Published in final edited form as:

ANS Adv Nurs Sci. 2009 ; 32(1): 91–102. doi:10.1097/01.ANS.0000346290.44977.1c.

Catholic Sister Nurses in Selma, Alabama, 1940–1972

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Abstract

This study analyzes the activities of religious sister nurses as they confronted racism in the American South from 1940 to 1972. Selma was chosen as a case study because, in the 1960s, events in that southern town marked a turning point in the civil rights movement in the United States. This is a story about the workings of gender, race, religion, and nursing. The sisters' work demonstrates how an analysis of race in nursing history is incomplete without an understanding of the roles that a number of Catholic religious women took in reaching out to African Americans in the Deep South.

Keywords

gender; nursing; nursing history; race; religion

This study analyzes the activities of Catholic sister nurses, specifically the Sisters of St Joseph (SSJs) from Rochester, New York, as they confronted racism in the American South from 1940 to 1972. It is a story of religious women who initially advocated for the sick from Catholic traditions but whose efforts evolved over time to promote the economic and social development of African Americans in the health professions. Selma, Alabama, has been chosen as a case study because in the 1960s, events in this southern town marked the peak of the civil rights movement in the United States. The sisters' work in Selma has been chosen to demonstrate how an analysis of race in nursing history is incomplete without an understanding of the roles that a number of Catholic religious women took in reaching out to African Americans in the Deep South.

Historical methodology is used to evaluate and interpret data within the broader framework of historiographical literature on race, religion, gender, and nursing. Primary sources included correspondence among sisters and clergy, hospital chronicles and ledgers, minutes of meetings, School of Nursing brochures and records, journal articles written by eyewitnesses, and papal encyclicals. Oral histories of 4 SSJs who were in Selma during this momentous time were also used. My analytical approach is shaped by feminist scholars who have analyzed the patriarchal dimensions of institutional religion, arguing that while some women have responded by abandoning religious institutions, others have worked within the boundaries of their organizations to bring about meaningful change.^{1,2} This study focuses on the latter group. I argue that the SSJs used the resources of their religious congregation and the Catholic Church to advocate for African Americans. In the process, they found previously untried ways to expand their mission of service. And as they confronted racism, violence, and patriarchy, they fashioned new identities for themselves as they interacted with their black neighbors.

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The SSJs' foundation dates back to the mid-17th century in France. They came to Carondelet, Missouri, in 1836 and to Canandaigua, New York, in 1854. Nuns from religious orders worked in women's traditional roles of teaching, nursing, and caring for the elderly. Believing that nursing was a continuation of Christ's healing mission, the SSJs began their hospital ministry in 1908, when they opened a facility in Elmira, New York. What follows is a story about the workings of race, religion, gender, and nursing. It offers a penetrating look at what happened in a Catholic hospital managed by a religious community of sisters in the South. Rather than serving white Catholics, this hospital opened specifically to care for African Americans at a time of momentous changes both in society as a whole and within Catholicism itself.

By the 1960s, sisters were profoundly influenced by the Second Vatican Council, or "Vatican II," which met from 1962 to 1965. The final document to be promulgated at the Council, *Gaudium et Spes*, the Pastoral Constitution on the Church in the Modern World, clearly placed the Catholic Church *in*, rather than *apart from*, the world. Article 2 stated, "Therefore, the council focuses its attention on the world of men, the whole human family along with the sum of those realities in the midst of which it lives."^{3(p14)} The SSJs along with the Edmundite fathers working in Selma came to reject any discrimination against men or women or harassment of them because of their race, color, condition of life, or religion.⁴

This study adds to discussions about the evolution of the nursing and medical professions. Gamble examined the black hospital movement through the actions of African American physicians, and Hine studied African American women as nurses, with each group "making a place for themselves" in their respective professions.^{5,6} The black community created separate healthcare institutions as both physicians and nurses were denied access to white hospitals and schools of nursing. By contrast, the SSJs, a white religious order of women, provided healthcare to African Americans at Good Samaritan Hospital in Selma. They gave talented African American women and men the opportunity to develop creative abilities in responsible positions. And in providing a new hospital with up-to-date equipment and facilities, the sisters could offer black patients not only needed services but also a chance to be treated with respect and dignity.

