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Sacred stories
Sixth Edition
With great pleasure, we present you with this sixth edition of Sacred Stories. We add this volume to the series of stories that has become one of the hallmarks of our identity as a faith-based health care provider. This testimony to the spirituality that gives life to the distinctive ministry culture of Catholic Health Initiatives is, once again, a gift for readers, authors and all who share in our healing ministry.

In Catholic health care, we witness to the Spirit of God at work in our daily activity. Underlying our commitment to quality and service is a fidelity to the Gospel call to love our sisters and brothers, especially in their moments of greatest need. No matter what the specific task at hand, those who follow this call are ready and willing to make whatever sacrifice is required in order to demonstrate the presence and power of a God who cares. This self-sacrificing love is deeply rooted in a vocation that gives meaning and purpose to our ministry and shapes an unspoken covenant between our staff and the communities we serve.
This perspective is forcefully evident in this latest edition. We believe that the people caring for people you encounter in these pages provide a glimpse of the face of God in the challenging landscape of health care today. By sharing the stories of Catholic Health Initiatives, we continue to strengthen the story of God’s work among us. This is a faith we are proud to profess.

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

Thomas R. Kopfensteiner, PhD
Senior Vice President, Mission
Catholic Health Initiatives
short time ago, I lost an “everyday hero” who didn’t realize she was one: my mother.

Mom graduated from nurse’s training in 1936. For many years, she worked at St. Joseph’s, a 75-bed hospital in Deadwood, South Dakota. For years, she was the only registered nurse on duty in the evening, covering both the medical floor and the emergency room.

She was widowed at a young age, so her work was especially important to her. Day after day, I watched her don her uniform, pick up her cap and walk the three blocks to the hospital. I always knew that I would follow in her footsteps.

Our holidays were often celebrated late because of her work schedule, but they were always celebrated. She said being flexible was necessary in a nurse’s life.

Neighbors would ask her to check their blood pressure, change a dressing, or examine a child’s wound. She would do it and say “that’s just part of being a nurse.” There were late-night phone calls from friends or relatives asking for advice regarding sick loved ones. Again, she saw helping them as part of the responsibility of being a nurse.

During a threatening forest fire in 1959, the entire town of Deadwood was evacuated. However, because Mom was a nurse, we returned early to the smoke and ashes so she could care for injured fire fighters.

Another time, while we were on vacation in a little town in Wyoming, a small plane crashed in a beet field. With the nearest hospital and doctor 40 miles away, the rescuers looked to Mom to treat the pilot, who was badly injured. For years after, that pilot sent Mom a Christmas card, thanking her for saving his life.
I never realized how many lives she touched through years of “just being a nurse.” But after she died, letters poured in from people who wanted me to know how important she had been to them.

As I look at my colleagues here at the hospital, I see us doing the things that Mom did — postponing holidays, adjusting schedules, consoling and reassuring family members and caring for the ill, all while trying to balance work and family life. As Mom said, that’s just what nurses do.

Webster tells us that a hero is a person of strength and courage with a noble cause. Some people have only one chance in a lifetime to become a hero. Nurses have that chance every day.

Liz Sprouse, RN
St. Mary Corwin Medical Center
Pueblo, Colorado

“I never realized how many lives she touched through years of ‘just being a nurse.’”
It was a quiet Friday until lunchtime, when I suddenly received a lot of referrals for a chaplain. At mid-afternoon, I walked down the hallway thinking about the work I still had to do when a nurse stopped and asked, “Are you very busy?” I started to say yes, but I could see she was very concerned about something. “What can I do for you?” I said.

“A patient just died and I wonder if you would pray over her with me,” she said. “She has been all alone. Her family lives a long way out of town and has not been able to get here yet. I just thought it would be the right thing to do.”

As I entered the room, I picked up the chart to see the patient’s name. To my surprise, it was a patient I knew. She was what we sometimes refer to as a “frequent flier,” as she had been in the hospital numerous times during the last year. When she was in the intensive care unit, I had many conversations with her about her life and her illness. I knew that God’s hand was in my being there.

I told the nurse what I knew about the patient, and we prayed for her. We thanked God that she no longer suffered and was now at peace. We thanked God for the way she had touched our lives. I recited part of Psalm 23 and closed the prayer by saying that no matter what difficulties we face in life, God goes with us. As I said Amen, we had a strong sense of God’s presence.
The nurse thanked me and we went on our ways. I no longer felt burdened by all the referrals I had left to do. In my church there is a hymn that says, “When nothing else could help, love lifted me.” The nurse’s love and kindness towards her patient reminded me of God’s love, and it lifted me.

**Robert Cox**

*Memorial Health Care System*

*Chattanooga, Tennessee*

“A patient just died and I wonder if you would pray over her with me.”
How do you feel when you see a handmade quilt? If you’re like me, you take in the beauty of the finished piece, then imagine the person or people who made the quilt so lovingly.

Or, you might think that a quilt is just a quilt. If so, I ask you to read more about a quilt made at St. Joseph Medical Center during 2004, our 140th anniversary year.

In 1864, the Sisters of St. Francis of Philadelphia came to Baltimore to provide loving service and compassionate care to the poor and underserved. Though the sisters are now few in number at St. Joseph, their original mission continues.

As we planned to celebrate the anniversary year, we wanted to remind our St. Joseph family of the rich history of our medical center. This was the seed of the 140th Anniversary Quilt! We knew it would be a great project, but we underestimated the powerful feeling of togetherness it created throughout the organization.

The quilt represents the creativity and talents of our staff members, who submitted a total of 58 quilt squares — far more than we expected. The square contributed by the operating room staff states that they “watch while others sleep.” Another square tells of building relationships. Others declare the excellence of our Heart Institute, Orthopaedic Institute and Center for Eating Disorders. Quilt squares from the Environmental Services, Dietary and Patient Transportation Departments remind us of unsung heroes who care for our patients every day. A square from the Sisters of St. Francis reminds us of their original sponsorship and continuing presence at St. Joseph.
Each square is really a sacred story in itself, and those stories will be part of the finished quilt forever. The quilt transcends our hectic day-to-day routines and brings our mission to life in a visual way.

St. Joseph employees are like the quilt squares — many in number and different in color, background, texture and talent. But, when we are brought together, our separateness disappears and we become a strong, beautiful work of art.

Plans are underway for this sacred quilt to be framed and mounted in a prominent place within the medical center. Future generations of staff members, patients and visitors will be able to “read” the sacred story of each square and know the love all of us felt for the Sisters of St. Francis of Philadelphia and St. Joseph Medical Center.

Nancy Ashwood
St. Joseph Medical Center
Towson, Maryland

“Each square is really a sacred story in itself, and those stories will be part of the finished quilt forever.”
Linda Culp, the former president and chief executive officer of Marymount Medical Center who died in 2003, loved dragonflies. It was not unusual to see dragonflies in and around her home, from garden ornaments to pins affixed to her meticulously tailored suits.

During her life, Linda visited the Greenbrier River Valley in West Virginia several times and was awed by its beauty. She told her family that upon her death she wished to be cremated and her ashes scattered in the valley.

Soon after Linda’s funeral, three carloads of her family and friends did in fact drive to the valley to scatter her ashes. After a long car ride, the group stopped at the first place that they could safely pull off the road. They slowly emerged from their cars, tired from traveling and already emotionally drained. They discussed the location, asking, “Is this the right place? Would Linda approve?”

As they talked, Abby, Linda’s closest friend, looked around and saw a dragonfly busily fluttering around the group. Abby gently held out her hand, where the dragonfly carefully landed. To say the least, the group was stunned. They began talking to the dragonfly and taking pictures. They quickly agreed this was the right place for Linda’s ashes to rest.
The group took their shoes off, rolled up their pant legs and waded into the Greenbrier River. As they began to scatter Linda’s ashes, Abby looked down to see that a dragonfly had landed on her chest (she likes to say that it landed right on top of her heart). When the task was finished, Abby looked down and the dragonfly was gone.

While Linda’s family and friends do not believe in reincarnation, they do believe in a divine presence and agree that they were guided through their difficult farewell to Linda.

At Marymount, we must believe that we, too, are being guided through the loss of Linda. That is why our Employee Satisfaction Celebration has a “dragonfly” theme. We believe that while we work to move forward, we must remember how far we have come and the person responsible for getting us here: Linda.

The Staff of
Marymount Medical Center
London, Kentucky

“As they talked, Abby, Linda’s closest friend, looked around and saw a dragonfly busily fluttering around the group.”
I had prayed that Christ would use me to bless someone that day, but instead my energies had been drained by a variety of problems. I glanced at the clock in my office. It was early, but I had nothing left to give. I started to shut down my computer when the telephone rang.

