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Yesterday, Today, and Tomorrow: a Century of Dedication

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Dr. Fecher presents findings, covering 70 years, of health studies of members of United States religious communities with a view to providing suggestions for possible solutions to the problem of providing adequate continuing health care for American women religious.

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YESTERDAY, TODAY, AND TOMORROW: A CENTURY OF DEDICATION

by Con J. Fecher, Ph. D.

There is probably no chapter in the life of the American People so captivating and so filled with dedication amidst almost insurmountable trials as that which describes the origin and growth of American Catholic religious sisterhoods. We cannot overlook the influence of the huge migration to America during the last half of the 19th century from Ireland, Germany, France, Italy and the Balkan States. Concomitant to this influx was the establishment of daughter religious communities in America, sponsored by European motherhouses. A common in-

terest and desire to realize material success and religious freedom was the impetus that brought the majority of Catholic lay migrants to the New World. Their families, having a huge stake in the welfare and development of the newly-founded communities, encouraged many willing benefactors to provide material aid.

Spontaneously, the daughters of these families were attracted to community living and were more than willing to make a life-time commitment. This movement of girls entering the commu-

nities became even more pronounced near the end of the century and the first decade of the 20th, when girls from a number of European countries were encouraged to come to America and enter as novices to fulfill the need for teachers in the growing parochial school system. The composition of the membership, being affected by much foreign influence, created some economic, educational and health problems, but these were resolved in due time. This influence in the first and second quarters of the 20th century fostered the elements of healthy stock and a high degree of leadership and administration, resulting in prestige and importance of religious communities in the far flung fields of America.

The history of these orders in the late 19th century had been a constant battle with poverty, heroic sacrifices of extreme self-denial, sickness, and death. They shouldered the task of endless corporal works of mercy to all the laity. By 1910, development of higher education in our country led a limited number of communities into the field of secondary and college education. The providing of sufficient number of sisters with educational background to staff the mushrooming educational system taxed the personnel and financial resources of the communities to the utmost. The work of the teaching nun was not confined to nine months of the year, but extended to twelve of great activity. It was her personal obligation for endless years to fill her summer with three months of teacher training. This practice of summer school attendance continued far into the 20th century. Statistics are available, showing the increase in number of institutions that demanded their services and financed their costs. Monetary problems were trifling when compared to other personal sacrifices which often included the toll of physical health so vividly depicted in the findings of the

first health study of nuns, 1927.¹

This brief history of the development of American sisterhoods describing their early problems, and the voluminous growth to 185,000 members, encouraged change in demographic composition with respect to nationality, entrance age of novices, average age of professed sisters, education, occupation, disease, and cause of death. The increasing proportion of elderly nuns and a shift in certain cultural values since Vatican II, have produced a relevance for geriatrics which emphasizes the importance of renewed research of social science of gerontology.

Investigations can neither disregard future intensive research of chronic disorders of heart disease and cancer in the older nuns, nor can social gerontologists underrate the psychological impact of the problems of security and retirement on both young and elderly members. Based upon many personal interviews with superiors, professional literature on the subject, and the findings of the statistical health surveys, covering a period of nearly a half-century, one becomes aware of the fact that the social, economic, medical, and psychological problems have become extremely complex. We must admit that the down-hill slope of actual nun-population the past years aggravated the economic status of many communities to the degree that some orders face financial difficulties of threatening proportions today.

The results described in the following table and charts were founded on four nun-populations of different health surveys: a) the initial one in 1925, representing thirty-four communities with a membership of 25,000; b) the follow-up in the 1930's and 1940's, with final expansion in the 1950's, resulting in the second study in 1957; c) the morbidity survey of 30,000 in 1960, and d) the final cancer survey, 1964-1969.



