

A Woman, A Mission, A Commitment: Sister M. Ferdinand Clark and Urban Renewal

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*“God has assigned to each and every individual a particular mission in life to perform in the sanctification of the big world. This conviction, once grasped, generates a burning desire. It inevitably arouses a strong sense of personal responsibility and individual initiative in bringing Christ’s love and truth into every segment of life.”*¹ – Sr. M. Ferdinand Clark, 1968

In 1953, the Sisters of Mercy appointed Sister M. Ferdinand Clark as administrator of the Mercy Hospital of Pittsburgh. A natural born leader, Sister Ferdinand turned out to be the right woman at the right time to lead the hospital through a 25 year period of pivotal changes. Since the hospital’s founding in 1847, Mercy Hospital developed alongside the growing industries in and around the city of Pittsburgh, with one of the hospital’s evolving roles being that of providing trauma care for patients of industrial accidents. And just as the city transformed, so did Mercy Hospital. Even as Mayor David L. Lawrence led the city into reurbanization for much needed renewal in the middle of the 1900s, so would Sister Ferdinand lead Mercy Hospital into its own reurbanization during her administration, while maintaining the Sisters of Mercy commitment to Catholic health care to the sick and poor.

When Mayor David Lawrence was elected in 1945, Pittsburgh was known as the “Smoky City.” It was out of the smoke that he led the city into a rebirth through a program of urban renewal. In the same year, the state of Pennsylvania passed the Urban Redevelopment Act, providing cities and counties “with legal and financial mechanisms for rebuilding and redeveloping older parts of our cities,” thus providing the means for Pittsburgh’s rebirth.² Under Lawrence’s guidance, Pittsburgh underwent “the largest urban renewal attempt in the nation at that date.”³ Pittsburgh underwent an historic facelift and a cleaning of the air; Renaissance I “reversed the downward trajectory in the Golden Triangle, began the critical cleanup of the city’s environment, modernized several aspects of the infrastructure, and established a tradition of public-private partnerships.”⁴

With this exciting Renaissance I happening around it, Mercy Hospital, which is located close to the center of Pittsburgh, entered into its own rebirth, which was touted as “an exciting new ‘People Chapter’ in the ever-developing Renaissance of Pittsburgh.”⁵ From 1953 until 1978, Sister Ferdinand Clark led the organization through this reurbanization process; she provided the vision and the leadership necessary to maintain this bulwark of Catholic health care in Pittsburgh during these years of tremendous changes. Urban renewal impacted Mercy Hospital in two areas: 1) facility planning/construction and 2) the relationship of Mercy Hospital with the neighboring community of the Hill District. The success of Mercy Hospital both in facility building and community relationships rested on the administration’s conviction in the Catholic mission, or, in the words of Sister Ferdinand, how Mercy Hospital remained “true to itself and the spiritual philosophy and tradition of the Sisters of Mercy.”⁶

EARLY YEARS OF MERCY HOSPITAL

Established in 1847 by the Pittsburgh Sisters of Mercy, the sisters initially opened the first Mercy Hospital in the world in temporary quarters in the motherhouse on Penn Avenue. In 1848, Mercy Hospital relocated to a permanent location in what was then the Soho section of Pittsburgh.⁷ As Pittsburgh grew, so did Mercy Hospital; ever-expanding services for increasing numbers of patients required added facilities, so that the hospital gradually developed from occupying a single building in 1848 to taking up an entire city block with a multi-building complex by 1940, with the main hospital buildings dating to before the turn of the century. Not only was the city undergoing changes with reurbanization in the middle of the 1900s, the area directly adjacent to Mercy Hospital was also changing. As requested and approved by the city, the Catholic college, Duquesne University, took over and expanded onto an area consisting of 63 acres extending to Bluff Street and was to be “redeveloped for residential, including higher education, commercial, and special industrial expansion with the Duquesne University as the redeveloper.”⁸ In light of the city’s urban renewal efforts, the Sisters of Mercy understood that the renewal of Mercy Hospital would need to fit into the changes that were taking place around them. In order to accomplish this, the sisters turned to leaders of Pittsburgh, both members of the Catholic church and lay businessmen, and recruited them to an advisory board in 1952. As they had not had a lay board since the 1920s, the sisters were inexperienced with the function of the board. Additionally, being an advisory board, there was an inherent problem in that the board had no authority and essentially no direction, thus, the process met an impasse.

