# Table of Contents

<table>
<thead>
<tr>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>2</td>
</tr>
<tr>
<td>Foreword</td>
<td>3</td>
</tr>
<tr>
<td>A PRAYER MADE ALL THE DIFFERENCE</td>
<td>4</td>
</tr>
<tr>
<td>Flaget Memorial Hospital, Bardstown, Kentucky</td>
<td></td>
</tr>
<tr>
<td>GOD’S GRACE</td>
<td>6</td>
</tr>
<tr>
<td>Memorial Health Care System, Chattanooga, Tennessee</td>
<td></td>
</tr>
<tr>
<td>CARING HAS NO LANGUAGE BARRIER</td>
<td>7</td>
</tr>
<tr>
<td>St. Catherine Hospital, Garden City, Kansas</td>
<td></td>
</tr>
<tr>
<td>A WEDDING FIT FOR A QUEEN</td>
<td>8</td>
</tr>
<tr>
<td>Saint Joseph Hospital, Lexington, Kentucky</td>
<td></td>
</tr>
<tr>
<td>EVERY FIFTEEN MINUTES</td>
<td>10</td>
</tr>
<tr>
<td>Mercy Medical Center, Nampa, Idaho</td>
<td></td>
</tr>
<tr>
<td>IN COMPASSION, TIMING ISN’T EVERYTHING, IT’S THE ONLY THING</td>
<td>12</td>
</tr>
<tr>
<td>St. Gabriel Regional Medical Center, Lincoln, Nebraska</td>
<td></td>
</tr>
<tr>
<td>THE LEAST OF THESE, MY SISTER</td>
<td>14</td>
</tr>
<tr>
<td>Memorial Health Care System, Chattanooga, Tennessee</td>
<td></td>
</tr>
<tr>
<td>EVERYONE SHOULD BE ABLE TO SEE</td>
<td>16</td>
</tr>
<tr>
<td>Mercy Medical Center, Nampa, Idaho</td>
<td></td>
</tr>
<tr>
<td>VOLUNTEERS LEND HANDS AND HEARTS</td>
<td>20</td>
</tr>
<tr>
<td>Saint Elizabeth Regional Medical Center, Lincoln, Nebraska</td>
<td></td>
</tr>
<tr>
<td>TO ALL OF MY FRIENDS WHO ARE NURSES</td>
<td>22</td>
</tr>
<tr>
<td>Jewish Hospital Medical Center South, Brooks, Kentucky</td>
<td></td>
</tr>
<tr>
<td>MAKING A DIFFERENCE</td>
<td>24</td>
</tr>
<tr>
<td>Mercy Medical Center, Nampa, Idaho</td>
<td></td>
</tr>
<tr>
<td>AIR TRAFFIC CONTROL</td>
<td>26</td>
</tr>
<tr>
<td>Penrose-St. Franco Health Systems, Colorado Springs, Colorado</td>
<td></td>
</tr>
<tr>
<td>A CUP OF GOLD WATER</td>
<td>28</td>
</tr>
<tr>
<td>St. John’s Regional Medical Center, Joplin, Missouri</td>
<td></td>
</tr>
<tr>
<td>THIS ANGEL WAS EASY TO SEE</td>
<td>30</td>
</tr>
<tr>
<td>Marymount Medical Center, London, Kentucky</td>
<td></td>
</tr>
<tr>
<td>A DIFFERENT PLACE</td>
<td>32</td>
</tr>
<tr>
<td>St. Mary–Corson Medical Center, Pueblo, Colorado</td>
<td></td>
</tr>
<tr>
<td>GOING HOME ON EASTER SUNDAY MORNING</td>
<td>34</td>
</tr>
<tr>
<td>St. Catherine Hospital, Garden City, Kansas</td>
<td></td>
</tr>
<tr>
<td>AN IMPERFECT MIRACLE</td>
<td>36</td>
</tr>
<tr>
<td>St. Francis Healthcare Campus, Breckenridge, Minnesota</td>
<td></td>
</tr>
<tr>
<td>“TODAY IF YOU HEAR THE VOICE OF THE LORD, HARDEN NOT YOUR HEARTS.”</td>
<td>38</td>
</tr>
<tr>
<td>Jewish Hospital Shivelyville, Shivelyville, Kentucky</td>
<td></td>
</tr>
<tr>
<td>THE HEALING POWER OF PRAYER GOES A LONG WAY</td>
<td>40</td>
</tr>
<tr>
<td>St. Gabriel’s Hospital, Little Falls, Minnesota</td>
<td></td>
</tr>
<tr>
<td>THE NECKLACE</td>
<td>42</td>
</tr>
<tr>
<td>St. Vincent Infirmary, Little Rock, Arkansas</td>
<td></td>
</tr>
<tr>
<td>A PICTURE ON THE WALL</td>
<td>44</td>
</tr>
<tr>
<td>Mercy Medical Center, Nampa, Idaho</td>
<td></td>
</tr>
<tr>
<td>FEAR OF SCRUBS</td>
<td>46</td>
</tr>
<tr>
<td>St. Joseph Health Ministries, Lancaster, Pennsylvania</td>
<td></td>
</tr>
<tr>
<td>FINDING THE MEDAL</td>
<td>48</td>
</tr>
<tr>
<td>Good Samaritan Hospital, Cincinnati, Ohio</td>
<td></td>
</tr>
<tr>
<td>QUALITY OF CARE MEETS THE VALUES</td>
<td>50</td>
</tr>
<tr>
<td>Central Kansas Medical Center, Great Bend, Kansas</td>
<td></td>
</tr>
<tr>
<td>WHERE MIRACLES HAPPEN</td>
<td>52</td>
</tr>
<tr>
<td>St. Elizabeth Health Services, Baker City, Oregon</td>
<td></td>
</tr>
<tr>
<td>A PATCHWORK OF LOVE AND PERSISTENCE</td>
<td>54</td>
</tr>
<tr>
<td>St. Otto’s Care Center, Little Falls, Minnesota</td>
<td></td>
</tr>
<tr>
<td>BARBRA</td>
<td>58</td>
</tr>
<tr>
<td>Franciscan Hospice House, Tacoma, Washington</td>
<td></td>
</tr>
<tr>
<td>JOSHUA STATION</td>
<td>60</td>
</tr>
<tr>
<td>National Information Technology Center, Denver, Colorado</td>
<td></td>
</tr>
<tr>
<td>JAMES DIED TODAY</td>
<td>62</td>
</tr>
<tr>
<td>Mercy Regional Medical Center, Durango, Colorado</td>
<td></td>
</tr>
<tr>
<td>FAMILY IN THE CAFETERIA</td>
<td>64</td>
</tr>
<tr>
<td>St. Anthony Hospital, Pendleton, Oregon</td>
<td></td>
</tr>
<tr>
<td>A TIME TO LISTEN</td>
<td>66</td>
</tr>
<tr>
<td>Riverview Place, Fargo, North Dakota</td>
<td></td>
</tr>
<tr>
<td>I LOVE BUTTERFLIES</td>
<td>68</td>
</tr>
<tr>
<td>Mercy Medical Center, Roseburg, Oregon</td>
<td></td>
</tr>
<tr>
<td>AN UNLIKELY WEDDING LOCATION</td>
<td>70</td>
</tr>
<tr>
<td>Good Samaritan Health Systems, Kearney, Nebraska</td>
<td></td>
</tr>
<tr>
<td>GOODBYE</td>
<td>72</td>
</tr>
<tr>
<td>Oakes Community Hospital, Oakes, North Dakota</td>
<td></td>
</tr>
<tr>
<td>THE POWER OF PRAYER</td>
<td>74</td>
</tr>
<tr>
<td>Our Lady of the Way Hospital, Martin, Kentucky</td>
<td></td>
</tr>
<tr>
<td>JUST HUMAN BEINGS REACHING OUT TO OTHERS</td>
<td>76</td>
</tr>
<tr>
<td>St. Catherine Hospital, Garden City, Kansas</td>
<td></td>
</tr>
<tr>
<td>HEALING MINISTRY</td>
<td>78</td>
</tr>
<tr>
<td>St. Vincent Health System, Little Rock, Arkansas</td>
<td></td>
</tr>
<tr>
<td>AN UNEXPECTED SPIRIT OF CHRISTMAS</td>
<td>80</td>
</tr>
<tr>
<td>Friendship, Inc., Fargo, North Dakota</td>
<td></td>
</tr>
<tr>
<td>HONORED AND BLESSED</td>
<td>82</td>
</tr>
<tr>
<td>Mercy Hospice, Nampa, Idaho</td>
<td></td>
</tr>
<tr>
<td>COMING HOME TO GO HOME</td>
<td>84</td>
</tr>
<tr>
<td>Lake Wood Health Center, Baudette, Minnesota</td>
<td></td>
</tr>
<tr>
<td>WHEN THINGS ARE GOING BADLY</td>
<td>86</td>
</tr>
<tr>
<td>Franciscan Health System, Tacoma, Washington</td>
<td></td>
</tr>
<tr>
<td>SHE TRANSFORMED OUR JOBS INTO SOMETHING MORE</td>
<td>88</td>
</tr>
<tr>
<td>Flaget Memorial Hospital, Bardstown, Kentucky</td>
<td></td>
</tr>
<tr>
<td>AN EMERGENCY DEPARTMENT STORY</td>
<td>89</td>
</tr>
<tr>
<td>Mercy Regional Medical Center, Durango, Colorado</td>
<td></td>
</tr>
<tr>
<td>THE JOY OF SERVING</td>
<td>90</td>
</tr>
<tr>
<td>Mercy Hospital, Valley City, North Dakota</td>
<td></td>
</tr>
<tr>
<td>THE GIFT OF VOLUNTEERING</td>
<td>92</td>
</tr>
<tr>
<td>Central Kansas Medical Center, Great Bend, Kansas</td>
<td></td>
</tr>
<tr>
<td>A SHINING EXAMPLE</td>
<td>94</td>
</tr>
<tr>
<td>Saint Joseph Berra, Berra, Kentucky</td>
<td></td>
</tr>
<tr>
<td>MY TRIP TO NICARAGUA</td>
<td>96</td>
</tr>
<tr>
<td>St. Thomas More Hospital, Canon City, Colorado</td>
<td></td>
</tr>
<tr>
<td>INTO THE HANDS OF THE FATHER</td>
<td>100</td>
</tr>
<tr>
<td>St. Thomas More Hospital, Canon City, Colorado</td>
<td></td>
</tr>
<tr>
<td>EVELYN’S SONG—A HOSPICE LOVE STORY</td>
<td>102</td>
</tr>
<tr>
<td>St. Joseph Memorial Hospital, Larned, Kansas</td>
<td></td>
</tr>
<tr>
<td>CKMC DELIVERS GREENBURG’S YOUNGEST SURVIVOR</td>
<td>104</td>
</tr>
<tr>
<td>Central Kansas Medical Center, Great Bend, Kansas</td>
<td></td>
</tr>
<tr>
<td>IT’S THE LITTLE THINGS THAT COUNT</td>
<td>106</td>
</tr>
<tr>
<td>St. Francis Healthcare Campus, Breckenridge, Minnesota</td>
<td></td>
</tr>
<tr>
<td>BECOME WHAT YOU RECEIVE</td>
<td>108</td>
</tr>
<tr>
<td>Memorial Health Care System, Chattanooga, Tennessee</td>
<td></td>
</tr>
<tr>
<td>SACRED MEMORIES</td>
<td>110</td>
</tr>
<tr>
<td>Saint Joseph HealthCare, Lexington, Kentucky</td>
<td></td>
</tr>
<tr>
<td>MIRACLE IN ICU</td>
<td>112</td>
</tr>
<tr>
<td>St. Catherine Hospital, Garden City, Kansas</td>
<td></td>
</tr>
<tr>
<td>MY FRIEND</td>
<td>114</td>
</tr>
<tr>
<td>St. Vincent Infirmary Medical Center, Little Rock, Arkansas</td>
<td></td>
</tr>
</tbody>
</table>
In our busy work lives, it is important to make room for prayer and spiritual reflection. Catholic Health Initiatives is pleased to offer resources for these activities in the form of *Sacred Stories*.

This ninth edition, like those that have come before, contains heartfelt stories of moments of lived spirituality at work. These stories — written by employees, physicians, volunteers and others associated with Catholic Health Initiatives — are powerful, moving examples of the ministry culture of our health care system. As examples of our core values in action, they provide rich material for reflections, prayers and the daily inspiration that helps us continue the healing ministry of Jesus.

For the first time, this edition of *Sacred Stories* includes suggested questions for reflection at the end of each story. The intent of these questions is to help readers reflect on a story and consider how it might apply to their own lives and work. We hope you will find these questions to be valuable each time you open this volume to search for a meeting reflection, a bit of inspiration, or a deeper meaning to the events of the day.
Foreword

Since the beginning of Catholic Health Initiatives, system leaders have made a deliberate effort to develop an organizational culture that is grounded in spirituality. Sacred Stories is a visible sign of this culture. Moments of lived spirituality at work are precious events that sometimes go unrecognized: we are fortunate that they are captured in Sacred Stories to benefit us all.

Through the years, we have found that our organization’s leaders reach for Sacred Stories to provide inspiration for the reflections and prayers that begin meetings throughout our health care system. To aid in this process, this edition includes suggested questions for reflection at the end of each story. These questions can be helpful to individual readers and can serve as the basis for group discussions that help us learn more about each other and our ministry of health care.

As always, we thank the authors for sharing their stories. As you enjoy the ninth edition of Sacred Stories, please take time to reflect on the precious moments of spirituality captured within.

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

Thomas R. Kopfensteiner
Senior Vice President, Mission
Catholic Health Initiatives
I am a registered nurse who was working one day in labor and delivery, caring for a young woman who was in labor with her first child. The obstetrician predicted that a normal delivery would not occur because of a pelvic fracture the patient suffered when she was 16 years old. It appeared that her bone structure would not allow passage of the baby’s head.

The patient desperately desired a vaginal delivery, and when she was completely dilated she started pushing. She pushed for more than two hours. Unfortunately, the baby’s head was not descending and it looked as if there would be a Caesarean section after all.

I asked the physician if we could let the patient rest for 20 minutes and try again. I positioned the patient for comfort and silently said a prayer for her.

After the brief rest, our patient started to push again. To everyone’s surprise, the baby’s head started to descend with the very first push. Amazingly, 20 minutes later a healthy baby boy was born into our world.

Later, I told the new mother that I had said a prayer for her. She looked at me and said, “Thank you for praying for me.”