The monograph covers a 70 year period, 1900-1969, but the demographic characteristics had been simultaneously actuated a quarter of a century earlier. The population under consideration had been a well defined one of celibate women, of known size and of age composition, reasonably well controlled with standard admission requirements and similar environmental factors. Obviously, one cannot hope to describe completely the questions inherent in the demography of the American sisterhoods, but I will attempt to present the significant features of the age distribution of the population from the beginning of the century to the present

time with particular emphasis on the last five years since Vatican II.

Health Studies of American Sisterhoods

The pioneer study in the U. S. of the health of all religious and that of the nuns being the first, was made near the end of the first quarter of the 20th century. This study¹ was significant in its day because it laid the ground work for all future health studies of religious, both male and female. Logically, the Catholic University of America should be the center of a study of this kind, one touching the lives of many religious members of the Church. The investigation included 34 communities with a total membership of nearly 25,000 living and deceased, over a period of 25 years, 1900-1925. Significant life expectancy tables were formulated for two occupational groups of sisters, the teaching and the non-teaching groups. This early study noted that the death rates of the teaching sisters, proportionately 60% of the population, were consistently higher at all ages from 22 to 60 years.

Reverend George E. Johnson,² professor at that time at the Sisters College, Catholic University was very conscious of the extreme dedication of the teaching sisters. I quote from an article in *Commonweal*, "Perhaps there is too much burning of the candle at both ends with the result of a higher death rate at all ages of the teaching sisters during this important period of life." In this age of affluence when there is a great temptation to discard the past, it is fitting to bring to the attention of the present generation of Catholic laity and their children, the gigantic educational and religious inheritance given them by these sisterhoods.

In spite of the high death rate of the teaching sisters, the nuns as a group had

a two year longer life expectancy than contemporary U. S. white females. Of greater significance was the fact that tuberculosis was by far the principal cause of the excessively high rate among the teaching sisters. Having been alerted to this condition, the superiors took the necessary prophylactic measures to eliminate it and brought the scourge of tuberculosis under control within ten to fifteen years.

For significant demographic characteristics of age composition, I call your attention to Chart "A" Distribution of Sister Population.

Chart "A" denotes the percentage distribution of sister population for four age brackets: 17-29, 30-44, 45-59, and over 60 years. To eliminate confusion and to simplify the comparison of changes in age composition during the 60 years, four specific periods have been

considered: 1905, 1940, 1965, and 1969. Of particular note is the fact that in 1905 over 70% of the nun population was under age 45 years; 31.9% in the young age bracket, 17-29, and 40.7% in the 30-44 bracket. This demonstrates forcibly that the many vocations before and after the turn of the century created an age composition most desirable and economically most fruitful in carrying out the religious and educational goals of that era.

Due to a lack of personal finance, the second study³ did not materialize until 1957. The restricted follow-up for twenty years was subsequently supported by a grant from the Research Department of the University of Dayton. Consequently, with the cooperation of 90 communities, having a membership of over 90,000, this vital statistical data of births, deaths, occupations, and causes of death had been collected. Ob-

