

HOSPITAL
ADMINISTRATION
ORAL HISTORY
COLLECTION

Lewis E. Weeks Series

Sister M. Maurita Sengelau

SISTER M. MAURITA SENGELAUB

In First Person: An Oral History

Lewis E. Weeks
Editor

HOSPITAL ADMINISTRATION ORAL HISTORY COLLECTION

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Sister Mary Maurita Sengelaub, R.S.M.

CHRONOLOGY

- 1918 Born June 28 in Osceola County, Michigan, near Reed City
- 1940 Mercy Central School of Nursing, Grand Rapids, MI, graduate
- 1940-1941 St. Mary's Hospital, Grand Rapids, MI, Assistant Head Nurse
- 1941-1942 Reed City Community Hospital, General Staff Nurse
- 1942-1944 Mercy Hospital, Bay City, MI, Clinical Instructor
- 1944-1945 Mercy Hospital, Bay City, MI, Assistant Director of Nursing Services, Clinical Instructor
- 1948 St. Mary's Hospital, Grand Rapids, MI, Supervisor of the Orthopedic Floor
- 1948-1951 Mercy College of Detroit, Director of Nursing Arts Department and Instructor
- 1949 Mercy College of Detroit, B.S. in Nursing Education
- 1951-1953 St. Louis University, M.S. in Hospital Administration
- 1953-1954 Mercy Hospital, Bay City, MI, Supervisor of Medical Services
- 1954-1957 Mercy Hospital, Bay City, MI, Administrator
- 1957-1961 St. Mary's Hospital, Grand Rapids, MI, Administrator
- 1961-1965 Sisters of Mercy, Province of Detroit, Assistant Mother Provincial and Coordinator of Hospitals, Homes and Health Care Facilities
- 1965-1971 Sisters of Mercy Generalate, General Councilor
- 1969-1970 U.S. Catholic Conference, Department of Health Affairs, Assistant to the Director
- 1970-1977 Catholic Hospital Association, President
- 1977-1983 Sisters of Mercy Health Corporation, Chairperson of the Members
- 1983 (7/1 to 12/31) Sabbatical
- 1984 (1/1 to 6/30) Sisters of Mercy Health Corporation, Senior Advisor to the President
- 1984 (7/1 to present) Mercy Collaborative, President

MEMBERSHIPS & AFFILIATIONS

- American College of Hospital Administrators, Fellow and Life Member
- American Hospital Association, Past Member
- Catholic Hospital Association, Member
- East Coast Migrant Worker Council, Inc., Projects Director 1970-
- Hospital Personnel Management Association, Past Member
- Michigan Hospital Association, Life Member, Second Vice President (1960-1961),
First Vice President (1964-1965)
- Michigan Hospital Service (Blue Cross), Trustee (1963-1965)
- Michigan League for Nursing, Past Member
- Ministry Resource Center, Inc., President (7/1/1983-6/30/1984)
- Missouri League for Nursing, Past Member
- National Association of Catholic Chaplains, Advisory Board, Past Member
- National Health & Welfare Mutual Life Insurance Association of New York
(Mutual of America), Trustee, Chairperson of the Audit Committee,
Member of Executive Committee
- National League for Nursing, Past Member
- National Migrant Worker Council, Charter Member and Cochairperson, Chairperson
of the Projects Committee
- Pope John XXIII Center for Medical-Moral Research and Education. One of the
Founders, Organizer, Past Director and Chairperson.
- Saginaw Diocesan Council of Catholic Nurses, Past Member and Organizer
- St. Louis University Alumni Association, Graduate Program in Hospital
Administration, Member, President (1962-1963)

AWARDS & HONORS

American Academy of Medical Administrators
Newcomer Award—Medical Administrator of the Year, 1975

American Hospital Association
Citation for Meritorious Service, 1975

Health Industries Association
Achievement Award, 1974

Michigan Hospital Association
Key Award for Meritorious Service, 1965

Misericordia College, Dallas, PA
Honorary Doctorate in Humane Letters, 1984

St. Michael's College, Winooski, VT
Honorary Doctorate in Humanities, 1979

WEEKS:

Sister Maurita, I have a note here that you were born in Michigan, Osceola County, near Reed City, and that you were graduated from the Mercy School of Nursing in Grand Rapids. Would you like to talk about your early career and how you chose nursing as a profession?

SISTER MAURITA:

I will be very happy to talk about that. I should share with you that I was born on a farm, not in a hospital, because in those days we had a family doctor and he delivered all the babies at home. I can still remember him--Dr. Vail. I grew up, went to an elementary school, a country school that was a one-classroom school. All eight grades were taught by one teacher. There were fifty or sixty pupils in the school. We walked about a mile every day, packed our lunches. That was quite an experience.

I went to the public high school in Reed City which was about three miles away. I walked to school every day except when the weather was so bad that one of the parents of our group would decide to take us in a car. Otherwise

we were sturdy people and walked and got lots of fresh air. We worked on the farm so it was a part of life.

When I was getting ready to graduate from high school, I really didn't know what I was going to do. I was born before the Depression but really went through part of elementary school and through high school during the Depression years. So my family didn't have the means to send me on to college. There were two choices that appeared to me. One was to go to normal school to be prepared to teach or to go into the health field and become a nurse. I didn't know too much about either one of them but as a senior in high school I did visit the little hospital in Reed City. It was a three-story house. I think it might have had something like twenty beds. I met a most delightful nurse who was a graduate of St. Mary's Hospital in Grand Rapids, Mercy Central School of Nursing. I told her I was going to graduate from high school and that I was looking around to see what I would like to do.

She said, "Why don't you see about being a nurse?"

I thought, "Well, why not?" I asked her if she could tell me more about it and what I would have to do. She said that she had graduated from Mercy Central School of Nursing operated by the Sisters of Mercy, that she had a very good education and that she would recommend it to me. She said she would get me some information, which she did.

I graduated from high school. Because I had a younger brother and two sisters going to school, I decided I would not try to go to college or nursing school immediately. So I stayed home, helped my parents. I did do a little extracurricular work and earned some money. I took care of my cousin and her husband and her little daughter while she was awaiting the birth of her second son. He was born at home. I took care of her and the baby after the baby was

born. I stayed with the family until she was able to be up on her feet. I did some odd jobs, in other words.

Then, when summer came, the year after I graduated from high school, I asked my parents whether I could go on to school. My father had a farm. He also was an apprentice and had learned how to do carpentry and masonry. He did that on the side. He loved it. In fact, he built homes and could put together barns--have barn raisings, dances. He was good at these things. That summer he earned \$150. He said he would give it to me as tuition to go into the school of nursing. So I went in the fall of 1937. I had never known the Sisters of Mercy before, but I loved nursing, I loved St. Mary's, and I loved the Sisters.

When I graduated in 1940, I was one of the students they invited to stay on to work. They encouraged some of us to go on to college. So we worked our eight hours and then went to school part time to earn some college credits. Sister Xavier Kinney, R.S.M., was the Director of the School of Nursing. She was a great educator. She was also a developer of people. It was through her leadership that I was encouraged to go on, and I did. I took some courses at Aquinas College. I got some language requirements in and some English requirements.

I later went on to work in Reed City itself. My youngest sister had died in an automobile accident shortly after I graduated. Then my sister next to me decided that she wanted to go into nurses' training at Grand Rapids. When she decided she wanted to go to the same school to which I had gone, I thought it might be good for me to move on and let her have her own life and not be overshadowed by her sister. Anyway I went home to be near my parents because my sister had died. I thought it was good for me to give support to them. So

I worked at Reed City for a year. I enjoyed it. I did everything in that little hospital. By this time they had built a new hospital--a little larger. We helped put the trays together in the kitchen. We did the emergency room. We took care of the delivery room. We took care of the operating room. We scrubbed for surgery. Then we took care of the patients on the floor, in obstetrics, medical, surgical, pediatrics, or whatever. We were working twelve hours a day with three hours off, starting at seven in the morning and ending at seven at night. It was fun.

In the course of working that year in Reed City I received a call from my friend, Sister Xavier Kinney.

She said, "Miss Sengelaub, we would like to see you. We would like to have you come to Grand Rapids and visit with us."

I said, "I am not sure I can get off duty." We were working seven days a week. I said, "I'll see what I can do." So I negotiated with the head of the hospital, who was a nurse and also the director of the hospital, to go to Grand Rapids. I went down for an interview with Sister Xavier and she offered me a position in teaching. Remember, I had no preparation in education.

I said to her, "I haven't even thought about this. I love nursing, I would prefer to stay in nursing."

She said, "Well, we know you love nursing, but we think you have the ability to teach. We can give you some assistance and guidance. We think you could take this position."

What she offered me was a position to teach medical-surgical nursing in one of the units of Mercy Central School of Nursing.

I said, "I would need to go home and think about this, pray about this." I wasn't a Sister at that time either. So I went back home and talked with my

parents. I talked with the director of the hospital and some of the people with whom I worked. I talked with the pastor of our parish. I prayed about it. After about two weeks I called Sister Xavier and said, "Sister, I think I'll take that job."

She wanted me to go to Bay City (MI) Mercy Hospital where they had a unit of Mercy Central School of Nursing. I would be responsible for teaching. There were about twenty-five nurse cadets in the program in their second year ready for clinical experience and they needed to be taught medical/surgical nursing. So, I said I would go, and I went.

Sister Xavier sent Miss Gertrude Nathy. I don't know if you have ever heard of her. She was a very fine nurse educator who had joined the faculty of the Mercy School of Nursing in Grand Rapids and was the assistant to Sister Xavier. She came to Bay City and spent one week with me when I first arrived. The purpose of that one week was to teach me everything about the principles and the methods of teaching. I had the shortest course ever in that subject because she took me through the process of developing lesson plans, of having an objective for every lesson, or two objectives. She showed me how to develop a unit of study and how to put the units into a course. My responsibility was to teach these students according to that plan. She not only helped me to develop the lesson plans but also how to work in the lectures and how to get doctors to assist in filling in the program, how to do the evaluation of the students in clinical practice, how to prepare tests, how to develop those tests and correct them, how to handle the whole process. At the end of one week she said, "Now you are on your own to develop this course. I'll come back every three weeks and I'll have the opportunity to check base with you." Then she would sit in on the classes.

I got through the first year. Sister Xavier came along and said, "I think you ought to get some courses in principles and methods of teaching, some theory to back up what you have been doing."

So I did. I went to Catholic University and took three consecutive summer sessions. In the course of those three summer sessions I was able to get eighteen hours of courses pertaining to principles and methods of teaching, and some electives that would be required for a bachelor's degree. While teaching in Bay City I also enrolled in the junior college to get some more courses that would eventually enable me to get a degree. I did this for three full years. I was having fun.

At the end of that time, of course, my own life was a question, in terms of the war ending. What was I going to do? I should tell you another little anecdote. During the time I was in Bay City I kept hearing from classmates who had graduated from nursing. Some were in the Navy, some in the Army. They were serving the military either in this country or abroad. I kept thinking maybe I should go serve my country too. I had an obligation.

When I talked this over with Sister Xavier she said, "Miss Sengelaub, why don't you think about this? If you leave now and go join one of the services, you probably would be assigned to a fifty-bed ward in the Army or the Navy and you would be taking care of fifty patients. But, if you stay here and continue to teach these cadet nurses, you will multiply the nurse by fifty people you would be taking care of and you can maximize your influence by what you are doing to help prepare these young women."

I had no argument against that particular approach, so I stayed until the war was over. After the war was over I made the decision that maybe the Lord was calling me to be a Sister of Mercy. So I entered the convent in 1945.

That's how I entered nursing and what happened to me.

WEEKS:

I think the next thing I wondered about was how you got into Mercy College.