“Let the answering machine take a message,” I told myself. “I’ll deal with it tomorrow.” But for some reason I picked up the handset and found myself saying, “Hello, this is Human Resources. May I help you?”

“Oh, I’m so glad I caught you! I just went to the doctor and he gave me some bad news. By the way, this is Myrtle,” the caller said.

Myrtle had retired from St. Elizabeth Health Services about 11 months before. She is a person who has experienced just about everything life can throw at her, and because of that she can be cynical and abrupt in her interactions with people. I took a breath and said, “Myrtle — it’s good to hear from you.”

“I have to have surgery on a hole in my retina,” she said. “I remember what you did when I had hip surgery (something I remembered only vaguely), and I had to give you a call. I said to myself that if anyone can help me, it would be you.”
I cleared my throat. “Do you need some financial help?” I asked. “Is that what’s concerning you?”

She laughed. “No, Medicare will pay for the whole thing. I just need to talk to someone who cares and will understand me.”

After our conversation, I reflected on Myrtle and her need to call me. The little seed of encouragement I had given her years ago had somehow continued to grow in her heart. Perhaps some of the things I had done today would one day come back to me — not as problems, but as blessings. Perhaps my prayer had been answered, after all.

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

“Perhaps some of the things I had done today would one day come back to me — not as problems, but as blessings.”
e was only 31 when he was diagnosed with stage four esophageal cancer. Little did I know when I entered Doug’s room for the first time that he would leave footprints on my heart. His mother told me later that I opened the door for her and others to reach out to Doug and share his journey.

When I asked Doug if he found his faith helpful, he told me he wasn’t religious but he was very spiritual and he did pray. He said that his children, who were nine and six years of age, gave him purpose and meaning in life. Doctors gave him only three months to live, but he lived for six. That gave him time to come to terms with his disease and express his spirituality in ways he was never able to before. He had time to heal broken relationships and be at peace.

A month before Doug died, the oncologist told him that his tumors continued to grow and chemotherapy was no longer working. Doug wanted to continue to do everything possible to fight the disease, but he realized the seriousness of his situation. Through his tears, he told me he was afraid to die and asked if I would help him on the journey. It was sacred and special to me to walk with him on his journey of acceptance, forgiveness and surrender. Along the way, Doug came to know the depth of his faith.

“There was some wisdom in the cancer,” Doug told me. “It made me see life differently.”
I saw how God wove the threads of broken relationships, past hurts, fear of death and the love of family and friends into a beautiful tapestry. Doug’s family, friends, co-workers and caregivers gathered to celebrate the gift he was. Doug himself was the life of the party. He had come to be unafraid of death and was at peace because he knew where he was going. He had been afraid of dying alone, but his friends and family supported him with love, care and prayer. He took his last breath peacefully, holding the hand of his mother.

Doug told me cancer was the best thing that ever happened to him. He learned to be more patient, loving and caring and to appreciate each day. Doug taught me about courage, love, forgiveness and hope.

The journey we walked was sacred, and what a privilege it was to be part of the process that led Doug to peace and acceptance. Doug, thank you for the footprints you left on our hearts!

Theresa Gregoire
Penrose-St. Francis Health Services
Colorado Springs, Colorado
I worked the night shift on a medical/surgical unit and cared for an elderly woman with a hip fracture and a failing heart. She was very alert, and so sweet and feisty that she had quickly become my favorite patient. I had been in and out of her room frequently during the night as she was in pain and couldn’t sleep. Every time I checked on her we would talk about her life, her children and the death of her husband three weeks earlier. I could tell she missed him very much.

Early in the morning, after another dose of morphine, she finally went to sleep. About two hours before shift change, the monitor tech called to say her rhythm had changed and we needed to check her. When I got to her room, she was not breathing and was very pale. I called out to the nurses’ station for someone to call a code. She was pronounced dead a short time later. It was the first time one of my patients died on my shift, but I knew what I had to do.

I looked up the number of the next of kin and asked my fellow nurses for advice. “Should I tell them over the phone?” I asked. “No,” they advised, “just say she has taken a turn for the worse and they should come quickly.” I dialed the number and told the person who answered what I had planned to say. After we hung up, I realized that by the time the patient’s family arrived, I would have completed my shift and someone else would have to break the news.

A co-worker asked me to go for a cup of coffee after work. Over coffee, we talked about the whole experience. The more we talked, the more I believed I had to go back and talk to the patient’s family. After all, I was the last person the patient had talked to and she had said such nice things about her family.

When I got back to the nurses’ station, the patient’s two daughters had just been told that their mother was gone. I told them how sorry I was and how I had wanted to tell them on the phone, but I just didn’t know how they would react. They said they understood.
When we went to see their mother, I told them what she had told me about her life, her children and her husband. I mentioned that she said she had three beautiful daughters that she loved very much. The two sisters looked at each other for a moment. Just as I was thinking I had made a mistake in telling them about their mother’s remark, one of them said, “Debbie will be happy to hear that. We are her only daughters. Debbie is her stepdaughter, and she never knew Mom felt that way.” They thanked me for coming back to talk to them.

Becky Endsley
Memorial Health Care System
Chattanooga, Tennessee

“After we hung up, I realized that by the time the patient’s family arrived, I would have completed my shift and someone else would have to break the news.”
was a begrudging participant in the afternoon’s prayer service — and I was leading it! It was Catholic Health Initiatives’ feast day for Labor Day, but I was frustrated because I hadn’t found a creative way to involve the entire hospital. To complicate things, only two of us were available to lead the service that day.

We finally settled on a traveling Blessing of Hands service for each nursing floor. My expectations were low. We began on a medical/surgical floor. Despite a busy patient load, a roomful of nurses and aides participated in the service. My spirits brightened at the sight. My colleague led the service while I assisted him in the blessing rite. Using a few drops of oil, I traced the sign of the cross in the palms of the participants as I spoke the words, “May the work of your hands bring healing and wholeness to everyone you touch.”

Rarely do I literally hold the hands of our staff members, so this was initially an awkward experience. But hands are just hands, right? Still, the hands I was touching and God was blessing do so many things. They wash, bathe, palpate, fluff pillows, care for wounds and change dressings. They check vital signs and straighten rooms. They write volumes of patient information and responses to physician orders. They give medicines and reassure anxious spouses. The hands I held gesture to communicate and sometimes grasp each other in silent frustration. Sometimes, when a patient’s life is in danger, they fly around the room in a frenzy of activity.

The act of blessing always has some effect. I began to sense that the words and the experience were powerful and eye-opening. Is there anything ordinary about the work our hands do?
I realized how wonderful the hands I touched really are. In those hands, I saw faith, commitment, sacrifice, generosity, empathy and love. I saw hands that bring healing and wholeness to the ones they touch. I saw the loving, vulnerable hearts of our people as I looked into their outstretched palms. What a blessing!

My colleague and I visited several floors that afternoon. I don’t know if we had facility-wide impact, but I do know that we and those we met were blessed to realize that in God’s eyes, our plain little hands have such extraordinary and wonderful influence.

Reverend Mark Bekkedahl
Mercy Medical Center
Nampa, Idaho

“I saw the loving, vulnerable hearts of our people as I looked into their outstretched palms.”
My employment with St. Francis Medical Center began 30 years ago. However, my mother, who worked in housekeeping at the nursing home, first introduced me to the facility in 1959. I was seven years old then, and entering the huge building was frightening at first. There were many strange noises and unfamiliar people, including the Sisters of St. Francis, around every corner.

There were always events going on, such as picnics and games, and everyone participated like a big family. I got to know everyone in the facility, and every room was a new world to me. There was so much personality in that building.

One particular memory has stayed with me. Breckenridge was a booming railroad town back then, and lots of men would catch rides on the rail cars. Some called them bums, but the sisters called them “the brothers.” Some of the brothers would stop at the nursing home and ask for a free meal.

The sisters couldn’t let anyone go hungry. They developed a plan for helping the brothers. There was a huge garden on the grounds that always needed weeding and tending. When a brother asked for assistance, he would receive it, but he first had to work in the garden. This helped the brothers “earn” the charity. After working for a time, each brother received a hot meal and a new set of clothes. Sometimes they even earned shoes. It was a way to help them out and maintain their dignity.
I didn’t think much about it at the time, but I can now look back and realize what a great idea this was. The sisters were living out our core values of Reverence, Integrity, Compassion and Excellence through their charitable deeds. At the same time, they set an example for me and others around them.

