



# *Courage and Compassion*

A HISTORY OF THE  
SISTERS OF BON SECOURS, USA  
1981-2016

Molly Pyle

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or direct all inquiries to  
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## **Dedication**

To all who search for healing, we offer this message of hope and assurance of God's love, and to all those who are committed to this caring mission, we share stories intended to inspire.

## **Errata**

In the final stages in preparation of this book for Publication the following errors were identified:

Page 27...Indention to read: I entered the Sisters  
of Bon Secours after having worked for a year as  
New York City Medical Examiner and having practiced  
for six years as a hospital pathologist in Long Island,  
New York

Photos: Tenth page, lower photo; woman on right  
is Ella Marie (Sissy) Neville Mechlinski not Betty  
Neville Messick. (however they are all Sisters)

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Richard Shiffrin, for exquisite editing and kind, perceptive counsel throughout my writing of this book.

My siblings and late stepfather, for support at critical moments.

Declan, for encouraging me to undertake this new calling and sustaining me with unfailing levity.

## Preface

We commissioned this history of the Sisters of Bon Secours, USA from 1981 to 2016 to recount our growth during the historical period following our first century. That earlier history was well told by our Sister Mary Cecilia O’Sullivan in *Sisters of Bon Secours in the United States 1881-1981: A Century of Caring*. In presenting this part of our history, we have taken a different approach to produce an account that conveys the impact of events on our inner lives. This history explores our thinking, including spiritual and theological motivations, guiding our decisions and actions during the current period.

The final product is thus a very personal account of our evolution during the period. As such, we agreed with our author, Molly Pyle, Ph.D., that the narrative should be presented in our voice. Following her explanatory Author’s Note, the ensuing narrative presents what we have felt and thought both as events occurred, reflected in archival documents, and in the present, conveyed in interviews. For readability, references have been provided only for archival and secondary sources. Most of the narrative, including direct quotations, is based on interviews and Assembly discussions that occurred over the course of a year, from fall 2014 through fall 2015. Our chosen format, while unusual, has enabled us to share our consensus view as to the meaning of what we experienced from 1981 to 2016.

We arranged for our author to interview nearly every living sister as well as selected individuals involved in our ministries, and to have full access to our USA Archives, including personal correspondence and writings of deceased sisters who lived during the period. Unfortunately, several of our sisters were too ill to participate in interviews. Complete lists of the Sisters of Bon Secours, USA who lived during the period and people interviewed for this history are included as appendixes.

BOOK REVIEW COMMITTEE

Sister Nancy Glynn, CBS

Sister Rose Marie Jasinski, CBS

Sister Mary Shimo, CBS

Mary Herbert, Special Collections Archivist, Sisters of Bon Secours, USA  
(retired 2017)

David McAllister, Special Collections Archivist, Sisters of Bon Secours,  
USA (2017 to present)



## Author's Note

Oral history is a special genre of nonfiction, premised on the belief that memories gathered individually and collectively can illuminate the complex consciousness of a group little understood by outsiders.<sup>1</sup> Oral history utilizes interviews as the primary source of information; to be sure, the interview process is an art, not a science. The historian provides a place for the interviewee to tell her story, stimulating the individual's memory with open-ended questions. The bond between the two is what enables information to flow.<sup>2</sup> The interviewee freely recalls past events, re-experiencing them, highlighting important details, suggesting connections with long-term developments.

The interviews generate content of interest to readers familiar with the narrators and the subject matter. This history offers valuable information about the Sisters of Bon Secours, USA; Catholic sisters generally; and the professional and spiritual calling of health care and social justice. This history may also interest those who appreciate the form of oral history, for the remembrances offer insight into how a group of individuals has given shape to collective experiences. As interviewees recall their past, they may interpret or reinterpret the meaning of events. By its method of giving meaning to the past, oral history differs from other forms of history, offering value both to interviewees and readers. For the latter, it has potential to offer a richer, more complex picture of people and events. For the former, it is an inducement to recall and relate past events for a historical record.

More to the point, oral history is a collaborative process on the part of the history's subjects and their historian. In writing this history of the U.S. Bon Secours sisters, an editorial committee and I agreed on the main questions to guide the history and interviews, and we have edited the final

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<sup>1</sup> See generally, *The Oral History Reader*, Robert Perks and Alistair Thomson, eds. (Routledge, 1998), especially "Oral history and *Hard Times*: a review essay," by Michael Frisch, pp. 29-37.

<sup>2</sup> United States Holocaust Memorial Museum, *Oral History Interview Guidelines*, written by Department of Oral History Staff (1998), p. vi.

product. In conducting the interviews and writing the narrative, I, as historian, have done much to reconstruct the context of events and experiences, inferring significant themes, causes, and impacts over time. To orient readers, I offer brief comments about the Bon Secours mission and charism, the history's main themes, and recent developments affecting the sisters as a social group.

As I am not affiliated with the Sisters of Bon Secours, I gained much insight by reading prior histories, especially the volume preceding this one, *Sisters of Bon Secours in the United States 1881-1981: A Century of Caring*, well researched and written by Sister Mary Cecilia O'Sullivan, CBS.<sup>3</sup> As Sister Justine Cyr, CBS, explained in her Foreword to that history, the Congregation of the Sisters of Bon Secours of Paris was founded in 1824 in Paris in response to

a dehumanization [that] cried out for healing. The mission of the Sisters of Bon Secours, embodied in the charism and ministry of . . . the first sisters, was a special gift to the Church. It made Christ present in the lives of people and in society to alleviate suffering and to bring them Christ's message of hope: There is a God who loves us.

This history recounts how the U.S. Bon Secours sisters have lived by their charism, creating new expressions, sustaining their prophetic mission, all in response to changing needs and times. The Bon Secours constitutions<sup>4</sup> define the Bon Secours charism, as expressed over time, as follows:

A gift of the Holy Spirit, the charism of Mother [Josephine] Potel was, through prayer, work, and every

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<sup>3</sup> Sr. Mary Cecilia O'Sullivan, *Sisters of Bon Secours in the United States 1881-1981: A Century of Caring* (1982) (hereafter, *A Century of Caring*). Other Bon Secours histories I have consulted are as follows: James M. Hayes, *The Bon Secours Sisters in the United States* (1931); and Rev. Thomas David Williams, *The Life of Mother St. Urban of the Congregation of the Sisters of Bon Secours of Paris* (1936).

<sup>4</sup> Congregation of the Sisters of Bon Secours of Paris, *Constitutions*, approved by General Chapter, September 30, 2014 (Ch. II, Apostolate, no. 8).

human encounter, to alleviate suffering and to bring others to an awareness of its redemptive meaning. The practical means of achieving this was through care of the sick and the dying. The charism also found its expression in the education of poor children. Still inspired by this charism, the apostolate of the Sisters of Bon Secours in the areas of health care and education is to help all to wholeness. Our compassionate care and concern for people will help them to believe that there is a God who loves them.

Each sister is responsible for discerning how to express this gift in the way most needed by the world in the present time. In this history, the sisters have reflected on how they have shared the charism with others, and how they have discerned new ministries to alleviate suffering and help people experience the redemptive love of God. Canonically, their religious vocation is defined as follows: “[The founders’] experience of the Spirit must not only be preserved by those who follow them but must also be deepened and developed . . . instilling the courage of interdependence and inventiveness needed to respond to the signs of the times.”<sup>5</sup>

How the Sisters of Bon Secours have evolved ways of sharing the Bon Secours charism and spirituality needs to be understood in historical context. In response to the Second Vatican Council (1962–1965), religious congregations developed programs inviting people to participate in their spiritual lives and ministries. Serious questions were raised among the consecrated religious themselves and commentators about the active presence of non-vowed individuals in religious life.<sup>6</sup> Interestingly, from the first religious foundations in the Church, consecrated men and women religious have embraced a calling to be prophetic witnesses in the secular world. Their vocation has been to embody God’s love in the particular

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<sup>5</sup> Sr. Marlene Weisenbeck, FSPA, Ph.D., J.C.L., “Understanding Charism,” *Health Progress* (Nov.-Dec. 2008), p. 16, quoting a Vatican document, *Starting Afresh from Christ: A Renewed Commitment to Consecrated Life in the Third Millennium* (2002).

<sup>6</sup> See, for example, Patricia Wittberg, SC, *Pathways to Re-Creating Religious Communities* (Mahwah, NJ: Paulist Press, 1996).

ways that their congregations have discerned in light of their given charisms.

During the current period,<sup>7</sup> the Sisters of Bon Secours have invited a large extended Bon Secours family to participate in their mission.<sup>8</sup> To be sure, the extent of this participation is different from that of the sisters. As theologian Sandra M. Schneiders, IHM, has explained, the participation of non-vowed people “can fluctuate as their primary relationships demand more or less of their time, as they move. But the vowed members are ultimately responsible for its community life. They are the guarantors of its ongoing life, of its nurturing of new members and its care of older members, of its availability for participants who affiliate at different times.”<sup>9</sup>

This history portrays the U.S. sisters discerning, collectively and individually, new needs and actions related to their ministries in the world and their communal life. In my writing of this history, I have included individual portraits, illuminating particular interests, people, and events that seemed to have nurtured an individual sister’s growth, ranging from mentoring relationships to formative experiences. I have observed that at particular points in the U.S. Bon Secours community’s history, individual sisters discerned particular needs, and I have tried to convey how sisters reached their insights and, importantly, how they changed—and were changed by—the thinking and behavior of others, including people they interacted with in their ministries.

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<sup>7</sup> Throughout this text, the period from 1981 to 2016 will be referred to as “the current period,” distinguishing it from the period covered in the preceding history, *A Century of Caring*.

<sup>8</sup> The Sisters of Bon Secours, USA created the following ministries with laity: Associates in 1980, Volunteer Ministry in 1999, and Young Adult Ministry in 2014. In 1983, they established the Bon Secours Health System, Inc. (BSHSI) and created new positions to administer BSHSI’s mission initiatives and operations.

<sup>9</sup> Sandra M. Schneiders, IHM, *Selling All: Commitment, Consecrated Celibacy, and Community in Catholic Religious Life*, volume two of *Religious Life in a New Millennium* (Mahwah, NJ: Paulist Press, 2001), p. 30.

Remembrances of other individuals who participated in the Bon Secours ministries reveal the impact the sisters have had on people's lives. Importantly, this narrative conveys the core motivation inspiring the sisters' compassion: the grace of being able to make a difference in another person's life. This is, hopefully, the main and lasting contribution of this work.

The time period covered is from 1981 to 2016. During this time, there have been various and significant external influences. For example, the sisters have restructured their corporate health care ministry in response to shifts in U.S. health care policy. For much of the current period, health care in the United States was distributed on a market-driven model, as a private good, accessible based on ability to pay. Around 2010, the U.S. government adopted a federal government-led approach, with goals to increase access, control costs, and improve quality. Other significant influences have included the mobilization of women religious and global civil society organizations, collaborating to advocate for specific social justice priorities. The sisters' social justice and health care mission has been exhorted by the Vatican, which calls on world leaders and civil society to cooperate to eliminate unjust structures and establish a global order serving human ends.

In communal life, important developments have included the ongoing renewal of religious life and the participation of the laity in the life of the Church, both emanating from the Second Vatican Council (1962-1965). The council's impact on the sisters, however, lies outside the scope of this history. Those interested will find that discussion in the preceding history, *A Century of Caring*. Undoubtedly, during the current period, the sisters have been affected as much by developments in the secular world as by doctrinal shifts in the Catholic Church.

However, brief comment is necessary to correct possible misconceptions about the sisters, given the important shift that occurred at the end of the time period covered by the preceding history. Readers might assume, for example, that consecrated men and women live in quiet seclusion, apart from "the noise of the world," and perceive themselves as a separate class of believers. Earlier features of religious life—religious dress in habits,

communal living in convents—may have created that impression. However, historically, as an apostolic religious order, the Sisters of Bon Secours have always been dedicated to ministries in the secular world. Their contemplative counterparts, by contrast, do live in cloisters, dedicated to a life of prayer in community. After Vatican II, Catholic sisters, including the Sisters of Bon Secours, embraced the Catholic Church's teaching that all people have been called to be holy. The distinguishing feature of religious life is its members' commitment to live by vows of poverty, celibacy, and obedience. The vocation to religious life is not superior to any other vocation. In fact, consecrated women *are* laity, not part of the ordained ministry within the Catholic Church.

Lastly, readers might assume that the fundamental tenets of Catholicism, including expressions of religious congregations' charisms, are fixed and unchanging. Vatican II taught that Catholic beliefs and practices must be examined and reconsidered in each age through study and adaptation to new conditions and knowledge. The sisters' writing of their history can be seen as their commitment to discover and convey the historical meaning of their mission and charism. Your author offers this final comment: By sharing their history openly, just as they share their spiritual life and ministries, the sisters demonstrate a humility and generosity that, hopefully, will further inspire others and themselves.

## Prologue

In this history, we, the Sisters of Bon Secours, USA, have shared our story of renewal and innovation from 1981 to 2016. It is a story of our listening to God's voice in our daily lives and identifying important questions and interests to pursue. We have discerned new ministries, communal vision, and values. We further developed our health care ministry, inviting lay people to participate in our mission and our spiritual life. We have offered this history in the hope it will serve as a helpful guide for new members, plus an inspiring record for the extended Bon Secours family and others interested in health care and social justice.

There are not as many of us sisters now: twenty-eight total in the United States, as of this writing. In 1981, we numbered forty-seven. We have honored our sisters who preceded us by including some of their stories, showing what they meant to us and others. We are the elders now.

By studying our stories about the past, we have obtained insights into our future. It has been instructive to learn what mattered to each of us, as it may help those who are in ministry with us. We have also shared our stories in order to shed light for those who are curious about Bon Secours, those who might be seeking the life described in these pages.

This history tries to depict how we have aspired to live by our charism of compassion, healing, and liberation. To be sure, compassion is the foundation of our charism. It can best be described by a few stories, beginning with our founding sisters.

In Paris of the 1820s, twelve young women under the leadership of Mother Josephine Potel, age twenty-two, formed a religious order of women to care, at home, for the sick and dying. It was an extraordinary undertaking, defying both the Church's norm that women be cloistered and the anti-religious agenda of the ruling class in France following the Revolution. In 1826, Mother Potel was succeeded by Mother Angélique Geay, who strengthened the foundation of Bon Secours during her more than thirty years of service as second Superior General.

Our first sisters had the courage of kindness. Observing rampant disease taking lives, and aware that many were suffering in isolation, the twelve were moved to organize other women, who, like themselves, had

rudimentary nursing skills and generous, attentive souls, animated by the love of Jesus. They worked to heal and console rich and poor alike, recognizing that all suffered. Bon Secours convents were soon established throughout France. The third Superior General, Mother Saint Cecile, expanded the congregation internationally, opening convents in Ireland (1861) and England (1870). The fourth Superior General, Mother Saint Fulgence, expanded the congregation to the United States (1881).

Today, we strive to cultivate in ourselves and in others a compassion that, like Jesus's, has the power to heal and liberate. The healing power of Jesus's compassion was manifested, for example, in his meeting with the Samaritan woman at the well. Through simple conversation, Jesus showed his love for her, an adulteress. He acknowledged her sin and blessed her; and thus, she discovered who she was in the eyes of God. She was healed and, ultimately, liberated from the bondage of social exclusion.

The Bon Secours charism of compassion is what unites us as Sisters of Bon Secours. It is what we love and live for; we aspire to embody it—in ministry and communal life. In the current period, we have faced internal and external challenges. What has sustained and animated us is the charism.

In reflecting on the current period, we have put ourselves in the footsteps of our younger selves and come to appreciate what was important. In Chapters One and Two, focusing on the 1980s, we have explored the many aspects of our spiritual renewal.<sup>1</sup> We have seen that many of us were formed, during the preconciliar period, to live one way but have come to live another. Under the new way, we are responsible for listening to God and for discerning what is important. In our busy lives, we have discovered the gift of time and of spiritual friendships with colleagues and our sisters across our congregation.

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<sup>1</sup> Renewal, or *aggiornamento*, refers to changes in consecrated religious life enacted under the *Decree on the Adaptation and Renewal of Religious Life (Perfectae Caritatis)* (1965). For the specific changes in constitutions, ministries, and communal life adopted within Bon Secours during the late 1960s and 1970s, see *Century of Caring*, pp. 279-295.



In Chapters Three and Four, we reflect on our innovations throughout the current period in our U.S. and global ministries, respectively. In response to demographic and industry changes, we restructured our health care ministry, forming the Bon Secours Health System, Inc. (BSHSI) in 1983. In collaboration with lay leaders, we have developed BSHSI as a faith community, with a strong sense of sponsorship and commitment to mission. Formation programs have taught employees the skills and values essential to ministry leadership. We and our lay colleagues have been effective in communities around our health facilities primarily because of the time and attention we have devoted to listening to people in difficult circumstances. Recently, we have focused on healing and liberating people who feel trapped by violence, fear, poverty, and oppression. We have developed new ministries in community development and education, collaborating with our Bon Secours sisters in other countries and with other congregations and organizations.

Also in Chapter Four, we have recalled how experiences with Latin America and friendships with Bon Secours sisters profoundly affected us, awakening us to the gift of our international congregation. During the 1990s, we began thinking as one unified congregation. At our General Chapter in 1999, we developed a new, more collaborative approach to strategic planning, focusing on nurturing relationships. This approach has encouraged greater honesty and sharing among sisters. In 1999, we identified new priorities—to revitalize our approach to vocations, for example. Importantly, we decided in 2004 to integrate as a congregation without province<sup>2</sup> boundaries.

In Chapter Five, we explore how we have helped women discerning vocations and people seeking spiritual direction to listen to God's voice in their lives. Through our relationships and our ministries, we have become more aware of the challenges we all encounter in listening to God in the daily routine of our lives. During our communal reflection in 2015

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<sup>2</sup> Prior to 2004, our congregation was composed of five autonomous regions, which were called provinces; they were governed by a General Council, but operated as separate, self-sustaining entities. At the 2004 General Chapter, we decided to integrate as one global congregation. Our global implementation began in 2010. Throughout this narrative, we have used our current terminology of regions and countries, rather than provinces.

on the teaching of our Bon Secours theology about suffering and redemption, we shared personal experiences of God's grace amidst suffering. Serving others does not remove us from our ongoing need to renew our spiritual lives in order to embody the warm, human features of Jesus and to remain attentive to the spontaneous occasions when others need us. Today, our greatest challenge may be to express extraordinary kindness by surrendering our time to give generously to others and to deepen our relationships with God and ourselves.

## **Chapter One: Renewal in Communal Life**

### **Our Vocation**

In 1981, we were growing spiritually, but that growth occurred after more than a decade of change that challenged many sisters' commitment to their vocation. The Second Vatican Council (1962–1965) led all religious congregations to reform communal life, prompting members to intense self-reflection about their commitments. At Bon Secours, many women who had entered the order discerned that they did not, in fact, have a vocation for religious life. In 1964, our U.S. Bon Secours community comprised 198 women, the highest total in our history. By 1973, only 101 women remained in the order. Most of the women who left in that period had only recently entered in the 1960s. To illustrate, in the 1960s, Sisters Elaine Davia and Pat Eck entered in classes of ten women and twelve women, respectively; by the time of their perpetual professions in the early 1970s, they were the only women from their entering classes to profess perpetual vows with Bon Secours.<sup>1</sup>

While the departures troubled us for many reasons, the situation forced those of us who remained to look inside and discover or reaffirm our vocation. Through renewal, we began to listen to our spiritual voices, taking responsibility for developing our spiritual lives. Sister Pat Eck, for instance, learned to discern God's voice without being distracted by self-doubt:

I entered in 1966. I wasn't sure it was a call. It was a time when many [sisters] made a vow for six months. I loved

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<sup>1</sup> In aggregate, across the United States, some 45,000 women left religious life in the decade between 1965 and 1975. See, "Frequently Requested Church Statistics," *Center for Applied Research in the Apostolate*, 2017, <http://cara.georgetown.edu/frequently-requested-church-statistics/>.

nursing. . . . As I felt this call from God, I wanted to be in a nursing community. . . . When I decided to enter a congregation, this seemed like a natural one. . . . But it was a period when it seemed every time you turned around, you got the word someone was leaving. Those were hard times. But as you shared and your friends chose to leave, it became clearer that your call [to Bon Secours] was *your call*.

When Sister Elaine was in temporary vows in the late 1960s, she also struggled to listen to God amidst the turmoil of many women choosing to leave religious life. Like Sister Pat Eck, Sister Elaine courageously explored her feelings and, ultimately, heard God calling her to Bon Secours. As she recalled that moment, she remembered an image that simply directed her to acknowledge and honor her one true desire:

I was in nursing school. I had made the decision to leave community and come back after [the other sisters] got everything straightened out. I went to tell Sr. Theophane of my decision and stopped in the chapel on the way. I was sitting in chapel; I was crying. . . . When I was growing up, my Dad had given me a holy card with a picture of Jesus with his arms outstretched, with the words underneath: *Come Unto Me*. As I was sitting there, this image came to me in a deeply real way. I felt as though Jesus was saying to me, “Come Elaine. I want you to be with this group of women right now, no matter what happens in the future.” I started crying. It was such a powerful experience that I decided to stay and be a part of whatever this community was meant to be. Whether Bon Secours continued or not was not important.

Perhaps, in those circumstances, by acknowledging her own fears and her true passion, Sister Elaine discovered the gift of listening intently for the inner, spiritual voice. Listening has been essential in Sister Elaine’s practice as a nurse in our clinics for those who are poor and as a mentor of women in formation to become Sisters of Bon Secours.

By listening and reflecting, we have been able to differentiate between what was important and what was distraction. Many of us were raised in a Catholic Church that taught us to do as we were told, not to speak up or dissent. We have found ways to discern when habitual thinking or inner turmoil has distracted us from listening intently to how God is calling us, both as individuals and as a community of sisters. Especially in moments of suffering, we have experienced God's love. Through study and prayer, we have discovered our gifts and our purposes in life.

As a community of sisters, we have also drawn inspiration from our home in Marriottsville, Maryland, to which we moved in 1965. It has a special beauty, offering an expansive view of the three hundred acres of forest and mountains comprising the Patapsco State Reserve. Its beauty has been a visible sign of good things to come.

### **A New Language of Sisterhood**

Our renewal during the 1980s addressed three broad areas. One encompassed our study of our charism, theology, spirituality, mission, and core values. Another was reform of our lifestyle and sister formation, including prayer, personal development, living arrangements, and our formation program for novices. A third area was reform of governance of both our U.S. region and our congregation, including new programs inviting participation in our spiritual life and ministries.

Expressed in its simplest terms, ongoing renewal has involved learning a new language, expressive of our new ethos of collegiality, individual freedom, and responsibility. In the 1970s and 1980s, we learned much through our collaborations with other religious congregations, which intensified as a result of Vatican II. This was especially true with regard to our peers in the Leadership Conference of Women Religious (LCWR)—in which Sisters Pat Eck and Rose Marie “Rosie” Jasinski have held positions on the board of directors. Though the organization of women religious was founded in the mid-1950s, it was in the reorganization and

development of its bylaws in the early 1970s that LCWR explored new concepts of leadership.

Our leaders were speaking a new language, reflecting the view that sisters can influence change in the world, trusting their experience and understanding of tradition and theology. In the new vision, the role of leaders was to seek “the language to frame the [important] questions” and to help sisters grasp the historical opportunity to define themselves—their values and purposes—and then reconfigure their lives accordingly. In the new view, leaders were also called to help their sisters grasp opportunities to collaborate with others to advance social justice and other missions.<sup>2</sup>

Through study and prayer, we discerned innovative ways to involve people in our mission, developing an extended Bon Secours faith community. We began to see our mission of compassion in terms of justice *and* health. We articulated policy statements and implemented projects aimed at changing attitudes and structures to empower the less fortunate in society. Through our study, prayer, and ministries, we discovered new elements of our charism.

### **Expression of the Bon Secours Charism**

A charism has certain essential properties, which are expressed differently over time as members discern and respond to new needs. Vatican II’s *Decree on the Adaptation and Renewal of Religious Life (Perfectae Caritatis)* (1965) invited all religious congregations to examine their respective histories to perceive the diverse ways that members have embodied their charisms over time. The purpose was to encourage vowed members to deepen their appreciation of both the originality and the rich complexity of their charisms.

As we researched, we discovered how our early sisters expressed our charism, as Sister Elaine explained:

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<sup>2</sup> Lora Ann Quiñonez, CDP & Mary Daniel Turner, SNDdeN, *The Transformation of American Catholic Sisters* (Philadelphia: Temple University Press, 1992), pp. 19-21.

The first twelve Sisters of Bon Secours were all nurses, and nursing was how our charism was described for many years. After the call of Vatican II and following our deeper reflection on our history, we realized that our charism was more than nursing. The early sisters were very human; they understood suffering, death, and weakness; they weren't overcome by suffering. They understood God's redemptive love and the need to bring God's compassionate presence and stay with the people who were suffering until they found meaning and hope. This is the gift of our charism, how we extend ourselves to others with compassion; it is how we understand the passion, death, and resurrection of Christ's life in our everyday experiences and the needs of the world today. It is about helping to alleviate suffering when we can or being with those who are suffering when we cannot.

This insight, that our charism was the compassion that motivated our founding sisters to develop their ministries in nursing and education, led us to develop *A Theology for Bon Secours* relating compassion to healing. Our *Theology*, issued in 1985, articulates our beliefs and, in that light, helps us detect ills in ourselves and in society, reading and responding to the signs of the times.

Sister Justine Cyr was a theologian at heart. When she completed her two decades in leadership, as U.S. Country Leader (1979–1988) and then as Congregation Leader (1989–2000), she pursued her master's degree in Spiritual and Pastoral Services. She wrote her thesis on the Bon Secours charism, its historical development and theological basis.

Sister Justine is another example of a sister who discovered new gifts and talents during challenging times. She had both a strong faith and an ability to articulate her faith and theology in ways that inspired others. When we elected Sister Justine to be our leader in 1979, we needed her message of hope. We were struggling with various practical changes in lifestyle and ministry, maturing and discovering ourselves. Sister Justine encouraged each sister to develop her personal relationship with God and pursue the

questions and interests she discerned were important. Sister Justine motivated us with her inspiring addresses—always dense with theological references—about the love of God we were called to and the blessings open to us in moments of crisis.

Sister Justine was also a meticulous historian; she organized our USA Archives. In her master's thesis, she argued that the founding sisters actually “engaged in spiritual direction as an unnamed element of their holistic care of the human person.” The “prophetic element in the founding vision was the sisters’ holistic view of the human person,” rooted in the Catholic tradition of “care of souls.”<sup>3</sup>

Another aspect of our charism is to heal and make whole, liberating the heart from whatever enslaves a person. In 2006, we articulated our charism as follows:

The Charism of Bon Secours is to bring God's healing, compassion, and liberation to people in need. Special attention is given to those who are poor, sick, or dying by helping to alleviate their suffering and bringing them a message of hope and assurance that there is a God who loves them.<sup>4</sup>

### **Theology of Bon Secours**

In 1985, we adopted the first formal statement of our Bon Secours theology, *A Theology for Bon Secours*.<sup>5</sup> The authors were Sister Mary Gemma

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<sup>3</sup> Sister Justine Cyr, CBS, *The Spirit's Gift of Healing Entrusted to Bon Secours: Responding to the Thirst for Spirituality in Contemporary Society* (Master's Thesis, Loyola College in Maryland, 2002), p. 1, USA Archives, Marriottsville, MD.

<sup>4</sup> U.S. Sisters of Bon Secours, “Charism of Bon Secours,” in *Good Help to Those in Need—compassion, healing, and liberation* (Marriottsville, MD: Bon Secours Health System, Inc., 2006), bound copy, USA Archives, Marriottsville, MD.

<sup>5</sup> *A Theology for Bon Secours* (1985). The task force conducted its work through 1983–1984, and the statement was formally adopted at our U.S. Chapter meeting in 1985.



Neville, Task Force Chair; Sister Mary Margaret Burger; Sister Regina Clifton; and, as consultant, Father Thomas Clarke, SJ.

This *Theology* states our beliefs about suffering in the world and, as a practical document, helps us to see suffering, inspiring us to act, so that our theology is reflected in the way we live. It relates our ministry of caring for the sick, suffering, and dying to its Scriptural sources. The central passage is the Gospel of Matthew 25: 31–46, which teaches that when we care for the least of God’s people, we care for Jesus *and we are Jesus*. Through their loving presence to one another amidst suffering, both the caregiver and the one cared for experience a healing compassion, embodying Jesus, making him real and present, and thus conferring hope. This expresses our principle of the “dual model” or “dual presence of Christ.”

Christ’s presence brings hope of redemption and relief from suffering. The sick, suffering, or dying person experiences a grace as a lifting of a burden—of fear, for example—and finds hope. We strive to reproduce the warm, human Jesus in ourselves—Jesus, who himself suffered—to enable others to feel Jesus’s compassion.

Our loving care of others is our loving care of Christ in His body. At the same time, we believe that Jesus lives in us as we extend that care to His members. Our hands are truly His healing hands; Our hearts are truly His compassionate heart.<sup>6</sup>

In *A Theology for Bon Secours*, we clarified the range of suffering and “healing” we address through our ministries. Healing refers not only to physical or psychological ills but also to the whole person, and not only to isolated individuals but also to families, communities, and all of society, including the structures and institutions affecting people’s health.

The writing of *A Theology for Bon Secours* gives another example of how a sister discovered her gifts during a time of vulnerability, experiencing a transforming grace of redemptive love. Sister Gemma Neville was

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<sup>6</sup> Ibid., no. 2.

motivated by personal suffering to take up pastoral ministry and pursue her doctorate, writing her thesis on the sources of human suffering and the meaning of redemption.

Sister Gemma served for decades as a nurse before she realized that she needed a spiritual director. She needed help understanding herself, as she wrote later in her unpublished *Autobiography*:

The Spirit led me to [pastoral ministry] to encourage me to become the person God created me to be. I felt my life had been fractured and fragmented into compartments of the Spiritual, Physical, and Psychological and I knew I could not become a whole person as long as these areas are pigeon-holed. They have to become integrated and become one with and in Christ. Christ has called me to the Healing Ministry and I cannot bring healing to others through Christ if I don't begin with healing in my own person. God wants us to be healthy in mind, spirit, and body.<sup>7</sup>

In 1986, Sister Gemma received her doctorate in Ministry from Andover-Newton Theological School, and she served from 1986 to 1988 as Director of the Bon Secours Spiritual Center, currently known as the Bon Secours Retreat & Conference Center.

Sister Gemma set up pastoral departments in our hospitals in Methuen, Massachusetts, and Charleston, South Carolina (St. Francis). She taught many the art of pastoral counseling, including Sister Christine Webb, who professed perpetual vows as a Sister of Bon Secours in 2011.

Sister Gemma had a historical perspective on and a special relationship with Bon Secours sisters. As a child, she was raised on stories that her grandmother told of a courageous Bon Secours sister, Malachy McNiffe,

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<sup>7</sup> Sister M. Gemma Neville, *My Autobiography* (1997), p. 4. Personal Folder, USA Archives, Marriottsville, MD. This unpublished autobiography was written as part of an application for the Bon Secours-St. Francis Xavier Hospital College of Chaplains.

who in the early 1900s cared for sick children in the home next door during a typhoid outbreak affecting the poor section of Baltimore where her family, the Nevilles, lived. One child in the next-door home had died, and Sister Malachy cared for the others and consoled the family. Sister Gemma's grandmother realized that Sister Malachy was probably hungry on arrival, as she would come directly after Mass each day, and so arranged to give Sister Malachy a hot breakfast before she went to work next door.

Childhood memories kindled a desire in Gemma and her sister Angela to become Bon Secours sisters. They were moved by the extraordinary kindness of their grandmother in caring for Sister Malachy, who in turn was caring for the suffering family next door.

### **Spirituality, Mission, and Core Values**

To integrate our beliefs about God and human suffering into the way we live, we introduced theological concepts into revised statements of the Bon Secours Spirituality, Mission, and Core Values.

In the early 1980s, two successive groups studied the *Spirituality Statement* contained in our congregation's constitutions, as revised in 1979. From 1979 to 1983, our congregation's Spirituality Study Team, led by then General Councillor, Sister Claire Heiny, explored the different schools of spirituality influential among early Bon Secours sisters. In 1982, a U.S. task force produced a U.S. version of the *Spirituality Statement*, differing only slightly from the congregation's version.

We revised our congregation's *Spirituality Statement* in regard to three core elements. First, we stated that our calling was not only to "reproduce Christ healing" but also to meet Him in those we serve: we are consoled by our patients as we minister to them. Second, we clarified that the Spirit animates us equally in community and in mission, guiding us in all we do. Third, we said that our calling to heal others means to help people *and society* heal divisions and seek wholeness.

Our spirituality reminds us of the very intimate nature of our charism. The closing lines of our *Spirituality Statement* express our calling this way:

In our life of prayer, God draws us into union and reproduces in us through the Spirit the warm, human features of Christ, listening, healing, and liberating, always open to the needs of others.