THE FOUNDING OF GOOD SAMARITAN HOSPITAL

Two decades before the civil rights movement peaked in the 1960s, the SSJs began their work with African Americans in Selma. In 1944, Father Francis Casey, founder of the Edmundite Mission in Selma, began negotiations to purchase Good Samaritan Hospital for African Americans. Selma is the county seat and major town of Dallas County, and in the 1940s, its racially exclusionist policies necessitated separate facilities for blacks and whites in all areas of life. Father Casey purchased Good Samaritan with the intention of staffing it with the SSJs from Rochester, New York. They had come in 1940 when he appealed nationally for a religious congregation of women to help the priests of St Edmund in the African American mission.⁷ At that time, the sisters worked within the Catholic tradition of evangelization.

Initially, the SSJs visited the sick and poor, established a school for African Americans, distributed clothing, and supervised recreations of the old and young. Since 1940, approximately 100 sisters from Rochester have come to Selma, at least one-third of them nurses with others as teachers, social workers, and providers of vocational training.^{7,8} Their work offered services that otherwise would have been denied to African Americans. Still, they initially worked within the existing system of segregation.

Sister Anastasia McCormick, one of the first sisters to arrive in 1940, brought to Father Casey's attention the need of Selma's elderly population for a refuge for the dying, resulting in the founding of Holy Infant Inn. Then in 1944, when Father Casey purchased Good Samaritan Hospital, Holy Infant Inn became part of that mission. Originally established as Baptist Good

Samaritan Hospital in 1922 by local doctors who also had founded Selma Baptist Hospital, “Good Sam” was intended to be a “separate but equal” facility for black patients. Then in 1937, local doctors took over the administration from the Baptists. The facility struggled during the Great Depression and World War II. In 1944, when the Edmundites bought the deteriorating building, they borrowed \$32 000, then \$50 000, and appealed to the beneficence of northern Catholics for support.^{9,10}

Racial discrimination in Selma prevented support for hospitals owned and run by African Americans. In his letter to Mother Rose Miriam Smyth before she agreed to administer the hospital, Father Casey was straightforward in presenting the challenges it brought.¹¹ Nurses and patients endured dangers and harsh working conditions before the sisters took over the hospital. There were no laundry facilities, and open fireplaces burning wood or coal provided the only heat. There was a scarcity of toilets and bath facilities, no hot-water tanks, and insufficient numbers of eating utensils such that patients had to eat with their fingers. Mattresses were infested with vermin, and bed linen was minimal. Personnel worked 12 hours a day, 7 days a week for a weekly salary of only \$3.00.¹²

Hine notes that whites often judged black nurses to be deficient in skill and training, despite evidence to the contrary.⁶ This attitude may have affected Father Casey when he stated that the physicians could not find qualified African American registered nurses to supervise the institution. The doctors and the priest agreed that neither the patient nor the doctor benefited from the current arrangement, and that expert supervision was needed to remedy the situation. Father Casey’s main interest, he admitted, was primarily spiritual, but he also was concerned about the material good of the African American population.¹¹ The assignment to Selma met Mother Rose Miriam’s goal to establish a mission for African Americans, and she sent the needed nurses.

The priests owned the hospital and obtained financial support through donations, while the sisters supervised it on salaries that met only their living expenses. The first administrator of Good Samaritan was Sister Louis Bertrand Dixon, who served from 1945 to 1964. She graduated from St Joseph Hospital School of Nursing in Elmira, New York, in 1925 and earned her Bachelor of Science degree in nursing education at the Catholic University of America, Washington, DC, in 1936. During her 20-year tenure at Good Samaritan, she oversaw the hospital’s growth from the small frame house, through a new brick extension in 1947, a second in 1957 that included an extended care facility, to a modern 4-story structure in 1964 that could house 111 patients, 40 of which were reserved for the elderly. By that time, Good Samaritan had developed into the only hospital for African Americans within a 6-county area.¹³

The sister nurses could see segregation’s impact that marked the children’s bodies with burns, illness, and malnutrition.¹⁴ Eventually, the nuns established a separate area for burn care, which was a common injury. One young girl described the cause of her wounds as “the fire jumped on me.” In reality, she had fallen into the open fireplace in her home. A sister nurse noted that the girl joined “the ranks of those poor, deformed, sad-eyed children” who spent months at Good Samaritan. Some children came to the hospital “with arms or legs burned off and faces horribly burned,” which would result in lifelong scarring. The hospital also admitted children with disabilities since birth, including those with cleft lip, cleft palate, and club foot.¹⁵ In line with typical treatment of the day, casting was the method of correction for club foot at Good Samaritan.

