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ARCHIVAL PESEARCH AND THE J)AUGHTERS OF (PHARITY

BY KRISTINE ASHTON GUNNELL

Reconstructing a history of a religious community that quietly sought to improve the treatment of poor persons in Los Angeles

ISTORICAL RESEARCH is both a detective story and a treasure hunt, but when a scholar has exhausted all reasonable avenues for research, he or she must still assess the silence. When searching for a dissertation topic in 2006, I attended L.A. as Subject's Archives Bazaar at the Huntington Library. Knowing it was a wonderful opportunity to pick the brains of area archivists, I walked around the exhibit hall hoping something would catch my eye. On one of the end caps, I saw a display from St. Vincent Medical Center Historical Conservancy which showcased the history of the Daughters of Charity in Los Angeles. Intrigued, I later set up an appointment with Ken McGuire, the conservancy's archivist at the time, to learn more about these women and the resources available at the archive. Fascinated, I embarked on a journey to reconstruct a history of these women who quietly conducted their mission to improve the treatment of poor persons in Los Angeles. Grounded in religious convictions that emphasized respect for the individual and human dignity, they extended assistance to those in need regardless of race or creed, ameliorating (in part) some of the race and class discrimination that

plagued the city in the nineteenth and twentieth centuries. That dissertation is now a book, Daughters of Charity: Women, Religious Mission, and Hospital Care in Los Angeles, 1856-1927.

Published by the DePaul University Vincentian Studies Institute, the book was released in December 2013.

Their story begins on January 6, 1856, when six Daughters of Charity

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Handwritten copy of the Articles of Incorporation from the hospital's first corporate minute book. The Los Angeles Infirmary was incorporated on June 21, 1869. The Daughters of Charity were the first women to incorporate a business in Los Angeles. Courtesy of St. Vincent Medical Center Historical Conservancy

arrived in the Plaza in Los Angeles. Invited by the newly appointed Bishop Thaddeus Amat, these Roman Catholic Sisters intended to start an orphanage and school. The group included three American women and three Spanish women. Neither spoke the other's language, but the sisters remained undaunted. They raised funds to purchase property, recruited students, and built benefactor networks that crossed cultural and religious boundaries. Spanish Mexican Catholics, French and German Jews, and American Protestants supported the sister's charitable endeavors.

Sister Ann Gillen, an experienced nurse, belonged to the group, and county officials saw an opportunity to improve the region's health services. They invited the Daughters to open a hospital, the first in the city. Later incorporated as the Los Angeles Infirmary, the sisters owned and operated the facility while the Los Angeles County Board of Supervisors paid the expenses for qualifying charity patients. Partnering with the county made good sense for the Daughters of Charity, providing them with more funding than they would have otherwise had to further their religious mission to assist those in poverty.

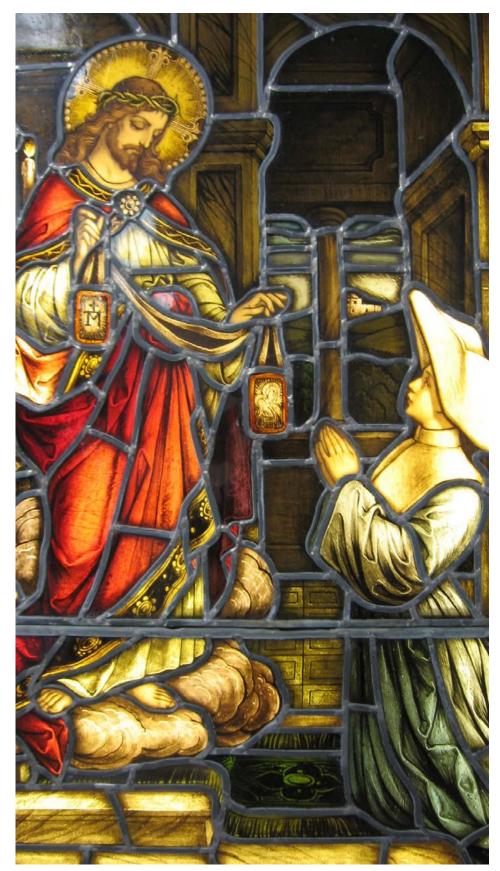
These women negotiated the political and economic challenges associated with government-funded health care for two decades before shifting their emphasis to the private medical marketplace in the 1880s. Retaining their historic leadership position in the city's nascent hospital industry, the Daughters of Charity developed economic strategies to maintain the hospital's viability

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without relinquishing their religious commitment to care for the poor. They built state-of-the-art facilities, contracted with railroad insurance programs, and expanded the nursing staff by the early twentieth century, using a portion of private patients' fees to subsidize the needs of charity patients. The history of the Daughters of Charity in Los Angeles is a story of women overcoming obstacles and adapting to an urbanizing western environment. They managed the challenges posed by changing economic conditions and industry expectations, while continuing their advocacy efforts to improve the treatment of impoverished patients.

