

tidings!

December, 2006

MARK YOUR CALENDAR

February 11, 2007

World Day of the Sick
February 28-March 2, 2007
Catholic Health Care Ethics:
The Tradition and
Contemporary Culture
Loyola University, Chicago
FFI: 708-327-9209

March XX, 2007

**CHA-MN Annual Meeting
Registration Information
forthcoming**

Minnesota Catholic Health Care Directive

To assist Catholics of the state who wish to have an advance directive, the Catholic Bishops of Minnesota have recently prepared an official Minnesota Catholic Health Care Directive. The directive not only meets the state's legal requirements, but also reflects the Church's teaching and the recommendations of church, health care, and community leaders. Provided with the directive are guidelines that address basic questions about the law, church teaching, and completing a health care directive.

In the aftermath of the death of Terry Schiavo, many State Catholic Conferences have found it necessary to provide clear direction to Catholics regarding health care directives. The Minnesota Catholic Health Care Directive was recently approved by the Bishops on December 6, 2006. The process for developing the document was initiated by the Bishops, and spearheaded by the staff of the Minnesota Catholic Conference – working cooperatively with the president of CHA-MN, Sr. Mary Heinen, Deacon (Attorney) Robert Schnell from the Archdiocese of St. Paul/Mpls, and other leaders from throughout the state.

“Though our Catholic health facilities already have the Ethical and Religious Directives for Catholic Health Care Services, the new Minnesota Catholic Health Directive will be another valuable tool for not only our facilities – be it acute, longterm, or our clinics – but also the Catholic faithful that are faced with end-of-life decisions,” stated Sr. Mary Heinen following the approval of the document. “There will also be value in providing such a document to a broader audience including health care students, nurses, and the general public.”

DIRECTIVE *cont. on page 2*

QUESTIONS ADDRESSED IN THE ATTACHED GUIDELINES FOR THE NEW DIRECTIVE.

Are Catholics morally obligated to have an advance directive?

Is organ donation morally acceptable?

Can I include a donation in my health care directive?

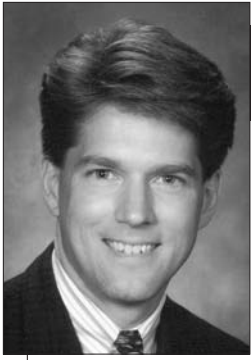
How can I make sure my spiritual needs are met?

What is ‘viaticum’?

What if I've already prepared a health care document? Is it still good?

What should I do with my health care directive after I have signed it?

What fundamental principles should guide a Catholic, and indeed any person, who is thinking about health care decisions?



AS I SEE IT

Bettering the World

Toby Pearson,
CHA-MN
Executive
Director

As we enter the holiday season and move towards a new year, we stop and reflect on where we are as people, families, friends... and professionals. In our professional lives, much of what we focus on is the effective treatment of sick people. Our papers are filled with stories on Avian flu, AID's, and other infectious diseases. We are often faced with unknowns. The Catholic faith attempts to give guidance on these difficult matters within healthcare.

This past month, the Pontifical Council for Health Pastoral Care hosted their International Conference in Rome. The focus of the conference was to examine the pastoral aspects of treating those with infectious diseases. It was the Council's intention to help health-care personnel, hospital chaplains, medical doctors, paramedics, nursing staff, health-care administrators, voluntary workers and all those who dedicate themselves to pastoral care in health in the world to understand better the spiritual and moral aspects of infectious diseases and to provide better care both to those sick people who are suffering and to those who look after them. This conference was a practical statement of the Church's concern for sick people, and those who engage in service to the suffering.

In addition to studies and moral teachings, our faith also promotes practical, prayerful reflection on what it means to care for the sick and respond to human suffering by recognizing the World Day of the Sick. Next year, the World Day of the Sick will be held on February 11, 2007.

Pope Benedict XVI has chosen Seoul, South Korea, to host this

event. The theme will be "The Spiritual and Pastoral Care of the Patients with Incurable Illnesses."

Since 1992, the Catholic Church has celebrated World Day of the Sick on February 11—the day on which the Church commemorates the feast of Our Lady of Lourdes—under the sponsorship of the Pontifical Council for Health Pastoral Care. World Day of the Sick has three consistent themes. First, it reminds the faithful to pray intensely and sincerely for those who are sick. Second, the celebration invites Christians to reflect on and respond to human suffering. Finally, the day recognizes and honors all persons who work in health care and serve as caregivers.

