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Introduction

The stories in this volume are sacred because they are heartfelt expressions from members of the Catholic Health Initiatives family who have experienced a significant moment in the course of their daily work. This sacred moment, while different for each individual, is a realization or confirmation of the spirituality we share with our colleagues, our neighbors and those we serve.

The stories in this volume are powerful because they invite you, the reader, to do more than read. By their very nature, the stories invite you to reflect on their meaning and their potential application to your own life.

The stories in this volume are here for you. Each time you read one, it may be helpful to pause for a few moments to reflect on the story — the lesson learned, the realization reached, the core value lived — and consider how it might apply to your life, your work, and the culture that surrounds you. This type of reflection can be especially valuable when it is shared with a group of colleagues, friends or community partners.

The stories in this volume are gifts that can help us learn more about ourselves and about the ministry of health care that is Catholic Health Initiatives. Perhaps they will also inspire you to share a sacred story of your own.
Welcome to this eighth edition of Sacred Stories, which has become a signature publication of Catholic Health Initiatives.

These stories, written by employees, physicians, board members and others associated with Catholic Health Initiatives, tell of their encounters with spirituality in our workplace. These stories are powerful and moving examples of the distinctive culture of our system, which depends on and grows from the daily practice of our core values: Reverence, Integrity, Compassion and Excellence.

We thank the authors who generously share their moments of lived spirituality with us through Sacred Stories. Please know that by sharing your stories, you inspire others and make Christ ever more present in our health ministry.

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

Thomas R. Kopfensteiner, STD  
Senior Vice President, Mission  
Catholic Health Initiatives
Birth is a universal. Its glory rises above culture and language, connecting all people in the common beginning of a life. As a labor and delivery nurse at Saint Elizabeth Regional Medical Center, I have the opportunity to experience birth from a cross-section of cultures: many mothers and fathers have immigrated to Lincoln or are from refugee populations relocated to our community.

I stepped into one family’s life circle during the birth of their child in a way I’ll never forget. I can still see an image of the Iraqi mother holding her baby girl, only minutes old, in her arms. The mother was young, with rich, long dark hair that matched her deep and tender eyes. The baby was passed to her father’s arms, which were both tender and awkward as he pulled the baby to his chest. His new life in a new country now had true roots. There were no anxious grandparents, aunts or uncles in the waiting room because this family’s relatives, like those of many other immigrant families, were a world away.

The father began the ritual of making telephone calls to loved ones. Speaking into the phone in his native tongue, his words danced around the world, connecting with another land. The family in Baghdad heard the story of the birth of his daughter. I noticed tears in his eyes as he handed the phone to me. “My wife’s mother wants to talk to the nurse,” he said. I was taken aback, but I took the phone.
“What does my daughter’s baby girl look like?” said a woman’s voice, heavily accented. The new grandmother wanted every piece of information she could gather! Because I had recently become a grandmother myself, I understood completely.

“She is beautiful,” I said. “She has the eyes of her mother.” A soft cry and laugh came from the phone. “And, she has the lips of her father,” I said. There were more sounds of tears and joy. Then, the grandmother asked, “Will you kiss my daughter for her mother? And then, kiss the baby for me.” I promised that I would.

I leaned over the bed and gave the beautiful young mother a kiss on the cheek and said “That is from your mother.” She smiled, feeling her mother’s love. Then I looked into the newborn’s eyes and said, “This kiss is from your grandmother, who loves you very much.” Then, this grandmother gave a gentle kiss on behalf of the other grandmother in a faraway land.

Linda Ward
Saint Elizabeth Health Systems
Lincoln, Nebraska

“There were no anxious grandparents, aunts or uncles in the waiting room because this family’s relatives, like those of many other immigrant families, were a world away.”
Faithful Provisions

During the past 54 years, Memorial Health Care System’s mission and ministry have provided a solid foundation of faith for the Chattanooga community. The power of faith and excellence have real meaning to the associates, physicians, volunteers and board members who have been called to work here in the healing ministry of Jesus Christ.

Memorial’s foundation of faith was never more evident than when we acquired the property needed for expanding our main campus. Our strategic plan called for expansion, and our best option was the site of a former tuberculosis hospital: 14 acres directly north of our current facility.

There was only one problem: the property belonged to the city and county, not to Memorial. Previous attempts to acquire it had been frustrating and fruitless. Our only other option, to relocate the entire campus to suburban property about 15 miles away, was very costly. In addition, it would mean leaving behind loyal physician partners who had located their offices on our campus.

New attempts to acquire the property failed. The property was subsequently offered for bid, but another party made the winning bid. This was one of our lowest points, because we knew that the property was critical to our future, yet it was slipping away from us. We had exhausted our efforts, and now had to rely on God’s intervention.
The Memorial family began to pray and ask God to help us acquire the property. Our foundresses, the Sisters of Charity of Nazareth, had persevered to establish Memorial’s ministry in spite of many disappointments and setbacks; we could do no less! We prayed that God would grant us the courage and wisdom to persevere as the sisters had done. We also prayed for the grace to accept defeat, because we knew that if we were defeated, God would provide a more excellent plan for His ministry at Memorial.

Continued meetings with elected officials and the winning bidder led to even greater discouragement. Then, suddenly and unexpectedly, God chose to act! An agreement was reached for Memorial to purchase the property. We had secured our future!

We thank God for giving us the property to expand. We thank Him even more for strengthening our faith by showing us that He will always provide for His ministry at Memorial!

Ruth W. Brinkley
Memorial Health Care System
Chattanooga, Tennessee

“We prayed that God would grant us the courage and wisdom to persevere as the sisters had done. We also prayed for the grace to accept defeat, because we knew that if we were defeated, God would provide a more excellent plan for His ministry at Memorial.”
Sometimes, God puts people in your life to help you realize the deeper meaning of what you do. For us, Kelly Jo was one such person.

A pregnant single mother from Arkansas, Kelly Jo was paralyzed from the chest down in a tragic accident that also killed her seven-year-old daughter. Though she and her unborn baby survived the initial trauma of the accident, hospitals near her home deemed her pregnancy and imminent delivery to be high-risk. A transfer to Good Samaritan Hospital, we later discovered, was probably her last option.

When we learned that Kelly Jo would be placed in our labor and delivery unit, many of us doubted that we would be able to give her the care she needed and deserved. That, we thought, could be done better by other units in the hospital. In addition, we were accustomed to caring for patients for a few days at a time, but Kelly Jo would arrive a full six weeks before her due date.

Within hours of Kelly Jo’s admission, our feelings of inadequacy faded away. We began to see how full of life and love she was. The tragedy she had experienced could have given her a negative attitude. Yet, she was extremely optimistic and courageous, which helped us step outside our comfort zone.

Caring for Kelly Jo became something to which we looked forward. Even those who were not assigned to her during their shifts would peek in to see how she was doing. Though some days were more challenging than others, her smile always brightened the room and our attitudes. She made our jobs much easier and inspired us to be better nurses and better people.

Over time, our relationship with Kelly Jo grew to the point where she was no longer just a patient, but a friend. We held a baby shower in her honor: it was the least we could do to show appreciation for the many spiritual gifts she gave to us. When she gave birth to a healthy baby boy,
we were there to share in the joy. It brought us to tears knowing that, if only for a moment, Kelly Jo was without a care in the world.

She was discharged a few days later, but we will not forget Kelly Jo. She opened our eyes to the true beauty and inner strength of a mother’s heart and soul. Without being aware of it, she taught us about life and our calling as nurses, and for that we are extremely grateful.

Chris Davis, RN
Kacey Roberts, RN
Kim Swift, RN
Good Samaritan Hospital
Cincinnati, Ohio

“We held a baby shower in her honor: it was the least we could do to show appreciation for the many spiritual gifts she gave to us.”
As we ate lunch one day, three people came into the spiritual care department. One of them, a woman, seemed sad as she asked, “Is there no mass today?” I apologized and said that the priest was not in. I asked if they would like to receive communion and we moved toward the chapel.

With tears in her eyes, the woman said, “It is Joe’s anniversary today.” Joe was a 16-year-old who was helping someone move a stalled car when a young girl who was talking on her cell phone drove into him, and he died. Joe gave his life so that another would be helped: dying and rising. The chaplain on duty that day had spoken about the deep faith of Joe’s family.

When we got to the chapel, we spent a little time visiting. The woman, who was Joe’s mother, said she had just returned from vacation to find a letter from a woman who had stopped to help Joe. This woman put her hand on his back and covered him with a blanket. The family had wondered what had happened during that time. Now they knew that Joe had been covered in the mantle of God’s love.

I invited the family to share their special memories of Joe. It was a tearful but healing time. Then, they received Eucharist.
I felt honored to share this sacred time with the family. We prayed in thanksgiving for Joe and how he had been Eucharist to many in his short life. His sister said that she was expecting a baby, and maybe there would be another Joe. The paschal mystery of dying and rising and new life!

As they left, Joe’s family said it meant a lot to them to be able to pray, cry and celebrate Eucharist together. It truly was a gift for me to share in this paschal mystery.

Theresa Gregoire  
Penrose-St. Francis Health Services  
Colorado Springs, Colorado

“Joe gave his life so that another would be helped: dying and rising.”
The death of a close friend is always a difficult experience. But, when that death is sudden and violent and you are only 18, it can be horrifying and traumatic.

