It’s a celebration of the healing ministry of health care, which compels us to extend our compassion beyond hospital and clinic walls and into the communities we serve.

Faith is sometimes all you have. Being there, filled with our faith and God’s love, is all that matters.

We prayed together, and God became present. We never truly know how what we do may touch another’s life, or our own.

These were some of the many faces of Jesus. It touched my heart.

Sacred Stories
Sixteenth Edition
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Ever since our participating congregations formed this organization, Catholic Health Initiatives has gone through cycles of renewal and re-creation to improve and expand in ways that make it possible to provide better health to the individuals and communities we serve.

The current re-creation of CHI – our preparation for the Next Era of Healthy Communities – is the most urgent and essential we have ever experienced. We’ve had to reconsider every aspect of how CHI creates and delivers health; and, we’re excited about the possibilities to expand the expression of our ministry.

How will we achieve true innovation in the delivery of health in this era and beyond? To take full advantage of the skills and creativity that all of us bring to CHI, we must stretch the limits of our imaginations, pray, and let our minds wander, just as Lisa Kelly – our colleague at CHI Health, Omaha, Nebraska – expresses beautifully in the following sacred story.

**Can You Imagine?**

When we sit in prayer or reflection, our minds may wander. That’s okay. Our minds are one of the most powerful tools we can use to find God.

Sometimes your mind can wander back to find God in the moments of days past: memories made, moments of fullness, seconds that caught you by surprise.

But, what happens when you let your mind wander forward?

Imagine an elderly gentleman walking into a clinic, his wife of many years by his side, wondering if the young doctor will be able to take his pain away. Imagine how we shall care for him.

Imagine the young girl waiting in the therapist’s office, nervously chewing her nails, desperate to find a way to manage the thoughts in her head. Imagine how we shall care for her.

Imagine the exhausted family sitting in an emergency department waiting room. They are waiting for news, waiting for hope, waiting for someone they love to be okay. Imagine how we shall care for them.

Imagine health care administrators sitting around a table, preparing for a meeting, crunching the numbers yet again, tenaciously finding a way to do the right thing. Imagine how they shall care for each other.

God is in our imaginations, calling us to see what is possible even when it means taking a risk, inspiring us to be creative and see with new eyes, affirming what we know is right even when it isn’t easy.

Imagine how you want to provide care and how you want to be cared for. Imagine how you want a care team to work together.

Imagine how you want our patients and staff to feel every day when they leave us. Perhaps it isn’t just your imagination after all.
Understanding the difficulties faced by the people we serve is an important part of what we do. Their difficulties might be a cause or effect of an illness, such as pain or fatigue; or, they may be related to life situations, such as poverty or broken family relationships. While we can’t always remove or mend these difficulties, we can acknowledge them, be compassionate, and deliver the care and services each individual needs to improve their health and well-being.

All of us at CHI must deal with the difficulties of providing health care and health services within an industry-wide, imperfect delivery system. Like other providers of health, we are pressured to do more with less; to achieve measured quality improvements while reducing growth in spending; and to overcome resistance to change. We have been anchored in hospital care; now, we are transforming this ministry into an integrated delivery system that offers health care services, programs and products that are coordinated and are available in traditional and nontraditional settings. Thanks to the dedication of all who participate in the ministry of CHI, we are making great progress, yet are being called to do even more.

The challenges faced by our patients, our communities and our organizations may make it hard sometimes to remember why we chose health care, or why it chose us. One of the reasons we publish Sacred Stories is to remind us that we are in a position to be God’s hands on Earth. CHI promotes a workplace spirituality in which we can come closer to being aware of our God working with us and through us, even in our most ordinary activities. We can’t always “cure” the difficulties of life, but we can use our talents and resources to enter the chaos of others, ease their burdens, and create space for healing to begin. Sacred Stories is a reminder that we are welcome to bring our spirituality – whatever its foundation – to work with us each day.

Please enjoy this edition of Sacred Stories and its expressions of the lived spirituality found in our traditional and nontraditional, nonhospital workplaces. We invite you to turn the pages and read the stories about the larger spiritual dimension of the care we provide – and the difference it makes.

Kevin E. Lofton, FACHE
Chief Executive Officer

Thomas R. Kopfensteiner, STD
Executive Vice President, Mission

...we are in a position to be God’s hands on Earth.
Suggested Sacred Text

Then the King will say to those on his right, ‘Come, you who are blessed by my Father; take your inheritance, the kingdom prepared for you since the creation of the world. For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.’ — Matthew 25:34-36

Sacred Story

One day at my job, I was transferred to work at the extended care facility; an area different from one I normally work in. I was accustomed to the acute care environment, but this would be different: I would be caring for people in a health facility that serves as their home. I was out of my comfort zone. I thought, “How am I going to muster up the confidence that the residents expect?”

I walked along the hall, orienting myself and noting the residents’ names. Some were in their dining areas, waiting for their meals. Others laid weakly in their beds, gazing at me as I went by. Then, it dawned on me: these were some of the many faces of Jesus. And with that, I started my work.

I came across a lady from my old neighborhood; I helped her bathe and dressed her healing wound. Another resident had worked as a clerk in a local grocery store, a long time ago. I was surprised to see her, and happy to finally know her name. I cared for others I recognized as former bus drivers, acquaintances I had previously met in the hospital, and parents of schoolmates.

I saw a face that I remembered from my first days of work at the hospital. This lady had worked in the laundry. She had given me the gift of her wonderful laughter and friendly greetings, as she did everyone she met. There were no joyous greetings this day. Instead, there was only a vacant stare and aphasia, leftovers from a stroke and dementia. I fed her; she didn’t communicate, but only opened and closed her mouth to eat. I grieved, knowing I might only hear her voice in my memory now. I hoped that memory wouldn’t fade.

During that day, I also came across some of the best Whist players around, who were former residents of an assisted living center that I visited frequently. Sadly, they too had succumbed to their illnesses and were no longer able to play. I was even able to visit with a former classmate who, due to untimely misfortune, came far too soon to the extended care facility.

I cared for a once strong man, whose tremors no longer allowed him to even feed himself. He had been a man of authority, and now was totally dependent upon others. He carried this cross with dignity.

As the day ended, I walked home and thought about one final group of the faces of Jesus: those who care for the residents every day. I hoped I’d helped to make the day a better one for all of them. And, I realized that I didn’t need to muster up confidence as I had thought at the start of the day. What I needed was to see the faces of Jesus and recognize that, as caregivers, we can be the faces of Jesus, too.

DARLYN WEBER, RN
CHI St. Francis Health
Breckenridge, Minnesota

Questions for Reflection

When have you seen the face of Christ in those you serve or with whom you work?

How will you reverence the dignity of those you encounter today?
Blessed are those who mourn, for they will be comforted. — Matthew 5:4

Martin was a patient, a repeat visitor with several hospital admissions. Each time he visited, I would poke my head in his room, pull up a chair and chat. He would warmly tell me stories about his family and friends. He loved to talk about his grandchildren and would show me their latest and greatest pictures.