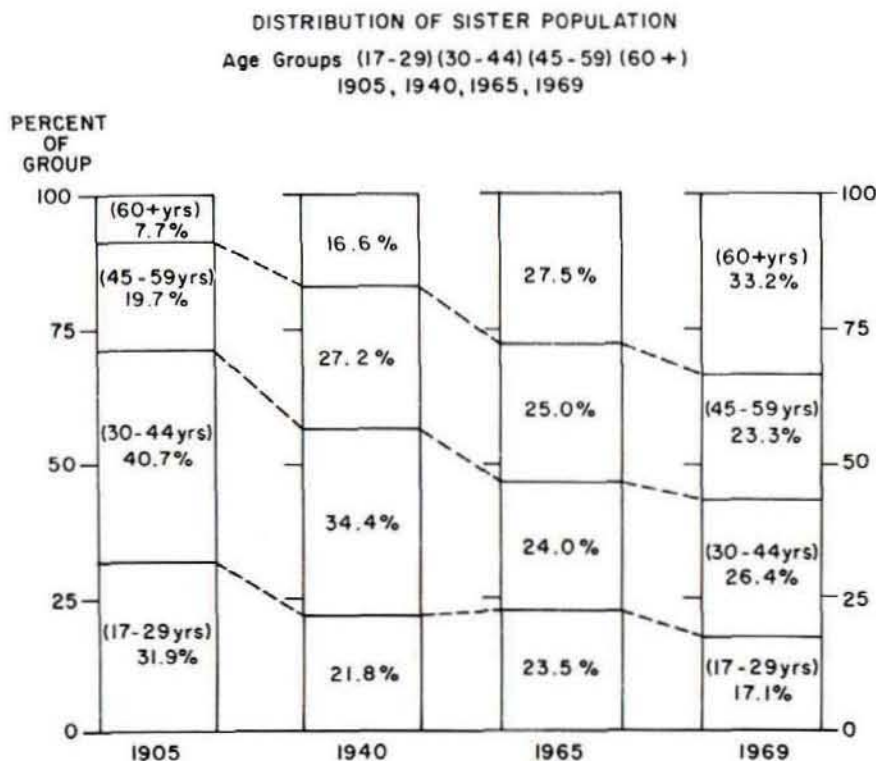


CHART "A"

serving the lives of many thousands of sisters for more than a half-century, one detects certain obvious demographic determinants. This second study revealed astonishing yet anticipated phenomena: a) the teaching sisters had eliminated the principal cause of death, tuberculosis, thereby increasing the life span of all sisters by one year; b) the average length of life of nuns had increased by nearly 14 years since the beginning of the century; and c) the nun of age 20 years had the prospect of living three years longer than her counterpart in secular life.

These findings with the complete elimination of tuberculosis among the candidates who had entered from 1925 to 1940, demonstrated that a solid health program⁴ of more rigid pre-entrance medical examinations, and additional medical facilities in private hospitals, infirmaries, and rest homes for members were paying high dividends in man-power of nuns in the group over 30 years of age.

Accurate assessment of these phenomena must inevitably consider the liability side of the ledger in the decrease of the proportion of the group of young nuns. By referring again to Chart "A", it is noted that the proportion of young nuns, 17-29, had decreased 10% (31.9% to 21.8%) from 1905 to 1940. The shifting trend to the older ages is quite evident, for now in 1940 nearly one-half of the sisters are beyond mid-life. This changing demographic pattern is probably reflective of: a) continuous tuberculosis spill-over about the year 1930, reducing the proportion in young age group; b) the increasing life expectancy, manifesting a higher elevation in the older group, the key element; and c) the failure of age configuration of the novices to keep pace with the increased shifting pattern of the professed sisters.

Increase in Numbers of Elderly Nuns

Despite the encouraging increase in vocations in the 1940 and 1950 decades, the proportional increase of the young nun group was less than 2% from 1940 to 1965. It is true that the average age of novices entering had shifted from age 18 to 20 years, and the addition of more late vocations had less than a skirmish effect. When analyzing the input and output, year by year, of the nun-population, the key element that carried the majority of members considerably beyond age 45 years was the accumulation of increased years to their life span. Unlike the young age group, the elderly class had been catapulted into a proportion of 27.5%, now 20% more than the same group of over 60 years in 1905.

Not being satisfied with the information obtained from my mortality surveys, a large scale morbidity research of 30,000 nuns was undertaken in 1960.⁵ It must be remembered that along with a continued increase in average life span, a consistent improvement of everyday health, day in and day out, of each member is of extreme importance to make the maximum contribution to the material and spiritual welfare of the Church. Morbidity measures both acute and chronic diseases, and it was found that greater longevity encouraged more and more chronic conditions among the elderly nun-population. These facts with more than one-third of nuns above age 60 years (as shown in Chart "A", last bar, 1969), indicate that future medical, hospital, and rehabilitation facility costs will become increasingly prohibitive.

