Sacred stories

Seventh Edition

CATHOLIC HEALTH INITIATIVES®

A spirit of innovation, a legacy of care.
DEDICATION

This Seventh Edition of Sacred Stories is Dedicated to

Gerard T. Broccolo, STD
Vice President of Spirituality
Catholic Health Initiatives
January 2006

More than ten years ago, Catholic Health Initiatives began a spiritual journey as a new health care ministry with a hundred years of history and traditions.

Jerry Broccolo joined Catholic Health Initiatives in 1997 as vice president of spirituality and began to nurture the fledgling ministry to discover its own sense of spirituality, one of the characteristics of a successful organization. From this devotion emerged Sacred Stories, a hallmark of Catholic Health Initiatives and an important step on our spiritual journey. If imitation is the sincerest form of flattery, then countless Catholic health care systems have indeed flattered Jerry’s vision for creating and cultivating a sense of organizational spirituality.

As Catholic Health Initiatives’ spiritual architect and earthly editor of Sacred Stories, as counselor and confessor, Jerry has had a profound impact on Catholic Health Initiatives and the people who call it work and personal ministry. The Catholic Health Initiatives family thanks you for your passion, your leadership; your compassion, your humor. You will always hold a special place in our hearts and souls.
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In this year when we celebrate the tenth anniversary of the founding of Catholic Health Initiatives, it is an honor to present you with this seventh edition of *Sacred Stories*. This series of stories has become a key symbol of our distinctive culture and was recognized as such when Catholic Health Initiatives received the International Spirit at Work Award this past year.

Those who participate in our healing ministry have grown to appreciate this special forum in which the meaning and purpose underlying what we do each day can be acknowledged and shared. Although our functional roles differ, we are all committed to demonstrating the presence and power of a God who cares for others in times of need.

This edition of *Sacred Stories* provides clear evidence of the difference we have made during the past ten years in the many communities we serve. The pages of this volume testify, once again, to how our nurses, physicians, chaplains, therapists, support staff, community volunteers, executives and Board members have nurtured the creation of healthier communities.

Sometimes we live our mission through the quality of our patient or resident care; sometimes it is through direct community involvement. Whether the scope of our influence has been in our own backyard, across the country or abroad, we continue to demonstrate our Catholic identity and practice our Core Values through the caliber of our concern for others. How we do what we do is as important to us as the outcomes.
These stories will be read in public waiting rooms and in private homes, as reflections in meetings and in prayer services, for employee recognition and for personal inspiration. Each time a sacred story comes alive for a reader or listener, we will be reminded of the simple, yet profound, spirituality of the people who continue to make Catholic Health Initiatives worth celebrating this year and every year to come.

May God bless the communities we serve and you, the reader, with hope, health and peace.

Kevin E. Lofton, FACHE
President and Chief Executive Officer
Catholic Health Initiatives

Thomas R. Kopfensteiner, STD
Senior Vice President, Mission
Catholic Health Initiatives
Our Chaplains had been on stand-by all week, not knowing when Hurricane Katrina evacuees would arrive from New Orleans for medical care. We were told to expect them any time, day or night.

After watching the devastation of Hurricane Katrina on the news programs, my only consolation was that my relatives in Pascagoula were alive. I prayed unceasingly for several days. Like many other health care professionals, I was torn between volunteering for relief efforts on the Gulf Coast and staying on duty at St. Vincent. Trained and certified in trauma and crisis debriefing, I knew I could offer valuable ministry to those in need, no matter where I was. I prayed for patience and God’s help.

On Labor Day, as soon as I walked into St. Vincent Infirmary Medical Center to begin my regular shift, I was assigned to a hurricane evacuee. Rosie was a 58-year-old woman employed by the City of New Orleans. She had been stranded with 10 others in an apartment complex. She was not rescued until five days after the storm. She and her companions had no electricity, phone service, dry clothes, food or water. But that, she told me, was nothing compared to the street violence they witnessed from their third floor balcony. “We could have been rescued two days earlier, but were terrified to get into a boat with strangers for fear we would be harmed,” she said.

Friday afternoon, an official loaded the group into boats and took them to waiting buses. Before her arrival in Little Rock, Rosie was dehydrated and vomiting. She was transported by ambulance to St. Vincent.
Rosie was concerned about her adult daughter, who also lived in New Orleans. Rosie had not heard from her daughter since the first hours of the storm. It was also very difficult for Rosie to be separated from her companions.

I spent most of two days with Rosie as she cried and told her story, recounting the horrors and trauma she had been through. She requested prayer, a rosary and a prayer book. Very slowly, she began to trust and hope again. I spent hours on the phone following every lead to locate her daughter and traveling companions. I felt the emotional and spiritual weight of Rosie’s circumstances. As I sat quietly by her bed, the Scripture that touched my heart was, “By the waters, the waters of Babylon. We lay down and wept, and wept, for Zion. We remember, we remember Zion.”

As the hours passed, prayer after prayer was answered. I’ll never forget the joy in Rosie’s voice as she talked on the phone to her daughter, who was safe. Her companions phoned to say they had saved a bed for her at a campground where they were staying. I’ll never forget Rosie’s gratitude for the clothes we provided. She tried on each outfit and claimed that they were perfect! I’ll never forget her courage in choosing life and goodness in the face of violence, destruction and unbearable pain. God’s providential care was confirmed again and again. Rosie’s path and mine may never cross again, but I have no doubt we will never forget our journey together.

**Linda Kline**

*St. Vincent Infirmary Medical Center*

*Little Rock, Arkansas*
I watched the news, my heart breaking. Though I had no personal connection with anyone in the path of Hurricane Katrina, I felt overwhelmed by the devastation. I did a lot of praying: Lord, what are we going to do?

God is amazing! I finally realized I was certainly not able to fix this by myself (as nurses sometimes like to think we can). I could only do my part. So I settled in, knowing I would do what I could and help where needed. I asked God to use me to make someone’s life a little better in the midst of all the destruction.

God soon gave me an opportunity. My family and I live in Redfield, a small community with a strong sense of togetherness. My pastor’s wife called to tell me the United Pentecostal Church was opening its campgrounds to hurricane victims, and area churches were assigned different supplies to gather.

When we arrived at the campground, cars, trucks, vans and even semitrailers were streaming in to deliver what was needed. Though the hurricane survivors were not there yet, kitchen staff was preparing food and folks from the community were helping in whatever way they could.

My next experience with God answering my prayer came two days later. Knowing I lived in Redfield, the St. Vincent Social Service Department asked me to assist a patient displaced by the hurricane. She had been on her way to the campground when she became ill and was taken to St. Vincent Infirmary Medical Center. All her belongings and the friends with whom she had been rescued had gone on to the campground.

I told social services that I would take the patient there myself and help reconnect her with her friends. I went to her room, introduced myself and asked if I could give her a ride to Redfield. She wholeheartedly approved of this plan. She tried to smile, but behind the smile was someone who had lost everything she owned.
We talked all the way to Redfield. She told me how she and 10 others from her apartment building had survived for five days with no food, water or electricity. She described how they were rescued and how she came to St. Vincent. She said more than once how nice everyone had been to her, showing her love and kindness, and how much she appreciated that. As we drew closer to Redfield, I could feel that she was anxious to see her friends again.

When we arrived, a guard directed us. There was one of her friends, waiting for her. With tears of joy, exhaustion and relief, they hugged. Soon, another friend was there. They were crying and holding onto one another for dear life, probably as they had done during the rising flood waters in New Orleans. One of the friends then hugged me, all the while praising God, thanking Him for taking care of her friend and for sending people who were willing to help.

I left the camp with tears running down my face, happy to be a child of God. I was also happy to be part of St. Vincent, an organization that is committed to helping people no matter who they are, where they come from or what situation they might be in. I knew that three friends were back together and in good hands, as were other hurricane survivors. They were in the helping hands of the Redfield community and in the loving hands of God.

Virginia (Ginni) Grimes, RN
St. Vincent Health System
Little Rock, Arkansas

“I left the camp with tears running down my face.”
Sometimes, what happens behind the scenes of a major event is so spiritually affirming that it seems to say, “This is meant to be.” This was the case with the merger of CARITAS Health Services and Jewish Hospital HealthCare Services (JHHS) in October 2005. One long-time local religious leader called it “an interfaith event of historic proportion.”

The Sisters of Charity of Nazareth (SCN), a participating congregation of Catholic Health Initiatives, are well-known for the health ministry they founded in Louisville. That ministry included Sts. Mary & Elizabeth Hospital, a community hospital founded in 1874; Our Lady of Peace Hospital, a psychiatric facility opened in 1951; and CARITAS Home Health, started in 1971.

Jewish Hospital was founded in 1903. It became the nucleus of a Louisville-based regional health system that grew to include more than 50 facilities in Kentucky and southern Indiana.

The new organization formed from the merger is known as Jewish Hospital and St. Mary’s HealthCare. The former entities each retain their original religious identity and heritage.

In organizing the first joint leadership meeting of CARITAS and JHHS staff, a planning committee invited representatives from the Catholic and Jewish faith communities to open the program with a reflection. Little did the planners know that the two people who stepped to the podium not only shared a history, but had played a role in the merger itself.
Susan Gatz, SCN, is provincial leader of the Western Province of her congregation. She served on the partnering committee of the CARITAS board, which initiated the search for a strategic partner that led to the merger. Rabbi Chester Diamond is rabbi emeritus at Congregation Adath Israel Brith Shalom, where he served for 38 years. For many years, he has been active in interfaith issues in the community. He helped develop a portion of the merger agreement related to preserving and respecting the religious identity, traditions and practices of the Catholic and Jewish faiths.

The paths of the Rabbi and the Sister had crossed once before. In 1967, Sister Susan was a novice at the SCN Motherhouse in Nazareth, Kentucky. Her formation director invited Rabbi Diamond to give the novices a lecture on St. Paul. At a later date, the sisters toured the temple as a way to broaden their understanding of the world in which they would serve.

“I remember being so amazed that a rabbi would study St. Paul and by his perspective on Paul’s place in the early Church,” Sister Susan recalled. “It taught me to open my mind to many perspectives.”

When the tour of the temple concluded, the novices sang, in Hebrew, Shalom Chaverim (Peace Be Unto You My Friends) in four-part harmony. It was their way of thanking Rabbi Diamond for the gifts of his time and teaching. “I have never forgotten that,” Rabbi Diamond said. “When I told Sister Susan about it, she responded, ‘That was us!’ How thrilling it was for me to meet her again after all these years. I can’t begin to tell you how much it means to me to work with Sister Susan, an amazing person and now a dear friend. I am grateful to God for bringing us together.”

(continued)
Much to their delight, the Rabbi and the SCN reunited at the management meeting for the first time in nearly 40 years. They decided to sing Shalom Chaverim as part of their reflection. “It was a special memory of a meaningful connection between our two faiths, and the words seemed appropriate for the beginning of this venture,” Sister Susan said.

And so, to a hushed crowd, they sang together in Hebrew:

*Shalom chaverim, shalom chaverim*

*Shalom, shalom!*

*L’hit-rah-ot, l’hit-rah-ot.*

*Shalom, shalom!*

*(Peace be unto you my friends, peace be unto you.)*

*Farewell, farewell!*

*Until we meet again, until we meet again.*

*Farewell, farewell!)*

Ever the teacher, Rabbi Diamond added a postscript: “The word shalom not only means peace, but is also used like aloha, for hello or goodbye. Literally, it means to be complete.”

**Mary Elise Biegert**
*Catholic Health Initiatives*
*Erlanger, Kentucky*

“The paths of the Rabbi and the Sister had crossed once before.”
One of the most difficult things I had to do as a mother was take my two boys to the dentist. The trip always meant bad news: another procedure and perhaps another capped tooth. Most of all, the trip meant tears in the eyes of the faces I loved most.

As a child, I took healthy teeth for granted. We brushed twice a day and visited the dentist twice a year. I taught my children to do the same. So, why were my children’s teeth so different from mine? It took several years for me to realize that the difference was in the water. I grew up in a community that had fluoridated water; my children grew up in Joplin, a community that did not.

When I learned that St. John’s Regional Medical Center and the community health collaborative was conducting an education/awareness program toward increasing fluoride levels in community water, my prayer was answered. I saw the community come together. Physicians, dentists, attorneys and working people like me attended city council meetings. We made hundreds of presentations on the benefits of fluoridated water. We called our neighbors, wrote letters to the editor, distributed yard signs and went door to door to show our support for fluoride.

We succeeded in fluoridating public water supplies in three cities, which will benefit more than eight communities.

The economic impact on my family may be significant, but the long-term emotional impact will be even greater. I used to spend more than $240 a year on prescription fluoride, not to mention restorative dental work. But more importantly, children won’t have to undergo the pain of dental work that fluoridated community water will prevent. And, parents won’t have to dry so many tears.

Christy Bauer
St. John’s Regional Medical Center
Joplin, Missouri

“It took several years for me to realize that the difference was in the water.”
I am a hospice volunteer. After I am assigned to a new patient, though, I never think of myself that way. I become whatever the patient needs: a friend, confidante or good listener. I need them to know I am there because I choose to be, not just because Hospice sent me.

