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Foreword

A deep sense of spirituality thrives within the Catholic Health Initiatives family, as evidenced by this third collection of sacred stories.

The first two volumes of Sacred Stories have been warmly embraced throughout Catholic Health Initiatives. The stories provide a look at the lived spirituality of those who care for our patients and residents while they reinforce the spirit of who we are. The very term “sacred stories” has become part of the distinctive culture of Catholic Health Initiatives. These stories have been used as an expression of employee recognition, as reflections in prayer services and as sources of mutual inspiration in our healing ministry. They clearly articulate how much we appreciate the sacred environment in which we work, the presence and skills of our coworkers and the grace that our patients and residents present to us every day.

The culture of Catholic Health Initiatives is distinctive because what we do each day is grounded in a keen awareness that we are a people called to relationships that heal. In these weary times of national anxiety, international tension, broken lives and heartache, the recognition that we are connected to one another by a spirituality of mutual care is a healing balm. Our continued commitment to Reverence, Integrity, Compassion and Excellence — especially when we find it a challenge to practice these values — is a mutual ministry that gives us comfort and strength.
Our facilities are recognized as sanctuaries of healing for our communities and ourselves. Even when we cannot cure, the quality of our care can mediate healing for our patients and residents. They, in turn, can give our lives a sense of balance and peace. Our daily relationships with coworkers, physicians, community partners, leaders, volunteers and vendors are also windows of healing grace. All of us take turns being light and hope for one another. Together, day by day, we help each other come to wholeness.

This theme of a mutual ministry of healing is a golden thread that is woven throughout this volume of *Sacred Stories*. May these stories remind us that as we strive to bring healing to others, they may also be ministers of healing for us. May the reading and sharing of these stories renew our energy and refresh our sense of being called to relationships that heal.

*Patricia A. Cahill, JD*
President and Chief Executive Officer
Catholic Health Initiatives

*Diana Bader, OP, PhD*
Senior Vice President, Mission
Catholic Health Initiatives
As a home health nurse, I constantly go to new places and observe different ways of life. When Sam was assigned as my patient, I knew he would be a challenge. He had many medical problems, including paralysis from the waist down due to an injury at birth. He spent the majority of his time in bed, but was able to get in his wheelchair with help. He had been the patient of almost every home health agency in the city, and was always discharged when he became stable.

Sam kept telling me he had a purpose in life and it was to help others. I thought to myself, “How can he help others when he can’t really help himself?” During one visit, he asked me to go to another room and look at a picture a friend had given him. It was a beautiful picture of a man walking on a sandy beach at sunset. He told me the picture was the most beautiful thing he had ever seen and that every time he looked at it he cried.

With a lot of work, Sam was placed in a program outside of his home where he could be around other people who had the same limitations as he did. On my last visit, he told me he knew what God has planned for him to do with his life. He was able to witness to other people at the program that he attended. He felt that he could lead them to Christ.

Before I left, he told me he had stood on his legs for the first time with the help of people at the program. Then it came to me: the reason he loved the picture was because the man in the picture was walking. Sam will some day walk with his God, just like the man in his favorite picture.

Kathy Robinson, RN
Memorial Healthcare System
Chattanooga, Tenn.
“He told me the picture was the most beautiful thing he had ever seen and that every time he looked at it he cried.”
A Thank You Note

"The first thank you note I write must be to you. I am very grateful for the help and comfort you so freely gave to mother and me..."

As I read the thank you note, my mind filled with memories. It was late on a Wednesday afternoon when the phone rang. The caller was Mary. The tightness I heard in her voice indicated that she was holding back tears. Her mother, Anne, whom I had visited many times at a nursing home, was having a difficult day. I agreed to visit Anne on my way home.

As I walked down the hallway to Anne’s room, one of the aides said, "I hope you have on your armor. No one can do anything right for Anne today. She hollers and complains when anyone goes into her room. Even her daughter left in tears."

I found Anne sitting in a wheelchair next to her bed. "What are you doing here?" she asked angrily. "Is that any way to greet a friend?" I said. "I came to see how you are doing. Obviously, you’re not pleased with that." Calmly she said, "No, I’m glad you are here."

Anne said that she had been praying for God’s help. When I asked what she needed help with, she said, "I want it to end. I want the suffering to stop but I’m afraid to be alone."
I guided Anne, who had raised four children as a young widow and was now 70, through a review of her life. The courage and determination that she showed in her journey through life amazed me. Listening to Anne was like watching the fall colors come alive during an October sunrise. The unique way that God works in each person’s life is awesome.

I asked Anne if she had any regrets. Her eyes filled with tears. “It’s been 40 years since anyone held me in their arms,” she said. I knelt beside the wheelchair and put my arms around Anne. I hummed “Amazing Grace” as best I could, and in about 15 minutes she was asleep.

“Whatever you said was what Mother needed to hear...she died Friday evening in her sleep. I believe you are responsible for helping mother end her suffering. I am happy knowing she is finally home. Sincerely, Mary.”

ROSS W. BEIGHLEY
St. Joseph Health Ministries
Lancaster, Pa.

“Listening to Anne was like watching the fall colors come alive during an October sunrise.”
am a chemotherapy nurse at Mercy Medical Center in Durango. Most of our chemotherapy patients are adults with poor prognosis; so, unfortunately, when I think of chemotherapy I think of death. Timeo was different. He was Native American and only a year old, suffering from a neuroblastoma.

Timeo arrived for his first treatment with his mother, Mary, who was 18 years old, not married and living on the Navajo reservation with her family. Timeo was a cute, active toddler with busy hands.

I mentally checked the chemotherapy protocol. I put on gloves and lowered the side rails of Timeo’s bed. “Timeo, don’t chew on your central line,” I said. “Mary, can you help me hold Timeo’s hands?”

She didn’t move. I repeated my request. Without looking at me, she said, “I don’t want to have anything to do with this. It’s my fault.”

“What’s your fault?” I asked. “His cancer,” she said. “It’s my fault, because when I was pregnant, I wished that I wasn’t. The spirits gave him the cancer because of my thoughts. They will hurt me, too, if I touch him when he is being treated.”

With help from another nurse, I completed Timeo’s first treatment. Then, Timeo didn’t show up for his second session.
I wondered if Timeo’s absence was related to culture. Many Native Americans believe that spirits have a significant impact on a person’s life. I knew that Mary lived in a remote area of the reservation and didn’t have a telephone. I located her by leaving a message at a trading post where her family purchased supplies.

She called back and confirmed that she and her family didn’t want to antagonize the spirits by participating in Timeo’s treatment. These fears had prevented Mary from finding a ride to the hospital.

I solved the transportation issue by picking Mary and Timeo up myself. I also arranged a session for Mary with our hospital’s social worker so that she could explore her fears about Timeo’s care. By the time his treatment was finished, Mary and I had developed a friendship based on our mutual concern for Timeo.

More than a year later, while in a farm store, I heard a woman say, “Timeo, get down from there!” I looked around a stack of irrigation boots and saw a little Navajo boy. It was Timeo! He looked wonderful. I said to Mary, “I’ll bet you don’t remember me.” With a smile, she said, “Oh, yes I do! How could we forget you?”

Robyn Bragg, RNC
Mercy Medical Center
Durango, Colo.

“I wondered if Timeo’s absence was related to culture. Many Native Americans believe that spirits have a significant impact on a person’s life.”
t was September 11, 2001. As the whole world seemed to be going crazy, I found myself visiting with Dorothy. Nutrition Services had lost her menu and sent an incorrect item. I apologized to Dorothy and reviewed menus for the next couple of days with her. I wanted to make sure we got things right.