SISTER MAURITA:

That's another interesting story. Early in the year of 1945 it looked as though the war was coming to a close, I decided I would enter the convent. In order to enter the Sisters of Mercy I would have to go through a novitiate which was located on the campus of Mercy College in Detroit. The entrance date was September 7. The eighth of September was a special day; that was the beginning of the novitiate. Immediately the postulants--candidates for religious life--were enrolled at Mercy College on the same campus; thus we could take some college courses while we were candidates learning how to become Sisters. That's how I actually enrolled. I had earned something like thirty-eight credits between my experiences in Grand Rapids, Bay City, and the Catholic University which were applicable toward a bachelor's degree. These credits were accepted by Mercy College in Detroit. In addition to that, I was allowed to take what they called--a qualifying nursing examination--which could qualify me for another number of credits if I passed the questions. I took that examination and did pass which meant that I did not have to spend as many formal hours in getting credits to get my degree at Mercy College.

When I finished my six-month candidacy or postulancy I went into the novitiate for two years. While a novice, I learned the rudiments of religious life and what it meant to be a Sister, at the same time deepening my own spiritual life. My religious community was interested in my getting my degree. So when I came out of the novitiate, it was suggested that I would go back into teaching again. This time I taught nursing arts to the college

students at Mercy College of Detroit. When I didn't have college students, I taught nursing arts to the diploma students. So I had a dual responsibility. I did this for three years. While I was teaching I continued to pursue my study so that I could complete my credits and get my degree. I spent every Saturday--all day--in college pursuing those courses I needed to obtain my degree. In June of 1949 I graduated. I entered in 1945 and on a part-time basis, mind you, got my bachelor's degree. It, too, was fun.

I finished in 1949. I continued to teach until 1951. At that point in time I was allowed to make my final vows as a Sister of Mercy. Immediately, I was assigned to go to St. Louis University to get a master's degree. I was thinking it was going to be in nursing education. In those days the religious community made those decisions for you. They didn't really consult you. I assumed I was going to go on in nursing education and thought that was great. I would like that as a challenge. I had been teaching for six years. I had nothing to lose. Well, the surprise of surprises came. Before I was ready to pack and go to St. Louis I met the Mother Provincial and she said, "Sister, we have decided that you are going to go into the program in hospital administration at St. Louis University, not nursing education."

I looked at her and said, "Whatever you say. I have had no acquaintance with hospital administration."

She said, "We have talked with Father Flanagan, S.J., Director of the program and also head of the Catholic Hospital Association. We think this would be a good program for you."

So, I said, "Fine," and I went.

Father Flanagan interviewed each student in person. He asked me, "How did you get here?" I told him my story. He laughed. He was a great mentor.

I finished my master's degree after a year on the campus at St. Louis University pursuing the courses that were necessary and then a year at St. Vincent's Hospital in New York City where I did my residency in health care administration under Sister Loretta Bernard.

WEEKS:

I have heard of her.

SISTER MAURITA:

Sister Loretta Bernard is an outstanding woman, a very fine educator, a very fine administrator. She knew many of the statesmen in health care at that time.

WEEKS:

May I ask you at this point: What was the residency like? The reason I ask this is because I have talked to many persons who have taken residencies in hospital administration and there is a wide variety of opinions as to the worth.

SISTER MAURITA:

I'll tell you what it was like. There were two of us from St. Louis University who were residents in hospital administration under Sister Loretta Bernard. She assigned us--on the basis of six week intervals--to certain responsibilities in the various hospital departments. We each spent, at different times, about six weeks in the administrative office. This meant we would observe department head meetings and be involved with the executive committee meeting of the medical staff, and in the preparation for the board meeting. We never really went to the board meeting but we were involved in the preparation. Sister Loretta Bernard would have a conference with us and share with us what the main agenda items would be and what were their

expectations so we would be abreast of what was happening in the decision making.

We rotated through the major departments. St. Vincent's Hospital had a very active emergency room department and a very active outpatient department with a huge volume of outpatients. That outpatient department would receive people off the streets by the hundreds who were poor, who came out of Greenwich Village area, and who needed medical care. They would be seen by doctors of the staff and, I thought, received very good care.

We were expected to observe, to become familiar with the policies and procedures and to make a report and recommendations to Sister Loretta Bernard about what could be done to improve the department.

WEEKS:

She was the administrator?

SISTER MAURITA:

She was the administrator. We went through other departments like the nursing school, nursing service. We spent time with the medical department. The hospital had a medical secretary in those days. It was quite advanced. We spent time in the business office. We were exposed to and learned about the whole range of reimbursement packages that existed for the City of New York and the State of New York for welfare patients, and so forth. We were expected to attend the Greater New York Area Council meetings. We went to conventions. She made sure that we got to the Mid-Atlantic Hospital Assembly, and to the AHA meeting.

WEEKS:

It seems as though you had a well programmed....

SISTER MAURITA:

Oh, yes. I felt that we had good exposure to the development of health care administration in our country, at that time. I was very grateful.

WEEKS:

I think you had an unusually good one compared to some I have heard about.

SISTER MAURITA:

Yes.

WEEKS:

What about the course and faculty at St. Louis University?

SISTER MAURITA:

That was another interesting experience on which to reflect. There were twenty-six of us, I recall, in this class. Our primary resource material was very limited. We used Dr. MacEachern's textbook. There were very few health care magazines or journals. Hospital Progress was published and was available, so was Hospitals. Modern Hospital was just newly begun. That was pretty much the gamut of hospital literature. Not many textbooks; in fact, very few textbooks available on health care administration or management. The whole science of management was limited. We did not have textbooks on management or personnel management, mostly articles. The courses we took were accounting, statistics, and health care management. Most of those courses were conducted by well-known lecturers in St. Louis who came to the classroom and shared with us their experiences.

WEEKS:

They were practitioners?

SISTER MAURITA:

Many of them had no degree. I remember Dr. Littauer--I can't recall all

the names. People you would know.

WEEKS:

Littauer was a very famous name back then.

SISTER MAURITA:

Right. He was at one of the hospitals in St. Louis.

WEEKS:

Wasn't it the Jewish hospital?

SISTER MAURITA:

It was the Jewish hospital. I am trying to remember who was at Barnes. It was a simple name like Pope. That's not right, a simple name that started with a "P." We would have a variety of guest lecturers. Then Mr. Costanza, who was the director of the program the first year, would spend time with the students, reflecting on what the lecturer said, and would add to that from his knowledge and his background. We supplemented the classroom theory by being assigned to a specific hospital in St. Louis where--during our first semester--we would spend some time in a number of different departments in the hospital to become acquainted with housekeeping, laundry, dietary, laboratory, radiology, nursing, etc. We would try to gain as much information as we could about those departments, how they operated, and then we related that to Dr. MacEachern's textbook approach. So, we were getting some practical exposure as well as theoretical exposure from the textbook and the lecturers. We tried to integrate that information. Then we had assignments and we had to do papers. We had to do research, we had to go to the library and search out things. I must say the information was very meager.

WEEKS:

It sounds as though your course was very well conducted, when you think of

courses in those days. There weren't very many schools in those days.

SISTER MAURITA:

Father Flanagan had been president of Regis College. He was an educator. He also was a lawyer by profession, and a Jesuit. An excellent combination. Because of that I think he had a sense of excellence in education, quality in education, for people who went through the program. He was well respected by Dr. Crosby. He and Dr. Crosby were colleagues.

WEEKS:

Were they?

SISTER MAURITA:

Yes. They worked together very closely. I remember, when I went to the program in 1951, the Joint Commission on the Accreditation of Hospitals was just being formed. The first emerging standards from the Joint Commission were coming to the fore. One of the courses we had was a history of the development of health care, nursing, and so forth. We were exposed to some of the major developments of the American College of Surgeons and their requirements.

Maybe a good connection with what we said on the last tape would be to say that when I finished my residency at St. Vincent's in New York, I came back to the Province of Detroit. Our Province had been formed from the Cincinnati Province. Prior to 1940 the Province of Cincinnati consisted of the states of Kentucky, Tennessee, Ohio, Michigan, Indiana, and Iowa. There were over a thousand Sisters in those six states. It had quite a number of health care institutions. In 1940 when the Detroit Province was formed, Michigan, Indiana, and Iowa became the Province of Detroit. These three states were separated from the Province of Cincinnati. The Cincinnati Province consisted

of the states of Kentucky, Tennessee, and Ohio. Having come back to the Province I was assigned to Mercy Hospital, Bay City, which was one of twenty-seven health-related institutions that were sponsored by the Province of Detroit. Bay City had about 325 beds. I was assigned as the supervisor of the medical floor. The medical floor had a hundred patients, two nurses' stations and many, many sick people. I had been there about three weeks when the administrator, who was also the Superior of the religious community that lived there said to me, "Sister, how would you like to take charge of the surgical nursing floor and the obstetrical floor. The Mother Provincial called and wants the two Sisters who are responsible for each of these floors to come to Detroit to finish their bachelor's degree at Mercy College."

I said, "Sister, I would be glad to do it, but you would have to understand that I couldn't visit every patient every day. That would be impossible, but I would be willing to visit all the critical patients every day. In addition to that I would supervise the nurses' stations to be sure that we had adequate nursing personnel on duty to cover the surgical floor, the obstetrical, as well as the medical floor."

She agreed that that was a good way to proceed. That's how I operated that first year. Even during that year we became involved in wanting to introduce team nursing. I took the responsibility to help teach the concept of team nursing at that time. We actually began operating with team nursing concepts on the medical and surgical floors.

I was there the one year, and then in August I received notice from the Provincial and her council that I was to be the administrator of the hospital. I accepted that responsibility with all the good preparation I had had the first year actually acting, in a sense, as a director of nursing

service. Although, there was no title or any job description that would even suggest a director of nursing service at that time for Mercy of Bay City. I had good exposure to the doctors, to the floors, and to all the nursing personnel and to the other departments of the hospital that related to providing either direct or indirect care of patients.

Anyway I began. I was young, and zealous and energetic. One of the things I become involved in was attempting to get the hospital accredited under the Joint Commission on Accreditation of Hospitals. I made some mistakes. One of the mistakes I made was that I did not use the right approach with the doctors. The doctors became very upset with me. They decided that they wanted to get rid of me. They wrote to the Mother Provincial and they told her to get me out of there. They wrote to the Michigan State Medical Society and told them to get me out of there. They also had some meetings outside the hospital to talk about me to plan how they could get me out. They wrote to Dr. Babcock in Chicago and told Dr. Babcock I should be removed. The Mother Provincial called me and told me I should come to Detroit. She wanted to talk this matter over with me.

We had a good talk and she said, "We are going into Chicago to see Dr. Babcock." He was the head of the Joint Commission on Accreditation of Hospitals.

So we took the train and went to see Dr. Babcock. We had an excellent visit with him. He gave some good advice and when all was said and done, he said, "Don't back down in what you are trying to do."

Mother Provincial supported me in this idea and said, "Go back to Bay City."

I said to her, "We need more than just working on the Joint Commission.

There are other things we need for Mercy Hospital, Bay City."

She said, "What do you mean and what are you thinking."

I said to her, "What I would like to suggest is that we bring Dr. Anthony J.J. Rourke in." I had become acquainted with him through the program in hospital administration in St. Louis. I also came to know him in New York while I was doing my residency. I had a lot of respect for him and he was highly regarded in the field as a consultant.

She said, "What would be involved to get Dr. Rourke?"

I said, "Why don't you let me call him and I'll get some information and I'll get back to you." I did. I talked to Dr. Rourke about the problem we had had and our needs at Mercy in Bay City. I asked him how much it would cost to come in and do a study of management, medical staff, everything.

He got back to me and said, "It will cost about \$7,000." He wrote a proposal in the form of a letter as to what it would involve.

I got back to Mother Provincial and told her. She said, "Can you afford it? Do you have the money to do it?"

I said, "Sure, we have the money to do it. It's a very reasonable amount of money to get a study for \$7,000."

She said, "Go ahead."

So we got the study under way. Dr. Rourke came to visit us, did a site visit first, assessed the situation, and determined that he would send some members of his team. He sent three people. He later sent another gentleman who spent about six weeks in the hospital just gathering data, going from department to department, getting a feel and an assessment of the needs of the whole institution. Then Doctor with his team put together a report.