SISTER FERDINAND BECOMES ADMINISTRATOR

In the midst of this stalled-out drive for the hospital’s urban renewal, in 1953, the sisters appointed Sister M. Ferdinand Clark as the new administrator for Mercy Hospital, marking the beginning of a new era for Mercy Hospital. Born on Pittsburgh’s North Side, Sister Ferdinand entered the Sisters of Mercy in 1924. While she was initially an elementary school teacher, by 1931 she was working as admissions officer and business manager at Mercy Hospital. From 1947 to 1953, Sister Ferdinand served as administrator of St. Paul’s Orphanage. When she returned to take charge of Mercy Hospital in 1953, she became the first administrator at the hospital in 50 years who was not a nurse. She was a woman who had magnetism and the charisma to inspire those around her. In 1956, an anonymous source wrote of her: “People are drawn to her by the warmth of her greeting and her facility for putting them at their ease ... Recognizing each individual as a fellow human being and a child of God, Sister has dedicated her life to the fulfillment of

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her religious vocation to serve God by serving His people.”⁹ Sister Ferdinand first and foremost was a Sister of Mercy, a woman who lived according to the charism and mission of her religious order.

When a woman professes her vows as a Sister of Mercy, she takes four vows: poverty, chastity, obedience, and service to the poor, the sick, and the uneducated. In her leadership role in health care, Sister Ferdinand was visible proof of living the mission of the sisters to treat the sick poor. As a sister, Sister Ferdinand never doubted that the Pittsburgh community had a need for a Catholic hospital – a hospital that was dedicated to treating all aspects of patients’ needs. With this philosophy as her basis, Sister Ferdinand was determined to ensure the improvement of Mercy Hospital’s outdated facility in order to continue to supply quality care to every human being who walked through the doors.

MERCY HOSPITAL IN THE 1950s

At the time of her appointment as administrator in 1953, Sister Ferdinand took over a large hospital that had an antiquated physical plant and insufficient operating income. By the late 1950s, Mercy was a 750-bed hospital with 18,000 hospital admissions a year, more than 18,000 emergency room admissions a year (6,000 of whom were treated free), and nearly 23,000 patients who were treated in the outpatient clinic, free of charge. Mercy was donating \$325,000 a year to the health of the community. Although Mercy Hospital provided all of this free care to any individual, no matter what religion, the state of Pennsylvania perceived the hospital to be

sectarian and, starting in 1921, the state declined all appropriations to Mercy; Mercy Hospital persevered in spite of this loss in funding.¹⁰

While Mercy Hospital was an extremely busy hospital, it was lacking the proper facilities to accommodate the community’s needs. In addition to the original 60-bed 1848 building, the main buildings of the hospital complex had been built in the 1890s with the secondary buildings built in 1918, 1926, and 1939, eventually turning into the 750-bed hospital that Sister Ferdinand was overseeing in the late 1950s. Although the hospital had added many beds over the years, the facility was becoming outdated in terms of advances in health care.

At a time when the city was forging ahead with its Renaissance, the hospital was at a crucial crossroads which would determine its future. While urban renewal influenced Mercy Hospital, the Sisters of Mercy influenced Mercy Hospital’s response to urban renewal. In the same spirit that the city had entered into Renaissance I, Sister Ferdinand forged ahead with a plan to build the new facility that was needed. To make that happen, she had to work within the established framework of the city’s urban renewal effort, which, for health care in Allegheny County, was embodied in the Hospital Planning Association. The head of Mercy Hospital’s recently established Advisory Board, J. Rogers Flannery Jr., made it understood to Sister Ferdinand that “Mercy’s plan for expansion and modernization would need not only broad community support. It would also need the blessing of the Hospital Planning Association.”¹¹



Mercy Hospital, 1956



Mercy Hospital Outpatient Clinic, c. 1954 (Photos courtesy of the Pittsburgh Mercy Health System)

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THE HOSPITAL PLANNING ASSOCIATION

Riding “the tide of urban renewal and city planning by also recognizing a perceived need for hospital planning,” the Hospital Council of Western Pennsylvania completed a study in 1958 of the hospitals in Allegheny County and realized that many hospitals were looking to build within the upcoming years.¹² Between the results of this study and the overarching view that the hospitals were public property since the public funded the hospitals, the Hospital Council established the Hospital Planning Association of Allegheny County (HPA). “The public which constructs, uses, and supports hospitals deserves maximum and effective use of the capital investment and personnel. This requires conscious effort by responsible community leaders. Expansion of hospital facilities involves a permanent increase in current financial support.”¹³