In 1983, at our General Chapter (legislative Assembly), our congregation developed a mission statement shared by all Sisters of Bon Secours. We affirmed that our ministry encompassed care for the sick and dying, and for people suffering spiritually:

Through the love of the Father, present in each Sister of Bon Secours, we are impelled:

- to alleviate human suffering;
- to help others to an awareness of the redemptive meaning of suffering and death;
- to an awareness of our relationship with the Father by reproducing in ourselves Christ healing, consoling, teaching, and loving—Christ always aware of the needs of others.<sup>8</sup>

In our discussions of theology, spirituality, and mission, we were, in effect, asking one another such questions as these: How do we define ourselves? How do we share our spirituality?

We aspired to greater honesty and sharing in the houses to which we had moved, having exited our institutional convents in the late 1970s. We reflected on finding Christ in *our* moments of suffering and of healing. We realized that a shared faith vision, expressed in our theology, our spirituality, and our mutual trust were foundations for us. In 1983, we confirmed our list of core values—trust, freedom, shared faith vision, justice, affirmation, and wholeness.<sup>9</sup>

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<sup>8</sup> Congregation of Bon Secours of Paris, *Constitutions* (1991), Art. 14., USA Archives, Marriottsville, MD.

<sup>9</sup> Sisters of Bon Secours, USA, *Provincial Chapter 1982, Session II, April 15-20, 1983*, Chapter Files (bound copy), USA Archives, Marriottsville, MD.

In the late 1980s and early 1990s, we were profoundly affected by relationships with our Bon Secours sisters from Peru,<sup>10</sup> whose different values, shaped by different national and personal histories and experiences of suffering, opened our eyes to a new understanding of our charism. In meetings of our congregation in 1989 and 1994, delegates from Peru shared stories about the suffering and struggle for liberation among their country's poor, who were hindered by a lack of access to material and spiritual resources. Thus in 1994, we strengthened our commitment to sharing our life with others, bringing a message of hope, accompanying those who are poor and oppressed, welcoming others, promoting justice in solidarity with those most in need, and proclaiming the Gospel where it is not.<sup>11</sup>

Our core belief about the centrality of the inner life, as stated in our constitutions, remains as follows:

A profound interior life is indispensable to the authenticity of our apostolate . . . that which we proclaim is not ours. The message of Christ is Christ himself. The good news can be communicated only by a person who lives it to such an extent that she also becomes the message.<sup>12</sup>

Thus, our study of our charism, theology, core values, and beliefs was fruitful. Yet, renewal invited each of us to more deeply develop our inner lives.

### **Ongoing Formation**

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<sup>10</sup> In 1989, Peru, then a mission of Bon Secours Ireland, was invited, for the first time, to send two sister delegates to participate in the congregation's General Chapter. In 1994, Peru became a province, and the congregation welcomed it as its fifth region at the 1995 General Chapter. We discuss our history with Bon Secours in Peru in Chapter Four.

<sup>11</sup> *Bon Secours' Common Vision* (1994), USA Archives, Marriottsville, MD.

<sup>12</sup> Congregation of Bon Secours of Paris, *Constitutions* (1991), Ch. II, "Apostolate," no. 13.

Renewal entailed hard work, for it was inner-directed. Our goal was to deepen our compassion. During the 1980s, renewal involved study and prayer within our houses and communal Assemblies; at the end of the 1980s, we conducted international renewal meetings with sisters across our congregation. We studied our history, charism, theology, and spirituality, and we exercised new freedom and responsibility for developing our spiritual lives.

Prior to the current period, we were restricted in developing our spiritual lives. Our communal prayer was scheduled for us: we did not choose the times or the prayers. At set times, we all prayed the office, Rosary, or novenas together. As Sister Mary Shimo pointed out, we discovered through research that we had deviated from the original vision of our founders:

In going back to our roots, we discovered that at some point, our community had become monastic in its scheduling of everyone's prayer. Our founders expected Bon Secours sisters to be responsible for their relationships with God. If ministry called you away, you were not expected to leave the sick or suffering for prayer; in fact, you might have prayed more heart-felt because you were in a stressful situation with suffering people.

Sister Mary, who currently oversees the USA Archives, has devoted herself to the study of the Bon Secours living tradition and the preservation of the U.S. region's historical memory. For example, she supervised the restoration in 1983 of the chapel in our West Baltimore hospital, tracking down and repointing stained glass windows taken from an earlier Bon Secours convent—from its kitchen, to judge by the grease stains removed during restoration.

Rediscovery in the Bon Secours history of the fact that sisters were expected to be responsible for prayer has been liberating for Sister Mary.

As she said, she now prays because she *wants* to be with Jesus during her day.

The purpose of renewal has been to strengthen our faith in busy, challenging times. We received spiritual direction for the first time from individuals trained in Ignatian spirituality and discernment, taught primarily by the Jesuits. The Ignatian way taught us to grasp and reflect on important questions. For many of us, like for Sister Dorothy Brogan, Ignatian spirituality and discernment resurrected our enthusiasm for our calling:

We prayed with a new understanding of Scripture on verses or a theme of the Gospel, or on a passage from our Constitutions. It wasn't that you said Psalms at six a.m. and then ran off to work, and then prayed again at a specific time, as prior to Vatican II. Through Scriptures, I became aware of God's action in my life.

The Ignatian retreats helped Sister Dorothy pray with God as she ministered with patients, their families, and others. As a nurse and then as a pastoral minister, Sister Dorothy has cared for patients dying of cancer and their families. She has also trained volunteers in hospice care and offered grief counseling for groups and individual families.

We all grew through our close relationships with the Jesuits—Woodstock Road, which led to the original Jesuit School of Theology, is visible from our Marriottsville home. Jesuit priests served as our celebrants at Mass, presenters at our Assemblies, and directors of our private Ignatian retreats.

Our Retreat Director selected Scripture readings to fit our needs and guided us through prayer and reflection. We learned to listen to God's voice in our daily lives. As Sister Mary Regina Flatley recalled:

Earlier in religious life, if you were quiet and good, you were "perfect." I realized in my examinations of conscience that I'm an impatient person of an Irish

background, and that impatience is going to be with me even as I walk through the gate into heaven. [Being quiet and good] is not the perfection God wants. . . . God calls me to be as I am, with God and others.

Sister Mary Regina has a sense of humor—a congenial awareness of her limitations and an ability to laugh at herself in the company of others. Laughing at one’s limitations can be an elegant way of removing any barriers that might arise in social situations involving different groups, a way of establishing connection. A sense of humor can also defuse tension around important, though sensitive, subjects, such as the exercise of authority in an adult community. Sister Mary Regina served as U.S. Country Leader from 1988 to 1995. In reflecting on our evolution in thinking about leadership, she occasionally has made light of our new leadership titles, referring in jest to “the boss,” as a way to encourage us not to take the issue too seriously.

As Formation Director during the 1980s, Sister Mary Regina helped her novices develop self-awareness and a relationship with God, asking them: “Tell me about your relationship with yourself and others, and I’ll tell you who God is to you.” In fact, we all had to stretch to become more honest with one another about who we were and what we believed, as Sister Mary Regina remembered:

It was one thing to share my reflections with my Retreat Director; it took a lot of time to trust my understanding of what Scripture said to me to say it out loud to a group of sisters that I lived with.

We matured, growing in self-awareness and confidence. Many of us pursued additional professional training; some sought psychological counseling. We moved into small houses, enjoying some privacy, taking responsibility for practical aspects of lives in common.

Our Country Leader from 1973 to 1979, Sister Rita Thomas, taught us to develop personal goals, identifying critical skills we lacked, pursuing training, as Sister Anne Lutz remembered:



Provincial Assemblies were begun in the 1970s. Speakers were invited for our continued education to keep us updated as we implemented the Directives from the Second Vatican Council. Sister Rita had the ability to see potential in the younger sisters! She challenged us to use our gifts and talents and to assume responsibilities.

By 1980, Sister Rita Thomas had years of experience in health care administration, including as CEO of St. Mary's hospital in Richmond—its first woman CEO. Yet, she is by nature self-effacing and downplayed the key role she served during those critical years. “I was an administrator: problem-solving using goals and objectives, bringing people together, these were things I knew how to do.”

The processes in the early 1980s helped us come to terms with who we were as individuals and how we fit in the community. Sister Anne Lutz reflected on her growth:

Early on we took the Meyers Briggs Personality Profile. My test showed that I favored “thinking.” This caused me to reflect on how I would use my gifts in the ministry. The Sisters of Bon Secours were founded to nurse in the homes of their patients—they did hands-on care. After a couple of years as a staff nurse, I was asked to use my gifts in nursing supervision, administration, and leadership in our health system. My ministry for most of my life had been to work with staff and leaders who minister directly with those we serve.

As Sister Anne Lutz suggested, we have encouraged one another to cultivate our individual talents in creative ways. Sister Anne Maureen Doherty recalled that, in 1980, she began taking Clinical Pastoral Education (CPE) courses for her own personal growth. Sister Justine, then our U.S. Country Leader, encouraged Sister Anne Maureen to consider working in the then-relatively new Pastoral Services Department:

In a short time, I was invited to become more involved with students who came to our CPE Program [in Methuen, Massachusetts]. These were men and women from all over the world, many of them missionaries who were on sabbatical. . . . I found this ministry the most fulfilling and life-giving of all.<sup>13</sup>

As a relatively small congregation, we have always been attentive to one another's needs. However, as a result of renewal, we have had more personal time and felt freer to become close, as Sister Anne Lutz explained:

We are sisters focused and dedicated to our ministries and those we're called to serve, and are often very busy. This being said, whenever a sister says "I have a need," we are there for her. This is our priority.

Renewal has helped us appreciate the gift of spiritual friendships. As a young sister in Ireland, Kathleen Moroney often struggled to understand why, earlier, our Superiors discouraged communal friendships. In 1994, she transferred to the U.S. region to pursue a new ministry in pastoral counseling:

In Ireland, we worked very hard; we never had time for recreation. I regretted that fact. We were taught never to talk about our families. As a result, we didn't get to know one another. . . . Over the years, I've come to realize that, earlier, our Superiors wanted to teach us to be aware of our emotions and be prudent in relationships outside the community, which can lead to conflicts.

In the 1980s, we began to discern, alone and together, what mattered to us and to be responsible for what we discerned. As an apostolic congregation, called to serve in the world, we are also called to discern a

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<sup>13</sup> *Silhouettes: Reflections of the Sisters of Bon Secours USA* (Marriottsville, MD, 1996), p. 19.

balance in our lives between mission and communal life. We have tended to give priority to mission, sometimes sacrificing our human need for communal life. Sister Nancy Glynn acknowledged the trade-off she has made, sacrificing connection with a stable, physical community in order to respond to needs:

I've done a lot of moving; that's been very much part of my religious life, not putting down roots any one place, but moving where the need is and where my gifts can be used. . . . We're an apostolic group, so our mission is the primary focus, and community and prayer are in support of mission. That's always been characteristic of Bon Secours . . . from the beginning when our sisters lived in homes of the sick. A lot of us have been touched by Ignatian spirituality: you are sent, and you bring God.

In her communal life and ministry as a parish nurse, Sister Alice Talone discerned her priority to develop strong friendships with her sisters and her parishioners. Sister Alice, who served as our U.S. Country Leader from 2004 to 2009, recalled that what has motivated and guided her was

the gift of time and opportunity to be with sisters in other geographical areas. Without setting aside time to develop relationships, I would never have met some sisters and wouldn't have had real kinship with them. There was a time in our community when the whole emphasis seemed to be on the health system. What was needed was development within community, and over the years that need became greater and greater. And we responded to that need.

There was a time when Sister Alice was torn between her commitment to support our corporate mission and her ministry as a parish nurse. The congregational leadership needed Sister Alice to serve as Vice President for Mission in one of our hospitals, and she served in that role for some years, though it was a trial for her. She discerned, however, when it was time for change: "The Holy Spirit got me through [my service as Vice

President of Mission]; it was not easy. I felt responsible and worked hard, but I realized, through much prayer, that my gifts were better used in parish nursing.”

By moving out of institutions into houses, we made daily choices, weighing personal and communal needs. The shift to houses occurred over just a few years; the decision was guided partly by the fact that our hospitals needed the institutional space occupied by our convents, and partly by an acknowledgment that individual freedom and responsibility were essential to our spiritual growth and maturity.

In our communities, by handling the details of shopping, maintenance of cars, cooking, and cleaning, we became more attentive to one another. We interacted more and learned to accept one another, as can be gleaned from Sister Mary Shimo’s recollection:

We shopped for our household items, as a family does, and many of us drove to and from work. Earlier we lived across from the hospital. Sometimes three to five people would share a car; we had a calendar to sign out. The new living arrangements fostered more communication: we had a driveway and garage for three cars, and so we had to figure out who was going out first in the morning, accommodating one another. . . . Over time, we matured to interdependence.

Sister Mary has especially appreciated the freedom to respond spontaneously to needs of family, both her Bon Secours family and her only birth sister and brother-in-law. As a chaplain at St. Mary’s Hospital in Richmond in the early 1980s, Sister Mary observed that Korean physicians, visiting St. Mary’s Hospital for short-term clinical experiences, were alone on weekends, and she conceived a way to welcome them, engaging her sister’s family:

I noticed that the Korean doctors were free every weekend [a new visiting doctor arrived every three months]; no one was involved with them over the

weekends. I started befriending them because I was reared to value hospitality, taking visitors to see the sights. My sister and my brother-in-law [who lived outside Washington] had connections, and would get tickets for each visiting Korean doctor for the White House tour on Saturday mornings. My brother-in-law would drive us by six or seven in the morning to the Capitol and the White House, and we'd stand in line. I saw the White House tour many times with Korean gentlemen. They were *most* grateful. . . . I wasn't performing a job; I was fulfilling my purpose in life. These days, I do it with my sisters visiting from Europe and Peru.

In the 1990s, Sisters Katherine Ann Durney and Mary Rita Nangle were among our sisters who moved from Marriottsville, Maryland, into a house near our West Baltimore hospital. West Baltimore has been a close-knit, inner-city neighborhood, but an area prey to gang- and drug-related violence. Our sisters' house became a place of prayer, as Sister Katherine Ann explained:

We begin our day together with prayer. Then, each sister goes her separate way for ministry. In the evening, we come together for supper—when not involved in activities in the neighborhood, parish, or ministry. Once a month, we gather with all the local sisters for shared prayer. On another evening during the month, we pray and relax with our Associates. . . . All is not work and prayer; . . . we relax and enjoy one another.<sup>14</sup>

As a result of moving to West Baltimore, Sister Mary Rita enjoyed additional time for prayer and for relationships with her neighbors and at the hospital:

It was terrible driving in [from Marriottsville] to the hospital every day! Moving to Fulton Avenue, three

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<sup>14</sup> Ibid, p. 24.

blocks from the hospital, was a gift from God. I can walk to the hospital now. [W]e walk to the market.

A friend will pick me up if I need to go somewhere at night. There's always someone watching out for me. The other day a lady called to me, "Don't go in this street; someone's been shot! Come on into the house; stay here until this goes away."

Sister Mary Rita Nangle served initially as a radiology nurse and then as a patient advocate in our hospitals. In Sister Mary Rita's view, the gift of religious life has been the opportunity to find strength in God, find God in others, and survive on God's love—in all circumstances of her life, whether in the hospital or around her home. Now retired and coping with memory loss, Sister Mary Rita perseveres by finding God in others and becoming more accepting of her circumstances. She continues to offer her presence three times a week to patients and staff at the hospital: "It's an honor to be there, and a joy to meet neighbors walking to work." She is joyful because of her faith:

Having a relationship with God is necessary. If I didn't, I don't know what I would do. My comfort is picking up the Rosary. Also, Sister Pat Dowling and I pray the morning office every day. God always puts someone into my life. It might not happen immediately. At the hospital, I've always had a relationship; it's often with the least expected person. God works his wonders each day.

Through renewal of our spiritual lives, we have strengthened our trust in God and our acceptance of one another. Mutual trust is essential in ministry and communal life. It takes time to develop this kind of deep trust, especially for new sisters still dealing with expectations and disappointments, as Sister Elaine, our current Formation Director, observed:

During the initial formation period this bond of trust takes time to build. It's different when you have known

the person for a long period of time; you grow to trust them. We [the professed and older sisters] have lived through hell and high water together for a very long time; we know each other well and have come to tolerate and even enjoy the good and difficult in each other and in our life together. It takes time for new members to reach this point. As they stick with us, walking through the difficulties and learning to live our life and spirit in an atmosphere of prayer and openness, at some point they do fall in love with this life and us, and make the decision to commitment for a lifetime.

### **Formation**

For newcomers and sisters at all stages of communal life, but especially at the very beginning during vocation discernment and formation, our challenge has been to develop trust by learning love and acceptance of the individual. We have been well guided by our training in Ignatian spirituality.

Following the decrees of Vatican II, religious congregations redesigned their formation programs, introducing modern concepts concerning individual freedom and responsibility, drawing on humanities and social sciences disciplines. Religious congregations collaborated in meeting the challenges. With guidance from our Jesuit colleagues, we completely redesigned our approach. Sister Nancy explained:

We knew we couldn't do [formation] the old way. We were struggling to find the new way. [As Formation Director] I knew it had to be more personal. The Jesuits stepped in to fill this tremendous need. They had a training program for people in formation, and they trained us as spiritual directors to walk with women in their journeys to become Sisters of Bon Secours. [Our new way] was personal; we accompanied the women, instead of putting them through a "cookie-cutter" process.

Under the new approach, our novices took workshops with men and women from other religious communities and had service opportunities, expanding horizons. We developed a diverse learning experience for each novice, guided by the novice's personal goals, involving men and women of different congregations. During her novitiate in 1966–1968, Sister Rose Marie “Rosie” Jasinski experienced the transition from the former strict discipline to a more open sharing of religious life:

During the summer, we were sent to Cherry Hill, West Baltimore, to go door-to-door urging people to get flu shots. Learning by interacting with the sick and the poor was unusual at that time. Formation [right after Vatican II] was still pretty orderly, enclosed in a building at 2000 West Baltimore Street. . . . On the other hand, we had classes with other religious orders at Woodstock [College, a Jesuit seminary] in the evenings.

Sister Rosie has done much to engage and include others in our faith community. She trained as a nurse and recalled her years serving as a home hospice nurse in West Baltimore as among her most moving experiences. Since 2010, Sister Rosie has served as our U.S. Country Leader, pursuing collaborations with Bon Secours sisters in other countries; with Bon Secours Associates, a ministry she helped create during the mid-1980s; and with other women religious.

In the early 1980s, Sister Rosie and other Formation Directors studied the Church's teaching on social justice, took courses, and engaged in ministries to better understand forms of suffering resulting from unjust social structures and attitudes. Most of us had trained as nurses; our notions of influence and responsibility were formed around the patients we cared for on our hospital floors. We worked hard to expand our thinking about suffering, healing, and liberation by studying and listening to colleagues in our hospitals and neighborhoods. We incorporated what we learned into our formation program, as Sister Rosie recalled:



As Formation Director, I participated in a three-year summer program at Creighton University to get a Master's in Christian Spirituality. Several classes were on social justice. . . . One of the byproducts of the Vietnam War in the United States was Pax Christi.<sup>15</sup> While I was living in Richmond in the 1980s, I was a pretty active member. . . . The Creighton program really started my thinking about the importance of social justice, the social teachings of the Church, and their importance in terms of formation. . . . I was waking up to our potential influence in that sense.

During candidacy and novitiate—the initial stages of formation to become a Bon Secours sister—women have opportunities to imagine and explore possibilities to contribute to our mission. They define their personal goals and development plans, and they assess their progress through formation phases. They participate in our apostolic mission, living with sisters. Writing prayers and preparing prayer services, a component of our formation program, offers the women another means of discovering personal beliefs and purpose.

A recent candidate, a native of an Asian country, was attracted to us partly because of the value we have placed on creative self-expression. This woman had entered a Trappistine order—strict observance contemplative monastics—and found it difficult to grow within the regimen of cloistered life. When she moved to the United States, she continued to feel called to religious life and needed guidance. A priest introduced her to a sister in another congregation. After that initial connection, the woman found the Sisters of Bon Secours and inquired with us, drawn partly by our formation program nurturing personal growth.

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<sup>15</sup> Pax Christi is a Catholic nonviolence organization that began in France in 1945 and spread to Italy, Spain, the Netherlands, Austria, Switzerland, and Belgium in the 1950s, and to the United States in 1972.

During their final stage of formation, after professing temporary vows, the women gather in Paris to meet Bon Secours sisters from France, Great Britain, Ireland, and Peru. During this month-long heritage experience, the temporary-professed sisters visit the childhood towns of our early sisters in France; they learn more deeply about the foundation and history of our congregation and walk the steps our first sisters took in Paris. One of the most meaningful places they visit is the Chapel of Our Lady, in Saint Sulpice, where the first twelve sisters made their vows in 1824. There are cultural and linguistic challenges—given the English, French, and Spanish languages—which offer new members an experience of our international identity.

## **Chapter Two: Our Liberation**

### **New Members, Late 1970s to Early 1980s**

In reflecting on the current period, we have seen that each new sister contributed a perspective much needed at the time she entered Bon Secours, USA. In the late 1970s to early 1980s, when Sister Pat Dowling and Sister Victoria “Vicky” Segura entered Bon Secours, we were examining how we lived by our mission, theology, spirituality, values, and beliefs.

Sister Pat Dowling was drawn to our religious community in 1977 because she was interested in us—as people, not as health care sisters. It was a unique perspective at that time:

I entered in 1977, and at that point I was entering a community that lived inside of the institutions. Early in the 1980s, sisters began to move outside that setting. Whereas most sisters entered because they were attracted to health care in one way or another, I came from a totally different experience because my undergraduate degree was in Hotel Administration. The attraction was not to health care; it was to who these women were, both as individual sisters and as a group, and how they lived their lives.

In the 1970s, we were struggling to serve our human need for community, given the long hours we felt called to give to our ministries. Sister Pat Dowling has helped us see that communal life and ministry were not separate priorities, but rather essential components of our prophetic life:

For me, the core piece has to do with making God central in our life and sharing that with others who have the same values and a vision for a particular way of life. Our communal life supports what I do in ministry. Part of that is our prayer life, sharing our faith. This is not a hotel with

revolving doors, and I go out to do my own thing. I'm not a lone ranger. I act in the context of our charism, being sent, bringing that charism to the world. It's part of my life and who I am, and our prayer life has to nourish that. My own relationship with God, my prayer life, is a piece of that, but we have to build in ways to share faith too. . . . [That] helps us to grow in understanding and how we express it to others, finding ways to do that within our communities.

Sister Pat Dowling has discovered her gift for discernment, including an innate curiosity about how people grow in faith together. As Vocation Director since 2000, she has used her gifts to help inquiring women understand their deepest selves, as related in Chapter Five. Similarly, as leader of our Bon Secours International Vocation Committee, Sister Pat Dowling has explored with sisters from other countries how to develop trust so that conversations are open and genuine, as discussed in Chapter Four.

Entering just after Sister Pat Dowling, though at a later stage in her life, Sister Vicky has reflected on how religious life is lived day to day, the practical aspects, and the core values that make our community work. Sister Vicky has appreciated our flexibility; each sister grows at her own pace, exploring her interests. She has also appreciated the gift of time in religious life. Time was what she needed to discover her vocation.

Raised in the Philippines, she moved to the United States to do her medical internship and residency. She was working as a pathologist on Long Island, New York, when she felt called to seek “something more to life than being a doctor”:

Residency in pathology was four years, and in the second year, I had lots of time to reflect on what I was doing and what I wanted to do. I explored religious life, seeking advice of various people, visiting religious communities. One sister I met advised me to finish my residency and postpone entry into religious life. “It’s a difficult time,”

she cautioned. A lot of people were leaving religious life at that time. . . . I felt comfortable with the Bon Secours sisters because of their caring for the sick and because they were very human and accepting of a newcomer. I entered the Sisters of Bon Secours after completing my residency.

In formation, Dr. Segura had the opportunity to discover her new specialty:

Sister Mary Regina, my novice director, encouraged me to try ministries different from what I was used to, as was consistent with the Congregation's policy. At the Baltimore hospital, Sister Alice took me on rounds, exposing me to cancer patients. At the time, my mother was dying of breast cancer. Sister Alice asked, "Are you interested in hospice?" I thought, yes, I am, and I changed my medical specialty from pathology to hospice.

At the time Sister Vicky entered, our health system was developing departments in hospice and palliative care. We appreciated Sister Vicky's talent for studying all aspects of a problem to determine the component parts of a solution, and her articulateness in presenting to audiences to educate them and gradually build support for change.

Our congregation has a long history of caring for the dying, but palliative care—attending to the pain and emotional stress of patients and their families throughout an illness—was a new field during the late 1980s to early 1990s. At that time, Dr. Segura led a team of sisters in the research and writing of our Bon Secours *Statement on the Care of the Dying*, as we have discussed in Chapter Three. She continues to work with palliative care specialists to adapt practices, improving palliative care in our health system. In this field, education and change have proceeded slowly—in our health system as throughout the industry.

Sister Vicky has a capacity to think deeply through complex problems; her perspective on communal life has also been insightful. She has reminded

us of the value of long, slow study of our Bon Secours history and charism during formation. As a result, over time, she has learned to express the charism naturally.

She has helped us see the special challenges of communal life. Sister Vicky entered as we were moving out of institutional living in the early 1980s, briefly experiencing that way of life: “It required a lot of openness, adjusting to living with eight sisters. It was best for me to find someone who was willing to risk knowing me, rather than getting to know all of them all at once.”

Communal living requires growth and adjustments on the part of sisters and leadership, a give-and-take in attending to needs both of the group and the individual, as Sister Vicky observed:

Bon Secours highly respects the individual. But when something happens, you let go of being an individual and assist in any way. This attitude gets developed through formation by learning history, getting to know sisters in ministries, developing friendships with sisters. Through the years, “radical availability” has meant making the needs of the mission or needs of the community foremost, more than one’s own needs, whenever one is called to do something. The community is sensitive to the sister’s gifts; the leadership would call a sister to a particular role, but not without exploring first what it would mean to uproot a sister to do something. Still, radical availability can be extremely difficult, depending on one’s personality and commitment to the ministry.

In the 1980s, Sisters Pat Dowling and Vicky Segura pointed us to important questions concerning our strength as a faith community and the importance of study, prayer, and discernment. Their observations were prophetic, for at that time, we needed to grow as a faith community—not only as the U.S. region but also as an international congregation—and to be guided by the wisdom of our charism.

In preparation for our congregation's General Chapter in October of 1983, we identified several agenda issues requiring candid discussion. In hindsight, we realized that this was a significant challenge, given that sisters across our international congregation did not know one another well. For example, the number of Bon Secours candidates was declining in all four of our countries. (After Sisters Pat Dowling and Vicky, no one entered the U.S. region for almost two decades—from the 1980s until the early 2000s.) As we prepared for the 1983 General Chapter, we felt a need to develop a new leadership model and new role definitions that encouraged leaders to respond creatively to the needs of the times.

### **Governance Reforms**

The immediate issue on the agenda for our two-week General Chapter was the election of a new Congregation Leader. However, there were many background factors affecting the discussion. For example, a congregation-wide study, completed just prior to the Chapter, had uncovered some ambivalence among sisters about the benefits of being an international congregation. Most U.S. sisters wanted the congregation to develop new global ministries and, thus, appreciated our international structure, but we were concerned about having our voices heard in decision-making in a global congregation. We were wary about the General Council's intervention in regional matters.

Other issues on the —our approach to new members, and our aging sisters and their retirement plans—were dealt with separately by each country, for solutions were guided by local custom, conditions, and resources. At the congregation level, we shared ideas about certain general elements. For example, our U.S. plan for aging and retirement included educational programs, encouragement of sisters in setting personal goals, measures to allow sisters to live in their houses—outside our region's retirement facility—as long as possible, and care for the dying.

But, notably, prior to the Chapter meeting as a whole, each country prepared separately. The Country Leader, Sister Justine, had requested that our countries share in advance their proposals concerning governance structures and role

definitions, but there was no time. In the early 1980s, we did not have mechanisms for sharing information electronically; and our standard practice back then was to prepare separately.

Thus, in mid-October 1983, our U.S. delegates arrived for the meeting in Rome with an ambitious goal and specific objectives. Our goal, as recorded by Sister Justine, was: “In our diversity to move toward unity as a vital group of women in service to the Church.” We wanted to develop a common understanding of where we were going as a congregation, based on our charism, to create short- and long-range plans for the congregation, and to specify positive reasons for remaining as an international congregation.

We felt that our vitality and viability as a congregation were at stake. Our countries had much to offer one another, and our international congregation could contribute much to the Church and the world. We wanted to realize our early sisters’ vision of an international congregation founded on pluralism.

The U.S. delegates proposed a set of reforms to define roles, including the role of our Enlarged General Council (EGC), which had been established in 1979 as an informal advisory body, consisting of the Superior General and regional leaders. We felt it was an effective means of collaboration and communication across regions, and ought to be formalized.

In the end, however, to our great disappointment, the Chapter meeting did not discuss the type of leadership we needed for our future, either in the abstract or in regard to specific roles of the Congregation Leader, its General Council, or the EGC.

We did agree, in principle, that our future depended on our being international, and that our international structure served an urgent need within the Church to respond to global problems. We committed to a statement on pluralism, which affirmed the principle of decentralization to permit a “pluralistic expression of values” and a commitment to collaboration as an international congregation. We also raised important



questions, such as these: How, at what stage, might sisters from different regions experience formation activities together? How might the congregation facilitate sharing of information and financing of joint international projects?

Thus, in retrospect, we were clearly on the right path, but in terms of immediate concerns, our U.S. delegates were dismayed at the outcome. On reflection, we realized that the General Chapter's failure to accomplish its objectives was, to a large degree, predictable, and taught us extremely valuable lessons. Sister Nancy discerned a few especially important lessons. She was a delegate at the 1983 Chapter and, having served during the current period in congregational leadership, has thought deeply about intercultural relationships. She served as Congregation Leader in Paris from 2000 to 2009 and is currently the designated Country Leader for France.

In Sister Nancy's view, our expectations were unrealistic, for we needed to know one another in order to build mutual trust essential for dialogue. Sister Nancy also observed that we lacked self-awareness and intercultural skills essential to building consensus among sisters:

Conflicts arose in discussions because we had prepared differently. The North Americans always came across as more organized, more vocal, and more assertive. We didn't realize that at that time. . . . We were being ourselves without the sensitivity for how we came across. We didn't have relationships to learn how we were coming across, to learn that we were alienating people; we were not building consensus. We were five separate groups, each with its own agenda.

Sister Nancy recalled the first instances when our leadership organized gatherings simply to encourage relationships across regions. In 1976, for example, during the U.S. Bicentennial, the Catholic Church held a Eucharistic Congress in Philadelphia, and our U.S. Country Leader, Sister Rita Thomas, invited Bon Secours regional leaders and one sister from each region to attend. When Sister Nancy met Sister Renée Lemahieu from France, she was surprised that this Bon Secours sister was not a nurse, but a teacher, "for I thought we were all nurses."

At the 1983 General Chapter, we created two vehicles to enable sisters to get to know one another, as Sister Nancy recalled:

The wonderful thing that happened afterward was the greater role assigned to the EGC, where leaders came together with the General Council. That marked the beginning of our collaboration. In a smaller group, sisters established relationships, and at the larger General Council things moved with greater understanding.

Around that same time, the renewal [exchange] programs started. Between having the EGC and renewal programs, relationships developed, improving understanding, and we were able to work through issues, removing any impasse.

Charism renewal experiences enabled us to study our history, going back to our roots, and rediscover what animated us. From 1987 through the mid-1990s, the program brought small groups of sisters together from our various regions to spend a month on retreat at our motherhouse in Paris.

### **Charism Renewal**

The month-long charism renewal experiences, conducted in Paris over a decade beginning in 1987, were the brainchild of our then-Superior General, Sister Yvonne Moreau, who served from 1977 to 1989. Referring to these renewal experiences, Sister Pat Eck, our current Congregation Leader, lauded “the creativity and foresight of the [congregation’s] leadership to say we need to get to know one another, if we want this [international community] to continue.” It is possible that were it not for these experiences, we might not have survived as an international congregation.

During the early 1980s, Sister Mary Catherine Rogers helped design the program. She was the elected U.S. representative to the Congregation Team. She helped sisters share and express how certain values were observed, encouraging communication across our regions. She articulated the program’s theme as follows:

The theme is the Bon Secours charism, the source of our unity, both as seen through the eyes of [Mother] Potel and her response to the Spirit of God and through our own eyes and our response to that same Spirit in light of today's needs.

Beginning in 1987 through the mid-1990s, from mid-June to mid-July, four sisters from each of the Bon Secours countries lived at the motherhouse on Rue Notre Dame des Champs, Paris, the building purchased in 1833 by our second Superior, Mother Geay.<sup>1</sup> The renewal experience offered us an opportunity to both meet international sisters and visit the historical landmarks described in the story of our founding. Prior to visiting our motherhouse, we had only a theoretical sense of our place in our history; we had not conceived of ourselves as part of a congregation beyond the United States, as Sister Elaine acknowledged:

My first experience of our being international was when Sister Mary Angelina, who was my Formation Director when I entered in 1964, went to Rome [for Chapter] and was elected Superior General; she never came back to the role as Formation Director. [It was a surprise to me] that someone in the States could end up serving in another country.

This parochial view, candidly recalled by Sister Elaine, was typical of U.S. sisters. As a young sister, Pat Eck remembered a period of “angst over the different cultures . . . a desire not to have the imposition of any specific culture on another culture on the congregation. And, therefore, we recognize the beauty of each culture.”

