Table of Contents

Foreword ............................................... 2

The Importance of Touch ......................... 4
  Good Samaritan Hospital, Cincinnati, Ohio

Breaking the Rules ............................. 6
  Saint Francis Medical Center, Grand Island, Nebraska

Lights for Robert .............................. 8
  Mercy Medical Center, Williston, North Dakota

Holding God’s Hand .......................... 10
  Good Samaritan Health Center, Merrill, Wisconsin

Answered Prayers ............................. 12
  Good Samaritan Health Systems, Kearney, Nebraska

The House That Love Built .................... 14
  St. Vincent Health System, Little Rock, Arkansas

A Gift to the Living .......................... 16
  St. Camillus Place, Little Falls, Minnesota

Being Where God Calls Us .................... 18
  Memorial Health Care System, Chattanooga, Tennessee

The Gift ........................................... 20
  Mercy Medical Center, Roseburg, Oregon

Above and Beyond ........................... 22
  St. Anthony Central Hospital, Denver, Colorado

Good Medicine and Faith ..................... 24
  St. John’s Regional Medical Center, Joplin, Missouri

There Are No Words to Describe that Moment ........................................ 26
  St. Vincent Health System, Little Rock, Arkansas

Someone Notices and Cares .................... 28
  Catholic Health Initiatives, Denver, Colorado

The Rose ........................................... 29
  Mercy Medical Center, Roseburg, Oregon

How Can I Not Do This? ..................... 30
  Riveredge Hosp ice, St Francis Medical Center, Breckenridge, Minnesota

A Place of Miracles .......................... 32
  St. Elizabeth Health Services, Baker City, Oregon

Deb and Joan ..................................... 34
  St. Mary’s Healthcare Center, Pierre, South Dakota

True Meanings .................................. 36
  Memorial Home Health, Chattanooga, Tennessee

Disappointed to Be Saved ..................... 38
  Bergen Mercy Medical Center/Alegent Health, Omaha, Nebraska

Frequent Flyers ................................ 39
  Flaget Memorial Hospital, Bardstown, Kentucky

A Donation ....................................... 40
  Mercy Medical Center, Nampa, Idaho

Living Life to the Fullest .................... 42
  Penrose Hospital, Colorado Springs, Colorado

Guardian Angels Are Alive and Well .......... 44
  Flaget Memorial Hospital, Bardstown, Kentucky

“The Little Nun” ................................ 46
  Saint Elizabeth Health Systems, Lincoln, Nebraska

Care for the Whole Person .................... 48
  Mercy Medical Center, Nampa, Idaho

Heaven’s Work .................................. 50
  Saint Joseph HealthCare, Lexington, Kentucky

Spiritual Support .............................. 52
  St. Anthony Hospitals, Denver, Colorado

Little Joe .......................................... 54
  Saint Joseph HealthCare, Lexington, Kentucky

Life and Nature .................................. 56
  Memorial North Park, Chattanooga, Tennessee

Room 14 .......................................... 58
  Bethesda North Hospital, Cincinnati, Ohio

Living the Mission ............................ 60
  St. Joseph Assisted Living Center, Reading, Pennsylvania

Her Dying Wish ................................ 62
  St. Joseph Medical Center, Tacoma, Washington

No Generation Gap ............................. 64
  Good Samaritan Health Systems, Kearney, Nebraska

Gold Dust ......................................... 65
  Our Lady of the Way Hospital, Martin, Kentucky

Acceptance ....................................... 66
  Flaget Memorial Hospital, Bardstown, Kentucky

The Lady in 204 ................................ 68
  Holy Rosary Medical Center, Ontario, Oregon

Holding His Granddaughter .................... 69
  St. Vincent Health System, Little Rock, Arkansas

What the Labyrinth Taught Me ............... 70
  Penrose-St. Francis Health Services, Colorado Springs, Colorado

Picture Prayers ................................ 72
  Mercy Medical Center, Des Moines, Iowa

One Last Kiss .................................. 74
  St. Joseph’s Hospital and Health Center, Dickinson, North Dakota
Sacred Stories
Fourth Edition
Catholic Health Initiatives is pleased to present this fourth edition of *Sacred Stories*. This way of sharing the lived spirituality of those who care for our patients, residents and communities has become a recognized hallmark of Catholic Health Initiatives. Our culture is one that encourages our people to express what gives meaning to their personal life and to their professional work. We are truly proud of how their stories reveal the faith and dedication they bring to our daily provision of health care services.

The distinctive culture of Catholic Health Initiatives has recognizable attributes, rooted in a spirituality of reverence, integrity, compassion and excellence. On page after page, the reader can sense these attributes, for example: the humility and heartfelt care that permeate our relationships with others; a profound accountability for quality; an openness to grow as a learning organization; and respect for a diversity of people and points of view.
When these stories are retold as reflection for private reading and for prayer services, each story becomes a blessing. A blessing is an acknowledgment of the presence of God in our midst, accompanied by an unleashing of healing power for everyone involved. In that sense, every volume of Sacred Stories is truly a book of blessings.

As the ministry journey of Catholic Health Initiatives continues to unfold beyond our formative years, may we always be remembered for the blessing we have been to each other and to those we serve.
Until recently, I never realized how important a touch could be to me and to others. As a nurse, it is permitted, encouraged and accepted for me to touch a total stranger. In few other professions is this acceptable, and I have grown to take it for granted over the years.

During the past year, my friend’s father became sick with lung cancer and was hospitalized many times on my unit. As we watched him deteriorate, his loving and happy spirit faded but never gave up. During one of his last hospital stays, he needed to go to the intensive care unit. I was at his bedside but not really able to assist; the only thing I knew to do was whisper in his ear that I was there and to hold his hand during his transport.

He recovered from that incident only to return to my unit. He told me how much my holding his hand meant to him; that he felt he was slipping away, but holding my hand helped him hold on to life. We both had tears in our eyes.

He died this past spring, but not without reminding me why I do what I do. Nurses have the ability and power to affect so many lives every day, sometimes with something as small as the touch of a hand.

Pam Smith, RN  
Good Samaritan Hospital  
Cincinnati, Ohio
“The only thing I knew to do was whisper in his ear that I was there and to hold his hand during his transport.”
Each time someone opened the courtyard door, Abigail tried to use her girth to push her way in. She knew her master was inside, and she seemed to sense that he was hurt and needed her.

We don’t usually allow dogs into the hospital, let alone the intensive care unit, but Cheryl Klausen, the unit director, knew this was a time to bend the rules.

When Abigail’s master, a 78-year-old man, was involved in an automobile accident 400 miles from home, the 60-pound basset hound, his sole traveling companion, ran away—assuming the movements of an overweight dog with stubby legs can be considered running.

A local resident found a tired and frightened Abigail shortly after the accident and located her master, who was in our intensive care unit, through a telephone number on her license tag. She called and asked us to assure our patient that the runaway dog was okay, but Cheryl decided a reunion would help our patient and probably Abigail, too. The woman who found Abigail agreed to bring her to the hospital and to care for her until her master recovered.

When at last we opened the hospital courtyard door, Abigail sensed the presence of her master and began waddling toward his room, completely ignoring the sights, sounds and smells of the intensive care unit. A nurse placed a chair next to the patient’s bed and
several staff members lifted Abigail up to see him. As we looked on with smiles and tears, Abigail licked his hand while he tried to pet her head. I thought about the special bond that joined them and wondered who was comforting whom.

We wondered what force told us to break the rules to reunite this man with his treasured pet, then allowed us to share in their simple, joyous reunion.

Bob Bonnell
Saint Francis Medical Center
Grand Island, Nebraska

“She called and asked us to assure our patient that the runaway dog was okay, but Cheryl decided a reunion would help our patient and probably the dog, too.”
The glorious Christmas holiday was approaching. I was the charge nurse on a medical/surgical unit during a particularly challenging shift. Two team members approached me, and upon hearing what they had to say I understood why their facial expressions told a story of sadness.

We had a pediatric patient, Robert, with numerous congenital anomalies. He was gravely ill and could not talk, but his smile and bright eyes rewarded our caring efforts and strengthened the bond we developed with him. We had strung Christmas lights around his room, and the soft glow and twinkle of the bulbs made him smile. However, the safety committee requested that the lights be removed according to policy.

The nursing team and I discussed the situation with Robert’s mother and decided to ask our chief executive officer for permission to keep the lights. When I explained the situation and promised that we would have maintenance staff check the plugs and cords, he did not hesitate to give permission.
Robert’s family and the nursing team were ecstatic when they heard the news. Our hospital uses “applause cards” to recognize individuals who make extra efforts to meet patient needs. When I suggested we send one to our chief executive officer, the nursing team was in complete agreement.

We sent the applause card to thank our chief executive for making a precious little boy’s Christmas special. Later, the chief executive told me it was the first time he had received an applause card, and it brought tears to his eyes and joy to his heart.

