Sacred Stories

Second Edition

Catholic Health Initiatives

A spirit of innovation, a legacy of care.
Stories of care for the whole person

Someone Beyond Us Had a Hand in This .......................... 8
St. Anthony Central Hospital, Denver, Colo.

She Added Life to Our Hearts and Strength to Our Spirits .......... 10
Bishop Drumm Retirement Center, Johnston, Iowa

A Big Man Beside Me ........................................... 16
St. Elizabeth Health Services, Baker City, Ore.

Spiritual Care is a Shared Ministry ................................ 18
Saint Francis Medical Center, Grand Island, Neb.

God Led Me to Share His Gift of Music on That Day ............ 19
Memorial Health Care System, Chattanooga, Tenn.

It Only Takes a Second ........................................ 20
St. Joseph’s Area Health Services, Park Rapids, Minn.

Comforting Touch .............................................. 21
St. Joseph Medical Center, Tacoma, Wash.

God’s Messenger .................................................. 22
Memorial Health Care System, Chattanooga, Tenn.

A Healing Moment .............................................. 23
Catholic Health Initiatives, Minneapolis, Minn.

Helping All Kinds of Patients ................................... 24
St. Catherine Hospital, Garden City, Kan.

Small Dramas All Around Us .................................... 25
St. Mary-Corwin Medical Center, Pueblo, Colo.

Showing How God Cares ....................................... 26
Memorial Health Care System, Chattanooga, Tenn.

She Watched and Waited for a Sign ................................ 27
St. Anthony Central Hospital, Denver, Colo.

Stories of care for the whole community

A Miracle for Christmas ......................................... 30
St. Catherine Hospital, Garden City, Kan.

A Lesson in Getting Ready for School ............................. 32
Catholic Health Initiatives, Cincinnati, Ohio

Love Cannot Be Faked ......................................... 34
St. Joseph Medical Center, Tacoma, Wash.

Many Hands Joined Together to Give Him Hands ............ 35
Memorial Health Care System, Chattanooga, Tenn.

Taking Care of Our Employees .................................. 38
Central Kansas Medical Center, Great Bend, Kan.

My Son Will Have Both Eyes to See His Future .................. 40
Mercy Medical Center, Nampa, Idaho

My Miracle in Montana ........................................... 41
Beach Medical Clinic/St. Joseph Health Center, Dickinson, N.D.

In Loving Memory of Bob ........................................ 42
Franciscan Hospice/ Franciscan Health System, Tacoma, Wash.

God is at Work in All Our Lives .................................. 44
Mercy Hospital, Valley City, N.D.

God Heard — and Smiled ........................................ 45
Good Samaritan Health Center, Merrill, Wash.

The Loving Arms of the House of Mercy ......................... 46
Mercy Medical Center, Des Moines, Iowa

A Dream Come True ............................................. 47
Villa Nazareth, Fargo, N.D.

Denise’s Song ......................................................... 48
Parish Nurse Ministry/ TriHealth, Cincinnati, Ohio

A Wake and Awakening ........................................... 50

Stories of care that “is” in but not “of” the world

Learning to be With Others ..................................... 54
Memorial Health Care System, Chattanooga, Tenn.

Feel the Love in the Soil and Trust in Its Goodness .............. 56
St. Mary Medical Center, Langleboro, Pa.

A Memorable and Privileged Moment ............................. 58
Good Samaritan Health Systems, Kearney, Neb.

Morning Prayer on the Loudspeaker ............................ 59
Oakes Community Hospital, Oakes, N.D.

Caring Co-workers ................................................ 60
Villa Nazareth, Fargo, N.D.

To Come as a Servant ............................................. 61
Mental Health/St. Francis Hospital, Federal Way, Wash.

Death and Resurrection in 24 Hours ............................... 62
Nazareth Hospital, Philadelphia, Pa.

When the Lilacs Bloom ......................................... 63
Mercy Medical Center, Roseburg, Ore.

A Teacher Not Afraid to Die .................................... 64
LakeWood Health Center, Baudette, Minn.

Pioneer Nurse: God’s Presence Among Us ......................... 66
Our Lady of the Way Hospital, Martin, Ky.

Tribute to Anna .................................................... 67
St. Francis Hospital, Wilmington, Del.

Work We Feel Called to Do ...................................... 68
Catholic Health Initiatives, Denver, Colo.

The Rewards of Volunteering .................................... 70
St. Francis Hospital, Trenton, N.J.

Walking on Holy Ground ......................................... 71
Catholic Health Initiatives, Minneapolis, Minn.
One day in August 2000, several of us gathered in the Mercy Room of the Denver office to surface additional sacred stories to add to our national collection. The staff who were present suggested that I share part of a letter I had recently received as the Foreword to this second edition. This letter was from the director of marketing and communications for the new Lancaster Regional Medical Center, formed subsequent to the sale of St. Joseph Hospital there.

"I feel compelled to tell you how much the absence of Catholic Health Initiatives is felt here. I had grown to respect Catholic Health Initiatives in a very short period of time, having been part of the St. Joseph Regional Health Network only since September 1999. But that was enough time for me to become fully steeped in Catholic Health Initiatives’ climate…"

"Simply, you operate an outstanding organization. Despite financial wounds, Health Management Associates purchased a great hospital because Catholic Health Initiatives champions an unparalleled set of values.

"I have worked for companies in the past that are owned and operated by dishonorable and disrespectful people who wish to achieve abundance for selfish reasons. I had grown frustrated with this, because my successful efforts were falling into the pockets of people who champion values that are less honorable. Almost a year ago, I was hired by John Tolmie and Susan Croushore here in Lancaster to direct their marketing and communications department. It was clear to me from the beginning that I was now running with a crowd compelled to live up to higher values. As I explained to Joyce Ross, my personal yardstick in measuring value and success is whether decisions are made for the right reasons. Catholic Health Initiatives, as I’ve come to notice, fills the length of that yardstick.”
"Not having much of a religious background, as a new hire I was concerned that the Catholic presence in the hospital would be somewhat off-putting to me. But I found that it was actually more about a spiritual presence, calm wisdom, reverence for heritage and a focus on human-centered priorities. It was the best twist my career ever offered me even though it lasted so short a time. Its effect on me was compounded when I became a surgical patient in this very hospital, and when my wife delivered our daughter here in May. The kind of customer service we experienced is unheard of today.

"I hope someday to work for a company as honorable as Catholic Health Initiatives again. My respect goes out to you!"

RICHARD A. LEONOWITZ
Lancaster, Pa.

This letter brought tears to my eyes because I know how hard all of us constantly work to make things right. It doesn’t always work. At times, admittedly, we have made mistakes. But we keep trying to improve the quality of human relationships, even when other factors may be outside our control. It’s really the little things we do that can “make someone’s day.” We are trying to shape a culture and a care delivery system in which God’s Spirit is evident. The integrity and commitment that motivate us to make things better hopefully create a place where Christ Himself would like to work.

I hope you will enjoy reading and reflecting upon the stories found in this second edition, and, in the process, be inspired by the grace entrusted to us in Catholic Health Initiatives. I pray, and ask you to join me in praying, for this ministry.

PATRICIA A. CAHILL, JD
President and Chief Executive Officer
Catholic Health Initiatives
The Catholic Health Association recently crafted this statement in attempting to summarize what it means to be a Catholic health care provider today:

“We are the people of Catholic Health Care, a ministry of the church continuing Jesus’ mission of love and healing today. As provider, employer, advocate, citizen — bringing together people of diverse faiths and backgrounds — our ministry is an enduring sign of health care rooted in our belief that every person is a treasure, every life a sacred gift, every human being a unity of body, mind and spirit.

“We work to bring alive the Gospel vision of justice and peace. We answer God’s call to foster healing, act with compassion and promote wellness for all persons and communities, with special attention to our neighbors who are poor, underserved and most vulnerable. By our service, we strive to transform hurt into hope.”

About six times a year, a leadership orientation session is provided in the Denver office for new market-based or national leaders within Catholic Health Initiatives. At the leadership orientation, we explain a shorthand version of this statement of identity in three key themes taken from our Church heritage and teachings that succinctly capture the distinctive characteristics of our Catholic identity as a health care provider. We explain that “distinctive” does not mean that these hallmarks are “unique” to us, but rather that they are “typical” characteristics that clearly identify how we do what we do. What it means for us to be a Catholic health care provider is that (1) we care for the whole person, (2) we care for the whole community, and (3) the care we offer is “sacramental,” that is, provided “in” but not “of” this world. We are using these three aspects of our Catholic identity as a way of sharing the stories of this second edition.
Care for the whole person

Within Catholic Health Initiatives, our approach to health care delivery is integrative, that is, addressing and responding to the whole person (body, mind and spirit) in every patient/resident encounter or community partnership. We are comprehensive, collaborative and take a personalized approach in providing care that is not segmented but is at one and the same time bio-psycho-social-spiritual. Even when we cannot cure, we can provide a safe place for people to share their pain and from which to reach out to the larger world.

Care for the whole community

In accord with Catholic social teachings, we emphasize the “common good” as well as individual rights. Both in stewarding limited resources and in demonstrating hospitality, we always strive to be inclusive, with a “preferential option” for those persons in our society who are poor and marginalized. We use ethical decision-making processes to assure appropriate resource allocation, and we earn the loyalty of our employees and patients/residents/communities through our commitment to justice and by living our core values of reverence, integrity, compassion and excellence in all relationships.

Care that is “in” but not “of” the world

Our spirituality is sacramental – that is, we strive to make the invisible mystery of God visible by our behaviors. We are called to participate in the health care industry as a church ministry, expressing a worldview and a commitment beyond the ways of business and medicine as usual. The way we do things and the way we treat one another (our “culture”) is distinctively different: breathing soul into how people come to wholeness.
Stories
of care for the
whole person
The family of the patient in the chest pain clinic was terrified. Their father and husband had just been diagnosed with pulmonary emboli, a life-threatening condition to one who had recently undergone two abdominal surgeries for cancer. The recommended therapy was drugs that affect the coagulating properties of the blood, which, if administered, could cause internal bleeding. The doctor presented the options to the family and patient with great empathy: left untreated, the patient would probably die from the emboli; given the drugs, the patient could die from internal bleeding.

“What should we do?” the patient’s son tearfully asked. “If he were my father, I’d go ahead with the drugs,” said the doctor. “I’ve spoken to some colleagues and they agree that this is your best chance.” So, the patient and his family decided to go forward.

