

clusion to the book, perhaps written by the editor, would have brought things to a close in a more forceful and elegant way.

To conclude this lengthy review of a useful and rigorous book, I recommend that readers frustrated or even enamored of cosmopolitan global bioethics books do explore this text. Whether read for personal edification or used as a teaching text, this book will surely

provoke thoughtful discussions from different perspectives than those on offer in other, similarly titled works.

SARA R. JORDAN

*Sara Jordan, PhD, is an assistant professor in the Department of Politics and Public Administration and the Graduate School at the University of Hong Kong.*

---

***Who Shall Take Care of Our Sick?  
Roman Catholic Sisters and the Development of  
Catholic Hospitals in New York City***

**by Bernadette McCauley**

Johns Hopkins University Press, 2005, hardcover, \$47  
159 pages, bibliography and index, ISBN 978-0-8018-8216-6

and

***Unlikely Entrepreneurs:  
Catholic Sisters and the Hospital Marketplace, 1865–1925***

**by Barbra Mann Wall**

Ohio State University Press, 2005, hardcover, \$52.95  
285 pages, bibliography and index, ISBN 978-08142-0993-6

Two books published by academic presses are welcome explorations of the significance of vowed religious women in the historical development of the Catholic health care ministry in the United States.

In *Who Shall Take Care of Our Sick?* Bernadette McCauley gives specific attention to the history of Catholic hospitals in the New York City from the foundation of St. Vincent's Hospital in 1849 (which closed in 2010 after one hundred and sixty years of service) until the early decades of the twentieth century.

*Unlikely Entrepreneurs*, by Barbra Mann Wall, considers the work of three religious institutes of women in Illinois, Indiana, Minnesota, Texas, and Utah from 1865 to 1925.

The crucial role of vowed religious women in the creation and development of the Catholic health care ministry is insufficiently addressed in the secular and religious history of the United States. These books contribute

to the historical understanding and theological reflection that must continue within the life of the Church. These studies suggest that in addition to the structures that were developed by the sisters, it was the ministry of the sisters themselves that shaped Catholic health care in the nation. Further, what could be termed a "Christian personalism" seems a defining legacy of the sisters' foundational and sustaining ministry.

Catholic health care ministry and its historical roots were addressed in a September 1987 speech to the Catholic Health Association in Phoenix by Pope John Paul II, who recognized Catholic health care as "one of the most extensive and fundamental works of the Catholic Church in the United States" and an "immense network of Christian service."

The Pope specifically recognized the role of vowed religious in a very important statement on the presence of the Church in the United States: "Your health care ministry,

pioneered and developed by congregations of women religious and by congregations of brothers, is one of the most vital apostolates of the ecclesial community and one of the most significant services which the Catholic Church offers to society in the name of Jesus Christ.”

Attention to the unique contribution of vowed religious in the last century is particularly appropriate in our ecclesial community as the number of sisters has precipitously declined. Hospitals that were once entirely staffed by nursing sisters now may have only a few sisters present and rarely in nursing service. Recognition of the historic character Catholic health care is necessary as it negotiates its path to the future.

At the close of the nineteenth century, 10 percent of hospitals in the nation were Catholic, about the same percentage as at the close of the twentieth century. What was different for most of the history of Catholic health care in the nation was the presence of vowed religious (and this statement can also include the hospitals founded by men religious). They were the largest number of workers in a facility and the spirit of their community life was often the basis of the culture of the hospital.

The path to the future of the ministry begins with reflection on this work itself and the way it has been historically expressed. In the United States the story of Catholic health care is largely the saga of the ministry of vowed religious women. Lay leaders in Catholic health care should probably read studies like these.

McCauley and Wall give good historical accounts of the drama of foundation, success, failure, and historical transformational challenges along the way. McCauley is an associate professor of history at Hunter College of the City University of New York, and Wall is an associate professor of nursing at the University of Pennsylvania School of Nursing. A nurse historian, Wall holds a doctorate in history from University of Notre Dame. Neither intends to provide theological reflection on the sisters or their ministry, but neither shies away from recognizing the sisters' dynamic Christian motivation.

McCauley and Wall are attentive to the historic reality of the ministries, and the authors excel in their exploration. The overall effect is a powerful one of the practical short- and long-term challenges faced by the sisters; their accounts are never reduced to mere historic sentimentality, yet they do touch the heart. The authors' intentions are to examine the history of the sisters and the medical and cultural context of their work; because they do so, their studies are also useful to ecclesial reflection with the sisters on the path to the future.

