

A POOR HANDMAID'S TALE

Sr. Stephen Brueggeman Sees Catholic Healthcare Bringing Equality to Church Life

Sr. Stephen Brueggeman, PHJC, who was given CHA's 1997 Concilia Moran Award for her many exemplary years of service to Catholic healthcare, was in the beginning reluctant to enter the religious life. "I was afraid it would be boring," she recalled recently.

In fact, when she began her career in 1939, she did so as a laywoman, working as a registered nurse at St. Mary's Hospital in Centralia, IL, the coal-mining town she had grown up in. "In those days, when careers for women were limited, you could be a nurse, a teacher, or a secretary," Sr. Brueggeman said. "I thought nursing sounded best, that if I were a nurse I could handle just about any problem life might bring me."

But, in 1944, after struggling for several years with the decision—"I fought it, I did everything I could to avoid it," Sr. Brueggeman remembered—she entered the convent of the Poor Handmaids of Jesus Christ in Chicago.

The life that followed was certainly not boring. "There have been difficult, frustrating, and painful moments, but never a dull one," she said. "I'm very lucky—it has been wonderful. It's always seemed to me that God has a terrific sense of humor, certainly in my case."

A LIFE IN CATHOLIC HEALTHCARE

After completing her novitiate, Sr. Brueggeman went to work on the obstetrics ward at St. Anne's Hospital in Chicago. Big-city OB wards were very busy in the years after World War II, she remembered. "We saw 20 or 30 deliveries of new babies every day. It was the work I liked best."

She was soon called to other duties, however. In the 1950s she became an instructor in St. Anne's nursing school and then, a bit later, the school's director. "I had always said I'd never want to be a nursing director, because they seemed to receive

so much criticism from the nurses," she said. "But you know what? I found I liked it."

Eventually she became the administrator of St. Anne's, and then, in 1969, administrator of St. Catherine's Hospital in East Chicago, IN. That was a more difficult role. St. Catherine's noncardiologists were angry because, as they saw it, the hospital had just spent an "excessive" amount of money on a new cardiac surgery department, to the detriment of other services. They were feuding with the heart doctors and, in fact, had just driven Sr.

Brueggeman's predecessor from her job. "The first thing I had to do was make peace," Sr. Brueggeman said. "I guess growing up in a large family—I had three sisters and three brothers—had given me training in diplomacy."

In 1979 Sr. Brueggeman was elected to the first of two three-year terms she served as provincial of the Poor Handmaids. "That was an interesting job," she said. "As the news got around, many people came to me with advice on how to be a good provincial. The trouble was, I noticed that all this wonderful advice conflicted. Eventually I had to figure it out for myself—that a good provincial is the servant of all."

It was in these years that her congregation began to face the fact it had a dwindling number of women religious with which to staff its hospitals. "We used to be concerned if we didn't have a sister in charge of a floor or a department," Sr.



Sr. Brueggeman

Brueggeman said. "By the mid-1980s, we were happy if we had a sister somewhere in the hospital." She helped shepherd the Poor Handmaids through a series of discussions that, in 1986, led to the transformation of the congregation's seven Midwestern hospitals into a not-for-profit healthcare company, Ancilla Health Systems.

A new problem arose later that year when Sr. Brueggeman completed her work as leader of the congregation. "What do you do with recycled provincials?" she remembered asking herself. "No one knew what to do with me."

WHAT IS 'MISSION EFFECTIVENESS'?

The Poor Handmaids solved that by sending her to Mercy Health Services in Farmington Hills, MI, where she served a three-month internship studying mission effectiveness with the late Sr. Mary Concilia Moran, RSM, a pioneer in the development of the modern concept of Catholic healthcare sponsorship (and for whom the Concilia Moran Award is named).

"Sr. Concilia was my teacher, a quiet, unassuming person of deep faith who communicated as much by her presence and her actions as by her words," Sr. Brueggeman recalled.

When the internship was finished, she went to work for Ancilla as vice president for mission effectiveness. "'Mission effectiveness' sounds like fluff, but it really touches about everything in Catholic healthcare," she said. "It's dealing with physicians, bankers, architects, difficult people, easy-to-get-along-with people—everyone."

Especially important to her was working with Ancilla hospital leaders to provide healthcare for poor people. She recalled that, at one point in the late 1980s, the system's business experts recommended the closing of St. Mary's Hospital in East St. Louis, IL, a city whose population is predominantly poor and black. "We had quite a debate over that," Sr. Brueggeman said. "But finally our provincial, Sr. Kathleen Quinn, said, 'No, find a way to keep it open.' That looked like a good mission decision but a bad business decision. Now we know it was the right decision for both mission and business."

58 YEARS OF CATHOLIC HEALTHCARE

Although she formally retired in January, Sr. Brueggeman continues to stay busy in healthcare. At St. Catherine's, she was recently involved in a project that encouraged the hospital's top managers to spend time as observers in the emergency room. "They were a little reluctant at first, but it gave them an opportunity to learn about the community and its needs." (Incidentally, Sr. Brueggeman does not watch TV's *ER*. "It's not very

realistic. But I used to like *St. Elsewhere*, which was both authentic and funny.")

She is also writing a history of her congregation's 130 years in this country (the Poor Handmaids, founded in Germany 17 years earlier, came to the United States in 1868), nearly half of which she has witnessed herself.

A MINISTRY OF LAYPEOPLE?

Given her long perspective on Catholic healthcare in this century, Sr. Brueggeman has some interesting views concerning the future of the ministry. She is not, she said, particularly concerned about the diminishing number of women religious, for example.

Several years ago, I happened to meet with a group of lay colleagues who were lamenting what they saw as we sisters' "denial" of our shrinking numbers. I thought to myself: Perhaps it's not denial. Perhaps it's just our realization that God is still in charge, our expectation that Catholic healthcare will somehow go on whether the Lord chooses to send us more religious vocations or not. After all, many of us can remember when we hardly even talked about lay vocations. But today laypeople express their Christian vocations as ministers, lectors, deacons, members of parish staffs, writers, and in many other kinds of work. I'm glad the Holy Spirit is making us experience what the Church many years ago said was the vocation of every Christian. We knew that in theory, but we didn't practice it very well in those days.

Sr. Brueggeman is also enthusiastic about the leadership roles men have increasingly come to fill in Catholic healthcare. "We women used to run these hospitals ourselves," she said. "In those days, we joked that when we hired an occasional man it was only for his brawn."

She praised Rev. John J. Flanagan, SJ, CHA's executive director in the 1950s and 1960s, for urging Catholic hospitals to hire people with business training. "At that time, such people were usually men, so what had been almost entirely a women's ministry slowly became integrated," Sr. Brueggeman noted. "That was an important development. Sometimes there's conflict between men and women, but we also enrich each other.

"Catholic healthcare is the one area of the Church where there is equality between men and women," she continued. "In the long run, Catholic healthcare may help bring equality to other parts of the Church." —Gordon Burnside