That was Robert’s last Christmas here on Earth. The joy he brought to his family and the nursing team who loved him will never be forgotten, nor will the impact he had on a chief executive officer. Mission-driven holistic patient care is truly a collaborative effort.

TAMI SOLBERG
Mercy Medical Center
Williston, North Dakota

“We had strung Christmas lights around his room, and the soft glow and twinkle of the bulbs made him smile.”
Holding God’s Hand

It was a rare uneventful morning on the medical/surgical unit. At about 9:00 am, I was told I would get an admission from the emergency department: an 80-year-old man with a gastrointestinal bleed. Well, so much for the uneventful morning.

Upon his arrival, the patient received four units of blood and IV fluids at a wide open rate. It was one of those times when things seemed to be going out as fast as we put them in. We notified the patient’s wife that his condition was grave. The patient was very agitated and frightened. We increased his oxygen, gave him medication and did all we could to make him comfortable, but nothing seemed to work.

We contacted the patient’s minister and he came right over. When the minister entered the room, I was busy hanging a new bag of IV fluids. The patient seemed to recognize the minister, but was still anxious and unsettled. After the minister greeted the patient, he began the Lord’s prayer. The patient attempted to fold his hands to pray, but was just too weak. I stopped what I was doing and held his hand. The minister held the patient’s other hand. We stood together and prayed, with the patient able to get out just a few words.
As the prayer ended, I noticed a change in my patient. He was calmer and more at peace. It was as if we had given him a sedative, yet I knew that this was something more. His peacefulness communicated that no matter what happened, he was going to be okay. He seemed to have renewed strength to face coming challenges, knowing that he was not facing them alone. It was as if God was the one who took his hand.

I have been in several patients’ rooms when a prayer was said, but I never felt the presence of God like I did that day. What made it different? Was it this particular patient or this particular minister? Was it that I stopped and shared in the prayer, or simply that I was aware this time? The patient’s bleeding eventually stopped and we were able to stabilize him. The rest of that day I continued to feel the Lord’s presence, because He held my hand, too.

Cindy Lezotte, RN
Good Samaritan Health Center
Merrill, Wisconsin

“He was calmer and more at peace. It was as if we had given him a sedative, yet I knew that this was something more.”
Do you believe in God? Do miracles really happen? Let me tell you my story, then you decide.

Twenty-five years ago, I was pregnant with my third child. We had two healthy girls at home, so I hoped to have a baby boy. When I was 21 weeks pregnant I began to have problems. My water broke, and two weeks later I began to bleed. The chances of having a healthy baby dwindled, and I began to be less concerned about the gender of my baby and more concerned about whether I would have a live baby.

I spent several days in the hospital, and all the doctors and nurses were optimistic and hopeful. After seven weeks of bed rest, I went into labor and our third baby girl was born. She was tiny but alive, and our doctor called a pediatrician in Kearney for consultation. They agreed that the pediatrician would come to our small hospital and transfer our baby to the intensive care nursery at Good Samaritan in Kearney.

Several hours later, the pediatrician called to say they had safely arrived in Kearney, but our baby was very sick. She had pneumonia and the pediatrician thought they would place her on a ventilator soon. I asked if they would have her baptized and he told me that she was baptized as soon as she arrived at Good Samaritan. I knew that she was in God’s hands and under the best care in this area.
At 3:30 am, the phone rang. I knew it was the pediatrician calling from Kearney and I didn’t want to answer, fearing bad news. But I picked up the phone and I remember the exact conversation.

"Were you awake and saying your prayers?" said the pediatrician.

"Yes," I said. "Well, your prayers have been answered," he said.

"Two hours ago your baby was very sick and the X-rays told me she had pneumonia. Now, her lungs are clear. I had them take another picture of her lungs to be sure, but the pneumonia is gone. I think she is going to be okay."

He was right. She grew up to be a beautiful young woman and chose to become a teacher of small children. Every child is special, but I was given a miracle.

Cathy Pesek, RN
Good Samaritan Health Systems
Kearney, Nebraska

“The chances of having a healthy baby dwindled, and I began to be less concerned about the gender of my baby and more concerned about whether I would have a live baby.”
Charles got bad news today,” said Mary, the cancer center nursing director. “His leukemia is not responding to therapy and we’ve run out of options. Please go in and talk with him. His greatest concern is his family: he’s worried that he will never finish the house.”

Charles, who was a favorite patient, had been coming in for chemotherapy for several months. He was a mail carrier, father of four small children and a beloved member of his community and church. His caring manner and sense of humor endeared him to everyone. He would tell us about the progress he was making on the home he was building for his family.

We had helped Charles with medical care, prescription drug expenses and an application for disability. We had provided counseling and support through the long hours of treatment. But the thought of the unfinished house broke our hearts. One day, Mary asked a question that challenged our perspectives of ourselves and our jobs. “Why can’t we finish building the house for him?” she asked. We could think of a lot of reasons, but none of them were good enough to discourage us from trying.

So the work began. A radio station agreed to broadcast our request for materials and workers. A television station offered to air the story. We got calls from electricians, plumbers, carpenters and folks with no special skill other than the ability to hold a paintbrush or steady a ladder. A lumber company offered to provide the rest of the lumber and materials we needed. It was an incredible outpouring of love.

Within weeks, the house was finished. Because Charles was too weak to leave the hospital, he got a “virtual tour” of his dream home courtesy of the television station that had followed our progress. He died peacefully a few weeks later.
These events happened in 1980, when Sister Margaret Vincent Blandford was president and chief executive officer of St. Vincent. We later learned that Sister Margaret Vincent quietly mobilized the resources necessary to complete Charles’ house. She always encouraged us to ask, “Why not? Why not try to be more than you think you can be? Why not attempt the extraordinary?” Through the years, St. Vincent employees have been empowered by this amazing woman’s legacy. Whether responding to our community after a crippling tornado or sharing in the quiet grief of parents after a stillbirth, we have learned that we are more than our limitations. Sister Margaret Vincent taught us that we can be powerful forces for good in a hurting world.

**Susan Henry**  
*St. Vincent Health System*  
*Little Rock, Arkansas*

“‘Why can’t we finish building the house for him?’ she asked. We could think of a lot of reasons, but none of them were good enough to discourage us from trying.”
A Gift to the Living

is name was Joe. He was a man of no worldly means and made no great contributions to society — yet, he was an equal in the human experience and gave something to those who gave him a chance.

Joe was a resident of St. Camillus Place since the facility opened its doors in 1984. I had the pleasure of working with Joe for almost 13 years. He was very thin and dark-haired with big brown eyes and a wide, toothless grin. Joe was non-verbal and profoundly mentally retarded but communicated his wants and needs with the twinkle in his eye and, sometimes, loud vocalizations.

Joe suffered many years of hardship during a life spent in institutions. In his later years, Joe developed Parkinson’s Disease, which left him in need of a wheelchair for mobility. Later, he needed a feeding tube due to many bouts with aspiration pneumonia and esophagitis.

Like many of the residents at St. Camillus Place, it took a while to get to know Joe, but then he owned your heart with his expressions and ways. Joe loved polka music, comfortable clothing, satin sheets on his bed, desserts of any kind (while he could still eat) and definitely preferred some persons more than others.

Joe had a bout with pneumonia in April 2002, and we all knew that this time it was different. After a few days in the hospital, Joe did not improve. His physician called a meeting to discuss a do not resuscitate order for Joe, which stirred everyone’s emotions. The physician, who had served Joe graciously for 18 years, had tears in his eyes. Joe was suffering, and his kidneys had begun to fail.
The ethics committee at St. Gabriel’s Hospital met to discuss Joe’s end-of-life care. Though his suffering was evident, it was difficult to advocate for Joe’s death. For four days, staff members stayed with Joe on their own time, around the clock, to ensure that he would not be alone when he passed. Until the very end, Joe would open his eyes and extend his hand when a voice he recognized (and preferred) walked into his room.

Joe died on a beautiful spring afternoon, as peacefully as he could, with me and two other staff members reciting the Our Father as he slipped away. As difficult as it was to let go, it was peaceful and beautiful. Joe, who had no one to claim in this world, was loved and not alone. I learned that end-of-life care is a gift to the living — a chance to say goodbye, let go of worldly hope and pray for God’s grace.

Barb Miller
St. Camillus Place
Little Falls, Minnesota

“Like many of the residents at St. Camillus Place, it took a while to get to know Joe, but then he owned your heart with his expressions and ways.”
In the Gospels, it often "happened" that Jesus was in a certain place or a person came to him at a certain time. In my daily ministry at Memorial Health Care System, I am amazed at how I am brought into contact with people in need at any given moment.

