History of Catholic Institutions in the United States

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In this essay the author provides an analysis and overview of the historical development of the many Catholic institutions which dot the landscape of the United States. At the close of the historical presentation the author proposes five characteristics of the present situation which will guide the future evolution of Catholic institutions.

The tendency to create our own educational, healthcare, and social service institutions is one of the most distinctive and enduring characteristics of the American Catholic community. Since the birth of the republic, thousands of Catholic schools, colleges, seminaries, residences for orphans, the handicapped, and the elderly, hospitals, clinics, and sanitaria have borne witness to the Church’s concerns for the well-being of its own members and to its desire to serve its neighbors. This essay will give a brief overview of the phenomenon, accenting certain factors which influenced the development of institutions and mentioning certain issues that divided the church community relative to its institutions.

Three Crucial Factors

There are three factors which are so pervasive in every era as to deserve mention at the outset. Each deserves a book-length treatment, but can only be treated here by way of backdrop. The first is the demographic factor. In 1785

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Catholics in the thirteen states numbered twenty-five thousand in a population of four million. Most were concentrated in the two states known for their religious toleration, Maryland and Pennsylvania. Today there are over 62 million Catholics in a population of 273 million Americans, 23 percent of the total. Catholics are still proportionally more numerous in the urban centers of the Northeast and Midwest, but the numbers in the South, the Southwest and the far West—e.g., the city of Los Angeles—have grown at a faster pace since World War II. The size, the ethnic composition, and the location of the Catholic population have been tremendously influenced by immigration and, to a lesser extent, by internal migration. Conditions in Europe, e.g., famine in Ireland and the Kulturkampf in Germany, drove tens of millions to our shores between 1840 and 1920. More recently, civil wars and poverty in Latin America and the Caribbean prompted millions more to seek safety, freedom, and opportunity in the United States. Similarly, refugees from Viet Nam, Korea, Laos, and other Asian countries have augmented the Catholic population in recent decades. As the descendants of earlier immigrants achieved prosperity in the second half of the twentieth century, they tended to migrate from city centers to suburbs, from the Northeast to the South and Southwest. In every era of our nation’s history these demographic realities influenced the real or perceived need for distinctive Catholic institutions.

The second factor is the history of religious congregations. Every congregation is founded to respond to some need in the Church or broader community. Each has its own specific mission, spelled out in its charter or constitutions, e.g., teaching, catechesis, healthcare, care of orphans, of prisoners, etc. These congregational missions may be as general as “the works of mercy” or as specific as the care of the mentally ill. In the vast majority of cases congregations have founded institutions, or committed to staffing those founded by parishes or dioceses, to carry out these works. Congregations from Germany, Ireland, Poland, Italy, and other countries accompanied their compatriots here and helped them put down roots in American soil. Other congregations which were expelled from Europe by hostile governments found a scope for their mission in the United States. Still other congregations were founded on American soil to minister to the growing needs of the church community. Hence the history of the congregations mirrors and provides insight into the development of Catholic institutions.
A third factor, less quantifiable than the previous two, but perhaps even more important because of its underlying implications, is the tension between assimilation into American culture and prophetic distance. Adoption of English vs. preservation of another language is the most obvious example of the tension. Is provision of schooling (and liturgy) in one’s language of origin a temporary pastoral accommodation or is it essential to the preservation of the community of faith? Language aside, is it essential to Catholic identity to maintain separate Catholic associations for professional groups such as doctors, nurses, lawyers, teachers, librarians, etc., or separate Catholic institutions for elementary, secondary, and higher education or for the care of the sick and infirm? According to one’s perception of the hostility of the environment, the answer may differ. Is a Catholic institution first and foremost a ministry by and for Catholics, or is it an expression of the Catholic mission to the larger needs of society? Is it possible that an institution founded in one era for one purpose may find another focus in a later, more secularized, pluralistic, and ecumenically sensitive era? These are some of the questions which will form the backdrop for our review of the history of the Church’s institutions. Our review will focus on three categories of institutions: elementary and secondary schools; higher education (including seminaries); and hospitals.

The Early Republic: 1776–1840

The Church’s early institutions were shaped by the reality of its minority status in a Protestant milieu as well as by the tolerance enshrined in the constitutional separation of Church and state. The emerging public school system was Protestant in its culture and piety, but there were no legal barriers to founding separate schools. The dependence on immigrant clergy made the founding of boys’ schools imperative in order to cultivate a generation of potential American seminarians. Early hospitals were little more than refuges for the indigent; those with means were cared for in their homes. It was during this period that the first hospitals devoted to treatment were founded, and the doctors who founded them turned to women religious to staff them. After about 1824 a nativist spirit began to rise in some large cities. Some details about each category of institutions follow.