Pat Krebs, RN
St. Francis Medical Center
Breckenridge, Minnesota

“When a brother asked for assistance, he would receive it, but he first had to work in the garden.”
walked in the rain this morning!” said Jacob: powerful words from a little boy for whom simply walking was a new adventure.

For the first time, four-year-old Jacob walked into Our Lady of the Way Hospital for physical therapy. He and his parents, Jennifer and Rodney, had kept his ability to walk a secret for a few days in order to surprise the physical therapy staff members who had worked with Jacob for two years.

Reaching the physical therapy department, Jacob took his dad’s hand to help him make the turn into the room. Slowly, he walked in on his Smart Walker, presenting himself to the awed and teary-eyed staff.

Born at 25 weeks, Jacob spent his first two months on a respirator. In time, he progressed to a wheelchair. To his parents’ amazement, Jacob named his wheelchair “Bobby Labonte” after the well-known race car driver. Jacob’s favorite scripture passage is John 3:16 — the inscription on Labonte’s car.

Several years ago, Jacob’s parents learned about the Europedes Program in Michigan, one of two programs in the world that specialize in services for cerebral palsy patients. Fund raising enables Jacob and his parents to attend therapy there for two weeks each summer. Last summer, the Europedes staff fitted Jacob with the Smart Walker. Though previous patients had little success with the Smart Walker, it was right for Jacob. Europedes gave him the $6,500 device.
With the Smart Walker, a new world quickly opened up for Jacob and his parents. “I love to run after my kid,” said Jennifer. “I never got to do so before now.”

“But even if we had never seen him walk, he was a miracle just for living,” said Rodney. “The biggest blessing he has brought us is himself. He’s a special little boy.”

“God so loved the world that He gave His only begotten Son…”
And God so loved the world that He gave us Jacob.

JUDY PARSONS
Our Lady of the Way Hospital
Martin, Kentucky

“To his parents’ amazement, Jacob named his wheelchair ‘Bobby Labonte’ after the well-known race car driver.”
Music, it is said, is the heart of God beating to the rhythm of life. It has the ability to touch our souls and take us to a higher place. Never was that more evident than on a beautiful day at St. Catherine Hospital.

The sun shone through the majestic windows of the newly completed front lobby as beautiful music was played on the new grand piano for our patients, guests and associates to enjoy. Through St. Catherine’s new music ministry program, pianists from around the area come to volunteer their time and talent and share their gift of music.

As volunteer coordinator, one of my duties is to make daily rounds and check all volunteer areas to make sure things are running smoothly. This day, as I approached the lobby, I noticed an elderly gentleman being wheeled out of the surgery waiting room. He looked disoriented and fearful. A younger woman (his daughter, I later found out) wheeled him to the lobby and placed him near the piano.

“Suddenly, he struggled to get out of the wheelchair. His daughter helped him and, to my amazement, he started to dance!”
The volunteer pianist that hour was playing music from the ’20s and ’30s, songs that are simple and fun and evoke memories of days gone by. I watched as the gentleman started to smile and clap with the music. His daughter clapped with him and sang some of the words to the songs.

Suddenly, he struggled to get out of the wheelchair. His daughter helped him and, to my amazement, he started to dance! His daughter moved with him, and they slowly danced through three or four songs. He was grinning from ear to ear.

A nurse came out of the surgery waiting room and called the man’s name. He sat down and waved at the pianist as his daughter wheeled him back to the nurse. Later, his daughter told me that her father had suffered a stroke years before that left him without the ability to speak or the strength to take care of himself. She had not seen her father smile that much in years, and she was very thankful for the joy he had experienced.

What a blessing music is!

Shari Brandenburg
St. Catherine Hospital
Garden City, Kansas
During my 15 years at St. Otto’s Care Center, I have worked with hundreds of residents and their families. I sometimes think that I have seen it all, only to be reminded that I haven’t and likely never will.

One day, I visited with a new resident who was suffering from a fracture. He is young by nursing home standards — just 55 — but his wife had died unexpectedly a few weeks earlier and he was dealing with her death as much as with his fracture. He also has an underlying health condition that has affected his mobility for much of his life.

I had daily conversations with this resident as he sat outside of our building. He would imagine himself in different locations as he soaked up the sun. He joked that he was watching surfers come in as he sat on a California beach. This was a bit of a stretch, as he was overlooking a parking lot in central Minnesota. Still, I thoroughly enjoyed his humor and imagination.

Upon his discharge, he told me a story that touched me deeply. During his stay, he ate his meals with another woman who has the same health condition. This lady and I have often not seen eye to eye, and I had never thought of her as a person who could inspire others. I was sadly mistaken. This man told me of countless conversations he had with his new friend. He found inspiration in how she deals with her health condition and remains strong despite her disability. She taught him to remain strong, too. Since his discharge, he has come back to visit her and is likely to do so again.
I learned much from this interaction of residents. I learned that we never know whom God may send to help guide our healing. I also learned that however well we think we know others, we are often wrong.

**Mike Lamb**  
*St. Otto’s Care Center*  
*Little Falls, Minnesota*

“This lady and I have often not seen eye to eye, and I had never thought of her as a person who could inspire others. I was sadly mistaken.”
have been a member of the Saint Elizabeth family for more than 37 years. I started as a nurse aide at the “old hospital” on South Street and attended the former Saint Elizabeth School of Nursing to become a registered nurse. I have always been impressed by the genuine love and care shown by employees at Saint Elizabeth, but I never thought others in my family would benefit from this combination of warmth and professionalism.

My father-in-law had been gravely ill with emphysema for more than 10 years. Many times, we thought we were going to lose him. For several years, he received treatment at a competing hospital. Then, his doctor sent him to Saint Elizabeth. I crossed my fingers and thought, “Please don’t let anything negative happen because he would never let me forget it.”

I didn’t have to worry. My father-in-law was so impressed with his care at Saint Elizabeth that he said he would never go back to the other hospital again. He became a frequent patient here, by choice.

Towards the end of his life, he deteriorated quickly. Finally, my mother-in-law had to call an ambulance for him. When the ambulance drivers said they would take him to one of the other hospitals in town, she said, “Take him off that gurney, I’ll drive him to Saint E’s myself.” The drivers knew not to argue with her. They took him to Saint Elizabeth.
The Saint Elizabeth family had a wonderful surprise in store for us. During his last hours, my father-in-law was visited by members of the rehabilitation staff, nurses and clergy. Tears streamed down their faces as they held his hands and told him goodbye. They made his transition from Earth to heaven much easier. For me, I knew without a doubt I had chosen the greatest place to work.

Sharon Crosier, RN, IT
Saint Elizabeth Regional Medical Center
Lincoln, Nebraska

“I have always been impressed by the genuine love and care shown by employees at Saint Elizabeth, but I never thought others in my family would benefit from this combination of warmth and professionalism.”
Many people who read the story about Claude and Buddy, his beloved goose, in the fifth edition of Sacred Stories have asked what happened to them. We take pen to paper to celebrate the final chapter of their life together.

Claude, a home health patient, experienced a rapid decline in his health. Still, he approached life optimistically, delivered wood to friends and sat on his front porch to look over the valley. When “The Goose and the Man” appeared in Sacred Stories, Jeanie took a copy of the book to Claude. He was surprised by the interest in his story, which is evidence of his humility. It was winter when Jeanie visited, and Buddy did not venture down to the house from his barnyard home next to the family cemetery.

Jeanie returned often, marveling at Claude’s perseverance and faith. Hospice was now in the home to provide end-of-life care. On a visit in March, Jeanie spotted Buddy hobbling across the low-water bridge as she drove up the road. He stared at her vehicle as if to control the entrance to Claude’s home. On this visit, it was clear that Claude’s time was short, and his life ended in May.

Jeanie’s soul was rejuvenated by Claude’s church visitation service. His family and friends sang in celebration of his life. Claude’s sister held the Sacred Stories book during the visitation, and the story was read at the funeral service the next night. Our Catholic Health Initiatives tradition of treasuring sacred stories touched this family during their own healing process.

Jeanie made one more visit to Claude and Buddy’s valley, this time with Beth, to deliver some bereavement literature to Claude’s wife, Rose. It was a rainy day and Buddy did not appear, much to Beth’s disappointment. Rose told us that at Claude’s burial Buddy stood at the cemetery gate with his head bowed, and stayed throughout the burial without acting as ornery as he sometimes did.
When the family prepared for the annual tradition of gathering at the cemetery after Claude’s death, his daughter tried to tidy the cemetery, but Buddy ran her off. She finally had to put him in a dog kennel while she finished mowing the grass.

So, Buddy continues to stand guard over the family cemetery, now for the father and son he loved. One can only marvel at the relational wonders of people and nature that Rose, Claude and Buddy have shown us.