#### *Who Shall Take Care of Our Sick?*

Bernadette McCauley's book is a study of hospitals founded, sponsored, and staffed by sisters, demonstrated by McCauley as central to an understanding of the phenomenon of Catholic hospitals in New York City in the nineteenth century. Just as St. Patrick's Cathedral on Fifth Avenue was a wonder of the Catholic world of New York as a remarkable temple built by immigrants, so the first Catholic hospital in the city, St. Vincent's, also represented a unique Catholic "arrival" in the city. McCauley notes that the Church in New York had two exceptional early historical figures, one who built St. Patrick's (Archbishop John Hughes) and another who was first administrator of St. Vincent's (Sister Angela Hughes). Remarkably, they were siblings!

The foundations of Catholic hospitals in New York are explored in the first chapter, "A Climate New to Them." It was a time when the city had an ever-growing Catholic immigrant population and the existing health care delivery system was over-taxed and often unwelcoming to Catholics and their pastoral ministers. The worst experiences were recounted by the Jesuits, who found that they could visit Catholic patients in public hospitals but were prohibited from administering the sacraments.

In 1866, more than half of New York City hospital admissions were persons born in Ireland, which contributed to public hostility on the amount of public funds directed to immigrants. Both Protestant and Catholic clergy recognized the significance of spiri-

tual care at a time of illness, yet some Protestant clergy complained that the city hospitals had been founded with their denominational support and the influx of Catholics suggested that the Catholic parishes were not taking care of their own. Catholic bishops unsuccessfully attempted to raise funds in Europe for a first Catholic hospital.

In this foundational chapter McCauley finds that it was the leadership of vowed religious sisters that made the difference. The Catholic hospitals were founded by immigrant sisters in immigrant neighborhoods: St. Vincent's (1849) was founded by Irish Sisters of Charity and served many Irish immigrants; St. Francis (1865) was founded for German immigrants; and Columbus Hospital (1892), founded by St. Frances Cabrini, met the needs of Italian immigrants.

Having identified the sisters as the foundation and source of the character of Catholic hospitals in New York City, McCauley turns to the sisters themselves in chapter 2. This is a good introduction to the transplantation of European religious institutes and the move to nursing by the Sisters of Charity, the first American congregation. Some European religious institutes had a more monastic enclosure, and others were more flexibly constituted on their arrival; the book shows some of the ways they adapted themselves to take on hospital ministry. McCauley's attention to the sisters themselves prompts attention to their Gospel response of service (the constitution of the Sisters of Charity seems modeled on Matthew 25 and service to Christ in the sick), their interactions in community life, and the external shape of their religious institutes. The chapter ends by placing the nursing sisters in the training-school movement of nursing, a significant step in nursing's professionalization.

"Consoling Influences," chapter 3, may be the heart of McCauley's study, as it turns to the inner culture of the hospital and its vision of care. One characteristic of some publicly funded hospitals of the nineteenth century that would be surprising to the twenty-first-century reader was the scarcity of nurses. In fact, patients who were less sick were often expected to care for those who were more

sick. Catholic hospitals, however, were a significant contrast to publicly funded hospitals because of the widespread presence of nursing sisters. The sisters changed the perception of hospitals in New York City from that of almshouses to places of more personal care. Yet the chapter also emphasizes that the medical care given in Catholic hospitals was medically mainstream. The care given by the sisters included traditional nursing care as well as concern for the spiritual well-being of their patients; the attentiveness of the sister-nurse provided an openness to open and honest life conversations.

Although the sisters' work must be included in a historical narrative of hospital development, this was not the goal of the religious institutes; their strategy seemed more oriented to meeting the lived needs of the Church at a time of social transition and social risk.

Chapter 4, "Building in New York Is Very Expensive," describes early hospital finances. McCauley delves into the financial responsibilities of the foundational and growth decades of Catholic hospitals in New York. Hospitalization in the late nineteenth century was equated with pauperization to many persons, as most medical care prior to the development of modern surgical techniques (and the sterile suites needed for these procedures) could be given by physicians in the homes of middle class and wealthy persons. The chapter shows the difficulties and time-consuming nature of financial management in hospital life from its outset. The creativity of the sisters in finding an ever-changing blend of individual and parish-based financial support was essential. Fund-raising events with local parishes were an early foundation, along with donations by physicians and other individuals, public grants (with the anti-Catholic response of the era), and payments by patients.