Bishop John Carroll founded the first boys’ school at Georgetown in 1791 and assigned it to the care of the Jesuits. Gabriel Richard, a Sulpician priest working in the Northwest Territory, founded a girls’ school in 1804 at what would later be Detroit. Catholic schools really began to multiply, however, with the formation of indigenous communities of religious sisters. The Sisters of Charity founded a school at Emmitsburg, Maryland, in 1810 and eight more by 1828. The Sisters of Charity of Nazareth and Sisters of Loretto (both founded in 1812) continued the
movement. By 1830 most Catholic parishes in New York City, Philadelphia, and other eastern cities had some type of school. In 1840 there were at least two hundred Catholic schools in the U.S., about half west of the Alleghenies.

The founding of Catholic colleges was a major concern of bishops during this period as they looked to them as sources of vocations and places where clerical prospects could begin their training. In fact, the distinction between secondary and baccalaureate education was not what it is today. The Jesuits, who founded or took over many of the colleges, looked on them as similar to a German gymnasium or a French lycée—a school that offered in a unified program of about six years the same course content that English and American educators divided between two institutions, a four-year secondary school and the first two years of college. Aside from the Jesuits, the Sulpicians, the Dominicans (briefly, in Kentucky), and the Vincentians (in Missouri) were the only orders to establish colleges before 1840. The Sulpicians began St. Mary's Seminary, Baltimore, in 1791 and Mount St. Mary's Seminary in Emmitsburg in 1808.

The first extant Catholic hospital was founded in St. Louis, Missouri, in 1828 by four Sisters of Charity from Emmitsburg, at the invitation of Bishop Joseph Rosati, C.M. The Sisters of Charity had earlier founded the first Catholic mental hospital in the United States, near Baltimore, and the first Catholic orphan home, in Philadelphia. During this period sisters of many congregations were invited to nurse in hospitals owned by physicians, in cities, counties, states, mining communities and railroads. They tended victims of cholera and yellow fever in hospitals, in poorhouses, and in their homes. It was these efforts which helped qualify them to assume responsibility for healthcare institutions in the years to come.

**Years of Immigration and Civil War: 1840–1879**

During the middle third of the nineteenth century, the Catholic Church in America grew enormously in size and assumed new characteristics. In 1849 the Catholic population was approximately 663,000, or 4 percent of the total population; in 1870 it was 4,504,000, or 11 percent of the total. Descendants of the original English and French settlers were vastly outnumbered by immigrants from Ireland, Germany, and a dozen other countries. These new arrivals tended to congregate in the port and industrial cities of the North. The steady stream of Catholic immigrants led to a rekindling of nativist sentiments under the new name of Know-Nothingism. Anticlerical violence peaked between 1854 and 1855 and only came to an end with the Civil War.

Church officials had never taken an unequivocal stand in the controversy over slavery, generally tolerating it in the South, as long as it was humane, and repudiating it in the North. Overall, the Church chose a posture of political neutrality...
during the Civil War, and its members fought in both armies. However, its standing was enhanced by the charitable activities of its clergy and women religious in both the Confederate and Union states. Also, the Church was the only major denomination which did not split into two churches during the War. Sadly, however, the Church failed to meet pastoral needs of the millions of newly emancipated blacks, and the ongoing separation of the races within the Church went unchallenged.

During this period there were a number of authoritative pronouncements on the necessity of parochial schools and on the obligation of pastors and parents to support them. For instance, the First Plenary Council of Baltimore in 1832 insisted that Catholic schools were indispensable for the security of faith and morals among Catholic children. The Second Provincial Council of Cincinnati decreed in 1858 that the establishment of parish schools was a serious moral duty of pastors. In 1866 the Plenary Council of Baltimore cited this decree when it recommended that a parochial school be built next to each and every parish church. As insistent as these statements were, implementation varied widely. On the one extreme were dioceses like New York and Cincinnati where Archbishops John Hughes and John Purcell made the building of schools a personal crusade. In contrast the dioceses of New England neither totally implemented nor totally ignored the teaching. Fewer than 40 percent of their parishes ever built schools during the nineteenth century. Some of the factors which influenced local choices were the availability of public funding, the resources of the parishioners, the perceptions of the Protestant bias of public schools, and the leadership of bishops and pastors.