He said, "I want this report presented orally as well as in writing to the

Mother Provincial and the Council."

So the date was set and we all came to Detroit. In Detroit we heard the report. There were a large number of recommendations. I think there must have been close to fifty recommendations. They covered the entire scope of the hospital, medical staff, management. So I was included in the weaknesses and the needs that had to be addressed, as well as nursing service, dietary, and all the other related departments of the hospital.

During the course of the presentation of this report, I said to Mother Provincial and others, "There's an awful lot of work to be done, and I don't think I can do this alone. I am going to need help."

She said, "What are you thinking of?"

I said, "I think I need an assistant to help me. There is no way I can do all of this. It's too much."

We talked about it and she said, "Why don't you go ahead and get an assistant administrator?"

So, after the meeting was over and things had settled down I did start recruiting. I contacted one of the young men who had been on Dr. Rourke's team and asked him if he would be interested in the position. He was, and he came. We hired him. He started to work at Mercy in Bay City. We then began to implement some of the recommendations. I remained there about two years after the study.

Then in March of 1957 a call came from Mother Provincial. She said, "I need to see you."

I went to Detroit to see her. She said, "Sister, we have a problem in Grand Rapids. A serious problem. If we do not settle this problem, the Bishop says we cannot stay there and operate the hospital in Grand Rapids.

That's how bad it is. Would you be willing to go to Grand Rapids?"

That was the first time that I had ever been asked if I would be willing. I said, "Yes, providing we can find somebody to take over Bay City. Bay City needs help. Bay City is in the process of implementing the recommendations. I would not want to leave them in the lurch."

So she talked it over, and arranged for someone to come and take my place. I went to Grand Rapids in August 1957. I was there four years. We had four major projects, all involved building to provide a better physical plant to work in, upgrading the standards of the hospital and reorganizing the hospital basically.

At the end of those four years I was appointed by the General Council, and the Mother General who was the Major Superior of our religious congregation and head of all of the Provinces, to come to Detroit as the Assistant Provincial. So I left Grand Rapids in late June 1961.

You once asked me about the doctoral program at St. Louis: was there ever any reference to a doctoral program. Not during the years I was at the university, but in 1962 I was invited by the Mother General of the Institute to be a part of a group of twelve Sisters that were chosen according to certain criteria to be part of a program that Father Flanagan, under the aegis of the Catholic Hospital Association, had developed for religious women to explore the application of the principles of personnel management to religious life. I was one of twelve, and one of three Sisters of Mercy who were chosen. So I went to St. Louis from September 1962 to February 1963, which was the equivalent of a semester. It was during that time, while I was pursuing the application of principles of personnel management to religious communities, that there was talk at St. Louis University of incorporating a

doctoral program. I had not thought of pursuing a doctoral program but I did have this experience, which was very good, because it led, not only to the application of personnel management but to the principles of management to be incorporated in the whole context of operating a religious congregation. That was another fun thing to do.

WEEKS:

I have a note that in 1961 to 1965 you served as Assistant Mother Provincial and as Coordinator of Hospitals, Homes, and Health Care Facilities. Could you tell me something about your duties?

SISTER MAURITA:

Yes, I would be happy to share with you some of my duties. It was a relatively new concept to have a Sister assigned as Coordinator of Hospitals, Homes, and Health Related Facilities. There were a number of initiatives we attempted. One thing was prevalent in the early 1960s. There was an attitude in our Province that we had too many health care institutions and that we should get rid of some of them. I was very concerned about that because I did not want us to lose our hospitals. I felt we needed to do something because we did have a large number of them. We had been operating on a shoestring, as far as the number of Sisters serving in these institutions were concerned because the Mother Provincial who founded the Province, and served at least three terms as the Mother Provincial of the Province, had said to us, "You need only four Sisters to operate a hospital. You need a Sister administrator, a Sister in charge of the operating room, a Sister in charge of the finances of the hospital and a Sister to be available to see the patients and family in the emergency room and on the floors in cases of critical illness." That was her idea of staffing.

WEEKS:

This was in 1940?

SISTER MAURITA:

That was her idea. We were still operating on that principle. We did not have many Sisters in the twenty-seven health care institutions. Now we were talking about getting rid of our hospitals. So I said to the Mother Provincial at that time, "Before we get rid of any, I think we should have a study done of each of our institutions to find out how well they are performing, what are their needs, and whether there are some we ought to give up, in the light of that study." The Provincial Council and Mother Provincial agreed that it would be good to have such a study.

We interviewed three consulting firms. I don't remember all the names of the firms right now. We hired James A. Hamilton & Associates out of Minneapolis to do a role and program study for every one of our acute care hospitals in the Province. Those studies were done between 1962 and 1964. The outcome of those studies served as a basis for determining whether we would get rid of any of our institutions. One of the hospitals we really were having problems with and did not have Sisters to staff it was Mercy Hospital in Manistee. It was the outcome of that study that in effect helped us to move toward giving up Mercy Hospital in Manistee.

Another initiative we attempted was bringing our administrators and our financial officers together to talk about beginning budgets for the hospitals. We had no budgeting. We held a Province meeting where we really talked about the possibility of developing budgets. At least we initiated the dialogue. Not much happened from it but at least it was a start.

Another initiative we undertook was to bring our administrators--all

Sisters--and personnel directors together to talk about an approach to developing personnel policies for all of our institutions. Some hospitals more than others had developed some policies; some had nothing at all really. It was an attempt to initiate conversations and get the hospitals interested in developing personnel policies; also if there were models available in the Province, to use them in their respective institutions. We also brought together some of the medical directors of the hospitals who were involved in medical education to talk about ways in which we could share the expertise we had in the medical staff where we were conducting residency programs or internships for physicians. That too was more exploratory in nature and not a lot happened, but it was an attempt to bring people together to discuss common interests and concerns.

Another initiative undertaken in 1961 to 1965 was to identify some of our Sisters who had good educational backgrounds and the potential to be hospital administrators, and assign them to programs in health care administration. I think during that period of time we tried to send two Sisters to a health care administration program each year. Something like eight or ten Sisters were prepared during a five-year period.

In 1965 I was elected a member of the General Chapter which is the decision-making body at the Institute level for the congregation. I went there with no idea of what was going to happen, but came away elected to the General Council. So that ended my four years on the Provincial Council for the Detroit Province.

So I went on to the Generalate which is located in Bethesda, Maryland.

WEEKS:

Is that of all of the Sisters of Mercy?

SISTER MAURITA:

Of the Union. There are nine Provinces in the Union: Baltimore, New York, Scranton, Cincinnati, Detroit, Chicago, St. Louis, Omaha, and Providence, RI.

WEEKS:

What are the main objectives of your order? Is it health care?

SISTER MAURITA:

The main objective of our religious congregation, the Religious Sisters of the Union, is to provide services to the poor, the sick, the uneducated, and the oppressed. About two-thirds of our Sisters are involved in education at various levels: elementary, secondary, college, even universities, and religious education. Less than one-third of the Sisters are involved in health care, although in the Institute, at the time I was on the General Council, we had something like ninety-two acute care hospitals across the United States, in thirty-eight states. Also, we had something like twenty nursing homes for the care of people who required nursing care around the clock. That was quite a large number.

WEEKS:

In the organization--I'll say the Union to shorten it--does the Union have supervision over all the Provinces? Can decisions be made that high?

SISTER MAURITA:

There is more coordination over all the Provinces than decision-making responsibility. There were certain decisions that had to be made at the Generalate level, but not a lot of them. It was more coordination, more facilitation, and more communication than anything else.

WEEKS:

This would be the route communication would take?

SISTER MAURITA:

Right. There are a couple of things I would like to go back to before 1961 that were of interest to the health field in general. In the mid-1950s, Walter McNerney, who was director of the program in health administration at the University of Michigan, received a grant to do a study of the state of health care in the late 1950s and to see what was on the horizon in the 1960s. I remember as an administrator in Bay City of participating in that study; of being interviewed personally by members of his team, filling out questionnaires, and then attending meetings that were conducted to review the findings, and review the draft. I also attended a meeting of the Michigan Hospital Association where there was presented a final report on the two major volumes of information that he had produced.

WEEKS:

The big Michigan study.

SISTER MAURITA:

Right. That was a very significant event. Another event that occurred was a recession in Michigan in 1958. We were having trouble with reimbursement from Blue Cross. A group of us met in the western part of the state. I was in Grand Rapids at St. Mary's. Ron Yaw, Arkell Cook, Lee Yothers and myself were the four primary CEOs in Grand Rapids. We met regularly. We decided, with the support of our advisory board and their boards, that we would address the Blue Cross reimbursement problem. They were not giving us enough reimbursement for our patients and were changing the rules. While we didn't win the battle, we made a lot of noise. We gave Blue

Cross some concern.

WEEKS:

That may have affected the governor too, or the insurance commissioner or who then allowed a better rate.

SISTER MAURITA:

Right. It was a major attempt to start screaming about the things that were happening to the hospitals.

WEEKS:

At that time in Michigan wasn't the hospital at risk with Blue Cross in case Blue Cross ran out of funds?

SISTER MAURITA:

Yes, the hospital was at risk.

WEEKS:

I don't think all states or all plans have that same...

SISTER MAURITA:

No. No, they didn't. We were very concerned about that. The recession we had didn't help us. The Sisters of Mercy had had a reputation for being trouble makers for Blue Cross. In 1948 Mother Carmelita Manning wanted Blue Cross to give more money to our hospitals for reimbursement for the services that were being rendered. She entered into an argument with the head of Blue Cross about this reimbursement problem. She threatened to pull all of the Michigan Mercy hospitals out of the plan. Fifteen of them. The Blue Cross people became uptight. They didn't want Mother Carmelita to pull all of her hospitals out of the organization. That represented a lot of hospital beds in fifteen hospitals in key positions around the state. She threatened them; she actually pulled the hospitals out. Blue Cross pleaded with her to bring them

back in. They worked out a deal. Any time the Mercys got involved with Blue Cross there was a concern about whether the same thing would happen again.

WEEKS:

What was her position at that time?

SISTER MAURITA:

She was Mother Provincial.

WEEKS

Wasn't she related to Mr. Connors' wife?

SISTER MAURITA:

Yes, she definitely was related.

WEEKS:

He mentioned her in his oral history.

SISTER MAURITA:

Mother Carmelita was the Provincial of the Sisters of Mercy, Province of Detroit. Irene, Ed's wife, was her niece. Another connection was the University of Michigan. While I was the administrator at St. Mary's in Grand Rapids, Ed Connors was on the faculty at the University of Michigan. He invited me to come to Ann Arbor to speak to the class he was teaching in 1958. I think that was the year.

The role of advisory boards in Catholic hospitals was a different mechanism than was the pattern in other not-for-profit hospitals.

WEEKS:

Could you speak to that?

SISTER MAURITA:

He asked me to participate in a two-hour session. All of the students in the program were young men. They were interested in finding out more about

advisory boards, how they operated, how they were formed, how they related. (Nearly all of our Mercy hospitals in the province had advisory boards.) I tried to explain this from my experience and knowledge of working with advisory boards at Mercy in Bay City and in Grand Rapids. In addition, I had done some research on the subject through the Catholic Hospital Association. That was my contribution to his class at the time.

WEEKS:

Do advisory boards in Catholic hospitals, in Mercy hospitals... Are they advisory, or do they make decisions?

SISTER MAURITA:

At one point in time we had only advisory boards. They simply gave advice. When we restructured our whole health care ministry and created the Sisters of Mercy Health Corporation in 1976, the advisory boards were gradually phased out. Divisional boards were appointed. The divisional boards received delegated authority and commensurate responsibility to make decisions pertaining to the hospital at the level of governance. In effect, all the advisory boards were phased out between 1976 and 1979. We have no advisory boards now. It was a good move. Now the divisional boards have defined responsibilities and authorities and they are accountable to the corporate Board of Trustees.

WEEKS:

This came about when you formed the new corporation?

