Sacred stories

CATHOLIC HEALTH INITIATIVES

A spirit of innovation, a legacy of care.
Sacred stories
foreword

Every day, those of us who work in Catholic health care experience moments that shape our lives and deepen our commitment to this ministry. We feel blessed to be able to share some of those moments in this collection of sacred stories from Catholic Health Initiatives’ employees.

This volume is a sequel to "Charisms," a collection of the stories of the women and men who in the past founded the health ministries that have today become Catholic Health Initiatives. Through the gifts and labors of the early pioneers, God’s presence was made real in communities and opportunities for healing became accessible to those in need.

"Sacred Stories" continues this inspiring history into the present, portraying for us the soul of those who carry on that healing ministry. These stories provide a glimpse into the lived spirituality of the women and men who are Catholic Health Initiatives today: how our employees find meaning in what they do, where they experience the action of the Spirit in their work lives, why they respond so generously to opportunities for service, and what enrichment they discover in their relationships with one another in this ministry.

We recognize and affirm our employees’ remarkable skill, experience and dedication, which assure reverence, integrity, compassion and excellence in our service of others. We recognize likewise the importance of affirming the spirit that energizes this service. This volume delivers a clear message: the possibilities for uniting spirituality and work are as varied and rich as the individuals who compose our communities of ministry.
These sacred stories of Catholic Health Initiatives, that tell of both common and unusual occurrences with a personal touch and emotional resonance, reveal what is shaping the culture and spirit of our organization. We take pride and joy in sharing them with you, the reader, and hope they will provide you with inspiration and encouragement as you cope with the mystery of life.

Enjoy the stories that you read here. Meet the employees of Catholic Health Initiatives as they share some of their most memorable moments. And glimpse the spirit that prompts us in our relationships, reflecting our core values that are the guiding principles of life in Catholic Health Initiatives.

PATRICIA A. CAHILL, JD
President and Chief Executive Officer
Catholic Health Initiatives

DIANA BADER, OP, PhD
Senior Vice President, Mission
Catholic Health Initiatives
Over the past one hundred years, Catholic health care has grown to become collectively the largest provider of health care in the United States. The past century was well served by a model of health care based upon the image of the Good Samaritan. Based upon a theology that believed in the inherent dignity and inestimable worth of every human being, a health care system was developed to respond to individual needs. The Good Samaritan responded to the immediate acute needs of the individual within a given situation. Once an individual need was identified, Catholic health care, like the Good Samaritan, responded with the utmost compassion. The model presumed that there would always be the necessary resources to meet all the needs of those who presented themselves for care. As long as there were adequate resources the needs of all could be met. However, the paradigm failed to ask how the injuries may have been prevented and presumed that the Samaritan had unlimited resources and would always find room at the inn.

The paradigm’s emphasis on an individual responding to another individual is a necessary dimension of a compassionate health care system. However, today’s health care delivery system requires a more relevant and complex model. The past thirty years have revealed remarkable change within health care. Not only have medical and technological advances changed the face of health care but the entire infrastructure of health care is being transformed. The changing environment is requiring a new paradigm, a new model of health care delivery. The paradigm of the Good Samaritan does not adequately address institutional response to the needs of the community. It is not enough to band together scores of Good Samaritans serving the health care needs of the community. The realities of today call for a radical change from the past.

“It becomes obvious that if we want to make relatively minor changes in our lives, we can perhaps appropriately focus on our attitudes and behaviors. But if we want to make significant, quantum change, we need to work on our basic paradigm.”

S. Covey
To develop and articulate a new paradigm of the health care ministry is to “do theology.” It is an on-going process engaging us to reflect upon our experience of each other and of God, the Creator, the Redeemer and the Spirit. To “do theology” is to develop a coherent framework of our lived experience and ultimately to understand what it means to be human, to be created in the image and likeness of God. This reflection includes both individual and collective experiences. The health care ministry is rich with experiences that engage us at the most profound depths of our humanity. Whether we are providing or receiving health care, we experience each other at some of the most vulnerable and frail moments of our lives. A theology of the health care ministry attempts to bring wholeness to our brokenness. This theology becomes unique to Catholic Health Initiatives as it develops in the lived experience of the people of Catholic Health Initiatives.

A new paradigm may be based upon the experience of the disciples on the road to Emmaus. The story begins with the disciples in a general state of confusion. Left to their own devices, they are unable to understand their contemporary experience. They are headed away from Jerusalem and along the road they encounter a “stranger.” Even with the resurrected Jesus revealing the meaning of their lives, they fail to understand his words until the breaking of the bread. It is only in this communal event that they understand the truth. It is at this point that they become sacrament to each other. They were broken, now they are whole; lost, now found. They had died, but now they are risen to a new life. The mystery of their own lives and of their life together is now revealed to them. Their lives are now inextricably woven together. They become more than a collection of individuals; they become a community. So filled with the good news that their hearts are burning within them, they cannot but witness to the Good News!

“But chaos continues to exist…it can seem to get the upper hand...But God’s creative work is ongoing. God continues to order the chaos we encounter…”

J. Bernardin
Imagine their conversation now on the road to Jerusalem, the insights they gained, the plans they made, seeing the world in an entirely new light, coming to an understanding that the old had passed away and yet unsure as to what was to replace it. But filled with such faith and zeal, they could not keep themselves silent. They could not refrain from action. They knew in their hearts that they must proclaim the Good News and build the kingdom even though they did not know what lay around the next bend.

Where are we on this road? Do we find ourselves in Jerusalem filled with the Spirit or scattered amongst the doubtful in Emmaus? What Good News do we proclaim? How do we build the kingdom?

**Proclaiming the Good News: the role of prophet**

The disciples knew that Jerusalem was filled with risk, for in this place, just days ago, Jesus was executed. Jesus himself was well aware of the risks of prophecy. He, like the prophets of old, was an interpreter of his time. As a prophet, Jesus not only proclaimed a new way of looking at the world, a new message, but he became the message. Prophets enflesh the message that they proclaim. By this incarnational dynamic, prophets call people to accountability. The prophet realizes that this call may not receive a favorable response.

Jesus envisioned community differently from his experienced reality. He proclaimed a Good News which challenged people to see the world in a different way, to turn their lives around. Jesus called the people from their present day comfort to live the Beatitudes, to care for one another as if they were caring for him. Jesus called people to realize that the Good News is in each one of them.

Jesus’ call to proclaim the Good News was not only for his disciples in Jerusalem but goes forth to all who hear the call. We are called to proclaim the Good News, to be the prophets of today. Not only must we decide whether we shall join the community in Jerusalem or continue on the road to Emmaus, but if we choose Jerusalem, we shall be faced with the continual challenge of proclaiming the Good News, of enfleshing the message. Along this road there are multiple diversions that result in our ongoing dying and rising. We are continually broken and made whole.
It is one thing for an individual to prophesy but it is entirely different for an organization to be a prophet. To be a prophetic organization is to allow all members of the community to articulate the prophesy, to form the vision, to enflesh the message. The prophetic organization not only challenges the external structures of the community but also challenges itself. It is in a continuous process of self-learning and development and its internal structures not only allow but encourage questioning. The prophetic organization, like the individual prophet, is in a constant process of dying and rising, of rejuvenating itself in order to more clearly and consistently proclaim its Good News. This process is inherently humbling because it presumes the possibility of mistakes. But this is all right because we realize that "now we know in part, but then we shall understand fully."

Building the Kingdom: the role of servant

In Jerusalem, the disciples will not only proclaim the Good News, but they will also be faced with the challenge of building the kingdom. How will they "release those who are captive," "give sight to those who are blind" and "set free those who are oppressed?" It is in the lived experience of the community that the kingdom of God is built. Jesus not only ministered to the physical needs of the community by feeding, healing and touching, but he also served the community’s spiritual needs by listening, forgiving and redeeming.

The experience of Jerusalem calls us to serve. To truly serve the needs of the community, we cannot build just one aspect of the kingdom but we must build the entire kingdom. We are called to address the physical, social and spiritual needs of the community. To truly serve the needs of the community, we cannot serve only certain members of the community but must serve all members, the most powerful and the most vulnerable. And just what does it mean to promote a healthy community?

The servant organization places the needs of the community before its own needs. It does not exist solely for its own survival but rather for the
enhancement of the community. Regardless of whether it produces "widgets" or provides health services, the servant organization exists in order to promote the well being of the community. The servant organization strives to understand the needs of the community from the community’s perspective rather than from its own bias. The servant organization does not desire the community to become dependent upon the organization but rather for the community and the organization to become interdependent. If the organization is truly serving the community’s needs, the community will in some fashion form the organization. The servant organization does not remain aloof from the community but becomes integrated into the life of the community. By truly serving, both the organization and the community become whole.

Good News and Kingdom: the prophetic servant

To combine the role of prophet with the role of servant may at first appear contradictory because as servant we are involved in ministering to the everyday needs of the community while as prophet we are engaged with the community in revealing a richer and deeper understanding of itself and of life. As servant we are caring for those who are poor and vulnerable from the very beginning of life to the final moment of death. As prophet we are challenging the community and ourselves to examine how we have structured our lives and how to fashion new wineskins.

To be a truly effective prophet we must be well versed in the day-to-day experience of the servant lest our words fall on deaf ears. And to be a truly effective servant we must allow ourselves to dream new dreams, otherwise our service will not meet the changing needs of the community. The challenge is to integrate both the prophesying and the service. The challenge is to be a prophetic servant. This requires a continual reflection upon the call we have received and our response to that call.

To provide prophetic service to another involves not only ministering to the person’s physical, spiritual and social needs but also involves challenging the structures that contributed to the person’s ill health in the first place. As a

“Did not our hearts burn within us while he talked to us on the road, while he opened to us the scriptures.”
prophetic servant, we desire not only to gather up and care for the sick and injured but to minister to the whole person. We serve in a way that others may grow as persons, that they themselves are more likely to become servants, to become whole. We seek not only the health of individuals but the health and welfare of the entire community. We realize that if one member of the community suffers, then the entire community suffers. The community thrives as individuals thrive.

Just as Jesus was critical of the existing structures of his time and judged them to not fully serve the needs of the community, we need to be critical of the current health care system and to advocate for a system that serves all members of the community. Jesus did not stop with a criticism of the existing structures but offered an alternative one. His was not a mission of merely tearing down but also involved building up. As prophets we proclaim the message of a constant dying and rising. This message needs to be heard both individually and corporately in order for community to be fully realized, the kingdom to be fulfilled.

**Conclusion**

Why are we in health care today? The answer is quite simple. We are in health care to proclaim the Good News, to give witness to God’s presence in the world. We are in health care to build the kingdom, to show a genuine concern and compassion for all people, to bring wholeness to our lives. But why have this concern at all? We have a genuine concern for persons because of the mere fact that they are persons. If we believe that every person is created in the image and likeness of God, that every encounter with another person is an encounter with Jesus, then how can we not care for them, how can we not reverence them? How can our hearts not burn within us?

Like the Good Samaritan, we gather up the injured and bind their wounds. However, we not only attend to the needs of the individual but also seek ways to prevent this misfortune from happening to others. If the causes originate within our community then we call this to the community’s attention. We go to Jerusalem knowing there is risk but our “hearts are burning within us” and we know what we need to do. We proclaim the Good News and build the kingdom, we are prophet and servant. We rejoice that we have witnessed God’s presence in the world and we wait for the Spirit.

**Thomas G. Hooyman, PhD**

*Vice President, Theology and Ethics*
*Catholic Health Initiatives*
Stories
of patients
any of God’s miracles are witnessed in hospitals. I saw one while working in the cardiovascular ICU at St. John’s Regional Medical Center in Joplin, Mo. My patient was a 70-year-old female who had had open heart surgery. At three hours post-op following an emergency admission, she was on several intravenous medications and fluids. The medications and an intra-aortic balloon pump were not sufficient to prevent blood pressure fluctuations. I decided to call her surgeon, who requested that the family be prepared for a poor prognosis.