On a Saturday evening in June, we learned that Jeremy, our son’s best friend, had been in a car accident and was in the intensive care unit at Saint Francis Medical Center. Our son, Mitch, and Jeremy had graduated from a small area high school just a few weeks before. Usually, the two boys spent every waking moment together. For some unknown reason, they had gone in different directions that evening. Jeremy was driving on a county road and collided with another vehicle at a blind intersection. We had to call Mitch and tell him about the accident.

Jeremy had a severe head injury. His tracheotomy had been inserted by his former football coach, a member of the local rescue unit. We arrived at the hospital within half an hour of receiving the call and we learned there wasn’t much hope. During the next few hours, most of Mitch and Jeremy’s 34 classmates began to arrive at the hospital. The ICU nurses were wonderful, allowing family and friends to spend time in the room with Jeremy.

The on-call chaplain arrived and called a local minister, who prayed and read scripture as we gathered around Jeremy’s bed. As we waited and prayed through the night, the long hallway outside the intensive care unit filled with Jeremy’s classmates, friends and family. There were young people everywhere, and they were allowed to remain close to Jeremy, never once being asked to leave or clear the hall.
On Sunday, Jeremy’s family made the decision to remove his life support. The chaplain was available and the staff allowed each of Jeremy’s friends an opportunity to be with him to say their goodbyes. The staff commented again and again about how well the young people behaved, and how wonderful it was that there was so much support for Jeremy and his family. Yet, it was the staff that made it possible for all of that support to be present for Jeremy and his family.

The compassion and understanding shown by the Saint Francis Medical Center ICU staff really touched our hearts. The nurses, chaplain and staff went far beyond providing medical care for the patient to care for everyone close to him. Their concern and care helped these recent high school graduates deal with losing a friend and classmate.

Mary Jewell  
Saint Francis Medical Center  
Grand Island, Nebraska

“There were young people everywhere, and they were allowed to remain close to Jeremy, never once being asked to leave or clear the hall.”
“Marilyn” was one of the biggest challenges I have faced volunteering in the surgical waiting room. She was a bundle of nerves. A visit from a nurse and a chaplain did little to calm her fears.

Her husband, “John,” was in surgery to determine the severity of his cancer. This was Marilyn’s second marriage, and she was devoted to John. Her mother had recently died after Marilyn had served as her caregiver for a number of years. Marilyn thought she didn’t have the energy to do it all over again.

I offered appropriate platitudes, telling Marilyn that she was worrying prematurely and that God would give her strength. “What do you know of pain and suffering?” she challenged me. “You are cheerful, you smile…you can’t know what I’m going through!”

I knew I could help ease Marilyn’s pain, but only if I crossed a boundary and shared a part of my own life with her. “My God,” I prayed silently, “grant me wisdom to choose my words wisely.” A sense of peace came over me as I began my story.

“You’re right, I don’t know your pain, but I’d like to share something with you,” I said to Marilyn. “After a painful divorce, my ex-husband and I reunited to provide a home for our youngest daughter, who was recovering from a bone marrow transplant. I was her caregiver for two years before she flew with the angels to a healthy, everlasting life with Our Father. One year later, I had a double mastectomy for breast cancer. Chemotherapy and radiation took their toll, but I am a four-year survivor. I volunteer two or three days a week, sharing my life with others, like you, Marilyn.”
Marilyn did not need to be told to be strong: she needed to know that we can weave dark threads of grief and despair into the fabric of our lives, yet allow God to create something new and beautiful for us. Marilyn looked at me in wonder, for she felt God’s calming presence.

At that moment, the nurse came to get Marilyn. John had survived surgery, so she knew she wasn’t alone. She and John would be together, their love would grow deeper and sustain them, and Marilyn was again walking with the Lord.

Marilyn hugged and thanked me. We had both learned something: that we must use our own lives to help others. As the late Paul Robeson once said, “Having been given, I must give.”

Connie Karjala
St. Joseph’s Area Health Services
Park Rapids, Minnesota

“Marilyn did not need to be told to be strong: she needed to know that we can weave dark threads of grief and despair into the fabric of our lives, yet allow God to create something new and beautiful for us.”
The first time I met Jasmine, she was in Mercy’s emergency department. She was only a couple of months old, and I had been called to draw her blood. Jasmine had been born with several challenges. Her parents hooked her up to a dialysis machine each night, and would continue to do so until she grew big enough to have a kidney transplant.

I saw Jasmine many times, as she needed to come in for regular draws. Generally, babies present the most challenging blood draws, and drawing Jasmine was emotionally draining for everyone involved: Jasmine, her parents, a helper and me. However, each time they came in, Jasmine and her mother were smiling and laughing. When I saw the family at a local store one day, I marveled that Jasmine did not scream at the sight of me: after all, every time she saw me there was pain involved. Instead, she gave me a great big smile.

As Jasmine grew, her veins also grew, making her draws not quite so hard on her or the rest of us. She also had her kidney transplant, but her blood draws continued. Even though she knew what was coming, she would greet me with a smile. When we were done I would give her a butterfly, and she would start smiling again.

One day when we were finished, I learned that she could talk. Just before I gave her the butterfly, she looked at me, tears still running down her little cheeks, and said, “Thank you, Bob!” I could hardly believe my ears.
I am sure that, to some patients, I’m their worst hospital experience even if I draw their blood just once. But, here was Jasmine saying thank you, even though I had drawn her blood many times. Some blessings come in small packages, and some don’t even look like blessings. At first, I did not look forward to the challenge of drawing Jasmine’s blood. Now, she is definitely on my list of blessings. Have you checked your list today?

Bob Logan
Mercy Medical Center
Roseburg, Oregon

“When I saw the family at a local store one day, I marveled that Jasmine did not scream at the sight of me: after all, every time she saw me there was pain involved.”
Jennifer had only heard parts of the story. Her husband Robert and other relatives had heard a little more. But, one day, the whole magnificent story took shape. This is a short version:

About 25 years ago, Jennifer suffered a ruptured appendix. Toxic poisons ran rampant through her system and she was ultimately hospitalized at Saint Elizabeth, her life hanging by the thinnest of threads.

Her grandmother — “Ba-Ba” to young Jennifer — felt compelled to go to the hospital chapel to pray for her granddaughter. At some point, a “little nun” sat with Ba-Ba, prayed with her and listened to the tear-punctuated details of the small child’s suffering. The little nun held the grandmother’s hands and announced that the child would pull through: that “God has a bigger purpose for her.”

Jennifer amazed the doctors and got well. But, Ba-Ba had a stroke, so the story of the little nun had to be pieced together from relatives.

Jennifer went on to college and married. On the day she found out she was pregnant, she also found a lump in her breast. The lump turned out to be aggressive cancer. Miraculously, she responded well to treatment and gave birth to a healthy baby boy, now an active toddler.

However, Jennifer’s cancer metastasized and spread to several parts of her body, including her brain. That brought her to the Saint Elizabeth Radiation Therapy Center and to pastoral care team member Doris Buechel, also a long-time Saint Elizabeth nurse. While Jennifer was undergoing treatment, her husband asked Doris if she by any chance knew a little nun….
Doris instantly realized that the little nun had to be Sister Barbara Ann Braun, a legend and icon at Saint Elizabeth. Sister Barbara Ann’s less than five-foot-tall stature belied her mountain-high strength, conviction and belief in the will of Jesus.

A few months later, Sister Barbara Ann, now nearly 93 years old, made a trip to Saint Elizabeth. Jennifer and her husband got to meet Ba-Ba’s little nun in the airy lakeside meditation room, incidentally named after Sister Barbara Ann. As they looked out at the rolling green grass and sparkling water of the lake, they shared stories and grew close. Jennifer and her husband feel that a family connection has been renewed, and they plan to visit Sister Barbara Ann at her congregation’s motherhouse. She is now their little nun, too.

Jo Miller
Doris Buechel
Saint Elizabeth Health Systems
Lincoln, Nebraska

“Sister Barbara Ann’s less than five-foot-tall stature belied her mountain-high strength, conviction and belief in the will of Jesus.”
Angela’s Story

Some moments stop time. You remember the people, the sounds, the smells — everything. Sometimes, they are wrapped in tragedy, other times in joy. Some are experienced by the whole world and some are very private.

I experienced one of these unforgettable moments when a young woman with metastatic breast cancer came into my care. Unfortunately, the cancer had spread to the point of no return. She struggled for breath in the surgical intensive care unit the day before her daughter’s second birthday. After some honest and pain-filled conversations, a decision was made not to pursue any heroic measures. “I am ready to meet Jesus,” she said. The staff joined in as a physician prayed with her. Afterwards, we decided to hold a birthday party for her daughter that very afternoon.

We called the incredible people in the Cancer Resource Center. Their response to the request for a party was not, “How are we supposed to do that?” but “What time? Cake or cupcakes? Pink or purple?”

At 2:30 p.m., a beautifully decorated cart holding cake, balloons, a tiara and presents for the birthday girl was rolled into the surgical intensive care unit. The little girl and her four-year-old brother were placed on their mother’s bed, and they hugged and kissed her. There was so much joy. Mother and daughter played dress-up with princess outfits, feather shoes and make-up. The patient’s husband and other family members watched with big smiles and took pictures. “I wish this could go on forever,” our patient said.
After the party, everyone left except for the patient’s husband and children. She held them and told them she loved them. She told her children that she would be an angel for them and would always be in their hearts.