As the nurse hung the small bag and connected it to the patient’s IV, we blessed the drug and asked for it to bring healing according to God’s great design. Then, we blessed all the IVs, the other medicines, the monitors, the equipment and the staff assisting the patient, asking that all would work for his healing. Finally, we blessed the patient. As we proceeded through this litany of blessing, the patient’s face grew serene. “I believe in this,” he said, and smiled.
I thought about and prayed for this patient throughout the weekend. On Monday, I looked through the patient census. There was his name — he was alive on 5 East! Full of joy, I hurried upstairs to see him and celebrate. The doctor had heard the good news, too, and commented to me, "Someone beyond us all had a hand in this."

So easily do we forget that healing comes from all of the components of a patient’s care. Spirituality is embodied in equipment and drugs as well as in prayers and caregiving. May we pause in gratitude for the miracles that occur every day at St. Anthony.

Ann Christensen
St. Anthony Central Hospital
Denver, Colo.

“Spirituality is embodied in equipment and drugs as well as prayers and caregiving.”
n the Friday following our annual state survey inspection, God’s smile spread light upon me. The past week had been stressful, and at times I questioned why I had chosen a career in long-term care. I was weary of being at work and thought about going home to relax or staying another hour to help the residents at meal time. I sensed that if I stayed at work that night, things might make sense.

I was passing trays in the dining room when I stopped to visit with a resident. She asked if I played the piano, because she would love to hear some music. I told her I would sing for her instead, because my skill as a pianist leaves something to be desired. I sang a quick rendition of “Home on the Range.”

I prepared to leave for the day. As I walked briskly down the hall, I heard sensational music coming from the activity room, and I peered through the window. I saw a young lady pounding away on the ivories. She played the beginning of “Piano Concerto in A Minor” by Edvard Grieg as if she were telling the story of her life-long dreams. The music was vibrant and breathtakingly beautiful. A woman sitting next to the girl on the piano bench appeared to be her teacher.

I slipped into the room next door, which is separated from the activity room by a folding curtain. I sat in the dark with my eyes closed as the concerto drifted into a beautiful, haunting melody that floated through the room like summer butterflies. A feeling of peace surrounded me. But, after about five minutes, I knew that I could not hoard this magic. It had to be shared.

I went into the activity room and thanked the girl, whose name was Sarah, for her gift of music. She was a high school senior from Nebraska, traveling to St. Olaf College in Minnesota to audition for a music scholarship. She and her teacher, who was also her mother, had been caught in nasty weather and decided to spend the night in Des Moines. Someone suggested that she contact Bishop Drumm about using the piano to practice. The Lord truly does work in mysterious ways, I thought.
I asked Sarah if she would mind if I brought a few residents in to listen to her practice. She smiled shyly and said she wasn’t all that good, but that she didn’t mind. About 15 residents, including the woman I serenaded in the dining room, joined us to listen to Sarah play. We sat, listened and praised God for delivering such peace after the storm of our difficult week.

I had tears in my eyes as Sarah concluded her performance with a magical rendition of “Music of the Night.” We thanked her and wished her luck. I believe she understood that she had added life to our hearts and strength to our spirits. Her presence was no coincidence. I believe that God directed her to us. She left her music in the heart of each resident who heard her that night.

This experience relaxed my fears and is one of many reasons that I will continue to work in long-term care.

Matthew Garcia
Bishop Drumm Retirement Center
Johnston, Iowa

“She added life to our hearts and strength to our spirits.”
n the night shift in the intensive care unit, we received a 19-year-old woman named Mary who had been hit by a car. Mary sustained a closed head injury and was beyond all scientific medical care; she was determined to be brain dead. Mary’s parents, John and Pat, were in our waiting room. The physician and I went to tell them that their child was dead, even though Mary still had a heartbeat and was breathing with the assistance of a ventilator. The doctor was very kind and explained everything very carefully.

I remained with John and Pat after the physician left and watched their response as the horror of the situation sunk in. As I sat with them I felt very sad, uncomfortable and helpless. I had no idea what to do or say to this couple who were visibly in pain. Pat looked at me as I held her hand and said, “What do I do now? I never had anything like this happen to me before. Please tell me what to do.” I never felt so inadequate and useless in my entire life. I sat with them and held Pat’s hand and allowed her to cry.

As I reflect on my career, this and other similar events taught me what it means to be compassionate and that there is so much more to being a nurse than providing physiological and technical care. I am still a nurse after 35 years and I have never forgotten those parents. I feel that because of them, I became a true nurse, and I still love my profession in this day of high tech and bottom lines. The patients still need us.

MARY CATHERINE THOMAS, RN
St. Joseph Medical Center
Reading, Pa.

“There is so much more to being a nurse than providing physiological and technical care.”
nce a week, before I go to my own work with S.E.T., I volunteer as a Eucharistic minister to the sick at St. Mary–Corwin Medical Center. As a board member, I appreciate this time to see a portion of the hospital up close and personally. For me, it is also a special time to recall Christ’s healing presence in peaceful communion with the sick and their anxious family members. Sometimes, a busy nurse or therapist stops to ask for a brief prayer and Eucharist, too. Thankfulness and peace often visibly overshadow the pain and stress, at least momentarily.

One day, I introduced myself to a patient and to the man who was sitting casually near the foot of her bed. After a brief conversation, I realized that I had come upon a surgeon visiting his patient. I offered to come back when he was finished, but he urged me to continue, saying “What you’re doing is even more important than what I’m doing.” I asked him if he would like to share Holy Communion, too. “I’d like that,” the devout physician replied. The three of us prayed and shared a special moment of communion.

Noreen Ellison, SC
St. Mary–Corwin Hospital
Pueblo, Colo.

“Thankfulness and peace often visibly overshadow the pain and stress, at least momentarily.”
Last spring, St. Mary’s embarked on a new customer and employee service excellence initiative. One of our consultant’s recommendations was to make Jim Russell, our chief executive officer, more visible to our staff. What better way to make him visible than to dress him in an Elvis Presley costume and wig and have him deliver donuts to the staff, patients and residents?

Five staff members dressed in poodle skirts and ponytails accompanied Jim. We visited every department and took photos of “Elvis” posing with staff, patients and residents. We had never seen so many smiles in the facility before.

While visiting patients on our sub-acute floor, a woman stopped to tell us something. With tears in her eyes, she said, “Could I have a copy of the photo you took of my mother? She was a very independent person until her stroke a few months ago. The stroke took a toll on her, physically and emotionally. When ‘Elvis’ walked into her room, it was the first time since her stroke that she smiled and laughed out loud. Do you know what a wonderful thing you have done?”
Elvis and the “poodlettes” fell silent. We finished our walk through the facility with a warm sense of accomplishment. Over the loudspeaker we heard, "Attention, please! Elvis has left the building.”

Elvis has left the building, but the healing power of humor lives on.

Cindy Bahe  
St. Mary’s Healthcare Center  
Pierre, S.D.

“When ‘Elvis’ walked into her room, it was the first time since her stroke that she smiled and laughed out loud.”
y steps echoed in the hallway as I hurried to room 119. Glancing at the order in my hand, I saw "Gait training — CVA."

My mind was racing, easily outpacing my steps. Trials at work, conflict at home and an uncertain future knotted my stomach and left a bitter taste in my mouth. Fear welled up inside me, and no matter how hard I tried to push it down, it only seemed to grow.

I paused outside the room and took a deep breath, eased open the door and stepped in. The patient was a little, wizened old man surrounded by friends and family. His lopsided smile reinforced his diagnosis of stroke.

As I walked into the room, the crowd parted like the water before Moses. Expectation filled their eyes as they tried to guess what my role would be. I smiled as I made my way to the old man’s bedside. "Good afternoon, Mr. Jones," I said. "I’m from physical therapy, and your doctor has sent me to help you walk." He stared at me, and for a moment I wasn’t sure if he understood what I had said. As I started to repeat myself, he smiled and slurred, "I was looking for you."

"I’m not afraid. I’ve got a big man standing beside me.”
I let down the side rails, and began to explain how to move from lying down to sitting, how to balance and how to shift his weight to the stronger side. Mr. Jones intently watched my face and attempted the movements. Finally, it was time to move off the bed. Although the bed was as low as it could go, he would have to slide to get his feet on the floor. Sitting on the edge of the bed, Mr. Jones peered down at the floor beneath him.

There was silence for a moment, then someone said, “Grampa, are you afraid?” Mr. Jones slowly turned his head and looked at me. “No,” he replied. “I’m not afraid. I’ve got a big man standing beside me.”

There was no way I could let this man down. He depended on me. Suddenly, I remembered a text from my childhood. “Fear thou not, for I am with thee; be not dismayed, for I am thy God. I will strengthen thee, yea, I will help thee; yea, I will uphold thee with the right hand of my righteousness.” I realized that I, too, have a Big Man next to me, a God who cares for me, who is there to support me and keep me from falling.

While helping him back to bed after our walk, I looked Mr. Jones in the eye and said, “You did a great job.” He reached out with his good hand, gripped my arm and said, “I knew I could do it with your help.”

My prayer went up to God, thanking Him for reminding me that I, too, can do it with His help.

Jerry Nickell
St. Elizabeth Health Services
Baker City, Ore.
"Code blue, ICU." I turned off my pager and headed for the hospital to answer the call for a chaplain. While speaking with the patient’s family, I was joined at the patient’s bedside by several nurses who had been his primary caregivers until that evening. Their bond with his family was evident as they offered their sympathy.

“May we pray with you?” a nurse asked the patient’s wife. Another nurse gave each of us a laminated prayer service, and another led the prayer as we gathered around the bed. We spoke the comforting, beseeching words. I said the final amen with a heart full of gratitude for the spiritual care given by our nursing staff. It was the hospital’s interdisciplinary mission in action.

Later, I complimented and thanked the nurses for their leadership and meaningful pastoral care. They explained that the prayer service was one way they had decided to implement a recent inservice on spirituality. Everyone was blessed that night: the patient and family received holistic care; the nursing staff received an opportunity for closure and leadership; and I received confirmation that spiritual care is a shared ministry at St. Francis Medical Center.