Trends in financial support are well documented. Public funding of Catholic hospitals in the mid-nineteenth century was also an important reality, and McCauley shows the political contours. Perhaps of greatest significance is the section on payments by patients, which for some will shatter a myth that the foundational years of Catholic health

care were always without cost to patients. The chapter illustrates the variations in fee and the percentages of patients who were able to pay for services. True, care without the ability to pay is a cherished hallmark of the ministry. And true, for some persons payment meant that hospitals were no longer only refuges of the poor, as more modern techniques were introduced and care was increasingly professionalized. The reality is that from its foundational years, Catholic health care in the United States had a demanding financial stewardship element. In accounting for the ability of Catholic hospitals to endure the stress of their founding years and then thrive, McCauley turns to the phenomenon of the sisters: "Overall, Catholic hospitals survived because of the commitment of the sisters and their remarkable ability to sustain support for their work." This "ability to sustain support" references the multiple types of outreach necessary, rooted in the sisters' ability to build respect based on the type of care they provided to persons.

A significant transition was in store for American hospitals and the Catholic facilities in New York with the advent of the national standardization initiative of early twentieth century progressivism, which drew the outline of the modern hospital. Chapter 5 does not give a complete account of standardization, but its title, "Trust in God but Put Your Shoulder to the Wheel," suggests the acceptance of this difficult challenge by sister leaders of the ministry. An initial effect of standardization was the more widespread development of hospital-based nursing training programs. Another effect of standardization was huge financial burdens for technological and structural improvements. Financial responsibilities under standardization only underline the significance of the financial management responsibilities of the sisters described in the previous chapter.

As early as the 1920s, fund-raising was professionalized to support standardization efforts. Compelling attention is given to the variation on charity care needs in a range of hospitals, although by the late 1920s and the Depression, all hospitals found that private

rooms were less full and ward care more the norm; all hospitals saw a rise in patients who could not make any contribution to the costs of their care. By the close of this chapter, McCauley shows the hospital sisters, a third of the way into the twentieth century, with a new and more foundational concern facing them: the immigrant Catholic neighborhoods that were the original call to ministry for the sisters were changing. At the same time, non-Catholic community hospitals were increasingly friendly to Catholic patients; sacramental visits by Catholic clergy were no longer prohibited.

McCauley's epilogue carries the thread of standardization into the twentieth century. If the caring presence of the sisters at bedside set Catholic hospitals apart in the nineteenth century, the modern post-standardization hospital called the sisters to a new level of professionalism. Social change in the nation assured that the ethnic neighborhoods that were the original reason for the establishment of many Catholic hospitals no longer looked the same.

#### *Unlikely Entrepreneurs*

Barbra Mann Wall's study does not have a particular geographic and ethnic focus, but rather is based on the hospital work of three congregations of vowed women religious—the Sisters of St. Joseph of Carondelet, the Sisters of Charity of the Incarnate Word, and the Sisters of the Holy Cross. This book appears in the Ohio State University Press series *Women, Gender, and Health*, and gives attention to the history of hospitals, but it also makes us aware of the phenomenon of the sisters in a culture that had no established place for institutional leadership roles for women, and shows the resolve they exercised on behalf of the ministries they developed and led.

The only serious reservation I have with Wall's analysis is her use, even in the book's title, of financial and entrepreneurial categories. Business competencies have been maintained by women religious since the inception of their works, of course. What is questionable, however, is whether the sister-founders saw their ministries as businesses.

The phenomenon of hospital development in the United States seems *sui generis* and resists complete insertion into the business paradigm.

Wall's book has three parts. In part 1, "Early Background of Catholic Sisters in Health Care," Wall introduces the religious institutes her study will track. In the first chapter, the story lines of the institutes from their foundations begin. The second chapter provides good insights into the world of the late nineteenth century and the often very harsh context in which women would discern their call to vowed ministry. Post-famine Ireland was a notable example of hardship: some religious institutes did not require a dowry prior to the admission of novices. Wall shows an ongoing attentiveness to the inner community life of the sisters.