This moment, which I will never forget, was made even more poignant to me because I was awaiting the birth of my first daughter. In 16 years of caring for patients, I was never so proud, so sad or so joyous as I was that day. It’s an honor to be part of this institution and to work with people who are passionate, compassionate, loving and giving beyond belief.

Laurel Rhyne, APRN-BC
Memorial Health Care System
Chattanooga, Tennessee

“Mother and daughter played dress-up with princess outfits, feather shoes and make-up. ‘I wish this could go on forever,’ our patient said.”
The Frequent Flier

In this fast-paced world, we often hear about airline frequent fliers, but I was surprised to hear about a “frequent patient,” as the Sts. Mary & Elizabeth Hospital security staff referred to her.

The security staff contacted the Jewish Hospital & St. Mary’s HealthCare Foundation to find out how much money they would need to purchase a paver in the hospital’s Sky Chapel in the name of the frequent emergency room patient. This patient had a lot of mental and physical problems. Labeled as she was with the unfair stigma of mental illness, many people turned their backs on her; however, she had become a favorite of the security department.

On her many visits to the hospital, the security staff would feed her when she said she was hungry. When she was discharged and said she didn’t have a way home, they found a way for her to get home.

The security staff never knew if this patient was truly sick or had just come to the hospital for a visit. However, the last time she came to the emergency room, she unexpectedly died. This was a very sad day for those at Sts. Mary and Elizabeth who had befriended her and cared for her.

Members of the security staff went to the funeral home where the frequent patient had a visitation and burial. The security employees were dismayed that her family talked ill of her: evidently, they saw her only as a burden.

The Sts. Mary and Elizabeth security staff decided their friend needed to have her life permanently memorialized. The paver they purchased is now in the Sky Chapel, where her memory will live on for those who knew her and befriended her. Talk about compassion!

Mary Anne Tinnell
Jewish Hospital & St. Mary’s HealthCare Foundation
Louisville, Kentucky
“On her many visits to the hospital, the security staff would feed her when she said she was hungry. When she was discharged and said she didn’t have a way home, they found a way for her to get home.”
I met Jerry in his home the afternoon his 13-year-old son, Tucker, was found dead, having drowned in a drainage ditch during a summer thunderstorm. Jerry has multiple sclerosis. I could see that it was impossible for him to dry his eyes, blow his nose and physically comfort his wife and eldest son.

Jerry was confined to a wheelchair, but had the latest in high-tech equipment. With a slight movement of his hand or head, he was able to control a small part of his world: the chair, the television and the telephone.

I thought about how I was going to relate to Jerry when I hadn’t lost a son, and when I had the ability to move, to express myself and to give and receive comfort in accustomed ways.

As I reflect on that afternoon, I sense God’s being present and moving in Jerry’s life and in mine. It was a privilege to be part of healing Jerry’s enormous hurt and to experience the satisfaction of knowing that what I have to offer as a chaplain is best given person to person.

During the next year, Jerry and I told each other stories about our lives. He had four sons and I had three. We loved sports and had been athletes in high school, in college and in various city leagues. We talked about new beginnings, marriage, children, work, dreams, relationships, jobs and physical abilities.
Jerry allowed me to be part of his search for purpose, healing and a reason to go on living. I allowed him to be part of my search for how to live out my call to be a chaplain. Our journey together took us to conversations about God; about our dreams for our children; about how special our spouses are; about our passion for sports and music; and about how faithful God has been to us in spite of our falling short of His expectations. We talked about how good it feels to be loved by God and our families.

I met Jerry as a result of being a chaplain. As I look back at this year, I see that I have a strong relationship with him because both of us opened up, person to person. The relationship that has developed has been sacred and inspiring to me.

Paul Anderson
Penrose – St. Francis Health Services
Colorado Springs, Colorado

“I thought about how I was going to relate to Jerry when I hadn’t lost a son, and when I had the ability to move, to express myself and to give and receive comfort in accustomed ways.”
When I was growing up in Lubbock, Texas, the Sisters of St. Joseph of Orange staffed the school I attended and the hospital in the town. My large family benefited greatly from their friendship and service.

When I came to Chattanooga, my business partner invited me to become involved in Memorial Health Care System’s Development Committee, which eventually became the foundation. I was hooked. I saw firsthand Memorial’s dedication to providing the very best care for patients.

Recently, my wife had the opportunity to use Memorial’s services for gallbladder surgery. The staff did a great job of helping her to pre-register and have all her pre-surgical lab work done as efficiently as possible.

We arrived at the hospital on the day of surgery at the appointed hour of 9:00 a.m. We were ushered straight to pre-op, and we no more than sat down when she was called for preparation for surgery.

In about 20 minutes, I was called back to be with her. To our surprise, the surgeon asked if we would like to join him in prayer. We welcomed the opportunity for one more prayer before surgery. We all held hands as he prayed for my wife’s safe recovery and asked God to help guide him and the nurses as he performed the surgery. Neither my wife nor I had ever had an experience like that with a physician. His prayer provided us with great comfort and confidence. The surgery went well and we were back home by 3:00 p.m.
This experience brought home some of what it means to be a faith-based hospital and why Memorial is a wonderful place. As I have shared this story with others, I have been pleasantly surprised to find that ours was not an isolated incident. Many people report similar stories about Memorial. I can’t think of a better way to make the healing ministry of Christ come alive.

I see my involvement with Memorial as vice chair of the Board of Directors as an opportunity to, in a small degree, pay back a debt to all the sisters who spent their lives serving people like me and my family.

Leo Brown  
Memorial Health Care System  
Chattanooga, Tennessee

“To our surprise, the surgeon asked if we would like to join him in prayer.”
I had been working in the labor and delivery unit for about 18 months when my nurse manager called to ask if I would work on the pediatric/medical floor for a 12-hour shift one Sunday. I mentally prepared to spend 12 hours on a unit that is not always easy to work, due to patient acuity and what seemed like constant admissions, bed changes, call lights and medications. I looked forward to caring for the pediatric patients more than the medical patients.

When I arrived Sunday morning, my patient assignment included three pediatric patients and three medical patients. One was a 57-year-old woman, admitted for abdominal pain, who had a recent diagnosis of rectal/colon cancer. She had only a little pain when the shift started and we talked about what she wanted to do during her stay in the hospital. She spoke of her four sons, who were scattered around the country.

A couple of hours later, I answered the phone at the nurses’ station. It was one of her sons, calling to check on his mother. He was very concerned that this was the end of her life. During a 20-minute phone conversation, I was able to really connect with him and answer his questions honestly.

He wanted to bring his mother to his home to care for her. His home was all the way across the country, but it was important to him to have his mother with him. I answered his questions and gave him as much guidance as I could. Then, he talked with his mother and I didn’t hear from him again.
I went to the patient’s room later as we prepared to transfer her to another hospital. Her friends were there to support her and tell her goodbye. As I entered, she told me that her son had called and wanted her to come live with him. I told her it was truly a blessing. She admitted that she had hoped this would happen, but she would never want to impose on her children. I told her I was glad to help facilitate this development, hugged her and sent her on her way with the ambulance crew.

As I thought about it later, I realized my working on the unit that day was a “God thing.” God had a plan to put me in the right place at the right time to help that family make a plan to care for a wonderful woman. I am always amazed when God puts us where we need to be, even when we don’t think it’s what we really want to do.

By the way, I enjoyed my day on the pediatric/medical unit. I loved being able to use my compassion and knowledge in a different way than what I usually do as a labor and delivery nurse.

Jacque Disque, RN
Central Kansas Medical Center
Great Bend, Kansas

“As I entered, she told me that her son had called and wanted her to come live with him. I told her it was truly a blessing.”
Late one Thursday, the hospice nurse called for a chaplain to see a patient who was days from death. The family had requested communion; it was a week before Easter. The next day, I made the long drive to their home in the country. It had been a wet spring and the earth had not yet come alive.

When I arrived at the home, the patient was comatose and non-responsive. I talked to his family. They said their loved one was not very religious, but they felt he needed to receive communion.

We entered the patient’s room and sat around the bed. A soft light came in the window, as if we were sitting in a church. The bedside table became an altar. All of us knew we were on holy ground. The traditional words from the Bible were said and the sacrament was offered as a wafer was touched to the man’s lips. Holding the man’s hand, I thanked him for his life, the love he gave to his family and their gratitude to him for making their lives and the earth a better place.

We left the man and went to the kitchen to quietly converse. We were interrupted by a persistent tapping on the window behind the kitchen sink. We saw a beautiful gold and orange butterfly inside the house, flying against the window. A lump rose in my throat as I explained that the butterfly was the universal symbol of transformation. The patient’s wife began to cry. Her daughter opened the window and let the butterfly fly free. It disappeared into the gray sky.

The patient’s wife told us she knew God sent the butterfly to show that He was with her, and that soon her husband’s spirit would leave the cocoon of his body and fly free. We were in awe.
My tears fell during the long drive home: tears of thanks, joy and wonder at the ways God speaks to us if we listen. It showed me how very thin the veil between worlds can be as we are offered glimpses of spiritual reality. How privileged are we who visit the dying, to have such unique relationships with strangers who become friends.