Jeanie Lawson
Beth Llewellyn
Saint Joseph HealthCare
Lexington, Kentucky

“Claude’s sister held the Sacred Stories book during the visitation, and the story was read at the funeral service the next night.”
A broken spirit can be as painful as a broken bone, but healing the spirit presents challenges that are not always easy to resolve. The Perinatal Bereavement Program at St. Vincent Health System is uniquely equipped to help parents whose spirits are broken by the devastating loss of a baby.

I know the healing power of this program after experiencing the stillbirth of my full-term daughter, Madeline Grace. While I prepared for every aspect of pregnancy, childbirth and parenting, I had no idea how to handle the tragedy of pregnancy loss. At a time when my husband and I were paralyzed by shock and grief, Lynette, the coordinator of the program, guided us through some of the darkest hours of our lives. The care shown by Lynette and the staff at St. Vincent extended well beyond our physical needs. From the moment we learned of our loss, they wanted to help heal our hearts as well. The ways in which they ministered to us are too numerous to recount, but one particular act of kindness is indicative of the nature of this program.

While I was pregnant, I often read stories to my daughter. One of those stories, “Guess How Much I Love You,” always seemed to elicit much response from her. When it was time to plan her memorial service, I wanted to read the story to her once more. However, I was not emotionally strong enough to read the story myself. Lynette was my voice that day. Sitting in a chair next to my daughter’s tiny casket, her own eyes filled with tears of compassion as she read my daughter’s favorite story.
Lynette did more than help a grieving mother pay tribute to her baby girl. She gave me the gift of a memory that will be treasured always, and memories are everything to a parent forced to say goodbye much too soon.

Tina Bowers Lee
North Little Rock, Arkansas

“From the moment we learned of our loss, they wanted to help heal our hearts as well.”
In September 2004, there was a horrible crime in Douglas County. As a result of a domestic dispute, a woman was trapped inside her house after her husband set it on fire, then tried to flee the scene. After being rescued, the woman was taken to the Emergency Department at Mercy Medical Center, where she died.

I was the chaplain on duty that night, and no staff member I spoke with could recall a trauma more tragic. For the three hours the victim was in the Emergency Department, the doctor, nurses and technicians performed with a level of compassion and professionalism that I am certain is on par with the finest emergency departments in the nation. Three individuals in particular stood out.

The doctor moved with speed and grace to aid the victim and then the perpetrator. He gave them equal care and concern. When he spoke to the family members of the dying woman, he did so with down-to-earth language and genuine sadness for their loss.

Second, the two nurses who cared for the victim performed jobs with extraordinary tenderness towards the woman and her family. They balanced medical skill with genuine emotion in the face of a violent and pointless loss.

I watched in awe as the medical team moved from caring for the victim to caring for the perpetrator. They worked with skill and professionalism to ensure that he received the best treatment possible.
Unfortunately, like anyone else who was working in the Emergency Department that night, I remember sights and sounds I would rather forget. But, what I try to keep in the forefront of my mind is the remarkable work I witnessed. The medical team’s compassion and teamwork are to be commended and celebrated. I was honored and humbled to be a part of it.

Teresa Brown, Chaplain
Mercy Medical Center
Roseburg, Oregon

“I watched in awe as the medical team moved from caring for the victim to caring for the perpetrator. They worked with skill and professionalism to ensure that he received the best treatment possible.”
recently cared for Gwen, a pregnant 16-year-old who had decided to place her baby into adoption. I know it was a difficult decision, and I was impressed with the maturity she demonstrated. Determined to handle the situation properly, she met with Catholic Charities, her parents, the adoptive parents and the father’s parents. She clearly understood the implications of her decision.

The baby was born, a boy with a full head of beautiful, dark hair. Members of all three of the families involved shared in the joy of the birth of a healthy baby, taking photos and holding him. Gwen, however, chose to hold back until the “right time.” She didn’t hold the baby or directly care for him.

The families exchanged gifts: a special figurine from the birth mother to the adoptive parents; and, from the adoptive family, three identical gold necklaces, one each for the birth mother, adoptive mother and child. The necklaces included small diamonds, symbolizing something special that brought these families together to complete a circle of love.

Gwen waited until just before she left the hospital to hold the son to whom she had given birth. She cried, and as she did, the baby cried as well. It seemed that they were both letting go.
I asked the social worker if she thought it would be okay for the chaplain to say a prayer. She said yes, and Gwen agreed. Joining hands, the group tearfully listened to a prayer that recognized “the strength to choose life, the bittersweet choice of adoption and the grief and joy that accompanies such decisions.” The entire group, including me, said the Lord’s Prayer and received communion.

How many other health care organizations would encourage such reverence? How many realize that the care of this young mother involved much more than her physical needs? It was an experience I will never forget.

Diane Slimmer, RN
St. Gabriel’s Hospital
Little Falls, Minnesota

“Gwen waited until just before she left the hospital to hold the son to whom she had given birth.”
t is highly unusual for a patient at a Catholic hospital to specifically request a Baptist chaplain, so you can imagine my excitement when I heard that a patient had made such a request. I was the only chaplain on call, and I am a Baptist minister. I knew this visit would be memorable.

As I entered the room and met Cherie, I noticed her peaceful demeanor. On the windowsill sat a small vase that contained four petite roses. I introduced myself and a smile slowly crept across Cherie’s face.

“Oh, Chaplain, I’m glad you’re here,” she said. “Sitting in my room, I hear priests enter the rooms of the Catholic patients and I wanted to talk with a Baptist minister. I grew up Baptist, and I know God had you here today to visit with me.”

It felt special to think that God had me at this hospital, on this shift, so I could minister to Cherie in her time of need. She talked about her illness, friends and family. Then, she returned to the subject of her faith and belief in God.

“Here I am thinking my pain and suffering is bad, but can you imagine what Jesus went through for us?”
“Did you see that movie Mel Gibson directed, *The Passion of the Christ*?” she asked. “Here I am thinking my pain and suffering is bad, but can you imagine what Jesus went through for us?”

To acknowledge her pain and the strength needed to overcome her illness, I said, “Like Christ, you must rely heavily on your faith during these trying times.” A smile crept across her face as she answered, “Yep, faith and good old medication.” We both laughed, and as I left the room I knew Cherie and I had more in common than being Baptists. We were friends.

*Jeremy Bastian*

*Penrose Hospital*

*Colorado Springs, Colorado*
Granting a Final Wish

As the engine of the 1970 Oldsmobile Cutlass roared to life, noise filled the repair shop. For Larry, it was music he had been waiting eight years to hear.

Hearing the engine brought a smile to Larry’s face as he and his wife, Beth, visited their son’s new automobile repair shop. Larry had worked with his son, Barry, for more than eight years to restore the car they had lovingly named Gert.

But, after Larry was diagnosed with lung cancer, he could no longer work on the car. After he was admitted to the Skilled Nursing Unit at Saint Francis Medical Center, he and Barry exchanged ideas for restoring the car over the phone or in Larry’s room.

Larry wanted to be present for the grand opening of his son’s auto repair shop, when Gert’s restoration would be showcased, but he was dying. He was confined to bed except for occasional wheelchair trips down the hall. He was always tethered to his oxygen supply with painkillers nearby.

Jean, a respiratory therapist, had assisted Larry for many weeks. When one of their conversations turned to cars, Larry spoke with pride of his son’s achievements and his regret that he could not be present for the big event. After she told co-workers about Larry’s comments during shift report, Jean and two of her colleagues decided they would find a way to make his wish come true.
There were questions about how to transport Larry; about how to maintain his oxygen supply; about how to provide his pain-relieving medications. But these problems were hills, not mountains, and this trio of caregivers found a way to climb them. Finally, Larry was able to visit Barry’s new business and heard Gert start for the first time.

Beth expressed their gratitude: “It was such a great gift for our family.” Larry said, “It’s such a touching feeling to be cared about so much.”

But the trio of caregivers saw it differently. “Our job goes beyond caring just for our patients’ bodies,” one of them said. “Each day, we live our core values and provide care for the whole person.”

Bob Bonnell
Saint Francis Medical Center
Grand Island, Nebraska

“Larry had worked with his son, Barry, for more than eight years to restore the car they had lovingly named Gert.”
The CT technologist on call for the weekend received the grave news that his grandfather had passed away. Another technologist and I offered to cover his call for the weekend, which is how I came to meet a memorable patient.

She had suffered a stroke and was possibly having another. She was unable to communicate verbally. During another procedure the night before, she had been quite agitated and uncontrollable.

