

THE CHURCH AND AMERICA

How has Catholicism shaped American society? This is not an easy question to answer. I would like to examine the issue under the larger umbrella of what Robert Bellah calls the “good society.”¹ I want to argue that Catholics have sought to build a society infused with a public spirit and a public consciousness that champions the common good. Rather than endorsing the voracious individualism that is so much a feature of American culture, Catholics have sought to build a society defined by *mutual care* and *responsibility*.

I want to explore this idea under the themes of charity and justice. Over the course of the past 150 years, a Catholic crusade on behalf of charity and justice has enabled a great society to become a good society.

THE CRUSADE FOR CHARITY

In the mid-19th century, Catholics were this nation’s poor. The only people worse off economically and socially were African Americans. In its early years, the United States had had relatively few Catholics. They were a small denomination concentrated in Maryland and Kentucky, both Southern slave states. But massive immigration after 1820 changed the situation dramatically. Driven from Europe by poverty and famine, thousands of Irish and German Catholics immigrated to this country. Within a few decades, the U.S. Catholic Church had become both the

nation’s largest religious denomination and a church of immigrants.

We often tend to romanticize the immigrant experience by recounting rags-to-riches tales. Most of these are not true. Members of the second or third generation sometimes achieved respectability, but not even they won riches. The immigrant generation of Catholics—the first wave of Irish and German immigrants that arrived in the 1840s and ’50s—made up the majority of the nation’s poor. A look back at 19th-century New York City will illustrate this point very clearly.

At mid-century, New York was one of the most densely populated cities in the world. It also had one of the world’s highest death rates. One third of all infants died within a year, and death claimed the lives of at least one half of all children under five. Bellevue Hospital, the city’s public institution, was where the poor went to die. Three-quarters of its patients in 1855 were Irish-born; they were described as “the worst fed and worst nurtured class in the community.”²

The Irish made up the vast majority of unskilled workers in New York, trying to support themselves and their families on a few dollars a week—if they were lucky enough to find work. Many of the unskilled Irish slipped into a state of poverty. Hundreds entered the city’s poorhouse; in fact, two out of three persons in the poorhouse in 1858 were Irish. Such pervasive poverty caused Archbishop John Hughes, the leader of the city’s Catholics, to describe New York’s Irish immigrants as the “poorest and most wretched population that can be found in the world—the scattered debris of the Irish nation.”³ New York was not unique. In numerous cities across the country the situation was much the same—Irish and German Catholics made up the urban poor.

Immigrant women were particularly vulnerable. Among the Irish, high accident and death

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rates among male workers (along with a high male desertion rate) left large numbers of women as heads of households. Many women were forced to enter the poorhouse, where they constituted the majority of the female population. They also filled the city's hospitals and prisons. Irish immigrant women, both married and single, were clearly a population at risk.

We must also remember that the United States was, in the mid-19th century, a Protestant country. Protestantism had shaped the nation's culture. A key component of this culture was a very negative view of Roman Catholics. Such an attitude was a holdover from the Protestant Reformation. In the 19th century, it took such forms as anti-nun literature, the sacking of convents and churches, and "No Popery" campaigns, eventually leading to the formation of a political party, the Know-Nothings, whose entire ethos was rooted in hatred of Catholics and foreigners.

The success of the Know-Nothing party caused Abraham Lincoln to write: "Our progress in degeneracy appears to me to be pretty rapid. As a nation, we began by declaring that all men are created equal except Negroes. When the Know-Nothings get control, it will read all men are created equal except Negroes and foreigners and Catholics."⁴

Immigrant Catholics were not well received in such public institutions as schools, hospitals, asylums, and orphanages. Because of their religion, they suffered humiliation as well as discrimination. Priests often were not allowed to visit parishioners in public hospitals. Catholic children living in orphanages were often forced to attend compulsory Protestant worship services and encouraged to abandon their own faith and embrace a particular version of Protestantism.