After telling the family that the surgeon was on his way, I tried to explain the efforts to sustain the life of this woman: their wife, mother and sister. Telling them she was not responding was difficult. The patient’s sister held her hand and asked if their pastor could pray with them. I encouraged her to call him right away. Upon his arrival, the pastor asked what they should pray for, specifically. I suggested we pray that her blood pressure would climb to 90 and stabilize. We joined hands, and the patient’s husband and daughter each held one of her hands. Though I prayed along with them, I watched the patient’s vital signs. To my surprise, her blood pressure began to climb. By the time our prayers were finished it was in the low 90s. We all praised God but I hesitated, having seen many patients experience dramatic fluctuations in similar situations.

The surgeon arrived, surprised to see the patient’s blood pressure so high. “What did you do?” the surgeon asked. After I explained that the improvement was due solely to prayer, the surgeon acknowledged God’s miracle and told the family that medically there was nothing more to do. Recovery was now in God’s and the patient’s hands.

There were no other blood pressure alarms that night. I invited the family to visit several times during the next few hours, still uncertain whether the patient would survive. Her kidneys were not doing well. Our prayers continued into the morning. Driving home after my shift, I couldn’t stop thinking about the miracle I witnessed. Would she still be alive when I returned to work that night? Would her heart improve only to have her kidneys fail?

That evening I arrived to find the patient alert, with good blood pressure. The family, pastor and I talked about the bedside miracle. The patient was still intubated and therefore unable to talk. But she clearly heard us and
smiled. "What should we pray for tonight?" they all asked. I suggested we pray for lung strength and normal kidney function, which had worsened through the day. We prayed through the night. By morning she had improved kidney function and was being weaned from the ventilator.

I was not scheduled to return to work for four nights, so I called to check her progress. She was off the ventilator and her kidney function was nearly normal. I visited her before she went home. She expressed appreciation for everyone who cared for her, but was especially thankful for the prayers.

I hopes this story encourages others to pray for and with patients. May we never underestimate the power of prayer in our patients’ lives. The professional caregiver does not hold the only road back to health. Family, friends, and faith are vital supports in the healing process. God is our partner in this healing ministry. I am thankful I work where I am free to pray aloud with a patient who wishes it. May our busy days never cause us to lose sight of the fact that we witness to God’s love and care in the lives of those we serve.

JOAN M. WILSON, RN
St. John’s Regional Medical Center
Joplin, Mo.

“I suggested we pray that her blood pressure would climb to 90 and stabilize. To my surprise, her blood pressure began to climb.”
During the early hours of the morning, I attended to the needs of a terminally ill gentleman and mentioned to him that it had started to snow. In a very weak voice he said, “I would so like to touch the snow once more.”

The snow continued to fall during the night. At 4:30 a.m., I took a tray outside, collected a mound of snow and took it to his room. He was awake, and when I told him I had brought him snow to touch, he smiled. I covered the bed linen and placed the tray on his bed. He reached into the snow, picked up a handful and slowly rubbed it across his face, neck, forehead and lips. He then closed his hand and held the snow until it melted.

I stood and watched; there was such a sense of peace about him. I felt very happy that I was able to fulfill his wish.

Less than two days later, he passed away. I believe that in the future, whenever it snows, the memory of him holding snow in his hand will come to me.

**Sandra Greggo**

*St. Francis Care Center at Brackenville*

*Hockessin, Del.*
A patient in cardiac arrest was brought to the emergency room at St. Joseph Medical Center. Despite their best efforts, advanced technology and more than an hour of work, the staff could not resuscitate the man. The “code” was stopped, but the caring continued.

Before the man’s family arrived, a chaplain came to greet and comfort them when they walked into the ER. The physician met with the family to convey the painful news with honesty and sensitivity, not allowing her helplessness in the face of death to hide her compassion for the living. The nurse embraced the family, both with her arms and her tears. Emergency room technicians worked with the chaplain to prepare the room, and the family, for a requested viewing of the body of their loved one. Before the family left the hospital, the physician and unit secretary took the time to see that the grieving wife had someone to drive her home.

All hospitals are in the business of healing, but one test of our caring, and our “hospitality,” is our response when we cannot heal the sick and the injured. These acts of caring are not exceptional. They are examples of the daily healing influence that St. Joseph’s employees offer, both by extending life and by extending compassion.

**Ruth Schulenberg**

*St. Joseph Medical Center*

*Tacoma, Wash.*

“Before the family left the hospital, the physician and unit secretary took the time to see that the grieving wife had someone to drive her home.”
When the code came over the public address system, my heart began to beat quickly just as it does every time I’m on the CPR team and a code is called. The code was in the emergency room, called on an infant who had been in a house fire. As I walked up to the cart, my heart was in my stomach, but I was prepared to provide CPR to a charcoal-covered infant. The attempt was futile, but necessary, on an individual so young.

The team members hovered around the tiny infant, each focusing on a task with the sole intent of saving this individual. We lived the moment and nothing else mattered.

I was in charge of compression. I gently compressed the blackened chest 100 times a minute, while a respiratory technician maintained the airway and an NICU nurse started a scalp IV to provide drugs and fluids.

What I remember most was the smell of smoke. As we worked on the infant, the smell of smoke seeped into my nose and the stain of charcoal seemed to penetrate my pores. Later, I could not get rid of it, no matter how many times I washed my hands and blew my nose.

The code occurred in the late morning but it was not until the evening, as I sat on my deck, that I cried. I finally let my guard down and realized how fragile life is. Though it was traumatic, I am glad I was involved. Of all the millions of people on Earth, I had the opportunity to be there when he died. Knowing that God is on the other side gave me the strength to let go. It helped me put things in perspective and realize how lucky I am. I write this story on my own son’s 23rd birthday.

Sue Cruse, RN  
Saint Elizabeth Regional Medical Center  
Lincoln, Neb.

“What I remember most was the smell of smoke. As we worked on the infant, the smell of smoke seeped into my nose and the stain of charcoal seemed to penetrate my pores.”
was called to Wanda’s family home by her sister, Jane. "I can’t take her pulse, I am too nervous, my sister has cancer," Jane said. "She wanted to come home from Wisconsin and now she is doing poorly." As Jane’s eyes met mine briefly, I saw fear residing there.

The hazy blue sky provided little respite from the summer heat as Jane and I crossed the yard. Life abounded this day. The sweet air was filled with a fragrance too rich to part with. I knew what I would find within Wanda’s home, for death was also in the air, harvesting.

I entered Wanda’s family home. It was in this place that Wanda found life. Her mother gave me a hug, and I saw Wanda lying on the couch. The small home filled with Wanda’s family as they watched anxiously, waiting for a miracle they all knew would not come. I knelt by Wanda’s side.

“Wanda,” I called gently, brushing the gray and black hair from her forehead. Her eyes glazed, Wanda looked into my eyes. I felt her life, and I felt her death. Her death was with us, close, near and warm. There was no fear.

Wanda’s pulse was strong and regular, yet her breath was labored. She responded to my questions with a weak handshake. Yes, she was comfortable, and no, she had no pain.

I told her that she was safe, here at her family home; that her family was waiting to love her; and that if she needed to, she was free to go. I spoke softly into her ear. "Wanda," I said, "I don’t know you, but I love you. You make your own choice to stay or go. Everything is complete." Wanda’s eyes saw no more.

That evening, my thoughts turned to Wanda. Something was different; Wanda has given me something. I felt completeness. I pondered how death could bring life, how fear and loneliness could bring wholeness. I know now that the cycle of life is just that, life. I no longer fear the subject of death. Wanda is with me helping me to live this life, seeing death for what it is: a new beginning. This is Wanda’s gift.

Germaine Schroeder
Marymount Medical Center
London, Ky.

Death Brings Life: Wanda’s Gift
A number of years ago, one of my responsibilities on the medical/surgical floor to which I was assigned was to visit patients who were scheduled for surgery the next day. As I made one of these visits, I found a man lying in bed looking more terrified than I had ever seen anyone look before.

I walked to the bed and began talking to him and his wife. As the conversation went on, I realized the reason for his terror and the deep concern expressed by his wife: doctors had told him that he had an intestinal tumor and that they would probably not be able to remove all of it. A program of radiation and chemotherapy had already been outlined for him. We talked about the feelings they had and how they were dealing with them. I offered to pray for them, and they assented. I took his hand, reached across the bed to clasp his wife’s hand also, and offered a short, simple prayer.

I saw him every day after his surgery. A week later, I celebrated with him in a prayer of thanksgiving as he received the good news that all of the tumor had been removed, making radiation and chemotherapy unnecessary. At the same time, we prayed for grace that would enable him to live with a colostomy.

Another week passed during which I saw him every day. Friday came, and as I knew he would be going home during the weekend, I went in to say goodbye. He said, “You saved my life, you know.” I began to protest, reminding him that he had a great doctor and wonderful nurses. He replied, “When you came into my room and took my hand and prayed for me, you saved my life.” I stood with tears running down my face, awed by having been a partner with God in this miracle.

It was a powerful reminder to me of the opportunity that we in health care have to touch people and be a conduit for them to the love and healing power of God. I would never have believed that the simple prayer that I said at that bedside would be used by God in such a powerful way. Everyone who works in health care has these opportunities. You don’t have to be a chaplain to pray or to express God’s love verbally or by your actions.

Carolyn Sager
Mercy Hospital
Devils Lake, N.D.
A Sacred Moment of Personal Care

My way of sharing my gifts and talents is being a home health aide at St. Joseph’s Area Health Services in Park Rapids, Minn. Within me is a calling to give back some of what I have received from my patients and co-workers, the community of the Sisters of St. Joseph and last, but not least, my parents.

I care for people at all stages of life, but am especially touched when I care for those who are dying. Recently, I was assigned to do personal care for a gentleman who lived in a little town not far from here. He and his wife had been married for 55 years and their home was the center of social activity in the community. My visits there were always pleasant and they were both very gracious. I cared for Elmer the day he died; I knew he was dying, as did Elmer and his wife, Irene. When I finished bathing him, I asked if they wanted to share a prayer. Irene held Elmer’s hand as we said the Our Father. Even though Elmer was unable to say the words, I felt he knew the prayer and the message we were sharing. I reminded Irene that sometimes we need to give our loved ones permission to die. Tears rolling down her face, Irene held Elmer’s hand and leaned her face over his as she told him that she loved him and now they needed to say good-bye. A single tear fell on her husband’s face and united with the teardrop trickling from Elmer’s eye. This was a sacred, symbolic moment for me.

Giving personal care can be humbling for both the receiver and the giver. For me, care, love, appreciation, gratitude and affection come from God’s presence in each person. I believe we are on this earth to help each other accomplish our tasks. These tasks can take a moment, like the mingling of tears; or, they can take a lifetime as we go about our daily duties in our families and communities.

Rose Brouillard, CSJ
St. Joseph’s Area Health Services
Park Rapids, Minn.

“Tears rolling down her face, Irene held Elmer’s hand and leaned her face over his as she told him that she loved him and now they needed to say good-bye.”
n the past, news of other countries seemed distant to us at St. Mary Children’s Health Center. Then, we met a family from Liberia who personalized the effects of the Liberian Civil War for us. We have gained a respect and appreciation for how difficult it would be to flee from your home to a new place with few resources to make a new life.

The first family members to arrive were a mother and two school-aged children. One year later, seven more children and their father arrived. We first met the family during the children’s checkups. Although they spoke English well, our interpretation of the same words were very different. So, our staff took extra time to crosscheck questions and answers to ensure that we all understood each other.

Thorough physical examinations, consultations and laboratory work determined that some of the children needed treatment for malaria, anemia, positive tuberculin tests and other parasitic infections. The diagnosis of malaria was a new experience for most of our staff. We learned that in Africa, malaria is as common as colds are here in the U.S. The parents believed that their children were healthy, but by explaining the evolution of the malaria parasite, showing pictures of blood smears and helping the parents feel the enlarged spleens of their children, we finally enlisted their cooperation in treating a problem they couldn’t really see.