The patient’s wife called the next day to thank me and tell me that the man died just minutes after my departure. She said she was thankful that the man’s passing was so gentle and that, to her surprise, she was completely at peace. But, isn't peace what Christ promised us? Undoubtedly, it was the blessing of Christ’s tangible presence that day that brought such peace to each of those present, the living and the dying. Certainly, I thought, it is I who should thank her.

Karen Iovin
Mercy Medical Center
Roseburg, Oregon

“We were interrupted by a persistent tapping on the window behind the kitchen sink. We saw a beautiful gold and orange butterfly inside the house, flying against the window.”
Corey’s Dream Come True

Corey is a 48-year-old man who has had limited “real” work experiences offered to him. About a year ago, he was presented with an idea for a new business venture. Corey had the skills and desire to do the job and, once he tried it, his response was very positive.

After some planning and creativity, Corey became the new, proud owner of “Corey’s Canine Cookies.” Corey makes doggie treats and sells them through local businesses. He has three different sizes available in the many locations where they are sold.

Corey didn’t get to this point by chance. He had to work hard and learn the process of making, packaging and marketing his products. He showed persistence and an ability to complete the task. During this process, Corey has become more outgoing and willing to accept changes in his routine. He has come into contact with family members and, at a local holiday mall, met a cousin who had lost contact with him.

Corey has also made an extra-special new friend, Julie, who is the owner of a new business in the town where he lives. Julie has been a huge part of Corey’s success although, until she met him, she had never had any experience with anyone who has a disability. She says Corey has taught her how precious life is and that anything is possible if you put your mind to it.

The most important result of Corey having his own business is how he has grown. He is becoming more active in the community by participating in craft shows and working at Julie’s store. Corey’s future plans are to broaden his customer base by selling from a Web site, making customer contacts and asking more businesses to display his product. Corey is living his dream, and he wanted to share his story.

Jenny Johnson
Friendship, Inc.
Fargo, North Dakota
“Corey didn’t get to this point by chance. He had to work hard and learn the process of making, packaging and marketing his products.”
“I came that they may have life, and have it abundantly.” John 10:10b

Sue was a 48-year-old woman admitted to our hospice unit after being discharged from a cardiac/renal treatment hospital some miles away. At discharge, she had been told that “comfort measures” were all that could be done for her. Though many would be daunted by this news, Sue said, “I’ve heard this before.”

Diagnosed as a preschooler with juvenile diabetes and congenital heart disease, she and her parents were told she would probably not live to finish high school. Her medical history was a litany of reasons why she would never experience any sort of “normal” life. However, her medical history did not capture her unbounded spirit.

Sue did finish high school (near the top of her class). She also married, finished professional training, opened her own business, had a beautiful child, witnessed her daughter’s wedding, was a grandmother and was active in her church and community.

She was able to do these things despite having a five-way coronary artery bypass graft at age 27; a combined pancreas/kidney transplant a year later; right leg amputation below the knee; left leg/foot amputation in two different procedures; retinal detachments and surgeries; cataract surgery; chronic renal failure and heart failure; and other surgeries and complications through the years. Still, her love of life never dimmed. She was never heard to complain, and all who knew her were awed by her loving and sunny disposition.

When asked how she remained so positive in the face of such adversity, Sue said, “Jesus came so I could have life, and have it more abundantly. I just decided at an early age that I had to do my part to live the fullest life possible.”
When Sue could no longer tolerate dialysis, she was sent home to die. In her words, she had “come home to live this part of my journey and move on to the next life.” She died on the fourth day after her admission to hospice, in the presence of her husband of 30 years, her daughter and grandson, parents, siblings and others who loved her, and whom she had loved deeply and well. The visitation and funeral were a celebration of a life lived abundantly.

Our patients and their families frequently tell us what blessings we have been in their lives. Sue, like so many of those we serve, was a blessing and we were the ones abundantly blessed.

Dixie Kimberlin
Lenny Mudd, RN
Flaget Memorial Hospital
Bardstown, Kentucky

“Her medical history was a litany of reasons why she would never experience any sort of ‘normal’ life. However, her medical history did not capture her unbounded spirit.”
Margaret is a resident in the pavilion. She sings at times and cries loudly at others while wheeling herself around the hallways. She also sings and/or cries loudly in her room, and therefore has a private room so she won’t disturb other residents.

I have had several opportunities to check on her while traveling through the unit to take paperwork to the director of nursing. When I stop to see her, Margaret usually reaches for my hand and cries out, almost incoherently, “I don’t know what to do,” or “I don’t know where to go.” When I can, I visit with her. This woman could have been your mother, your grandmother or your friend. The life that she led is gone from her mind. She is unable to verbalize how she might have had a puppy, or a husband who was an engineer. She may have lost her friends, and her peer group gets smaller every day. Life is a bit scary for her in a home she doesn’t recognize as her own.

This morning, I had the opportunity to stop by Margaret’s room. She reached for me with both hands while sobbing incoherently. I asked her if she would like to watch television, and sat with her for a while after I tuned in a popular game show. She became interested in the program while holding and stroking my hand. When the program went to a commercial, she became upset and agitated. I told her it was OK. She looked at my hand in hers, then at my face. She clearly asked, “Where should I be going?” I told her we could stay right there for now and watch television together.
Spending time with Margaret seemed to calm her and ease her distress for a while. My heart felt better as I went back to my office.

Maybe Margaret will remember me next time I see her, or maybe she forgot me 10 seconds after I left. No matter. I believe that taking just five minutes every day to stop and really look at the people before us can make a difference. By lending a hand, especially to our elders, we can make a difference in their lives while enriching our own.

If the good Lord sees fit, he will allow us to grow old. Think about what type of elder you will be. I hope that someone will be there for me when I am scared and lonely and wondering where I am.

Andrea Mauriello
Villa Pueblo Senior Living Center
Pueblo, Colorado

“This woman could have been your mother, your grandmother or your friend. The life that she led is gone from her mind.”
In Gestures Big and Small

It’s not often those of us on the non-clinical side of health care see first-hand the true healing ministry we provide to our community. Many of us at Mercy in Roseburg were offered this gift on a crisp, clear Friday in September.

At about 10:00 a.m., Mercy’s executives and department leaders were in a leadership training session across town when the call came: a school bus carrying 40 children, kindergartners through second graders, had been hit by a car. The details were sketchy: there was no solid information on the seriousness of the accident.

Leaders from all areas of Mercy grabbed their belongings and headed out the door, back to the hospital. It wasn’t that we thought that the staff couldn’t handle the situation without us: our desire to be there, helping, simply pulled us back.

When we arrived at the hospital, the disaster plan had been activated and incident command was set up outside the emergency department. We now knew that the most seriously injured children were coming in by ambulance, and that school officials had decided to bring all of the children to the emergency room to be screened for possible injuries. Then, our organization showed its greatness.

It started with a decision by an emergency room doctor and several nurses to go on the school bus, rather than taking the children off, to screen each child. It was in the compassion our chaplains showed to frightened parents. It was in the housekeepers who brought tables, chairs, coffee, cookies and juice. It was in staff members who wrote the names of parents and those of their children on name tags so they could be quickly identified and reunited. It was in staff members who
performed traffic control. It was in executives who helped frightened children pick from a container filled with cookies and juice. It was in a department director who held the hand of a small patient who was waiting for his dad to come; and in two emergency department staff members who realized the dad didn’t have a car and drove to his home to pick him up. It was in a staff member who convinced an incoming patient who saw how busy we were that we had time to care for him, too.

In each of these gestures, the big and the small, as well as many more not recorded here, our staff showed our community what a great organization Mercy is. They demonstrated that our core values of Reverence, Integrity, Compassion and Excellence are more than words on a wall in the hallway; they are alive and well and dynamic reflections of our healing ministry.

Kathleen Nickel
Mercy Medical Center
Roseburg, Oregon

“It started with a decision by an emergency room doctor and several nurses to go on the school bus, rather than taking the children off, to screen each child.”
Loving Tenderness in Palliative Care

Sacred Stories

I have worked in the health information management department of St. John's Regional Medical Center for five years. However, this story relates to my St. John's experience in the role of a daughter, while my mother was in palliative care.

To begin with, we didn't know what to expect, but the staff kept us well informed. Without the printed materials and articles the staff made available to us, we could have feared or misunderstood what happens in the dying process.

The staff that brought food trays and cleaned my mother’s room each day openly showed reverence and compassion for us. The nurses took time to explain what they were going to do and why. Doctors came into my mother’s room and cared for her as if she were a member of their own families.

Everyone with whom we came in contact was exemplary, especially Bill Gross, who will always have a special place in our hearts. One morning, while he was on his rounds, we talked about how much my mother, Nancy, loved music. I told him I regretted that I wasn’t able to play the piano for her: because of my past and my own insecurities, my mother had never heard me play or sing. You see, I grew up with adoptive parents, but Nancy was my birth mother, whom I had found 17 years ago.

Bill left to complete his rounds. I don’t know how much time had passed when I heard a gentle knock on the door. It slowly opened to reveal Bill, with a piano on a dolly in the hall behind him.
Bill had listened to me with his ears, but he had heard with his heart. Because of his act of extraordinary kindness, my mother heard me play the piano and sing that day. Someone asked her if she knew who was playing and singing for her. “That’s my baby girl,” she said.