He lived in an apartment complex for seniors and was the taxi driver for the ladies in the building. He would take them to their appointments and to run errands. He was always thoughtful and took care of those he loved, but as his hospital admissions began to increase he had to cut back on helping others. It was difficult to watch him struggle. We had become buddies and I had grown to care deeply for him. As he continued to grow weaker, I would search him out just for the reassurance that he was still hanging in there and fighting his disease.

About a week after his last admission, he called me at home. He said he was thinking about me and wanted me to know how much I meant to him, and how grateful he was for my care. Before he hung up the phone, he told me that he loved me – he loved “me!” It was the last time I spoke with him. He passed away the very next day.

My heart was broken. I knew I would miss Martin, and I don’t think he even knew what an amazing gift he had given me. I will treasure his memory knowing that he inadvertently made me take stock of my blessings and to focus on them, instead of on the messes in life. Martin will always hold a special place in my heart.

As much as you try not to show favoritism or become attached to patients, it still happens sometimes. But, even when you break down barriers to care, the battles are not always victorious. It is not always about happy endings. Sometimes this is a gut-wrenching job that just makes your heart hurt – really hurt. We have to stay focused on caring for patients and their families, knowing that at times the only thing we can do is be there for them and hold their hands. And sometimes, while caring for others, you find that they are caring for you, too.

ALICIA IERY
CHI Memorial Hospital
Chattanooga, Tennessee

We don’t always know when a seemingly insignificant thing we do has deep meaning to another. Can you recall a time when you did something for someone, and found out later that it touched them deeply? How did you feel?

Can you recall a time when someone did something small for you that you found particularly meaningful? Did you get a chance to share the significance with that person? How did you feel?
For you have need of endurance, so that when you have done the will of God, you may receive what was promised... But we are not of those who shrink back to destruction, but of those who have faith to the preserving of the soul. Now faith is the assurance of things hoped for, the conviction of things not seen.
— Hebrews 10:36-11:1

Working in mental and behavioral health care can be a pretty thankless job. There are times when we need to be reminded of why we have devoted our lives to helping these vulnerable individuals. Amanda’s story serves as a reminder for me.

Amanda was a teenager when her mom sent her to us for help. She had been living on the streets for more than a year, using drugs and getting into trouble. To describe Amanda as anti-social would be an understatement. She was overweight, dressed in black, kept her face covered with her hair, refused to engage with or speak to anyone, and was angry at the world: so angry that she did not see any reason to live anymore.

We had to convince her to believe that there are reasons to live; but, where do you begin when there are so many layers to unpeel? We started with faith.

The initial weeks and months were challenging. We spent many days and nights counseling Amanda, trying to talk her through her detox and her craving for drugs, trying to get her to start to like herself again.

Eventually, Amanda took steps toward re-engaging her faith. She began to attend church on Sundays, and she attended a 12-step program led by one of the priests on staff.

Once in a while, we caught a glimpse of happiness when a small smile lit up Amanda’s face. She started to reconnect with her family. She began to exercise and eat right (she lost more than 200 pounds). She cut her hair, wore brighter clothes, and her faith grew stronger.

Amanda became well enough to go back to school. In the following years, we heard about her successes, including being elected to give the class speech on Senior Day. I was graced to be there and hear her speak. She said that she would be dead if not for the important people in her life, especially those who cared for her in her darkest days. I could not help but cry when she told the audience about the importance of having faith in yourself, family and God, and to never give up.

I still keep in contact with Amanda. She is almost 30 years old now, with two beautiful little girls. She still thanks us for turning her life around and giving her some of her best memories.

In this line of work, amidst all the science, faith is sometimes all you have; plus, the hope that another Amanda will come along and touch your life.

ERIC GROSS
KentuckyOne Health
Our Lady of Peace Hospital
Louisville, Kentucky

Questions for Reflection

Do you remember someone who nurtured your soul and protected you from self-destruction?

What is needed now for the care of your soul and the soul of the person standing before you?
Suggested Sacred Text

But the souls of the just are in the hand of God, and no torment shall touch them. They seemed, in the view of the foolish, to be dead; and their passing away was thought an affliction and their going forth from us, utter destruction. But they are in peace.
— Wisdom 2:23-3:9

Sacred Story

I spent a week working with Mr. Feathers, a man in his mid-40s. Several of his internal organs were shutting down; he was suffering from several major illnesses simultaneously.

When I first visited him, he was in terrible pain, even though he was on the maximum level of morphine. He was slowly dying, in agony. He gripped his blankets with white-knuckled fingers. I listened to his labored breathing, rasping in and out. I looked into his eyes and did not know if he saw me or not. In the few moments that I saw him lucid, his brow creased and he looked panicked. I laid my hand on his hand and prayed for health, or peace, or an end to pain. I felt helpless in the midst of so much pain and suffering.

I went to see him each day. Each day, he looked worse, and my prayers grew shorter and quieter. Each day, he seemed more withdrawn into his own private hell. At the end of the week, I entered his room and sat, listening to his pained breathing. I’m not sure how long I sat there, but after a while I did not hear anything. I stood up and looked at Mr. Feathers. Instead of the rictus of pain that I had seen before, his face had relaxed and he was smiling.

I did not hurry; I was stunned by what I had experienced. I walked slowly down to the nurse’s station and mumbled that Mr. Feathers had died. The nurse’s eyes went wide momentarily, but then she nodded, understanding. We walked down to his room together and started the process that took his body away from that room.

It was a powerful moment, to be with someone when he died. It was powerful to see the smile on his face after he died, especially compared to how he had looked before, gritting his teeth against the pain. I love life and hold dearly to it, but when I looked at the face of Mr. Feathers, I saw how unbearable life had become for him. When he could let go, perhaps he found something better. I remember his smile, and take it as a sign that there is more to existence than the earthly life that we know.

JASON GACKLE
Penrose-St. Francis Health Services
Colorado Springs, Colorado

Questions for Reflection

Have you been with someone when they died? What did you experience?

Suffering is a real part of the human condition. What new meaning or wisdom have you ever gained from an experience of suffering?
Many gathered together so that there was no longer room for them, not even around the door, and he preached the word to them. They came bringing to him a paralytic carried by four men. Unable to get near Jesus because of the crowd, they opened up the roof above him. After they had broken through, they let down the mat on which the paralytic was lying.
— Mark 2:2-4

William was a minister for more than 50 years. He was known for his constant smile, compassionate service, and commitment to sharing the Gospel.

When he was 55, William had a stroke that resulted in paralysis, which took away his ability to be in the pulpit. However, his ministry did not end. His church asked him to be a mentor for the new pastor, a bible teacher, a board Member, and a visitation minister.

William’s ministry continued for another 20 years, until he had another stroke and a heart attack. After that, William was ministered to in hospice care. Because of William’s deep faith, he asked every week if he could go to church. His social worker, Tara, had to gently explain the stress that would result from being moved out of his bed and into a car, and that going to church could cause harm or even his death. William persisted; he just knew that if he could get to church once more, it would make his life complete.