As Pope John Paul II said in the 1992 World Day of the Sick statement, "For you, health-care workers called to the highest, most meritorious and exemplary testimony of justice and love, may this Day be a renewed spur to continue in your delicate service with generous openness to the profound values of the person, to respect for human dignity, and to defense of life, from its beginning to its natural close."

So, as we move through the Advent season let us not forget how the work you do everyday, caring for the sick, caring for their families, and providing people with hope, does help to bring about a better world.

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DIRECTIVE *cont. from page 1*

In the coming months, efforts will be made to provide the new Health Care Directive to Catholic health facilities, parishes, higher education institutions, social workers, and nurses - while also communicating the document through appropriate websites, and diocesan newspapers. For a complete copy of the directive and guidelines, visit www.mncc.org.

Inquiring minds want to know...

...what's happening in your organization. Please send your news to Toby Pearson, CHA-MN executive director. Telephone: (651) 503-2163; e-mail: CHAMNToby@aol.com. Ask your public relations or communications director to put us on the news release list: CHA-MN, P.O. Box 65217, St. Paul, MN 55165.

MAYO CLINIC: THE FRANCISCAN CONNECTION

By Marion Amberg

This internationally famous medical clinic started with three talented Protestant doctors and one very determined Franciscan sister.



*Mother Alfred Moes, O.S.F.,
founder of the Sisters of
Saint Francis of Rochester*

Mayos and the Catholic sisters. “The cause of suffering humanity knows no religion or sex,” Mother Alfred (1828-1899) said. “The charity of the Sisters of Saint Francis is as broad as their religion.”

When patients arrive at the world-renowned Mayo Clinic in Rochester, Minnesota, many are acquainted with the story of the legendary Drs. Mayo. But few know the Clinic has Franciscan roots, roots that began 117 years ago in a cornfield.

In September 1889, Mother Alfred Moes, O.S.F., founder of the Sisters of Saint Francis of Rochester (a teaching order), opened Saint Marys Hospital, a 27-bed facility a mile from town. The attending staff: Dr. William Worrall (W.W.) Mayo and sons, Drs. William J. (Will) and Charles H. (Charlie) Mayo.

The hospital should have failed from the start. Dr. W.W. Mayo was 70 years old, and neither Will, 28, nor Charlie, 24, had any hospital experience. Greener still were the nurses—sisters who were schoolteachers and not used to seeing blood and bodies. Rochester’s anti-Catholic sentiment didn’t help matters; many townsfolk were suspicious of the partnership between the Protestant

With scalpel and prayer and a credo that “the needs of the patient come first,” the doctors and sister-nurses began to heal the sick. The mortality rate was so low that, by 1893, patients from Montana to New York were coming to Rochester. When the once-skeptical public began lauding the Mayos for the hospital’s success, the doctors humbly deflected the praise to the sisters. “The grounds were purchased by the sisters, and the building was erected under the supervision of the Mother Superior,” the elder Dr. Mayo said during the 1894 dedication of the first hospital addition. “She was a wonderful woman, so full of hope and energy.”

The hospital expanded—as did the practice of the Mayo brothers, as well as the physicians and medical specialists who had joined them. In 1914, the brothers erected a five-story medical office building that became known as the Mayo Clinic.

“A sick man is not like a wagon to be taken apart and repaired in pieces,” the Mayo brothers explained about the country’s first integrated group practice. “He must be examined and treated as a whole.” Although the brothers retired from surgical practice in the late 1920s, the Mayo/Franciscan bond remained tight as sutures. The sisters continued to operate the hospital and Mayo Clinic physicians continued as its staff.

Over the years, the Mayo/Franciscan team made its mark in medical history. In 1928, Dr. Will published an article describing “Sister Joseph’s nodule,” an umbilical lesion discovered by and named for Sister Joseph Dempsey, who was Dr. Will’s surgical assistant and also the hospital administrator. The nodule is often the only physical symptom of a particular form of abdominal cancer. In 1949, Edward C. Kendall, Ph.D., and Philip S. Hench, M.D., announced the isolation of cortisone and its effective treatment of rheumatoid arthritis; initial clinical trials were conducted at Saint Marys Hospital. The researchers, who won the Nobel Prize in 1950, praised the sisters for their contribution to the medical feat.

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REAFFIRMING ITS ROOTS

If the Mayo/Franciscan connection is astonishing, consider this: The Franciscan spirit thrives at Mayo Clinic today despite a near-absence of sisters! For years, Saint Marys Hospital and Rochester Methodist Hospital (and its predecessors) shared the services of the Mayo Clinic medical staff. By the mid-1980s, however, the reimbursement process from health insurance companies and Medicare had become increasingly difficult and complex.

