

# All God's Sick Children

## One City's Response to the Flu Pandemic of 1918



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Throughout the United States, in every diocese, parish, and community, the Catholic Church responded to the devastating influenza pandemic of 1918 physically, practically and, always, pastorally. As the U.S. civic and medical communities prepare for the almost-inconceivable possibility of another similar pandemic, there are lessons to be learned from that unique time in history. Catholic health care, in many areas still quite young and basic, recruited volunteers who could assist them with the overwhelming numbers of patients, diminished staff, and inadequate supplies.

Responses to the pandemic were communal rather than institutional, professionals joining forces with business, civic, and other enlistees. The thousands of clergy, religious and lay volunteers who stood up to the challenge of this reality did so with courage and collaboration, confident in God's grace to assist them. Many of these volunteers sacrificed their own lives to bring Christ's healing presence to women, men and children suffering and dying from influenza.

Often, that which is most personal can become revelatory of broader realities. Although I did not live through the 1918 epidemic, it is imprinted upon my consciousness, from stories recounted within my family and within my religious community. Studies of the pandemic disclose that, although virtually every city, town and hamlet within the country was affected by the disease, the city of Philadelphia was particularly hard hit. Letters and first-person accounts of the church's ministry provide a snapshot of similar activities and responses throughout the country. Likewise, they provide poignant accounts of conditions within hospitals and neighborhoods. Historian Francis Edward Tourscher gathered and published first-person accounts garnered through

interviews of and letters from numerous women religious in the Philadelphia area. His work, entitled *Work of the Sisters during the Epidemic of Influenza, October 1918*, was published by the American Catholic Historical Society of Philadelphia, just one year after the pandemic and provides a vivid window into action both within and far beyond Catholic health facilities in the archdiocese. Much of the summary in this article draws from Tourscher's firsthand accounts.<sup>1</sup>

On October 15, 1918, in the midst of the pandemic, Archbishop Dennis Dougherty, newly appointed head of the Archdiocese of Philadelphia, wrote to Mother Hildegard, Reverend Mother of the Sisters of Mercy of Merion, Pa. The archbishop wished to offer condolences on the deaths of a novice and of a young boarder at the sisters' academy. Conscious of the sacrifice of many throughout his archdiocese, Archbishop Dougherty wrote in a letter, "The world has to look to the Catholic Church for help whenever sacrifice is required."<sup>2</sup> Just a week before, the archbishop had called together major superiors of all the religious congregations in and around the city to "approve" the sisters going out beyond their convents to hospitals and homes of the sick. Archbishop Dougherty appealed to every able-bodied religious to join legions of civic and church volunteers by collaborating to assist the suffering. The hospitals to which they were sent included virtually every one in the metropolitan area, regardless of its affiliation. Furthermore, there were numerous emergency hospitals set up in hotels, schools and even one in a garage. Isaac Starr, then a third-year medical student at the University of Pennsylvania, wrote a riveting account, later reprinted in the *Annals of Internal Medicine*. Assigned to one of the emergency hospitals, he described the religious who came to assist.

When our burdens were at their worst, we began to get help from unexpected sources.



A nun stopped me in the hall, said she had been given my name and that she and some other sisters were eager to help. Of these, three wore the black habits of the ordinary Sisters of Charity. . . . A Catholic priest arrived to give extreme unction to the dying; there were so many of these he had time for little else.<sup>3</sup>

During the month of crisis there were several characteristics that marked the church's response. While we live in a different century, as we engage in pandemic preparation, there is still much for us to learn from those who have so courageously gone before us. Their response was collaborative, inclusive, practical and pastoral. It was definitely not "business-as-usual" and, while not theologically articulated, it arose from a deep and abiding sense of the importance of human dignity and the realization that we are all sisters and brothers to one another.

#### **WORKING TOGETHER**

Although the response in Philadelphia to the epidemic was slower than one would have hoped, once begun, it was *collaborative*. The city and surrounding municipalities declared quarantine, schools were closed, and churches could not conduct public services (although religious funerals were permitted, and Tourscher notes that private, daily, masses said in parish churches were attended by the faithful). Sports events were cancelled, theaters were closed; in general, persons were urged to stay home and avoid any contact that might occasion transmission of the disease. Civic, business and faith communities joined hands to rouse as many volunteers as were possible. Business men helped to fund emergency hospitals; transportation companies, taxis and private individuals conveyed medical professionals and volunteers alike to hospitals and to neighborhoods of persons most in need. Once leaders recognized the enormity of the crisis they faced, they understood that they could only ameliorate the suffering if they mobilized their energies to support one another.

