



# **Sister Mary Roch Rocklage In First Person: An Oral History**

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**Sister Mary Roch Rocklage**  
**In First Person: An Oral History**

**Interviewed by Kim M. Garber**  
**On January 26, 2011**

**Edited by Kim M. Garber**

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**EDITED TRANSCRIPT**  
**Interviewed in Chesterfield, Missouri**

**KIM GARBER:** Today is Wednesday, January 26, 2011. My name is Kim Garber and I will be having a conversation with Sister Mary Roch Rocklage, who is a professed member of the Sisters of Mercy and has spent her career working in the health care ministry in the St. Louis area. Sister Roch initially trained and worked as a nurse, but shortly thereafter earned a master's degree in health services administration. Her leadership career has included a decade as the CEO of St. John's Mercy Medical Center in St. Louis, after which she was elected to the leadership of the Sisters of Mercy in the Midwest. She became the first President/CEO of the Sisters of Mercy Health System. She subsequently became Chair of the Sponsor Counsel at the Sisters of Mercy Health System and is now Health Ministry Liaison. Sister Roch has served as Board Chair of the Catholic Healthcare Association and also of the American Hospital Association. Sister Roch, it's great to have this opportunity to speak with you.

**SISTER MARY ROCH ROCKLAGE:** I'm happy to visit with you, Kim.

**GARBER:** You were born in 1935 in St. Louis in the middle of the Great Depression and grew up in a large family. Could you tell us about your parents, your brothers and sisters, and life in your childhood home?

**ROCKLAGE:** I'd be happy to. There were eight children in our family. You mentioned the Great Depression. As a child I never even knew it existed because they didn't talk about it at home, but we were poor. I never realized we were poor until later on when I looked back to when people at Christmastime would put baskets of food, or clothes, outside our door. I thought, *Aren't they wonderful!*

Our family life was a unified one, with a lot of strong values within and among us. Of course, with eight children, a mom and dad and an aunt in four rooms, there was no privacy. You were right there on top of each other. We learned to share. There was no individualization that: this is just mine. In terms of society, it was a really communal event.

My dad grew up on a farm and became a life insurance salesman for Metropolitan Insurance. On Friday and Saturday nights, he worked at a bakery to bring in additional money. My mother was never real healthy though there were eight children and she lost one. I can remember her always having to take this powder called digoxin, as she had a heart condition. It ran in her family. My Aunt Gertrude, who lived with us, was a strong woman and she took care of my mother. She was a short, kind of frail person.

As children, we were encouraged to be involved in everything in the school. We were in the choir; we were in sporting events. I think what we learned from my dad was that he was always a leader. He may not have been the chair of everything, but he was the one who pulled things together; the one who did the minutes; the one who made sure everybody was there on time, or whatever it might be.

We looked out for one another. As I said before, there was no privacy. I don't recall ever having personal time with my mom or my dad by ourselves. It was always this group. My dad used

to say, “I have two and a half dozen children! You know, six and two.” He had a great sense of humor. I think I got that from my father.

My mom did not work outside the home. She was a gentle woman. When I look back, I realize that the way that I related to my mother shaped me for life. If I thought she had a real need or a real lack of something, then I’d try to provide for it – whether I asked if it was needed or not. I remember one summer I decided that she never got a chance to read. We had a three-volume set of books and I walked around the house all day reading to her. She’d go to the bathroom; I’d stand outside the door. She had to be a saint to listen to me yacking at her – I bet it took me two weeks to read the books to her. She never said a word. It was like, *I thought my mom needed that* – I never asked her if she did. What came from my dad’s energy and my need to look out for my mother was sensitivity to something that I could help with. I guess I developed a nose for need.

I was the third of eight. My older brother and sister were dynamic people, bright, and both had extroverted personalities. Many people think I have one, too; but, basically I’m an introvert. I have learned to respond in that way – this is something I’m called to do. But if I’m in a group, I don’t have to do much talking at all. I was the third in the family and I developed into the doer or the organizer. I remember lining up my brothers and sisters and saying, “Now we’re going to clean this house!” We’d go from one room to the other and I’d get it all organized and go forward.

In the sixth grade, I began working. I started babysitting. I cleaned a lady’s home and I cleaned a doctor’s office. I began working in a bakery on weekends and with that money I helped pay for my younger brothers’ and sisters’ school tuition, which was hardly anything in that day and age, like \$20 or something like that. All of us were expected to be responsible. But I just felt it was necessary to go ahead and help bring in some money.



**7<sup>th</sup> grade photo**

Of the things that shaped me for the future, one was reading to my mom, which helped me to think about seeing a need and doing something about it. But the other thing that shaped me tremendously was related to health care.

I was standing at our living room door one day (we called it the front room) and my mother was speaking on the phone. Her father had come to live with us. Her mother had died when my mother was a small child and her father had remarried. But his second wife didn’t know how to be a mother, I guess is the best way to say it, or to be truly compassionate. Anyway, she wouldn’t care for him and he came to our home and he was bleeding. He probably had cancer of the colon. My dad was getting ready to take him out the door to the hospital and my mom hung up the phone and she said, “Henry, bring him back. We don’t have the money for the down payment. They won’t take him.”

That struck me then, but also years later when I was serving in hospital administration. Any time somebody said something about a down payment, I got this gut reaction like, *No! We're not going to do that!* I thought, *Why do I react that way?* It was because of the experience of my mom and dad. Wherever I've served, we've never had down payments except in Laredo, Texas, years ago when I was serving in leadership. That was a poor area and we were the only hospital at the time. There were a tremendous amount of poor people, but when we looked, people with money weren't paying either. Our leadership down there didn't insist on it. We said, "From now on if they have the ability to pay, they pay up front." This goes back to the '60s or something like that. It didn't hurt any of them, but we did not do it with people who were poor. We've never done that. That's the only place I know that we've ever said, "You have to have a down payment." But we were about to lose the hospital, so we initiated it.

**GARBER:** Years ago when you went into the hospital there would be a down payment?

**ROCKLAGE:** Yes.

**GARBER:** Because the patient was going to be responsible for the full payment?

**ROCKLAGE:** Right. At that time they didn't have all the insurance that we have today.

**GARBER:** You mentioned how your brothers and sisters were involved in choir and sports. What elementary school did you go to?

**ROCKLAGE:** We went to the parish school right there in Baden, North St. Louis.<sup>1</sup> The way it was then, the school, your home, and your church – they were all one. It was a neighborhood. You knew everybody and even with those who didn't go to the church, there was always a sense of community among and with us. Whatever was going on in the parish or the church, our family got involved, so that affected us and we affected it. The school and the church were like an extension of family and community and it influenced how we lived our lives.

We were taught by the Franciscan Sisters and that's the order my sister entered. It was a basic, solid education. If you came home and you had trouble with the teacher, you knew mom and dad were going to take the side of the teacher. You were responsible. We were taught to be very helpful. Though there was a hierarchy, you had the sense that we were community and we were bonded together, and not in a rigid way. Many in that area were of German or Irish descent. There wasn't a tremendous amount of ethnic differences among us. However, most of my dad's insurance clients were African American. They lived in a poorer area of Baden and they came to our house. I remember one we loved to have come – his name was Buckwheat Lemon. We'd always be looking for Buckwheat Lemon to come and pay his amount of money. My grade school years gave us a truly communal experience.

**GARBER:** You went away to high school?

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<sup>1</sup> Many German immigrants settled in the St. Louis area in the two decades before the Civil War, particularly in an unincorporated area known originally as Germantown. The name was later changed to Baden, which became part of the city of St. Louis in 1876. The parish church referred to is Our Lady of the Holy Cross Catholic Church, founded in 1864.

**ROCKLAGE:** I happened to get a scholarship to the Immaculate Conception Academy in Oldenburg, Indiana.<sup>2</sup> That's sponsored by the community that my sister entered, the Franciscan Sisters. I had been looking at going to St. Elizabeth's here in St. Louis. I told my dad, "I got this scholarship." He said, "Oh, wonderful! What can we do first?" I said, "Can I get a new softball glove?" Well, I didn't get the new softball glove, but I got to go to the school there.

We began school in September and came home at Christmas and in the summertime. It was a boarding school. There were day students that came in and out each day. There were also boarding students who went home every weekend. There were a few of us, like from Missouri – and we were probably the smallest number – who were there all the time.

One of the challenges for me was the conduct grade because it was based on our behavior around the clock. We were in a dorm and the bell would ring in the morning and a sister would turn on the lights. We would all jump out of bed and kneel by the bed and say our prayer. Then there was a big room where we each had our own washbowl. You did all that in silence. Then you went down to prayer and that was silence. You went in to breakfast and then, when the sister rang the bell, you could talk at meals. Then there was a little break and then you went between classes in silence. The convent was right nearby – I thought they were trying to run a convent school. We'd have a break at noon, same way in the afternoon. When I talk about conduct, my sister was in school there and she got 100 percent in conduct all the time; I didn't. It was a real discipline and not a rigid one. We had our time to recreate in the afternoon and evening. It was an excellent education, a solid education in the basics.

What was wonderful about that school was that you were taught to be creative and have ingenuity. We were always in different classes at different times of year. You would put on a play and be the entertainment for everybody. We had an orchestra. I was taught to play the violin and my sister played the cello. There was a choral group. We had sports. We played tennis. It was a well-rounded education. We had class officers. I was president of our class a number of times and, like my sister, president of the school. We had our own organization but the sisters oversaw it; they didn't let you run wild with it.

You really learned discipline. You learned leadership. You learned great creativity. They'd pull the creativity out of you! You made good friends. In senior year, you got to go into what we call the PRs, the private room. You had a friend and you would share a bedroom with her. I can remember that's when Sister Marie, principal of the school, one evening she said, "Toni, what are



**Graduation from Oldenburg Academy  
of the Immaculate Conception**

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<sup>2</sup> Oldenburg Academy of the Immaculate Conception (Oldenburg, IN) was established in the mid-19<sup>th</sup> century as a parochial school for children of German immigrants. In the early 20<sup>th</sup> century, the Academy received a commission as a high school and ultimately discontinued the elementary grades.

you going to do?”<sup>3</sup> I said, “I’m going to be a nurse.” “No,” she said, “you should be a businesswoman.” I said, “No, no, no, I’m gonna be a nurse!” That was probably one of the last times I spoke with her because I never got back up there again after graduation.

It was in a small town. We used to joke about it because on one corner were the Franciscan sisters and their high school and on the other corner were the Franciscan men with their monastery. And then there were two taverns. There was a little bit more than that, but that’s how I remember the town!

**GARBER:** Wasn’t it tough to leave home when you were 14 or 15 years old?

**ROCKLAGE:** It was, but it was exciting the first time I went. Then, you kind of felt at home. What was great was that we’d send our regular laundry, our blouses and things, home. So every time they’d send a package back, my dad would have a note in one of the pockets, so we were always hearing from the family. It was hard, but you had a sense of community there as well. I have always been *drawn* rather than me directing myself. It’s like I’ve always been drawn to go forward somehow. But I missed my brothers and sisters and, in looking back, that I wasn’t there when they were in their younger years growing up. All of a sudden they were grown up.

**GARBER:** You mentioned that your sister always got 100 percent in conduct and you did not. What sorts of things did you get into?