The SSJs’ convent, hospital, and school were located in the black neighborhood, and the nurses encountered many patients whose lives were affected by poverty and racism. One was 18 years old with tuberculosis of the spine. She weighed only 70 lb and was in a heavy body cast. A sister noted, “She is poor. Her mother couldn’t care for her. Who would care for an advanced

TB for nothing?" Another patient required a reduction of a dislocated arm and planned to work in the summer to pay the hospital bill. The sister wrote, "The parents are separated, therefore the burden of support rests on the mother," but for African American women, "it is next to impossible to earn more than a bare living in the South."¹⁵ At the same time, Good Samaritan Hospital frequently received patients with injuries suffered from beatings by the Ku Klux Klan.¹⁶

"THERE WAS NO PLACE FOR A BLACK GIRL IN OUR AREA TO GO FOR TRAINING"

Good Samaritan Hospital School of Practical Nursing

As more patients came to the hospital, the nursing shortage grew worse. To obtain trained nurses, Sister Louis Bertrand established Alabama's first School of Practical Nursing. Although it was open to everyone regardless of race, color, or creed, the students were primarily African American. In establishing a practical school of nursing instead of a program for registered nurses, the sisters followed the philosophy of Booker T. Washington, founder of Alabama's Tuskegee Institute in 1881. Washington encouraged blacks to focus on the practical issues of life, on things that needed to be done immediately. Although criticized then and since for sacrificing a broad education, he nevertheless argued that African Americans should first establish an economic base for advancement.¹⁷ To him, social upliftment strategies were keys to obtaining racial equality. Thus, the sisters' school brochure stated as an objective: "To prepare professional women, equipped physically, intellectually and spiritually, to provide self-satisfaction and community welfare."¹⁸ One news release proudly noted that wages of the 35 graduates currently employed at Good Samaritan Hospital totaled more than \$80 000, which boosted Selma's economy.¹⁹

Most of the students were non-Catholic. True to their Catholic tradition, the sisters dutifully reported an average of 4 or 5 converts a year. The religious mission of the hospital was also reflected in the School of Nursing brochure. It advertised that well-qualified applicants, "under the guidance of Religion and Catholic Philosophy," would "develop a Christ-like spirit toward the sick." Applicants had to have completed at least 8 years of grammar school with preference given to those who had completed high school.¹⁸ Twenty to 40 students composed the classes annually. There were no living facilities for students, so those who were not from Selma boarded with local African American families. They had their classes in the nursing home lounge and St Elizabeth's Parish Hall until a newly remodeled classroom space opened on the second floor of the 2-story brick hospital.

The sisters taught the classes, whereas physicians provided some guest lectures. Students received 1 year of theory and practice in medical, surgical, pediatric, and geriatric nursing. Sister Mary Christopher Kuchman broke the color barrier when she took the students to a white hospital in Montgomery, so they could have obstetric clinical experience. In so doing, she was able to get the school accredited with the state. Other courses included anatomy and physiology, bacteriology, sociology, religion, and ethics.¹⁸ By 1966, the Good Samaritan School of Practical Nursing had graduated more than 300 students, 8 of whom were men. Graduates readily secured employment in hospitals throughout the South. Many of these nurses went on to get advanced degrees, whereas others stayed to work at Good Samaritan.²⁰

Etta Perkins, one of the early graduates, eventually became a registered nurse and taught in the sisters' nursing program. In June 1981, at the 35th Annual Convention of the Licensed Practical Nurses Association of Alabama, she recalled that in the 1940s, "there was no place for a Black girl in our area to go for training." When Sister Louis Bertrand set up Good Samaritan's school, it "opened the doors for us all."²¹ The keynote speaker at that convention was Rev William R.

Wrench, an African American registered nurse anesthetist who was Director of Anesthesia at Good Samaritan Hospital at that time. Several Good Samaritan alumni received awards. Thus, the nuns' strategies paid off for many of their students who were able to contribute to the development of a black professional class, while also demonstrating that they could care for themselves.⁵

“GOOD BUSINESS FOR SELMA”: PERSONNEL AT GOOD SAMARITAN HOSPITAL

During the 3 decades following its establishment as a Catholic hospital, white physicians provided the healthcare, led by a medical missionary, Dr Isabel M. Dumont from Germany, and her friend, Joan Mulder, a laboratory and x-ray technician. This was not a hospital where African American physicians predominated, and few black doctors came to Selma to stay. In 1944, 15 doctors, all white and Protestant, comprised the staff. In 1949, 7 lay registered nurses, including 1 man and 3 graduates from the sisters' hospital in Elmira, New York, worked in the hospital. In a newsletter to potential donors, 1 priest noted that 698 baptisms had occurred in Selma. Revealing the importance of the hospital in this mission activity, 210 of the baptisms were administered in the hospital on dying infants and death-bed conversions.²²