Caring for the poor and the sick was a long-standing Christian and Jewish tradition. But, in the 19th century, it took on new meaning for Catholics in the United States. Because of the pervasiveness of poverty in the Catholic community, on one hand, and the intolerant Protestant atmosphere of most public institutions, on the other, Catholics undertook a crusade of charity that would prove to be truly remarkable. What occurred in New York City illustrates the extent of this crusade.

Various congregations of women religious provided the leadership in a citywide campaign to relieve the distress of the poor. We must understand that these women had a vocation, a spiritual calling, to dedicate their lives to aiding the poor. This was their mission in life and the key to their success as nursing sisters. They were taught to assist the sick not only as nurses but, more impor-

tantly, as spiritual caretakers who would assist the sick in preparing for a holy death. Mother Catherine Kasper, the founder of the Poor Handmaids of Jesus Christ, told the sisters that a religious spirit was especially necessary in the hospitals in which they worked. She warned the sisters against indifference to any patient; in each sick person, she said, they were to see the face of God.⁵ This was the spirit that launched the charity crusade in New York and in countless other cities across the nation.

Because women were especially vulnerable, they became an early focus of attention. The Sisters of Mercy came to the United States from Ireland in the 1840s. Settling in New York, they quickly became known for their work with the poor. They visited the sick and the dying poor in their cellars and garrets; twice a week they visited male and female prisoners in the Tombs, the local prison, providing them with spiritual counseling as well as a little tea or coffee. The Sisters of Mercy kept their convent open to the poor so they could dispense clothes, shoes, and food to those who came for aid. But their major enterprise, launched in 1848, was the House of Mercy, a halfway house that provided poor single women with both temporary lodging and the job training they would need to gain economic independence. The enterprise was a remarkable success. By 1864, the sisters had placed 16,869 women in jobs, most as domestic servants.

By the 1860s and '70s, Catholics had shifted their focus to the care of poor, orphaned, and delinquent children. Beginning in 1873, the nation experienced a prolonged economic depression. In New York City, 90,000 people lost their homes; unemployment rose to more than 20 percent; full-time jobs became scarce. Many families could not provide for their children. It was estimated that 150 children were abandoned every month in New York City alone. Most ended up roaming the streets as beggars or delinquents—the homeless people of the 19th century.

Believing that illiterate and delinquent children were evidence of the moral failings of their parents, middle-class reformers sought to rescue these children by placing them in midwestern Protestant homes. Catholics looked upon such reformers as "child snatchers." Fearing the loss of thousands of children, the Catholic community responded by founding child-care institutions.

Women religious were once again the key actors. By 1890, different congregations were caring for 13,000 children in 11 child-care institutions. Catholics sought to guarantee the parental rights of the poor by providing a means by which poor families could stay together—plac-

ing the children temporarily in the sisters' institutions. By defending the right of the poor to keep their children, rather than surrendering them to foster homes, the sisters were shaping the nation's embryonic welfare system. Catholic politicians helped the sisters gain public financial support for their work with children. The idea that poor mothers not only had the right to keep their children but also a right to public aid was clearly the result of decades of working-class activism. Catholic sisters were at the center of that movement.

The founding of Catholic hospitals was another component of the charity crusade. Caring for the sick is a tradition that dates back to the earliest days of Christianity. In the 19th century, the suffering associated with sickness and disease took on a religious significance in Catholic culture. Such suffering, it was thought, should be accepted as part of God's plan for the individual. Death also was part of this religious drama. How a person coped with suffering and prepared for death would determine his or her eternal destiny. In this context, the work of the sister-nurse was to care for the soul as well as the body.

Hospitals were not, in the mid-19th century, places where people went to be cured. The poor went there to die. Being at the bedside of a sick or dying person allowed the nursing sister to serve as a mediator between that person and God. This opportunity to save souls was a primary reason that so many young women became nursing sisters. Caring for the poor and sick was a strong motivation in itself, but acting as a priest in the arena of death and preparing a person for the journey to eternity also had a very powerful appeal.