The fact that Archbishop Dougherty called the major superiors to a meeting in early October demonstrates that this church leader recognized that response to the epidemic could not be business as usual. Closing churches and schools was a drastic measure, demanded by health officials and civic leaders in order to contain the disease. On October 3, Archbishop Dougherty announced that there would be no public masses in any churches in the diocese. He also closed the archdiocesan seminary, St. Charles, and enlisted semi-

narians as grave diggers in the large archdiocesan cemeteries. The challenge of burying the dead was a tremendous task for these young men. At two convents located near large cemeteries, the sisters were urged, instead of caring for the sick, to remain at home in order to cook hot meals for the sustenance of the volunteer grave diggers.

#### **EASING RESTRICTIONS ON SISTERS**

Although his enlisting the help of women religious was not singular to Philadelphia (it occurred in virtually every city and town where there were apostolic women religious), it nonetheless marked this as a unique time in the history of religious life. At the beginning of the

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20th century, the life of women religious (even those in apostolic congregations) was ordinarily circumscribed by schedule and cloister. For the most part, sisters did not venture out of the convent except for apostolic or educational reasons, and certainly not at night. Archbishop Dougherty lifted those strictures for the sisters, recruiting them for hospitals where they would work beside physicians and nurses to care for the sick. The sisters often took the evening shift so that trained nurses could recover from their heavy daytime duties. The religious were also enlisted as "district nurses." Today we would call them home health aides; they ventured into neighborhoods, entering the homes of the suffering to care for entire families. Although the nursing profession was not as clearly defined or respected as it is today, there was, nonetheless, a strong recognition of the need for careful training and experience to care for the sick and dying. Tourscher



recounts the story of six Sisters of the Holy Child called to travel from St. Leonard's Academy to Philadelphia General Hospital (the city's public hospital) where "two-thirds of the trained nurses had fallen to the disease."<sup>4</sup> These sisters went into wards where only two nurses cared for 35 to 40 patients. The equanimity with which they recounted their daunting charge is testimony to their courage and faith. One sister observed that the patients in the ward were "all touchingly grateful for the small services given" to them.<sup>5</sup>

The outreach of those in Catholic hospitals, parishes and social services was *inclusive* both religiously and ethnically. Tourscher published a touching accolade from the Board of Officers of the Jewish Hospital Association thanking a Sister Alonzo for "devoted unselfish service and valuable assistance" given in their hospital. Two Blessed Sacrament Sisters, on their way to an emergency hospital, encountered a young Jewish

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woman "desperately ill in the street-car." Recognizing that she was "alone and in a strange land," they took her with them to the hospital. When she was told that she could remain there until she recovered, she expressed gratitude, but told them, "I am not a Christian. Will it make any difference?" It made no difference.<sup>6</sup> An Immaculate Heart of Mary Sister<sup>7</sup> who was laboring in the men's ward of Philadelphia General Hospital told of distributing Sacred Heart badges to the sick. One Jewish gentleman, seeing the sister moving from bed to bed, asked for one, hoping that it might help him to recover.

#### ETHNICITY POSED CHALLENGES

Although these volunteer nurses zealously ministered to the needs of persons of all faiths, their absorbing accounts reveal that ethnic differences challenged them even more than religious ones. In 1918, the majority of women in religious congregations in the city were of Irish descent, although German-Americans had a strong presence in the Catholic community as well. The city,

however, was filled with "foreigners" who had come to America in the swell of immigration in the first decade of the century. One sister recounts her dismay upon entering the home of "foreigners" and not being able to immediately find the "usual" food one would need to feed a sick mother and her children. The sister noted that she was able to figure this dietary difference out for herself and to feed the family.

Sisters who labored in neighborhoods that were Polish, Slovak, Ukrainian, Russian and African-American overcame language and cultural differences in their dedication to their sisters and brothers suffering from one common illness. The Blessed Sacrament Sisters, founded by St. Katherine Drexel to serve African Americans and American Indians, reported ministering in the Germantown neighborhood to Italians as well as to their African-American community. An Immaculate Heart Sister, working in the men's ward at Philadelphia General Hospital said "we had in our wards Greeks, Italians, Jews, Armenians, Negroes, Poles and even East Indians. They were all God's sick children, and I loved them."<sup>8</sup>

Indeed, in the face of a disease for which there was no real cure, these heroic volunteers did what was necessary and did it in a very *practical* and matter-of-fact way.