Before she came to radiology, she had a sedative prescribed by her physician, but it was ineffective. We performed a CT scan, with three of us attempting to hold the patient still while another technologist scanned. The patient did not respond to our pleas to be still. So much was happening within her body that she must have been overwhelmed and frightened, in addition to being unable to communicate her feelings.

On the second attempt, we changed procedure protocols to a fast scan, hoping that a window of opportunity would arise and we could hold her still long enough to complete the exam. The second exam proved even worse than the first and diagnostically useless.

A nurse suggested that we contact the patient’s physician and administer another sedative. It made sense, but something stopped me from agreeing. I asked the others in the room to humor me, then asked the technologist to reset the protocol from the last scan. As we moved the table into position, I placed both hands on the patient’s face and began to recite, “Hail Mary, full of grace, the Lord is with thee.” The patient became still. As I continued to pray aloud she became calmer, the technologist scanned, and it was done. The scan turned out beautifully. The nurse asked me, “Can I use that technique?” I said, “Sure, prayer works for me.”
Maybe it was the medication finally taking effect, or maybe it was the familiarity and comfort of the prayer. I like to think it was the latter. Perhaps as the familiar words of the prayer resonated inside her, she realized that the people around her cared about her as a whole person, and she was in a place where Christ’s ministry could be heard and felt. It was an amazing moment that rewarded and inspired me.

April Crocker
St. Vincent Health System
Little Rock, Arkansas

“The patient did not respond to our pleas to be still. So much was happening within her body that she must have been overwhelmed and frightened, in addition to being unable to communicate her feelings.”
very time I look out my kitchen window, I recall the faith in God shown to me by a former home care patient.

Paul was a vital, strong man who worked for a local company. His wife was concerned about a mole on his shoulder and asked him to have it evaluated by the company doctor. The physician told him, “Tell your wife to stop worrying, it’s nothing.” Six months later, he had surgery for melanoma that had spread through his entire body. He was given no hope and a prognosis of a few weeks. He and his wife were not ready to let go and were willing to try anything to beat the disease.

And fight they did. Over and over, doctors told them there was nothing they could do, but they kept praying that God would give them a little more time together. Experimental chemotherapy did indeed work, and even though it took a toll on this quiet man, he was found to be free from the cancer that had ravaged his body.

All this gave to Paul and his family was time, but how precious time can be. When the cancer returned it was near Thanksgiving. Paul, his family and I had become very good friends. His wife and I spent many sunny mornings in their kitchen planning his care to preserve his dignity and control his pain. My visit to their home early Thanksgiving morning was a blessing to me. We cried and prayed that Paul would be in the Lord’s hands. We adjusted his pain medication to make him comfortable but alert enough to spend the day with his family.
Paul and his wife were never angry with God. They were thankful He had given them extra time together. They had no regrets about the choices they had made. Paul died a few days later, at home, with his family at his side, just the way he wanted.

His wife gave me a small piece of a shamrock plant from their kitchen window as a remembrance of Paul. I never had a green thumb and I didn’t think the plant would last a month in my care. But 11 years later, I have five pots of the shamrock cheerfully blooming. I have shared the plant, and the story, with many friends. I feel Paul lives and blooms, reminding me daily of his love and faith in God.

Dana Eichler, RN
Memorial Health Care System
Chattanooga, Tennessee

“His wife gave me a small piece of a shamrock plant from their kitchen window as a remembrance of Paul.”
Most hospice workers have met patients who seem to will themselves to continue living even when their tired “earthen vessels” are ready to stop. Pat, a 57-year-old man, had exhausted himself and his family with his determination to win his battle with end-stage renal cancer. A decorated veteran of the Vietnam War, a world traveler as a Merchant Marine repairman and an avid hunter, he had never met a battle he couldn’t win. He and his wife of 28 years had no children and had traveled extensively together in what both described as a marriage made in heaven. After diagnosis and initial treatment, Pat had three years of relative health, then learned the disease had returned. He reluctantly accepted a hospice referral, expecting nothing less than a full recovery.

We followed hospice protocols to prepare him for his final fight. But, even after a week in a state in which his physician and nurses said he could not possibly be alive, Pat continued his battle.

Dotty, his wife, had not been able to give him permission to go. As hospice chaplain, it was my job to help Pat and Dotty move on. A nurse and I went to their home. We suggested to Dotty that she get into Pat’s bed, hold him and tell him that she loved him enough to let him go. She did, and also assured him that his family, and hers, would care for her in his absence. She sang him a song she had written for him.

We met several of Pat’s sisters and brothers, in-laws, neighbors and friends. We read the gospel story of Martha, Mary, Lazarus and Jesus. We finished with the words of our Savior, “Loose him, and let him go” (John 11:44). After a wave of crying and grief, everyone present was able to give Pat permission to let go.
I talked with Pat about his preparation for death. I asked him to consider himself ready to be under “new management.” I assured him he was ready and that a place was prepared for him. His family and friends prayed for God’s will to be accomplished.

The nurse and I left Pat’s home to drive back to town. At the city limits, we received a call telling us Pat had slipped quietly from this world to the next. He had been loosened, resolved whatever battle raged in his heart and let go. And though it may seem that he lost the battle, he won the ultimate prize: peace with his Savior.

Dixie Kimberlin
Flaget Memorial Hospital
Bardstown, Kentucky

“A decorated veteran of the Vietnam War, a world traveler as a Merchant Marine repairman and an avid hunter, he had never met a battle he couldn’t win.”
My role as a nurse advocate is to assess, help and heal. Some days, this task is easier than others. I’ve always known that when you look for the good in others, you discover the best in yourself. I didn’t know that this belief would be challenged beyond measure when I was asked to check on Dave.

Social services referred Dave to me. He was homeless with no family, few clothes, no money and a less than desirable appearance. He was thin, but his beard and hair made him a good stand-in for Santa Claus. As we sat in the dim light of his motel room, something else became clear: Dave could not see!

Problems are messages in disguise, I thought. There was something pathetic about this gentle man. I decided to make a leap of faith.

I was able to connect Dave with his veteran benefits, establish his disability and — most critically — get him the care he needed for cataracts described by the doctor as “thick as diamonds.”

However, that could not happen until I let go of some of my own barriers. It meant transporting a homeless man in my rather new car. It meant making sure he was safe in his motel room until new quarters could be found. It meant rolling up my sleeves to help him sort through his bags of “worldly possessions.” It meant holding his arm so he would not walk into walls as he made his way through the hospital. It meant seeing beyond his gnarled beard to the clouded blue eyes that one day would sparkle.
As the problems became gifts, the challenges became rewards. This soft-spoken, homeless person took charge of his life to move it in another direction. Almost a year after we first met, as he got out of my car to attend a vocational rehabilitation meeting, he looked at me through clear eyes and said, “Oh, I almost forgot. Happy Mother’s Day this Sunday.”

As I drove past the old motel Dave used to call home, I knew that the gift of healing had been mine as much as his.

Marian T. Stumpf, ND, CNS, RN
Health S.E.T.
Denver, Colorado

“I was able to connect Dave with his veteran benefits, establish his disability and — most critically — get him the care he needed for cataracts described by the doctor as ‘thick as diamonds.’ However, that could not happen until I let go of some of my own barriers.”
Hen I returned from a mission journey to Jamaica, I wanted to quit my job, get rid of my personal belongings and go back. The two weeks I spent working among the Jamaican people had a profound effect on my mind and spirit. They have very little of monetary value, but they are so rich in the simple things in life — happiness, peace, love of family and friends.

When we arrived in Brownstown, I knew I would experience culture shock. Being in Jamaica was like going back to the small, rural community in which I grew up. When I saw clotheslines elevated by long poles, it reminded me of helping my mom with the laundry. There were no hot water heaters or dryers or washing machines. Laundry was done in a tub with a scrub brush.

Our team leader preached at several churches. The congregations were heartwarmingly overjoyed to see us. It was time for the harvest festival, and the churches were decorated with cornstalks tied to the pews and produce on the altars. The services lasted three hours, with lots of singing and clapping.

My favorite memory of Jamaica is delivering school supplies to students. Their day starts with an hour of devotion, scripture, and hymn singing. They looked so precious in their uniforms. They gathered around us with smiles and hugs. They were more interested in playing with us than in the gifts that we brought. They seemed so happy with so little. We all shed tears when we had to leave.
After several days in Jamaica, I felt a change begin to come over me. I no longer felt the need to cram so much into my day. I became more relaxed and enjoyed the beautiful landscape. Our daily devotions took on greater meaning, as I felt the Holy Spirit filling my heart and mind with the desire to be more humble and thankful for the blessings God has given me.