**ROCKLAGE:** Talking at the wrong time, laughing out loud, that’s mainly it. You had to come out in the hall in the quiet, but things would strike me funny. That’s how it was. They weren’t mean, but you were deported on that. I remember that there was a young woman in the class who had epilepsy. Some of it was because I always watched out for her. A couple of times she’d have a seizure, almost choking. So I would go out of my way – and they didn’t know what I was trying to do – just to make sure she was all right. Again, there it was that I thought there was a need and responded to it. Probably I didn’t have to, but I did.

**GARBER:** The principal saw something in you – that some sort of leadership or business position would ultimately be your career – and she was right.

**ROCKLAGE:** I didn’t know it at the time. I have the gifts of organization and directing. Wherever I go, that’s what I end up doing.

**GARBER:** She was able to discern that in you, even at a time when you were sure that something else was your calling. You decided to go into nurses training. Would you tell us about that experience and whether there was anything about nurses training that surprised you?

**ROCKLAGE:** I got into nurses training because two summers earlier I had summer work taking care of our doctor’s daughter who had polio and couldn’t be left alone. I ended up taking care of all five of their children. I’d have to fan her at night so she could breathe – there was no air conditioning in the house. The doctor found out that I wanted to be a nurse. He took me with him one day when he was making his rounds at St. John’s Hospital and introduced me to Sister Renee,

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<sup>3</sup> Sister Mary Roch Rocklage was named Antoinette before joining the Sisters of Mercy.



who was at that time head of the school of nursing.<sup>4</sup> He told her that I wanted to come but he didn't think I had the financial resources to come. They talked together and I ended up getting a scholarship there as well. That's how I got into nurses training. I had no idea what to expect in nursing. I had no idea at all. I knew you took care of people and I had been doing a lot of that.

Living in the dorm was no big deal, in fact it was more freedom than when I was in high school in a dorm. Here you had two students in a room. As for the regular schedule – I had just come through four years of that in high school. I had no idea what the education would be like. I would compare it to what they have now by saying that at that time in a three-year program you were prepared to work in the hospital to meet the needs of the hospital.

You had your classes, but you spent an equal amount of time in the hospital itself. We used to call them skippy splits. You'd go in the morning for several hours beginning at 7 o'clock or so and then you'd have a break for lunch. Then you'd go to class and go back in the evening for what we called evening care. You had a sense of how the whole health care institution functioned every day and became very familiar with everything in that institution. Usually nurses stayed to work in the hospital where they went to school, although not necessarily so.

What I found difficult was the rigidity. When they would teach you a procedure you got graded on doing it *exactly* the way that instructor did it. I had a difficult time with that because I would understand what the principles were, let's say, in maintaining a sterile field. But I had a hard time getting my arms around what they wanted done, the way they wanted it, the way they would do it. Once I got approved, let's say, to do a catheterization, then I was no longer watched and I could roll up my sleeves and do it in a way that was comfortable. That was a little difficult for me at the time.

I loved the work, but I wouldn't say that I had great excitement about it, like my classmates did. I enjoyed it. I enjoyed being with them and with the people. I made straight A's. But from the standpoint of being just thrilled with what I was doing – I didn't have that. I was involved in everything and I was happy. But in the middle of our first year I was thinking, *I don't want to be giving enemas the rest of my life*. We had just learned how to do that. I was very restless. That's when somebody said, "You may be thinking about being a sister." I said, "No, not me, never. Never going to be a sister." I used to say, "I'm going to get married and have ten boys." Like I could handle all that!

At any rate, another classmate was thinking about doing it as well. Sister Robert was the sister I spoke to – a wonderful vibrant woman who played basketball with us. I went home and said to my family, "I have something to tell you," and they said, "Oh, are you getting married?" I said, "No, I'm not getting married. I'm going to go try the convent and I'm going to go to the Sisters of Mercy." The funny thing about that was that while in high school I never was close to any of the sisters. I never did have a relationship, a real close one. I got along with all of them, but never one that I always talked to.

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<sup>4</sup> St. John's Mercy Medical Center (St. Louis) was opened as St. John's Hospital in 1871 by the Sisters of Mercy. The hospital was originally located in a wing of the St. Joseph's Convent of Mercy; it was subsequently moved several times – to 23<sup>rd</sup> and Locust, to Euclid, and most recently to South New Ballas Road. The school of nursing was established in 1905. In September 2011, the hospital's name was changed to Mercy Hospital St. Louis.



**Sister Roch is on the right**

I thought the Sisters of Mercy had the funniest habit. The veil wasn't clipped on, it was clipped back and forth and I thought, *Why don't they pin that thing down, all this starched stuff?* At any rate, I did tell my family I was entering in September. I did go for the interview. Later on, when I was leader of the community, we did psychological tests and all this testing to see if the woman is capable of living in religious life. If they had done that for me I probably wouldn't have gotten in there! Later, I went and looked at my file. I thought, *What did they say about me?* The interview file had just

one line, "Someday, Antoinette Rocklage will be a fit subject." I don't know if that "someday" has come yet or not, but anyway that's how I entered and went in. I came back three years later to finish the three-year program.

Nursing education now is very different. Women and men are being educated to understand more fully how all the systems work together. We were told that, but ours was a more practical hands-on, that you could get in there and you could work today. The day I graduated I was ready to work on the floor. You knew how to run the floor. You knew how to do everything that was in there.

Today you come with a lot more theory. They prepare you to be a leader. They prepare you to make independent judgments which you eventually learn just by your own experience of being in there all the time. But they get very little experience today within the health environment itself. Unless it's changed, most of them if they're on the floor 40 hours, that's about all they've had experience of before they're actually working an 8-hour shift. In the hospital when we were in there you put in 40 hours right off the bat – you could step right in.

Today when we hire nurses out of a four-year program, we really have to provide more for them; and, if we don't, we are doing them an injustice and they're not going to stay in health care in the acute setting. Unless there's a way to journey with them and help them get used to that fast, fast pace. You're on your feet going 40 hours a week. So that is being addressed, but health care is so complicated today. The medications and everything they need to know. There needs to be some kind of a bridging internship.

A friend of mine, Peggy Hewlett,<sup>5</sup> has been thinking of whether there's a different way to educate nurses. Maybe a two-year really solid basic, then if you want to work in OB, then you take some time for OB, rather than going through every one of the clinical – surgery, OB, psych and everything – in a crushed couple years' period. Give them in-depth solid education with the experiences, then bring in the specialty areas – even at the bachelor's level. I don't know if they'll ever pull that off, but that would be ideal.

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<sup>5</sup> Peggy Hewlett, Ph.D., is professor and dean of the College of Nursing at the University of South Carolina.

**GARBER:** This sounds like the training that you had, almost an apprenticeship.

**ROCKLAGE:** That's an excellent way to say it.

**GARBER:** It's a joining together of the doing of it and then going into the classroom and getting the academic side of it, and then doing some more of it. Yet those hospital diploma schools are all gone now.

**ROCKLAGE:** Yes, they are. From the perspective of a religious community – the nurses that have come through our hospitals understand our spirit, and who we are, and what we're about. They're helping to carry it forward. It's not just us, it could be Missouri Baptist, it could be Deaconess Hospital, any one of those, you pick up and you breathe in this tradition, that's like a college or a high school – that's my alma mater – and they carry that forward.

So there's a sense of loss of that. In a faith-based education, we were taught how to pray with people, how to approach them in that sense. Today, they're taught that there is a spiritual side, but that aspect of it is no longer there. Now it's: pastoral care does that, or hospice does that. It's rare for a nurse to say, "I'll pray with you." Or, if somebody's dying and you pray in their ears. Those very human, holistic services that nurses have done in the past; now it's almost become a specialty. You call someone in to help you with that. There are some that do it spontaneously because of who they are, but it's not part of the upbringing of a nurse anymore.

**GARBER:** How did you discern your vocation to become a professed sister? We talked about how it came partly out of the restlessness you experienced because of not feeling a passion for nursing. But were there also things from your childhood that led you to the decision that you made?

**ROCKLAGE:** I've often thought about that myself. It was almost in spite of myself. I grew up in a very deeply, not a rigid, but a deeply faith-based home. As I said already, there was the parish and the school and everything. We walked the Church's year of grace, starting with Advent and you followed the Lord. All that became a part of it and I know the women and men within the Church tradition that appealed to me were those who could truly hang in there for the long haul and listen to a call. I cannot say I actually discerned in that I listed the pros and cons of this. But when I was in the School of Nursing, I was also in the sodality which girls could join to learn different forms of prayer. You did certain commitments for good works and so on. Those quiet times appealed to me – sitting there for fifteen minutes or so. I remember the first time I did it, I was so excited that I had sat there in prayer for fifteen minutes. I came out and told everybody I did it; I was so excited.

When it was said to me, "Are you thinking about it," I said, "Oh, I don't know." I didn't have a sense of angst against it; I had a sense of being drawn to it and to look at it. There was another classmate who was going to come with me. We used to joke, you'll be Sister Castor, I'll be Sister Oil; you'll be Sister Sal, I'll be Sister Hepatica.<sup>6</sup> Well, she never came.

The day I entered, I walked in and I was greeted. My answer to the sisters was, "I'm only here to try it." I was very clear about that. Later that day I was taken downstairs to get some

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<sup>6</sup> Sal Hepatica was a laxative first sold in 1903. It was marketed as a remedy for the common cold.

cookies. I said to the young sister who served me, “You know, I think you nuns are for the birds.” She almost dropped the whole tray of cookies. I came in, not with a chip on my shoulder, but an attitude of, *I’m gonna watch this*. I got into it; got in stride. I tried it and never had a sense that I wanted to leave. It just felt like it fit right. Now there were some parts of it I didn’t care for at all. But through that whole first year I just got in stride.

The day after that we were to get our habit, all this starchy stuff. The night before I thought, *I don’t want to wear this outfit the rest of my life. I’m going to go home*. I looked for the sister in charge, but she wasn’t there and I picked up a book about the Trappists.<sup>7</sup> It’s called *The Less Traveled Road*. I thought, *If they can do this, I can at least try this. I can try it. I can wear that outfit*. The next day, to make sure that I didn’t do anything precipitously, I shaved my head. Nobody knew it except that my clothes didn’t fit me anymore. I decided that by the time it grew out long enough that I could leave, I would know if I wanted to stay. I never had a question about it after that. It seemed the right thing, but I never had this big “ah-ha” feeling. No, it was just being drawn to it.

It’s been a wonderful gift from God to be called to live as a Sister of Mercy, which is living a vowed life of service and community. The only other time – I didn’t ask myself about *leaving* – but after Vatican II,<sup>8</sup> when so many sisters were going out of the schools and the hospitals, I thought should I leave administration? Should I be doing more hands on? I reflected, *No, this is a valid way to serve, creating an environment. This is a valid ministry*. I stayed there. So as to discernment, I can’t tell you how I got here. It was a call and I was drawn to it. I’m very grateful for the gift. If it was up to me, I probably wouldn’t have chosen it.

**GARBER:** Could you tell more about the Sisters of Mercy and Sister Catherine McAuley?

**ROCKLAGE:** Catherine McAuley was a unique woman.<sup>9</sup> Her father had been wealthy in Ireland, which was unusual for someone of the Catholic faith at that time. He died when she was five and his wife was much younger than he and more of a socialite and she lost all of their money. Then she left the Catholic tradition in order to live more comfortably with those not Catholic. It’s really English and Irish.