In the early part of the 20th century, cleanliness was not always easy to come by, even in hospitals. The sisters recount over and over — at Philadelphia General Hospital, at the Holmesburg Emergency Hospital, and others — the need to clean the wards as well as the patients. A sister recalls that

Some did not have their faces washed for days before we came; their bed clothing had not been changed for a like period of time. The nurses were almost distracted, they could not attend to the sick, and, indeed, they gave the Sisters a warm welcome . . . About the fourth day everything became more quiet and we had things in fine working order. Miss Reeder remarked one day: "I am not a Catholic but it is surprising to see the change there is in this place since the Sisters came."<sup>9</sup>

This practicality was neither quixotic nor unrealistic. Most of the religious were young teachers accustomed to dealing with children who might be recalcitrant but not repugnant. A young sister described her anguish upon entering one of the worst wards at Philadelphia General Hospital.

On the other side [of the ward] were two figures stretched on cots covered with



white sheets, while on another cot lay a man gasping, his eyes and mouth wide open. The nurse told us that the two on the cots were dead, and the other was dying. I was struck, at first, with a fearful dread, for I never came in close contact with death but once in my life. But realizing what must be done, I quickly put on my gown and mask, and being assigned to the women's ward, I began my duties.<sup>10</sup>

The sick and dying lay before them in need, and these women addressed that need.

### SEEKING OUT THE SICK

Of course, many sick persons never reached even an emergency hospital. "District" sisters were dispatched, usually in groups of two or three, to the homes of the sick. These summonses came often from parish priests, but quite frequently from physicians of many faiths, who went to a convent, or stopped sisters in the street to request that they hurry to a home where their help was sorely needed. Several reports from the "district" sisters describe a remarkably similar protocol. First, enter the home and introduce yourself. Next, assess the situation. How many persons live in the home? How many are sick? Are there any other persons (neighbors, relatives, friends) assisting the family? What resources are in the home? Is there food, fuel, clothing, blankets, etc.? The next step is remarkable given the sisters' often commodious religious garb of that era. Roll up your sleeves, obtain cleaning instruments and hot water and set about cleaning the sick room or area, as well as the kitchen or eating area. Sisters describe bathing febrile patients, changing and washing bed linens and night clothes. Somehow, in the midst of this activity, they also prepared a meal (most often soup or stew) to feed the patient as well as the rest of the family. Often they brought the ingredients for these meals from their convents, or went to local parishes to obtain them. Their goal was to leave the family clean and comfortable.

Nor did they call upon a family and then just move on after their work was completed. They recount visiting these homes again, sometimes repeatedly. Occasionally they found the grateful patient up and beginning to recover, often they found that the patient had died. In these latter cases, they helped bathe and prepare the body for burial, and often reported the death to local authorities. In too many situations, children were left orphaned. One sister tells of a nine-year-old girl who cared for her younger siblings

for several days before the sisters were able to arrange for them to be brought to the Catholic Home Bureau. A Sister of the Holy Child, recalling her experiences after the influenza had subsided, observed that "the sights were often very dreadful when we look back now."<sup>11</sup>

### A PASTORAL PRESENCE

Anyone who has suffered a serious illness knows how helpless the sick person feels. Yesterday one was healthy, in charge, free to come and go at will. Today, the same person is at the mercy of others for transport, bathing, cleaning and feeding. It is a tremendously humbling experience. While one longs for a skilled clinician, one is similarly deeply grateful for a warm smile, a gentle touch, a reassuring word. The work of these volunteer nurses and aides was *pastoral* as well as physical. During the epidemic, the sisters who labored in the hospitals frequently spent time praying with and for the dying. Sisters put in long days on hospital wards, some leaving their homes in pre-dawn darkness only to return in the darkened evening. A sister from South Philadelphia described her assignment to a "women's acute ward," a place for those sick women whom physicians anticipated death. She commented, "I was present at many, many deaths, and tried to help them turn their last thoughts to God."<sup>12</sup>

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Another sister, although busy with many sick patients, went out of her way to obtain bread and wine for a Protestant minister who wanted to offer one of his parishioners the consolation of communion before her death. Although there was little by way of bread and wine on the women's ward, the sister searched throughout the hospital, finally coming back to the minister



offering the only elements she could find—crackers and whiskey—for the sacred rite. This may have proved just the divine intervention needed, because sister reported that the patient improved rapidly.<sup>13</sup>