It was a wonderful experience to spend time living among the Jamaican people. They gave us much more than we gave them. Their graciousness and smiles will stay with me forever. But, I did not quit my job, get rid of my personal belongings, or go back to Jamaica. Instead, what I learned there now comes with me when I work at St. Joseph’s.

RoJean Cummins  
St. Joseph’s Area Health Services  
Park Rapids, Minnesota

“They have very little of monetary value, but they are so rich in the simple things in life – happiness, peace, love of family and friends.”
Spread the News

Sometimes people do things that make you feel good, and you just have to spread the news. Sometimes, the things people do save lives. My recent experience with Raina, an echo technician in our Heart Center, is an example.

Raina was asked to do a routine echocardiogram on a four-year-old child. As she did the study, she saw something that concerned her — and she went well beyond the duties of her job to be sure the child got the attention and care he needed.

Because the child had severe hypertension and was lethargic, Raina knew to look for an aortic coarctation, which the child did not have. She also looked at his abdominal aorta, which is not part of a routine pediatric echocardiograph examination. She found that the abdominal aorta was diminutive in size.

Raina found me, asked me to read the study immediately and stayed with me to discuss it. She started a chain of events that led to the child being quickly transferred to a university hospital. In addition, she worked with transcription to get his echocardiogram report finalized as fast as possible. She sought me out again to sign the report so it could accompany the boy.

The condition she found is so rare that it is not listed in any of the standard textbooks on congenital or acquired disorders of the aorta. Her good work led to good news for all involved.

Cindy Kremser, MD
Mercy Medical Center
Roseburg, Oregon

“As she did the study, she saw something that concerned her — and she went well beyond the duties of her job to be sure the child got the attention and care he needed.”
On a recent trip to a local fabric store, I was reminded why I am dedicated to the care of persons with cancer. It had been a sad day at work, and I was cheering myself up by wandering among bolts of fabric, dreaming of things I could create.

I heard my name called and turned to see three generations of a family — grandmother, mother and son — waiting to hug me. We chatted and after another round of hugs went on our separate ways.

As a member of the cancer care team, I am privileged to celebrate many anniversaries with patients who have experienced cures. I treasure their new hair, new babies, pets, holidays and special gatherings. Unfortunately, our best efforts cannot always lead to a cure. This day had been in that category. But the wonderful people I met in the fabric store reminded me that the giving of care and comfort is always treasured.

You see, the patriarch of the family I met had lost his battle with cancer almost a year earlier. I am sure the Lord sent me a message through that lovely family and their welcome hugs. I am privileged to touch people’s lives in a profound way by caring, comforting and being present to them.

On that day, I was reminded of why I am honored to be a nurse in the Alegent Health Cancer Center.

Michelle Schneider, RN
Alegent Health
Omaha, Nebraska

“I am sure the Lord sent me a message through that lovely family and their welcome hugs.”
As I carried an armload of books, I approached a door that would require great effort and some gymnastics on my part to open. A woman stopped to hold the door for me. As I thanked her, I noticed that she had been crying. Setting the books down, I asked if there was something I could do to help. She replied, “No, no one can help.” Steering her toward some chairs, I invited her to rest for a minute.

As the woman began to speak, a story of great sadness poured forth. A relative of hers was in the hospital and was not expected to live. She was distraught because she had not been close to this family member since her childhood. “Because of some childish prank, I didn’t like him anymore even though I always loved him,” she said. “I never told him, and now it’s too late.” He was sedated and she didn’t think he even knew he was in this world.

I encouraged her to speak to him because it was possible that he did hear her but just couldn’t respond. She said she had tried, but didn’t think it did any good. Again, I suggested that she speak to him and tell him what was in her heart. She asked if we could pray together, and we did. I went my way with the books and she went her way.
A few days later, as I was walking down the hall, I heard a voice call my name. It was the same woman. With tears streaming down her face, she hugged me, thanking me for telling her to talk to her family member. “I think he heard me,” she said. “He smiled at me!” The man had died an hour before, but she was at peace about it and thankful that a stranger had taken time to comfort her.

I reminded her that she had helped me, too, in a time of need. She nodded and said, “Sometimes, God works overtime.” We’ll probably never meet again, but I will always be reminded that a kind word can heal the heart.

Connie Rotters Blake, MSN, RN
Memorial Health Care System
Chattanooga, Tennessee

“I encouraged her to speak to him because it was possible that he did hear her but just couldn’t respond.”
am not a doctor or a nurse. I do not deliver patient care. Sometimes I forget that I work in a place where commencement of life and death is the norm. I work in a hospital but never felt I was part of the caregiving team. Then, a young patient and her family made me realize that each of us can help provide our patients with mental, physical and emotional health.

I had just returned to work after the birth of my son when Megan, a teenage victim of a tragic hit and run accident, entered my life. Because of the circumstances of the accident and its severity, media throughout the state began to follow the story. While serving in a media relations capacity, I became involved with Megan and her family.

Megan’s parents sat by her bed, hoping for a miracle and praying for some sign of life. For three days, I stood by their sides as they addressed the media and pleaded for the driver of the vehicle that hit Megan to come forward. I comforted them as they provided the media with updates on their daughter’s condition. I held their hands as they learned of legal requirements that allowed the quick release of the individual responsible for taking life from their precious child.

“For three days, I stood by their sides as they addressed the media and pleaded for the driver of the vehicle that hit Megan to come forward.”
Megan had been full of life, with all the hopes and dreams of a young girl who has the world at her doorstep. But three days after the accident, she took her last breath. Megan departed this world at the tender age of 16, surrounded by a devoted family that was paralyzed by the loss of this vibrant child.

Moments after Megan passed away, I spoke with her father. I will always remember his kind words as I expressed my condolences and hugged him. “Thank you for all you’ve done for us,” he said. “Megan is in a better place, and now you should be at home with your son.”

That night I went home, held my three-month-old son and cried. I cried for Megan and for her family. But most of all, I cried because I realized how precious life truly is.

I don’t save lives. I don’t wear a lab coat. I don’t even know cardiopulmonary resuscitation. But I do know that I am proud and honored to be in the health care profession. Now, because Megan and her family became part of my life and I became part of theirs, I know that we all make a difference.

Wendi Dammann
St. Mary-Corwin Medical Center
Pueblo, Colorado
Small Things that Mean the World

“We can do no great things, only small things with great love.”
— Mother Teresa

Jo Smith, who worked for 23 years in the Critical Care Unit at Saint Joseph Hospital, lost her battle with breast cancer in January 2004. She was a source of compassion for her peers and the many new grads that came to work in the unit.

“Every time you do something for a stranger, you’re doing it for God,” Jo said.

With Mother Teresa as her role model, Jo embraced the idea of doing “small things with great love” in her work. She would hold a patient’s hand, softly pat a shoulder or offer reassuring words. These “small things” meant the world to her patients.

“There’s nothing greater than to spend your life helping other people,” she said. “I hope that, in my own little way, I’ve helped someone.”

Jo’s battle with breast cancer forced her into the role of patient. As a patient, she realized how important the little things she did really were. Now, to support her spiritual healing, staff members gave Jo the same extra comfort measures that she had provided to others.

Jo was overwhelmed by the compassion and care she received on the oncology floor and said she felt God’s presence every day.
“You want patients to know you’re there and that you care, but I didn’t realize how important that really is until I was on the other side,” Jo said. “I felt very cared for. The staff conveyed that I’m important and my life has value; that I’m worth all this effort, care and chemotherapy.”

Jo asked her fellow nurses and family at Saint Joseph to remember to always “do small things with great love.” The staff knows that she is now watching over them.

Kara Fitzgerald
Saint Joseph HealthCare
Lexington, Kentucky

“You want patients to know you’re there and that you care, but I didn’t realize how important that really is until I was on the other side.”
Today is Easter Sunday. I worked, and now I am home alone. I should relax and unwind, but I can’t. I’m thinking of her.

Today, I prepared the neonatal intensive care unit staff for the death of a newborn. She had been a beautiful baby. The nurses remembered the day the full-term nursery brought her to them because of temperature instability and some glucose issues. When they drew blood from the baby, she stared back with large, inquisitive eyes. Her blood work came back abnormal, and it was downhill for her from that point.

Today, the little girl was still a newborn, but looked 100 years old. She looked tired and spent, her only movement created by a ventilator. The nurses laid her on lamb’s wool and an air mattress to help her rest comfortably.