Catherine knew a lot of poverty at that time. There was a Quaker family that took her in to their home and she lived with them for 20 years. When they died, she received the whole inheritance. It was close to, in our day some years back, it would’ve been a million dollars. The unique thing about Catherine was that her sister died, and a cousin of hers died, so she adopted five children. She had a deep longing for those in need – it was during a very poor time in Ireland for women and their children, who needed education, who were dying without health care, particularly those of the Catholic tradition. Again, it was England and Ireland that were really at one another.

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<sup>7</sup> The Cistercians of the Strict Observance, or Trappists, is a Roman Catholic order of cloistered men and women who are devoted to contemplation. The book is Raymond, M. *The Less Traveled Road: A Memoir of Dom Mary Frederic Dunn, First American Trappist Abbot*. Milwaukee, WI: Bruce Publishing Co., 1953.

<sup>8</sup> The second Vatican Council, or Vatican II, was a series of meetings that took place between 1962 and 1965 that was called by Pope John XXIII and resulted in a re-examination of the role of the Catholic Church in a changing world. <http://vatican2voice.org>

<sup>9</sup> Mother Catherine McAuley (1778-1841) established the Religious Institute of the Sisters of Mercy in Dublin, Ireland, in 1831. <http://www.rsmofalma.org/history/history.html>

After she got that money, she decided to open a house in Dublin right across from the Bank of Ireland. Next to her was where the very wealthy lived. Her brother called it Kitty's Folly. He said, "You shouldn't be doing that." She had inherited her father's gift of architecture as well. She had this home built and women were joining her, many of whom were other than Catholic, because they saw what she was doing. They had a society of women that helped her teach these young people and take care of the children. They had a home for them there. That's how we started – to care for people who were poor, who needed an education, and health care. Today we say, "anyone wounded by contemporary society." We don't put bookends on what we will do. We're in education, social work, legislation, you name it. We try to change systems. We try to give the right care.

That's how she got started. It took ten years to get her community approved because she would not accept the rule of the Church which was at that time that once you founded a community you had to go behind closed doors. There were many wonderful women who started things over there at the time. But, because of that rule, people had to come to them. Catherine McAuley said, "No, we go out," so we were called The Walking Sisters. Within ten years we were all over Ireland; we were already on our way to North America. We have a bent for service and that's why among religious communities we take a fourth vow. One of the bishops said to Catherine, "You sisters should take a vow of service. That's what you do." The other religious were providing service, but you couldn't see it. We were going out there so we take a fourth vow – of service, to serve until death.

**GARBER:** The vows then are: poverty, chastity, obedience and service.

**ROCKLAGE:** Yes, and it's not just doing nice things. It's how do you change the systems so that you remove barriers, for example, to access to care, barriers to access to education, barriers for the elderly, whatever it might be.

Now, when I entered, I didn't know anything about Catherine McAuley. I had never met a Sister of Mercy before I went to St. John's. The only thing I knew was nursing. The great gift to us then was the Call of the Church in Vatican II – that said to all religious communities, "Go back to your foundress. What's your uniqueness?" Through the '40s and the '50s, we had gotten very institutionalized. You saw Sisters of Mercy in orphanages and hospitals and in schools. You didn't see us out on the streets, though some always went to the jails and we had clinics. But we had become different in that sense and how we lived our life. That's why after Vatican II within our religious community, many sisters left the institutional ministries to do more hands-on or other kinds of ministries that more reflected how we were at the very beginning.

Now a funny thing about me, I'd been in the community a couple of years and I realized that the Sisters of Mercy here in St. Louis had a place called McAuley Hall. It was a place where the sisters worked and it was a home for working women. That reflects our first House of Mercy. I thought, "Oh my word, it's named after Catherine McAuley. I had thought it was named after Easy Ed, the famous basketball player in St. Louis, Ed McAuley. That's the only McAuley I knew. So I had a long way to grow.

Catherine McAuley had a zeal for service. For example, she told the sisters, "I'd rather take care of 100 imposters than turn one really needy person away." Now that makes financial people very nervous. But on the other side, she was an astute business woman. She said, "Very little good

can be done and very little evil avoided without the use of money. Therefore, you be careful about it in small as well as in great things.”

Years ago, just like in a marriage, when women entered the community they brought a dowry to help support it. One of the sisters wrote Catherine and she said, “There’s a young woman here who wants to enter, but she doesn’t have the wherewithal to come in. Her brother said (I’ll use an example) he’d give five hundred pounds.” Catherine said, “My advice is to take the five hundred before she comes because once she’s here you’re never going to get another pound.”

She had a great sense of humor, wrote poetry, had a deep, deep love of God and God’s mercy. She was a vibrant woman. In one of her letters, she wrote, “When I come, we’re going to have a good party and we’ll lock all stiff sober souls in the chapel.” It’s a wonderful spirit we have! I didn’t know any of that, but it was a call to the Sisters. What impressed me about the Sisters at St. John’s was their commitment to the ministry. Then I got to know others when I was on leadership.



**Sister Mary Roch Rocklage**

**GARBER:** Vatican II was a big change for the Catholic Church. Would you talk a little bit about the effect of Vatican II, how you felt about it at the time and, what changes it made for the Sisters of Mercy?

**ROCKLAGE:** Vatican II was a significant change for all religious, and not just for religious, but Pope John XXIII said we have to have an *aggiornamento*, open the windows, let some fresh air from the world come in and let’s give our fresh air back.<sup>10</sup> He asked everybody to take a look. The great gift to religious is that we had to go back and say: Who are we? Why are we? And the key thing is: How are we going to be? How are we going to live our lives together?

In that process, within religious communities there was a lot of struggle. There were those who felt we shouldn’t change anything. There were those that said, “Throw everything out the window and start all over.” Most of us were in the middle; we were in that healthy tension, not rigidly one way or the other. We went through a lot of processes trying to say, “Who are we? How shall we be?” A simple thing was that we had to learn how to communicate. Prior to that you did what you were told and you went where you were sent. Now we were being viewed as adult women so if you were asked to look at something, you did it with the leadership and you equally listened to one another. It was, most of the time, a joint agreement – this is what we ought to do. This is much more mature. Our way of living our lives together, we could design ourselves.

The change in dress came gradually and it was by stages. I remember when they showed us what the habit would look like, I thought, *Oh my God, my hair’s gonna show again, I’m gonna have to do something with my hair.* But the beauty of it for us was that you weren’t forced. None of the sisters stayed in the whole veil and coif, but when we had just the veil and the simple dress, many of them stayed with that until they died. There was no forcing on them at all. Most everybody was very sensitive as we moved forward in this. We’re still called to dress simply and not live luxuriously.

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<sup>10</sup> *Aggiornamento* was used in the sense of modernization, or bringing up to date.

In 2005, at our chapter meeting of the Sisters of Mercy United States, we said that we should enter into another reflection process. What does it mean to be a Sister of Mercy in the 21<sup>st</sup> century? It's just like in anything, let's take health care. You have to remember who you are, be real to that, but you also have to be relevant to the times. You don't throw out what's real, but you have to be relevant to be alive. Otherwise you become a museum piece.

The struggle we're having in the Church now is there are many who feel we've gone too far. Part of our problem is that we didn't educate people as we went along as to who we are and why we're doing it. There are some things we're probably doing that we need to change, but there are a variety of forms of religious life. We don't all have to live it exactly the same.

Vatican II was a great gift from the Church. We experimented, but if you're going to do a solid experiment then there's a control group too that doesn't change to see how the experiment affects it. We never had that. We never went back to say what's the difference in that?

As to a lack of vocations today, I think it's because society is very different today. Vatican II was a challenge. It called us to a new form of governance, a new form of way of relating, as I mentioned earlier. We stand strongly within the Church but we accept our own identity.

**GARBER:** Let's go back to the chronology of your career.

**ROCKLAGE:** For my bachelor's degree, I was sent to what is now Saint Xavier University, St. Xav's, in Chicago. After I graduated from the three-year program at St. John's, I was sent up there right away. I never did do a lot of direct hands-on nursing until I finished that. I was told to finish a year. I had to go back the next semester for public health. When I returned from there they were having accreditation for the School of Nursing at St. John's. I was asked to take over one of the nursing floors. In the interim, I was sent to Springfield, Missouri, to our skilled nursing facility down there, Mercy Villa. They not only had elderly people there for skilled nursing, most of them lived there the rest of their lives, but they also took in children, like a young boy I took care of with spina bifida. They had no place for him to go and there was someone else who had been in an iron lung. I spent about five or six months down there and I really enjoyed it. There was a sister there who was a very simple, direct woman and she ran this nursing home. But it was just a joy. I was the youngest one there; it was a wonderful experience of generational differences that we were held together by the ministry. We had a lot of fun with that.

At that time you were told what to do by getting a letter. I thought I was going to be a clinical psychologist because I had been asked about that some years before. When I saw that I was to go to St. Louis U, I thought that's what I was going to do. This was for my masters. But, instead I was being assigned to go on in health administration. I had about six weeks to do the prerequisites. I went into the health care administration program at St. Louis U. Similar to the three-year program in nursing, at that time you could have stepped out of there, if you'd had some experience, and run operations at hospital.

At that time you also did a year residency. I went to California with Holy Cross Sisters. There they had just opened one of the first of what's called a Friesen concept hospital.<sup>11</sup> Our Mercy hospital here, our new one that was being built to replace the old St. John's, was going to be on that concept. With the Friesen concept there is a nursing station, but Friesen said, "Just like the hod carrier, you should have brought to you whatever you need." All the supplies were in one location and were brought up by cart per shift. All the instruments were cleaned in what was called central dispatch. They didn't have to do it in OB or surgery. Everything came up on carts. At the unit level you didn't have to clean anything. We had what we called nurse-servers, where somebody would come down the hall, open the shelf and put into the patient room anything that patient needed. On the other side the nurse could take it out. It was ideal.



When I finished my residency, I called the leader of our community and said, "I graduated." She said, "Well, you can't be an administrator." I said, "I'm not asking to do that. I'm just telling you I graduated." For two years my assignment was to help where needed. At our old site on Euclid I looked at all the processes we had in place. Then I would go visit the new site which was still being built and try to figure out how that would change: what the staffing would have to be and what we had to teach people in order to make the transition from a traditional hospital where you did everything yourself, to one that could be more automated. That's what I did in preparation for the new site.

I moved to the new site in the fall and everyone else moved in December. In January, the gentleman in charge of dispatch walked out and I was put in charge of it. I didn't know what I was doing. I didn't know about pass-through sterilizers. We did everything and I didn't know what I was going to be doing. I went down there and I learned how to run all of that. If there's time for a funny story, I was using the pass-through sterilizer and all of a sudden it started whistling and I thought, *Oh my God, this is gonna explode!* I got all the co-workers out and we ran to the parking lot and I'm looking around and I thought, *I guess it's not gonna explode!* We went back and found that they hadn't tightened it enough.

I was there about two years. It was a wonderful experience for me prior to ever being administrator because I learned the organization from the grassroots – every department. We had to do everything and nobody knew anything. They called in from OB and asked for the lemon squeezer. Whoever was at the intercom said, "We don't have it." I said, "That's the instrument they need for the uterus." The instruments all had nicknames, but nobody knew any of that.

For about two years, putting in about 20 hours a day, we picked the instruments. Some of the sisters would come down and help. Then I was assigned to the fifth floor, which is all medical, two units. That's when we put in our first intensive care units – to set up the unit in such a way that it was truly an intensive care unit not just some rooms together where you would watch particular patients. We actually designated units for that.

