Historical Insights

by Daria Sockey

Margaret Haughery: Bread Woman of New Orleans (by Flora Strousse)

Our "Women of Faith and Courage" set of biographies shapes up to be a study in contrasts. Beyond sharing a common faith and the experience of losing parents at an early age, could any two women be more different than Kateri Tekakwitha and Margaret Haughery? The Native American saint grew up in a position of privilege (chief's daughter/niece) in her community. A shy, natural contemplative of the wilderness, she expressed her faith primarily through hours spent in prayer, penance and mystical communion with God. Margaret, on the other hand, was a step away from destitution for much of her early life. She was an outgoing "people person." One gets the impression that Margaret found in her daily urban begging rounds a fine way to visit with neighbors and make new friends. She expressed her faith by loving the orphan, the sick, the hungry. Loving them in an extraordinary way.

Wikipedia is a generally reliable (and steadily improving) source of basic biographical information. But its article about Margaret Haughery makes a dreadful mistake in the opening sentence: "Margaret Haughery (1813-1882) was a philanthropist. . ."

She most certainly was not! At least, not according to G.K. Chesterton, who termed philanthropy the action of "benevolent bullies," a "parody of charity" based on "the preposterous assumption that the rich are to advise the poor, and not the poor the rich."[1] Although there is a common denominator (giving away money to help the needy) that technically places Margaret in a group with John D. Rockefeller, Andrew Carnegie and Bill Gates, that point of similarity is swamped by an ocean of contrast. Let's look at the difference:

- All her life, Margaret lived among the poor. She lived for many years with the orphans she served. Later on, her fanciest quarters were a small apartment attached to her downtown bakery. At the height of her wealth she spent her days sitting beside the street in her rocking chair for anyone—of any race, class, or condition—to approach! Not for her a mansion (or multiple mansions) barricaded by walls and security guards. No complex, impersonal grant application process was needed to secure her assistance.
- Margaret shared what she had even while she herself was poor. As she struggled to get back on her feet following the death of her only child, Margaret worked a low-paying job at the hotel laundry, and simply gave of her extra time to work in the orphanage. Being hired by the orphanage (low salary but free room and board) Margaret not only loved the poor orphans by caring for them as a job, but still managed to contribute from her meager paycheck to help the sisters make ends meet. Contrast this to the philanthropist who typically makes his or her billions first—often through cut-throat business practices and (in the case of the 19th century "robber barons" such as Rockefeller and Carnegie) through the misery of countless miners and factory workers who worked under cruel conditions for slave wages. Only then,

[1] From *The Universe According to G.K. Chesteron,* Dale Ahlquist, editor. Dover Books, 2011

in later life, do typical philanthropists give away from their surplus. Margaret gave from her substance throughout her life. This might be her single most remarkable quality.

- Margaret had no pride. Her goal was not that *she* might be a gracious benefactress, but that the poor were fed, sheltered, and cared for in sickness. To that end, what difference did it make whether she went from business to business, begging for discarded food and clothing, or that her own business profits accomplished this? From Margaret's point of view, none whatsoever, except that her business success made her able to help greater numbers of people than she could back at the beginning of her career.
- Margaret gave the poor what they actually—and desperately—needed. Food. Shelter. Clothing. Medical care. Sounds obvious, doesn't it? Well, as Chesterton remarked, the 19th century industrial barons/philanthropists probably did not ask the advice of the poor. Otherwise, someone like Andrew Carnegie might have heard, "Pay us sufficient wages so that our children needn't work in your factories to keep our family from starving. Then they could go to school and even use the lovely public libraries that you endow." In our own day, the Bill and Melinda Gates Foundation makes population control–fewer children in poor families—one of its top priorities. One wonders whether the poor of Africa asked them for this.[2]

Margaret, the Bread Woman of New Orleans, a philanthropist? Perish the thought!

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Note: the reader may be taken aback to learn near the end of chapter 11 that Margaret owned slaves. The bare historical record shows that she purchased seven of them during the year 1859. In our day, it is difficult to comprehend how so many people, including those who had themselves suffered from bigotry (such as Irish immigrants like Margaret) could also accept and participate in this evil. The historical record even tells of a number of freed slaves who went on to own successful businesses or plantations, and themselves purchased numerous slaves to labor in these enterprises!

We already know that slavery was a huge moral blind spot in our nation, particularly in the South. This is the nature of legalized, institutionalized sin. It becomes just one thread blending into the fabric of society, and its essential evil remains invisible, or nearly so, even to those of good will. (Abortion is an example of this in our day.) That being said, there is no recorded information that indicates Margaret's motives—was it just economics, or was her intention to provide a good home and livelihood for these individuals? In Louisiana it was illegal to free slaves in the 1850s, so it is possible that Margaret purchased them to save them from a less compassionate owner, and this was the best she could do for them. We simply do not know.

[2] To be fair, it should be said that the Gates foundation also funds plenty of legitimate, lifesaving medical care in third world countries.