The HPA represented a powerful, voluntary alliance of the area’s major corporate employers. This organization’s focus was to develop a comprehensive plan for hospital growth in the county while guaranteeing the most efficient use of the available funds. The HPA held tremendous power, for if its members disapproved of a hospital’s building project they could persuade corporations, foundations, and even government to withhold funding.¹⁴ The HPA defined their terms as such:

The hospitals of Allegheny County should be established or expanded solely in terms of community need for service, education and research. Factors determining need are: present and prospective use of existing facilities; residence and staff privileges of physicians; availability of ambulatory diagnostic and treatment services; travel patterns of patients seeking care; trends in character and growth of population.¹⁵

At the same instant, the HPA understood that Allegheny County was an unusual metropolitan area since it was “without a short-term hospital owned and operated by a local governmental authority for the care of a certain portion of indigent and low-income persons.”

QUEST FOR RENEWAL

Working within the parameters of the HPA dictated urban renewal, Sister Ferdinand steadily moved toward making the hospital’s operations compatible with the guidelines needed to enable her to present her plan to the HPA. Listening to the recommendations of J. Rogers Flannery Jr. and the Advisory Board, Sister Ferdinand implemented some changes to the hospital operations. One of those changes was the increased public visibility of the Sisters of Mercy within the institution. This focus was in line with the Board’s recommendation to focus on strengths, one of which was the public’s comprehension of the commitment of the sisters to quality care. “Why do patients go to Mercy Hospital?” asked Mr. Flannery. “It is because they feel Sisters are selfless in their service.”¹⁷ During these years, the sister staff had been somewhat depleted by the 1959 transfer of several sisters to Holy Cross Hospital in Florida, but within a couple of years, their ranks at Mercy Hospital were filled.¹⁸ Other practical changes were made as well, affecting patient care and hospital operations. The hospital began a program of renovation and modernization, including the creation of a radioactive isotope laboratory, the opening of an electro-

encephalographic (EEG) department, and the start of a medical research program. While these measures filled some immediate needs, Sister Ferdinand’s long-term goal was to demolish and replace the obsolete, non-fire-resistant buildings.¹⁹

By 1962, Sister Ferdinand was confident that she had brought Mercy Hospital to the point that the HPA would approve her plan for a new flagship hospital. At a time when health care was rapidly changing, she could not continue to prop up the antiquated hospital buildings. In August 1962, Sister Ferdinand and the hospital’s Advisory Board submitted the proposed Mercy Hospital’s architectural drawings and the proposal for the \$13 million modernization program to the HPA for approval. However, when the HPA weighed in on the proposal, Mercy Hospital encountered a roadblock: the HPA “suggested that implementation of any construction program should await a more thorough evaluation of the Hospital in relation to the needs of the community as reflected in the developing regionalization concept.” Turning down Mercy’s request, the HPA intimated that the sisters and the board should consider moving the hospital out of Pittsburgh to the expanding suburbs.²¹

REASSESSMENT, REBOUNDED, AND RETOOLING

While Mercy Hospital was physically located in the midst of a focused effort on redevelopment, Sister Ferdinand was faced with the fact that her plans had received a serious blow and that Mercy’s renewal was delayed. However, this setback did not deter her and she refused to even consider moving Mercy Hospital. “What was Mercy to do?” wrote Sister Ferdinand, “Stay and serve the central city or leave for the suburbs? We chose to stay.”²² The mission of providing health care to the sick and the indigent was paramount to the Sisters of Mercy and location meant everything to that mission.