Because the treatment involved precise dosages and timing of medications, we created dosing sheets, delivered dosing devices to the family’s home and reviewed exactly how it was to be done. I’m sure they thought we were over-reacting to what they considered to be a small thing, but gradually a spirit of trust developed.
To avoid confusion, we created flow charts to track each child’s tests and progress. Several of us formed a team to see the family together for follow-up visits, so there has been exceptional continuity of care.

Transportation was a major issue for this large family because they had multiple appointments with specialists, for follow-up visits and for repeat laboratory work. Our social worker spent a great deal of time making arrangements with transportation services because no service could ferry that many people together, all at once.

The service that was needed by this family over a long period would not likely be given in most outpatient departments. However, the philosophy of St. Mary Medical Center enabled us to give the best possible care to a family who had a harsh past and is now evolving in a most constructive way.

Patsy Diehl
St. Mary Medical Center
Langhorne, Pa.

“I’m sure they thought we were overreacting to what they considered to be a small thing, but gradually a spirit of trust developed.”
Eight years ago, I had the opportunity to work with a boy who was about six years old. He came into our unit as a result of physical, sexual and emotional abuse. He had experienced more in his six years of life than I will in a lifetime. Most of the abuse he experienced came from a man he considered to be his stepfather.

It took a great deal of time to gain this little one’s trust. Little by little, he began to share bits of information. He gave more and more information each day, as he gained confidence in sharing how he felt.

One of this child’s favorite things to do was to go into the playroom and just play. We learn volumes about children through their play. They share their secrets through stories, puppets and the roles they assign to themselves and others. This boy emptied the play closet, went in and asked me to shut the door. I told him I did not want to do that, because sometimes when children are locked in rooms they get scared. He became enraged and charged me. I held him, told him I was not the bad guy and reminded him who I was. When he realized that bad things were not happening to him, he relaxed and fell asleep in my arms.

“He had seen this man die, of a heart attack, right before his eyes. Still, the boy was afraid the man would come to hurt him again.”
In the playroom, he also told me that he was afraid "the bad people" would get him and he specifically mentioned the man he called his stepfather. However, he had seen this man die, of a heart attack, right before his eyes. Still, the boy was afraid the man would come to hurt him again. He used get down on his hands and knees and tell this man to stay in hell.

I saw this unfold day after day, often the same events occurring over and over again. I must admit, it got to me. Here was a wounded soul desperately attempting to make sense of what had happened to him and trusting me with his tremendous pain. But I failed him, because I did not honor his helplessness. I broke down one afternoon when he was on his hands and knees asking the bad man to stay away. I told him that the man could never get him again because he was dead.

A few days passed, and the boy did not come up to me as he had before when I entered the unit. In fact, he avoided me. A few more days passed before he told another staff member that I had lied to him. She asked, "How did he lie to you?" The boy answered, "Tim told me that the guy was dead and could not get me again. But he did, last night in my bed he was there!"

His nightmare was as real as if it had all happened to him again. I learned an incredible lesson that day. It is not my place to attempt to heal wounds that only God can heal. There is reassurance and strength in trusting our Heavenly Father to do his part in the healing ministry that we are honored to be part of. Since that day, I carefully choose my words to comfort those I serve. And, I always remember that I serve a mighty God who is always in charge.

Tim R. Peterson
Good Samaritan Health Systems
Kearney, Neb.
attended a youth mass at Our Lady of Perpetual Help Church before my 7:00 p.m. shift in SICU. The priest’s challenge to the youth was to visit nursing homes in the area and get to know the residents. He encouraged the young people to look into the faces of the residents and beyond to see their unique inner selves and learn of the lives they had lived.

This was on my mind as I received a report from the day shift nurse on the one patient I was to care for that Sunday evening. “Confused and combative…history of alcoholism…abnormal labs…an MICU overflow who was admitted from ER…You will have a busy night.”

As I assessed the patient, I wondered about his past, about loved ones that might visit and about what might have happened in his life to bring him to this point. He was lethargic and disoriented, but was not combative at the time.

At the 8:30 p.m. visiting time, a well-dressed young man appeared in my patient’s room. It was his son. Concern and love for the man in the hospital bed was evident on the son’s face. I introduced myself, answered his questions and left so he could be alone with his father.

When it was near the end of visiting time, I went back into my patient’s room. The young man was standing by his father’s side holding his hand, tears on his eyelids. Without looking up, he said, “My father wasn’t always like this. He had a full life with my mother, my sister and me, but then we lost my mother and Dad couldn’t cope. It has been hard. My sister won’t even come to see him anymore.”

I put my hand on his shoulder and gave what comfort I could. “I’ll take care of him for you tonight, for you and your sister.” The son said good-bye to his father and left.

For the rest of my shift the priest’s words echoed in my mind. “Look into their faces, see their past lives, the love they shared, the pain they have felt. It is all there for us to feel and understand. No matter what we see on the outside, they are still children of God and special people.”

These words gave me strength and patience to deal with what I had to that night. I also know that nursing at Memorial Hospital is based on this kind of reverence for the total person. It is important to take time to know and care for the inner person that may be hidden deep inside a patient.

**Catherine Heimbecher**

*Memorial Health Care System  
Chattanooga, Tenn.*
There is a Distinct Culture Here, and I am Grateful

I have been an employee of St. Ansgar’s Health Center for 16 years. There is a distinct culture in a faith-based facility and I am grateful for the opportunity to work here. From the moment I open the door in the morning and look at the welcoming arms of Jesus on the cross until I leave at night, there are constant reminders that I am participating in the healing mission of Jesus.

I am the manager of health information services, and have little direct patient contact. When I do get the chance to speak with a patient, I grab it. Giving people a warm smile, directions or even a personal escort are opportunities I treasure.

St. Ansgar’s is a rural facility, and patients are often our good friends and relatives. One morning a gentleman I knew was admitted with chest pains. His wife was in the hallway with a worried look on her face. I stopped and listened to her fears and when she calmed down, she returned to her husband. Because I am a Eucharist Minister and know that receiving communion is very important to this family, I decided that if I saw her in the hall again I would offer communion. I walked out of my office and there she was. I offered her and her husband the sacrament of communion. It was such a special time of prayer for the three of us. After that, we contacted a priest, who administered the sacrament of the sick before the patient was transferred.

Later that day, I received a phone call from the wife’s parents thanking me for the care I had shown to her and her husband. Later, the patient’s nephew told me how much I had helped his uncle and aunt. I was being a role model, witnessing to my faith and furthering the healing mission of Jesus.

Mary Heggen
St. Ansgar’s Health Center
Park River, N.D.

“Because I know that receiving communion is very important to this family, I decided that if I saw her in the hall again I would offer communion.”
Emily’s Perfect Day:
Clean Inside and Out

Emily came to Maryhouse, a Catholic home run by the Benedictine sisters, to live out her life secure in her faith and to attend daily Mass. Emily was so strong in her faith, there is no doubt in my mind what happened after this story.

That Christmas morning was brisk and bright with snow falling down like feathers, sparkling white under bright sunbeams. What a beautiful day.

Emily, secure in her faith, got up early, attended confession and Christmas Mass and received the blessed sacrament of communion. But she wanted more. Much to the dismay of her care giver, Emily requested a bath. On holidays, only the most essential cares are given because staff is minimal. Anyway, after much discussion, dear Sister Agatha issued the order: “Give Emily a bath!” You see, Emily’s request was, “I am clean on the inside and I want to be clean on the outside.”

Christmas Day was wonderful. Emily’s family came from around the state. She was elated and so thankful. It was the most perfect Christmas she could imagine.

Emily’s perfect day was coming to an end. After I helped her get ready for bed, it was my turn to distribute bedtime medications. As I entered Emily’s room, she lay on the bed, her cupped hand outstretched to receive her medication. As I put the medicine in her hand, she had such a big smile. But the perfect day had already come to an end for Emily. She lay there with such a peaceful face. I couldn’t be sad, only happy, because I am certain she welcomed God by the expression on her face.

It was a brisk, cold Christmas Day, with fresh white snow floating down like feathers under the bright sun. What a day to express the feeling of being completely clean inside and out, and to welcome God with outstretched hand. A perfect day.

Evonne Flax, RN
St. Mary’s Healthcare Center
Pierre, S.D.

“As I put the medicine in her hand, she had such a big smile.
But the perfect day had already come to an end for Emily.
She lay there with such a peaceful face.”
I remember her well. She had had a stroke and her communication skills had suffered. She was crying. Staff members were asking her a million questions. She tried to respond, but each time the only words that came out were, “Open, open, open.” The words, the only ones staff regularly heard from her, didn’t mean anything. The staff members were confused as to what to do.

I observed the commotion from down the hall as half a dozen staff members tried to calm her without success. Looking back, I think it was one of those times when God is involved in a way I don’t understand. I was like God’s instrument, sent there for a purpose that I wasn’t really aware of.

I decided to go down the hall to see what it was all about. The resident kept pointing down the hall towards her room, saying “Open, open, open,” the same words we heard so often. But this time, I felt like she was really trying to tell me something. I wheeled her down the hall to her room. While I asked her many “yes or no” questions, her roommate entered the room and closed the door. She said “open, open, open,” again. I really didn’t have a clue what she was trying to tell me. Then all of a sudden I said, “Oh, your door is closed, and you want it open during the day.” To this day, I’m not really sure why I responded that way. But suddenly I understood that her roommate liked to close the door, but the stroke had reduced her motor skills so much that opening closed doors was quite a challenge.

She looked at me and her eyes said, “Yes, yes, yes!” in a way that words couldn’t possibly express. It was as if I had been sent to help her when she needed it most. I had somehow put myself in her shoes. Maybe God was using me in a way that was beyond my understanding. I don’t know why I was the instrument used to understand her, but I was. I feel honored about being the one to help, even if it was just to understand her that one time.

Dorothy Bernardy
St. Gabriel’s Hospital
Little Falls, Minn.
This is the story of Isabel. One hot day in August about 15 years ago, when I was a nurse at St. Joseph Medical Center, I met Isabel. She came into the emergency care unit with chest pain and had a heart attack. As I prepared her for the coronary care unit, she developed more chest pain, ventricular tachycardia and then cardiac arrest. I hit her chest, called a code blue and started CPR. Her cardiologist responded and we were able to resuscitate her.

Isabel had several more cardiac arrests that day. She survived and was eventually discharged. While she recuperated, she met Sister Joseph Ellen, a chaplain in spiritual care. Sister visited Isabel daily in the hospital. They shared stories and often prayed together. Isabel had a full recovery. Sister Joseph Ellen and Isabel became close friends, and Isabel often calls our convent to speak to her.

Recently, Sister and I met Isabel at morning liturgy. Sister Joseph Ellen was quick to remind Isabel that I saved her life. Isabel smiled and politely said, “You know I can’t remember that day.” I helped save her body, but she remembers the one who saved her spirit.

Isabel taught me that being a physician can be a humbling and graced experience. Caring for people does not always evolve according to my desired plan. I can experience apparent failures, in spite of my best efforts. There may be a child that I cannot resuscitate and a family I am unable to console. There may be a heroin addict I am unable to heal. When these things happen, we have to support each other and remind each other of the grace moments of healing and hope. Francis of Assisi, my patron, used his apparent failure, his first experience of illness, to enter into a deeper relationship with the Lord. From then on, all God’s people were welcome in the embrace of Francis. The poet Dylan Thomas echoed Francis’ spirit: “Suffer the heaven’s children through my heartbeat.” The bitter sweetness of tending the wounds of heaven’s children calls me to a deeper relationship with my God here at St. Joseph Medical Center.

In this spirit, each day brings new challenge and hope. We labor to save a patient’s spirit as well as heal the body. We relate to our colleagues as brother and sister. We pray that the health care team is an unfolding community. We work and love in the spirit of our Core Values of Reverence, Integrity, Compassion and Excellence. We not only proclaim peace with our lips but also carry it in our hearts. Our words echo the welcome of St. Francis. And the ground we walk on is holy ground.