One could say that the result would have been the same if I hadn’t said a prayer for that mother, but she and I both believe it made all the difference. This is just one example of many times during my nursing career that I have witnessed God at work through the people that I care for.

Andrea Ames, RN
Flaget Memorial Hospital
Bardstown, Kentucky
“Thank you for praying for me.”

Questions for Reflection:

How comfortable are you in praying for and with others?

In what ways might you more fully express your faith in God while performing your duties?
S a c r e d  S t o r i e s

G o d ’ s  G r a c e

When I started to work at Memorial Health Care System, I had a very unique experience. I went to draw blood from a patient who seemed to be incoherent. He shook a lot and it was very hard to get blood from him. I went to see him again the next day. As I walked into his room, something made me start humming “Amazing Grace.” The patient had not made a sound in days, according to the nurse. But, as I continued to hum, the patient became still, and then started humming with me. So, I began to sing the song to him, and he sang with me, not missing a word. I was so blessed. Sometimes, God’s grace is all you need.

A n o n y m o u s
Memorial Health Care System
Chattanooga, Tennessee

“God’s grace is all you need.”

Q u e s t i o n s  f o r  R e f l e c t i o n :
What do you hear in this story that reflects the mission?

How were the core values of Reverence, Integrity, Compassion and Excellence evidenced in this story?
A group of food service employees sat at a long table in St. Catherine Hospital’s cafeteria, enjoying a meal before the lunch crowd began to filter in. While most of the employees engaged in friendly conversation with their co-workers, Hilda watched a woman who was sitting alone at another table. It was obvious that the woman had few financial means. She had a glass of water and several ketchup and mustard packets lying on the table in front of her. As Hilda watched, the woman opened the packets of ketchup and mustard and poured them into the glass of water. The woman began to drink the water, which was flavored by the ketchup and mustard.

Hilda was concerned. Hilda’s first language is Spanish and she knows English, but is uncomfortable talking to strangers in English. Hilda asked one of her bilingual co-workers to talk to the woman and ask if she would like something to eat. The woman was grateful. She selected some food from the cafeteria line and Hilda paid for the food with her own money.

Even though these two women could not talk directly to each other, Hilda was able to show the woman compassion. Hilda is a perfect example of someone who lives our core values every day and is committed to the ministry of St. Catherine Hospital. She proves that the ministry of St. Catherine Hospital knows no language barrier.

Susan Soldner
St. Catherine Hospital
Garden City, Kansas

Questions for Reflection:

Sometimes we need the help of others to minister to those in need; our abilities are not enough. Has your work ever made you aware of your weaknesses?

Have your weaknesses ever been used for another’s good?
Karen’s experience at Saint Joseph Hospital began when she had her right forefoot amputated as a result of her history of diabetes mellitus, peripheral vascular disease and end-stage renal failure.

Her next experience at Saint Joseph resulted in further amputation. Initially, her left leg was amputated below the knee, but complications led to amputation above the knee. After Karen was transferred to the Continuing Care Hospital at Saint Joseph East, she developed a clot that required treatment. Finally, she and her husband were able to return home.

Most recently, Karen arrived at Saint Joseph Hospital with pain in her lower right leg. In the operating room, doctors saw that she needed a right knee disarticulation. Toward the end of the surgery, Karen had an episode of electromechanical dissociation and was found to have three-vessel coronary artery disease. The doctors would not operate on her heart due to her co-morbidities.

Our nurses came to know Karen well, especially Alicia. Alicia learned that Karen’s prolonged hospital stay had interrupted her plans to renew her wedding vows with her husband. Their pastor arranged to come to the hospital for the ceremony. Without Karen’s knowledge, the staff on her unit put their heads, hearts and hands together to arrange a setting fitting for such an event.

After completing a 12-hour shift, Alicia shopped for supplies, including a white gown on which she sewed pearls and sequins. On the day of the ceremony, as soon as Karen left for her routine trip to dialysis, the staff began to decorate her room with romantic lights and netting. A reception table was set up with food and a small wedding cake.
When Karen saw her room, she was overcome with emotion. Quickly, the staff dressed her in the white gown, fixed her hair and applied a little makeup. During the ceremony, everyone shed a tear, including staff members and even a few people who were just passing by.

Karen said she was certain God has a special place for all the angels who work on the 3A post-op surgery unit. She said the vows renewal ceremony they arranged was nicer than her wedding. As she looked at a remembrance plate that the staff had signed, her eyes filled with tears once again.

Lesly Arrasmith
Saint Joseph Hospital
Lexington, Kentucky

“During the ceremony, everyone shed a tear...”

Question for Reflection:
The staff members on unit 3A were very adept at assessing and responding to mind/body/spirit needs to deliver person-centered care. How might you more fully provide person-centered care to those you serve?
Each year, Mercy Medical Center participates in the Every Fifteen Minutes program. This national program was developed several years ago as a way to allow teens to better understand the effects of drinking and driving.

The whole production is quite amazing, with various hospitals, fire departments and police departments coming together to simulate a crash scene with students from a local high school. The event is videotaped and is later shown to the entire student body.

As a part of the program, about 30 students are selected to represent those who are killed every 15 minutes due to drunk-driving accidents. The group is invited to a retreat where various speakers and activities help them understand how life changes for everyone involved in a fatal drinking and driving accident. I had the opportunity to be a keynote speaker at the retreat and, because of my counseling background, an onsite counselor for the students.

Having witnessed one of my best friends get hit and killed by a drunk driver and having another friend who was permanently disabled, I had a story to share about how those events impacted my life and all the friends and families involved.

“It was a great experience to see and hear these tough kids break down as they expressed their love and appreciation for what truly matters most.”
During the retreat, each student had an opportunity to write a letter to their families that started, “Today I was killed in a drinking and driving accident and I never had the opportunity to tell you…”

What a powerful experience for the students to write the letters, and for their parents to read them. As some of the students shared their letters, I was impressed by how they returned to the truths they had been taught, in their homes and churches, about God and His love. It was a great experience to see and hear these tough kids break down as they expressed their love and appreciation for what truly matters most: their relationships with their families and God. The things that are most near and dear to us when we enter this life are, in spite of the world and all its influences, the things we cling to as we think about leaving.

I was asked to contribute something to this wonderful event, but what I received was worth so much more: hope for the future of our youth as I saw their hearts, pure and mindful of that which will always matter most.

Trevor Walker
Mercy Medical Center
Nampa, Idaho

Questions for Reflection:
We all live today as if we will live tomorrow. What opportunities do you have today to be appreciative for the people and experiences in your life?
Summer days bring increased traffic to the busy highway that runs from the Twin Cities through Little Falls and on to the central Minnesota lakes area. Unfortunately, accidents sometimes come along with the increased volume of traffic.

One day, we received a call that ambulances had been dispatched to a multiple-vehicle accident with five victims, including children. The emergency services department rallied to find any available personnel, including me, to help treat the victims.

One of the vehicles had been driven by a grandmother who had five- and ten-year-old grandsons with her in the car. Another nurse and I were assigned to take care of her. She was very agitated and repeatedly asked about the boys, who were being examined in adjacent emergency room bays.

The other nurse was able to check on the boys and tell the grandmother that they were conscious and talking. She wanted to see them and touch them, but all three were on backboards with cervical collars and equipment attached to them.

“Kim and I pushed the two stretchers closer together so he could reach his small hand over to hold his grandmother’s hand.”
The younger grandson was extremely frightened and wanted to see his grandmother. The ER physician had triaged him and it appeared his injuries were relatively minor. Although the nurse caring for him, Kim, did everything to reassure and calm him, he became more and more anxious. Kim had young children of her own and realized that her patient would soon lose any ability to stay calm because he wanted to see “Grandma.”

Kim and I pulled the grandson’s gurney into his grandmother’s treatment bay so he could be next to her. We heard his small voice say, “Grandma, are you okay? I love you.” Neither one of them could turn to look the other because they were still secured in cervical collars. Kim and I pushed the two stretchers closer together so he could reach his small hand over to hold his grandmother’s hand.

The joining of their hands spoke volumes about the kind of care we want to be known for. I was never so proud of a simple, compassionate act performed at just the right time.

Ann Bertoch, RN, MSN
St. Gabriel’s Hospital
Little Falls, Minnesota

Questions for Reflection:

Emotional needs are as important as physical needs. In what ways might you improve in assessing and responding to the emotional and spiritual needs of others?

How might you better demonstrate compassion in your daily responsibilities?
The Least of These, My Sister

The old woman lay silent and still in the hospital bed, her face turned to the wall. The nursing staff said she spoke only to answer their questions, and only with a simple “yes” or “no.” The woman, Lucy, did not make eye contact. She seemed lost in her own world.

Lucy had been admitted the previous morning after a fall at her nursing home. No one came with her, and her only family contact was a relative several states away. I noted there was no parish listed for Lucy on the denominational patient list, and the staff said no priest had been contacted to visit her. I visited her as a lay minister.

As I entered her room, I said, “Miss Lucy, my name is Connie.” Lucy’s sad eyes looked up at me and grabbed my heart. Slowly, a sweet smile spread across her face. “You found me,” she said.

Lucy told of being the last in her family, living at the nursing home because she had no one to help her. She said she cherished visitors from her parish, but had feared that no one from church would find her at the hospital to bring her holy communion. I assured her that she could receive communion every day if she wished. I asked if she wanted to see a priest, then made that call for her.

As I left that day, a nurse came into the room. With great joy in her voice, Lucy told the nurse, “My church found me. I’m not alone anymore.” I’m not sure who received more that day.

Connie Rotters Blake, MSN, RN, FCN
Memorial Health Care System
Chattanooga, Tennessee
“With great joy in her voice, Lucy told the nurse, ‘My church found me. I’m not alone anymore.’”

Questions for Reflection:
Have you seen people in similar circumstances?
What is the meaning of this story?
Recently, I had a patient in the surgical intensive care unit who had been there for quite some time. The patient was on a ventilator and had recently suffered a stroke. He was non-responsive, and all pain medications and sedatives had been discontinued for a couple of days. The family made the decision to place a “do not resuscitate” order and perform a terminal wean from the ventilator.

When a respiratory therapist and I went in to extubate the patient, he seemed to wake up. The respiratory therapist asked if he wanted the tube out, and he nodded. I asked if he wanted to go home, and again he nodded. Still, when I looked in this man’s eyes, he did not “track.”

After extubation, the patient’s family came in. He started communicating with them. He told them he was going to see his wife, who had been dead for two years. He told them what he wanted in terms of a service, and he told them goodbye.

“There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy.”
We expected this man to live only a very short time after extubation. After a couple of hours, I called the fourth floor to ask if they had a room with a west-facing window. I think that, if possible, everyone should be able to see their final sunset.

The technicians and I moved the patient and his family to a room with a sunset view. I am told that he died later that night, some time after sunset. Family members said he was lucid until almost the very end.

I told this story to some of the patient’s doctors, and we all agree that it was an amazing incident. It just goes to show, as Hamlet said, “There are more things in heaven and earth, Horatio, than are dreamt of in your philosophy.”

**Robin Cameron-Carter, RN**

*Memorial Health Care System*

*Chattanooga, Tennessee*

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**Questions for Reflection:**

*What do you hear in this story that reflects the mission?*

*How were the core values of Reverence, Integrity, Compassion and Excellence evidenced in this story?*
My sacred story began in 2001, a few months after I started to work at Mercy Medical Center. Before that, I had never worked in a hospital setting. My perception of hospitals was one of sterile institutions where medical treatment was provided. I remember that I was grateful for Mercy’s morning prayer, because it helped ground me before starting my day.

I was still trying to familiarize myself with the hospital when something amazing began to unfold. On what started as an ordinary day, I was blessed to join a special group of people who shared their caring touch with a unique patient.

On that morning, I was asked to interpret for a Spanish-speaking man who was diagnosed with Guillain-Barré syndrome. Despite the patient’s total dependency on others for his care, he smiled and never complained.

“Thankfully, the patient’s condition improved during his incredibly long stay.”
He and his wife had no other family here, and did not have many resources. Thankfully, the patient’s condition improved during his incredibly long stay. As a social worker, I made numerous contacts, as did others, to seek services for him. Some doors closed, but others opened. The Spiritual Care department helped secure an electric wheelchair, donated by a local church. An employee’s father-in-law built a ramp so the patient would have access to his apartment. Home health provided follow-up therapy. Our patient was finally discharged.

With the assistance of a cane, he came back a couple of years ago to visit and thank those involved with his care. We were impressed with his progress and ability to regain his physical strength despite his long recovery.

Then, last May, while sitting in the crowded reception hall at a wedding, I noticed a man smiling at me. I could not mistake that smile. It was our patient, who told me he was able to walk and was working again. After I talked to him, I recalled what he had gone through and the support that we had provided as a team. I felt a tremendous sense of pride because I am part of a very important team called Mercy.

Juan Chavarria, MSW
Mercy Medical Center
Nampa, Idaho

Questions for Reflection:
Are you a member of an “important” team?
If so, why?
If not, why not?
Volunteers Lend Hands and Hearts

Sacred Stories

Saint Elizabeth Regional Medical Center has a rich history of committed volunteers who add tremendous value throughout the organization. In the Family Birthing Center, our core group of volunteers consists of eight women, including college students and retired nurses. All are eager to contribute to a positive birthing experience, and all have functioned with professionalism and compassion beyond our expectations. As a unit secretary for the Family Birthing Center, I have the pleasure of fostering the involvement of volunteers in support of our clerical and nursing staff.

Recently, our unit had an unexpected, complicated delivery. While I was assisting the staff, a college-student volunteer took over the phones and call lights. She did a wonderful job! At one point, family members of the patient who was experiencing the complicated birth came by the desk, crying and consoling each other. The volunteer started crying, too. She said to me, “I’m so embarrassed that I’m crying. I’m a pre-med student and I don’t even know this family. I’m so sorry.” My heart went out to her because I understood that she was experiencing the family’s pain.

I said, “You have nothing to be embarrassed about! I can guarantee that every one of the nurses who assisted with the delivery are crying right along with the parents. Working on this floor requires you to carry your heart on your sleeve.”

I saw a wave of relief cross her face. She has since gone on to shadow one of our nurses and has witnessed a healthy delivery. The next time we worked together, she was so excited to tell me about it.
Our talented, compassionate volunteers add so much to what we offer our patients. In turn, we have the opportunity to influence those who are pursuing health care careers by helping them see the ways we can make a difference in the lives of our patients. What a gift it is to connect so deeply with others that their experiences affect our lives, and vice-versa. We receive much more than we give, and I believe each of our volunteers would echo that thought.