SISTER MAURITA:

In 1976.

WEEKS:

The divisional board might have several facilities?

SISTER MAURITA:

The divisional board may have anywhere from one facility to three. We have one divisional board in Dubuque, Iowa which has St. Joseph's Mercy Hospital which was an acute care institution in its own right, then it acquired a little hospital 27 miles away in Dyersville which is now the St. Mary's unit of the medical center. Then later it acquired Xavier Hospital which was operated by the Sisters of St. Francis of Dubuque. That divisional board has three operating units under it. All had been at one time acute care services. Now the role at Xavier has changed. Dyersville continues to have some acute care and some long term care beds. St. Joseph's Mercy Hospital is now called Mercy Medical Center of Dubuque.

WEEKS:

If there is a divisional board which supervises, let us say, sets policy... Can they be overruled by the head of the Province?

SISTER MAURITA:

They could be overruled by the Board of Trustees of the Sisters of Mercy Health Corporation.

WEEKS:

I am forgetting the Health Corporation.

SISTER MAURITA:

The Province would not overrule them. The Province, in effect, has delegated the authority to the Board of Trustees of the Health Corporation. Therefore, they would respect that designation and not try to bypass it.

WEEKS:

We were also speaking of the time you were here at the Province and were responsible for the hospitals, homes, and facilities. Were you in effect the

person in charge of the hospitals and other health facilities?

SISTER MAURITA:

The role was not that of being in charge of the hospitals as much as it was trying to promote the general well being of the institutions without having direct authority and line responsibility for doing it.

WEEKS:

Then each facility operated on its own, more or less, with the advice of the Province?

SISTER MAURITA:

That's right. It was a very interesting way in which we organized. When the Province was formed in 1940, Mother Carmelita Manning, who was the Provincial at that time, grouped the hospitals into legal corporations. For example, there were eight hospitals in the state of Iowa. She put them into one Iowa corporation. The corporation really existed for the purpose of doing business in the state of Iowa. It did not do anything except to see that the legality of operating the hospitals in the state was attended to. It did not pay attention to governance and management or quality of services and that kind of thing. The same thing was true in Indiana. We had one corporation that included Our Lady of Mercy Hospital in Dyer and St. Anne's Home which was a residence--a home for older women. In Michigan we had three corporations: the Grand Rapids corporation which had six hospitals in it and Mount Mercy which was a secondary education institution; the Detroit corporation which had another group of hospitals, namely, Battle Creek, Ann Arbor, Pontiac, Port Huron, St. Joseph Mercy Hospital on the Boulevard in Detroit and Mount Carmel; and then there were the Lansing corporation which included St. Lawrence Hospital in Lansing and Mercy Hospital in Jackson.

The five corporations existed from 1940 until the Sisters of Mercy reorganized the health ministry in 1976 and created the Sisters of Mercy Health Corporation. Each of these corporations had a grouping of hospitals, and had as their primary purpose the enablement of those institutions to do business in the state. Therefore, Mother Provincial and Council related to the hospitals in a more formal way but without the legal authority over those institutions, if you wanted to say it that way. Legally the authority resided within the corporations. The corporations, however, were not really active corporations.

WEEKS:

An interesting question might be: In case of dissolution of a corporation, to whom would the assets go?

SISTER MAURITA:

To whom would they go? They always followed the corporate law of the state in terms of dissolution. In some cases it would specify the recipient(s) of the assets in the articles of incorporation; after all the debts were paid and all obligations taken care of, whatever was left might go to a similar not-for-profit organization, which could be the Sisters of Mercy. But it would be spelled out. It followed what was allowed under state corporate law.

WEEKS:

The reason I asked the question was obvious, I suppose. I was wondering what the connection would be with the order.

SISTER MAURITA:

The Sisters of Mercy were always named in the articles of incorporation. They always had broad general purposes, so you could operate not only a

hospital but a clinic, a psychiatric hospital, a nursing home, a school of nursing, or whatever kind of educational activity you would want to carry on in relation to health.

WEEKS:

I have a note here that from 1969 to 1970 you were assistant to the director of the United States Catholic Conference, Department of Health Affairs.

SISTER MAURITA:

You remember I said I was elected to the General Council in 1965. I moved to Bethesda, Maryland and lived and worked there as a member of the General Council. In 1969 the head of the Division of Health Affairs of the United States Catholic Conference was looking for a Sister prepared in health care to be an assistant to him in that position. Monsignor Harold A. Murray was the director of that division. He talked with me about possible candidates. I gave him a list of Sisters that I knew across the United States, who, I thought, might be eligible candidates. He took the list and began to recruit somebody. Ultimately it came down to the point where he was not successful in finding a Sister.

Finally, he said, "Would you be interested in working at the Conference?"

I said I would, but I couldn't do it full time. There was no way because I had another full-time job.

He said, "If you would be willing to work part time, I would be willing to consider it."

I said, "Fine, I will write up a proposal" which I gave him, and he hired me. I worked with him for a full year on a part-time basis, which meant that I didn't have to go into the office every day but I could perform work at

home, at the Generalate.

My work at the Generalate required travel. It gave me excellent exposure to the workings of the United States Catholic Conference, which is the national office of the Conference of Bishops. They had a very active Division of Health Affairs. In my role as assistant to Msgr. Murray I was involved in all of the activities of the Division including the planning for the Diocesan Coordinators of Health Affairs, who were the diocesan representatives appointed by the bishop to serve as coordinator of hospitals in the diocese. We planned meetings for them twice a year. One was an annual meeting, the other was in conjunction with the Catholic Hospital Association. I was involved in the Committee on Health Affairs which was comprised of bishops, Sisters and lay persons from across the country. They were advisers to Monsignor Murray. I helped with committee activities, attended all meetings, served on some special committees that flowed out of the Committee on Health Affairs. I also performed other assignments, project assignments, for Monsignor Murray. It was a very good experience. I was directly exposed to the operation of the Conference. I really became acquainted with all the bishops who were in office at that time. I came to know a lot of the people on the staff of the Conference and of other Catholic organizations that were operating out of the Conference.

That prepared me, basically, to be the chief executive officer of the Catholic Hospital Association.

WEEKS:

What was the role of the Catholic Conference? Gather information, make suggestions, or did they have authority to give orders?

SISTER MAURITA:

There is a two-pronged role of the Conference. One is a canonical role. The National Conference of Catholic Bishops is the ecclesiastical organization that has canonical authority. They are in a position to legislate over the bishops of the country, in certain canonical areas. The second part of it is the United States Catholic Conference which is concerned with the total well-being of persons in the country. The USCC pays attention to legislation which is moving through Congress, to rules and regulations which are flowing out of legislation, to administrative policies out of the executive branch, and it monitors decisions that come out of the judicial branch of the government, always concerned for the social and moral well-being of human beings in general. So they have a very strong legislative group in the Conference and a lobbying arm. In addition to that, the United States Catholic Conference is always watching the tax exempt status of all the churches and the Catholic related organizations. So there is a large legal dimension. They are interested in social programs for the poor and how the church is serving the poor, and how religious congregations are serving the poor, how legislation would either facilitate service to the poor or hamper it. They are promoting social legislation to this end.

WEEKS:

They really are a representative group.

SISTER MAURITA:

Of the church.

WEEKS:

Is this the same group that made the recent statement about hunger....

SISTER MAURITA:

Yes, that's right. The pastoral on economics, for example, was developed by the United States Catholic Conference of Bishops, the social service arm. They developed the pastoral for the purpose of helping the Church to understand its responsibility as Christians in society. They developed a pastoral on peace also.

The United States Catholic Conference has done a lot in the area of immigration, migrants, Hispanics and Negroes. They have done a lot to promote the well-being of ethnic groups, and groups that are oppressed. They do that through promoting legislation, through giving testimony in Congress by providing amicus briefs for Supreme Court decisions if there is litigation that has gone to the Supreme Court--always looking out for human rights, for the dignity of human persons, any way to protect the life, and right of human beings to pursue life, liberty, and happiness, and full human well being.

WEEKS:

I am asking you a lot of questions because I am ignorant of most of these things.

SISTER MAURITA:

That's all right. I found that a very good experience. It put me in touch with many people.

WEEKS:

It must have been a natural step for you to go to the Catholic Hospital Association. How did that come about?

SISTER MAURITA:

That's a very interesting story also. In my wildest dreams I never thought I would do anything like that. While I was at the Generalate, serving

on the General Council and had had the opportunity to work at the United States Catholic Conference, I also became involved in working with the Conference of Major Superiors of Religious Women. There are about 650 Religious Superiors of the United States in the organization. They meet annually and then regionally they had meetings throughout the country. They come together as Major Superiors looking at ways to become effective leaders in their religious congregations. They had a study done by Booz, Allen, and Hamilton in 1968, I think it was. The religious congregations had a lot of input--the leaders did anyway. Since I was on the General Council, I had the opportunity of providing input to that study. I met with some of the representatives of Booz, Allen, and Hamilton and worked with them from our congregation's point of view when they were sending out their questionnaires and so on. One thing led to another. The next thing I knew I was asked to sit on a task force of the Conference of Major Superiors of Women to look at the outcomes of the study and determine how best we might enable the Religious Superiors to implement it. I was invited to join a small group; there were about six of us on the task force. It turned out that they asked me if I would chair the task force for developing a process for the implementation. I worked with Booz, Allen, and Hamilton, the task force and the board of the Conference of the Major Superiors of Women, thus getting to know the Major Superiors in this process. This meant that I was a known entity.

You asked me how I got involved--was even thought of--for this position. I was serving at the Generalate level, I had some visibility with the United States Catholic Conference and with the Conference of Major Superiors of Women. I had also been active in the alumni association of St. Louis University for the program in health care administration. I had been a

speaker at some of the Catholic Hospital Association's annual meetings. I had served on some of their programs. I had also been invited other places to give talks, here and there. I had done a lot of workshops on personnel management applied to the religious community, and my name had appeared in the literature as well. Anyway, when Father Tom Casey, who succeeded Father Flanagan, decided that he did not want to stay in that role, the Catholic Hospital Association Board of Trustees set up a search committee. The search committee was to seek out the names of prominent people across the country--religious, priests, and lay persons--who should be considered for this position. They asked me to give names of people I thought ought to be considered. I believed that was the end of my responsibility. The next thing that happened was that I was getting a few calls. For example, somebody called from Denver and said, "Sister Maurita, would you consider your name being put in for the executive director of CHA."

I said, "I think they have a lot of good names. I don't know why you need my name."

The person said, "Well, several of us have been talking and we would like to recommend you."

I said, "O.K., I may not get it but...." That happened three or four times, calls from different parts of the country and people would say they wanted to recommend my name. So I went about my business, and didn't pay any attention to it, always thinking that they had fifteen or twenty names going through the search process.

Anyway, one day I received a call from Father Tom Casey who said, "The search committee would like to interview you."

I said, "Haven't you been interviewing some good candidates? Aren't you

about ready to make your decision?"

He said, "Would you consider coming into St. Louis and being interviewed by the search committee?"

I said, "Yes, I would consider coming in, but before I do that I would like to talk to a few people."

So, I made an appointment to talk with Father John Flanagan, S.J. Father Flanagan had been a good friend through the years, like a mentor, really. I visited with him, obtained his input and advice. I visited with the Mother General and the Council with whom I was working, I visited with Monsignor Murray in Washington at the United States Catholic Conference and a few other people to get input from them. I said yes that I guess I would go ahead and be interviewed, never thinking that it would be me they were considering. It turned out that the interview was in Cincinnati in conjunction with the Catholic Hospital Association annual meeting in June of 1970. So I flew in, it was the summer of the locusts. I don't know if you have ever seen the locusts when they hit a place.

WEEKS:

Not unless it was in the movies or newsreel.

SISTER MAURITA:

They had locusts all over the place in Cincinnati in 1970. Anyway, I remember the locusts were everywhere. They ate the leaves off the trees, stripped them practically.

