

THE SISTER NURSES

I credit the vision of a nurse with the fact that SSM Health Care, St. Louis, recently became the first health care organization to win the Malcolm Baldrige National Quality Award. Her clear and unwavering vision of how good our organization could become, coupled with her enormous strength of will, mobilized 23,000 employees, 5,000 physicians, and 5,000 volunteers at more than a score of facilities in four states. SSM Health Care's focus is its mission. "Through our exceptional health care," its mission statement says, "we reveal the healing presence of God." The culture of constant improvement that now characterizes the system will continue long after the Baldrige Award ceremony has faded to a distant memory.

Interestingly, the nurse who leads SSM Health Care is also a nun: Sr. Mary Jean Ryan, a Franciscan Sister of Mary. Sr. Ryan is an extraordinary woman. Like the nurse nuns who built Catholic health care in this nation, she can be demanding. But like those pioneer healers, she has the courage to stand up for what she believes and the inner strength to persevere in the face of seemingly insurmountable obstacles.

It's good for those of us who work in Catholic health care to remember that that history is not a thing wholly of the past. People continue to make history every day, and it is essential for us to recognize events that are historical. It's good for

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BY SUZY FARREN

us, too, to recognize that figures whom we now regard as historic were, in their own times, seen as countercultural. In fact, they were simply doing what they felt called to do.

Sister nurses distinguished themselves in history by caring not only for the public in general but also by caring—joyfully—for people shunned by society: people who had no money, were poor in spirit, were diseased, disfigured, disabled, alone, aged, or downtrodden. Catholic sisters who provided nursing care viewed health care as an expression of God's love for all people. If they could not save lives, they could at least try to save souls.

Emily Friedman, the noted health care author and lecturer, points out that the sister nurses made no distinction between what was clinical and what was social. Writes Friedman: "They provided nursing care, to be sure, but they read to the illiterate while they were dying, sang to those who were lonely while they bandaged their wounds, and taught children their letters while they cleansed sores caused by Hansen's disease. They understood the concept of social medicine, of population-based health care, of healthy communities, long before these ideas became commonplace."¹

CHARITY FOR ALL

One of the first women religious to articulate a Catholic approach to nursing care was Mother Mary Xavier Clark, a Daughter of Charity of St. Vincent dePaul, who wrote "Instructions for the Care of the Sick" around 1841. "Our charity must be extended to all," Mother Clark wrote.² That simple message speaks eloquently to the ministry of healing. Mother Clark called for the fair and equitable distribution of medicine and food to all patients, explaining that, "a patient should be able to say, when a Sister leaves his



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bedside, 'That Sister is more like an angel than a human being. The very sight of her makes me think of God and love him.'⁷³

In the mid-1800s, Sr. Mathilde Coskery, also a Daughter of Charity, wrote the first comprehensive document on nursing, which she called *Advices on Care of the Sick*. In addition to a wealth of practical recommendations, the document offered this advice about alcoholics: "For God's sake do not laugh at them or suffer others to treat them with contempt, though this should be the hundredth time he has been brought to your care."⁷⁴

It was the Daughters of Charity who trained Florence Nightingale at the Institute of St. Vincent de Paul in Alexandria, Egypt. Nightingale was impressed with the sisters' organization, training, and discipline. She wrote: "What training is there compared with that of a Catholic nun? Those ladies who are not Sisters have not the chastened temper, the Christian grace, the accomplished loveliness and energy of the regular nun. I have seen something of different kinds of nuns and am no longer young, and do not speak from enthusiasm but from experience."⁷⁵ In 1854 Nightingale took 18 nuns, some Catholic, some Anglican, to Russia with her to serve as nurses in the Crimean War.

THE CIVIL WAR

The same discipline that so impressed Florence Nightingale helped women religious adapt to the demanding lives they would lead as nurses in our Civil War. "The Sisters brought to their aid in caring for the sick and wounded soldiers the experience, training and discipline of the religious bodies with which they were identified," notes one writer.⁷⁶ "Self-denial was a feature of their daily life, and the fact that they had taken vows of poverty, chastity and obedience peculiarly fitted them for a duty that demanded personal sacrifices almost every hour of the day and night."