Recently, two women came to my office seeking a brown scapular, but not knowing what a scapular was. They explained they were not Catholic but their mother, who was in critical condition, was. The mother’s two sisters, who were members of a religious congregation in another city, had told the daughters to get a brown scapular for their mother. After explaining the origin and meaning of the scapular, I offered to give one to them. We went to the intensive care unit to pin the scapular to the patient’s gown, and I offered a prayer for her and her family.

The chaplain had arranged the Sacrament of Anointing for the patient a couple of days earlier. It "happened" that the celebration of the sacrament took place during one of the few moments of awareness she had since her surgery.

I was out of town for the next few days. On my return, it "happened" that I passed by the intensive care unit during visiting hours and saw the family gathered outside. I asked how things were going and learned that the patient was dying. They asked if I could get a priest. As we walked to the unit, one of the daughters said she hoped they had done everything medically and religiously that they could for their mother. I assured her that I felt she had.
The patient’s spouse, four daughters, one son, their spouses and some grandchildren gathered at her bedside for the prayers of the dying. They said their goodbyes and expressed their love amid many tears. As I stood with them, I had a deeper sense of what it means to be where God calls us at any given moment. It was a powerful moment of grace as I listened to the stories of this 84-year-old woman as a vibrant, energetic, faith-filled woman who loved her family. The previous week, she had canned 400 jars of green beans and was waiting for her family to harvest the tomatoes when she had a heart attack.

Every day, I experience how God walks with me and opens me to moments of grace as I nurture the healing ministry of Christ.

Judy Raley, SCN
Memorial Health Care System
Chattanooga, Tennessee

“As I stood with them, I had a deeper sense of what it means to be where God calls us at any given moment.”
The Gift

t all started with an e-mail reminding employees in behavioral health that we had decided to sponsor a family for Christmas. Someone suggested that we see if someone in our own ranks needed assistance. We made a unanimous decision to sponsor Sharon, a single mom who had battled cancer, which had resulted in major out-of-pocket expenses, and had a car that continually broke down. In spite of these challenges, she came to work cheerfully, cared deeply about her work and laughed with co-workers.

One co-worker donated a car that just needed a new clutch. Another co-worker volunteered to fix the clutch, and the rest of the employees raised money to pay for the repairs. The car received a new hatch latch, seat, steering wheel cover and clutch. A local business donated new tires, which left us an extra $1,000.

Sharon came to work on Christmas Eve. We told her there was a team meeting outside. When she walked out the front door the staff parted to make a path. There sat the car with a red bow on it. A co-worker said, "Here, it’s yours," and handed Sharon the car keys. She looked bewildered. "Go ahead, give it a spin," we said. She put the key in the door and opened it. She looked at the crowd again. "It’s yours!" we laughed and called. "Oh, you guys," was all she could say as tears streamed down her face. Then, she found a Christmas gift bag on the seat of the car, filled with $1,000 cash.

The staff in behavioral health combined to do what an individual could not. What we were able to do for Sharon is an example of what we do each and every day to serve in the spirit and mission of our organization.

Pam Wagner
Mercy Medical Center
Roseburg, Oregon
“Someone suggested that we see if someone in our own ranks needed assistance.”
I try hard not to toot a chaplain’s horn in public, so forgive me this time around. I have an 87-year-old dad and an 83-year-old mom who live in Sherman, Illinois — just outside Springfield in “Land of Lincoln” country. My parents are in reasonably good health for their ages and live in a nice duplex in a retirement community that is close to my sister and brother-in-law. It is difficult for me to imagine what someone else’s parents — similar to mine in age — went through in the following story.

A couple from upstate New York was traveling to Utah to live with their son. However, after hitting a patch of black ice and crashing their car late one evening, they were taken to the emergency department at St. Anthony Central Hospital. They had sold their home and carried all their possessions in the car and in a trailer. The car was destroyed and the trailer damaged in the accident. The couple’s clothing had to be cut off in the emergency department as the excellent staff tried to determine the extent of their injuries. The couple was fortunate and sustained only bumps and bruises, aches and pains.

A nurse in the emergency department called the chaplain on night duty. The chaplain found some clothes for the couple in the thrift shop. He found a hotel for them to stay in when they were released after midnight, and a place to get their prescriptions filled. He arranged with a rental company to reserve a van for the next day; he arranged to pack the van with what was salvageable from the trailer; he called the couple’s son in Salt Lake City to explain their delay.
I heard that this husband and wife were in tears when they left the hospital to go to their hotel — tears of joy for how well they had been treated by the emergency department staff and by the chaplain. I thought about my own parents and how glad I would be if they were in similar circumstances and received such good care. I recalled many other stories about our chaplains that have been recounted to me during the past few years, and I felt compelled to share this story. Chaplain Brad Beall served above and beyond the call of duty.

Bob Eaton
St. Anthony Central Hospital
Denver, Colorado

“I try hard not to toot a chaplain’s horn in public, so forgive me this time around.”
It was a beautiful Thursday in May 2001. My husband, Ken, and I met after the end of my shift to walk the track, a normal routine for us. During the course of our walk he complained of feeling “puny,” a word no longer allowed in our house. We went home, ate leftovers and went to bed early. Around 11:00 pm, he woke me up and said he had some indigestion and didn’t feel well. Moments later he had a seizure, after which I could find no pulse or respiration.

With just the two of us home, the nurse in me kicked in. I began cardiopulmonary resuscitation and called 911. The ambulance arrived and I followed it to the hospital, praying all the way. When I arrived, I was told he had had a massive heart attack, was on a ventilator and was being prepared for the catheterization laboratory. After he had three stents placed, he remained on the ventilator and his prognosis looked grim.

Our three children arrived early Friday morning. My staff requested a prayer service that afternoon in the hospital’s chapel. Many familiar faces lined the pews. A chaplain led us all in prayer for Ken.

“I believe that he would not be here today but for the grace of God and the power of all that prayer.”
Friday night was touch and go for Ken, but before another 24 hours elapsed he began to rally and was removed from the ventilator. So began his recovery. The outpouring of prayer from those around us was awesome.

Today Ken is back at work, mowing the lawn, walking the track and performing his "honey-do" tasks. We enjoy every minute of our life together and try not to take anything for granted. I believe that he would not be here today but for the grace of God and the power of all that prayer. We feel truly blessed and humble. Although good medicine was available, it did not work alone. It worked along with the faith of all the people who prayed.

Terry Holman, RN
St. John’s Regional Medical Center
Joplin, Missouri
Early that Monday morning, an ex-Marine, just back from a stint in the Philippines, was traveling with his wife, their three-year-old daughter and infant son. They were riding in a rental truck on Interstate 40 near Morrilton, Arkansas. They were moving from his uncle’s residence in Oklahoma to that of another family member in North Carolina for a couple of weeks until they could get on their feet. They would turn in the truck the next day in order to save a few dollars, so they had traveled all night. The young mother, who had been a medical doctor in the Philippines, had just taken her little son out of his car seat to breastfeed him.

Then, the unthinkable happened: a terrible accident. Miraculously, father, mother and daughter were okay. However, the little son, though he had just a scratch or two, received an injury to his head that took his life.

The closest hospital was St. Anthony Health Care Center of Morrilton. A group of ministers from the community serve as volunteer chaplains, called pastoral associates. The pastoral associate on duty that day was Mickey Burleson, a minister at the Downtown Church of Christ. When the beeper sounded at that early hour, he knew that what he was about to experience would be stressful. He drew comfort from knowing he had been trained to be a calming source of strength and hope to the family on the other side of that beeper.

That morning, however, he found no words to say. He could offer only silent prayer and the ministry of presence to the family as they grieved their loss. The young Islamic mother drew strength from her religion. However, she recalled that her parents had warned her not to come to America. What would they say now? The father, a Christian, also held tightly to his faith as he struggled with questions that had no answers.
Mickey made arrangements: a motel room, food, clothing, shoes, a toy, a phone card, money, prayers for strength and hope, an appointment with the funeral director. His pick-up truck was the coach that took the family to the funeral home.

There are no words to describe the moment — an eternity of sorrow — when the funeral director brought the lifeless body of the little one into the room and into the arms of his desperate mother and father. A nurse had earlier stuffed a few dollars into the hand of the funeral director so the baby would have a “Sunday outfit” to wear. Mother and father mourned and wept.

As the parents thanked him, Mickey thought to himself, “The opportunity to serve, to share, to offer hope and help is our calling.” He wanted this family to remember Morrilton not just as the place where their son died, but as a place where people loved them, helped them and offered them hope for another day. Then, he went home to hold and love his family as never before.

Al Henager
St. Vincent Health System
Little Rock, Arkansas

“He drew comfort from knowing he had been trained to be a calming source of strength and hope to the family on the other side of that beeper.”
My job as president and chief executive officer of Catholic Health Initiatives requires a great deal of travel. While it has become second nature over time, there are days when I’m wearied by the travel experience. I had one of those days in the summer of 2002 when I returned to the Denver office on a Friday afternoon after several days of travel across the country. I felt the fatigue. Unfortunately, I also looked very tired. Robin Burrows, an associate in the Denver office who was working at the reception desk, asked how I was. I responded that I was tired and she remarked that I looked weary. I agreed with her assessment and then moved on to my own office.