Luella’s family said she had always chosen her friends, and they weren’t sure how our relationship would work. Luella couldn’t move her body, only her hands and arms and head, a little. I said I wouldn’t stay if she would rather I didn’t. She stared at me. I could tell that she was measuring the warmth of my smile and the movement of my body, looking deep into my soul to measure the size of my heart, trying to decide if I was worth her time. Finally, she nodded in approval.

I visited each day, staying as long as Luella needed me. Her family didn’t live near, so she was alone much of the time. I decorated her room, brought her little gifts, wrote cards, and chatted with her about our families. We talked about everything.

As the months passed, we both knew our time together was limited. Luella became less able to speak, but it didn’t matter to us. As her daughter sat watching us one day, she said, “You and Mother are communicating with your eyes. You both know exactly what the other one is thinking.” We smiled, knowing this to be true.

After celebrating her 85th birthday and being settled back into bed, Luella laid her hand on mine, smiled and said, as best she could, “I love you.” I told her that I knew, and that I would always love her, too. I thanked her for allowing me to be with her and for touching my life in a most unforgettable way!
How do we measure the difference we make in the life of another? By the time we spend with them, the errands we run, the dishes we wash or the letters we write? I believe it is by the heart, for that’s where smiles, a warm tone of voice and the soft touch of hands — the unspoken words of love — originate.

I received a call early one morning that Luella had died. I will miss her, but I don’t feel sad because we shared a gift that lasted for eight months. How do you measure that? By the heart!

Ann Bitzer
St. Catherine Hospital
Garden City, Kansas

“She was measuring the warmth of my smile and the movement of my body, looking deep into my soul to measure the size of my heart, trying to decide if I was worth her time.”
How do you send love to strangers a continent away? How do you wrap up hope? How do you tie a bow on the gift of an opportunity for a better life?

We had heard about the gentle people of Tanzania through a partnership that included Catholic Health Initiatives, St. Joseph Medical Center and Lutheran Mission. Our co-workers who had been to Tanzania spoke of the love and gratitude of the Tanzanians. We saw their faces and heard their voices; we learned that poverty, disease and lack of water stood in the way of a better life. Malnutrition linked to poverty is one of the leading causes of death in rural Tanzania. We also learned that Tanzanians have faith: in God and in those who want to help.

Our staff wanted to help! Christmas was approaching, and our employees were eager to participate in a holiday project. We chose to raise $2,000 to buy chickens and goats for several Tanzanian villages. A flock of chickens, at $20, provides eggs to eat and sell; a goat, at $120, provides milk for families to drink and sell. The average child in Tanzania eats just 11 eggs and drinks only five gallons of milk each year.
The response to our proposal was a miracle! Employees passed Christmas-wrapped coffee cans during staff meetings and e-mails prompted friendly fund-raising competition. The money, sometimes in pennies and nickels, poured in. In the end, the good folks at St. Joseph Medical Center donated more than $12,000!

We learned how to send love to strangers and how to wrap hope. At St. Joseph Medical Center, love is a chicken and hope is a goat.

**Monica Marcum**  
**Maria Lombardo**  
**St. Joseph Medical Center**  
**Towson, Maryland**

“**The average child in Tanzania eats just 11 eggs and drinks only five gallons of milk each year.**”
Summer camp: the phrase conjures memories of swimming, baseball, awful food that tastes good and a promise to return next year. Many children with diabetes have no opportunity to form these memories because their parents fear letting them go away to camp.

In Colorado, almost 270 kids get to make memories at Camp Colorado, sponsored by the American Diabetes Association. The pristine mountaintop location has a spring-fed lake surrounded by hills. Activities include mountain boarding, horseback riding, archery, riflery, capture the flag, a human gyroscope (known as the vomitron) and a 100-yard zip line over the lake.

Michael Anger, MD, has been the senior physician at camp for the last four years. His enthusiasm for the camp and the kids led us to take a week of our vacations to act as “med staff.” We packed our mosquito repellent, sneakers and jeans and went to summer camp with Dr. Anger.

Campers were grouped into cabins of about eight children, each with a counselor and a volunteer med staff member. The med staff was responsible for checking each camper’s blood sugar up to 10 times a day, treating low sugars and checking for ketones when sugars were running high. With each meal, the med staff reviewed all of the campers’ sugars and obtained insulin doses as needed. Each night, the med staff worked as “juice fairies,” going through the pitch-dark camp with flashlights, checking sugars and dispensing juice and crackers or insulin.

Dr. Anger was awake each night, manning the infirmary and racing into the woods to respond to any emergencies. After a week with about as much sleep as we usually get in one night, and fewer showers than we care to admit, we had tears in our eyes as “our” kids hugged us and thanked us and told us that they couldn’t wait to see us again next year. Like labor pains, the sleepless nights were forgotten. We truly looked forward to doing it all again the next year.
Now that we’re camp veterans, we hope that we will always have the opportunity to spend the first week of July at our special summer camp. You may think that, as volunteers, we’re giving up a week of vacation or sacrificing much-needed time off. But, the truth is this: we receive much more than we give.

Mary Coxsey, RN  
Sheri Barnes, RN  
Amy Meaney, SN  
St. Anthony Hospitals  
Denver, Colorado

“After a week with about as much sleep as we usually get in one night, and fewer showers than we care to admit, we had tears in our eyes as ‘our’ kids hugged us and thanked us and told us that they couldn’t wait to see us again next year.”
Recently, a statue of St. Joseph was moved from one Lexington hospital to another: from Saint Joseph Hospital to Saint Joseph East. It stands as a symbol and reminder of the long history of the health ministry of the Sisters of Charity of Nazareth in Kentucky, continued in the mission of Catholic Health Initiatives. This is the story of that statue.

From the earliest years of Saint Joseph Infirmary in Louisville, a statue of the hospital’s patron stood above the entrance. The statue kept silent watch over all who entered, offering protection as Joseph once protected the infant Redeemer and his mother.

From the 1830s to the early 1900s, each time the hospital outgrew its home and moved, the statue moved as well. But in the 1950s, a newer statue replaced the old. Few people knew that a Sister took the old statue to Saint Joseph Hospital in Lexington, where it was placed near the emergency room entrance.

The statue was moved again to make room for construction. During major construction in the 1980s, Saint Joseph Hospital added a second, larger statue. Later, the first statue was seen as an opportunity to bridge the people and history of Saint Joseph Hospital and Saint Joseph East. On September 6, 2005, a ceremonial unveiling and dedication of the statue was held at Saint Joseph East, and the circle was complete.
On that day, Sisters of Charity who had been a part of the story of Saint Joseph in Lexington were invited to participate. One of them invited a former nursing student from St. Joseph Infirmary, who had written a book about the Infirmary’s history. The book noted that the whereabouts of the original statue of St. Joseph were unknown. The author came, book in hand, to be with us during the re-dedication of the statue that meant so much to so many for so long.

May St. Joseph, protector of families and those who are ill, continue to watch over us.

Tom Waken  
Saint Joseph HealthCare  
Lexington, Kentucky

“The first statue was seen as an opportunity to bridge the people and history of Saint Joseph Hospital and Saint Joseph East.”
We all have heroes in our lives, and I’m no exception. My hero, Paul, is a resident I have spent many hours with as a caregiver and, I hope, as a friend. Paul’s smile is as big as his heart, especially since he received his first pair of dentures at the tender age of 90.

When Paul originally arrived at our nursing home, he was not able to chew or swallow. He received nourishment through a feeding tube. Eventually his tube feeding was stopped and diet upgraded to pureed food. After five years of pureed food for Paul, I thought that if he had dentures, he might be able to eat more solid foods.

After many discussions with Paul and his family, he agreed to have dentures fitted. Now, he is again able to eat foods he enjoys, like chicken drumsticks and delicious desserts. Who says life can’t begin at 90?

Paul confirmed my belief that as long as one is living, life can and should be good. Enjoying the moment is what counts and makes life so sweet.

Teress Otzelberger, CNA
Franciscan Villa
South Milwaukee, Wisconsin

“Paul’s smile is as big as his heart, especially since he received his first pair of dentures at the tender age of 90.”
In April 2005, an active and energetic 48-year-old husband and father had surgery to remove a brain tumor. The surgery was successful with few residual complications. In June, he completed radiation and felt that he was on the downhill side of what could have been a long, uphill battle.

Unfortunately, the worst was yet to come. In August, his condition began to deteriorate rapidly due to side effects from some of his treatment. Now hospitalized, he was no longer able to stand, use his left arm or hand, dress himself or move on his own from bed to chair.

When he was ready, he was transferred to the Inpatient Rehabilitation Unit. He received hours of physical, occupational and recreational therapy, as well as daily nursing care and support. He worked hard to regain the use of his left arm and leg. It was heartwarming to see his family by his side each day, providing encouragement and cheering him on.

Halfway through rehabilitation, he set a goal to go home without a wheelchair. The team supported him with words of encouragement, but I must say that some had doubts. However, at the end of his stay, he was able to walk more than 300 feet with a cane; dress himself; and go home without a wheelchair.

But most important, he was able to go home the day before his wife’s birthday and to enjoy his son’s football game that night. He attended the football game and proudly participated in “Parent Recognition Night,” walking across the football field with his wife to greet his son.

This family truly celebrated victory that night.

Shelly Jorges, RN
Good Samaritan Hospital
Kearney, Nebraska

“Halfway through rehabilitation, he set a goal to go home without a wheelchair.”
The soulful eyes of children, vibrant colored dresses of women with baskets of produce balanced on their heads, and Masai men in regal red sarongs herding cattle are but a few of the images that dance in my mind since I returned from a mission trip to Tanzania. I traveled with a team from the Catholic Health Initiatives facility in Towson, Maryland, which is in its third year of a pilot project in the Karatu area of Tanzania.

After arriving at Kilimanjaro Airport, we traveled to Karatu Hospital, the center of health care for many villages. I was surprised to learn that when patients are hospitalized, no food is provided. A family member must use a cook house behind the hospital to cook meals from their own supplies. Entire families, some having traveled great distances to visit loved ones, rest on the hospital lawn.

Away from Karatu Hospital, the appearance and health of the children seemed to grow worse the further we traveled. However, I saw many successful projects within the Village Wellness Program supported by St. Joseph. Villagers have been trained to build stalls and care for heifers and goats. I visited several small businesses started by women who received loans from the Small Loans for Women project. Some village women have been trained to use

“Away from Karatu Hospital, the appearance and health of the children seemed to grow worse the further we traveled.”
kilns instead of open fires for cooking, reducing burns and helping the environment. Finally, the WAMADUKA project promotes HIV/AIDS volunteer testing and counseling, with a high success rate.

When I returned to Durango in February, I shared what I had seen with my colleagues and my friends. I submitted a grant proposal to Catholic Health Initiatives’ Mission and Ministry Fund. Mercy was awarded a grant to establish a sister-to-sister relationship in the Karatu District. The grant will allow us to build on the successful Village Wellness Program. We will also be able to expand some operations, like extending the small loans program to youth as well as women.

I feel blessed to be part of this initiative to support and serve our global brothers and sisters in Tanzania. Here at Mercy, we are building our Tanzania Mission Team. I’m grateful for support from Sister Peggy Egan of Catholic Health Initiatives and to St. Joseph’s team, especially Sister Anne Hefner and Tony LaPorta, who visited Durango to share their stories, pictures and vision for the future.

In humility, I pray that our presence in Tanzania will advance the healing ministry of Jesus Christ. Through our grant, we are privileged and challenged to serve on a global level beyond our comfort zones.

Diana McKenna
Mercy Medical Center
Durango, Colorado
In 1992, after 11 years at the University of Alabama at Birmingham, I was ready for a change from academic medicine and learned of an opportunity in Chattanooga. We had always enjoyed Chattanooga and ventured a trip to learn more.

Our trip brought us to Memorial Hospital. Back then, the physical plant was not as shiny and new as it is today; some areas showed signs of decades of dedicated service. The people, however, inspired me. I learned of the heritage of the Sisters of Charity of Nazareth, whose healing ministry dates from 1812. I discovered how a small hospital had grown continuously to meet the needs of the community.

I encountered the spirit and soul of the Sisters in the genuine compassion of the staff. An open, Christian atmosphere was present everywhere, with statues, crucifixes and a chapel. A commitment to minister to the spiritual and physical needs of patients was the essential fiber of Memorial. We packed our bags and moved to Chattanooga.

Since joining the staff at Memorial, I have had the privilege of interacting with many great and talented people. I have been blessed to participate in the growth and development of our medical staff. This meant plenty of meetings, yet each began with a prayer. Our purpose as a healing ministry is always in the forefront.

On a personal note, my wife and I chose to home school our children, but decided our younger son would have traditional schooling during his junior year in high school. We considered many options, then chose a Catholic school. My son’s time there passed quickly and enjoyably. As part of class, he attended Mass, which had a profound effect on him. As our family began to explore the Catholic faith, the saints and icons I saw daily at Memorial took on new meaning. We have long been Christians, and now our family will be Catholic.
Christians. Little did we know our career decision would eventually lead to a profound spiritual decision as well.

My family and I feel blessed with our move to Memorial. The work of a physician is demanding; the opportunity to carry out this work at Memorial is a blessing.

**Mark Heinsohn, MD**  
Memorial Health Care System  
Chattanooga, Tennessee

“Back then, the physical plant was not as shiny and new as it is today; some areas showed signs of decades of dedicated service. The people, however, inspired me.”
Teamwork and the Miracle of Addison

Into the busy environment of admissions for home care and hospice came a request for Addison, a three-day-old infant who needed our hospice services. Nothing affects the hearts of the staff more than a baby hospice referral. Addison’s cardiac situation was fragile. It was expected that she would die from her condition within a week or two. We needed to provide care for the infant and help the family prepare for her death.

