance for “the erring child of the Church” to return “to his God.” At an inaugural banquet for the Long Island College Hospital in 1858, Hughes was chided by another speaker who claimed that while “the church would generate a thousand hospitals . . . we never heard of an hospital generating a church.” Hughes and his supporters disagreed. They hoped the “Sister Magdalens” could do just that.

Hughes and his successors actually had very little to do with the opening of the first Catholic hospitals in New York and Brooklyn. Without exception, these hospitals were founded by sisters. But through their joint efforts, inside public institutions and in building Catholic ones, sisters and priests—along with significant lay support—made the Roman Catholic Church a major participant in New York’s growing hospital system, which included both city-run and privately run hospitals. By the century’s end the church was active in the religious affairs of the municipal hospitals and on equal footing with the Protestant clergy. Bellevue Hospital’s first Catholic chapel, completed in 1888 with private funding, was a very visible testament to a Catholic presence there and in other public institutions. At the same time, the church was also very much involved in the development of private hospital care.

While all this Catholic activity and success can be considered as part of the church’s growth and power in New York City, the two efforts had differing goals. The origins of Catholic hospitals were rooted in nineteenth-century economic and social circumstances, but the hospitals were also decidedly the result of the leadership and involvement of women within the church, the sisters. All of them came to be and thrived because of women like the Sisters of Charity at St. Vincent’s. When we consider their involvement, the origins of Catholic hospitals become clearer and certainly less inevitable.

Sisters’ involvement in health care was not simply a female accom-
paniment to the hierarchy’s concerns over what was going on in city hospitals. Sisters’ efforts in hospital development derived from their own view of church and society and their role in both. Their hospital work was based on the cornerstones of their own lives, which were community, service, and spirituality. Temporal concerns about territory and power—very much the focus of the hierarchy’s push for a Catholic presence in municipal institutions—had little relevance. Although nineteenth-century separate sphere ideology was a factor in the story, it was more than a gendered division of labor that brought the hierarchy into the world of New York politics and government, and the sisters into Catholic hospitals. Sisters offered alternative models for both public Catholicism and institutional health care. Because the sisters were unique, their hospitals were too.