Her family had come to see her the night before and said their goodbyes. They asked not to be called at the time of the baby’s death. They did not want to know. As they prepared to leave, the baby’s grandmother told the nurses, “Turn off everything. We don’t want anything else done.”
Today, I stood beside a newborn who looked 100 years old. I held up a white burial gown and a pink hat. “I think this will look nice,” I said to the nurses. “What do you think?”

In nursing school, they don’t teach you how to deal with the death of a newborn. Everyone in the NICU and the Labor and Delivery Unit held a silent vigil. We would not allow the baby to die alone. We took turns holding her, singing to her, patting her. And, we prayed.

I remind myself, on Easter Sunday of all days, of Jesus’ words: “Let the children come to me…the kingdom of God belongs to them.”

Juliea Peters
St. Joseph Medical Center
Towson, Maryland

“Today, the little girl was still a newborn, but looked 100 years old.”
Truck Stop

Brenda and Gary Amundson of Lebanon, Oregon, drove trucks across the country for most of their working lives. They were retired but still needed to earn money, so they turned to what they knew best and drove trucks again. They planned their trips in such a way that they could work in a little sightseeing along the way. In fact, after delivering a shipment to Connecticut, they took the honeymoon they never had and spent two days at Niagara Falls.

After the honeymoon, they picked up a shipment for delivery to California and started heading west. Brenda’s stomach began to trouble her. She figured it would clear up, and she wasn’t a complainer. But, when they reached Lincoln, Nebraska, they stopped. Thanks to helpful folks at a clinic, they learned they could drive their long-bed truck into one of Saint Elizabeth’s parking lots.

It turned out to be a lifesaving “truck stop” for Brenda. She had serious heart problems: two blocked arteries and a clot in the left chamber that could have come loose at any time, possibly ending her life.

Brenda and Gary were amazed at how the doctors, nurses and social workers made numerous phone calls to get information from Oregon. “I didn’t want to be in the hospital, but I couldn’t have picked a better one,” Brenda told everyone. “I had no idea we’d landed in a Top 100 hospital, but I know that when it comes to care, Saint Elizabeth has got to be number one!”
Brenda said she would spread the word among truck drivers: “If you get sick on the road and you’re anywhere near Lincoln, go to Saint Elizabeth. You can’t get better care anywhere in the country!”

**Jo Miller**  
*Saint Elizabeth Regional Medical Center*  
*Lincoln, Nebraska*

“I had no idea we’d landed in a Top 100 hospital, but I know that when it comes to care, Saint Elizabeth has got to be number one!”
My name is Lorrie Ann Valencia and in June of 1967 I was born at Mercy Medical Center in Durango. My mother was born at Mercy Medical Center in 1943, and her mother was born there in 1902. As a young girl, I was treated at Mercy for everything from childhood pneumonia to Hong Kong flu by physicians whom I came to know and love over the years.

I went to school for nine years at St. Columba Catholic School across the street from the medical center. One of our biggest thrills was to go through the “scary dark entrance,” which is now the entrance to the Medical Arts Building, and run the halls trying to avoid the sisters. As I looked out the window of my school room, I dreamed of some day working in the medical center where I had been treated so wonderfully as a sick child.

In 1974, we almost lost my father after he fell from our roof and sustained a skull fracture. The incredible doctors and nurses in Mercy’s emergency room and intensive care unit saved his life. Miraculously, after three months he returned to us a healthy man.

In 1987, I became a licensed practical nurse and began working at Mercy. It was more than just a job to me — it was the realization of a childhood dream. I also received wonderful care, both physical and emotional, from my co-workers. During the 1990s, Mercy’s pulmonologists and intensive care nurses saw me through a horrible and prolonged course of acute respiratory distress syndrome.
Still, I came in closest contact with Mercy’s ability to fulfill its spiritual mission through the care provided to my mother before her death in 2002. Although my mother’s course could not be altered, the wonderful folks at Mercy supported us, escorted us, and loved us along her final journey.

In my nursing career and my life, I have come to know that healing does not necessarily mean prolonging life. Sometimes, our greatest gift as healers is knowing when to let someone go. The Sisters of Mercy who started this incredible hospital would be extremely proud of the legacy that continues every day in their honor.

I am proud to be a Mercy employee and thankful that we have an incredible living mission that is so much more than the brick and mortar building in which it is housed.

Lorrie Ann Valencia
Mercy Medical Center
Durango, Colorado

“As I looked out the window of my school room, I dreamed of some day working in the medical center where I had been treated so wonderfully as a sick child.”
Materials Management might not seem to be much of an incubator for sacred stories, but we get some opportunities to make an other-than-business connection with someone.

Recently, I received a phone message from a young voice identifying himself (with some background coaching) as Richard. Richard was nine years old. He wanted to know if we had any used stethoscopes that he could have.

I called him back and spoke to his grandmother. I asked how Richard would use the stethoscope. Richard’s grandmother told me he became interested in medicine after a recent encounter with a health care professional. He wanted to learn more and wanted to have some equipment to make it interesting.

The stethoscopes we use at Mercy are too expensive to give away. But, I recalled that I had a couple samples from years ago stashed away at home.

The next day, I brought in a very nice, dual-headed stethoscope. I called Richard’s grandmother and told her that I had a stethoscope for him. He and his grandfather arrived in my office within 20 minutes. When Richard saw that the instrument was real and not a toy, he was beside himself. He quickly opened the box, slid the plastic off and affixed the tubing to the metal conduits.
Richard’s grandfather advised him not to share the ear tips with others. Richard listened quietly to his grandfather, but I couldn’t help seeing that he just wanted to play with the stethoscope…now!

I showed Richard some of the good places to put a stethoscope on the body. We discussed some other great ways to use a stethoscope to hear inside things.

That elated boy floated down the hall and disappeared around the corner by the cafeteria, on his way, at least that day, to a life dedicated to medicine.

Tom Clark
Mercy Medical Center
Nampa, Idaho

“Richard’s grandmother told me he became interested in medicine after a recent encounter with a health care professional.”
The staff members who work with oncology patients on the third floor are special. Their care and compassion go beyond the ordinary. However, even in this stellar group, Pam stands out. She is a housekeeper whose bright pink uniform and kind smile sparkle as much as the floors she cheerfully cleans. Even her mop bucket has a smiley face on it. If you greet her with the standard, “Good morning, how are you?” she’ll beam back, “I am so glad to be here!” She helps me feel glad to be at work.

Pam touches the lives of the patients, too. A few months ago, I encountered a woman who had surgery for breast cancer at Memorial. She asked me to thank the third floor staff for their excellent care. “And especially thank Pam,” she continued. “She’s the one who got me out of bed. The morning after my surgery I was feeling real sorry for myself, throwing myself a pity party. Pam came in to clean my room. She smiled at me and asked, ‘Aren’t you going to get out of bed today?’ She made me think, yes, I would get out of bed. I was not going to let cancer get me down. I got out of bed that morning and haven’t stopped since. Pam’s the one who started me toward healing.”

In the world of medicine, skilled doctors, nurses and other clinical staff work to cure a patient, but we all have a responsibility in the healing of the sick. Thank you, Pam, for all the healing your beautiful spirit brings.

Betsy Kammerdiener
Memorial Health Care System
Chattanooga, Tennessee

“She smiled at me and asked, ‘Aren’t you going to get out of bed today?’ She made me think, yes, I would get out of bed.”
One fall evening I had dinner with a few friends. I had started a new job in the imaging department at Flaget Memorial Hospital, and another dinner guest asked if I worked with Kathy from the ultrasound department. I said that I did. He said that if not for Kathy, he might not be here today. He called her his very own lifesaver.

While conducting an ultrasound of the man’s gallbladder, Kathy noticed an abnormal area around one of his kidneys. She took several images of the kidney and asked a radiologist to look at them. The radiologist had Kathy scan the area again, then recommended evaluation via a CAT scan.

The abnormal area turned out to be cancer of a type that would have shown very few symptoms until it was too late. This was an “accidental” finding due to the thorough, competent and caring work done by Kathy.

This patient and his wife tell many others about Kathy and the care he received here at Flaget Memorial Hospital. Each year, on his birthday, he sends Kathy flowers and a card to celebrate his life and his appreciation of her. We are very proud to have Kathy on our team.

Priti Grigorian
Flaget Memorial Hospital
Bardstown, Kentucky

“Each year, on his birthday, he sends Kathy flowers and a card to celebrate his life and his appreciation of her.”
came to work the night shift and found Celia, an 89-year-old patient I had admitted the previous night, very confused and agitated. The evening nurse reported that Celia required one-to-one observation because although she was frail and unsteady, she continuously tried to get out of bed to “go home to work.”