We realized that a nursing team could best serve Addison. Though the hospice care philosophy is always one of interdisciplinary teamwork, Addison’s case was even more special. Some nurses are skilled in the care of medically fragile infants; some are skilled in providing palliative and hospice care. To provide the best possible care for this special baby, it would take two such nurses working together: Diane, expert in caring for the medically fragile baby, and Elizabeth, a seasoned hospice nurse.

Addison’s mom wondered why a dual-nursing team was necessary, but was thankful that we saw Addison as special. She wrote to us, “We couldn’t have been more blessed than to have Diane and Elizabeth assigned to care for Addison...they have worked so well together as a team for our family, from phone calls from Diane on her days off to blessings, rosaries and candles from Elizabeth. I can’t tell you what they have meant to our family. Diane and Elizabeth really made each day more manageable and helped us learn how to keep on living when we were waiting for our baby to die. Thank you, and God Bless you all.”
Addison was happily discharged from hospice nearly six months after she was admitted. Her discharge was described as “bittersweet” by her mother, who was very thankful for the miracle. Addison may continue to progress, but all involved know that conditions might change. We also know that a week or two has turned into six months of precious time.

Addison’s story confirms that Alegent Health is where the art and science of medicine converge with the power of hope and miracles.

Jane Carmody, RN, BSW, MBA
Alegent Health
Omaha, Nebraska

“Addison was happily discharged from hospice nearly six months after she was admitted.”
As the new director of mission and spiritual services at Mercy Hospital, one of the first things I learned about was the Prayer Shawl Ministry. I heard several touching stories of how people’s lives have been affected by this ministry. Little did I know how quickly it would touch my life personally.

Through the Prayer Shawl Ministry, people in the community knit prayer shawls with love and prayer, then give them to the hospital. When people are in need of extra love and prayers, they are presented with a shawl and prayed for by hospital employees.

Just four months after I started working at the hospital, I had the honor of presenting my Grandpa Howard with a prayer shawl. His three daughters were at his side as we all prayed for God to comfort him and our family. Two days later, we stood again at my grandpa’s side, his prayer shawl wrapping him in our love and prayers, and watched him go home to be with the Lord.

Two weeks after grandpa died, my Aunt Harriet had a stroke that rendered her unable to walk. Again, I had the honor of presenting a member of my family with a prayer shawl.

A few weeks after Harriet’s illness, my Aunt Joyce was hospitalized with adult respiratory distress syndrome. Yet again, I had the honor of giving an aunt a prayer shawl. It was the same shawl that I had given to Aunt Harriet, who had asked me to take the shawl to her sister as a way to offer her comfort and support. As my mom and I wrapped Joyce in love and prayers, I wrapped my mom in a prayer shawl of her own.
I now have my grandpa’s prayer shawl in my home, and each day I am reminded of him. When I need extra love and prayers, I wrap myself in grandpa’s shawl and I know that God is always working in our lives. Mercy Hospital’s Prayer Shawl Ministry has touched my family’s life in ways we cannot describe.

Tamie Gerntholz, RN
Mercy Hospital
Valley City, North Dakota

“When people are in need of extra love and prayers, they are presented with a shawl and prayed for by hospital employees.”
As I look back on the seven years I have worked for Catholic Health Initiatives, I think about people who have had an impact on my life, faith and belief in the human spirit. Toby is one of those people. I first met him through church. I didn’t know then that the Lord would make our paths cross in the therapy department at LakeWood Health Center.

Toby injured his left arm in a serious farm accident. His arm was pulled into a potato-picking machine and caught between two mechanical rollers separated by less than one inch. By all logic, his arm should have been completely crushed, yet the only broken bone he suffered was in one of his fingers.

Toby was all alone in the middle of a field when the accident happened. The only thing he could do was pray for help. As he prayed, the potato-picker stopped running; it was later found that there was no apparent mechanical malfunction that would have caused the machine to quit. Even more extraordinary, the Emergency Medical System was activated by a call that cannot be traced through phone records. While others puzzle over this, Toby matter-of-factly states that it’s because God heard his prayer.

Toby’s story did not really change my life until he became one of my patients in therapy. He told me that with my help and some help from the Lord, his arm would get better. Even with multiple surgeries and therapy, the doctors and I thought that Toby would be able to only partially flex one finger and his wrist after healing was complete.
Toby’s first therapy visits consisted of painful range of motion exercises, wound care and scar management. He had to tolerate a great deal of pain, but he always kept faith that with therapy and God’s help he would regain the function of his left hand. He had faith that he would be healed of his physical injuries and emotional stress.

In time, Toby was able to move his wrist almost completely and close his hand into a fist. He is now able to move his fingers individually, something my education taught me would not be possible after this type of injury. Although he does not have full function in his hand, it can be painful to be on the receiving end of one of his handshakes at church. Toby has also returned to his work on the farm.

Toby is one patient I will never forget. He taught me that faith, hard work and prayer can work wonders. The Lord does hear our prayers: Toby is living proof.

**Jason Breuer, OTR/L**
LakeWood Health Center
Baudette, Minnesota

“Toby was all alone in the middle of a field when the accident happened. The only thing he could do was pray for help.”
I love to sing, though I feel my singing skills are somewhat lacking. Still, I have always sung to my patients: or at least to those I know won’t object. I have found that singing to my patients seems to calm them. Their facial muscles relax, heart rates slow and respiratory efforts ease. It gives me comfort to see that I am assisting their healing with more than routine nursing care.

One day, I was caring for a woman who was at death’s door. She had a tracheostomy tube, pneumonia and a raging abdominal infection. She had short periods of wakefulness, but more often she was lethargic with minimal response to pain. I administered pain medication and proceeded with my nursing care. As I sang “Amazing Grace,” I looked over to see if she was relaxed. To my surprise, her eyes were open and she was mouthing the words along with me.

I wish that she could have sung, but I am sure that with her heart and mind she was praising our Savior. I was simply trying to relieve her tension and pain, but was filled with awe as I saw a healing power that no medical facility on Earth can provide.

I will continue to sing to my patients, not only because it helps the patients, but because it helps this nurse.

“Let your light so shine before others that they may see your good works and glorify our heavenly Father.” — Matthew 5:16

Sing on.

**Melinda Horn, RN**
Memorial Health Care System
Chattanooga, Tennessee

“I was simply trying to relieve her tension and pain, but was filled with awe as I saw a healing power that no medical facility on Earth can provide.”
The Silence of the Garden

So every thing there is a season, and a time to every purpose under heaven.”
Ecclesiastes 3:1

Silence and solitude are rare treasures in today’s hectic world. We are conditioned to be in a hurry and we cram our days with endless activity. We chatter when our best choice would be to listen.

Have you discovered a place where you know God is near? I have encountered two. As I sat on the steps of the Lincoln Memorial in Washington, D.C., I felt a profound sense of peace and solitude, despite the crowds. On another occasion, while hiking in a state park during the fall, I found an overlook that provided a marvelous view of God’s handiwork: trees were dressed in hues of red and gold, a deep blue sky and hawks dancing on the wind.

I have now found a third place. We recently had the opportunity to design and plant a healing garden at the hospital, next to our chapel. The Garden Committee considered various designs, but struggled to find the plan that “felt right.” Then, while looking at the plan of yet another landscape designer, I experienced the same feeling I had in front of the Lincoln Memorial and in the state park.

The garden has been planted by the loving hands of associates. The plants complement our chapel, with its beautiful stained glass windows that depict the healing ministry of Christ. In spite of the traffic noise near the hospital, there is peace and silence in the garden. God speaks in our Healing Garden. Will we be quiet enough to hear Him?

Terry Rose, RN
Memorial North Park Hospital
Hixson, Tennessee

“God speaks in our Healing Garden.
Will we be quiet enough to hear Him?”
believe I was called at a young age to servant leadership. I responded to that call by becoming a nurse.

On a recent airplane flight, one of the passengers was in terrible distress. My husband and I were on the flight to take our three grandchildren to Sea World. The flight attendant made an announcement and asked if there was a doctor on the flight. When she got no answer, she called for a nurse. I responded to the call.

The passenger had no pulse, no blood pressure and was totally non-responsive. I initiated cardiopulmonary resuscitation and was soon joined by another nurse. By phone, the flight attendant contacted a physician, who guided us through a series of orders. Finally, I was able to get the patient’s blood pressure reading and he began to respond.

When the plane landed, we were met by paramedics who removed the patient from the plane. By this time, he was actually talking! His adult daughter, who was traveling with him, hugged me and thanked me through her tears. Her father uttered the same message, as well as “God bless you.” My husband looked at me through tears of his own and said, “You are my hero.”

I did not respond to the call for help in order to be a heroine, but I believe this episode could be the reason God called me to be a nurse, and a servant. Thank God that the outcome was a good one. I felt blessed and privileged to be able to help save a life.
At some time, everyone is in need of another person’s help. Maybe one day you will be as blessed as me, to be the right person in the right place at the right time. I pray that you will seize the moment.

Wanda Moore, RN
Sts. Mary & Elizabeth Hospital
Louisville, Kentucky

“I did not respond to the call for help in order to be a heroine, but I believe this episode could be the reason God called me to be a nurse, and a servant.”
It is gratifying to work with people who combine compassion with professionalism. When a person with that blend of qualities reaches out, becomes part of my life and grabs my heart, I am humbled and grateful. Lillian Aragon is such a person. She has my professional respect and personal gratitude for her generous, caring skills.

Soon after Christmas, my brother Michael was admitted to the surgical floor. As he neared the end of his life, he struggled with loss of control over his body functions. He had never experienced the helplessness he now faced. After a particularly difficult night, Lillian touched his life.

She entered his room with a smile, gently encouraging words and a matter-of-fact attitude about the care he needed. “Well, if people didn’t need this kind of help, I wouldn’t have a job, would I?” she said when Michael apologized because she needed to change his bed again. When he asked if he was taking too much of her time, she firmly replied, “When I am in the room with you, my time is yours. There isn’t anything more important I need to do.”

“When I am in the room with you, my time is yours. There isn’t anything more important I need to do.”
I asked Mike what he thought of his care at St. Mary-Corwin. What he said will live forever in my heart: “Lillian is an angel.”

A few short weeks later, Mike’s wife Darlene and I were caring for him at home. Though we both have extensive experience as health care providers in a hospital setting, a flood of emotions hindered our efforts with Michael. One morning, as he weakly struggled to assist in his move from bed to commode, he hoarsely whispered, “I’ll bet Lillian dances better than you do. She would have waltzed me over easily!”

Lil, I bet you would have! You are a role model to all of us. I will never be able to thank you enough for what you gave my brother, and what you continue to give patients each day. It is a pleasure and a privilege to know you and to work with you.

Karen H. de la Cruz, RNC, MSN
St. Mary-Corwin Medical Center
Pueblo, Colorado
I’ve been actively involved in church since I was in high school. In every town I’ve lived in, I found my way into a church “family.” I’ve also been employed by a few different parishes to do youth and music ministry. There is something wonderful about working for a church: some special element that you don’t often find in the secular setting.

In January 2005 I started a job in a public health unit in Dickinson, my hometown. I was very excited because a large part of the job is outreach and community involvement. I want to feel that I am making a difference in my community, much as I did in my church communities in the past.

One of the large groups I am involved with is the Healthy 8 Communities Network, formed to discuss and address the health concerns and issues prevalent in southwestern North Dakota. This group is made up of health and human service professionals in our eight-county region, including some from St. Joseph’s Hospital and Health Center.

As I began attending meetings of the Healthy 8 Communities Network, I was drawn into the enthusiasm of the members. Each of them, though extremely busy in their jobs, finds time to participate in outside projects. They don’t just sit in on meetings, but take active roles. It reminds me so much of the church families that I have been a part of.

When I look at the members of the Healthy 8 Communities Network, I see God working. The members have a passion for the work they do and for other people, just as Jesus did. They seek to
address the needs of the poor, the sick, the homeless and many others who cannot make it on their own. They are an example of God’s hands working in our communities, and it is a blessing for me to be part of the group.

Carrie Davis
Healthy 8 Communities Network Member
Dickinson, North Dakota

“They seek to address the needs of the poor, the sick, the homeless and many others who cannot make it on their own.”
The flood of 1997 was devastating. My mother had just had surgery the day before things got really bad. I didn’t want her to be stranded in the hospital, so I made arrangements to bring her to my home to recuperate. Late that night, I received a call from a fellow nurse, telling me the National Guard would pick me up in 15 minutes. She said, “They need a nurse with a North Dakota license to open a shelter for flood victims.” The Guard’s Humvee picked me up, and we went off to the Butte Gym. I welcomed victim after victim, and in the morning there were almost 200 Breckenridge residents in our shelter.

They were cold and frightened and felt defeated. They had been working for a long time to save their homes and belongings. We gave them a place to rest, warm blankets and someone to talk to.

For the next several days, I spent the majority of my time at the shelter. I visited with people, took blood pressures and listened to their stories. Many had lost the homes they had lived in their whole lives. No one knew what lay ahead for the city of Breckenridge.