Elizabeth Howe, OSF, MD
St. Joseph Medical Center
Reading, Pa.
Although I experience meaningful encounters each day in my ministry as a hospital chaplain, one recent intervention seemed to exemplify the Catholic identity and lived spirituality of St. Francis Hospital, with an emphasis on our ministry to wounded families.

Responding to a request for spiritual support in ICU, I encountered members of a family overwhelmed with shock, fear and grief. I learned that their loved one, a 27-year-old woman who was pregnant, had experienced an asthma attack that resulted in respiratory arrest. Her nine-year-old daughter had found her mother unresponsive and the woman was rushed to the St. Francis emergency room.

The patient’s husband, mother and extended family had just learned that the unborn baby was dead and that the woman had been placed on life support with minimal hope of recovery. With each medical update from the compassionate physicians, it became more apparent that the patient’s condition was irreversible. After much discussion and prayer, the patient’s husband asked if I would break the news to their three children, ages nine, seven and five.

Accompanied by two family members, I gently explained their mother’s condition to the children in a spiritual context appropriate to their level of understanding, and answered many questions. After spending time with the children to allow them to process the information, we returned to the ICU waiting room, where the family was prepared to comfort the children. Everyone was deeply moved when the seven-year-old boy snuggled up to his father and said, “Daddy, Sister said that Mommy is going to live with Jesus and she won’t be sick anymore and we’ll be real sad because we’ll miss her and we can cry. But when we stop crying, we can do all the things Mommy taught us, like loving and sharing and telling the truth. Then, we’ll get to see her again in Heaven.”

Although this child and his family were not of the Catholic faith, he was able to articulate the theological teaching of the Paschal Mystery (life, death and resurrection) and was comforted in his time of grief by the Gospel message. For me, this experience was an example of the uniqueness of our mission and ministry at St. Francis Hospital, where we are able to reach out to wounded families through the Respect, Integrity, Compassion and Excellence that permeate our holistic ministry.

Seton Marie Connelly, SSCM
St. Francis Hospital
Wilmington, Del.
It was only 9:00 a.m. and I was already thinking, "Nothing has gone right. Why did I even get out of bed this morning?" Sounds familiar, doesn’t it? It happens to all of us now and then.

As the day went on, it got better. However, when it ended I was relieved and ready to crawl back into bed. As I drifted off to sleep, I reviewed the day’s events and decided I would share them tomorrow. Sleep then came easily.

Now, I want to share part of yesterday. I was the nurse covering the emergency room for the shift. I was paged to call the office and I learned I had a patient. I went to the front desk waiting area, picked up the emergency room record and glanced at the name. As I continued to the waiting area, I noticed a young man sitting in the chair with a barefoot toddler standing next to him and looking through a blue book, page by page. I approached them, calling the child’s name, which was Johnnie.

The child looked up and started to cry. His father stood up, took the child into his arms and tried to comfort him as we entered the emergency room. It was obvious that the child was scared to death. I completed the nursing assessment, allowing Johnnie to sit on his father’s lap. Johnnie cried the whole time, and continued to hold the blue book.

I approached him with another little book with a bright red cover. Johnnie pushed it away. He continued to sob, tears running down his rosy cheeks, all through the doctor’s exam. He did allow me to give him a stuffed puppy. His mother arrived, and I gave her and her husband discharge instructions. They thanked me and started to leave.
Johnnie’s mother attempted to take the puppy and blue book from him, explaining that they needed to stay at the hospital. He started to cry and turned away. I told her the puppy was his to keep. She tried to pull the blue book away from him and he screamed. I said Johnnie could keep them both. As the family left, the father, who was carrying Johnnie, turned around and Johnnie waved, reluctantly. The puppy was in his right hand and the blue book was tucked tightly under his left arm, close to his little body.

The book that Johnnie clutched so tightly was the New Testament Psalms. The inscription inside read, “This book was placed here with the earnest hope that it will prove to be a source of joy and comfort to the one who now reads it.”

I have shared this story because yesterday is gone, today is here and tomorrow is our future as seen through the eyes of a child.

Evelyn Fertig, RN
Central Kansas Medical Center
Great Bend, Kan.

“The puppy was in his right hand and the blue book was tucked tightly under his left arm, close to his little body.”
I am an occupational therapy assistant. My job is to help people regain independence and, if possible, return to their previous living situations. I often see individuals who have to change their lifestyles due to an illness or injury. This was the case with a patient I will call Grace.

Grace was transferred to our unit with multiple medical problems. She had rheumatoid arthritis, which made difficult tasks out of things we take for granted, such as combing hair, brushing teeth and getting out of bed. She also had a visual deficit that limited her activities.

When I met Grace, her smile was big, bright and contagious. She had a soft, soothing, gentle voice in which she explained that she had given up many of the things she enjoyed in life. She no longer baked pies, read novels or played cards because her arthritis and vision problems made these pleasures too difficult.

However, every morning, she was bright, cheery and unbelievably positive. Her attitude rubbed off on those around her. Nothing appeared to bother Grace and her enthusiasm for life was wonderful to see. On the morning of her last therapy session I asked how she remained so optimistic and positive day after day. She said, “Well, why shouldn’t I? I have the three Fs in my life; family, friends and faith. I thank God each day for those blessings.” She explained that those three items are really all an individual needs in life and that without them life is meaningless, able-bodied or not.

The simple words Grace spoke to me that morning have been etched into my mind. At that moment, I realized how selfish I can be and how much I have to be thankful for. Sometimes, we all think we deserve more out of life. At those moments, we should stop and think of the three Fs. There isn’t anything we should be more thankful for than a loving family, good friends and a strong faith.

Kristin Woller
Good Samaritan Health Center
Merrill, Wis.
As I performed visitation in the critical care unit one afternoon, I came to the bedside of an unresponsive patient. I recognized her as a woman who had been my Sunday School teacher more than two decades before. I prayed for grace for her journey and comfort for her family. As I held her hand and quoted the Twenty-third Psalm, I became powerfully aware of the cycle of life and faith and the passing of mission and faith from generation to generation. My words at her bedside were the very words she had spoken to me many years before. Someday, when I am facing the end of my own journey, I trust that someone will pause at my bedside to hold my hand and voice those words of faith for me.

There is a hymn we often sing at my church: “Great is Thy Faithfulness, O God to Me.” My work is a constant reminder to me of the faithfulness of God.

I experience joy in the ministry God gives me here at CARITAS. At one of the worst moments in someone else’s life, I know that my presence and my work makes God’s faithfulness to them visible and concrete. When I go home at night, that knowledge makes a difference in all of my life.

LINDA G. FROST
CARITAS Health Services
Louisville, Ky.

“I came to the bedside of an unresponsive patient. I recognized her as a woman who had been my Sunday School teacher more than two decades before.”
Late last winter, an elderly gentleman who had breathing and heart problems came to the emergency room at St. Anthony Central. Charley was distinctive in that he wore a cowboy hat and boots, which he was reluctant to remove when it was determined that he would be admitted. The staff promised that they would be kept in a bag by his bed, readily available should he want to see them.

As the days progressed, his health deteriorated and it became apparent that he was probably not going to survive. For two weeks, no friends or family came to visit, and the staff became distressed about his aloneness. Several times a nurse named Carol, sensing his sadness, asked him if he would like to hold his hat, and she would place it next to his hand so he could touch it. It brought him visible peace and relief.

As his life ebbed, Carol asked if he would like to wear the hat, and he nodded yes. That was how he died, with no family present, but with a nurse who held his hand and kept his hat on his head.

Later, she wrapped his body in a shroud, with his hat tied on so that it wouldn’t fall off his head. Carol’s perception of Charley’s deepest needs speaks to genuine spiritual care. He died in the presence of her love, humanity and tenderness.

Ann Christensen
St. Anthony Central Hospital
Denver, Colo.

“That was how he died, with no family present, but with a nurse who held his hand and kept his hat on his head.”
t was Valentine’s Day, and one of the coldest nights of the year. In central Minnesota, that means at least 20 degrees below zero. With the wind chill, it was much colder. I was working in the emergency room when a call came in that a boy had been discovered outside and was unresponsive. He had been outside for more than two hours and arrived in the emergency room a little past 8:30.

In the moments after the child arrived, we couldn’t get an IV in; his arms and legs were frozen. He needed a central line and his body temperature was only 65 degrees. That was the only tense moment. There were three doctors, four nurses, an anesthetist and two paramedics all working on this four-year-old boy. Everyone worked so well together, it was like clockwork. We thought and worked as one.

I had thoughts that all was probably lost. What would we tell the parents? But we stayed focused, working intently, doing whatever we were told, pouring heated fluids into his body cavities to warm his organs, doing CPR and everything else that we could do for him.

Suddenly, it happened. A blip appeared on the cardiac monitoring equipment. Shortly after that, a tear formed in the corner of his eye. None of the cardiac dysrhythmias that frequently happen during such a resuscitation occurred.

I’m not sure what to say about that night. I know something else was going on. It wasn’t just us working on this boy. There was a certain sense of peace. God, a guardian angel, a higher power — whatever you want to call it, it was there. I felt it. I remember when the child’s mother approached and asked how he was doing. I recall thinking, “I don’t want to give her unrealistic expectations; I’ll make sure she understands the gravity of the situation.” Between my brain, my tongue, and the way she perceived what I said, somehow all she understood was that everything was going to be all right. I don’t know how she heard that, because that’s not what I said.

Now, I sometimes see the boy at the grocery store or elsewhere around town and I can’t help but think about the true miracle he was and is today. He’s mentally and physically alert, a normal healthy boy. I give thanks to God for sparing this boy and letting his parents and sister enjoy him for years to come.

Nancy Olson, RN
St. Gabriel’s Hospital
Little Falls, Minn.
Above my desk at Friendship, Inc., is a small card with our mission statement. Two lines in particular strike me:

“Sharing a vision of justice, respect and community:
Providing services that enhance the quality of life.”

My job at Friendship is to find jobs in the community for people with developmental disabilities. Let me tell you about one of them.

Darwin is a man who is interested in his community. He listens to the local news and likes to see which new businesses are opening in the area. He loves music and enjoys reading equipment catalogs. He is able to give good explanations of how complicated conveyors and packaging machines work.

When I met Darwin, he had a job shaping ornamental wood pieces for porches and decks. He would usually come to work only one or two days a week and spoke very little. Then, his employer lost its woodworking contract and Darwin had to find a new job.

A supported employment program found a job for Darwin, who has limited use of one of his arms, at a local company that processes North Dakota-grown sunflower seeds. Darwin’s job is to keep the floors and equipment clean and safe, which is hard work because the floor gets very dusty and oily. To adapt the work to Darwin’s abilities, the company purchased a new, $5000 floor-cleaning machine that allows him to scrub the floors using one arm.

Darwin and his Friendship, Inc., job coaches, Lisa and Ben, keep finding faster and better ways for him to do his work. They have come up with a system that allows Darwin to fill, drain and clean the floor machine by himself. Through practice, he has learned to run the floor machine right up to the sides of the big packaging machines and ovens.
When Darwin started this job, he rode to work with a job coach. Now, he rides a city bus. These days, he comes to work early to talk to the other workers and see what’s new. His co-workers enjoy the fact that Darwin is interested in what they do, always shows up for work and is concerned about doing a good job. This is quite an accomplishment for someone who used to come to work only one or two days a week.

Now, Darwin has people to talk to about hunting trips and fishing stories. He is using the kind of equipment he once only looked at in catalogs. He is using his wages to add to his music collection. He is getting around town more easily and actually goes into the businesses he previously saw only on television. All these things have considerably enhanced the quality of Darwin’s life.

DAVID WATKINS
Friendship, Inc.
Fargo, N.D.

“These days, he comes to work early to talk to the other workers and see what’s new. His co-workers enjoy the fact that Darwin is interested in what they do, always shows up for work and is concerned about doing a good job. This is quite an accomplishment for someone who used to come to work only one or two days a week.”
Stories
of family
n the fall of 1989 I suffered a personal injury, had surgery and was off work for quite a while. During that time, I had an opportunity to get reacquainted with my father, who had been a hard worker during my childhood. I married at an early age, and my father was still in the work force when I left home. My father was now retired and in poor health. He was visiting the doctor on a regular basis. My mother had never learned to drive and he was not able, so I became their driver.