I went to the place where I was supposed to be interviewed. I was interviewed on a Tuesday. The board members were going to have a meeting so they could make an announcement before the convention ended. They asked me to stay around and would get back to me to let me know what the results were. On

Tuesday afternoon, late in the afternoon, Father Tom Casey came looking for me. I was working at that time with the Diocesan Coordinators of Health Affairs for Monsignor Murray. He asked me if he could see me. He called me off the stage.

He said, "The search committee has recommended to the board that you be the appointee." First of all they wanted to know, number one, "Are you able to accept? Do you have to consult anybody before you accept?" Number two, "Could the announcement be made right away, at the banquet?" The third point was that I had to keep it confidential, I couldn't talk to a soul, not a soul. I couldn't tell anybody.

I said I was free to accept it because I had covered all the bases and I knew where everybody stood in the event I would be asked. Number two, I said it could be announced, given all the knowledge I had, and the fact that I wouldn't need to check further. Three, I would keep it confidential.

I said, "Am I the final choice?"

They said, "You are the one the search committee wants. They recommended you to the board and the board said yes if you would take it."

That was on Wednesday afternoon. On Wednesday evening they had the banquet at which they made the announcement. Of course, I was there at the banquet and gave a response. There was quite a bit of excitement because it was a position that had always been held by a priest, always a Jesuit.

WEEKS:

Always a Jesuit?

SISTER MAURITA:

Always a Jesuit. Right. I was the first religious woman to step into the shoes of a Jesuit. So, that's how it happened.

WEEKS:

That was quite an unusual....

SISTER MAURITA:

It was an unusual event. There was a lot of excitement; I can remember a lot of clapping, and so forth. I had to give a response. I had no time to really prepare a response. I just gave a spontaneous response; it came from the heart. That was it.

Anyway, the appointment was effective....The decision was made in June and the appointment was effective then but I didn't go to St. Louis until September. They gave me a little time to make an adjustment. That worked out well.

WEEKS:

Can you give me some historical background on the Catholic Hospital Association? When it was started, and so on.

SISTER MAURITA:

The Catholic Hospital Association was in the dialogic stage, the talking stage, in 1913 to 1914. The Sisters of St. Joseph in Minneapolis had been in dialogue with some of their compatriots who were in the health field. One of the Jesuits had given a retreat for them about the need for Catholic hospitals in the United States to begin to come together. You see, in Minneapolis the Sisters of St. Joseph had St. Mary's Hospital. They also operated St. Joseph's Hospital in St. Paul. There were the Franciscans who had St. Mary's Hospital in Rochester, Minnesota as well as other Franciscan groups with hospitals in Minnesota. There were a number of congregations including: the Sisters of Mercy, the Daughters of Charity, and the Sisters of St. Francis--many groups of St. Francis--who were involved in health care.

There was that feeling that they ought to begin to group together so they could benefit from discussions since they had a common mission and some common values. They were being attacked from different directions because of the Flexner Report, and the American College of Surgeons and their standards. Nursing education was developing rapidly in the United States--schools of nursing were being formed. There was the need to talk about setting some standards for these schools. This was of some concern to the Sisters because practically every Catholic hospital had a school of nursing. So there was strong impetus to get together to talk over some common problems and to deal with some of the common issues they felt they were facing. The leaders talked with Father Molin who was a French Jesuit and who had been dean of the medical school at Marquette University. He had given a retreat to the Sisters and in that context the idea came to the fore and they agreed that he would talk with the then Archbishop of Milwaukee to see if they could begin to form an association. They did form it and Father Molin became the secretary of the group. The Sisters and the Major Superiors began to take some leadership.

Father Molin resided at Loyola University in Chicago, and continued to be the secretary for a short while--then Father Schwitalla--I don't know if that name rings a bell--Father Schwitalla who was adviser to the medical schools of the Jesuits, then took Father Molin's place. They moved the offices from Chicago, I think it was in 1929, to St. Louis University where Father Schwitalla was dean of the medical school and served as the secretary of the Catholic Hospital Association.

The Catholic Hospital Association was just a little association which was meeting on an annual basis. They had a board that was composed of bishops and Major Superiors primarily, and some priests. The board continued to function

at an annual meeting. They developed a department for nursing education. They felt that nursing education needed most attention. Then there began to emerge the need for the development of Sisters in administration, not only as department heads in hospitals but as administrators as well, so that the Association began to take on some of the features and characteristics of the American Hospital Association, but always with emphasis on the philosophy of Catholic hospitals. In the late 1940s other needs were emerging rapidly. Father Schwitalla was asked if he would mind giving up the position of secretary and Father Flanagan was appointed to full-time executive director for the Association.

The headquarters were set up in the medical school of St. Louis University on South Grand Avenue. It began with a few offices in the medical school building. Next they bought a little house adjacent to the medical school building. That became the headquarters for the Association. I was there in 1951. This little house was being used as the Association headquarters, as well as the headquarters for the graduate program in hospital administration. So, I saw it grow from the time I enrolled in the graduate program which had been started in 1948 by Father Flanagan.

The program in hospital administration and the Catholic Hospital Association director's role were held by the same Jesuit. That continued until 1969 when Father Tom Casey took over, and Paul Donnelly was appointed as director of the program.

WEEKS:

I know Paul Donnelly.

SISTER MAURITA:

You know Paul. That's when there began to be a little different

relationship with the program, but it was always housed in the Catholic Hospital Association building. There was good integration between the educational aspect and the association aspect. When I took over, Paul Donnelly was the head of the program, and I was the head of the Association, taking Father Tom Casey's place.

The Association had begun to publish the journal, Hospital Progress, in 1921. They had also been involved in giving institutes and workshops for Major Superiors to help them in their responsibilities in operating hospitals. The Association had always been educationally oriented sponsoring medical-moral institutes for medical-moral problems under Father Flanagan's leadership. Thus they had carved out a rather important role for the Catholic health field. Basically these were the beginnings.

WEEKS:

I have a couple of questions that come to mind. One, about membership. Was this membership in the Association of individuals or hospitals, or both?

SISTER MAURITA:

It was a combination. The membership was of hospitals initially, that was the initial target audience. As the Association developed, it developed a personal membership category. About thirty years ago for a small amount of money you could become a personal member which would entitle you to certain publications. Hospital Progress was part of the deal, and you would get some additional information from the Association. The Association continued in pretty much the same way until I was ready to leave the Association after I had had a bout with cancer and a heart attack along with a few other complications.

We created a long-range planning committee of the Association and decided

to bring in an outside firm to make a study of the Association and look at its new role for the future. So, we created a blue ribbon committee to work with the consultant. They did a survey of the constituency. Out of the study came a whole series of recommendations. That was in 1978. The direction of the Association was changed. From 1970 until I left in early 1977, we had done a number of things that had been pacesetters. We created a department of medical-moral ethics to handle the short-range issues. We created a Pope John Center which was a separate subsidiary corporation to deal with the longer-range medical-moral issues. We created a Washington office for the Catholic Hospital Association. We set up an internal legal department within the Association to begin to deal with the many legal issues that were on the horizon at that particular time. We changed the emphasis on nursing. We phased out the Council on Nursing Education. We still had a department of nursing but it was becoming less and less necessary, because the responsibilities were being carried by the colleges and universities and other national organizations. We felt that we didn't have the same kind of role. We created a Department for Pastoral Care in 1970. We created a different approach to long-term care and services for the aging within the Association and appointed a person to set up that division, with the title Services for the Aging. We began long-range planning within the Association.

You remember the economic controls under Nixon on the health care industry. We became involved in that from a political point of view. We felt that the American Hospital Association had such a mix of members that it could not pay attention to our special needs. AHA had to meet the needs of many diverse constituencies. We thought they were not really paying attention to what was happening to hospitals as a result of these economic controls. So,

we joined with the American Protestant Association to fight against these economic controls. Naturally that created a lot of furor with AHA because it looked as though we were sustaining a confrontation with them. It did make AHA bristle up its back and AHA did attack us. On the other hand when all was said and done, we were able to get the economic controls removed. That was quite a struggle. It was tense in those years between AHA and ourselves.

In 1971 we changed the approach to the annual meeting of CHA. We decided not to have an annual convention with exhibits. We moved into what we called the Catholic Health Assembly. We targeted the audiences for the key leadership within the congregations, the dioceses and institutions, the boards of Catholic hospitals and their top management staffs to try to reach them on a whole different level in terms of the values and moral issues facing Catholic hospitals. The format of our annual meeting also changed. We tried to work out something in collaboration with the American Hospital Association, the American Protestant Association, and the American Health Industries. We did collaborate for three years wherein we combined a program with AHA. We still had an Assembly for our own leaders but the politics of it put too much pressure on AHA. There was too much feeling it was biased, prejudiced, and political--too much political pressure, so to speak, so that it became necessary for AHA to rid themselves of the Catholic Hospital Association and the Protestant Hospital Association. Eventually, we parted ways. AHA said they were not going to collaborate anymore, so we weren't going to play ball if they didn't want us.

WEEKS:

What year was this?

SISTER MAURITA:

This happened in 1974.

WEEKS:

This was after McMahon had come in?

SISTER MAURITA:

This was after McMahon came in. That basically was the end of our collaboration in an annual meeting with AHA. We intended to continue that effort. We thought it would be a good way to unite the field in general and give people the sense that we ought to be working together. But it didn't work.

WEEKS:

In 1943 when George Bugbee went to AHA as executive secretary, I guess his title was, he wanted to determine what the role of the organization should be. They had some retreats to determine this. They finally came up with three major points. One was representation to anyone--local, state, federal, or other associations. Another point was education. The third was research. I think you mentioned that you carried on an educational program in CHA.

SISTER MAURITA:

Yes, we did. We carried on institutes, or what you would call workshops. They were held in different parts of the country. We would take a theme--for nursing, or medical staff, or boards of trustees, or governance, or ethics--and we would hold them in three different places around the country. We did a lot in legal affairs, canonical matters. We worked on a program that would try to help religious congregations that sponsored eight or nine or ten--or even one or two--hospitals to find a way to begin to bring their health care institutions together. It was the beginning of the concept of

systems and how such a concept could be introduced into the religious congregation setting. We held workshops in different parts of the country for this purpose. I can't remember all of the names of the different educational activities, but that is a sample of what we did during my years with CHA. We changed the educational emphasis depending on the issues. If the issues were coming out of Congress, out of the Supreme Court, out of the executive branch of government, or if it was just in the economy or the environment, we tried to include that as part of the content of the educational programs we were sponsoring. That activity continues today.

WEEKS:

How about research?

SISTER MAURITA:

In terms of research we were never really involved in doing research except through the Pope John Center. That was to be the instrument to do the medical-moral research. We also tried, but were not successful, to work with a Catholic organization in Washington, DC which was called the Center for Applied Research in the Apostolates. The word "Apostolates" meaning ministry, health care, education and social service works. We were never successful in working out a good relationship. As I look back on that now, I think that was, in part, due to personalities, partly due to lack of clear understanding of roles of each organization and what we wanted to accomplish, and probably due to the lack of enough dialogue to provide a really good working relationship. We never really did get into research. We did try to provide group publications for the field, publications that would help them in their technical work. These were the result of research that somebody might have done somewhere, but we didn't do it. We contracted with the person or the

institution and published it. We never had the money to set up a research center. We did try to do it through CARA and did do it eventually through the Pope John Center. The Pope John Center is still in existence. It is a subsidiary of the Catholic Health Association. Its primary purpose is to address the medical-moral issues of a long-range nature that are on the horizon and are facing Catholic health facilities. They do some education and they work with the bishops, the diocesan representatives and with the Catholic Health Association.

WEEKS:

Do you want to say anything more about Father Schwitalla?

SISTER MAURITA:

Father Schwitalla served with the Catholic Hospital Association initially on a part-time basis and then he moved to a full-time basis in the early 1930s, I think it was, until Father Flanagan came in 1948. Father Schwitalla had a profound influence on the organization. He was a strong person.

WEEKS:

I was going to say that he was a strong personality, wasn't he?