Through the long, bloody war, 617 sisters from 12 congregations served as nurses on the battlefields, in military hospitals, on transport ships, in prisons, and on the first naval hospitals. Mother Augusta Anderson, a Sister of the Holy Cross from Notre Dame, IN, described the horrific scenes the sisters witnessed: "Many wounded men whose limbs had been amputated were there with little or no care. We pinned up our habits, got brooms and buckets of water, and washed the blood-stained walls. We were not prepared as nurses, but our hearts made our hands willing, and with God's help, we did much toward alleviating the suffering."⁷⁷

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In military hospitals, the sisters willingly gave their beds to wounded soldiers and slept on the floor. They did not differentiate between Union and Confederate, Caucasian and African-American, or Catholic and non-Catholic soldiers. Anti-Catholic sentiment had been significant in the United States before the war, but the sisters' service during it did much to improve the image of Catholics.

Abraham Lincoln wrote of the sisters' wartime service: "Of all the forms of charity and benevolence seen in the crowded wards of the hospitals, those of some Catholic sisters were among the most efficient. . . . More lovely than anything I had ever seen in art, so long devoted to illustrations of love, mercy, and charity, are the pictures that remain of these modest sisters going on their errands of mercy among the suffering and the dying."⁷⁸

PERSONAL SACRIFICE

In peacetime as well as during war, the sisters sought to meet the needs of their communities, sometimes at great personal sacrifice.

An event in the early history of Mercy Hospital of Pittsburgh illustrates this sacrifice. In January 1848, the Sisters of Mercy admitted a sick boatman to their hospital. When they realized he had typhus, the sisters, most of whom were Irish immigrants, thought of the deadly epidemics they had witnessed in Ireland. Despite their fear, they cared for the patient, and subsequently opened a special ward to care for 18 additional typhus victims who arrived at the hospital. The sisters nursed these patients night and day, exhausting themselves. By the time the epidemic ended less than a month later, all but four of the patients had recovered. But the entire nursing staff—four Sisters of Mercy, all of them under 30 years old—had died.⁷⁹

Similarly, in 1878, when yellow fever broke out in Memphis and Canton, MS, the St. Louis-based Franciscan Sisters of Mary (as they are now known) sent a third of the congregation—13 sisters—to nurse the sick. Following the death of five of the sisters, Sister Rose, aged 23, wrote this letter to Mother Odilia Berger, the congregation's leader:

I am homesick, Reverend Mother, and every day I wish I could see you, even if only for a moment; then everything would be alright. Since that is not possible, I must be prepared to live my vocation as well as possible. The yellow fever is really horrible and the other sisters are still quite weak and can't be

left alone. I feel so lonely during the days and nights, being 500 miles away from you and unable to listen to your words. It seems an eternity to me and I hope that God will let me come home soon. . . . Only four nights have I been able to take off my clothes when I went to bed, all the other nights I was always caring for the sick. However, I am happy to be of service.¹⁰

Among many congregations that cared for the sick during the influenza epidemic of 1918 was the Sisters of Mercy from Cincinnati. Sr. Raphael O'Conner and 15 other sisters traveled in mule carts through the hills of Kentucky to attend to members of coal-mining families who had contracted influenza. Sr. O'Connor died while nursing the sick, just days before her 58th birthday. An official of the American Red Cross wrote to the congregation: "I am so distressed to hear that one of your number paid the 'supreme sacrifice' after her heroic work in helping others. She no less gave her life for her country than did our brave boys; for this flu epidemic threatened our country most seriously, and nowhere was the suffering more than in our mountain section. I know that you did everything to save her, but that her life went as she wanted it to be in doing for others."¹¹

SERVICE TO PEOPLE IN NEED

Being of service was what mattered to Henriette DeLille, a light-skinned woman of color, who, decades before the Civil War, responded to the needs of elderly slaves who had been abandoned by their masters. Born in New Orleans in 1813, DeLille could have declared herself white according to the law of the time, but she refused to deny her heritage. But, as a woman of color, DeLille was not permitted to join a white congregation. So, in 1842, she founded the Sisters of the Holy Family, a religious community for women of color. The sisters' ministry was to care for the elderly, particularly former slaves. To the elderly the sisters opened their own quarters, in which they nursed them and provided a home. Although DeLille died before Lincoln signed the Emancipation Proclamation in 1863, the institution she founded—Lafon Nursing Home—exists to this day in a New Orleans suburb.¹²