One fall morning in 1990, my dad and I were in a local emergency room. When the doctor entered the room, two ladies in uniform accompanied him. He asked my dad’s permission for the ladies to watch the procedure. Dad gave permission and fluid was drained from his lung. When his breathing was better he was discharged home.

Due to my injury, I needed to find a new career. I wondered about the field of study the two ladies who watched my father’s procedure were pursuing. I found out that they were enrolled in a local respiratory care program. I found out more about the course of study and applied. There was a big waiting list, so I prayed. I told the Lord if this was His direction for my life, I felt I would be accepted into the program. Two weeks later, I received a call saying that I had been accepted.

During the introduction to the program, the instructor asked me to tell my classmates my goals regarding the program. I replied, “My goal is to finish this program and my prayer is that my father will live long enough to see me accomplish my goal.”

In March of 1991, I graduated and my father and mother were seated in the front row. My father went to be with the Lord on May 3, 1991. I passed my National Board Exam that July. I was never able to tell him, but somehow I think he knows.

Three years later, my mother was diagnosed with lung cancer. The knowledge I acquired in the respiratory care program was priceless during that time. It enabled me to keep my mother out of the hospital on many occasions. On March 6, 1996, my mother was also absent from her body, but present with the Lord.
Since then, I have reflected my parents’ last days many times. I remember the kind, compassionate words and actions of the staff that assisted us. I also remember those who treated us as if we were numbers without names.

At present, I am not a family member sitting at the bedside of a loved one, but I have been there and remember how it feels being in the nurse’s way without realizing it, or being too tired to think clearly. So many times, I put on a brave face when my heart was breaking.

I continue in the health care field because my experience has given me great compassion for patients and their families. I want to be one of those who learned what Jesus meant when he said, “Do unto others as you would have them do unto you.” Tomorrow could find any of us at the bedside of a loved one. Hopefully, we will receive the kind and compassionate care that we have given our patients and their families.

Wanda Fields
Marymount Medical Center
London, Ky.

“Tomorrow could find any of us at the bedside of a loved one.”
After the birth of my son, I was very sad because my husband was not able to be with us. As I looked through the doorway, I could see my husband walking down the hallway toward my bed. As he stood beside my bed, a very dear friend stood directly behind him. My husband said, "I have seen him and he is a very fine boy and everything will be okay." After speaking with me, my husband and friend left.

Although it seems that I should have been happy and excited, I was confused and frightened. You see, my husband had died three months before our son’s birth. Our friend lived in California and I was now back home in Minnesota. There was no way they could have been standing beside my bed. I knew someone must have given me a very nasty drug, and yet their presence seemed so real. Later in the day, when the mail came, I received a letter telling me that our friend had died the previous week. Suddenly, I knew I was not dreaming or hallucinating! I really had seen my husband and our friend together.

Several times, I have sensed loved ones watching over and guiding me, even though I know they have passed from this life. On one occasion when I was very ill, I sensed my grandparents’ presence. They said it was my choice to either remain with my family or cross over to eternity. As I awakened, I was overwhelmed with a sense of peace and well being. It seemed to be a promise of a brighter tomorrow and the opportunity for a second chance at life.

I have often wondered why I was given a second chance. I truly believe that because of my experiences, I have been able to comfort patients in my care, both the terminally ill and those who are distressed for other reasons. When I share my stories, it often gives them reason to hope. I attempt to give them the message that death is just another stage of life and leaving this life to be with God is wonderful. My experience of seeing my husband is one I often share with widows and widowers. It is my prayer that through my sharing, they too will receive comfort in knowing their loved ones are in a better place.

Some may call my experiences hallucinations or attempt to make medical explanations. I know what I felt in my soul; and because I know that, I am free to ease others’ fear of the unknown.

Vickie Olson
Oakes Community Hospital
Oakes, N.D.
My 15-year-old son, Jon, was shot in his right eye with a paintball gun by a relative’s son. Our son was sitting on the sofa reading a magazine when the “toy” the other boy was playing with shot at him. I received a call at work from our middle son, Justin, that Jon had been shot in the eye and I had better come home to take him to the hospital, as my husband was away on a business trip. When I told my co-workers in social services and quality management that I needed to leave for an emergency, they assured me that they would take care of the rest of my work for that day.

When I arrived back at St. Mary’s emergency room with my son, the nurses were expedient in caring for my son’s medical needs and offered me emotional support with hugs and calming words. When the staff decided that my son’s injury was very serious and he needed to be transferred to Wills Eye Hospital by ambulance, more St. Mary employees came to my support. Nurses from employee health came to see what they could do. One offered to put gas in my car for the drive to Wills Eye, as I would be following the ambulance. A nurse from my department came and assisted with my son’s medical treatment while the emergency room nurse was getting supplies. My fellow social workers came to check on us and to ask again what they could do. My director, Carol Benderson, offered to have her grown sons, who were home from college, go to my home to stay with my other sons until I could arrange for family members to be with them.

After my son was hospitalized at Wills for four days, then came home for a few days and then had eye surgery, my co-workers continued to call to leave messages of concern and ask for updates so they could pray for Jon.

The doctors tell us that Jon’s sight may return because his optic nerve and retina seem fine. He did lose all of his iris, his lens, and all of the vitreous jelly. The doctors tell us we need to be patient as the eye heals.

I cannot express how much I appreciate all the employees who offered their support, love, concern and professional expertise. Since I returned to work, employees who are hearing about the accident for the first time are also offering their support and prayers. What a place to work! I feel I have been uplifted and carried through this family tragedy by people who were co-workers, but became family as they reached out to me. The values and mission statement of St. Mary Medical Center are alive and well and I was blessed to be the recipient of these values in action. It has brought me great peace to know that I have both my God and my peers with me.

Deborah Gentile
St. Mary Medical Center
Langhorne, Pa.
n 1993, my husband was in a motor vehicle accident while on the job for the Oregon Department of Transportation. He was working on the freeway near Glendale, about 40 minutes south of Roseburg, and was hit by a car that was driving 60 miles per hour. He had massive injuries on his left side, including a broken arm, ribs, leg and shoulder, and he had collapsed lungs. He was taken to Southern Oregon Medical Center in Grants Pass. Although he had suffered an on-the-job injury, he had no visits or calls from his employer during his stay there.

The day of the accident, my boss called and told me not to worry about my job at Mercy Medical Center because my husband should be my priority. The employees collected money for my family and handed me an envelope full of $780 in cash and checks. I was so touched because some of the individuals who contributed didn’t even know me.

After nine days, I asked that my husband be transferred to Mercy. He was still in critical condition. However, everything was completely different from the minute he came “home” to Mercy. Everyone knew we were coming and had his room all ready. They were glad we were there. My husband was a Mercy patient for two weeks and I stayed with him the whole time. So many people were so helpful, bringing food and helping to care for our children.

When my husband was sent home, we installed all the needed equipment and a special bed. I didn’t have sheets for that type of bed, so Mercy let me borrow linens. Employees still brought food to our home every night.

What a family this place really is. We’ve been to other hospitals for surgeries, but there is no place like Mercy. “I’m just awed by it,” my husband said. “The staff have their lives and they did all this for me.” Nine months after the accident, my husband went back to work.

Dorinda Miller
Mercy Medical Center
Roseburg, Ore.

“Everything was completely different from the minute he came ‘home’ to Mercy.”
My mom went to live in heaven on December 12, 1998. Before she left, she made one last request of her five children: permission to leave this Earth. We were so fortunate to be in her presence and witness the beginning of her journey to heaven.

Our single mother raised us as Catholics and to love and serve the Lord. We were always so thankful to have her in our lives. We were able to witness amazing miracles that may have gone unnoticed if this beautiful human had not taught us about the miracles God has to offer.

Toward the end of her earthly life, my mom was in great pain as a result of her cancer. She lay in her hospital bed soaked in sweat. She stared straight ahead and asked me who the man was standing behind me. No human was standing there. She described a tall, bald man with light surrounding him. We all knew that Mom’s angel was present. She was in and out of consciousness. She was talking to her mother and sister who had died over 50 years before. We knew she was going home.

Mom was able to spend her last wakeful moments singing with her children. She expressed a desire to spend one last Christmas with us, but we all realized that this would not happen. She addressed each of us by name and asked what we thought about her leaving. We all gave Mom permission to go, desperately wanting her to stay for our own selfish reasons, but knowing she would go with God free of pain.

Still, she held on as long as possible. She waited for her blessing from a Catholic priest, allowed time for all of us to surround her to say a last prayer and goodbye. She slowly slipped away to dance in the streets of heaven.

My mother was always my mentor. She helped those in need, and performed acts of kindness for others in her community. I tried to model my behavior after my mother’s kindness. I went to school to become a social worker so I can help others as my mother did in her daily life.

As a social worker, I encounter families in transition every day. I will never forget being referred to a family whose father was dying from cancer. It gave me an opportunity to model one of my mother’s lessons. The family was debating whether to keep him in the hospital or follow his wish and take him home. Either way, they knew he was in his final days of life on Earth. The family and I spoke about their options. They were convinced that he was hanging on because of the debate. I asked the family if they had given their father permission to die. For the first time the room was silent. Everything seemed to make sense to the family now. They were able to take their father home and give him permission to go live in heaven, free of pain.

Susan Klepacki
Mercy Medical Center
Nampa, Idaho
A few months ago, a patient died suddenly and unexpectedly. Moments before he died, he was told that he would be discharged the next day. He called his wife with the good news and began to collect his things. When his heart failed, a nurse was with him, taking his vital signs. He put his head back and his heart stopped beating. A code was called, and doctors tried to resuscitate him. After several minutes, his heart began to beat, but it was clear that he was not likely to make a complete recovery. Placed on a ventilator, he was taken to ICU, where he a few days later he was taken off life support and died.

The patient had been a favorite among the staff because he was polite, undemanding and soft-spoken. His only complaint was that his feet were cold. When he died, folks on the floor were upset, but no one was so distressed as the nurse who was with him when his heart failed. She felt that there was something she had missed, and was taking the event to heart.

As a chaplain, I had been called to the floor at the time of the code, but because there was no family present, I waited outside his room while the doctors worked on him. After the patient had been taken to the ICU, I stayed on the floor to be with the staff who had taken care of him. I was standing at the nurses station when I saw the nurse manager put her arm around the patient’s nurse, who was crying, to comfort her. The nurse was saying how she wished she could have foreseen what would happen. The nurse manager said, “The way I see it, he was blessed that you were there, so he didn’t die alone. God sent you to him at just the right moment. This was his time.”

I stood in awe of what I had witnessed. The staff, and particularly this nurse, in need of comfort, consolation and reassurance, was offered that gift at once. I recognized that the values we hold were being practiced right before my eyes; not only reverence for the lives of our patients, but for one another.

Judith Konen
St. Agnes Medical Center
Recently, I attended an orientation for employees new to the St. Joseph Healthcare System. I have worked in nursing in other parts of the southwest, but never before in a Catholic facility. I have attended orientation sessions in other facilities and thought I knew how the St. Joseph process would probably go.

I must admit that this orientation was very different than any other I had attended. It was a very good day and left me with a deep impression of my new place of employment. I was warmly welcomed upon my first arrival at St. Joseph’s, and have found this to be so with each new employee and staff member I have met.

I was moved by the history of the hospital as it was presented during the orientation. The mission and Core Values were presented as a part of everything I will be doing as a nurse in this system. I realized that this hospital has been, and always will be, operated on values found in the Gospel. The values of the Scriptures are important to me and my family, and I am very happy to be an employee of a hospital that proclaims these same values. The behavior of everyone I have met here also tells me that these values are present in the units, departments and offices. This is a place where I want to work. My spouse and I prayed that I would find the right job. I realize that God has answered our prayers and I am grateful to be a part of this health care system.