At about five o’clock, as I was working at my computer, there was a small knock on my office door. I turned around and Robin was standing there. She asked if I needed anything and if I was going to be going home soon. I answered that it would be an hour or so and wished her a pleasant weekend. She responded by saying that I looked like I needed a hug. She asked if she might hug me. I said “Sure,” and she proceeded to cross the office and wrap me in a wonderfully warm hug on that late summer afternoon.

On that Friday, I was beat. I felt it and I looked it. It touched me deeply that an associate was so observant and thoughtful that she sought me out to provide comfort, to let me know that someone did notice and did care. Robin certainly displayed Catholic Health Initiatives’ core value of compassion, and this chief executive officer certainly appreciated it.

Patricia A. Cahill, Esq.
Catholic Health Initiatives
Denver, Colorado

“It touched me deeply that an associate would be so observant and thoughtful that she sought me out to provide comfort, to let me know that someone did notice and did care.”
Linus Oakes Retirement Center is home to 150 seniors who live independently but receive a variety of services and support. Making the transition to this lifestyle can be satisfying, but it can also be exasperating.

A couple who were newcomers to our facility received a rose bush as a gift for their 50th wedding anniversary. One of our landscape crew members, Dave, planted the bush where the couple could enjoy its beauty from their kitchen window. Sadly, the rose bush was damaged when some chemicals were sprayed nearby.

Dave had purchased the same type of rose bush a month before to plant in his own yard. Without a second thought, he replaced the sick rose bush with his own.

In our retirement community, every person is responsible for demonstrating the values we espouse. On that day, Dave was the keeper of our mission and provided a living example of reverence, integrity, compassion and excellence.

Anita Allen
Mercy Medical Center
Roseburg, Oregon

“Without a second thought, he replaced the sick rose bush with his own.”
I have worked in hospice for more than 11 years and am frequently asked, "How can you do this day after day?" I answer, "I hope that my helping people who will die, with or without my care, makes the process a little easier for them and their families."

I could ask those who question me, "How can you not do this?" My work has taught me many lessons over the years. No one can work with hospice and not believe in God, heaven, angels or miracles.

I will always remember a patient who asked that we "give that man sitting in the corner a cup of coffee - he's been sitting there all day and must be thirsty." We couldn’t see anyone, but the patient could and was comforted by "that man's" presence. There was also the time I was driving to a man whose family was concerned that he was dying. My radio was blasting a rock song, when suddenly the Lord’s Prayer popped into my head. I looked at the time: 12:33. When I arrived, the man's wife told me that her husband had died at 12:33.

Another lasting memory is the family who taught me not to be judgmental. I cared for the patient for almost two years and he had many children, but none of them came home very often. I told my coworkers how thoughtless and self-centered these kids must be because they did not visit their father or help their mother. At the funeral, I told one of the sons how much I enjoyed caring for his father and about the discussions and hugs we had shared. Tearing up, the son said, "I wish I had memories like that. He was such a bastard while we were growing up that we couldn’t wait to leave. I didn’t even want to come for this, but I thought it would be nice to see him dead. I wish I would have known him now. The only time he touched us when we were kids was to hit us."

How Can I Not Do This?
There was the man who knew he was dying and bought gold watches for his children’s graduations. He knew he would not see them graduate, but wanted them to know that he loved them and was proud of them. And the woman who crocheted baptismal gowns for each of her grandchildren to use for their own children, plus a few extra “in case someone decides to have more kids. I want them to know that I would have loved them, too.”

When my daughter was six, she was asked, “What does your Mommy do?” She replied, “Go to funerals.” How can I do this day after day…how can I not?

Michelle Eberhardt, RN
Riveredge Hospice
St Francis Medical Center
Breckenridge, Minnesota

“No one can work with hospice and not believe in God, heaven, angels or miracles.”
his morning, while searching through the New Testament for a certain verse, I rediscovered the miracles recorded in the Gospels. From turning water into wine to catching fish after the resurrection, it amazed me that all the miracles revealed a side of Jesus and of God that people were not expecting to see. I found myself wishing that I could have been there to see those miraculous events – to taste the loaves and fishes, to speak to the blind man rejoicing in his new-found sight, and to celebrate with the mother whose son was no longer dead. I suddenly felt sad that these miracles no longer happen.

But is the age of miracles in the past? Isn’t it a miracle to work in a place where people greet you by name every morning and share their smiles with you; where your coworkers give their support without expecting anything in return; where you are allowed to let tears flow; and where your friends cry with you?

Isn’t it a miracle to have a nurse take a moment of her time to give you a hug as if to say, “You may be having a tough time, but you are still important to me?” Doesn’t it fit Webster’s definition of a “wonder” when employees contribute thousands of dollars to the Employee Assistance Fund so a coworker can make it through some difficult months?

Who can deny that a miracle develops before your eyes when someone walks up and says, “I am praying for you?” And isn’t it a miracle that no one is amazed when the prayer is answered?

Jesus healed a lame man, but the other day I watched as a man stood up from his wheelchair and walked out of the hospital with his family at his side. Jesus healed the blind man of Bethsaida, but I have spoken with those whose sight was restored after laser surgery.
Jesus raised the dead, but I have seen people brought back from the brink of death through medical science and a caring staff. In Matthew 9, Jesus was “moved with compassion,” but I have seen compassion in the eyes and acts of a hundred health care providers.

I sense that I am in the midst of miracles. I almost feel that, like Moses, I need to take off my shoes, for I am truly on holy ground. I have been touched by the spirit of miracles, and it has left me a changed person. Have you been touched as well?

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

“Isn’t it a miracle to work in a place where people greet you by name every morning and share their smiles with you?”
I believe the healing ministry of Christ is alive at St. Mary’s and is practiced quietly, as Christ would do.

James is a precious little boy who was born into a rough home. His first four months were hell on earth. When he came to St. Mary’s he was dehydrated, with cigarette burns covering his little body. He was brought here for physical help, but what he got was so much more.

His story touched the heart of Deb Bakeberg, who works in transcription. She volunteered to sit and rock him in the evening. So did several other staff members at St. Mary’s who didn’t want James to be alone. They wanted him to experience what every child should have and what he had very little of in his short life — being rocked to sleep in a gentle and caring environment.

Along with Joan Hahn, one of the medical/surgical nurses, Deb realized that James had no blanket of his own. Deb and Joan are avid quilters and they agreed that if Deb bought the material, Joan would make him a quilt. So, before James went to stay with foster parents, he got his very own hand-made quilt. Just before he left, he rewarded his friends at St. Mary’s with a big smile — his first smile in the five days he was here. I believe God works through people like Deb and Joan to help those who hurt the most.

DALTON HUBER
St. Mary’s Healthcare Center
Pierre, South Dakota
“They wanted him to experience what every child should have and what he had very little of in his short life — being rocked to sleep in a gentle and caring environment.”
Webster defines the word dedication as "the act of binding oneself to a course of action" and the word devotion as "selfless affection and dedication to a person or principle." However, I was recently able to understand the true meaning of these words.

The patient is a 105-year-old woman who had recently been hospitalized with congestive heart failure and acute renal failure. Some days she is completely oriented and alert, and other days she is lethargic and disoriented. Her caregiver, who is her daughter, showed me the true meaning of dedication and devotion. The daughter, who is in her early 80s, has taken care of her mother for the past 21 years. She bathes her, cooks for her, feeds her and provided a cheerful and loving home. I have never seen the daughter without a smile on her face and a kind word for others. She has bound herself to a course of action with a completely selfless affection. When her mother is lucid and alert, her daughter talks to her, reads to her and never hesitates to express her love. The daughter also is the primary caregiver for her own husband, who is in the end stage of Alzheimer’s Disease. She has devoted herself to caring for the two most important people in her life.

The plan of care for the mother has been assessment, observation of her symptoms and supportive care. Her daughter is learning measures of supportive care while ensuring that her mother is comfortable. She is also learning coping measures that will help her deal with the loss she will experience with her mother’s death. Talking with the nurses, social workers and chaplain has given her an opportunity to express her concerns and fears.

My job as a home health nurse is to provide the best possible care for patients and to teach caregivers the skills they need. But often, as in this particular situation, I learn as much as I teach.

Vicki Powell, RN
Memorial Home Health
Chattanooga, Tennessee
“She has devoted herself to caring for the two most important people in her life.”
Walking into a patient’s room is a multi-sensory experience. There are many things to notice and reflect on. On one particular visit, a powerful source of energy eclipsed everything else in the room. The patient’s face was radiant, filled with peace and serenity. This woman had obviously seen God, and so she would tell me.