This was the period of significant expansion in Catholic higher education. Forty-two Catholic colleges were founded in the 1850s, many by religious congregations new to the American scene. Examples are the University of Notre Dame by the Congregation of the Holy Cross in 1842, the University of Dayton by the Marianists in 1859, Manhattan College by the Christian Brothers in 1853, and St. Bonaventure University by the Franciscans in 1856. The Jesuits added to the number of their schools (e.g., Santa Clara in 1851), the Vincentians added Niagara University in 1856, and the Augustinians opened Villanova in 1842.
St. Louis University and Georgetown launched medical schools before the Civil War, but the former was short lived. Notre Dame and Georgetown established law schools after the war. Seminaries founded during this period were under diocesan auspices, with the mission of serving several dioceses, or under the auspices of religious congregations, for the benefit of their own members and diocesan clergy. Examples of the former are St. Charles Borromeo Seminary, Philadelphia (1838, transferred to the new campus in 1871), Mt. St. Mary Seminary of the West, Cincinnati (1851), and St. Francis de Sales Seminary, Milwaukee (1856). The latter include the seminaries under Benedictine sponsorship at St. Vincent Archabbbey, Latrobe, Pennsylvania (1846), St. John’s Abbey, Collegeville, Minnesota (1857), and St. Meinrad Archabbbey, Indiana (1854).

Of the sixteen congregations of women religious in the United States in 1849, five nursed in hospitals. The Sisters of Charity were in several cities, the Sisters of Charity of Nazareth in Kentucky, the Sisters of Mercy in Pittsburgh, the Sisters of St. Joseph in Philadelphia, and the Oblate Sisters of Providence in Baltimore. Their institutions could accommodate anywhere from a handful of patients to many hundreds. In every case they were committed to provide access to any clergymen a patient might request, whether Catholic or Protestant. This was in contrast to many other private and public hospitals where priests were not welcome to minister to Catholic patients.

Pastoral Accommodations during the Industrial Age: 1870–1914

By 1900 there were 12 million Catholics in the country, more than 15 percent of the total population. Increased heterogeneity in the immigrant population (especially increased numbers of Southern and Eastern Europeans), the multiplication of ethnic parishes, and greater social and geographic mobility all contributed to the pastoral challenge. Up until this time the tendency of Catholics to remain in denominational ghettos and to prefer their own institutions whenever possible had effectively preserved their Catholic identity while distancing them from the center of American life. During this period some of the Catholic intellectual elite came to favor another vision, called Americanism, which held that American democratic institutions were especially compatible with Catholic tradition. The challenge of entering the mainstream without compromising core identity was encountered in different ways in each area of institutional life.

The choice of parochial versus public schooling continued to be a bellwether of Catholic identity. In 1884 the Third Plenary Council of Baltimore mandated the establishment of a grammar school in each parish within two years. In several dioceses, synods were held that reinforced the mandate by threatening the
removal of pastors who failed to comply. As in earlier decades, compliance was mixed. In addition to the factors identified in the last period, ethnicity played a role. Chicago's Poles outnumbered Italians by two to one in 1900, but had thirteen times as many schools—undoubtedly a reflection of cultural biases and traditions. In some cases, too, parents saw public schooling as a vehicle of upward mobility for their children.

A more fundamental issue was epitomized by “The School Controversy” of 1890–1993, triggered by a speech given by Archbishop John Ireland to the National Education Association in 1890. In terms of extent, intensity, and bitterness of feeling the dispute was unprecedented in American Catholic history at that time. Briefly, Ireland (a leading voice in the Americanist movement) asserted the necessity and desirability of state schools, but stated that they were not reaching their potential because they were eliminating religion from the minds and hearts of youth. Hence parochial schools were only necessary because of the present irreligious character of public schools. The remedy, the archbishop said, was either to divide tax monies between denominational and non-denominational schools (which would both be, in effect, “public”) or to allow religious instruction on released time in the public school. He also approved something like the latter arrangement in the small towns of Faribault and Stillwater, Minnesota. So divided was the hierarchy over the issue, and so intense was the debate, that it was ultimately referred to Rome. Vatican officials issued a decree that allowed Ireland’s experiment to continue but forbade its duplication in other dioceses. In succeeding decades Catholic education continued to grow and become more professionalized. More and more secondary schools were added to the educational continuum, and diocesan offices exercised greater administrative oversight.

The most significant event relative to higher education in this period was the founding of The Catholic University of America in 1889. The Third Plenary Council of Baltimore had called for its establishment in response to the concerns of those who felt that the Catholic colleges were not meeting the intellectual and religious challenges of the day. For the first ten years of its existence CUA was deeply embroiled in the controversies over Americanism. Both this movement and the later (mainly European) crisis of Modernism grew out of Catholic efforts to respond to social change and new currents of thought in the natural sciences.