A drug store in town provided our shelter residents with medication and supplies. What I provided was someone to reminisce with, easing their minds as they thought about their losses. While I served as a caregiver for the Breckenridge evacuees, my children became caregivers for my mother as she recuperated from surgery.
Everyone at the shelter became very close. For several years afterwards, I received cards from the evacuees. Some people who had cameras took group pictures, which they included in their cards. The faces in the pictures weren’t sad: they were smiling, and I have to believe I helped create those smiles.

The people I met and cared for in the shelter survived a devastating time in their lives. Because St. Francis Medical Center could do without me for a few days, I was able to assist and enrich the lives of Breckenridge residents who had lost everything. I feel I lived the St. Francis mission statement during that time. Whenever people are in need, we can build better communities with kind and charitable acts.

**Pat Krebs, RN**  
*St. Francis Healthcare*  
*Breckenridge, Minnesota*

“Some people who had cameras took group pictures, which they included in their cards. The faces in the pictures weren’t sad: they were smiling, and I have to believe I helped create those smiles.”
A Beautiful Example of Compassion

Three North is an inpatient nursing unit that provides care to orthopedic, neurology and medical/surgical patients at Good Samaritan Hospital. We have extraordinary opportunities to not only care, but offer comfort and support beyond the traditional understanding of “nursing.”

Recently, a 79-year-old patient from Idaho was in our care. He had traveled to Nebraska to attend his brother’s funeral. Unfortunately, while he was here he fell, broke his hip and underwent surgery for its repair. After the surgery, his wife needed to return to their home, and his daughter then came to be with him. He began having renal and other medical problems. His daughter felt very alone as she tried to understand his condition and make decisions about his care.

One day, the daughter became overwhelmed and broke into tears. The patient’s primary nurse took time to listen to and comfort her. After this nurse completed her 12-hour shift, she treated the patient’s daughter to supper at a local restaurant. Our nurse gave up an evening with her family to provide this much-needed comfort.

Eventually, the patient’s health improved and he was able to travel home to Idaho with his daughter.

I was so touched and proud of the nurse who showed such a beautiful example of compassion; who went above and beyond the call of duty; and who cared in the ways that matter most.

Kathy Schmitt, RN
Good Samaritan Hospital
Kearney, Nebraska
“His daughter felt very alone as she tried to understand his condition and make decisions about his care.”
Being voted Nurse Hero this year was a great honor. It made me reflect on the many years I have been a pediatric nurse. So many kids have touched my life, but one, in particular, touched my heart. He was a real hero.

In the spring of 2004, 14-year-old Brandon was admitted with a fractured femur suffered in a motorbike accident. He was the same age as one of my sons and shared many of the same interests. This may be the reason I grew so close to Brandon and his family.

When I entered his room, I introduced myself and checked him from head to toe. Brandon’s face reflected the pain he felt as I examined his displaced, swollen thigh. After I medicated him, he said, “Thanks. Some cabbage leaves would help that swelling.” I didn’t understand, so Brandon’s mom explained that he had an interest in natural remedies. Brandon was placed in skeletal traction to prepare him for an external fixator. Soon after, he experienced medical complications related to PE syndrome. I remember praying daily that he would be okay.

Brandon was disappointed that he was hospitalized because he had planned a turkey hunt. I brought him some of his favorite things — outdoor magazines and Skittles — to help him pass the time. Neither Brandon nor his family ever had an unkind word to say, despite the long journey ahead of them.

Soon after Brandon received his fixator, he learned to walk with crutches and went home. His family remained in close contact, keeping me informed of Brandon’s rehabilitation. He soon had his fixator removed and progressed to weight-bearing status.
Then one afternoon, Brandon came to the floor in a wheelchair. He had refractured his femur. He had only one request—a good bath—before getting a full body cast. As he cried, his mother comforted him and said, “You can either have a miserable summer or make the most of this.” Her words seemed to make a difference.

In a few days, he went home in his body cast. Later that summer, he sent me pictures of a turkey hunt he took part in, despite being in the body cast. It appears he made the most of his summer, after all.

Every day, nurses care for sick and injured children. Because of these experiences, I am a better person. My faith was enriched by Brandon’s strength and the love of his family. It is a gift to be a part of the healing ministry of God. He is by my side as I care for His children. Besides God, Brandon was a real hero to me...twice!

Sandy Hickman, RN, BSN
St. Mary-Corwin Medical Center
Pueblo, Colorado

“You can either have a miserable summer or make the most of this.”
It was a busy day in surgery. The staff was looking forward to lunch break. Then came a call from the resident staff that an emergency patient with a leaking abdominal aneurysm needed surgery. I ran to the break room, where the staff was just sitting down to eat. I simply said, “I need you now,” and they immediately came with me. Four more staff members joined us. Within 10 minutes, the patient was at the door to the operating room.

I reassured the patient that we would take care of him. He asked me to say a prayer with him. I spoke quietly about God as he drifted off to sleep.

The surgeons and staff worked diligently to save his life, but more than an hour into the procedure we knew this was not possible. I was selected to prepare the family. As I walked to the waiting room, I reflected on how many times I had done this during my career. I knew it would not be easy. I recognized the family from my parish. They looked at me with hope in their eyes. Gently, I told them what had happened. Their disbelief and grief was overwhelming as the message began to sink in.

Back in surgery, the surgeon asked me to be with him as he told the family there was nothing more we could do for their loved one. The staff made the viewing as comfortable and private as possible. We took care of the family as they said their goodbyes, then struggled with our own grief as they left.
The next week, I was told that two people were looking for me. As I approached the couple, I realized they were siblings of the man who had died the week before. His sister gave me a framed poem and thanked me for the care the staff had given her brother. She told me the family could not have had anyone better to lean on as they struggled with the tragedy. She thought an ordinary “thank you” was not enough, so she wrote the poem about how she and the family felt comforted by the care and attention they received from us.

Lori Kraft, RN
TriHealth
Cincinnati, Ohio

“She told me the family could not have had anyone better to lean on as they struggled with the tragedy.”
here are those who believe that health care professionals need to keep strong emotional walls between ourselves and those we serve. I suppose that, professionally, this might be a good rule. However, it’s our hearts and spirits that call us into this line of work. Therefore, every once in a while, a patient will move us to the core...and we are never the same.

On a cool April evening, a patient we had seen before arrived at Mercy’s emergency department. She had been an agile athlete whose buoyancy and quickness appeared to erupt from her joyous spirit. She was on the verge of a life full of potential and possibility.

Then, the cancer came. She was only 19 when she was diagnosed. During the three years that followed, all of us at Mercy watched her grow from a playful child to a beautiful, graceful young woman. Everyone seemed to be deeply affected by her. The injustice of cancer ravaging someone so young made our hearts swell with sorrow.

On this April evening, we knew this hospitalization would be her last. Word that she had been admitted quickly spread through the hospital. As the chaplain who had worked most often with her, I was called in.

By morning, the cancer was making final claim to her body. She had hours, or maybe minutes, left. Without thinking, I crawled in bed with her and held her. I whispered to her over and over, “You’re safe; you’re loved; you’re cherished.” Then, I noticed a shuffling outside the open door to her room.
One by one they came: nurses, nurse aides, respiratory therapists, chaplains, housekeepers, phlebotomists and more. Some entered, speaking softly. Others stood just outside the door, tearful and silent. They came to pay respects, pray or offer support.

As this beautiful young woman lay dying in my arms, I was moved to tearful gratitude to work with such kind, gentle people. Each of us was there for our patient in her final moments, but in our collective grief, we were present for each other as well.

Teresa Brown
Mercy Medical Center
Roseburg, Oregon

“One by one they came: nurses, nurse aides, respiratory therapists, chaplains, housekeepers, phlebotomists and more.”
When I was asked to write the story of how the Healthy Community Coalition has changed my life, I was honored.

When I attended the first Coalition meeting, I felt I was put there for a reason. We broke into small groups to discuss what we wanted our community to be like in 10 years. When I spoke, I felt like part of the group because they wanted to hear what I said.

Later, when they asked for volunteers for smaller groups, I signed up. My life changed forever that day. I first participated in the Vision Writing Committee. This committee was responsible for creating a vision statement for our community, using information shared at the first Healthy Community Coalition meeting. The vision statement is:

“The Nebraska City Community fosters an innovative environment of mutual trust and respect that embraces and supports all people, whether it is their destination or their home. We will achieve this vision by focusing on: Education, Spirituality, Economy, Health and Safety, and Leadership.”
The next step was to identify resources in our community. We have five focus groups working on this, and I have been able to participate in three. I am excited, as well as shocked, to learn how much our community has to offer. Truly, there are a lot of individuals and organizations in our community that really care about people.

I have several jobs in town. I am a mother of five, work as a maid at a motel, and deliver papers throughout town each day. I believe God directed me to attend the first Coalition meeting. I feel much more a part of this community. I now see our community as one, working together for a common goal.

If you ever want to change your life, don’t think twice — just act, like I did. Share your time and talent with others and you will see a change in their lives, as well as your own.

Malinda Morgan
Nebraska City Healthy Community Coalition Member
Nebraska City, Nebraska

“If you ever want to change your life, don’t think twice — just act, like I did.”
listened as he reminisced, his memories and philosophy flowing quickly. So, too, did the names of the people he treasured: Mrs. Lloyd, Sister Jeanette, Sister Angelo, Charles Clark, Clem Martin.

The man before me was Lowell Martin, MD, on staff since the hospital’s inception in 1967. A pillar of Our Lady of the Way Hospital, he has uniquely kept alive the legacy of the Sisters of Divine Providence in the hills of eastern Kentucky.

Though our conversation was impromptu, he needed no preparation for the task at hand. He started by talking about contemporary issues: the legalities, regulations and meetings that fill physicians’ lives. Then he reached deeper into his memories and began to nurture both of us.

He talked of his mentors as if he were turning the yellowed pages of a family scrapbook. I listened, knowing that he is related, by blood or in spirit, to all those he spoke of. Recalling the sisters, he said, “We were tied to the sisters and what they stood for; we were closer than sisters or brothers.” They showed him the value of teamwork, and how to bring spiritual care into medicine. He showed them how to break down the barriers that isolated them from those they served. He came to know the most important thing in the care of the sick: to let people know you love them and are doing your very best to make them feel better.
I wondered if, after years of practice, any one patient stood out in his mind. He shared only one recent experience. “Something good will happen,” he told Cheryl about her effort to regain her health. “It already has,” she replied. “The chaplain showed me who God is!” He reflected, “I may be the doctor, but I’m not the One who heals. Physicians aren’t the only ones who count. Those of you in pastoral care have to be included in our patient care. We have to work together!”

This physician who connects us to our roots remains at Our Lady of the Way for one reason: getting people well and back into the community. “This hospital never refuses a justifiable admission,” he said. “Money or space is never the issue. We always find a bed somewhere. That’s why I’m still here. On my last breath, I would do the same thing.”

Judy Parsons
Our Lady of the Way Hospital
Martin, Kentucky

“He came to know the most important thing in the care of the sick: to let people know you love them and are doing your very best to make them feel better.”
The vision of Catholic Health Initiatives is to live its mission by transforming health care delivery and creating new ministries for the promotion of healthy communities. This vision conjures thoughts of a health care team that reaches beyond the walls of the hospital.

One manager at Central Kansas Medical Center truly lives the mission and vision of Catholic Health Initiatives. When his children were young, they developed a small side business of mowing lawns to earn extra spending money. As his children grew older and went off to college, their father continued to mow the lawns of the customers, who were now seniors in our community. As time went on, he would hear of other seniors who needed help and would add them to his growing list of those in need.

Most of what this manager does for the community is “under the radar,” but that’s the way he is. He doesn’t do it for recognition: he does it because it’s the right thing to do.

Today, he serves a growing number of seniors in our community. He does grocery shopping, runs their errands, mows their lawns and does other things that the seniors could not otherwise afford to have done. He personifies the mission of Catholic Health Initiatives by preserving human dignity and social justice as he continues to make the community of Great Bend healthier, one lawn at a time.

Larry E. Brown, RN
Central Kansas Medical Center
Great Bend, Kansas

“Most of what this manager does for the community is ‘under the radar,’ but that’s the way he is.”
From May 1996 through May 2005, as the first support staff member in the Denver office and then as office manager, I was Catholic Health Initiatives’ liaison with our outside customers. These customers include our building management staff, property brokers, general contractors, architects, office supply companies, furniture companies, housekeeping and maintenance staff, temporary personnel firms, travel agencies, moving companies, green plant and floral services, building security and more.

Over the years, I have heard dozens of unsolicited comments from these customers about our office culture. Some call it a “mood,” some an “atmosphere,” and others a “feeling.” But their meaning is always the same: they look forward to coming to our office because they feel a wonderful calm as soon as they walk in. I always respond with modest appreciation, which usually makes them insist that there really is something “different and nice” about our office: something they don’t experience on their other business calls.

After working late one day, I was stopped by the security guard as I was leaving the building. He asked if I’d just come from the 26th floor. I said yes, assuming I had some accountability to him due to the late hour. I was surprised by his response. He said, “I thought so. We can always identify the ‘Catholics’ because they smile and acknowledge us.”