Because Catholics viewed hospitals as *religious* institutions, in which care for the soul was as important as care for the body, church leaders were unhappy with the fact that many Catholics died in public hospitals without the benefit of proper spiritual care. In 1846-1850, when the great Potato Famine brought so many Irish immigrants in need of medical care to this country, the need for hospitals became especially great.

In 1849 the Sisters of Charity founded St. Vincent's Hospital in New York City. Known for their work with the sick during the cholera epidemics of 1832 and 1849, the sisters soon became famous for their hospital work. Over the next 50 years, nursing sisters from a variety of congregations would establish 13 more hospitals in the city.

What happened in New York was not unique. Wherever Catholics settled, they established institutions to care for single destitute women,

the sick and the dying, and the children of poor families. By 1910, American Catholics had established 400 Catholic hospitals, 289 orphan asylums, and 1,125 charitable institutions; they claimed to be caring for 1.4 million children in these asylums and institutions. In this manner, a truly remarkable Catholic tradition of charity was being established.

As one writer put it, the Catholic Church was "unexcelled in charities."⁶

CRUSADE FOR JUSTICE

However, many people had come to believe that charity was not enough. The times demanded justice. This change in thinking was caused by the rise of an industrial economy. The development of the modern factory brought with it a permanent working class.

As the new economy expanded, the distribution of the nation's wealth became more and more unequal. Poverty and inequality were not new, but the industrial age intensified them. As a result, by 1890 the richest 12 percent of the population owned 86 percent of the nation's wealth. Another index of inequality was family income; of the 12.5 million U.S. families in 1890, 11 million earned about \$380 a year—a figure far below the \$600 that many believed was the minimum required to maintain a reasonable level of comfort.⁷ Such glaring inequality led social reformers to complain about the unequal distribution of wealth. They did not accept the thinking of those who blamed poverty and the unequal distribution of wealth on personal moral failings. Rather than focus on the individual, reformers wanted to concentrate on the social and economic conditions that led to the unequal distribution of wealth, widespread poverty, and unemployment.

The point I hope to make here is a key one. The crusade for charity centered on the *individual* and his or her needs. Those who were advocating social justice focused on the *society* in which the individual lived. The latter wanted to change the social and economic conditions that drove

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A Vibrant Ministry

CHA is composed of:

- 62 health care systems
- 634 hospitals
- 518 long-term care nursing facilities
- 437 sponsored housing facilities
- 122 home health agencies
- 36 hospice organizations
- 1,359 in total long-term care facilities/
continuum of care services

Present in Almost All Dioceses

- At least one facility in 173 of 176 dioceses
- Forty-nine dioceses "sponsor" Catholic health care
- Hospital presence in 153 of 176 dioceses
- Nine dioceses sponsor their own health care system

CHA
THE CATHOLIC HEALTH ASSOCIATION
OF THE UNITED STATES

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The labor movement, just getting under way at this time, was the catalyst for the justice crusade. Industrial workers wanted better working conditions, better wages, and shorter hours. Charity was no longer enough—workers were demanding justice. Most of the leaders of the labor movement, as well as large numbers of the workers themselves, were Irish Catholics. The movement gained the support of a number of bishops and priests, who defended the right of workers to organize. Then, in 1891, Pope Leo XIII published an encyclical, *Rerum Novarum*, which launched the international Catholic social movement that demanded justice as well as charity.

Rerum Novarum analyzed labor conditions in an industrial economy and offered a program of reform based on the concept of social justice. Leo XIII condemned socialism, on one hand, and spoke out against the excesses of capitalism and individualism, on the other. He upheld the workers' right to organize and called on governments to intervene to protect the rights of people. This encyclical marked a major turning point for Catholics because it emphasized the idea that Catholics must have a *social conscience*.