We were also busy in our ministries and task-oriented; renewal experiences gave us time to develop friendships, as Sister Nancy recalled:

Before renewal, the only times we came together were in Chapter meetings; we were there to make decisions and elect leadership. At renewal, we were there to learn about Congregation, to get to know one another. Relationships

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<sup>1</sup> Rev. Thomas David Williams, *The Life of Mother St. Urban of the Congregation of the Sisters of Bon Secours of Paris* (Baltimore, MD: John Murphy Co., 1936), pp. 50-51.

developed and [that] continued. . . . [Renewal] was like finding members of my family, in totally different cultures, speaking different languages, but with the same commitment to our charism and knowledge of our history. There was something deeper than language and culture that bound us together. That's what we discovered during renewal.

As North Americans, we have traditionally valued our independence and self-sufficiency. However, through the charism renewal experiences, we began to see that these values, while useful in some contexts, may blind us to our interdependence, as Sister Nancy explained:

As Americans, we don't have many opportunities to experience other cultures. The United States is so large and self-sufficient. Our vision can become limited.

Having been enriched by our international experiences, we wanted to develop our fellowship and collaboration, and we wanted a sign of our mutual commitment. In the mid-1980s, we adopted a congregational sign of commitment, expressing our theology inspired by the Resurrected Christ. Our theology says that by abiding in love while suffering, we experience God's love and acceptance, and thus experience hope, as Sister Mary Shimo explained:

The Resurrected Christ, or the Resurrected Cross, is the symbol of redemptive suffering. We can do a lot about pain but we cannot change suffering and death. Jesus died to give us eternal life. . . . The image is of Jesus . . . in glory; the body is clothed, giving him respect and dignity again. We show through the resurrected Christ that we want to restore dignity to the body and to the mind, to the whole person.

As then-Congregation Leader Sister Justine explained in 1989, the emblem also expresses the human suffering and faith of Jesus and, thus, can be a metaphor of hope for our congregation:

The Congregational sign of commitment signifies new life; it depicts the resurrected Jesus. The marks of the crucifixion, symbolizing the suffering of Jesus, are consciously and deliberately distinct. This new and third Congregation sign of identity, while steeped in the meaning of Bon Secours, also signifies the letting go that is necessary for new life to emerge. Each country yielded its own individual sign to the greater good and unification of the whole—one Congregation, one sign of mutual commitment.<sup>2</sup>

In addition to the sign of commitment worn by all sisters, Bon Secours, USA has retained our logo, a stylized fleur-de-lis, created in 1982. As we said at the time, our logo speaks to our unity, our strong and emerging thrust, a logo that will mark us in all places where we work and serve, as those who are united under the name of Bon Secours. In the image, the left branch indicates our past, our tradition, which has nourished us since 1824. The center branch symbolizes our current reality, and the right branch expresses growth, reaching into the future.

Toward the end of the 1980s, we became aware of a new aspect of our prophetic mission: to live interdependently as one global congregation. During charism renewal, we took the essential first steps in bonding as sisters with diverse national histories and values. Over the years, we have appreciated one another and our international structure. Thus, it was remarkable, though perhaps not surprising, that we decided to change our congregational structure at our 2004 General Chapter, eliminating provincial boundaries. To implement the vision entailed six years of preparation. We integrated as a global congregation in 2010.<sup>3</sup>

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<sup>2</sup> Sisters of Bon Secours of Paris, “Emblem Manual,” 1989, USA Archives, Marriottsville, MD.

<sup>3</sup> We discuss our integration as a global congregation and our development of global ministries in Chapter Four.

### **Bon Secours Associates**

Building on our goal to develop strong interpersonal relationships, we began in the 1980s to invite participation in Bon Secours as Associates. We developed this relationship by generating ideas through collaboration, and gradually formalized our approach in writing.

In 1980, we were inspired by Vatican II's *Lumen Gentium* (*Dogmatic Constitution on the Church*, 1964) to find ways to share the Bon Secours charism, both in our spiritual life and in our apostolic ministry. But the impetus for forming the Associates came equally from women seeking companions in their struggles to deepen their faith and from our sisters.

Sister Rosie, who served as our Director of Associates from 1985 to 1992, helped develop our relationship with Associates by bringing together diverse perspectives and encouraging shared ownership of implementation. She knew what she wanted—to invite people who were clearly interested in the Bon Secours mission—but she did not want the people sisters invited to feel obligated to participate, as she explained:

I was living in Richmond at the time. In conversation, coworkers would say, “I like what you’re doing, would love to participate in it. Is there something I can do?” There was a movement across other religious communities of sisters inviting deeper participation in spiritual life. In Richmond, we started with prayer and faith sharing. Eventually we developed a formal [Associate] program, in writing. An early development was that an Associate would invite another person. We decided that we didn’t want participation based only on a sister’s invitation, for people might feel that they couldn’t say “no” to sister. We developed a process that gave people a way to opt out, and after that, people were with us because they wanted to be. They responded freely to a discerned calling.

In 1990, in a presentation to a LCWR regional meeting, Sister Rosie had the opportunity to reflect on the first decade since the creation of Bon Secours Associates and to raise considerations of interest to other religious congregations: “I have become aware of an evolution in our relationship between sisters and Associates and our growing together,” she said.<sup>4</sup> Bon Secours sisters have always ministered with the laity: “We were founded to care for the sick and the dying in their homes in Paris, France, so the very beginnings of our Community were based on a very close personal relationship with the laity.” But, as Sister Rosie explained, we have welcomed our Associates in a special way:

Associates . . . share in the life and ministry of a religious congregation without taking traditional vows. They have a desire to extend the mission of the Church, deepen their baptismal commitment, by committing themselves to the mission and the charism of a particular religious congregation. And so, an Associate develops a special relationship with a particular religious congregation.<sup>5</sup>

In her 1990 address, Sister Rosie explained that Bon Secours Associates shared information, perhaps material resources, but most importantly, they offered emotional support and personal experiences of God to other members of their faith community, encompassing sisters and Associates. In her experience, Sister Rosie said that Associates and sisters share

those times of life, death, and resurrection that happen in life or that have happened within the group and to share how we have experienced God’s grace. It is also a time to socialize together and to be nourished by one another.<sup>6</sup>

Sister Rosie also raised the much more difficult question as to the appropriate boundaries between Associates and religious life, asking, in

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<sup>4</sup> Sr. Rose Marie Jasinski, CBS, “Passing on the Charism: Developing the Relationship” (unpublished address given at LCWR Region VI Meeting, Cincinnati, OH, March 26, 1990), p. 19.

<sup>5</sup> *Ibid.*, p. 4.

<sup>6</sup> *Ibid.*, p. 25.

effect: What is sacred to one group? She shared that we had struggled for a while with the appropriateness of when to include Associates in Chapter meetings, Assemblies, task forces, and committees:

We need to be realistic and honest that some things . . . are sacred . . . to that group, and can't be shared. . . . And yet at the same time we value the input and participation of Associates. I believe [what is shared] depends on the depth of the relationship.<sup>7</sup>

Ultimately, however, a congregation's charism is a gift of the Spirit, Sister Rosie observed; it is not ours to give. People experience God's presence through us. What *is* ours to give is our story: our vision of the Gospel told and lived according to our respective vocations.

Others have helped us nurture the growth of this new area of religious life. In 1988–1989, Sister Rosie and Pete Foley, SJ, a longtime friend of Bon Secours and facilitator in group spirituality, created a forum for collaboration among religious congregations and Associates. The North American Conference of Associates and Religious (NACAR) was born out of those conferences.

In 1992, we hired Kathryn Davis as Director of Associates, taking over from Sister Rosie, and Marie Truffer as Administrative Assistant. From 1995 to 2006, Jean Sonnenberg served as Director of Associates, developing our Associates through specific initiatives. She encouraged communal sharing about spirituality through the Associates' *Horizon* newsletter, created earlier by our Associates in Darby, Pennsylvania, in collaboration with Sister Rosie. Jean improved the existing formation program for Associates, and she also participated in NACAR. Jean devoted herself to developing Associates as a vital new form of religious life. Presenting to a conference of Associates and sisters in 1997, Jean said, "Any energy that religious congregations put into deepening the spiritual

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<sup>7</sup> Ibid., p. 13-14.



life of Associates will . . . contribute to the renewal of their own religious life.”<sup>8</sup>

Since 2007, Amy Kulesa, our current Director of Associates, has been encouraging Associates to develop their vision and strategy for growth. In 2015, she formed a small Associates Leadership Team to discern and work with fellow Associates in developing a vision statement, strengthening Bon Secours Associates’ identity and statement of purpose. She has also encouraged interaction between Associates across the Bon Secours congregation. Amy has developed and shared ideas in collaboration with sisters and Associates across religious life. Amy currently serves as Chair for the NACAR Member Services Committee.

Our Associates have helped us renew spiritually and have contributed much to our mission. They have also helped us deal with critical issues and initiatives. For example, Elizabeth Keith of Greenville, South Carolina, served on our Vocation and Formation committees; Jesse Collins and Betty Mott Norman of Baltimore served on our Ministry Grant Committee; and Mary Herbert of Baltimore served on the Bon Secours Volunteer Ministry Advisory Board. During the late 1990s, Betty also served on the board of directors of the Washington Village Community Medical Center, the first Associate to serve as a ministry board member. In the 1970s through 1986, Betty was a nurse and supervisor in Bon Secours Hospital in Baltimore; in the 1990s, she also participated in our Justice Committee, co-chairing it with Sister Elaine. Gail Bruch, of Richmond, served on our Initiative for the Poor Task Force.

Individual Associates have been inspired in different ways by the Bon Secours charism. Betty was drawn to our commitment to building ecumenical faith communities:

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<sup>8</sup> At that time, Jean Sonnenberg also served as Coordinator of the North American Conference of Associates and Religious. See “Director Jean Sonnenberg Addresses National Conference,” *Focus*, Winter 1997, p. 5. *Focus* is a biannual periodical published by the Sisters of Bon Secours, USA.

What attracts me to this particular order, more than others, is the openness. . . . In my early days as an Associate, we had services in the [Marriottsville] chapel, and a woman minister from Richmond would put the vestments on with Bon Secours *fleur-de-lis*. The sisters have always been open to people of different faiths who are drawn to the charism.

Associates have also been inspired by the way we have dealt with change during the current period. Since the late 1980s, we have invited Associates to participate in our Assemblies; and in 2015, Jesse Collins shared how he has been moved by our proactive response to change and our faith sharing:

The Sisters of Bon Secours are a dynamic organization . . . constantly creating new ways to bring in new blood. For example, [beginning in 1999] they have invited [young adult] Volunteers to share the Bon Secours charism when they visit college campuses. . . . The sisters are into their spirituality and their position in the world, how they can help the world, and be conduits of God's healing, God's love, and God's compassion. Their spirituality affects me greatly and my outlook as an Associate.

As our relationship with Associates has evolved, we have reflected on what is distinctive about being a Bon Secours sister. We have done so in our book club, for example, discussing works by Sandra M. Schneiders, IHM, in her *Religious Life in a New Millennium* trilogy. We have appreciated that our perpetual vows of poverty, chastity, and obedience are the distinguishing feature of our religious life. Our vocation is to be witnesses of the Gospel way of life, offering an alternative vision of human reality. Our total commitment to God enables us to offer a prophetic witness of this alternate way of being and acting. Our Associates share our enthusiasm for ministry and spirituality; however, they have discerned a different vocation. Practically, we have created ways to act together, sharing and planning in Assemblies and Chapters, while preserving sessions in which sisters alone discuss and discern.

### **New Members, Mid-1990s to 2000s**

After almost two decades without new sisters, four women entered our community between 1998 and the mid-2000s. One sister had already raised two sons. Each had clear ideas about her personal calling and skills. Sisters Bernadette “Bernie” Claps and Christine “Chris” Webb experienced religious life for the first time and, thus, helped us refine our approach to incorporating adults into our congregation. Two other sisters transferred their vows, entering Bon Secours as fully professed women religious. Mentors have been critical in our new sisters’ incorporation into the Bon Secours community.

Sister Fran Gorsuch met Bon Secours during workshops in which she had participated during the 1980s at the Bon Secours Spiritual Center. At the time, she was a Sister of Mission Helpers of the Sacred Heart. In 2000, she accepted a new position as Mission Director in one of our hospitals. In 2005, she transferred her vows and was incorporated into the Sisters of Bon Secours, USA.

Sister Fran was drawn to our global mission and the hospitality element of our charism. She understands us through the prism of the charism of the Mission Helpers of the Sacred Heart, finding similarities with our charisms. For example, both the Mission Helpers and the Bon Secours congregations care for the less fortunate by going into their homes. Hospitality is an important aspect of being compassionate, as Fran explained:

One of my favorite Scripture stories is when Zacchaeus is in the tree so that he can see Jesus, and Jesus says, “Zacchaeus come down so that I can visit your house.” He doesn’t say, “Zacchaeus, come to my house.” He invites himself to Zacchaeus’s house. It’s a powerful message of what ministry is: It’s inviting one’s self into someone’s space or walking with someone long enough that you’re trusted and invited in. Just that privilege that you’ve been invited into their life, and being on their turf,

which is so different from being on your own turf, and you have no idea what you'll find. In that situation, you are vulnerable and strong too: you're not alone, the Spirit is with you. You have a vulnerability and openness in accepting whatever you find.

Working as Vice President, Mission, for Bon Secours Good Samaritan Hospital in Rockland County, New York, articulating the mission of the Sisters of Bon Secours during hospital orientations, Sister Fran was moved by the deep story of Bon Secours, rooted in our charism:

Mother Geay [the Second Superior General] said, "It is for the poor that I have the greatest concern." That line does it for me. The stories of sisters sharing habits among sisters, the poverty at the beginning, the sharing of resources, that going out, the home care ministry: all that comprises the core of the Bon Secours ministry.

Sister Fran has particularly enjoyed the opportunity to collaborate with sisters from other cultures on ministry projects and internal priorities.

In 1994, Sister Kathleen Moroney transferred from Bon Secours Ireland, attracted by opportunities to become a certified chaplain, specializing in geriatric care. Around 1988, in Dublin, she began feeling enervated by new demands of her position as senior pediatric nurse, her specialty since 1959. Two Bon Secours mentors helped Sister Kathleen pursue her new ministry:

In 1988, in the Bon Secours hospital in Dublin, I was responsible for training and managing the work of many new young nurses. I felt exhausted, and I was discerning a new ministry in geriatric nursing. My [country leader], a close friend, told me, "If a CPE [Clinical Pastoral Education] course has an opening in Charleston, South Carolina, you should go; that is your calling." She then called Sister Gemma [Neville], who taught the CPE course in Charleston. It was August. As it turned out,

Gemma had a vacancy for an October class: God had a hand in my transfer to South Carolina.

Sister Kathleen pursued her pastoral care training in the United States, despite the initial resistance of her Irish sisters. In Ireland, hospital administrators generally preferred priests, rather than sisters, as chaplains. Sister Kathleen discovered how strong her calling to her new ministry was when, encountering resistance, she told her Irish sisters, “I need to do what I need to do for me!” They understood her.

After completing the CPE course in 1994, Sister Kathleen sought Sister Gemma’s advice about transferring, as she wondered how she would adapt to our U.S. culture. Sister Gemma reassured her: “You’ll be very welcome in America; we’d love to have you.” Reflecting on her feelings during that tumultuous transition time, Sister Kathleen remembered how warm her reception in the United States was: “I never felt like a stranger in America,” she wrote in her journal at that time.

In the early 2000s, Sister Christine “Chris” Webb, also in pastoral care, pursued her dream to become a Bon Secours sister. Sister Gemma also served as mentor to Sister Chris. Sister Chris had experienced a calling to religious life in her late teens, but congregations discouraged her because she was a juvenile diabetic. She married and had two sons. She was working as a medical technologist, studying to become a chaplain, at Bon Secours St. Francis Hospital in Charleston. There she met and became close friends with Sister Gemma, who directed the hospital’s Pastoral Education Department at the time:

Gemma helped me get in touch with my softer side and see those things I needed to unpack to be a good listener. “Trust the process,” Gemma would say, and I would reply, “I’m impatient, and I don’t trust easily.”

Sister Gemma helped Sister Chris discover her wholeness by pointing her to such important questions as, What do I need to get rid of inside me so as to offer my gifts to others? Sister Gemma was a joyful sister, a free spirit, who affected many, as Sister Chris recalled:

Gemma was just a regular person who lived a different kind of life. . . . One day Gemma and I took my car to have the oil changed, and we looked at other cars while mine was being worked on. Gemma spotted a red convertible and said, “Let’s take it for a ride!” I said, “I can’t; I live in community now.” She said, “Sure we can. We’ll take it only to the Spiritual Center.” . . . If I could do this over again, I would have given her that adventure; she was right, it would have been fun. She hadn’t been diagnosed with cancer yet. . . . Gemma must have been around eighty. Her spirituality was remarkable—in her inclusiveness of everyone. In the hospital, they still talk about Gemma to this day, and she died a good ten years ago.

Sister Gemma’s friendship at that opportune time motivated Sister Chris to explore religious life. Her marriage had ended, and when her sons reached their mid-twenties, Sister Chris discerned that it was the right time, and her sons agreed. Nevertheless, she paused, she said, when she sold their home and signed her car over to her sons. Her desire remained strong within her, but, nevertheless, she wondered if she was doing the right thing:

When I met the leadership team to explore whether I could move on to the next stage [as a novice], I told them, “I hope you wouldn’t put me between the sisters and my sons because my sons would win.” It was an epiphany when I articulated the fear I’d been living with, balancing being mother and a sister. I realized that being a mother didn’t prevent me from being a sister, and in fact, might make me a better sister. My sons were of that age that they could provide for themselves. They knew that being a sister was my dream and supported me 100 percent.

Sister Chris's grandson charmed us during one Halloween party, when, dressed as Superman, he pointed to our physically tiny Sister Rose O'Brien, who always wore a white habit, and said loudly: "Look, a ghost!"

Having experienced the deep sharing and range of emotions involved in being a mother and raising her sons, Sister Chris has enjoyed encounters with women exploring vocations during our Bon Secours discernment weekends. Perhaps her experience as a mother has made Sister Chris especially receptive to newcomers seeking acceptance.

Sister Bernadette "Bernie" Claps, who entered in 2006, remembered that, initially, she felt self-conscious as a newcomer within an established religious community. "Entry into Bon Secours was a little daunting," she recalled. "How do you break into a group with that much history together?" She had wanted to enter religious life at an earlier stage in life. In her late teens, Sister Bernie entered Maryknoll, a missionary religious congregation, but left during her candidacy period when her mother was diagnosed with cancer and she was needed at home. Sister Bernie was her adoptive mother's only child.

Her mother eventually survived the cancer, and Bernie went on to complete her education and build a career as a social worker. Years later, after her mother died, Sister Bernie began a search to find her biological mother. She found her maternal birth uncle, a priest on Long Island, New York, who brought her to meet her birth mother:

It was rather miraculous how I found my birth mother, on the feast of Our Lady of Guadalupe, a month after starting my search. Less than three months after I found her, she died. It was the Holy Spirit that moved me at that time to find her; had I not, I would have lost the opportunity. It was a life-changing experience to finally meet my birth mother. That experience convinced me that God wants us to realize our deepest desires, even those we put on the back burner—those we think won't happen, and for which we may have stopped praying.

Was God telling me there's another deep desire that was also possible to realize?

Sister Bernie was working as a social worker and enjoyed life, but as she pursued her interest in religious life, she found that the steps fell easily into place. She entered Bon Secours in 2006. After serving in various ministries, she trained to become a Spiritual Director. In this ministry, she has helped many discern what dreams God may be calling them to pursue.<sup>9</sup>

With our new sisters, we learned to incorporate adults—which has simply entailed *being interested* in each person. Sister Kathleen entered our community in Florida. Sister Chris settled in Virginia with Sisters Margaret “Peggy” Mathewson and Rita Thomas. Sister Bernie moved into a Marriottsville townhouse within our Baltimore community. Sister Fran moved into our New Jersey community with Sister Rosie.

Each new sister has complemented our group in interesting ways, revealed over time. Through renewal, we have become more aware and supportive of what each sister and Associate cares passionately about, especially in our new ministries. Beginning in the 1980s, we have renewed our enthusiasm for our prophetic way of life, defined in our constitutions as follows:

Our mandate from the Church, through our religious consecration by vow, constitutes us as apostles in a new way. . . . We are witnesses of the Good News of love, of hope, of justice, and of peace. For us, therefore, the struggle for a more humane world is not an option. It is an integral part of spreading the Gospel.

In Chapter Three, we recount various innovations in our ministry. Whereas earlier, most of our sisters served as home nurses, hospital nurses, and nurse educators, in the current period, many of us have

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<sup>9</sup> We discuss our spiritual direction ministry and vocational counseling in Chapter Five.



worked in communities around our health facilities as community health organizers and pastoral counselors, helping the sick, elderly, and less fortunate gain access to goods and services essential to their health. In response to needs, we founded the Bon Secours Health System, Inc. (BSHSI) as a platform for engaging an extended Bon Secours community in our mission. Thus, we have collaborated to fulfill our mandate, stated at the beginning of our Bon Secours constitutions, quoting the Gospel of St. John:

I chose you; and I commissioned you to go out and bear fruit, fruit that will last.<sup>10</sup>

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<sup>10</sup> John 15:16.



## **Chapter Three: Recommitment and Innovation in Ministry**

### **Reformers**

Today, our Bon Secours ministries remain remarkable for their strong commitment to mission. Recently, a physician conducting a review of our Bon Secours Baltimore Hospital for the independent Joint Commission on Accreditation of Health Care Organizations (JCAHO) was moved by the kindness of our employees, who, he remarked, truly cared for their patients. Similarly, an administrator from our Bon Secours nursing home in Vendome, France, visiting our Bon Secours Maria Manor Rehabilitation Center in St. Petersburg, Florida, said that his principal finding, which he would share back in France, was our capacity for mission integration.

Significant steps toward mission integration began in the 1970s. At that time, we, like other Catholic health care leaders, felt compelled to adapt in order to respond to two new circumstances: a transformation in U.S. health care and disintegration of many inner cities. With respect to the first, our hospital leaders faced significant managerial challenges related to the introduction of new medical technology improving diagnoses and treatments, but increasing costs, and, in 1965, to Medicare and Medicaid. With respect to the second, we began creating new pastoral counseling and community health services, focusing in particular on residents of inner cities devastated by recession, deindustrialization, AIDS, and violence related to drug trafficking.

Additionally, we began to explore, with the leadership of our then-autonomous hospitals, ways to collaborate to meet these challenges. In 1979, we formed our Health Care Corporation (HCC) as a resource center to better utilize the collective expertise and resources of our hospitals.<sup>1</sup> In 1983, we created the Bon Secours Health System, Inc. (BSHSI). During the 1980s and 1990s, as BSHSI continued to develop and create new ways of bringing our mission to life, we deepened our appreciation for the dedication and creativity of our Bon Secours colleagues. They have

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<sup>1</sup> For a more detailed account of the actions and decisions that the sisters undertook at the end of the preceding period, see *Century of Caring*, pp. 298-301.

embraced the Bon Secours mission and, most fortunately, a sense of mutual commitment has developed over time.

Initially, our Leadership Teams,<sup>2</sup> led by Sisters Rita Thomas and Justine Cyr, assumed responsibility for strategic decisions. From 1973 to 1979, Sister Rita was our U.S. Country Leader, and Sister Justine Cyr was Assistant Leader. Then, in 1979, Sister Justine succeeded Sister Rita as Country Leader, serving through 1989. Fortuitously, they were complementary personalities. Sister Rita was intuitive, a “feeler” personality, finding guidance in crisis situations by discerning the needs and potential of the individuals involved. Sister Justine was a thinker, a theologian at heart. She focused on the bylaws and the redrafting of rules governing decision-making and accountability in BSHSI.

In the 1970s, we were responding to changes both in the health care industry and in religious life. The introduction of new technologies and Medicare/Medicaid caused most hospitals to restructure governance and delivery systems. At the same time, many women religious were leaving institutional health care to serve in new pastoral and social justice ministries.

We faced a choice as to whether to continue our corporate ministry in the context of these demographic and industry changes. With fewer sisters, we were not effectively communicating our philosophy and mission across our facilities; at the same time, we were not fully utilizing our colleagues’ managerial expertise. At a communal discernment meeting, exploring what God might be calling us to do, we considered various options, including moving out of certain institutional ministries to focus on a geographical area or specific services. But as we prayed and discussed our mission of caring for and advocating on behalf of the most vulnerable, especially those excluded from new insurance programs, we decided to invite the laity to join in leadership and try to expand our ministries and geographic reach. In the years following that momentous

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<sup>2</sup> We have used our current terminology of regional “leaders” and “leadership teams,” which we adopted in 2004, replacing the former terms, respectively, of “provincials” and “provincial councils.”

decision, many of us redefined our roles to focus on community needs and projects. Within the purview of our leaders was promotion of institutional growth and adaptation to new conditions. Through prayer, we were able to redirect our ministries and find fulfillment in our new responsibilities.

We tried several arrangements in the 1970s, prior to designing and achieving general acceptance of BSHSI in 1983. In 1973, Sister Rita Thomas began bringing Bon Secours CEOs together a few times a year to share ideas with sister administrators about cost-savings and cost-sharing; this executive round-table was an innovation at the time, later becoming an industry best practice. Sister Rita asked Sister Justine to serve as our first Health Care Coordinator, a liaison with the boards of directors of Bon Secours health institutions.

Encouraged by our CEO round-table, we created the HCC in 1979. The HCC consisted of our Leadership Team and a 24-member board of trustees, including six sisters, eight CEOs, a member of each of our local hospital boards, and the HCC's sister CEO. Sister Regina Clifton, who succeeded Sister Justine as Health Care Coordinator, served as its CEO. The facilities involved at that time included three Bon Secours hospitals, which were located in Baltimore, Maryland; Methuen, Massachusetts; and Grosse Pointe, Michigan; as well as St. Mary's Hospital in Richmond, Virginia; St. Francis Country Home in Darby, Pennsylvania; and Villa Maria Nursing and Rehabilitation Center in Miami, Florida.

The HCC provided a forum for our autonomous institutions to share expertise and coordinate actions in marketing, financial management, strategic planning, training, and mission evaluation. During its three-year existence, the HCC developed numerous programs for improving the work environment within Bon Secours facilities, but it failed to adopt significant operational improvements. Sister Pat Eck, then a Leadership Team member, said that its design was flawed: "The HCC had no teeth; leaders would agree to initiatives and then back home put their resources elsewhere." Our goal was to enable our hospital leaders to collaborate as a team to strengthen their respective institutions, adapting to industry change and competition, sustaining our mission.

Commitment to our Bon Secours mission was strong at all of our health facilities. A few selected stories about St. Mary's Hospital illustrate the vitality of mission, similarly expressed at our other hospitals. In diverse ways, our sisters and colleagues have embodied the Bon Secours charism of helping people to heal and attain spiritual wholeness. Sister Rita has recalled, among her more memorable ministry experiences, meeting a young couple struggling with a decision about whether to keep their newborn child or choose adoption. As their obstetrics nurse, Sister Rita listened to the couple's concerns; they had not told their families of the pregnancy. Sister Rita helped them discern what to do and stayed with them; ultimately, the couple left with their baby. The couple and Sister Rita remained close for many years afterward.

As our health ministry evolved over the years, some sisters, including Sister Rita Thomas, left nursing to serve as administrators; they expressed the Bon Secours charism as decision-makers. Sister Theophane Klingelhofer, who was Administrator of Bon Secours Hospital in West Baltimore from 1961-1971, well-articulated how the charism affected her leadership philosophy: "As a nursing supervisor, I had a daily reminder of the impact that Administration can have on patient care. . . . My firm philosophy as Administrator was that the impact on patient care should always be looked at closely before decisions are made. This is in accordance with the Bon Secours philosophy of dignified, compassionate care to the patient."<sup>3</sup>

Thus, as CEO at St. Mary's Hospital from 1966 to 1973, Sister Rita Thomas had the opportunity to bring compassionate care to Richmond's racially divided community. In 1966, St. Mary's was a new Catholic hospital, conceived by Bishop John Russell of Richmond to strengthen the Catholic presence in the predominantly Protestant region. St. Mary's enjoyed strong Catholic community support. The St. Mary's board decided to open Richmond's first fully integrated hospital. Some white residents protested, but Sister Rita made sure that black and white patients were admitted to the same St. Mary's hospital rooms.

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<sup>3</sup> Lynne Bruening, "An Interview with Sister Theophane," *The Bon News*, March 1976, p. 1.

Similarly, sisters have inspired many others with their compassion. For example, Dick O'Hallaron, CEO of St. Mary's (1972–1987), has shared remembrances of various sisters at St. Mary's who had a special effect on him and his colleagues. Sister Elizabeth Durney, who trained nurses and volunteers for St. Mary's new hospice program, conveyed a special warmth that put her students at ease while she guided them through caring for a patient in late stages of a disease.<sup>4</sup> Similarly, Dick has recalled Sister Mary Monica Curley's powerful presence:

I went on rounds with Sister Mary Monica because I wanted to learn how she affected people. Sister Mary Monica would enter a patient's room as the patient was crying, and when she left, the person was fine. She was a good listener and had a good outlook, and those qualities rubbed off on patients.

Sister Mary Monica remained a beloved healing presence, serving the St. Mary's community even after she formally retired. Dick built her a desk in the main lobby so that people could continue to talk to her about their problems:

Sister Mary Monica was a problem-solver, and if she couldn't solve a person's problem, she knew someone who could. . . . I would wander over to her desk in the lobby to find out the latest news about our community. Sister Mary Monica was loved by everyone. She gave religious medals to new mothers; she always found medals relevant to the problems people were experiencing.

A sister's impact may be formative, remembered years later. In 2015, Sister Pat Eck received a letter from a nurse at St. Mary's whose daughter's birth Sister Pat had celebrated some twenty-five years earlier with a gift of Rosary beads. At the time, Sister Pat was Chief Operating Officer of St.

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<sup>4</sup> In 2000, the Bon Secours Richmond Health System established a Sister Elizabeth Durney Memorial Award and named its Hospice Unit for Sister Elizabeth in recognition of her contributions. Sister Elizabeth died on December 9, 1999.

Mary's. Tragically, the woman's husband had died four years after their daughter's birth. In 2015, her daughter had recently graduated from college, and her mother wrote to Sister Pat: "I just want to say thank you, Sister Pat, because you are one of the significant people in my life."

At St. Mary's, sisters and colleagues have collaborated to bring health care to Richmond's poor and underserved residents.<sup>5</sup> Prior to becoming St. Mary's CEO, Dick O'Hallaron had been the Administrator of Catholic inner-city hospitals in St. Louis and Cleveland and was, thus, a longtime practitioner of Catholic health care; nevertheless, he was impressed by St. Mary's aggressive and creative ways to serve Richmond's poor, who were dispersed across the city and surrounding counties.

Two other examples from St. Mary's show the strong commitment to mission typical of Bon Secours hospitals. Around 1972, Sister Elaine Davia, who had just completed the Family Nurse Practitioner program at the University of Virginia, was invited by Sister Rita to work on the Health Wagon, which had started providing care that same year. St. Mary's Health Wagon was a recreational vehicle that was converted into an examining room, bringing health care to low-income families in rural communities west of Richmond who lacked access. Supported by BSHSI and charitable donations, the Health Wagon program, today called the Care-a-Van, has expanded its services, operating fifteen vehicles that range from recreational vehicles with fully equipped medical offices to vans. They serve the Richmond and Hampton Roads areas, employing forty-one nurses and staff and focusing on those who are medically underserved. The Care-a-Van has added nutrition education programs for schools and neighborhoods, including a kitchen food truck to encourage healthy eating.

And again, in 1979, a member of St. Mary's board, J. William Crews, responded to the difficulties experienced by his neighbors in Amelia County (adjacent to Richmond) in obtaining health care—the closest health facility was some twenty miles away. Mr. Crews led St. Mary's

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<sup>5</sup> On St. Mary's initiatives for Richmond's poor residents, see *Century of Caring*, pp. 245-253.



initiative to establish a health care clinic in Amelia County, while the county's rescue squad helped raise funds. In subsequent years, as Amelia County and its demand for health services grew, our innovative Bon Secours clinic was purchased by a private physicians' practice.

At our Bon Secours Hospital in Baltimore, our leadership and staff struggled less to identify Baltimore's underserved residents than to create and fund programs responding to their needs. The hospital has served its inner-city community through economic recessions and the rise of drug-related violence. As Alvin Powers, then-CEO of our Bon Secours Hospital in Baltimore, observed in 1976:

Bon Secours is not the typical hospital one finds in the country today. Running a hospital in the inner city has to rank among the fine arts. . . . Bon Secours today can never be like the old days, nor should it. Times change, people change, and objectives change. Medicine can no longer be practiced within the four walls facing Baltimore Street. We must be cognizant of the community in which we live. The needs of our community must be met. We must learn to thrive on minimal amounts of money and yet we must produce a maximum amount of care.<sup>6</sup>

In the early 1980s, to accomplish this mission, we sought to develop a structure and processes to encourage a wider sharing of resources and information across our health facilities, and adoption of shared best practices. We also developed ministry education to encourage leaders and staff to exercise stewardship of our collective resources and advance our mission.

