This book analyzes Catholic sisters as entrepreneurs in hospital development in the late nineteenth and early twentieth centuries, in the full context of the social, cultural, economic, and medical history of the time. Historical argument is used to highlight the fundamental thesis that sisters created hospitals where a specific, socially beneficial type of care could be provided and purchased. This approach constructs and interprets the history of Catholic health-care institutions, the sisters who founded them, and the complex forces involved as they attempted to negotiate in the medical marketplace in the late nineteenth and early twentieth centuries.

The book shows the interaction between women’s religious roles and broader economic roles of creating viable health-care institutions by exploring how boundaries and norms about health care are created in a market-oriented society. When immigrant nuns came to the United States in the late nineteenth century, they encountered a market economy that structured the way they developed their hospitals. Sisters enthusiastically engaged in this market as “entrepreneurs,” but they used a set of tools and understandings that were counter to the market. Their entrepreneurship was not to expand earnings but rather to advance Catholic spirituality.

The sisters’ story is important for several reasons. First, it illuminates the interplay between religious and secular institutions and the place of that interplay in American social history. Second, the history of nuns’ work in health care in the United States illustrates the fundamentally gendered story of hospital foundations and what was to become the nursing profession. Third, it deepens understanding of the evolutionary development of consumerism by demonstrating how seemingly opposite topics
such as commercialized exchange and spirituality can be interwoven. Last, the economic milieu in which the sisters found themselves, and the way they seized opportunities offered by the market economy to build healthcare institutions and services, is a vital and thus far missing element in the history of the American health-care system.

The book comes at a crucial time in contemporary health-care debates. Hospitals were and still are places where both curing and death occur, and hence, places of important work. In 2003, spending for health care in the United States reached $1.7 trillion, or 15.3 percent of the gross domestic product. Hospital care expenditures totaled $515.9 billion, representing one-third of total national health spending. Furthermore, although the Catholic Church is one of the country’s largest private suppliers of health services, sisters’ attendance has been markedly diminished. As a result, Catholic hospitals barely resemble their predecessors of the late nineteenth and early twentieth centuries when the nuns’ presence dominated. Healthcare institutions that nuns have continued to manage have become increasingly bureaucratized and professionalized. What has been gained with these evolutionary changes? What has been lost? In the modern healthcare climate, with the influences of national corporations, federal laws, spiraling costs, managed care, and medical practices that rely increasingly less on human judgments and increasingly more on technological innovations, the “modern” hospital setting reflects a dim memory of the institutions of the past. What issues will influence how government officials, managed-care providers, and other health-care planners respond to these changes? Who will provide hospital care as the sisters depart, and how will costs be met? Who will receive care, and who will be denied quality health services? This historical research informs these debates.

My background as a trained historian and nurse will enrich historical perspective. The methodology has involved seeking and evaluating evidence in primary sources that are located in sisters’ archives, many of which have not been made public before. These include nuns’ constitutions; official community records called “annals”; in-house circular letters; correspondence among sisters, clergy, and medical authorities; hospital chronicles and ledgers; prayer books, spiritual formation guides; sermons; and religious retreat records. While much of sisters’ in-house correspondence reveals important aspects of their work, they often were written with a need to explain accomplishments to superiors. While attempting to present the sisters in as favorable a light as possible, they do not show evidence of any neglect in duties, which in all probability occurred. However, when viewed within the larger body of available evidence, indications of resistance sometimes show through. Other primary sources include minutes of
nurses’ and physicians’ meetings; annual reports; account books; census reports; secular, diocesan, and ethnic newspapers; photographs; early city and medical directories; nineteenth- and early-twentieth-century trade journals; Catholic directories; and records of the Catholic Health Association (formerly the Catholic Hospital Association). Secondary sources have included religious, labor, and women’s histories; nursing and medical histories; sisters’ congregational histories; journals; and scholarship on nineteenth- and twentieth-century immigration. To respect confidentiality, patients’ names have been changed.

To trace the evolution of women’s entrepreneurial roles in Catholic hospital development, I have followed a chronological and thematic format. The book is divided into three parts. Part I provides early background information necessary to gain a picture of who these women were, where they came from, why they came, and what kind of lives they led. Chapter 1 provides an overview of the beginnings of Catholic hospital care in the United States. Using gender, religion, and ethnicity as integrating themes, chapter 2 examines how religious vocations were the means by which nuns could have opportunities to participate in hospital enterprises. The structure, organization, and politics of the Catholic Church provide additional context.

Part II draws from literature on the history of medicine to examine the sisters’ hospital establishment in the Midwest, Texas, and Utah. Here the focus is on the hospital-building period. In the areas of financial support, purposes, patients, nursing care, and medical staff appointments, Catholic hospitals do not fit the model of non-Catholic voluntary hospitals, although as in other hospitals, ambiguities persisted. Chapter 3 examines the origins and growth of sisters’ hospitals from 1853 to 1880. As a basis of comparison, successful and unsuccessful hospital ventures are analyzed. Chapter 4 focuses on hospital growth from 1880 to 1925. Growth of surgery was an industry, and it supplied income to hospitals across the United States. Nuns worked to attract surgeons and often expanded their facilities not only to provide the best available medical and surgical care to patients but also to meet physicians’ and surgeons’ demands. Chapter 5 examines sisters’ financing and marketing strategies that they used to stay competitive in the expanding hospital field. Their marketing campaigns presented their institutions to the public by focusing on their service roles, their identification with scientific practices, and the sisters’ distinct religious and gender identities.

However, one cannot understand Catholic hospitals in marketplace terms alone. Part III considers three important issues related to religion, gender, and autonomy: nuns’ beliefs about illness and healing, their negotiations
for power in their hospitals, and the tensions created by standardization and professionalization. Chapter 6 analyzes historical meanings of health and disease in the Catholic tradition. It was these formulations of meaning that underlay nuns' hospital establishment. Chapter 7 considers how religious, economic, and social boundaries altered the authority within Catholic hospitals run by women religious. In considering power relations, the relationships between medical men and sister-administrators and their negotiation strategies are analyzed using a framework by James C. Scott. Chapter 8 shows twentieth-century changes in Catholic hospitals by exploring the impact of hospital standardization and the professionalization of nursing. The study ends in 1925, ten years after the Catholic Hospital Association formed to bring Catholic hospitals in the United States and Canada into compliance with national standards. By then, the Catholic Hospital Association and the hospitals under its watch had grown in power and influence. The conclusion ties the organizing themes together and assesses the overall significance of Catholic hospitals in the late nineteenth and early twentieth centuries. An epilogue examines the current state of the hospitals represented in this book.