

The doctors in the baby ward want at least three Incubator Baby Beds. You just can't keep the blue, shivery babies comfortable in an ordinary bed, and we've longed for the Incubator ones for a long time. They cost about a hundred dollars apiece, though, and when you think of all the money in Kansas City, doesn't it seem mean that Mercy Hospital should lack one single thing that would help to make sick children well?

—Katharine Berry Richardson, *Mercy's Messenger*

## Using Guilt to Garner Donations: Katharine Berry Richardson's Rhetorical Approach to Community Philanthropy

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In the passage above, Katharine Berry Richardson uses the phrase “blue, shivery babies” to make an empathetic appeal toward the sick and tiny newborns. Then, she asks a rhetorical question with only one right answer: Isn't it mean that children don't have what they need? These two phrases, when used in conjunction, help to form a guilt appeal which Richardson would use to turn into donations to Mercy Hospital. This use of guilt was very effective for Richardson and for Mercy.

Richardson, co-founder of what would become Children's Mercy Hospital, was an incredible doctor, surgeon, and philanthropist. She donated her time, money, and skills to Mercy Hospital—or as she called it, “The Hospital for the Little People”—for her entire career. Scholars such as Rachel Hoffman have pointed out her no-nonsense approach when talking to anyone in authority—even men. Since she was living in the

late nineteenth and early twentieth centuries, her demand for respect was unprecedented. While Richardson was frank and outspoken, she also used a very special and rarely mentioned rhetorical tool: guilt. The focus of this essay will be to examine how Richardson's use of guilt appeals helped to fund a hospital for over 50 years.

## **Introduction**

In the late nineteenth century, Katharine Berry Richardson, a nationally acclaimed facial reconstructive surgeon who specialized in cleft palate repair, spearheaded one of the most prestigious hospitals for children—and at no cost to the patients. However, no books are written about Richardson; no articles cover her life. In fact, Richardson is barely mentioned outside the history of Children's Mercy. While she would have despised the attention of books or articles written about her, she is more than deserving of recognition for her accomplishments ("Dr. Katharine"). Richardson knew that there were children in the world whose parents could not afford medical care, but she also wholeheartedly believed that those children still deserved it. Richardson opened and operated Mercy Hospital and helped open a children's wing of the Wheatley-Provident Hospital, a hospital established in the early 1900s by Kansas City's Black community. She started a nursing program at Mercy which included a nursing school and nurses' living quarters, and she created a three-year class for Black doctors to become pediatricians (McCormally 49, 57, 69-71, 73). Richardson deserves to be in books alongside Elizabeth Blackwell, the first female doctor, or Virginia Apgar, a famous obstetrician, or any number of other notable female doctors—but alas, her name seems to have missed the history books.

After co-founding Mercy Hospital with her sister, Dr. Alice Graham, in 1897, the sisters made it their lives' mission to keep the hospital free-of-charge to serve the whole community—even for those children who were from marginalized positions of race and class. Richardson wanted her hospital to be “for all children everywhere,” and worked tirelessly to bring that promise to fruition (McCormally 2). Richardson achieved her goals: The hospital, as long as she was alive, was free for any child who needed it. By 1923, Mercy Hospital had served 15,600 children, costing their families nothing (Richardson *Pamphlet* 1923). At the time, there were very few other hospitals with this same mission, and Mercy saw patients from all over the nation. Richardson's ability to gather donations from the community kept the hospital free. To gain community involvement, she used a myriad of rhetorical tools. She played on the community's heart strings, using a combination of a sense of urgency and emotionally loaded language to create a guilt appeal that encouraged action in the form of donations.

### **Early Life**

On September 28, 1857, Richardson was born to Stephen and Harriet Berry in a small Kentucky town. Stephen, an opinionated and sometimes belligerent man, had to flee the South because of his refusal to join ranks with the Confederacy, for he held strong beliefs that slavery was immoral, and that people should be treated fairly. Eventually he would pass these beliefs and headstrong nature on to his youngest daughter. In letters composed during her tenure at Mercy Hospital, Richardson often quotes her father directly: “Wherever you go, whatever you do, wherever you live, you owe something to your community—and to the people that live there. It is your duty to always do something to help others and make good citizens of your neighbors”

(McCormally 16). Richardson's father encouraged in the sisters a desire to help others. Stephen's use of words like "duty" and "owe" gave a sense of responsibility to the sisters. This sense of responsibility to the community and to helping the people within it instilled within his two daughters a sense of empathy, which helped them to develop the guilt rhetoric they later used. Richardson would take this same philosophy of responsibility to the management of Mercy Hospital and subsequently to the community through her monthly publication, *Mercy's Messenger*.