For the next 45 minutes — or maybe it was two hours — I sat and visited with this sweet, remarkable 91-year-old woman. She told me that she knew she was getting “up there,” but was sad to think that she could not go home after this hospitalization. Arthritis and age had made her too physically disabled to be on her own. Her doctor advised a nursing home, her family agreed, and she saw no other choice. I thought that, like the victims of the terrorist attacks, her world was collapsing around her.

Dorothy was as sharp as a tack and told me all kinds of stories. She was worried about relying on her family to go through her things and concerned about her daughter who was flying in that day from Arizona. We talked about how the world had gone crazy. We talked about different nursing homes and their merits. We talked about families and kids. Oh, and we picked out her meals for the next two days.

As I left, I thought about how blessed I am and how much Dorothy had done for me. She reminded me that I have my health, I have two great children, I have a good job and am able to work. I have so very much in my life.

September 11 is etched in our minds because it changed many lives with an act of violence. But on September 11, my life was changed with an act of love. Dorothy remains a powerful woman — not in her body, but in her spirit, which touched my heart with love. Dorothy should know that she can still change the world, because she sure changed me!

Loretta Bronsteatter
Good Samaritan Health Center
Merrill, Wis.
“I thought that, like the victims of the terrorist attacks, her world was collapsing around her.”
Susan’s faint and intriguing smile, like that of the Mona Lisa, began as the water cascaded over her head.

The baptism was set for 2 pm, just before the shift change on a May afternoon. Her hospice nurse read from the apostle Paul’s letter about baptism joining us to Jesus’ death and resurrection. A hospice social worker read from Acts about another unusual baptism, in which an apostle had brought his jailer into the kingdom of God. I read Matthew’s version of our Lord’s baptism by John the Baptist in the River Jordan.

Susan’s faint and intriguing smile, like that of the Mona Lisa, began as the water cascaded over her head. It increased as the sign of the cross was traced on her forehead, linking her pain and suffering with that of Christ. It broadened as her daughter held the lighted baptismal candle. It mirrored her satisfaction at becoming a child of God, a sister of Jesus. Her faltering body was now a shrine of the Holy Spirit. Later that evening, her smile played larger across her face as she arrived in eternity, welcomed by angels and all the company in heaven. Susan’s baptism strengthened all of us who took part in it.

The Reverend Calder Gibson II
Hospice of Nelson County/Flaget Memorial Hospital
Bardstown, Ky.
Every day of my job as hospital chaplain is a blessing. One beautiful summer day I visited a patient, a homeless man who had been beaten and robbed while sleeping under a bridge. While discussing his unfortunate circumstances, he looked up at me and said, “Obviously, someone needed what I had a lot more than I did.”

There was no anger in him at all. His face had been badly beaten and he seemed to be in pain, so I asked him what would comfort him. He asked if I would pray for and with him. We bowed our heads and asked for the Lord’s blessing and I added a special prayer for him. When I finished, he told me it was almost the exact same prayer he said every morning and evening.

When I asked him what made this prayer different, he said, “I never pray for myself, I only say thank you to the Lord.” I left his room with tears in my eyes and a grateful heart, knowing that I had come to provide ministry for him – yet I was the one on the receiving end of his special ministry.

Theresa Gregoire
Penrose–St. Francis Healthcare Services
Colorado Springs, Colo.

“When I asked him what made this prayer different, he said, ‘I never pray for myself, I only say thank you to the Lord.’”
The night started out unremarkably. I had no premonition that something significant was going to happen. I was called and told that a woman had possible gallbladder pain and might need surgery in the morning. The woman was taken to radiology for an ultrasound. The technologist noticed swelling in the patient’s abdomen. Just then, right there on the table, both the patient and the technologist felt something happen. We later understood the “something” to be the rupture of an abdominal aortic aneurysm. The patient needed emergency surgery.

As a general surgeon, I deal with life and death every day and I’m deeply moved by the experience of performing surgery on people who may not live. I sometimes feel that God is beside me, because I don’t think it is always just me performing the surgery. This was one of those occasions.

When I made the first incision in her abdomen, I could see all the blood. We were grim about the prospects for her survival. A free rupture of an abdominal aortic aneurysm is extremely serious. Fully 50 percent of the people who have them die, and the majority of survivors have major complications. I could put two fingers in the hole in her aorta and she took 10 units of blood during the surgery. It was truly amazing to see the way the entire OR team worked together. I think we can all be very proud of our performance under such dire circumstances.

The patient did extremely well. I believe the influence of her family and her faith were important aspects of her recovery. She has a loving family and they were behind her all the way, praying for her and being there during her time of need. Just as important was her faith. She is very receptive to spiritual things. She talked about how her father, who had died earlier that week, appeared to her in a dream. She said he was watching over her and she believed that he asked God to spare her life.
Her “vision” of her father was extremely detailed. She saw him sitting in a chair next to her bed, his head in his hands, clearly distraught over her illness. She asked me if she had “died” on the operating table, if her heart had ever stopped beating. I told her no. Her blood pressure had dropped quite low on a few occasions, but her heart had never stopped. I know she felt the presence of her father so strongly that she’s convinced his intervention was the reason for her survival.

When you have been involved in a life and death situation, it is definitely an experience. In this case, for me, it came down to not having to tell her family that they had lost someone they love. I’m sure it’s a case that will stay with me for a very long time.

Sharon Gossett, MD
St. Gabriel’s Hospital
Little Falls, Minn.

“I sometimes feel that God is beside me, because I don’t think it is always just me performing the surgery. This was one of those occasions.”
Her name was Lynette, and she was 27 years old, pretty, petite and blond. Shortly after she gave birth to a baby boy, she learned that she had lymphoma. She tried her best to beat the disease, but it was not to be. She did not respond to treatment.

Her fondest wish was to see her son turn one year old, but near the child’s 11-month birthday it was clear that her death was imminent. We decided to go ahead and have a birthday party for the baby. I took care of Lynette the day that the staff and her family members gathered with a high chair, gifts and cake.

Lynette’s hospice volunteer also attended. Her husband had been killed in a farm accident the week before, but she still came to Lynette’s party. Seeing her there was particularly touching.

I stood in the corner watching the love and the sadness. I cried and cried. I still get teary when I remember this occasion.

The gathering must have satisfied Lynette, because as I took care of her the next day she died peacefully. She left a warm place in all of our hearts. She also gave us hope that even in death we can find unexpected dignity, love and support.

Becky Kotrous, LPN
Good Samaritan Health Systems
Kearney, Neb.

“Her fondest wish was to see her son turn one year old, but near the child’s 11-month birthday it was clear that her death was imminent.”
The Smallest Things We Do

The idea came up at one of our Spirit at Work meetings. Why not send cards to patients to thank them for choosing us to provide their health care?

I sent cards to several outpatients who are frequent visitors to our department. One of those patients, a man in his mid-60s who uses a wheelchair, came in for a procedure. "Where’s Davina?" he asked the nurse who wheeled him out of the department. He insisted that he didn’t want to leave without meeting me.

This patient had called me several times that week to confirm that everything was in order for his procedure. During our phone conversations, we found out that we had a mutual acquaintance in his apartment complex. He also told me that he wanted to put a face with my voice.

After I finished scheduling another patient, we had the opportunity to meet. "Thank you so much for sending the card," he said. It was one of those moments that make me realize that it’s the smallest things that we do — as simple as sending a card — that can make the biggest difference.