Around 1982, we took a new approach to restructuring. The critical issue in restructuring was that the Sisters of Bon Secours retain our canonical accountability for achieving our health mission. Under Church law, as religious sponsors, we held our institutions' assets for the specific purpose of health care ministry, and were accountable to the Church for their use.

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<sup>6</sup> *Focus*, 1999. 175th Jubilee Special Edition, p. 11.

We could not delegate our canonical responsibility and accountability; we had to retain our decision-making rights. We were also motivated by our history to preserve the role that Bon Secours sisters had traditionally performed in our corporate ministry's decision-making.

Sister Justine, then-U.S. County Leader, was not only a thoughtful historian, she was also a skillful strategist. She understood that a mission-driven organization required a central executive, responsible to its religious sponsors. To create that central executive would require, inevitably, removing some powers from local boards. Sister Justine and her Leadership Team decided to proceed with restructuring with the help of external advisors—but without involving our CEOs. We hired nationally respected health care consultants, who urged us “to move forward with the restructuring because the actions we had been engaged in had created an expectation that changes would be made and failure to address deficiencies would undermine the corporation and credibility of sisters as effective managers.”<sup>7</sup>

Across the health care industry, religious congregations sponsoring health institutions faced similar challenges in forming corporations, while protecting their rights as sponsors to control mission and administer assets for that purpose. In the late 1960s to mid-1970s, canon lawyers had debated the canonical status of a religious institute's separately incorporated institutions. They developed a concept of “reserved powers,” which enabled religious congregations to maintain control while delegating operational powers to a separate civil corporation. Reserve powers covered amendments to the mission, corporate charter, and bylaws; the appointment of trustees; and the sale of hospitals and other assets.

In our case, however, there was no consistency or transparency in the bylaws of our institutions. In the late 1960s, when we introduced trustees on our boards, we relied on our local corporate counsels to revise the corporate bylaws on the understanding that the sisters' rights as sponsor

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<sup>7</sup> Sister Justine Cyr, CBS, “Evolution of Bon Secours Health System” (hereafter, “Evolution”), transcript made from a recording, March 1984, USA Archives, Marriottsville, MD.

would be protected. In our hospital in Grosse Point, Michigan, the new structure was a two-tier board; our local sisters had final say. In Methuen, however, our then-corporate counsel defined the sisters and the new trustees as equals. Thus, once the number of trustees exceeded the number of sisters on the board, civil law control devolved to the board. In Baltimore, we had also lost control and had no ability to appoint board members.

Sister Anne Lutz recalled the tenuous position of Sisters Rita and Justine when they approached the respective board chairs in Baltimore and Methuen, seeking to reinstate sisters' control, which had been devolved:

At Bon Secours Baltimore, the Board Chair asked the Board one morning: "Who do you believe owns this hospital?" "The sisters," they answered. "Well, if you believe that, approve these by-laws," the Chair said, and so they did. In Methuen, by contrast, the Board ruled that the Methuen Board owned the hospital, and thus began a long battle for ownership of the Bon Secours Hospital in Methuen.

The long struggle to defend our ownership of the Methuen hospital<sup>8</sup> was an especially important—and ultimately painful—personal mission for Sister Justine. She was a native of neighboring North Andover and had worked at the Bon Secours Hospital in Methuen even before joining the Bon Secours congregation. The Methuen board operated as a family, rather than as a fiduciary body. In fact, there were a few prominent families who handed board seats down through generations. One board member was publisher of the main newspaper, the *Lawrence Eagle Tribune* and, thus, controlled information that reached the public. The board leadership kept our sister reformers on the periphery of decision-making. The board effectively isolated and silenced us, Sister Nancy Glynn recalled:

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<sup>8</sup> Sources concerning the history of the Bon Secours Methuen hospital are from *MSS Methuen Correspondence Folder*, 1985, USA Archives, Marriottsville, MD.

I'd go to board meetings, and no one would talk to me. I knew the men on the board, having grown up in Lawrence, Massachusetts, attending high school with many of them. They were unable to see anything beyond their little community. After suffering through board meetings, returning to the convent, I found Sister Emerentienne O'Sullivan waiting for me: "Now sit down and tell me about it," she would say. It was so important that she was interested, that I could share my frustration with her.

We had hoped that Cardinal Bernard Francis Law would help us by stating that if the sisters withdrew, the Bon Secours Hospital would not remain Catholic. Instead, Cardinal Law invited our hospital board to become part of his health system, Caritas Christi. In 2010, the non-profit Caritas Christi system was sold to a for-profit group [Cerberus Capital Management].

The Methuen case shows the extent to which successful institutional reform depends on people's values and identities.<sup>9</sup> The Methuen board, motivated by local interests and control of the hospital's resources, denied us our most powerful instrument of change: our voice. In the end, our Leadership Team resolved to withdraw from Methuen, allowing the hospital to join Caritas Christi. We removed the Bon Secours name from the hospital and exhumed our sisters buried on the grounds of the hospital for reburial in our Baltimore cemetery.

The difficulties in Methuen gave added impetus to our ongoing restructuring by underscoring the importance of our forming a health care system, led by leaders committed to mission. We had to act expeditiously, keeping to a clearly defined schedule, to maintain credibility as effective managers.

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<sup>9</sup> Katherine C. Kellogg, *Challenging Operations: Medical Reform and Resistance in Surgery* (Chicago: University of Chicago Press, 2011). This insightful case study of institutional change at three hospitals illuminates the challenges, strategies, and options facing "reformers" in leading change against the resistance of "defenders" of the status quo.

We made some drastic changes. Under our design for BSHSI, we centralized decision-making under a lay CEO. We reserved powers for our new, central health system's board, delegating specific authorities to local boards. The Sisters of Bon Secours, as religious sponsors, had other designated reserved rights. Local CEOs became employees of BSHSI, although local boards were involved in their selection. We reduced the size of local boards to between seven and eleven members, specifying that they be selected based mostly on their expertise and commitment to mission, rather than community involvement. We created a mission division, "as a separate, equal and related organization to assume responsibility for religious mission."<sup>10</sup>

Having completed our new BSHSI design by the summer of 1983, we presented it to local boards at separate retreats. Sister Justine explained in detail the changes we had made. Some Bon Secours hospital boards opposed limits on local control over system-wide financing and over the hiring and firing of local CEOs. Ultimately, we agreed that a majority decision of the local board would be required to hire their local CEO, and the board would be involved in the CEO's evaluation or dismissal. To strengthen the system's capability to raise capital, we established two holding companies as subsidiaries of BSHSI. We conducted a search for the new CEO with a national search firm, adjusting our management structure to attract the high-caliber executive we sought.

At St. Mary's retreat, Dick O'Hallaron recalled that some colleagues initially reacted negatively to the proposed BSHSI and only reluctantly embraced the changes:

Some colleagues complained; I told them, "You and I have the same choice: either to support it, or get out." That ended the discussion, for on a deeper level, they were committed to the mission.

BSHSI made good business sense. Given the competition, our hospitals had to grow stronger financially. We had to pool resources, centralize policies

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<sup>10</sup> Sister Justine Cyr, CBS, "Evolution," p. 10.

that emanated from consolidated finances, agree on common criteria for development, and decide what we needed to do and how we were going to help one another.

In fact, the central BSHSI office has not directed local institutions' operations. At St. Mary's in the early 1980s, Dick recalled that "day to day, system leaders weren't telling me what to do, but they made sure that my actions, as a system employee, and my board's decisions were consistent with the system's direction."

To bring local facilities into BSHSI, our USA Leadership Team had two final actions:

- to dissolve the Health Care Corporation, and
- adopt changes in corporate documents.

The tactical problem was how to ensure a two-thirds majority vote on these two matters, while avoiding delay. Under Sister Justine's direction, our team resolved to replace lay HCC members whose terms were to expire with sisters—ensuring the required votes.<sup>11</sup> We did the same to approve the new corporate documents. The Leadership Team, as members of each local facility, voted to replace each local board, temporarily, with all-sister boards. After the all-sister boards approved the new corporate documents, and the new articles of incorporation were filed, all former board members were automatically reappointed.

Sister Justine was motivated by her sense of responsibility to protect the ongoing existence of Bon Secours. In recounting important initiatives in personnel development, she recalled: "We worked to capitalize on the leadership potential of each sister." She cited the appointment of sisters as presidents in each of our local facilities, responsible for advising the U.S. Country Leader and President of Mission at the health system, and the creation of a Community Personnel Office to coordinate education and placement of sisters. She also noted new resources dedicated to recruitment of new sisters and Associates.

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<sup>11</sup> Sister Justine Cyr, CBS, "Evolution," p. 15. As it turned out, our seven CEOs also voted to dissolve the HCC.

Reflecting on the long, sustained effort,<sup>12</sup> Sister Justine concluded:

This is our opportunity today to provide courageous leadership in the delivery of health care. Was our reorganization of the health system worth it? Are the changes in our province worth it? Despite the struggle and pain and the remaining uncertainties, I say emphatically, YES.<sup>13</sup>

Under lay leadership, Bon Secours has grown: From 1983 to 1997, through acquisitions, leases, and joint ventures, BSHSI added hospitals and long-term care facilities in Baltimore, Maryland; Altoona, Pennsylvania; Charleston, South Carolina; Richmond, Norfolk, Newport News, and Portsmouth, Virginia; and Port Charlotte, St. Petersburg, and Venice, Florida. In 2000, BSHSI expanded into New York, New Jersey, Kentucky, and Greenville, South Carolina. Today, BSHSI employs some 25,000 people.

Sisters Rita and Justine and their respective Leadership Teams created a structure to enable BSHSI to act as an ethical body under an executive team, authorized and accountable to improve operations and support mission. The creation of BSHSI in 1983 marked a great accomplishment, but not the final stage of restructuring. Significant reorganization occurred during the late 1990s to early 2000s, especially in alignment of mission and operations, as well as in human resources policies, including job descriptions, recruitment, and ministry education. We also articulated mission priorities and developed ways to communicate them to inspire action across our health facilities and communities. Today, BSHSI continues as a system of local facilities collaborating to achieve shared goals, becoming one Bon Secours.

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<sup>12</sup> In 1989, Sister Justine was recognized by the Conference of Diocesan Coordinators of Health Affairs for her leadership in Catholic health care as Chairperson of the Steering Committee for the Commission on Catholic Health Care Ministry, and for her leadership in the development of BSHSI.

<sup>13</sup> Sister Justine Cyr, CBS, "Evolution," p. 16.

### Articulation of Mission Priorities

As theologian Sandra M. Schneiders, IHM, has pointed out, religious life has a poetic and prophetic character: Its vows, rules, and mission statements invite members to interpret meanings broadly, discerning ways to live by the Gospel in the world. “The vows evoke the structure and dynamics of the alternate world . . . their very ‘impossibility’ symbolically important.”<sup>14</sup> They both structure our lives so that we follow the teaching of Jesus and, by their poetic language, stimulate our ongoing reflection and conversion.

During the current period, we have reflected fruitfully on our vow of poverty, expressed in our constitutions, as follows:

The cry of the poor shall find an echo in our lives. We have an obligation to work zealously to promote the dignity of all persons since all are created in the image of God. It is enjoined upon each sister . . . to awaken consciences to the urgent demands of social justice. . . . [W]hatever compromises justice must be eliminated from our lives. In a spirit of mutual dependence and solidarity with the poor and oppressed of the world, we shall endeavor to act as responsible stewards in the use of our community resources.<sup>15</sup>

During our Assemblies, we have studied selected justice and health-related themes, developing priorities for action. As Sister Pat Eck has written, Bon Secours sisters have “always been [women] of action. [However, at] different times, circumstances have called us to reflect and

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<sup>14</sup> Sandra M. Schneiders, IHM, *Selling All: Commitment, Consecrated Celibacy, and Community in Catholic Religious Life*, volume two of *Religious Life in a New Millennium* (Mahwah, NJ: Paulist Press, 2001), pp. 110-111.

<sup>15</sup> *Constitutions of the Congregation of Sisters of Bon Secours of Paris* (1991), Ch. IV, “Evangelical Counsels: Poverty,” Art. 47.



document our experience.”<sup>16</sup> Our statements, articulating priorities, have been part meditations and part guides to action, offering visions of a more just and healthy society, encouraging lay participation.

In 1984, Sister Regina Clifton, as President of Mission at BSHSI and Chair of our BSHSI Task Force on Care of the Poor, was responsible for engaging lay colleagues in implementing our *Ministerial Stand on Care of the Poor*.<sup>17</sup> The statement articulated the following general strategic objectives and specific tasks:

- Use our resources to fashion a Bon Secours health system sensitive to genuine health care needs; and
- Use our influence to redirect the total U.S. health care system to serve those in need.
- Develop mechanisms to hear the poor and express their needs;
- Evaluate our policies for their impact on the poor; and
- Involve other Catholic providers in our efforts.

The statement defined the poor whom we served as “those who have inadequate resources to meet their physical, psychological, emotional, and spiritual needs.”

Sister Regina Clifton visited all seven hospitals and three nursing homes, introducing leaders and staff to this policy statement. Our CEOs raised important questions about implementation. As a result of those conversations, Sister Regina realized that further education and planning

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<sup>16</sup> Patricia Eck, CBS, “Collaboration as a Way of Life: The Sisters of Bon Secours,” *LCWR Occasional Papers*, Winter 1998, p. 13.

<sup>17</sup> Sisters of Bon Secours, USA, *Ministerial Stand on Care of the Poor*, 1984. For an (unpublished) summary of BSHSI’s response to the *Ministerial Stand on Care of the Poor*, see Ann Neale, Ph.D., *Bon Secours Health System: Action on Behalf of Justice*, U.S. Archives, Marriottsville, MD.

were needed to prepare for implementation. She formed a task force, selecting members from various locations and functional areas.<sup>18</sup>

From December 1984 to August 1985, the task force undertook the initiative as a personal mission. Meetings began with prayer, helping members engage their spirits and minds. A social worker and physician shared stories from their respective ministries to help the task force feel the human dimension. Members raised hard questions designed to clarify who were “the poor” with whom we served and how in our decision-making we might better manage to provide for our facilities’ economic survival and extend our care of those who are poor and underserved in society. Members who were BSHSI administrators acknowledged the tension in their dual responsibilities for providing for the system’s economic survival and expanding services for poor and underserved segments of society. The task force made progress by limiting the scope to what BSHSI could feasibly do for those who were “unable through private resources, employer support, or public aide to provide payment for health care services or those unable to gain access to health care because of limited resources, inadequate education, or discrimination.”<sup>19</sup>

The task force reviewed drafts of their *Report and Recommendations*, with our BSHSI Chief Executive Officer, Chief Financial Officer, and sister

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<sup>18</sup> The following were the task force’s members: Gerald Bruen, Task Force Chair and Vice President of Operations, Bon Secours Hospital-Villa Maria Nursing Center, Miami, Florida; Nancy Glynn, CBS, Trustee, and Edward George, Associate Director, Bon Secours Hospital, Methuen, Massachusetts; William Law, M.D., Chairman, Department of Community Medicine, Bon Secours Hospital, Baltimore, Maryland; Frances Littman, Director, Social Services, St. Mary’s Hospital, Richmond, Virginia; Lawrence Redoutey, Assistant Administrator, Bon Secours Hospital, Grosse Pointe, Michigan; and Ann Neale, Ph.D., Vice President, Mission, James Harkness, D.Min., Director of Education, and Shelby Higgins, Administrative Resident, Bon Secours Health System (BSHSI). See Ann Neale, *Bon Secours Health System, Action on Behalf of Justice*, an unpublished account of the Bon Secours Task Force on Care of the Poor and its *Report and Recommendations*.

<sup>19</sup> Catholic Health Association (CHA) of the United States, Stewardship Task Force, 1983.

presidents, who were responsible for implementation. The *Report and Recommendations* identified five categories of activities:

- Integrate our caring mission into business planning and management;
- Increase participation in mission by organizing exercises examining behavior and encouraging conversations;
- Educate employees as to the structural roots of poverty and lack of access, encouraging political action;
- Organize advocacy as a major strategic activity; and
- Evaluate results, encouraging local facilities' creativity and adaptation.

In a preamble, the task force drew on imagery to convey the human impact of poverty and health injustice on “young mothers with ill-nourished toddlers,” or “uninsured workers, terrified by the prospect of health care costs.” The members decried “the system in which exotic, expensive technologies are available for the few while so many lack basic care.” As a result of our awareness and outreach activities, we perceived additional needs and chose Sister Pat Dowling to chair a Justice Committee to further our initiative.

In 1985, the Enlarged General Council (EGC) of the Congregation of Sisters of Bon Secours asked each Bon Secours region to apply our *Theology for Bon Secours* (1985) to imagine what we could do to make our communities more just. The Justice Committee, consisting of sisters and Associates, began by surveying sisters and BSHSI employees as to their concepts of justice.<sup>20</sup> Their responses suggested a need for a long-term study of justice in our institutions relative to salaries and benefits of employees, use of technology in patient care, practices affecting the dignity of patients, health insurance policies, treatment of people with

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<sup>20</sup> Justice Committee members included Sisters Elaine Davia, Pat Dowling, Nancy Glynn, Frances McCabe, Mary Elizabeth McGlade, Mary Rita Nangle, Alice Talone, and Margaret (“Peggy”) Whiteneck; and Associates Jeanne Conover, Catharine D. Moore, and Betty Norman.

AIDS, and quality of services, especially for people who were poor and marginalized.<sup>21</sup>

In 1987, the *Justice Statement for Bon Secours* (1987) explained our justice mission in relation to our Bon Secours theology of the dual model of Jesus. It cited the Parable of the Last Judgment, teaching that when one cares for the lowliest members of the human family, one serves the Lord:

The message of the Gospel is the living Word. . . . In keeping with the incarnation spirituality of Bon Secours, the Word of justice must be enfleshed in us and made visible in our actions. . . . Our traditional compassion for the poor we now understand, with the larger Church, as a preferential option for the poor, aimed not only at the alleviation of particular ills, but at the defense and enlargement of human dignity.<sup>22</sup>

As a practical matter, the *Justice Statement for Bon Secours* urged BSHSI to educate employees concerning justice so that we “avoid offering simplistic responses to complex problems.”<sup>23</sup> We needed to understand how, through the expression of values, we potentially advanced—or hindered—justice. The authors articulated four premises, inviting reflection:

- Bon Secours constitutes a community of challenge, witness, and support in a common life and ministry.
- Love, faith, and dignity must be expressed in actions.
- We are responsible to acknowledge inequalities and to effect change.
- Every person is entitled to have basic human needs met in a manner consistent with human dignity.

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<sup>21</sup> *Provincial Chapter*, September 1985, Sisters of Bon Secours, USA, bound copy, USA Archives, Marriottsville, MD.

<sup>22</sup> *Sisters of Bon Secours, USA, Justice Statement of Bon Secours*, 1987, p. 6, USA Archives, Marriottsville, MD.

<sup>23</sup> *Ibid.*, p. 5.

The authors of the Justice Statement urged that our sisters' community and BSHSI advocate for the creation of just structures in health care, and that we accept our collective responsibility for alleviating suffering of all oppressed people.

We have been creative in exploring ways to live by our statements. Bon Secours Associate Betty Norman recently recalled spiritual exercises developed in 1993 by our Justice Committee to address prejudice. Betty was a nurse in our Bon Secours Hospital in Baltimore in the 1980s—remaining an Associate even after leaving her position at the hospital. Betty reflected on sessions held with Associates:

Sisters Mary Catherine Rogers and Pat Dowling developed exercises guiding people through an examination of their prejudices on the assumption that we all have prejudices. The exercises helped people to understand their attitudes as a step toward becoming more accepting of others. Sister Pat and I created a three-hour presentation for our Associate groups in all our locations.

As Betty recalled, the prejudice exercises offered a sensitivity education focused on urgent problems afflicting inner-city neighborhoods where many BSHSI employees have lived and served. Conversations and initiatives that enable people to affirm one another's dignity offer an important step toward healing broken relationships.

We, sisters, have confronted our own prejudices. Sister Kathleen Moroney has shared her awakening to her racial biases after she transferred to the United States from Ireland in 1993 and began service as a Clinical Pastoral Education (CPE) student chaplain in our Bon Secours St. Francis Hospital in Charleston, South Carolina. A Pastoral Care Department colleague, having noticed that the student chaplain was not visiting African-American patients, queried Sister Kathleen in a department meeting. "I wasn't visiting them," Sister Kathleen remembered acknowledging before the group:

I had to think, and I realized that I carried resentment from an experience from my childhood in Ireland. An African man killed a woman in a horrific way in Dublin. That affected me. Another factor might have been that many African Americans in Charleston were not Catholic, and in Ireland, we were taught never to talk to Protestants. Once I became aware of my mindset, I began to see things in a different light. I grew to love and feel loved by the African Americans I met at St. Francis.

At our U.S. Chapter meeting in 1989, we discerned a need for a statement regarding care of the poor members of our society. This decision reflected both our perception of great need among our West Baltimore and Cherry Hill (Baltimore) neighbors, and the influence of our Peruvian sisters and liberation theology. In 1992, our *Preferential Option for the Economically Poor* explained solidarity in terms we understood from our health care practice:

In theological terms, solidarity is another word for presence; that “being with” that is so central to the charism of Bon Secours. Solidarity may not require that every religious live and/or work with the economically poor. . . . How this solidarity is to be expressed is a matter for individual and communal discernment.

Unlike earlier statements, our *Preferential Option for the Economically Poor* devoted relatively more attention to personal reflection than to collective actions. Its core premise stated that solidarity involved not only *service to* people coping with poverty, it meant *being served* by them. The “preferential option” implied a strong commitment to a relationship, in which one was emotionally invested in another’s well-being. Less concerned with advocacy, this statement urged an examination of how, by choices and behavior, we have expressed our preferential option. The following passage reflected on our option to choose to be with the less fortunate in light of that segment of society’s lack of options:

Recent theology on the vow of poverty points to the tension between the opportunity available to religious to

make such a lifestyle choice and the lack of choice available to those born into economic poverty. Because of this inherent tension, which cuts to the heart and integrity of the vow, many of those who reflect on religious life today feel that a significant aspect of the vow of poverty must be vowed persons' experience of solidarity with the lot of the economically poor.

During the 1990s, Sister Margaret "Peggy" Whiteneck, who drafted the *Preferential Option for the Economically Poor*, served as Vice President for Mission at Villa Maria Nursing and Rehabilitation Center in North Miami, Florida. Fluent in Spanish, she managed a program to serve the elderly poor in the ethnically diverse North Miami neighborhood.<sup>24</sup> From 1994 to 1997, she was one of four Bon Secours sisters who participated in our U.S. mission to the indigenous poor in Riobamba, Ecuador.<sup>25</sup>

In 1993, we issued *On Care of the Dying*, written by our task force chaired by Dr. Victoria "Vicky" Segura, then Medical Director of Hospice at our Grosse Pointe, Michigan facility.<sup>26</sup> Her co-authors were Sister Dorothy Brogan, a pastoral care chaplain specializing in cancer and hospice care at St. Mary's Hospital in Richmond, Virginia; Sister Elizabeth Durney, also a pastoral care chaplain at St. Mary's; and Sister Mary Shimo, Director of Pastoral Care at our Baltimore Hospital, a department she established in the early 1980s.

*On Care of the Dying* signaled our recognition that we needed to improve and upgrade BSHSI services and training in light of new technologies, policies, and attitudes regarding care of the aging and dying. Interestingly, Bon Secours sisters were among the pioneers in hospice and palliative care. As early as the 1920s, we had established nursing homes attending to both the emotional and physical needs of the terminally ill. In 1920, we assumed charge of what was then known as St. Francis Hall for

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<sup>24</sup> Project Good Help is discussed below in Section 2.5.

<sup>25</sup> Sisters Pat Dowling, Dorothy Brogan, and Mary Rita Nangle also served on the Riobamba mission, as discussed in Chapter Four.

<sup>26</sup> *Sisters of Bon Secours USA, On Care of the Dying*, 1993, revised in 1999. The Task Force was formed in February 1991.

Incurables, which adjoined Bon Secours St. Francis Country House in Darby, Pennsylvania. We offered hospice services long before the medical field formally recognized hospice as an essential health care practice around 1980.<sup>27</sup> But during mission discernment meetings at the beginning of the current period, our sisters in pastoral care and nursing shared concerns that our terminally ill patients were not always accompanied by pastoral care specialists; our medical staff lacked training and ethical guidance in responding to the wishes of the dying and their families.

In the task force's position paper accompanying *On Care of the Dying*, Dr. Segura shared new thinking about care of the dying essential to the task force's guidance. Dr. Segura, who trained initially as a pathologist, discussed developments in concepts of healing patients, as opposed to traditional notions of curing the ill: "Health or healing is far less understood than the patho-physiology of disease." Healing has its etymological root in the Anglo Saxon *hal*, meaning "whole, holy." To heal means to treat a complex web of interrelated emotional, physiological, and environmental factors that manifest themselves at the physical level as disease, Dr. Segura explained. Sisters Dorothy, Elizabeth, and Mary drew on their experiences in pastoral care and gathered input from other sisters to identify specific areas for improvement within BSHSI. The research paper provided both useful context and practical guidance, as expressed in this observation:

It is through connection with the patient that information flows telling [caregivers] what the patient is feeling. . . . Through that same bond we can provide the bridge over which the suffering person can return from the isolation

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<sup>27</sup> The International Association for Hospice and Palliative Care was established in 1980; the U.S. Hospice Foundation was chartered in 1982. Bon Secours hospice care began in 1918, when Bon Secours sisters served as nurses in a Philadelphia diocesan convalescent home for World War I veterans. See unpublished summary of Bon Secours hospice care by Mary Herbert, Archivist, USA Archives, Marriottsville, MD.



of suffering. This . . . person knows that we can be trusted.<sup>28</sup>

*On Care of the Dying* gave specific direction to BSHSI facilities in upgrading hospice and palliative care services, for example to “establish clear guidelines, protocols, and promote provision of hospice and palliative care” and “oppose euthanasia and physician-assisted suicide and offer alternatives more worthy of human dignity and goals of medicine.” The statement called for a multifaceted approach “to affirm physicians in their healing role and support them when confronted by the limits of medicine.” Specifically, Bon Secours committed its BSHSI facilities to do the following:

- Make certain that patients and residents receive medical care consistent with their choices, beliefs, and values, to the extent allowed by law and Catholic teaching;
- Support patients and their families when they decide not to initiate, to withhold, or to withdraw treatments; and
- Oppose legalization of euthanasia and physician assisted suicide.<sup>29</sup>

Today, clinical staff, patients, and families continue to face these issues.

Following the statement’s publication in 1993, Dr. Segura conducted one-day seminars in all local BSHSI systems, facilitating development of an implementation plan.<sup>30</sup> Over two decades later, Dr. Segura reflected philosophically on the human challenge of persuading another professional to think differently about his or her responsibility toward patients. One must persist and be patient.

A new global priority emerged around 1989. Moved by Pope John Paul II’s call to proclaim the Gospel where people have lost hope and our own experience among the less fortunate, we began to educate ourselves about

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<sup>28</sup> *Bon Secours U.S. Task Force on Care of the Dying, Report on the Statement on Care of the Dying*, 1991, p. 2, USA Archives, Marriottsville, MD.

<sup>29</sup> *Sisters of Bon Secours USA, On Care of the Dying*, 1993, revised in 1999.

<sup>30</sup> *Focus*, Spring 2003, p. 4.

global needs. We studied such intractable problems as poverty, violence against women and children, and the impact of ecological degradation on marginalized members of our society. In 1999, we articulated new global justice and health mission priorities. We began with education and networking to establish partnerships to create change. In 2009, the Bon Secours congregation articulated priorities to address human trafficking and promote the integrity of the environment and ecological health.

In 2013, our *Corporate Statement on Water* offered the first written statement following the formation of our International Justice and Peace Committee in 2005. It drew on the language of our May 2009 Chapter call “to defend and care for all creation, cry out with others against injustice and all that diminishes life on earth.” The *Corporate Statement on Water* articulated these core beliefs: water is a sacred gift, access is a human right, ensuring access must be a higher priority than commercial use, and our collective responsibility is to protect fresh water. Under the *Corporate Statement on Water*, Bon Secours pledged to support actions and policies that ensure universal access to sufficient safe water for all people, especially the most vulnerable, and to oppose actions and policies that favor privatization of water as a commodity.

In addition to articulating policy, all of our statements have offered timeless guides for reflection concerning our collective responsibility for mission priorities in light of our theology. Prayer is essential to creating social change. As Sister Elaine has often said to new members, “You can’t have mission without prayer; otherwise, it’s just work. You need prayer to motivate and inform the way you do your ministry.”

As sister executives continued to develop BSHSI during the 1990s and 2000s, they grappled with how to encourage employees’ creativity in pursuing these Bon Secours mission priorities. They collaborated with our BSHSI colleagues to develop policies, procedures, and especially ministry formation programs to help people discover their callings and realize their potential as ministry leaders.

## Institution-Builders

Following the formation of BSHSI in 1983, Sisters Pat Eck and Anne Lutz have led ongoing corporate restructuring. Sister Pat Eck became chair of BSHSI board of trustees in 1997, serving through January 2010.<sup>31</sup> Her role has been to provide leadership with the CEO and team to create structure and processes to improve mission integration across BSHSI and to enable the development of programs of formation based on shared values, standards, and beliefs. Her vision has been that BSHSI encourages its leaders and staff to imagine what God is asking of the organization and develop plans to reflect that calling:

I have done much speaking and writing concerning the prophetic role of vowed religious and of organizations. Our role at Bon Secours is to be the presence of God in the world by being compassionate. Compassion is the centerpiece of our charism and our call in health care. In *The Prophetic Imagination*, Walter Brueggmann<sup>32</sup> explores the question of how an organization changes. We need to recognize our present reality and be able to envision a future based on God's compassion in this world. Our job as a Congregation and corporation is to create a strategic plan reflecting a world in which everyone feels loved by God.

During BSHSI's formative years, the Executive Leadership Team developed processes to enable BSHSI to think as a health system, analyzing vast amounts of information. Mechanisms for gathering and analyzing information to guide strategic planning, mission, sponsorship, and ethics have evolved. Sister Anne Lutz has been a member of BSHSI's Executive Leadership Team since 1987, serving initially as Vice President for Mission and more recently as Executive Vice President of Sponsorship. As she makes rounds with BSHSI administrators, Mission Directors, and many others, Sr. Anne has offered a good model of Bon Secours compassion.

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<sup>31</sup> In January 2010, Donald G. Seitz, M.D., MSHA, succeeded Sister Pat Eck as BSHSI board chair.

<sup>32</sup> Walter Brueggmann, *The Prophetic Imagination*, 2nd ed. (Minneapolis, MN: Augsburg Fortress, 2001).

In the 1980s, various sisters led BSHSI committees defining policies and procedures to direct BSHSI. During 1987 to 1989, Sister Pat Dowling, as chair of our Justice Committee, directed a survey of BSHSI employees regarding the quality of internal relationships, quality review procedures, and responses to mission, for example. Among employees' concerns were compensation, communication, workload, involvement in decision-making, staff development, and education focused on justice and values. Standards were developed to address the various concerns identified in the surveys.

Simultaneously, a Mission Committee, including Sisters Regina Clifton, Elaine, Rose Marie "Rosie" Jasinski, Nancy, and Mary Gemma Neville, developed procedures for evaluating facilities' responses to mission, and ensuring consistency.<sup>33</sup> The Mission Committee also developed training programs. One training program taught sisters skills that would enable them to serve effectively as board members and influence decisions concerning the mission of BSHSI. Through role-play exercises, we were taught persuasive presentation skills. As Sister Elaine observed, sisters needed to learn to speak up in their areas of competence, for "sisters are the consciences of our health system." On the other hand, she cautioned that sisters must defer, appropriately, to experts:

At a board retreat, I questioned something, and someone else joined the debate. I immediately deferred to the expert. If I had held my position, that person would have hesitated, reluctant to challenge a sister. I will defend my position in my areas of expertise, clinical health care and Bon Secours mission and values. But when it comes to running a hospital, I'm just Elaine; being a sister doesn't make me the most knowledgeable about everything.

The Mission Committee also designed educational programs for colleagues teaching our Bon Secours values and spirituality. Prior to the

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<sup>33</sup> *Provincial Chapter Session II*, May 19-24, 1989, Sisters of Bon Secours USA, Chapter Files, bound copy, USA Archives, Marriottsville, MD.

creation of BSHSI, Sisters Justine and Regina had identified education in human values as a top priority for the HCC, but they lacked the mechanisms for implementation across our facilities. In the mid-1980s, Sister Gemma helped develop BSHSI educational programs, while at the same time she was also developing a new Clinical Pastoral Education (CPE) Program in our Methuen hospital.<sup>34</sup> In these twin initiatives, Sister Gemma drew on her personal talents, in education and pastoral care, to explain and counsel people in embracing a holistic approach to living by their values. A joyful sister, she served as a superb witness.

BSHSI colleagues guided the development of a strategic planning process. As Sister Anne Lutz pointed out:

At our health system, we have a "hands on approach." Our structure is designed to protect the Catholic ministry and to further our charism of healing, compassion and liberation. We have many dedicated leaders and co-workers who are committed to our mission and values. As a Catholic health system, we are strongly committed to meeting the needs of the people we are called to serve. We are a system that cares about our employees and strives to provide education and opportunities to develop them as Ministry Leaders.