Peg Stokman
Saint Francis Medical Center
Grand Island, Neb.
God Led Me to Share His Gift of Music on That Day

As a music practitioner, I often play my hammer dulcimer in the cancer center for patients who are waiting for treatment. One day, I planned to be at the hospital early. I was dressed and my instrument was packed at 9:30 a.m. But one thing after another interrupted my morning, and by noon I was so frustrated that I decided to take my instrument out of the car and go the next day. Suddenly, the memory of playing for a young female cancer patient the previous week came to my mind. I decided to pay attention to my thoughts. I put my instrument back in the car and drove to the hospital.

At the hospital, I checked at the information desk to make sure the patient was still in the same room, but she had moved to the medical intensive care unit. As I walked into the unit, my eyes met those of her husband. I knew by the look on his face that her condition was serious. He told me that she didn’t have much time left, and asked me to play for her because she loved the music so much.

I played as the chaplain and her minister prayed at her bedside. I played as her doctor came in for the last time and as her husband brought their four young children in, one at a time, to say goodbye to their mother. Then everyone else left and her husband asked me to continue playing as he lay beside her one last time. Soon after, family and friends filled the room again. As I played “Softly and Tenderly Jesus Is Calling,” she peacefully took her last breath.

I will never know or understand the mind of God, but I know He led me to the hospital to share His gift of music on that day.

Karen Kohl
Memorial Health Care System
Chattanooga, Tenn.

“Suddenly, I decided to pay attention to my thoughts.”
Nursing school taught me that nurses meet many challenges. Nursing at St. Joseph’s has not let me down. Years ago, I was working in labor and delivery when a young Vietnamese couple came in. Their faces were taut with distress. The young woman was four months pregnant and had just lost the baby. She came up to our floor to prepare for a D&C. Communication was a challenge because she spoke no English. He spoke some English, and therefore translated for her.

I had no idea what the couple’s spiritual beliefs were, and I could not speak their language. But I knew they were in pain and I wanted them to know how sorry I was that they had lost their baby. So when the work was done and the questions were answered, I looked at the woman. I touched my finger to my cheek near my eye, traced a tear down my face, then touched my heart.

This simple action brought much-needed tears to all of our eyes. It only took a second. It crossed language and cultural barriers that exist only because we let them. Each of us has the ability to communicate at levels much deeper than words. It is our thoughts and actions that people read, so take care what you think and do.

Cindy Little, RN
St. Joseph’s Area Health Services
Park Rapids, Minn.
Mrs. R. was on the floor outside the room in which I was giving a patient a massage. Her leg incision was bleeding and heart monitor leads were pulled off. She crouched in the corner, scared, agitated and yelling that the nurses should not touch her. Moments later, security guards arrived and asked her to sit in her cardiac chair and wait for her son, who was late in coming to take her home. She kept yelling, “Don’t touch me, don’t hurt me.”

After I completed the massage, I found Mrs. R. in the nurses’ station, still upset but back in her cardiac chair with a nurse on each side. I asked if I could work with the patient. I knew that I could offer comforting touch and that it really might help.

I spoke softly to Mrs. R. She asked if I was going to hurt her. I promised that I wouldn’t. After sitting together with reassuring talk, I asked to hold her hand. She tentatively gave me her hand and I began applying comfort holds, techniques that I had learned in advanced training in gentle massage for the frail. Within moments, her body visibly relaxed. She began telling me about herself: that she lost her husband during the past year, that she is diabetic, that she was hungry and thirsty.

After she had a snack, nurses approached to replace her heart monitor and do a finger stick for blood sugar. She became agitated again and refused. I continued the comfort holds and explained that the nurses cared very much about her and wanted to do these things to help her. She asked me to stay with her. She became calm and cooperated with the finger stick and heart monitor replacement. The nurses smiled in gratitude and relief.

Over the next hour and a half, as Mrs. R. waited for her son, I checked on her several times. I found my new friend peacefully asleep in her chair at the nurses’ station. I felt nourished knowing that I had helped bring about calm through touch and compassionate presence. This is my passion, the reason I am here.

Rick Smith
St. Joseph Medical Center
Towson, Md.
one of the things I pray for each day is that I can make things a little better for
patients as I clean their rooms. I try to pay special attention to those who may
be a little down or discouraged. Flora was one of these patients. Her husband
had died recently and she had several serious medical conditions.

As I talked with her, I learned that Gospel music was a comfort to her.
I enjoy singing this type of music in my church. I finished my shift and
returned to her room later in the day, telling her that I had something for
her. I began singing “Living Waters” because I felt that the song suited her
that day. She was not familiar with the song, but told me that she experienced
peace as I sang and could feel God’s love coming from the words. Flora
called me an angel. I had never thought of myself as an angel, but if angels
are God’s messengers I do consider myself to be that. My gift of song is
God’s way of using me to bring His love and care to others.

Sue Kilgore
Memorial Health Care System
Chattanooga, Tenn.

“I began singing ‘Living Waters’ because
I felt that the song suited her that day.”
She appeared agitated and unhappy. She sat in the wheelchair uttering gibberish. I did not know her name. I only knew that she was in a late stage of dementia and showed the ravages of time. My tour guide through this geriatric psychiatric unit was Sister Therese, a robust and congruently large-hearted woman. In the moments that followed she transformed an awkward encounter into a memorably blessed one.

"Hello, Rose," Sister Therese said as she gently placed her hand on the babbling woman’s arm. "How are you today?" The deep creases in Rose’s face softened. "This is Father John," Sister Therese continued. "He is visiting Nazareth today." Rose looked at me and smiled a warm embracing smile. In that instant, as if a curtain had opened unexpectedly on an actor unprepared for his role, I was thrust into a part different from the one I had played many times during other mission assessments.

My new role was that of a disciple of a veteran healer. Sister Therese knew what many of us conveniently forget, particularly with people whose capacity for rational conversation is limited or gone: healing always begins with simple acknowledgement. So I did as Sister Therese did, though more self-consciously. "Good morning, Rose," I said. "I am pleased to meet you." Then I touched her hand.

Rose did not rise from her wheelchair or reply in coherent phrases. In fact, she quickly resumed her frenetic gibberish as we went on our way. Still, I know it was a healing moment. A kind word, a gentle touch, a warm smile, the simplicity of calling someone by name — these are the hallmarks of the healing ministry of Jesus. Indeed, these are the essential ingredients of holy communion — rescue from isolation, alienation or excommunication. The memory of that communion lingers as a radiant reminder to me that no one is outside the circle of God’s loving care.

St. Teresa of Avila put it this way: "Christ has no body now but yours; no hands but yours; no feet but yours...Yours are the hands with which He is to bless us now." Thank you, Sister Therese, for making this real. Thank you for blessing Rose and for deftly nudging me to do the same.

John Tivenen
Catholic Health Initiatives
Minneapolis, Minn.
The phone rang in the emergency department at 2:00 am. The caller was a very upset woman who cried, "My dad just had a seizure. Should I bring him in?" The clerk asked the woman if she needed an ambulance, but she said no, that she could bring him in right away.

A few minutes later, a woman rushed into the emergency department clutching a small dog that was unresponsive. A nurse met her in the lobby as the woman cried over and over, "Do something! Do something!" The nurse tried to calm the woman and explained that St. Catherine Hospital does not treat animals; however, the woman was too upset to grasp this information.

The nurse wrapped the dog in a warm blanket and suggested to the woman that she contact her veterinarian. The woman said that she had tried to call the veterinarian before calling the hospital, but there was no answer. (Remember, it was 2:00 am.)

As all nurses are trained to provide comfort, the emergency department nurse believed that she had to try to find some assistance for this distraught woman who obviously cared so much for her dog. The nurse began to phone every veterinarian in the phone book, but there were no answers. So, she again tried to reassure the dog’s owner. The dog began to respond, and when he could lift his head the staff advised the woman to call her veterinarian first thing in the morning. She and her dog left, both visibly calmer and with our blanket!

As the staff reviewed the situation, they realized that when the woman called, she had been saying “my dog,” not “my dad!”

**Donna Hipp, RN**  
*St. Catherine Hospital*  
*Garden City, Kan.*

“*A woman rushed into the emergency department clutching a small dog that was unresponsive.*”
or many of us who choose to work in hospitals, our daily responsibilities don’t often include the high drama of birth, critical illness, surgery or death. Our jobs are made up of the routine activities that keep a hospital functioning. Yet, all of us have the opportunity to participate in small dramas that occur all around us. Here are just a few of the encounters I have had in the hallways of this hospital:

The young woman walking down the hall in tears after a diagnostic test for cancer.

The elderly woman with a cane, short of breath and leaning against the wall rail, who is visiting a sick friend.

The family wandering the hallways looking for the place where their young son is having surgery.

The agitated, middle-aged woman, obviously worried about something, who is looking for the mammography unit.

The distracted middle-aged man visiting his mother, a patient in the oncology unit.

The young man trying to find out if his brother was brought to the emergency room.

These may seem like routine occurrences in a hospital, but each is a dramatic event for the people involved. It is our privilege to create sacred stories by our interventions and participation in their lives.

Barb Stone, RN
St. Mary-Corwin Medical Center
Pueblo, Colorado

“Here are just a few of the encounters I have had in the hallways.”
God’s wonders can be found in our lives if only we take time to recognize them. They come in many forms, such as a man who was picked up from a shopping center and was dead on arrival to the emergency room. He was in his late 70s and had been waiting for his wife to finish her shopping. A massive heart attack seemed to be the cause of death. No one knew who he was, although a search through his wallet gave us a name and phone number. There was no answer when we called.

We decided that his wife might still be at the shopping center and that we should go look for her rather than just having her paged. We searched the mall, and security paged her. We were about to give up when we went outside and found an anxious-looking lady waiting. She was the person we were searching for.

We did not want to break the news to her in a public place, so we asked if she would come with us to the hospital. As we drove, she told us that he had been having chest pains. They had no children, she was an only child and he had one distant relative in another town. We sensed that she knew what had happened to her husband before we arrived at the emergency room.

After spending time with her in prayer and helping her make a decision about a funeral home, two of our associates took her back to the shopping center. One drove her car and the other took her home and stayed with her until a neighbor came to be with her.

Hospital associates sent food to her several times during the next few weeks and arranged for someone to cut her grass. After about a month, she moved to another part of the state, where her husband’s relative lived.

The compassion and concern of the associates at the hospital spoke of how Jesus would have responded to this lady in her time of sorrow and need. I feel privileged to be a part of the healing ministry of Christ at Memorial North Park Hospital.