Taking her father's advice seriously, Richardson decided she wanted to become a doctor—the ultimate way, in her mind, to give back to the community. Their mother's untimely death led to the sisters putting themselves through college. Richardson became a surgeon and Graham a dentist. While one sister was in college, the other worked to help support them both. Richardson graduated in 1887 and Graham in 1890. They moved away from each other, got married, and eventually both sisters and their husbands moved to Kansas City, Missouri. Upon their arrival, they tried to work with established doctors in the area, all of whom were men. They were told that women were not allowed to practice medicine in their clinics. The sisters, frustrated but determined, decided to start their own practices within their apartment. It was cramped, but they were unwavering. Graham began seeing patients in the home and Richardson began making house calls (McCormally 22).

### **The Beginnings of Mercy Hospital**

Since they moved to Kansas City with the idea of joining an existing practice, the sisters had no desire to start a hospital—the thought hadn't crossed their minds (McCormally 22). An unpublished manuscript written by Lena Dagley explains exactly

how the idea of opening Mercy Hospital came to fruition. Dagley was Richardson's secretary, friend, and confidant for many years (Dagley 12). In Dagley's manuscript, she writes about a night that changed the lives of the sisters: A concerned citizen showed up to the sisters' apartment, for the doctors had gained quite a positive reputation within the community. The visitor said there was an abandoned child in an alley who could not walk and needed help, so Graham left the apartment in the middle of the night to go check on the child. Seeing the child's broken and bent limbs, Graham carried them back to the apartment and began care immediately. The women rented a bed at a nearby women's hospital where Richardson performed surgery. The child eventually regained full use of their limbs and was able to lead a normal life (Dagley 53-56). From this chance experience, the women had found their calling and thus, the dream of Mercy Hospital was born.

Richardson and Graham quickly found their dream turning into a reality, but reality is never quite as sweet as a dream. The sisters quickly realized how expensive a hospital was to run, and even though neither took a paycheck, other expenses began to amass (Richardson *Pamphlet* 1923). Nevertheless, Doctors Richardson and Graham had a goal: to keep the hospital free for children whose families could not pay. There were many families within the Kansas City area that fell into this category, and even more nationwide. By the early 1900s the hospital was helping children from all over the country, and still for free (Richardson *Pamphlet* 1923). Every year more children came to Mercy Hospital from all over the country to receive care. "In 1915 [Mercy Hospital] treated about 2,700 patients. By 1921, it cared for about 8,000 patients, and in 1923, the number grew to 20,000" (McCormally 76). This was before the time of Medicaid or insurance—families who could not pay upfront for medical care simply did not receive

any. Because of this, the sisters looked to the community for donations. Richardson was a professional at piquing public interest and getting people to loosen their pocketbook strings. She held many fundraising events such as an annual community-wide spelling bee with an entry fee to raise money (McCormally 29). She wrote letters to previous and potential donors. She went to *The Kansas City Star* and asked them to write stories of Mercy Hospital and the things that were happening there, and they did. Her primary source of asking for donations, however, was in the monthly newsletter called *Mercy's Messenger*, published by Mercy Hospital, and written and edited by Richardson and Graham.

### ***Mercy's Messenger: A Monthly Pamphlet Used as Community Outreach***

*Mercy's Messenger* was a way to keep in touch with the community. Printed on heavy, nearly cardboard-type cardstock, these newsletters have withstood the test of time and are still in nearly perfect condition today. Tucked away in the archives at The Kenneth LaBudde Special Collections in Kansas City, Missouri, they are time capsules that give readers a glimpse into the world of Mercy Hospital. As monthly bulletins, the *Mercy's Messenger* would inform the public of the endeavors at Mercy. They usually included a picture on the front that would help showcase a child, nurse, or need of the hospital. The *Messenger* also was a conveyor of Richardson's guilt rhetoric. The child would be sickly, with sad eyes. The nurse would be someone who was giving her time to help the feeble children. The need might be an empty room unsuitable for a child. All these publications used an emotional appeal to identify with the public, but they went further than just emotionality—their purpose was to induce guilt within the community to fund the hospital.