SISTER MAURITA:

Right. He worked very closely with the Sisters of St. Mary's who had their headquarters in St. Louis. I believe it was Mother Concordia, if I remember correctly, who was one of the early Mother Generals of that community, who served on the board and did considerable work with Father Schwitalla, and later with Father Flanagan also. They had a predominant role in directing the Catholic Hospital Association in its formative years.

WEEKS:

If I remember correctly, Father Schwitalla also was one of the founding

members of the American College of Hospital Administrators.

SISTER MAURITA:

He was. Right. That was another organization that had its birth in the late 1920s or early 1930s.

WEEKS:

They just celebrated their fiftieth anniversary so it must have been in the 1930s.

SISTER MAURITA:

Father Schwitalla believed in promoting professional excellence, and in helping people to be prepared for their responsibilities.

WEEKS:

You said he was a Jesuit.

SISTER MAURITA:

He was a Jesuit.

WEEKS:

So naturally he was that way.

SISTER MAURITA:

He was involved with the school of medicine of St. Louis University.

WEEKS:

He was a Ph.D., wasn't he?

SISTER MAURITA:

Yes. He was an educator. He taught and then moved into administration.

WEEKS:

It's too bad some of these individuals are not available for discussion.

SISTER MAURITA:

Father Schwitalla died, I think, in the late 1960s. But he lived in

St. Louis at the university for many years after he left the position. He was always considered a very important person.

WEEKS:

When did your illness occur?

SISTER MAURITA:

In 1974 I developed evidence of cancer. I saw a doctor in St. Louis who recommended radiation therapy and all the treatment they could give me before they would even consider doing surgery. I had surgery in the fall of 1974. I recuperated. The doctors told me I could go back to work, which I did. I went back to work in early December of 1974. Then in May of 1976 I developed complications from all the radiation therapy. It was cancer of the uterus; to make it worse I had had a prior siege in 1965 with cancer of the breast. The two were unrelated but I had had cobalt therapy in 1965 and a radical mastectomy. Then I had the second siege with the uterus, radiation therapy and surgery. In addition there were other complications. On top of all this I had a heart attack. So with that sequence of illnesses, I told the board I really thought they should look for a successor, because I had no guarantee of the future. I talked to the doctors and they said they thought I would be wise to prepare the board. From May of 1976 when I had the heart attack, until I left in December of 1976, my activities were somewhat limited because of health reasons. I had made the decision to leave. The search committee had been working and they put somebody in place so I was able to leave. My tenure was a short-lived experience.

WEEKS:

To look at you today, you look the picture of health.

SISTER MAURITA:

By the Grace of God. I have had no return of any evidence of cancer, although I have limitations.

WEEKS:

I think it is marvelous the way you have done all these things in your life.

SISTER MAURITA:

It's been a lot of fun. My work at the Generalate level of the congregation and at the Catholic Hospital Association took me to practically every state in the union, at one point or another, to participate in Catholic hospital activities and/or meetings that were being held in those various states. I had an opportunity to go to India. I represented the Association in India in 1972 at the invitation of the Executive Director of the Catholic Hospital Association of India. I served on the board of the Canadian Catholic Hospital Association and attended their board meetings in Canada. They had a representation on our board who attended our board meetings. That continues to this day.

WEEKS:

Originally weren't you....

SISTER MAURITA:

We were one organization.

WEEKS:

The first I remember it was as the "Catholic Hospital Association of the United States and Canada."

SISTER MAURITA:

Then they separated, feeling it would be mutually beneficial if each

association concentrated on its own needs.

WEEKS:

Then you didn't have to be bilingual.

SISTER MAURITA:

Right. When I came on board in 1970, the Executive Director of the Canadian Hospital Association met with me and talked about the mutual value of continuing to be in touch with each other. That led to our re-establishing a linkage on the board level so that we could keep each other informed of what was happening in each country and what impact this might have on one or the other. Frankly, I think it was a good thing. It continues today.

WEEKS:

When you were speaking, I was trying to think of the name of the person who was the head during that period.

SISTER MAURITA:

I would have to go back and look that up.

WEEKS:

It seems that you are hardly recovered from your illness and you....

SISTER MAURITA:

I came back to the Province.

WEEKS:

Were you here at the beginning of the Sisters of Mercy Health Corporation?

SISTER MAURITA:

The Sisters of Mercy Health Corporation was in the process of being developed. A task force--a perspectives committee--was formed, I think, in 1973 or early 1974. It was composed of Sisters. They began to deal with the question of about how we should organize our Mercy hospitals. We had five

hospital corporations. There was not much logic about how we were doing things. Things were happening more rapidly. Medicare had been in existence almost ten years. Things were impacting us from the external environment. So the perspectives committee began to take a look at what others were doing. In late 1974 Ed Connors had been employed by the Province as a consultant to Sister Elizabeth Mary Burns who was the Director of Hospitals for the Province. She was on the Provincial Council as I had been earlier, and was carrying this title and responsibility.

The perspectives committee, with Ed Connors, developed an approach for looking at what was happening in the external environment, and what other groups were doing. They actually took a look at ways they could organize, including looking at systems. In 1975 they held a meeting where they sequestered themselves for three weeks at White Gates, a retreat center near Leila Hospital in Battle Creek. The perspectives committee talked through how they wanted to see our hospitals organized for the Province in the future. I should step back for just one moment to say that one of the pressures that impelled us to undertake this study came from Sister Concilia Moran who was the Administrator General of the Institute of the Sisters of Mercy of the Union, who is now the Vice President for Ministerial Effectiveness at SMHC. She and her Council came to Detroit in 1972 or 1973, made a visit of all the Sisters, all the institutions and gave directions that something had to be done about the health component of the Province.

She said, "You must do something about it. It cannot go on as it is."

That was the impetus that spurred the perspectives committee to form. Ed Connors became the consultant. They developed a methodology. They studied how they wanted to organize. They had this three week meeting and they came

up with a concept.

They called a group of us in. I was at CHA. They called in the former Mother Provincial. They called in Sister Concilia Moran and a few other people to take a look at what they had created. Basically they had created a health system. They allowed us to take a look at this concept, to make our input, recommendations and suggestions. The outcome was that we encouraged them to move on with their concept, that this indeed was a good idea, that this was the right time, and that they should develop it further. They talked about a plan to bring it to key groups in the Province to look at it to see if it would be workable. In other words, to try to test it. I was involved in that consultation. Later on they had a meeting for all of the Sisters of the health care institutions, where they presented it to them. They presented it to all the advisory boards of the hospitals in the Province. They presented it to all the members of the hospital corporations, the five corporations. They received a lot of input. I was involved in some of those meetings. I gave them input from my perspective during the course of that process. In February of 1976 it was ready for a vote. The Provincial Council voted to accept this model. From February to July the work had to be done to get the articles of incorporation, the bylaws, the board and the chief executive officer appointed. I was appointed to serve on that first board in 1976. I came to one meeting and was not able to come back again because of my heart. I had a heart attack and was not able to participate.

When I finished my term at CHA and came home in December of 1976, I came back to the Province and took some time to recuperate. I was able to participate in the board again so they let me continue as a member. In February we had elections for the Province and I was elected to the Provincial

Council again. So I was back in a governance role. I started on July 1 of 1977, my first three year term. I was serving in the role as a member of the new health system corporation, because the elected representatives of the Province are the members of the legal corporation for the Sisters of Mercy Health Corporation. The Provincial asked me if I would chair the Members. I served as chair for three years, which meant I was involved in many of the activities of implementing the system and worked closely with the chair of the board, and Ed Connors, the president of the corporation. At the end of the first three years of my term as a member of the Provincial Council, and as chair of the Members, I was re-elected for another three year term. So, I continued in my same role for another three years. I had six years of continuous service in that role. I had to resign from the board the minute I was elected to the Provincial Council because that would have been a conflict of interest. So, I never did serve a full year on the board of trustees of SMHC.

I have had plenty of involvement with the corporation during those six years. I continue now, not in a role of governance with the board of SMHC and I am not involved with Mercy Health Services, which is the restructured entity. We restructured ourselves. Let me draw you a picture of what happened.

This is the Province. Within the Province there are a high school and a college, each of which is separately incorporated; there are two retirement centers and the Sisters of Mercy Health Corporation. This square represents the Members; this, the Board of Trustees, this below represents the sixteen divisions of the Health Corporation--seventeen to begin with but reduced by one later when the two hospitals in Ann Arbor were combined. Thus, were

created sixteen divisions. This was the organization chart as of July 1, 1976.

In 1980 and 1981 we did an evaluation of the Sisters of Mercy Health Corporation after five years of operation. We decided we should look at its effectiveness—whether it was serving our mission as a congregation, whether it was enhancing our mission and the mission of the church, and whether the corporate structure we had created was viable. Those were the three areas of evaluation. Out of that came the conclusion that yes, it was indeed an effective vehicle for carrying out our health ministry. It was enhancing our mission both as Sisters and as a church. Lastly, there were areas in the structure that needed to be examined. There was a corporate restructuring study done in 1981-1982. Out of that came the recommendation that we ought to reorganize the health ministry once again. That study resulted in what we called the creation of the Mercy Health Services. So we have here the Province again and what I call the college, the high school, a central retirement center now on this site, and an organization which we call a holding company. The holding company has Provincial directors who are the elected members of the congregation—five of them—and it has other directors. This can go up to nine or twelve, I believe. It's a larger board. Then under this we have the subsidiary corporations. We have six of them. One is SMHC. That's the system itself. Then we created what we call Mercy Collaborative. Mercy Collaborative is geared to providing consultative services to religious congregations and Catholic hospitals. It is a function that has been carried out by SMHC from the very beginning in 1976. Many congregations and hospitals came to us and said, "Let's see what you are doing; let's see what we can do, see what mistakes we ought to avoid, what things we ought to do that would be good."

In June of 1984 we created Mercy Collaborative. This is the consulting arm, what we call the consulting organization. We provide services--management, governance, sponsorship, management contracts, international health services, technical services--to our religious congregations and Catholic hospitals. There are six such corporations altogether, all subsidiary corporations under Mercy Health Services.

WEEKS:

Then Mercy Health Services is...

SISTER MAURITA:

...is a holding company that has six subsidiary corporations.

WEEKS:

Sisters Of Mercy Health Corporation is one of them.

SISTER MAURITA:

Right. It's a fascinating reorganization. It happened July 1, 1984. There was a lot of preparation that went into this ahead of time. Now this is just beginning to get off the ground and function--Mercy Health Services.... My appointment was effective July 1 and Mercy Collaborative became effective July 1, as an organization--started to serve the people as of July 1, 1984.

WEEKS:

I see you did have a short sabbatical in between.

SISTER MAURITA:

Yes, I had six months in between. That was kind of fun. I left the Provincial Council and gave up all my responsibility including the chairing of the Members of the Sisters of Mercy Health Corporation. I asked the religious community if I could spend some time traveling and getting some spiritual experiences by going on a trip to the Holy Land and to Rome, which was granted.

Along with another Sister I went on a trip out to Yellowstone National Park, spent time in the Bad Lands, the Black Hills of South Dakota, saw some beautiful country and had a great time. I went with another Sister to Canada and spent a period of time visiting the Province of Quebec. We went to Montreal, Quebec City, St. Anne de Beaupre and to St. Joseph's Shrine in Montreal. We visited Ottawa, which is a beautiful city. I love Canada. From Kingston we entered the United States and traveled to Scranton where we took part in a Bible institute for a concentrated course on three aspects of the Bible. One had to do with St. Paul; one had to do with peace and justice from a sacramental point of view. The third part had to do with prayer in the time of Jesus. The person who taught the last part was a Jesuit scholar who had spent time researching this. He taught us the elements of prayer that the Jews were actually using at the time Jesus lived. A beautiful experience. There is a prayer of the eighteen benedictions. They call it the schema. Then there were interpretations about how the prayers had to be said. Psalms were used. Basically, the prayer of Jesus' time is the prayer that the Christian churches picked up and carried forward. It is still the elements of the prayer we use today--the official prayer of the Church. Fascinating!