In order to care more effectively and efficiently for their patients, the two hospitals and Mayo Clinic integrated operations in 1986—under the umbrella of Mayo Foundation. While each entity retains its separate, not-for-profit status, the trio is collectively known today as Mayo Clinic Rochester. (In addition to Mayo Clinic Rochester, Mayo Clinic today operates clinics and hospitals in Jacksonville, Florida, and in Scottsdale and Phoenix, Arizona.)

After nearly a century of service, the Sisters of Saint Francis relinquished day-to-day control of the hospital. It was the end of an era but not a ministry. As part of the merger, an endowment was established to fund the mission of the newly created Saint Marys Hospital Sponsorship Board: to preserve the Catholic identity of the hospital and to perpetuate the Mayo/ Franciscan values throughout the Rochester campus.

“Saint Marys Hospital has been a primary ministry of our congregation since 1889,” says Sister Mary Eliot Crowley, O.S.F., administrator for Sponsorship and the only sister employed full-time at the hospital today. “While we don’t own or operate the hospital, we do influence the way health care is provided. This Midwest town takes care of patients from all over the world.” Just as importantly, Mayo Clinic physicians wanted the Franciscan ethos to continue. “We know who we are with the sisters,” said Dr. W. Eugene Mayberry, vice chair of Mayo Foundation at the time of the merger. “But we don’t know who we’d be without them.”

Composed of Franciscan sisters and lay colleagues, the Sponsorship Board has a far-reaching mission statement. Sponsorship seeks to strengthen the spiritual dimension within Mayo Clinic; reinforce trust among staff and the anticipation of trustworthiness by patients and their families; and nurture the Mayo/Franciscan values of primacy of the patient, trust, commitment to excellence through teamwork, spiritual support and compassion/respect for those served and serving.

Important when formed, Sponsorship is even more critical today. “Until recent years, most new staff members were familiar with the spiritual roots and background of Mayo Clinic,” continues Sister Mary Eliot. “Mayo Clinic Rochester today has more than 29,000 employees, including researchers, scientists and doctors from around the world, of all faiths and all cultures.”

IMPARTING THE VISION

The Sponsorship Board didn’t look to management consultants for help but rather to a pair of spiritual mentors:

Francis and Clare of

Assisi. In 1997, the Sponsorship Board invited the first group of Mayo leaders to participate in the Franciscan Leadership Pilgrimage, an annual program that brings to Assisi lay leaders from Franciscan-sponsored institutions. There are parallels between the lives of these saints and Mother Alfred and Dr. W.W. Mayo, explains Sister Mary Eliot about the 11-day pilgrimage.

Francis and Dr. W.W. Mayo forsook all to follow their hearts, pilgrims learn. Francis left his father’s cloth business and Dr. Mayo his family in England. Francis tended to the lepers and outcasts; Dr. Mayo treated all regardless of social status or ability to pay. Clare founded the Poor Ladies (known today as the Poor Clares); Mother Alfred, an immigrant from Luxembourg, established Franciscan congregations in Joliet, Illinois, and Rochester, Minnesota. Clare cared for the sick at her convent in San Damiano; Mother Alfred built Saint Mary’s Hospital.

Nearly 80 Mayo leaders have now made the ecumenical pilgrimage, which includes a daily lesson from Francis’ or Clare’s life, Eucharist, prayer and time for reflection. Group discussions further help pilgrims discern ways to apply Franciscan principles to life in the 21st century...

SPIRITUAL LESSONS

“What happens on pilgrimage is no less astounding than what happened when people encountered the living St. Francis,” says Sister Ramona Miller, a Rochester Franciscan who has led various pilgrimages to Assisi for 20 years. “When Mayo pilgrims realize they’re connecting with a

*We know who are
with the sisters...
but we don't
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mission that's 800 years old, they get fired up! They're part of something big and it's from God!"

The spirituality of each site affects pilgrims differently; testimonies are as diverse as the pilgrims, their jobs and their religious affiliations. Mary Ayshford, a Methodist and the art director in the Department of Development, found inspiration at La Verna, the mountaintop where Francis received the stigmata. "Nature is my cathedral and that is where I felt the closest to Francis and to God," says Ayshford, adding that, as with many pilgrims, Assisi instilled in her a greater need for servant leadership and bonum, the Franciscan value of doing good. "We owe it to others to be good people and to do good things and to help out wherever we can."