Celine Osbourn, SCN
Memorial Health Care System
Chattanooga, Tenn.

“We sensed that she knew what had happened to her husband before we arrived at the emergency room.”
Hope prevents us from clinging to what we have and frees us to move away from the safe place and enter unknown and fearful territory.”

— Henri Nouwen, "Wounded Healer"

For most patients and their families, the hospital is an unknown and ambiguous world. In the surgical intensive care unit, families are often confronted with a delicate balance of hope for their loved one’s recovery and the real possibility of death.

One mother faced such a situation when her son was critically injured in a car accident. Though she was aware of his poor prognosis, she vowed to give him every chance at life. The first few days, she simply sat by his bed holding his hand. She was receptive to prayer and conversation, but as the days turned into weeks she realized that this journey might be much longer than she had expected. She began to use other forms of stimulation for her son. She asked for a compact disc player so he could listen to music, though she was not sure how much he could hear. As doctors used the tools of medical technology to aid his recovery, she used other forms of therapy. She massaged his body with oils, brought in an acupuncturist and faithfully read to him.

Despite everyone’s efforts, her son remained critically ill. After a particularly hard day, she told me about a conversation she had had with him. She told him that if he was tired of fighting, he could stop and return home to God even though it would be difficult for her. If he wanted to keep fighting, she promised to be there for each and every step of his journey back. She didn’t know if he would live or die, and she waited and watched for a sign.

During the next few weeks his infections began to subside. One day she met me in the hall and, with tears in her eyes, announced that he had awakened. A few weeks later, he left for a rehabilitation center, vowing one day to walk back through our doors.

Hope allows us to be present in uncertainty and to trust when our lives are most fragmented. Hope does not mean avoiding reality — even in the reality of death we can have hope. Life often puts us into situations we would not choose, but hope enables us to transcend those experiences.

Christine Bontemps
St. Anthony Central Hospital
Denver, Colo.
Stories of care for the whole community
The family in our ICU waiting room learned that there was no chance of recovery for their son because he was brain dead. The staff and physicians were heartbroken to have to share such news.

After the family had time to process the information, the staff approached them about organ and tissue donation. The doctors, nurses and chaplains explained the tremendous opportunity the family had to make a difference in the lives of other people. The family consented to donate the organs of their loved one. Instantly, a ray of hope appeared in this time of great darkness.

As the sun set over Garden City, Kansas, pilots and surgeons in other parts of the country boarded airplanes to fly to this place on the Golden Plains. They hoped that they would leave it with a gift of life.

Several families were awakened from their sleep that night with the news that the organ they were waiting for was finally available. They eagerly rose and went to the hospitals where they would await transplantation surgery.

The recovery team arrived in Garden City around midnight. By 8:00 a.m., the team dispersed to other parts of the country, carrying the valuable gifts.

The liver was transplanted into a five-year-old boy from the Southwest. He started kindergarten in the fall.

Both kidneys were transplanted into a 47-year-old man from the Midwest. He does not need dialysis anymore.

The heart was not recoverable for transplant, but the valves were good and most likely will be transplanted into children born with congenital heart valve defects.
As the sun rose over Garden City that morning, the airplanes that had arrived in the dark of night took off in the light of dawn. They carried organs taken in a time of one family’s grief and given to families who received them in hope and joy. These gifts of life allowed a little boy and a man to share another Christmas with their families. Through the diligence of the associates of St. Catherine Hospital, these families know the true meaning of this Christmas scripture: “The people walking in darkness have seen a great light; on those living in the land of the shadow of death a light had dawned.” (Isaiah 9:2)

Shannon Borcherdt
St. Catherine Hospital
Garden City, Kan.

“The airplanes carried organs taken in a time of one family’s grief and given to families who received them in hope and joy.”
A Lesson in Getting Ready for School

I can remember those last few days of summer — the anxiety of starting another school year and the thrill of getting new clothes, shoes and school supplies. Everything I needed to start school was ready and waiting for me on the first day. I assumed that this was the same for all children. Thirty years later, I realize just how wrong I was.

For the last two years, employees in Catholic Health Initiatives’ Cincinnati office joined with a local women’s organization in a back-to-school fair for underprivileged children. We collected money through fundraising efforts such as bake sales and raffles, then purchased school supplies for children who could not afford them. We also purchased gift certificates to a discount shoe store to give away as door prizes. The day of the fair, we sponsored a booth where children could play a game and win small trinkets. Each child also received a bag containing toothbrushes, toothpaste and small toys.

I expected this to be a rewarding experience, but I didn’t know how much impact our small efforts would have on the children’s lives. We saw children wearing shoes that didn’t fit or were full with holes, but these were the only shoes they had. One child actually came to the fair in a pair of tattered slippers, the only “shoes” that fit him. Children attended the fair with raw noses that had run for weeks because they had no medicine; lice that were so numerous that you could see them from a distance; and clothes and shoes that were too small, too torn or too dirty. Some teenage girls came with their babies, collecting supplies so they could return to high school.

Rather than getting excited over winning trinkets at our booth, many of the children sat at our booth for hours waiting to see if they would win a gift certificate and have new shoes to wear to school. The children were overjoyed that they would have enough supplies for school, plus paper and pencils at home to use for homework. They were more excited about new toothbrushes than they were about the candy and trinkets they won.
The day was a rewarding and eye-opening experience. I now realize that the start of a new school year means different things to different children. Some worry about how nice their teachers will be, if their friends will be in their class or how much homework they’ll have. But far too many worry that they won’t have enough paper to complete assignments or enough warm clothes to get through the winter. Through our efforts, nearly 1,000 children had a few less worries as they went back to school this year.

Vickie J. Lassandro
Catholic Health Initiatives
Cincinnati, Ohio

“Many of the children sat at our booth for hours waiting to see if they would win a gift certificate and have new shoes to wear to school.”
When we bring a new baby into our Special Care Nursery, things are different now. We are very deliberate in showing patience and kindness to the parents. We realize that having a sick child is not an experience that they had hoped for. They are frightened and sometimes angry. We strive to be truthful, but empathetic and kind.

We dress the babies in clothes that we buy at garage sales or that our own children have worn. Sometimes parents bring clothes that their babies outgrew so they can be recycled with love. We have a washer and a dryer in our unit, so we wash and dry the clothes ourselves.

The babies wear knitted hats made by volunteers. Some of these women have made the hats for years, and when they bring them in I look at their arthritic hands. It must be painful to make the hats, but these women have a mission and a desire to serve.

Our infant beds are dressed with handmade afghans and pretty blankets. Each baby is nested in a bed for optimum development and comfort. At each bedside, there is a personal calendar for the baby. One of our doctors makes these for all of the babies, not just for her patients. Memories are captured daily and written down on the calendars — weights, first breastfeeding, the first diaper that daddy changed.

We touch the babies softly and hold them close when they hurt. The most important thing we do is love. We really love. You can’t fake that. Some of the parents haven’t had life experiences that taught them how to care for babies. We mentor them, help them and believe in them. We teach them everything we can. Often, they return after discharge to show us how beautifully their baby is doing and to say thank you. We feel like thanking them for letting us be part of such a special time in their lives. It’s a great feeling when parents trust you to care for the most important little beings in their lives. It is such an honor!

ELINDA ANDERSON, RN
St. Joseph Medical Center
Tacoma, Wash.

“Some of the parents haven’t had life experiences that taught them how to care for babies. We mentor them, help them and believe in them.”
A surgeon requested that Memorial Hospital collaborate with his church in offering medical treatment to Boyd, a man from Jamaica who had been badly burned and disfigured in a sugar cane fire. During the three months that Boyd was a guest in our hospital, the associates and physicians at Memorial helped to heal the many burns on his body.

In addition, several surgeries on Boyd’s arms enabled him to begin using prosthetic hands. His use of prosthetic hands was exciting because it allowed him to go from being totally dependent on others to becoming a more self-sufficient and autonomous person. The skill of the surgeons; the insight of the neurologist who put Boyd on medicine to control his seizures; and the efforts of other physicians, nursing staff, therapists and church members were all witness to the excellent care given by people working together as a team. They can be compared to the yeast that enables bread to rise and become what it was meant to be.

Boyd also had an impact on the hospital’s associates. He was a devoutly religious man who worshipped and praised God daily. In fact, many associates would say that he praised God every minute of every day. Although he was completely dependent on us and often in pain, he never complained. Instead, he praised God for everything and everyone in his life.

With mixed emotions, we said goodbye to Boyd and he to us. He is now back in Jamaica living with a group of missionaries. One of the things the missionaries do is bake bread for the poor, and Boyd is now part of this project. Many hands at Memorial joined together to give him hands with which to serve others. I thank God for my own hands and continue to be grateful for the many ways Boyd touched my life during the three months he spent at Memorial.

Kurt Schley
Memorial Health Care System
Chattanooga, Tenn.

“He was a devoutly religious man who worshipped and praised God daily. In fact, many associates would say that he praised God every minute of every day.”
On the St. Clare van, a young lady approached Maryann and asked, “Do you remember me?” When the young lady was a resident at a shelter, she had come to the van for medical help. She had previously tried to put her life back together many times but always tore it apart again until the day she came to the van. That day, as she explained to Maryann, she had a long conversation with me (who, she said, was “the first one who really listened to me”) and realized that she needed mental help. With a referral to the mental hygiene clinic, she was diagnosed as having bi-polar disorder and received medication.

Her life took on new meaning. She returned to college, graduated and now has a job with a major employer in the Wilmington area. She is happy and thankful to God for the compassion and caring she experienced, and feels that she would not have been able to get her life turned around if it hadn’t been for the concern and support of the staff on the van.

Each morning on the van, we pray together for the patients and families who come to us in need. We are confident, knowing that all of our efforts to live our core values are blessed by the Lord. We are truly grateful to be part of His healing ministry. It is awesome to see how God works His miracles through us.

Thomas Scott, MD
St. Francis Hospital
Wilmington, Del.

“She had previously tried to put her life back together many times but always tore it apart again until the day she came to the van for help.”
When I came to St. Joseph Healthcare to work in the business office, I was struggling with various family difficulties. I had resigned from my previous job eight months earlier to care for my blind, elderly father and had, consequently, lost health insurance coverage for my family. My husband had been disabled in an auto accident several years earlier and was in need of a total left hip replacement as well as prescriptions for anti-inflammatory medications. We had gone to a local urgent care facility to get the prescriptions but were treated so badly that neither of us wanted to return.