Lynn Smith
Catholic Health Initiatives
Denver, Colorado

“Some call it a ‘mood,’ some an ‘atmosphere,’ and others a ‘feeling.’ But their meaning is always the same: they look forward to coming to our office because they feel a wonderful calm as soon as they walk in.”
Soon after my marriage, I found out I was expecting a child. At the time, neither my husband nor I had insurance. Someone suggested that I seek care through the OB Clinic at St. Joseph Medical Center. My prenatal care through the clinic was a very positive experience. Jane, the nurse who took care of me, was one of the most compassionate nurses I ever met. She answered every question I had, no matter how ridiculous.

On November 9, 1983, I delivered my daughter, April. The nurses were wonderful, especially Patti, my labor and delivery nurse. She was the cheerleader that I needed. Soon after the birth of April, I began to think that I could be a nurse. Perhaps I could help support other women through labor; perhaps I could work at St. Joe’s. It was because of nurses like Patti and Jane that I decided to go back to school and become an obstetrical nurse.

It took seven years to earn my bachelor’s degree in nursing, with honors, from the University of Maryland. At the same time, my husband attended Johns Hopkins University to earn an engineering degree.

In 1993, I came to work in labor and delivery as a staff nurse at St. Joseph Medical Center. I worked alongside the women who inspired me to be a nurse. My dream had come true. I now serve as a Nurse Manager and am pursuing a master’s degree in health care administration.
From my experiences as a patient and a nurse, I have learned to never underestimate the profound impact a nurse can have on a patient’s life. I know my life has been enriched and blessed in many ways. It all began as a result of being a patient at the OB clinic.

Wendy Camlin  
St. Joseph Medical Center  
Towson, Maryland

“Soon after the birth of April, I began to think that I could be a nurse. Perhaps I could help support other women through labor; perhaps I could work at St. Joe’s.”
Christian is an active and loving three year old who was diagnosed with a malignant brain tumor (medulloblastoma) on July 15, 2005. This is our story of grief, faith, hope, and the journey we face together.

Our journey started in June, during our summer vacation to Fort Myers, Florida. We were very excited to take a much-needed vacation and to visit Grandma and Grandpa.

While in Florida, we noticed that Christian was quite clumsy and would fall down frequently. He didn’t complain of headaches or any other aches and pains, so we thought he was feeling the effects of the plane ride or an ear infection. We decided to take him to the pediatrician if he didn’t improve when we returned to Colorado.

After we returned home, Christian started to run and walk off balance and at an angle. We visited a pediatrician who, after examining Christian, immediately requested a CT scan. Christian was diagnosed after the scan showed a large growth on the back right side of his brain. That same day, Christian was rushed to Children’s Hospital.
At first, we thought we only had several months left with our little boy; then, his tumor was completely removed. However, cancer cells were found after a spinal tap a few weeks later. Christian has had radiation and chemotherapy. We pray that no more cancer cells are found so he can continue normal therapy during the next year.

Through this entire experience, we have seen the Lord grant miracles and comfort us when we thought we couldn’t take any more. We are truly blessed to have wonderful friends, family and co-workers who have constantly been by our sides.

We owe special thanks to all my colleagues at the National Information Technology Center who so graciously gave their time and money to provide air conditioning in our home, which has made Christian so much more comfortable. We are truly grateful to be associated with an organization where the core values of Reverence, Integrity, Compassion and Excellence are not only embraced, but lived on a daily basis.

Marlin Howell
National Information Technology Center
Denver, Colorado

“We are truly blessed to have wonderful friends, family and co-workers who have constantly been by our sides.”
Deborah Beaty is a post-operative nurse at Memorial Hospital. Her care and concern show as she gently and skillfully helps patients in their initial moments after surgery. Deborah chose to work at Memorial because of its emphasis on the healing ministry of Christ. Recently, however, she found a way to extend this healing ministry beyond the walls of the hospital.

Last spring, Deborah attended Memorial’s parish nurse training. Registered nurses who enter the parish nurse program already have the training and skills of a fine clinician, but want to do something more with their lives. So, they willingly submit to still more training. During this time, they learn the mechanics of starting a parish nurse program, coordinating with church staff and organizing a Health and Wellness Committee.

They learn something else that is perhaps even more difficult: how to be a healer. They learn to understand themselves and their role in a whole new way. The focus of a parish nurse is not so much on the clinical needs as on the spiritual needs of those around them. It is about listening and learning with their hearts as well as with their five senses.
Deborah embraced the training and her church, St. Elmo United Methodist, embraced its new parish nurse. Her roles as nurse and healer came together beautifully at the end of a recent Sunday service. Deborah stood with the pastor as members came forward to pray for healing. As the pastor anointed each seeker with oil, Deborah led them in a prayer for hope and wholeness. Compassion and tears filled her face as she listened to the concerns of the sick and hurting. Quietly the congregation watched and prayed as Deborah and the pastor offered a healing touch in Christ’s name.

Memorial has adopted a motto, “The Power of Faith and Excellence.” Deborah is a wonderful example of this power both in the hospital and in the community.

**Betsy Kammerdiener**

Memorial Health Care System  
Chattanooga, Tennessee

“**They learn something else that is perhaps even more difficult: how to be a healer.**”
How much influence can one life have? Is it possible for a child to affect an entire health care facility, even when the child no longer has the ability to speak, or even play?

She was a beautiful 18-month-old girl who somehow slipped away from her sitter. When she was found at the bottom of a wading pool, the emergency medical technicians were, miraculously, able to get her breathing again. She was stabilized and flown to a trauma center, but unfortunately the damage was done. She returned to St. Elizabeth Health Services for the final stages of care before she entered a medical foster care home.

As with many brain-injured people, this little girl would become agitated when left alone. Without any organized effort, the nurses and other caregivers would take turns pushing the child in a stroller throughout the facility, providing the motion needed to calm her down. Administrators, housekeepers, and clinical personnel stopped what they were doing as she passed and vied for her attention. Employees got down on their knees and made funny faces, trying to make a connection with the child.
As I watched, I realized that I was seeing compassion come alive. At first I didn't understand how the presence of this little girl could change the atmosphere and tug the heartstrings of everyone around her. It was as if there was love in the air, and as different people came into its presence, the harmonic resonance affected each heart. Scientifically speaking, to resonate is to “reinforce oscillations because the natural frequency of the device is the same as the source.” In other words, the compassion was always there — this little girl was just the catalyst needed to bring it to the surface.

We are called to work, serve our communities and give of ourselves, but what I saw went beyond all that. Perhaps I was given a glimpse of what truly brings us all together: God’s love resonating in each person’s heart.

“A little child shall lead them…”

Jerry D. Nickell  
St. Elizabeth Health Services  
Baker City, Oregon

“Employees got down on their knees and made funny faces, trying to make a connection with the child.”
Always a Reason

For those who believe in God, there is a reason behind each incident in life. We may not get the message right away, but He lets us know in His own time.

I discovered how true this is one day when I was tired, but still had a patient to visit. A nurse told me the patient I was planning to visit had already been discharged. A strong feeling inside took me into that room anyway. Soon, I learned I had been led there.

In the room was a sweet little lady in her eighties. She said she had been waiting for someone to talk to and pray with. We had a wonderful visit, during which I learned she had no family. As I prepared to leave, I told her how God had led me to her and reminded her of His faithful love. I asked if there was anything else I could do for her. There was, and it turned out to be an important moment for both of us.

Her only wish was to see a little baby again. I immediately called my husband and asked him to bring our daughters — one three years old, the other two months old — to the medical center. Within 20 minutes, he and the girls were there.

As we stepped into the lady’s room, tears of joy rolled down her cheeks. She held our newborn and it was obvious that it meant the world to her. She was so grateful.

I thought about and prayed for her that night, and looked forward to seeing her the next day.
I work another job at Saint Elizabeth, and the next day was not my day in pastoral care. However, during my dinner break I went to visit the lady again. Her nurse saw me approaching and thanked me for bringing my children to visit her. She said it was like heavenly joy to the patient. She also told me that during the night the lady died, very peacefully.

That incident touched my heart and soul. I thanked God for letting me be part of the lady’s life and joy in her final hours. God, for sure, loved her. I would not be there had He not led me.

Nosheen Rafique, Chaplain
Saint Elizabeth Regional Medical Center
Lincoln, Nebraska

“Her nurse saw me approaching and thanked me for bringing my children to visit her. She said it was like heavenly joy to the patient.”
Through the years, emergency room nurses see tragedies that stay in our hearts forever. For me, these cases usually involve young mothers leaving small children behind or, as in this case, pediatric emergencies.

As one of our family practice physicians rushed through the emergency room doors, it was evident that the infant he held was extremely ill. We worked diligently to care for the child. We had the best resources on hand — in fact, a class on pediatric life support was in progress and the instructors rushed over to assist the team.

During our efforts to keep the baby alive, the mother sat with our hospital chaplain. They prayed for us to help the baby, and they prayed for the baby to live.

We stabilized the infant and arranged transfer to a tertiary facility. As the flight team prepared to depart, the parents were able to touch and say goodbye to their precious baby. Our medical team joined hands in a circle and prayed that the infant would survive.

Later that evening, we learned the baby had died. We were devastated. The chaplain shared with us that the couple had waited many, many years for their baby. Knowing this made things seem even more unjust. Why would this happen to a loving mom and dad who had waited so long for a baby?
I still don’t have the answer to that question, but I think the family has found peace. Not long after the infant’s death, we received a beautiful thank-you card from the family. Since then, we have received several large donations from the family, with requests to restrict the funds to pediatric neonatal equipment for the emergency room and obstetrical unit.

Each time we receive these wonderful gifts, I am awestruck by the generosity of the family, the courage they have demonstrated and their unwavering faith.

The mission and core values of Mercy Medical Center remind us of the importance of daily patient care and provide us with the strength to serve our wonderful community.

Karen Bercier, RN
Mercy Medical Center
Williston, North Dakota

“I am awestruck by the generosity of the family, the courage they have demonstrated and their unwavering faith.”
Giving the Best of Ourselves to Others

It was a beautiful fall day in the north country of Minnesota. The morning air was crisp and the sun was bright as we entered St. Joseph’s Community Dental Clinic. Our practice takes care of patients who are on public health programs. The schedule for the day looked full, but otherwise uneventful. We waited for our first family to arrive, not knowing that their needs would go beyond dental care.

We became aware that this family was a special case when we saw that all three children needed substantial dental care. Slowly they began to talk to us. We learned that they had been in our area for several weeks and the children were not yet in school. They lived in a van and washed up in public restrooms. They sifted through dumpsters for discarded food. Their clothing was worn and their shoes held together with duct tape. Not surprisingly, the family had a history of spousal abuse. They needed the assistance of our entire public health team.

One of our guiding principles is, “With reverence for the blessings we have received as gifts from God, we will journey forward with integrity to share our bounty with others.” Our public health nurses helped with referrals to sources of food, mental health care, services for abused women and children and job information. The family also needed help with housing, clothing, health care and gas for their vehicle.
The family is now settled in our community. They have found employment and a trailer house to live in. The kids are active at school and church. The local Caring and Sharing program made their Christmas brighter with gifts and food. And, we were able to complete all their necessary dental work. The teenage daughter has a beautiful new smile and was asked to her first prom. The family’s adjustment to the community is nothing short of spectacular.

We must remember that Reverence, Integrity, Compassion and Excellence start with commitment. That begins with expecting the best from ourselves everyday, then grows into giving the best of ourselves to others.

**Clint Roberts, DDS**  
*St. Joseph’s Area Health Services*  
*Community Dental Clinic*  
*Park Rapids, Minnesota*

“They lived in a van and washed up in public restrooms. They sifted through dumpsters for discarded food.”
Nurses provide care to people in need, and sometimes we have the opportunity to take everything to a higher level. It happened for me when caring for a 59-year-old female patient with kidney failure. She was hospitalized for repair of her dialysis access device. There was a mix-up with her surgeon, and we had to postpone her 7:30 a.m. surgery for 10 hours, making an overnight stay necessary.

My patient cried and was upset. She had family at home who depended on her. She lived more than 100 miles away with her husband, who has a brain injury, and she took care of her granddaughter. Her husband could only care for the child for brief periods.

I went to work! I telephoned her husband, who gave me the phone number of a daughter who lived 50 miles away. She agreed to care for the child overnight. Then, I discovered that our patient had been transported to the hospital by a service that is paid by the hour and was still waiting for her. After more phone calls, the service agreed to release the driver and send another the following day.

“My patient cried again, but this time she cried tears of joy. She said no one had ever done so much for her before.”
As I went to tell my patient the good news, I realized she would need dialysis the following day. I called her physician for an order that would let me contact a local nephrologist for dialysis orders. The nephrologist arrived, examined the patient and wrote orders. Outside the patient’s room, I asked the nephrologist if she thought our patient was a candidate for transplant. The physician said the patient was an excellent candidate. Upon learning of the possibility, our patient was delighted. We were even able to set up an appointment for her at a transplant facility.

My patient cried again, but this time she cried tears of joy. She said no one had ever done so much for her before; and, if the surgery had not been postponed, she would not have met me and would not be on the transplant list. She said that Saint Elizabeth is the best. I agreed and cried right along with her, both of us feeling very good about life.

Cynthe Dumler, RN
Saint Elizabeth Regional Medical Center
Lincoln, Nebraska
Sometimes when people work many years at the same kind of job, they wonder why they continue to do the job with all of its challenges. Then, something happens that reminds them of why they do the job and why they care about the people with whom they work.