Pilgrim Michael W. O'Brien oversees a staff of 110 in the sections of medical social services, patient education and the child-abuse program. For him, the lesson of Francis' stigmata—a sharing in Christ's suffering—meant a reordering of work priorities so he could share in the suffering of his employees. Compassionate suffering, O'Brien learned, takes a conscious effort. Returning to work after a vacation, O'Brien was informed that several employees had lost loved ones. With 30 minutes until his next appointment, he decided to visit the bereaved staff members and extend his condolences, a gesture that elicited tears and words of gratitude for his concern. "Before the pilgrimage, I would have used that half hour to organize my day," reflects O'Brien, a Catholic. "Assisi taught me to take care of and respect my colleagues."

Paula Menkosky, executive director of a Mayo-owned health benefits management company, "encountered" Francis before she ever left Rochester. "I learned it's not

Sister Francis but Saint Francis," laughs Menkosky, a Unitarian, who is striving to emulate the Franciscan "power of one." "We often say, 'I'm only one person. What can I do?' Look at Francis and Clare and see the immense good they were able to accomplish," encourages Menkosky, who was profoundly moved at the Portiuncula, the tiny stone chapel where Francis began his mission and where he

died. "What you do today is making a difference, whether now or in the future."

Yet another pilgrim discovered at San Damiano a deeper compassion for the sick in the story of Francis and the leper. "Lepers had to wear cowbells to warn people they were coming," says Paul S. Mueller, M.D., an internist and a nondenominational Christian. "Instead of being repelled, Francis embraced the leper and, for a moment, saw the face of Christ. That is something I reflect on, how we can see the face of Christ in our patients."

CONTINUING THE LEGACY

While the number of pilgrims is minuscule compared to the overall Mayo population, the "lessons from Assisi" are having a ripple effect. Inquiring employees want to know what happened to their leaders in Assisi. And when pilgrims are transferred or promoted across the Mayo organization, they infuse their new work departments with this spirit. "What I found remarkable is that the expectations I had for myself were changed as a result of the pilgrimage," says Steven C. Adamson, M.D., a self-described reluctant leader before his journey to Assisi. He was recently named chair of the Department of Family Medicine in Rochester.

Pilgrimage is just one way Sponsorship impacts the Mayo culture. Sponsorship also presents educational programs, such as "Application of Franciscan Values in Healthcare," presented by Father André Cirino, O.F.M., and helps fund research on values-related topics, such as the "Efficacy of Intercessory Prayer," led by pilgrim Stephen Kopecky, M.D.

A Sponsorship Values Review process assists departments in assessing, on both a departmental and individual basis, how well Mayo/Franciscan values are being lived. "The values that the founding Franciscan sisters and Mayo physicians embraced as basic to their mission guide our decision making to this day," says Glenn S. Forbes, M.D., chief executive officer, Mayo Clinic Rochester, about the unique secular-religious heritage.

But it was Dr. Will Mayo who predicted the Franciscan presence as important for success. "What we accomplish in the future will not be due to bricks or mortar," he said in 1922, "but to the soul and spirit that resides in Saint Marys Hospital." That spirit and that soul remain a vital force today.

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What we accomplish in the future will not be due to bricks or mortar, but to the soul and spirit that resides in Saint Marys Hospital.

MISSION:

BELIEVING IN THE WORTH AND DIGNITY OF THE HUMAN PERSON MADE IN THE IMAGE AND LIKENESS OF GOD, THE CATHOLIC HEALTH ASSOCIATION-MINNESOTA ASSISTS ITS MEMBERS TO FULFILL THE HEALING MISSION OF THE CHURCH.



Catholic Health Association of Minnesota
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St. Paul, MN 55165

News & Notes

- **Saint Anne of Winona** welcomes **Rand Gettler** as their new Administrator/CEO. Groundbreaking for their Joachim Meadows senior housing cooperative is scheduled for April of 2007.
- The **St. Cloud Hospital** recently received the Health and Human Services Award for its work in organ donation. The prestigious Medal of Honor award is presented to hospitals and organ procurement organizations who achieve life-saving organ donation rates of 75 percent or more for a sustained 12-month period.
- **St Gertrude's Health and Rehabilitation Center** of Shakopee was one of twelve facilities nationwide to receive a Step II award for quality achievement from the American Health Care Association and the National Center for Assisted Living.
- **Lowell Larson** was appointed president of the Benedictine Health System Foundation this past July.



Congratulations

CHA-MN Executive Director **Toby Pearson** with bride, **Katy McCormick**, and daughters **Grace** and **Lilly** - recently married on November 4, 2006.

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