Accepting the HPA recommendations, Sister Ferdinand worked hard to effect the changes necessary in order to accomplish her goal. With the review of the hospital, the HPA counseled that Mercy Hospital should hire a hospital planning consultant. Acting on this advice, Sister Ferdinand retained the services of E.D. Rosenfeld, M.D., head of the Hospital and Health Services Consultants of New York, to survey Mercy in 1963. The resulting report, Sister Ferdinand remarked, “caused more healthy discussions than it has been my privilege to observe over a period of 10 years.”²³

According to Rosenfeld, city plans for urban redevelopment, exhibited in a 1963 map of future development, indicated a proposed shopping and housing plaza nearby, a cross-town expressway cutting directly overhead, and an adjacent Industrial Research Park.²⁴ If all the proposed changes had occurred, Mercy Hospital would have been almost exclusively surrounded by the direct products of urban renewal. As urban renewal plans for the Hill District were expected to result in a population between 40,000 and 60,000 and many of this increased population would look to Mercy for health care. One aspect of his report was the echoing of Sister Ferdinand’s conviction that Mercy Hospital remain in the city. Rosenfeld wrote: “The Hospital should remain where it is, exploit as fully as possible its deep and long-standing good will in the Allegheny region.”²⁵ While he

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recommended staying put, Rosenfeld advised changes in all phases of the hospital's operations, urging expansion of and concentration on medical specialties and subspecialties, strengthening education and research programs, and increasing the focus on ambulatory care, while decreasing the number of beds.²⁶

CHANGE TO A BOARD OF TRUSTEES

One crucial and necessary change underscored in the report was the reorganization of the Advisory Board into a Board of Trustees. Not only did Rosenfeld feel that this change was necessary, but so did Bishop John Wright, as evident in a letter to Sister Ferdinand: "Quite frankly, I do not feel that an advisory board serves any substantial purpose in the case of a modern hospital as large and as complex as is Mercy Hospital." He went on to argue that people do not want to serve as mere advisors, but rather as active participants and that this was crucial to the development of the hospital. "I feel strongly ... that the hospital cannot possibly move forward as it hopes to do without a radical revision of the status of its lay representatives from the general community."²⁷ In 1964, the Sisters of Mercy welcomed a new Board of Trustees, of which J. Rogers Flannery Jr. served as president, providing a continuity between the old and the new boards. The initial task of the Board was to tackle Rosenfeld's report and to implement appropriate changes. With Rosenfeld's report highlighting the need for planning and evaluation, the Board and Administration formed planning committees to address these issues.

As things were getting off the ground, Flannery died suddenly of a heart attack. The sisters turned to Willis McCook Miller, a partner in a local law firm, who became Board president in July 1964. As president, Miller kept the momentum of progressive change on a roll as did the next Board president, G. Albert Shoemaker, who assumed the role in 1967. Recently retired president of

Consolidated Coal Company, Shoemaker was a non-Catholic and as such, he was hesitant to accept the role as Board president, but he was swayed by a call from Bishop Wright. "He [Bishop Wright] made a very pertinent and persuasive comment," Mr. Shoemaker recalled. "He said, 'Doesn't Mercy take care of Protestants as well as Catholics?' I decided then I should give it a try."²⁸ Thus, Shoemaker brought a different dimension to the Board; he worked with Sister Ferdinand to bring renewal to the hospital.

MOVING FORWARD WITH THE BLESSING OF THE HPA

With this continuing progress, by 1968, Sister Ferdinand was able to report that "Mercy is one of those rare institutions that, in this mid-20th-century world, knows where it wants to go and has well-thought-out ideas on how to get there. To have arrived at such a stage, in the face of today's many health and medical perplexities, may well have been... the past decade's greatest accomplishment."²⁹ In 1970, Mercy inaugurated its facilities plan with the construction of an auxiliary building, the Mercy Health Center, which would serve as the outpatient clinic, and had its plans together for the new proposed Mercy Tower.

In 1973, with approval of the HPA, the Western Pennsylvania Comprehensive Health Planning Agency, and the City Planning Commission, Mercy Hospital announced the \$29 million construction program centering on a new, 13-story tower and extensive renovation of the South and Southeast Wings. For funding, Mercy Hospital had accumulated a building fund over the previous decade, received a loan guarantee from Hill-Burton, and turned to the public with a fundraising drive to complete the funding. Launching the "Quality of Mercy" campaign, Mercy Hospital tied this project directly to Pittsburgh's own urban renewal. Building on the city's Renaissance theme, Mercy Hospital issued the brochure, *A New "People Chapter" in Pittsburgh's Renaissance*, to explain the project: "Pittsburgh's continuing Renaissance presupposes the vigor, the industriousness – and the good health – of its people... Plans to modernize Mercy's aging physical plant represent the key to an exciting new 'People Chapter' in the ever-developing Renaissance of Pittsburgh."³⁰

Groundbreaking took place on November 5, 1973 and by 1976, the new Mercy Tower was completed and opened, providing a new building to replace those buildings built in the previous century. While adhering to HPA's directed urban renewal, Sister Ferdinand had achieved her goal of building a new facility and keeping it right where it was needed most by the community in order to accomplish its Catholic mission.