Another historical figure who left a lasting legacy was Rose Hawthorne Lathrop, the daughter of the great New England novelist Nathaniel Hawthorne. Her ministry, in the late 1800s, was care for poor people with cancer, a disease then thought to be contagious. Going from tenement

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to tenement in the poorest section of New York City, Lathrop nursed the poor and the dying in their own homes. In 1899 she opened St. Rose's Free Home for Incurable Cancer, and in 1900 she founded the congregation now known as the Hawthorne Dominican Sisters. She refused to accept any form of payment for her services from patients and supported her ministry through begging. To this day, the sisters operate St. Rose's Home in New York City. And they still refuse to accept payment from patients for their services.¹³

Many Americans have heard of Fr. Damien de Veuster and his work with the lepers of Molokai, HI, but few know about Mother Marianne Cope, a Sister of St. Francis of Syracuse, NY. In June 1883, Mother Cope received a letter from a bishop requesting help with a ministry to lepers in Hawaii. More than 50 religious congregations had turned down the bishop's appeal, but Mother Cope was intrigued by it. That October, she and six other sisters left Syracuse, expecting to be gone for only a few weeks. She never returned.

The sisters worked at the Branch Hospital in Kakaako, HI. Among their tasks was dressing the lepers' sores. In her book *Song of Pilgrimage and Exile*, Sr. Mary Laurence Hanley, OSF, describes the task: "Each sister-nurse learned to wash away the scabs, the pus, the maggots, the rot from those fetid ulcers, to cut away the dead putrescent flesh at the margins of the sores, to apply soothing ointments to the raw wounds, and to bind them about with clean cloths."¹⁴ Mother Cope enforced strict hygiene among her sisters. She promised them that no Franciscan Sister would ever contract leprosy. None ever has.

Until her death in 1918, Mother Cope cared for people with leprosy (now called Hansen's disease). After Fr. Damien died of the disease in 1889, she took over his Leper Settlement on Molokai. She transformed these group homes, once dens where the reviled outcasts lived in squalor, into places where there was always music and the patients were stylishly dressed. She grew plants, fruit, and vegetables, and restored dignity to people who had lost all hope. To this day, her religious community maintains a presence on Molokai.¹⁵

A similar commitment to lepers was made by the Daughters of Charity in Carville, LA. In 1896 four sisters went to Carville to care for people with the disease. Because the public so feared leprosy, the sisters could never, once they had arrived at the Louisiana Leper Home (as it was then called), leave it to return to the larger society. The Leper Home was a small community in

the swamp, which was itself rife with malaria and water moccasins. There the sisters provided care for people who otherwise would have received none. The sisters' commitment has spanned the centuries. Even after the federal government took over the home, the Daughters of Charity maintained a presence there. And although the home was closed to new patients in 1999 (because there is now a cure for Hansen's disease), the Daughters have chosen to remain there with elderly residents who intend to live there until they die.

Today talk of a possible smallpox epidemic provokes great fear in this country. However, numerous congregations have in the past provided care to people with smallpox. In the summer of 1868, for example, Mother Baptist Russell and Sr. M. Frances Benson, both Sisters of Mercy, asked the municipal government of San Francisco to allow them to take charge of the local "pesthouse" during a smallpox epidemic. They explained their request in a letter:

It is one of the privileges of the Sisters of Mercy that we attend on our fellow in whatever form of disease it is the Divine Will to afflict them. Therefore, if the City Authorities are willing to accept our Services, two of our Sisters will D.V. [*Deo volente*, or "God willing"] go to the Pest house and take up residence until such time as the Almighty wills to deliver the City from this terrible malady. . . . One room is all we require. You know the accommodation of a Sister of Mercy is very simple.¹⁶

After she and her colleagues had begun their work, Sr. Benson wrote to the sisters in Ireland about smallpox: "It is truly a horrible disease, so loathsome, so disgusting, so pitiable. . . . Not one spot from the crown of the head to the sole of the foot was sound, the eyes of the greater number closed and pus running from them down the cheeks; their throats so sore that to take a drink almost chokes them . . . and the *mal-odour* so terrible that they themselves cry out: 'O Sister, I cannot stand the smell.'"¹⁷