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biblical scholarship, and philosophy. The “liberal” responses championed by the Americanists and Modernists were decisively rejected by church authorities, and neoscholasticism was prescribed as the official church answer to the philosophical and theological problems of the age.

The establishment of a Catholic university oriented toward graduate education and research did have the positive effect of stimulating post-baccalaureate programs at other Catholic institutions—first professional programs such as medicine, law, engineering, education, etc., and then graduate degrees in the arts and sciences. This period also saw the establishment of Catholic women’s colleges. Notre Dame of Maryland was chartered in 1876 and Trinity College in Washington, D.C., in 1900. By 1926 twenty-five colleges for women constituted more than a third of the institutions accredited by the Catholic Education Association. Existing seminaries and new ones started during this period struggled with the need to develop curricula in tune with the needs of the age without falling prey to accusations of Americanism or Modernism.

The number of Catholic hospitals grew from 75 in 1872 to nearly 400 in 1910. This phenomenal growth paralleled the increase in hospitals in general, prompted by advances in medical science and the development of whole new medical and surgical specialties. The sisters who founded and staffed these hospitals also established nursing schools in conjunction with many of them, thus influencing the preparation of countless caregivers.

### Into the Mainstream: 1914–1964

The election of a Catholic president near the end of this period marked the triumph of a kind of assimilation to American culture. By 1964 the Catholic population had increased to 44,874,000 or 24 percent of the total population. Most Catholic voters supported John F. Kennedy, as did many others, no doubt reassured by his public statements that his religion would not be a factor in his conduct of the public’s business. The Church gradually lost its immigrant status, and the wholehearted participation of the Catholic community in two World Wars solidified their personal sense, and the public’s perception, of their American identity. Catholics had indeed entered the mainstream of American life. One of the biggest challenges for all Americans in this period, and for Catholics and their institutions, was the persistence of racial prejudice.

The schools grew in number and size throughout this period, peaking in the late 1950s and early 60s with the postwar baby boom. In 1914 there were 5,403 parochial schools, enrolling 1,429,000 children; in 1964 10,452 parish elementary schools enrolled 4,471,000 children, and 450 private schools enrolled another 85,000. In 1964 more than a million young people were registered in 1,557 parish
and diocesan high schools and 901 private secondary schools conducted by religious communities. Religious vocations also peaked in the mid-60s and then began a decline which has never been reversed. The educational needs of black Catholics in the South were met by the Sisters of the Blessed Sacrament for Indians and Colored People with the founding of elementary and secondary schools and Xavier University in New Orleans. By mid-century, however, the de facto segregation of most Catholic schools had become a matter of conscience. Despite the objections of some parents, a few bishops led the way in ending segregation in their school systems prior to the Supreme Court decision of 1954, e.g., Archbishop Joseph E. Ritter in St. Louis in 1947 and Archbishop Patrick A. O’Boyle in Washington, D.C., in 1948.

By 1964, 366,172 students were enrolled in 295 Catholic colleges and universities. By the late 1950s nine Catholic universities had graduate schools which could grant doctoral degrees and many had professional school faculties in areas such as law, medicine, business, finance, engineering and architecture, nursing, education, dentistry, pharmacy, music, social service, industrial relations, diplomacy, and physical education. In contrast to Catholic elementary and secondary schools, institutions of higher education received state and federal funds in the form of veteran’s benefits, aid for construction of buildings, research grants, and scholarships supported by the National Defense Education Act of 1958. As the number of seminaries continued to grow, the leadership concerned itself with administrative reforms and improved academic standards. By the 1960s seminaries began to seek and obtain accreditation with resulting recognition of their credits and degrees. It seems safe to assume that the beneficiaries of American Catholic higher education during these years were the laity and clergy who anticipated the Second Vatican Council through movements of social and liturgical reform and who were in the forefront of its early implementation.

Catholic institutions for health care also grew apace over these years. Until mid-century they were almost entirely segregated. The first hospital established as an integrated facility with black physicians on the staff was St. Vincent’s in Kansas City in 1953. The formation of the Catholic Hospital Association (now the Catholic Health Association) in 1915 provided a venue for ongoing national discussion of key issues of Catholic identity and professional practice.