While the new facility was one aspect of Mercy Hospital's reurbanization, another impact of urban renewal on Mercy Hospital was the relationship of the hospital with the neighboring community. As part of the Sisters of Mercy's mission, Mercy Hospital historically had provided substantial free health care to the city's sick and poor, a majority of those benefiting lived in the neighboring Hill District. With much of the downtown area rejuvenated by the 1960s, the city began working on large neighborhood renewal projects, one of which was the Hill District, the neighborhood so closely tied to Mercy Hospital.



Board of Trustees (left to right): Feilx T. Hughes, John J. Maloney, J. Rogers Flannery, Jr., Sister Ferdinand Clark, Nicholas Unkovic, John L. Propst, B. R. Dorsey

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URBAN RENEWAL AND THE NEIGHBORHOOD

Targeting the area for the development as a cultural center, the city created turmoil for this neighborhood with its plans to build the Civic Arena. The redevelopment of the Lower Hill District came to be considered “a classic example of an urban renewal failure”; aside from the Civic Arena and a few additional buildings, not much additional development took place within the original plans.³¹ In order to accomplish the erection of the Civic Arena, many residents were scattered to new areas of the city while others relocated into other areas of the Hill District, which fostered a loss of community stability.³² “Certainly the charge that it did not contribute to desegregation of the city but merely increased the density in the black Middle and Upper Hill is accurate,” relates Mike Weber in his biography on Mayor Lawrence. “Nearly 800 of the 1239 black families relocated into the already densely populated Third, Fourth, and Fifth wards. (Middle and Upper Hill)...”³⁴ In his 1963 report for Mercy Hospital, Rosenfeld wrote: “The importance of the large concentration of Negro families in the immediate service areas of Mercy Hospital cannot be overlooked. These people are by and large in the low-income group and cannot afford private care.”

Mercy’s relationship with this neighboring community had a profound effect on Sister Ferdinand. Looking back, she wrote at her retirement, “What I have done since my decision to retire is to reflect on what I consider the most meaningful of these experiences -- those that clearly challenged me both as a hospital administrator and as a Catholic religious. One especially meaningful experience will remain with me always. The lessons it taught were many and priceless.”³⁵ She was greatly impacted by those years of working with a community that had experienced negative urban renewal and with a community that was moving into a stage of social unrest, as was the rest of the nation.

From the very beginning of her administration, Sister Ferdinand believed that Mercy Hospital was providing the best care for those from the neighborhood and was always striving to improve. In accordance with this thinking, Mercy Hospital applied for a grant from a governmental agency in 1964 to provide a more systematic delivery of health care to the neighborhood. Ultimately, the agency rejected the grant with the justification the black community had a poor image of Mercy; Sister Ferdinand could not have been more surprised. One of the quotes that was cited to her was “You treated us. But you have never accepted us.”³⁶ In a speech, Sister Ferdinand defined the issue as one of service by the sisters to the community: Certainly, another problem facing this county is the great urban crisis. I can tell you this is a problem which faces us daily at Mercy Hospital. Consider our position geographically in the heart of downtown Pittsburgh. We have on one side the affluent residents of the downtown residential community. On the other, we have those who have been forced to live at the lower end of the economic scale. To the Sisters of Mercy serving with me at Mercy Hospital, our challenge is clear and simple to define -- that we must service the special needs of each. However, I can tell you we are deeply concerned about our neighbors in the uptown and hill district communities. We ask ourselves daily -- how best

can we serve these people? And let me make it clear - I mean just that - how best to serve their needs - because we are determined to provide the very best health care possible.³⁷

ESTABLISHMENT OF NEW SERVICES

It became clear to Sister Ferdinand that Mercy Hospital no longer should concentrate solely on the facilities and the programs but focus on the community, ensuring that the needed health care programs were well planned and not “hastily-put-together.”³⁸ Mercy Hospital could not rely on the sick poor to come consistently to the hospital, but rather, Mercy would need to reach out to the community with the mission of the Sisters of Mercy. In 1968, Mercy established the Neighborhood Advisory Committee on Health Care, drawing individuals from the neighborhood to work together with Mercy on policies. Some other changes were the establishment of both a community relations department and a human relations committee. With further evaluation of how to reach people who were sick and poor, Mercy established a program of health care expeditors, consisting of individuals hired from the Hill District to assist their neighbors in obtaining health care.