After talking about my situation with a new friend at St. Joseph, I was referred to the mission office. After making this connection, I was shown the true meaning of the organization’s core values. I was put in touch with a financial counselor within the organization, and was astonished to learn that this counselor had arranged for my husband’s surgery at no cost to us. Although we are both extremely grateful to this counselor for his efforts, we decided that it would be better to wait for my new insurance coverage to be effective for the surgery.

In the meantime, I spoke with a member of the St. Joseph Physician’s Group about my husband’s need for medication. There was no hesitation on the doctor’s part to obtain the prescriptions my husband needed. Another St. Joseph staff member arranged to have the prescriptions filled at the inpatient pharmacy. Not only did we obtain these medications at no cost to my family, but they were delivered personally to my office.

What impresses me the most about my experience with St. Joseph is that no one has made me feel like a charity case, even though that’s exactly what I am at this point. I’ve been treated with dignity and genuine compassion. The long-term care facility, St. Francis Gardens, has been most helpful in making recommendations for my father’s care. I’ll always be grateful to St. Joseph. I’m proud to be an employee here and I know this is reflected in my work every day.

Gina Estudillo
St. Joseph Healthcare
Albuquerque, N.M.

“I was shown the true meaning of the organization’s core values.”
As a new employee, orientation at Central Kansas Medical Center was a wonderful day for me. I knew nothing about the history of CKMC, the convent, the sisters or the values they brought to our community.

One afternoon, I received a call from the human resources department advising me that my health insurance would lapse unless I paid an extra premium of $98. Having no apparent health problems in our family, we decided not to pay the extra amount. However, a co-worker advised me to pay, saying "You never know what will happen." The following day, I paid the $98.

That night, in the middle of the night, I found my husband collapsed and having difficulty breathing. I drove him to CKMC. A team of professionals met me and went to work. My husband was found to have a heart condition, and was taken by ambulance to St. Francis in Wichita.

I was a very fearful wife and mother of three. Two sisters from pastoral care at CKMC took over my decision making and made sense of what needed to be done. They advised me to pack some clothes, make arrangements for my children and get some money for the trip to Wichita. I could not have gotten through that moment without their assistance.

As I drove to Wichita, I began to worry that I might lose my job. When I arrived in Wichita, I called and spoke to my supervisor. She was more than accommodating. I prayed to God to give me strength, and He did. My husband’s illness continued for nine months, and he was not able to work for more than a year.
At Christmas time, I received a call from a sister who asked to meet privately with me. When I entered the room, there was an envelope on the chair with my name on it. I opened it and my tears began to flow. The envelope was full of gift certificates to a local store. It was as if they had been sent from above.

Ten years later, I can honestly say Central Kansas Medical Center is a good place to work. They not only take care of their patients, they take care of their employees. I have great respect for this institution not because of what anyone else says, but because of my own personal experiences.

Cherine Ward
Central Kansas Medical Center
Great Bend, Kansas

“The envelope was full of gift certificates to a local store. It was as if they had been sent from above.”
Francisco’s eye was nearly swollen shut. The doctor called it something Francisco’s mother didn’t understand — all she knew was that the problem was getting worse. The doctor said Francisco would need surgery before his eye would heal. Francisco’s parents were concerned about their baby, but neither spoke English or knew how to get help for their son.

Francisco was a sixteen-month-old boy with a chalazion on his eye. The first time I met him, my heart melted. He looked up at me when I spoke to him in Spanish, gave me a shy grin and resumed playing with his twin brother.

The local clinic had referred his family to the McAuley Project for help. This project, initiated more than two years ago with grant monies from the Sisters of Mercy, assists the indigent population in Nampa, Idaho. The physician told me that Francisco’s chalazion had not responded to treatment and continued to grow, and he was concerned about possible loss of vision. The chalazion needed to be incised and drained. Because of Francisco’s age, this would require surgery under anesthesia.

Because the twins were born in Mexico and their parents were undocumented farm workers, Francisco was not eligible for Medicaid. Because his condition was not considered an emergency, he was not eligible for county assistance. Francisco’s parents were desperate to help their son, but they didn’t have any money.

The challenge was to find a way for this child to receive the care he needed. The first step was easy: Mercy Medical Center approved the family for charity care. The second step was negotiation with an ophthalmologist and an anesthesiologist, who both agreed to accept a reduced payment from the McAuley Project for Francisco’s surgery.

Six weeks after the surgery, Francisco’s mother brought him back for a visit. His eye had healed well. Francisco sat on my lap and shyly kissed me on the cheek. His mother hugged me and said, “Gracias por todo. Ahora me hijo tendra los dos ojos para ver su futuro,” which means, “Thank you for everything. Now my son will have both eyes to see his future.”

Carol Egusquiza, RN
Mercy Medical Center
Nampa, Idaho
t was August, and my husband and I decided to attend the county fair. I was on call for the laboratory and took a beeper along. Because the beeper system wasn’t reliable, I told the hospital to have me paged at the fairgrounds if I didn’t respond.

The evening was going great, especially because I hadn’t been called in to work, but I had a nagging feeling that something was wrong. Just to be sure, I checked in at the fair office. The hospital had just called and needed me immediately! My miracle was beginning.

At the hospital I found a grave situation. A young man had collapsed at the rodeo. He had been in the hospital several times and, in fact, had just recently been released. His problems were always the same – internal bleeding. His hemoglobin was at an extremely low level that can lead to shock or even death.

He needed an immediate blood transfusion, but there was a problem. He had two known antibodies in his blood and would need units of blood screened specifically for him. I was in a panic! The units would have to be screened at the Red Cross, then flown 350 miles to us. It would be days before the blood could arrive. All I could do was pray. I dropped to my knees and folded my hands on the counter. My prayer was simple: "Please help me save this boy." I was startled when a coworker suddenly walked in. She said she just had a feeling that she should stop in. My miracle was working again.

I explained the situation, and she remembered that earlier in the day she had missed the bus for some return blood. Because the paperwork had already been recorded for the transfer, the units didn’t show up in the inventory. One of those units was a screened unit left over from the boy’s recent stay. My miracle was complete!

That one unit of blood was enough to keep him alive. Later that night, I prayed again. I simply said, "Thank you, Lord, for my miracle."

Brenda Fisher
Beach Medical Clinic/St. Joseph Health Center
Dickinson, N.D.
In Loving Memory of Bob

This story begins more than two years ago, when I entered a truck stop diner to meet my new patient, Bob, his wife, Thelma, and Jodi, a medical social worker. Bob and Thelma were long-haul truckers, people from the road. They had asked to meet at the diner because their house was not clean. As a hospice nurse I see many types of lifestyles and I was not concerned about the state of their home, but I respected their wishes.

Bob was quiet and reserved. He had lung cancer that had spread to many other organs. He was in pain and required medicine frequently. Thelma, a strong and independent person, was supportive of Bob. They wanted hospice’s help.

Our next meeting was at the hospice office. When they arrived, Bob was in pain and was admitted to the hospital for pain management. This included the insertion of an epidural catheter to deliver medicine directly to the source of his pain. During Bob’s hospital stay, his son Bobby became familiar with the pump and the medicine and became the primary caregiver for the management of Bob’s pain. Bobby also became his parents’ greatest support, both physically and emotionally.

After Bob was discharged, I was invited to visit him at home. I drove down a dirt road to their mobile home, where I met other members of their family. I found a family with love and respect for each other. Bobby had fixed the front step to make it easier for his dad to get into the house.

“I drove down a dirt road to their mobile home, where I met other members of their family. I found a family with love and respect for each other.”
Jodi and I continued to visit Bob and Thelma throughout the next month. Bob became weaker and required a hospital bed to make his pain management easier. Thelma and Bobby were wonderful, always improving the yard and garden, and I could tell that they were taking care of each other, too.

One day when I came to visit, it was clear that Bob was dying. Thelma asked me if one of our chaplains could visit. I tried to contact our hospice chaplains, but both were with other patients. I decided to try the fire department down the road. When I called and told the person who answered what I needed, she said, “Yes, I will call our chaplain.”

As we waited for the chaplain, we assured Bob that he was safe and we were with him. I heard the car drive up to the home, and went out to greet the chaplain. It was Barb, a woman I had known as a nurse at the hospital who was now a chaplain for the fire department. This was truly a wonderful gift for Bob, Thelma and me. I knew Bob was in good hands.

Bob died that evening, in his home, with his family near him. When we meet people who are referred to hospice we never know what path we may take. I was fortunate to take this journey with Bob and his family.

Pam Ketzner
Franciscan Hospice/Franciscan Health System
Tacoma, Wash.
have always known that God takes an active role in our lives, but to have personal confirmation that this is so can be a moving experience.

On August 2, 2000, I sat outside the hospital with several swing bed patients for some afternoon fresh air. My mind was wandering. You see, my newest grandchild, Allysa Rose, had been born July 19 with a tumor on her back. She was diagnosed as having spinal bifida oculta and was scheduled for further testing that very afternoon.

As we sat outside, Father John walked out the door and passed by. He walked a few steps past me, then turned around. In his hand was one of his hand-carved crosses. He brought it to me and told me that he wanted me to have it. I said, "Father, you don’t need to do that," but he insisted. This act alone was by no means extraordinary, for Father John is very giving with his works of art. But what happened next was something that will stay with me forever.

Father John turned to leave, then again took a few steps back to me. He told me that he felt that he needed to bless the cross and me. I was so moved that I didn’t know what to say. As Father John walked away, I glanced down at my watch. It was the same time that Allysa was scheduled for her tests at Children’s Hospital in Minneapolis. My mind was at peace, for I knew that no matter what the results would be, God was with our family.

The next day, I stopped Father John in the hallway and told him how much his care the previous day had meant to me. I told him about Allysa and that it meant so much to me, a Lutheran, to receive such kindness and love from a Catholic priest. Father John simply smiled and said that, as he passed, he had felt that he needed to do that for me.

As I shared this story with Allysa’s mother, she said it was confirmation that God is in control of our lives and that He has a plan. It gave her peace, just as it gave me peace. I am confident that God has a plan for Allysa, too.

I plan to give this story and the carved cross to Allysa. I want her to know that no matter what, God is at work in all of our lives, He is always there for us and she is one of His very special children.