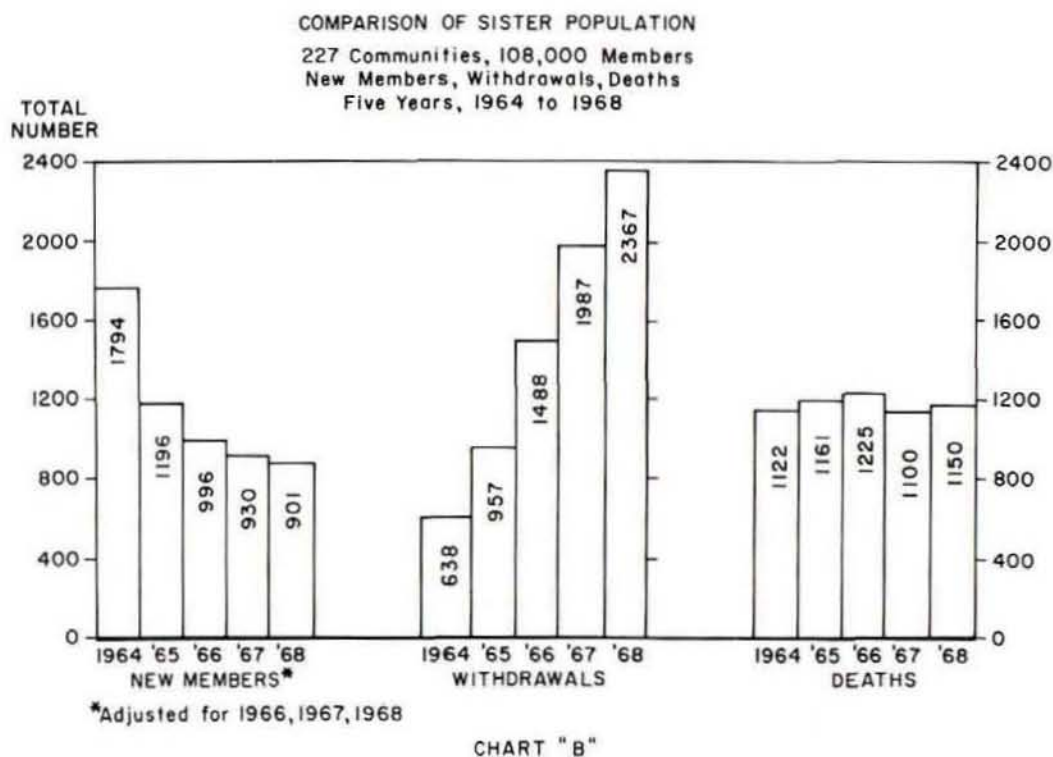
This is a challenging predicament, fast approaching a crisis for all communities. What is the solution? Can some type of Medicare under the Social Security mechanism be considered? Would it be feasible for a group of communities to join in a community project in

providing these services with nuns graded to their degree of impairment and physical deterioration? Another alternative would be an organization of a group of sisters and interested lay people in sponsoring hospital and rehabilitation facilities for all sisters, regardless of their order, if some financial assistance could be provided by them.

The findings of the last bar, 1969, Chart "A", those of Chart "B", and in the table, were based on the Nix-Fecher⁶ Cancer Survey, 1964-1969. The American Cancer Society, in providing financial assistance, and the unselfish contribution of 227 communities through the office of the Conference of Major Superiors For Women, made this survey possible. The five year survey that is still in progress, has indicated to date that the sisters have from four to five year longer life span than other American women. The mortality rate

from all causes of death is approximately only one-half of that of other women up to age 65 years with similar rates thereafter. Cancer of the breast is the most common malignancy causing death in nuns, the incidence of which appears ten years later than in other American white single women. These compilations of statistical health findings reflect the regular causative relation to the longevity trend of the past fifty years. Without undue speculation, one could surmise the unreasonably steep current upswing of the ratio of the aged, and the inverse ratio of the young group from 1965 to 1969 were greatly influenced by two significant innovations: one of socio-economic and the other of socio-religious flavor are interrelated.