During a previous hospitalization, this woman had nearly died. In fact, she had died and been brought back to life. She was an enthusiastic witness to her near-death experience. While I have heard a number of similar stories, hers was the most affecting. She had held on to this experience and all the feelings that accompanied it with great fervor.

"Yes," she said, "they brought me back and I was so disappointed that they saved me." She described the beautiful experience of peace and her deep desire to remain in the presence of God. She also talked about her new love of death. Her experience had taken away all fear. She concluded by telling me, "I’m not dying now, but I will be someday." Her wondrous smile radiated joy and profound hope.

Father David La Plante
Bergan Mercy Medical Center/Alegent Health
Omaha, Nebraska

"She described the beautiful experience of peace and her deep desire to remain in the presence of God."
Frequent Flyers

"OW BLEST ARE THE POOR IN SPIRIT; THE REIGN OF GOD IS THEIRS."
MATTHEW 5:3

All hospitals have them: the broken-in-spirit "frequent flyers" who show up often in our busy emergency rooms. They present with vague physical complaints that might change from admitting to triage, from triage to initial exam, and again at discharge, because the patient forgot why he or she came in the first place. Frequent flyers sometimes frustrate staff and volunteers because they utilize resources that are already stressed.

At our small and busy rural hospital, in keeping with our mission statement and values, we recognize that people need somewhere to go, something to do and someone to talk to. For most of our frequent flyers, our hospital represents the only accepting place they can go to spend some time in an environment that is busy, warm and caring; where people are compassionate and will listen with concern and respect.

The frequent flyers are the least of God’s children, the poor in spirit, to whom we can respond as Jesus would. Staff members are not frustrated when they can recognize a frequent flyer as a person who needs us to heal an ache in the soul.

Dixie A. Kimberlin
Flaget Memorial Hospital
Bardstown, Kentucky

“For most of our frequent flyers, our hospital represents the only accepting place they can go to spend some time in an environment that is busy, warm and caring; where people are compassionate and will listen with concern and respect.”
n an unusually hectic day, a man who looked as if he needed help opened the door to my office. Because my office is on the main corridor of the hospital with a sign that reads Director of Patient Financial Services, I often attract visitors with questions. With some hesitation, he said, "I don’t know if you are the right person but this is my story: I used to live in Nampa. Several years ago, my family was in a car accident and our daughter, who was an infant at the time, almost died.”

He said that the staff at Mercy took very good care of his wife and daughter. He did not have the money to pay the bill then, but wanted to make a donation to the hospital now. As the story unfolded, I knew that I had met a very special man.

He said, "I would like to send a check; I just need to know where to send it.” I gave him my business card and promised to deliver his check to the appropriate person. He thanked me, and I thanked him. Many people in our world receive help along the way, but few remember to look back and say thank you.

About two weeks later, I received a sizeable check from the man with a letter that told the rest of his story. He wrote that his daughter had sustained a head injury in the auto accident. She was only six weeks old, and the soft spot on her head had to be drained five times that first day to keep her alive. The next day, while the staff was preparing the child for surgery, God healed her. The surgery was cancelled and the child went home the next day. She was now a 36-year-old mother of four wonderful children.

It is true that Mercy Medical Center is, and has always been, a generous provider of charity care. It is part of our identity. Even so, it was a blessing to meet this grateful father and encouraging to hear about how we once helped his family. I’m grateful that Mercy is the kind of place where stories like these continue to happen.

Josette Anzalone
Mercy Medical Center
Nampa, Idaho
“He did not have the money to pay the bill then, but wanted to make a donation to the hospital now.”
drenaline rushed through my body as I hurried to respond to the code blue in the emergency room. The clerk informed me the patient was an elderly man who arrived via ambulance from a local hotel. His wife was with him.

My hand on the door of Trauma Room 1, I paused and took a deep breath. I have learned to expect the unexpected upon entering a trauma room. Today was no different.

I opened the door and took in the scene. A massive man laid on a gurney in the center of the room. His wife was at the foot of the gurney. She clasped her tear-streamed face and cried out for her husband. The medical staff rushed about the patient, frantic to bring him back to life. Despite Herculean effort, their attempts were futile.

I have learned that behind every patient is a story. This patient’s nickname was Bud. As I listened to his wife, I was impressed with Bud’s efforts to live his life to the fullest. Bud and his wife were visiting Colorado for a reunion of military comrades from the World War II Berlin airlift. Bud was 84, but he never slowed
down. His wife told me how he ran a financial business from home. They had planned to go to Texas the next day for a business awards banquet, where Bud would receive the top award. He expected the largest commission check of his life.

Bud’s wife looked into my eyes and asked, “How will I tell the children?” I helped her with the telephone call. Hanging up the phone, she whispered, “They were planning his birthday celebration. They love Bud so much.” Bud’s 85th birthday would have been that week.

The medical staff had to go care for the next arriving trauma patient. Bud’s wife cried and I cried. We hugged. There was nothing more to say. But his wife’s words echo in my mind, “He was so happy….so happy!”

Susan Buck
Penrose Hospital
Colorado Springs, Colorado

“Bud was 84, but he never slowed down.”
Guardian Angels are Alive and Well

I had the early shift on a Saturday a few months ago, and my alarm went off at 4:30 am. It was a cool, early summer morning and my windows were open. I approached the window to enjoy the beautiful freshness of the morning. Much to my surprise, I heard a cry for help. I woke my husband and told him, “Someone needs help! Now!”

Because I live in a rural area, I was very uncertain about where this person might be. The faces of elderly neighbors came to mind, as well as a bad curve in the road that has a history of traffic accidents. I decided to check out the curve first. I grabbed my cell phone and we took off.

When we arrived, we saw a young man pleading for help. I realized that he was seriously injured. He was lying on his stomach and suffering excruciating pain in his hip and leg. I was afraid that he would go into shock. I covered him and tried to maintain my cool as I called for help and reassured him that he was going to make it.

Because we were at the bottom of a hill, our 911 call would not go through. I tried to call the sheriff’s office, but this attempt also failed. I knew there was a third shift employee on duty at Flaget Hospital, and I called her. She took over and within 20 minutes, an ambulance and the police were on the scene and the patient was on his way to Flaget.
I rushed home and got ready for work; I was eager to reach the hospital and check on the condition of "my" patient. As I entered the emergency department, the young man’s mother was also arriving. I told her that her son was going to be OK and she asked me how I knew. There was no time to share with her what I considered to be a miracle, but I assured her that her son had a guardian angel. The patient was flown to a hospital in Louisville. He has recovered, slowly but surely.

My story proves that guardian angels are alive and well. It had to be the young man’s guardian angel who allowed a terribly injured person’s voice to be heard by me when I happened by the window. You see, my home is at least a mile from that dangerous curve.

GAIL HARDEN
Flaget Memorial Hospital
Bardstown, Kentucky

"There was no time to share with her what I considered to be a miracle, but I assured her that her son had a guardian angel."
I was at a prayer breakfast with a table full of Saint Elizabeth employees, including several women religious. While we waited for the breakfast to start, I thought it was a good time to share my “miracle birth” story.

In 1956 my mother was at the old Saint Elizabeth hospital to deliver her sixth child. The doctors told her that the baby was dead and asked if she would give permission for some resident doctors to witness the stillbirth of her child. After signing a consent, my mother sat alone, taking in the news that had been given to her. Then, someone my mother later described as “a little nun” came into the room and asked if she could pray for my mother and the baby. The nun took the rosary from around her neck, placed it on my mother’s stomach and said, “If anyone can save this baby, God can.” She spoke a quiet prayer and left.

Well, that baby was me. I came out very much alive, to the shock of all the doctors present. I am now a grown, healthy Christian woman who lives and walks in faith, I believe, because of the prayer of a little nun. Over the years my mother lost the rosary, and when I became an employee of Saint Elizabeth one of the first things I did was to go to the gift shop and purchase another. I am not Catholic, but I use it as a reminder to myself and my family of the power of prayer.
After I told this story at the prayer breakfast, one of the women religious at the table turned to Sister Barbara Ann and asked “Who would have been the Sister assigned at the old hospital back in 1956?” Sister Barbara Ann quietly said, “I believe that would have been me.” I could not believe that I was sitting with the very nun who had saved my life with her prayers. When I asked her if she remembered giving away a rosary she replied, “Oh, deary, I gave away hundreds of them.” I was humbled by the thought of the many lives this sister has touched in her years of ministry. She truly is a Saint Elizabeth treasure.

Cindy Miller, RN
Saint Elizabeth Health Systems
Lincoln, Nebraska

“The nun took the rosary from around her neck, placed it on my mother’s stomach and said, ‘If anyone can save this baby, God can.’”
here are times in our careers when we feel confident we have cared for the whole person in body, mind and spirit. This was the case with a young man diagnosed with Guillian–Barre Syndrome, a paralyzing neurological disease. The patient, family and health care team had to deal with this grim diagnosis as well as multiple psychological, financial, communication and cultural issues. The power of teamwork was undeniable in the care of this man. Nurses, physicians, interpreters, rehabilitation therapy, nutrition services, social services, case management, spiritual care, patient financial services, home health and the community as a whole embraced the situation and provided needed services.