Casey Clements  
Saint Elizabeth Regional Medical Center  
Lincoln, Nebraska

“What a gift it is to connect so deeply with others that their experiences affect our lives, and vice-versa.”

Question for Reflection:  
How will this experience influence the type of physician this college-student volunteer becomes?
I was touched by the following email message, which was sent by Dianna Kennedy, RN, to all of her coworkers in nursing.

“I had a scary evening last night and it reminded me of just how important our work is. I know that we often have to do things that seem trite, or put up with unpleasant people and situations. This was a reminder to me that we do touch people’s lives, every day, whether we know it or not. Sometimes, God makes it a little more obvious.

I had a patient — a little boy, almost two years of age — in the midst of a full-blown febrile seizure...I stood by the bed and held oxygen near his mouth and nose while he seized. It was the scariest thing I’ve ever seen... I struggled not to cry in front of his parents. We worked together as a team and got him settled. As I left last night, I said goodbye to his parents and grandparents. His mom talked about how scared she was, and I reminded her that even though the medical staff looked calm and collected, we were scared as well. She thanked me...I hugged her and left.

On the way home, I thought that this is why I got into nursing in the first place — to take care of people and to make a difference in their lives, especially when they are most vulnerable. I’m called to be a nurse, just like I’m called to be a wife and mother.

You all do fantastic work, each and every day. Keep up the good work! Dianna.”

Brian Doheny
Jewish Hospital Medical Center South
Brooks, Kentucky
“I’m called to be a nurse, just like I’m called to be a wife and mother.”

Question for Reflection:
Take a few minutes to reflect on the past few days — can you identify a moment that reinforced that you are doing what you are called to do?
Through the years, the facilities department at Mercy Medical Center has participated in numerous community projects. We have set up equipment for fun runs, golf tournaments and health fairs. We have transported food and barbeque grills. We have made endless trips across town in support of Mercy’s annual Community Sale. Most of the time, we labor behind the scenes and do not directly see the benefit from these events.

This year, I was able to participate in an event called Brush-Up Nampa. This event organizes people from across the community into teams and assigns them to houses that need painting and general clean-up. The house our team was given needed a lot of TLC, starting with yard work. The old paint had to be scraped off the house and some caulking done before we could paint.

Sometimes, when I see a house in that condition, I wonder about the owners and how the house got to that level of neglect. That changed when I met the owner of this home. She was an elderly lady who needed a walker. My questions about the condition of the house were answered immediately.

“...it was gratifying to help someone and to immediately know we had made a difference.”
When I talked to the homeowner about the work we were going to do, her eyes lit up and a smile came across her face. I could tell that we were about to help her with some projects she had despaired of ever getting done.

We made short work of a long list of improvements. We finished the project in about a week, working a few hours each evening to get the house ready to paint. Then, we painted the house on the weekend.

I saw the difference we made in this woman’s life. Her newly painted home brought her joy and she was proud of how it looked. Working behind the scenes is fine most of the time. But, this time, it was gratifying to help someone and to immediately know we had made a difference.

Timm Faulhaber  
Mercy Medical Center  
Nampa, Idaho

**Question for Reflection:**  
What is it about this story, and others like it, that gives a volunteer(s) “gratitude?”
Frank was alone in the cancer center’s waiting room. His cloth jacket was zipped up to his chin. His posture was slumped, he was looking at the floor and his shoulders seemed tight. I introduced myself and sat next to him. I said that I was a chaplain resident, and that we come to be with patients, support them and pray with them, if they like. He said that this was his first morning, and he knew about chaplains from the Air Force. I nodded.

I asked him what he did in the Air Force. He told me when and where he had served. He was now retired. I asked him what assignments he’d had. “Air traffic control,” he replied.

By now, his shoulders had relaxed and he was looking at me. I asked him what air traffic control was like. He talked about the excitement and challenge of getting all the planes landed in the right place, in the right order. He said that the most complex task was coaching a pilot through the critical task of landing a plane, at night or in a storm, when the computers and gauges had malfunctioned.

“I was honored to hear it from him.”
“What would you say to the pilot?” I asked. Frank mimicked the way he had spoken while working in air traffic control: deliberately, slowly and very calmly. He was sitting upright and looking ahead, down a long hallway that had radiation treatment rooms on both sides. Frank told me the words he would repeat to the pilots: “A little to the right... beautiful...you’re in line for the runway...beautiful...bring her down.”

Frank was smiling. He said, “That was fun; I don’t get to talk about that stuff anymore.” I said that I was honored to hear it from him. I asked Frank to think about the radiation staff doing the same thing for him: bringing the radiation ray down to the exact spot that would help him. He nodded. “Thanks, I needed that,” he said. I said, “You’re very welcome, Frank. You’ll be in our thoughts and prayers.”

Maureen McKasy-Donlin
Penrose-St. Francis Health Systems
Colorado Springs, Colorado

Questions for Reflection:

What do you hear in this story that reflects the mission?

How were the core values of Reverence, Integrity, Compassion and Excellence evidenced in this story?
**A Cup of Cold Water**

If anyone gives so much as a cup of cold water to one of these little ones because he is a disciple, then I tell you solemnly he will most certainly not lose his reward.

Matthew 10:42

There was recently an elderly patient on our unit who nervously waited for his doctor’s arrival because he anticipated going home. He had reading material in his room, and staff members encouraged him to relax and read while he waited for a discharge decision. Instead, he paced and wandered the area despite nurses’ instructions to wait in his room with his infected leg elevated.

As I walked down the hall toward his room, I heard him talking to Linda, our housekeeper. She was saying that she had a hard time reading without glasses, too. She and the patient talked and laughed for some time, and the patient seemed peaceful after their conversation.

When I entered his room later that afternoon, I commented that it was good to see him relaxed and reading with his sore leg elevated, as it needed to be. He replied, “That little angel, Linda, gave me her reading glasses and that’s all I needed; I couldn’t read a thing without them.”

Linda’s simple act of kindness meant so much to that man. Her sincere grasp of what service truly means is an excellent example of our core values in action. When I asked Linda about it, she gave me one of her great smiles and said, “It was the least I could do. They aren’t prescription. They only cost a dollar, and he left his at home.” Linda saw nothing special about her behavior that day. Not only is she an excellent housekeeper, she is an outstanding human being.
Some people may think of housekeepers as less “important” than nurses or doctors. Linda proves to me and to our patients that this is just not true. Our sixth floor team is better because Linda Fritts is one of us. The light of the Lord shines through her. She sweetly hums as she works, she is humble and she is dedicated to making our hospital and our lives better. Linda’s everyday “cup of cold water” makes a positive difference.

Desaray Green
St. John’s Regional Medical Center
Joplin, Missouri

“She and the patient talked and laughed for some time, and the patient seemed peaceful after their conversation.”

Questions for Reflection:
Who are the people in your life who need a cup of cold water?
How are you responding?
How can you be more attuned to the needs of those you serve?
This Angel was Easy to See

The very words strike fear: “You have cancer.” There’s no easy way to deliver that news or to receive it. Your first hurdle is a bilateral mastectomy. Then, you need chemotherapy, and you lose all of your hair. Then, you need radiation. Your favorite foods are forbidden and everything else tastes awful or makes you sick. You try all the latest medications. Your hands and feet blister and bleed because of the chemicals you’re swallowing. A routine scan shows a spot on your liver, which leads to more medications. The cancer is spreading despite all you’ve tried. Then, the doctor tells you that your cancer is terminal. You have three to six months to live.

How can anyone get through all that? This story is about a remarkable woman who is doing just that.

I met Tammy our first day of work at Marymount. I knew instantly that I liked her. I was impressed with how she went about her work. She was passionate about treating everyone as equals — not always easy in a busy emergency department. Her sense of humor was ever-present.

“Her goal is to have more time with her children, granddaughter, parents and the rest of her family.”
Tammy comes to work with a wonderfully sunny attitude, which is amazing. With all she has to think about, she still fixes meals, orders birthday cakes and makes sure we laugh whenever possible. She is a prankster and nothing gives her more pleasure than scaring the staff at every turn. I know for certain that her inner spirit and faith are getting her through this unbearable time and inspiring those around her. Her latest news is multiple tumors in the liver.

Tammy continues to laugh and enjoy life each day. Her goal is to have more time with her children, granddaughter, parents and the rest of her family. Our goal is to have her for as long as God sees fit. Some may question why all this difficulty would happen in one person’s life. Personally, I thank God for bringing grace, courage and spirit to us, all wrapped up in a special friend. We may not always recognize angels in our lives, but this one was easy to see.

Sharon Hershberger
Marymount Medical Center
London, Kentucky

Questions for Reflection:
Who are the angels in your life?
What gifts of God are they offering you?
What gifts of God are you offering in return?
In early 2003, I met one-year-old Joshua, along with his parents, Raul and Maria, just after Joshua was diagnosed with Ewing’s Sarcoma. The cancer had led to the amputation of his right arm, intense chemotherapy and multiple extended hospitalizations.

Joshua developed quite a personality, despite his illness. He was boisterous, energetic and we knew he was the Boss! At age four, when his cancer was in remission, Josh had a pleasant year. His family even gained a new member, Max. But, in August of 2006, Josh was diagnosed with leukemia. Although his little brother was a perfect match for a bone marrow transplant, Josh was not a candidate. The family made the best of their time together with a trip to Disney World and a SpongeBob party.

All of us on the health care team tried to prepare Joshua’s family and ourselves for his death. He fought hard and amazed us all with his ability to keep living with happiness and energy. However, this changed during the Summer of 2007. Josh, once playful, was now in pain, pale and restless. He needed oxygen to help him breathe.

“Hi, Sandy,” Josh greeted me when I arrived at his home on what would be our last evening together. When I left, I reminded Maria to call me at any time. Before dawn, my phone rang. Maria said, “Sandy, I’m scared.” I arrived at Josh’s house quickly. Josh was having trouble keeping his oxygen levels up, and he was anxious. With added oxygen and pain medication, he was able to relax and drift off to sleep. I called his health care team, while Maria called her family. It appeared that Josh would soon have peace.

During the early morning, Joshua was dozing when he suddenly reached up, pulled off his oxygen tube and said, “Mommy, I’m in a different place.” Then, he drifted back to sleep. I invited his parents to hold him and talk to him. Soon, Joshua entered eternal peace, leaving behind all who loved him so much.
I realize how precious life is and also look forward to that “different place,” where Josh is running, playing and telling all, “I’m the Boss.” Through caring for Josh, my faith has been renewed.

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

“It appeared that Josh would soon have peace.”

**Questions for Reflection:**

The death of a child is a particularly challenging call to faith. How can you help children and adults facing death to prepare for their “different place?”

How are you preparing for your journey to your “different place?”
My story begins 14 years ago, when my husband passed away unexpectedly from a massive heart attack. After that, whenever I heard about anyone in an end-of-life situation who needed help, I would call and offer my assistance. This was not normal behavior for me, and I was a little baffled by it. I spoke to my minister, who said that this was God’s way of using me for His plan. After about 10 years of helping others on my own, the hospice coordinator at St. Catherine Hospital asked me to work as a hospice volunteer. Now, four years later, I continue to be a hospice volunteer.

I remember one hospice patient who I would visit two afternoons a week. On his good days, the patient would tell me of his life’s accomplishments. When he was too weak to talk, he would ask me to read his favorite Bible passages or tell stories of my mission work tour in the Holy Land.

The last afternoon I sat with this patient was a few days before Easter Sunday. When I arrived, his son told me that the patient wouldn’t eat or sleep and was restless and agitated. The patient was also in a lot of pain. He was lying in a recliner, very weak but able to hold both hands up. I thought, “He’s holding his hands up to God.” I sat beside him and talked to him. He put his hands down, and I held them. I asked if he would like me to read from the Bible, and he nodded. I read verses from Psalms, then asked God to touch my heart and lead me to the right scripture. The Easter Story came to me, so I read it to him. That story, with more pain medication, allowed him to settle down and fall asleep. When I left, his family thanked me for reading that story, as the next Sunday was Easter.
As I always did, I called the family on Sunday evening to see if I was needed to sit with the patient on Monday afternoon. I was told he had passed away at 11:00 a.m. that day, just as the church he attended when he was able began Easter Sunday services. Having read him that great story, and knowing God took him home at that moment, gave me a warm feeling inside.

JEAN HINDERLITER
St. Catherine Hospital
Garden City, Kansas

“He’s holding his hands up to God.”

Questions for Reflection:

In Catholic health care, we are called to heal even when we cannot cure.
Often, the most healing gift is being present to those in need.
How are you being present to those who need you?

How are you answering God’s call to help others?
As I start my morning shift in labor and delivery, Dr. H is in room 403 for a delivery. I receive report from the night nurse, then turn to see how close to delivery we are.

“What is that?” I inquire softly of Dr. H. Trickling out of the birth canal is an odorless yellow drainage that I have never seen before in my 25 years of obstetrics experience. Apparently, Dr. H hasn’t, either.

This is the mother’s first child. She eagerly anticipates a perfect child, of course. But now, we aren’t sure.

“Push, Ericka,” I coach. “Long and steady...that’s it...take a deep breath.” She is making beautiful progress for a first-time mom, but there is more of the unusual drainage.

Finally, the crowning of the baby’s head — and silence. “Push again, Ericka,” Dr. H and I coax. “The baby’s head is out.” Dr. H is silent as he suction the baby’s mouth and nose. He rotates the baby’s shoulder, and with a final push the baby is here. It’s a boy!

“Something is terribly wrong,” Dr. H says as he hands the baby to me.

“What? What is wrong with my baby?” The mother is fearful, the father silent.

The baby is crying and breathing now, and I take him to the warmer. He is covered with a scaly, reptile-like skin. Dr. H. says, tenderly and compassionately, “Something is wrong with your baby, Ericka. His skin is not normal.”

My mind hears the explanation, but it seems to come from a distant voice. I look at the newborn baby, covered with a terrible skin anomaly. How will I show this mother her less-than-perfect baby, this imperfect miracle?
“Please, God, help me with this,” I pray to myself.

Then, I see beyond the baby’s skin. I see the most adorable face, the cutest little nose, 10 perfect fingers and 10 perfect toes. I see a crying baby with needs and total dependence on someone to love him. He is beautiful!

I take the baby to his anxious parents. “His skin is bubbly,” I begin. “We aren’t sure why, but look — he has the most adorable face.” I show the mother and her husband their less-than-perfect baby.