The socio-economic is focused around five major positives: 1) individ-



ual social and interpersonal relationship outside the religious community; 2) second career desirability; 3) voluntary retirement with career flexibility; 4) adequate remuneration reasonably commensurate with the vocation and auxiliary social demands; and 5) housing and medical care. The majority of interviews on these subjects with superiors, coordinators and individual sisters resulted in varied viewpoints, slanted to personal experiences and attitudes, some of which were difficult to assess accurately. I am a bit hesitant in developing a number of the socio-economic and socio-religious factors for they are out of my field. As an economist, I must point to three positive observations affecting the nuns in all areas: security; adequate income; and retirement.

Adequate Incomes for Sisters

The problem of future security of professed sisters and interested novices is much more weighty than shown on the surface. Insecurity has been a problem for all in civilian life and now confronts nuns because of the character of the economy and high standard of living. Because we are in a monetary economy, a high standard of living with past and potential inflation, there must be a continuous flow of sufficient income to provide services and goods, essential to decent human existence. Keeping up to date on needed income and expenditure of a small unit, the family, is a task of sizeable proportion.

Who is to determine an "adequate" income for the highly professional members of our sisterhoods, 80% of whom are teachers and nurses? There are more points in calculating "adequate" income than those of dedication and limited personal essentials. Differences arise over such matters as the providing for financing of past obligations of fixed assets, future financing of education of

members, demand of greater income for personal needs because of inflation, cost of added transportation, professional fees, conference costs, and ballooning medical and hospital costs. It should be stressed that it takes the income of two employed sisters to maintain a member in college, and three to meet expenses of one disabled member in the hospital. Availability of income for costs of medical care of the increased chronic conditions of the aged sisters not covered with some form of group medical insurance is a very challenging problem.

Fortunately, the term, "retirement", was one unknown to sisters in the past. Sisterhoods had a naturally graduated retirement with a "Therapy of Love," injected in the application of the principles of demography to the problems of gerontology. In this golden age, statistical data in the last two health surveys pointed to the fact that one member out of four at age 80 was considered still active as performing some service for the community. These services, by and large, had therapeutic but little or no monetary value to the community. It is suggested that more qualified and involved members enter this field, coordinating various kinds of programs for pre-retirees and retirees, thereby altering the value system of these members. Considerable interest has been concentrated upon semi-skilled projects for retired nuns. In a few communities, one of which I am familiar with, the School Sisters of St. Francis of Milwaukee, conduct a summer school for those interested.

For the present an overall appraisal of the costs of food, shelter, and medical care of the aged sisters must be considered and this increment cost must be added to an "adequate" remuneration for the employed sisters of the community. This formula would conform with the traditional philosophy of "Therapy

of Love" in the golden age of retirement.

Some communities are less responsive to the possibility of second career roles for semi-retired nuns and others who wish to curtail their productive vocational activity after a given number of years. The problem, an enigma, for many young professed sisters upon entering: What are the possibilities for second or multiple careers? Based upon many interviews it appears that the majority wish to have an option for career change,⁸ an arbitrary age for retirement, and the privilege of assigning a portion of their salary for a pension fund from which they can draw after a stipulated age.

American nuns are acquiring greater skills in handling money, and acquiring greater independence in supplying their personal needs as well as the necessities of their missions. They are aware of a knowledge of economics required in the everyday social exchanges, but few realize the actuarial principles involved in providing a retirement fund. Fortunately, there is sufficient time to create a principal fund for those who have years of potential earning power to provide retirement payments, but this is only a partial answer to the question: What is an "adequate" remuneration for these professional women?

The mosaic of remuneration to sisters across the country represents a very complex system, a sort of "hit or miss" formula. Even with a general agreement to provide more remuneration, there are as many ways and degrees in providing it as there are dioceses in the country. Adequacy of income must be directed toward sisterhoods as a unit rather than to individual members. There is, therefore, a need for scientific research by an agency such as CARA to arrive at definite and reliable conclusions covering

situations of a few hundred major sisterhoods.