Betty Dallmann
Mercy Hospital
Valley City, N.D.
As a working mother, I often wonder if I am doing the right thing and raising my children in the way that God intends. I found my answer one day shortly after my older son, Nathan, turned four.

Earlier that day we received into our emergency department an elderly man who had been in a terrible farm accident. His injuries were so serious that he had to be transported by helicopter to another facility. The helicopter arrived just as I was leaving work to pick Nathan up from the hospital day care center. Thinking that it would be exciting for him to see the helicopter take off, I took him to watch the departure. As we waited, Nathan asked why the helicopter was there. I explained that a man who had been in an accident needed to be taken to a larger hospital where there were special doctors and equipment to help him. Nathan asked, “Mommy, should we pray for him?” So we did, together.

Many weeks later the patient returned to our facility to stay in our skilled nursing unit. I was able to meet him and his wife and share my story of that day. Sometime later, I received a copy of a newspaper for seniors that carried a column written by the patient’s wife. Her column told of people who had touched her life during her husband’s hospital stay. She mentioned many doctors, nurses, friends, other patients and their families, ending with the statement, “Last, but not least, I am touched by four-year-old Nathan.” She went on to tell our story, concluding with “God heard — and smiled.”

This experience means more to me than words can express. It means that my son has a good, loving and caring heart. Our town is small, and I sometimes see the patient and his family. When we greet one another, the memory we share makes my heart smile. I am doing as God intends.

Amy Knochel
Good Samaritan Health Center
Merrill, Wis.

“Nathan asked, 'Mommy, should we pray for him?’
So we did, together.”
first felt the loving arms of the House of Mercy, a residence for single mothers, in June 1997. I had been released from prison three weeks earlier and had a two-month-old baby girl in my arms. I was forced to accept that I had lost my home, my friends and myself to a drug and alcohol addiction. I had been in numerous retreat centers and had yet to find the help that would turn my life around. The House of Mercy was truly my last hope.

Wanting desperately to take advantage of this last chance, I began to work with the House of Mercy staff to rebuild my life with my new baby. The staff helped me to remember that I had once had dreams, things that I passionately wanted to achieve. I had forgotten all about them. After we had established that I had ambitions, the staff helped to break down the barriers that stood in my way. They encouraged my positive decisions and tried to help me see the consequences of negative ones. They patted me on the back and kept me humble a time or two. They helped me create and look forward to a respectable future.

I enrolled in a local college. My degree program in accounting required an internship. Again, Mercy opened its loving arms and I interned in Mercy’s corporate accounting office. That was when I realized that Mercy employees are a rare breed. They knew where I came from but were more concerned with where I was going. I was a felon with a messed-up life, but I was treated with the same respect as the executives. You can imagine how that helped my self-esteem.

When I finished my internship, Mercy hired me. After I graduated, they promoted me to general accountant.

It’s been said that the House of Mercy is the best-kept secret in Des Moines. I want to change that. I spread the word about the House of Mercy and what it has done to help me recover. Telling people about this sanctuary for women like me is a dream come true. It helps me remember where I came from and where I still could be had I not found their love.

Mercy to me is far more than a name. It’s an ingredient in a person’s heart. Many who work at the House of Mercy will tell you that the residents do all of the work, but behind all of our success stories is a loving, caring, “Mercy-ful” staff.

Connie Daniel
Mercy Medical Center
Des Moines, Iowa
This is a story about Mary Ann, who was placed in a state institution for the developmentally disabled in the 1940s when she was a very young girl. Years went by. Eventually, a court order mandated that the state depopulate the institution. Mary Ann was placed in a group home operated by Friendship, Inc. She moved in with seven housemates and a caring, dedicated staff.

As time went on, her life became better. She went out into the community more and went on vacations. Her anxieties decreased. But there was one thing missing. Mary Ann had no contact with her family.

Records from the institution that had closed yielded several addresses. We wrote to these addresses about Mary Ann. The letters came back to us, except for one. One day about a year later, Mary Ann received a letter. It was from her sister, Marlys. She was interested to know more about her sister. By the next Christmas, Mary Ann received cards from all of her brothers and sisters and from a niece in Wisconsin named Julie. The cards and letters continued, but we hoped that there could be a face-to-face visit for Mary Ann and her family.

We received a letter from Julie, Mary Ann’s niece, saying that she would like to meet Mary Ann in Fargo. The day came when Mary Ann met her niece and her niece’s family. They looked at photo albums together. After a while Mary Ann’s sister, Marlys, arrived as well. As the family get-together came to a close, Marlys said she would like for it to happen again. I’m sure Mary Ann will see Marlys again in the not-too-distant future, and maybe even some other siblings.

This meeting would not have taken place without the teamwork of the staff at Friendship, Inc. To make Mary Ann’s dream of a family reunion a reality, staff members, secretaries and administrators all had to help. Days like the one on which Mary Ann finally saw her family again keep us going on the tough days and make our jobs special.

Joe Watkins
Villa Nazareth
Fargo, N.D.
Denise was a gentle, loving woman, with childlike innocence and exuberant joy but limited learning capacity. She was referred to Mary Beth Basch, a parish nurse, for prenatal and community health care coordination. The clinic staff was concerned about Denise’s comprehension of her high-risk pregnancy with twins and with the multiple challenges of her impoverished living environment. The original goal — a healthy birth at full term — was not achieved by traditional definitions, yet all those who cared for Denise were given a deeper glimpse into life’s mysteries.

When her pregnancy was 28 weeks along, Denise was rushed to the emergency department at Good Samaritan Hospital in full arrest. She did not survive an apparent neurological event, and the twins were delivered via crash C-section. They were revived and placed on life support, but their brain activity appeared negligible.

The family, including Denise’s parents and four children, were faced with the shock of her death and discussions about the status of her twin boys. Repeated neurological scans revealed no brain activity. Mary Beth, chaplains and nurses all helped support the devastated family. Denise’s parents asked for the boys to be baptized, as they understood this to be Denise’s wish. The nursing staff lovingly bathed, dressed and swaddled the boys in preparation for the sacrament and, ultimately, their death. Many caregivers were struck that a ritual that represents new life would be concurrent with the moment of death. The machines were removed, and the boys were placed in the arms of their family.

Many staff members attended the funeral. The casket held Denise cradling a twin in each arm, an image profoundly etched in each attendee’s memory.

After the service, many staff members expressed a desire to get together and talk about the experience. Mary Beth and Margaret Sherlock, a chaplain, organized a group discussion and prayer service. Staff members spoke openly and honestly about their deep sense of grief. But through the tears, a new vision emerged. How does God work through each one of us?
Why was Denise a patient at Good Sam, rather than the state hospital? How did a spiritual approach to care impact the family and the staff? Mary Beth shared her image of the staff as “an orchestra, with God as the Great Conductor,” weaving notes and patterns of music into a composition. “We each were an important part of the whole,” Mary Beth said. “Lives were entrusted to us for a very short time so that we could somehow convey God’s love. The work of each person was to deliver compassionate care and understanding. Each had a role, none more important than another, and together we were the hands and heart of God.”

Denise’s story is a sacred story. As caregivers, the way in which we embrace the sacredness of life and death is also a sacred story.

Carmil O’Connor, RN, and Mary Beth Basch, RN
Parish Nurse Ministry/TriHealth
Cincinnati, Ohio

“Lives were entrusted to us for a very short time so that we could somehow convey God’s love.”
have been an employee of St. Joseph Hospital in Lancaster since 1981, when I came as a registered nurse to work in the emergency department. For some, the sale of the hospital feels like a wake, or a coming together before the burial of the dead. However, in this modern age, using a computerized thesaurus, I found that the first words shown to be synonymous with “wake” are awaken, stir, rouse and come around. Those words seem much more in keeping with what is proposed to happen to St. Joseph Hospital.

Having been at St. Joseph for almost 20 years, I knew that it would be here forever. With nine years of experience as a manager in the emergency department, I was well aware of economic pressures, changes in reimbursement and ups and downs in the employment market. Still, I was confident that somehow the mission of service to the community would continue under the name of St. Joseph.

“This new venture will build on a rich heritage of service and dedication.”
None of us welcome change. There is a comfort in things that are familiar and predictable. But, while the name of the hospital will change with its sale, there will be still be many familiar faces among the employees. This is an institution with a history and a strong sense of mission, which is delivered through these local folks. In addition, the continuation of our outreach programs through St. Joseph Health Ministries will provide services to all the people of Lancaster County regardless of their cultural heritage, economic status or the location of their mailboxes.

The closing of the hospital would have been devastating to those who have used its services all their lives and those who would be left with fewer health care choices in the county. Hundreds of people would have been out of work, and a piece of our community would have gone dormant.

So, as you listen to the stories of the sale of St. Joseph, remember the words, awaken, stir, rouse and come around. New investors in our community bring new focus, new finances and new perspectives, but they will build on a rich heritage of service and dedication. We go into this new venture with tremendous faith. In the words of Marcel Proust, "The real voyage of discovery consists not in seeking new landscapes but in having new eyes."

**Barbara Forrester Landis, RN**  
*St. Joseph Health Ministries*  
*Lancaster, Pa.*
Stories of care that is “in” but not “of” the world.
Learning to be With Others

had been the director of the medical intensive care unit for about a month when a patient turned my life around. Until then, my critical care background had been one of high technology — the “fix them and move them out” mentality. My idea of a good day was to fulfill my clinical responsibilities, say what was minimally necessary to patients’ families and go home.

However, one patient and his family were different. The patient was a middle-aged man with multisystem failure. There was basically no hope for him. The family would frequently stop at my office just to say “hi.” They never complained. They never said anything negative. They always had hope, even when hope was quickly fading.

“She listened to me and told me to just ‘be’ with the family, just ‘be’ present. Her suggestion was as foreign to me as anything I had ever attempted to do.”
For some reason, I was pulled toward this patient and his family. My usual routine of telling the family to talk to the patient’s nurse wasn’t enough. I had my usual desire to fix the situation, but it couldn’t be fixed. In frustration I turned to the chaplain assigned to the unit. She listened to me and told me to just “be” with the family, just “be” present. She might as well have told me to run for the president of the United States. Her suggestion was as foreign to me as anything I had ever attempted to do.