A Registered Nurse
St. Joseph Healthcare System
Albuquerque, N.M.

“We Prayed That I Would Find the Right Job

“The values of the Scriptures are important to me and my family, and I am very happy to be an employee of a hospital that proclaims these same values.”
What started in the fall of 1998 as a fun thing to do on snowy Sunday evenings for patients and their families – an hour of musical relaxation in the Mercy Medical Center hospital chapel – has evolved into a healing form of therapy for everyone concerned.

In the beginning, staff members brought patients in wheelchairs from their rooms to the first floor chapel, and families joined them there to listen to the evening’s offerings: perhaps a hammered dulcimer, an Indian flute, original compositions by a local keyboard artist, classical harp, guitar melodies or even a cappella solos and duets, all performed by accomplished volunteer musicians from the community.

Soon, patients who were bed-bound and staff who could not leave their posts, were clamoring for the music to come to them – and it did. The willing performers toted their instruments to the intensive care units, common areas, nursing stations or any spot where the music was not intrusive, but calming, soothing and welcomed by visitors and patients alike. (A newborn just four hours old was carried from his bassinet by his physician father to hear Christmas Carols by a volunteer who is also a mezzo-soprano).

This live music program, free to all, is called “The Healing Power of Music.” It was initiated by the spiritual care department in conjunction with the hospital’s wellness center. Chaplain Mike Darmour and Nan Wagner,

“The willing performers toted their instruments to the intensive care units, common areas, nursing stations or any spot where the music was not intrusive, but calming, soothing and welcomed by visitors and patients alike.”
a respiratory therapist from the wellness center, have spearheaded the program, coaxing musicians to donate their services and showcase their talents. One Sunday evening, Carolyn Smith, a hammered dulcimer artist, displayed her varied “hammers” and explained their different tones. Another evening offered a vocal duet by Nan Wagner and Jennifer Carr. Yet another performance featured an award-winning handbell choir from the local Catholic church. Families, visitors and patients have responded very favorably to the innovative program, and nursing staff commend the program as restorative and beneficial to all concerned.

To augment the Sunday evening programs, on other days of the week volunteers dispense cassette tapes and tape players to patient rooms from a movable cart. This program, initiated by the hospital pain management committee, has proven so successful that other community groups, including Fort Lewis College students, the Durango Choral Society and the hospital auxiliary, have joined forces with the Mercy Health Foundation to donate new and used music and book tapes. All age groups are served by the variety of tapes and cassettes. Patient requests vary from the classics to country and western, with the latter being the most popular. Even public radio station KSUT helped out by donating several hundred new CDs, which will be matched by a Foundation donation of several compact disc players.

The Healing Power of Music has proved to be just that for patients and their families, nursing and medical staffs, the community, and even for those who volunteer their time by tooting a flute or dispensing a book tape from the music/book therapy cart.

Mike Darmour
Mercy Medical Center
Durango, Colo.
work at Mt. St. Joseph in Portland, Oregon, as a beautician. I have been working in the field for 35 years. It is a wonderful profession. Beauticians know at once how they did on the job. Most people must wait a long time for feedback on their job performance. A beautician can see right away if a style or cut looks good on the person. Having someone say "Good job!" is great, but the beautician knows before anything is said.

One of the best things about beauty work at Mt. St. Joseph is being able to touch people. There are not many people who can touch another person without saying "Excuse me". One of the responsibilities of beauty work is listening to people talk about the problems they have in life. Most of the time, they do not need or want advice, but just someone to listen. I have done plenty of listening in 35 years.

Julie Stenhouse
Mt. St. Joseph
Portland, Ore.

"There are not many people who can touch another person without saying 'Excuse me'."
Three years ago, I chose to uproot my family and move to Denver to accept a position with Catholic Health Initiatives. I made the decision in large part because I believed in Catholic Health Initiatives and appreciated the quality of the people with whom I would be working: so many of them have a caring and giving attitude.

Most people who work for Catholic Health Initiatives do so because it is their choice. They have plenty of career opportunities, but they elect to be part of Catholic health care and the mission focus of a not-for-profit organization. And, the way they behave at work is a reflection of how they live their lives. People feel free to be who they really are. The work environment at Catholic Health Initiatives is conducive to praying on the job, to acknowledge God’s presence and power at work.

I just marvel at the quality of the people in this organization, and our interactions with each other. It gives meaning to what we do. Taking food baskets to the needy is just one example of what is important to the people who work here. Another example is the healing service we held with F.J. on his last day in the office; we said very few words but prayed in faith, placed our hands upon each other in silence and were deeply moved together. We come to each other’s aid, because that is the nature of the people here. There is true sincerity, which starts with Pat Cahill and filters down to the rest of the organization.

There is something special — spiritually — about the people in this organization. It is the giving way they interact with each other.

Jerry Judd
Catholic Health Initiatives—Denver Office
Denver, Colo.

“There is something special about the spirituality of the people in this organization.”
ome of us would say May 24, 1999, was a “day from hell.” At about 11:00 a.m., the city of Philadelphia was hit with heavy thunderstorms. St. Agnes Medical Center has a beautiful courtyard with magnolia and dogwood trees and park benches encircled by green grass. On this day, the courtyard slowly started to fill up with rain. We are always asking for a swimming pool, but this was ridiculous.

In addition to the flooding in the courtyard, drains, sinks and toilets backed up on the ground floor of the medical center. The water caused a switch over to emergency generators. As a result, we closed our emergency department, limited patient testing in radiology and temporarily stopped seeing patients in ambulatory services and the women’s center. One patient in ambulatory services was in the process of having a foot cast applied and had to be carried to “dry land” for the casting to be completed.

An alert sounded for all available non-clinical personnel to lend assistance on the ground floor. About 35 employees made their way to the affected areas. To get all available blankets, towels and sheets to the ground floor to help soak up the water, a human chain formed from the ground floor to the laundry department on the two floors below. Employees at every level, including vice presidents, directors and physicians, banded together in the effort. It took only two hours for the situation to be declared under control.

Little did we know that a patient was disobeying our no smoking policy and was sneaking a cigarette in a solarium on the third floor. At about 1:30 p.m., a message was relayed through a human grapevine (the flood had shorted out the fire alarm system) of a fire on that floor. All available personnel were called to the floor for patient evacuation. Approximately 12 staff members responded, not knowing what we were about to face.

The west wing of the floor was engulfed in thick black smoke. The nursing staff, interns, residents and physicians had evacuated most of the patients by the time we arrived. They instructed us to get the medical charts, medication carts and portable oxygen tanks to safety.
The process of getting everyone and everything to safety seemed to take an eternity, but in reality took only 13 minutes. Once we were all safe, the nursing staff worked with precision, making sure all patients were accounted for and the appropriate IV lines, medications, oxygen supplies and monitors were restarted. The fire chief finally gave us the all clear at approximately 3:30 p.m. I am happy to report that there were no injuries as a result of the flood or fire.

Yes, the 24th of May was a day from hell. But, it was a day that I am proud to have been a part of because I was able to witness everyone coming together for the same purpose: patient safety. The Core Values were certainly lived out by each and every employee that day, whether as part of the emergency workforces or in prayer.

Janet Borger  
St. Agnes Medical Center  

“I was able to witness everyone coming together for the same purpose: patient safety.”
ne of the problems with working in one of Catholic Health Initiatives’ national offices is that we are removed from day-to-day provision of services and activities in the health care ministry. That can make it very easy to get caught up in the red tape and politics of the business world. I believe that we sometimes forget that the business of Catholic Health Initiatives is providing health care, especially to the poor and underserved. We need to always remember who our customers are.

What makes my job real and connects me to the mission are the opportunities I have to put a face on the real business of Catholic Health Initiatives. I work in risk management, providing insurance coverage and risk management solutions to our facilities and congregations. I am always thankful for the chance to get out and meet with the staff of our facilities and to see the health ministry in action. When I can answer questions or provide coverage for programs and services that might not take place otherwise, it helps reinforce my connection to the ministry. For example, I met with representatives of Mercy Housing to learn more about their wonderful work for the poor and disadvantaged. I think the work we do to assist Mercy Housing with its insurance needs helps continue its important mission.

The questions and issues that come across my desk also help me stay focused. How can we provide coverage for parish nursing programs? What are the risks in providing retreat services at a convent? Can a facility purchase a new van to shuttle patients from remote locations to the hospital? All of these questions raise risk and insurance issues, and we continually strive to find ways to say “yes” so that mission can continue.

Lorrie Neiburg
Catholic Health Initiatives – Philadelphia Office
Aston, Pa.

“When I can answer questions or provide coverage for programs and services that might not take place otherwise, it helps reinforce my connection to the ministry.”
During the past 20 years, I have held a series of jobs that have brought me into direct contact with people of all ages and in all areas of life. In each job there have been blessings. Whether one is sitting on a tractor in a hay field, working for a state government, cooking for church camp, editing a newspaper, harvesting vegetables or working in communications, the hand of God is always apparent.

I was deeply touched while working with the mentally challenged at camp. How could one not be touched when a “thalidomide baby” with miniature fingers beneath the elbow played the piano, or when a young man who usually refuses to be touched chooses you as his dance partner, then rewards you with a hug.

These experiences eventually led to my present position in public relations and communications at Oakes Community Hospital. A few months after I joined the staff, Sister Susan Marie Loeffen, administrator of this facility, asked how I would feel about assisting the business office with collection of delinquent bills. I agreed to give it a try.

Long ago, I learned that a smile can be heard in a phone conversation. Hopefully, the recipients of my phone calls and letters are aware that I care about them and their difficulties. Frequently, we ease into discussions that shed light on the problems that led to their inability to pay. Communication is so often the key.

I also serve on the Uncompensated Care Committee, reviewing requests for assistance. The choices are not always cut and dried. Committee members bring diverse thoughts to the table as we struggle with many patient needs. Seldom do I bring the applications to the meeting without taking a brief time to seek the will of God and ask that personal thoughts be pushed from my mind: in this rural area, we know many of those whose requests come before us.

Some time ago, we offered uncompensated care to a farm couple. I met the woman on the street several days after they received the letter from my office. As we stood in the middle of the main street in Oakes, hugging each other and with tears flowing, she said, “You have given us hope. We now can see the light at the end of the tunnel. We just don’t know how to thank the hospital. May God bless you for helping us.”

Is God in the mission of our facility? Oh yes! Even in bill collecting, we have the opportunity to let people know we care and that we recognize their value in this world as we offer a helping hand, leading to the light at the end of the tunnel.

Mary Schmitz
Oakes Community Hospital
Oakes, N.D.
The spirit of Mercy Medical Center in Des Moines, Iowa, was introduced to me the day of my interview for a position as staff chaplain. While waiting in the human resource department, I spoke with a woman, named Helena, who was also waiting. With great enthusiasm Helena said, "I hope I get hired here." I asked, "Is this a good place to work?" She replied, "Oh yes, they are very good here." After we were both employed there, we frequently saw each other in the hall. One day I asked Helena, "Is it as good here as you had expected?" She smiled and said, "This is the first time I have had a job where I felt equal to all the staff. They have been wonderful."

The spirit of Mercy was demonstrated again by the Reverend John Holcombe, a local pastor who had been a patient at Mercy. Reverend Holcombe told me, "I was pleased to be at Mercy. As a pastor, I have visited many hospitalized church members, and they always spoke positively about the care they received here. Since being a patient myself, I understand what they meant."

Reverend Holcombe explained that during his hospitalization, a nurse had been particularly helpful in guiding his many visitors to make only short visits. He said that this nurse was excellent at explaining procedures and providing comfort measures. Finally, he said that the nurse facilitated a timely discharge when his surgeon was delayed because of an emergency.

The nurse confided to Reverend Holcombe that she had left Mercy a while back to work at another health care facility. "But," she told him, "I returned to Mercy because there is something special here."

"That something special is whole person care that intentionally includes the spiritual dimension," Reverend Holcombe said.

The spirit of Mercy makes a difference!