Researching the history of the Daughters of Charity posed its own challenges. Nineteenth-century domestic ideology and convent education discouraged sisters from bringing attention to themselves by making public statements, or even signing their writings. Often the only public record of a sister's presence in the city was a census listing, and even then the rolls rarely listed sisters' last names. The Daughters sought to achieve "uniformity" or unity within their religious community, placing their mission above individual recognition or achievement. Taught to blend into the background, the sisters could easily fade away into the historical abyss. Newspapers often related platitudes and generalities, and perpetuated inaccuracies. Without the sisters' records, the real women who spent their lives in service would remain obscured.

In my teaching and research, I emphasize women's pivotal role in community-building, acting as agents



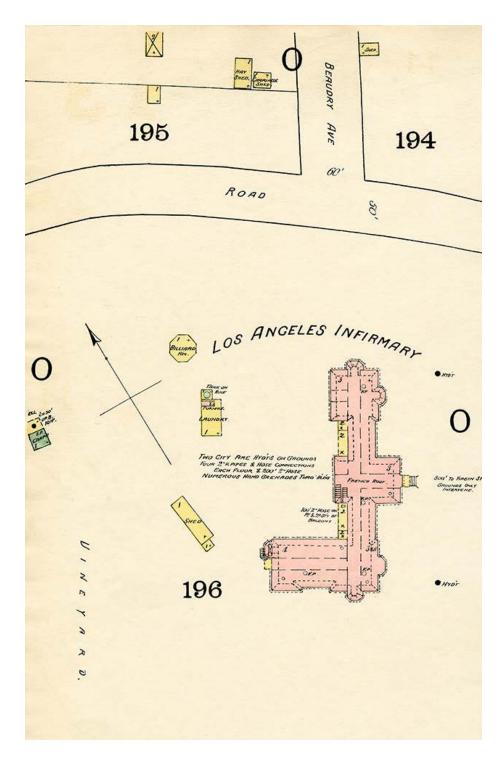
Section of a stained glass window, The Flight to Egypt, c. 1925. This window was created in Munich, Germany, before being installed in the hospital's Chapel of the Miraculous Medal. Courtesy of St. Vincent Medical Center Historical Conservancy



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of change to construct a more compassionate and just society. Through the Florence Kelley Letters Project, which I worked on with Kathryn Kish Sklar and Beverly Wilson Palmer while in graduate school, I grew to appreciate women's letters as forms of self-expression and community construction. When I learned that the Daughters of Charity had preserved many of the sisters' nineteenth-century letters, I wanted to restore their voices, letting the women speak for themselves as much as possible.

The centralized administrative structure of the Daughters of Charity encouraged good archival practices. Local superiors (called sister servants) reported to a provincial director (and later a sister Visitatrix) who supervised all sisters serving in a given region or province. Provincial directors then reported their activities to the community's motherhouse in Paris. In the nineteenth century, these reports took the form of personal letters, and many of them were preserved in the provincial archive. In the 1850s, the Daughters of Charity only maintained one province in the United States, headquartered in Emmitsburg, Maryland. However, by 1969, the Daughters of Charity had five provinces in the United States, and Los Angeles belonged to the Province of the West whose administrative offices are located in Los Altos Hills, California. Each time the province divided, historical records for the affected institutions were moved to the new provincial archive. However, relevant contextual



information often remained at the previous location. Since each province is governed independently, gaining permission to access records can become complicated. Local institutions also maintained historical records, which varied according to their needs, activities, and the relative importance of recordkeeping over

Los Angeles Infirmary.
Detail of Sanborn Insurance
Map, Los Angeles 1888.
Courtesy California State
University Northridge
Geography and Map Library.



Los Angeles Infirmary; Sisters Hospital. This postcard depicts the Daughters' 1902 hospital located on Sunset Boulevard and Beaudry Avenue. Nicknamed "the Annex," this six-story, hotelstyle hospital represented both the advances of modern medicine and the spiritual heritage of the sisters' hospital service. It included an operating room, X-ray machine, steam heat, and electric lights. Vincentian Postcards Collection, Special Collections and Archives, DePaul University, Chicago, Illinois.

time. St. Vincent Medical Center Historical Conservancy (SVMCHC) is somewhat unusual among the Daughters' ministries because it maintains a museum and archive.