They look, and stare. Then, in an act of incredible love, the mother takes her baby and slowly brings him close to her. “It’s OK,” she whispers softly to him. “It’s OK.”

We are all God’s children. He sees beyond our outer layers and to His beautiful creation within. Listen to Him as He whispers, “It’s OK, my child. I am here.”

**Aletha G. Krassin, RN**

*St. Francis Healthcare Campus*

*Breckenridge, Minnesota*

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**Questions for Reflection:**

*What do you hear in this story that reflects the mission?*

*How were the core values of Reverence, Integrity, Compassion and Excellence evidenced in this story?*
Early one winter morning, a man in distress came to Jewish Hospital Shelbyville. He entered the hospital and approached the front desk. “I need help,” he told the registrar. “I am going to kill myself today,” he said.

The registrar was Janet Harrell, a 15-year veteran of Jewish Hospital Shelbyville who shares her heart and hands with community members in need. Janet suggested to the man that she call a local organization that specializes in human services needs. “I’ve been there — they can’t help me,” he said.

Janet assured the man that she knew someone who could help. He waited patiently while she called a hospital volunteer whose husband, Sam, is a pastoral counselor. Sam dropped what he was doing, and within minutes was at the hospital.

For 30 minutes, the two men sat in the hospital waiting room talking about forgiveness for past wrongs and a valued future. Then, the man who had spoken of suicide rose and thanked Janet for her help. Somehow, he said, he had experienced new peace. The two men left.

“Her simple expressions of love make a tremendous difference in the lives of the people we serve.”
Several weeks later, a woman carrying two bouquets of flowers approached the information desk. Janet was again at her post. “These are for you,” the woman said to Janet. “Fresh flowers for you, and for Mr. Sam. Several weeks ago, my husband came to the hospital. His intent that day was to commit suicide. Life seemed just too much to bear. But thanks to you, he received the help — and peace — he needed.”

Janet has never shared this story with her co-workers at Jewish Hospital Shelbyville. However, other members of the hospital team were witness to her extraordinary actions. If you asked Janet, she would say that this — as well as her many other expressions of love, compassion, care and humility — is nothing to speak of. We know it is not nothing. Her simple expressions of love make a tremendous difference in the lives of the people we serve.

So, “Today if you hear the voice of the Lord, harden not your hearts” (Psalm 95).

HOLLY HUSBAND  
Jewish Hospital Shelbyville  
Shelbyville, Kentucky

Question for Reflection:
We need to stop in our busy jobs and lives to really listen to what others are saying. Sometimes, the obvious service we provide is not what others need: they need something deeper. How are you really listening and responding to the needs of those you serve?
It was a typically cold winter day in Minnesota and everyone in the Health Information Services department was busy. I doubt that anyone gave much thought, on that busy day, to the safety of their loved ones. Then, near mid-day, the call came to one of my co-workers. Her husband, working 30 miles away, had collapsed on the job. Information was sparse. She was told that paramedics were “working on him.” He was transported to the cardiac care unit at a large hospital in a nearby city.

Our department of about a dozen workers was stunned. We are known for our closeness. We celebrate birthdays and holidays together, sometimes dressing up for the occasion. We often have potluck lunches for no particular reason.

It was no surprise, then, when someone suggested we join hands in prayer before our co-worker rushed to be at her husband’s side. It was something we needed to do. After all, prayer was nothing new to our facility: morning prayers are read daily over the intercom and all meetings open with a prayer.

We held hands in a circle. Different religions and personalities joined to comfort our friend. There were few dry eyes as one of the medical transcriptionists led us in spontaneous prayer. I don’t know where she found the words. She said just the right things. The prayer was simple, yet beautiful.

Our co-worker’s husband recovered. In fact, his recovery was featured in the news media because of a new, specialized treatment he received. The articles gave tribute to the wonders of new technology, but I know there was more to it. I think technology had more than a bit of help that started with our prayers from 30 miles away.

Sue Iveland
St. Gabriel’s Hospital
Little Falls, Minnesota
“She said just the right things.”

Questions for Reflection:

How has prayer been a healing power in your life?
Recently, I was blessed to meet a man whose mother was in our intensive care unit. He was always at his mother’s side and rarely left her. I visited with him for a few minutes every day. Something about this family touched my heart.

One Monday morning, I arrived an hour early to visit with the family before my shift. I sat beside the son in the waiting room, and he asked a question that I had never been asked before. “Would you go upstairs and see if you can get mother to respond?” he asked. “She isn’t responding to anyone — family, doctors or nurses.” I agreed. On our way, I asked God to lay on my heart the words to say.

I approached the patient’s bedside, held her hand and rubbed her forehead. I called her name. Suddenly, she opened her eyes and commented on the necklaces I was wearing. God had performed a miracle, and my heart was thankful.

It wasn’t long before she returned to an unresponsive state. Once again, the family called on me. Again, I prayed that God would lay on my heart the words to say that would awaken her.

“My mother always taught me to love and to help others with kindness, compassion and a servant’s heart.”
I called her name, holding her hand and rubbing her forehead. I asked if she remembered me from the day before, but there was silence. Then suddenly, just like the day before, she opened her eyes and said, “Yes.” I asked if she could see the necklaces I was wearing and which one she would like to have. I removed the necklace she wanted and the nurse put it on her. She spent the day with her family before she became unresponsive again.

The doctors told the family that cancer had spread through the patient’s body and she did not have long to live. She died on August 27, 2007. I had the honor of attending the funeral, and I keep in touch with the family. The necklace has become a treasured memory of God’s blessing during their time of sorrow.

My mother always taught me to love and to help others with kindness, compassion and a servant’s heart. Through volunteering, God will use me in ways I could never imagine.

Geneva C. Keller
St. Vincent Infirmary
Little Rock, Arkansas

Questions for Reflection:
Whatever your role in Catholic Health Initiatives, we are all called to heal. How is God calling you to heal? How are you responding?
A patient presented to our unit in the early phase of pregnancy, with complications. After an examination, some tests, a physician consultation and much prayer, our patient and her husband realized that their baby girl would not live.

Understanding the devastation they felt, the nursing staff looked after this family in a gentle, comforting and caring manner. As it always does, the loss of the baby affected the entire department.

In the hallway of the labor and delivery unit, the baby’s dad noticed a beautiful picture of a little girl reaching up for a flower. He told one of the nurses that if his little girl had lived, this was what he thought she would have looked like, with curly reddish-blonde hair. He asked if he could buy the picture for his family to remember their little girl by.

We called our patient advocate, Stan, to see if this was a possibility. Stan immediately began to track down the person who decorated the unit to see if we could get another copy of the picture. After making some phone calls, he was able to order a replacement. Then, he took the picture out of its frame and presented it to the parents of the baby girl who was, in the couple’s words, “sent to be with the Father.”

We did receive another copy of the picture to replace the one that we gave to the parents. Now, when I look at it, it reminds me of the family’s loss and the grace it provided to them and to me and my co-workers.

Ellen Augustine, RN
Mercy Medical Center
Nampa, Idaho
“He asked if he could buy the picture for his family to remember their little girl by.”

**Question for Reflection:**

The word “compassion” literally means “to suffer with.”
To what degree are you able to put yourself in another’s “shoes,” and to touch as well as be touched by others?
Our dental clinic in Lancaster, Pennsylvania, is a mobile bus that reaches children of low-income families throughout our county. We travel from rural to urban to suburban areas and back again — sometimes, all in one week — reaching children in preschool through middle school. During the school year, we visit public schools; our summers are spent at Boys and Girls Clubs, shelters and Head Start programs.

Some of my most heart-warming memories are of the weeks we spent working with preschoolers at the Head Start center in downtown Lancaster. Children at this age sometimes challenge us to be flexible as we work around their snack time, lunch time, nap time and play time. Convincing a three- or four-year-old to climb the steps to our mobile clinic can be a challenge in itself.

The thought of one particular child still brings tears to my eyes. “Robby” was three years old, deaf, blind in one eye and had limited sign language skills. We knew that he would put our communication skills to the test. The biggest test, however, proved to be something we did not expect!

Our dentist, dental assistant and I wear scrubs. When we attempted to bring Robby on board the mobile clinic, he wanted nothing to do with us. When his mother came to pick him up, she explained that because of Robby’s extensive medical and hospital experiences, he was terrified of anyone in scrubs.

We thought about how to approach Robby differently. We decided that the next day we would change into street clothes for his appointment and demonstrate everything we planned to do on his adult classroom aide first.

After a little coaxing and trust building, our non-traditional approach of “tell, show, do” worked. We were able to do everything from X-rays to a dental cleaning for Robby.
After that success, Robby would climb off of his school bus and sign to us, asking if it was his turn to return to our clinic. Every time we went to his classroom to bring another student out to the clinic, Robby would hope it was his turn.

A few days later, it was finally Robby’s turn to visit our dentist for restorative dental care. Robby was so excited that he ran out of his classroom, down the hall, out to the clinic and began banging on our door. Once inside, he hopped into the dental chair, laid down and opened wide. It was hard to believe that this was the same child who had been so fearful and anxious!

As we finished his treatment, Robby sat up and signed to us, patting his little hand on his chest, then pointing to us while mouthing, “I love you.”

Experiences like this — when we take a step back, put ourselves in someone else’s shoes and remember our core values — remind us that we receive much more from our patients than they ever receive from us.

Beth Zimmerman, RDH
St. Joseph Health Ministries
Lancaster, Pennsylvania

Questions for Reflection:

What “clothing” might you be wearing that keeps others from approaching you?

How do you make the effort to truly understand others, especially in times of fear and vulnerability?
Janet Beiersdorfer, RN, was taking care of a young woman who had cancer at Good Samaritan Hospital in Cincinnati. While the patient was away from her room for a test, she lost her medal of St. Peregrine, which was very dear to her. St. Peregrine is the patron saint of cancer patients.

Janet knew of the lost medal and called her sister, Maureen Blackwell, who works at the Hatton Institute at Good Samaritan Hospital. Janet asked Maureen to go to the Good Shepherd religious store to find a new medal for the patient. Though it was the middle of a busy day, Maureen went to the store.

Unfortunately, the store was out of small St. Peregrine medals. When Maureen told the clerk how disappointed she was, the clerk checked again and found two larger medals. When Maureen asked how much they cost, the clerk told her to just take them: it was obvious that the patient really needed them.

“The patient was very touched...”
Janet told Maureen to bring the new medals to work with her the next day. However, Maureen thought that if Janet had taken the time to call and ask her to do this errand, tomorrow wasn’t soon enough. She drove back to the hospital and delivered the medals to Janet. Janet asked Maureen to give them to the patient: perhaps her spirits would be lifted if she knew what a perfect stranger had done for her. Maureen delivered the medals. The patient was very touched that someone she had never met would stop what she was doing and take care of her need.

Janet Beiersdorfer, RN
Good Samaritan Hospital
Cincinnati, Ohio

Maureen Blackwell
E. Kenneth Hatton, MD, Institute for Research and Education
Good Samaritan Hospital
Cincinnati, Ohio

Question for Reflection:
This sacred story is about going above and beyond our job descriptions. How might you become more consistent in going above and beyond your regular call to duty?
On July 3, 2007, my mom was brought to St. Joseph Memorial Hospital in Larned, Kansas, from the local nursing home. She was critically ill. She was dehydrated and having trouble maintaining her blood pressure, and Alzheimer’s disease complicated her condition.

That evening, the emergency room was very busy but the staff was attentive and concerned. Soon after arriving, Mom was examined by the emergency room physician. Her attending physician came in and helped me weigh the option of transfer versus staying at St. Joseph Memorial Hospital, as well as other end-of-life decisions. My questions were answered and we decided that Mom could be safely cared for at St. Joseph’s, so she was admitted.

During her six days in the hospital, Mom’s condition seemed to improve one day and deteriorate the next. Everything her attending physician said might happen, did indeed happen. But, most importantly, my mother received the attention she needed.

“The core value of compassion truly shone through.”
The night before Mom died, I knew that I needed to be by her bedside. While she received exceptional care throughout her stay, I cannot say enough for the nurses who were on duty that night. They did everything they could to keep her comfortable.

The nurses kept me informed through the night about Mom’s condition. At about 1:30 a.m., they told me she was in the dying process. They were concerned about Mom and about me, because I was there alone. The core value of compassion truly shone through.

In fact, our core values were exemplified in every physician, nurse and ancillary professional who took care of Mom. It made me proud to work for an organization that not only has its values posted on the wall, but lives them on a daily basis.

**Mary Klinge**
*Central Kansas Medical Center*
*Great Bend, Kansas*

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**Questions for Reflection:**

What do you hear in this story that reflects the mission?

How were the core values of Reverence, Integrity, Compassion and Excellence evidenced in this story?
Imagine what it must feel like to be lost in the forest for 13 days: the fear of never being found, the cold nights, the terror of seeing bears walking within 30 feet of you. Imagine nearly giving up hope.

When the 76-year-old lady turned to walk back to the stranded truck and wait there for her husband to bring help, she didn’t expect it would result in a county-wide search for her. Her husband was alarmed when he returned and she wasn’t waiting for him in the truck, but thought that the search and rescue teams would quickly find her.

As teams searched through the night and into the next day, hope started to dwindle. After more than a week of looking under every tree and calling out until they were hoarse, community members sadly returned to their homes, and the lady’s family faced an uncertain future.

But, two law enforcement officers were not willing to give up. Heading into the woods, they saw a flock of ravens take flight. On the hope that something other than an animal might have startled the ravens, they worked their way through the brush and were amazed to find the elderly woman.

She was transported from the woods to St. Elizabeth Health Services. The media, attracted by the human interest story, descended on our little hospital. Through the efforts of all of our employees, we were able to provide excellent care and complete privacy for the family.
What many people did not know was that even though the woman was physically out of the woods, medically and mentally she was suffering. I would visit with the family, providing spiritual support and joining them in prayer. We had to believe that the God who had saved her life would not now allow it to be taken from her now.

One morning, the woman’s daughter rushed over and threw her arms around me. “Your prayers were answered,” she exclaimed. “Mom is awake and alert!” I smiled.

The media had interviewed our emergency room doctor. “Is it possible for someone who is 76 years old to survive 13 days without food or water?” they asked. He responded, “No.” “Then how did she do it?” the reporters asked. “I don’t know,” the physician said. “A miracle, I suppose.”

St. Elizabeth’s tag line is “Where Miracles Happen.” I know a lady who is very happy today because she was brought to a hospital that still believes in miracles!