My mother had good care from everyone, but Bill gave me a gift so special that saying “thank you” doesn’t seem quite sufficient. I’m fairly certain he doesn’t move a piano every day, but I am certain that the loving tenderness we experienced is expressed in other ways to families during their own special, sacred moments in palliative care.

Beth Sappington
St. John’s Regional Medical Center
Joplin, Missouri

“Bill had listened to me with his ears, but he had heard with his heart.”
Sacrred Stories

Breaking the Rules

Last New Year’s Eve, a 21-year-old man came to our emergency department with a gunshot wound to his head. He was maintained on a ventilator during an evaluation, but it was clear that brain death had occurred and extended life was not possible.

The young man’s parents, owners of a funeral home, are special people with special insights. Their passionate hope was to save lives through their personal tragedy, and they asked to donate their son’s organs.

The young man’s mother wanted desperately to be with her son when life support was discontinued. This meant the parents would need to be in the surgical suite when their son’s heart stopped beating just prior to organ recovery.

Family presence in the operating room during an organ recovery procedure is not an approved protocol in our hospital. Surgical procedures and sterile techniques could be seen as impersonal: not the preferred environment for loving parents to say goodbye to their son. Timing is critical for a positive organ recovery, and the family’s personal time for grief in the operating room might compromise this final wish.

Still, a team came together to figure out how to honor the family’s wish to be present, to achieve organ recovery and to meet the needs of the surgical team. The surgical team developed a plan for family presence. Nurses talked with the family about timing and what to expect. The transplant team worked to accommodate the hospital’s requests while reminding us of the critical nature of time.
In the operating room, the staff positioned the son’s hand so the mother could hold it during discontinuance of life support. A moment of silence was observed in the surgical suite when life support was discontinued and the son’s heart stopped. After the mother kissed her son’s hand in goodbye, staff escorted the family from the operating room so that organ recovery could occur expediently.

To say that the team was in agreement on how to proceed does not accurately describe this event. However, it is evident that the core values of reverence and compassion exhibited by staff in the intensive care unit, operating room, anesthesia, respiratory therapy and pastoral care guided the outcome of this tragic situation. The team felt compelled to honor the family’s request as if the patient were their own son. Rules were broken so that healing could occur.

Carol Wahl
Good Samaritan Health Systems
Kearney, Nebraska

“A team came together to figure out how to honor the family’s wish to be present, to achieve organ recovery and to meet the needs of the surgical team.”
Christmas Eve brought my turn to work a holiday in the medical/oncology clinical area. It was a 12-hour shift, from 7:00 a.m. to 7:00 p.m. I was a newlywed and looking forward to my first Christmas with my husband. My husband’s family had a wonderful tradition of going to a Christmas Eve church service together, then going to his parents’ house for snacks and the joy of opening presents together. Of course, I was very disappointed that I would miss it all.

I was surprised but pleased to learn that because my husband’s family wanted me included in their celebration, they changed some of their plans. They would wait to open presents until I was able to join them later on Christmas Eve. But, my husband’s parents live a nearly 90-minute drive from our hospital. That meant working hard so I could get there as early as possible.

From the moment I clocked in at 7:00 a.m., I worked to stay on task. I focused on keeping current with my charting so that I could be out the door at 7:01 p.m. Of course, having special plans after work usually meant I would run late, and I did. It was 8:00 p.m. by the time I finished. I made a mad dash to leave the hospital. I thought only of the trip to my in-laws’ home.
As I quick-stepped it to my car, I noticed a woman walking toward the hospital doors. As she drew closer, she walked directly toward me and grabbed my hands! I was puzzled but not concerned.

She asked if I was a nurse and I said that I was. She said, “I just want to tell you, God bless you for all that you do.” Even though I was in a hurry, I had to pause. In that instant, my spirits lifted and I began to smile.

As quickly as she came into my life, she was gone. But, I walked more slowly to my car and was no longer in such a hurry to go. I know God put the woman in my life for a brief moment to remind of what is really important, and to not rush life.

Sara Arfmann-Pohlmann, LPN
Saint Elizabeth Regional Medical Center
Lincoln, Nebraska

“As quickly as she came into my life, she was gone.”
A Ministry of Shining Floors

My ministry as a floor tech in the visitor lobby at Memorial Hospital gives me a unique opportunity to offer hospitality to visitors and family members who pass through. I am always on the lookout for ways to assist others while polishing the floors.

My ministry doesn’t stop when I am on break. One day, as I walked toward the area adjacent to the physicians’ parking lot, I heard what I thought was an argument between two people. When I looked, I saw a woman and a man walking toward the hospital entrance. The man was in distress and holding his chest. Some construction workers helped him stretch out on the concrete. I asked the woman to put her purse under the man’s head to elevate it, thinking that I might have to do cardiopulmonary resuscitation, which I had learned in the military.

Fortunately, a physician and nurse came along and emergency personnel were called to take the man to the emergency room. I helped get him into the ambulance.

How happy I was to see the man leaving the hospital a few days later. His wife recognized me and told her husband, “Honey, he’s the guy who helped us that night.”

Another time, I noticed two people helping a woman who had difficulty walking. I helped her into a wheelchair and took her to the emergency room. When the woman was discharged, she came to thank me. She said to her family, “Charles is a nice guy. He was my angel who helped save my life the other night.”
As I think about these two patients, I think that God put me in the right place at the right time. It wasn’t me doing anything: it was the Lord saying, “Do unto others as you would have them do unto you.” What I heard at orientation about Memorial’s mission and values stays in my heart.

One day, I was surprised to hear a visitor telling her husband how nice the floors looked. “They have a shine where you can see yourself,” she said. “I can see the bottom of my feet as I walk across them and it reminds me of Christ walking on water.” She stopped me and said, “We can recognize Christ in you. I see compassion and grace in your face.” Later, I learned that she left my boss a message. He told me he didn’t know floors could have such an impact on visitors and that I had a ministry. I am grateful to have a ministry that touches lives as I shine floors.

Charles Bynum
Memorial Health Care System
Chattanooga, Tennessee

“We can recognize Christ in you. I see compassion and grace in your face.”
In March 2005, Good Samaritan opened its new West Tower, which includes fantastic new intensive care and progressive care units in addition to a new lobby, waiting area, family kitchens and rooms for quiet reflection. My role is in our public relations department, and the opening was a culmination of three years of communication about the progress of the construction.

We had two days of open houses before the patients moved in, and I was a tour guide. The other guides and I led hundreds of people through the tower, stopping in key locations to talk about exciting features.

As we cleaned up after the last tour, a man and his teenage daughter walked around the corner and asked if they were too late for a tour. I volunteered to show them around.

We began our tour and I noticed how thoughtful they were. They listened carefully and looked intently at the new patient rooms. As we prepared to leave the intensive care unit, the man told me his father was currently a patient in our “old” intensive care unit and would be moving to the new one. He was concerned about the logistics of the move. I was presented with an unexpected opportunity to ease the man’s worries.

I took him to the corridor that his father and a well-prepared group of staff would travel to the tower and explained the plan for moving patients. The man walked the route and came to a peaceful resolution. His fears were alleviated simply by walking that hallway. During the rest of the tour, his concern gave way to friendly conversation. Again and again, he and his daughter thanked me for the tour and complimented our new tower.
While I walked to my car, it became clear to me what the last three years of construction had been about: that family. That family would have a loved one in a bigger room that could better accommodate the equipment necessary for his care. That family would be more comfortable and spend their time in more private spaces. Suddenly, the tower wasn’t just a great building we could discuss with the media; it was a sacred place of healing.

In public relations, I rarely get a chance to interact with patients or their families. But, this occasion made it clear to me that no matter the department, working in health care is an extraordinary profession. I am truly honored to be part of it.

Anna Fryda
Good Samaritan Health Systems
Kearney, Nebraska

“The man told me his father was currently a patient in our ‘old’ intensive care unit and would be moving to the new one. He was concerned about the logistics of the move.”
As executive director of St. Joseph Community Health in Albuquerque, I am truly blessed. Not only is my work meaningful and making a positive difference in the daily lives of hundreds of people, I also work with a most inspiring group of people. Let me explain why.

I try not to make a big deal about my birthday, and actually hope it will come and go quickly and painlessly. In 2005, when I turned 60, I especially hoped everyone would forget about it.

That day, as I returned from meetings, harried and behind schedule, I didn’t notice that the parking lot was more full than usual. I zipped into my office, only to be summoned to the conference room. A large group of board members, staff and volunteers had gathered there to surprise me and celebrate my 60th birthday. There was cake and munchies, but the biggest surprise was the gift they bestowed upon me.

In true Catholic Health Initiatives spirit, instead of buying a gift, the staff gave 60 hours of their personal time to the charity of my choice. I was astounded by their generosity. It took me almost no thought to choose East Central Ministries.
Early one Saturday, I watched my colleagues get out of their cars in work clothes and with smiles on their faces as they approached the new home of East Central Ministries’ free dental clinic, which serves the immigrant community. The building was in serious need of repair. My heart warmed as I glanced at an unfinished mural that will one day say “East Central Ministries: Building Community.”