By 1958, 22 full- or part-time physicians (Protestant) were employed, only 2 of whom were African American.²³ The women's congregation kept statistics not only of numbers but also of race and religion of its workers. With the exception of physicians, the majority of the personnel were African American and Protestant who worked under the sisters' supervision. The nuns, too, recorded their successes in baptisms: in 1959, 41 infants, 15 children, 8 adults, and 10 stillborn infants had been baptized.^{12,24,25}

By 1964, Good Samaritan Hospital had become one of the largest employers in Selma. It had 110 full-time and 10 part-time workers. During the 12-month period ending June 30, 1964, its employees earned over \$183 000.00, \$38 000 more than the preceding 12 months. In addition, the hospital spent thousands of dollars for supplies and services from Selma's businesses. This prompted an announcement that Good Samaritan Hospital is “good business for Selma!”²⁶ That same year, 2189 patients were admitted, 256 infants were born, and 1479 emergency treatments were performed.²⁷

“WHITE SISTERS AND BLACK SISTERS”: GOOD SAMARITAN HOSPITAL AND THE CIVIL RIGHTS MOVEMENT

As early as 1950, the priests' and sisters' work with African Americans was gaining local attention. One letter to a superior noted that “last February our plant was one of a group that [was] marked with KKK [Ku Klux Klan] stickers.” Prominent African Americans received similar notices, implying that they should get out of town.¹⁵ Koehlinger¹⁴ argues that “sisters in Selma often did things in their work that were considered scandalous within the ethos of Jim Crow.”^(p151) They visited the homes of African Americans, taught their children, and cared for their sick in homes, the hospital, and nursing home. The nuns did not volunteer to come but were sent by their superiors, and Selma was a frightening place to be.

Several SSJs reflected on their various experiences as the tensions built in Selma in the early 1960s. Because they worked with African Americans, many of Selma's white population considered the SSJs “black” by association. They were often designated as the “black sisters” to distinguish them from the Sisters of Mercy, the “white sisters” who worked with Selma's white population. This, despite the fact that the Sisters of Mercy wore black habits and the SSJs wore white ones.^{14,28} The SSJs interpreted their identification with African Americans as evidence of success in their mission. But in the minds of white Selmians, the sisters' association

with blacks worked against their whiteness, and the nuns often were subjected to derision.¹⁴ Sister Josepha Twomey, a teacher, recalled the fear she felt when crossing a street as a car came up behind her. She walked faster, and as the white driver gunned the engines and sped past, he shouted, “Nigger [sic] lover!” She was trembling as she reached the other side of the street. Sister Mary Paul Geck, superior of the sisters in Selma, recalled that the sisters had 3 strikes against them: they were white, Catholic, and they worked with blacks.²⁸

Koehlinger¹⁴ effectively argues that the SSJs learned to manipulate the ambiguity of their racial position, sometimes passing as “black” when they thought it would help African Americans, and other times strategically maintaining their whiteness, such as when acting as professional nurses and teachers. The designation as “black sister,” however, did not mean that tension was totally absent at Good Samaritan Hospital. In June 1960, for instance, hospital employees requested a meeting with Sister Louis Bertrand to ask for a raise and cab fare for those on the evening shift. Significantly, they requested to be addressed by the title of “Mr, Mrs, or Miss.”²⁹

Still, as Koehlinger asserts, the sisters’ racial ambiguity confounded the binary classification of black and white and challenged neat categorizations of segregation.¹⁴ This could be seen in the sisters’ participation in the voting rights movement in Selma. African Americans made up almost half of Selma’s population, but only 2% were registered voters. As the sisters observed the discrimination to which blacks were subjected, they began advocating for voting rights in subtle ways. For example, they boycotted Selma’s grocery stores that catered only to whites; they bought groceries in Montgomery, 50 miles away; and they stood in “Colored Only” lines to show their support for blacks. On one occasion, when Sisters Josepha, Barbara Lum, and Loretta Poole stopped at a local ice cream parlor and witnessed African Americans, with money in hand, being refused service, they left, even though it meant not getting served.²⁸