Mercy Hospital’s 1969 Report on the Progress of the Long-Range Plan clearly defined the issues at hand:

The first of these roles is Mercy’s assumption of responsibility for the provision of comprehensive health services to the population of a defined Primary Service Area. Although the need and existence of Mercy’s inpatient resources are recognized, the primary focus of this program is on outpatient care. In order to increase both the availability and acceptability of such care, Mercy proposed the creation of an ambulatory care center adjacent to the Hospital and related to primary care substations located in the neighborhoods of the Primary Service Area.³⁹

By the time of this report, Mercy Hospital had received the required HPA approval for primary care centers and opened the first one in the center of the Hill District; two more were established within the next year. A mobile care unit, known as the Caremobile, was put out on the road, bringing the services directly to the community living in the streets.

CREATION OF MERCY HEALTH CENTER

Next, Sister Ferdinand and the hospital’s Neighborhood Advisory Committee focused on replacing their outdated, overcrowded clinic area with its own building. Without any reservation, the HPA had quickly approved the center. In 1970, Mercy opened the Mercy Health Center, which is considered to be “the most enduring element in the hospital’s commitment to comprehensive community care.”⁴⁰ This new clinic was not even called a clinic but a Health Center, indicating the direction that Mercy Hospital was taking in the delivery of care to the community. Respecting the patient’s dignity, Sister Ferdinand ensured that elements of sensitivity and compassion were included in the structure of the Mercy Health Center, as well as the clinical care, with 33 departments providing comprehensive medical care; the focus was “to bring the clinic-

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patient-doctor relationship to a one-to-one basis ... with special emphasis ... placed on protecting the privacy and dignity of the patient.”⁴¹

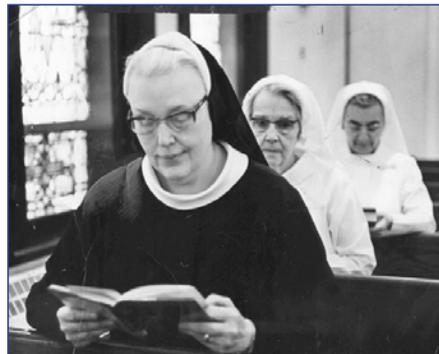
Once opened, Mercy Health Center received over 25,000 visits in the first year. By the time that the Mercy Tower opened six years later, the Mercy Health Center had received more than 51,000 visits for the 1975-1976 fiscal year; an additional 2,838 patients were treated at the primary care centers during that same timeframe.⁴² Both programs were filling needs of the community. Reflecting back on this experience, Sister Ferdinand wrote:

One of the most meaningful and enduring lessons those of us serving at Mercy learned through our close experience with the hospital's door-step community was that inadequate health care only compounds the evils of poor housing and high unemployment. Combined, these factors deny all minorities their rightful place in society. We also realized that while the delivery of health care must always be Mercy's main concern, a demonstrated sensitivity to all of the problems, and particularly those of racism, that affect the lives of minorities was necessary to providing that care.⁴³

SISTER FERDINAND RETIRES

By the end of Sister Ferdinand's administration, Mercy Hospital had a new campus, a new community health care program, and a definitive grasp of how Mercy fit in with the new urban landscape. Over the years, Sister Ferdinand had received many awards in recognition for her work, including becoming the first woman to win the Jaycee Man of the Year in Medicine Award in 1972. In 1978, she stepped down from her position at Mercy Hospital. Her retirement coincided with the dawn of Pittsburgh's Renaissance

II. While piloting Mercy Hospital through its urban renewal, Sister Ferdinand was guided by her sense of mission and her role as a Sister of Mercy. Looking back on those intense years of her administration, she focused on her purpose of serving God: “What all this means to me, as I prepare for my retirement, is that despite Mercy's modern facilities and sophisticated new technology, regardless of changing conditions, we have learned that it is still possible to adhere to the hospital's original philosophy of service to God through service to people.”⁴⁴ With her convictions rooted in her Catholic faith, she successfully led Mercy Hospital through a period of urban renewal.