In some ways, it was beyond the health care team’s ability to comprehend the enormity of what this man had to deal with. The most amazing aspect of the story is the infallible spirit he showed throughout his 100 days of hospitalization. His spirit enabled the team to continually reach beyond what we had done before to meet his complex needs. His smile and personality continued to shine and bring light even during the most difficult days of his illness.

Language and cultural beliefs and their impact on patient care had never been more apparent. The patient did not speak or understand English and required a tracheotomy and ventilator support for breathing. We spoke to him through an interpreter and used a picture board. He was trapped in his body and mind and had no way to communicate for several weeks, but his smile came through even in those very difficult days.

The patient’s financial resources were very limited, both here and in his native Mexico. The team spent long hours exploring potential financial resources. We contacted local facilities and the Mexican Consulate. While they were not always rewarded, our efforts to find help and provide care never waned. Financial considerations were important, but the mission of our facility was more important.
Rehabilitation became the goal as the weeks of hospitalization passed. Recovery would be slow, perhaps even a year. Where would the needed therapies, equipment and care providers be found? Blessings were found within the walls of Mercy Medical Center and in the community as well. A local loan closet provided equipment; a church an electric wheelchair; a lumber company wood for a ramp. The ramp was constructed by a community service organization. Outpatient therapy services were provided by our home health department and later by a clinic. Without the support of our community, the patient’s needs could not have been met.

Providing care for this man was a blessing to us and enriched our spirits with new knowledge. We remain in awe of the spirit of this man in spite of what seemed to be insurmountable obstacles. Perhaps the greatest blessing is the spirit we found in each other and the compassion of the entire community. The blessing of exceptional teamwork and the evidence of God in our lives will live in our hearts and minds for years to come.

Mary Burleson
Mercy Medical Center
Nampa, Idaho

“Financial considerations were important, but the mission of our facility was more important.”
The death of a teenager is never forgotten — the early end to youth, to a future and to parents’ dreams.

Not many years ago, a call came in to our emergency department that a teenager was en route. He had a known cardiac history and had collapsed at work. We were told that all intersections were being blocked to clear the roads for this child and that he was one of our own — a physician’s son.

His name rang in my ears as I took the call and realized that I was the one who would tell his father. I called his office and spoke to him, and he said, “Yes, I’m on my way.”

Cardiac arrests are common in our emergency department, but the sight of youth without life takes us aback. The staff was prepared, surgeons notified and a specialist en route while the emergency team worked diligently to help the patient.

The news that someone in the Saint Joseph family was in the emergency department traveled quickly within the hospital. Staff members came to lend a hand, an idea or a prayer.
The code continued for several hours, but prayers, procedures and progress reports did not help that day. The parents waited patiently and prayerfully in our conference room. The news of their son’s death was not unexpected, but so terribly unreal. The last words they spoke to him that morning — “Goodbye; have a great day at work” — had turned into “Goodbye; now you are doing heaven’s work.”

The staff felt lost, wondering what more we could have done. The patient’s father asked me to gather the staff. As we grouped in an informal circle just outside the room where his son lay so peacefully, he took each person’s hand. He expressed his gratitude for what we had done, saying that he was so proud of us. He started the healing process for all of us — a memory I will never forget.

**Marilyn Swinford, RN**

*Saint Joseph HealthCare*

*Lexington, Kentucky*
The following story illustrates a collegial approach to healing in the hospital. As a chaplain, I was finishing my rounds in the cardiac care unit one afternoon when two nurses asked me if I would see the patient in room 3203. "She’s very sick and has just transferred from the medical intensive care unit," they said. "She has ARDS (Acute Respiratory Distress), has been intubated for two weeks and her family can’t come to see her. We know what she really needs to get better, and that’s spiritual support." I went to see the patient, who couldn’t talk but communicated with her eyes and by nodding her head. I spoke to her, held her hand and shared an inspirational verse.

The nurses asked if I could let the other chaplains know to follow up with the patient. During the next week, our pastoral care team offered her daily support. Within days she was off the ventilator and could speak. She spoke of her near-death experience on the ventilator and believed that she really had died. She had felt very cold and then warm, and although she said she was not a religious person, she saw angels floating around her.
She testified to having a warm, protected feeling since being off the ventilator and how she knew that God had a plan for her.

She also repeatedly expressed her belief in the importance of the spiritual support she received from the chaplains and the other staff members who prayed for her, and she wanted to see and thank them. It was my honor to connect her with the two intuitive and caring nurses who saw her need and conveyed it to me. One of the nurses had just participated in an orientation directed by our chaplain for cardiac services, which I believe sensitized her to the utilization of spiritual care resources at St. Anthony’s. The other nurse admitted to a practice of praying for her patients.

In the days that followed her transformation, we continued to connect the patient to community resources that would expand her network of care. This story confirmed my trust in the power of spiritual connectedness and healing, which is most evident when we work together to deliver a continuum of care to those we touch and serve.

Greg Tipton
St. Anthony Hospitals
Denver, Colorado

“She repeatedly expressed her belief in the importance of the spiritual support she received from the chaplains and the other staff members who prayed for her.”
When I was just shy of six months pregnant, I began experiencing what I now know was pre-term labor. My physician told my husband and me to drive to Saint Joseph East, where she would meet us. At the hospital, I was greeted by a labor and delivery nurse, who prepared us for what would be a long evening. The physician explained that if we could stop the contractions, they might be able to stitch up my cervix so that I could carry the baby until it could survive without me. Needless to say, we were shocked at what was happening.

I was given medication and the contractions stopped for approximately 12 hours. After a night of worrying, waiting and praying, the contractions continued where they left off. We were told the baby was coming and probably would not live. During the next four hours, labor progressed. We cried, prayed and leaned on the delivery staff for support.

At 1:20 pm, we delivered our first-born child, a little boy. During the pregnancy, my husband always referred to the baby as “Little Joe” even though we did not know the gender. He was alive, but due to his prematurity there was nothing that could be done to save him.

“The nurses convinced us that we would not regret seeing him and that our imaginations were much worse than reality. They were right! He was perfect.”
We were adamant about not wanting to see Little Joe. The nurses convinced us that we would not regret seeing him and that our imaginations were much worse than reality. They were right! He was perfect. He had my dark hair and his daddy’s face. He was a beautiful little boy.

We were allowed to hold him as long as we liked. Later that evening, the women’s services director presented us with a “remembrance box” that contained everything that had been on our baby, including his arm band and hat. She helped guide us through some of the worst decisions we have ever had to make.

A week later, we went back to Saint Joseph East to get the names of all of the people who had helped us. It was only then that they found out I was an employee and member of the Saint Joseph HealthCare family. I am very proud of the care we received at Saint Joseph East and am confident that anyone who comes through the doors will be given the same kind of caring, respectful treatment that we received.

Keiren Gillum

Saint Joseph HealthCare
Lexington, Kentucky
began to dabble in photography last fall. Photography had always piqued my interest, but with two teenage boys to take care of after a divorce, I did not have a lot of time to devote to it. When my older son enlisted in the Coast Guard and left for Alaska, I had some free hours to fill and needed to take my mind off my motherly worries. I bought myself a digital camera and began experimenting with some scenic shots. I began to hike, too, in order to enjoy stunning vistas that cannot be seen from the highways. I found that I had a passion for scenic photography, especially for capturing light reflections, sunrises and sunsets. After I viewed nature’s beauty through a camera lens I began to understand what God had created for us to enjoy, although many of us don’t have or take the time to look.

When we start something new in our lives, we often experience periods of self doubt. I was fortunate to have a friend who has given me the encouragement and inspiration to travel down a new path. Without his support, photography would have been a passing fancy for me.

I am so grateful that the service line administrator had the confidence to let me display my work in the Cancer Resource Center at Memorial. I hope the photos will bring some joy and understanding of the miracle of life and nature. Taking photos of what God has created and sharing what I see through a camera lens brings me joy. If after looking at one of my photos you begin to notice the glorious show that nature provides or even take a second to revel in God’s creation, that is the ultimate compliment for me.

**Terry Rose**
Memorial North Park
Chattanooga, Tennessee
“After I viewed nature’s beauty through a camera lens I began to understand what God had created for us to enjoy, although many of us don’t have or take the time to look.”
Isn’t it strange how you always remember the rooms where patients touch your life in a significant way? For me, it’s room 14 in the old special care unit at Bethesda North Hospital.

The woman in room 14 had been my patient for three days. She did not have any family or visitors, and it was her 100th birthday. We asked for a birthday cake on her lunch tray. She was so thrilled when we brought in the cake and sang “Happy Birthday” to her. She told us it was the best birthday she ever had.