Dean, who has a disability, is someone we serve. His mother was scheduled to come and see him after what had been a long period of time. While she was on her way, she had a heart attack. She needed hospitalization and major surgery. During her recovery, Dean received calls from his sister and brother, telling him that his mom was doing fine. But for Dean, a telephone call is not the same as seeing and talking to Mom.

I arranged to take Dean and his brother Darrell, who also has a disability, to the town where his mom was recuperating in a nursing home. The reunion lifted my heart. Darrell had seen his mom shortly after the surgery, but now could see that she was much better. And, Dean finally got to see his mom. We also celebrated Darrell’s birthday that day, which really improved his mom’s spirits.

It doesn’t make up for all the obstacles that sometimes confront us, but when these special things happen, I know I made a difference by helping someone feel just a little bit more content.

Roberta Michels
Friendship Inc.
Fargo, North Dakota

“The reunion lifted my heart.”
A t Mercy Medical Center, employees don’t consider their work a job, but a calling to serve. Employees are not just staff, but a family. This philosophy truly reflects the core values of Reverence, Integrity, Compassion and Excellence, and one can feel and witness this in the corridors.

As the operating room staff prepared for the work day, one of the nurses received a call that her father, who resided in a distant state, was not doing well after an operation and needed to return to surgery. She was asked to travel there immediately. She was distraught and told her co-workers that she did not have the means to get to her father’s side. Within minutes, our manager purchased a roundtrip airplane ticket on her personal credit card. Other co-workers collected money for her trip expenses. The staff then rearranged the schedule, picking up the nurse’s shifts and weekend call so she could take time off. The prayers of many were with her as she departed.

Unfortunately, her father died before she arrived. But, she was able to be with her family as they grieved and celebrated her father’s life. She also felt the love that is abundant at Mercy when a member of our community is in need.

This is just one example of the random and continuous acts of kindness that are a part of Mercy. No one has to ask: everyone knows that they are all here to provide only the best for our patients and each other.

Tami Solberg
Mercy Medical Center
Williston, North Dakota

“She felt the love that is abundant at Mercy when a member of our community is in need.”
Deacon Jim has an aversion to winter coats. In winter, you will find him outside shoveling snow in only his black deacon’s garb, his bare toes peeking out of his sandals. When he does wear a coat, it is seldom zipped or buttoned, but flaps in the sub-zero Minnesota wind.

During one particularly cold winter, Deacon Jim broke down and purchased a good winter overcoat. When the winter sun warmed things up, he would promptly shed his coat. Sometimes, he would accidentally leave it behind.

One day, Deacon Jim left his coat in the lobby of the Health Center, hanging on the coat rack. On the following, bitterly cold Saturday morning, he found the coat where he had left it. He visited with residents and staff, then stopped to speak with a patient from out of town who was about to be discharged. Finding the patient dressed and ready to leave, Deacon Jim wished him well, noticing the patient had a coat similar to his own. “Isn’t that a coincidence?” he thought as he walked back to the nurses’ station, where he visited a while longer. Finally ready to leave, he remembered to stop in the lobby to get his coat, only to find that it was no longer there. He realized that the patient from out of town had left wearing his coat.

Deacon Jim took full advantage of this opportunity to tease the nursing staff about giving away his new winter coat — the same one they teased him about forgetting to wear. The nurse who had given
the coat to the patient offered to try to track it down. Deacon Jim reassured her that it was all right: maybe the fellow really needed a new winter coat. Once again, he left the Health Center without a coat.

After this episode, Deacon Jim received coats with zip-out linings — two coats in one — from the ambulance squad, the fire department and the Health Center. He loves to tell the story of getting back six-fold what he gave away. “I received three new winter coats that all have another coat within them,” he explains. “The best part was that I didn’t have to go shopping or spend money on a new winter coat! Give and your gift will be multiplied.” Amen.

Kay M. Schell
LakeWood Health Center
Baudette, Minnesota

“Finally ready to leave, he remembered to stop in the lobby to get his coat, only to find that it was no longer there.”
One of the first things I discovered when I became director of volunteer services was that having a volunteer program means much more than providing free help. Of course, I was aware of the tremendous impact volunteers can have on patients and families. I knew that studies have proven volunteering helps keep people healthy, physically and emotionally. Having been a volunteer myself, I knew (and often told others) that volunteering creates satisfaction and improved self esteem. However, I did not realize the full extent to which volunteering can impact the volunteer. Through the years, I have seen the blessings God gives us when we selflessly give of ourselves.

Neil began to volunteer just after his wife died. When I first met him, he was so depressed that there was no spark of life in his expression. He later confessed he was seriously thinking about suicide. During his initial interview, Neil told me he wanted to work at one of our information desks. Because that involves interaction with people, I admit that I was hesitant. However, I agreed to let Neil try. Within a few weeks, I was amazed at the dramatic change in him. He was friendly and outgoing, and became one of the most beloved volunteers in our hospital. Unfortunately, Neil’s health no longer allows him to volunteer in the hospital, but many of the friends he made while volunteering continue to visit him. He remains a changed man because of his volunteer experience.
Thomas is a teen volunteer. At first, he was so shy he could barely talk, and he completely avoided eye contact. Our youth volunteer coordinator was determined to help Thomas succeed. She encouraged him and spent considerable time training him. Although Thomas is still very shy, he is now a successful volunteer.

Virginia worked in our gift shop for more than 20 years. After she had a stroke, she was placed in a foster home and was unable to come to the hospital. One of our other volunteers knew that Virginia had been a seamstress and asked if she would help sew casings for the stuffed animals our auxiliary gives to pediatric patients. Virginia now sews more than 100 casings every month. She says that being able to continue to help others has saved her life.

There are so many more stories I could share. In many ways, volunteering bestows double blessings. It provides tremendous value to those we serve and helps create a healthier community by enriching the lives of volunteers.

Sheryl Lehi  
Mercy Medical Center  
Roseburg, Oregon

“However, I did not realize the full extent to which volunteering can impact the volunteer.”
Investing for the Long Term

We were two guys in their 50s, drinking delicious, hot coffee late at night and reminiscing about the past. I listened as Jake talked about his childhood and his three brothers and sisters. “We didn’t have a lot of money,” he said. “I can remember one thing my daddy did with money that didn’t make sense then, but sure makes sense now.”

Jake recalled that at Christmas, his family would walk downtown to the department store. They would pass donation buckets attended by uniformed Salvation Army members, ringing bells. “We never understood why, but Daddy would always dig in his pocket, scrape out a few coins and drop them in the bucket,” Jake said.

As we talked, another bus pulled into the parking lot. More refugees from Hurricane Katrina stepped into the cool Denver air and entered a dormitory that would be “home” until they got their lives sorted out. Jake was one of them. He had lost everything in the devastating floodwaters in New Orleans. My wife and I were volunteering to do what we could to ease the suffering.
“You know, until now ‘love’ was just a word and the Salvation Army was just people in uniforms, and I never thought about what happened to the coins my daddy put in the bucket,” Jake said. “Now that I am the recipient of their love and generosity, what my Daddy used to do makes perfect sense. I guess he would have been pleased that his investment paid us back.”

As a former member of the Catholic Health Initiatives Board of Stewardship Trustees, now privileged to serve as an employee, this story reminds me of the women religious who had the courage to invest all they had into an organization whose true dividends will not be seen for years. Like Jake’s dad, many of us may not live to see the full rewards of our investments in and contributions to Catholic Health Initiatives. However, we can rest assured that God is faithful to those who have been faithful to Him and who pursue excellence in the right way. Jake, my friend, thanks for the story, and may God be with you.

John F. Anderson, MD, FACS
Catholic Health Initiatives
Denver, Colorado

“We never understood why, but Daddy would always dig in his pocket, scrape out a few coins and drop them in the bucket.”
or I consider that the sufferings of this present time are not worthy to be compared with the glory which shall be revealed in us.”

Romans 8:18

Nancy was one of those patients who touch your heartstrings. Diagnosed with breast cancer in 2002, she had bilateral radical mastectomies. A year later, diabetes resulted in amputation of her right leg below the knee. Six months later, she lost her left leg below the knee. Still, she fought to obtain prostheses, learn to use them and return home to her husband of 47 years, four dogs and three cats.

Finally, early in 2004, she was diagnosed with end-stage cancer and admitted to a local nursing facility. A short time later, her husband died unexpectedly of a massive myocardial infarction. Needless to say, Nancy was devastated, but appreciated visits from hospital staff who called on her daily.

One of the certified nursing assistants from our medical/surgical unit would go to the nursing home to bathe Nancy, shampoo and cut her hair, and dress her in clean gowns. Other staff members decorated her room for Thanksgiving and Christmas. Still others cared for her animals until arrangements could be made for her adult children to return home and take over their care. Chaplains visited, read scripture and prayed with her.

One aide, Raven, stopped on her way to work every morning to check on this marvelous lady. When Nancy died, Raven sat with her all night so she would not die alone. Our Chaplaincy staff held a memorial service for her, so we could mourn and celebrate Nancy’s life and the fact that she had become part of our lives.
The core values of Reverence, Integrity, Compassion and Excellence really come to life in the context of the deep personal commitment displayed by the staff in response to this patient. This happens again and again with our staff. It is indeed a privilege and honor to serve God with such godly people.

I included Nancy’s favorite scripture at the beginning of this story, because she said she had “already experienced some of that glory with all the angels on the staff at Flaget.”

DIXIE KIMBERLIN
Flaget Memorial Hospital
Bardstown, Kentucky

“It is indeed a privilege and honor to serve God with such godly people.”
We at Mercy are in the business of offering hope. It can’t be measured, and it can’t be documented, but somehow hope changes people.

My story began on an ordinary Tuesday in cardiac rehabilitation. As I welcomed a new patient, I had a sinking feeling. He arrived with his daughter, who was carrying a pack of cigarettes in one hand and a 44-ounce soft drink in the other. He wore a dirty T-shirt with a box of Marlboros in his pocket. They were both obese. He hadn’t combed his hair or shaved for, I guessed, at least two days. I realized I was looking into the eyes of generational poverty.

I am ashamed to admit that I spent an hour with him, listened to his story and felt myself becoming increasingly agitated. I remember thinking that I should reschedule him before I lost my ability to be therapeutic.

After he left, I put my head on my desk and felt ugly inside. I asked God for the grace to see the man as He saw him. Later, I had the opportunity to discuss my feelings with my pastor. He said, “Sometimes I wonder how people get to the place where they finally give up hope. Perhaps they wake up one morning and think, ‘I can’t possibly get out of this mess. Would it really matter if I gave up smoking or lost weight or tried to take better care of my health? I can’t even afford the medication.’” He reminded me of a time in my life when I needed someone to believe in me because I was worth it.
Now, something about hope has changed me. The next time the patient came in, he looked different. His hair was combed. He had shaved. He wore a clean shirt minus the cigarettes. He walked up to me and said, “I’ve decided to give this a try.” Since then, he has lost six pounds and has been making progress on the treadmill. We have both been surprised by his exercise ability.

The man who used to get his exercise walking home from the tavern occasionally has to reschedule because of car trouble, but is very considerate about calling if he has to cancel an appointment. He has a long way to go: it won’t be easy to modify all of his risk factors for heart disease. Change is rarely easy, but I recognize that I need to change, too. I need to continue to make room in my heart for the generational poor. I believe I can do it. We are both worth it.

Geralyn Phelps, RN
Mercy Medical Center
Roseburg, Oregon

“I can’t possibly get out of this mess. Would it really matter if I gave up smoking or lost weight or tried to take better care of my health?”
In December 1976, we were expecting our first child. We went to Central Kansas Medical Center on December 21, expecting to take home an early Christmas gift, but our baby boy was stillborn. This brought a lot of sadness to our family, and the staff felt our pain. It wasn’t supposed to happen that way, especially at Christmas.

Sister Eugene worked on the obstetrical floor. She came into my room many times during my stay. When she visited one afternoon, we talked about life and death. I told her I thought God was punishing me because I wasn’t faithful about going to church. She assured me that was not the case. She said that we are all gifts from God and are only here on loan. He puts us all here for different reasons. As the years went by, this started making sense to me. Our loss made us realize how precious our two living children really are.

Our visits stayed with me through the years, and I often wondered what happened to Sister Eugene. When I came to the hospital to have my other two children, I asked about her, but no one seemed to know who she was.
In 1998 I came to work at Central Kansas Medical Center. I was in the cafeteria when a lady sat down and asked my name. I said, “My name is Helen, I’m new here.” She said, “I’m Sister Kathleen, I’m old here.” There was just something about her, and on occasion we would pass in the hall and speak.

One day, I asked Sister Kathleen if she ever knew my friend, Sister Eugene. She smiled and said that when she entered the Order she had been given the name of Eugene, but some years ago she had been allowed to return to her birth name of Kathleen. I was at a loss for words. Sister Eugene had been right here all the time! I’ll always remember her telling me, so many years ago, that we’re all a precious gift from God and only here on loan. So, take special care of each other.

Helen Dunlap
Central Kansas Medical Center
Great Bend, Kansas

“I was in the cafeteria when a lady sat down and asked my name. I said, ‘My name is Helen, I’m new here.’ She said, ‘I’m Sister Kathleen, I’m old here.’”
Last spring, our office experienced an associate’s death in a way that revealed the strength of our relationships and sense of work family. Jean was an elderly worker, but did not want to retire. She wanted to stay with her “family” in the Business Office and feel that she was contributing to service excellence. Her co-workers affectionately called her “Mama Jean.” She had diabetes and had been ill for a few months, but seldom missed work.