I avoided the family for a few days. But the pull I felt toward them came back. I could not escape it. So, I found myself with the family again, and I was with them when the chaplains spoke with them. I wanted to watch how the chaplains would just “be” present. It was an amazing revelation. Just having someone there who cared helped open the family up and begin their closure and healing from the fact that they would lose their loved one. After that, I found an opportunity to “be” with them every day.

This experience changed the way I think, act, and respond both personally and professionally. I continue to “be” with many patients and families as they are hurting and healing. Each time, I grow a little more in my own journey as a part of the healing ministry of Jesus.

Pam Lawson
Memorial Health Care System
Chattanooga, Tenn.
Last year I was presented with one of the greatest gifts God has ever given me. I was called to the floor to assess a patient with unresolved pain and make some treatment recommendations. I arrived in the patient’s room and found a thin, pale man with beautiful sparkling eyes. During the assessment process, we talked about his diagnosis of metastatic lung cancer. This beautiful man was preparing to make the most important journey of his life. Together, we created a plan to treat his pain with medications and with something else.

His greatest joy in life, next to his family, was his garden. I asked him, “If there was one wish I could grant you, what would it be?” He thought for a brief moment and replied, “I would love to work in my garden. I have such a beautiful garden and I love the feel of God’s living, breathing, loving earth between my fingers. How can anyone believe that there is not a higher power when they see life come from the earth?”

By now, his morphine was working and he had less pain. He was also actively dying. His blood pressure was dropping, his breathing became more erratic and his color more sallow. But his eyes still danced as he thought about his garden.

God must have “planted” an idea in my mind. Before I knew it, I was in occupational therapy looking for potting soil. As karma would have it, patients were planting that day and fresh dirt had just been delivered. The staff graciously provided me with a small bucketful.

I went straight to the patient’s room and asked him if he trusted me enough to close his eyes. He did, and I took his right hand and placed it in the cool, moist earth. Immediately he smiled and said “I can feel my garden. I can see my garden, too. Isn’t God good, Chris?” He played with the soil with both hands for quite a while.

Then, something unexpected happened. The man I was trying to help turned the tables on me. He then took his hands out of the bucket, wiped
them gently on a towel and said “Now, it’s your turn.” He gave me the bucket and told me to close my eyes, feel the love in the soil and trust in its goodness. So I did, and I loved it. He said that the soil was magic because loving thoughts had been sent through it by two people who were newly connected. He died later that night, holding the towel he used to wipe the dirt off his hands. I planted a garden for the first time this year and used the magic soil we touched together to grow a terrific garden.

Sometimes the greatest nursing experience is not what you bring to those you care for, but what you learn from their loving wisdom. There is no more precious time to be with someone than as their life, as we know it, passes.

Chris Colleta-Hansen, RN
St. Mary Medical Center
Langhorne, Pa.

“He said that the soil was magic because loving thoughts had been sent through it by two people who were newly connected.”
A chaplain, I have had many opportunities to be with the terminally ill and the dying. During the past year, one experience stands out.

On this particular night, I was the on-call chaplain. Around 11:30, I was paged by Donna, a nurse on the oncology unit. She said that a patient, Larry, was dying and his son wanted a priest. I was familiar with the patient’s history and sensed that the son wanted the priest to administer the Sacrament of the Sick to his father. I told the nurse that Larry had been anointed, but I could tell by the tone of her voice that it was important that someone respond.

When I entered the room, Donna was on one side of the bed and Larry’s son was on the other. As I approached his bed, it was obvious that Larry was restless and agitated. I leaned over, held his hand and said, “Larry, the priest has been here to see you. You received the Sacrament of the Sick and were anointed. It’s okay, you can be at peace, all is well. God is with you, just trust in God’s love and forgiveness.”

Within minutes, we could sense that Larry was more relaxed and calm. He took one last breath and died quietly and peacefully. It was as if he only needed reassurance that he had received the grace of the sacrament and that all was well. I vividly recall Donna’s comment to me — “You came just in time.”

The power and the presence of God were real in the room. Each of us played our role in ministering to Larry in his final journey. Donna, with her gentle care and compassion, made every effort to lessen his anxieties. Larry’s son stood by with love and comfort and tears. I was able to speak the words that Larry needed to hear. It was a memorable and privileged moment that we held as sacred and graced.

Rita Carr, OP
Good Samaritan Health Systems
Kearney, Neb.

“It was as if he only needed reassurance that he had received the grace of the sacrament and that all was well.”
n the rush of the morning hour (no, not rush hour) in beautiful Oakes, North Dakota, while I wheeled the chart rack down the clean hallways, the bustle was broken by a serene voice. “Morning prayer,” the loudspeaker said, and for a moment my scribbling on the order sheet stopped. I was in a dilemma – should I stop and listen? Stand by the side of the hallway and look down? Keep working? I was new at the hospital and looked for clues from those around me. Everyone was working as the prayer went on in the background, but they were all listening at the same time.

I felt an inner peace as the morning prayer went on. I greeted my next patient with a smile. He had been listening, too. I think I heard him say, “Prayer helps,” and how true that is. “More things are wrought by prayer than the world dreams of” is a well-known saying.

Now, I wait every morning to hear the morning prayer. In this age of financial crisis for the health care industry, we must not forget our primary mission – to comfort the sick and heal when we can. I believe that prayer makes our faith grow stronger and gives us the faith to be strong.

Sai Praveen Haranath, MD
Oakes Community Hospital
Oakes, N.D.
For the past few years I’ve been fortunate to work at Friendship, Inc. Last year, I had the misfortune of falling at work and was unable to work for six months. During this time, my co-workers were terrific. When I didn’t know what I was going to do or which way to turn, many wonderful things happened.

People that I work with came to visit, sent cards, telephoned, gave me money and brought me food. The mission integration program sent me a check to pay my rent and utilities so that I would not lose my apartment. Coworkers gave me their valuable paid-time-off hours, which I greatly appreciated. After I had surgery, my program manager was there holding my hand. All of this helped me get through a very trying time in my life.

I’ve worked at several different jobs over the years, but I’ve never enjoyed my work more or worked with such great, caring people. I’ll always be grateful for their friendship and kindness.

Joy Stricklin
Villa Nazareth
Fargo, N.D.
he was taller than my 5’10” and weighed far more than my own 150 pounds. When I first met her on the mental health unit, her manic behavior was in full flower. She had not slept in days and was driven by her illness to march the unit hallways at a steady pace. She continually lectured to an audience of faces only she could see. Physically she was a magnificent woman, and for some people, her presence was imposing and frightening.

After that first meeting, it was two days before I returned to work on the unit. In that time, the medications that would help to heal her began to take effect. She finally slept. Yet during sleep, her mind and body disconnected for a time. Her language was lost to her; she could only mutter quietly and unintelligibly. She had difficulty standing and walking, needed help remembering and getting to the bathroom — or anywhere else. She had become like a small child again. For a time, I was the one appointed to care for her.

For three days, she and I were together in the brief periods of her waking. I showered her, drenching both of us in the process. I shampooed her hair, dried and clothed her. I fed her because she had forgotten how to do this for herself. I spoke calmly and reassuringly to her, trusting that her spirit was still there and needed respect and compassion.

On the third day, as I combed her hair, she looked into my eyes. For the first time, she seemed to be fully aware. She said, “I’m sorry.” I knelt in front of her and put on her socks and shoes, and she said “Thank you.” From my place on the floor, all I could think to say was, “Thank you for allowing me to help. Thank you for allowing me to come as a servant to you.”

Jan Terreau
St. Francis Hospital
Federal Way, Wash.
We had just concluded a staff meeting that was heavy with discussions of staff reorganization and due dates for spiritual care strategies. Deep in my pocket, the familiar sound of my beeper alerted me. I dialed the phone and heard the voice of a nurse on the telemetry unit. She said, “Sister, could you please see Frank, who just received word this morning that his wife died?” As I jotted down the information, I felt the remnants of the meeting join with the grief and needs of this gentleman. Almost immediately, the meeting’s issues faded and my concern focused on this very lonely man.

I reached the patient’s room, where he was in bed staring with a sad, fixed gaze. I introduced myself and conveyed my condolences for his loss. As I pulled a chair beside his bed, I invited him to share his story of loss. Frank was married for 67 years, and for the last seven he had cared for his wife, who had Alzheimer’s disease. He spoke of his deep loss and added that he knew she was in the arms of Jesus and happy now.

I asked him what his faith tradition was. “I was baptized a Catholic, but…,” he said, then hesitated. “Maybe you weren’t always a practicing Catholic?” I said. I gently reminded him that he was still Catholic as well as Christian. “I didn’t even make my First Communion,” he said. I risked asking him if he would like a visit from Father. He patted my hand, smiled and nodded. “It will be easy,” I said. I called Father and he spent some time with Frank.

When Father returned to me, he said, “We have another practicing Catholic who just received his First Communion.” I returned to Frank’s room and extended my hand to him. He thanked me and his face was glowing. I said, “I think your wife sent you a special gift this morning because she loves you and wanted you to know where she is.”

I knew that this man had experienced passion, death and resurrection in one day. I left the room praising God in my heart.

Loretta Anne Dinda, IHM
Nazareth Hospital

“Your wife sent you a special message this morning, wanting you to know where she is.”
After Mercy’s Family Birthplace experienced several sad events involving babies born with birth defects and babies that died, a groundskeeper named Jeff selected a beautiful lilac bush for us to plant in honor of these little ones. A plaque nearby reads, “Sent from earth to blossom in heaven.” Jeff helped select the spot in which to plant the bush and participated with the nursing staff as we prayed and remembered the babies. This was a healing time for our staff. We will remember it each year when we watch the lilacs bloom and know that God is always there to comfort us and give us wisdom and courage as we help families through tragedy as well as joy.

Lola Chitwood
Mercy Medical Center
Roseburg, Ore.

“This was a healing time for our staff.”
Sister Regina, our mission integration coordinator, had become very ill with stomach pain. Her physician was concerned about what he saw on the scans. Sister Regina decided that she needed to join her congregation, the Benedictine Sisters of Watertown, S.D., to pray and think about what she should do. She soon went to the Mayo Clinic in Rochester, Minn., to confirm the diagnosis and to determine if surgery or treatment was possible. Sister Regina and another sister made the trip together and stayed at a priest’s home during their time in Rochester.