WEEKS:

Isn't it inspirational standing on a spot where something of religious history has taken place?

SISTER MAURITA:

Right. Did you have that experience?

WEEKS:

My wife and I went to Greece in the 1960s. We stood at Corinth where Paul was supposed to have spoken, on the spot where he spoke. It just seemed alive.

SISTER MAURITA:

Did you ever get to Rome?

WEEKS:

We visited St. Paul's.

SISTER MAURITA:

We went to the Holy Land and spent nine days there. I went with Catherine Steinkoetter who worked for the Catholic Hospital Association for forty-six years. She started as a secretary and did everything, bookkeeping, ordering, purchasing, took care of the correspondence, worked with Father Schwitalla, knew all the early people of the Association. She would be another woman you might interview.

Catherine Steinkoetter retired two years ago and asked me if I would like to accompany her on a trip the Catholic Hospital Association had given her as a gift for her long years of service. I said I would love to go. So, we went. We had a trip through Israel which was an outstanding experience. We went to Rome for a few days. We had the privilege of participating in a Mass in the Holy Father's own chapel in his quarters. Then we met him afterward. He gave us a greeting. He talked with us. We were with others who were in attendance at Mass. He came back and gave us a special blessing. It was a beautiful experience. We have some gorgeous pictures in memory of that occasion. That was the climax and end of my sabattical. I also made a retreat in Guelph, Canada. I spent some time there in a beautiful spot alone with the Lord. It was a good experience.

So, that was it! Then I came back and worked for Ed Connors as Senior Advisor to the President for six months. I became a candidate again in a search process; I was interviewed for the position of President of Mercy

Collaborative along with a number of other candidates, and was asked if I would take the job.

WEEKS:

Can we talk about Mercy Collaborative? You have told us how it was formed. The thought that crossed my mind was: What are the services you are offering? Are you offering such services as some of the multihospital systems? That is, management advice.... Will you take over the management of a hospital?

SISTER MAURITA:

We would take over a Catholic hospital, if all conditions looked as if we ought to do so. In fact, the Sisters of Mercy Health Corporation has two management contracts under their wings and they transferred them to Mercy Collaborative. So we picked those up and are supervising them.

WEEKS:

Is one of those Port Jervis, NY?

SISTER MAURITA:

Yes, Mercy Community Hospital, Port Jervis is one; the other is Dominican Hospital of Santa Cruz, California. We are overseeing management contracts for these two institutions. We have another management contract for a little hospital in the Midwest. We are looking at and have provided a request for a proposal to two different congregations. One might lead to a management contract; the other one may not. They just heard about us: somebody just referred us to them. They requested that we develop a proposal for them. We are working with some Catholic systems to help them restructure their system, or their supposed system. In some cases, they are shared-services organizations; they want to become systems. We work with them to enable them

to restructure. We provide sponsorship, governance, and management expertise in helping them to do that. We oversee the implementation of that restructuring. We work with religious congregations in determining how they can strengthen the Catholic hospitals which they sponsor. We are doing searches for chief executive officers for a system, in one case; for a hospital, in another case. I foresee that we will be doing a lot more of that type of work.

The Sisters of Mercy Health Corporation started International Health as an initiative to serve some of the Third World countries that have needs in health care delivery, and so forth. That function has been transferred to Mercy Collaborative. We will be providing management contracts, management counseling, counseling in a whole gamut of specific areas, technical areas of need in Third World situations. We are responding for International Health to requests for proposals to manage a hospital in one case, to work out a program of clinics and outreach services in the Atolls in the Pacific for people who were exposed to nuclear radiation. We are developing proposals to the governments of these Third World countries regarding the services we are prepared to offer. We don't know whether we will get these contracts. We are one of the groups under consideration. We have teams, right now, providing technical services at St. Joseph's Hospital in Guyana and in the Marshall Islands at the moment. We have some other requests under consideration. We have another team out in the Pacific Ocean. We have three teams in all overseas right now.

WEEKS:

Maybe I'll combine two things here. I was wondering about Sisters of Mercy Health Corporation and what its aims were. Where it was, to say, in the

market for acquisitions. Another thing I was wondering about was the Sisters of Mercy of the Union. Is there any chance that there might be a combination of or merging of the various Provinces--as far as health care facilities is concerned.

SISTER MAURITA:

I'll be glad to speak of those questions. The Health Corporation began in July 1976. We were interested primarily in how we could reorganize our own Mercy hospitals in three states: Indiana, Michigan and Iowa. Very early in that history we were faced with the possibility of another Catholic hospital merging with our St. Joseph's Hospital in Sioux City and another request for a little, not-for-profit hospital in Dyersville, Iowa wanting to become a part of our St. Joseph's Mercy Hospital in Dubuque. We were also faced with another possibility with Deaconess Hospital in inner Detroit exploring the possibility of becoming part of St. Joseph's Mercy Hospital on the Boulevard. So, very early in our history we were faced with these acquisitions. They did come about. We took the posture that these were bona fide cases where we should allow these institutions to survive in this context. Not long after we received an invitation to go to a big city in the Midwest to look at a Catholic hospital that was seeking another sponsor. They wanted a different sponsor. So, we began to explore it. The Members, the elected leaders of the congregation, said, "We can't begin to take on all these hospitals. We had better have some criteria for making decisions to such requests."

We said, "No," to that request; then we started to develop some criteria for use in determining whether we wanted to take on any more hospitals. We used that criteria to good advantage. We did have a couple more mergers after that. We had a little hospital in Grant, Michigan become a part of St. Mary's

in Grand Rapids. We had a Catholic hospital in Dubuque that became a part of St. Joseph's Mercy Hospital so now we have Mercy Medical Center of Dubuque with Xavier Hospital joining us. Then we developed an affiliation for the Sisters of Mercy of the New York Province for St. Francis Hospital now the Mercy Community Hospital of Port Jervis. So that puts us in a growth posture.

WEEKS:

Port Jervis is a contract arrangement?

SISTER MAURITA:

It is a contract arrangement. It has three parts to it. We have a management agreement by contract, as I mentioned earlier. In addition to that, we have a loan guarantee agreement. It includes an affiliation agreement which supports the loan agreement. We have guaranteed the loan for that hospital without owning it, but with covenants written into the loan guarantee agreement and certain covenants written into the affiliation agreement to make it feasible for us.

WEEKS:

You would have to pay the loan in case of default? You can absorb it?

SISTER MAURITA:

Right. So we have been in a growth posture from that point of view. But this has been done with the use of criteria.

WEEKS:

Nothing has been done about uniting with the hospitals of another Province?

SISTER MAURITA:

That's another initiative that has been explored. We did explore the possibility of the Sisters of Mercy Health Corporation becoming a cosponsor with the Scranton Province and their three hospitals. We studied the

possibility and decided at the end of the exploration that the time was not right. It was not really the most desirable solution. So, both parties backed off from it. Since that time the Sisters of Mercy of the Scranton Province have gone ahead to create their own system. They are in the process of putting a CEO in place and creating a board. They will have a little system for their three hospitals.

Interestingly enough, over the past four years, three of the congregations of the Provinces of the Union and, I think, five congregations that are independent Mercy groups have been looking how they could network to form a system. That process is going on right now on the East Coast. Sister Frances Marie Gerhard is heading up that initiative. She has been on loan from SMHC for the last nine months to help them. That project is not complete. They need about six more months. By the end of that time they will be able to say whether or not they can go ahead and form a system. The Province of Cincinnati has a system, the Province of St. Louis has a shared service organization. The Province of Omaha has a Catholic Health Care Corporation. It would be exciting to merge these potential systems with us. Nothing is happening as yet. But there is potential for that.

WEEKS:

It is quite likely you can do it more economically together than separately?

SISTER MAURITA:

It could be done, but it all depends on the attitude, the readiness and the willingness.

WEEKS:

In other words, you can't force anything on them?

SISTER MAURITA:

It has great potential, but whether it can happen, I don't know. An interesting phenomenon has taken place in the United States. I related to two initiatives that occurred in the late 1960s and early 1970s. Do you remember the Perloff Committee?

WEEKS:

Yes, I interviewed Mr. Perloff. Ed Connors, of course, was on that committee.

SISTER MAURITA:

I remember that very well. While that was going on as an AHA initiative, the CHA while I was in the role of Executive Director, created what we called the Catholic Health Services Leadership Program. It was a program to reach the leadership of the congregations, to encourage them to be thinking about ways in which they could bring their Catholic hospitals together under their leadership. There were at that time 204 religious congregations. All of them had anywhere from one to twenty-some Catholic hospitals under their leadership. It was our thinking that if we could find a way for them to begin to call these institutions together, to develop a way to communicate, to develop policy together, and to do some shared programs, it would strengthen Catholic health care.

What really happened is that the program was initiated; we used it as an educational mechanism with the religious congregations, and then it appeared to die. In 1975 and 1976 when the Province of Detroit with Ed's help and leadership put together the system for the Sisters of Mercy Health Corporation, it rekindled the interest of the congregations in the United States. From 1976 to the present time over fifty Catholic systems have been

formed. When I say that the seeds that were sown with the Perloff Report and with the Catholic Health Services Leadership Program died, yet now these seeds are coming to fruition in a different way. It's an idea that has caught on and is moving.

WEEKS:

I think the next decade or two are going to show a great many changes, many of which are simmering now. There will be many things tried and some abandoned, but I think that's the American way of getting to a goal--trial and error.

I have been inspired. I talked with Dr. Garfield of the Kaiser-Permanente. When you talk with a man like that who started with nothing and you think of all he has done to build that great system, you come away feeling: What have I done?

SISTER MAURITA:

On the other hand, your contribution, in your own quiet, inimitable way is probably far greater than what many famous people have done.

WEEKS:

I don't know as I would go that far but it certainly has given me a lot of personal satisfaction, and has given me a chance, as I have said before, to meet some wonderful people, inspiring people.

SISTER MAURITA:

You have done a lot of research for this interview.

WEEKS:

I still have a few more notes. I don't know whether this is the proper place...I don't know whether the Collaborative is going to have educational...

SISTER MAURITA:

One of the things I see emerging with the Collaborative, even though it is only four months old, is to offer leadership in conducting educational institutes, seminars, etc. to meet clients' needs. Then I see another dimension of an educational component emerging and that is: There are certain products that have been developed by the Sisters of Mercy Health Corporation, and, or, the Divisions, that are saleable, educational tools. It may be a model; it may be a description of a product or service that can be marketed. I see us getting involved in marketing these materials which are educational in nature and can be very valuable to clients.

WEEKS:

I interviewed Dr. Thomas Frist, Sr. of the Hospital Corporation of America, a for-profit organization. He is a fascinating man in his seventies. He was telling me about their continuing education efforts. They do a lot of audio-visual work and transfer it around to their hospitals and they have cassettes available for practically every level of personnel. Another thing that comes to mind is: How long will it be before we have continuing education requirements, for instance, in nursing as we have in medicine and pharmacy and many other professions?

SISTER MAURITA:

I think that is coming.

WEEKS:

It would seem to me that Collaboratives would be the perfect medium for developing that kind of material. It could be done by audio-visual.

SISTER MAURITA:

Then one could obtain many continuing education credits. I think you are

right to say that.

WEEKS:

Another thing. (I may jump about a little) I wanted to know your opinions of the education of nurses. The number of hospital nursing schools seems to be fast diminishing. Will the training be mostly in two year associate degrees or in the bachelor's degree level? I know a lot of people--Faye Abdellah for one--who would love to have a policy that requires all nurses have a bachelor's degree. Is that really in the picture today?