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<sup>11</sup> Gordon A. Friesen (1909-1992) was a visionary hospital consultant who advocated changes in hospital planning and design which would make nurses more available to patients by making supplies available in the patient room and cutting down on nurses' travel time.



**GARBER:** Was this in the '60s?

**ROCKLAGE:** Early '60s, mid '60s. Then I was appointed Director of Nursing Service as well as with central dispatch. Nursing service is wonderful. You're wired to everything in the institution. You're working in every department. You're working with the doctors. It's the hub. I was there for several years and then I was appointed administrator in '69.

**GARBER:** You succeeded Sister Mary Isidore Lennon as administrator. What sort of a person was she?

**ROCKLAGE:** She was straight from Ireland, a dynamic woman, bright as a dollar, direct as they come. She was the author of several books. My orientation from her was that she showed me what was in the drawers in her desk. She went on to head up the Social Service Department in the hospital because she was a social worker. She was known as the Sister of Mercy in St. Louis. If anybody wanted anything they called Sister Isidore. People would always call for her because she had been in the clinics, so many people knew her. If they called her she'd go to the emergency room no matter what time of the night or day it was. But if it was an inappropriate call, she'd go back later and she'd say, "No, this is not how you use the emergency room." She would educate people. But she always responded first and then she took care of the issue. She was very direct, didn't beat around the bush about anything with the doctors. When I was administrator, if she had an opinion, she'd come in and tell me but then she never tried to interfere.

When I became administrator, the greatest challenge was a medical staff that was totally alienated from the administration. We were in financial straits. We always were financially struggling at the new site because we had to underwrite the transportation that came out there. We never cut back on it. Public service would come and we had to underwrite that for the first couple of years. We never cut back on our clinic service or on medical education. The doctors didn't want to come out to the new site because they said, "We have to go halfway to Kansas City." So financing was a real struggle. By the time I got in there the new hospital was close to 10 years old. There was tremendous growth and we had to resolve issues with the medical staff. I used to say that we had to run at 100% occupancy to make ends meet. It was a real struggle at that time.

**GARBER:** But you can't run a hospital at 100% occupancy.

**ROCKLAGE:** No, you can't. So, we were always struggling with the debt, not cutting back on medical education, not cutting back on the services we were rendering, the service to the poor. At that time within Sisters of Mercy we didn't have a system. We did have joint investment. We



**Sister Roch (left) with  
Sister Mary Isidore Lennon**

would loan from one hospital to the other with the understanding that it came through our leadership. There was an obligation to pay it back. So we did support one another in that regard and we had a management consulting office at that time that helped us.

Those years were a real struggle; but, when you're struggling you really bind together. One of my greatest challenges was to win back the medical staff. I worked hard at that by going to all their meetings. A couple of them knew me from having been in nursing service and in dispatch. They came in and sat down and said, "You've got to address this, this, and this, and I'll always come and tell you exactly what I think." I said, "Fine, because I will answer the same way." I began to have monthly meetings with the leaders and all different categories of the medical staff – finding out what their needs were, responding back to them, and keeping minutes of all of our meetings so we had a commitment.

I remember the head of cardiology coming in with his budget. I said, "That's all you think about – cardiology." He said, "Well, that's what you hire me to do. You've got to worry about the rest of it!" It was an honest answer but we could hassle back and forth. I was fairly young at that time and I had grown up in the place. I could've been a very bookish administrator. I came from the guts of the operation, so I knew where they were coming from. But we also had to have a stance.

One of the difficult things was that we only had sister members on our board. They were elected by the sisters, so who was usually elected? The head of OB, the head of OR, head of radiology, the head of lab. You get to budget time and see how you're going to decide who's going to get what. They all had their friends and we lived together in community. But you work through that and there was no animosity in our conversations.

**GARBER:** I'd like to back up for a minute to make sure I understand the situation at St. John's. The hospital had been downtown in St. Louis.

**ROCKLAGE:** On Euclid, in the city.

**GARBER:** Then moved some distance away, 10 or 15 miles?



**Sister Roch takes her turn at the groundbreaking for renovation of the front entry and driveway at St. John's Mercy Medical Center**

**ROCKLAGE:** Right, in totally undeveloped area out here.

**GARBER:** When that happens there can be a sense that the hospital is abandoning the community.

**ROCKLAGE:** Good point. St. John's old location was encircled by Barnes and Jewish and Washington University – there was no way to grow or expand. There was a study done which said that the hospital had to go

to a new location. The reason that this property was chosen was that back in the '40s, the sisters had all their money in one pot. There was a call from the central office saying that if anybody had any excess cash, to please send it in. The sister who was the administrator at that time, Sister Dominic, had \$20,000 and she didn't want to send it in. So, she bought all this property out here in no-man's-land. This is totally undeveloped. None of the highways came through here. They were tar-covered roads. It was an apple orchard. That's how we ended up having our hospital out here.

The relocation was done after a lot of study. The sisters there had many leaders from the community helping them make that decision. A lot of the people stayed with us. The doctors, for the most part, did stay with us. It was a trip to come out of the city, and at that time none of the other hospitals were here. In fact, I was serving on a committee for the county, planning for the future of St. Louis County, and I remember them saying, "You sisters were so wise. You couldn't have picked a better place to put that hospital." I thought, *if you only knew how we got the property!* At least that's the story I was told.

The poor did come because we sent buses for them. We had a hard time at the very beginning keeping our census up but it grew quite quickly. I'll tell you who supported us tremendously, particularly in OB, were the people of the Jewish tradition. That really grew our OB because many lived out this way.

**GARBER:** Why was the medical staff unhappy? You'd think that the physicians would have been pleased to be practicing in a state of the art facility.

**ROCKLAGE:** I was not involved, but my reading of it is that there was not good communication. There was no give and take. There was no listening. It was – "this is what we will do." There were only a few physicians who were listened to, were responded to in an appropriate way, or were treated like they were really important to the institution. That's my read of it from listening to the doctors – that they were cut out and administration felt somewhat the same way.

The other thought I had is that we came out here in '63. During those early years it was a struggle to hold the place together. Everybody had needs and it didn't all jive at one time. If you think about an institution that was totally new, a new site, everybody had their hopes up and you're struggling to make ends meet on a day-to-day, month-to-month basis – the communication has to be just superb. The leadership has to be involved and none of that was all woven together. I don't think there was the ability or the energy among people to sit down and let's hash this out. A lot of it was the timing, the physical issues, putting together everything to work smoothly. Everybody was tired and during those six years there was not a lot of molding together at all. People just backed off and weren't communicating, felt they weren't being listened to.

**GARBER:** Another thing that may have fed into this was that it was 1963 – a time of great social upheaval in the United States.

**ROCKLAGE:** Correct.

**GARBER:** How did that affect St. Louis? Was there rioting in St. Louis? Were there protests? As a young religious, how did you react to the whole social situation?

**ROCKLAGE:** During that time there was, in certain parts of the city, great reaction. We'd have violence at times. Not as bad as they had in California or other areas like that. But we did have fights in the parks, at the swimming pool areas. When all that started we were still very much within the walls of our institutions. Some of us got out and helped with different things. But that was done more through organizations than we ourselves directly. When the walks began, like in Selma, people did go. They were part of that.

I didn't get to go at that time; I was director of nursing service and I felt I couldn't walk out of that. But we were all affected by that. If there's that going on in the city and the country, it gets everybody riled up. It affects you no matter where you are in your life. But St. Louis was not hit as hard as the other cities at all.

Shortly after that and tied in with that, when I was starting in administration, there was the decision by the mayor to close the city hospital, Max Starkloff Hospital, which had been the hospital



for the African American people. I was asked to help with that study. I was asked to be a listener because the discussions were at a total stalemate. Even though the hospital was not being used much, it was a symbol for the African American people. It was their hospital.<sup>12</sup>

Meeting with the people there, I thought, *We're passing in the night. We're trying to talk to them about facts like lack of air conditioning. We need to replace the hospital with something else or find if there's another institution they could go to. We're talking facts but they're talking from their heart. We're taking something away from them.* While violence didn't come from that, it caused a rift within the city for quite a while.

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<sup>12</sup> Historically, St. Louis had two city hospitals, City Hospital No. 1, which opened in 1845 and City Hospital No. 2, which opened in 1919. City Hospital No. 1 was later renamed Max C. Starkloff in honor of a German-born physician who served as the city's chief medical commissioner during the time of the influenza epidemic in the early 1900s. City Hospital No. 2 was later named in memory of Homer G. Phillips, an African-American community leader. The Homer G. Phillips Hospital closed in the late 1970s and the Max C. Starkloff City Hospital closed in the mid 1980s.

They have finally revamped that building into housing. But that was a bitter argument. A couple of the aldermen were African American. When I tried to talk to some of them, I'd say, "You're not hearing the facts." I finally decided, *I'm not hearing the feelings*. That was a real learning experience for me. I can have all the data in the world, but I have to get under your skin. Then you have to also understand the data so we can come together. But we never bridged that gap at that point. It was very bitter, the closing of that building. Not that they didn't have care; they were going to, in a sense they were going to get better care. But it was theirs, their symbol, and government was moving it away.

**GARBER:** What about St. Louis today? Is it growing? Is it economically sound?

**ROCKLAGE:** No, the city is not growing. It has been diminishing in population for quite a while. There is real concern about racial profiling among our police force. We have quite a number of Hispanic people. For example, our clinic used to be almost all African American. It's mainly Hispanic now. There were rifts in regard to who gets the jobs. This goes back maybe some years ago that I was aware that African Americans were very upset because Hispanic as well as Asian people were coming in and these people were getting the jobs and they weren't. How do you resolve all of that?

Near here in Kirkwood, a suburb maybe 12 miles from where we're located today, a gentleman went into the Kirkwood Counselors meeting a couple of years ago and killed them. He was African American and, of course, he was mentally ill, but he also thought he'd been put down. We had to have about a year-and-a-half of continual meetings in that upper middle class suburb to work through the violence and the deep, deep anger. Because right near there is a place called Meacham Park where for years we had a full-time clinic. It's an unincorporated area that had been the slave quarters years ago for the World's Fair when it was in St. Louis. They had not had public sewer service. And that was all taken away from them and now they've got shopping centers there. Feelings run deep and it doesn't take much to resurrect the anger and hard feelings. I would say that it's under the surface, but it doesn't take much for it to rise up.<sup>13</sup>

**GARBER:** I had a conversation with your long-time friend and colleague Charles Thoele.<sup>14</sup> Among the things he told me was of the traditional difference between the north side and the south side in St. Louis.

**ROCKLAGE:** He's from the south; I'm from the north. North St. Louis is more of a mixture of Italians, Germans (that's my background), Irish, and a lot of African Americans settled up in that area. On the south side, it's more German, more stable. The north side and the south side were divided by parks. He always made a big deal of that. In the south you're much better off. He's a wonderful man.

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<sup>13</sup> On Feb. 7, 2008, Charles Lee 'Cookie' Thornton burst into a meeting of the Kirkwood City Council and shot and killed 5 city officials and police officers. A sixth victim, the shooter's target Mayor Mike Swoboda, initially survived his wounds, but died within the year. Thornton, who often attended City Council meetings, was critical and contentious about local politics. He was shot and killed by police at City Hall.