Together we cleaned, replaced floors, laughed, cataloged library books, drank coffee, hauled away construction debris and more. We were building community for the work of East Central Ministries, but also for ourselves as colleagues and community health professionals.

The day reminded me how truly blessed I am to work with such selfless people who do God’s work every day at St. Joseph Community Health, in the community and with the people whose lives we touch.

Charlie Ivy
St. Joseph Community Health
Albuquerque, New Mexico

“The biggest surprise was the gift they bestowed upon me: 60 hours of their personal time to the charity of my choice.”
While Esther was visiting her sister, she stepped up on a deck leading toward the front door, lost her balance and fell. An ambulance rushed her to the hospital, where a scan revealed a subdural hematoma.

In the meantime, women at my church were learning about a new prayer shawl ministry. The ministry involves knitting or crocheting a shawl, praying for the recipient as you make it. One of the women went home and started to crochet a shawl for Esther.

As Esther’s parish nurse, I learned that she would have surgery to remove the blood clot from her brain. I called the lady who was making the prayer shawl. “Are you done with the shawl? Esther is going to have surgery,” I told her. “I’ll hurry and finish it,” she replied.

The shawl was brought to the church, the minister blessed it and I had the privilege of delivering it to Esther. What an honor! As I draped the shawl around Esther’s shoulders, I told her that she was wrapped in our prayers and that we loved her.

Esther wasn’t able to talk, but I knew by the expression on her face that she understood. I told her how honored and blessed I was to be her parish nurse. We had enjoyed playing solitaire together, discussing the Bible, taking walks and laughing. All of these activities had contributed to her wholeness, and to mine.

Esther died a few days later. In her casket, wrapped in the prayer shawl, she was wrapped in our prayers as she went to heaven.

Susan Jungman
Alegent Health
Omaha, Nebraska
“As I draped the shawl around Esther’s shoulders, I told her that she was wrapped in our prayers and that we loved her.”
In 2003, a team of St. Joseph Medical Center employees traveled to Kilimatembo, a village in the Karatu District of Tanzania, Africa. With the help of an interpreter, we met a woman who was without her husband and had four children. She was disoriented, disheveled and significantly impoverished. Three of the children were filthy, with tattered and threadbare clothing. When we asked about the fourth child, the mother told us that the child's face had been burned by a splatter of hot ugali, a thick, maize-based porridge. The child, a girl, was resting inside the hut. To ease the burn, a poultice made of egg whites had been applied to her face.

We asked if we could see the girl, named Consalata, because our pediatrician, Dr. Poku, was with us. The doctor examined Consalata and thought that the burn needed treatment. Dr. Poku and Bill Gough, a nurse practitioner, immediately took the girl to the nearby health center in Rhotia. When they arrived, the sisters and the physician in charge were not available. However, that very morning, our team had delivered some large boxes of medical supplies to the health center. One contained Silvadene cream, an excellent treatment for burns.

Bill and Dr. Poku found the Silvadene and arranged for a staff physician to treat the child. St. Joseph Medical Center personnel paid for the health center visit and transported Consalata back to her family. Since then, St. Joseph personnel have visited Consalata and her family each year.
In 2005, St. Joseph raised $12,000 for “goat projects,” one of which was specifically put in place in Consalata’s village. Each goat project involves 10 female goats and one buck, plus instructions on how to build a proper shed, feed them and keep their pens clean. Offspring from the goats can be sold for meat or to other villagers. The goats’ milk, and cheese made from the milk, can be consumed by the villagers or sold.

When we visited Consalata in 2006, we were amazed to see how she and her family had prospered. Consalata’s mother was clean, well-dressed and tending to her goats. The family’s hut and yard were clean and well maintained. The children had clothes and were clean as well. Because of the goat project, Consalata’s mother is improving the well being of her family by sending all her children to local schools. Most importantly, she has raised them from a life of abject poverty.

Anthony LaPorta, MS, MT(ASCP)
St. Joseph Medical Center
Towson, Maryland

“Each ‘goat project’ involves 10 female goats and one buck, plus instructions on how to build a proper shed, feed them and keep their pens clean.”
Sacred Stories

Little Things Mean a Lot

One cold winter night, as I worked at the emergency room admitting desk at St. Anthony Hospital, an ambulance went out to the interstate to respond to a one-vehicle accident. The vehicle had hit some black ice and rolled over into the median. Inside was a family: a man, a woman who was pregnant, an 18-month-old child and a St. Bernard dog named Buddha.

The ambulance brought the man, woman and child to our emergency room at about 4:00 a.m. I began to collect their information, to check the man and child into the emergency room, and to check the woman into the Family Birthing Center.

An officer brought the dog to the hospital and tied him up outside. The man was very uncomfortable with Buddha being left outside in the chilly weather. He wanted to go out and find a hotel room for his dog before his own injuries were tended to.

I asked if he would allow me to put the dog in my car. I assured him I would lock the doors and that Buddha would be safe. I wanted to do anything I could to help this family, which was nearly 3,000 miles from home. The man seemed surprised that I would offer to put a 130-pound dog in my car. I said, “It’s just a car. I just hope there is enough room in it for Buddha.”
After I put Buddha in my car, the man checked into the emergency room. After he was released, he and the child went to the Family Birthing Center to check on the woman. When my shift ended at 7:30 a.m., I let Buddha out of my car to stretch his legs. I walked him for a bit and stayed with him until the family was ready to go.

It felt so good to help this family in their time of need. That’s why I enjoy working for St. Anthony Hospital. I get a chance to show compassion and kindness to people who feel hopeless, scared, sick and stressed. To me, it is a privilege. Buddha’s family was scared and unsure of their situation, and it gave me joy to relieve even a little of that fear by doing what I could — in this case, taking care of their dog when they needed a helping hand.

Rikki McGuffey
St. Anthony Hospital
Pendleton, Oregon

“The vehicle had hit some black ice and rolled over into the median. Inside was a family: a man, a woman who was pregnant, an 18-month-old child and a St. Bernard named Buddha.”
It was April 1 and unusually cold for eastern Oregon. Traffic was light on I-84 as the sun set over the Elkhorn Mountains. It seemed like any other day as travelers headed home. But, one incident would change lives forever.

No one knows what caused the car to swerve, but it didn't take much for it to lose traction on black ice. The car spun and rolled into the median, dented and broken but upright on its wheels. Rich McKim, a physician practice manager who was traveling home to Baker City, stopped to see if he could assist the family in the wrecked car. It didn't take him long to see that they needed help beyond his first-aid training.

Barbara Tylka, MD, a general surgeon at St. Elizabeth Health Services, was also headed back to Baker City when she came on the scene. Rich informed her that the car’s driver was complaining of numbness and the inability to move his arms or legs. Suspecting a severe neck injury, Barbara climbed into the back seat and held the driver’s head to prevent further movement and additional damage. She stayed there for 90 minutes, until emergency medical technicians were able to safely transport him to the hospital. During this time, other travelers stopped to assist, providing blankets and coats to keep the family warm.
Two of the children in the car also suffered injuries and were also transported to St. Elizabeth. Physicians came in to provide surgical support to pin fractures and reduce dislocations. As the father was flown to Boise for neurosurgery, the rest of the family was given accommodations at our hospital. Members of our community provided clothing for the children.

The next morning, the family was ready to travel to Boise: but, the thought of getting there by road was too much for the mother to even think about. Compassionate nurses and physicians took up a collection and hired a private pilot to fly the family to Boise.

We profess that our core values of Reverence, Integrity, Compassion and Excellence are the foundation of everything we do at St. Elizabeth: on a cold April evening, they truly became “living stones.”

Jerry Nickell  
St. Elizabeth Health Services  
Baker City, Oregon

“Compassionate nurses and physicians took up a collection and hired a private pilot to fly the family to Boise.”
We all wondered why the girl had come to our emergency room. Her obstetrician worked at a larger hospital about 20 miles away, and ours is a critical access facility with just 25 beds.

But, she was here. The days were accomplished that she should be delivered, and she was going to have her baby whether or not we preferred that she would just wait a bit.

If everything hadn’t been so tense, it would have been the stuff of comedy. There was a frantic assembly of the materials necessary for our semi-retired gynecologist (luckily available and roused from slumber in the early hours of a Sunday morning) to perform the delivery. The house supervisor barked orders in a tone that would have seemed absolutely furious if we hadn’t known it was the result of her genuine worry for the welfare of the girl. Finally, the baby was safely delivered and the emergency room looked as if a tornado had passed through it. The young father had to beg half a dozen smiling, cooing nurses for a turn at holding his own baby girl.

No one on duty that morning would have regarded such a case, in the abstract, as being anything less than a nightmare come true. But in reality, that emergency delivery put every one of us in a good, even joyous, mood.

There are a couple of stories in scripture about shepherds and wise men journeying to a shed outside an inn to visit a newborn. If there were any stablehands around when that child was born, the Bible doesn’t mention them. But, I like to think that they were there anyway, angling for a chance to hold the baby and smiling with joy at the renewal of life.