The Progressive reform movement of the early 1900s was another force for justice in the United States. Based in the middle class and centered in the cities, the movement focused on such issues as poverty and inadequate housing as well as political and educational reform. Progressivism represented a shift in thinking: Rather than helping individual poor people, reformers had begun to focus on the basic causes of poverty itself. Sometimes labeled "preventive charity," the movement argued that poverty had "its origins in economic, social or industrial conditions which are inherently wrong but against which the poor are powerless to protect themselves."⁸

This was the era that saw the emergence of the person who, more effectively than any other, blended together the spirit of Progressive reform and Catholic social thought: Fr. John A. Ryan. Fr. Ryan (1869-1945), who grew up in Minnesota but went on to teach at Catholic University in Washington, DC, believed that moral principles should shape economic policies. Known for his advocacy of minimum-wage legislation, he helped to write such laws in several states. Fr. Ryan also argued for the "living wage," the importance of labor unions, and the necessity for government to intervene and effect change in the social order. One of his major achievements was putting together a document for U.S. bishops that articulated a Catholic program of social reconstruction for the nation.

The *Bishops' Program of Social Reconstruction*, written by Fr. Ryan and published in 1919, sought to adapt the principles of charity and justice to the social and industrial conditions of the time. Critical of the American economic system, especially the unequal distribution of wealth, the program advocated minimum-wage legislation; a minimum working age; public housing; laws enforcing the right of labor to organize; and insurance against old age, unemployment, and sickness. The document was acclaimed as "the most forward looking social document ever to have come from an official Catholic agency in the United States."⁹ George Shuster, a leading Catholic intellectual, wrote: "It is almost impossible for people who didn't live at that time to realize the emancipating impact of that document. This was as if the Church had learned to talk to modern America."¹⁰

By 1919, Catholics had come a long way since the Sisters of Mercy opened their House of Mercy. The concept of justice was now central to the Catholic idea of reform. The Catholic tradition had acquired, in addition to a deeply engrained tradition of personal religion, a new dimension of public religion—what some people called the "social gospel." The social gospel's emergence was a significant moment in the history of American Catholicism. By endorsing a gospel that sought to reform society as well as provide care for individuals in need, Catholics were breaking out of their self-imposed intellectual and cultural ghetto. They no longer saw a personal, private religion as adequate. Charity was no longer sufficient. The times demanded a more public religion, one rooted in social justice, whose goal was the building of a more decent society.

By the 1920s, two streams of thought had emerged in the U.S. Catholic community. Picture, if you will, the Catholic tradition as a large lake, out of which flow two streams: charity and justice. The charity tradition focuses on the individual who is in need of food, a home, or medical care. It is rooted in the Gospel mandate to love your neighbor.

Matthew 25:31-46 gives us a vivid picture of the Last Judgment, in which the responsibility to love one's neighbor is spelled out vividly. All the nations of the world are gathered together and are divided into those who are blessed and those who are cursed. The blessed are those who fed the hungry, gave drink to the thirsty, welcomed the stranger, clothed the naked, and visited the sick and imprisoned. The cursed are those who neglected these works of mercy and love. This will always remain a powerful message.

The other stream of thought is the concern for

justice. This focuses on the society in which the individual lives, seeking to make it a more just society, a society that advocates mutual concern and responsibility. This stream of thought is also rooted in the Gospels. As our religion teaches us: "Blessed are those who hunger and thirst for justice for they shall be filled" (Mt 5:6).

These two streams of thought usually do not come together. Ordinarily, they go their separate ways. In some times and places, charity becomes more prominent, more powerful a force, than justice. At other times and places, justice becomes a mighty river, changing all it touches. But they *must* be joined together. We need charity, but charity alone is not enough. We must have justice as well.

In 1971 the world's Catholic bishops wrote: "According to the Christian message, man's relationship to his neighbor is bound up with his relationship to God; his response to the love of God ... is shown to be effective in his love and service of men (and women). *Christian love of neighbor and justice cannot be separated* [emphasis added]. For love implies an absolute demand for justice, namely recognition of the dignity and rights of one's neighbor. Justice attains its inner fullness only in love."¹¹ In other words, these two streams of thought must come together and form a powerful river of justice and love. As long as they remain separate, the full force of the Christian tradition is never fully achieved.