<sup>14</sup> Charles E. Thoele (b. 1935) was president of St. John's Mercy Medical Center from 1979 to 1986 and later served in a leadership position at the Sisters of Mercy Health System.

**GARBER:** Charles Thoele said that one of your significant accomplishments was to recognize the trend in the decline in the number of women religious and to help the Sisters of Mercy position themselves to continue to be involved in the health care ministry despite this trend. Could you talk a little bit about this issue of Catholic sponsorship and how this was changed?

**ROCKLAGE:** That was another gift of Vatican II, because in the past we always thought we owned and operated the hospitals. After Vatican II, when sisters moved out of the corporate ministries, there was a real question among many – if there aren't sisters here, how can the ministry be Catholic? People were identifying Catholic identity with that and also with what we *don't* do. We



**Sister Roch, second from left, with visitors at St. John's Mercy Medical Center.**

don't do abortions; we don't do tubal ligations versus identifying Catholic identity by who we are and what we stand for and why we exist.

Just like we did with religious communities, we said, "What is this ministry?" It's a work of the Church carrying on Jesus' ministry. When we as religious began anything, we carried on the ministry of the Church. We steward it; we don't own it. What does that mean on our behalf as religious women? We began looking at: What does it mean to sponsor? That word really came about when the religious in the United States began to separately incorporate their schools and their hospitals from their religious community corporation. It used to be

what I call the one pot theory, they had one corporate entity. Because of litigiousness in the United States plus the need to identify where the assets really belong, they separately incorporated.

Civil law here in the United States said: "This belongs to the community, and the Church, in a sense, never takes the property. It is Church property by virtue of our taking care of it. What do you call that? They came up with the word sponsorship, which means that by sponsoring we publicly proclaim that we will ensure, for example, that the Sisters of Mercy Health System exists. We are going to sustain and make sure that takes place. How do we do that? By stewarding the resources accordingly so there's the business part and then there's the value part that we have to honor. For an entity to be considered sponsored, it has to be connected with what is called an authorized entity within the Church. Canon law calls it a public juridic person. It's like a corporation. That we exist within the Church, that's where our existence comes from. That was the religious community.

We have a relationship with an organized or institutionalized ministry. What's required of us is that we make sure that we are faithful to the ministry and we can account for that; that no one can change the bylaws or the articles of incorporation without our approval; that we look at who is appointed on the boards (they're not self-perpetuating). Why? Board members don't have to be Catholic, but you want to be sure that these women or men understand what they're about in making the decisions for this ministry. Those requirements deal with our spirit. The other two

stipulate that we cannot take on debt over a certain amount because then you're encumbering the value or the assets. Because it's considered Church property, at a certain level the community's got to approve that or it's got to go to Rome. We can't sell or get rid of anything over a certain limit, like a hospital, without approval. But if we do sell something, the money never comes to the community. It is used in the ministry. It's a way of ensuring that the works of the Church go forward in perpetuity by virtue of an entity that's recognized in the Church and given that authority to do it on behalf of the Church.

As Charles Thoele was saying – what does that mean? In the past, it's always been sisters, because we were the Sisters of Mercy recognized by the Church. We're this corporate entity and these are all the things we do: schools, hospitals. We don't have sisters to do it anymore. Over the years we had been preparing. We asked ourselves this question in 1999 or 2000: Should we continue to sponsor? We did a study and we came up looking at everything. We even asked people – does it make a difference to you? We asked legislative people and the lobbyists – does it make any difference to you? For some it didn't. Others said, yes it did. But after our prayerful reflection, we said, “Yes, we're called to do this still because we haven't prepared people to take it.”

Five of us were appointed as a Sponsor Council and I chaired that. Our responsibility was to make sure that we put people in place and that we kept an eye on the future to identify when we needed to make the change. Around 2005 or 2006, I did a study on: How many sisters do we have? How long can we be in it yet? How well prepared are our lay people to take this over? We've been working on it. I said, “Now's the time to raise the question.” Not all the sisters were happy. Early on we looked at: Do we sell it? Do we co-sponsor it? Do we keep it the way it is? Or do we do something different. That's why we had the Sponsor Council. We figured we had enough sisters, not a lot of us, but that we'd be around for about 8 to 10 years to still journey with those women and men.

In 2008, the Church approved that the religious congregation is no longer the sponsoring body. It's the board of our health system. As long as there are qualified sisters, four of us will serve as what we call Class A members. We're not over and above the rest of them. We're on the same level as the rest, but on behalf of that board, there are certain things we do. We do the final approval of the duly-appointed board members. If there is an issue like if we sold a hospital for a dollar but we had to get approval for it because it exceeded the approval to give it away, we sign the papers to go to Rome for that. On an annual basis, also, we send in an accounting to Rome. On our Board, the majority must be Catholic. We have a woman of the Jewish tradition, a marvelous woman. She's not of the faith; she doesn't believe some of the things we do, but she knows by what values we make our decisions.

Even before that, back when I first came to leadership with the community in '79, we put in place a process to begin to educate all of our sisters who were in education or in health care on what it means to serve in leadership. What does it mean to exercise certain authorities? To begin to understand the various ministries so that they were prepared to be board members, not just because they're a sister, but do they understand it? What are the responsibilities? They even did somewhat of an internship. We started putting them on different boards, but before being on a board they had to go through an internship.

We now have been doing this with board members. Now we have very few sisters involved in it, but they're prepared for their role. We still have formation, that's what we call it, at every



board meeting. It's always around one of the agenda items, not something coming out of the blue. What does this mean, for example, to put together an integrated physician group with the hospital? What do we have to think about in light of who we say we are or why we are and how we're going to be. Not just the business aspect, but getting the doctors involved in it as well. We try to make it walking the talk, but doing it in light of who we say we are, why we are, and the values, which I call habits of the heart, by which we make our decisions. I did a lot of work on that. It really started back when I was on the team, not just me but the other four as well, to help people understand what the responsibilities are to serve in leadership, and that includes governance.

**GARBER:** You mentioned having done a study in which you predicted that by about 2015, there would be no more sisters in leadership.

**ROCKLAGE:** Probably not, unless we get more recruits. We might bring some from other places, but they won't be serving, we won't have them. We may still have sisters volunteering in hospitals or schools, but even back in 1986 when we put the Health Ministry into a system structure, one of our reasons for doing that was to strengthen sponsorship. That wasn't to maintain control, it was to prepare people to understand what that means. That was one of the reasons we put it into a system structure so that they would learn a different way to do it. Right away we put in programs for training in mission, for ethics programs. These are like tripwires that remind you to think about: Who are we? Why do we exist? What are we supposed to be doing?

All of our locations have a Vice President of Mission and Ethics and these women and men have a business background. They're better prepared than the sisters were. They have ethics programs and some of them had their own business at one time. So they're capable of standing right there at the business end. They know how to integrate it into the tough decisions that we have to. I often say, and I'm not knocking Tenet or any place like that when I say this, but for us as a faith-based organization compared to investor-owned, we may make the same decisions. What distinguishes us is why we make them, what are the driving forces? Not that ours are better than theirs, or that theirs are wrong, but to be true to who we are. We have to make them part of what our principles are.



I have a hard time with investor-owned, for-profit within health care. I'm not knocking the people, but I don't think it's a commodity to be bought and sold. I know we have to make money to keep it going, but I have a hard time with being in it to make money. I know that doesn't sit well in many places, but that's how I feel. Same way with the insurance companies, when you see the billions that are put aside instead of being plowed into service. I've said that in other public places already.

**GARBER:** You mentioned 1986 a few minutes ago and the formation of the Sisters of Mercy Health System. I'd like you to talk a little bit more about that time if you would?

**ROCKLAGE:** Before 1986, we were in seven states. But, let me back up even further. We've had wonderful leaders in the Sisters of Mercy. In the 1960s, when Medicare and Medicaid



were coming to the fore, the leaders in our group said – we as sister leaders can't deal with all this, the complexity of health care. Our leader at that time had come from health care, Sister Mary Bertran. They formed what was called the Management Consulting Office. In that office, they had finance, insurance, purchasing, HR, (that's how Mr. Thoele came in), and construction and all that.

When a request came from any one of our large schools or health care facilities, instead of going directly to the leadership team of women trying to figure out whether they should say yes or no, this cadre of people, and they were mainly men, would review all that. That was their specialty. They managed all those services for us and they advised the leadership of what decision to make. For example, I wasn't involved with it, but when they were told that all of the investments in 1960 would be invested together, and our people in these small towns like Vicksburg, Mississippi, and other places, would have to say to the local bank – it's not going to be here. That didn't go easily. Then we started our own purchasing department. They also served the schools.

We had the Management Consulting Office which could manage and consult but had no authority. Tied in with that, we had also put together a Health Ministry Shared Service Board that the CEO sat on. Eventually when I was a CEO, I sat on that. We ultimately made the decisions by voting up or down, whatever you're going to do together. But unless somebody said you had to do it, some didn't do it. They had the authority to vote up and to vote down.

When we were on the team then, and the CEOs were saying, "Now, tell us what you want us to do?" I said, "I can't tell you what to do, you ought to know what's going on in the United States." Since we already had many of the services in place that a system did, we didn't immediately think of that. Then we did a study – should we or should we not put this into a health system structure? The vote was yes. It took effect July 1, 1986. On June 30, the CEOs could still vote up, vote down and all that. It took quite a while for them, as well as for the leadership of our community, because before July 1, 1986, if they didn't like something they could go to those sisters and they might change it.

Here there were seven of us and I remember one of them said to me, "I thought this was a paper corporation." I said, "Oh, no, it's got some authority to it." We had to gradually set our goals and our sights and Mr. Thoele came on to help with that because I had been out of administration for six years. I knew we needed someone who was trusted by everybody and was still real close to the operation, so he came on as Chief Operating Officer for the system. He was a wonderful person to work with. I'd worked with him at St. John's, also.

We began to lay the groundwork of what are the rules, how are we going to do it. You took one step forward, three steps back. They wanted to approve our budget and I said, "No, you don't do that." It was constantly back and forth. On a lighter note, we had a good talk about some financing thing someplace and the sister down there, when we were walking into the meeting, said, "I want to tell you something. I'm going to speak against this." I said, "That's fine and I'm going to answer you." That's the kind of relationship we could have.

It took some years to get things going. They were so threatened. It was one thing to say 'yes,' but then all of a sudden they were not autonomous anymore. Before, they would hold finances to their chest and now we were saying, "We're going to put all this out." They fought putting the quality department in place, putting the HR department in place, all of those things, but we gradually step by step kept working on it. After five years, I wanted to ask the question, "Should

we keep it?” Some said, “Oh, you dare do that?” I said, “We’ve got to find out.” They voted yes. And we made some changes.

**GARBER:** To clarify, the “they” you’re talking about is?

**ROCKLAGE:** The CEOs and boards. But also we not only put it in place for sponsorship, the other reason we did it was that we wanted to have a shared sense of direction. What does the environment call us to do no matter where we’re located? How do we all pursue the same direction? That took a while. The third one is that we wanted to maximize our resources. Now, we always have basically had a good balance sheet. I joked that the sisters rubbed the buffalo off the nickel before they spent it. When I was at St. John’s, the only accounting I had to give to our leadership was financial. I said, “Don’t you want to know what we’re doing?” “Well, you do what you should do,” leadership replied. I said, “You ought to be looking at the plans.” That’s another thing we got started. Then the other one that really made the CEOs nervous was a directive to find new and innovative ways to serve. Get out of the hospital headset. They thought we were getting rid of all the CEOs, so we modified that.