Davina E. Nolten
St. Francis Hospital
Federal Way, Wash.

"Why not send cards to patients to thank them for choosing us to provide their health care?"
Helene was one of the first Native American kidney dialysis patients we served in the early 1980s, just after our unit opened. She had an unusual background for a South Dakota Native American woman of her age. She had attended an out-of-state art institute and later became a registered nurse, training in Chicago. During her training, she sang gospel music in Sioux on a Chicago radio station.

Helene worked as a nurse in several states, eventually returning to her own reservation in South Dakota, about 100 miles from Pierre. She continued to work until she needed dialysis. She and other dialysis patients from the reservation made the trip to Pierre three times a week for treatment.

Dialyzing Helene was a challenge. She had all the complications of diabetes: blindness, high blood pressure, cardiac disease and one amputated leg. The dialysis machines of the time were not as refined as today’s machines, and Helene’s blood pressure would drop drastically, which caused chest pain. She also would get cramps. When she felt bad, she would moan, wail and threaten to give our names to her lawyer. She would yell at the nurses. Sometimes, she would talk about us in Sioux to the other patients.

Still, we enjoyed learning about Sioux culture from Helene. She knew a lot about Sioux medicine and “the old ways.” During her three-hour dialysis treatments, we would try to distract her by sitting and talking with her. Our social worker would also spend time at her side. But when her blood pressure dropped and her symptoms began, she was miserable. The staff was stressed out over the severity of her symptoms and our powerlessness to help her.

We began to dread working on Helene’s dialysis days. We also wondered about the ethics of dialyzing her when the treatments caused her so much pain and misery.
We decided that to better care for Helene and the three other patients from her reservation, we would travel there to learn more about their home lives and culture. All four patients invited us into their homes.

Helene lived alone in an apartment for the independent elderly. When we visited, she welcomed us. A friend of Helene’s, a psychologist from France who was working on the reservation, was also there to meet us. She was teaching him Sioux and learning French from him. Next to her bed was a phonograph, some “talking books,” and her ever-ready telephone. She was able to transfer herself to and from her wheelchair, do her own personal care and use the stove to cook meals. She was living a full life, still learning and helping others.

Helene’s dialysis treatments continued to be painful and stressful for her and for us, but never again did we question the ethics of dialyzing such a patient. The valuable lesson we learned was that someone’s quality of life can only be measured by the person who lives the life.

Sue Kuhl, RN
St. Mary’s Healthcare Center
Pierre, S.D.

“We began to dread working on Helene’s dialysis days. We also wondered about the ethics of dialyzing her when the treatments caused her so much pain and misery.”
A New Friend

volunteered to work the day shift on Christmas Day because we were short staffed. I was a little sad to leave my children and go to work. But, during my hour-long drive to work, I decided that I would make this a cheerful day and help my patients to not feel sad about being in the hospital on Christmas. I knew that they, too, would rather be at home with their families.

Most of the patients were in cheery moods, greeting the nurses with, “Merry Christmas!” However, one patient was just plain crabby. I did what I could to make her comfortable and opened the curtains so she could see the white, fluffy snowflakes gently falling outside. But, she remained crabby.

About 5:30 p.m., the dietary aides brought her supper. When I went to help her set up her tray, she complained that she didn’t like any of the food. I told her I could arrange for another tray, or I could go to the galley and make her some chicken noodle soup. She decided that she would like the soup.

When I returned with her warm bowl of soup and some crackers, she thanked me and said, “I don’t know why you have been so nice to me all day when I have been nothing but crabby.” I told her, “I know that you don’t want to be here, especially on Christmas, so I was trying to make it a good day for you.”

She began to cry. She told me that her only son had died, she had lost her husband recently and that this was her first Christmas alone. We gave each other a hug, and I sat and listened to her.

I left work thankful that I had a family to go home to and that I had made a new friend that Christmas Day.

Donna Reitz, LPN
Good Samaritan Health Systems
Kearney, Neb.
A loving father came to the Spiritual Care Office to ask if there could be a wedding in our chapel. His beautiful daughter, Raquel, had graduated from college two months before. With all the enthusiasm of youth, Raquel was anxious to begin her new job and plan her wedding, which was to take place in one year. However, just the week before, she had been diagnosed with leukemia and started chemotherapy in our hospital. Raquel’s fiancé wanted to move the wedding forward so he could care for her “in sickness and in health.” We discussed some options for a wedding in our chapel, and Raquel’s father took the information back to his family.

The chemotherapy made Raquel quite ill, but she remained optimistic and determined to get on with her life. Our chaplain, John, spent many hours praying with Raquel and her family. Quite often, the subject of the wedding came up, but Raquel wasn’t quite ready because she still hoped to have her wedding in her church.

One weekend, Raquel was unexpectedly re-admitted to the hospital to control her nausea. Her fiancé was preparing to return to military duty and wanted Raquel to be his wife. In the hospital chapel, Raquel had the beautiful wedding she wanted and deserved. There was such an abundance of love and commitment in Raquel’s family and in our hospital family when John, the chaplain, shared the joy of Raquel’s wedding with all of us. How fortunate I am to be a part of such a dedicated and loving family.

Leslie Schwender
Penrose Hospital
Colorado Springs, Colo.

“In the hospital chapel, Raquel had the beautiful wedding she wanted and deserved.”
It was a cold day in December 1954. For a young family, it was a long trip from Fort Smith to Little Rock, but the parents were determined to have the best medical care in Arkansas. Their daughter would have surgery Monday morning at St. Vincent Infirmary.

That same day, another young family made a similar journey with their daughter. This family lacked the money needed to secure good medical care, but they knew the Sisters of Charity of Nazareth and the doctors at St. Vincent would help them.

At St. Vincent, the two families developed a friendship. Their daughters were the same age and each had muscle damage caused by polio. Their bond continued after they left the hospital. Occasionally, the families met in Little Rock on trips to see the physical therapist, orthopedic surgeon or brace maker.

The family from Fort Smith often thought about the other family, which had to struggle with the expense of having a handicapped child. The father had not worked in some time and the mother was not well. They had three children who would probably not have a very happy Christmas. The Fort Smith parents said to each other, "Wouldn’t it be nice to arrange something special for their children?" That Christmas and for many Christmases to follow, the parents from Fort Smith made sure there were enough Christmas gifts for both families.

All of the children grew up and left home and the families eventually lost touch. But, each Christmas, the parents from Fort Smith remembered the other family and wished they knew what had happened to them.
In December 2000, the parents from Fort Smith stopped in Caulksville, Arkansas, after the father had a cancer treatment in Little Rock. They needed to rest and have something to eat at a small cafe. A young woman and her husband sat at another table. The young woman stared at the couple from Fort Smith, especially the husband. “Don’t I know you?” she asked him. “I don’t think so,” he said. They chatted and tried to find a connection. She lived in Mississippi; he lived in Fort Smith.

Finally, he rose to his full six-foot, six-inch height to introduce himself. When he stood, he still looked as he had on his many visits to her home. “I know who you are,” she said, as tears rolled down her cheeks. “You are the only Santa Claus I ever knew.”

“Tell me about your family,” he said. “Where does your sister who had polio live now? She was such a beautiful redheaded child.” She told him that her sister now lived in Little Rock.