I entered Celia’s room and tried to calm her. I had spent a good deal of time with her the previous night and knew about areas of her life that we could discuss. I asked about her deceased parents and husband, the farm she lives on, her flower gardens and the Polish specialties she cooks for her family. She even sang a Polish Christmas carol for me. By 1:30 am, I had exhausted my conversation and asked if we could pray the rosary together. I have found this can be a very effective way to calm elderly Catholic patients. This time it didn’t work, and Celia remained agitated.

At 2:30 am, she yawned and suggested we go to bed. I was elated! I tucked her in, pulled a chair up to her bed and held her hand—but she insisted that I lay down in bed with her. I explained that I was her nurse and though I couldn’t sleep in her bed, I would be there throughout the night. Again, she became agitated.
I have been a nurse for more than 35 years and had never crawled into bed with a patient, but I was so desperate for Celia to rest that I reluctantly lay down on the very edge of her bed. She insisted that I lie down next to her and cover up. In desperation, I did. In 20 minutes, she was sleeping like a baby and I slipped out of her bed. She slept until morning and when she woke, she was calm.

I told a co-worker what had happened and we chuckled about it. I’ll bet Miss Karn, my nursing instructor who always stressed that we meet patient needs, never dreamed that a patient’s need for sleep would have one of her nurses lying in the patient’s bed. But, this taught me that sometimes we have to think and work “outside the box” to give our patients what they need most.

Betty Pasela, RN
St. Gabriel’s Hospital
Little Falls, Minnesota

“But, this taught me that sometimes we have to think and work ‘outside the box’ to give our patients what they need most.”
Alonso’s Gift

Minnie was seven months pregnant after she and her husband, Al, had suffered the disappointment of a miscarriage the year before. They named the unborn baby Alonso, and everything was perfect.

Then, as coordinator of the Perinatal Bereavement Program, I received a report that Minnie had been driving on an interstate highway when an oncoming vehicle crossed the median and hit her car. She was brought to our emergency room with severe injuries. Alonso’s heart had stopped beating. After seven hours of surgery, Minnie was in labor in the Intensive Care Unit.

The nurses were concerned. Some of them had never witnessed a delivery, much less a stillbirth, and Minnie would deliver in the unit. Our labor and delivery staff, though ready to care for Minnie, would be in unfamiliar territory. It was clear that we would all have to depend on each other during the next few hours.

Alonso was born, beautiful and still. The staff’s grief mixed with relief that Minnie was safe, though she still needed multiple surgeries and her condition was guarded.

Because of Minnie’s condition, we discussed options for Alonso’s funeral with Al and decided to hold it in the hospital chapel. Others in the hospital became aware of the situation and offered their assistance. Four days later we held the funeral service, with Al and Minnie’s priest officiating. Her nurses and I wheeled her to the chapel full of her family and friends. Minnie held little Alonso as all passed by to say goodbye.
I read a tribute to Alonso. “Alonso, your brief life has meaning,” I said. “Your caregivers will never forget you. We are inspired by your sweetness and innocence, and in years to come this will have an impact on the way we minister to others. We hope to touch others’ hearts as tenderly as you have touched ours.”

The memory of Alonso’s gift to us will live on. And, we rejoiced for Al and Minnie when they entered a new pregnancy.

Lynette Spruiell
St. Vincent Health System
Little Rock, Arkansas

“Alonso, your brief life has meaning,” I said.
“We are inspired by your sweetness and innocence, and in years to come this will have an impact on the way we minister to others.”
Volunteering at School

work as a manager at Friendship, Inc.’s Vocational Center. We provide jobs for the developmentally disabled people we serve, but also encourage volunteerism on their part. Our client Doris volunteers at the Park River Elementary School one day a month, and this is the story of her first day as a volunteer.

Upon our arrival at Miss Field’s second grade classroom, the 11 students said “hi” to Doris. She gave Miss Field the “Box Tops for Education” she collects, and the kids hollered in excitement. They wanted to count the box tops right away, but Doris said, “Wait, I have something else for you.” She handed each student a connect-the-dots picture of a monkey that she had found on the Internet. After everyone settled down, Doris had a boy and a girl read to her.

Miss Field took a picture of the class with Doris. One of the boys gave Doris a big hug and asked if she could come back soon. Then, he asked Miss Field to take a picture of him, Doris and his buddy. Miss Field said if the picture turned out she’d put it in the local newspaper along with a story about volunteering.

“Doris’ mom called and told me that Doris nearly lost her voice because she talked so much about her day in the second grade classroom. She told her mom it was the best day of her life.”
The next day, Doris’ mom called and told me that Doris nearly lost her voice because she talked so much about her day in the second grade classroom. She told her mom it was the best day of her life.

Doris continued to volunteer once a month in Miss Field’s class. On her last day of volunteering before summer break, Doris’ mom came with us. The kids had planned a surprise birthday party for Doris, with a bouquet of flowers and a card that the whole class had signed. They took pictures and sang “Happy Birthday.” When it was time to go, the kids hugged Doris and asked if she could go with them to third grade.

Doris, the kids and the teacher showed great love towards each other. Doris seemed so at home in the classroom. It was fun to see the smiles, hugs and compassion shown to her as a volunteer.

Brenda Watt
Friendship, Inc.
Fargo, North Dakota
At St. Gabriel’s Hospital in Little Falls, Minnesota, there are sometimes no patients in the obstetrics department. During those times, one of the two nurses assigned to the unit can choose to be on call while the other floats to another unit. One such night, I chose to float to the Medical/Surgical unit while my partner chose to stay at home.

About an hour into the shift, my beeper called me to obstetrics. I ran to the elevator. When the doors opened, I saw an emergency room nurse with a patient in a wheelchair and a pool of blood on the floor. The patient did not have a doctor at our facility, was 36 weeks pregnant, had placenta previa, and knew that her baby had Down’s syndrome.

We raced to an operating room, a solid line of blood marking our path. I got supplies while the other nurses started intravenous medications. The obstetrics/gynecology physician arrived in about three minutes, my partner was called in, and we got ready for an emergency cesarean section. Right about then, I realized I knew the patient personally.

We had been in a Bible study together. I asked her if she wanted me to pray with her and she said yes. I said a short prayer of encouragement and faith as she was wheeled into the operating room.
As the doctor began the cesarean section, he saw that the uterus was paper-thin and he reached in to grab the baby. The ruptured uterus had caused all the bleeding. With the help of strong faith, lots of prayer and a great hospital team, mom and baby went home to live a normal life.

The baby was named Gabriel.

Laurie Frost, RN
St. Gabriel’s Hospital
Little Falls, Minnesota

“When the doors opened, I saw an emergency room nurse with a patient in a wheelchair and a pool of blood on the floor.”
I have been a nurse for more than 15 years, and I believe I make a difference in the lives of my patients and their families. I have many stories, but one in particular is very dear to my heart.

Back in 1999 I had the opportunity to work with a teenage boy, Steve. He was involved in a motor vehicle accident and sustained a traumatic brain injury. When Steve was admitted to rehabilitation he was very confused and agitated, with an extremely short attention span. His parents were loving, caring and supportive.

As we went through the course of rehabilitation I saw that many of the deficits caused by Steve’s injury might not be resolved, and that his recovery would be ongoing for many years. Steve was just 17, and his journey had just begun.

Months went by. One day, I received a letter and an invitation to Steve’s graduation. In the letter, he thanked me for everything I had done for him. I remembered what his parents said to me on the day of his discharge from rehabilitation: “This has been the hardest thing we have had to do and we hope that no one else ever has to endure this, but if they do we hope that you will be there to help them on their journey to recovery.” Steve still had cognitive deficits, and my heart was heavy because I knew he might never fully recover.

Years went by. Then, last Christmas, a young man approached me and asked if I remembered him. “What’s your name?” I asked. He handed me a card that read “Officer Steve Smith.” My mouth fell open. I hugged him tightly and told him how proud I was of him. With tears in his eyes, he said, “I couldn’t have made it this far without your help. I think of you and your words of encouragement often. Thank you so much.” This, I thought, is the best Christmas gift I could have received.
When others encouraged me to write this story down, I hesitated. Every day, nurses care for the sick and it can be difficult work. We need to remember to look beyond a broken bone, an intravenous line or a dressing to look at the patient as a whole. It is much easier to heal bruised skin than bruised souls, but through compassion, laughter and hugs we can make a big difference in a patient’s recovery. My heart is filled with the many thanks I have received from patients and by these simple words: “I’m glad you’re my nurse today.”

Lucy Montoya
St. Mary-Corwin Medical Center
Pueblo, Colorado

“He handed me a card that read ‘Officer Steve Smith.’ I hugged him tightly and told him how proud I was of him.”