**Guilt as Rhetoric: Why and How It Works**

To understand guilt as a rhetorical tool and why guilt appeals work when trying to solicit community involvement, one must understand how and why guilt as rhetoric works. In an article titled, “Guilt Appeals: Persuasion Knowledge and Charitable Giving,” Sally Hibbert explains that “Dramatic emotional appeals are increasingly used to grab attention” (2). Richardson did this habitually. She often placed pictures of very sick children on the front of *Mercy’s Messenger* which was meant to evoke a strong emotional appeal. She used language like “blue, shivery babies” to create a dramatic mental image for the reader.

Another step in effectively deploying a guilt appeal is giving the reader a sense of responsibility which, if successful, will turn into a call to action. In “Guilt Regulation,” Chingching Chang explains, “When people feel responsible yet fail to avert the onset of misfortune, they feel guilty” (2). Richardson was a professional at this. She used words like “we” and “our” which placed an enormous amount of responsibility on the community by making it feel like the hospital was their hospital, too. Richardson did not alleviate herself from this responsibility, which helped the reader not feel put-upon (Hibbert 3). After establishing this community responsibility, she showcased the misfortune of the patients at Mercy. Since Mercy was a hospital for poor children, they already had the “misfortune” of being poor, which Richardson constantly mentions throughout the articles in *Mercy’s Messenger*.

Additionally, feelings of guilt are accentuated when a person feels responsible for either helping something happen *or* preventing something *from* happening (Basil 3). To call back to the original quote, if there was a way the reader could help the maternity

ward buy an incubator and chose not to, the reader would be responsible for a baby staying blue and shivery. That, as Richardson says, would simply be “mean.”

Feelings of guilt can also originate when a person feels as if they have somehow broken a cultural code or feel as though they are not doing what they “ought” to do (Basil 2). This is an incredibly effective use of guilt as a rhetorical tool. With law as an exception, society follows two sets of “rules” called mores and folkways (Sumner 59-66). Folkways are deemed polite. For instance: keeping one’s elbows off the table. Breaking a folkway certainly would not cause harm to another but could be seen as odd or impolite. Mores are stricter: wearing a bikini to a graduation ceremony, for instance. Society views the breaking of mores as downright rude, even inappropriate. When applied to guilt, these societal “rules” attempt to tell a person what they should and shouldn’t do. Debra Basil coins this as “prosocial behavior” which is the act of helping society and not just oneself (2). Basil writes, “Feelings of guilt lead to prosocial behavior” (3). Mercy Hospital was a valuable charity, and the community felt compelled to make donations because Richardson’s use of guilt appeals led to prosocial behavior.

Moreover, Richardson created a sense of urgency. She used words and phrases that imply that the needs of the hospital, and therefore the children, were urgent and in need of immediate attention. This reinforces what Chang explained—that people generally do not want to be responsible for another’s misfortune. If the need is immediate, the donation *must* be immediate or else a child suffers at the reader’s hands. Urgency is a negative feeling and “bad is more attention getting than good” (Roberts 2). Richardson uses negative feelings of urgency to get the attention of the reader. While all these things combined were not guaranteed to make the hospital money, they did.



Richardson's use of guilt appeal helped to completely finance Mercy Hospital until well after her death in 1933.

### **What One Ought to Do**

Richardson had a talent for making the public feel partially responsible for the children at Mercy. For example, *Mercy's Messenger* republished a short article written by *The Kansas City Star* in which a member from Mercy Hospital—likely also Richardson, since she frequented their offices—asked *The Star* to write the following poem:

Do you hear the children crying, / O my brothers?... the crippled children  
at Mercy are threatened with eviction... [to] look at these homeless  
children, each marked with some kind of physical deformity, is to feel your  
eyes moisten and a lump come to your throat" (*MM* Mar. 1912).