Jerry Nickell
St. Elizabeth Health Services
Baker City, Oregon

Questions for Reflection:
Do you believe in miracles?
Have you experienced a miracle?
How did you know it was a miracle?
What changed in you because of it?
One day in 1990, Mary, a new adult day care client, was wheeled into the arts and crafts area of our long-term care facility. “I can’t do anything here; I only have the use of one hand,” she announced.

With encouragement from the activities staff, Mary surprised herself by completing several simple stitching projects. Then, she began to learn cross-stitch. Her first cross-stitch project was a placemat in which the cross-stitches were a half-inch in size. She did this initial project with a one-handed embroidery hoop and a little help from staff and volunteers to thread her needle.

Later, an activities aide discovered a cross-stitch block that another resident had started but was unable to complete. She encouraged Mary to complete that block, plus eight others, in order to make a quilt. Mary said, “I didn’t want to start, but as I worked on it, I learned to like it.” Mary marked her progress by stating, with a giggle, “One done, eight to go.” She continued the countdown with each block. When Mary finished the last block, it was a day of celebration.

The activities aide who got Mary started was willing to sew a quilt using the blocks Mary had stitched. Mary asked a friend to help her coordinate fabric colors and even asked her husband, Mike, for his opinion on fabric. “Anything with a deer on it,” he said. Mary had her own ideas and won Mike over, even though she chose a flowered fabric.

The activities aide sewed the quilt and brought it back to Mary. Mary thought it looked so big compared to the 12-inch blocks she had worked on. Amazed at her own handiwork, she said, “I can’t believe how gorgeous it is!” It was three years since Mary had started stitching the first block.
Those of us who watched Mary — from the first block she struggled to complete to the joy she couldn’t contain when she finished the last — saw the quilt as a true labor of love. It’s now in Mary’s bedroom, on her bed, and she says it looks fabulous. She is making plans to embroider another quilt.

Dorothy Bernardy
Mary Beseman
St. Otto’s Care Center
Little Falls, Minnesota

“Those of us who watched Mary saw the quilt as a true labor of love.”

Question for Reflection:
Mary received encouragement and affirmation. How might you improve in providing encouragement and affirmation to patients/residents/clients, staff and family?
“MOMENTS of work are precious that sometimes go
lived spirituality at events

UNRECOGNIZED.”
I remember when Barbra came to Hospice House. She couldn’t use the call light, she was difficult to understand, and we had a hard time transferring her gracefully. Sometimes, we ended up in bed with her, but she would just laugh. We got her a special call light and put a rearview mirror on her table so she could tell if the light was on or not. Once we got to know her, she wasn’t so hard to understand. I think the move to Hospice House was very difficult for her.

Soon, she moved to a different room where she could overlook our garden. That made a huge difference for Barbra. In a reclining wheelchair, she would go outside. She loved the garden.

Often when I went to her room, she’d have Judge Judy on the television. She thoroughly enjoyed watching it. She loved coffee and drank it through a straw. Sometimes we made small talk, sometimes we had long talks, and sometimes we did no talking. She had the grandest of smiles, and she always made me feel special.

Some of the staff would bring their dogs to visit Barbra, because she loved dogs. Well, all except Leslie’s dog. She called him “that misbehaved dog.” She would talk about her own dog and how he was in heaven waiting for her.

At night, we’d tuck Barbra in and dim the lights. We’d turn on music for her and she could see the stars outside her window.

I loved painting her toenails. When her fingernails started digging into the skin of her contracted hands, I’d clip and file them for her. It was one of those special things that allowed us to share quality time together.

One day, Barbra began to fail rapidly. On the night she died, she asked Jon to make a toast. She was very close to death, but still able to ask for coffee on a toothette. Judy called Leslie, Barbra’s daughter. When Leslie arrived, Judy and all of the evening crew gathered at Barbra’s bedside. While glasses were filled and handed out, Leslie held Barbra’s hand.
As we stood with our glasses raised to honor Barbra, her breathing changed. Then, she was gone.

I remember thinking, “Wow! What a gift! What an honor! What love!” I think that even in death, Barbra was giving us a very special message. She was communicating her gratitude. I remember her death as one of the most beautiful, yet humbling, experiences I’ve ever had. I couldn’t cry then, but there have been many tears since.

Hospice House was blessed on January 11, 2005. I was not there, but I have read and re-read one of the reflections given that day. It is by Jean Vanier.

“Isn’t this the ultimate secret of the gospels? That we are all ordinary, born in littleness and called to die in littleness. But we are loved and have a mission to love. To pour that spikenard ointment, so precious and so costly, upon the feet of Jesus soon to die, is the same as pouring oneself out upon those who will die tomorrow and who today are apparently useless … The secret … is that the poor and the weak are not just objects of charity and love, even less are they useless and to be discarded or seen as a problem and a burden; but they are called to be a source of life for all of us. If we come close to them, in some mysterious way they bring us to what is essential; they call us to truth, to compassion, and to centeredness.”

Debi Martel, RN, OCN
Franciscan Hospice House
Tacoma, Washington

Questions for Reflection:

What do you hear in this story that reflects the mission?

How were the core values of Reverence, Integrity, Compassion and Excellence evidenced in this story?
Joshua Station

Our mission: to transform a drab motel room into a cheery temporary home for a homeless family.

Many people who are faced with the loss of permanent, stable housing resort to dilapidated motels in rough areas of Denver. While these motels serve a need, they are also surrounded by negative social factors, such as drugs and violence. In 2001, a faith-based community of local volunteers purchased and renovated one of these motels with the goal of providing a better housing option for distressed families, and Joshua Station was born.

Joshua Station’s “Spruce a Room” program gave our team from the National Information Technology Center the opportunity to prepare a room for an incoming family. We selected a color scheme and shopped for paint, cleaning supplies, toiletries, mini blinds, a crib, linens and several wall hangings with encouraging words from scripture.

One warm September morning, we assembled in Joshua Station’s mural-painted motel parking lot. Our team, comprised mostly of project managers, included a vice president, a director, a supervisor, a project manager on his first day of work and a high school student who was part of a work-study program.

“We are blessed to work for an organization that embraces opportunities to serve others.”
As the day progressed, joy, fun and spiritual renewal infused the team members. As we completed the final touches on the room, we shared an overwhelming sense of gratitude to be part of a family’s new path to healthier, happier and more stable lives. Witnessing the transformation of the room and contrasting it with the run-down surrounding area made us realize how blessed we are in our own lives and how much we take for granted.

One of our participants summarized our experience well: “It’s often difficult to draw a line to patient care from some of the projects I work on, but working with Joshua Station provides a connection to Catholic Health Initiatives’ mission of building healthy communities. We are blessed to work for an organization that embraces opportunities to serve others.”

Kathryn Glass
Hunter Wagner
On behalf of the Meditech Management and Project Management Groups
Catholic Health Initiatives National Information Technology Center
Denver, Colorado

Questions for Reflection:
How does this story reflect Catholic Health Initiatives’ mission and vision?
Why does Catholic Health Initiatives encourage and support our employees in activities like this?
James had only two teeth left and long, thin gray hair. His skin-and-bones appearance contrasted with the rotund, hard swelling of his belly and legs. His kind gray-blue eyes looked into mine. “How present are you?” they might have asked. “Can you see me?”

He was at the end stage of chronic lymphocytic leukemia. “Agent orange, or karma, or probably both,” he told me in one of our first conversations. He was proud of his daughter, soon to earn a doctorate in a scientific field. “She told me that I was her inspiration,” he said. So much of James’ story was untold.

I visited James as a nurse, a TLC specialist, and then a friend and substitute family member. I never saw another visitor. From what I gathered, there were none. What do you do with a person in such discomfort and aloneness? I soothed his energy field, massaged his feet and hands, detangled and braided his hair to the side. His hair had been a source of pain when the Army shaved it off during his days as a soldier in Vietnam. James said, “I could never cut it after that. The army tried to strip us of our humanity and identity. Cutting our hair seemed to symbolize that for a lot of us.”

He was not a religious man, by his own admission, but spiritual nonetheless. Whenever I entered the room and looked into his eyes I received a small, kind smile that was very beautiful and precious to see. Even in the face of great suffering he offered only his gentle nature, with glimpses of his accepting attitude and inner strength.

On his birthday, a group of us raised funds for flowers and a card. Our Touch, Love and Compassion team, along with colleagues from spiritual care, nursing and housekeeping, sang “Happy Birthday.” James gave us a smile and expressed his gratitude. It was his last birthday, and perhaps not a very comfortable or happy one, but we still recognized and celebrated his life.
One morning, James lay on his side groaning with each breath, his eyes open but focusing only with effort. I placed the last of the bright sunflowers from his birthday bouquet on his bedside table. Using gentle energy techniques, I soothed the space around him. I took his hand and told him he was a good man who I was glad to have the chance to know. I whispered that he would soon be free.

A few hours later, I made an unusual visit to the hospital’s back dock for some paper copies. While waiting, a chaplain and a man from the mortuary came around the corner with a gurney that was transporting a body in a dark red, zippered bag. “This is your friend, Melinda,” the chaplain said. Placing my hand on the body, I said another goodbye.

James died today. As tears streamed down my face, I wondered about the intensity of my brief connection with this human being. Then, I realized that I was meant to cry these watery bits of my essence for a man that few knew or cared about. I wept for James, for me, for every being who ever felt lost or alone. So, James, I honor you with these tears of love and respect. I thank you for the opportunity you gave me to serve a spark of divine light. I celebrate your journey home.

Melinda Mical, RN
Mercy Regional Medical Center
Durango, Colorado

Questions for Reflection:
In the world of health care, healing comes in many forms. What is the difference between healing and curing? Why is it that healing is more important than curing?
On a night that I left late from work, I stopped by our cafeteria to pick up dinner for my husband and me. It was already 6:30 p.m. and the temperature outside, typical for August, was 100 degrees. Our cafeteria has really great food, and I just couldn’t imagine cooking dinner.

While there, I struck up a conversation with Lou, who has dinner at St. Anthony Hospital every night. The staff sets a place for him, brings his dinner out and takes care of his cash payment so he doesn’t have to go through the line. He lets them know when he will be away so they don’t worry about him.

Lou reminded me that he is 94, which is impossible to believe. He is a distinguished gentleman with strong features, big hands and broad shoulders. He must have been tall before he became stooped with back pain. We talked about “coming from good genes.” He told of an aunt who received a speeding ticket at 104 years old. “When they tried to take her driver’s license away, her lawyer pointed out that it was not lawful to do so based on her age alone,” he said.

He told me that his 74-year-old daughter was coming to visit. He said they would be seeing me at the hospital. I watched as he left, being sure he made it to his air-conditioned car and had it running before I left the parking lot. He moved slowly.

The hospital family is important to this wonderful, aging man. I see staff from all over the hospital, from pharmacists to physicians to housekeepers, greet him at dinner. Almost everyone knows him, although many do not know this story.
Lou depends on the connection with people that the hospital provides. He lives alone. He was a great husband to his wife, Rosalie, and took wonderful care of her for many years as she convalesced from what appeared to be a stroke. We first met when he began bringing her to the hospital for lunch and dinner so she could have a special diet. She needed a wheelchair, and he spoke for her most of the time. As he fed her, I imagined how he cared for her at home: choosing her clothing, combing her hair, applying her make-up and positioning each piece of jewelry.

One spring evening, I visited with Lou and Rosalie for a few minutes. Lou said “Rosalie, tell June where we are going next week.” Rosalie, with a smile and twinkling eyes, worked hard to enunciate “Ha-wa-ii.” We talked about what fun it would be. I asked when they would come home, and Rosalie said, “I...don’t want...to come home.” Rosalie died in Hawaii, on that trip, eight years ago.

We think of Lou as family and I hope he thinks the same of us. Although we miss Rosalie, we continue to be here, day in and day out, for Lou.

June Morhland
St. Anthony Hospital
Pendleton, Oregon

Questions for Reflection:

Our mission calls us to God’s healing presence to each other and reminds us we are the hands and feet of Jesus in this world. Who was Jesus in this story?

Why do you think that?
There are days when it seems that no matter what you do, your deeds won’t help another person. There are times I believe that God just wants us to wait, and listen.

This was the case one morning when I went to the room of a resident who was apparently in depression. She did not want to rise for the day, get dressed or have anything to eat. I pulled up a chair beside her bed and took some time to listen.

To be heard was what she needed that morning. She wanted to tell someone that she was anxiously awaiting the birth of a new grandbaby. I could relate to her excitement, as I was also awaiting the birth of a grandchild.

So, we rejoiced together. When the nurse came in (she told me later), she was shocked and surprised to see the resident up, dressed and having coffee at her table. The nurse wondered what I had done to put the resident in such a great mood. I said that I had merely taken the time to hear her out, and I do not take the credit. I give all the honor and glory to the Lord.

I pray for the residents when I am driving to work, and I pray for all the workers and others who go in and out of Riverview Place each day. Our Lord is awesome and knows what each person needs every day.

So, sometimes, take time to hear someone out if you do not know what to do for them. It’s true that there are times when we need to rush around a lot; but there are times to just sit and listen, too.

Thank you for listening.

Leilla Moll
Riverview Place
Fargo, North Dakota
“I give all the honor and glory to the Lord.”

Questions for Reflection:
We all need to hear for someone to really listen to us.
When was the last time you experienced “real listening?”

How did that feel?
Making a positive connection with a patient can be tricky, as when I was called to room 226 for a blood draw on a combative patient. Lucy was in her bed with a nursing assistant on one side and a volunteer on the other. As I walked in, I said, “Hello, my name is Bob. I am here to get a blood sample. Is that OK with you?”

Lucy’s lips were pursed as she stared at the blank television mounted on the wall. It was clear that she did not want to be here. You see, Lucy lived alone and had taken care of herself for her entire life. Now that she was 80 years old, she didn’t need anyone telling her what to do. Besides, she had family in the area if she really needed anything. Right now, she just wanted to go home.

I proceeded with the set up to draw her blood, talking to Lucy through the whole process. She never said a word or changed her gaze. Just before I poked the needle into Lucy’s right arm, her granddaughter came into the room. “Are you hungry, are you cold, can I get you anything?” she asked. Lucy didn’t respond.