When the couple from Fort Smith came to Little Rock for another cancer treatment, the woman who had been that beautiful redheaded child and I met them at the hospital. Now all grown up, our redheaded friend was still very handicapped from her childhood illness. Together, we sat with the parents from Fort Smith as the father had his chemotherapy. You see, they were my parents, and he was the only Santa Claus I ever knew, too!

**Donna N. Smith**
St. Vincent Infirmary Medical Center
Little Rock, Ark.

“That Christmas and for many Christmases to follow, the parents from Fort Smith made sure there were enough Christmas gifts for both families.”
have been a registered nurse for 15 years and have had the honor to care for many patients, a handful of whom hold a special place in my heart.

A few years ago I had the privilege to meet and care for a beautiful Native American woman from the Acoma Pueblo. She was admitted with a fracture of the left humerus, and she had her left arm in a sling. In the short time that I cared for her we developed a special bond. She was later diagnosed with cancer and the prognosis was very poor. She had very little time left on this earth.

One night, her youngest daughter called me to say that her mother was close to passing away. That night I had a dream that my beautiful friend was an eagle. She was soaring free, with her wings spread open. She told me not to worry, that she was all right and no longer in pain. I attended her funeral and told her family about my dream, which gave great comfort to them and to me.

Shelly Vargas, RN
St. Joseph Healthcare
Albuquerque, N.M.
“That night I had a dream that my beautiful friend was an eagle. She was soaring free, with her wings spread open.”
Healing

Relationships With Our Co-workers
Anyone who visits the two school-based health clinics in Denver that are sponsored by St. Anthony Hospitals is immediately struck by the caliber of the team members who meet complex client needs and the caring way they work together. Every day, they provide hands-on medical care and mental health services to children who would otherwise have no access or treatment options. Because of the large at-risk population in these schools, counseling sessions are invaluable in helping these little ones learn to take proper care of themselves and find some balance in their difficult world of unstable homes, depression, neighborhood gangs, drugs and physical ailments.

The professional teams in these clinics have an impressive knowledge of the children and their home situations and the ability to resolve problems collaboratively. But most of all, the clinics show that it takes so little — just basic, simple services — to make a huge difference in the lives of others when the focus is on mutual respect and caring, cooperative relationships.

The witness of these school-based clinics is very similar to what many individuals experience in Catholic Health Initiatives’ offices. It doesn’t matter where your role is on the organizational chart: each and every one of us can contribute to the culture of Catholic Health Initiatives through attentiveness to the simple basics in our influence upon one another.
In the clinics, the coordinating secretaries often have the best overview and framework for engaging team members. Likewise, in a national office where so many come and go, the associates who staff the reception areas carry the culture day by day. Constancy and consistency in the little things, embedding our values in every interaction, always being positive, helpful and even cheerful — these are the simple services that make such a huge difference in the life we share. Everything in our ministry isn’t simple, but the simple things are everything!

**Patricia Cahill and Robin Burrows**
*Catholic Health Initiatives*
*Denver, Colo.*

“It takes so little — just basic, simple services — to make a huge difference in the lives of others when the focus is on mutual respect and caring, cooperative relationships.”
Being able to work in a Christian environment and share ministry with other caring people is a blessing. The staff at Marymount Medical Center exemplifies compassion. I have seen the emergency room staff give money out of their pockets to buy gas for a patient who must transfer to another hospital. I have seen a member of our Board of Directors give his coat to a patient who had none. I have seen staff stay late when the load seemed too heavy for their co-workers to bear. I have seen our Sister, tired after a long hard day, return when called to help a family through a crisis.

Our Marymount family members are conscious of one another in times of joy and sadness. When a staff member loses a loved one, we are there with food, flowers, friendship and prayers. When I developed cancer ten years ago, the prayers of my friends and co-workers carried me through. Later, when my husband and I adopted our son, the whole hospital shared our joy.

Could I work somewhere else for more money? Yes, but being able to work within the Marymount family is priceless.

Gladys H. Cornn, RN
Marymount Medical Center
London, Ky.
n February 2000, my husband, Kenneth, had a colonoscopy. After the procedure, Dr. Stitcher, a gastroenterologist, came to talk with me outside my husband’s room. He told me there was cancer in Kenneth’s colon that ought to be removed immediately, and that the surgery could be done the next morning.

It is hard to describe the emotional impact of this kind of news. I know that patients and families receive similar information every day in our hospital, but when it happened to my own loved one I felt terribly alone and vulnerable. Needless to say, I cried. Dr. Stitcher put his arm around me and offered words of comfort.

That moment will be etched in my mind forever. I expected Dr. Stitcher to do a good job, to be technically competent and diagnostically correct. What I did not know was that he would provide emotional care as well. His simple gesture carried the warmth of human touch and the message that he was with me during this trying time.

I believe a touch or simple hug can be a sacred moment. It conveys a message of God’s love and gives one strength to continue. Kenneth did well after surgery and minimal chemotherapy and we have the blessing of continuing our lives together. I am grateful, and I will never forget the simple act of human kindness that was given to me in a difficult situation.

Charlotte Liggett
Saint Elizabeth Regional Medical Center
Lincoln, Neb.
remember his smile! Was it one of amusement, benign patience or incredulity at the assembled group? I wondered why he had willingly embraced such a Herculean challenge. Did he truly believe that the tradition-laden walls of individualism and protectiveness were penetrable as he perused the unlikely alliance before him? Or was he a proven "dragon slayer" who possessed the skills to disarm the fortress and tame the dragons of resistance and skepticism?

At first glance, I underestimated the persistent fortitude of this disarming gentleman. From the spring of 1995 through the spring of 1996, the Steering Council for the formation of Catholic Health Initiatives met regularly in the Skybird Lounge at O’Hare Airport in Chicago, Ill. We unconsciously became the apprentices of this artisan skilled in diplomacy, negotiation and consensus.

Carl Hitchner conducted the planning process for the creation of a national organization that stretched current models among Catholic health care systems into an integrated new expression of sponsorship. With each meeting, he sharpened our focus. We will never forget the priority list of 19 issues that he drafted and how he unrelentingly nudged us to its accomplishment.

The sweltering days of summer and the blizzards of a Chicago winter were checked at the door of our meeting space along with our anxieties and hesitancies. One glance at Carl surrounded by his volumes of reports and determined agendas banished all distractions. He believed totally in our vision and inspired the same in us. Not one decision was made by this group without Carl’s final check: "Are you sure you know what you are doing? Are you convinced that this is the way you want to go?"

Carl was convinced that we could make a quantum leap into a new paradigm. At the outset, we struggled with this monumental task. With Carl as our guide, the leap became a journey of exploration and new relationships. Its culmination lives in Catholic Health Initiatives.
I fondly called him the founding archivist of Catholic Health Initiatives. Every nuance of our deliberations was contained indelibly in his memory and retrieved spontaneously in future conversations. Little did I realize that Carl would face a much more personal challenge in his struggle with cancer. The skills he had honed over time sustained and sheltered him during his prolonged journey with this illness. He never lost his persistence and willingness to embrace the unknown in the pioneering treatments he accepted.

In August 2001, Carl relinquished this struggle and embarked on the passage to eternity.

Without question, his commitment to the future definition of Catholic health care systems, his belief in the mission and in possibilities for the future are among the shining stars that surround his eternal welcome: “Well done, good and faithful servant!”

Maryanna Coyle, SC
Board of Stewardship Trustees, Catholic Health Initiatives
Cincinnati, Ohio

“We unconsciously became the apprentices of this artisan skilled in diplomacy, negotiation and consensus.”
It was a cool October morning. Although it was a few years ago, I remember it like yesterday. One minute I was talking to my doctor about a lump I had found; the next, I was waiting for surgery. The chances were extremely high that the lump would be malignant.