In this passage, Richardson writes that without community involvement, the "homeless" children would be "evicted" from the hospital. However, there's no documentation that supports this claim of being near eviction. While it can be assumed that money was tight as the caseload increased, Richardson was always expanding the hospital and its many duties. At one point she created a nursing school and housing unit in which the nurses lived. She also helped the Black hospital, Wheatley-Provident, open a charitable ward for Black children, and created a pediatrics school for Black doctors. Mercy built a new building and even bought more land (McCormally 49, 57, 69-71, 73). According to Thomas McCormally, the Loose family—a well-known and wealthy local family—offered Mercy Hospital a \$1 million donation, but only if the hospital could be named after the family. Richardson said no because she didn't like conditional donations (54). All of this

contradicts the idea that they were close to eviction. In another *Mercy's Messenger* Richardson writes, "Surely somebody will come. Somebody will help us—and we won't have to spend all of our time fretting... bracing up little legs... pulling on small backs... patching up holes... Mercy wants money, real money" (*MM* Sept. 1925). Later in the same *Messenger* she writes, "A baby born without arms or legs... not enough money to do our work" (*MM* Sept. 1925). The mental images Richardson provoked would have certainly caused the reader to have a dramatic emotional response (Hibbert 3); perhaps they would have spurred immediate donations. In the newsletter she directly asked for money twice, insinuating that without immediate donations, children would not receive the medical care they needed. In turn, the thought of a child not receiving care would have made people feel guilty because of the insinuation of misfortune (Chang 2).

### **Shifting Responsibility to the Reader**

In the August 1928 publication of *Mercy's Messenger*, under a picture of a shelf full of empty jars Richardson writes:

A few of our empty cans—we'll send them to you if you ask it. We'll give you two or three empty ones for a filled one. We'll do almost anything if you ask us, if only you'll help us cover our shelves with something good to eat—fruit or vegetables or relishes. Any combination you would use on your own table... Do please help us. We never had so many empty jars.

(*MM* Aug. 1928)

Richardson's use of language here not only makes a pathetic appeal to the reader, but it also creates a sense of urgency. While reading this passage, phrases like "we'll do almost anything if you ask us" and "if only you'll help us" and "we never had so many

empty jars" leads the reader to believe there might be a food shortage at Mercy, a perceived misfortune (Chang 2). Then Richardson writes, "All over the country children are crippled by this dreadful disease [polio] and we are putting a thousand times more money and effort in meeting its ravages than in preventing them. Crippled children pull so hard at your heart strings" (*MM* Aug. 1928). When she writes, "Crippled children pull at your heart strings," Richardson is telling the reader how to feel. Further, she says, "We are putting a thousand times more money and effort into meeting [polio's] ravages than in preventing them." Richardson uses the word "we" which puts a sense of responsibility directly on the reader—as if the reader should be doing more to prevent polio and infantile paralysis than they are currently doing. Further to this point, she uses a first-person, plural "we" to insinuate that while the reader does have some responsibility, they are not alone in that responsibility. Using "we" instead of "you" helps to foster the sense of community that Richardson so often tried to create and keeps the reader from feeling put-upon by the hospital, as if all the responsibility is theirs (Hibbert 3). This sense of community and responsibility helps, again, with Richardson's desire to place a guilt appeal on the reader. The reader is directly told of the misfortune (Chang 2) and then asked for donations, which would help the reader assuage a guilty conscience (Basil 3).

Another way Richardson shifted responsibility to the community was by inviting the community to come spend time with the children at Mercy. She was frequently asking the public for volunteers to play with the children. She even told them in several editions of *Mercy's Messenger* that doing this would help them want to give to Mercy because they would finally be able to see the worthiness of Mercy Hospital (*MM* June 1913). In the June of 1913 *Messenger* Richardson featured a picture of the children

outside playing in a play area outside the hospital. There's a sign in the picture which reads: "Visitors welcome every day from 2 to 5 p.m." Richardson knew that for people to want to donate to the Hospital, they would need to feel connected to it, to feel responsible in some way for it. She knew that spending time with these children would illicit that guilt response because the volunteer would see with their own eyes the need, and therefore give to Mercy to alleviate the guilt they felt by witnessing firsthand the children's misfortunes (Basil 2-3; Chang 2). Richardson knew that once people spent time with the sick children at Mercy, they would be compelled to send money. She was always thinking of ways to create a sense of community responsibility, which would turn into a guilt appeal, and therefore into money for Mercy.