I poked her right arm, but only got enough blood for one tube. I needed two. As Lucy had not reacted negatively to me, the nursing assistant, volunteer and granddaughter went into the hall to compare notes while I set up to poke Lucy’s left arm. I drew the blood I needed. As I got ready to leave, I decided to leave my usual “calling card,” and I put a 3-D sticker of a butterfly on Lucy’s water pitcher. I held the pitcher high, in her line of sight, and told her the butterfly was to remind her to get well soon. As I placed the pitcher on her table and turned to go, Lucy mumbled something. “Excuse me?” I said, turning back. “I love butterflies!” Lucy said. Her face softened for a moment, then went back to a hard stare. “I am praying that you get well soon,” I said.
As I stepped into the hall, I told the group, “She spoke!”

“What did she say?” they asked.

“Just three words,” I told them. “I love butterflies.”

They rushed back into the room with questions flying. “Are you hungry, are you cold, can we get you anything?” Lucy didn’t say a word.

During the next few days, Lucy’s chemistry slowly came back into balance and then, boy, could she talk! When Lucy left the hospital, her water pitcher was covered with butterfly stickers.

Bob Logan  
Mercy Medical Center  
Roseburg, Oregon

Questions for Reflection:

What do you hear in this story that reflects the mission?

How were the core values of Reverence, Integrity, Compassion and Excellence evidenced in this story?
Having worked in the finance department at Good Samaritan Hospital for more than two years, I sincerely appreciate the fine establishment we have here in Kearney. I have also learned first-hand that the services and compassionate care provided here are absolutely second-to-none.

On a Friday afternoon at home, I was suffering from what I later learned was a severe bleeding ulcer. My wife called 911, which summoned a Good Samaritan ambulance and I was taken to the Good Samaritan Hospital emergency room. As an inpatient, I received excellent care from physicians, nursing staff, laboratory personnel, the pastoral care team and many others who worked in unison to create a healing and comforting experience for me and my family.

What made this hospital stay not just healing, but uplifting, was the special attention given to the emotional and spiritual health of my entire family. The reason I was at home that Friday afternoon was because we were preparing for my daughter’s wedding the next day. My health emergency caused distress for my whole family, and we were not sure how to proceed with the wedding plans.

My care team stepped in. They worked with my family to change the location of the wedding from our church to the Good Samaritan Hospital chapel. I was able to be present for one of the most special days in my family members’ lives. For that act of compassion, I am profoundly honored and forever grateful.

This string of events certainly wasn’t what any of us envisioned; but, with skillful treatment and true compassion, we were able to make the best of the situation. I am honored and thankful to be part of an organization that cares so deeply for its patients and for its employees.
“What made this hospital stay not just healing, but uplifting, was the special attention given to the emotional and spiritual health of my entire family.”

Questions for Reflection:

Being part of the healing ministry of Jesus means we have the privilege of being with people who are vulnerable. When was the last time you tried to “wear the shoes” of a patient/resident?

What did you learn about yourself?
Patients are so much more than human beings who need medications, treatments, tests and assessments. Patients and their families need to be taken care of in a holistic manner.

I had a very elderly man in my care while his wife was in the same hospital. They had been married for more than 65 years and were devoted to each other. On that day, the wife became very ill. As the day went on, it became apparent that she would need to be flown to a larger hospital about 150 miles away. I discussed the situation with my patient’s family, and they asked that I tell my patient about the transfer because I could give him all the medical information about his wife’s condition at the same time.

I said a prayer to ask God to give me the right words. After I talked with my patient, he asked to say goodbye to his wife before they took her. I promised him that I would do all I could. I put him in a wheelchair, set him in the doorway of his room and we both waited for the flight team to arrive.

“They lowered the cart so he could touch her cheek and tell her how much he loved her and that he would be waiting for her to get better and return.”
Again, I asked God to put some good words into my mouth. As the flight team came down the hallway, I said, “I know that my request is the least of your worries right now, but would you mind stopping at this doorway so that my patient can say goodbye to his wife?” They promised to stop as they went out.

Some time later, the flight team brought my patient’s wife down the hallway, and stopped at his room. They lowered the cart so he could touch her cheek and tell her how much he loved her and that he would be waiting for her to get better and return. He started to cry softly. I started to cry, too, as did everyone around us. I know that his wife heard her husband, even though she was unconscious.

At that moment in time, no amount of medical intervention could have helped this man and his family. They needed all the tender loving care that the staff could give them to survive that critical moment. My patient thanked me, as did his family, for helping him say goodbye.

VICKIE OLSON, LPN
Oakes Community Hospital
Oakes, North Dakota

Question for Reflection:

Sometimes, it is the little things that make all the difference. Can you describe a time when you were extremely busy, but stopped and took the time to do the little things that made all the difference?
“This can’t be happening again!” thought a stunned Ruthie Shelton. Shocked by a recurrence of her cancer and wanting to protect her family, she quickly resorted to pretense. It was no big deal to have “a little chemo” again, she said; she really didn’t feel all that bad.

As is typical in small towns, word quickly spread about Ruthie’s condition. Friends, neighbors, churches, former classmates she hadn’t heard from since high school: all began providing prayer and support. Her colleagues at Our Lady of the Way Hospital started a weekly prayer gathering. Touched by the fact that a group was praying for Ruthie every Wednesday morning at the hospital, others began praying for her as well. In her 38 years at Our Lady of the Way, Ruthie had never seen such an outpouring of love and support.

Four weeks into treatment, Ruthie found herself at an extremely low point, both physically and emotionally. Illness, treatment and pretense had taken their toll; she could hardly bring herself to get off the couch. Even the outpouring of support from family, friends and strangers could not cushion her.

Sensing her depression, Ruthie’s colleagues in the Our Lady of the Way business office made plans to celebrate an early Christmas at her home. Dressed for the season, they came bearing food and gifts galore; even non-singers joined in the caroling! Ruthie’s colleagues refused to give her over to her illness.

Looking back, Ruthie gratefully says the visit brought her to a turning point. “I can do this!” she thought. “I’m going to change the survivor statistics!” Ruthie began coming to work between treatments. Whether she came for an hour or an afternoon, we began to see the old Ruthie returning.
“Live every day as if it’s your last. Make it count!” Ruthie said. “I never did that before. Now, I want to give everyone their due, whether it is a patient or a friend. I want others to know I care; I want them to know how special they are.”

Ruthie’s colleagues have been touched by the inner strength, commitment, determination — and a healthy degree of stubbornness — that have helped her cope with illness. More than anything, this survivor is proof of the power of prayer. “I just thank the good Lord I’m still here today,” said Ruthie. So do we, Ruthie, so do we!

**Judy Parsons**  
Our Lady of the Way Hospital  
Martin, Kentucky

**Questions for Reflection:**

What does “Live everyday as if it’s your last” mean to you?

What will you do today that gives personal meaning to those words?
We have no way of knowing the total impact of our actions on our patients and their families, but we know the impact they have on us. Sometimes, we are all just human beings reaching out to others and connecting in a very personal way. Those are the moments that make me stay in nursing. This is the story of such a moment.

A teenage girl was in a motor vehicle crash and arrived in our emergency department with an almost completely severed limb. We arranged to fly her to a trauma center 200 miles away. When her family arrived, some of the staff realized that we had been involved with them in the past. The mother had suffered serious injuries years before; the father had a life-threatening, chronic illness and was unable to work.

Knowing how limited the family’s resources were, we wondered how they would be able to cope. One of the nurses suggested that we could give the family “a little money for gas.” Immediately, the idea caught on and soon not only the emergency room staff, but emergency responders, laboratory and X-ray staff, physicians and even the chaplain on call became involved.

By the time the flight team arrived, we had collected a significant amount of cash to help the family with their immediate needs for gasoline, food and lodging. Surgeons were able to reattach the limb, and today the young woman is doing well.

Lurita Patrick, RN
St. Catherine Hospital
Garden City, Kansas
“Those are the moments that make me stay in nursing.”

Question for Reflection:
How do the combined efforts of your family, co-workers, church and community — and their “togetherness” — increase the impact of your service to those most in need?
In February 2005, an exciting new program began in our intensive care unit. The Intensivist Program consists of a multidisciplinary team of health care professionals, including an intensivist physician. There were many patient safety and financial goals to meet in order to justify the program. But, as the team began its daily rounds, we quickly saw how beneficial the program would be for our patients, families and hospital.

From the beginning, I was impressed by how much this expert team contributed to patient care. We met our goals: the rate of ventilator associated pneumonia decreased, as well as length of stay on ventilators and in intensive care. It was very satisfying to be part of something that was helping so many.

Since the winter of 2006, “open visitation” has allowed us to invite the families of our patients to be part of our rounds. It is difficult to describe the emotions we feel as we serve our patients and their families. All our planning, work and outcomes reveal “St. Vincent Inspired.”

Here is one example of what we experience every day. A young wife and mother of two came in with a very serious illness. The patient did poorly and eventually went on a ventilator. We tried everything to make her better, but steadily lost ground. The patient’s mom attended rounds with us daily. Our hearts were heavy for her and we could see the pain in her eyes, but she always thanked us.

Eventually, it became obvious that our patient would be going to heaven. The decision was made to discontinue the ventilator. As we talked to our patient’s mother about what would happen, tears filled the eyes of the whole team. The grieving mother told us how much she appreciated the care we had provided not only for her daughter, but for the family she was leaving behind.
It dawned on me that the Intensivist Program has far exceeded our expectations. This is what we are about. We were unable to save this patient’s life, but we were still able to continue the healing ministry of Jesus through her family. What a wonderful privilege it is to be part of something that goes beyond ourselves.

Debbie Payton
St. Vincent Health System
Little Rock, Arkansas

“It was very satisfying to be part of something that was helping so many.”

Question for Reflection:
Considering that most of your “self” is linked with others, what is it like to be part of an activity or ministry that takes you “beyond yourself?”
I have worked at Friendship, Inc., in Grafton, North Dakota, since July 2006. I did not have much contact with Viola, one of the people we serve, other than to say “hello” to her in passing. So, I was surprised that December to receive an invitation to her Christmas party.

Several staff members informed me that this invitation was important, because Viola does not ordinarily involve males in her life and never invites them to her home. I felt honored that she invited me.

When I arrived at her home, Viola welcomed me warmly and was eager to give me a tour. Soon, the home was filled with guests, while others stopped by just to say “Merry Christmas.”

Viola was a wonderful hostess. As the night came to a close, she smiled from ear to ear as she thanked everyone for coming. When I left, she gave me a hug and said, “Thank you for coming, Jack.” That was the first time she had ever used my name.

That was my first Christmas in North Dakota, and I was unable to go home for the holidays. By accepting me into her home, Viola was able to give me some Christmas spirit that I would not have had otherwise.

Since then, Viola and I have grown closer, and I look forward to talking with her. She has become a part of my day that I miss when she is not around.

Jack Pflieder
Friendship, Inc.
Fargo, North Dakota
“Viola was able to give me some Christmas spirit that I would not have had otherwise.”

Question for Reflection:
By accepting the gift of friendship and hospitality, are you able to say with Jesus, “Today salvation has come to this house”? (Luke 19:9)
I am a new hospice volunteer. When the volunteer coordinator gave me the name of a patient to visit, we discussed Ed’s likes, dislikes and information about his life, career and disease. I have to admit that I was disappointed that my first patient was a man. I was concerned that it would be more difficult to bond with a man than with a woman. Then, I remembered the core values: Reverence, Integrity, Compassion and Excellence. I realized that a patient’s gender is not as important as who they are inside; that they still have aspirations, dreams, family and hobbies.

The following day I went to the care center to see Ed. When I opened the door, I saw an older gentleman with white hair. He was well dressed, smelled of cologne and had been waiting for our visit. Instantly, all the fears or concerns I had vanished. He talked about his family, career and interests. I listened. Perhaps listening is the best gift a volunteer can bring.

After my visit with Ed, I thought that he was in the final stage of acceptance. He was very peaceful. Ed had done his life’s work and, through memories and stories, left behind a little piece of himself for his family and friends. Ed had accepted his illness and was thankful for his life, but also understood that everyone has a time to go — and that his was near. I was honored to have the chance to hear his stories and reflect on them.

I was also honored to learn from Ed, my first hospice patient, about living and dying with grace. Ed gave me another gift, too: the affirmation that I am able and blessed to walk with others, with God’s help, through one of the most sacred and intimate experiences of their lives.

Nicolle Phipps
Mercy Hospice
Nampa, Idaho
“I was honored to have the chance to hear his stories and reflect on them.”

Questions for Reflection:

When have you experienced listening as an honored gift both given and received?

When have you experienced listening as a “sacred and intimate” activity?
Buzz was a hardy man of the outdoors, a commercial fisherman who had lived on the lake for most of his life. I knew that his home was important to him, but in his last days he showed me just how much it meant to him.

Buzz had cancer, and the last few years of his life were a real battle. You wouldn’t have known unless you were with him in the hospital or on an ambulance ride, though, because he always had a smile and a joke to share.

Toward the end of his life, Buzz went many places he did not want to go, from hospital to hospital and from one treatment to another. He was not a complainer, and he continued to fight his battle and cooperate with those who tried to help him.

He was in a hospital 300 miles from home when he decided it was time to spend his remaining days in the place where he raised his family. I was able to go with him on the trip. He was alert, but on enough pain medication that he would get confused now and then. He had a hard time believing that we really were taking him home.

For the last 100 miles, he was convinced that we were taking him someplace other than the home he longed for. Those hours in the ambulance were some of the longest I have had, but they ended with the most memorable experience I have ever been a part of.

We finally arrived at Buzz’s home. When the back ambulance doors opened, the fresh lake air filled the rig. I watched as Buzz took a deep breath and relaxed. When we took him into the house, he grinned and looked at me with a tear in his eye, telling me without a word how glad he was to be home. The other emergency medical technicians and I returned to the rig and sat in silence, unable to put into words the powerful experience we had just witnessed.
Buzz died a few weeks later, but was able to spend his last weeks surrounded by friends and family. I just know that when he arrived at his true home, he had a big grin on his face because all the pain, sadness and sickness was gone and he was finally at home with the Lord. Thank you, Buzz.

**Jim Lukenbill**  
*LakeWood Health Center*  
*Baudette, Minnesota*

“When we took him into the house, he grinned and looked at me with a tear in his eye, telling me without a word how glad he was to be home.”

*Questions for Reflection:*

**What do you hear in this story that reflects the mission?**

**How were the core values of Reverence, Integrity, Compassion and Excellence evidenced in this story?**
When Things are Going Badly, God Does His Best Work

My day had been one of those “not enough time for everything” experiences that we all have. As if the short deadlines and difficult problems were not enough, I hit something with my car on the way back to my office. Bang! There was a very loud noise, then a “whump whump” sound from the tire.