At the time, a local newspaper pointed out that:

none of our religious denominations have, like the Catholic Church, . . . any organization that could furnish help—competent, intelligent, kind female nurses to enter the home of misery and take charge of its ministrations to the crowd of suffering humani-

ty it contains. Those devoted Sisters of Mercy willingly presented themselves and entered on a mission of charity from which all others shrink in dismay and affright. . . . Their fearless, self-sacrificing love is an honor to their Church and to their Order.¹⁸

Mother Russell and Sr. Benson nursed in the pesthouse for nine months, until the epidemic subsided. Their congregation was one of many that responded to smallpox and other fiercely contagious diseases.

RESPONDING TO NEED ACROSS THE COUNTRY

As immigration to the United States increased in the 19th century, so did demand for health care. Priests who had come from Europe to settle in U.S. communities sent requests back to their native lands for nuns to open hospitals and nurse the sick here. On their arrival, the sisters opened convents and established health ministries, in whatever form the community needed. Once the congregation was established, it would often send two or more sisters to other parts of the country in response to calls from bishops or priests.

Despite their poverty, their lack of fluency in English, and the fact that America in the 1800s was definitely a man's world, the sisters opened hospitals all across the nation. Not only did they open these hospitals, they staffed them as well, often working 14 or more hours a day, seven days a week. They nursed patients, fed them, did the washing, cleaned the hospital, and grew vegetables and raised animals to provide food and milk. The vast majority of these sister nurses lived and died in obscurity, known only to their birth families, their religious sisters, and their patients.

For much of their history as nurses, Catholic women religious worked without the aid of antibiotics and modern technology, so their care was necessarily largely custodial. They could, however, do everything possible to make their patients comfortable and to show them compassion. And somehow, even before Joseph Lister, the sisters seemed to understand the link between cleanliness and health.

TRAINING PROGRAMS FOR THE LAITY

By 1872 there were about 75 Catholic hospitals in the United States. By 1910 the number had grown to 400. As the number of hospitals increased, the need for formal training programs for nurses—including lay nurses—grew as well. The Hospital Sisters of the Third Order of St. Francis opened the first Catholic nursing school in the United States at St. John's Hospital in

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Springfield, IL, in 1886. Other congregations followed suit. In 1893, Cardinal James Gibbons of Baltimore wrote of the training received by such students: "Under the guidance of the sisters, from whom they learn the principles which underlie the intelligent treatment of the afflicted, they become skillful in the hospital wards, and acquire that gentleness and ease of manner, that devotion to duty so much appreciated by the physician and patient."¹⁹

As the 20th century began, nursing care was changing from the custodial to the scientific, and the need for formal education for nurses was increasing. In addition, hospitals were increasing their bed capacity, prompting a need for nurses, both sisters and lay. By 1915, some 30 congregations sponsored 220 Catholic nursing schools.²⁰

CIVIL RIGHTS

In 1933 the congregation known today as the Franciscan Sisters of Mary opened the first Catholic hospital for African Americans in the United States: St. Mary's Infirmary in St. Louis. The opening of this hospital served two purposes. It both provided care for the sick and offered much-needed opportunities for African-American physicians and nurses to practice their professions. That same year, the sisters opened St. Mary's School of Nursing, the nation's first school of nursing for African Americans. It offered a three-year nursing diploma program.

In 1951, Sr. Helen Clare Bauerback, a Sister of Saint Joseph of Wheeling and the administrator of St. Francis Hospital in Wheeling, WV, took what was then the bold step of hiring three African-American nurses. When 25 staff nurses threatened to leave the institution unless the three were fired, Sr. Bauerback remained firm. Twenty white nurses quit. To keep the hospital from closing, the congregation airlifted Sisters of Saint Joseph from other West Virginia hospitals. Some physicians left as well and the patient census declined, but the hospital weathered the controversy. The strike lasted about three months.²¹

CARE OUTSIDE THE WALLS

As Catholic hospitals grew into complex health care organizations staffed largely by the laity, some sister nurses saw the need to go outside the walls of the institution to provide care to people with unmet needs.