Since the late 1950s, individual leaders and the Dallas County Voters League had attempted to register black citizens, but the White Citizens’ Council and the Ku Klux Klan had succeeded in keeping blacks from registering and voting through discrimination and intimidation tactics. Then in 1963, in cooperation with the Dallas County Voters League, the Student Nonviolent Coordinating Committee, a principle organization of the civil rights movement, began organizing meetings and voter registrations in Selma and surrounding counties. It was at this time that the sisters increasingly grew sorrowful and angry over the cruelty they witnessed. Sister Barbara Lum had joined the hospital nursing staff in 1959 after working at the sisters’ hospital in Elmira, New York. In the 1960s, she also taught in the practical nursing program. She wrote her parents in May 1963 that several of the Good Samaritan nurses attended a meeting on voting registration in the Baptist Church next door to the convent. Sister Barbara was very distressed by the nurses’ reports that Sheriff Jim Clark came to the meeting and stood in the back of the church. Often, whites from several counties around Selma formed “posses” under Clark and followed African Americans to and from their meetings.¹⁶

The sisters were horrified over the harassment of the African American nurses at Good Samaritan Hospital, particularly after the bombing of the Sixteenth Street Baptist Church in Birmingham on September 15, 1963. Four young girls attending Sunday school were killed in that incident. The violence set off sympathy sit-ins, picketing, and parading in the street of Selma. In response, the sheriff’s deputies and highway patrolmen, wearing their steel helmets, were very much in evidence, often arresting up to 90 people a day, even though most of the violence was caused by whites. In the meantime, the Good Samaritan School of Practical Nursing had enrolled 40 students. On one occasion, Sister Barbara took the class on an annual field trip to the health department, an event that attracted the media and the police. Afterward, police cars followed some of the students home, mistaking them for voting protestors. That same month, Etta Perkins stood in line at the courthouse every day for 2 weeks to register to

vote. Another registered nurse at Good Samaritan was arrested for stopping to talk to a protester.²⁸

By 1964, the racial situation had intensified. In July, 70 people, mostly teenagers, were arrested in the middle of the month. The sisters' stories emphasized their identification with the plights of their black neighbors.^{14,28} One day, the nuns tried to visit a group of black students who had been arrested. On that occasion, their white skins brought them no privileges. Rather, they experienced firsthand the hatred in the guards' eyes as they pointed guns at them. The sisters had brought food for the young men, and a sister nurse wanted to make sure they were all right, but the guards refused them admittance.²⁸ On another occasion, one of their eighth-grade students had been arrested, and she was detained several days for refusing to call an African American woman by her first name; rather, she used "Mrs."¹⁶

Then on February 18, 1965, a trooper shot a young, unarmed civil rights protestor, Jimmie Lee Jackson, as he shielded his mother in a café where they had fled after being attacked by troopers during a night march for voter registration in nearby Marion. He was taken to Good Samaritan where he died a week later. To her regret, Sister St Joseph Creighton, a nurse anesthetist at the hospital, had not been present during the operation, and a dentist had to give the anesthetic.³⁰ Sister Barbara cared for Jackson and, with tears welling in her eyes, she recalled him saying, "Don't you think this is a high price for freedom?"^{28,31}

"I FELT VERY PROUD TO BE A SISTER": MARCH 7, 1965

The death of Jimmie Lee Jackson and the demonstrators' hopes of bringing attention to their civil rights violations led to a planned march on March 7, 1965, which came to be labeled "Bloody Sunday." After Mayor Joe Smitherman, a supporter of segregation, and others attempted to stop the march, violence occurred when state and local police attacked 600 civil rights marchers who were crossing the Edmund Pettus Bridge en route from Selma to the capital in Montgomery. Not only the march made national headlines, but also Good Samaritan Hospital, where the sisters cared for wounded marchers.

The local bishop of the diocese had forbidden the sisters from marching and threatened to send anyone back to their home state if she did so. He saw the demonstrations, and particularly Dr Martin Luther King, as divisive. Thus, on the morning of March 7, the sisters were either at the hospital working their usual shifts or in St Elizabeth's convent. Sister Barbara had gone to the hospital earlier that morning. One of the hospital administrative staff and some of the local march planners asked her to prepare a first-aid kit. She recalled her naiveté in fixing up a small kit with Band-Aids, skin creams, and the like. No one expected that any violence would occur, even though the sister nurses had cared for patients who were injured by whites in the past.²⁸

A news bulletin interrupted the regular radio broadcast to report the violence. Led by John Lewis and Hosea Williams, the marchers had headed east out of Selma on US Route 80 but had gotten only 6 blocks away to the bridge where they were met by the troopers. Television cameras captured Sheriff Jim Clark's lawmen teargassing, clubbing, spitting on, whipping, and jeering at the demonstrators, while others trampled on the marchers with horses as they drove them back into town.