John G. Sparks
Our Lady of the Way Hospital
Martin, Kentucky
“If everything hadn’t been so tense, it would have been the stuff of comedy.”
This story starts seven years ago. Courtney Roth was born early: at about 25 weeks of gestation, or more than three-and-a-half months early. She had nearly every complication a premature infant could have, the most devastating being a severe intracranial (brain) bleed. Her prognosis was poor, but her parents never gave up on her. After a long hospitalization, she went home and continued to develop and surprise us all.

In appreciation of the skills, hard work and caring of our neonatal intensive care unit (NICU) team, the family includes us in their lives, sending pictures and bringing Courtney in for visits. We celebrate Courtney’s milestones: the first time she smiled, walked, talked, etc. Often, Courtney’s visits come just when we need her smile the most.

One of Courtney’s visits stands out for me. It’s the reason we call her our NICU ambassador! On that visit, Courtney asked to see a baby. With the permission of the baby’s parents, Courtney looked at their tiny baby in an NICU isolette. “When will your baby be done?” she asked. Our entire staff still smiles over that question.

Another memorable day occurred about four years ago: a day that was surely a NICU nurse’s nightmare. I was caring for Brittany, a tiny preemie who was very unstable and had just been diagnosed with an intracranial bleed. As her nurse, I needed to meet her physical needs, but I knew her parents needed emotional support and comfort as well. Everything was happening at once. I literally said one of those desperation prayers: “Oh, God, please help us all.”
I went to get supplies and when I rounded a corner, there was Courtney. Perfect timing! Courtney and her parents were able to provide support and proof that Brittany and her parents, too, could survive this ordeal.

The magic continued! It turned out that the two families lived within six blocks of each other. Today, they still refer to their first meeting as divine intervention. They’ve become towers of strength for each other and the best of friends. They provide unbelievable support to each other through good and bad, from the loss of Brittany’s twin to joy-filled celebrations of the girls’ birthdays. I feel extremely privileged to have witnessed to it all.

Susan K. Walsh, RNC, MSN
Saint Elizabeth Regional Medical Center
Lincoln, Nebraska

“Courtney and her parents were able to provide support and proof that Brittany and her parents, too, could survive this ordeal.”
I Am With You Always

Group dynamics are fascinating to watch. As each parish nurse class comes together, I wonder if the group will click and become like family, or if the bonds just won’t be strong enough for that to happen.

A recent parish nurse class truly demonstrated that compassion and love bind hearts. As each member of the class shared her story, a gentle bond formed in the group. Two were still mourning the loss of spouses through suicide years ago. Another mourned the recent loss of her husband after a prolonged illness. One shared the personal journey she and her husband were experiencing as they faced prolonged chemotherapy that was no longer as effective as it was in the beginning. One told of a serious injury that threatened her life’s work. Another told of a job change that was taking her out of her secure zone. Words of comfort, strength and encouragement were shared as strangers quickly became friends.
At every class, the women held a check-in session to nurture and support one another. Between classes, they connected by e-mail and phone, establishing a ministry of presence to one another.

After their parish nurse studies were completed, something amazing happened: the group stayed connected. What's so special about that, you might ask? In this parish nurse class, six women from diverse backgrounds and experiences came together to learn to promote whole-person health in body, mind and spirit within their congregations: but, they quickly saw the face of God in each other.

In their parish ministry work as well as their personal lives, they have supported one another through triumphs as well as trials. The words of Matthew, “I am with you always,” certainly hold true for these six women of faith!

**Connie Rotters Blake, MSN, RN, FCN**
*Memorial Health Care System*
*Chattanooga, Tennessee*

“Too often, people come together for a common experience, then go off in their own directions.”
Not Really Alone

Everyone feels lonely at times, but few of us are ever truly alone. However, one person who was truly alone came to Saint Francis Medical Center with a kidney ailment. He had no family.

The burly, 42-year-old patient had a very sad face. Just a brief conversation revealed that he was withdrawn and upset. Fortunately, Shauna Lewis, RN, was assigned to his care.

After the patient learned he would be transferred by ambulance to a different facility the following morning, he became upset because he had no clean clothes to wear when he was eventually discharged. Shauna listened compassionately to his concerns and learned that there was nobody to bring him clean clothes. “Nobody cares about me,” he said in a soft, sad voice. And, his birthday was just a few days away.

Shauna knew that she could be his friend, as well as his nurse. At the end of her 13-hour shift, she bundled up his black sweat pants and maroon T-shirt, which had seen better days. That night, she washed his clothes. She realized that he had no socks, so she added a pair of her husband’s white socks and brought the clean clothes back to the patient the next morning, on her day off. She also brought him some birthday presents: sugar-free candy and gum along with a book of word puzzles and a unique pen.

When Shauna presented the clothes and gifts, we watched with delight as the sad, downtrodden man smiled for the first time since he arrived in our unit. It was only some clean clothes, a book and some sweets, but Shauna actually gave him something much more important: she let him know that someone cared about him and he was not really alone.

Lisa A. Crouch, RN
Saint Francis Medical Center
Grand Island, Nebraska
“The sad, down-trodden man smiled for the first time since he arrived in our unit.”
How often I have heard these questions and statements from soldiers returning from Iraq:

“\textit{I killed innocent people.}”

“I did things I will not even describe. They are too horrible to recount.”

“I killed a young boy who had a machine gun. He knew not what he was doing. Why didn’t I disarm him instead of killing him?”

“My son was born when I was in Iraq, while I was killing innocent people. I can’t enjoy him. I can’t see him. All I can see are the people I killed.”

Then, they all ask, “Will God forgive me?”

What words can I possibly speak to soothe these troubled souls? The first time I heard such words, I cried. Here were innocents, young men and women — our children — who had been taught the ways of war and were suffering from that education.

Usually, I don’t say anything. I simply hold the sacredness of their intense pain and allow speech to flow from their trembling hearts. I wait for the sacred pause that comes when a soldier has completed his or her story. Usually, all of the people in our inpatient psychiatric unit who have been listening to the story are also hushed into silence. They, too, feel the sacredness of listening and holding the pain of another human being in their hearts.

I often break the silence saying, “Every one of us listening to you now feels sadness for what you are telling us. Am I correct?” All heads nod in affirmation as everyone identifies with the suffering they all know too well.
Then I say, “I cannot take this pain away from you, but let me remind you of the ‘just war’ theory.” After talking about the theory, I ask if the information is helpful. The soldiers usually say it is something they will ponder.

Then, I go back to the question of forgiveness. Each soldier can describe what forgiveness means to them: what it looks like, what it feels like, a time they have offered it to another and a time they have received it themselves. But, the truth of their reflection comes when I turn the question back to them: “Will God forgive you?” This is the moment when their faith speaks their truth. Though I sometimes feel I am holding my breath while waiting for a soldier’s response, I have not yet been disappointed by grace.

How sacred are these moments when we tend one another’s wounds, allowing mending and, by grace, bringing life anew.

Rev. Barbara Grear, DMin
Penrose-St. Francis Health Services
Colorado Springs, Colorado

“Here were innocents, young men and women — our children — who had been taught the ways of war and were suffering from that education.”
Heroes Among Us

Any birth is special, but for Mandilyn Stone, the birth of her twin boys at Jewish Hospital was an extra-special delivery. For Jewish Hospital, which had closed its obstetrics department in 1967, the twins would be the first babies born at the hospital in nearly 40 years.

Mrs. Stone, 34 weeks pregnant and diagnosed with a life-threatening heart condition, was flown to Jewish Hospital for an emergency Cesarean section and open-heart surgery to repair an aortic aneurysm. To provide life-saving surgery and care for the 29-year-old mother and her babies, Jewish Hospital, University Hospital and Norton Healthcare’s Kosair Children’s Hospital assembled an outstanding team of surgeons and caregivers in a matter of just one hour.

Two operating suites were set up at Jewish Hospital to handle the delivery and neonatal care of the babies. When the mother-to-be arrived, a University Hospital obstetrical surgical team was waiting to perform the high-risk delivery. Supporting that team was a neonatal team from Kosair Children’s Hospital.
The story of Mrs. Stone and her twins is a wonderful example of how Jewish Hospital and our partner health care systems in the Louisville Medical Center worked together to save the lives of these patients. It’s also a great example of living our mission and values, and of how our team members do truly purposeful work every day. We recognize that our team members are our greatest asset in the fulfillment of our mission and values.

Back home in Paducah, Mrs. Stone and her twins are doing very well, thanks to all of the heroes among us at Jewish Hospital and our partners in the Louisville Medical Center.

Timothy L. Jarm
Jewish Hospital
Louisville, Kentucky

“For Jewish Hospital, which had closed its obstetrics department in 1967, the twins would be the first babies born at the hospital in nearly 40 years.”
In the December-darkened room, the little girl shone brightly. With a mop of golden curls and a sunny smile, she looked like the Campbell’s Soup child. Her mother, barely out of her teens, was caring for her grandmother. The little girl was quiet, but I could see that the hospital room was not much fun for her. With her mother’s permission, I began to play with the four-year-old. We colored pictures or quietly read stories. Day by day, I came to know the child and her mother better. They lived with the grandmother and depended on her home and her wisdom. Her illness troubled them and uncertainty hovered nearby.

One afternoon, Santa came to visit the unit. With her mother’s permission, I took the child to see him. She was still with awe. I asked her if she would like to tell Santa what she wanted for Christmas, but she said no. “Would you like to tell me, and I can tell him?” I asked. She whispered in my ear, “A Dora the Explorer doll.”