Later in the day she asked me to come to her room. As I stood at her bedside she reached for my hand. She said, “I don’t want you to think I am crazy and I am not afraid, but I think I am going to die soon.” I came to realize she meant very soon, as in before the end of my shift. I reassured her that I did not see any signs of a change in her condition that led me to believe this would occur. She insisted she was sure and she was ready, but she did not want to be alone. She asked if I would sit with her. I pulled a chair up to the bedside and continued to hold her hand. She told me about her life and how wonderful it was. She talked about her husband and how they wanted to have children but never became pregnant. She said her only fear was being alone when she died, because her husband had gone before her.
I was fortunate to have great team members who covered my other patients as I spent time in room 14. I left only to call her physician. I returned to the room, sat down and held her hand again. She thanked me for returning and asked me to stay. She closed her eyes and said she was going to rest for a minute. She did not wake up. The expression on her face did not change. I will never forget the smile on her face before and after her death. I will always remember her insistence that she knew what was going to happen and her peace with death. I will never forget the special lady I cared for on her 100th birthday in room 14.

JENNIFER WEAVER, RN
Bethesda North Hospital
Cincinnati, Ohio

“She said, ‘I don’t want you to think I am crazy and I am not afraid, but I think I am going to die soon.’ I came to realize she meant very soon, as in before the end of my shift.”
Each year, St. Joseph Regional Health Network presents the St. Francis Award to an employee who exemplifies our core values. This year, I nominated the entire staff of St. Joseph Assisted Living Center, who embody the spirit of St. Francis.

Since becoming administrator of St. Joseph Assisted Living Center, I have worked closely with the mission office to implement the vision and spirit of Catholic Health Initiatives. Through the years, the entire staff has gained tremendous skill in living the mission. They focus on customer-centered care, which they give with tenderness. Their goal is to create a home away from home for our residents.

Residents’ families and friends are encouraged to visit, which requires great flexibility from the staff. They welcome visitors with respect and connect them to their loved ones. They make special accommodations for guests at meal times.

They treat residents who have memory deficits with reverence and compassion, gently escorting them to the dining room, chapel or activity room for a feast or celebration.

Resident-centered care arises from good relationships between work colleagues. Staff members show consideration and concern toward each other. Team members willingly collaborate to adjust work schedules and meet the needs of residents.

At the Living Center, each team member is committed to living the core values in even the most ordinary challenges. We discuss hardships and challenges, misunderstandings and opportunities. Reverence, integrity, compassion and excellence serve as guiding spirits.
Residents’ families and friends notice the staff’s care and often write notes of thanks. What pleases us most is when they tell us that their loved ones feel a sense of peace and home at St. Joseph Assisted Living Center. A woman whose mother-in-law was a resident for several months said that St. Joseph’s is “family oriented.” She described how the staff encouraged her mother-in-law and offered various modalities of healing. This resident appreciated the Reiki and religious services offered here. She celebrated her birthday here and joined a group of ladies for lunches out on the town.

I could share stories that would provide accolades for each team member. I was very proud to nominate the entire staff of St. Joseph Living Center for the St. Francis Award.

Diana T. Blair  
St. Joseph Assisted Living Center  
Reading, Pennsylvania

“What pleases us most is when they tell us that their loved ones feel a sense of peace and home at St. Joseph Assisted Living Center.”
transcendental words such as "love" and "compassion" became concrete realities as I witnessed how my colleagues at St. Joseph Medical Center joined together to fulfill a cancer patient’s dying wish.

Our patient was diagnosed with esophageal cancer in February 2002. Although our oncology staff and palliative care physician tirelessly tried to prolong her life, her condition became such that pain medication was the best help they could offer. Realizing that she was dying, the patient and her partner asked to be married and to have their youngest child baptized in the Roman Catholic Church. Our chaplain located their parish priest, who agreed to officiate at the wedding and to baptize the child.

Nurses dressed our patient in a wedding gown her friends delivered. A member of our staffing department donated decorations from her own wedding. Our oncology staff transformed a portion of the ward into a beautiful reception area complete with wedding and christening cakes. Our dietary staff provided coffee, tea and punch. Our hospice staff arranged for the patient’s mother to fly from Mexico to be with her daughter. When our patient learned her mother was coming, the look of joy in her eyes was a holy gift itself. She had not seen her mother for 12 years! It was a tearful reunion.
The priest presided over the wedding and baptism in our chapel, attended by 70 witnesses. The husband of one of our nurses served as the music accompanist. Our media relations officer provided a camera. The photographer and nursing staff arranged to have the pictures developed overnight so they could give photo albums to the patient the next day.

The patient died two days later with her mother, husband and children at her bedside. Our chaplain continued to assist this low-income family by arranging for burial and funeral services. The oncology staff raised funds from a bake sale to help with the family’s basic needs.

The love and compassion expressed by our staff was the presence of God walking among us. This occasion was an example of teamwork and a blessed expression of how reverence, integrity, compassion and excellence are lived out at Franciscan Health System.

**Rose Shandrow**  
St. Joseph Medical Center  
Tacoma, Washington

“Nurses dressed our patient in the wedding gown her friends delivered.”
No Generation Gap

There was a small boy who was frequently admitted to our pediatrics department. We met him when he was two years old, and he continued to visit us over the next two years.

We played games with him to pass the hours. His favorite game was to set up a corral and arrange his horses at the feed bunks. We galloped the little plastic figures over the hills of his bed sheets. We made them leap over fences and come to a dusty halt before the watering trough. We had great adventures despite his illness.

One day, soon after we obtained our picture identification badges, he looked at my gray-haired picture. He asked, "Is this your baby picture?"

"No," I replied. "It is my grandma picture."

"Really. Tell me the truth. Is this your baby picture?" His brown eyes were waiting for an answer.

Sometimes there is no generation gap.

Dorothy Miller, RN
Good Samaritan Health Systems
Kearney, Nebraska

"He looked at my gray-haired ID picture. He asked, 'Is this your baby picture?'"
Louise was admitted to Our Lady of the Way Hospital with pneumonia and advanced lung problems. I went to her room and introduced myself. Though her conversation was limited, I knew this much about Louise: she lived alone, was 80 years old, joined her church in the ’60s and had served the Lord ever since. “The Lord is everything,” she stated.

“I had the strangest experience this morning,” she continued. “I wasn’t sleeping. Something told me to hold out my hand, and I did.” She lifted her left hand, saying, “This is the one. Dust was put in my hand. I think Jesus is telling me something.”

Understanding her thought, I suggested that in Jesus’ view, the dust was gold dust. Louise smiled as she remarked, “Can you imagine how pretty it is going to be? This world is so pretty but I don’t think I’ll be here much longer. I think Jesus is telling me that.”

Her need for rest became apparent and I suggested that we pray and continue our conversation the next day. I asked if she would want the doctors to attempt to revive her if her heart or breathing stopped when the Lord was ready for her. Louise shook her head no. She signed a “do not resuscitate” form and thanked me for coming to see her. I told Louise’s nurse about her wishes and left for the day.

The next morning, as I entered the hospital, I was told that Louise had passed away the previous night. Gold dust, I thought.

Judy Parsons  
Our Lady of the Way Hospital  
Martin, Kentucky

“Can you imagine how pretty it is going to be? This world is so pretty but I don’t think I’ll be here much longer. I think Jesus is telling me that.”
After I worked for 37 years as a radiographer, my wife and I came to the joint decision that I should retire due to health issues. I had spent the last 22 years at a regional health center in central Kentucky. I was the lone radiographer working days in the emergency department, which was the third busiest in the state.

I loved the job, but the stress of the volume of work began to take its toll. During the last two and one-half years on that job, I experienced chest pain and shortness of breath. I also developed vertigo, almost passing out at times.

In the spring after I retired, I received a call from a close friend and former co-worker who was now director of radiology at Flaget Memorial Hospital. She had a position available. Because I had been symptom-free for six months, I agreed to take the position.

I found that I would be working with a group of young professionals, both office personnel and technologists. I was then 58 years old, which was old enough to be the father of most of my co-workers. I worried about whether I would fit in, keep the pace and be accepted by the group. I could feel the stress coming back.

My concerns were soon put to rest. These young professionals went out of their way to make me feel at home. They knew of my previous health problems and accepted me for who I was – another human being who enjoyed his profession. While I work hard to live up to their standards, they look after me to see that I don’t take on more than I should. My supervisor has reminded me on a few occasions that I am not expected to do everything on my own.

I thank my Creator daily for leading me to such a place to work with such wonderful people. They have strengthened my belief in humankind, which has made me a better person. I am proud to be part of this organization and would be proud to claim any of these young professionals as one of my own.