BRINGING THE STREAMS TOGETHER

The position of Catholics in U.S. society has changed dramatically since the 19th century. It has done so in two ways. First, we Catholics no longer can claim to be the nation's poor. We are much more economically diverse than we were then. We are still an immigrant church, but today we are one made up of Hispanic and Asian immigrants, rather than Irish, Italian, or German immigrants. Many of these new immigrants are numbered among the nation's 37 million poor, 16 million of whom are children. As our religion teaches us, we have an obligation to care for the poor. This Gospel mandate does not distinguish between the Catholic poor and others.

Second, we Catholics no longer live in a culture that is both overwhelmingly Protestant and hostile to Catholicism. Because this is so, we no longer need hospitals that not only cure the ill but also protect Catholics from the clutches of Protestant evangelists. What, then, is the rationale for continuing the existence of these institutions? That is the \$64 question—and one that returns us to the social gospel tradition of charity

and justice. Catholic hospitals have to be institutions that embody these ideals.

It is clear that our charity tradition is still very much alive. In 2000, 593 U.S. Catholic hospitals provided care for more than 77 million patients. In addition, the nation could claim 700 Catholic long-term care facilities; 149 Catholic orphanages; 1,152 Catholic day care centers; and 2,271 other Catholic social service centers, each of them providing care for people in need of assistance. Clearly, the crusade of charity that began with the arrival of the famine immigrants in the mid-19th century has blossomed in the 21st century.

The Catholic justice tradition is harder to quantify. Nor is it as visible in the Catholic community as it should be. Poverty and maldistributed wealth are obviously still issues in the United States. America, where the top 20 percent of the population owns 80 percent of the wealth, remains the most economically stratified industrial nation in the world.¹²

The U.S. bishops spoke out on this issue in their 1986 pastoral letter, *Economic Justice for All*. Today's poor, the bishops said, have the single most urgent claim on the conscience of the nation. Invoking the biblical injunction to love one's neighbor as one's self, the bishops called on Americans, as individuals and as a nation, to make a "fundamental option for the poor."¹³

Institutions live or die by ideas of right and wrong and conceptions of the good. Institutions shape us. But we also shape institutions through our own conception of and belief in the common good. The anthropologist Mary Douglas put it very well: "The most profound decisions about justice are not made by individuals as such, but by individuals thinking within and on behalf of institutions."¹⁴ Hospitals must, through the people who work in them, witness to justice by supporting the rights of patients and the rights of nurses, staff, and physicians. They also must witness to the preferential option of the poor by serving the poor and the vulnerable—those more than 40 million Americans who cannot afford health insurance. A hospital that does so can claim to be a Catholic hospital.

Women religious founded the vast majority of Catholic hospitals in the course of the 19th and 20th centuries. Today their numbers are declining and few sisters are still working in hospitals. In losing the presence of women religious, Catholic hospitals have lost the presence of women energized by a vocation to serve God by caring for the sick. The sisters sought to heal the soul as well as the body. Is this mission still carried out in Catholic

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MINISTERING TOGETHER

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Holiness remains more than ever an urgent pastoral task.

of the Holy Spirit to carry out the mission of God incarnate, Jesus Christ. It proclaims a vision of who we are and what we are to become. It confirms the need for pastoral planning, but planning open to the promptings of the Holy Spirit. It calls for a spirituality of community, which demands education and training. It is a life-giving spirituality that binds the church's members in a deep and intimate union, willing to bear each other's burdens in imitation of Christ. It is a spirituality that is able to stand up to opposition, to be patient in adversity, to be forgiving of adversaries.