Sister Regina went through many tests and procedures, and unfortunately the news was not good. She had incurable pancreatic cancer and had four to six months to live. While she was in Rochester, she would call me to let me know how things were going. I was always amazed by her strength even though I knew that her faith was strong. Sometimes after she would call, I couldn’t help but cry and ask, “Dear God, why her?” I was worried about her. I was selfish, too, because I couldn’t imagine what it was going to be like without her. She had such thought-provoking reflections and beautiful prayers every morning for our patients, residents and staff. In Sister Regina’s absence, the rest of the staff took turns giving the morning reflection and prayer, but it wasn’t the same.

One evening when Sister Regina called from Rochester, she was excited and almost joyful. She told of a wonderful event that had taken place that day. She had returned to the priest’s home after treatments and was sitting in the sunroom resting. She began to crochet and suddenly heard someone behind her say, “Regina, heaven is a beautiful, wonderful place. You will like it there.” She turned around, but no one was there. She said, “I heard that voice as plain as could be and I know that it was a message for me. I feel so happy and relieved, and I am not afraid to die.” I was overwhelmed by what she told me, but I too believed that it was a message for her.
Sister Regina made the decision to stop treatment and return to Baudette. She wanted to work as long as possible. On her first day back to work, we had a party with gifts, cake and punch. At the party, Sister Regina talked with us about dying and the importance of faith. She talked about the blessings she had received, especially "the voice with the special message." The party was so meaningful to all of us and, believe me, there wasn’t a dry eye in the room.

Sister Regina was a teacher by profession, and she was a teacher that day. She taught us a lot about faith. I shall never forget her, nor will any of our staff.

SharRay Palm, CEO
LakeWood Health Center
Baudette, Minn.

“She taught us a lot about faith. I shall never forget her.”
Pioneer Nurse:
God’s Presence Among Us

When the Sisters of Divine Providence of Kentucky took over Gearheart General Hospital in Martin on September 15, 1947, and renamed it Our Lady of the Way Hospital, Waneta Pride Newsome, RN, was one of two employees daring enough to face the sisters. Early memoirs indicate that the rest of the employees went out the back door saying, “We’re not going to work with them Catholics.”

Fifty-three years later, Our Lady of the Way Hospital celebrated Mrs. Newsome’s 75th birthday and her 53rd year of uninterrupted service at Our Lady of the Way. Why is she still here? Because this is her home, and because of her conviction that God has always been in this hospital.

Mrs. Newsome’s memories illustrate her sense of God’s presence here. Forty years ago, she was assisting in surgery during a routine operation when the patient’s heart stopped. Having no alternative, the surgeon incised the patient’s chest, took her heart in his hand and massaged it back to life. Mrs. Newsome remembers that she didn’t have time to be frightened, though she was puzzled as the doctor opened the woman’s chest. Though she had read of such cases, she had never seen a heart massaged back to life. She wondered if the surgeon’s actions were futile, then remembered the patient’s four little children at home. The patient returned to her home and family, living 30 years more.

At a time when the little mountain hospital was understaffed, a nurse was not routinely assigned to the pediatrics unit. But, whenever an infant was in trouble, a nurse would invariably find herself walking in to check on the newborns.

On another occasion, the lights went out while Mrs. Newsome was assisting a surgeon who was tying off bleeders. Surgery continued by flashlight, the patient survived and God’s presence was felt.

“Not only was God here in those earlier, simpler, harder times,” said Mrs. Newsome. “He’s still here. We’ve come a long way, and we couldn’t have done that without Him.”

For the rest of us, Waneta Newsome’s life is one of those that explains why God has always been here, and why God is still here.

Judy Parsons
Our Lady of the Way Hospital
Martin, Ky.
Ten years ago, Anna Papa Gallagher was the assistant head nurse in the intensive care unit at St. Francis Hospital. I will never forget how she worked all day trying to save a 55-year-old man who had a ruptured abdominal aortic aneurysm, only to finally realize that all medical interventions were fruitless.

Anna delegated her nursing duties to the oncoming evening nurse so that she could comfort and console the patient’s distraught family. She listened to, talked to, hugged and held the hands of the patient’s wife and daughters. It was difficult to witness their pain, and the entire staff cried with them. When the patient died, Anna made sure that his priest was called. She stayed with the pastoral care staff until the priest arrived after 10:30 p.m., even though she had been at the hospital since before 7:00 a.m.

As traumatic and unexpected as the patient’s death was, I think the family realized how fortunate they were to have had Anna care so compassionately and reverently for their loved one, and to have had the excellence of her medical care. Her honest updates regarding the patient’s condition throughout the family’s ordeal were testimony to Anna’s integrity. The tears shed with the family were further evidence of the compassion of Anna and her colleagues.

To me, Anna exemplified the spirit of St. Francis’ ministry. Our values of Reverence, Integrity, Compassion and Excellence were daily fare in the intensive care unit. Anna was an excellent role model and mentor to all the staff.

Anna died in 1998 after a five-year battle with breast cancer. I know her memory lives on in those whose lives she touched. At her viewing, I saw a peaceful expression on her face, which suggested to me a reunion with all those who had gone before her, welcoming her into God’s kingdom.

Maryellen Sparks, RN
St. Francis Hospital
Wilmington, Del.
n working with service excellence initiatives at Catholic Health Initiatives’ facilities, I have the privilege of seeing the difference a service culture makes to staff members as well as patients and their families. We are, of course, intent on measuring the results of our work, including customer and employee satisfaction, market share, employee retention and savings from process improvements. But it is most rewarding to witness renewed energy and enthusiasm among caregivers and staff members who make the market-based organizations hum on a daily basis – those who provide direct care and service to people in need.

The employees of Franciscan Health System in Tacoma, Wash., call their service excellence initiative “Spirit at Work,” and it has truly imbued a new spirit throughout the organization. One nurse who tried to express what “Spirit of Work” meant to her finally drew an analogy: it is as if Franciscan Health System had opened a window and let fresh air into the organization.

At St. Francis Hospital in Wilmington, Del., a nurse who was hours away from turning in her resignation attended a staff retreat for the hospital’s service excellence initiative, “Called to Serve.” She took part in exercises designed to connect staff with the reasons they chose careers in health care and the reasons they stay. After the retreat, she thanked the leadership team for having the courage to implement a service excellence initiative and told them that she had changed her mind about resigning. The hospital’s new focus on a culture of spirituality, in which the core values come off the posters on the walls and into the hearts and lives of the staff, proved to her that she is working for the right organization.

At St. Mary’s Healthcare Center in Pierre, S.D., I co-led a retreat for the guiding coalition as it kicked off the hospital’s service excellence work. I had the privilege of seeing the staff who volunteered for this coalition work passionately to name their initiative. For an hour, they brainstormed and debated the meaning of each suggested theme. They unanimously decided
that they could live out the meaning of a service initiative only if its title included the name of Christ. The initiative would embody the organization’s purpose only if patients, families and physicians knew that St. Mary’s staff is “Called to Serve with the Heart of Christ,” the name of its service excellence initiative.

It is inspiring, encouraging and humbling to see the deep commitment that individuals at Catholic Health Initiatives’ market-based organizations have for the work they not only do, but feel called to do. They are truly caring in every sense of the word.

Diane Gage
Catholic Health Initiatives
Denver, Colo.

“The hospital’s new focus on a culture of spirituality, in which the core values come off the posters on the walls and into the hearts and lives of the staff, proved to her that she is working for the right organization.”
After teaching elementary school for almost 31 years, you can imagine my devastation when my doctor informed me that it would be best for me to retire due to stress-related health problems. Because I was not of retirement age and was always active, I couldn't imagine sitting at home.

I always thought that I would like to do volunteer work. I discussed this with my doctor and told him that because of the excellent way my family and I had been treated during my Dad’s many illnesses at St. Francis, it was the place where I wanted to volunteer. I hoped that I could show others the same kindness and compassion that we had always received at St. Francis.

My cousin’s teenage sons couldn’t understand why I would want to work and not get paid. I explained to them that this wasn’t exactly true. Though I didn’t receive a monetary payment, I was paid in a far more meaningful way. I told them about working in the pediatric clinic and seeing the little children smile when they were given a sticker or a lollipop at the end of their visits. I told them how it felt to be thanked every time I visited a patient as a patient liaison volunteer. I also told them about the time I received a hug and a peck on the check from a little old lady after I helped her find her family when she had become separated from them and lost her way. These are some of the rewards of volunteering and they helped the boys to see that money isn’t the only form of compensation.

Their next question was why I chose St. Francis. First, I have seen the dedication the staff shows to all patients regardless of race, religion or economic position. Second, I have been a patient at the hospital many times during the last few years and I have always been shown care and compassion. Also, volunteering there helped me to see that my health problems are minute compared to what others go through. Finally, I am completing a circle. I was born in St. Francis, have been a patient and visitor there many times, and now am proud to be a member of the great volunteer staff. To me, it will always be the number one hospital, and I will always champion its causes.

Angela Schiaretti
St. Francis Hospital
Trenton, N.J.

“I was born in St. Francis, have been a patient and visitor there many times, and now am proud to be a member of the great volunteer staff.”
Sitting as I often do with a cup of coffee in hand, a candle lit on the table, listening to the gentle trickle of water cascading down the crevices of my water fountain while smoke from the incense burner migrates upward, my heart sometimes begins to bubble up with gratitude for Catholic Health Initiatives.

In my musings, I tell myself how fortunate I am to walk daily with so many outstanding healing ministers in telling the greatest story ever told — how Jesus went about the countryside healing — and how, through our promise to "heal as Jesus healed," we try to act in our lives as Jesus acted in His. We, too, touch people’s lives in their most vulnerable state, forgive hurts that we both experience and inflict, help one another to come to wholeness and see meaning in the chaos of our lives. We joyfully proclaim, even in the midst of darkness, "God is here."

I think about the outstanding people in Catholic Health Initiatives’ market-based organizations. I am often humbled as I travel from town to town discovering what it means to groups and individuals to be healers in the 21st century. I am never disappointed. While external forces jar one facility after the other, the internal reserves of faith and courage reflected in leaders, boards and staff members continue to squarely face the future with great wisdom.

There is a hymn titled “Walking on Holy Ground.” I often feel that, as an organization, Catholic Health Initiatives is walking on holy ground. Wherever I go, I see God, and along with the song writer believe that "Where God is, is holy."

Diane Traffas, OP
Catholic Health Initiatives
Minneapolis, Minn.

"I am often humbled as I travel from town to town discovering what it means to groups and individuals to be healers in the 21st century."