### **Creating a Sense of Urgency**

Richardson used these guilt appeals frequently throughout *Mercy's Messenger*. She consistently uses verbiage like, "Mercy Hospital continues to beg and beg and beg" (*MM* Nov. 1914) and "I'm sending out an S.O.S." (*MM* Oct. 1923). These phrases create a sense of urgency for the reader. Her repetitive "beg and beg and beg" makes the reader feel as if the contributions have not been enough. Likewise, the verbiage of "S.O.S.," meaning "save our souls," sounds like an emergency. Richardson first placed the responsibility of the hospital on the community and then she created a sense of emergency. The combination of the urgency and the guilt appeal encouraged the community to act as soon as possible.

Richardson many times would ask for small donations and told the community that no donation was too small for Mercy. In the January 1926 *Mercy's Messenger*, Richardson writes, "Suppose any tired nurse could go and get a glass of milk whenever

she wanted it; wouldn't the furnishing of that milk be a beautiful memorial?" Here, Richardson makes a point of the nurse being tired. Anyone who knows what work nurses do knows that they are tired, but the addition of the word "tired" emphasizes a point. Including the word "tired," as well as highlighting what a "beautiful memorial" having said milk would be, implies that it would be a decent thing for a person to do—to help supply the milk. This suggestion further implies that *not* giving the tired nurses any milk is a rude thing to do. Being rude goes against what a person ought to do, thus creating a reason for a reader to become a contributor to Mercy Hospital (Basil 2, Sumner 59-66). This passage is also especially interesting because of Richardson's use of the word "memorial." She implies that a donation of milk, small indeed, would help the donation live on in the form of restored nurses. Restoring these tired nurses is essential, and once restored, they can better care for sick children. Better cared for children become healthier faster, and the donation turns into a permanent memorialization. Richardson's use of dramatic language like "tired" and "memorial" gains the reader's attention, which then showcases the need, which makes the reader feel as if giving milk is what they ought to do. All of this leads to charitable donations.

### **Children's Mercy Hospital Today**

Mercy Hospital was and is a success. Richardson's desire to keep the hospital free was realized until 1955 when, strapped with a baby boom, polio, and measles, the hospital could no longer afford to keep doing work for only charity (McCormally 100). It has since been renamed and is now known as Children's Mercy Hospital. Currently, the hospital is an international network of clinics, hospitals, and other pediatric services, and sees over half a million children per year ("Children's Mercy"). Programs like

Medicaid and health insurance diminish the need for community donations to cover medical costs for children. Although the original mission has changed, the same idea of community involvement and volunteer work prevail within the walls of Children's Mercy. Children's Mercy Hospital no longer needs to use guilt appeals to ask for donations, as its reputation from within the community is widely recognized. People flock to Children's to donate their time, homemade blankets, crafts, and money.

### **Conclusion**

The guilt appeal worked for Katharine Berry Richardson, and it worked for Mercy Hospital beyond Richardson' death in 1933. Her entire life's mission had been to keep Children's Mercy a free hospital for underprivileged and marginalized children, and she worked tirelessly to keep it that way. Richardson used a rare mixture of guilt appeal and responsibility shifting to fulfill her dream to help as many children as possible—not just the ones whose parents could afford to pay. By accessing this guilt appeal, she was able to sustain Mercy Hospital, create a nursing school, help fund a Black children's ward at Wheatley-Provident, and create a pediatric training center for Black doctors. She fought for Mercy, and seemingly every spare minute of her day was spent trying to find a new way to help Mercy and the children of Kansas City. Even though Richardson despised plaques and memorials (“Dr. Katharine”), it is so important to tell the story of the sisters with a dream—to explain how and why they were able to break every barrier set in front of them. Richardson was a nationally recognized facial reconstructive surgeon, but she never let ego cloud who she was. She was direct but compassionate about her hospital and the “little people” she served. Richardson deserves to be mentioned outside of Children's Mercy's history—she should be celebrated for her feministic and

philanthropic accomplishments. Her work with Children's Mercy was unmatched, and had it not been for her precise use of the guilt appeal, she would have never been able to fully fund the hospital for those children in need.

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