These were the four reasons we did it:

- To strengthen sponsorship.
- To work together to have a sense of direction to be responsive and ahead of the signs of the times.
- To find new and innovative ways to do things.
- And to maximize our resources – which meant you had to plow money into it in order to get something back.

The first ten years we laid the groundwork to get us going forward. We were growing our staff to respond to the needs that we had. Then I thought, *The gentleman who was serving then as the Chief Operating Officer, Ron Ashworth; that’s the man for the future.* So, I went to our leadership although I had just been reappointed. I said, “It’s time for me to step out. You need somebody with Ron’s background.” He was Vice President at Peat Marwick, used to be known as Mr. Medicare, he’s a wonderful man. They did appoint him. The next ten years what he began to do, which was not an easy row to hoe, was to consolidate and standardize our information systems, our financing systems. Every place still did it in a unique way, tied together. He got all that turned around, our resource optimization in place, our information systems.



**Sister Roch (left) with Sister Mary Juliane Carey, RSM,  
a member of the Sponsorship Committee**

The first ten years were not easy. I remember the first time we got everybody together for a weekend including spouses who had never known each other, from Laredo, Texas, to Fort Smith, Arkansas. We had taken on some new entities, as well. But they came together and at the end of that weekend it was wonderful. They knew the names, but there had never been a gathering of all of us together.

During that time we had to let go of several hospitals and that was not easy – particularly because on the system board we had sisters who were also connected with those places. We learned not to do that. It's too hard for them. We still would need sister representation but then our policy was if you work in a local place, you are not on that board. For the sisters, there was a lot of change, a lot of, "We've never done it that way." I said, "I know, but we have to do it that way now for the future." Now, they all think it's wonderful.

But when you let go of a hospital in Vicksburg, Mississippi, and a sister from Mississippi is on the board, or make a change in Oklahoma – we had to remove the whole board one time – the sister from there, that's so hard for her, because she has to go back and be there. Letting go of the hospital in New Orleans was not easy. Then we took on some new ones simultaneously in Enid, Oklahoma, and in Rogers, Arkansas. It was a shedding and a taking on. It's a constant purification, you might say, and living with a healthy tension. If you're not in tension, you can't even walk. If I'm in tension, I can be stretched one way or the other. So, it's been a joy. It hasn't always been without the tears.

**GARBER:** You've mentioned healthy tension a number of times during this interview. I believe that you wrote an article about that being one of a set of desired characteristics along with humor and what were the other two?

**ROCKLAGE:** The things you should always make sure you have in a committee and everything, first of all is that there's a healthy tension. That is based on that everybody's unique gift and ability being recognized. We're not in lockstep. At the same time, there has to be great integrity, that I don't manipulate you and you don't manipulate me. Then, you have to have an abiding sense of humor. We have to relax with it, not laissez faire, but relax with it. But, if there's no tension, if we are rigid, then we don't get anything done. A building can't stand without tension. Now, tension's not the same as anxiety. Anxious people can't move; they can't make a decision. They're just frozen. But if you're in tension, you can move with it. You can get stretched and you can pull back. There's a difference between them.

Our foundress had a prayer, "Take from my heart all painful anxiety. Teach me to trust." Now that's something she went through with the Church and with not having any money. She had many anxious moments, I'm sure.

**GARBER:** You spoke of the time that you were the CEO of the Sisters of Mercy Health System and after that you went on to become the Chair of the Board of the System. Had you been a board chair before that time in any other organization?

**ROCKLAGE:** When we first put the health ministry into a system structure, the recommendation was that I would fulfill both roles, which I did for a while, for those first ten years. But I had been board chair of some other entities like schools and had chaired many committees but that was it.

**GARBER:** What makes a good board chair?

**ROCKLAGE:** A board chair is someone who knows that he or she is there to create the environment where everyone is encouraged and feels free to speak. A board chair should come prepared with a well-informed, but not a closed, mind and make sure that board members do that also. The chair ensures that everyone has the ability to speak and has a deep respect for each person. No one can dominate the conversation. You have to know your board members, too; who is reluctant to speak and who maybe talks too much. You have to know how to handle that blend.

Also you have to be free enough to allow the CEO freedom to lead the conversation. He or she should know about it more than anybody else. It's a team effort. But the board chair has to have a sense of where the board is. For example, at AHA, the agenda sometimes was so strong you just had to step back and say, "Wait a minute. Let's be quiet for a while. Let's think of where we are."

So, the characteristics of a good board chair are: deep listening, well informed, no closed mind and then the freedom to present your opinion at the appropriate time after you have created the environment where they know when you're saying your opinion, it's just your opinion. You don't control it. If you sense that the group is uncomfortable, you say, "No, we can't go any further than this."

Another way to say it is that everybody on the board, as well as the staff, knows that you deeply respect them. You are a man or woman of integrity of word and deed and you expect that from everybody else and that the environment is one of hospitality. If it's a hospitable environment, no one should be afraid. In that environment, everybody can put things on the table. Why? Because I respect you, you respect me, and we're going to be women and men of integrity of word and deed. Then, you can move forward. There's a lot of healthy tension in there. That, to me is a board chair – it's not about an individual. The board chair is the chair of that body of governance and leadership, as that book now says, governance is leadership. The role of leadership is to ensure that the mission and the purpose of whatever it is, is supported and sustained and is the unifying force in the organization. That's leadership and that's also then the role of governance. So, it's not a controlling role, it's permeating and assuring and sustaining and calling forth.

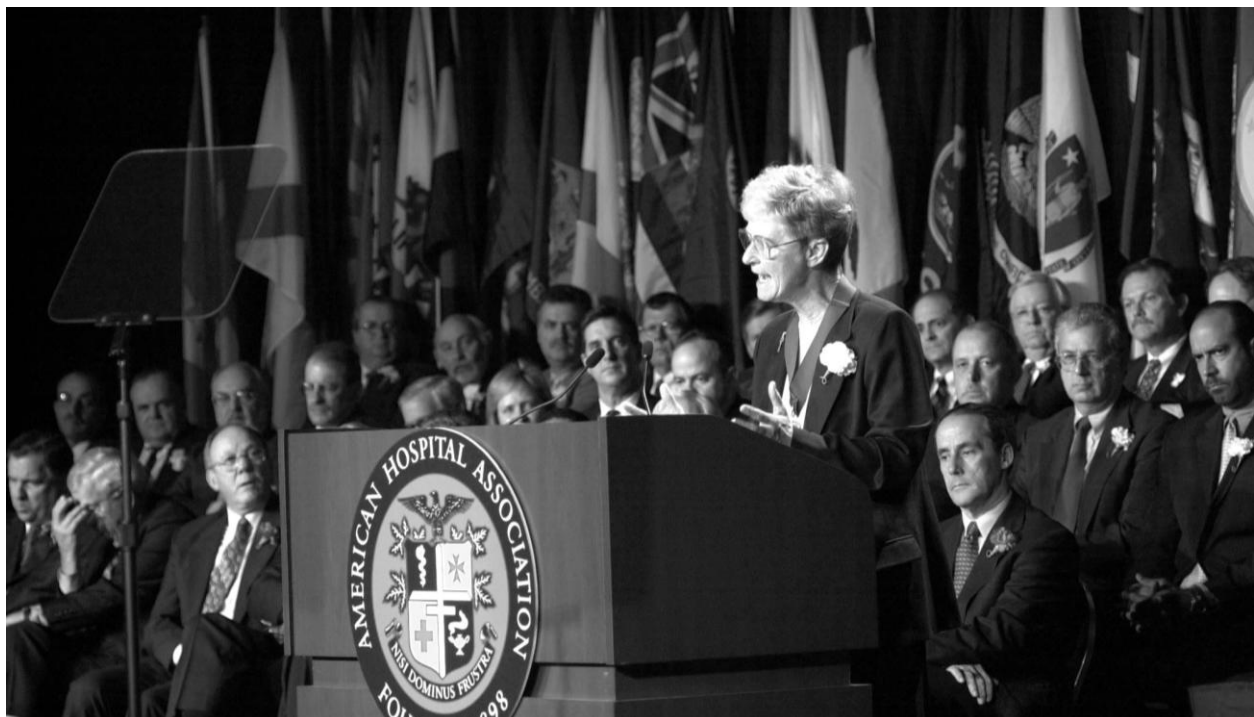
**GARBER:** You had mentioned the American Hospital Association and in 2002 you were the chair of the board of trustees at the AHA. Would you reflect a little bit about your time there and what the main issues were?

**ROCKLAGE:** The main issues were the same as they've been for the last 30 years because we have no memory. We can't build on what happened.

I remember when I was asked to consider becoming chair and I told them, "No." I didn't think I was capable. I'm not one of these real astute financial people. They asked a couple of times and I finally said I would put my name in if they would ensure that if I was selected, that we would, as an association, bring forward again the issue of this country identifying a philosophy of health care for everyone. Secondly, that we would exert energy to go out and give hope to the people in

the field, the CEOs and others. They just came through Y2K.<sup>15</sup> Also, name any year, we wake up and find out health care is too expensive or we haven't been doing quality correctly. That did come to pass. Those were wonderful years for me.<sup>16</sup> They were wonderful people and wonderful to work with. They were very patient with me, too.

At that time, we made the decision to have other than CEOs or people from health associations on the AHA board. Don Berwick was put on.<sup>17</sup> Of course, he was already very much committed to quality. He kept bringing it up and the CEOs on that board would have nothing to do with it. They said, "No, the AHA stays out of this. This is a local issue." Then it got to be this joke, first of all, you can't define it. Secondly, you can't measure it. But over those years look how far we've come. But, it goes way back even in the '80s that we were talking about quality. DRGs would be part of quality: Why did the patient stay in, exceeding the time that Medicare would pay, and that kind of thing. That was another significant issue.<sup>18</sup>



**Address at investiture ceremony, American Hospital Association Chair of the Board of Trustees, 2002**

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<sup>15</sup> Y2K refers to concern in the late 1990s that there would be a widespread failure of computer systems in the year 2000 because so much software was written with just 2 digits for a year; for example, 1999 would be entered as '99.'

<sup>16</sup> The board leadership role at the American Hospital Association is a three-year commitment, with yearlong responsibilities as chairman-elect, chairman, and immediate past chairman.

<sup>17</sup> Donald M. Berwick, M.D. (b. 1946) became president of the Institute for Health Improvement in 1991. More recently, he was appointed director of the Centers for Medicare & Medicaid Services by President Barack Obama in 2010, with responsibility to oversee implementation of the newly-enacted health reform legislation.

<sup>18</sup> Diagnosis related groups (DRGs) provide a way of classifying patients according to diagnosis or surgical procedures into similar groups. In 1983, DRGs were incorporated into the Medicare prospective payment system, which serves as the reimbursement mechanism for most Medicare patients nationwide.

Then when we were trying to ask in the RPB meetings: what's one of the most significant initiatives we ought to undertake in order to transform health care?<sup>19</sup> One of the issues we put out was information systems. That didn't rank high at all, and look at where we are today.

We get so locked in to where we are that we're not free to look up and smell what's coming down the pipe; what the wind's bringing us so we can get ready for it and get ahead of it. Rich Umbdenstock is the head of AHA now. We talked about competition and collaboration. He said, "Let me tell you, it's a lot harder to collaborate than to compete." He was talking about an incident that he had. But even let's look at CHA or AHA. When these organizations send out something, they address the individual hospital – the hospital ought to be doing this, the hospital ought to be doing that. We would be much better off saying: the community of health care deliverers ought to be together to do this.