Often, the sisters' ministrations to the sick were so fundamental that little time was left for prayer. Likewise, when reading Tourscher's account, one realizes that pastoral zeal in the early 20th century was not always as ecumenical or respectful of all faiths as that recommended by the current *Ethical and Religious Directives for Catholic Health Care Services*. One good sister wrote to the author that she indiscriminately "put Sacred Heart badges on all, whether Catholic or Jew or Protestant."<sup>14</sup>

Some of the sisters saw service among diverse faiths as a time to evangelize. One recounts nursing a particularly ill African-American Protestant gentleman. She prayed with and for him during his illness. After thankfully recovering, he asked if any persons of his race belonged to the Catholic Church. Sister took an opportunity to evangelize and gave him a catechism and a prayer book. For the most part, patients understood the sisters' own religious dedication, and were grateful for their comforting ministrations and their prayerful presence.

## CONCLUSION

Reading the powerful accounts in Tourscher's book, one wonders how the sisters did this remarkable work? Why did they do it? It would be tempting to say that they did so out of obedience, but Archbishop Dougherty and their superiors had asked for volunteers. Not every able-bodied sister went to the hospital wards or to homes in the district. Many stayed at home cooking, doing laundry, supporting those who were caring for the sick. Neither does Tourscher's book reveal any deep, theological basis for this charitable outreach. Certainly, these were women of both prayer and apostolic zeal. They were steeped in an experience of Catholicism often under siege in this still-young country; they understood the vital importance of true community. Although they would not have used the words, they lived their lives serving the common good.

But their care of the sick arose, instead, from a deep sense of piety—that is, love of God, and love of one's neighbor. It is because they followed a crucified savior that they could embrace others who were suffering. One might speak of human dignity, as do the *Ethical and Religious Directives*, or human solidarity as providing a foundation for such heroic service. But I believe that the Immaculate Heart Sister at Philadelphia General articulated what was in the hearts of these heroic women—those suffering from influenza were God's suffering children, and these women acted out of love.

What the many orders of sisters did in Philadelphia was repeated by countless others throughout the country during the fall months of 1918. Whether it was the Bon Secours sisters going to the docks in Baltimore to care for sick sailors, or the Daughters of Charity sending trained nurses out to the army barracks in New Orleans, to the Sisters of Charity in Butte reaching out to their native American neighbors, heroic women religious reached out with promptness, efficiency and tenderness to those in need.

Scientific and medical prognosticators warn that we may soon face another such pandemic. Even our modern panoply of pharmaceuticals may not prevent many untimely deaths. In 1918 there was a ready, willing and able cadre of volunteers arising from the many religious orders throughout the country. Today, while the charisms of these orders remain vital, there are not the numbers of religious who will, this time, be able to work directly with the sick and dying.

Catholic health care, education and social services will have to enlist volunteers from among the women and men who labor within their ministries and whose lives and dedication already reveal that they are willing to sacrifice for the needs of their sisters and brothers. If we in the Catholic health ministry are to answer the call to care for a new generation of influenza sufferers, we must learn from those who have gone before us. We can and must reach out collaboratively, inclusively, practically and pastorally to heal the sick in a pandemic. ■

## NOTES

1. Francis Edward Tourscher, *Work of the Sisters during the Epidemic of Influenza, October 1918*, Records of the American Catholic Historical Society of Philadelphia, vol. 30, no. 1-3, March-September 1919.
2. Letter from archives, Sisters of Mercy, Merion, Pa.
3. Isaac Starr, "Influenza in 1918: Recollections of the Epidemic in Philadelphia," *Annals of Internal Medicine*, vol. 145, no. 2, July 18, 2006.
4. Tourscher, pp 11-12.
5. Tourscher, p. 12.
6. Tourscher, p. 6.
7. Tourscher never gives the names of the sisters whom he interviewed. Although this might seem strange to us, it was not uncommon throughout the first half of the 20th century for sisters to remain "anonymous" in their good deeds. At the end of his work, the chronicler does name all of the sisters who died in the epidemic.
8. Tourscher, p. 22.
9. Tourscher, p. 31.
10. Tourscher, p. 25.
11. Tourscher, p. 10.
12. Tourscher, p. 33.
13. Tourscher, p. 35.
14. Tourscher, p. 26.

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