Sr. Mary Stella Simpson, a nurse midwife, was one of them. In 1967, at the request of the American Nurses Association, Sr. Simpson, a Daughter of Charity, went to Mound Bayou, MS—an impoverished African-American town—to

care for pregnant women and to educate young mothers. She was appalled that these women often had to choose between taking a sick child to the doctor, on one hand, and feeding the family, on the other. Sr. Simpson wrote letters to her congregation in Evansville, IN, describing her work.

On February 23, 1968, she wrote:

I went to visit an expectant mother today. . . . She is the mother of 12, all at home. They live in three small rooms. . . . The house was cold. One gas heater in the middle room made very little heat. I was cold as I talked to the mother, and I had on boots and my all-weather coat with a heavy lining. . . . The baby was whining, trying to cry. I picked her up, and it was like holding a frozen fish. The poor little darling had on a dress—period. . . . How can a country as rich as ours have so much poverty? I keep asking myself that question day after day.²²

The Franciscan Sisters of Mary opened the nation's first school of nursing for African Americans.

Sr. Simpson *did* make a difference in Mound Bayou. When she went back to visit at the age of 83 in 1994, she visited the women for whom she had provided care nearly three decades earlier. On the walls of their modest houses were photographs of their children and grandchildren, the vast majority of whom have graduated from college.

THE LAY CHALLENGE

Certainly the declining number of women religious will forever change Catholic health care. SSM Health Care's Sr. Ryan, is one of only a few sisters left who head health systems today.

Friedman, discussing the declining number of sisters in health care, predicts that the great challenge for the laity will not be competition with for-profit hospitals or reproductive issues. "It is that there will be fewer sisters in the future, and therefore that spirit—that crystal-pure charitable spirit, that pride in eschewing material things, but, most important, that majestic insistence on serving—must somehow be kept in other vessels, in other ways."²³ The struggle is different than it was for the nineteenth-century sisters, but the foes, Friedman writes, are the same: "pain, suffering, abandonment, greed, heartlessness, and hatred."

Mother Clark set the standard for Catholic health care when she wrote in 1841, "Our charity must be extended to all." Throughout our history as a nation, sister nurses have taken special joy in caring for the poor, the disenfranchised, the

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INVISIBLE RADICALS

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- Providence, Spokane, WA, no date, p. 7.
37. *Chronicles of Providence Hospital*.
 38. *Chronicles of St. Joseph's Hospital*, Sisters of Providence, Spokane, WA, no date, p. 20.
 39. *Chronicles of Providence Hospital*, p. 16.
 40. Lucia, p. 83.
 41. See *Chronicles of Providence Hospital*, p. 40. One hospital patient was so hostile to the sisters that her physician brought in a private, secular nurse for her. However, by the end of her stay the patient had dismissed both the private nurse and the physician and had become a firm friend of the sisters.
 42. Lucia, p. 95.
 43. Clara S. Weeks' *A Text-Book of Nursing* (Appleton & Co., New York City, 1885), which Cox used with the *Little Medical Guide*, was the first nursing text published in the United States.
 44. Margaret Tynan, *St. Vincent's School of Nursing of the Institute of Providence: Its History and Alumnae*, St. Vincent's School of Nursing, Portland, OR, no date, p. 53. This is a collection of papers written by Tynan, a registered nurse at St. Vincent's. According to her, it was Cox's opinion that nuns did not need diplomas.
 45. Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849, and 1866*, University of Chicago Press, Chicago, 1990.
 46. Gerald M. Kelly, *The Life of Mother Hieronymo*, Daughters of Charity Archives, Albany, NY, no date, p. 3.
 47. See Henninger, p. 1, for the German-born Sisters of St. Mary, and Kelly, for the Daughters of Charity, who, in the northeastern United States, were predominantly Irish.
 48. Letter of Mother St. Pierre to Mother Marie of Jesus, September 14, 1882, Archive of the Sisters of Charity of the Incarnate Word, San Antonio.
 49. Keuenhof. Fr. Keuenhof was the chaplain of the Sisters of St. Mary Infirmary in Kansas City.
 50. Marvin O'Connell, "The Roman Catholic Tradition since 1545," in Ronald L. Numbers and Darrel W. Amundson, eds., *Caring and Curing: Medicine in the Western Religious Tradition*, Macmillan, New York City, 1986, pp. 108-145.
 51. Ann Doyle, "Nursing by Religious Orders in the United States," *American Journal of Nursing*, nos. 10, 19 and 29, 1929.