Our leaders helped us to understand that BSHSI would benefit from a redesign of strategic decision-making to address BSHSI operations and mission-related initiatives together in one process. In reports to our U.S. Chapter in 1989, BSHSI leaders explained their approach to care for poor residents—noting that they had been guided by the *Report and Recommendations* of the Task Force on Care of the Poor. The three-part BSHSI strategy included advocacy, indigent care, and charitable services, as our leaders explained:

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<sup>34</sup> In 1991, BSHSI acquired St. Francis Hospital in Charleston; the provincial council asked Sister Mary Gemma Neville to establish its Pastoral Care Department and CPE program.

Since June [1989], we have measured our charitable “in-kind” services, established a baseline at each facility, reviewed our indigent care policy, and coordinated advocacy functions. Based on these new efforts and information, our recommendation has been not to establish a new Care of the Poor fund. This recommendation marks an important step toward integration of operations with mission. We have a method for measuring total commitment to the poor and . . . will attempt to improve that commitment annually. Further we have an overall stewardship obligation to our health care ministry, which requires balancing all obligations in light of the total operational and financial picture, encompassing our preferential option for the poor. We neither want to “cap” our obligation in justice to the poor, nor suggest that that obligation is exempt from our budgeting and balancing process.<sup>35</sup>

Sister Anne Lutz recalled how BSHSI developed this robust program, across diverse regions, complying with reporting and accounting requirements as a non-profit:

We’ve always taken care of whoever came to us for care. As health care became more sophisticated, we introduced a line item in our budgets covering care for the poor. This item was not bad debt; it was allocated for a specific purpose, it could be measured and was part of our audit each year.

Our strategy for serving marginalized members of society includes both advocacy and community services. BSHSI community coordinators have evaluated the needs of their communities, identified priorities, and reordered local facilities services to improve community health. As Sister Pat Eck said, “Community health often depends more on community

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<sup>35</sup> *Provincial Chapter Session II*, May 19-24, 1989, Sisters of Bon Secours, USA, Chapter Files, bound copy.

practices and environmental factors than on institutional medical care.” Notably, the U.S. Affordable Care Act, enacted in 2010, has adopted the premise that health care delivery needs to focus on primary and preventive care, ensuring people’s access to basic goods and services like housing and education. Interestingly, at least at the federal level, U.S. health care delivery has now embraced the holistic, home care approach pioneered by our Bon Secours sisters. Today, our sisters continue to serve as patient advocates, visiting people in their homes, helping them to gain access to health services and public assistance.

Long before the Affordable Care Act, BSHSI community advocates within all our local facilities assessed local community health needs, reorganizing delivery based on their findings. In 1995, George Kleb, Director of Community Development, a long-time resident of Baltimore; Brother Art Caliman, CFX, Vice President for Sponsorship; and Sister Nancy, then Community Development Associate at our Baltimore Hospital, established a program to convert abandoned row houses into safe housing for low-income families. George and Sister Nancy held conversations with residents about how to improve health and learned that safe housing was a critical need. Under its Operation ReachOut program,<sup>36</sup> the Baltimore hospital purchased, gutted, and renovated vacant houses. Currently, fifty-nine formerly vacant houses have been renovated, and six additional properties, with over five hundred apartment units for the elderly, have been constructed. Other community health programs offer early childhood education, job training, General Educational Development (GED) Test preparation programs, financial literacy and financial counseling, and substance abuse and HIV/AIDS services.

We have also awarded grants to serve the needs of our communities. In 1995, we created a Sisters of Bon Secours Ministry Grant Fund, administered by a committee of sisters and colleagues, supporting projects focusing on health care for the materially poor. One of the first projects funded was our Baltimore Bon Secours Hospital’s geriatric home

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<sup>36</sup> Operation ReachOut SouthWest is a collaboration of Baltimore’s community leaders and public health experts designing health programs, encompassing safety, sanitation, and young adult development, to improve the health of West Baltimore.

assessment program, providing literacy and life skills education to employees and residents in collaboration with community associations.

The most important resource in accomplishing our mission is our BSHSI staff. Recruitment and development of our employees have been top priorities in institutional development. Sister Pat Eck has articulated the questions driving human development as follows: “How do we instill the notion that BSHSI has a shared mission, and given that, how can we support one another in this work and in our desire to respond to what God is asking of us?”

As BSHSI Board Chair (1997–2009), Sister Pat Eck focused on realizing the prophetic nature of our organization and the relationship of sponsorship, governance, and strategic planning:

We realized that we couldn’t have separate boards of operations and mission; everyone in the organization had to be responsible for mission. We also realized the importance of our Human Resources structure and communication using information technology. We identified values that we believed were important in our organization and held our board and executive management responsible for expressing those values in decisions and actions. Values-based leadership requires ongoing learning. Over time, we have written our values into our civil documents and our human resources procedures. Mission and values permeate BSHSI operations.

As leaders of two important ministries, respectively, BSHSI and our Associates, Sisters Pat Eck and Rosie have reflected on our existential question: How does a founder’s faith vision continue to engender in others a desire to respond in the spirit of the charism? BSHSI and Bon Secours Associates have each offered opportunities for evangelization, enabling many to experience the Bon Secours charism. Associates gather monthly for spiritual reflection and for ministry projects. Similarly, BSHSI employees may experience the charism through relationships formed



within BSHSI and through external partnerships with other faith or health care missions.

To enhance “internal collaboration,” Sister Pat Eck has focused on “what we believe about people, the policies and procedures that direct the life of the organization, including the organizational framework that structures our life together.”<sup>37</sup> Educational programs “promote the value of employees and draw out their creative contributions.” In regard to the BSHSI board, Sister Pat has valued equally the board members’ interests in Catholic health care and their expertise. Leadership performance objectives, compensation, and benefits recognize that “we are asking people to understand Catholic identity and what the world is calling for, to make a difference in the world.” Local boards support executives in what they need to do to be successful; there are levels of accountability and performance reports evaluated against objectives. Compensation packages are important to Catholic health ministry as an expression of justice, showing respect for employees and their life needs.

To improve communication of mission, Sister Pat Eck analyzed decision-making affecting BSHSI governance, executive leadership, and delivery systems. She designed roles and an organizational structure to ensure that Bon Secours sisters influence mission decisions. In 1991, Vice President of Mission positions (also called Mission Leaders) were among the first roles of influence. As time went on, we broadened that role and opened it to people who were not Sisters of Bon Secours.<sup>38</sup>

Our decision reflected our acceptance of the reality that in the future we might not necessarily have Bon Secours sisters available to fill all mission positions. We became creative in finding ways to accomplish our mission in collaboration with others, as Sister Rosie explained:

We saw that we had many qualified people dedicated to mission who were not Sisters of Bon Secours. We developed formation programs to educate Mission

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<sup>37</sup> Patricia Eck, CBS, “Collaboration as a Way of Life: The Sisters of Bon Secours,” *LCWR Occasional Papers*, Winter 1998, pp. 13–18.

<sup>38</sup> In 1987, we began hiring women and men religious from other congregations and lay persons to serve as BSHSI Mission Leaders.

Leaders and others in leadership positions. People in our facilities say that they feel the Bon Secours presence, even without sisters. . . . Our colleagues have created a compassionate, healing environment in all of the hospitals throughout BSHSI.

In 2001, BSHSI created new Senior Vice Presidents of Sponsorship positions, responsible for governance and mission. Six women religious, including two from other congregations, were hired for that role. These Sponsorship Vice Presidents have been involved in the hiring and education of leadership, strategic negotiations, design of sponsorship policies, and implementation of Ethical and Religious Directives for Catholic Healthcare Services.

On assuming this sponsorship position in 2001, Sister Anne Lutz said:

I have the opportunity to make a difference on the governance level as well as with key leadership in my facilities. I am involved in everything from human resource policies to patient care policies.<sup>39</sup>

Our sponsorship model recognizes the importance of ministry education to empower people. In developing BSHSI's approach to leadership formation, Sister Pat Eck drew on a model she helped develop during the early 2000s for the Catholic Health Association (CHA).<sup>40</sup> The Bon Secours model of leadership formation teaches four core competencies: reflection, reality, values, and decisions. The last is a distinctive competency of Catholic health care, focusing on the integration of Catholic principles and the Bon Secours charism into BSHSI strategy and operations.

Today, BSHSI offers education in leadership development through its Bon Secours Institute and in ministry leadership through its Center for Ministry Leadership, established around 2007. The Center for Ministry

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<sup>39</sup> *Focus*, Spring 2001, p. 4.

<sup>40</sup> In 2001, Sister Pat Eck was elected as CHA's vice chairperson/chairperson elect of the board of trustees.

Leadership offers programs teaching core competencies for ministry leadership, required of senior executives. These core programs include a two-day program on fundamentals of ministry leadership, a year-long intensive program on Legacy and Leadership, and a select program, Ministry Leadership Formation, preparing BSHSI executives to lead change affecting the world. The center is also developing new programs for ongoing formation. As sisters, we continue to play a leading role in the education of leaders, often by providing feedback on the design of leadership programs.

BSHSI has also explored how to enable employees to exercise individual creativity, as Sister Pat Eck explained:

Some procedures need to be precise; some don't. What do you need to be clear about? For example, to be considered for leadership positions, employees are required to participate in our ministry formation program. We have worked hard on ministry leadership; people want to get into these programs.

The Bon Secours Institute has designed educational programs to enable employees to develop themselves. Helping employees has been essential to realizing our vision; it does not matter who is in the organization. Everyone has a calling to participate in our mission.

Apart from its formal programs, BSHSI employees have informally encouraged one another to seize opportunities spontaneously to serve the Bon Secours mission. One illustrative story, gathered from a letter from Maryview Medical Center, in Portsmouth, Virginia, in 1992, shows how one employee identified a need to act in a case of injustice and was quickly supported by his Maryview colleagues.<sup>41</sup> In the early 1990s, a Liberian physician and his family had just settled in Hampton Roads, having been rescued by Catholic Charities after they had received death threats from rebels during Liberia's civil war, which began in 1989. Previously, the physician had served as Deputy Chief Executive Officer for Medical

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<sup>41</sup> *Provincial Assembly*, 1992, Sisters of Bon Secours, USA, bound copy, USA Archives, Marriottsville, MD.

Affairs at a 1,000-bed hospital in Liberia. He had also led several disaster relief efforts, including Operation Smile Liberia, and had assisted U.S. physicians in developing training for Liberian medical residents. In his medical practice, this physician was widely respected for his care of indigent patients, refusing to allow bills to be sent to those he knew could not pay.

During the civil war, a rebel who had been commanded to kill the physician and his family recognized this man as the physician who had treated his family, and enabled the family to escape. Catholic Charities knew of the physician through Operation Smile and settled the family in Hampton Roads, Virginia. There, however, despite his credentials and experience, the Liberian doctor could find work only as a surgical assistant. Although physicians at the local hospital were aware of his credentials and expertise, none intervened to rectify the apparent discrimination. An ER physician at Maryview, on meeting the physician and learning of his situation, informed Maryview leadership. A Maryview team arranged for the physician to take business courses through the local Minority Business Development Council. In turn, after he had established his own practice, the physician located his office in a medically underserved area of Portsmouth.

As Sister Pat Eck reflected, “When people join Bon Secours, they can begin to understand their daily work is their life work. Compassion becomes vital. The more explicit we are about what’s important, the more people want to participate, and there is an explosion of good will and desire.”

On becoming CEO in 1997, Christopher M. Carney noted how BSHSI has strengthened and expanded our traditional holistic care ministry:

Many in the health care industry are now coming around to an approach to care that was pioneered in many ways by the Sisters of Bon Secours a century ago. We see a

great future for Bon Secours in the many creative ways we can meet the needs of the whole person.<sup>42</sup>

With passage of the U.S. Affordable Care Act, Sister Anne Lutz observed, “We have an opportunity to work with the people in our communities to have their own primary care physician to receive health care. At the same time we meet with them to better understand their needs. By listening to them and collaborating with others, we address the social determinates of health in each area we serve.” Evidence shows that preventive care, combined with community development, enables people to improve their lives in many ways. Children who live in safe neighborhoods with access to nutritious food and preventive care are better able to concentrate in school.

In administration, community organizing, and pastoral care, the essential motivation has been our desire, nurtured by grace, to make a difference in another’s life. As Executive Vice President of Sponsorship in BSHSI, Sister Anne’s role is to work with Mission Leaders addressing the needs of those we serve, be it acute care, care of the elderly, or meeting the needs of those in our communities. “We are called to alleviate suffering, bring people to wholeness, and let people know that there is a God who loves you.” As the system has grown, its strategic planning process has required analysis of insights gathered from thousands of people across the system.

Yet, everyone, including top leadership, may experience the grace of transforming another’s life. Sister Anne shared one memorable story:

I was making rounds with a Mission Leader in one of our Senior Apartment buildings—an elderly woman came out of her apartment. I introduced myself to her and asked “how is your apartment?” My thought was is everything alright—meeting her expectations, etc.

Her response was, “Honey do you really know Bon Secours? They are wonderful.” She took my face in her

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<sup>42</sup> *Focus*, Winter 1997, p. 5.

hands and said, “This is the first time in my life I ever felt safe to sleep at night.”

I was speechless for a moment; I have never NOT felt safe to sleep at night. After I got over my shock, she and I had a heartfelt conversation.

Many people contributed to that grace, not least the CEO and Bon Secours Baltimore Housing Department, who understood the elderly woman’s needs.

To ensure our sponsorship of our health care ministries in perpetuity, we formed and applied to the Vatican for approval of Bon Secours Ministries as a ministerial juridic person<sup>43</sup> and sponsor of BSHSI. Sponsorship, in this context, means “the formal relationship between a public ministry and the Catholic Church characterized by fidelity, community, integrity, and stewardship.”<sup>44</sup>

The decision to apply for status as a ministerial juridic person was difficult because, at least symbolically, it meant ceding sponsorship of the health system to a new entity, but we realized that there might come a time in the future when there would be too few sisters active in ministries to continue our sponsorship. In approving our request in 2006, the Vatican’s Congregation for Institutes of Consecrated Life and Societies of Apostolic Life (CICLSAL) recognized the dedication of our executive leadership to preserve and promote Catholic identity. Bon Secours Ministries is composed of seven members, including Sisters of Bon Secours and colleagues. Bon Secours Ministries’ members report annually

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<sup>43</sup> “Bon Secours Ministries is the name of the Church-approved sponsoring entity formed by the Sisters of Bon Secours to conduct their health care ministry. . . . A juridic person . . . is an entity or group of persons created and authorized by the Catholic Church and dedicated to the purposes of helping the Church achieve its mission. It is analogous to a corporation in civil law.” *Bon Secours Ministries Announcement*, 2006.

<sup>44</sup> This definition of sponsorship was adopted by our Bon Secours congregation at our General Chapter in 2009.

to CICLSAL in Rome on how we have lived by our mission and directional statements.

In 2006, recognizing the importance of education of future generations of leaders, we reserved the right of Bon Secours Ministries to provide leadership education and strategic direction for BSHSI. In 2008, Bon Secours Ministries articulated a directional statement, *A Future Filled with Hope*, which guided BSHSI in its strategic planning for 2010–2012.<sup>45</sup> *A Future Filled with Hope* has also guided BSHSI leadership formation programs.

Three decades earlier, upon creation of BSHSI, Sister Justine proclaimed, “This is our opportunity to provide courageous leadership in the delivery of health care.” Since 1983, BSHSI has grown through collaboration.

Sister Anne Marie Mack has held leadership positions in our Bon Secours Grosse Pointe, Michigan, facility and served as a member on several of our local boards. Since 2005, she has served as our Richmond Health System’s Vice President of Mission as well as Senior Vice President of Sponsorship for BSHSI. Her experience made her an obvious choice to be one of the original seven members of Bon Secours Ministries. She has felt awed by and grateful for the tremendous contribution that lay ministry has made to Bon Secours:

Now, besides having 28 sisters we have thousands of people in our Health System who have embraced our values and mission. These dedicated persons share our concern about providing care for all people within our communities.

We have used the opportunities realized as a result of our sisters’ efforts in institutional development to alleviate suffering and bring hope, as

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<sup>45</sup> *Sisters of Bon Secours USA, A Future Filled with Hope*, 2008. Sisters of Bon Secours, USA, USA Archives, Marriottsville, MD. The 2015 directional statement, *Bon Secours Ministries Directional Statement for Bon Secours Health System, Inc.*, is included in the Appendix listing our statements.

articulated in our directional statements. We have been inspired and nourished by the faith and commitment of those whose needs we have served.

### **Community Health Advocates**

During the 1990s, Sister Nancy was living in West Baltimore and serving as Community Development Associate at our Bon Secours Hospital in Baltimore. She was following in Sister Theophane Klingelhofer's footsteps, utilizing BSHSI's greater resources to realize Sister Theophane's vision of community revitalization through health partnerships. As administrator from 1961 to 1971, Sister Theophane created the West Baltimore Community Health Center, Washington Village Community Health Care Center, and a pharmacy assistance fund. In the 1990s, Sister Nancy conducted conversations with people she knew as neighbors about what would make the community healthy:

One of the ministries that I most loved was working in Baltimore as Community Outreach Coordinator. This role reflected our realization that suffering and healing occurred not only within patients but also within whole communities. My job was to meet with small groups to find out what their needs were and how the Hospital could help. People spoke about little problems, such as removing trash from alleys. It was liberating for all of us to realize that by coming together, we could alleviate the community's problems. As an institution with clout in the city, the Hospital was able to intervene in ways that an individual couldn't.

With greater resources, we have been able to intervene on behalf of the most vulnerable people in our communities, giving them dignity—not only a safe house and a clean neighborhood but also a voice in the development of the neighborhood. In early 2000, BSHSI increased its investment in community health partnerships, encompassing a range of socioeconomic initiatives. For example, in partnership with the Small Business Administration, the Bon Secours Community Investment Fund



was initiated in January 2001 to assist small business start-ups. In 2002, BSHSI began its Healthy Community initiatives.

In that West Baltimore neighborhood, several Catholic religious and civic organizations have served residents' spiritual and material needs as far back as the 1800s. Our neighbors have been Capuchin Order priests, School Sisters of Notre Dame, the Mission Helpers of the Sacred Heart, Sisters of Mercy, and Brendan Walsh and Willa Bickham at Viva House, the Baltimore Catholic Worker house. In the early 1990s, Bon Secours purchased a recently closed school, St. Martin's Academy, from the Archdiocese. After two months of discussions with local leaders, Brother Art, Sister Nancy, and George Kleb, together with the Operation ReachOut Steering Committee, recommended that the best use of the converted school was as a Community Support Center.

Catholic leaders in the neighborhood have shared ministry ideas and resources, including houses, with one another. Earlier we had tried, without success, to establish a volunteer ministry. Observing the Capuchins' volunteer community reignited our interest in that earlier initiative. Thus, our sisters living on Fulton Avenue in the 1990s proposed that Bon Secours develop a comparable volunteer ministry—a year of service for young adults, living in a faith community. We began with our first director, Eileen Kiefer, and young adult Volunteers in 1999. By 2004, the Volunteers were housed in the Sisters of Mercy former convent on Poppleton Street. As our current director, Shannon Curran, has said, Volunteer Ministry has given Volunteers and its directors an opportunity to practice discipleship with sisters, co-creating Bon Secours Volunteer Ministry.

Bon Secours Volunteer Ministry (BSVM) has been an important lay ministry for young adults interested in health care and social justice. Like us, our Volunteers have lived among people coping with poverty. Most Volunteers have served as community health liaisons at our Baltimore Hospital. Others have served as teachers at Sisters' Academy, a sponsored ministry we describe later in this chapter. Sisters Pat Dowling, Mary Rita Nangle, and Nancy have lived only a few blocks from the Volunteers. They have all experienced the intermittent violence of the neighborhood and its effect on health.

In 2014, neighborhood violence touched the Volunteers directly. On Memorial Day, the Volunteers arrived home from a weekend camping trip and found Baltimore police officers inspecting the flowerbed in front of their house. A double shooting had occurred that morning: one victim, found lying in the flowerbed, had survived; the other victim, a 15-year-old, did not survive. At the end of their year, in a letter to incoming 2015 Volunteers, the 2014 Volunteers shared reflections on the lives that had touched them:

We struggle to comprehend the violence in this neighborhood and the suffering it causes. Watching the teenager's father attempt to wash the blood off the pavement where his son had been killed, we felt broken and blind to hope. But we are also grateful for being given the opportunity to carry a piece of our neighbor's burden. This death has emboldened us in our mission here in Baltimore: We minister to our neighbors by offering our unconditional presence of faith, hope, and love.

As Shannon shared, the Volunteers have seen how immersion in the lives of Baltimore's inner city residents has strengthened their hearts in ways the Gospel preaches:

Living in the neighborhood, with its intermittent violence, we have come to appreciate the effect that has on the quality and length of life for people living in poverty. It's different for us, given that we have chosen to be there; nevertheless, our Volunteers and I feel things with our neighbors, because we're immersed. We were able to be present to the family, as they were mourning, because we lived in the neighborhood. The experience enabled the Volunteers to open their hearts.

Our Volunteers have also gained valuable technical skills and experience in community health, including interpersonal skills, which can be learned only through experience. Patrick O'Neil, a Volunteer in 2013, later hired

full time as a Neighborhood Health Advocate at our Baltimore Bon Secours Hospital, was responsible for helping residents with nutrition, exercise, quitting smoking, and access to primary care. His consultations with patients about the details of their lives and health have taught him to listen: “Often I have to check myself and realize that what I see as a patient’s needs might differ from what the patient has in mind; I have to help the patient achieve his or her own goals first.”

Our Bon Secours Volunteer Ministry is structured around five program pillars:

1. Learning through Service with Others
2. Practicing God’s Justice
3. Developing Community
4. Growing Spiritually
5. Living Simply

In formation and private reflection, Volunteers engage with these five program pillars—foundational for their year of service and, as we hope, throughout their lives. Community life meetings and periodic retreats nurture communication between Volunteers and foster their spiritual growth and simple living, economizing resources. Both work and personal time provide opportunities to embody God’s justice on behalf of people in need. Volunteers have found that such service opens their hearts; they realize that they have been served by the Christ they encounter in others.

When asked about her experiences of liberation during her year of service, Volunteer Rebecca McCunniff reflected on the mutuality of her relationships at the Bon Secours Family Resource Center. She felt liberated to love more broadly: “My time in Bon Secours Volunteer Ministry has freed me from limiting social structures. I have grown to love and build relationships with people of various ages, races, religions, and economic backgrounds.” Her experience underscores how liberation is often felt as a break from past limitations.

During the current period, sisters and colleagues have initiated many projects spread across our facilities, expressing solidarity. In 1992—implementing a U.S. mission priority through Sister Rosie’s leadership—Lawrence Redoutey, Bon Secours Hospital Grosse Pointe’s Assistant Administrator, and Sheila Behler, R.N., founded the Center for Good

Help in Detroit. During its existence, the center offered free health care, primarily to women and children. Situated on the campus of Detroit's Grateful Home, Inc., the Center for Good Help operated independently as a program of the Sisters of Bon Secours.

Grateful Home managed a substance-abuse rehabilitation program and an emergency shelter for women and children offering day care and transitional housing. We collaborated with Detroit Rescue Mission Ministries and our Bon Secours Hospital in Grosse Pointe to provide a coalition of services through our Center for Good Help. Caring extended beyond meeting medical needs. During holidays—at Christmas, for example—the residents received gifts from the hospital staff, with a note addressed to each resident individually. For some, this gift was the first they had ever received with their name on it.<sup>46</sup>

More recently, our Women's Resource Center in West Baltimore has provided a gathering place where women in difficult situations have, through the grace of friendship and material assistance, experienced liberation. Sister Pat Dowling founded the center around 1997, drawing on her experiences in Riobamba, Ecuador, from 1994 to 1997. Sister Pat explained her motivation as follows:

Often people need to be listened to and to feel part of a community. Hospitality and compassion lead to healing in different ways. Taking a step in the door of the Women's Resource Center has given many women a refuge.

The Women's Resource Center has offered women the bond of friendship, as Sister Anna Mae Crane explained:

[W]omen who come through our doors [are our] guests, and lunch is served to them, rather than presented buffet style. . . . [We] offer classes . . . [and] a computer lab to help them with job searches . . . and events, such as parenting classes. Women may use the Center to collect

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<sup>46</sup> *Focus*, Late Summer 1994.

mail, do laundry, and take showers . . . I am honored to do my small part to make life better for these women.<sup>47</sup>

Spiritual friendship can be mutually transformative, as Sister Pat Dowling recounted in this story:

A woman who had been abused repeatedly ended up going to jail because she defended herself. One day, her abuser was choking her; they were in the kitchen. She grabbed a knife and cut his arm. Then she fled. He bled to death. Because she fled the scene of the crime, even though the police saw choke marks on her neck, she was convicted and sent to jail for two years. I remember visiting her in prison and speaking with her public defender. I let her know that we were not abandoning her, that I would be there to support her. After her release from prison, we helped her to get into a safe place to turn her life around, and she became very successful.

In spiritual direction, we have helped people recover from social and psychological trauma and experience redemptive hope. Accompaniment, to be with people in suffering, helps people not to lose hope, not to feel cornered or victimized. Accompaniment, whether by being a presence or by offering assistance, helps people see that there's something beyond the immediate situation. We can be enslaved if we refuse to consider that there is a God who loves us unconditionally. God cares about us; we're not just puppets, and we're not just isolated, but God is actively involved in our world and wants to have a relationship with us, wants us to hope, even in the midst of suffering or oppression or despair.

In everyday situations, as we have recounted, we have bonded with people in our neighborhoods and found hope. Sister Pat Dowling shared how her West Baltimore neighbors have created gathering spaces—on a stoop or street corner—to stand together against violence:

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<sup>47</sup> "A Holy Year of Mercy," *Focus*, Spring 2016, p. 8.

After a recent shooting in our neighborhood, involving two young men, maybe twenty years old, something unusual happened. The parents of the son who had been murdered sat on their front stoop. Lots of people came by. The couple could have shut themselves off in the house. Neighbors dropped by. I visited to offer not only condolences but also prayers and material support.

We were liberating one another from fear of retaliation from drug-related violence, or fear that one has no choice but to live with violence.

After a similar shooting in the neighborhood, we gathered as one on a street corner, holding signs advocating for peace. Our message was: “Look, this is wrong. We are not going to be victims. We are not going to stay inside our houses and be fearful. We are standing together as a community against violence.”

Since the early 1990s, our Vice Presidents of Mission have been BSHSI liaisons within communities, nurturing healing partly by creating safe places for people suffering from violence, poverty, and various social ills. Their role, given often limited funds and vast needs, has been to maximize care by developing health partnerships. In 2000, Sister Fran Gorsuch was hired as Vice President for Mission at the Good Samaritan Medical Regional Center in Rockland County, New York, a small hospital. Surviving on limited resources, Good Samaritan has served its mission by forming community partnerships.

Recently, our congregation has defined the protection of child victims of abuse and trafficking as a mission priority. To handle these cases in Rockland County, Sister Fran and her county partners first had to find a suitable location and equip it properly. As Sister Fran has recounted, the search required patience, but, “on God’s timing,” everything came together:

Rockland County didn't have any center where a child suspected of having suffered sexual abuse could be accompanied through interviews and testing. At a County meeting with police chiefs, the District Attorney's office, Rockland's family shelter, child protective services, and the department of social services, we decided to pursue options at Good Samaritan. Our Chief Operating Officer, Joe, and I searched for three years. Then, almost miraculously, the place and the people to convert the donated space to our needs were given to us. Good Samaritan donated the building but didn't need to invest any money. The District Attorney's office took care of relocating files. Labor unions donated their time and materials. Working with an interior designer they painted the young adults' room bold green, and decorated the children's room with animal prints, supplying children's furniture. Cameras were built in to videotape interviews that the detective, Mary Murphy, has conducted with the children, thus removing the need for children under age fifteen to testify in court.

In this setting, testimony from traumatized children is gathered with extraordinary tenderness and compassion. Sensitive to the children's trepidation in her presence, Detective Mary conceived an ingenious solution. She called a local seeing-eye dog training school to inquire whether there were any dogs who had, in effect, flunked out of their program. The response was that "some have gone onto other careers," and Detective Mary, given the nature of her request, was put at the top of their list, should such a dog become available. In due course, Lilly, a gorgeous dog not sufficiently assertive to serve as a seeing-eye companion, joined the county protective services team. Children have loved her. Hesitant to speak with Detective Mary, the children have been invited to share their story with Lilly. In Lilly's benign presence, they have recounted—with Detective Mary sitting nearby taking notes—the details of what happened to them.

To this day, Rockland County's community health organizations collaborate in managing a Special Victims Center, located on the grounds

of Good Samaritan Regional Medical Center and operating under the auspices of the District Attorney. The center serves victims of sexual abuse, fraud, violence, or legal misrepresentation. The county partners have met profound needs—people who were hesitant to speak about violence and suffering have found courage to do so. In the early 2000s, various community services representatives attending a dinner were seated at a long table, and one asked Sister Fran how many cases of child abuse there were in the county. A man at other end of the table responded, “Many more than anyone would ever imagine.” He was a family court judge.

Federally funded community health centers have also been effective in serving community health needs because of their involvement with people from the community. Bon Secours sisters and Associates have offered their expertise as board members. In the 1980s and 1990s, Sister Elaine Davia and Betty Norman, an Associate, served as trustees of Bon Secours Washington Village Community Health Center, one of the first federally funded health centers in Baltimore. As Sister Elaine recalled, its advisory board included “high-powered, outspoken people from the surrounding Pigtown community.”<sup>48</sup> They were busy professionals—some brought work to meetings—and had strong feelings about what a community health center should be, serving the insured and the uninsured.” Initially, its physicians were reluctant to treat AIDS patients, and the center was not prepared to receive them. Sister Elaine led a study with her colleagues, and the Washington Village Center prepared its staff and facility to treat AIDS patients. Community health centers have enjoyed bipartisan support in Congress, and, according to Sister Elaine, they *would be* an answer to community health, if the program were funded sufficiently.

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<sup>48</sup> Washington Village, also known as Pigtown, is a neighborhood in the Southwest District of Baltimore, two blocks from downtown. It’s one of the most socially, racially, and economically diverse neighborhoods in the city. It acquired its name, Pigtown, during the second half of the nineteenth century because of the many butcher shops and meat packing plants in the area. Pigs transported from the Midwest on the B & O Railroad were unloaded and herded through Pigtown’s streets to nearby plants. Today, Pigtown hosts an annual festival that is famous for its pig race, called “The Squeekness,” commemorating this history.



Similarly, in the late 1980s, Sister Margaret “Peggy” Mathewson, a nurse practitioner at our Bon Secours Hospital in Grosse Pointe, Michigan, worked with a federally funded community health center in Detroit, run by the Sisters of Mercy. She conducted home health assessments for elderly patients as part of a team of nurses and social workers, who offered a range of community services. Sister Peggy remembered how the violence of Detroit’s poor neighborhoods isolated elderly residents:

In one house, a lady, living alone, had no toilet or food. Outside her house, a sign warned “Beware, armed area” because of drug-related shootings. I had never seen such a warning! I got her a commode, some food, and arranged for regular visits. Knocking on the door of the next house, the man answering the door told me, “You need to get out of here, lady! Listen to me, go home: get off the street!” Just then I heard shots in the background.

During those years, our Bon Secours Hospital in Grosse Pointe collaborated with the Mercy sisters and local parish nurses to attend to the needs of the most vulnerable in the surrounding community. Our Bon Secours Hospital offered various programs to engage the elderly in activities around the hospital, connecting them with parishes. Sister Peggy recalled the hospital’s “55+ Program,” offering lectures, music, and supper every Friday night at the hospital.

Parish nurses have been another essential component of community health. Parish nurses have worked alongside nurse practitioners, serving as liaisons, coordinating with local hospitals, community health centers, and parishes to meet the sick and elderly patients’ needs. In the late 1990s, Sister Alice Talone helped develop parish nursing throughout BSHSI. She perceived the need for an advocate-liaison after having worked in hospitals as a nurse, chaplain, patient advocate, and Vice President for Mission in Bon Secours Hospital in Baltimore.

As parish nurse, Sister Alice helped elderly sick and their families gain access to health resources and screenings; she facilitated referrals to physicians. She also trained parishioners in caring for the sick. In parishes,

Sister Alice found that priests were often overwhelmed by other responsibilities and depended on nurses and volunteers:

In my parishes, the priests weren't going into the homes to give the sacraments. Administration consumed their time. One of my most memorable patients was an elderly woman who had strong spirit and energy. After working for thirty years, she had joined the Peace Corps and moved to St. Lucia! When I met her, she had recently learned that she had ovarian cancer. She was initially reserved with me. She lived alone; her only son lived an hour away, and didn't visit often. Our relationship developed, and one day she told me, "God said he would never leave me alone, and he sent me you." I still feel moved by her today. I was with her in the hospital while she was dying. God used me to serve someone in real need. That's the essence of my life's ministry.