“Great,” I thought, “just what I need.” I grumpily pulled over and exchanged my nice aluminum wheel for the plain spare in the trunk. A few minutes later I was back on the road. After finishing up my day, I called my wife and told her that I would be late getting home because I needed to have the tire repaired on the way. This is when I think God stepped in.

I stopped at a small tire shop that I had never done business with before. A man came in to write up the work order. When he saw my Franciscan badge, he asked what I did there. When I told him, he told me his mother had recently passed away after spending her last days at St. Joseph Medical Center. The man talked about how he felt about the care his mother received. With many tears, he described the tenderness and compassion the nurses and doctors showed. He couldn’t have made a more powerful testimony to how our actions and attitude affect the families of our patients.

“What a wonderful story for that family to tell, and what a blessing to all involved.”
I could repeat all of his kind words, but suffice it to say that his experience, and those of his family members, was somehow made more tolerable by compassion. And, it was so important to him that he felt the need to thank any Franciscan employee he met.

We talked for quite a while about our faith, God and the importance of community, but the most important thing is that his life was changed by others’ simple acts of caring. What a wonderful story for that family to tell, and what a blessing to all involved. We are so fortunate to be able to serve not only our employer, but our brothers and sisters and, ultimately, our God.

Dean Ramberg
Franciscan Health System
 Tacoma, Washington

Questions for Reflection:
What might someone say tomorrow about what you are saying to them today?

Are you making the effort to be tender and compassionate, even if today is one of those “not enough time for everything” days?
Have you ever worked with a patient who became a friend, or like family; whose memory lived on even after the patient was gone? For our skilled nursing unit, that patient was Libby.

Libby came to our unit after having her right lower arm amputated. She stayed with us for three months. Often, she asked where her arm was and why it was gone, but she never complained. Instead, she smiled. Her smile could light up the room and brighten your day.

Working with Libby required patience, understanding, compassion and love. She made you appreciate the simple things in life, and appreciate even more the blessings God gives you. Libby did all of this without ever intending to. Being around her, working with her and caring for her transformed our “jobs” into something more.

When Libby left us for the nursing home, our care and love for her didn’t end. We made frequent trips to check that she was comfortable. Libby’s smile was all the thanks we ever needed.

Even though Libby has been gone for more than a year, her spirit and memory live on. She touched our lives, she touched our hearts. We only knew her for a short time, but the impact she had will remain with us for a lifetime.

Anna Reding
Flaget Memorial Hospital
Bardstown, Kentucky

Questions for Reflection:

What experiences, which moments, which people transform your job into “something more?”

How do you describe that “something more?”
One night in June, we saw one of our routine patients, who was without shoes. He was also homeless. When the patient was ready to be discharged from the emergency department, Dr. Hughes took off his shoes and gave them to the patient. The patient was appreciative, and Dr. Hughes left for home without shoes.

Ginger Smith, RN
Mercy Regional Medical Center
Durango, Colorado

Questions for Reflection:

Do you find this story to be a comfort or challenge? Why?
Miraculous changes have taken place in my life since I became a Faith in Action volunteer. Before I was introduced to Faith in Action, I lived an almost solitary lifestyle. A series of illnesses and life circumstances caused me to live in fear and isolation. During a visit with my case manager, he suggested that I seek out some way of managing my time by volunteering. I quite literally laughed him out the door with the words, “Who, me, volunteer? You have got to be joking!”

Surprisingly enough, I found myself calling a local center the next morning to see what volunteer opportunities were available. The receptionist suggested that I might be interested in working with the Faith in Action program of Mercy Hospital. Upon hearing the word “faith,” my heart leapt. I thought, “That’s for me!”

With my heart pounding, I dialed the number. When the call was answered, “Faith in Action, this is Vicki,” it was all I could do to contain my excitement. Vicki’s voice seemed to beckon to me with the promise of great things to come. We made an appointment for an interview that very afternoon.

Vicki Jackson is the program director, and she explained the program, policies and the responsibilities of the volunteers. I was captured by her enthusiasm and the mission of Faith in Action: “Providing non-medical services to those in need through interfaith volunteers.”
On my first assignment, I was introduced to an elderly man who needed help with basic household chores, rides and companionship. We visited a couple of times per week in his home and played cards together. I took him to medical appointments, the grocery store and other places. Through the years, he has become like family to me.

I have continued to receive guidance, training and opportunities to serve others in the three-and-a-half years I have been with the Faith in Action program. All of the recipients have been so grateful for my assistance, and have been a joy and blessing to me. The most cherished gift is the look of love and gratitude I see in their eyes.

God, in His great and wonderful mercy, has done powerful works within me and for me. Volunteering has given me a sense of compassion, patience and understanding for others. I give glory, honor and thanks to my Lord Jesus for His kindness and strength.

Kenneth Simmons
Mercy Hospital
Valley City, North Dakota

Questions for Reflection:
How are you being called to serve God through service to others?
What leap of faith are you being called to make today?
Being a volunteer at Heartland Cancer Center has become my most cherished occupation since I retired from active service as a teacher, social worker and university director of students.

I look forward to Wednesday afternoon. That’s when I share my time and talents with patients who require a doctor’s consult or chemotherapy. I never have to wonder what to do.

I walk into the Center and meet 50 or more people who come from miles around to see the doctor. I greet as many as possible and begin the little ways in which I hope to help them. There are plants that need a drink, or want to be moved to another spot. They show the patients, “Life is here for you.” I hear beautiful stories of patients’ spiritual journeys and remembrances of Sisters who cared for them. Most of them are so happy that “a Sister is here.”

As time passes, I move to the chemotherapy area, where patients await my question: “Would you like a cookie, some coffee or water?” Here, I don’t need a name: I’m called “the cookie lady,” “the happy Sister with a treat,” or even “the tempter” (by a diabetic). I like to surprise anyone who looks German with a small phrase, such as “Vie gehts?” Their surprise is worth a million. Don’t ask me to say much more, or understand their responses! Their smiles are enough.

“I thank God for the opportunity to share and care in a place where His presence is very real.”
Later, I offer reading materials. Some are eager to catch up with local news. Several times I’ve been able to interest a small child in our cabinet of toys. They never forget where to return them (with a parent’s help)!

Then, I may sit down to enjoy my hobby of embroidering tea-towels for our Community Bazaar to help those in need, here or in our Nigerian mission. This hobby has caught the interest of many patients and staff members, reminding them of past stitches.

Volunteering is great! My spirit is refreshed by it. I thank God for the opportunity to share and care in a place where His presence is very real. I can testify that hope keeps one going in the midst of pain. The marvel of life often serves as a source of meditation. I pray that many others will avail themselves of the gift of volunteering.

Sister Malachy Stockemer, OP
Central Kansas Medical Center
Great Bend, Kansas

Questions for Reflection:
Have you had any experiences with volunteering that you can share?
What did you learn about yourself through volunteering?
A Shining Example

Bob has been a volunteer with Saint Joseph Berea for nine years now. The casual observer might peg Bob as a cranky old man, but to do so would be foolish. He can be a little rough from time to time. Like the best of us, he has lost his temper a time or two and quits his job every now and then when he just can’t work with us “stubborn people” anymore. But Bob keeps coming back and has done so for 10 years.

Originally given the task of shredding paper, Bob has taken on other tasks over the years. Though his eyesight is limited, he has nonetheless helped us move furniture, prepare charts for scanning, assemble admission packets, move hundreds of boxes of records and do any number of odd jobs. He still won’t work at the front desk — he says he’s afraid he’ll give people the wrong directions and get them lost. But, every pretty young woman who asks him for directions has reached her destination, with a personal escort!

But, Bob’s greatest contribution is what he provides to those of us who have the pleasure to work with him. He is a friend who will support you through thick and thin; a kind soul who will lend an ear in a moment of need; a clown who can brighten your day when you feel down. His is the face I see when I look back over my time at Saint Joseph Berea. Others have come and gone, including me on at least one occasion, but Bob has stayed, constant as the wind.

Bob says he’s not the smartest man in the world, but I would be hard pressed to think of a man who represents Reverence, Integrity, Compassion and Excellence more than he does. I have a lot of abilities and skills acquired through years of training and experience. But, I will never be the man that Bob is.

David Strawser
Saint Joseph Berea
Berea, Kentucky
“The casual observer might peg Bob as a cranky old man, but to do so would be foolish.”

Question for Reflection:
Think of someone who you work with and how he or she embodies any one of the core values of Catholic Health Initiatives. Can you describe how this person lives the core values?
“How bad could it be?” I asked myself as I sat on a flight to Nicaragua. After all, I am an emergency room physician; I work in a “fish bowl” environment. But, I had no idea of the impact the next seven days would have on me.

Through a mutual friend, my husband, Matt, and I met Jim, a missionary who runs a mission and medical clinic in Nicaragua. Jim told us about the mission, the clinic and the people of Nicaragua. He asked if we would come to Nicaragua to help treat patients in the clinic. I am adept at seeing large volumes of patients; as a respiratory therapist, Matt has valuable skills for treating respiratory disorders, which are common in Nicaragua. After considerable thought and significant juggling of our schedules, we decided to go.

In the months before the trip, I thought about what I would need to take with me. I thought about the disposable suture kits we use in our emergency department. The nurses save the instruments to use in training labs, and we had boxes of them in one of our storerooms. When Jim asked if I had any spare supplies that I could send with him to Nicaragua, I took him a box of these instruments. It wasn’t much, but I hoped it would be useful. When Jim returned from his trip, he told me how much the hospital in Managua appreciated the instruments. This small donation also created a closer relationship between Jim’s clinic and the hospital in Managua: the clinic was able to purchase medications from the hospital more economically than before. It was amazing to me that something that was essentially our trash could be so valuable. It made me realize that almost anything I could take with me would help.

Our emergency room nurses helped me save more disposable instruments. Matt saved some disposable, portable ventilators and nebulizer masks. Jim found out that the hospital in Managua needed a defibrillator. I knew that we had two obsolete defibrillators that were collecting dust in a back storage room. The director of emergency nursing arranged
for our hospital to donate one of the defibrillators. By the time Matt
and I packed for our trip, we had two suitcases full of medical supplies
to take with us.

When we arrived in Nicaragua, Jim and Elias, the director of the mission,
met us. At 7 a.m. the next day, we spoke at a conference for medical
staff at the hospital in Managua and presented the defibrillator. We
toured the hospital and trained the staff to use the ventilators. We talked
to several doctors. They were very knowledgeable about current standards
of care; their greatest obstacle to providing such care is the lack of
resources and equipment. I was amazed at how resourceful they are.

“I felt like the work we did
really made a difference.”

During our stay, we also visited the public trauma hospital in Managua.
It was eye-opening. At the public hospital, the patients receive food,
clean clothes and daily hygiene only if a family member stays with them
and is willing and able to provide for the patient. Most of the equipment
used to treat patients is decades out of date in the U.S. and would not
be eligible for even the darkest storerooms in our poorest hospitals. I
decided that I am not entitled to complain about the equipment in my
hospital ever again!

We trained the emergency department staff to use the ventilators we
brought, which run on oxygen flow and do not require electricity. The
staff was excited to receive them because they had only four ventilators
in the hospital, and those four require electricity. The power company
in Managua rations electricity and it is common to go for 12 to 14 hours
without any. When the electricity is off, nurses stand at patient bedsides,
squeezing their oxygen bags at least 12 times per minute to breathe for
the patients.
Just as we finished training the staff to use the ventilators, two patients came in who were ideal candidates for the equipment. The first was a woman who had been struck in the head with a machete. The evening before, her husband became involved in a land dispute with a neighbor. The neighbor pulled out a machete, killed the patient’s husband and struck the patient in the head. The patient’s family took her to a local clinic, where the medical team stabilized her as best they could. That clinic’s doctor and nurse traveled in an ambulance with the patient all night, breathing for her and watching her intravenous line, to get her to the only trauma hospital in all of Nicaragua. We put the ventilator on the patient’s breathing tube. It worked perfectly and gave the nurse time to administer pain medicine and antibiotics in preparation for surgery.

As soon as the woman was rolled out of the room to surgery, an ambulance brought in an 11-year-old boy. He had been playing in a hammock made of rope that flipped over, trapping him by the neck. His family took the child to the local hospital where he was stabilized, then sent to the trauma hospital for evaluation of a possible neck injury. We quickly cleaned the ventilator we had used on the previous patient and attached it to the boy’s tube. The ventilator allowed the nurse to provide other care for the patient.

We spent the rest of the day helping patients in the intensive care unit. When we left the hospital, I felt like the work we did really made a difference.

During our visit, we also saw some of the homes of the Nicaraguan people. A typical home is a single room, about the size of an average bedroom in the U.S., with a dirt floor, a tin roof, a fire pit for cooking and warmth and a large bucket to wash in. There is often no running water, sewer, electricity or phone service. Doors are made of pieces of plywood, and windows are open spaces in the walls. In every home, however, there are pictures of the family and a Bible. These humble
dwellings made Matt and me think about the complaints we sometimes hear at home, such as about a television that isn’t large enough to be good for watching football games.

Our week in Nicaragua sped by. Before we knew it, it was time to head home. On the flight, I reflected on all I had experienced in Nicaragua. I felt rejuvenated, inspired and frustrated. Despite poverty and illness, everyone seemed grateful for what they had. They try to learn new skills to make a better life for their families. The children are happy, gracious and respectful. The people were so resourceful with what they had and so thankful for the little we brought. It was so nice to view patients as human beings in need of my special training instead of as potential malpractice suits. I remembered why I went into medicine in the first place. I think it would benefit most Americans to visit a country like Nicaragua. You will stop taking your life for granted.

Linda Sturtevant, MD, FACEP
St. Thomas More Hospital
Canon City, Colorado

Questions for Reflection:
Why did “I” start working in health care?

What, in all the blessings I have received, am I most grateful for? Why?
My father was dying. As I gathered my family for the trip to the hospital in Wisconsin, my thoughts went back to many calls I had received in the past when my father was in critical condition due to respiratory difficulties, leukemia and weakness. Each time, I had prayed, “God, please don’t let him go, if he isn’t ready to meet You.” Each time, God answered my prayers, and my father had overcome his illness.

When I saw my dad lying in his hospital bed, I couldn’t prevent tears from coming to my eyes. I prayed that God would watch over him; that He, the Great Physician, would heal my father once again.

A short time later, Dad’s doctor came in. Short of breath but with a hint of a smile, Dad asked, “I’m not going to beat this, am I?” The doctor replied, softly, “I’m afraid not, John.”