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people shunned by society, even when doing so was seen by society as countercultural. After all, Jesus, the healer, was countercultural.

As we move forward, Catholic health care must celebrate its historic figures, and, at the same time, recognize the people today who are shaping the future, for they will one day be seen as historic figures themselves. □

NOTES

1. Emily Friedman, "Fulfilling the Sisters' Promise," *Health Progress*, January-February 1997, pp. 50-55.
2. Mother Clark is quoted in Christopher J. Kauffman, *Ministry & Meaning: A Religious History of Catholic Health Care in the United States*, Crossroad, New York City, 1995, p. 37.
3. Kauffman, p. 39.
4. Suzy Farren, *A Call to Care: The Women Who Built Catholic Healthcare in America*, Catholic Health Association, St. Louis, 1996, p. 138.
5. J. B. Darcy, "Florence Nightingale and the Sisters of Mercy," available at www.stjohnsarchdiocese.nf.ca/monitor/darcy_nightingale.html
6. George Barton, "A History of the Labors of the Catholic Sisterhoods in the Civil War," available at www.gospelcom.net.
7. Farren, p. 9.
8. Farren, p. 15.
9. Farren, p. 206.
10. M. Agnita Claire Day, *A Woman for All Times: Mother Mary Odilia*, Franciscan Sisters of Mary, St. Louis, 1980, p. 373.
11. Farren, p. 111.
12. Farren, p. 162.
13. Farren, pp. 200-205.
14. Mary Laurence Hanley and O. A. Bushnell, *Song of Pilgrimage and Exile: The Life and Spirit of Mother Marianne of Molokai*, Franciscan Herald Press, Chicago, 1981.
15. Farren, pp. 97-103.
16. Kauffman, p. 124. The bracketed phrase is Kauffman's.
17. Kauffman.
18. Kauffman, pp. 124-125.
19. Kauffman, p. 161.
20. Kauffman, p. 167.
21. Farren, p. 37.
22. Farren, p. 218.
23. Friedman, pp. 54-55.

THE NURSE SHORTAGE AND OUR MINISTRY

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9. Spratley.
10. "Erie RN Wins \$10,000 in CHA Competition to Address Nursing Workforce Shortage," *Catholic Health World*, May 1, 2002, pp. 1-2.
11. See, besides the AHA Commission on Workforce for Hospitals and Health Systems, Tri-Council for Nursing, *Strategies to Reverse the New Nursing Shortage*, available at www.aacn.nche.edu/publications/positions/tricshortage.htm; Joint Commission on Accreditation of Healthcare Organizations, *Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis*, Chicago, 2002; Service Employees International Union, *The National Nurse Survey: 10,000 Dedicated Healthcare Professionals Report on Staffing, Stress and Patient Care in U.S. Hospitals*, Washington, DC, 1993; and U.S. General Accounting Office, *Nursing Workforce: Emerging Nurse Shortages Due to Multiple Factors*, Washington, DC, 2001.
12. Spratley.
13. See U.S. General Accounting Office.
14. R. Donley, et al., "What Does the Nurse Reinvestment Act Mean to You," *Online Journal of Issues in Nursing*, December 20, 2002, available at www.nursingworld.org/ojin/topic14/tpc14_5.htm.
15. Spratley.
16. Spratley.
17. Spratley; American Association of Colleges of Nursing, "Though Enrollments Rise."
18. American Association of Colleges of Nursing, *Nursing Faculty Fact Sheet*, 2002, available at www.aacn.nche.edu/media/backgrounders/facultyshortage.htm.
19. See, besides Aiken, J. Needleman, et al., "Nurse Staffing and Quality in Hospitals in the United States," *Policy, Practice, & Nursing Practice*, vol. 3, no. 4, pp. 306-308.
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23. See D. J. O'Brien, *A Century of Catholic Social Teaching: Contexts and Comments*, Orbis Books, Maryknoll, NY, 1991.
24. See AHA Commission on Workforce for Hospitals and Health Systems, for example.

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