Tara discovered that one of her recent clients had donated money to Make-A-Wish, specifying that it was be used for adult hospice patients who had a wish. Two weeks later, an ambulance, fire crew and hospice team arrived at William’s home. It took almost two hours for them to prepare William to move to a geriatric chair that could accommodate his need to recline. He wore clothes for the first time in months, and was especially happy about wearing his shoes.

The entire team headed off to William’s church. For the next two hours, William was able to “sit” in his usual spot in the second row. He was too weak to participate actively, but he knew he was in his church. At the end of the service, tears streaming down his face, William thanked Tara.

I share this personal story about my father as I reflect on our care managers and social workers. Thank you for the work you do every day for our patients. The work you do touches on the more important things in life and helps make God felt and seen in our world today. What a gift and a blessing you are.

VICKI WEBER
CHI St. Luke’s Health System
Houston, Texas

Question for Reflection
When have you had an opportunity in your ministry to “think outside the box” and make an impossibility possible?
Suggested Sacred Text

For to his angels he has given command about you, that they guard you in all your ways. Upon their hands they shall bear you up lest you dash your foot against a stone. — Psalm 91:11-12

Sacred Story

Three weeks ago, I was getting ready to end my day when I heard, “Code Blue, ER.” It was the third time in as many weeks that I had been prompted to respond to a code blue. I checked in the ER first, then went to the admission desk and waited for the family to arrive. After a short time, the patient’s wife came through the front door. I recognized her, and she me. She knew my name and reminded me that she had worked at our hospital years ago.

I took her to the ER waiting room and updated her on her husband’s condition, which was critical. She had no family to call, but I encouraged her to call a friend. Her friend arrived, and I was amazed by the strength of both women, especially the comfort and insights offered by the friend.

After a while, the physician came out to the waiting room to say that the patient had died. Of course, there was shock and sadness. The wife’s friend and I accompanied her into the ER to see her husband. I noticed the nurse in attendance – she had lost her own husband to cancer a few years before. Then, the wife’s friend told me that her husband had died in our ER trauma room several years ago.

As I mentioned, this was my third code blue in three weeks; all had involved the sudden loss of a husband. My husband had also died suddenly several years before. Before he died, I had always appreciated my life experiences, and realized that each one made me a better servant of God. But when my husband died, it felt like my life had come to a stop. I struggled trying to make sense of what had happened – the “why” of it all. Still, I realized that we are all God’s soldiers, each with our own gifts.

That day, I was very aware of the four women present in the ER and the common experience we shared. Some might say it was chance that three of us who had already lost our spouses were there to console and guide the fourth. I like to think that I was sent there as one of God’s helpers here on Earth.

CONNIE WHITNEY
CHI Mercy Hospital
Devils Lake, North Dakota

Questions for Reflection

How might the scripture passage from the Book of Psalms be applied to the widows who accompanied the woman who lost her husband through this experience?

Do you have an “angel story” of your own, when you received help or support from an unexpected source?

“I struggled to make sense of it – the ‘why’ of it all.”
Sacred Story

Ninety-four years ago the Sisters of Mercy came to Williston to start a hospital. They had no building, no equipment, no staff, no start-up funds, and no income in the foreseeable future. Of course, the Sisters knew all of this before they boarded the train to the west. But, they reasoned, “If we don’t go to Williston, who will?” They opened a hospital in less than a month and began training nurses soon after that. Amazing!

Their story is but one of thousands of comparable stories we celebrate within CHI. Pick a participating congregation; the stories are incredible! Women religious answered the call to come to communities that had great needs. They met hardship, closed doors, and lack of resources with grit, wit and tremendous faith. They came because the communities needed them. Sisters who had been teachers became nurses, sisters who had been nurses became teachers. They became what their communities needed them to be.

Strong-willed and faith-filled, these selfless servants remained focused on the ministry and what it could become. God honored their vision and worked through them in amazing ways. Just look at CHI today!

Following in their footsteps, though, is daunting. Do I have their drive, dedication and selflessness? Sadly, no. How many opportunities have I discounted because they looked like obstacles? How many needs have I ignored because there was no realistic plan to meet them?

I am not like the sisters who came here so long ago, but every time I recount their story I am inspired to take a few steps beyond what is comfortable, and that is what I do. When I remember their obedience to such an ill-defined call, I am a little braver; when I think of their faith, I am a little more trusting that God will provide for us, too.

How humbling, yet how invigorating, it is to follow in their steps. Remembering their example helps us see beyond our turbulence and crises, and helps us trust that what God has done before can be done again.

“…If I have seen a little further it is by standing on the shoulders of Giants.” — Isaac Newton

MARK BEKKEDAHL
CHI Mercy Medical Center
Williston, North Dakota

Questions for Reflection

What inspires you most when you hear stories about the pioneering women religious in CHI’s participating congregations?

What do you want your legacy to be?

“Do I have their drive, dedication and selflessness?”
So she said to Elijah, “Why have you done this to me, man of God? Have you come to me to call attention to my guilt? …Now indeed I know that you are a man of God, and it is truly the word of the Lord that you speak.” — 1 Kings 17:18 and 24

I knocked softly on the door and entered the patient’s room. “Hello, my name is David. I am a chaplain here.” And then I waited. This was her room, her crisis. She had the right to make the next move. I would not take that power from her.

She took a few moments to quiet her sobbing and focus on my presence. When she replied, it was both a frightened, angry challenge and a sincere desire to know: “Who sent you?” she asked. “God, or someone else?” Her question was not very different from the one John the Baptist told his disciples to ask Jesus.

By “someone else,” she meant the people who had put her in this room. She was asking if I was one of them. Her question surprised me, but it was a fair and important question. I knew the answer; I had actually thought about it before knocking on her door. “God sent me,” I told her. How else could I have gotten there? Certainly not with my own scared humanity.

Like a full balloon relaxing, her pain and fear began to flow out. “No one has the right to stop someone from doing what they need to do! Let me alone! Let me go! Let me die!” she shouted and sobbed. Then, she told me about her mother, who had died six months before. Because God had sent me, I asked the next question.

“What did your mother die of?” I asked.

“The same thing I’m dying of. Neglect!” she shouted.

Then, she told me stories of abandonment and abuse in her life. There were many stories, too many for anyone to bear alone. “God doesn’t care about me, he won’t forgive me!” she sobbed. The breath that formed those words came from a place of pain deep in her soul. Her physical and emotional pain seemed embedded in her spiritual and mental illness, torturing her.

She was too wounded to pray without someone to help her. That was why God had sent me, I realized, to be present to her. I was there to tell her about a shepherd God who tenderly cares for her with love and compassion; a warrior God who is faithful and strong enough to keep her safe. But, to embrace any kind of God, she needed hope. And hope was there, somewhere in the grace of presence.

She said, “Would you pray with me?”