Part 2 is titled "Hospital Establishments in the Midwest, Texas, and Utah" and covers aspects of the early stages of the hospitals. Chapter 3, "Not the Traditional Institution," explores the necessary foundational work in new areas, the development of relationships with physicians, and the importance of reception by the local population and government (with *per capita* payment for certain dependent patients) for the facilities' success. The chapter includes a selection of hospitals that were successful in their establishment and those which were not. It also dispels the notion that all patients in the Catholic hospital were treated without fee. The fourth chapter, "An Institution for the Community and Not Narrowly Sectarian," presents the phenomenon of hospital construction during an era of new surgical interventions and initiatives of sister leadership (1880–1925). In the hospital case-studies presented, the populations served were often predominantly non-Catholic. Contracts with railroads for the care of injured workers, for example, resulted from the initiative of the sisters and helped assure admission of patients. "Debts Are Our Only Wealth," the fifth chapter, further examines early hospital financing. The title arises from an 1885 quote from Mother St. Pierre Cinquin, CCVI, who also wrote that "if we did not have a paying infirmary, we would have to steal in order to

live ... the poverty is so great." The sisters' service ethos is presented as the basis of the assumption of risk at the inception of a new ministry and ongoing debt as the hospital developed and grew.

"Religion, Gender, and Autonomy in Catholic Hospitals" is part 3, and begins with the sixth chapter, "Our Heels Are Praying Very Hard All Day," an examination of nursing service. The praxis of nursing work for the sisters integrated religious commitment with particular human need. Wall explores the rise of nursing education in Catholic hospitals for sisters, as well as the constitutions of the religious institutes and contemporary Catholic spirituality of sickness and death. While respecting the range of religious beliefs in patients, the sisters took the stance of developing the expertise to meet the physical needs of all patients. Those who shared Catholic belief had ongoing access to a Christian spiritual environment and the sacraments to fortify the person in sickness and in the face of death. Sister Augusta suggested that in the care of those who did not share religious belief, the best practice is "to have little to say, and give them good example." The sisters were very aware of the inevitability of death.

"Power Sharing" is chapter 7 and explores the hospitals in transition, with shifts in hospital management and leadership. It devotes particular attention to relationships with physicians in the new era as well as the ecclesial structure of the hospitals. "Modernization" as the result of the 1910 Flexner Report and the standardization movement was a significant milestone in the development of American hospitals. Wall addresses some of the internal dynamics in Catholic hospitals. Chapter 8, "Addressing the Times," continues to examine the response of the sisters to the standardization movement in the early years of the twentieth century. An external cultural problem for the sisters was renewed anti-Catholicism that accompanied waves of European immigration in the late 1890s. The sisters also took on new financial debt to meet the modernization required by standardization. Another change was occurring in nursing itself, as more sister nurses moved into professional specializations.

In the study's conclusion, Wall seeks to reconcile the market and Christian love themes, and sees the service theme as dominant in the stories of the sisters and their hospitals. She brings the story lines of the facilities she studied to a contemporary conclusion, noting those that have transitioned from and those that maintain Catholic sponsorship. Wall notes the significance of the sisters' leadership roles in American health care and rightly protests that the sisters are often an "invisible" part of that history.

### *Theological Reflection*

McCauley and Wall provide important material for theological reflection on the inner life and vibrancy of Catholic health care ministry. They join Christopher Kauffman, whose *Ministry and Meaning* (1995) is a foundational history of Catholic health care in the United States. These studies are long overdue and join others that address nursing leadership from a historic perspective that includes vowed religious, such as Sioban Nelson's *Say Little, Do Much* (2001). Wall, McCauley, and Kauffman do not attempt to explore theological dimensions, but all address the praxis of sisters who went before us in hospital ministry. All the studies point to a conclusion that a certain Christian personalism is an integrating thread in the ministry of the sisters. If the life of the Church is a history of grace, it is incumbent on the people of God to recognize the gifts of the Spirit present in the work to which so many women of a range of ethnicities freely devoted their lives in a country that was often quite foreign and hostile to them.

What challenges are presented to the internal life and culture of Catholic health care? Two particular issues seem to stand out.

First, what will Catholic health care be like without the widespread presence of the sisters on the operational level of health care? Wall asks if Catholic health care facilities, now with dramatically fewer sisters, will become "bland, culturally benign institutions that are virtually indistinguishable from nonsectarian hospitals." In chapter 4 of *A People Adrift* (2003), Peter Steinfels asks a similar question; he appreciates the

high-technology but wonders what happened to "the atmosphere of caring." The presence of vowed religious showed the striving for Christian discipleship, particularly in the care given as a manifestation of the love of God in the caregiver. As the religious did not work in solitude, love of God and neighbor was a constitutive element of the Catholic hospital's culture. It was an actualization of the Church.