Soon after the sisters heard the news broadcast, they received a phone call from Sister Michael Ann Hanly to send all the nurses immediately to the hospital. Sister Michael Ann was the administrator of Good Samaritan who had succeeded Sister Louis Bertrand the previous year. In a few minutes, another call came for all the sisters to hurry over. The hospital had an emergency department with 3 beds and was staffed by 150 employees, 90% of whom were black. Sisters Mary Paul and Mary Weaver, who were elementary school teachers, sat at the admissions desk and processed incoming patients. They sent people overcome with tear gas to

the dining room and the more seriously injured to the actual emergency department, where sister nurses St Joseph Creighton and Barbara Lum cared for the patients, including John Lewis. Sister Barbara recalled that people “were just in shock that the march had turned so violent. I think we all were.”^{28,32} Sister Liguori Dunlea, another nurse, led those who were discharged to the extended care facility in the hospital and contacted relatives and friends to come for them. Sisters Margaret Isabelle Tracy and Mary Christopher Kuchman cared for others in the hospital’s dining room that had been set up as a second emergency department. Sister Josepha, the teacher, worked in the central supply room. She also aided Sisters Mary Weaver and Bernice Quinn in transporting people to x-ray and in giving spiritual and emotional support to the patients and their relatives.^{28,32}

Men, women, boys, and girls came pouring into the hospital. Both white and black physicians came to help as well as other off-duty nurses and personnel, including nurse Etta Perkins and Assistant Administrator John Crear. Injuries included severe head lacerations, cuts and bruises, and fractures caused by horses trampling on extremities. All the injured suffered from tear gas that had soaked their clothing; and before long, in the enclosed rooms of the hospital, the nurses and other workers felt the effects as well. “I can still smell that smell,” recalled Sister Barbara. “Everybody suffered from it. It’s very pungent. Your eyes stream and your nose runs. It’s just so strong.”^{28,33} Patients continued to come throughout the afternoon, and the workers tended more than a hundred people. They admitted 15 with head injuries and fractures.³²

The televised images sickened and outraged people throughout the country. Following a call by Dr Martin Luther King, political and religious leaders and other sympathizers, including Catholic sisters, congregated in Selma with King to show their solidarity with the marchers. Although the SSJs could not march, they offered their hospital and convent as meeting and resting places for demonstrators from all across the country. In addition to 145 lay men and women, the roster for visitors at Good Samaritan Hospital contained the names of 5 monsignori, 135 priests, 30 Protestant ministers, 4 rabbis, and 2 members of the US Air Force from 26 states, the District of Columbia, Canada, and Germany. The hospital dietician, Ms Patricia Robinson, served the meals. When no beds were available, they set up mattresses on the floor in the old building. Dr King visited the hospital, as well, and other demonstrators stayed in the homes of the African American citizens of Selma.^{28,32} Father Maurice Ouellet opened the parish house to civil rights workers as their base, an act that later would contribute to his expulsion from the diocese by his bishop. This event showed that divisions occurred not only between whites and blacks but also among members of the Catholic Church, many of whom believed that politics and religion should be separated. Still, Sister Barbara remembered, “It felt wonderful to have them coming.... I felt very proud to be a sister.” In one of the marches, the protestors stopped in front of Good Samaritan Hospital and sang, “We Shall Overcome.”³¹

At this time, the sisters were still a part of a traditional church defined by male dominance; thus, although priests could attend civil rights meetings, the sisters were forbidden by the bishop from doing so. Not wanting to directly challenge their superior, they complied with his directives. Still, they found creative ways to stretch the boundaries of church discipline. For example, when a noted civil rights figure, James Baldwin, spoke at the Baptist temple next door to the convert, they took turns standing on a radiator in an attempt to hear the faint sounds of the speaker.²⁸ By engaging in this covert act of passive resistance, the sisters were able to find a measure of independent spirit without having to wear the prickly cloaks of “spiritual revolutionaries.”

Not all whites in Selma were hostile to African Americans’ struggles. Some housed marchers coming from other parts of the country, and a few law enforcement officers fought Sheriff Clark’s intimidating actions. Eventually, Dr King successfully led marchers to Montgomery.

Afterward, the Southern Christian Leadership Conference (SCLC) became preoccupied with internal politics and paid less attention to events in Selma. But a significant victory came when Congress enacted the Voting Rights Act, signed by President Lyndon Johnson on August 6, 1965.