Other sisters, including Sisters Elaine, Elizabeth Durney, and Margaret "Peggy" Whiteneck, founded clinics to provide medical care to communities in need. In the era before the Affordable Care Act, low-income people without employer-provided health insurance had no place to turn but the emergency room for treatment. "They just can't afford health insurance," Sister Elaine noted. "The money they make is minimum, and it goes into housing, child care, food. . . . They say they take one day at a time and hope they don't get sick."<sup>49</sup> The clinics started by sisters provided primary and preventative care that was simply unavailable to uninsured patients outside the emergency room. Funded by Bon Secours and local community groups, these clinics showed local communities the need for permanent health care facilities for the poor and often led to Federally Qualified Community Health Centers.

For example, in 1990, Sister Elaine established the Elm Avenue Center for Health (E.A.C.H.) in Portsmouth, Virginia, to offer preventive care to

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<sup>49</sup> Tom Holden, "Free Clinics Service the 'Working Poor,'" *Virginia Pilot and Ledger Star*, 11/18/1991.

economically poor residents through medical care, early intervention, and education. With a goal to reduce reliance on emergency room care, the clinic monitored and treated chronic conditions like hypertension and diabetes before hospitalization was necessary. Community expectations were high. In her first year, she received a note saying, “We look forward to the Center’s solving the problems in Portsmouth.”<sup>50</sup> And patient-by-patient, Sister Elaine did just that, singlehandedly aiding 150–200 a month. There were tensions, especially from local physicians who were initially concerned that the clinic would diminish demand for their services. In the end, the clinic did reduce incidence of emergency care without affecting demand for private practice. Actually, many of the private practice physicians eventually volunteered at the center or agreed to see patients from E.A.C.H. in their offices. Patients learned to monitor their behavior and make healthy choices, and with another innovation from Sister Elaine, afford medication. Working with a local pharmacy, she created a community-based organization, Medication Access Program for Portsmouth, to raise the funds to offset the high cost of drugs and medications for clinic patients. Initially funded by grants from Portsmouth General Hospital Foundation, E.A.C.H. benefited from the support of local businesses, physicians, and individuals. The center closed after a Federally Qualified Community Health Center was established to serve the community's needs.

In Richmond in the late 1980s and early 1990s, Sister Elizabeth Durney established *Chez Vous* (“Your Home” in French) to serve the city’s poor and homebound elderly, introducing them to a community. Like Sister Elaine, Sister Elizabeth was inventive, entrepreneurial, and resourceful. Her compassion was powerful and contagious. Sister Elizabeth was moved by the plight of the elderly poor whom she met while working as St. Mary’s community health liaison. She visited shelters and soup kitchens, identifying health problems, bringing people to walk-in clinics. Those benefiting were mostly uninsured and without transportation, which Sister Elizabeth arranged. She created *Chez Vous* to relieve the elderly of their isolation and form a community of service, involving volunteers and Associates, who visited seniors in their homes, connecting

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<sup>50</sup> *Focus*, Summer 1990, p. 3.

them with their parishes. Chez Vous, a house leased from St. Mary's Hospital, became a gathering place where people found ways to help one another.

In 1990, Sister Peggy Whiteneck, then Vice President for Mission at Bon Secours Villa Maria Rehabilitation Center in North Miami, Florida, developed Project Good Help. It was a collaboration of diverse churches, providing support services to enable the elderly poor in a largely Spanish-speaking neighborhood to live independently in their community. Under new insurance regulations, elderly poor were often discharged from hospitals prematurely, before they were strong enough to live independently.

The project also assisted clients in obtaining citizenship. They represented a religiously and ethnically diverse community, including Catholic, African American Methodist, and Baptist faiths. Sister Peggy spoke Spanish, and Project Good Help's staff spoke Spanish, French, and Creole. Sister Frances McCabe observed how obtaining citizenship was essential to her clients' health:

It means much to these individuals to become American citizens. They work hard for it. And once they become citizens, it is easier for them to receive the help and services they need.<sup>51</sup>

Project Good Help received funding from public and private sources but relied heavily on Bon Secours support. In 1994, Villa Maria Rehabilitation Center was transferred to the Archdiocese of Miami. Sisters Frances McCabe, Theresa Marie Hoguet, and Mary Augustine Lanahan remained dedicated to Project Good Help until it closed in 2009, due to decreased demand for its services.<sup>52</sup>

Through our mobile clinics, we have given access to health care to underserved and marginalized communities. In 1998, Sister Elaine moved

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<sup>51</sup> *Focus*, Fall 2003.

<sup>52</sup> *Focus*, Spring 1996.

from Portsmouth, Virginia, to Arcadia, Florida, an area where many migrant farm workers lacked health care. She participated in establishing Clínica de Ayuda, an initiative of Bon Secours St. Joseph Hospital in Port Charlotte, Catholic Charities, the Desoto County Public Health Department, and the Diocese of Venice, Florida. Sister Elaine began by organizing focus groups with some fifty workers and family members to learn what they thought would make the community healthy. To our surprise, dental care was their greatest need; second was affordable health care—none suggested “free,” for they would pay what they could—and, third was clinic hours during evenings and Saturdays. Sister Elaine and her partners designed a clinic around those needs. However, she encountered resistance when seeking permits:

Building and Grounds wouldn't grant us a permit to open the clinic after all the work was done. They were concerned that if we opened the clinic, the migrant workers wouldn't leave town when the citrus picking was done. I met a sympathetic, social-minded, folk musician lawyer who bargained over a golf game with the county commissioner . . . and then we made progress. We opened our clinic five days and two nights a week, including Saturdays. It was staffed with volunteers, some of whom spoke Spanish. We cared for some thirty or forty patients a day providing both medical and dental care.

Funded initially by the BSHSI Mission Fund and the Ounce of Prevention Foundation of Florida, the clinic ran for five years, following over 5,000 patients. After five years, the city opened a Federally Qualified Community Health Center, and the Clínica's patients were transferred there. Sister Elaine worked in this clinic for several years to help transition her patients. The Clínica building then became a full-time dental center, supported by the Health Department, using Federal Emergency Management Agency funds obtained in the aftermath of Hurricane Charlie.

For Sister Elaine, the value of her ministry as a registered nurse and nurse practitioner has been the special one-on-one encounters, crossing barriers

of race, ethnicity, and sometimes language, mutually sharing the love of and trust in Jesus:

I had a young mother as a patient who was raising two small children. The money she made one day paid for the food the family lived on that day. “How do you sleep at night?” I asked her one day. “I would be so worried about what if I couldn’t work, what would happen to my children.” She said, “Oh, sister, I pray to Jesus every day. Jesus takes good care of me and my babies.” That’s faith, trust and resilience, and in her case, great hope in Jesus. Often when I am feeling worried about something, I remember her words very clearly.

Sister Elaine has cultivated patience and trust in God to discern how to connect with patients hardened by inner turmoil and social exclusion:

A young man, both alcoholic and a drug-user, visited the clinic for a minor ailment. Homeless, he had no work skills. He was clearly a walking time bomb. While treating him, I said to myself, “I can’t do anything about his life situation, money is not an answer, but what I *can* do is respect him with every bit of respect I have and hope that he will come back. I can give him a support system.” As he was getting ready to go, I said, “When you come back, we’ll treat that acne,” which I had noticed. He smiled, as if to say, “This person noticed *me*, not my problems with alcohol and drugs.” He might not have felt redemption, but his smile suggested he might return. There’s hope.

In many ways, health care is a spiritual ministry. Almost all of Sister Elaine’s experiences as a nurse have been caring for individuals who are economically poor, on the margins, and lack health insurance:

I have tried to treat my patients like Jesus would, with great respect, as if they had deliberately chosen to visit this clinic over many others. Those who are poor usually don’t have options; we forget that because we do have

choices. I've tried to listen for the root causes of my patients' illnesses. Often, there's a spiritual cause, and I have tried to help my patients discover that.

When patients share from their deepest selves, we, as caregivers, feel the presence of Christ at work, helping us to hear and respond in the way that is truly needed. Such encounters with patients have offered the most meaningful, spiritual moments of our ministry and lives.

### Counselors on Behalf of the Dying and Their Caregivers

In hospice, and in palliative and pastoral care generally, we have been counselors with patients, family, and medical staff. Our role has been to create trust to enable candid conversations about illness and dying. We have found various ways to encourage people to share their fears and uncertainty. Sometimes sharing our own vulnerability in confronting uncertainty has helped to establish trust.

As home hospice nurses, we have nurtured healing in family relationships, as Sister Rosie recalled during one memorable visit during the early 1990s in Baltimore:

A 29-year old woman with AIDS had returned home with her little boy to be with and be cared for by her parents. I had been visiting the family for about six months when I received a call that she was dying. On arrival, I sat with her mother and three sisters around her bed. After a while, her mother asked me, "Why is it taking so long." "Why is she struggling?" I knew what she meant, and I asked, "Where is her father?" He was in the basement; he couldn't face his daughter's death. I went downstairs to talk with him and after we spoke, he came upstairs and sat on the edge of his daughter's bed. He took her in his arms, and told her that he loved her. She died shortly after that. To this day, I get chills remembering that grace.

That story is memorable both for the final grace and for the humanity of the family. Sister Rosie has frequently reflected on the contrast between

the level of caring given by family members in West Baltimore homes and the negative light in which the neighborhood is often portrayed in the news. As Pope Francis has said, cities can be places of encounter, if we overcome barriers blocking us from seeing our common humanity.

Dr. Vicky Segura has been a hospice physician since 1986. Like Sister Rosie, Dr. Segura recalled situations when she was able to help patients and family members find peace during the final moments of a relative's life. In Detroit around 2012, she was caring for a young man who had AIDS and an advanced form of cancer: "In addition to experiencing severe pain that required constant adjustments of the strong medications to provide comfort, he was isolated and estranged from his family." Dr. Segura worked with the hospice team and arranged for the young man, as he was dying, to reconcile with his brother. Our charism of compassion strengthened her resolve to find a way to help the brothers reconcile.<sup>53</sup>

Hospice can be both a difficult and an inspiring ministry—especially, as Dr. Segura shared, in cases of long illnesses that are difficult to treat. She recently undertook care of a man who was dying slowly from multiple syndrome, a rare neurodegenerative disorder. His insurance had ceased to cover hospice. Nevertheless, Dr. Segura followed his case, visiting the couple regularly. "I was struck by his wife's devotion and patience. It's difficult to care for one who is slowly dying from multiple syndrome because the changes are not dramatic, not like cancer or Alzheimer's." Experiences like this one are forms of prayer, moving us into a deeper relationship with life and, ultimately, with God.

As a chaplain, Sister Mary Shimo has focused on building trust with her patients, their families, and her physician colleagues to enable discussion of the dying process. She has helped relieve patients and their families of possible doubts, misconceptions, and fears. Sister Mary served as chaplain during the 1980s and 1990s at St. Mary's Hospital in Richmond, Virginia; and Bon Secours Hospital Baltimore and Carroll County General Hospital, both in Maryland. As a member of the Clinical Ethics Committee at Carroll County General Hospital, Sister Mary helped

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<sup>53</sup> *Focus*, 2012 Fall.



doctors and families understand and honor advanced directives. As a pastoral counselor, she has remembered the most difficult cases, those involving a child's terminal illness or death:

People can handle a lot more than they think—as long as they have a trusted friend. I visited people before surgery and after surgery, been with patients at the moment they learned that they have cancer, or with families deciding about disconnecting a ventilator. I have counseled families on the death of children pre-birth, at birth, or soon after birth. One year, there were three infants who died in swimming pools. The children's deaths are the hardest to bear.

Sister Mary has been sustained by her spirituality—finding Jesus among those who are suffering—and by the grace of making a difference in another's life. As chaplain, she has been with parents while their children were in intensive care or the emergency room: “You can make a significant difference in how parents remember those hours and find meaning in the rest of their lives.”

At Carroll County General Hospital, Sister Mary encouraged physicians to allow family members to be present in the emergency room or intensive care unit, standing at the head of the bed:

During emergency procedures, it was important that parents could see their child and if possible touch the child's head. There's no way you can replace that. Later, the parent had seen that everything was done to treat their child. They have no doubts. Some doctors initially resisted my intervention on behalf of parents—until they came to trust me and my abilities.

As a fetal demise counselor in Carroll County General Hospital, Sister Mary helped mothers and families grieve for and bury babies who died in the womb. Through counseling, Sister Mary has given families courage to view their babies: “People thought their babies might look grotesque, but they came to see their babies as their loved ones who lived while in utero.”

Parents were able to bury their babies respectfully; Sister Mary Shimo arranged services through a local funeral home.

As a chaplain in St. Francis Hospital in Charleston, South Carolina, Sister Christine “Chris” Webb has found that one way of helping patients and their families to discuss death is to share her own vulnerability. “I learned to trust and listen for God in every situation. I don’t have answers, and that was hard for me to accept, given my medical technology background.”

In one case, Sister Chris recalled that her presence, even in silence, helped her patient to speak openly about her fear. When Sister Chris and the patient first met, the woman was angry: her first request for a chaplain had somehow been overlooked. Distraught, the woman had undergone surgery. Afterward, her fears were confirmed: the biopsy indicated cancer:

When I entered the room, knowing what had happened, I said “I am so sorry that we weren’t available to you.” She invited me to come back, and we got to know each other. As she was afraid to sleep, I would hold her hand while she slept. In time, she was able to speak about her fears. Her husband, however, had a very hard time with her dying. One day, when she appeared to be dying, he asked me to pray a blessing. With holy water, I prayed a blessing for them both. The next morning, she was up early, eating breakfast, feeling healed and hopeful. A month or two after that, however, she died.

Sister Chris has reflected on the woman’s acceptance of fear and vulnerability as a key to her eventual experience of hope. As a chaplain, she says, “I’ve learned simply to listen to patients. With grieving children, I’ve seen that as everyone becomes vulnerable to the next person, healing occurs.”

Sister Kathleen Moroney also recalled graces of helping others in suffering to heal buried wounds or acknowledge fears. One of her most memorable

experiences occurred during her first days as a chaplain in Port Charlotte, Florida:

As a recently licensed chaplain, I was serving alone; the head chaplain was on vacation. Approaching the nurse station, I was told, "There is a lady in that room, but I don't know if you should visit her or not; she's not with it."

"That's the reason I need to be with her," I said. Still, I was nervous. But as I approached the room, I said to myself, "As an acute care nurse, you cared for people who had had strokes: washed them, fed them, but you never had a chance to talk with them, always rushing to the next patient. Now is your time."

Entering, I gave the woman a big hug. "I'm going to ask you some questions. I know you can't talk. All you have to do is nod or shake your head. Are you married?"

She nodded.

"Have you children?" I had read notes about her children. "How many children?"

She glared at me. Then she pointed to a drawer. I pulled out an album, and she showed me all her children. Her record had said that she had four children, but, in fact, she had five.

"Four children?" I realized the error.

She shook her head, and pointed to the ceiling. And then she cried, and we hugged.

At the nurse's station, I explained the error, but the nurse challenged me: "We keep good records, and how do you know, for the woman can't talk?"

“She can talk. She has five children. One is in heaven.”

“How do you know?”

I pointed my finger to the ceiling, as the woman had.

Like Sister Kathleen, Sister Dorothy has been inspired by her patients, their families, and her colleagues in palliative and hospice care. Sister Dorothy observed that this ministry has been her prayer:

People are at rock bottom, and they're able to accept my support and tell their stories. It's a deeply spiritual time walking with someone experiencing pain or suffering, having gotten news that they didn't want to hear. It's a faith relationship. People trust because they know that you represent God in their lives, by being present, whether you're speaking about religion or not, whether you're praying together, or not. Sometimes the journey is more with the family than with the patient. My experience is that the patient is often spiritually stronger. The family feels helpless or out of control, and grateful to have someone that they trust with whom to share their burden. There have also been wonderful times of rejoicing with people.

In pastoral care, as in community health and spiritual direction, deep listening has been the essential gift, skill, and discipline. By listening, we have helped suffering people find wholeness and experience peace and redemption. At the same time, we have experienced Christ in the other person and the mercy of Christ's compassion.

### **Witnesses of Hope**

Through our sponsored ministries, we have nurtured healing beyond the physical, spiritual, and emotional. Through our collaborations with Mercy Housing, Sisters Academy of Baltimore, and Asylum Women's Enterprise

(AWE), we have offered social and psychological healing to individuals. In these collaborations, we have helped create communities of health and hope.

In 1998, we joined Mercy Housing as a co-sponsor, along with eight other religious congregations. The vision of this collaborative venture is to provide “affordable housing and supportive programs to improve the economic status of residents, transform neighborhoods, and stabilize lives.”<sup>54</sup> Sisters Pat Eck and Rosie have served on the board of directors of Mercy Housing. In Sister Rosie’s view, Mercy Housing has been an important ministry for our Bon Secours mission of healing the world. Through this collaborative effort, Mercy Housing has been able to make a difference in many lives, currently operating in twenty-one U.S. states. It has become one of the nation’s largest non-profit affordable housing organizations, serving hundreds of thousands of people. Mercy Housing has also offered a means for the religious congregations to draw on one another’s distinctive histories and charisms, enriching interactions at all levels.

Around 2001, Bon Secours became a co-sponsor of Sisters Academy of Baltimore, a tuition-free middle school for girls from poor neighborhoods of Baltimore. Four religious congregations—the Sisters of Bon Secours, the School Sisters of Notre Dame, the Sisters of Mercy, and the Sisters of Notre Dame de Namur—responded to needs articulated by the West Baltimore community.

In the 1990s, as Catholic schools in West Baltimore closed, parents and community leaders sought the support of religious communities to create a school meeting their needs. “The parents wanted a Catholic school. They liked the Catholic model of character development, order, communication with parents, and high expectations,” recalled Sister Delia Dowling, SSND, a founding sister and currently President of Sisters Academy. In 2002, Sister Delia and Sister Suzanne Hall, SNDdeN, conducted a study to determine the feasibility of beginning the new school. At the end of the study in April 2003, the Sisters of Bon Secours,

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<sup>54</sup> Vision Statement of Mercy Housing, quoted in *Focus*, 2010 Fall, p. 18

School Sisters of Notre Dame, Sisters of Mercy, and Sisters of Notre Dame de Namur decided to sponsor the school together. In the ensuing years, Sister Delia has observed that the four co-sponsoring congregations have given and accomplished much more than any single congregation could have done acting alone:

[The co-sponsoring congregations] not only lend financial support and human resources . . . [they] remain faithful to each of their missions and continue to find new ways to be a part of the school every day.

Sister Alice Talone, as our Bon Secours representative on Sisters Academy's board of members, has helped find creative ways to express our charism to provide good help to those in need. When she was a novice, Sister Chris Webb volunteered at Sisters Academy for a year. In 2006, Bon Secours Volunteer Beth Wood taught at Sisters Academy; on conclusion of her service year, Beth was hired for her current position as a full-time faculty member. Beth has seen how students have responded to the charisms of each of the sponsoring congregations. Sisters Academy honors four students annually with awards for outstanding achievement in the sponsors' respective charisms. Throughout the school year, the students work on expressing the charisms and on noticing their peers' embodiments of the charisms.

In turn, BSHSI leaders who have served on Sisters Academy's board of directors have given, in Sister Delia's view, an instructive model of sponsorship. Over the years, BSHSI leaders Joeann Karibo and Angie Rodriguez have served as Sisters Academy board members. Peggy Mosely and Christine Lay chaired the Sisters Academy board. Each of our Bon Secours board members has delivered critical human and financial resources available through BSHSI, according to Sister Delia:

Bon Secours leaders, trained in sponsorship, feel empowered to make resources available. Bon Secours is more advanced in its approach to sponsorship than other religious communities. The Bon Secours representatives on our Board have brought the support of the entire Bon

Secours health system, including its Mission Fund, which has awarded Sisters Academy several grants. The largest grant helped us purchase our building. What's unique is that the Bon Secours mission belongs not just to the sisters, but to the whole health system.

In designing the curriculum, Sister Delia and the instructional staff have appreciated particular elements of Bon Secours charism of compassion, healing, and liberation: "At Sisters Academy, our philosophy of education is an expression of Bon Secours liberation, particularly, as well as healing, for we offer a holistic education." The curriculum encompasses five aspects of human development: academic, physical, emotional, social, and spiritual.

One story illustrates how Sisters Academy, through its holistic approach, has given students an experience of healing and liberation. Shakiera Keyser graduated from Sisters Academy in 2009, a member of its second graduating class. Looking back, Shakiera said, "Sisters Academy liberated me from the thought that other people could actually stop me from realizing my goals." Shakiera was raised by her grandmother, Frances Gladden, and mother, Sabrina Gladden, both recently retired from Bon Secours Hospital in Baltimore. From a young age, Shakiera had dreams, recalled Frances Gladden. Still, teachers and peers in her neighborhood often told her that she was "reaching too far." By contrast, at Sisters Academy, Shakiera said, "We were always told that nothing was impossible. There was never anything we couldn't achieve."

At Sisters Academy, students have sponsors, who help with tuition and offer mentoring support. "My sponsor and I had a close relationship," Shakiera said. "We went to church together once. We wrote letters about my progress and school activities."

Shakiera explained how Sisters Academy students learned to listen to their spiritual voices. The norm was that everyone had to speak in religion classes and in spiritual gatherings. At the beginning of each day, everyone spoke freely in "the gathering space," forming a Circle of Peace and Respect. In religion classes, students created prayers, selecting readings, or they designed spiritual exercises to express how they felt about spiritual

values and religious themes. In time, according to Shakiera, “We all found our spiritual voices.”

Shakiera experienced liberation after Sisters Academy, when she graduated from St. Paul’s School, a competitive, private high school for girls in Baltimore. When she graduated, she was one of five African-American students at St. Paul’s. Shakiera was told by some that, based on her race, she was unlikely to succeed. When she graduated, she not only experienced liberation, she also experienced healing by articulating what it had been like to be African American at St. Paul’s. She and the four other African-American students at St. Paul’s wrote an essay sharing their experiences, concluding with an appeal to appreciate our common humanity: “Differences are what we as a community must cherish. . . . What questions must we ask ourselves to really see one another as children of God?”

Shakiera delivered the group’s essay to St. Paul’s students, faculty, and board of trustees. The presence of the trustees was a fortuitous result of a last-minute change in the date of a previously scheduled board meeting. In the reception afterward, several teachers approached Shakiera to say how impressed they were with her honesty and courage.

In another collaboration, with Asylee Women Enterprise (AWE), now a co-sponsored ministry, we have offered short-term housing and support for women seeking asylum, some of whom may have been trafficked. AWE is a collaboration of nine Catholic sisters’ congregations, formed in 2011 in Baltimore. Sister Bernadette “Bernie” Claps represents Bon Secours on AWE’s board.

In recounting one woman’s story, Sister Bernie explained that finding a safe, nurturing home is the primary need of women seeking to rebuild their lives:



Mary,<sup>55</sup> from a Central African nation torn by civil war and political instability, was living in a shelter in Chicago when she learned about AWE. She immediately caught a bus to Baltimore, where she presented her case to AWE. We invited Mary to stay in our Marriottsville home. As a French-speaker, with very little English, communication was somewhat difficult, but we managed, using Internet translations. Mary was relatively young, happened to be Catholic, and was clearly distraught over having left her children behind in her country. But she enjoyed participating in our prayer life: daily Mass and the Rosary. Eventually, she moved to another sisters' community because we couldn't offer her long-term housing, and transportation into Baltimore was a problem. Within two years after we met her, Mary obtained asylum status. She was working at Walmart, driving her own car, and had plans for her children to join her. More recently, she was in the process of buying a house in Baltimore.

Sister Bernie made contacts at our Bon Secours Hospital in Baltimore, which offered medical resources to AWE. A small, relatively new organization, AWE depends on collaboration. A grantee of the Sisters of Bon Secours Ministry Grant Fund, Survivors of Torture, collaborated with AWE as well, to assist women who were victims of trauma. We also supported AWE with grants from our Sisters of Bon Secours Ministry Grant Fund.

Pope Francis has recently called everyone to the mission of bringing healing and hope to our divided communities. In his encyclical *Joy of the Gospel*, Pope Francis has focused attention on the particular kind of suffering, prevalent in inner cities, that erodes human dignity, inspiring Christians to find Christ in such situations:

[W]hat could be significant places of encounter and solidarity often become places of isolation and mutual

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<sup>55</sup> Mary is a pseudonym. We are not using her real name for privacy and security concerns.

distrust. Houses and neighborhoods are more often built to isolate and protect than to connect and integrate. The proclamation of the Gospel will be a basis for restoring the dignity of human life in these contexts, for Jesus desires to pour out an abundance of life upon our cities.<sup>56</sup>

In our U.S. ministries, the Bon Secours extended family has been inspired by our charism to bring Christ into situations that might otherwise appear hopeless, transforming them, often through the bond of friendship.

In Chapter Four, we recall how, during the 1990s, we were inspired by the theology of liberation. We studied liberation theology in our Assemblies and witnessed its impact in our mission in Ecuador. Friendships with all our Bon Secours sisters also awakened us to the resources of our international congregation and, in the late 1990s, to our calling to act in order to sustain its growth.

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<sup>56</sup> Pope Francis, *The Joy of the Gospel* (Evangelii Gaudium) 2013, p. 60.

## **Chapter Four:**

### **A Congregation without Province Boundaries**

#### **International Sisters of Bon Secours**

Our congregation has been international since 1861. However, until the 1990s, our five countries operated independently, and sisters in different countries had little familiarity or interaction with one another. Beginning in the 1860s, after our congregation was well established in France, our sisters responded to international calls. In 1861, our third Superior General sent five sisters to Dublin, Ireland, to establish the first convent outside of France. Subsequently, Bon Secours sisters established convents in London, England, in 1870 and in Baltimore, Maryland, in 1881. In 1966, our Irish sisters opened a mission in Trujillo, Peru, later expanding to four other cities in Peru's northwest and central highlands.<sup>1</sup>

From 1987 to the mid-1990s, through our international renewal sessions,<sup>2</sup> held in the motherhouse in Paris, we studied anew our congregation's ancestral roots and developed close friendships with our international sisters. We have often appreciated our French sisters' graciousness. Sister Alice Talone recalled a French sister's kindness, inspiring their lasting relationship:

In Paris, on visits to our motherhouse, I would encounter Sister Marie Germaine Lariviere by the front door "on duty" for people coming and going. Her rosy cheeks and smile endeared her to me. I would try and say a word or two in French to acknowledge her, and she smiled in return. We would smile to each other in the refectory. One day I got an idea. I went to our local patisserie and bought Sister Marie Germaine a chocolate croissant.

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<sup>1</sup> In 1995, the status of the Peruvian mission was elevated to become an independent Bon Secours country.

<sup>2</sup> We have discussed our international "Charism Renewal" sessions in Chapter One.

When I gave it to her, she beamed. That was the beginning of a precious friendship.

Similarly, our Irish sisters have welcomed us with extraordinary warmth and hospitality. As Sister Anna Mae Crane explained, her friendships with Irish sisters drew on the strong emotional ties she had with her ancestral homeland:

I had a deep connection with Ireland, for my mother's family came from County Clare. After meeting Sister Mary McCarthy in 1990 at an international renewal program in France, we began corresponding. I then visited each house in Ireland, meeting all our Irish sisters. They treated me like I was royalty! Although years may pass between visits, when we see one another, we pick up where we left off.

More particularly, our conversations with our Peruvian sisters, which occurred at a time when we had become interested in the Latin American Church, awakened us to the resources of our extended Bon Secours family. The early friendships were formative. Sister Nancy Glynn, for example, recalled her friendship with Sister Noelia Lara Nuñez from Peru:

I met Noelia at our General Chapter in 1989. Like me, she was a physical therapist. I felt an immediate connection, despite our different languages. During a Chapter session, Noelia spoke of how the sisters in Peru lived close to the people. She used an image of standing together in lines to buy bread. Being sisters, she explained, they could have gone to the head of the line, but they stood in line to be with the people.

To explain liberation theology, Sister Noelia used an image of Moses and the burning bush. God says to Moses, "I've seen the suffering of my people, I've heard

their cry, and I've come to save them, to liberate them from slavery." Liberation, I understood, is not from economic constraints but from anything that enslaves a person. It was a tremendous gift of our Latin American sisters.

At the same time, somewhat independently, we achieved certain insights about the significance of liberation for Bon Secours through a mission in Ecuador and through study. In 1992, as we reflected on our *Preferential Option for the Economically Poor* (1992), we discerned a calling to send sisters on mission to Latin America, our first U.S. overseas mission. The Latin American Church needed help in areas we were competent to serve, including developing health care and parish education programs. We received invitations from three dioceses and accepted the invitation from Bishop Victor Corral Mantilla of Riobamba, Ecuador.

Some sisters felt particularly strong about the Latin American mission. For example, Sister Mary Regina Flatley, our U.S. Country Leader (1988–1995), had a special interest in the unity and diversity of our global congregation and pursued the Latin American mission with great fervor. Expressing her personal interest in unity, she said: "Each Province approaches being a Sister of Bon Secours just a little differently."<sup>3</sup> Sister Mary Regina has often shared her "special fondness for the Trinity," explaining that "God calls me to be as one with: God, self, and others, like a triangle." God calls us to be unified, just like the Trinity. Viewed in that light, our mission was a call to nurture our capacity for intercultural relationships, cultivating a new type of love.

After discerning our Riobamba mission, we experienced "new life," Sister Mary Regina wrote when announcing our decision to the extended U.S. Bon Secours family.<sup>4</sup> Through our communal discernment, we pondered

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<sup>3</sup> "Sister Mary Regina Flatley, the Paris Years," *Focus*, Summer 2005, p. 19

<sup>4</sup> "Bon Secours USA Sisters Open First Latin American Mission in Riobamba, Ecuador," *Focus*, Summer 1993, p. 2.

various aspects of this new mission, such as how to create a sustaining faith community. We learned that an international mission required an openness to learning. That attitude helped us to be intentional in creating our faith community in Riobamba, given the absence of supports we typically had.

In the end, Sisters Dorothy Brogan, Pat Dowling, and Margaret “Peggy” Whiteneck, the original three sisters leading our mission in Riobamba, were all transformed by the new challenges and experiences. In 1994, Sister Mary Rita Nangle joined them, intending to support the mission for six months, opting, instead, to stay for a year.

During their years in Riobamba (1993–1996), our sisters experienced extraordinary love in the faith communities of Riobamba. The indigenous people shared their burdens. They prayed together, and their bonds sustained them in hard times. Guided by faith, they imagined new ways to approach their difficult situations. Our sisters became part of their community, living by friendship and faith. They experienced liberation by participating in Latin American faith communities. After returning from Riobamba in 1996, Sister Pat Dowling reflected on what she had learned:

Our pastoral ministry included running a parish that lacked a priest in a barrio of 6,000 people, and opening a health clinic, pharmacy, lab, and dental office. . . . [But] what really counted was learning to accompany people in their lives—in their joys and their pain—being present to a family when a family member has died. . . . Community . . . development . . . is so important in the barrio. We intentionally created a faith community with them given the absence of supports we typically had. [Community practices include] volunteers working together to improve conditions, Christian communities who pray together, and the Basic Ecclesial Community which

identifies problem areas and tries to solve them within the context of how God might be calling the group.<sup>5</sup>

Around 1993, Sister Victoria “Vicky” Segura offered additional insights into the relevance of liberation for our Bon Secours charism based on her study of liberation theology in Latin America. Sister Vicky served as our U.S. representative on a congregational team of sisters studying our Latin American missions to distill lessons for our Bon Secours theology and ministries. Concurrent with our U.S. mission in Ecuador, Bon Secours sisters in France also led a mission in Ecuador—in Portoviejo in 1991. The Commission on the Mission of Bon Secours in Latin America—hereafter, the Latin American Commission—reflected our congregational leadership’s interest not only in liberation theology but also in improving collaboration among Bon Secours countries.

In her report on liberation theology for the Latin American Commission, Sister Vicky drew attention to the importance of hope in the struggle for liberation. The relationship of liberation and hope, she explained, must be understood in the special context of the Church in Latin America. The Catholic Church there had a very different struggle than in North America and Europe, where its challenges were associated with secularism. The Latin American Church sought a transformation of power structures to realize social justice. To persevere in their long struggle, Latin Americans formed Basic Ecclesial Communities.<sup>6</sup> Their call for liberation expressed an invitation to conversion —both personal and social.

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<sup>5</sup> “Return from Riobamba: Reflection on a Mission Far from Home,” *Focus*, Winter 1997, pp. 2-3.

<sup>6</sup> Basic Ecclesial Communities (BECs) first formed in 1956 in Latin America in response to needs of communities lacking priests. They were composed of small groups of neighbors or co-workers who engaged in reflection, prayer, and activities, serving as basic units of the larger Church. For more on BECs and their importance for liberation and hope, see Mary M. McGlone, CSJ, *Sharing Faith across the Hemisphere* (Washington, DC: U.S. Catholic Conference, 1997), pp. 147-150.

In their communities, Sister Vicky wrote, members found hope, essential to sustain them. She distinguished hope from optimism:

We need to purify our hearts and motives: How can we sustain our option for and love of the poor in the face of terrible suffering, failed efforts, and continued frustration? A first step would be to learn the difference between optimism and hope.

Optimism measures our efforts by results: if we work hard, things will get better. . . . [However,] people work harder and yet the poor are poorer than ever. . . . [T]he optimistic outlook . . . will inevitably lead us into pessimism. Hope . . . looks at the impossible with the eyes of faith: we don't know how things will turn out in spite of all our efforts, but we believe that God is present with us. Hope connects our current situation to the central Christian mystery, the cross and resurrection.