We prayed together, and God became present. A warrior God, a shepherd God, a forgiving God. He had never left; and now, she knew that.

DAVID RAPP
CHI Franciscan Health
Tacoma, Washington

Questions for Reflection

How often do you think of yourself as being “sent?” Who sends you, “them” or God?

Can you think of a time when you visited someone as a prophet?
As manager of acute care at CHI Franciscan Health St. Elizabeth Hospital, I am very involved with daily patient care needs. One day, a member of our housekeeping staff said a patient wanted to talk to me, the “person in charge.”

I knocked on the door and introduced myself to the patient and his wife. They asked if I made a point of building teamwork on my unit. I said yes—in fact, building teamwork was one of my top objectives. I was a little reserved with my response because that’s not a typical question from a patient, and I wasn’t sure where the conversation would go.

I need not have worried. The patient and his wife told me there was a great level of teamwork on our unit. He explained that he had a long history of working with teams, and ours was great. He was impressed that staff members who didn’t know the answer to a question went and found someone who did; they worked together and helped one another.

His wife explained that her husband had never been a hospital patient before, and it wasn’t an easy role for him: all of the new experiences, such as having an IV, made him anxious. But, she said, our staff had done a wonderful job of caring for him. They explained everything and put them both at ease allowing fear to be displaced by hope and healing.

The patient said I should be very proud of our team. I blinked back tears of joy as I told him how glad I was that he had received good care, and I thanked him for letting me know.

That patient and his wife gave me a great blessing that day. I’ve shared this story with our team to let them know how much our teamwork means to those we are committed to serving.

CAROL HINER, RN
CHI Franciscan Health St. Elizabeth Hospital
Enumclaw, Washington

Question for Reflection
How are you more life-giving through teamwork?

“The patient and his wife told me there was a great level of teamwork on our unit.”
His mother and his brothers arrived. Standing outside, they sent word to him and called him. A crowd seated around him told him, “Your mother and your brothers and your sisters are outside asking for you.” But he said to them in reply, “Who are my mother and brothers and sisters?” And looking around at those seated in the circle he said, “Here are my mother and my brothers and my sisters. For whoever does the will of God is my brother and sister and mother.” — Mark 3:31-35

In the midst of sadness, something special happened at our hospital’s immediate care clinic one day when a member of the community came seeking follow-up care for a stroke. The patient was young and was thought to be healthy before the stroke, which left him unable to walk.

The provider seeing him that day was my sister, Connie. She and I both worked at the clinic. After examining the patient, Connie thought he needed to return for another follow-up appointment. The patient’s wife told Connie that bringing him back would be difficult, as she was unable to get his wheelchair down the steps in front of their house. The patient would have to crawl out of his house.

Connie began to tear up. She could see the humiliation on the patient’s face. It was embarrassing for him to have his neighbors see him crawl out of the house. Just weeks before, he had been a healthy man who was totally independent and walked out of his house to go to work each day.

A ramp would help the couple maneuver the wheelchair in and out of the house, but the couple had been struggling financially even before the stroke. Now, there definitely wasn’t any extra money for a ramp. The patient’s wife had contacted several organizations in the community for assistance, but without any luck.

Connie called local businesses and contractors until she found some that would donate all of the supplies needed to build a ramp. A contracting company agreed to donate labor and tools. Connie and her husband coordinated the project, and within 10 days a permanent ramp was built at the patient’s home.

So many people allowed God to use them to extend kindness to this patient. Connie’s compassion for the patient, his wife and the difficult reality they faced was contagious. It inspired all of us at the clinic, as well as the people Connie contacted for help. She never once acted as if she was doing anything out of the ordinary.

The beautiful thing is that this story is not as much about Connie as about teamwork and the goodness of people responding to a neighbor in need, as our foundresses did. It’s a celebration of the healing ministry of health care, which compels us to extend our compassion beyond hospital and clinic walls and into the communities we serve.

DEBRA DANZINGER
KentuckyOne Health,
Flaget Memorial Hospital
New Haven Primary Care Office
New Haven, Kentucky

Questions for Reflection

How might God be calling you to help a neighbor in need?

What feelings and emotions stir within you when you help those who are vulnerable?
Suggested Sacred Text

Do good to others, surely Allah loves those who do good to others. — Qur’an 2:195

Sacred Story

Why do you work here? Is it because we were the first to offer you a job? Is it because we have some seriously cool tools that are fun to work with? Or, is it because you have a calling to health care; a genuine wish to help people and make a real difference in their lives?

We live in a time when the changes taking place in health care will go down in history. As Kevin Lofton said, we’re in a “transition from sick care to health care.” In this transition, information – information that helps us understand our consumers and what they want from the continuum of health care – is a key. I work in Business Intelligence, and I know that the information we supply directly affects the quality of services CHI provides.

This transition is not easy. We’re facing some of the same struggles faced by the women religious who founded this organization: limited resources, ambitious timelines, and a population of medically underserved individuals and communities counting on us to pull through. As I face my own struggles each day, I take time to remember the sisters who begged by day in order to provide care at night in harsh environments. I give thanks to God that my struggle is in the comfort of an office, not out in the elements. I give thanks again that I have the opportunity to help change the world with innovative thinking and creative use of the resources available.

I work here for three reasons: first, the opportunity to serve my Lord in an environment where God’s presence is felt every day; second, to be part of an organization that fulfills the obligation to provide acts of kindness to those less fortunate; third, to be able to use my abilities to support the first two reasons. All of this happens in an environment in which the hospitality we show each other is as important as the work we do.

How blessed we are to be working in health care.

TIM PICKERING
Catholic Health Initiatives National Office
Englewood, Colorado

Question for Reflection

Why do you work here?

“The hospitality we show each other is as important as the work we do.”
Suggested Sacred Text

Praise God, for God is good
Make music for his name — it brings joy —
For God has chosen Jacob for himself,
Israel as his own possession.
— Psalm 135:2-4

Sacred Story

As a hospital chaplain, I had worked for years with Joan, a registered nurse who was a very comforting presence to her patients on the medical/surgical unit. I also knew her from church, where her beautiful voice would ripple out to the congregation, sending peace to everyone who heard her. I didn’t know that one day I would understand the roots of her talent, and the reasons why it was expressed in such ethereal music.

One day, Joan’s father — known to everyone as “Uncle Bill” — was brought to the hospital. Uncle Bill was dying. He was in bed, and would never get out of bed again. His wife had died some years before.

In the hospital, Bill’s 10 children surrounded him. Each came to make his or her peace and say goodbye to him. These 10 children had grown up in a musical family; Bill had taught each one to sing and play instruments. They were used to making beautiful music together.

When Bill saw his daughters crying, he gave them a gentle push in a different direction. “Don’t cry when I die,” he said. “Sing!”

And sing they did, their father singing with them. It sounded like a choir of angels had come together on the medical/surgical floor. They were sorrowful, but they were joyful, too. Staff members closed the door to Uncle Bill’s room so other patients wouldn’t be disturbed by the music; but, many patients and staff members sang right along with Bill and his family.