Sister Ferdinand Clark, c. 1970
(Photo courtesy of the Pittsburgh Mercy Health System)



Newly constructed Mercy Tower, 1976

Author's Note:

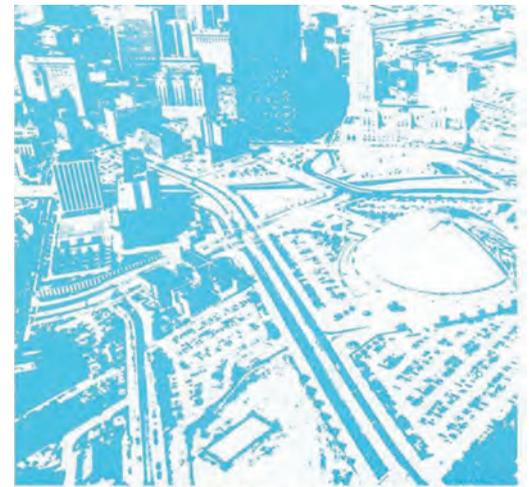
As throughout the past 160+ years, the Sisters of Mercy continue to evaluate how best to serve people who are poor, sick, and uneducated within the changing urban landscape and the evolution of health care. In 1983, like most other hospitals in the area, Mercy Hospital expanded into a health care system and named it Pittsburgh Mercy Health System (PMHS). The 1990s and 2000s brought more major changes which, among other things, included adjustments in health insurance reimbursement, utilization guidelines, and health care technology. PMHS was a founding member of Eastern Mercy Health System which helped to create a regional system, Catholic Health East, which eventually became part of a national health system, Trinity Health.

All of this was at a time of changes in the city, including the decline of the steel industry, a retooling of the city's industries, and a shift in the city's population. In a progressive move, the Sisters of Mercy sold Mercy Hospital to the University of Pittsburgh Medical Center (UPMC) on December 31, 2007, with an agreement that UPMC maintain Mercy Hospital as a Catholic institution sponsored by the Diocese of Pittsburgh. Selling only the hospital, the Sisters retained all of the other mission-driven, community-based services of Pittsburgh Mercy Health System: Mercy Behavioral Health, Mercy Intellectual Disabilities Services, Mercy Community Health, Mercy Parish Nurse and Health Ministry Program, and Operation Safety Net. The Sisters of Mercy applied the funds from the sale of the hospital to their mission of service and created McAuley Ministries Foundation which awards approximately \$3 million in grants annually.

Today, PMHS continues the work of the original seven sisters who arrived in Pittsburgh in 1843. Building on the wisdom and dedication of Sister Ferdinand Clark, PMHS colleagues serve in the spirit of the Sisters of Mercy, reaching out to people and addressing needs in the most efficient and effective ways for the current times.