My anxiety level was sky high. I was anxious about the surgery itself and about what the surgeon would find. I had a wife and three young children to worry about while facing questions about my own mortality.

Because he knew I was anxious, the doctor prescribed Valium. It had almost no effect. So there I sat, trying to relax. I was much too nervous to watch television. Instead, I watched the hands on the clock.

While I was waiting, Sister Barbara Ann came in. She is a diminutive woman who has devoted her life to teaching and caring for others. She slowly walked in, her cane in hand, and with the smile that all associates at Saint Elizabeth have come to know so well. The years have taken a toll on her tiny frame, but they have not dulled her spirit.

She asked if she could pray with me. Without hesitation, I said yes. She took my hand in her hands, which have been worn by many birthdays; have consoled countless people; and have a special warmth. She embraced my cold, clammy hands in her reassuring grip. Her hands did not have physical strength, but they had strength that comes from a connection with God. She prayed and then, as quietly as she had come, she slowly slipped out the door. After her visit I was able to relax and drift off to sleep.

Kevin Flores
Saint Elizabeth Regional Medical Center
Lincoln, Neb.
“One minute I was talking to my doctor about a lump I had found; the next, I was waiting for surgery.”
t was November 2000, and I knew my life would change. My dad was diagnosed with lung cancer. He was a healthy 84-year-old man with no symptoms. The mass in his lung was discovered during a routine chest X-ray, and it was too large for surgery.

Dad had good insurance coverage and could go anywhere for treatment. He chose St. Joseph Medical Center. As an employee in St. Joseph’s laboratory, I was happy with his choice.

For the next six months Dad came to the hospital almost daily for chemotherapy. He had great respect for all of his caregivers. Their kindness, consideration and respect made him feel comfortable and reassured.

Dad had severe side effects from the chemotherapy. His esophagus closed from the pressure of the tumor. He had a feeding tube inserted in his stomach and couldn’t swallow anything. He was admitted to the hospital twice. He never complained and always had a good word to say about his nurses. Their cheerfulness and kindness kept his spirits up. He even had a plaque made that says, “Nurses are angels on earth.” This plaque is still displayed in the cancer center.

On June 1, 2001, Dad came to the emergency room because he was having seizures. During the next four hours most of my family arrived. There were 15 family members around Dad’s bed all evening. He was conscious and aware that we were with him. Tami, the nurse assigned to my dad, was a very special, compassionate person. She made Dad feel comfortable and she soothed his fears and ours. The room was filled with love and peace.
Dad had pneumonia in both lungs and was starting to turn blue from lack of oxygen, which was very difficult to watch. Sister Bridget stayed with us most of the evening, like an angel sent to ease the transition. She had us take Dad’s hand, one by one, to talk to him and pray for him. I felt the Holy Spirit filling the room and calming my father.

That same evening, my 14-year-old son was at his eighth grade graduation dinner dance. I had planned to be there at 9:30 to dance the last dance of the evening with him. I was going to leave at about 8:45, but Tami took my hand and gently said, “Don’t leave right now.” She was monitoring my dad very closely. At 9 pm, with tears in her eyes, she said “You will be able to go dance with your son.” Dad died at 9:10.

Tami helped me clean myself up and gave me the strength to go dance the last dance of the night with my son and then tell him his grandfather had died. I know that while I was dancing with my son, Dad was dancing with Mom in heaven on the eve of their 60th wedding anniversary.

LINDA MARTZ
St. Joseph Medical Center
Reading, Pa.

“I felt the Holy Spirit filling the room and calming my father.”
very once in a while we are reminded of the blessings we have been given: family, friends, associates and even those who appear in our lives for just a short time.

Recently, our son Ross broke his leg while playing in a high school football game. When the ambulance crew asked us where to take him, we requested St. Anthony Central Hospital in Denver. Having worked at St. Anthony in the past, I knew he would receive the best care. But, little did we know that a “special angel” — I’ll call her Angela — would be with us.

We met Angela when she was assigned as Ross’ nurse. Although he was technically an orthopedic patient, after his surgery he went to the surgical unit because the orthopedic unit was full. Ross had a difficult time with headaches and nausea. He dehydrated to the extent that his veins collapsed and he required a pediatric IV. We seemed to be watching our child deteriorate by the hour. Angela told us that she felt something was very wrong. She contacted Ross’ physician, and they decided that he might have a spinal fluid leak as a result of his spinal anesthesia. Due to Angela’s intervention, a neurologist came in to consult and determine that Ross did indeed have a spinal fluid leak as well as a concussion. An anesthetist was called in to do a “blood patch” and within 10 minutes Ross’ headaches were relieved. We thought we were over the hump and that perhaps Ross would be able to come home the next day. That did not prove to be the case.

On the fourth day of his hospital stay, Ross was not able to get up and move around. He still had problems keeping food down and his chest hurt. We thought that if we could just get him home, he would be able to rest and recover. Again, Angela told us that something was not quite right. Through her intervention, the Critical
Care Team performed additional tests and called for a second CAT scan. The CAT scan showed that Ross had blood clots in both lungs. If we had tried to take him home that day, he probably would have died. We felt so blessed that Angela had come into our lives.

After Ross’ second CAT scan, Angela told us that it was her last day on the surgery unit. She was taking a new job and going back to her first love – oncology. She worked on the surgery unit only two days that week, and both days were instrumental in our son’s recovery. We truly feel that God blessed us by sending us to St. Anthony and to Angela.

Ross is now back in school and doing well. Although he will be on blood thinners for six months and is looking at a long rehabilitation, we are so thankful for the care he was given.

Debbie Murphy
Catholic Health Initiatives
Denver, Colo.

“We thought we were over the hump and that perhaps Ross would be able to come home the next day. That did not prove to be the case.”
The patient was a 65-year-old woman who was dying from end-stage emphysema.

Her mother, who was 86 years old, was watching her only child die.

Her nurse was a professional, compassionate, caring woman.

The patient layed in bed, unresponsive, her breathing labored. Her mother, standing by the bed, watched forlornly as her child came closer to death. The mother had shed her tears and was now simply waiting. The nurse asked, “Would you like to hold her?” The mother slowly nodded her head.

The nurse helped the mother lay next to her daughter. The mother couldn’t get completely on the bed, so the nurse held the mother’s body in place so that she could hold her daughter close.

It was a beautiful picture of Christ’s presence: the nurse supporting the mother so that she could hold her child for the last time. The love and caring in the room were undeniable.

Dodie Noordermeer
St. Mary’s Healthcare Center
Pierre, S.D.

“It was a beautiful picture of Christ’s presence: the nurse supporting the mother so that she could hold her child for the last time.”
very time I walk through the doors of St. Vincent, love surrounds me like a warm coat on a cold winter day. A kind word, a gentle touch, a caring smile, a strong shoulder to lean on: these are a few of the small gestures of love freely given and graciously received by St. Vincent employees every day.

You reveal your love for each other in many ways: gathering food and gifts for holiday baskets to help the less fortunate; collecting money or cashing in vacation time to help a friend through a difficult financial period; visiting a co-worker who is ill; consoling a co-worker whose loved one has died.

While working at St. Vincent Health System Foundation, I have seen another expression of your love that goes beyond the walls of St. Vincent. Words cannot explain my feelings when an employee asks me, "How do I make a donation to honor the memory of my co-worker or their loved one?" You share your love with co-workers’ families at times when they need that love very much.