I know that whenever children lose their dad, it’s a sorrowful time. It was such a comfort to see Bill’s children helping him make his journey. He was ready to go; he was just waiting for God to be ready for him. In the meantime, he wanted his children to sing.

In the end, when Bill died, the nurses formed an honor guard and sang “How Great Thou Art” as they wheeled his body down the hall. Many staff members wanted to share in this ritual, and many patients sang right along. Bill and his children had provided patients and staff alike with a truly uplifting experience. As long as I live, I will never forget this prayerful, musical family and the gift they gave to Bill, our patients, our staff and me.

PHYLLIS BOWLING
KentuckyOne Health
Flaget Memorial Hospital
Bardstown, Kentucky

Questions for Reflection

How can singing and other talents help us with the grieving process?

How do we bring others into sharing a personal and sacred dying process?
Suggested Sacred Text

Working together, then, we appeal to you not to receive the grace of God in vain. For he says: “In an acceptable time I heard you, and on the day of salvation I helped you.” Behold, now is a very acceptable time; behold, now is the day of salvation.
— Corinthians 6:1-2

Sacred Story

Recognizing a patient’s lifetime of accomplishments is one of the many ways we provide care. In her final days, Mattie, a 93-year-old patient in our Transitional Care Unit (TCU), gave us an amazing opportunity to do just that.

It all began in the cafeteria line, when one of our directors offered to buy lunch for Mattie’s son and daughter-in-law. They told a beautiful story. They said that Mattie had been a nurse at our hospital for more than 30 years. In fact, she was one of the first nurses to work in the surgical recovery room. The director promptly shared this with the TCU staff, who wanted to recognize Mattie’s nursing achievements. I spoke with Mattie’s family about the plan and gained their support.

Mattie was weak and failing, but able to communicate with the nursing staff. We planned for our chief nursing officer to come and thank Mattie for her accomplished nursing career. The national DAISY Foundation, which recognizes outstanding nurses, sent us a recognition certificate, statue and pin by overnight mail. One of our retired RNs agreed to bake cinnamon rolls, which are part of every DAISY award presentation. Two retired physicians and a retired nurse, who had all worked with Mattie, excitedly agreed to come to the celebration. Everything was organized by Friday, with the event scheduled for Monday, just three days away.

On Sunday, Mattie became increasingly confused and less alert. The TCU nurses decided it was important to recognize Mattie without delay, and they quickly gathered in her room. They presented her with the DAISY pin and attached it to her gown.

On Monday, Mattie was not able to participate, but a small celebration still took place with her family, nurses and special guests in attendance. Members of the family shared stories about Mattie’s nursing career, which included nurses’ training right after high school, joining the Army and going to England during World War II, working in a MASH unit and caring for the first injured soldiers of D-Day, then working at Good Samaritan. The DAISY certificate and statue were presented to the family, honoring Mattie for a life of nursing, well-lived.

Mattie died on Tuesday with the DAISY pin on her gown. Her obituary mentioned that “she received the honorary DAISY Award for extraordinary nurses given in appreciation of the meaningful difference she made in the lives of the many patients and families she cared for at Good Samaritan Hospital.”

Life gets mighty precious when there is very little to waste. Mattie reminded us that it is never too late to celebrate an extraordinary life.

SHELLY JORGES
CHI Health Good Samaritan
Kearney, Nebraska

Questions for Reflection

In the frenetic pace of patient care, how can you take the time to pause and learn a patient’s life story? Even when we cannot cure, sharing and celebrating this story may be very healing.

How can you help families celebrate the lives of our patients?
When I tell people I work on a hospital obstetrics unit, they often say something like, “It must be so pleasant to work there with all the babies.” However, on our unit, we also shed many tears. Unlike most hospital units, patients usually don’t come to us because they are ill. However, we must be prepared and have the strength needed to console a mother who holds her lifeless infant in the palm of her hand. Some of that strength comes from within, and much of it comes from my support system and my relationship with God.

It can be overwhelming to deliver a child that has died in the womb. I remember that when a physical cure isn’t possible, it’s still possible to heal the soul. I remember the importance of prayer. I remember that we don’t need to wait on the hospital chaplain or the family pastor, but can take the initiative to pray right at the moment needed.

At St. Catherine Hospital, I have learned that family is not made of flesh and blood, but of the laughs and tears shared with each other.

I was once deeply affected by a young married couple who was experiencing the trauma of their third loss of a child in the mother’s womb. Within the four walls of her room, there was so much agony and despair. I did the only thing I was able to do at that moment: sat on the edge of her bed, wrapped my arms around her and cried with her, as I prayed for her and her family.

VERONICA FLORES, RN
St. Catherine Hospital
Garden City, Kansas
For I know the plans I have for you, declares the Lord, plans for welfare and not for evil, to give you a future and a hope. — Jeremiah 29:11

Sacred Story

CHI St. Vincent Health participates in the Bundled Payment for Care Improvement (BPCI) program, a Center for Medicare and Medicaid Services-approved program that incorporates financial and performance accountability for patient care. The health coaches involved in this program have been instrumental in touching people’s lives and making a difference in their recoveries. To provide just one example, health coaches Labray Merkel and Natalie Martin were able to proactively change what could have been a devastating outcome for a patient.

Both health coaches personally interview patients who have joint replacement surgery. During their rounding they met Judith, a sweet, elderly patient who lived 60 miles from Little Rock. She was having a complicated surgery, and they learned that she had some barriers to care. The original plan was for Judith to transfer to a skilled nursing facility after discharge, but the plan changed and she was discharged to her home with a plan for follow-up contact. Labray was concerned about Judith and contacted her immediately. Judith was tearful on the phone and said she was not doing well.

With help from a social worker, Labray and Natalie found solutions for Judith’s barriers to care, which included no family support and a husband who is bound to a wheelchair. The team found that Judith was a candidate for home health services. They obtained orders for home health care and arranged a home care visit for the very next day.

However, when Natalie made a scheduled follow up call 48 hours after Judith’s discharge, she learned that Judith had become weaker and was unable to take care of herself at all. Natalie told Judith to call 911 and notified the on-call surgeon at St. Vincent.

Judith went to a hospital closer to her home, where the initial work-up revealed that she had developed a urinary tract infection and required two units of blood. Once Judith was out of immediate danger, the health coaches made arrangements for her to transfer back to CHI St. Vincent so her surgeon could oversee her care.

When Labray and Natalie shared this story, I knew it was God in action. You see, I had been the first health coach for the BPCI program and had loved the work. When I was offered a promotion to a supervisory role, I was hesitant to leave the bedside, and I prayed for guidance in choosing the path that God wanted me to travel. When I decided to accept the new role, I prayed that God would allow me to find the right people to continue the program.

Proverbs 3:5–6 says, “Trust in the Lord with all thine heart; and lean not unto thine own understanding.”