One day, Jean’s co-workers realized she was answering questions incorrectly and slumping to one side. They called 911, and one of our nurses came to be with Jean while help was on the way. She was taken to the hospital and died three days later of a massive stroke.

Jean’s death greatly affected our staff. Our Chaplaincy Department held a service with us a week later. We were touched when our new chief executive officer, who had been on the job only two weeks, attended the service. Jean’s close associates created a memory book for her only family member. This book, filled with pictures, quotes, songs, messages and poems, allowed the staff to remember Jean and to say, “We miss you.”

The charity Jean had chosen for memorials was the American Diabetes Association. Coincidentally, at the time of her death, our Diabetes Treatment Center had begun a fund-raising campaign called “Kiss a Pig.”
With the donation of a dollar, the donor could cast a ballot for an executive team member, with the winner required to kiss an actual pig. We were all voting for our chief financial officer.

Then, I received an e-mail from an associate who wanted my permission to start a write-in campaign for me. My colleagues thought Mama Jean would appreciate our support of her charity of choice, and would have loved to see me kiss a pig. How could I refuse? I won by a landslide and did, indeed, get to kiss the pig (I have the pictures to prove it).

The reverence shown to Mama Jean by her Saint Joseph family: incredible. The compassion shown to our associates by Chaplaincy and all other departments of Saint Joseph: overwhelming. The sense that things had happened the way Jean would have wanted and that we had celebrated her life in a way she would truly enjoy: priceless.

**Dorothy Zimmerman**
Saint Joseph HealthCare
Lexington, Kentucky

“My colleagues thought Mama Jean would appreciate our support of her charity of choice, and would have loved to see me kiss a pig.”
Holy Rosary Medical Center’s international mission team met Lance, a 20 year old who looks 12, while volunteering at Saint Jude Hospital in the West Indies. The medical ward has been Lance’s home since he was taken to the hospital along with his mother, who had suffered the latest in a series of strokes. His mother died while we were there, leaving Lance orphaned.

Lance is unable to walk, talk, feed or care for himself. In his village, he subsisted on food occasionally brought to him by neighbors. At Saint Jude, he awaits regular meals while sitting on a chair next to his bed. He doesn’t sit quietly, though. Lance makes his presence known with loud squawks and screeches, beginning before dawn and continuing late into the evening.

My interactions with all the people of Saint Lucia were blessings, whether joyous or heart wrenching. But my relationship with Lance reminded me most of a verse from Matthew’s Gospel: “Amen, I say to you, whatever you did for one of the least of these, you did for me.” And so, I accompanied Christ, in the form of Lance, to his mother’s funeral. I held Jesus in my arms as he bathed in the ocean surf. I fed Christ ice cream in the afternoons.

Each of my international mission colleagues has a sacred story about encountering the Divine in the impoverished and suffering people of the West Indies. This is mine.

Incidentally, I discovered that Christ, incarnated in the form of a young, helpless St. Lucian, likes his ice cream slightly melted.

Luke J. Larson
Holy Rosary Medical Center
Ontario, Oregon
“Each of my international mission colleagues has a sacred story about encountering the Divine in the impoverished and suffering people of the West Indies. This is mine.”
The $25 Bicycle

When Lynn Borud joined the staff at Mercy Medical Center in Nampa, he brought along an event he originally created for Mercy Medical Center in Williston, North Dakota: the Mercy Community Sale, which raises funds for various community services.

In Nampa, the sale raises money to benefit kids. In the 13-year history of the sale, Lynn and the dedicated volunteers of the Healthy Nampa, Healthy Youth program raised more than one million dollars to fund children’s programs and activities in our community — everything from classroom supplies to skateboard parks, after-school homework clubs and arts, crafts, and theater activities.

One of the headaches of the annual one-day sale, however, is collecting rummage items from across the city. These items can include freezers, refrigerators, washing machines, obsolete medical equipment, desks, furniture, computers, exercise machines, organs and bicycles — lots of big, heavy stuff! There are also many smaller items, like clothing, books, shoes, knickknacks and sporting goods.

In a moment of weakness, I volunteered to help with the “big rummage” items a few years ago and have been hopelessly involved ever since. My enthusiasm for “big rummage” waxes and wanes, depending on the weight of the objects and the number of customers avoiding them. But one sale day a few years ago, I was reminded of why I like working the big stuff.

A boy, about eight years old, approached with a bicycle in tow, tagged for $25. He softly asked if we would sell it for $15. His earnest, self-conscious approach gave me the impression that he had skipped the haggling and presented his best offer. He waited anxiously for my response.
I knew this bicycle well — it came from my garage. The bike had been a gift to my son from a neighbor. Together, we had painted it and replaced the tires, bearings, handle grips, cables and pedals. We even installed a new seat. It was an expensive bike originally, and we had easily put another $40 and 20 hours into it.

Before the boy even finished his request, I remembered Lynn’s mantra for the sale: “If you see children looking closely at something — a basketball, fishing rod, sneakers or whatever — forget about the price and make sure they get it!”

“Will I take $15 for this bike?” I said to the boy. “No way! This is a $7 dollar bike!” He stared blankly for about a moment, then his face melted into a big grin as I crossed out the number on the bike’s price tag and scratched a big “7” on it.

As the boy rolled his new bike toward the cashiers, I saw his parents standing several feet away and noted the mix of relief and appreciation in their smiles. As Lynn is fond of saying, “Any time we improve the life of a child, family, neighborhood, school or church, we improve the quality of life for the whole community.”

The annual sale is one big way we participate in the life of our community, but it isn’t the only way. It is very encouraging to me to belong to an organization that believes in making a difference, one child at a time.

Mark Bekkedahl
Mercy Medical Center
Nampa, Idaho

“His earnest, self-conscious approach gave me the impression that he had skipped the haggling and presented his best offer.”
Our beautiful 9-year-old daughter, Maria, passed away August 26, 2005, at Saint Francis Medical Center. She had entered the hospital two days before with what we thought was a viral infection. Our hope, of course, was that she would recover in a few days and come back home. We didn’t realize that we would watch as our daughter slowly slipped away from us that sunny afternoon. Without a doubt, it was the hardest thing I have ever done.

We received a beautiful gift that day as we held our child and said our last goodbyes, feeling blessed to have had the privilege of being Maria’s parents for nine years. You see, in the early afternoon Karen Higgins, Maria’s pediatrician, was called to the hospital. To be honest, until Dr. Higgins arrived we didn’t know for sure that Maria wouldn’t be with us much longer.

Sorrow quickly turned to panic as I realized that our youngest daughter, Taylor, had been promised a trip to the hospital to see her sister. We told Dr. Higgins, and she encouraged us to ask friends to bring Taylor to Saint Francis. When Taylor arrived, Dr. Higgins was there to explain everything to her. She and I took Taylor into Maria’s room so Taylor could give her sister a kiss and a goodbye hug. Dr. Higgins didn’t leave our sides.

My husband, Jim, and I sat vigilant as the hours passed. It soon became obvious that Maria’s journey home was almost finished. Her wonderful nurses, Becky and Janelle, stayed with us, as did Dr. Higgins. When I cried, “Just tell me we are doing the right thing,” Dr. Higgins was there to assure us we were doing all the right things.

All too soon, Maria was home with God. While we were filled with peace, the ache in our hearts was enormous. I remember turning around and seeing Dr. Higgins reaching out to give me a hug and offer comforting words.
Did Dr. Higgins have to stay with us all afternoon, only going home to her own family long after our Maria was gone? Did she have to be there to support me as I told Taylor that her sister was going to heaven? Did she have to stay with us during Maria’s last hours? No — but she did. She did all those things and more.

Dr. Higgins walked the nine years of Maria’s life with us: the ups and downs, the struggles and joys. She always respected us, listened to us with compassion and treated Maria with respect. She is a mother to her children, a pediatrician to her patients and a true blessing to us. Dr. Higgins has truly touched our hearts!

Sue Hamilton
Saint Francis Medical Center
Grand Island, Nebraska

“Dr. Higgins walked the nine years of Maria’s life with us: the ups and downs, the struggles and joys.”
During the Thanksgiving holiday of 1992, my husband was in a motor vehicle accident and died instantly of massive head and chest trauma. Two months before, we had celebrated our 20th wedding anniversary and welcomed our first grandchild to the world.

After Don’s death, I went through many stages of grief. I was angry and failed to understand what God had planned for me. When I returned to work after some time off, I was still grieving.

After I returned to work, one of the first patients I admitted to the critical care unit was a man with the same name as my husband. This Don was critically ill and in severe cardiogenic shock from a global myocardial infarction. He was dying. He only wanted to be kept comfortable and to have someone offer emotional support to Marge, his wife of more than 40 years. They had no children and she was all alone.

Spiritually, I was a mess, full of anger and even questioning the existence of God. Now, it was my job to support a dying man and his wife. Marge, crying, asked me, “Why Don?” Before I knew it, tears were streaming down my face. I told her God had a plan, though sometimes we don’t know what it is.

Don’s blood pressure was very low, but I needed to treat his pain. I gave him a small dose of morphine. As I did, I looked around the room, where I had earlier closed the blinds and dimmed the lights to provide a more peaceful atmosphere. Marge sat across from me in a chair, holding her husband’s hand.

Suddenly, Don sat upright, saying, “The light is bright. Turn off the light. It’s hurting my eyes.” Shocked, his wife and I looked at each other. Marge whispered, “What is happening?” I told her, “I think it is the light of Jesus...the light of God.” I asked Marge if she wanted Don to walk into the light and she said, “Yes.”

I bent down to Don’s ear and said, “Don, I think what you are seeing is the light of God showing you the way home. Why don’t you walk into the light? If it feels good, keep walking. If it does not feel good, come back to us. We’ll be right here, holding your hand.” Don laid back. He started talking. “Jim,
I didn’t know you would be here,” he said. “Hello, Sarah, it’s been a long time. Frank, is that you? Mom, Dad, I’m home!”

At that moment, Don quit breathing. There was no activity on the heart monitor. He had a peaceful smile on his face. I heard sobbing in the room and looked over at Marge, but she sat calmly. Suddenly, I realized the sobbing didn’t come from Marge. It was me.

A few weeks later, I received a call from Marge. She asked, “Do you remember when Don was walking into the light and started talking to people? Those were a few of his special childhood friends who died years ago.” Marge wanted to know if people always talk as they walk into the light. I told her it was the first time anything like that had happened to me, and that I thought God was sending both of us a message.

Marge said that on the day of her husband’s funeral, she sat in the front row of the church with a big smile on her face. Everyone told her they knew how she felt: that she was in shock and needed to accept Don’s death. “The truth was that I missed Don with all my heart, but I knew for a fact that he was in heaven and I would see him again,” said Marge. “I was smiling because I was happy. I know Don and I will be together again.”

I thanked Marge for sharing her story, and told her that she and Don were a gift from God. The two of them made me whole again. Soon after I met them, my dad died in a car accident. Now, I understood God’s plan. God had chosen me to help my mother.

**Vicky Stevens, RN, CCRN**
*Holy Rosary Medical Center*
*Ontario, Oregon*

“*Why don’t you walk into the light? If it feels good, keep walking. If it does not feel good, come back to us. We’ll be right here, holding your hand.*”
Mom and Dad are from the “greatest generation” written about by Tom Brokaw and others. They have always dropped everything when their children needed them. So, I was a little surprised when they recently said they couldn’t drive the 300 miles to my house for a weekend visit. Though Mom had suffered two compression fractures and was recovering from surgery, I think of them as “superpeople,” able to do all things, all at once.

Their personalities are a good balance: Dad is calm and studious while Mom is watchful and action-oriented. They never had any hobbies, having devoted themselves to the guidance, love and nurturance of their children. But, after we were grown, Dad pursued an interest in studying the Bible.

When I asked why they couldn’t come to my house, they said Dad had promised to teach Sunday School because of the absence of the usual teacher. I thought about this for a while and realized that I wanted to hear him teach the Sunday School lesson.

So, the next Sunday morning, my family and I dressed in our best and drove to Piney Grove Methodist Church. Mom and I seated ourselves at a u-shaped table and listened to Dad teach. The lesson was about the early church and the leaders’ advice to sell all their belongings and provide for the needs of the community. Though
Dad didn’t choose the lesson himself, I thought it was fitting for the lives he and my Mom lived: never looking out for themselves, but for others. Dad taught a good Sunday School lesson, but the lesson I will always cherish is that of their lives.

From my parents, I draw my inspiration as a physician to serve the needs of my patients. The healing mission of Memorial resonates with the values my parents have given me. Those values prompted me to accept the invitation to serve on the Board of Directors, and now as chair.

**Donna Hobgood, MD**  
Memorial Health Care System  
Chattanooga, Tennessee

“Though Dad didn’t choose the lesson himself, I thought it was fitting for the lives he and my Mom lived: never looking out for themselves, but for others.”
As a survivor of two failed marriages, I’m baffled by people who can tolerate each other for an extended length of time, much less love each other after years together. But I am fascinated by relationships, and most people don’t mind telling you what has made their marriage a success or not.