Your love includes our patients. I was touched by a phone call I received from a nurse who asked, "How do I make a memorial for my patient who died?" As I hung up the phone, I thought about how special their relationship must have been.

Thank you for your never-ending love. Your gifts of love can never be taken away. They allow us to endure the trials of each day and give us hope for the future.

"And now abideth faith, hope, love, these three; but the greatest of these is love.”

Charliss Russ
St. Vincent Health System Foundation
Little Rock, Ark.
Bald for a Cause

Last summer, a herniated disc gave me my first experience as a hospital patient. I have worked at St. John’s Regional Medical Center for 20 years, but the provider side had been my only hospital experience. Now I was on a gurney, headed to surgery. The staff and I compared our lengths of service until I fell asleep. A little anxiety is not unusual before surgery, but being among familiar faces melted my anxiety away.

The people of St. John’s caregiving team make a very real and positive difference to thousands of patients who experience illness each year. They know that teamwork is built on strong relationships, and they know they can count on each other. Here is one example.

Lisa, a secretary in outpatient surgery, was diagnosed with non-Hodgkin’s lymphoma. She learned just how extraordinarily willing her co-workers were to support her. When her hair fell out due to chemotherapy, her male co-workers shaved their heads. A local newspaper said they were “bald for a cause.” During Lisa’s treatment, her seven teammates remained clean-shaven on top.

We hang our mission statement and core values on our walls, but our employees carry them in their hearts and live them through their work. Great care is delivered by great people, and St. John’s has cornered the market on great people. Lisa knows that first hand, and so do I. The hair on her co-workers’ heads has long since grown back, but their ability to inspire has not faded. When I see their faces, whether I’m walking in the hallways of our facility or looking up from an operating table, I feel a profound sense of respect. Another 20 years spent working beside them will be an honor. God is in this place, and God is working and healing through these people. To Brian, Terry, Colby, Eddie, James, Walt and Randy – thank you.

Terry Wachter
St. John’s Regional Medical Center
Joplin, Mo.
"When I see their faces, whether I’m walking in the hallways of our facility or looking up from an operating table, I feel a profound sense of respect."
Sometimes we get so caught up in day-to-day pressures that we forget what’s really important. That’s when God seems to send someone or something to open our eyes.

As I walked out of my office one day, a man looked up at me pleadingly and mouthed the words, "Help me, please." This caught me by surprise, so I stopped and said, "I am late for a meeting, but if you want to walk along with me I’d like to hear how you think I can help you."

I noticed a small, older model car parked outside, packed with a woman and five children. The man told me that his family was living in the car. They had come to the United States from Africa to find a better life. He was a college professor, his wife a nurse. After arriving in New York, they found only coldness and rejection.

When they exhausted their savings without finding employment, someone suggested they relocate to the south. Grace, the wife, had applied for a Tennessee nursing license and filled out applications for nursing jobs at all of the local hospitals, including Memorial. She even had several interviews, but the result was always the same: no job offers. The husband had accepted temporary employment just to earn some money, but with five children both parents needed to work.

He said that he had felt led to come to Memorial because they had seen the huge cross hanging on our building. What a sense of responsibility that gave me! I pledged to try to help the family. I suggested that he bring Grace to meet me. They came the next day.

Grace appeared clean and neat, but I noticed a strong body odor about her. The nursing directors were hesitant to offer her a position. “She has a strong body odor that will be offensive to our patients,” they told me.
After some prayer and soul searching, I gathered some soap, shampoo, body lotion and deodorant in a gift bag. When Grace returned to find out if she would receive a job offer, I told her that we could not give her one and explained why. I gave her the gift bag and explained our culture’s reaction to body odor. In Grace’s home country, body odors are not offensive and she was unaware of such perceptions in our country.

The next day I looked up from my desk to find Grace standing in my doorway. She had used the products I had given her and the strong body odor was gone. She looked beautiful and was optimistic. After another interview, Grace was offered a job. We collected furniture and clothes for the homeless family. Within days, they settled into an apartment. Watching them give thanks when they still had virtually nothing was a true inspiration to me. Many associates at the hospital donated time, money and supplies to the family. It made me so proud to be a part of Memorial.

After a couple of years, Grace’s husband took a teaching job at a university in another state. He came to thank me for taking time to listen to him that first day and said he would always remember me as his first friend in this country. He said that he believed that through me, God had blessed his family. I thanked him, knowing in my heart that God had brought us together but that I had received the true blessing.

Whenever I feel discouraged, I think of Grace and her family and the lessons they taught me. I also remember how important it is to get past cultural differences and see the value of each person. That is the example Christ set for us, and it is what people should expect when they see the cross on the building.

Lisa Whaley
Memorial Health Care System
Chattanooga, Tenn.
Healing Relationships With Our Communities
robust senior couple moved into our facility in 1989. They had a healthy regimen: she swam laps and played bridge; he was a master gardener who power walked five days a week. They were popular among the residents.

After ten years of living here, he was diagnosed with Alzheimer’s Disease. With the support and caring of the staff and the other residents, the couple managed to maintain a satisfactory lifestyle. His power walk slowed, and after a while it took him an hour to cover the distance he used to travel in ten minutes. The landscaping crew spent their lunch breaks helping him with the hard work in his garden.

One day, a small tragedy struck. She lost her balance, fell and broke her leg. She missed her daily exercise and the opportunity it gave her to get out on her own. Her conversations were sprinkled with anger, and depression set in.

She called our office to request some maintenance work on her unit. She telephoned our office again, angry beyond reason about a minor detail. We stopped our work, called the staff together, and together we prayed for her. Later that day she called to order a dinner tray, her voice calm and her demeanor friendly. She told us she had felt better, but she didn’t know why. We knew.

Since then, our work group has met daily to choose the name of a resident from a basket. We hold that person in our prayers throughout the day. Later, we added the names of all of our staff members to the basket. It is tremendously empowering to have people pray for you. And when good things happen, we know why.

Anita Allen
Linus Oakes Retirement Center
Roseburg, Ore.
“It is tremendously empowering to have people pray for you.”
The opening reflection at a meeting of market-based organization chief executive officers asked us to look for “the face of Christ” in those around us. This message moved me greatly because of a tragedy that had occurred in Oakes just two days before. I had seen the face of Christ several times in one evening at Oakes Community Hospital.

On Halloween, I drove my son and two of his friends to one last trick-or-treat stop at the convent next to the hospital. However, as I drove up, I saw fire and rescue personnel standing outside the emergency room entrance. This meant trouble, and after I took the children to their homes I went back to the hospital.

There had been an accident at the local grain elevator. A 39-year-old man had fallen into a grain bin. Dozens of community members had rushed to the elevator to help, but their efforts were in vain. After the accident, most of these people came to the hospital. They had no other place to go.

I saw the face of Christ that night in the friends and relatives who rushed to the hospital to support the victim’s family; in the ambulance staff who had struggled unsuccessfully to intubate their patient; in the hospital staff who, against all odds, tried to resuscitate the victim; in the local Methodist minister who put his hands on the shoulders of a 12-year-old boy, looked him in the eye and told him his father was dead.

The local newspaper editor walked up to me in the hospital hallway. “Mr. Burris, you have a caring facility here,” she said. I thanked her for the kind words. I think she saw the face of Christ that evening, and I did, too.