When the team told me the story of Judith, tears came to my eyes. I realized that I had trusted in the Lord the day I decided to change my path in the program. By doing so, I grew in my faith and watched others grow in theirs.

LORI BURRIS
CHI St. Vincent Infirmary
Little Rock, Arkansas

Questions for Reflection

Have you ever been at a crossroads with a difficult decision to make?

Was your experience similar to or different from the author’s?
Suggested Sacred Text

Speaking to one another in psalms and hymns and spiritual songs, singing and making melody with your heart to the Lord. — Ephesians 5:19

Sacred Story

Dr. “O” had been Dad’s doctor for years. He would see Dad at his home, and over time they had become friends. They would frequently discuss their faith and life in general. When Dad’s health declined due to diabetes, he moved to be closer to me. Unfortunately, he could no longer see Dr. O due to the geographic distance.

Well, life comes full circle. Dad found himself at Sts. Mary & Elizabeth Hospital to have a below-the-knee amputation. He was hospitalized the day before the surgery for pre-operation treatment. Dr. O is on staff at the hospital, and I called to let him know about my Dad’s surgery. He said he would try to come and see Dad the next morning.

The following day, my brother and I arrived at the hospital to spend time with Dad before the surgery. When the time came, Dad was transported to the holding room in the operating suite. My brother and I sat with Dad, trying to keep his mind occupied before the impending amputation.

As we sat, Dad said, “Guess who came to see me this morning?” I smiled and said, “Dr. O?” Dad went on to tell me that Dr. O held his hands, prayed with him and sang a song. Dad began sobbing and told us he would never forget Dr. O’s visit. He kept repeating, “Who does that? Who does that?”

Dr. O’s act of love and friendship meant so much to Dad. Dr. O is a busy man, but he took time to minister to the needs of his patient; in fact, he made Dad feel like he was his only patient.

When I saw Dr. O and thanked him, he replied, “Give God the glory.” Indeed, we experienced God’s glory through Dr. O that day. He is more than a friend. He is a reminder of how our lives, if we choose to share them, can be a blessing to those in need.

SHERI CLARK
KentuckyOne Health
Sts. Mary & Elizabeth Hospital
Louisville, Kentucky

Questions for Reflection

In what ways are we able to glorify God in our work?

Recall as time when someone went above and beyond to bring you comfort. What about that experience is most memorable?
And the power of the Lord was with Jesus to heal the sick. Some men came carrying a paralyzed man on a mat and tried to take him into the house to lay him before Jesus. When they could not find a way to do this because of the crowd, they went up on the roof and lowered him on his mat through the tiles into the middle of the crowd, right in front of Jesus. (Jesus) said to the paralyzed man, “I tell you, get up, take your mat and go home.” Immediately he stood up in front of them, took what he had been lying on and went home praising God.

My husband and I were so excited to fly to Seattle. My seat was in the third row, next to a delightful elderly lady who was extremely hard of hearing. About two hours into the flight, a flight attendant asked that anyone with a medical background to report to the front galley. I nervously looked around, hoping that someone with more up-to-date skills than mine would respond. I was relieved to see a couple get up immediately and go to the galley.

I knew by the frenzy of activity that whatever was happening was truly a medical emergency. The emergency bag was opened, an oxygen tank was removed from an overhead bin, and the flight attendant looked very worried.

I left my seat to ask the other flight attendant what I could do to help. She told me a passenger with a peanut allergy had gone into immediate respiratory shutdown when another passenger opened a bag of peanuts. The two medical volunteers were a doctor and a nurse anesthetist. After we landed, I would find out that we all work for CHI. I could see them doing compressions, using a respirator bag and trying to keep the patient’s airway open.

Something happens to health care professionals in a medical emergency; you can’t not help. It’s not work, it’s a calling. Watching that nurse and doctor, I better understood that I don’t work for an industry or a company, but a ministry. Everyone on that plane was willing their fellow passenger to heal, but that would happen only through the dedication of those two medical professionals.

The plane began to descend rapidly. The pilot announced that we would make an emergency landing in Billings, Montana. As the patient was loaded onto a waiting ambulance, she raised a hand and gave a “thumbs up” to the couple that had kept her alive for more than 45 minutes. The flight attendants were overcome with emotion, the couple hugged, and the entire plane broke out in applause. Everyone shared a collective, sacred moment of gratitude.

Well, almost everyone. As I sat back down, my hard-of-hearing elderly seatmate said to me, “Are we in Seattle? It was so fast. I love this non-stop flight.”

DENISE MCNITT
CHI Health Mercy Hospital
Council Bluffs, Iowa

Questions for Reflection

What is most significant to you in the story of the Seattle flight or the suggested sacred text?

Can you think of and share a time when you participated in a healing moment?

How often do you think of the awesome responsibility we have for one another?

Do you experience your work as a vocation or a ministry?
Pleasant words are as a honeycomb: sweet to the soul, and health to the bones. — Proverbs 16:24

“Was she an angel or a real person?” This was the question that Dorothy called me to ask.

Dorothy’s father had died peacefully at our hospital a few weeks earlier, his family at his side. Grieving and needing comfort, Dorothy’s daughter, Nancy, had felt drawn to visit our hospital chapel.

Later, Nancy told her mother that after a moment of being alone in the chapel, a side door opened and a small woman named Alfreda appeared. Nancy was startled, as she thought she had been all alone. Then, Alfreda offered words of kindness and compassion about the passing of Nancy’s grandfather. That was exactly what Nancy needed. “It was as though I was drawn to the chapel to be there at exactly the same time as Alfreda,” Nancy said. She was stunned by what she described as a “spiritual experience.”

On the phone, Dorothy sobbed as she told me the story of her daughter’s experience. It had touched the entire family and brought them comfort. Dorothy felt compelled to call the hospital to find out if Alfreda was real or an angel.

I explained to Dorothy that Alfreda is indeed a real person; a Sister of Charity of Nazareth who is in residence at the hospital. Dorothy became even more emotional: Alfreda had been her mother’s name. That’s one of the reasons she thought that Sister Alfreda might be an angel, comforting the family on the day her mom welcomed her dad into Heaven.

Dorothy said that we will never know how much the experience meant to her and her family, and that Sister Alfreda had been a messenger of God’s healing presence that day. Sr. Alfreda is a real person, but we can all be angels to those in need when we listen and offer kindness and compassion.

BETH ENGLER
KentuckyOne Health
Sts. Mary & Elizabeth Hospital
Louisville, Kentucky

Questions for Reflection

Think of someone who has been an angel to you in a time of need. What did he or she say that brought you comfort?

How can you be an angel to someone else today?
I was summoned to the emergency department to be with a patient and his family. Wesley was an elderly Native American man who lived on the Umatilla Indian Reservation, which is next to Pendleton. Wesley had cancer that had metastasized throughout his vital organs, and his condition became worse very suddenly.