THE CLOSING OF GOOD SAMARITAN HOSPITAL AND SCHOOL OF NURSING

The next several years saw a flurry of activity as the sisters continued their work with African Americans in Selma. This occurred within the nation's political context of establishing a national health insurance plan. Two decades of debate had ensued in Congress, with opponents warning of the dangers of socialized medicine. But on July 30, 1965, President Johnson signed Medicare and its companion program Medicaid into law as part of his "Great Society." Catholic hospitals had historically resisted any external control by the government, but, on June 9, 1966, Sister Michael Ann announced that Good Samaritan Hospital had been certified and approved as a provider of hospital services to Medicare patients. The sisters wasted no time in readying the hospital to meet the required standards, and they helped each of their senior citizens fill out their applications for the new program.^{34,35} By then, the hospital had undergone its latest expansion that included a maternity ward, a pediatrics unit, a 41-bed medical-surgical area on the third floor, 3 new operating rooms, a recovery room, and air conditioning. In the 1960s, new interventions were developing for cardiac arrhythmias, and Good Samaritan kept up to date by ordering special equipment for use in cardiac emergencies. Sisters supervised in-service training sessions for nurses, while other nurses attended coronary care institutes and emergency department seminars.³⁶

A turning point for the hospital came in the early 1970s, however. The passage of Medicare and Medicaid bills in 1965 meant that any hospital that received federal funds had to comply with the Civil Rights Act of 1964, which prohibited any discrimination in hospitals and other public places.³⁷ While Medicare and Medicaid payments helped Good Samaritan's finances at first, a gradual exodus of white doctors and their black patients to newer facilities in the area occurred. Desegregation, then, was the primary factor that proved fatal to Good Samaritan, and the same was occurring in other historically black hospitals.⁵

In 1970, citing rising costs and scarcity of qualified personnel as faculty members, the Governing Board of Good Samaritan Hospital announced that the School of Practical Nursing would close.³⁸ In addition, vocational and trade schools in Selma and surrounding community colleges were providing similar services. Then in December 1971, the General Council of the Sisters of St Joseph in Rochester met with regional coordinators and nursing sisters to discuss worsening conditions at Good Samaritan. This included diminishing physician support. According to the sisters, when a new medical center in conjunction with the physician-owned Baptist Hospital opened in Selma the previous year, the physicians began giving priority to patients there. The availability of specialized services such as cardiac care units was the reason for referring their patients. Good Samaritan leaders tried to recruit African American physicians and doctors from a nearby air force base, with no responses. Consequently, finances were precarious. And registered nurses were leaving with no replacements, despite nationwide recruitment efforts. On December 21, 1971, council members finalized the decision to withdraw the SSJs from Good Samaritan Hospital and Nursing Home.³⁹⁻⁴¹

Other drastic changes were occurring in women's religious congregations. By the early 1970s, vocations were rapidly declining. Consequently, secular influences grew in hospitals through the appointment of lay administrators, nursing supervisors, and trustees. At the same time, a feminist consciousness was emerging among some Catholic sisters, although, as Koehlinger argues, it was different from second-wave feminism that was shaping the secular society. First,

although sisters objected to male clerics' interference with their lives, they had long participated in solidarity with other women through their convents. Many read books on Catholic feminism by Rosemary Radford Ruether, not Betty Friedan's *The Feminine Mystique*, although some read both. In addition, they drew their views from Catholic theological issues of the post-Vatican II Church that emphasized the dignity of each human being. Finally, Catholic sisters participated not in consciousness-raising groups but in chapter meetings mandated by Vatican II.¹⁴

Council minutes of the Rochester SSJs congregating leadership provide insight into another phenomenon among congregations, as a result of Vatican II. Rather than the congregation's leadership appointing sisters to their work sites, individual nuns could confer with the administration about them. The December 21, 1971, minutes noted that "the old-time 'slot filling' assignment still seem[ed] to be a concept in the minds of some Sisters in spite of the opportunities given year after year for the individual to make recommendations concerning her personal assignment." One sister pointed out that sisters should keep the church's apostolate in mind, including a growing emphasis on care of the elderly. Other sisters stated that when they entered, they committed themselves to their congregation's work, regardless of where they went. Besides, seeking outside jobs would take away possibilities for lay nurses who needed to make a livelihood.⁴⁰ Thus, it seems that changes in vatican II were a factor in the congregation's ability to continue to staff Good Samaritan.