[The point is] to find some hope, faith, and strength to continue the tasks before us: the call to be a church of the poor, the call to let Latin America's pressing problems become the church's concerns as well, the call to work side by side with the poor and learn from them.<sup>7</sup>

Sister Pat Dowling and Sister Vicky, independently, articulated a new element of our charism: hope. We began to see that we alleviate another's suffering caused by injustice primarily by concrete acts of love, and secondarily by changing unjust structures. To change anything, we must express hope in God, and sustain one another in that faith.

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<sup>7</sup> Sisters of Bon Secours, USA, *Report on Liberation Theology for the Commission on the Mission of Bon Secours in Latin America*, 1993, pp. 8-9, USA Archives, Marriottsville, MD.



We introduced these new elements into our charism and core beliefs at our General Chapter in 1994. At that Chapter, our congregation also welcomed Peru as an independent country of the Bon Secours congregation. As a result of the Latin American Commission, we added liberation as an element of our charism, articulating the charism as “compassion, healing, and liberation.” We also adopted a new Bon Secours Vision statement, as follows:

We are women of prayer whose vibrant, hope-filled faith communities draw new sisters and others to share in innovative ways our charism of healing, liberation, and compassion. As prophetic women totally committed to do justice in radical solidarity with the poor, the suffering, and those most in need, we proclaim the Gospel where it is not. Our witness to God’s presence is marked by a passionate spirit and enthusiasm for the Kingdom.

At the 1994 Chapter, we also adopted a “circular model” of governance, reflecting our values of social inclusion, mutuality, and subsidiarity. Delegates chose “circular” because of its meaning in the context of liberation theology. The circular model of governance expressed our congregation’s intent to give all sisters a voice in decision-making, with appropriate accountabilities. Our reasoning was that the Holy Spirit speaks to all sisters, not only elected leadership.

During the 1990s, as a result of our experiences on mission, communal discernments, and personal friendships, we wanted to develop closer collaboration as a global congregation. Our delegates expressed such an intent prior to the 1999 General Chapter, according to Sister Rose Marie “Rosie” Jasinski, a member of our U.S. Leadership Team at the time:

[S]ome [U.S.] delegates felt a need for forgiveness, because as a global congregation, we hadn’t always appreciated one another’s cultures. We were separate countries who sometimes interrelated, but generally acted pretty independently. That created expectations and

tension, giving rise to an atmosphere of forgiveness and a desire to develop relationships. The whole *Our Journey* [General Chapter] document expresses that desire to nurture relationships with others—Associates, the earth—in order to heal.

After the General Chapter, we began talking about what it would look like to act as one, and we explored all kinds of options.

### ***Our Journey: A Transformational Meeting***

Our communal intent for the 1999 General Chapter was to nurture relationships of compassion, healing, and liberation with God, self, and others. Interestingly, that orientation toward relationships contributed to the General Chapter's creativity and clarity of thinking regarding our congregation's international identity and mission. During preliminary planning sessions, we shared our visions and dreams regarding our relationships: with God, sisters, Associates and colleagues, new Bon Secours members, peers in the Church and secular world, Bon Secours leadership, and the earth.<sup>8</sup> The preliminary sessions prepared Chapter delegates to identify priorities with respect to these important relationships, providing an effective framework for discussion. The focus on relationships also encouraged delegates to adopt a more collaborative approach to discussion—consistent with our circular model.

Another novel element of the 1999 General Chapter was its orientation around our founding story. This orientation may have been inspired by the Chapter's timing. The year 1999, in addition to beginning a new millennium, was a jubilee year for our congregation. Throughout 1999, we celebrated 175 years since the founding of our congregation in 1824. In May, over fifty sisters, Associates, and families, including BSHSI CEO Chris Carney and his wife, journeyed to our motherhouse in Paris to

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<sup>8</sup> Sisters of Bon Secours, USA, *General Chapter, November 1999*, bound copy, USA Archives, Marriottsville, MD, sections on planning for the General Chapter.

celebrate the anniversary. The celebrations, in addition to offering a special opportunity for communing with sisters from other countries, involved a lot of storytelling, touring of historic sites, and sharing experiences of God's action in our lives.<sup>9</sup>

Sister Elaine Davia, who attended as a General Chapter delegate, remembered thoughtful preparation and spontaneous creativity as factors contributing to a transformation in our approach to strategic planning:

There were a lot more elected delegates attending this General Chapter, relative to earlier ones. Another unusual piece was its artistic, right-brained approach to planning. The theme of a woman who was on a journey emerged from the group, and each table did a creative exercise around that common theme: some reflected on her suitcase, what she would take with her, some on the road she had chosen, what were the obstacles and helps along the way. As the story evolved, she became a pregnant woman. After the General Chapter, Sister Nancy, as Congregation Leader [elected at the Chapter, her term beginning in 2000], asked me to draw a picture of the pregnant woman with all the other symbols discussed at the Chapter. That sketch was circulated around the Congregation as a basis for reflections in local houses about what the *Our Journey* calls and commitments that came out of this Chapter stirred in each sister [and Associates]. But what made the Chapter creative were the interactions and work on different themes leading up to it. In earlier years, we were focused on the detailed work of revising our Constitutions. At this General Chapter, instead of looking back, we were creatively imagining our future.

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<sup>9</sup> Among several imaginative initiatives during 1999 was our prayerful reenactment of our history in a dramatic storytelling of "The Spirit and Legacy of Bon Secours" at a ceremony concluding the anniversary year in Marriottsville.

The theme of a woman on a journey was a stimulating literary device, focusing attention on what God was asking of us at that particular time and how God had inspired generations of Bon Secours sisters. Delegates found evocative language for expressing our mission and Chapter call. The final *Our Journey* document articulates the particular calling to “new life” as follows:

Whispers of wisdom blowing softly during Chapter preparation are now calling loudly for our response to this Chapter. It is God through the Spirit calling us to new life.<sup>10</sup>

*Our Journey* can be read as our sacred story in this time of history. It uses symbolism to tell our Bon Secours story. Images of the Visitation draw attention to women who nurtured new life in the Church: Mary, Mother of God, and her cousin, Elizabeth, pregnant with John the Baptist. The Visitation symbolism is juxtaposed with our founding story, presented like a poem, utilizing language expressive of our Bon Secours spirit. The twelve women who began the journey of the Bon Secours congregation were “Women energized and alive in the Spirit, Women filled with Christ’s compassion, healing, and liberation, Women whose very person bore witness of Christ to those in need.” These twelve women “nurtured the beginning” of the congregation’s journey throughout France, then in Ireland, Great Britain, the United States, South Africa,<sup>11</sup> Peru, and Ecuador.

In a different context, Sister Rosie reflected on the importance of celebrating our sacred story as an extended Bon Secours family. Celebrating and ritualizing our bond as a community and sharing our experiences of God’s action in our lives are ways that we treasure God’s

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<sup>10</sup> Sister Mary Catherine Rogers wrote this introduction to the *Our Journey* document.

<sup>11</sup> In 2007, our Bon Secours congregation began a mission in South Africa, as we have recounted below.

gifts, including our relationships with Associates and others. *Our Journey* has been useful in many ways, not least in sharing our story and experience of God's action in our lives. Still, as Sister Rosie noted in her address that the value of our sacred story lies in its effect, inspiring others through our charism.<sup>12</sup>

At that time, we were thinking strategically, both in regard to internal relationships and externally to attract new members. In that frame of mind, delegates articulated new strategic commitments and actions, setting a direction for our congregation that we continue to follow today. One priority was to encourage greater solidarity and collaboration among Bon Secours countries. The *Our Journey* document introduced this concept as follows:

You, though in many places are one body as the Trinity is one. . . . We are nurturing women hurrying towards the future bearing Christ to all we meet.

In practical terms, delegates articulated calls “to continue collaboration and expand opportunities for sharing across provinces: personnel, apostolic initiatives and expertise;” “to initiate a process of study and restructuring as needed within the congregation;” and “for developing listening hearts and for respectfully challenging each other.”

Among our initiatives to nurture collaboration were international renewal sessions, organized by our leadership from 2000 to 2004. Most Bon Secours sisters participated in a fourteen-day *Our Journey* program with sisters from other countries. In intimate gatherings of no more than twenty sisters, we bonded with other sisters. Sister Mary Regina, then a member of the Congregation Team, explained that she and Sister Colette O’Leary of Ireland, as co-facilitators:

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<sup>12</sup> Sister Rose Marie Jasinski, CBS, “Passing on the Charism: Developing the Relationship,” an address concerning Associates, presented to LCWR Region VI, in Cincinnati, Ohio, on March 26, 1990, USA Archives, MSS, Associates Series.

[S]trived to create a feeling of being on holy ground, of truly listening and of respecting silence. Silence gives us time to ponder ideas and concepts in our own way and relate them to ourselves. . . . It was a genuine faith experience for two weeks; we had no responsibility except to pray, read, and share. Everyone shared something.

We learned from one another and bonded during the *Our Journey* programs. For example, during renewal programs we were so impressed with liberation theology, the conviction that it is the poor who have something to teach us.

Another priority adopted by Chapter delegates was recruitment of new members. Sister Pat Dowling recalled that *Our Journey* awakened delegates' energy and desire to address this new priority:

At the 1999 Chapter, one of our sisters living in Scotland stood up and said, "I want to know what we're doing about vocations. If we're not thinking about vocations, we might as well hang it up." That had an impact, as can be seen in the *Our Journey* document, with its focus on vocations. As a result of that 1999 Chapter, a lot changed in terms of our priorities and focus on vocations.

In 2000, Sister Pat Dowling accepted the role of U.S. Vocation Director. After *Our Journey*, the congregational leadership convened a meeting in Paris with the Director of Vocation and Formation from each country to begin strategic planning.<sup>13</sup>

Delegates also discerned a new priority in global justice: to promote a human ecology respecting creation, people, families, and the

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<sup>13</sup> We elaborate on our Vocation program in Chapter Five.

environment. Since 1999, by working together as an international congregation and with other women religious, we have developed new global ministries, as described below.

*Our Journey* led to effective action by taking a more human approach to decision-making. A dominant group was not controlling the process. As such, *Our Journey* represented a new way of thinking and acting, as Sister Pat Dowling observed:

The calls and commitments had to do with how we nourish our life and collaborate. We're not necessarily going to control everything. This model helped us to look at the importance of relationships and choose a more human approach. That set the stage for collaboration and a commitment to freely share resources and learn from one another.

We have adopted this new collaborative approach to govern our congregation, and it has been remarkably effective.

Following *Our Journey*, we also noticed a deeper sharing about faith. Among our U.S. sisters, we began a book club, conducted by bimonthly conference call. We often choose books related to the mission commitments and calls expressed in *Our Journey*, such as environmental and global justice concerns. Notably, in book-group discussions, we have examined how the reading has stimulated us spiritually and inspired insights regarding actions and relationships. Our U.S. Country Leader since 2009, Sister Rosie has observed that the book club conversations have created a time and place for sisters to share all these thoughts:

In recent years, [book] conversation has deepened in the sense of genuine faith-sharing. We have asked, how has a given situation affected my relationship with God? We have also thought about how what we're reading impacts

our lives or challenges us to do something different in the world.

When working with our Associates and BSHSI colleagues, Sister Elaine recalled, “we realized that we didn’t need to always lead or direct things. By collaborating, we can evangelize, sharing our charism.” Importantly, we have been enriched by our Associates, as Sister Vicky, in our Richmond cluster, said:

Our relationships with Associates are not defined by “us” and “them;” we are in this together. We have common goals; we share our group readings. Associates have broadened my perspective on issues.

*Our Journey* nurtured mutual sharing and a greater love across the Bon Secours family. As a practical matter, our desire to collaborate motivated us to address neglected priorities and focused attention on obstacles posed by our division into independent countries. As Sister Nancy said, “As we began to bond as sisters, we felt ready to let go of our autonomy.”

### **Our Transition to Global Governance**

Following *Our Journey*, we began to ask ourselves, practically, how might we act as one? We had adopted a circular model of governance, shifting responsibility and accountability from Superiors to all sisters. Reflecting the shift, we changed our governance terminology. For example, in 1994, when Sister Justine Cyr was elected for her second term, we introduced the title Congregation Leader.

We began to think as one. In the early 2000s, our congregation conducted our first study of the human and financial resources belonging to all countries comprising our Bon Secours congregation. The study revealed discrepancies. Some countries lacked sufficient income to cover expenses. However, our independent structure at the time prevented any country,



much less the congregational leadership, from intervening to help sisters in need.

In 2003, on the eve of our 2004 General Chapter, Sister Nancy, then Congregation Leader, summarized the congregation's situation in a letter to Bon Secours sisters. She enumerated the following problems: declining membership, higher median age of sisters, fewer sisters earning income, and rising costs of caring for sick and elderly sisters. On the other hand, Peru's primary problem was that its growth in membership required an investment in education, and it was investigating how to increase income. Clearly, the congregation needed to plan how best to use our resources. Sister Nancy's letter posed the question as to how might we restructure.

Motivated by our Latin American missions and our global priorities, Bon Secours sisters expressed a wish that our congregation act as one, at least regarding mission priorities. Prior to the 2004 Chapter, our Irish sisters submitted a proposal that the congregation respond "100 percent" to social justice needs, expressing a congregational stand. There was clearly an impulse to embrace globalization within our congregation, rather than take a gradual approach.<sup>14</sup> The Irish proposal was well received among our U.S. sisters. Prior to the 2004 Chapter, our U.S. Assembly in May 2004 gave its strong support to restructuring; however, we did not reach consensus as to which new structure would best support our mission and care for all our members.

At the General Chapter in 2004, we convened, well informed and prepared to make momentous decisions. That General Chapter, held in Marriottsville, Maryland, was our first conducted outside Europe. There were presentations on globalization in light of our new commitment to global justice, expressed in the *Our Journey* document. However, discussions primarily focused on existing organizational structures: our Congregation Leadership Team, provinces, and the Enlarged

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<sup>14</sup> *General Chapter of 2004*, Sisters of Bon Secours, USA, Chapter Files, USA Archives, Marriottsville, MD.

Congregation Team (ECT). We spent days talking about a “Bon Secours of Europe” and “Bon Secours of the Americas,” among other possibilities. We proposed expanding the ECT, including more sisters from each country. We thought of a cultural assessment to guide us in restructuring.

Then, in the midst of our deliberations, a prescient facilitator proposed that delegates make their choice, as Sister Nancy recalled:

After lunch, our facilitator said, “Those who want a Congregation without Province Boundaries go stand by this door, and those who want two Provinces to another door.” Ninety percent of us went to the door that said Congregation without Province Boundaries. It was a moment of grace!

Sister Rosie also remembered the image of everyone standing together by the door in favor of immediate global integration:

It was one of those visuals that was so striking: so many people stood together at the Congregation without Province Boundaries “door” and so few were at the door for gradual integration in phases. As it turned out, everyone said, “Let’s do it!”

Realizing the benefits of integration has demanded a lot of effort from many sisters. Today, we continue to develop common procedures and materials, among other implementation measures. We devoted the subsequent five years, from 2004 to 2009, to designing new responsibilities and procedures in such areas as finance, our constitutions, vocational recruitment and counseling, apostolic ministries, and Associates. We developed nine international committees; each one had members from all Bon Secours countries, totaling some fifty or sixty sisters.

Serving as Governance Committee chair, Sister Rosie helped design our governance model. The committee met in person only once in Paris and once in the United States, thereafter working by conference calls—relying on translators. As Sister Rosie recalled, her committee considered multiple scenarios, ultimately deciding on a team concept: one Congregation Team, with members delegated to lead individual Bon Secours countries.

The committee's vision was that the Congregation Team—the canonical governing body of the congregation—was to be elected by delegates at General Chapters. The Congregation Leader and Congregation Team would determine the sisters who would be asked to serve as leaders of individual countries. It was no longer required that a Country Leader had to be a native of that country. For example, Sister Ann Morrison, a native of Scotland, was designated Country Leader of France. Under our restructured model, we have simplified our organizational structure and eliminated autonomous countries.<sup>15</sup>

Our model, as Sister Pat Eck explained, is premised on a commitment to respect the diversity of Bon Secours, while upholding our essential unity. As a practical matter, we hold resources in common:

Country leaders could identify a need they had and another country leader was able to respond to their need—or a common response identified by the whole team. The beauty of our model is a country leader sitting at the table can have needs, express them, and others will respond to those needs. It has become clear that we are one—in this together.

Under this new model, we have access to greater resources to complete projects and sustain ministries. For example, the Madre de Christo clinic

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<sup>15</sup> The Congregation of the Sisters of Bon Secours of Paris, *Governance Circle Minutes 2006, Vision Statement* (2006).

in Peru, renovated in 2014, was funded by BSHSI, which has also provided managerial expertise to our Peruvian sisters when needed. In 2009, following Sister Pat Eck's election as Congregation Leader, we moved our congregation offices to Marriottsville, Maryland, for the duration of Sister Pat's term. However, we conduct meetings four times a year in different Bon Secours countries. Not only are we talking and listening more often with one another, we experience each country's ministries and communal life. Since 2009, when she was designated U.S. Country Leader, Sister Rosie's thinking has evolved: "I can't say anymore, that's Ireland's problem, or it's a U.S. problem; individual country problems concern all of us. And when something wonderful happens, we all celebrate that as well."

At the 2009 General Chapter, we observed, communally, the essential way of life that our new structure had enabled us to preserve. We celebrated through storytelling at the end of the General Chapter, commemorating the last day of our separation into provinces. As we continue our work of restructuring, we remain focused on our goal of preserving the local character of community life. Under our commitment to subsidiarity, decisions affecting our personal lives and ministries are made locally, in Assemblies or personal consultations with one's Country Leader.

Global integration has been especially challenging, as well as rewarding, for our international committees.<sup>16</sup> Sisters Pat Dowling and Elaine of our international Vocation and Formation Committees, respectively, have reflected on simple ways of encountering and handling intercultural

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<sup>16</sup> The original international committees were as follows: Stewardship (financial planning and direction), International Justice and Peace, Sponsorship (support of Bon Secours ministries), and Membership (both vocations and formation). As our Membership committee evolved, it divided into two separate Vocation and Formation Committees. Our International Justice and Peace Committee also reorganized, becoming the International Justice, Peace, and Integrity of Creation Committee. Today, each international committee has a congregational budget and develops an annual plan, with priorities, ensuring procedural consistency across countries.

challenges. Sister Pat Dowling has found that it has taken a while to establish trust among international sisters who don't know one another well. We learned first to build relationships and then turn to the business at hand. Honoring relationships means that what we say we hold in trust. Even simple questions are sacred: "What joys and challenges have you experienced?" Sharing honestly builds trust and respect. Still, when we're communicating by conference call through translators in three languages, it is challenging.

Sister Elaine has observed that we North Americans tend to take charge. But in international meetings, we sometimes have to "sit on our hands" to give others an opportunity to contribute. We're learning different styles of leadership from our sisters in other countries. We begin with an agenda and, eventually, we achieve our objectives, but not necessarily in an organized, linear way.

We are all learning new skills through closer relationships with sisters from other countries. During Sister Nancy's first term as Congregational Leader, Sister Noelia served with her on the Congregation Team. Sister Nancy recalled how Sister Noelia provided advice to her in how to write business letters to sisters accustomed to a different style:

When I was Congregation Leader, Noelia lived with me in Paris for the first five years. At some point, Noelia pointed out, "Nancy, you cannot write letters to sisters this way. You come across as formal and cold. The normal thing is that you begin with some friendly words and then get to the business." I thought such an introduction was extraneous; we should just get our business done. But there was enough trust that Noelia was able to tell me how I was coming across and that my style was counterproductive.

We have experienced the challenges and rewards of intercultural relationships. Yet, as Sister Nancy pointed out, "The call to live as one is

a call not only to us sisters, but to everyone—across cultures and languages—to develop connections and trust so that we can become one world.”

In his encyclical *On Care for Our Common Home*, Pope Francis has reminded us of why it is essential that we learn to live as one: our human dignity is at stake.<sup>17</sup> Parochial thinking has contributed to an exhaustion of our natural and cultural resources. Many, but none more than the world’s poor, have suffered from environmental degradation.

### **Global Ministries**

At General Chapters following *Our Journey*, we affirmed and expanded our commitment to protect the world’s most vulnerable from effects of environmental degradation as well as from violence and human trafficking. We have made progress by drawing on the combined resources of our Bon Secours sisters, BSHSI, and partner congregations of women religious. At our General Chapter in 2014, we expressed our support for the congregation’s strategic direction by electing Sister Pat Eck to a second term as Congregation Leader. Our mission<sup>18</sup> has remained focused on emerging global challenges, as follows:

- To advocate to end violence in all forms
- To cry out against human trafficking
- To promote the integrity of the environment and ecological health
- To support legislation that favors the most vulnerable

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<sup>17</sup> Pope Francis, *On Care for Our Common Home* (Laudato Si’) 2015, nos. 145, 154, for example.

<sup>18</sup> At our General Chapter in September–October 2014, in addition to global priorities, we also renewed mission commitments to invite women to consider a vocation with Bon Secours, establish an international formation program, and prepare future leaders. We discuss these priorities in Chapter Five.

In 2015, three U.S. Bon Secours members traveled to Peru to help distribute water filtration units to the first forty or so women recipients in Huancayo, in Peru's central highlands. The "Water with Blessings" project was an early bilateral collaboration with Bon Secours in Peru to address the health impacts of environmental degradation. Huancayo was given priority because of the large amount of toxic waste there, caused by local mining and other industries. Its water was contaminated and unsafe for human use.

The project was the culmination of combined efforts of U.S. and Peruvian Bon Secours sisters and Associates, drawing upon the resources and expertise of a United Nations non-governmental organization, UNANIMA, which Bon Secours joined in 2005.<sup>19</sup> The project supported our Bon Secours mission call "to defend and care for all creation; to cry out with others against injustice and all that diminishes life on Earth." U.S. team members were Sister Fran Gorsuch, our UNANIMA representative and member of our International Justice, Peace, and Integrity of Creation (JPIC) committee; Camille Grippon, BSHSI's Director of Ecology and Global Missions; and Amy Kulesa, Director of U.S. Bon Secours Associates.

In Peru, these three experienced Latin America's vibrant faith communities and a very different way of life. They flew into Trujillo, in northwestern Peru, and were met by Sister Noelia, also a JPIC committee member. Trujillo is the original home of Bon Secours in Peru.

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<sup>19</sup> Founded in 2002, UNANIMA International is an NGO comprised of nineteen Catholic congregations of women religious. Its headquarters is at the United Nations; its representatives serve on every continent except Antarctica. UNANIMA collaborates with other religious NGOs within the U.N. to influence policy and programs protecting human rights, focusing on women and children. Priorities have been the protection of access to clean water, prevention of human trafficking, protection of immigrants and refugees, sustainable development, and care of AIDS sufferers and their families. Its name is not an acronym but a combination of UN and the feminine form of the word for spirit, *anima*.

Traveling around Trujillo and Huancayo on crowded, rickety buses, Sister Fran remembered, gave the U.S. women a glimpse into the Peruvians' faith:

We rode a little bus to Mass. The bus was jammed, with twice as many people as capacity. The roads were poor, and whenever we went over bumps, it was painful! But the joy of Peruvians was contagious. When I left Peru, a part of me stayed with those people.

From Trujillo, the team traveled to Huancayo to conduct training sessions and distribute the water filtration units. Normally, our Peruvian sisters economize by taking a bus to Huancayo—a ride of some thirteen hours. On this occasion, given limited time, the project team flew. However, as Sister Fran noted, “We appreciated the flight, but next time we’ll go by bus.”

U.S. sisters, Associates, and BSHSI colleagues have contributed materials and financial assistance to sustain the Water with Blessings project, and donated funds to purchase water filters. We selected this particular model of filters for its affordability and ease of use, after learning about this device from our colleague, Sister Lorraine Lauter, OSU, Executive Director of the U.S. non-profit Water with Blessings. The filters, initially designed for use by the U.S. military, fit inside a bucket and operate without batteries. One filter provides a family with clean water for up to ten years, depending on the volume of daily use.<sup>20</sup>

Water with Blessings organizes a core group of women to receive filters and serve as organizers in their communities. In selecting the forty women recipients in Huancayo, priority was given to women with toddlers, elderly family members, and those with serious illnesses. Upon receiving their commission and the water filters from the Sisters of Bon Secours, the

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<sup>20</sup> One filter purifies an amount of water equivalent to one-and-a-half Olympic-sized swimming pools.



recipients signed a commitment to provide water and health training to a total of two hundred people.

Training sessions for the women were held at the Bon Secours' Fe y Alegría school, normally where sisters offer parish and health education. Women were taught how to operate and maintain the filters, which entails simply affixing a hose to a bucket and covering the bucket with a lid to prevent contamination by bugs. The commissioned women were instructed to teach healthy habits for drinking water, brushing teeth, and washing babies. In training and sharing access to water filters, the forty women also created a monthly gathering place for the two hundred or so recipients to share concerns and ideas, along with faith experiences and prayer.

Water with Blessings has been a small, though significant step, toward improved health and human development in the region. Recently, Bishop Pedro Barreto Jimenez, SJ, of Huancayo, donated space adjacent to the school for the Sisters of Bon Secours to build a health clinic. The clinic will be supplied with filtered water as well as medications. Huancayo's population will at last have treatment available for many of the diseases and infections from which they have long suffered.

This community action can be seen as the first step toward resolving the much bigger systemic problem related to pollution and environmental degradation, with all its political, social, and economic dimensions. As we have seen in our U.S. ministries, community organizing to solve local problems gives people a sense of dignity, inspiring and empowering them to strive for other goals. In Peru, Bon Secours has initiated various projects all aimed at strengthening community health, and thereby bringing hope. Among our largest projects, collaborations through BSHSI with others,<sup>21</sup> have been the expansion of the Madre de Cristo Clinic in

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<sup>21</sup> The expansion of the Madre de Cristo Clinic in the La Esperanza District in Trujillo, Peru, was funded by BSHSI. The \$1.1 million project to reduce infant mortality was a collaboration of BSHSI, CHRISTUS Health, and Catholic Medical Mission Board, Caritas Peru.

Trujillo, completed in 2014, and a three-year project, completed around 2013, to reduce infant mortality in Chimbote, Huancayo, and Trujillo. More recently, projects in Peru have improved prenatal health and nutrition, serving some six hundred women and children.<sup>22</sup>

In our global ministry in South Africa, beginning in 2007, we offered both medical care for individual patients suffering from HIV/AIDS and community-oriented health care. In response to the HIV/AIDS epidemic, we collaborated on projects with the St. John of God Sisters<sup>23</sup> and Diocese of Tzaneen. Around 2008, Bon Secours established an antiretroviral therapy clinic in the village of Senwamokgope, which had an especially high number of HIV/AIDS patients. In 2009, Dr. Vicky Segura and Sister Elaine Davia each spent three months living and working in the clinic and on parish projects, covering for sisters who were on retreat or vacation. There, Dr. Segura and Sister Elaine both cared for HIV/AIDS patients and their families and assisted with refugees who came out of Zimbabwe—all the while learning about a very different culture. When support for the clinic ended in 2013,<sup>24</sup> our sisters continued to operate parish projects in religious education, recycling, water conservation, and home health care. They have collaborated with priests and other women religious, including the Missionaries of the Sacred Heart Congregation.

More recently, our global ministries have focused on the protection of women and girls suffering from poverty and violence because women are more vulnerable to these social ills than men. Interestingly, this mission

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<sup>22</sup> “Advancing the Healing Mission of Jesus,” *Focus*, Fall 2013, p. 15.

<sup>23</sup> The St. John of God Sisters are an Irish congregation, formed in 1871. The founding sisters were former Irish Sisters of Bon Secours.

<sup>24</sup> Support for the clinic was provided by the Southern African Catholic Bishops, Catholic Relief Services, and U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) under President George W. Bush. In 2013, U.S. government funding changed, with the new goal of encouraging partner governments to assume responsibility for sustaining HIV/AIDS programs. Instead of supporting NGOs, the U.S. government sent AIDS funding bilaterally to partner governments.

focus drew inspiration from a few timely conversations among sisters. Around 2004, Sister Nancy, as Congregation Leader, was attending the annual International Union of Superiors General (UISG) for women religious in Rome. In conversation with a Brigidine sister, Sister Nancy learned about a newly formed coalition of women religious aimed at influencing policy through the United Nations.<sup>25</sup> At the same time, Sister Anne Marie Mack had just participated in a religious partnerships program at the United Nations, part of a sabbatical following two terms as our U.S. Leader (1995–2003). When Sister Nancy told Sister Anne Marie about UNANIMA, Sister Anne Marie pursued the connection.

In 2005, our congregation joined UNANIMA as its fifteenth member, with Sister Anne Marie serving as our representative on UNANIMA's board. She provided leadership to the organization as president of the board of directors from 2008-2014. We were drawn to UNANIMA not only because of its mission in global justice but also because its membership consisted of small congregations with global ministries like Bon Secours.

UNANIMA has mentored us in our new global ministries, as Sister Anne Marie explained:

[When we joined] UNANIMA, congregations had done tremendous work in developing coalitions and distributing materials throughout the world concerning HIV/AIDS and issues related to water as an essential human good, two issues of concern to our health system. In 2013, Bon Secours was relatively late, among religious congregations, in articulating a stand on water rights, conservation, and access. It took us time to do extensive

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<sup>25</sup> More recently, UNANIMA has participated in U.N. discussions related to the Rio+20 initiative. In 2012, in Rio de Janeiro, Brazil, world leaders and representatives of private-sector organizations, NGOs, and other groups met to develop plans and programs to reduce world poverty, advance social justice, and protect the environment.

research and consultations across our health system before obtaining congregational approval of our statement. Throughout, we benefited from guidance of several UNANIMA board members, who had already developed educational programs. We're now researching a stand against human trafficking—of men as well as women, for labor and sex. We are also exploring UNANIMA's more recent projects in migration justice and social development.

Through UNANIMA's network, we educated ourselves and joined initiatives to help victims of trafficking. Sisters Fran and Rosie, for example, participated in efforts—coinciding with the 2014 Super Bowl—in the New York region to educate hotels, hospitals, airlines, and other industries about possible trafficking victims and perpetrators, and then recommended actions. Bon Secours has also sponsored a *Stop Trafficking* newsletter, published by a network of religious congregations, active in advocacy and counseling on behalf of trafficking victims.

BSHSI has been a tremendous platform for local and global collaboration. Since becoming CEO of BSHSI in 2005, Rich Statuto has expanded BSHSI's participation in our global ministries, while also improving the quality of care and counseling offered at our U.S. health care facilities. In the wake of disasters, BSHSI has provided emergency relief not only to the region but also to affected employees. Following the earthquake of 2010 in Haiti, BSHSI collaborated with Catholic Relief Services to reconstruct the St. Francois de Sales Hospital in Port-au-Prince. BSHSI also responded to the needs of Haitian families within BSHSI. Good Samaritan Medical Center in Rockland County, New York, where Sister Fran was Mission Vice President, had the largest number of Haitian employees. When Sister Fran alerted BSHSI of the financial burden on families taking in relatives granted temporary status, BSHSI established a fund to give \$2,500 to each Haitian employee to defray the costs of food, clothes, and other necessities for their newly arrived family members.

BSHSI's educational programs have inspired and prepared employees to lead initiatives in support of Bon Secours mission priorities. In Norfolk, Virginia, for example, Sister Margaret "Peggy" Mathewson observed:

Sisters of Bon Secours Associates and health system co-workers meet every morning on rounds, where one person might present a problem which the group tackles together. Sisters and Bon Secours Associates are involved in addressing human trafficking in the Norfolk area. They began a program to inform doctors, especially those in emergency rooms, to be alert to possible victims. Our Norfolk Bon Secours Associates have also contributed financially to the Bon Secours Water with Blessings project.

BSHSI has also facilitated collaboration among Bon Secours sisters in different countries in support of mission priorities. For example, around 2014, Sister Rosie, U.S. Country Leader, and Sister Rosalinda Pajuelo Urena, Peru Country Leader, worked with Bon Secours Associate Elizabeth Keith, Mission Vice President at Bon Secours St. Francis Health System in Greenville, South Carolina, and Thom Morris, Senior Vice President, Sponsorship and Theology, BSHSI, to assist two Bon Secours sisters from Peru in a temporary assignment in Greenville. A Greenville parish requested sisters fluent in Spanish, and the congregation was also interested in bringing Peruvian sisters to the United States. In 2015, Sisters Rosa Cristina Sanchez Chigne and Sara Gabriela "Gaby" Ruiz Espinoza moved into the community with Sisters Dorothy Brogan and Kathleen Moroney.

The benefits of having Sisters Rosa and Gaby in the United States have extended to our global ministries in Peru, as Sister Gaby explained:

I was able to share with our Peru Assembly information about human trafficking. In Peru, we feel a strong call from the General Chapter, and I feel a personal

commitment to help my sisters learn and do what we can about the situation.

Earlier, in 1991, the United States Conference of Catholic Bishops (USCCB) adopted and began to implement Socially Responsible Investment Guidelines (SRIG). We requested that BSHSI adopt a corporate stand on socially responsible investments, exercising its influence on behalf of vulnerable, underserved people. Under the BSHSI Socially Responsible Investment Guidelines,<sup>26</sup> BSHSI only invests assets to companies promoting human dignity, social justice, and healthier communities. Bon Secours also participates in this effort as a member of the Interfaith Center on Corporate Responsibility (ICCR), a coalition of organizations effective in managing investments to catalyze social change.