Family members were gathering when the spiritual leader of the Native American Washat faith community arrived. The medical staff quietly moved out of the trauma room as the family – his spouse, grandchildren, children, cousins and friends – gathered around the dying elder. Wesley was on the threshold between this world and the next, with family there to help in his crossing.

As Wesley lay on the gurney, the spiritual leader stood next to him and said, “We are here to sing for you.” He began to ring a hand bell he had brought with him in a steady cadence, for all to sing by. He led us as we sang songs in the traditional Native American way. Then he said, “We have sung three songs of healing, one for the body, one for the heart, and one for the life. Now the floor is open.” This meant anyone was welcome to give a tribute to the dying elder, or even ask for forgiveness from him. Actually, anything could be spoken that would help Wesley journey on.

This pattern continued: a song sung, a word of support given. At times, Wesley’s heart would slow and weaken, the monitor barely detecting it. At other moments, during a song or in response to the words of a child or friend, his heart would quicken.

Time went by, yet time was no more because we all stood at the portal of the eternal; encouraging, supporting, and acting as midwives for Wesley into the next life.

During this time, the staff continued to work quietly around the family. Even if the staff members didn’t know the religious beliefs and customs of Wesley and his family, they respected and honored the family’s need to say goodbye.

After about two hours, Wesley’s gentle soul let go of his body and moved on. We sang one last song, and then the leader directed me to cover Wesley’s body with a blanket, for his life was no longer with us. His family filed quietly from the room.

Leaving the room, I marveled at the beauty of Wesley’s death; the witness of young and old, assisting the elder’s journey. What a wonderful way for him to take the last few steps from this world into the next, being honored and supported as he returned to his creator. Wesley and I do not share a common faith, but I would want to have a death like his, a true “death with dignity,” with my family by my side.

ROD HARWOOD
CHI St. Anthony Hospital
Pendleton, Oregon

Questions for Reflection
How do you create space in which those you care for can freely engage their creator?

What would your “death with dignity” look like, and have you shared your wishes with those you call your family?
Suggested Sacred Text

O Lord, you probed me and you know me; you know when I sit and when I stand; you understand my thoughts from afar. My journeys and my rest you scrutinize, with all my ways you are familiar. Even before a word is on my tongue, behold, O Lord, you know the whole of it. — Psalm 139:1-4

Sacred Story

My story is about a patient who taught me a lesson in kindness. I’ve been a clinician on an inpatient voluntary psychiatric unit for 10 years, working as a therapist facilitating group and individual therapy. About five years ago, there was a female patient in her seventies who would spend most of the day standing in front of her room, room #1111. She didn’t socialize or say much to staff.

Each morning when I arrived, she would be standing and staring down the long hallway. I would say to her, “Good morning” with my best 7 a.m. cheer. She would make no response, not even a smile, just a cold stare. But, morning after morning, I would tell her, “Good morning.”

On the last day of her admission, I said cheerfully, “Good morning.”

She said, “Excuse me, may I talk to you?”

“Yes,” I replied, “how can I help you?”

“I just wanted to tell you that I would wait every morning by my doorway to hear you say ‘good morning,’ but I was unable to answer,” she said.

“Thank you for not giving up on me.”

To this day, when I tell this story, I get a bit choked up.

I tell my patients about Patient 1111 and how she taught me to never give up on people. All beings are equal and deserve equal treatment regardless of their state of mind or physical condition. Patient 1111 taught me that things happen that are beyond our understanding, but continuing to love and respect one another can bring peace and harmony to our world.

THOMAS MERINGOLO
Saint Clare’s Hospital
Boonton, New Jersey

Questions for Reflection

Who was the person who didn’t give up on you? Have you thanked them lately?

What is the lesson YOU learned from this sacred story?

“All beings are equal and deserve equal treatment regardless of their state of mind or physical condition.”
“The Church is catholic because she is the space, the home in which the faith is proclaimed to us in its entirety, in which the salvation brought to us by Christ is offered to everyone. The Church is catholic because she is universal, she is spread abroad through every part of the world and she proclaims the Gospel to every man and to every woman. The Church is not a group of elite; she does not only concern the few. The Church has no limits; she is sent to the totality of people, to the totality of the human race. And the one Church is present even in her smallest parts...”
— Pope Francis, General Audience, October 9, 2013

As a woman of faith, I appreciate that my workplace enables me to weave my spirituality and ministry into the service I provide. One patient of mine, who has since passed, offered a unique opportunity to spread this kind of love. The patient had ovarian cancer. She was on liquid nutrition, had lost quite a bit of weight, and was often cold.

Some women at the church I attend had started weaving prayer shawls for members of our congregation. With each stitch of the shawl, the weaver would say a prayer. My patient was Jewish and I am Presbyterian, so before offering her a shawl I asked her permission. “I know our faiths are different, but our Gods are the same,” I said. “Would you mind if I brought you a prayer shawl?” I asked. I’ll never forget her response. “At this point, I’m not splitting any hairs,” she said.

The women at church made her a beautiful shawl in burgundy red, the patient’s favorite color. She couldn’t wait to show it to her daughter. She loved that shawl and she wore quite frequently. I think it brought her some happiness in her last days.

The prayer shawl helped me look after the patient’s spiritual as well as her physical needs. It’s a wonderful opportunity and feeling to help a patient connect with their spirituality while making them as comfortable as possible.

SONYA VALERIO
CHI Health at Home
West Chester, Ohio

Questions for Reflection
What can you do to help relieve the suffering of another person today?
In what ways are you in need of healing?
Sacred Story

Last fall, something happened that will forever hold a special place in my heart. Around lunch time, there was a motor vehicle accident on the interstate. It all happened so quickly. One moment, a mother and her children were on their way home from visiting family in another state; the next, a slight mistake led to a terrible tragedy. The accident took a terrible toll on a young boy who had been full of life, and would now become a hero to others.

I remember hearing the report from the intensive care unit staff, who heard it from the trauma team. The outlook was grim. The family asked about organ donation as soon as they understood the severity of the boy’s injuries. The mother told us that her little boy would want to help others. She asked that we support him so he could be an organ donor. Our team of physicians, nurses, respiratory therapists and others worked together to keep the little boy alive for a while so he could give the greatest gift of all. It was hard to hold back tears, and not everyone could.

Many hugs were shared between family members, between family members and our employees, and between fellow employees during this young hero’s last hours on Earth. It was such a tragic and sad event, yet the mutual support was uplifting and gave the team the strength to do what they were called to do.

That same night, after other family members had arrived, our donor specialist asked if they would like the donor flag raised in the little boy’s honor. Our security staff raises the flag in front of the hospital during a donor case, to show respect to the donor. On this night, the donor’s mother would make the raising of the flag something many of us will never forget.

For the first time, members of a donor’s family and our staff raised the flag together. Family members told their favorite stories about the young donor. We held hands, watched the flag rise, and offered hugs to support one another. I believe healing began in that moment, as we joined our spirits as one.