Later, I told her mother what the child had asked for. Grimly, she said, “Santa doesn’t come to our house. Santa is just for those who have money.” Suddenly, I realized what kind of Christmas waited for this little family. It broke my heart.
I called a fellow chaplain to share my sadness. She said, “I have a Dora the Explorer doll under my tree at home. I bought it for a friend’s daughter, but my friend asked me please to not give it to her daughter, because she already has so many toys. I am going to call my husband right now and ask him to bring it here.”

That was how a little Christmas miracle happened. When the doll arrived, the other chaplain and I placed it under the Christmas tree on my unit. When all was ready, I took the child out to the tree. When she saw the doll, she gasped and said, “Santa listened to me! He really listened!”

There are many problems we cannot fix: broken families, miserable economics, shattered health. But we can all listen to each other, and perhaps that is the greatest gift of all.

**Betsy Kammerdiener**
*Memorial Health Care System*
*Chattanooga, Tennessee*

“I took the child out to the tree. When she saw the doll, she gasped and said, ‘Santa listened to me! He really listened!’”
I have met many patients and their caregivers in the 16 years I have served as a hospice social worker at Marymount Medical Center in London, Kentucky, and as an outreach counselor at Saint Joseph Hospital in Lexington, Kentucky. This year, I had the wonderful experience of serving as the chaplain for Saint Joseph Berea, and I continue to be amazed by family caregivers’ tenacity and perseverance as they care for their loved ones.

I met a lovely couple, Eva and Herman, on the medical/surgical unit. Herman has been bed-bound for several years after a stroke. I visited his hospital room, where Eva never left his side. She showed signs of stress and weariness, neglecting to realize that she needed respite. As she opened up to me, Eva talked of the family she and Herman had raised in rural Jackson County: 16 children in all! Nearly all of them continue to live near their parents. Eva spoke of the life they had shared, which included hardship and struggle. I realized the family had survived because they had each other.

I visited Eva and Herman’s home, meeting six of their children. While I was there, the faucet broke, and one daughter immediately began to fix it. Another helped prepare lunch. Others tended to the garden and yard. They had even built a pond outside their father’s window. I journeyed back to the hospital amazed by this special family and their love for each other.
Still, stress began to take a toll on Eva. One morning, I received a message that a patient wanted to see me. Eva was the patient this time, and she admitted that she needed to learn to receive help more often.

I have learned a lot from Eva and her family. Family caregivers are a rare breed: they are tough and resilient, and they bounce back from adversity. But they, too, need a shoulder to cry on, an arm to depend on and a hand to carry them that extra mile. May I, as a chaplain, always remember to give that helping hand when they are weary, an ear to their voices and a gentle heart to help them on their hard and sometimes lonely journeys. When I meet a family caregiver, may I always remember Hebrews 13:2, “Forget not to show love unto strangers; for thereby some have entertained angels unawares.”

Jeanie Lawson, LSW
Saint Joseph Berea
Berea, Kentucky

“She showed signs of stress and weariness, neglecting to realize that she needed respite.”
“Is this the plane to my aunt’s house?” the man shouted, asking once, twice, three and then 10 times. His voice was loud and disturbing, capturing the attention of everyone in the airport gate area. Without being asked, he told the airline gate agent that his name was Joey and he was going to his aunt’s house. The gate agent smiled and gently instructed Joey to take a seat and wait for the plane. This exchange continued repeatedly until boarding time.

Lean and somewhat short, with graying hair on his irregularly shaped head, Joey carried an old, well-worn doll named Princess. People were very nervous around Joey.

Moments before boarding, the agents consulted with each other in low tones. They decided to give Joey the last row of seats on the plane. He sat there, staring out the airplane window and repeating his mantra in a barely audible monotone. He looked alone and afraid. I chose the seat just in front of Joey.

The plane lifted off the runway and hit some turbulence. Joey screamed in fright. I went to him and held his hand. “Are we going to crash?” he cried out. “No, we are not going to crash. We are OK,” I said.

“Have you ever ridden in a boat that went over waves?” I asked.
“Yes!” Joey shouted. “The boat goes up over the wave and then comes down but remains in the water.”

“Well, we just hit an air wave,” I said. Joey was obviously relieved.

A few minutes later, he said, “I want to take a nap now, is that OK?”

“Sure,” I said. “You deserve a good nap.”

When I entered the terminal at our destination, Joey stood by baggage claim waiting for his aunt. He came over to me. “Thank you for helping me,” he said.

As I left the airport, I felt deeply moved and my tears began to flow. Like the disciples on the road to Emmaus, I had experienced the presence of God in a deep and profound way. Of all my many opportunities for ministry while on the road, I will fondly remember Joey gently rocking back and forth, holding Princess up to his aunt’s car window so the doll could see America’s heartland. I can hear him saying, “I’m going to my aunt’s house, and it’s OK.”

Carl Middleton
Catholic Health Initiatives
Denver, Colorado

“Lean and somewhat short, with graying hair on his irregularly shaped head, Joey carried an old, well-worn doll named Princess. People were very nervous around Joey.”
Her sister had just walked into her room in the intensive care unit when Amy woke up. Amy told her sister that she had gone a little distance away. Her sister asked, “Where were you, Amy?” Amy said that she had gone to meet their grandmother, who had died several years ago.

“Why are you here, Amy?” the grandmother asked. Amy told her, “I have come to get my candle.” Her grandmother replied, “It is not time yet.”

“Then,” Amy said, “Grandmother took me by the hand and led me to the Virgin Mary. Mary said I was safe now and led me back here.”

This is the story of how Amy and her family reminded us about faith, hope and miracles. She was brought to the emergency department at St. Clare Hospital with both of her lungs collapsed. She was only 40 years old. It was not known how long she had been without sufficient oxygen. After more than a week in intensive care, she was unresponsive. Neurologists examined her. The words “brain dead” and “persistent vegetative state” began to be used.

Through it all, Amy’s mother held tenaciously to her faith and hope that all would be well. She prayed constantly and confidently. So did others. Staff from all over the hospital knew of Amy’s condition and their hearts went out in compassion to her and her family.
Amy’s condition went unchanged for many more days. Some held tight to their hope for her recovery. A housekeeper told us that as she stood at the door of Amy’s room, praying for her, she saw an angel at Amy’s bedside. The angel, she said, bent and kissed Amy on the forehead. Another staff member said that she prayed at Amy’s bedside and was overcome with a feeling of assurance that Amy was going to be all right.

One day, when Amy’s mother felt how cold Amy’s legs were, she began massaging them and praying a mother’s prayer: “Take my warmth, take my life....” Then, she cradled Amy in her arms and prayed again. That was when Amy’s sister walked into the room, and Amy woke up.

Prayer and care had healed our patient. Amy and her family reminded us of the integral relationship of spirit and body in healing.

David Rapp
Bonnie Bair
St. Clare Hospital
Lakewood, Washington

“A housekeeper told us that as she stood at the door of Amy’s room, praying for her, she saw an angel at Amy’s bedside. The angel, she said, bent and kissed Amy on the forehead.”
Summer is the busiest time of the year in Durango. The tourist season fills the hotels and campgrounds, and there are always a number of folks from out of state admitted to the hospital. A few of our patients are from other countries, and Evelyn was one of these. She was hit by a car while riding her bike downtown.

Evelyn was a young Chinese college student on break from her studies in London for the summer. She had worked at a Girl Scout camp in Colorado to earn money to travel through the western U.S. Her first stop was Durango, where she rented a bike and planned to ride to Mesa Verde National Park. The bike shop staff tried to discourage her — from Durango, it’s a 60-mile ride to the park, plus a 20-mile, uphill climb to the Visitor Center — but Evelyn was determined to go. She didn’t get very far that day.

After being struck by the car, Evelyn had a number of abrasions and a broken jaw that required wiring. I was the social worker on duty the day after her accident. I thought about where she could stay while she recovered — her family was in China, and she had no friends in Colorado.

I didn’t plan on an angel named Tom. Evelyn’s accident occurred in front of a restaurant owned by Tom’s wife, and he was the first person on the scene. Tom called me, wanting to know how Evelyn was. After she was awake enough to converse with me (she spoke perfect English, and we wrote back and forth on a dry erase board), she signed a release allowing me to speak freely with Tom about her condition.
Tom and his wife came to the hospital to visit Evelyn almost daily — they were more involved than some of the families of our local patients! They offered to house Evelyn and transport her to and from her follow-up appointments with the oral surgeon. Soon, she was discharged from the hospital with a solid aftercare plan in place.

The following month, Tom called frequently to update me on Evelyn’s condition. The evening before she flew back to London, I saw Evelyn and Tom at a local coffee house. She gave me a huge hug and profuse thanks for all the support and assistance she’d received in the hospital. Then, she told me about all of the wonderful places Tom and his wife had taken her as soon as she began to feel better. They drove to Mesa Verde, went to Pagosa Springs to soak in the famous hot springs and went to an outdoor music festival. The list went on and on! It made my heart swell with gratitude and pride for the generosity of Tom and his wife and for the generous, giving spirit that pervades our small community.

Mindy Stern, MSW, LCSW
Mercy Regional Medical Center
Durango, Colorado

“I didn’t plan on an angel named Tom.”