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- ¹ UPMC Mercy Archives, Sister M. Ferdinand Clark papers: Speech, April 1968.
- ² City Planning Commission Pittsburgh Report for Years 1951-1952.
- ³ Michael P. Weber, *Don't Call Me Boss: David L. Lawrence, Pittsburgh's Renaissance Mayor* (Pittsburgh: University of Pittsburgh Press, 1988): 274.
- ⁴ Edward K. Muller, "Downtown Pittsburgh : Renaissance and Renewal," in Kevin J. Patrick and Joseph L. Scarpaci, Jr., *A Geographic Perspective of Pittsburgh and the Alleghenies*, (Pittsburgh: University of Pittsburgh Press, 2006): 12.
- ⁵ UPMC Mercy Archives, *A New "People Chapter" in Pittsburgh's Renaissance*.
- ⁶ Community Relations Speech, Sister M. Ferdinand Clark papers, UPMC Mercy Hospital Archives, SMF c. 1970
- ⁷ In the early to mid 1800s, the Bluff/Uptown area was part of the Soho section. The area was first developed by James Tustin in the late 1700s/early 1800s. He named the estate that he built "Soho" after his previous residence in England and the name was applied to the whole area. In later years, the Soho neighborhood became a more narrowly defined area, with other neighborhoods being carved out of the area. [www.worldbooklibrary.org/article/WHEBN0002603647/Bluff%20\(Pittsburgh\)#](http://www.worldbooklibrary.org/article/WHEBN0002603647/Bluff%20(Pittsburgh)#) References accessed 9/9/2015. Also see www.duq.edu/news/pittsburgh-2030-district-embraces-the-bluff accessed 9/9/2015 as well as *History of Pittsburgh and Environs, Volume 1*, (New York: The American Historical Society, 1922): 138-139.
- ⁸ City Planning Commission Report for Years 1951-1952; Joseph Rishel & Paul Demilio, *"The Spirit That Gives Life": The History of Duquesne University, 1878-1996* (Pittsburgh: Duquesne University Press, 1997): 115.
- ⁹ UPMC Mercy Archives, Sister M. Ferdinand Clark papers: biographical information.
- ¹⁰ UPMC Mercy Archives, Financial Services Records: State Appropriations; UPMC Mercy Archives, Planning Records, *Summary of the Survey and Report prepared for Mercy Hospital*, (E.D. Rosenfeld MD & Associates, 1963): 13.
- ¹¹ C. Hax McCullough , *Pillar of Pittsburgh: the History of Mercy Hospital & the city it serves* (Pittsburgh: Mercy Hospital, 1989): 144.
- ¹² UPMC Mercy Archives, Board of Directors Records, Minutes: Executive Director's Report, 23 May 1960.
- ¹³ UPMC Mercy Archives, Planning Records: Exhibit "C", Principles of Hospital Planning, Approved by Executive Committee, HPA, 17 March 1960.
- ¹⁴ *Pillar*, 145.
- ¹⁵ UPMC Mercy Archives. Hospital Planning Association of Allegheny County Records.
- ¹⁶ UPMC Mercy Archives. Hospital Planning Association of Allegheny County Records.
- ¹⁷ *Pillar*, 145.
- ¹⁸ Sister Cornelius Meerwald, *Mercy Hospital 1847-1959* (Pittsburgh: Mercy Hospital, 1961): 12.
- ¹⁹ Rosenfeld, *Summary*, 14.
- ²⁰ UPMC Mercy Archives, Planning Records, *Summary of the Survey and Report prepared for Mercy Hospital*, (E.D. Rosenfeld MD & Associates, 1963): 14.
- ²¹ *Pillar*, 147.
- ²² Sister M. Ferdinand Clark, "A Hospital for a Black Ghetto", *Hospital Progress* (Feb 1969): 49.
- ²³ UPMC Mercy Archives, Board of Trustees Records: Correspondence.
- ²⁴ UPMC Mercy Archives, *Planning Records, Survey and Report Part 1, prepared for Mercy Hospital*, (E.D. Rosenfeld MD & Associates, 1963): 27-28.
- ²⁵ Rosenfeld, *Summary*, 15.
- ²⁶ *Pillar*, 149.
- ²⁷ *Ibid*, 148
- ²⁸ *Ibid*, 155
- ²⁹ *Ibid*.
- ³⁰ UPMC Mercy Archives, *A New "People Chapter" in Pittsburgh's Renaissance*.
- ³¹ Muller, "Downtown Pittsburgh," 11.
- ³² Paul Roberts (ed). *Points in Time: Building a Life in Western Pennsylvania* (Pittsburgh: Heinz History Center, 1966): 201.
- ³³ Weber, *Don't Call Me Boss*, 271.
- ³⁴ Rosenfeld, *Summary*, 19.
- ³⁵ Sister M. Ferdinand Clark, "Adequate Health Care: One Step Toward Social Justice", *Hospital Progress* (Oct 1978): 6.
- ³⁶ Sister M. Ferdinand Clark, "A Hospital for a Black Ghetto", *Hospital Progress* (Feb 1969): 49.
- ³⁷ UPMC Mercy Archives, Sister M. Ferdinand Clark papers: Speech, April 1968: 5.
- ³⁸ Sister M. Ferdinand Clark, "A Hospital for a Black Ghetto", *Hospital Progress* (Feb 1969): 49.
- ³⁹ UPMC Mercy Archives, Planning Records, Long Range Plan for Mercy Hospital Summary and Progress Report, 26 Sept 1969
- ⁴⁰ *Pillar*, 178.
- ⁴¹ Sister M. Ferdinand Clark, "A Hospital for a Black Ghetto", *Hospital Progress* (Feb 1969): 50.
- ⁴² Clark, *Adequate Health Care*, 9.
- ⁴³ *Ibid*, 10.
- ⁴⁴ *Ibid*.



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