Bradley D. Burris
Oakes Community Hospital
Oakes, N.D.
or you to fully understand my situation, I would like to take you back a few years. In 1974 I had a heart attack. The doctors told my wife and I that I had 10 to 15 years to live, so we planned our lives around those figures. Well, I have had an aortic prosthesis for 27 years now.

More recently, when the doctors told my wife that she had breast cancer and would need a mastectomy and chemotherapy, we had no idea that her treatment would take three years to complete. On one of her visits to have an X-ray done, we were told that the cancer had returned. She was put on a different treatment regimen, but to no avail. We called Mercy Hospice, where wonderful people offered superb assistance.

When my wife died, I was devastated. A few months after my wife’s death, I felt that I was going to do something desperate, like do away with myself. After all, a part of me had been ripped away. I called Cathy, the Roseburg coordinator for Mercy Hospice, and talked to her for some time. She asked me to hang tight while she called Herb, a Mercy Hospice volunteer, who was with me in about five minutes. He stayed with me, talking in his calm and soothing way, until it was safe for me to get on with my life.

I joined the Bereavement Support Group and found that I was not the only one who had lost a loved one and that some were in a worse state than I was. My friend, Herb, came to visit quite often and suggested that I do volunteer work at the hospital. I did, and I found that the world wasn’t as bad a place as it had seemed. Over time, I was able to laugh and have a little joy in my life. The hurt is still there, but through the hospice and with prayer I am able to live a more normal life. I believe that the good Lord knows when He needs you. When I have served the purpose that God has picked for me, He will take me to my wife.

**Neil Easton**
Mercy Medical Center
Roseburg, Ore.
n December 21, 1999, at 9 pm, we were all settled down for the night in our small rural hospital in Cañon City. Earlier, a barber-shop quartet had serenaded our staff and patients with Christmas music. Now, all was peaceful and still.

Suddenly, we received a trauma alert. There was a devastating bus accident 10 miles west of town. It involved a busload of high school students who were part of a church group from Houston, Texas. All available transportation was being used to bring the 57 students and their leaders, some of whom were critically injured, to our hospital.

We called in extra medical staff and all ancillary departments. As Cañon City residents heard about the crash, more medical personnel, clergy and volunteers came in to help. A local church opened its doors to students who had been traveling in a second bus as well as those who were treated and released. Local businesses brought food and clothing to the hospital throughout the night.

Did we pray through all of this? Absolutely. Chaplains and volunteers prayed with individuals and small groups, while others huddled together to pray for friends who were critically injured. We all prayed for the families in Texas who were trying to get information and make flight plans.

There was a great depth of spiritual feeling, concern, loving care and compassion in the hospital that night and throughout the following days, as families arrived to be with sons and daughters or to take them home. Those who had to remain over the Christmas holiday received an outpouring of love and care from the people of the town. Many of us remarked that we felt truly blessed to work in this small, rural, Catholic hospital where we care for one another and where, despite our smallness, we can offer quality medical care along with quality spiritual care.
The day after the accident, a pastor arrived from Texas to visit all of the students and families. As he and I talked, he said he needed to get home soon to prepare his sermon for Christmas Eve. “Along with speaking about the presence of God in the midst of this trauma,” I said, “you might say that your group experienced a place where they made room at the inn and allowed Christ to be born again among us!”

Marilyn Carpenter, OSB
St. Thomas More Hospital
Cañon City, Colo.

“There was a great depth of spiritual feeling, concern, loving care and compassion in the hospital that night and throughout the following days, as families arrived to be with sons and daughters or to take them home.”
A man was wheeled into the trauma (T10) room, where a medical team and a chaplain stood waiting. He had been in a motor vehicle accident, and immediate surgical intervention was needed to save his life. In an attempt to identify him, the chaplain called various law enforcement agencies until she was directed to a clinic in Granby. The patient’s wife, who was about to be airlifted to St. Anthony as well, provided the names of relatives to notify and asked the chaplain to stay with her husband.

The chaplain returned to the T10 room. The trauma team could not sustain the patient’s life. The patient lay on the gurney with his arms outstretched, a large abdominal incision and patches of blood on the floor. To stand there was like standing at the foot of the cross. The chaplain told the staff that she wanted to pray for the patient; they bowed their heads and the room fell silent.

"O God, we don’t understand this and we are in pain from this needless death, deeply saddened by this event," the chaplain said. "We ask that you make your presence known to him, be with him in his new journey. Give him a sense of your peace, after so much turmoil. Help his family to cope with this tragedy and comfort them in the days ahead. We ask these things in your holy name. Amen."
Scripture tells us that women stood under the cross where Jesus died, watching and praying. I think they were suffering as Jesus suffered and saying that the story was not finished. They stood in a horrific place, yet witnessed to more.

After September 11, 2001, the citizens of New York City flocked to the World Trade Center to light candles, build shrines and pray. Again, a catastrophic scene was transformed into sacred space. People all over the country gathered in their communities to pray, light candles and weep for those lost.

Suffering evokes humanity’s compassion. It brings out a need to gather and find solace. As people stood in the mystery of suffering, they experienced love and comfort in their gathering. Love is the point of life. Where there is more love, there is tolerance for more pain; and love bears all things.

Ann Christensen
St. Anthony Hospitals
Denver, Colo.

“Again, a catastrophic scene was transformed into sacred space.”
As a hospice social worker and bereavement coordinator, I experience death and grief often. Sometimes, those dying and those grieving are people I know and care about outside of the hospice relationship. They are my friends, neighbors and co-workers.

Connie, a woman from my hometown, lay in a hospital bed approaching death at the age of 56. Her husband, children, grandchildren and extended family gathered and tried to make a decision about hospice admission. I talked with the family about the hospice program. They discussed whether or not they should take Connie home to die. Long ago, Connie told me she did not want to die at home because she did not want her family to have that memory. As I listened to the family and shared what I knew, a few tears trickled down my cheeks. I have often been embarrassed by how easily my tears flow.

I reached for a tissue as we talked about how Connie had fought for three years to stay alive for her family. “A mother’s instinct is to protect her children and shield them from harm,” I said. I noticed that others in the group also began to cry. I assured them that tears sometimes say “I love you” in a way that nothing else can, and if we hide our tears from those who are dying we may miss a chance to say “I love you” in one more way. I also told them that my husband says that even though the world has trained us that “big boys don’t cry,” it is OK for men to cry. “Jesus cried, and they don’t come any bigger,” he always says.
Connie remained in the hospital and the family kept a vigil for several days. During that long vigil, her sister came to me and thanked me for sharing my tears. She said I’d given them a gift by freeing them to share their tears with Connie and one another. As she left, I paused to thank our Creator for the gift I have been given – the gift of tears.

Sandra Nicolai
Carrington Health Center
Carrington, N.D.

“If we hide our tears from those who are dying we can miss a chance to say ‘I love you’ in one more way.”
On a Friday night in April I was paged by the hospital. When I called in, the nursing supervisor told me that a patient who had surgery earlier that day was in critical condition and was not expected to make it though the night. However, I was not being paged in my role as a respiratory therapist. The patient was Jewish, and there was a note on her chart that she was concerned about adhering to her religious rituals if she was near death. Because Friday night is the beginning of the Jewish Sabbath, the hospital could not reach a rabbi. The nursing supervisor had contacted a member of our spirituality committee, who suggested that she contact me because I am Jewish. She asked if I could please come in and see what I could do.

When I arrived at the hospital, I contacted Pastor Wayne Nazareneth, one of our on-call chaplains, and asked him to meet me there. As a Seventh Day Adventist, Wayne also observes the Sabbath and I thought he might be able to help me. At the time I was not especially strong spiritually, preferring to put my “faith” in the science of medicine and those things that can be seen. However, I did observe Jewish customs.