In an academic repository, scholars generally enter the reading room, adjust their clothing to account for the temperature, sit down with laptop or pencil, and go to work. Small proprietary archives are somewhat different. While it's always a good idea for a scholar to get to know the archivist, building relationships proved essential for my project. Remember, they don't have to show you anything. A good portion of the archival material had not been processed, and with a small staff, cataloging tended to get pushed aside in order to attend to more pressing duties. I spent many an hour listening to Ken McGuire share the stories he had gathered from the

sisters over the years, figuring out what I wanted to see and where to find it.

McGuire understood the religious community's organizational structure, and he deftly made the connections and introductions that enabled me to gain support for the project. As the first scholar to conduct a booklength study of their community in Los Angeles, the sisters at the hospital wanted to get to know me-my background, my approach to history, and why I was interested in their story. As we grew to understand each other better, more doors opened, including suggestions for readings and resources, access to the provincial archives, and opportunities to share my work. When typing in your favorite cubbyhole for hours on end, it's easy to forget that scholarship is not a solitary enterprise relationships matter.

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In addition to the sister's letters. I scoured corporate minute books, deed records, newspaper accounts, photos, and maps. The Sanborn Fire Insurance Company maps proved useful, illuminating aspects of the hospital's designs that were not evident in other records. The Los Angeles Infirmary opened amidst the state's efforts to construct its social welfare policy, and thus the legal context took on considerable importance. Under Mexican rule, Angelenos tended to rely on compadrazgo (Catholic god-parentage) and other less formal means of social or religious obligation to care for sick and impoverished residents. The Daughters of Charity entered into a public-private partnership to care for the indigent sick, continuing the involvement of religious organizations in charitable endeavors, while also easing the town's transition to supporting governmental forms of welfare relief. As part of the research process, I sought to carefully trace state legislative actions which shaped the hospital's development.

SVMCHC preserved the hospital's admission records from 1872 through the 1930s. The admissions books allow historians to determine the number of people who used the hospital and whether or not they were charity patients. Gender, age, nationality, last place of residence, occupation, and a brief diagnosis may also have been recorded. From this data, historians can assess changes in the hospital's use over time. In particular, the sister's hospital treated sick and injured railroad workers

in the 1890s, and analyzing this data provides a better understanding of how these pioneer health insurance programs functioned. Similar records from other institutions are often unavailable, especially since most of the records from the Southern Pacific General Hospital in San Francisco burned in the 1906 earthquake and fire. Admissions books from the Daughter's hospital help to illuminate this aspect of California's medical history.

Despite the advantages of using hospital admissions records, today's privacy laws can make accessing them difficult. Because SVMCHC is part of an active hospital, some concern arose about whether or not the historical admissions books were covered by the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). After some additional research and discussion, the hospital and archive determined that records over one hundred years old did not fall within the parameters of the Privacy Rule, and I was allowed to use the admissions records between 1872 and 1908, as long as I minimized the risk of potential exposure of individually identifiable health information. As more time passes, more data may become available, furthering scholars' understanding of hospital use in the early twentieth century.

Buildings represent more than brick and mortar. They are reminders of thousands of hours of human effort—finding funding, overcoming obstacles, and, in the case of a hospital, nursing patients. Daughters of Charity also lived in the hospital; it was their home, one symbol of their



Admissions Book, Los Angeles Infirmary, 1872-1896. Courtesy of St. Vincent Medical Center Historical Conservancy.

lives and service. People tend to save the things that they're proud of, and it makes sense that much of the archival record about the sister's hospital refers to the construction and dedication of various hospital sites. But by reading in between the lines, one catches glimpses of a larger story. The Daughters of Charity represent one avenue for unmarried women to contribute to the betterment of the communities in which they lived. Daughters of Charity exhibited leadership in managing charitable enterprises and in furthering social advocacy work. They built new facilities, adopted new technology, and adapted to the changing demands for nursing education, while continuing to provide a significant amount of charitable care. That legacy continues, as the Daughters continue to operate St. Vincent Medical Center over one hundred and fifty years later.

Kristine Ashton Gunnell has been a CSW Research Scholar since 2012. She is working on her next book project, "Charity in the City of Angels," which evaluates the significance of women's social networks created through charitable activities in nineteenth-century Los Angeles.