S. Joanne Heim, OSF
Mercy Medical Center
Des Moines, Iowa

"As a pastor, I have visited many hospitalized church members, and they always spoke positively about the care they received here. Since being a patient myself, I understand what they meant."
The mission and values of Nazareth Hospital have been a part of my life for many years. I started my nursing career here more than 20 years ago. Eventually, I earned a master’s degree in Oncology Nursing. I loved working with cancer patients and helping them in whatever way I could. Working in oncology for 12 years can certainly help put life in perspective. Every minute of every day is such a precious gift.

One day, I read an advertisement in the newspaper for the position of parish nurse coordinator at Nazareth Hospital. What is a parish nurse, I wondered? I went to the Internet, started a search and found pages and pages about parish nursing. My first thought after reading about the history and philosophy of parish nursing was, “What a wonderful way to combine nursing with spirituality!” I truly believe that God led me to this new position.

I would like to share two situations that gave me so much more inspiration than I could ever have imagined. The first involved a woman in her 40s who was dying of a chronic illness. She was very poor and lived with her disabled son in a small apartment. Her minister asked me to visit her with him. We had a lovely visit and said we would do what we could to help her. One of the nicest days I remember was the day that, with the support of Nazareth Hospital, I went shopping for food for this woman and her son. Grocery shopping took on a whole new meaning, and I will never forget the look on their faces when I delivered the food to their apartment. That was the day I realized how important and valuable it is to work for a hospital with such compassion and integrity.

The other situation involved a younger woman with three children, whose husband had been laid off from work and during the Christmas season. She had no resources to buy gifts for her children. The mission and community outreach department of Nazareth Hospital gave me funds to go out and buy toys for this woman’s three children. The day I met that woman and gave her the toys was one of the most meaningful days of my nursing career.

As the mission of Nazareth Hospital and Catholic Health Initiatives states, “Fidelity to the Gospel urges us to emphasize human dignity and social justice as we move toward the creation of healthier communities,” there is no doubt in my mind that this is where I belong at this time in my nursing career. I am happy and extremely proud to be part of an institution that truly believes in working towards healthier communities.

M. Sandra Magee-Evans
Nazareth Hospital
Spirituality is a growing awareness of the sacred in everyday life. When I deliver mail to residents in long-term care, I am so aware of how close they are to returning to the Creator. I am regularly greeted by one resident who says, “And how’s the little girl this morning?” I am years away from being a little girl, as evidenced by my gray hair. This resident gives the gift of reminding me how precious we are in God’s sight. Perhaps he also reminds me of my kind Norwegian grandfather who always called me “Sunshine Girl.”

There is a song, “Christ Has No Body Now But Yours,” which reminds me that we are to be His hands, feet and smile in the world today. When I receive the Eucharist in church, my prayer is that I will become more like Jesus each day and that when I act, people will know Jesus by my actions. When I visit with residents and hold their hands, I hope that I bring a healing touch. When I smile at patients, visitors, residents or co-workers, I hope my smile brings healing from the hurts of everyday living. When I listen to fears about giving up independence and facing a new life in the nursing home, I hope my listening brings comfort and peace. When I spend time with family members whose loved ones are dying, I hope my presence is soothing. When I listen to stories of yesteryear as residents review their lives, I am in awe of their strength, faith and resiliency.

When I watch a nurse treat a patient as if he were the only patient in the hospital, I see Christ carrying on the healing ministry through the nurse. When I hear that a doctor has made a patient and family feel revered and respected, I know that doctor is an instrument of grace. When a patient or co-worker is particularly trying, I believe I am being invited to grow in tolerance of different ways to accomplish the same end result.

It is both a calling and a choice to be part of the mission of Carrington Health Center. I feel blessed to be here.

Sandra Nicolai
Carrington Health Center
Carrington, N.D.

“My prayer is that I will become more like Jesus each day and that when I act, people will know Jesus by my actions.”
Volunteering at St. Joseph Hospital has been a top priority for me for more than six years. Entering the lobby under the magnificent bronze statue of St. Francis, I make a plea that I will have the right words at the right time to cheer, console and comfort the patients I’ll meet today on my spiritual care assignment.

Reverence for life permeates the halls of St. Joseph. Publicly addressed daily prayers and televised Mass evidence our dependence on God’s mercy.

It is easy to believe in His mercy on the maternity floor when a new mother gazes adoringly at her child. Accepting God’s will becomes more difficult on the oncology floor, where a beautiful woman sits by the window in her room, reading a book. Her animated conversation includes favorite authors, places and personalities. She never mentions the pain of radical surgery, the humiliation of hair loss or her fear. We join hands and hearts as we pray for her future.

The orthopedic wing is filled with patients struggling to regain independence following accidents or corrective surgery promoted by excruciating pain. Their eyes say it all if you look directly at them. I offer “Body of Christ.” Their “Amens” translate to “I do believe, I do trust him. Any pain I endure is no worse than his.”

My assignments often include the ICU and Heart Hospital, where the excellence of modern technology meets the innocent disbelief of the laity. Television screens indicate vital readings; IV bags drip life-sustaining fluids as professionals move in and out of rooms with confidence and authority. Some patients are too sick to speak, but family members welcome my visit. My presence reminds them our community is family.

Four hours later, my duties are done for the day. Once again, I move through the lobby under the outstretched hands of St. Francis. Now, I give thanks for being allowed to return to my daily activities and healthy family and for the privilege of being a hospital volunteer.

Julia S. Shirk
St. Joseph Hospital
Lancaster, Pa.
I am very proud to have been part of Franciscan Villa for the past 30 years. It has been most rewarding to share with and care for the residents and make them happy with a special touch and a good listening ear. God calls us for a lifetime of caring for these special people who have devoted themselves to families, friends and community.

In my position I find out about residents’ interests and what they like to do to fill the rest of their lives with the joy that comes from outings, games, movies, crafts and a variety of other recreational activities. I like to talk and reminisce with the residents and especially to help them fulfill their spiritual needs.

Thank God the Holy Spirit directed me to fill my life with this kind of love and to be able to give of myself to the residents.

**Joyce Breul**
*Franciscan Villa*
*South Milwaukee, Wis.*

“God calls us for a lifetime of caring for these special people who have devoted themselves to families, friends and community.”
have always enjoyed working at CARITAS Medical Center. When I began working here, the halls were filled with Sisters of Charity of Nazareth, and working with them has always been a pleasure. There are only a few left at the hospital now, but I continue to be impressed by them.

Working as a secretary in the engineering department, I do not have direct contact with our patients. Still, I feel I have a big responsibility in taking care of them. By responding quickly to their requests I can help make sure they are comfortable and that their stay is pleasant.

Working here has given me many memories. One year, I was part of a group of employees that went up to the patient floors to sing Christmas carols. Patients who were able stood at their doors, some smiling and some crying. That was unforgettable.

But, I believe that the reason I like coming to my job each day is the spirit of each and every one of the people I work with in engineering. They have always given me the utmost respect and made me feel special. They are concerned about every request from our patient units and they go out of their way to meet the needs of the entire hospital.

I have worked at CARITAS more than half my life and have no regrets.

Imogene Luckett
CARITAS Health System
Louisville, Ky.

"Working as a secretary in the engineering department, I do not have direct contact with our patients. Still, I feel I have a big responsibility in taking care of them."
work for Catholic Health Initiatives during a very challenging time for our facilities. The financial impact of the Balanced Budget Act along with increasing payer restrictions, cost pressures and competition threaten many of our facilities at a time when the number of people without health insurance and access to basic care is growing. My work involves analysis of information and development of strategies that, hopefully, will enable Catholic Health Initiatives’ mission of caring for the poor and underserved to live on even with significant economic pressures.

The mission adds a significant amount of complexity to the analysis. If I worked for a for-profit organization, many of the decisions that we make would be straightforward from a business perspective. While the need to continue the mission makes my work more complex, it also provides value. I take great satisfaction in working for an organization that provides the St. Clare van to the citizens of Wilmington, that developed an open heart program in Trenton focused on serving inner city residents and sponsors migrant workers health programs in Berks County. I try to keep these programs and their impact on people’s lives in mind when I am working on projects that will help determine the future of hospitals in these communities.

**Patrick Knaus**  
*Catholic Health Initiatives – Philadelphia Office  
Aston, Pa.*

“I try to keep these programs and their impact on people’s lives in mind when I am working on projects that will help determine the future of hospitals in these communities.”
know that God moves in mysterious ways. Sometimes He lets you know that you are part of his plan. When he does, you are blessed. Such was the case just before Christmas of 1998.

Jackie Martin and I were working in health information management at Mercy Medical Center. We were just getting to know one another. I knew she had moved back to Idaho from Florida after her mother passed away so she could be closer to her grown children. Jackie is so tiny. The first time I saw her, she had red on, so naturally I thought I’d call her Ladybug.

In November, I asked Jackie if she had decorated for Christmas. After all, my tree had been up since Halloween. She somberly said she didn’t decorate for Christmas anymore. I wondered why, but she didn’t elaborate.

Soon after, I was shopping and saw a rosemary plant shaped like a Christmas tree. I instantly thought of Jackie. I decided to buy some lights, but them on the plant, and put the plant on her desk.

On my day off, I took the plant to work to give to Jackie. Sitting in my car in the parking lot, I admired my creation and longed for a rosemary plant of my own. I decided to keep that one. It smelled so good! Later in the day, I felt a nagging to go back to the office and give the plant to Jackie. When I arrived, she was on a break, so I placed the tree on her desk and left. When I returned home, Jackie had already left a message on my answering machine. “You don’t know what you did, give me a call,” she said. When I returned her call, she told me that on her way to work that morning she had longed for her mother. She prayed to God and wondered if He even heard her. “Sharon, do you know what my mother’s name is?” she asked. “It’s Rosemary! Did you read the card attached to the plant? It says rosemary means friendship, love and remembrance.”

Sharon Dowen
Mercy Medical Center
Nampa, Idaho
Stories
of personal growth
My wife, Nancy, and I both work at Mercy Medical Center in Durango, Colorado. For years we have been involved in mission work in far-off places such as Mexico, Nicaragua and Romania. One day, however, a friend of ours took us to task. “You are always going all over the world helping others,” he said. “But we have troubles right here in our community. Who is helping the people in Durango?”

To find out more about those in need – the homeless, the addicted, the lost — we began to volunteer at our local homeless shelter and soup kitchen. One snowy night in February, I was stayed outside with a group of homeless people who live in a place called Horse Gulch.

“We’ve never had a Christian stay out with us before,” one man said. While I had not said a word about my faith, they understood what was going on. This made me bold enough to ask if we could start coming on Sunday mornings to share devotional services with them. They accepted and we have been doing that ever since, in good weather or bad.

Another employee from our hospital, Brandye Turner, began going out to Horse Gulch with us. We take turns bringing the Gospel lesson, as well as teaching about nonviolence and social justice. Nancy plays her flute and we sing hymns. Then we have a discussion about spirituality and current issues and share lunch together.

I cannot begin to relate the many miracles we have experienced together in our local mission over the last year and a half. Some have been small miracles of sharing and caring, but some have been much larger. One involved a 52-year-old woman who had been homeless on and off for years. When we met her, she had been living in a cave in Horse Gulch for two years and was completely defeated. She could not have been further from the touch of her fellow humans or the love of God. Over time, she began to interact with our group, and after more than a year she was able to move into her own home. Yet another employee of our hospital, Chris Burnett, came by on the day we moved her to help out.
Through the miraculous power of this group, we have seen an alcohol-addicted man begin to work on recovery. We have seen two angry men come to complete reconciliation. And, just as important, we have felt the spirit moving in our own lives. We feel we have gained as much or more from the experience as we have put into it.

Mission activity is usually thought of as establishing a presence in other regions of the world, but we can also view our own area as the mission field. The sad truth is that many churches do little to reach out to the poor, the addicted or the ill in their own communities. For that reason, a local mission makes absolute sense. It certainly has been a blessing for all of us involved in our mission here.