After the doctor left, my dad turned to me. “I don’t want to die in the hospital,” he said. “I want to go home.” That meant me staying to become his personal nurse. While riding in the ambulance to my parents’ home, I begged God to give me strength to manage each day.

After a week of watching Dad become increasingly short of breath and unable to eat, he turned to me and said “Diane, it’s taking too long.” I turned away before he could see my tears.

Dad began to become disoriented and would suddenly sit straight up, struggling for air. One evening, his doctor and her husband stopped by. Dad was having a very good night and his doctor was impressed. After she left, Dad said, “There’s still more I want to do. I want to beat this thing.” I told him he would have to try harder to be mobile and to begin eating more so he could rebuild his strength. That night, he slipped into a coma.
The next few days were the same, over and over again: trying to speak to Dad, watching him struggle to breathe, unable to realize a true rest. My dad’s sister came to see him and before she left, she took me aside. “Diane, have you told him it’s OK to go?” she said. I just shook my head as tears flowed down my cheeks. “You need to tell him,” she said.

I sat next to Dad’s bed. My hand automatically rested on his wrist and I felt his strong radial pulse. I allowed the warmth of his arm to flow through me. I longed to hear his voice once again. Instead, I leaned down close to his ear, told him how much I loved him, and told him, “It’s OK, Dad. You can go if you need to go.” I sat by his bed all that night and the next morning.

I saw Dad’s breathing slow. My fingers rested upon his pulse. Slowly, he began to slip away. As his heart stopped beating, I laid my head on his silent chest and allowed his life to slip from my feeble hands into the hands of the Father. The sadness of death is replaced by the triumph of knowing that one day, we will be reunited. Until then, my dad rests in the arms of my Father.

Diane Swagger
St. Thomas More Hospital
Canon City, Colorado

Questions for Reflection:
Have you prepared for your death?
What would a good death look like for you?
She was so special! She was so ordinary, yet so extraordinary. She was so humble and genuine. Like a gem, she shone to all who knew her. The light was not hers but she knew how to let it shine through her. She knew Him, and shared His love for others. It was her greatest desire that everyone she befriended would also come to know Him. It was her mission to pray, give, listen, heal and bring others closer to Him. And the light shone greater.

Then, she became ill. Cancer! Major surgery and a fight to live. The light, ever-present, was dimmer. Her cancer was widespread. Teary-eyed, but with resolve, she decided it was time to go home. Her family, ever-faithful and ever-loving, supported her. A son and his wife made room for her in their home. Hospice came to teach and support. Friends came to share and love. The light was bright again, but while her light strengthened, her physical presence did not.

It was time to call friends in. I came, a caregiver on her journey. There was much to say, not necessarily with words. She was peaceful. The house, filled with family and full of love, was illuminated with the light.

She began to slip away. That beautiful family, so full of her love and of His love, was at her side, singing to her, brushing aside tears. They told her it was okay to go to Him. Her erratic breathing changed and slowed. It became unnecessary. It was so peaceful, serene, light and loving. Time did not seem important; in fact, it seemed to be transcended. I could feel Him as light flooded the room. Love entered and He comforted us, as He called her. With one last peaceful breath, she joined the light of love.

She is so special.

Marlene Winter, RN
St. Joseph Memorial Hospital
Larned, Kansas
“It was time to call friends in. I came, a caregiver on her journey.”

Questions for Reflection:

How do you recognize and affirm the extraordinary in those around you?

In what ways might you more fully let light shine through you while performing your duties?
CKMC Delivers Greensburg’s Youngest Survivor

Bonnie Harding and her husband, James, were at a family barbeque in Greensburg, Kansas, when the weather suddenly became ominous. “James and I quickly took the kids home and put them to bed,” said Bonnie. “Just then, the tornado alarms went off.”

Bonnie and James put their children in the car and headed to the senior center for shelter. For three hours, the family rode out the storm. For three hours, Bonnie, who was six months pregnant, held her terrified children in a cramped basement as a tornado a mile wide leveled their town.

When the family emerged from the shelter, everything around them was destroyed — their town, their home, even their truck had been crushed by support beams from the shelter. But, their family had survived.

The next day, Bonnie went to the hospital in Kinsley with pain. “The doctors said that I had a small infection,” said Bonnie. “But, by the time I went to Great Bend to visit my mother three days later, my leg was swollen. My mom immediately drove me to Central Kansas Medical Center.”

“Everybody here has been wonderful...”
There, doctors told her terrifying news: while hiding from the storm, she had developed a blood clot that ran from the top of her leg to under her knee. They had to immediately administer blood thinners to break up the clot, but the drugs would affect her pregnancy. They needed to deliver her baby three months early.

Alex James Harding was born May 9, 2007. He weighed three pounds, five ounces, and was transported to Wichita on a ventilator. National news media immediately dubbed Alex “Greensburg’s Youngest Survivor.” Alex was off his ventilator within 24 hours.

The compassion of Central Kansas Medical Center’s employees was evident and extended beyond medical care. The obstetrics department collected money to purchase clothing for the family. The medical center also donated money and coordinated with other community organizations to help the Hardings.

Bonnie and James are incredibly grateful for the care they received at Central Kansas Medical Center. “Everybody here has been wonderful,” said Bonnie. “The people are so kind. I haven’t felt like a patient — I’ve felt like a friend.”

Sharon Lind
Central Kansas Medical Center
Great Bend, Kansas

Questions for Reflection:

What do you hear in this story that reflects the mission?

How were the core values of Reverence, Integrity, Compassion and Excellence evidenced in this story?
It is often said that it is children who give life to a community. This was proven to me in our hospital.

I cared for an elderly lady, Rose, on our unit. Rose was recuperating from surgery for a fractured hip. She was confused and in pain, and it was difficult to make her comfortable. If left alone in her room, she would sob and cry for someone to come and get her. Our staff generally kept Rose close to our work station, so that any time one of us came by we could talk with her.

When the weekend came, I was assigned to work in the adjoining pediatric wing. One of our patients was a six-week-old baby who was recovering from surgery. The infant was doing well, and the parents were getting ready to take their little one home.

When I returned from lunch that day, I found Rose at the nurses’ station, moaning and weeping pitifully. Even the family members who were there to visit her could find no way to console her. I had an idea: perhaps our little patient was just the person to help Rose. I asked permission to bring the child to her.

The baby, the baby’s parents and I came to Rose. I placed the baby into Rose’s arms. When she looked at what she held, she immediately quieted and smiled, rocking the baby with a gentle movement. All who witnessed this smiled and blinked at some unshed tears.

From that day on, Rose was provided with a small doll. When she was alone, Rose would contentedly primp and rock her doll, humming parts of songs she knew. It was all thanks to a very giving family, and the little one who counted.

Darlyn Weber, RN
St. Francis Healthcare Campus
Breckenridge, Minnesota
“It is often said that it is children who give life to a community. This was proven to me in our hospital.”

Questions for Reflection:
Placing a baby into Rose’s arms transformed her spirit. Whom do you know that could use a “baby” being placed in their arms? What “baby” do you have to offer?
“Be what you see, and receive what you are.” St. Augustine, Sermon 272

This story embodies for me the very essence of our mission and the ultimate gift of the Eucharist: receiving and becoming the body of Christ.

It is a story of a loving woman who became Eucharist to an elderly woman, a cousin of her father, during her dying days. The story began when the elderly woman lost almost everything as Hurricane Katrina hit New Orleans. She came to live with her cousin and his wife, her only remaining family, in our area. Less than two years later, she was dying because of a massive stroke.

Upon her arrival in our emergency department and in the days after, I heard the story of this woman and came to feel as if I had experienced her faith, independence and sweet, gentle spirit. I experienced this patient through the eyes of her cousin’s daughter, who considered the patient to be her honorary aunt. This “niece” sat vigil by the patient day and night, reading and praying, for more than a week.

“From my first encounter with the patient’s Catholic family, it was apparent how important the sacraments are to them.”
From my first encounter with the patient’s Catholic family, it was apparent how important the sacraments are to them. I learned that the patient was Lutheran, and therefore would not be on the communion list for the Eucharistic ministers. I visited the dying woman’s room daily to offer communion to the niece. In giving her the Eucharist, I saw how she became for her aunt that which she received. In seeing her do so, I, too, received Eucharist.

The time I spent with the niece and her aunt, listening and praying, became a sacred oasis in my busy days. There was no doubt of God’s presence, or that God’s love and compassion lived in this niece.

So, the one who had received had indeed become what she had seen. In the words of St. Paul, “We, being many, are one loaf, one body.” (I Corinthians 10:17) One might say we continue the healing ministry of Jesus Christ by becoming the body of Christ through receiving the mystery of the Eucharist.

Marilyn Williams
Memorial Health Care System
Chattanooga, Tennessee

Question for Reflection:
When have you received more than you have given?
Sacred Memories

“I will let you talk with Ross,” said his wife. After talking with Ross, I recalled that his wife had said those same words to me 16 years before.

For the past 17 years, while ministering in Saint Joseph HealthCare’s Appalachian Outreach Program, I have called and visited patients after they are discharged. When I recently called Ross, who lives in McDowell, Kentucky, he said he was feeling better after being in Saint Joseph Hospital. He went on to say that two women from Lexington had visited his home and interviewed him about his experience in the hospital. He said that his wife had made a pot of beef stew and an apple pie and invited the women to have lunch with them. They all ate and enjoyed the delicious meal and their new friendship.

Ross told the story as if it just happened. I asked him when the interview took place. “Several years ago,” he responded. It was then that I realized that I was one of the women who had visited his home along with a news reporter, and I told him so. The visit was in 1991, when there was a news article written and a video made about the Appalachian Outreach Program, which received an award from the Catholic Health Association.

Ross was delighted to hear from me again. He recalled that after our interview with him, the news reporter and I went on to visit another patient. That patient was Marilyn. She had cancer and passed on to her eternal home two months after our visit. Our interview with Marilyn was inspiring and hope-filled.

Memories are sacred and lasting. It is a blessing to have good memories. The next time I go to McDowell I will visit Ross and his wife, Roberta. Maybe we will enjoy another homemade pie and share special memories.

Joan Wilson, SCN
Saint Joseph HealthCare
Lexington, Kentucky
“They all ate and enjoyed the delicious meal and their new friendship.”

Questions for Reflection:

Sometimes it is easy to recognize when we’ve really been present and connected with another person: when our whole person has connected with another, and when the whole person of someone else has affected us. At other times, we may not recognize the impact of such a connection until some point down the road.

Whatever our roles in the healing relationship, we serve a sacred purpose: to make a difference in the lives of our brothers and sisters in need, and to make a difference in the fabric of our communities. Any time you do your work, or empower those who work for you, you are doing ministry. The question is, why? Why do you do your work, and empower others, in ways that make this kind of difference?
Miracle in ICU

My son, Ross, became a father on a Monday. Six days later, he endured an agonizing 24-hour drive from the Central Valley of California to western Kansas because his own father was in the intensive care unit at St. Catherine Hospital. It seemed that life was about to come full circle; the beginning of life for the baby, Kason, and the end of the well-lived life of Kason’s grandfather, Richard. My son was experiencing both the highest and lowest points of his life.

Richard had been diagnosed with stage 4 renal cell carcinoma in April. Five months later, the cancer had become very aggressive and was consuming him. He was admitted to the intensive care unit and late that evening he was given last rites. I called Ross and told him that he needed to come right away.

I prayed all night that God would keep Ross and his family safe as they made their way to Garden City. I prayed that Richard would be able to hold on until Ross arrived. All during the trip, Ross stayed in touch with his brother, Eric, and me, who were at Richard’s bedside. Sometime on Sunday night, Ross called and asked Eric to put the phone to his dad’s ear. Ross said, “Dad, it’s Ross. I’m coming, do you hear me? I’m coming. I have someone very special who wants to meet you, your new grandson, Kason. So please hold on Dad, don’t go anywhere. I’m coming.”
God was present that night, listening in on that phone call, and a miracle happened. Richard began to stir and his blood pressure began to go up. He was going to fight to live to meet his first grandson.

Ross arrived late on Monday night. The next morning, we went to Richard’s room. Ross sat by his dad and took his hand. Richard began to wake. We held Kason so that Richard could see him. Ross said, “Dad, meet Kason, your grandson.” Richard began to weep with joy at seeing Kason and sorrow that he wouldn’t be there to watch him grow up.

God’s grace continued. Two days after Ross arrived, Richard was released from the hospital. He held his grandson many times and experienced the joy of being a grandfather. Although Richard won’t be here to see Kason grow up, Ross will be able to tell his son the story of the miracle in the intensive care unit, and how the prospect of seeing his first grandchild gave Kason’s grandfather the strength to hold on.

Janie Wimmer  
St. Catherine Hospital  
Garden City, Kansas

Questions for Reflection:

Who in your life has gone great distances to bring you new life? 
How has that affected you?

What new life are you nurturing in those around you, even if you will not be there to watch it grow up?
Early one cool day in March, I checked on a patient who seemed to have a heavy heart. I asked if she was OK. She said yes, but she was having “the big one” today. I asked her what she meant.

She told me that she had cancer and was having her stomach removed. I was so moved that I just stopped what I was doing, held her hand and prayed with her.

The day she left the hospital, she gave me the biggest hug and thanked me for being her friend. I kept up with her through phone calls when she was out of the hospital, and visits when she was in the hospital.

In November, things took a turn for the worse. She was not doing well, but you would never have been able to tell by the expression on her face. I prayed for her daily. Her husband found me, wherever I was, to give me updates. I knew my friend didn’t have much time left and I asked the Lord not to let her suffer.

About eight days before Christmas, something made me go to the hospital in the evening to see her. I told her I loved her and would see her again. Her mother called an hour later and told me she had died.

When we are here, we never know who we will see or meet. So we have to have the presence of the Lord with us at all times.

Nancy Worley
St. Vincent Infirmary Medical Center
Little Rock, Arkansas
“When we are here, we never know who we will see or meet. So we have to have the presence of the Lord with us at all times.”

Questions for Reflection:
Do you remember the last time someone just stopped what they were doing and took the time to listen, be present and supportive to you in a time of need? How does that memory make you feel and what difference did it make in your life?

Many people walk into your life, and it is up to you to decide who to let walk away, who to let stay and who to refuse to let go. Who might God want you to see or meet? Are you really open to stopping what you are doing, or does your behavior telegraph that you are too busy?
In our busy work lives, it is important to make room for prayer and spiritual reflection.