SISTER MAURITA:

More and more I think it is. It is very strongly urged by the National League for Nursing, for example. It is becoming more and more an acceptable requirement particularly for those who have any kind of management/supervisory responsibility. Let me give you a little bit of experience out of my teaching, my educational work. When I taught diploma program students and college program students, I found a tremendous difference in the richness of the collegiate programs and the collegiate students as distinguished from the diploma program and diploma students. I base that upon the foundation that was laid in the collegiate program in the humanities. I think the humanities lend a great deal of depth to the formation of the human person, which I do not find in the diploma program. The diploma programs have served a very good purpose. I think you are going to find them diminishing in stature in the face of the associate degree and/or the bachelor's degree program. My choice would be, if possible, nurses should be prepared in a baccalaureate program. I think I could verify that even with my experience in teaching the students. The curriculum the college students receive gives them a foundation that helps them to become whole persons as they move through life. It is a more rounded

approach to the education of the human being. I think that is very important. I realize we cannot move from one point from where we are to another point without having to go through a period of transition. As long as there are diploma programs and A.D. programs in existence, I think the health care institutions that employ them, as well as other health agencies or organizations, will have to do more in-service education to enable these persons to really fulfill their professional responsibilities. I think that is a recognized norm. Eventually, over a period of time, I think you are going to see the diploma programs as well as the A.D. programs phasing out, or the A.D. programs supplemented by additional college work so that they can become bona fide baccalaureate graduates.

WEEKS:

There would be only one level of R.N.s then.

SISTER MAURITA:

Right. I also recognize that the baccalaureate graduates need more experience to develop the art and skill of nursing. But that comes.

WEEKS:

That was one benefit the hospital schools had. On-the-job training.

SISTER MAURITA:

Exactly. The art and skill of nursing are there but they don't seem to have that fundamental indepth foundation.

WEEKS:

And there isn't as much chance that they would be candidates for supervisory positions.

SISTER MAURITA:

However, much more is being done by the American Nurses' Association and

by the National League for Nursing to encourage the graduates of the diploma programs to go on and get their baccalaureate degrees.

WEEKS:

That would be especially good if the hospitals could find some way to help subsidize such an effort.

SISTER MAURITA:

Some of the hospitals are offering that as a fringe benefit.

WEEKS:

Another thing: Many of the larger hospitals look at a new nurse--a nurse new to them--and they don't immediately put her on the job and tell her to do this work, whatever it is. Isn't there a difference in hospitals as to what procedures a nurse can do?

SISTER MAURITA:

They have them go through orientation sessions. There is a lot of work being done about bringing back the older nurse graduate and having her go through what they call orientation and retraining in order to get her ready to go back into the work force. There is a lot work being done in that regard.

WEEKS:

My observation has been that nurses are either young, maybe newly married, or they are a little older and have come back after the children were born.

SISTER MAURITA:

Yes, you are right. The backbone of the nursing force today would be the woman who has raised her family, is able to leave home and is able to assume a full-time responsibility. She becomes the steady person in the work force. Now there are more men going into nursing, so we have more men who are also picking up that responsibility of steadying that work force.

WEEKS:

I imagine it is difficult to recruit persons for nursing today, as we said before because of all the other opportunities there are. There must be many women who are attracted because of what they can do for their fellow human beings.

SISTER MAURITA:

For humanitarian reasons.

WEEKS:

Let's hope that continues.

SISTER MAURITA:

I understand that some of our baccalaureate programs have all the candidates they can take.

WEEKS:

Is that right? That is wonderful.

SISTER MAURITA:

It is one of the strong points of our Mercy College of Detroit nursing program. I understand Madonna College in Livonia, which is the Felician Sisters college, and has a good nursing program also has their quota. They don't need to worry. Usually if you have a good program and a way to help students with scholarships providing tuition assistance, etc. you are going to get the students.

WEEKS:

Either through the Sisters of Mercy Health Corporation, or your new Mercy Collaborative, have you done much thinking about elderly housing? I visited Burcham Hills in East Lansing. They had three levels of care. There are individuals there who are as ambulatory as you and I are. Some of them even

have two-room apartments. It is a place where persons can go who have no family. They can go and live there and at so much a month, have their food...

SISTER MAURITA:

Let me tell you what we are doing. While I was on the Provincial team from 1977 to 1983 the team--the Provincial administrator and the Council--made the decision that we were going to relocate our two Sister retirement centers. We had one in Grand Rapids and one in Iowa. I assumed the responsibility for bringing that about with a task force and facilitated its happening. The task force for the Province had as its primary objective the responsibility to carry out a decision that the Province had made, namely, that we would provide one retirement center for our Sisters. So, the task force took up that charge, investigated the best location, the way and time to move, etc. It was decided that our property on the site was the best place to locate the center. In 1981 we began plans. In 1983 we broke ground. In May of 1984 we moved 100 Sisters--some from Grand Rapids, some from Dubuque, Iowa--into the new retirement center on the property here. To carry out this project we used some representatives from our hospitals--Mount Carmel Mercy Hospital in Detroit and St. Joseph Mercy Hospital in Pontiac. We had some other people on that task force.

Also, Mount Carmel and St. Joseph's Hospital in Pontiac became interested in how they might address the needs of the elderly in southern Oakland County and northern Wayne County. The task force decided, with the Province, to spend a little money to have Gerontological Associates from California come in and do a study of this area and find out what kind of population we might have that might need housing, what were the needs of this population in terms of housing, what were their interests, etc. Were they interested in independent

living, semi-independent living, the whole gamut. As a result of that survey we received affirmation from over 33% of some 5,000 respondents in the area who said definitely that suitable housing was one of their needs. As a task force we decided that with the involvement of Mount Carmel and St. Joseph Mercy Hospital of Pontiac we would take a look at what we might develop on this site in terms of a holistic approach to provide services for our aging population.

The result was the creation of a subsidiary under Mercy Health Services called Mercy Services for the Aging. Now primarily Mount Carmel Mercy Hospital and St. Joseph Mercy Hospital of Pontiac are involved in this. They are creating off-site services. They are going to be developing this site for housing and on-site day services, outreach services that will go out into the home like homemaker service, food service, social service, physical therapy, and other kinds of services that would reach out into the community. It is a program that is going to be carried out right here. That is one offshoot of what is happening. The retired Sisters are here now. They are entering into whatever we have to offer on this site and could participate, really, in whatever would be offered for senior citizens.

WEEKS:

I would think they would welcome that participation.

SISTER MAURITA:

Sister Mary Kelly is the president of this new subsidiary corporation, Mercy Services for the Aging. Mercy Center is the site where some of the on-site day services would be offered. We already have a senior citizens' program going on at Mercy Center, which is known as the Senior Citizens of Farmington Hills. They have been coming here since 1975. They use our gym

and recreation hall. They use our swimming pool. They use the chapel and we have a meal for them every day—five days a week. That's all coming together.

WEEKS:

It is something that is going to happen quite widely, I think.

SISTER MAURITA:

It's exciting.

WEEKS:

There are many individuals who would like to live as independently as possible but near services, with food available.

SISTER MAURITA:

If we develop the site here, we could provide a little van to transport people to the shopping center near us or to some of the other shopping centers. We are in good command of access to expressways.

WEEKS:

I have noticed in Ann Arbor, there will be van loads from some of the homes for a theater...

SISTER MAURITA:

For dinner together.

They are protected in a way. They don't have to worry about driving, worry about whether they will be accosted by anybody, if they are together in groups.

WEEKS:

This is an age when we live in fear, don't we?

SISTER MAURITA:

It's strange, but we do.

So Mercy Services for the Aging is in process.

WEEKS:

Has either corporation done anything about HMOs? PPOs?

SISTER MAURITA:

SMHC has certainly encouraged diversification. Some of its divisions are working on developing HMOs. There is an HMO being developed in Ann Arbor right now under Catherine McAuley. There's a PPO being developed with a primary care initiative on the east side of Detroit under Samaritan Health Center. That PPO will be for the Medicaid population. We are spearheading that responsibility. As one of my extracurricular activities I serve on Samaritan Health Center's divisional board. I chair their primary care commission which is the advisory group for the four primary care centers in the ghetto of Detroit. I serve on the medical staff committee of the Samaritan Health Center. I serve on Leila Hospital's divisional board in Battle Creek and I chair their quality assurance committee. So I keep my fingers in what's going on in the active acute care hospital setting.

We just had a merger with Leila. The Lakeview Osteopathic Hospital merged with Mercy Leila.

WEEKS:

I didn't know that.

SISTER MAURITA:

This just happened over this past year. I was on the board when the decision was made.

WEEKS:

That was a fairly active osteopathic hospital.

SISTER MAURITA:

They came to us for assistance. We decided we could help them out on an

interim basis but there's going to be a merger. That's what is really going to happen.

WEEKS:

Will there be a medical staff problem?

SISTER MAURITA:

We are integrating the staff. Struggling, but integrating.

WEEKS:

I worked on a study at Howell, Michigan. That's highly integrated.

SISTER MAURITA:

It will happen, I think. Leila Hospital bought White Gates and we are going to develop it into a Mercy Village for Retired Persons with a holistic approach. I have also been involved in that. So I have my fingers in these other things. People think I am crazy--too much involvement. I probably am.

WEEKS:

You should keep doing everything you can that is interesting to you.

SISTER MAURITA:

Let me share with you another project. This is a major project on the side that I have continued for a long time--over twenty years. I became interested in the needs of the migrants in the United States. I worked with a group of religious women who were interested in this and helped to found a National Migrant Workers Council. I spearheaded the incorporation of that group in 1978. We sponsor two projects. One is the East Coast Migrant Health Project which recruits professional personnel--nurses, health aids, and other related health personnel--who can serve migrants in the peak seasons all up and down the East Coast. Some of the staff stay on in the winter time and work with the migrants at their home base in Florida. We created a Midwest

Migrant Health Information Center here and we are working with five Catholic health systems to see if we can get these health systems interested in the needs of the migrants in the Midwest, to address their health problems, to see how we might be able to form some approach to providing health care. I have been involved in that also.

WEEKS:

That must give you a lot of satisfaction.

SISTER MAURITA:

It is not moving exactly the way I would like to see it move. We have a task force that's working on how these five systems might be able to do something together. It's fascinating.

WEEKS:

I hope you can do all the things you would like to do.

SISTER MAURITA:

That's my problem. I have so many things I would like to do.

WEEKS:

Isn't it better to have more than you can do, than not enough?

SISTER MAURITA:

It is. I agree with you.

WEEKS:

I am taking more time than I said I would.

SISTER MAURITA:

I think we are almost at the end of your questions.

WEEKS:

You must have know Dr. Madison Brown who was interim president of AHA.

SISTER MAURITA:

Yes, I know him.

WEEKS:

I talked with him about a month ago.

SISTER MAURITA:

How is he doing?

WEEKS:

He is doing fine. He and his wife are living in a condominium in Vermont, in Burlington, Vermont. He was originally from there.

SISTER MAURITA:

I knew him when he worked at AHA, I knew him before he worked at AHA.

WEEKS:

You are in the American Academy of Medical Administrators, aren't you?
Isn't he also?

SISTER MAURITA:

Yes, he is.

WEEKS:

Either he or his wife, Vernon, is writing--or possibly they are collaborating--on a history of the Academy.

SISTER MAURITA:

Yes, they are. Dr. O'Donovan is the Executive Director of that group. I received a Newcomers Award.

WEEKS:

I have a note of that award. You also had awards from the American Hospital Association, the Health Industries Association. You must know Mr. McGaw then.

SISTER MAURITA:

I do. I know Karl Bays.

WEEKS:

I haven't met him. He is the active person now in the American Hospital Supply Corporation, isn't he? He also is the Chairman of the Board of the Hospital Research & Educational Trust (HRET), isn't he?

SISTER MAURITA:

Did you get the two honorary doctoral degrees? One was from St. Michael's College in Vermont. One was from College Misericordia in Dallas, PA. I just received that in May 1984. It was an honorary degree in Humane Letters.

WEEKS:

What I will do is add a list of your awards and your memberships and affiliations to the interview text. I really do appreciate your taking the time with me, and your cooperation and courtesy. I am sure your oral history will make a significant contribution to the oral history collection.

Interview in Farmington Hills, Michigan

November 27, 1984

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Sengelaub, M. Marita.

Sister M. Maurita Sengelaub
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