Jim Sanderson
Mercy Medical Center
Durango, Colo.

“We have felt the spirit moving in our own lives. We feel we have gained as much or more from the experience as we have put into it.”
used to take pride in my patience; then God allowed it to be taken away. I don’t blame God for my loss of patience: I did it to myself. It took time for me to realize I was no longer patient, but I finally accepted and mourned the loss. After still more time, I understood the folly and sinfulness of the pride I had taken in my patience, and I began to pray for its return.

Instead of giving me patience, God allowed one problem after another to come into my life. I didn’t know why I was having so many problems, but I knew there must be a reason. I believed God was in charge and had a master plan for my life, I just didn’t understand how all the problems fit in. But I sometimes wondered why God was allowing so many bad things to happen to me. Finally, God sent a speaker into my life to explain.

That speaker said, “Be careful what you pray for; God may give it to you.” I thought, “Well, He surely isn’t giving me patience! I guess this time the answer was no.” You see, I knew that God answers prayers in two ways, either yes or no. The speaker continued: “For example, if you pray for patience, God may send you many trials to give you practice.”

Now, I can say that God works a measure of patience through me, at least when I get out of the way and allow it. I understand that it is not my patience, but God’s patience that works through me. I am merely the tool God sometimes uses to give an example of patience. I say ‘sometimes’ because I often fall short of the goal. I think of the song, “You are the potter, I am the clay…” and pray for the willingness to allow myself to be used not according to my will, but according to God’s almighty will.

Lina Splichal
St. Joseph Hospital and Health Center
Dickinson, N.D.
Riverview Place was a calling for me. When my parents were both diagnosed with terminal cancer and we chose Riverview Place for their final home, I realized it was the type of caring, loving atmosphere that I wanted to be a part of. The ideal position became available at Riverview while I was caring for my parents, and I questioned God’s intentions for me. I wondered why he would give me a perfect job opportunity at a time when I wanted to be with my parents. Why would He make me choose? After passing up the position, I was able to spend time with my parents and experience a fulfillment I will never regret or be able to explain. When the same position became available three months after my parents passed away, I knew God was telling me I had done the right thing and was giving me another chance.

I’ve worked for Riverview Place for four years now and feel so blessed to work at a place where I can grow both mentally and spiritually; a place where each person’s dignity is recognized and no one is alone. I’ve learned the power of faith.

Kathy Schroeder
Riverview Place
Fargo, N.D.

“I wondered why he would give me a perfect job opportunity at a time when I wanted to be with my parents. Why would He make me choose?”
have been at St. Francis Medical Center since 1956, and now manage Central Sterile Processing. I began as a nursing assistant in Labor and Delivery on the 3:00 to 11:00 shift. While working at St. Francis, I became very close to Catherine Joseph, OSF. She allowed me to take responsibilities for services she felt I could do. I remember her saying that she saw lots of potential in me. Sister felt that I did more than I was asked to do, and she liked that. I guess I liked it too, because as I look back, I see the difference her belief in me made in my life. Little did I know how far-reaching the Sisters of St. Francis’ belief in me would be.

At St. Francis, I knew I was part of the family. The entire hospital staff, including doctors, nurses and administrators, were role models for me as a young African-American woman. I could see the way they embraced people, especially the poor of Trenton who seemed to have so many challenges. Back then we reached out to the community, as we still do today. At Thanksgiving, handed out turkeys. At Christmas, we distributed whatever the needy lacked. Children attended after school programs and summer day camps with financial aid from our physicians.

My responsibilities increased when I became manager of operating room support services. These years of leadership gave me confidence in my abilities and I experienced the truth of Sister Catherine Joseph’s earlier words to me. I was also very involved in my community, and held leadership positions in many community organizations. Eventually, I was elected vice president of the Southern Area of New Jersey Federation of Colored Women’s Clubs. Later, as a member of the Board of Directors of the Trenton Urban League, I was happy to join with the physicians of St. Francis once again to develop projects for healthy communities.

Two recent roles that gave me much happiness were being president of the St. Francis Auxiliary in 1995–97 and, in 1999, being selected on behalf of 1,100 St. Francis employees to receive the 125th Anniversary Award.
Presently I serve on the New Jersey Hospital Association Council of Auxiliaries. The projects and work of St. Francis Medical Center, especially in advocacy and diversity, have helped me focus on what people want and need. I thank St. Francis and Catholic Health Initiatives for what they stand for and what they mean to me personally. I would like to leave you with something said to me as I celebrated receiving the 1999 Woman of Inspiration Award from the Trenton YWCA. The words most special to me are, “One cannot think of J. Delores Baker without immediately thinking of St. Francis Medical Center.”

J. DELORES BAKER
St. Francis Medical Center
Trenton, N.J.

“Little did I know how far-reaching the Sisters of St. Francis’ belief in me would be.”
I work for St. Joseph Medical Center, where we provide loving service and compassionate care. I would like to tell a story of how my walk with Christ has made me a better employee.

I started working in the operating room about three years ago. I am an attendant, which means I am on standby for the doctors and nurses. Another of my duties is to transport patients from the floor to the operating room. I used to get upset when patients were hostile towards me, but I began to realize that I was a total stranger to them. I said to myself, “I’ll talk to the patients and let them get to know me.”

As I started to talk to the patients, they would talk to me, and I became so caring that one of the patients sent a kind note to the hospital about me. It felt good to know that I could make a difference in someone’s life and that when a patient looked at me they were looking at part of St. Joe’s. It is necessary for us to uphold what we stand for.

Caring for others has given me a new outlook. I have become more concerned about what people need. We see new faces every day; during the course of a day we may see 500 people. Ten people out of that 500 may be dissatisfied, rude or nasty. We have to be strong enough to let it go and not take it out on the next person, because the next person didn’t make our day bad. And, we have to realize that each person we see may be meeting us for the first time.

Keep this in mind: we need to pull together and become one, helping one another stay positive. Remember to keep smiling because everyone we make feel comfortable becomes part of St. Joseph Medical Center’s reputation for love and compassion.

GREG COTTO
St. Joseph Medical Center
Towson, Md.

“We have to realize that each person we see may be meeting us for the first time.”
have been employed at St. Anthony Hospital for more than 33 years. I have spent more than half of my life working here.

When I came on board, it was a new beginning for me. I was raised in a good family with good values and had the opportunity to travel all over the world because my father was with the United States Air Force. I had graduated from high school and came to Pendleton, Oregon, ready for the world.

The Sisters of St. Francis helped mold me into a better person with patience, tolerance and understanding (exactly in that order). I have grown to respect the values they instilled in me not only at work, but also at home with my husband, three children and two small grandchildren.

If there was a time when I needed comfort, I would find one of my favorite Sisters and talk with her. They have always been here for me and I feel I have been here for them.

Time has a way of helping one grow, even when you think there is not much else you can learn. I have seen many changes during the past 33 years and know there are more to come.

The phrase “You’ve come a long way, baby,” has true meaning for me. I came here as a young adult with a lot of willingness to learn. I accomplished so much, yet have more challenges and exciting things still to come.

I am proud to be a member of this family.

Avril G. Nicholson
St. Anthony Hospital
Pendleton, Ore.
Who will live here? Whose home will this be? These were some of the questions that ran through my mind as I was taping and mudding the newly installed drywall. As I looked around the nearly completed house, I was struck by what an amazing group was present. Here we were, the staff of the Denver office of Catholic Health Initiatives, up to our elbows in drywall mud and enjoying it! We weren’t in the office or out on the road but here, helping to build three houses for three families we probably would never meet.

The houses were completed in time for the holidays and we sent house-warming baskets to each of the families. A few weeks later I went into the office kitchen for a cup of coffee, and hanging on the bulletin board were thank you notes from the three families. Their words of gratitude brought tears to my eyes. How appreciative they were for their new homes and the gift baskets! Their simple words about never believing, until now, that they could own homes made me realize how blessed I am and made me begin to understand that all of life is a gift.

I received more than I gave to this healthy communities project. It is interesting to see how the varied experiences of my life eventually fit together and relate to each other. Sometimes I don’t quite know what to make of something and then months or years later, it begins to make sense.

Tom Hooyman
Catholic Health Initiatives – Denver Office
Denver, Colo.

“We weren’t in the office or out on the road but here, helping to build three houses for three families we probably would never meet.”
In the early 1960s, I chose radiology for my career. After investigating locations in which to do my two-year internship, I chose a Catholic hospital because of its reputation as one of the top schools in the country. Being a farm boy from western South Dakota, and Lutheran besides, I was intimidated by the demeanor and expectations of the women religious – "those people" who ran the hospital. All of the students were informed that our names were "student," that we would stand when a sister entered the room and would not speak until spoken to. It was similar to military protocol.

A few months into my training, I experienced a situation unlike any I had seen before. Upon entering a ward to perform an x-ray, I saw a sister, a registered nurse, kneeling beside a patient’s bed. I waited until she finished. She later explained that the patient was very close to passing away and she was praying for his safe trip to heaven. This gave me an entirely different view of these nurses in habits. I saw that while they attended to the physical needs of their patients, they met their spiritual needs equally well.

The day came, thanks to measles and pneumonia, that I was on the receiving end of their care. During this time, I had the privilege of having long discussions with the sister in charge of the floor. I learned about the sisters’ commitment and devotion to the physical and spiritual needs of all patients (even Lutherans). My respect and admiration for them grew by leaps and bounds. For this reason, I continued working in Catholic hospitals. I have always hoped, and am still hoping, that at least a particle of their commitment will rub off on me as I try to pattern my care for patients on what I have observed "those people" doing.

Larry Hetland
Mercy Hospital
Valley City, N.D.
As the patient representative for our hospital, I spend my days listening to unhappy patients and their families express complaints about their care, their physicians, the hospital food or the high cost of health care. Most of these folks are quite out-of-sorts when they arrive at my door, call me to their room or telephone me. It is not unusual for me to be screamed at, cursed at or unfairly accused. I do not take it personally. Instead, I remind myself that the illness or injury that bring patients to the hospital disrupt their lives and produce stress and anxiety. They are angry, frustrated, frightened and often in physical or psychological pain. Their coping skills are diminished, and I am an easy target for their emotional outbursts. If I saw my job as simply a job and nothing more, I would have left it years ago. But my personal spirituality makes all the difference.

Long ago, I made up my mind to intentionally order my life’s work around God’s kingdom and the things He deems important. My mission is to represent Christ’s character — patience, kindness, humility, goodness, gentleness, self control, a spirit of reconciliation, the sharing of truth — in the workplace. It is not the seeking of power, position or prestige that motivates me to come to work each morning, but the desire to honor God by using the gifts and talents He’s given me. My daily motivation is summed up in Colossians 3:23-24: “Whatever you do, do your work heartily as for the Lord rather than for men, knowing that from the Lord you will receive the reward of the inheritance. It is the Lord Christ whom you serve.”

Every day, the choice is mine. Do I want to serve God or myself? Do I seek the applause of God or of man? When I set my heart and mind on treating people like Jesus treated them, and when I depend on His spirit to empower me, I can stay focused. This requires that I stay connected to God, my power source, so I start each workday with prayer to acknowledge my dependence on Him. Through the day, especially when the going gets rough, I pray for wisdom, discernment and a spirit that is slow to anger and quick to forgive. I also pray that I keep a sense of humor!
Am I always successful? Absolutely not! There are times when I fall short of accurately representing Jesus Christ. But that’s when He picks me up and sets me on my feet again. He reminds me that He’s walking the path with me, and that He will love people through me if I allow Him to do so.

Every day holds new opportunities to be His ambassador and an active participant in His healing ministry. I am part of a much bigger plan. That delights me to no end and brings joy to my workdays. How do I keep a smile on my face as I do my job? I smile because I know the true source of my strength, and He makes it all worthwhile.

**Kathy Parham**  
*Penrose-St. Francis Health Services*  
*Colorado Springs, Colo.*

“If I saw my job as simply a job and nothing more, I would have left it years ago. But my personal spirituality makes all the difference.”