We're still going to compete but not this bottom line cutthroat competition. All the planning laws from way back when have called for this, but then the rules don't let us. How does a local area say, "This is what we need. We don't own health care. We steward it. These assets that we're stewarding really belong to the people who paid us for it. How do we pull this together for the benefit of the community?" Not that we'd be number one. That's a real struggle for us – if we can think of ourselves as a community of caregivers bonded together to get this done. I know Stark laws and all that, but there's got to be some way that we look at it differently. Maybe it has to come from the communities, the public, the people living there themselves to ask us for it. I think that's a real challenge.

**GARBER:** Would that be a re-creation of the local planning agency perhaps without the regulatory teeth that those agencies eventually came to have?

**ROCKLAGE:** If you could eliminate the regulatory teeth, that would be the thing. But if the communities themselves and the health care providers in the community can come together and say, "What does it mean for us to be the St. Louis County community?" We talk about healthy communities; it's more than just health. How are we to organize? How can we say this is the need and really choose what we're going to provide and what the other will provide and combine forces?

We tried that here in St. Louis some years ago. We could not pull it off because of the doctors. If you do that, some place does cardiology and some place doesn't. I'm not talking about a totally government-run thing. I don't want that, but we've got to think about this in more effective way and then it will become efficient and that will end up being economical. We try to find the most efficient way or the most economical, but we don't look at what's most effective. To be effective, it's messy to start with.

It's a dream I have. I never have really spent a lot of time on it. But if there's a way to do that, as our mission statement used to say (we've modified it since), "To improve the health of individuals and communities." We can't do that by ourselves in the communities we serve. We can't. We're committed to that, but we cannot do that alone. Nobody can.

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<sup>19</sup> Regional Policy Board (RPB) meetings are a formal, ongoing way for the American Hospital Association to seek member input about issues and policy positions.

**GARBER:** In preparation for this interview, I reviewed the mission and vision statements of the American Hospital Association, the Catholic Health Association of the US, and the Sisters of Mercy. The language is similar. It's all about improving the health of the communities. Everybody seems to be on the same page regarding vision.

**ROCKLAGE:** Right, but it's in us to be the first to do something, to be top and yet we don't look down on the others who aren't top. It has to come at the local community level and has to start with board members who are educated. The community at large is saying, "We want all of you." Where is the excess and how can we be more effective? We're here to serve. We're not here to survive. Now, if we serve appropriately and are meeting a real need we will survive. But our payment system – it's like in Washington we've got eyes that look two different ways and they never match. "We're only going to give you this much money but you've got to take care of everybody." That's impossible. With Washington, it's as if every morning they wake up and say, "Oh, there's the sun. Have you ever seen that before?" There's no memory. It's true of us, too, in a way.

**GARBER:** I'd like to return to your great interest in the concept of health care for everyone in two ways. The first was in 2002 when you were Chair of the Board of Trustees at the American Hospital Association, and Dick Davidson was CEO of AHA. He told me a story about when you and he went to Washington to meet the newly-elected President George W. Bush. It was a meet-and-greet. You were just in there briefly to say, "Hi, how are you."

**ROCKLAGE:** And we were told, "Don't argue."

**GARBER:** Dick Davidson said that you spent some time cooling your heels in a beautiful room in the old Executive Office Building. There were murals on the walls and there was this wonderful sense of history and of power. Then the President came in, gave the cursory handshakes and introductions, and you sat down and started to talk about the importance of health care coverage for everyone. President Bush commented that there really wasn't so much of a problem with this, at least in his home state of Texas, because of the well-established system of county hospitals. Because of that, things were pretty well in control as far as taking care of those who were in need. You commented, "Well, Mr. President, the world's not all the same as Texas. We're not all as progressive as Texas." You went on to expound on your views. What impressed Dick Davidson was that President Bush listened to you carefully and at parting gave you a very warm handshake and seemed to be receptive of your ideas. Dick concluded that story by saying he was impressed by your willingness to say many a stern word and not be daunted by powerful people. How did you come to have that ability, especially since you had mentioned earlier that you consider yourself something of an introvert?

**ROCKLAGE:** I do. I'll comment on that first. When I was appointed CEO at St. John's, I was very young. I dreaded going to the gatherings. I just dreaded it. Then I decided, they're probably more afraid of this young woman coming in here than I am of them. So, my goal at that time was to put them at ease and focus on them. So, that's how I've addressed that.

In regards to speaking the truth, it's a gift, I guess, that I can't play games with you. I will say it as respectfully as I can but, I also want the truth on the table. If the truth is not being put on the table, depending on how it is, I have to find a way to bring it out there and get all the views on the table.

It's important to me to know that when I leave a place, I've spoken my truth to the best I can and that I've solicited that from you to the best that I can. It's important to show up and come well prepared and listen, but you don't roll over and play dead because somebody's important. Because nobody has all the answers, including myself. If I'm going to respect my own integrity, not in a proud way, I have to do that. If I truly respect you, then I will feel free to say what I want to say. If I'm afraid of you, then I really don't respect you.

But I think I can't be myself if I'm not honest with you. That's not to walk all over you. The down side of that is – I can come on strong at times and I can come on very fast at times. I have to watch that. I have a deep conviction. I've had sisters say to me, "You talk so fast and you've got your opinion so fast I can't keep up with you." I say, "Thank you for saying that." That's an honest answer to me. That made me change my style but it didn't change me from saying what I felt I needed to say and to be truthful.

If I'm not truthful to someone, or haven't really played it straight, I have to go back. Like if I've hedged on something, I'm not comfortable. I've got to go back whether that person knew it or not. I've got to say, "Let me clarify this and if I came on strong the other day, this is why I did." I'm far from being perfect. But it's not being true to myself.

If you don't, sometimes you just regret that you didn't take the opportunity that you had. I happened to be chair at that time, so that's why I was able to be in there with President Bush. That was an opportunity; that opportunity would've been gone. You do it on behalf of the organization you represent and who that organization represents.

**GARBER:** The second thing that I wanted to ask you on the topic of health care for everyone is your views of the recently-passed health reform legislation<sup>20</sup> and also your feelings concerning the pushback and the efforts to repeal it.

**ROCKLAGE:** I'm glad it was passed. It's certainly not the perfect one. My disappointment in the whole thing is that it never says that every man, woman and child in this country has a right to basic health care, basic comprehensive care. We don't say that. What we did, and we've done it every time, was that we tinkered with the financing. We don't have a vision of what we want that financing to do. We don't say, "This is our commitment: that women, men and children will have access, not to everything, but to the basic comprehensive care which is prevention, treatment, follow-up and appropriate rehab. If I want a heart transplant that's something else maybe, I wouldn't call that ordinary. We've never said that. Until we have a vision that we agree on, we're never going to say how we're going to untangle all the financing.

I'm very pleased, if we can pull it off, that the 34 million people will be covered. That hangs on how our financing is. I'm very disappointed in how we're treating the immigrants. We're expected to take care of them, but there's no reimbursement for taking care of them. The pushback makes me angry because on both sides, but particularly those who are pushing back, they haven't read, thought about, or studied the implications of what has been said or voted on. Nor do they say, if this is what we have, what are the implications and how do we address them rather than eliminating everything.

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<sup>20</sup> The Patient Protection and Affordable Care Act, PL 111-148, was signed Mar. 23, 2010. More information can be found here: <http://www.healthcare.gov/law/introduction/index.html>



It's like someone saying – you can write any law you want to protect me. But don't write one that allows others to have. I want to be totally protected myself and that's not just in health care. In all laws, there can be no law that makes a claim on me.

I think we've made a good step forward. It's cumbersome. The devil's going to be in the details. The other problem is that we are not a patient enough society to deal with it. In two years we're going to turn over another legislative body and we're going to start all over. We don't even have a vision of what we want to pursue. It's so fragmented.

Back when I was with AHA, we had a meeting in which there were providers, insurance, payors, physicians. One of the gentlemen was president of one of the major health insurance companies. I remember saying, "Would you be willing to sit around the table where you are representing insurance, we're a provider, and all the different disciplines are there. We remain true to who we are. But we're all willing to change enough to provide an effective health care delivery system in this country. Would you come to such a meeting?" He said, "I'll think about it." We never had it. It's got to start with us. I'll still remain an insurance company or a health care provider, but I'm willing to change enough – still true to who I am – that we all can blend together to provide a unified health delivery system. I don't know if we can ever pull that off. I still hope we can.

When I served with CHA, I chaired a task force for people who are poor. All these different proposals were coming in at that time for health care reform. We put together a multi-faceted task force from all walks of health care and life. We developed a set of principles by which to evaluate each one of those proposals as they came in to see which one we would support. We came up with even an outline of a plan. We even had in there a case manager for each person, this goes back in the '80s. But, it didn't go anywhere because there was no place to put it at that time. You know it all kind of died.

There's a whole set of principles that would guide us as the proposals came down as to how would we evaluate them? I don't know if you could ever devise that for the United States. What would the people want? Have you ever been around asking people in the country what are the principles that you think we ought to use to evaluate a health care reform proposal? It would be interesting to hear what people would say.

**GARBER:** As we close this interview, I'd like to ask you about three more things. Those things would include first of all mentoring. I'd like to give you the opportunity to speak about people who have been your mentors and how you have mentored others.

**ROCKLAGE:** I have had mentors, different, wonderful women within religious life. They have influenced me so very much. Sister Mary Kevin was a leader during the time that we were going through the changes of Vatican II. I knew that deep in her heart she really didn't want to lead us through that. That didn't set her on fire at all. But that's what she was called to do and I watched and admired how she handled that. I knew it wasn't her choice, but what she was called to do. Of course, we had lots of meetings and different things. She was always very wonderful. But there were two things she said to me. Early on, when I was appointed administrator she said, "Just remember this, God will always send the right men into your life. Today, we'd say, men and women. The story she gave me goes way back when she was teaching in elementary school in New

Orleans and was made the administrator of the hospital. She said, “God sent the right people every time. Just have to pray for that one thing.”

I remember one day at a big assembly that we had during this change of Vatican II, we were all supposed to go out and discuss. This one phrase stayed with me so much; she said, “Now, sisters, what we have to discuss – we will do it to shed light and not heat. You will do it here and not behind closed doors.” That’s the kind of woman she was, of great integrity. What amazed me was that I knew she really didn’t want to go through all this, but she did.

Another was Sister Isidore, who I mentioned earlier. Another was Sister Mary Mercy Dalton from Ireland, from Limerick. She saw her father being killed by the Black and Tans.<sup>21</sup> She saw her mother being awakened at night when they were coming looking for her brothers. She had a deep bitterness when she came here. I didn’t know her when she came; it was years later that she shared it with me. But it impressed me how she worked through that, and seeing what good did come for her family, and her ability here in the United States. She was a pharmacist, a brilliant woman, and had a delightful personality. She worked with the poor all her life in the clinic. In a sense, she was able to turn the tension she had against those that had hurt her father a different way in that she could pour out care to others.

Those two women influenced my life. There had been others, really strong wonderful women. One was Sister Dominica at St. Xav’s in Chicago. She taught us philosophy. It was just her mannerism in class. I remember the beauty of her eyes and the way she listened and walked us through epistemology, never losing her patience. Many in the class she could’ve lost her patience with!