It touched my heart so that, to this day, I can still picture it all. I see the mom with her other children: my heart aches for her and her loss. I stand beside her, in awe and then in thanksgiving, as she turned tragedy into hope for those whose lives would go on thanks to the gifts given by her son.

KIMBER BONNER, MSN, RN
CHI Health Good Samaritan
Kearney, Nebraska

Questions for Reflection

How do you find or make meaning during times of tragedy?

As a caregiver, how do you enter into the lives of your patients and their family members?

Has there been a time in your life when you felt consoled in the midst of a difficult situation?
I sat next to my son, who was hearing from the hospital chaplain that he would soon be faced with making a decision about when to terminate life support for his wife. I was touched by the depth of the warmth and compassion of the chaplain’s spirit. So little was said, yet his presence, his essence, seemed to say, “We are here with you.” He was clearly God’s representative on Earth in that hospital waiting room.

The chaplain could tell that my son didn’t yet understand that his wife wasn’t going to make it, so he sat with us for hours, calmly and quietly waiting for questions and the inevitable emotions. A rotation of chaplains continued through the long day; each one made themselves available to us throughout their shift, carrying their spirituality comfortably.

Fortunately, my son never had to make the decision. In the early morning hours of the next day, his wife coded and just couldn’t be resuscitated. The on-duty chaplain was immediately at my son’s side. As the members of the resuscitation team left my daughter-in-law’s room, each one walked past my son and wordlessly laid a hand on his shoulder. The message was so clear: “We are here with you.” I knew that our hearts were being gently enfolded by theirs, and felt God’s presence.

I don’t know if my son recalls any of the trauma of that night or the outpouring of God’s love and support; but, as a mother watching her child’s pain, I will never forget.

May we always understand the importance of just being there for one another. No words are required. “Being there, filled with our faith and God’s love, is all that matters.”

Cast all of your worries upon him because he cares for you. — 1 Peter 5:7

Questions for Reflection

What does “ministry of presence” mean to you?

Can you think of a situation in which you were the provider or recipient of this ministry of presence?

ANONYMOUS
Catholic Health Initiatives National Office
Englewood, Colorado

Suggested Sacred Text

I was touched by the depth of the warmth and compassion of the chaplain’s spirit. So little was said, yet his presence, his essence, seemed to say, “We are here with you.” He was clearly God’s representative on Earth in that hospital waiting room.

The chaplain could tell that my son didn’t yet understand that his wife wasn’t going to make it, so he sat with us for hours, calmly and quietly waiting for questions and the inevitable emotions. A rotation of chaplains continued through the long day; each one made themselves available to us throughout their shift, carrying their spirituality comfortably.

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“Donovan” means “strong warrior,” and this little boy lived up to his name. Donovan Jr., or “DJ,” was diagnosed with brain cancer when he was just a few months old. When he had a headache, he would put a hand on his head and “pray it away,” says his mother, Jasmine. DJ would do that same for others who were in pain. He had a pure relationship with God, because he believed all things were possible.

DJ began to say, “Ayúdame, Mommy,” which Jasmine found out he had learned from a Spanish educational video. It means, “Help me.” The brain tumor had grown, and DJ began sleeping more, eating less and having seizures. His legs grew weaker until he could no longer walk. It was hard for his parents to watch his silent tears; it was even harder for them to feel so helpless.

At the hospital, Jasmine learned that DJ would soon die because of his tumor. Jasmine became pregnant with her second child. DJ would put his head to her belly and ask in his little man voice, “Dere’s a baby in dere?”

DJ’s parents knew that continuing his treatment would be more for their sake than for DJ’s. In August 2013, they invited the hospice team in.

In September, Jasmine went into labor and was rushed to the hospital. At the exact time that Jasmine struggled to push the baby out of the birth canal, DJ first began to struggle for breath. Each struggled in preparation for a life to come.

Isabel Faith was born just after midnight on September 8; DJ died later that morning. When Jasmine learned that DJ had died, she felt terrible for not being right there with him. But, her father said, “Maybe God knew that you couldn’t have handled any more.” DJ’s father had been there to hold their son when he died. As soon as she could, Jasmine went to Hospice House. DJ looked serene in death. He had an “I’m a big brother” sticker on his shirt.

Jasmine still talks about DJ, her little gentleman, who made sure not to leave his mommy empty-handed. He waited for Isabel (which means “gift from God”) to come before he returned to God. Isabel is a constant reminder to Jasmine that God has never left or forsaken her. “DJ was an angel on a mission and though the day he died is Izzy’s birthday, it is also his birthday, in a different way,” Jasmine says.

We were graced to be “spiritual midwives” for DJ, offering comfort to him and his family during his path back to God.

LYDIA BOCKUS
CHI Health Alegent Creighton Health at Home Hospice
Omaha, Nebraska

Questions for Reflection

In this moving story of dying and birthing, how is the prayer answered?

In what ways might birth and death be two sides of the same coin?
I know well the plans I have in mind for you, says the Lord, plans for our welfare, not for woe! Plans to give you a future full of hope. — Jeremiah 29:11

Sacred Story

Sometimes, our good deeds pass quickly from our memories and we never know the long-lasting benefits they deliver to others. Sometimes, the gift of medical expertise heals both the body and the soul, both for patients and providers.

Several years ago, our treatment team offered free joint replacement to a woman who was in desperate need and had no insurance. Diane was a middle-aged woman who had for years experienced pain from her hip and knee; yet, she had a wonderful disposition, which made serving her even more special. She was so grateful for the surgery. She wrote us a thank you note that said, “My life was changed by the miracle of removing the cause of years of agony.” Every one of us felt blessed to be a part of her healing.

Still, it wasn’t until seven years later that we came to understand the full depth of her gratitude. Out of the blue, a handwritten letter from Diane arrived for her doctor and the care team. Diane wasn’t sure we would remember her, but wanted us to know how grateful she remained. “Sometimes I forget I even had surgery, but I never take it for granted!” she wrote. Her joy flowed from the letter, even as she explained the reason for sending it: Diane was entering hospice for cancer care.

We imagined her dealing with the difficult choice to enter hospice; still, she had used some of her time and energy to write to us! While her years of enjoying a pain-free life were fewer than anyone had anticipated, we would not for one second have considered choosing a different recipient for the joint replacement. Diane’s gratitude, even as she approached the end of life, gave each of us a gift of far greater value than the new joints we gave her.

“God bless you for years of relief,” Diane said in her letter. “Thank you again and see you on the other side!” We never truly know how what we do may touch another’s life, or our own. May we all live and pass from this life with such unceasing gratitude.

MARCIA WEIS, RN, MSN
CHI Health Mercy Council Bluffs
Council Bluffs, Iowa

Questions for Reflection

Can you think of a time when God’s plan was obvious in your life?

What were some of the lessons you learned from that experience?
Catholic Health Initiatives promotes a workplace spirituality in which we can come closer to being aware of our God working with us and through us, even in our most ordinary activities.

How blessed we are to be working in health care. Our lives, if we choose to share them, can be a blessing...

The patient said I should be very proud of our team.