With the current reconfiguration of the national health care delivery system, an additional challenge to Catholic health care is renewing and perhaps recovering our founding inspiration, translating it from the charism of the founding religious institutes to ministry in the Church. The general introduction of *Ethical and Religious Directives for Catholic Health Care Services* (like part 2 of Pope Benedict's *Deus caritas est*) identifies care of the sick as a historic and expected expression of the Church life. The American bishops recognize the current integration of the laity into roles historically held by vowed religious. "Formation" of lay leaders at every level is a critical success factor for Catholic health care. Formation requires more than knowing the story; it means each health care worker must integrate internally the constitutive meaning of the ministry as a sponsored work of the Church.

Second, will the ministry accept safety and quality as essential expressions of the Catholic health care mission and not extrinsic measures? This social expectation is to the ministry in the early twenty-first century what standardization was in the early twentieth century.

Theological reflection should open us to the challenges of the moment on the ground of the abiding. Beneath everything, as its foundation, is the silent mystery of God leading the ministry to response in prayerful, devoted commitment and then expression in competent and compassionate care. This seems a most important activity for Catholic health care and is already well under way, but it must be sustained by ongoing discernment and theological reflection or it will not reach all persons who collaborate in the ministry. The sisters, for their part, may find

a new prophetic role in Catholic health care as sponsors and directors of lay leadership formation within the Catholic ecclesial communion. To the health care ministry, this may be the next great gift of the sisters.

JOSEPH J. PICCIONE

*Joseph Piccione, JD, STD, is senior vice president for mission and ethics at OSF Healthcare System in Peoria, Illinois, adjunct professor at Saint Anthony College of Nursing in Rockford, Illinois, and adjunct faculty at Saint Francis College of Nursing in Peoria.*

***Ethics of Procreation and the Defense of Human Life:  
Contraception, Artificial Fertilization, and Abortion***

by **Martin Rhonheimer**

Catholic University of America Press, 2010, paperback, \$39.95  
330 pages, bibliography and index, ISBN 978-0-8132-1722-2

Rev. Martin Rhonheimer is a renowned Swiss moral philosopher whose works, thanks in large part to Prof. William F. Murphy Jr., the editor of this present volume, are becoming more widely available to English readers. *Ethics of Procreation and the Defense of Human Life* continues this project by presenting in a single volume some of Fr. Rhonheimer's significant works on moral questions at the beginning of life, namely, contraception, artificial fertilization, and abortion. Of these works, some have been previously published in English (the first chapter originally appeared in the Autumn 2009 issue of this journal), some have been adapted from prior English publications, and some are newly translated from the original German and made available for the first time in English. All of them could be characterized as providing rigorous philosophical arguments to explain and defend recent magisterial teaching on the issues in question.

The book is divided into two parts, as its title suggests. After a brief preface by the editor and introduction by the author, the first chapter concerns Rhonheimer's understanding of ethics at the fundamental level, his interpretation of St. Thomas Aquinas regarding natural law, and the way in which that doctrine is taken up and applied in the magisterium of Pope John Paul II. The next three chapters (2 through 4) make up part 1, titled "Sexuality and Responsibility: Con-

traception as an Ethical Problem," which concerns the morality of contraception. Part 2 is titled "Injustices regarding Human Life: Reproductive Technology and Abortion" and takes up the issues of artificial fertilization and abortion. The division into parts emphasizes the fact that Rhonheimer treats the acts in question (rightly, I think) as involving two distinct kinds of moral disorder. Contraception, he argues, is immoral because it is opposed to the virtue of chastity. Artificial fertilization and abortion, on the other hand, are judged to be immoral because they are opposed to the virtue of justice.

In chapter 1, Rhonheimer presents in summary his interpretation of Aquinas regarding the natural law and the virtues.<sup>1</sup> At the same time, he seeks to show how this interpretation of natural law is also found in the writings of John Paul II, especially the 1993 encyclical, *Veritatis splendor*, and is applied in the Pope's teachings on the ethics of human life. To summarize Rhonheimer's summary, we can say that for Rhonheimer, following Aquinas, law is a dictate of reason. Natural law, therefore, is a dictate of natural reason; that is, it includes the precepts that human beings naturally apprehend, based on the goods toward which they are naturally inclined. The natural law is what human beings naturally know to be good or evil, right or wrong, on the basis of their own natural, bodily and spiritual, humanity. Finally—and most importantly—it is by this knowledge,