These are small things. But they come back to me in memory periodically. There was also my father. My dad worked hard to keep us all together but never flagged in his energy to get involved in the community. He had a tremendous sense of humor. He was a man of leadership, but he was always the person that stood behind the other leader and made him look good. He loved my mother. He’d come home in the middle of the day and they had this old washing machine. He’d be booting it on the washboard and then hand it through the wringer. Then he’d go out and do his work again. You know he just loved my mother. That’s when I got a spanking – when he didn’t think I’d been good to my mother.

**GARBER:** What is your current position here with Sisters of Mercy Health System? Do you have a plan for the next few years? Will you eventually retire? What happens to a sister of retirement age?

**ROCKLAGE:** Well, like McArthur, they fade off into the night and like McArthur, they come back again! If you recall, I said earlier that when I got my masters degree in health administration, I said, “I graduated,” and I was told, “You can’t be an administrator.” My assignment was to help where needed. I think I’ve gone full circle. I have a title now, but I think

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<sup>21</sup> The Black and Tans were largely British veterans of World War I, who were hired to assist the Royal Irish Constabulary by putting down revolution in Ireland. The Black and Tans were intended to target the Irish Republican Army, but also attacked civilians.

that is my role right now is to help where needed within the whole health ministry wherever I can be of assistance or be called upon. That's what God has called me to do now and that's my missioning as a Sister of Mercy. My title right now is Health Ministry Liaison. I also chair the Class A members of the sponsoring body and I serve on that board.

As Health Ministry Liaison, it's like I'm a conduit to help keep, at the leadership level and in other areas, a sense of: what we are, who we are, and what we're about. I'm not the only one but I'm like the current wire for that. Also, between the religious community and the Health Ministry. I had a conversation with the chair of the board today about how to keep the leadership of the board and others more informed of what the sisters are doing. So, it's that linkage kind of thing. It's a liaison role in that way.

As to the future, I pray about that. I'm in good health. I don't want to be in the way. I want to know when it's time to go. I know it's not too far in the future. If I'm in good health, I would like to do direct service to women, men, and children who are poor, and to the elderly. If I'm in good health, I'd be good with the elderly. I'd be one of them you know; I am one of them!

One last thing we say about the Sisters of Mercy and this is what I hope I'll do, "Live fully, love deeply, give totally and enjoy life immensely." I hope that's something that can be done until death.

**GARBER:** It's tempting to stop there because that's a wonderful last word, but I do want to ask you whether you have a favorite passage of Scripture that you would like to share.

**ROCKLAGE:** Throughout my life there've been a couple of them. One that's become richer for me now, "Abide in me as I abide in you."<sup>22</sup> I read about what it means to abide somewhere, you just settle in and you're comfortable. Be comfortable in me as I am in you. Another one is, "Come to me all you who are burdened...learn from me humble and meek of heart."<sup>23</sup> When I'm really down, I think, "Unless the grain of wheat falls to the ground and dies, it remains alone."<sup>24</sup>

**GARBER:** Thank you Sister, I appreciate your time, your insights, your wisdom.

**ROCKLAGE:** Thank you.

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<sup>22</sup> John 15:4

<sup>23</sup> Matthew 11:28-29

<sup>24</sup> John 12:24

## CHRONOLOGY

- 1935            Born March 5, St. Louis, MO
- 1959            St. John’s Hospital School of Nursing, St. Louis  
Graduate
- 1961            St. Xavier University, Chicago  
Bachelor’s Degree, Nursing
- 1961            St. John’s Mercy Hospital, St. Louis  
Nursing Supervisor
- 1961            Mercy Villa, Springfield, MO  
Supervisor
- 1961-1963     Holy Cross Hospital, Mission Hill, CA  
Hospital Administrative Residency
- 1963            St. Louis University, St. Louis  
Master’s Degree, Hospital Administration
- 1964-1979     St. John’s Mercy Medical Center, St. Louis  
1964-1965     Director, Central Dispatch  
1965-1967     Supervisor  
1967-1969     Director of Nursing Service  
1969-1979     Administrator/President, including St. John’s Mercy Hospital  
Washington, MO
- 1975-2004     St. Louis University  
Preceptor
- 1975-2004     Washington University, St. Louis  
Preceptor
- 1976-1979     University of Missouri – Columbia  
Preceptor
- 1979-1985     Sisters of Mercy, St. Louis Province, St. Louis  
Provincial Administrator
- 1983            Maryville College, St. Louis  
Doctorate, hon. caus.
- 1985-present   Sisters of Mercy Health System, St. Louis  
1985-1999     CEO  
1999-2003     Chairperson of the Board  
2002-2008     Sponsor Representative



**Address on the 150<sup>th</sup>  
anniversary of the  
Sisters of Mercy**

2004-2008 Chair, Sponsor Council  
2008-present Health Ministry Liaison

2003-2007 US Conference of Catholic Bishops  
Consultant on Health Care

2003 Mt. Aloysius College, Cresson, PA  
Doctorate, hon. caus.



**Presentation of the Archbishop John L. May Award for Distinguished Health Care Ministry  
to Sister Roch by (then) Archbishop Justin Rigali in 1998**

## MEMBERSHIPS AND AFFILIATIONS

Alexian Brothers Health System, Chicago  
Member, Board

Alliance for Regional Community Health  
Member

American College of Healthcare Executives  
Fellow

American Hospital Association  
Chair, Board of Trustees  
Member, Committee on Nominations  
Member, Executive Committee  
Member, Governing Council  
Member, House of Delegates  
Member, Regional Policy Board  
Member, Strategic Planning Committee  
Section Delegate

American Nurses Association  
Member

Aquinas Institute of Theology  
Member, Advisory Board

Archbishop's Commission on Community Health  
Member, Board

Archdiocese of St. Louis  
Member, Commission on Human Rights  
Member, Family Life Commission  
Member, Finance Committee

Catholic Health Association  
Chair, Board  
Chair, Finance Committee  
Chair, Special Committee on Indigent Care  
Member, Committee on Nominations  
Member, Council on Hospital Organization and Administration  
Member, Leadership Working Group on National Health Care Policy Report

Conference for Mercy  
Member, Higher Education Board

CSJ Health System, Wichita, KS  
Member, Board

Daughters of Charity Foundation  
Member, Board

East Missouri Experimental Health Services, Inc.  
President

East/West Gateway Coordinating Council / St. Louis Regional Commerce & Growth  
Member, Spirit Working Committee

Forum for Healthcare Planning  
Member

Forum of Women Healthcare Leaders  
Member, Board

Governor's Advisory Council for Comprehensive Health Planning  
Member

Greater St. Louis Association of Women in Health Administration  
Member

Greater St. Louis Health Systems Agency  
Chair, Board  
Member, Administrative Committee  
Member, Board  
Member, Executive Committee  
President

Health Delivery Systems  
Member, Program and Priority Committee

Healthcare for the Homeless, St. Louis  
Member, Board

Hospital Association of Metropolitan St. Louis  
President  
Member, Board  
Treasurer

Holy Cross Health System Corporation, South Bend, IN  
Member, Board

Institute of Peace and Justice, St. Louis  
Member, Board

Maryville College, St. Louis  
Member, Board

Mayor's Health Service System Task Force, City of St. Louis  
Member, Task Force II

McAuley Hall, St. Louis  
Member, Board

Mercy Center Conference Retreat  
Member, Board

Mercy Health Conference, Farmington Hills, MI  
Member, Board

Mercy Health Initiatives, Mercy Medical Center, Denver  
Member, Board

Mercy Health System, Oklahoma City  
Member, Board

Mercy Higher Education Council

Mercy Hospital, New Orleans  
Member, Board

Mercy Hospital, Laredo, TX  
Member, Board

Ministering Together Initiative  
Member, Board

Missouri Health Coordination Council  
Chair, Plan Development Committee  
Chair, Resource Development  
Member

Missouri Hospital Association  
Member, Board  
Member, Council on Finance  
Member, Physical Rehabilitation Committee  
Member, Planning Committee  
Vice Chair, Hospital Service Plans Committee

Missouri Regional Medical Program  
Member, Ad Hoc Committee Integrated Health Systems Proposals

Mount St. Mary's Academy, Little Rock, AR  
Member, Board



National Chamber Foundation, Washington, DC  
Member, Task Force

National Coalition for Healthcare  
Member

Nurses for Newborns  
Member, Advisory Board

Papal Visit  
Co-Chair, Invitation & Ticket Committee

Personal Health Care Committee  
Member

Plan Development Task Force  
Chair

Sisters of Charity of the Incarnate Word Health Care System, Houston, TX  
Member, Board

Sisters of Mercy Health System  
Chair, Board

Sisters of Mercy, Province of St. Louis  
Chair, Health Advisory Board  
Chair, Provincialate Complex Committee  
Delegate, General Chapter  
Delegate, Provincial Chapter  
Local Coordinator, St. Joseph's Convent of Mercy  
Member, General Administrative Conference  
Member, Generalate Search Committee  
Member, Government Commission  
Member, Health Commission  
Member, Province Personnel Board

Sisters of Mercy Regional Community  
Member, Board of Reconciliation

St. Anthony's Health Services, Alton, IL  
Member, Board

St. Edward Mercy Medical Center, Fort Smith, AR  
Member, Board

St. Louis University  
Member, School of Nursing Advisory Board  
Member, School of Public Health National Advisory Council

US Conference of Catholic Bishops  
Member, Ad Hoc Committee on Health Care  
Member, Domestic Policy Committee

Vincent House  
Chair, Board

Wheaton Franciscan Services, Inc., Wheaton, IL  
Member, Board

Whole Kids Outreach  
Member, Advisory Board



**Recipient of the American Hospital Association's Distinguished Service Award, 2006**

## AWARDS AND HONORS

- 2011 Hall of Fame, *Modern Healthcare*
- 2010 Health Management and Policy Alumni Award, St. Louis University School of Public Health
- 2007 Healthcare Heroes Lifetime Achievement Award, *St. Louis Business Journal*
- 2006 Distinguished Service Award, American Hospital Association
- 2004 Sophia Wisdom Award, Archdiocese of St. Louis
- 2001 Career Achievement Award, Missouri Hospital Association
- 2000 Senior Level Healthcare Executive Regents Award, American College of Healthcare Executives
- 1999 Reaching Out in Human Kindness Award, Vincent House AIDS Foundation, St. Louis
- 1999 Sister Concilia Moran Award, Catholic Health Association of the United States
- 1999 Sword of Loyola Award, Loyola School of Medicine
- 1998 Archbishop John L. May Award for Distinguished Health Care Ministry, Archdiocese of St. Louis
- 1998 Circles of Peace Award, Institute of Peace & Justice, St. Louis
- 1996 Brotherhood/Sisterhood Award, National Conference of Christians and Jews, St. Louis
- 1993 Alumni Merit Award, St. Louis University
- 1992 William R. Haney Award of Merit, Forum for Health Care
- 1988 Distinguished Alumni Award, St. Louis University Department of Health Administration
- 1979 Peter Richard Kenrick Award, St. Louis
- 1976 Civic Award, Maryville College, St. Louis
- 1975 National Register of Prominent Americans
- 1974 Woman of Achievement – Field of Health, St. Louis *Globe Democrat*
- 1970 America's Outstanding Young Women, Chicago

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