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Post-Conciliar Era: 1964–2000

Women religious were among the first groups to feel the impact of the council. They were mandated to renew every aspect of their lives and mission in light of their founding charisms and the needs of the present day. Sisters had benefited from the Sister Formation Movement, begun in the late 1950s, an effort to upgrade their educational, professional, and spiritual preparation for religious life and ministry. Armed with insights from this experience they took the council’s mandate to heart and set about a wholesale self-examination and experimentation with new expressions of lifestyle and ministry. One result was a diminished visibility in their institutions as they abandoned medieval dress and took on new (often noninstitutional) initiatives in ministry. Beginning in the mid-1970s sisters inaugurated the concept of sponsorship of their ministries, the purposeful influence over the mission and culture of organization. The rate of increase in the Catholic population declined in these years, as Catholics reduced their family size. Upward social mobility saw Catholics moving from urban to suburban parishes, and many inner city parishes and schools closed. While some categories of institutions declined numerically, others grew, and those that survived strove for higher standards of excellence than heretofore.

Catholic elementary and secondary school enrollment declined from its peak of over five million in the 1960s to the current 2.6 million, due partly to a decline in the school age population and the migration of Catholics from older parishes to the suburbs where public schooling is of high quality. There may be a shift in progress, however. Between 1988 and 1998 the Catholic school population has actually increased 3.8 percent across the nation, with a 17 percent increase in the Southeast and 13 percent in the West and Far West. Between 1985 and 1999, 230 new Catholic schools opened. Current interest in charter schools and voucher plans among the general public indicates that people are willing to make choices for quality schools and Catholic schools are regarded as an attractive choice, even for some non-Catholics who view religious instruction as a plus.

Dozens of weaker colleges closed over the last forty years, and the 235 that remain are generally stronger academically and organizationally than at mid-century. Virtually all institutions created lay boards of trustees, in some, but not

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most cases, reserving key powers to the sponsoring religious congregations. As the colleges and universities assumed more autonomy from the founding congregations, questions of academic freedom emerged. Was the mission of higher education compatible with external, ecclesiastical authority? The Vatican’s Congregation for Education answered the question with the promulgation of *Ex Corde Ecclesiae* in 1991, an instruction on the preservation of Catholic identity and theological orthodoxy in higher education. Norms for its implementation on the American scene are still being debated by the U.S. bishops and academic community. Enrollments in seminaries decreased precipitously during this period, and there have been numerous closings. Most seminaries have added ministry training programs, including the master of divinity degree, for lay persons wishing to minister in the Church.

Healthcare is the area of institutional presence which has undergone the greatest growth and change in recent decades. With the advent of Medicare in 1965 hospital care became affordable for all older Americans. Rising levels of prosperity throughout most of this period, as well as dramatic advances in surgery, medical technology, and pharmacology, fueled the public’s appetite for bigger, costlier, technologically more sophisticated hospitals. Catholic hospitals grew in number and size along with all the others. More recently, under the pressure of managed care, hospitals have consolidated into regional and national systems. Catholic hospitals have not been slow to follow. Beginning in the early 1980s sponsoring congregations realized that the continuance of their healthcare mission required them to unite their many healthcare institutions into systems under central management, with common financing. Gradually separate congregations combined their institutions or smaller systems into cosponsored systems. Today, over 70 percent of Catholic healthcare is organized into about ten large systems. A further development initiated by women’s congregations has been the movement toward collaboration across ministry lines, e.g., healthcare with social services and with parishes, as in the numerous parish nurse programs. In addition, a whole new ministry has sprung up, namely the development, financing, and management of affordable housing for low income and disadvantaged segments of society.

**Looking Toward the Future**

The Church’s institutional presence has been a constant factor in her American experience since the beginning of the republic. As we begin a new millennium, we might single out five characteristics of the present situation which carry promise for the future. The first is that Catholic institutions represent a *continuity of response* to the pastoral and social needs of people. In season and out, the Church has continued a ministry to the poor, the sick, the handicapped,
the uneducated, and those experiencing the gamut of human needs. Catholic institutions have come to embody standards of excellence which witness to the importance they place on their work as expressions of Christian mission. Catholic institutions no longer promote a separatist Catholicism; rather, they represent the inculturation of the faith in a pluralistic environment. This institutional commitment is often a tool for the Church’s systemic influence in American society. Because of the extent of our commitment to the alleviation of social ills, our longevity, and the quality of our services, we have earned a right to be heard in the chambers in which public policies are crafted. Finally, the responsibility for Church institutions has largely passed into the hands of lay leaders, a sign of their maturing role in the Church. We look forward to the further evolution of the Church’s institutional ministries, under their leadership, with gratitude for what has been and hope for the future.

References


