Ministry and Meaning: A Religious History of Catholic Health Care in the United States
Christopher J. Kauffman
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In this book, historian Christopher Kauffman expands on his previous studies of Catholic religious orders involved in healthcare. He has taken on the enormous task of presenting fairly the contributions of large numbers of religious orders. Some of these orders view healthcare as their primary mission, whereas others undertook it at a time of pressing need or at the request of civil or ecclesiastical authorities.

Although Kauffman has clearly conducted painstaking research into the historical record, his presentation of data is the least successful aspect of the book. Not only does the book overwhelm the reader with facts and information, it lacks a coherent plan of integration. Sometimes the historical material is organized chronologically, sometimes geographically, sometimes according to type of institution, and sometimes by broad conceptual themes. Because a clear and consistent overall plan is lacking, some material is repeated two or three times in different contexts.

Readers interested in a particular religious order or healthcare institution may find it useful to skim the chapters or the index for references to that organization.

Kauffman presents a wealth of factual information about the organizations he discusses. He also integrates information about orders whose work in healthcare had similar origins and motivations, for example, the teaching orders that began nursing in response to epidemics like cholera.

The reader may spot small inaccuracies, however, that call into question the information's reliability. For example, in reviewing the section on the Sisters of St. Joseph in Minnesota, I noted three errors on just one page (p. 98). In 1851 the sisters opened St. Joseph’s Academy in St. Paul, and by 1855 they had established three more schools in Minnesota, but none of them was called St. Catherine’s Academy. The names of Sr. Seraphine (Ireland) and Sr. Ann Thomsine (Sampson) are also misspelled on this page.
When Kauffman focuses on broad themes rather than factual itemizations, the book is much more successful. Kauffman demonstrates that religious orders provided healthcare in the nineteenth century in ways that seem surprisingly contemporary. Many hospitals under religious auspices specifically advocated liberty of religion and conscience for patients, long before the Second Vatican Council’s document on religious liberty. Religious orders managed and staffed public institutions funded by local governments, and they contracted with businesses such as railways and mining companies to care for their employees through an early form of prepaid or managed care.

Other recurring themes involve tensions or conflicts. In the initial founding of Catholic institutions, local bishops and superiors of religious orders often disagreed with the sponsors, who sometimes prevailed simply by moving ahead with their plans. Currents of anti-Catholicism sometimes led civic officials and militant Protestants to distrust Catholic sisters who served as nurses in a variety of settings. Critics feared they were more interested in proselytizing and converting than in offering nursing services. Great nursing leaders such as Dorothea Dix and Florence Nightingale, for example, thought the sister-nurses placed their religious responsibilities to Catholic patients above their nursing duties (p. 25).

Sponsors’ conflicts with ecclesiastical authority or with Protestant and civic leaders forced sponsors to focus on a central question: Is Catholic healthcare mainly a vehicle for promoting the Catholic faith, or should Catholic healthcare offer the most up-to-date services that a professionally trained staff can provide? Particularly among some Catholic religious and lay nurses, the choice between faith and professionalism appeared to be an either-or choice.

Kauffman’s discussion of these central issues, especially in his handling of hospital and nursing school accreditation, is illuminating. Equally informative is his thorough account of the founding and development of the Catholic Hospital Association—today the Catholic Health Association (CHA)—and of the philosophical and policy disagreements that shaped CHA’s evolution. The lines were drawn between those who favored separatism for Catholic institutions and those who favored full involvement in the pluralistic society.

A subtext emerging from Kauffman’s account is the subtle sexism that has always faced Catholic women religious. Although these sisters ran the hospitals and schools of nursing, they were subject to ecclesiastically appointed superiors, hospital superintendents, and diocesan directors who usually had little or no healthcare experience. CHA, an organization that involved mainly religious women, was headed by priests until 1965 (p. 250); even then, the presidency had to rotate to a bishop’s representative every other term (p. 289).

The book ends with a chapter on the questions that face our country today as we debate structures for providing universal healthcare access. Beginning with the bishops’ pastoral letter of 1981 on healthcare as a right, Kauffman briefly reviews CHA documents and positions favoring national health insurance. I wish that Kauffman had been more detailed and analytical in laying out these arguments, since this issue is one of the most pressing for Catholic healthcare today and in the future. As in the rest of the book, Kauffman briefly presents both sides: Catholic opposition to insurance coverage for abortion is given as much significance in the debate as are long-held social justice principles supporting access to healthcare for all. Although as a historian Kauffman must be factual and objective, he seems to slight the history and tradition of Catholic social justice philosophy.

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