New Covenant's "Ministering Together" is a wonderful companion piece to *Novo Millennio Inuente*. Its collaborative process finds a theological base for its strategic pastoral directions. *Novo Millennio Inuente* provides profound insights into the mystery of the church as a communion of disciples. It shapes our vision of what we are trying to achieve and where the source of energy is to help us. We discover from these two documents that the particular churches are in union with the mind of the universal church. As the Steering Committee of Phase IV of *New Covenant*, we look forward with hope and trust in the Triune God that we can assist the church in becoming a sacrament of healing for all of God's people. We look forward to discovering local leaders, bishops, pastors, religious, and laity who are interested in integrating the ministries of the church so that it will become a vital communion of disciples in creating communities of compassion and justice. □

THE CHURCH IN AMERICA

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hospitals? Do Catholic hospitals remain a place in which nurses, physicians, and staff care about the spiritual welfare of patients as well as their physical welfare? Or is this only the responsibility of the hospital chaplain? Do the lay men and women who have replaced women religious as administrators in many Catholic hospitals bring to their work the same sense of mission that most sisters did? There is no reason why they should not. If they do not, can they still claim to be working on behalf of a Catholic hospital?

Today we hear much talk of strategic planning, efficiency, and other business matters. The corporate model has taken over conversation in the hospital boardroom. This is necessary to some degree, of course, but such a model cannot define the Catholic hospital. Having adapted themselves to the emergence of modern medicine, advances in the training of nurses, and new technologies, Catholic hospitals now have to adapt to "bottom line" management. But the Gospel values I have mentioned here—charity and justice—must continue to shape the hospital's *mission*.

These values give the Catholic hospital an identity that sets it apart from other health care institutions.

Our tradition as Catholics, indeed as Christians, encourages us to build a society rooted in charity and justice. In many respects, this has been the major contribution of Catholics to the shaping of American society. By promoting and living the virtues of charity and justice, Catholics have helped to make this nation a more decent society, one in which the needs and rights of all people are respected. But we must not cease our work. We must continue to join together the two streams of charity and justice. Once we achieve this in our institutions and in our lives, then we will unleash a powerful force for change in our society. We will be able

to transform a great society into a *good* society. □

NOTES

1. Robert N. Bellah, et al., *The Good Society*, Alfred A. Knopf, New York City, 1991.
2. Quoted in Maureen Fitzgerald, "Irish Catholic Nuns and the Development of New York City's Welfare System, 1840," (PhD diss., University of Wisconsin, 1992), p. 314.
3. Quoted in Jay P. Dolan, *The Immigrant Church: New York's Irish and Catholic Germans, 1815-1865*, Johns Hopkins University Press, Baltimore, 1975, p. 33.
4. Quoted in Tyler Anbinder, *Nativism and Slavery*, Oxford University Press, New York City, 1992, p. 266.
5. See Anna L. Specht, "Community and Care: The Poor Handmaids of Jesus Christ and Their Hospitals, 1868-1930," (PhD diss., University of Notre Dame, 2001), p. 46.
6. Quoted in Jay P. Dolan, *The American Catholic Experience: A History from Colonial Times to the Present*, Doubleday and Co., New York City, 1985, p. 328.
7. Charles B. Spahr, *An Essay on the Present Distribution of Wealth in the U.S.*, Thomas Y. Crowell and Co., 1896, pp. 128-129; Benjamin Schwarz, "American Inequality: Its History and Scary Future," *New York Times*, December 19, 1995, op-ed.
8. Quoted in Dolan, *The American Catholic Experience*, p. 341.
9. Quoted in Dolan, *The American Catholic Experience*, p. 344.
10. Quoted in Robert Brooke Clements, "The Commonwealth, 1924-38: The Williams-Shuster Years," (PhD diss., University of Notre Dame, 1972), p. 3.
11. *Justice in the World*, Synod of Bishops 1971, in David J. O'Brien and Thomas A. Shannon, eds., *Renewing the Earth: Catholic Documents on Peace, Justice and Liberation*, Doubleday and Co., 1977, New York City, p. 398.
12. Keith Bradsher, "Gap in Wealth in U.S. Called Widest in West," *New York Times*, April 17, 1995, p. A1.
13. National Conference of Catholic Bishops, *Economic Justice for All: A Pastoral Letter on Catholic Social Teaching and the U.S. Economy*, U.S. Catholic Conference, Washington, DC, 1986.
14. Quoted in Bellah, et al., p. 13.