Last spring, our unit was blessed with the presence of Bob and Jeannie. Married for 16,070 days, they were deeply in love. Jeannie was admitted with abdominal pain, which turned out to be ovarian cancer that had spread through her colon. The surgeon operated, and Bob never left her side as she recovered. She asked us to make sure we gave Bob three meals a day and a place to sleep and shower. Each was always more concerned about the other.

Soon, Jeannie had more surgery. Bob never faltered. He sat and read Bible verses to her. One morning, he began to read Proverbs 31: “Who can find a virtuous woman? For her price is far above rubies. The heart of her husband doth safely trust in her, so that he shall have no need of spoil.”

He told her what a good and kind woman she was, that he was proud to be her husband and that he loved her. I began to get the message: this is what it takes to make a marriage work and last.

We celebrated Jeannie’s last birthday, and she went home a few days later with hospice care.

However, Jeannie had other plans and returned to the hospital a week later. She didn’t want to die at home, she told me. She wanted to be in the intensive care unit, where we could take care of her and Bob. We moved an extra bed into her room for Bob and started a morphine drip to help ease her pain. Jeannie wasn’t afraid of dying. Her only concern was for Bob.
Jeannie died peacefully, her family near and Bob beside her, kissing her face as she left for a heavenly home. There was not a dry eye in our hospital that night.

Jeannie, I want you to know that we’re still taking care of Bob. We have lunch together every day that he volunteers at the hospital. He thinks he needs to repay us for the love and care we gave to you and him. He’s wrong. We don’t need repayment. Just having met you and Bob was all the blessing and hope we need.

SUE SHOLLENBERGER, RN
Marymount Medical Center
London, Kentucky

“He told her what a good and kind woman she was, that he was proud to be her husband and that he loved her.”
After Thanksgiving 2000, my loving wife, Nancy, was given the worst news of her life. The surgeon told her, “You have non-operable, incurable cancer.” That statement shook the foundation of my faith and devastated our family and friends. How could God allow this to happen? She was so vibrant, beautiful and healthy!

As we all tried to regain composure, Nancy’s internist, a member of our church, advised us to see an oncologist at Memorial Health Care System who shared our faith and values. The oncologist made the diagnosis of mesothelioma, an insidious cancer that is rarely cured.

However, the oncologist offered hope that a visit to a surgeon who specialized in mesothelioma might provide a solution. Twice, Nancy had surgery at Memorial Sloan Kettering Hospital in New York City. We tried chemotherapy and radiation, but nothing worked.

After a painful 14-month battle, my wife died in 2002. After her death, my three children and I went adrift, our faith under trial. Our pain was unbearable because she had been the anchor of our family.

Soon after Nancy died, I was asked to join the Board of Directors at Memorial Health Care System. After reflection, I realized that I had a genuine desire to assist others experiencing cancer and other diseases. I am a certified public accountant, and Memorial needed my skills on the Finance Committee. I have been a board member now for more than three years, and was recently asked to serve another term.
The greatest benefit from my experience, however, is the knowledge that God gives us what seem to be the most terrible circumstances so that we can grow, then provide help to others. My contribution to Memorial, while not direct patient care, gives me the opportunity to be a part of a faith-based ministry that serves the needs of people who are hurting.

Looking back, I have learned that although our capabilities are limited, God’s are unlimited. Adversities present opportunities, not problems. If we view hardships simply as troubles, we miss God’s demonstration of His wisdom, love and power.

Faith is necessary for us to trust God; hope is what He gives us as we wait for Him to reveal His plan; and love equips us to serve others. Best of all, we can experience inexplicable joy from the contributions we make to the healing ministry of Jesus Christ.

Mike Costello
Memorial Health Care System
Chattanooga, Tennessee

“Adversities present opportunities, not problems.”
During the 100-year flood of the Red River Valley in 1997, the residents of St. Francis Home in Breckenridge were transferred to St. Francis Medical Center. Oliver was a resident who would have diabetic reactions and had to be monitored closely. One day, I could sense that something wasn’t right with him. I checked his blood glucose level and it was very low. The staff gave him glucagon. All he said was, “I could have died.” He was challenging to care for, but we developed a bond.

As Oliver’s blood sugar went up and down, his insulin would be adjusted. He developed an open area on his left leg and foot. Circulation was poor and the ulcers became worse. Oliver received the news that he needed an amputation.

Oliver became depressed and angry. Another staff member and I worked with Oliver. We told him that if he could become more independent and transfer himself from a wheelchair to a vehicle, we would take him to a casino.

The day came when Oliver had improved so much that we did go to the casino. That morning, Oliver made sure his brother brought him a roll of money. He wanted to buy us lunch as a token of his appreciation. Oliver was able to transfer into and out of my vehicle without difficulty. He brought his wheelchair along for transportation once we got to the casino. He said it was the best day of his life. He rarely smoked, but when he did he smoked a cigar. That day, he lit up a cigar with a smile.

For months afterwards, Oliver would talk about our great day. Since then, he has died, but I’ll always remember his appreciation.

Deb Bontjes, LPN
St. Francis Healthcare
Breckenridge, Minnesota

“We told him that if he could become more independent, we would take him to a casino.”
About eight years ago, work was very stressful for me. I needed spiritual renewal, and would play a tape of the rosary on my way to work.

One day when I came to work, there was a report of a patient who had been very restless all day and was not doing well. His granddaughter was with him and anxiously asked if there was anything else we could do for him. I knew he was Catholic, but the local priest was out of town that day. I suggested she pray with him. She said that she was baptized Catholic, but her parents never went to church so she never learned to pray. I told her that I had a tape of the rosary and could bring in a tape player. She was very grateful.

As they listened to the rosary, the patient calmed down. That evening, a priest from another town came to the floor. I asked him to see this patient. The priest had been in the room praying for just a few minutes when he and the patient’s granddaughter called for me. They told me the patient quietly closed his eyes and went to his eternal rest.

Soon after this incident, I found a brochure in the back of my church. Pastoral ministry formation classes were being offered through a local university. I took the brochure home and showed it to my husband. I thought he would say it cost too much. To my surprise, he said, “I want to take the classes, too.”

One of the first classes was on the Rite of Christian Initiation for Adults. As an assignment, we had to attend a class at our church. At this class, a young girl asked me if I remembered her. She reminded me that I had lent her my rosary tape, which brought her grandfather so much comfort the day he died. She said that it had moved her to become an active Catholic.

What seemed like a small thing for me to do was a major milestone for her. Who knows when our paths will cross again? We just need to remember that God is always here for us.

Cheryl Resner, RN
Central Kansas Medical Center
Great Bend, Kansas

“What seemed like a small thing for me to do was a major milestone for her.”
As a young student nurse I fell in love with Our Lady of the Way Hospital (OLWH) and chose it as my first “real” employer in 1978. This was not a difficult decision, even though the starting salary was less than at other hospitals in the area. I wanted to work at OLWH because of its family atmosphere and excellent patient care, but I now realize it was God’s plan for me.

It is common knowledge that you may leave OLWH, but most who do return. I am no exception. I have worked for other employers, but OLWH always remained special. It is like a member of my family: I want the best for it and will always defend it.

I came back to OLWH in 1994 as coordinator of the community health education department. I was going to be paid for doing something I love — combining nursing, teaching and counseling, and working at the hospital that feels like home. I have not been disappointed. OLWH is the only hospital in the region with a department whose sole purpose is to work towards building a healthy community.

In 2003, Our Lady of the Way organized a healthy community initiative. Many of those contacted for membership expressed amazement that we wanted to form a coordinating committee. We heard comments such as, “You do such a great job in that area, why do you need our help?”
The Healthy Floyd County 2010 Coordinating Committee was formed and participation has been stellar. Members include representatives of all three hospitals in Floyd County, the health department, school system, ministerial association, media, legal system, law enforcement and the community at large. Exciting action plans include a commercial laundry service for an area in which none exist; building awareness among parents about drugs and drug paraphernalia; working with the school system to mandate drug education; and increasing the number of people who earn general education diplomas.

It is an honor to be part of a facility where “health” has a broad meaning, and where health reaches far beyond the hospital. I now see that I did not choose Our Lady of the Way Hospital; God chose it for me.

Neva H. Francis
Our Lady of the Way Hospital
Martin, Kentucky

“It is common knowledge that you may leave OLWH, but most who do return. I am no exception.”
our years ago, I was faced with a decision to move from a community where I had lived and worked for 21 years; the community where my most precious gift, my daughter, was born and had lived her entire 11 years.

As with any life-changing event, prayer, reflection and consultation with my life mentors and family had a major influence. They had helped me years before when I was faced with the possibility of changing careers due to regulatory and payer changes. But, I could not fathom the idea of working in any profession other than physical therapy: I feel that being a physical therapist is a calling from God.

My grandmother always told me that everything happens for a reason. In this situation, God opened many doors to allow me to make the decision to move to Chattanooga. When I accepted the position of director of rehabilitation at Memorial Health Care, I had no idea of the positive changes ahead of me.

My first weeks at Memorial were filled with warmth and openness. I felt the warmth in my encounters in the community as well. I told my family, mentors and former colleagues that something was different at Memorial. I noticed quietness in a very busy hospital. I noticed the musician and his clarinet. There was art on the walls and tremendous support throughout the hospital. Prayer was encouraged.
For the first time in my career, I felt at home. I had found a place where my passion for helping others through the practice of physical therapy was encouraged, with strong values.

With such a strong start at Memorial, I truly enjoy the daily opportunity I have to serve God. As many people know, working in health care can be stressful and difficult. But, I enjoy the challenges because I know they ultimately give the patients we serve a better experience. It is a joy to be able to take the blessings God has given me and use them to further our mission at Memorial.

**Lisa Harrison**  
*Memorial Health Care System*  
*Chattanooga, Tennessee*

“I noticed quietness in a very busy hospital. I noticed the musician and his clarinet.”
In April 2001, members of the Central Kansas Medical Center management team were scheduled to attend a three-day management retreat. The retreat had been planned for several months.

Our goal was to build a cohesive team and tear down internal silos that had been built over many years.

Three days before the retreat, the nearby community of Hoisington, where I live, was hit by a tornado that destroyed more than one third of the town. That night, Central Kansas Medical Center treated tornado victims and accepted every patient from Clara Barton Hospital in Hoisington, which had been destroyed. My parents lost their home. Our entire community was without gas, electricity or hot water.

During our management crisis debriefing, we discussed postponing the retreat. The administrative team decided the retreat was crucial to our organization and would continue. My boss was adamant that I attend if at all possible. Though I was on the planning committee and knew the importance of the retreat, I also felt I should be at home, helping my family. During this difficult time, I was unsure how to achieve a balance between my work and home. I prayed that God would help me and place me where I was needed most.

I attended the retreat. It was almost magical in the success of building our team. Upon reflection, I realized that God had placed me exactly where I was needed.
A week after the retreat, Central Kansas Medical Center presented Hoisington with a substantial donation from Catholic Health Initiatives to help rebuild a local baseball park for our children. I am thankful to work for an organization that lives our mission and core values.

That May, just in time for the first practice of the season, we dedicated the baseball diamonds. Throughout the summer, when nothing else in our community was normal, we could still catch a game and cheer for our favorite players at the Hoisington baseball park.

**Jettie Zoller**
*Central Kansas Medical Center*
*Great Bend, Kansas*

“During this difficult time, I was unsure how to achieve a balance between my work and home. I prayed that God would help me and place me where I was needed most.”
Several years ago, Memorial was recognized as a Top 100 Heart Hospital. To me, this designation was not just for the excellent care we give to cardiac patients, but also for the caring, compassionate hearts of our associates, who make Memorial such a special place. I experienced this caring in two significant ways this year.

In February, my planned trip to work with the Sisters of Charity of Nazareth Hospitals in India took me to areas affected by the tsunami of December 2004.

As I walked along a beach amidst broken bricks, I thought of the broken lives of those who lived there. But, I knew I was not alone in this desolate place because I could feel the prayerful support of our Memorial associates. The prayer of blessing offered before I left for India — “May you always awake to God’s sacred presence and to God’s compassionate love in all you see and in all that happens, in the beautiful, the heartache and in the mystery” — echoed in my mind.

I will never forget the tears in the eyes of Devanami, a 15-year-old girl who is now responsible for her younger brother and sister because their mother died in the tsunami. I was able to reassure her that she will not be left alone. The generosity of Memorial associates, the Chattanooga community, the Sisters of Charity of Nazareth and Catholic Health Initiatives are making it possible for Devanami and the people of her village to have hope for the future.

The tsunami experience came close to home when Hurricane Katrina hit the Gulf Coast in September 2005. I met some people who lost homes and possessions. Again, I experienced the ability of the human spirit to withstand adversity and begin anew. Our associates responded with generous hearts, donating money, supplies, clothing, household items, extra space in their homes, and time off for associates who volunteered for the relief effort.
As we prepared to care for an unknown number of evacuees, numerous associates came in to help. We gave medical attention to those in need and listened to stories of pain and loss, survival and gratitude. We offered hospitality, comforting words and hot showers. The Scripture “whoever gives a cup of cold water” was very real that day.

I am blessed to be among such caring people. Because they see what they do as ministry, they are always ready to respond with compassionate hearts.

JUDY RALEY, SCN
Memorial Health Care System
Chattanooga, Tennessee

“Because they see what they do as ministry, they are always ready to respond with compassionate hearts.”