Michael T. Beville, RT
Flaget Memorial Hospital
Bardstown, Kentucky
“These young professionals went out of their way to make me feel at home. They knew of my previous health problems and accepted me for who I was — another human being who enjoyed his profession.”
Holy Rosary Medical Center is a "small big" hospital, especially on a weekend when staffing is limited.

One particular weekend, we all knew the story of the lady in room 204. She told us as we cleaned her room, brought her tray, provided her care. She was dying and her wish was to see her two daughters together one last time. Her older daughter was at her bedside, but the youngest lived in a distant city. We rejoiced with her when the younger daughter arrived that afternoon.

As I made my rounds that evening, I slipped into 204 to say a few words. I’ll never forget the tableau I saw. Sister Carol stood to the right of the bed; the patient was propped up on a pillow, holding hands with her daughters as they stood together to the left of the bed. As I glanced at the monitor on the wall, I observed a phenomenon that I pointed out to Sister Carol. Every time her daughters touched their mother, smoothed her hair or held her hand, her heart beat strongly. When they removed their touch, her heart would slow and fade.

Sister Carol told the girls it was time to give their mother permission to leave them, to let her know that they would be all right together and that they loved her. As they told her, her smile lit the room. When they finished, the daughters removed their hands from their mother and clung to each other. As we watched, her heart faded and stopped. Her spirit hung in the air and the power of her love moved each of us in the room. I still remember the lady in 204 and the power of a mother’s love.

Kathy Bosler
Holy Rosary Medical Center
Ontario, Oregon
A
fter a health program at his church, an older man with a beautiful
toddler in his arms approached me and said, "I just wanted to
thank you." He told me that had St. Vincent’s not brought the
Health Ministry Program to his church, he would not be standing
there holding his granddaughter.

He had been experiencing "indigestion" off and on for quite
some time and had not been able to control it with antacids.
He decided to ask a nurse who was taking blood pressures at the
church one Sunday morning what she could recommend. After
he described his symptoms, she strongly encouraged him to see
his physician as soon as possible; or, if he should experience the
symptoms again, to call 911. She shared her concern that his
symptoms were indicative of a heart attack. The man wasted no
time and saw his physician the next morning. He was admitted
to the hospital and had an angioplasty with a stent placed in his
coronary artery.

He credits the St. Vincent Health Ministry Program with saving
his life and enriching the lives of others with health and wellness
information. He was so proud to hold his granddaughter because
he is sure that, had he not asked the nurse about his indigestion,
he would never have been alive to see his granddaughter.

Elizabeth Karpoff, RNP
St. Vincent Health System
Little Rock, Arkansas

"Had St. Vincent’s not brought the Health
Ministry Program to his church, he would not
be standing there holding his granddaughter."
he devastating diagnosis was a shock to our family. My husband of 35 years, Jerral, had a glioblastoma, a fast-growing brain cancer. We were visiting our twin daughters in Texas when the symptoms manifested. After recovering from emergency surgery, Jerral decided he wanted no treatment. We chose to stay in Texas with our family rather than return to Colorado Springs. Our daughters, Jerral’s sisters and I were able to provide loving care and palliative treatment to him during the last five weeks of his life.

Since then, my life has been full of blessings. Jerral was able to hold our newest granddaughter two weeks before he died. We received more than 600 cards, letters, emails and phone calls from my Penrose-St. Francis family and friends in Colorado. Their care, love and attention have been awesome and reflect our mission in action.

One of the greatest blessings was the dedication of an outdoor labyrinth at Penrose-St. Francis. Our hospital had researched labyrinths, purchased an indoor canvas labyrinth and decided to build an outdoor meditative garden with a seven-circuit pattern. The outdoor labyrinth was completed and dedicated to Jerral in July 2002.

“*The labyrinth has taught me many things. Life is a journey of one step at a time. There are long stretches where things go smoothly, then a 180-degree turn pops up.*”
The labyrinth is a pathway that twists and turns until you get to the center. Unlike a maze, it has no dead ends. For me, the labyrinth path is a centering spiritual journey of meditating and conversing with God. Our outdoor garden has a beautiful stone waterfall, plants, trees, flowers, benches and picnic tables. Staff, patients, families, visitors and the community can use it 24 hours a day with the help of brochures that explain the labyrinth walk.

The labyrinth has taught me many things. Life is a journey of one step at a time. There are long stretches where things go smoothly, until a 180-degree turn pops up. Sometimes there are short turns and twists.

Life is precious and short. Special moments with God and reflections on family, friends and blessings are priceless. Being quiet, reflective and prayerful centers me and fills me with God’s presence. I feel His love and care, and I know that He is with me every step of the way.

**Donna L. Bertram, RN, FAAN**
*Penrose–St. Francis Health Services*
*Colorado Springs, Colorado*
Picture Prayers

hen I walked into the intensive care unit and introduced myself to Joan, she gave me a look that said “Go away.” I plunged ahead, saying, “Actually, your nurse called; she said you’re having a bad day.” She didn’t respond. “You’ve been here for a long time,” I continued. “It must be maddening to be confined to bed, unable to speak and totally dependent on others.” She looked at me, blinked back tears, then reached out to take my hand. I stood next to her bed and knew by the look on her face that no one had recently named her pain. “I’d be angry, too,” I said.

After a few moments, I asked, “And what about God?” She opened her eyes wide as if to ask, “What about God?” “Well, how is your relationship with God?” I asked. She shrugged again. “Are you able to pray?”

“Can’t,” she breathed, almost inaudibly.

“You can’t say the words,” I said. She motioned with her hands, indicating there was more to it than that. “You can’t say the words… you can’t think of the words… you can’t find the words?” I asked. At the last guess, she pointed at me to let me know that was the explanation.

“Ahh,” I said, “it’s hard to find the words to talk with God right now.” She nodded ever so slightly. “Would you like some help with that?” I asked. Another nod. “What if you prayed without using words?” She narrowed her eyes in doubt. “It’s true,” I said; “we don’t have to use words to pray. We can say picture prayers just by thinking of a time we felt close to God.” She closed her eyes and after several seconds I could feel her hand squeezing mine. “You’re remembering,” I said, and her smile broadened. “That’s a prayer.” Her face lit up as the sacramental possibilities of her private prayer freed her from voicelessness and the confines of a bed. In her picture prayers, she discovered a secret source of sustenance that could not be stripped away. She was free to be somewhere else, unrestricted in her experience of God though limited in human interactions.
After several minutes, Joan opened her eyes and looked deep into mine. Then she reached up and stroked my cheek. I became mesmerized by the mental image of Jesus reaching out to caress a child. Her touch drew me into the sacred space of her relationship with God and created a living prayer between us. She had given me an awesome gift. Her gaze and touch were a powerful portrayal of Christ’s presence. His physical presence was a profound gift to those who lived when he did, but Joan reminded me that He is no less present to us now if we take the time to notice.

Rose Mary Boyd  
Mercy Medical Center  
Des Moines, Iowa

“I stood next to her bed and knew by the look on her face that no one had recently named her pain. ‘I’d be angry, too,’ I said.”
The sacrament of marriage is a gift God has given us so we may glorify His kingdom. That is where the 42-year ministry of Harry and Emma begins.

In 2000, Harry was diagnosed with lymphoma. Treatment led to remission. Harry and his wife Emma were thankful and celebrated their lives together. In the fall of 2001, Emma was diagnosed with cancer. Treatment measures were unsuccessful. Death was inevitable and Harry and Emma began to face the fact that one of them would go to heaven before the other.

Scripture says that God never gives us more than we can handle and provides the grace to sustain us, but this is sometimes difficult to see. Harry began experiencing pain and swelling in his left leg and transferred to another facility for more advanced treatment. At the same time, Emma was experiencing unmanageable pain and was readmitted to our hospital.

Harry, diagnosed with a blood clot in his leg, could not return to our facility to be with his beloved Emma. She continued to weaken and it became evident that she would not live much longer. Harry was devastated that he could not hold her frail hand in his to comfort her. All he could do was pray for God’s peace and acceptance.
Emma’s oncologist was troubled by the fact that she could not be with Harry and had the idea to connect them via telemedicine. Harry moved to the telemedicine room at his facility and Emma was brought to our emergency room for the connection. Harry saw that Emma tired easily, and it was difficult for him to remain strong and not cry. He said goodbye and blew her a kiss. As he did this, the staff zoomed the camera in on Emma as if the kiss had found its place on her cheek. Harry smiled.

The staff scheduled another telemedicine connection two days later. However, Emma died before the connection could be made. Harry found peace in remembering his last kiss sent over a T-line.

God continually puts people and situations into our lives to help us learn to be more God-like. I know I am a better nurse, and a better person, because of Harry and Emma.

**Deb Schweitzer, RN, BSN**
*St. Joseph’s Hospital and Health Center*
*Dickinson, North Dakota*

“Emma’s oncologist was troubled by the fact that she could not be with Harry and had the idea to connect them via telemedicine.”