Custom calls for a gathering of loved ones to surround the person in need. In this case, the patient had no relatives or friends at her bedside. Wayne and I gathered who we could. We all held hands as I explained to the semi-conscious patient who I was, that I was not a rabbi, but that I would try to find the right words to say. I then started to sing and speak to her in Hebrew.

“She told me that she remembered my words and they had been very comforting to her. She could feel our prayers and knew that we were holding hands around her.”
As Wayne said later, "It was a beautiful sight - you could see her face light up at the sound of David’s words.” I could see her relax and I knew that my words were bringing her a sense of peace, of something sacred and familiar. We stayed at her bedside for perhaps 20 minutes.

The next morning the patient was no longer near death, and she has since recovered. Recently, she attended a gathering that my wife and I held in our home for fellow Jews in the community. She told me that she remembered my words and they had been very comforting to her. She could feel our prayers and knew that we were holding hands around her.

This experience was a startling revelation to me. I realized how powerful the strength of prayer and hope can be. We, as caregivers, were from different religious backgrounds, but came together to meet the needs of a patient. I feel very blessed to have been a part of that.

David Seigel
St. Thomas More Hospital
Cañon City, Colo.
Students at Peace Academy, a public high school located on the fourth floor of CARITAS Peace Center, a 416-bed psychiatric hospital, created 1,000 origami cranes to send to New York City firefighters in the aftermath of the terrorist attacks on the World Trade Center on September 11. The pink paper birds have been a symbol of peace in Japan since World War II.

The Peace Academy students were inspired to create the cranes when English teacher Carol Williams read them the story of Sadako Sasaki, a 12-year-old girl who was orphaned by the bombing of Hiroshima and died of radiation sickness. As Sadako lay in her hospital bed, she used the pieces of paper in which her powdered medicine was wrapped to fold cranes. She hoped to fold 1,000 cranes in the belief that if she succeeded, her prayers would be answered.

At first, Sadako prayed for her own recovery. Later, as she suspected that she was not destined to recover, she began to pray for universal peace. Sadako completed 644 cranes before she died. When her story was publicized in Japan, other children began to follow her example, folding cranes as symbolic prayers for peace.

During the two weeks after the September 11 tragedy, the Peace Academy students folded 1,000 pink birds. Each bird has “Peace – Louisville, Ky.” written across the wings. Their teachers noticed that a calm came over the students as they worked on the project. It was a constructive way for emotionally troubled adolescents to express their grief about the tragic events of September. It was a fitting way to pray for universal peace.

Daniel G. Shaw
CARITAS Peace Center
Louisville, Ky.
“She hoped to fold 1,000 cranes in the belief that if she succeeded, her prayers would be answered.”
Not long after my five siblings and I decided to relocate Mom from her home to Namasté Alzheimer Center in Colorado Springs, my youngest sister said, “I have to adjust to the fact that Mom has a new family.” Mom seldom recognized any of her children, their spouses or her grandchildren. Yet when we visited her, we could see that her expression of love and affection now extended to those who cared for her. In return, she received from them a loving relationship.

We felt comfort and peace knowing that while we could not be physically present to Mom every day, she was part of an extended family at Namasté. When we visited we were received as part of their community.

The Namasté staff treated Mom with dignity and compassion. They would explain to her what they were going to do: “Rose, I am going to help you from your chair and we will walk to the dining table.” Their reassuring, respectful voices made me aware they had developed a special, loving relationship with Mom. I saw the staff work tirelessly to develop relationships with the spirits of all those in their care. They truly are the strong light that joins with the weaker light from a person with Alzheimer’s.

Namasté is a greeting used by the people of East India. With hands folded, they greet one another by saying Namasté, which means “I bow to you and my spirit greets your spirit.” The spirits of the Namasté staff met Mom’s time after time as they cared for her.
Mom died a month before the third anniversary of her residency at Namasté. As she lay dying, we had a choice of keeping her in her room or in the communal “pod” area. We chose the pod, and it was there that we realized, more than ever, that we had chosen the right place for Mom. The staff provided compassionate, quality care. The other residents in her pod expressed their farewells in their unique ways: by walking past her bed, placing a stuffed animal on the bed or straightening her blanket. One resident sat with us mumbling consolation in her own language. It didn’t matter that we didn’t understand her unique language. Our spirits had met hers.

As we left Namasté during Mom’s last days, we left part of our spirits behind. We left our gratitude and respect for those who serve there; our peace in knowing we had chosen the right place for Mom to reach the end of her Alzheimer’s journey; and our hope that sponsors, families and those who serve continue the Spirit of the Healing Jesus at Namasté.

Rosaleen Simpleman, SC
On behalf of her mother’s family
Cincinnati, Ohio

“We felt comfort and peace knowing that while we could not be physically present to Mom every day, she was part of an extended family at Namasté.”
his is a story about Ellen. Ellen lives in a Friendship, Inc., group home in Park River, N.D. Through the years, Ellen’s family has been very supportive of her. She went home for extended visits and loved spending time there. She had a special bond with her mother, and they worked on crafts together. Ellen would return from these visits with family pictures and a craft that she and her mother had made. Ellen found great security and strength in her family and the positive values they gave her.

Unfortunately, time has a way of robbing us of our treasures, as it did when Ellen’s mother died a few years ago. The good news is that although death can steal away the people we love, it can’t touch the spiritual things they pass on to us. In Ellen’s case, she inherited hope and a caring, nurturing spirit from the mother who loved her very much.

Soon after her mother’s death, staff members noticed Ellen’s interest in using the computer in her group home. Knowing that Ellen loved to make things, the staff obtained a computer program that makes greeting cards for all occasions. The staff asked Ellen if she would like to make cards for people who live at the local nursing home. Ellen said she would love to make the cards.

Each month, Ellen receives the names of nursing home residents who will celebrate their birthdays that month. She makes each resident a birthday card on the computer. She goes to the nursing home twice a month to hand deliver the cards. Through this project, Ellen has established a social role in her community. She smiles and shakes the hands of the people she meets. They have come to know her and look forward to her visits. Through her loss, Ellen discovered a new way of giving and has made new friends. To all of the wonderful people who support Ellen and make this possible, thank you.

Herb Winzer Jr.
Friendship, Inc.
Fargo, N.D.
On September 11, 2001, groups both large and small gathered around our nation to reach out in service, leadership and prayer.

As we gathered in the chapel of our Heart Hospital, a little boy about four years old joined us. He was dressed in red, white and blue, and his eyes sparkled. He walked down the aisle with his mother as she received Eucharist. After the liturgy, he followed his mother towards the chapel door. The bowl of holy water captured his attention and he moved beside it. He dipped his little fingers into the water and curled his tiny hand to form a cup. From this newly created cup, he took a drink, then a second drink. Without delay, he stood on his tiptoes, dipped his little face into the bowl and drank effortlessly.

Change happens. Decisions occur around various tables, including the table of the Lord. On this historic day of sorrow, grief and prayer, a little child of America unexpectedly captured the hearts and minds of some health care professionals and brought them even closer to God’s word: “Come to me all you who are thirsty and I will give you drink.”

Maurita Soukup, RSM, DNSc, RN
Iowa Heart Hospital/Mercy Medical Center
Des Moines, Iowa

“Without delay, he stood on his tiptoes, dipped his little face into the bowl and drank effortlessly.”