The SSJs pulled out of Good Samaritan in 1972. African American leaders became more involved, with John Crear becoming administrator and Dr Charles Lett the medical chief of staff. The hospital rebounded strongly for a while, securing a grant for research on rural health in Dallas and surrounding counties. This led to the Rural Health Medical Program housed at the hospital.¹⁰ Some of the SSJs stayed to manage rural health clinics and learning centers at Pine Apple Mission and Vredenburgh Health Center, where one of the licensed practical nurses who trained at the Good Samaritan School of Practical Nursing did the laboratory work and electrocardiograms and maintained the pharmacy.^{10,42} By 1981, however, the hospital provided a million and a half dollars worth of free medical care and treated an average of 500 charity cases a year. It had the highest percentage of Medicare and Medicaid patients among the 23 hospitals in southwest Alabama; and even when patients qualified for Medicaid, the hospital received only 85% of its costs.⁴³ In 1983, bed capacity was down to 25%, and after the sisters left, the increased overhead associated with paid staff made the financial problems too large to overcome. The hospital had to close. The remaining elderly patients in the nursing home were transferred to a facility in Montgomery.

During the 1970s, after many of the sisters left Selma, they did not necessarily return to their traditional women's work in schools and hospitals. They worked in new areas such as prisons, pastoral care, and clinics for the poor. Sister Catherine Teresa Martin used her business skills in Selma for 14 years. Notably, she worked with poor black women in the Freedom Quilting Bee cooperative. She put the business on firm ground and it is still active. Sister Mary Weaver, a teacher and social worker, also stayed in Selma and worked in schools, clinics, and government agencies to help people get loans, food, and assistance for heating bills in the winter.^{7,28} Some nurses continued to run the rural health clinics through the 1990s. Four SSJs engage in ministry in Alabama today.

CONCLUSION

Histories of race relations in the South have overlooked the role of gender, religion, and the culture of hospitals. This story has examined race, religion, gender, and nursing together in the local area of Selma. Sister nurses learned that their patients at Good Samaritan Hospital were part of a larger system of social, political, and interpersonal relations. Thus, the nurses dealt

not only with the disease but also with issues with the family and the broader community. The sister nurses trained and worked side by side with the black nursing staff, and together they opened doors of acceptance and opportunity for Selma's African American community. The hospital's employment of a large number of African Americans with decent wages gave them independence from Selma's dominant white establishment. And as the sisters' identities merged with African Americans, they also received some of the same hate-filled attitudes and behaviors directed at them by white townspeople. Consequently, they better understood what Suellen Hoy⁴⁴ has described as leading "a life in religion,"^(p123) a life of struggle, sacrifice, and empathy.

Because the SSJs were deeply embedded in a hierarchical and patriarchal church, they obeyed their bishop's orders not to march or attend civil rights meetings in 1965, although they bristled at it. However, they protested in more subtle ways. Indeed, they had to find a middle ground between obedience and conscience. Still, these sisters did not see themselves as powerless in combating racism. They had the support of their religious community; also, the Catholic Church gave them legitimacy. Although their mission at the hospital abated in the 1970s, eventually, their racial activism was one of the many factors that contributed to a nascent feminism among them, albeit one that was distinctly Catholic.¹⁴

The hospital experience also provided the African American nurses, both women and men, with self-confidence and status that bolstered them in pursuing various social and civic opportunities. Hine, for example, reported that a distinguishing characteristic of black nurses was their involvement in the local community by joining women's clubs, lecturing in schools, attending local churches, and promoting racial equality.⁶ Similarly, Etta Perkins and other black nurses not only worked in Good Samaritan Hospital but also advocated for voting rights for their fellow African Americans. Ms Perkins retired as a healthcare administrator for the state and remained active in voter education. In 2000, her son was elected mayor of Selma. Thus, the activism of nurses like Etta Perkins and the Catholic sisters breathed added vitality into the black community and the sisters themselves and opened wider their doors of opportunity and success.

Acknowledgments

The author thanks Sisters Mary Paul Geck, Barbara Lum, Josepha Twomey, Catherine Teresa Martin, Barbara Lynaugh, and Mary John van Atta of the Congregation of the Sisters of St Joseph of Rochester, New York, and Kathy Urbanic, archivist. The author also thanks the reviewers of this manuscript and acknowledges the following sources of funding: the University of Pennsylvania's University Research Foundation Grant; the Trustee Council for Penn Women Award; a Fichter Grant from the Association for the Sociology of Religion; and an H15 Grant for Historical Research by the American Association for the History of Nursing. Funding for this "Scholarly Works" project was also made possible by Grant no. 1G13 IM009691-01 from the National Library of Medicine, National Institute of Health, Department of Health and Human Services.

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