Certain social and religious factors had been considered to be firmly established among religious in the past, but it appears they have been considerably altered since Vatican II. Many members have taken a good hard look at the needs of the Church and the role of modern religious women in present day society. The dilemma of many sisters mirrors the dilemma of many lay Catholics, both in society and in the Church. This emphasizes a philosophy of person-oriented social movement rather than the traditional highly institution-oriented one.

Numerous issues are at stake in this dedication: optional Apostolic activity; a sharing of pastoral responsibilities in the Church; and a system of fraternal obedience and sharing of communal responsibility within the order. It would be presumptuous, of course, for me who has no knowledge of experiences in religious life to discuss the pros and cons of these issues. No doubt, a lack of mutual communication and harmonious dialogue between members, between groups within the Church and with the laity have greatly encouraged situations of critical dimensions so strikingly illustrated in the table below and graphically presented in Chart "B".

The influence of greater longevity upon the shifting composition of the nun-population, based upon the 1964-1969 cancer survey has been previously discussed. Further illustration of the innovative disturbing factors, creating greater differential in the age composition would enlarge the vision of the impact of both, socio-economic and socio-religious issues.

This table indicates the nun-population of 108,000 of three occupational

groups and two specific age brackets of New Members and Withdrawals for the two years 1967 and 1968. In the age bracket 17-29 years, we note that the total withdrawals exceeded the new members by approximately 500 with an overall withdrawal of 14% of the population. Not shown by the table, 50% or one-half withdrew after one year of communal life. Particularly noteworthy, in age bracket 30-44 years the overall withdrawals were 5.2% of the population under observation. One must admit that this group is a sizeable one, no doubt, having had important status in the community and society. Many of these members need encouragement and perhaps material aid to carry out their ambitions and life work.

It is necessary to explore in more areas the two factors affecting the reduction of the nun-population from a high point of 116,000 to a low of 108,000 with a graphic illustration in Chart "B". This chart considers New Members, Withdrawals, and Deaths for the five years, 1964 to 1969. The two years, 1964 and 1965 were included to compare the New Members and Withdrawals before and after the deliberations of Vatican II. One observes that the total withdrawals (5842) for the three years, 1966, 1967, and 1968 were more than three times the 1595 withdrawals in 1964 and 1965. On the other hand, the number of new members (2990) for the two years, 1964 and 1965, was larger than the group of novices in the last three years, 2827. Again, not shown in the chart, nearly two-thirds or 66% of new members in 1967 were reported as having withdrawn within a year. The chart mirrors the questionable attitude of novices and it appears that communities had little to offer those interested except a challenge to "Total Dedication," the impetus of which was decidedly weakened by unresolved renewal innovations. How far can religious com-

munities carry on under the conditions that confront them?

Conclusions

The history I have traced in the origin and growth of American sisterhoods has valuable implications for all. The Catholic laity in cooperation with the hierarchy must exhibit an all-out effort to cope successfully with the educational and religious problems that affect the entire Church. They must be prepared to assist these dedicated women in solving present day problems which appear to be beyond their control unless those who have been the direct recipients of their dedication, recognize their responsibilities. It is not my aim to sketch a program of action but to give hard facts of sound statistical data which could provide suggestions for possible solution. In the past, directives came from one source only, and decisions were made that had been based on little or no knowledge of the true situations confronting American sisterhoods whose lives were closely involved. The Conference of Major Superiors For Women has reorganized the structure under the advice of a management consultant and would now be in position to form a committee under its jurisdiction to act as an umbrella organization for all religious communities. Now with increased progress toward greater unity of acceptable religious renewal among the majority of communities, a strong committee of the Conference of Major Superiors For Women (A Sounding Board) would be in position to promulgate new policies attune to current American culture. With past tradition of the Church and the continued personal dedication to God, it could communicate bravely with the Sacred Congregation For Religious in Rome.

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