In our International Justice, Peace, and Integrity of Creation (JPIC) Committee,<sup>27</sup> we have realized that we need an information repository to update members on the many initiatives individuals have undertaken across the extended Bon Secours network. We need to coordinate actions and conserve resources for projects and advocacy efforts. Another JPIC priority, as stated by its coordinator, Sister Mary Beth Hamm, SSJ, is to “raise the voice of the congregation as a whole.”<sup>28</sup> As Sister Fran Gorsuch commented, the louder voices become in advocating for human rights, the greater difference we can make.

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<sup>26</sup> The BSHSI Socially Responsible Investment Guidelines were issued in July 2008 and revised in September 2015.

<sup>27</sup> Currently, the JPIC committee is chaired by Sister Anne Marie Mack and co-chaired by Mary Beth Hamm, SSJ. Other Sisters of Bon Secours on the committee include U.S. Sisters Fran Gorsuch, Alice Talone, and Christine Webb; and international Sisters Marguerite Provost (France), Katherine Tierney (Ireland), Mary Leamy (Great Britain), Yolanda Morales Valiente (Peru), Noelia Lara Nuñez (Peru), and Teresa Benítez Montero (Peru).

<sup>28</sup> In 2015, for example, the Bon Secours congregation has signed statements prepared by faith-based groups on the following issues: the negotiated agreement with Iran concerning its nuclear program, climate change, gun violence, and Syrian refugees.

In recent years, we have felt called to alleviate the suffering of entire communities caused by intractable problems. In these situations especially, we have healed and liberated by manifesting God's love. In our ministries, we have encouraged Bon Secours members to form faith communities through which prayer strengthens us to perform our mission.

At General Chapters, we have articulated mission calls as priorities to be explored in private prayer and faith-sharing gatherings with sisters and our colleagues. Our priorities, defined at Chapters in 2009 and 2014, have been to eliminate violence, oppose human trafficking, promote ecological health, and advocate for legislation that favors the most vulnerable. In articulating these priorities, we have called on "members of the congregation . . . to do what we can in our personal and communal lives and in our spheres of influence to educate ourselves and others [to] take action."

In our sisters' communities and Associates' gatherings, for example, we have focused our prayer and reading on particular mission priorities, identifying actions. Our sisters in Marian Hall, who have retired from their formal ministries, have dedicated themselves to a ministry of prayer, as Sister Jean Aulenback explained:

We pray for all those who are ill and for those who have died as well as for people's private intentions. We pray for our caregivers and for all caregivers and people who join the Sisters of Bon Secours in their ministry. We also pray to fix the ills in the world, such as human trafficking. We pray for world peace. The power of prayer is indeed strong. Even though we are in different stages of health on Marian Hall, we can make a meaningful contribution . . . through prayer, and in this way, [offer acts of] mercy daily.<sup>29</sup>

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<sup>29</sup> "A Holy Year of Mercy," *Focus*, Spring 2016, p. 10.

We have also held prayer services at our Bon Secours Retreat & Conference Center (BSRCC) on human trafficking to bring the issue to the general public's attention. Our focus on water conservation motivated our Congregational Leadership Office, BSRCC, and BSHSI to adopt new policies—for example, the installation of rain barrels to “harvest” water and replacement of plastic bottles with water coolers. As a community, we have encouraged one another to persevere in our mission, recognizing that one can easily feel overwhelmed by intractable global problems. As Sister Elaine pointed out, “Everyone has a part to play, but while we may feel responsible, we cannot do everything.”

In our faith communities, as we have found ways to share how God is present among us, we have attracted others through our charism. As we have grown as a faith community, we have experienced real hope that we can heal and liberate, alleviating suffering at home and around the world.

In Chapter Five, we explore the process of accompanying spiritual seekers in listening to God in their day-to-day lives. In our spiritual direction ministry and vocational counseling, we have guided people with questions in a mutual process. We have developed our capacity to listen with our hearts.<sup>30</sup> Accompaniment, like care-giving and counseling, requires both parties to have a measure of courage, mutual trust, and a capacity for discernment—attributes generally discouraged in contemporary American culture.

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<sup>30</sup> Sisters of Bon Secours of Paris, *Our Journey*, 1999, Commitment no. 6, Call no. 4: “We call the sisters to personal responsibility for developing listening hearts and for respectfully challenging each other.”





Emblem Rationale

God's human form, simple and warm,  
the wounded Christ arises.  
The marks of His dying are portals of hope,  
open to all that suffers.

The Gospel gift is meaning in pain,  
and gain from our surrender:  
in letting go, we claim our birth,  
and choose new life together.

God's own compassion shines forth in us,  
who are called to be healed and healing;  
that Light illuminates Christ's features in ours  
and on faces of all who are needy.

Thus the Creator crafts us anew:  
we are molded in this image,  
as Christ, our Center, draws us around  
and names us Bon Secours.



From an ancient flower,  
a new sign springs  
forth;

Comes now,  
freed of ornamentation,  
bearing anew  
in the freshness of its blue,  
the Virgin's song,  
the sign of  
resurrection.

Upward springing,  
outward reaching,  
carrying in its form  
the point past  
crucifixion,  
the point of life  
arising.

It is the new sign,  
the symbol of  
**GOOD HELP—**

**The meaning of *Bon Secours***

LEFT: Congregational Emblem, Resurrected Christ, adopted 1989;  
RIGHT: Bon Secours Fleur-de-Lis Logo, © 1982. In 1982 the Fleur-de-Lis  
was modernized to the stylized logo. It was designed by Sisters Barbara  
Chenicek, OP and Rita Schlitz, OP



Mother Josephine Potel, First Congregation Leader of the Sisters of Bon Secours; Mother Angelique Geay, Second Congregation Leader of the Sisters of Bon Secours; Notre Dame du Bon Secours Icon. These icons were created by Sister Nancy Lee Smith, IHM in 2001





Deuce! Sisters Elizabeth and Katherine Ann Durney sharing their love of tennis at the US Open, 1996



Sisters Alice Talone and Mary Catherine Rogers



Sisters Dorothy Brogan and Mary Shimo, Eucharistic Ministers, 2003



Sister Anne Maureen Doherty shares her Irish smile with Sister Dorothy Brogan in 2003



Farmer Vicky! Sister Victoria Segura drives the landscaping utility vehicle at the 2005 Fall Assembly



Sr. Angela Neville at Project Good Help, North Miami, Florida, 2004





Baltimore Archbishop Edwin O'Brien visits Baltimore Hospital in 2008. He is with Sisters Bernadette Claps, Anne Lutz, Mary Rita Nangle, Dr. Sam Ross and Jim DeBoy.



Sister Rose Marie Jasinski celebrates the Jubilees of Sisters Mary Regina Flatley (60 years), Katherine Ann Durney (65) and Alice Talone (50), 2011



Sisters Bernadette  
"Bernie" Claps and  
Patricia Dowling at  
Sister Bernie's First  
Profession, 2009



Darby, PA, area  
Associates fixing  
meals for a local  
soup kitchen, 2016.  
L-R: Pat McGrath,  
Joanne Jones, Betty  
Lutz, Peggy Dillon,  
Catherine Moore



An example of the  
current dwelling  
places of the Sisters.  
Sisters Anne Marie  
Mack and Victoria  
Segura reside  
in this house in  
Richmond, VA.





Sisters of Bon Secours in the United States, November 2016. Third row: Sisters Elaine Davia, Dorothy Brogan, Mary Rita Nangle, Frances McCabe, Patricia Dowling, Frances Gorsuch, Kathleen Moroney, Patricia Eck, Rose Marie Jasinski, Mary Shimo, Anna Mae Crane. Second Row: Sisters Bernadette Claps, Rosa Christina Sanchez Chigne, Peggy Mathewson, Anne Maureen Doherty, Victoria Segura, Alice Talone, Christine Webb, Anne Lutz, Anne Marie Mack. Seated: Sisters Rita Thomas, Jean Aulenback, Katherine Ann Durney, Marie Lucille Summers, Mary Regina Flately. Absent: Sisters Mary Cabrini Bonnett, Nancy Glynn, Sara Gabriela Ruiz Espinosa





Sister Mary Monica Curley with a young visitor at St. Mary's Hospital, Richmond, VA, ca. 1985



Sister Rita Thomas on the cover of Bon Secours Hampton Roads magazine, Bon Secours Senior Health, 2002.



Sister Theophane Klingelhofer on a Billboard for Bon Secours Baltimore Hospital, 1981



The Neville sisters in 2006: Left to right, Betty Neville Messick, Sister Angela, Sister Gemma.





Sister Frances McCabe enjoying crabs and ice cream during the 2002 Assembly



Sr. Peggy Mathewson, a lover of crabs, during the annual Crab Feast, 2008



Sisters Alice Talone and Patricia Eck at the transfer of sponsorship of the healthcare ministry to Bon Secours Ministries, 2006.



Sister Patricia Eck and Thomas Morris, Senior Vice President, Sponsorship and Ministry, Bon Secours Health System Inc., at the transfer of sponsorship of the healthcare ministry to Bon Secours Ministry, 2006





Sisters Anne Lutz, Nancy Glynn and Margaret Mathewson pose at the Assembly, 2006



Sisters Anne Marie Mack and Alice Talone share during the 2009 Fall Assembly



A send off from Marriottsville, MD, for Sister Mary Cabrini on the way to the naming ceremony of the Sister Cabrini Building in Richmond, VA. L-R: Sister Justine Cyr, Sr. Maris Bonnett, CSC (Sister Cabrini's blood sister), Sister Mary Cabrini Bonnett, Sister Rose O'Brien, Sister Mary Magdalen Condry, Sister Mary James Keating, 2007.



Participants during a yarn web prayer at the Fall 2009 Assembly. L-R: Associate Pat McGrath, Sisters Fran Gorsuch; Dorothy Brogan; Chris Webb, Alice Talone, Marie Lucille Summers, Rose Marie Jasinski, Anne Marie Mack





Sister Patricia Dowling in Ecuador, 1993



Jubilee Celebration for Sisters Marie Lucille Summers (60 years), Mary Cabrini Bonnett (60), and Jean Aulenback (50) in 2008. Sister Alice Talone, then Area Leader, receiving their vows



LEFT: Sisters of Bon Secours with students of the Sisters Academy, 2005.  
L-R: Sisters Alice Talone, Mary Shimo, Elaine Davia, Rose Marie Jasinski, Anna Mae Crane

RIGHT: Sisters Academy, 2014, graduate Stacey Phillips, who received the Sisters of Bon Secours Award (service) and Sr. Rose Marie Jasinski, Area Leader





Past Area Leaders  
in 2006: Sisters  
Mary Regina  
Flatley, Justine Cyr,  
Alice Talone, Anne  
Marie Mack, and  
Rita Thomas with  
the Congregation  
Leader Sister  
Nancy Glynn in  
the back left



Congregation Leaders at Motherhouse Chapel, Paris, France, 2014.  
L-R: Sisters Rosalinda Pajuelo Ureña (Area Leader, Peru), Ann  
Morrison (Area Leader, France), Bishop Luc Ravel (Diocese of the  
French Army), Sisters Patricia Eck (Congregation Leader), Rose  
Marie Jasinski (Area Leader, USA and South Africa), Marie Ryan  
(Area Leader Ireland and UK)



Sister Nancy Glynn, then Congregation Leader of the Sisters of Bon Secours, hard at work at the Come With Hope , Congregation Assembly, 2008. Sisters Rosalinda Pajuelo Ureña and Teresa de Jesús Mijahuanga Campoverde are to the left



Sisters of Bon Secours in the Greenville, South Carolina Community, 2015: Sisters Rosa Christina Sanchez Chigne, Kathleen Moroney, Sara Gabriela Ruiz Espinosa, Dorothy Brogan





Staff of the Bon Secours Retreat and Conference Center, 2016. Back row: Andrea Springer, Tim Cugle, Keith Owings, Carlton Cheatom, Rose Kurtz, Patrick Schmidt, Sherry Nelson, Kevin Cassidy. Front Row: Bob Hnat, Joyce Wilson, Jennifer Murphy, Rainey Taylor, Grace Wolbert, Jennifer Freburger, Ashley Rad, Della McIntyr



BSVM volunteers Elizabeth Modde and Gerard Ondrey at Bon Secours Baltimore Hospital, 2016



Bon Secours Associate Eileen Fernandini demonstrates how to use a water filtration kit in Peru, 2016



Sister Rose Marie Jasinski and Father John Donohue Pray for the 2012-2013 volunteers at the Marriottsville Chapel: Kelsey Conlon, Danielle Hickman, Eugene Kim, Julie McCracken, Rebecca McCunniff, Kyle Obendorf





Dr. Samuel L. Ross,  
CEO, Bon Secours  
Baltimore Health  
System, stands in  
front of the Women's  
Resource Center and  
some rehabilitated houses  
around Bon Secours  
Baltimore Hospital



UNANIMA Board Members, 2016. Sister Frances Gorsuch (fourth from the right in the third row), currently serves as President

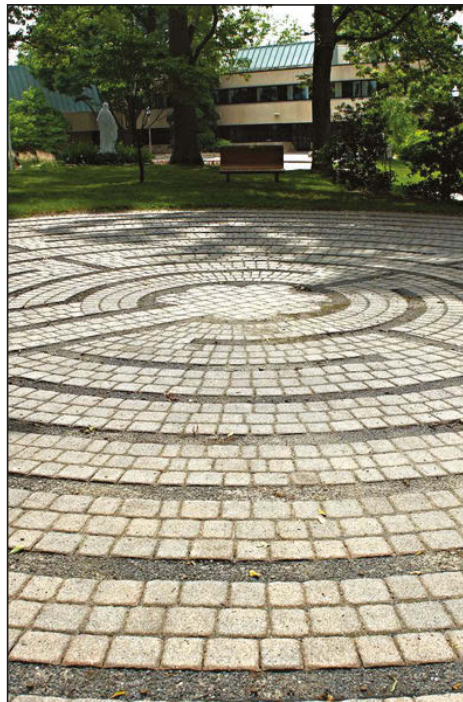


In 1972 the Sisters of Bon Secours created a mobile healthcare ministry to serve the outlying communities of Richmond, VA. The ministry continues today as the Care-a-Van program. TOP: The Health Wagon, 1974; BOTTOM: Care-A-Van, 2016





ABOVE: New Shiloh Village Senior Living, Baltimore, MD, built in 2007



LEFT: The Bon Secours Labyrinth at Marriottsville, MD, was built in 1999 through the generous donations of many and a grant from the TKF Foundation. It was built to commemorate the 175th anniversary of the founding of the Sisters of Bon Secours in Paris, France





TOP: Bridge and Pond at Bon Secours Retreat and Conference Center after an Ice Storm, 1999;

LEFT: Bridge and Pond at the Bon Secours Retreat and Conference Center, Autumn 2010;

BOTTOM: Bon Secours Retreat and Conference Center, Aerial View, 2015





## **Chapter Five:** **Spiritual Direction and Vocational Discernment**

### **Spiritual Direction**

In our ministries, we have been effective in alleviating suffering partly because we have helped people discover hope, motivating them to persevere in their struggles. Undoubtedly, we have brought healing and liberation to individuals and communities. We have accomplished this primarily through our charism of compassion, and secondarily through our knowledge and material assistance. As a result of our ongoing renewal, we have more fully expressed our spirituality in the day-to-day routines of our life. In this chapter, we consider how, through spiritual direction and vocational discernment, we have helped others listen to God in their lives.

Sister Bernadette “Bernie” Claps pursued certification<sup>1</sup> and became a spiritual director at our Bon Secours Retreat & Conference Center (BSRCC) in 2011. Deepening one’s relationship with God is the basis of spiritual direction, for developing a relationship with God entails examining one’s self, including doubts, fears, and anxieties as well as gifts and dreams. A spiritual director is a guide and compassionate listener. When she was discerning her vocation, Sister Bernie had a spiritual director and depended on the friendship of her faith community to persevere through times of doubt. Today, as a spiritual director herself, she has helped others by sharing the insights she had gained into the sometimes ambiguous, gradual nature of spiritual growth:

During Formation [as a novice], I would reach certain insights, and then for a while experience no progress. I would get anxious, and begin to doubt myself. And then something would shift inside—the work of the Holy Spirit—and I could continue. I was reengaged, emotionally and intellectually. . . . As sisters, we’re

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<sup>1</sup> In 2010, Sister Bernie graduated from Washington Theological Union in Washington, DC, with a certificate in spiritual direction.

constantly in discernment about how God is calling us to live out our charism.

In her practice at BSRCC, Sister Bernie encourages guests to ask God for a grace, even if it's a vague or uncertain one. That act expresses faith and trust in the relationship. The purpose of spiritual direction, she has counseled, is not to solve problems; it is for guests to become more able to listen to the promptings of the Holy Spirit with an open heart:

At the time, people might not know what grace to ask God for, but simply by considering the question, they might, weeks later, gain an insight. Sometimes articulating some vague or uncertain feeling can bring clarity. . . . For example, a directee was feeling disconnected from life. We discussed that maybe God was calling her to surrender to the feeling of needing space and time to suspend everything. And then she remembered a line from a book that had been running through her mind. "I wanted to wake up; I lacked energy," she explained, and the line recalled from the book read: "You can't really wake up unless you fall asleep."

Above all, spiritual direction requires a bond of trust. People are often reluctant to talk about their relationships with God. In her career prior to entering Bon Secours, Sister Bernie worked as a licensed clinical social worker where she lived in New Jersey. In that capacity, discussing spirituality with her clients was not a clinical focus:

I didn't feel free to explore spiritual questions with people; the focus was on empowering people in other ways, but not necessarily through their relationship with God. In my ministry of spiritual direction, people are often not sure what they want to talk about; they are feeling a yearning, or they're not sure what exactly they are experiencing. . . . They think they don't know how to pray. . . . But I encourage them to trust that God has heard them. Anyone who comes to me for spiritual direction . . . God has invited; God is drawing them.

A spiritual director helps discerners notice what is important in their everyday experiences. Some years ago, in celebration of the twenty-year anniversary of our relationship with our Associates, Jesse Collins, a Baltimore Associate, shared a reflection on his earlier experience of listening for God without direction:

I have been on a spiritual journey for the past 40 years. In that time, I have been like a ball on a spiritual pinball machine. . . . I was going headlong into whatever direction I was pushed or bumped. There was no speed control, nor organization, or no real purpose in my journey. I was pretty much playing in the dark. . . . I was very much looking forward to getting out of the game and settling into a more directed journey. Joining the Bon Secours Associates gave me the foundation and guidance that I needed. During my journey, one morsel I tasted—a spiritual journey cannot be traveled without a guide or teacher. . . . Another—when the student is ready, the teacher will come. My teacher is Bon Secours. . . . They took me out of the dark . . . . They have shown me the benefit of loving kindness and care.<sup>2</sup>

BSRCC, a sponsored ministry of the Sisters of Bon Secours, has offered various programs to nurture guests' spiritual growth and capacity to act with courage and compassion in difficult transitions and situations. Its programs have addressed environmental awareness, leadership development, and wellness and health.

The setting is experienced as “holy ground,” where guests have an awareness of God. It offers the silence typical of retreat houses. Its staff has done much to cultivate sacred spaces, both around the property and inside the center. In 2007, we implemented major renovations, including the installation of private bathrooms in all guest rooms, to improve guests' space for reflection. Our goal is to help guests feel harmony within themselves, with God, others, and creation.

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<sup>2</sup> “Bon Secours Associates Celebrate 20th Anniversary,” *Focus* 2001, p. 6.

A walk along our Labyrinth, a replica of the Labyrinth in the Cathedral in Chartres, France, is a meditative experience. We dedicated the Labyrinth in 1999, in celebration of the 175<sup>th</sup> Anniversary of our congregation's founding.<sup>3</sup> In 1981, commemorating one hundred years since the founding of Bon Secours in the United States, we dedicated a Centennial Garden. The garden expresses our gratitude for past years of ministry and our dreams for the future. In 2003, we laid stones and sand pathways, incorporating elements of a Zen garden into our Centennial Garden to create a space conducive to reflection on international peace. On September 11, 2003, the second anniversary of the terrorist attacks on the United States, we planted a Peace Pole at the entrance to our Centennial Peace Garden.<sup>4</sup> We joined the Peace Pole Project in 2001, inspired by the vision of the project's late founder, Masahisa Goi (1916–1980), a Japanese teacher, poet, and philosopher. His vision was that a Peace Pole symbolizes the conviction that by praying for peace, people *can* nurture harmony and eventually end conflict.<sup>5</sup>

The Labyrinth, Peace Pole, and Peace Garden contribute to guests' experiences of being on holy ground. According to Sister Bernie, guests have been particularly touched by the beauty of the property and its many butterflies: "Butterflies are symbols of hope," Sister Bernie said, adding, "Guests see God interacting with them through all of nature around them."

BSRCC has also opened its indoor space to artists to exhibit sacred art. One goal has been to foster cross-cultural, ecumenical dialogue. In 2000, the BSRCC hosted an exhibit of paintings of Jesus for the New Millennium, featuring artists who participated in a competition sponsored by *National Catholic Reporter*.

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<sup>3</sup> We gratefully acknowledge the TKF Foundation and the Friends of Bon Secours, whose gifts enabled us to build the Labyrinth.

<sup>4</sup> "Peace Garden Completed," *Focus*, Fall 2003, p. 10.

<sup>5</sup> In 1955, profoundly affected by the devastation caused by World War II, Masahisa Goi articulated a prayer, "May Peace Prevail on Earth," and founded the World Peace Prayer Society. Each handcrafted Peace Pole displays the prayer "May Peace Prevail on Earth" in a different language on each of the six sides of the pole.

In a corner of our Marriottsville chapel at BSRCC hang icons that invite guests to contemplate the spiritual qualities of, respectively, two of our founders: Josephine Potel and Angélique Geay. In 2001, after completing her commission, Sister Nancy Lee Smith, IHM, explained the main qualities depicted in her work. To prepare, she had traveled to Paris to our motherhouse on Rue Notre Dame des Champs, where she prayed before an image of Josephine Potel: “The impression that struck me about her presence that day [was] her gentleness and courage to sacrifice all, and the silence of her legacy of leadership.”<sup>6</sup> In Sister Nancy’s icon, Josephine gestures to our constitutions in one hand, her spiritual foundation. She also points ahead to the woman she chose to succeed her after only two years as Superior: Angélique Geay. It was an inspired choice, for Angélique Geay served for thirty-four years. She expanded our congregation’s size, presence throughout France, and ministries, giving our young congregation direction and stability. Josephine Potel slightly bows her head, a sign of her role of intercession, praying for Bon Secours; Angélique Geay gazes directly at viewers, pointing to an icon of God, indicating her stable, nurturing presence. The chapel’s design, including its interior stone and views of nature from its windows, enhance guests’ awareness of the sacred. BSRCC also offers guests beautiful grounds, walking paths, lounges, and a prayer oratory.

Some guests seek spiritual renewal in order to cope with particular hardships. BSRCC has designed themed programs to respond to the needs of those suffering from personal/social issues and economic systems. In recent years, such programs have included Care for Caregivers and Keep the Spirit Up (for professionals handling unemployment or career disruptions). Many programs have been collaborations with other organizations. A program for people affected by violence generally in our society and, more particularly, within their own families was conducted with the P. Francis Murphy Initiative for Justice and Peace.<sup>7</sup> A similar

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<sup>6</sup> “The Icons of Josephine Potel and Angélique Geay, Foundresses of the Sisters of Bon Secours,” *Focus*, Spring 2001, p. 2.

<sup>7</sup> Bon Secours is one of six religious congregations that sponsor the P. Francis Murphy Initiative for Justice and Peace, based in Baltimore, Maryland, honoring the lifetime of good works of Bishop Philip Francis Murphy. Bishop Murphy served as an Auxiliary Bishop in Baltimore from 1976 until his death in 1999. He

program designed especially for women dealing with violence in inner cities was conducted with the Mount Saint Agnes Theological Institute for Women in Baltimore.

In our personal lives and in our various ministries, we have found that by listening to God's voice, especially in difficult situations, we have experienced redemptive love. The experience of God's love has been transformative.

While attending to guests' needs, the BSRCC staff has been gracious in sharing their time and resources to serve our extended Bon Secours family. Not only has the staff maintained our residences and supported our retreats and Assemblies, they have also ensured the safety and security of our Volunteers living in West Baltimore. Shannon Curran, Director of Bon Secours Volunteer Ministry, remembered the moral and technical support provided by former BSRCC Director Larry Kaskel. Larry assisted when she was looking for new housing for the Volunteers following a security breach in 2011. Drawing on his background in construction, Larry worked with Hamid Esfandiari, BSRCC's building engineer, to complete the renovation of the Volunteers' new property in West Baltimore.

In recent years, inspired by *Our Journey's* focus on relationships, the BSRCC and Bon Secours ministry leaders whose offices are housed inside BSRCC have volunteered their support to one another during critical times. For example, Amy Kulesa, Director of Associates, a trained spiritual director, has assisted Sister Bernie in conducting retreats and our Easter Triduum. She has also offered spiritual direction for our young adult ministry. Andrea Springer, at that time Executive Assistant to our U.S. Leadership Team and Religious Studies Associate Professor at Notre Dame of Maryland University, has also offered retreats.

As a practical consequence of the 2009 Mission Focus Statement, BSRCC implemented new policies, including the use of more recycled goods in its dining services, a switch to nontoxic cleaning materials, and conservation

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was a leader of many local and international initiatives to improve race relations and promote ecumenical and interfaith dialogue.

of energy and water. But equally important, Thomas E. Little Ed.D., former BSRCC Director, pointed out, through our articulation of the Mission Focus Statement and the responses of the extended Bon Secours community, that we have all experienced God's love and acted to realize God's promise:

The Sisters of Bon Secours invite all of us who cooperate in their ministry . . . to explore and discover what it means to be consciously part of a community and a cause even larger than our regular work and mission. This larger community seeks to discover in creation the sacredness of God's gifts, the relationships that root us in the Divine, and bind us to each other in deeper ways than we have ever known before.<sup>8</sup>

Listening to others and to God in the midst of our routines has nourished our spirituality in many ways. We have freed ourselves—and others—of thoughts and fears, and renewed, turning closer to God. We have also become more attentive listeners and counselors for women discerning calls to religious life at Bon Secours.

### **Vocational Discernment**

The demographic and theological shifts affecting religious life during the postconciliar period have stimulated new thinking about vocational discernment and the incorporation of women who choose to enter religious life. Today's discerners tend to be older than eighteen or twenty-one, in contrast to earlier periods, and they seek guidance in making informed decisions about their vocations. Our goal in incorporating new sisters has been to nurture an "ever deepening sharing of lives that gradually transforms the person and the group."<sup>9</sup>

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<sup>8</sup> Thomas E. Little, Ed.D., "Bon Secours Spiritual Center Grows in Eco-Spirituality and Action," *Focus*, Fall 2010, p. 31.

<sup>9</sup> Sandra M. Schneiders, IHM, *Selling All: Commitment, Consecrated Celibacy, and Community in Catholic Religious Life*, volume two of *Religious Life in a New Millennium* (Mahwah, NJ: Paulist Press, 2001), p. 73.

We significantly changed our vocation approach around 2000, following the *Our Journey* General Chapter (1999), as we recounted in Chapter Four. Under Commitment Five of the *Our Journey* document, we stated:

As consecrated women, joyful in the Risen Lord,  
[W]e choose LIFE. We commit ourselves to:  
-Identify, invite, and welcome new members to become  
Sisters of Bon Secours.  
-Share our life of compassion, healing and liberation in  
community and mission.

We dedicated more resources to vocation recruitment and formed an international Vocation Committee, which included sisters from each Bon Secours country. In 2000, Sister Pat Dowling became U.S. Vocation Director. Since then, she has led the creation and implementation of successive vocation plans for our congregation.

Prior to becoming Vocation Director, Sister Pat Dowling was the founding director of the Bon Secours Women's Resource Center, established two years earlier in 1997. Interestingly, that position gave her two critical skills for her new ministry. As counselor, Sister Pat Dowling further developed her capacity to listen to the spiritual voices of women of diverse backgrounds and, with each woman, engage in a mutual process of self-discovery and growth. As the founding director, she also acquired entrepreneurial skills, essential for her new undertaking:

When I was asked to do vocation work, I didn't have anyone to show me how to approach "recruitment." At one meeting, an Xaverian Brother, vocation director for his congregation, told me that he often felt like a Maytag repairman, sitting by the phone, waiting for someone to call! As I learned about vocation ministry, I realized that I would have to find ways to raise our visibility, and I was only boxed in by the limits of my creativity. I asked myself, what are the best human resources recruitment practices? I discovered that Ernst and Young Accounting Firm had received an award for its recruitment practices, and I used some of those ideas and practices.



Guided by the *Our Journey* Chapter commitment, Sister Pat Dowling developed ways for us to invite and welcome women to explore our mission and daily life. She began her strategic planning by studying the outlook and expectations of women likely to consider religious life, and on that basis, she identified strategic objectives. Initially in the 2000s, most of our inquirers were older women interested in joining a faith community sharing a common vision and values. Our five current inquirers are younger than earlier classes, ranging in age from their early thirties—Millennials—to late forties—Gen Xers. They are ethnically and regionally diverse, and we value this diversity—and so do they.

Discerning a vocation to religious life or any other life-changing decision is challenging, especially later in life. It requires a capacity to discern God's will amidst the demands and distractions of one's life and the courage to accept God's will.

For example, through her discernment, Sister Bernie discovered her gift for listening to God. Like many of us, however, Sister Bernie wrestled with doubts during discernment. At the time she was discerning, she lived alone: "I would wake up at night, wondering, am I out of my mind?" She was settled in a comfortable routine: She had a townhouse and dogs, and was active in her parish, serving as a Eucharistic minister. To begin to explore religious life, she traveled from her home in New Jersey to our community in Marriottsville, Maryland, to participate in "Come and See" discernment weekends. Sister Pat Dowling initiated these gatherings partly in response to women's needs for companionship during discernment. Gradually, Sister Bernie made close friends, and the group of inquirers developed a rapport: "At the Bon Secours discernment weekends, I met many women in my age range, some younger. Several of us eventually entered Bon Secours, and we supported one another, from discernment through formation." In 2013, Sister Bernie professed perpetual vows as a Sister of Bon Secours.

Responding to expectations of today's inquirers, Sister Pat Dowling has been creative in her use of social media, both to enable communications with and among women and to raise our visibility. Developing our social media presence has required creativity, persistence, and financial

investment. Working closely with our technology specialists, Sister Pat Dowling has developed and redesigned our *Imagine a Sister's Life* website, with its corresponding app and Facebook page, to convey the Bon Secours spirit and our way of life.

A recent candidate initially found Bon Secours using the Vision Vocation Guide, a matching service of the National Religious Vocation Conference (NRVC). A priest had encouraged her to “follow her heart.” Reading about our communal life and mission on our website, she gained confidence that Bon Secours was a compatible match. After participating in a “Come and See” weekend in Marriottsville, the woman said that she felt at home with Bon Secours.

Women who have entered our U.S. Bon Secours community during the current period have all had established careers. Dr. Vicky Segura who entered in 1979, was working full time as a pathologist when she discerned her call to religious life: “[Discernment] was the challenge of my life. Maturity and experience were definitely not guarantees that the adjustment would be easy.” Sister Vicky remembered the guidance and wisdom of sisters as indispensable during her incorporation into Bon Secours.

Sister Mary Cabrini Bonnett articulated well the exclusive God-quest, which has drawn all of us to religious life—a commitment that women in earlier eras were prepared to make at a young age:

My sixty-five years with the Sisters of Bon Secours . . . go back to one thing: I’m doing what I’ve been called to do: work as a Sister of Bon Secours in service to our Lord. . . . It’s been amazing spending sixty-five years with the Sisters of Bon Secours [experiencing] their different gifts, personalities, talents, and skills. We live a life of prayer and service to our Lord.<sup>10</sup>

Reflective of the *Our Journey* document, we have all assumed greater responsibility for welcoming inquiring women into our lives. In this role,

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<sup>10</sup> Sisters of Bon Secours, USA, *Jubilee Program*, 2013.

we have reflected on how we live our spirituality daily, in all our interactions. In our ministries, we have many opportunities to inspire inquiries concerning religious life. We have a special opportunity to share deeply during “live-in” experiences, organized for women who have completed their initial assessment. Sister Bernie recalled how important her live-in experience was to her discernment process:

I spent Thanksgiving week living with Sisters Kathleen [Moroney], Marie Lucille [Summers] and Sister Elaine in Florida. During the first few days, I lived with Sister Elaine, and on Thanksgiving Day, we all served dinner at a soup kitchen, a memorable experience. It was after my live-in experience that I asked, formally, to be considered as a pre-candidate for entrance into the Congregation.

Today, as a member of our International Vocation Team, Sister Bernie has thought extensively about what attracts women to a particular religious community. In her view, the most important factor is the sincerity and simplicity with which we approach our endeavor: “Women notice whether or not we’re living authentically by our charism and vows.” To be sure, this quality of our communal life affected Sister Bernie’s sense of belonging too:

We have become closer as sisters. I have a solid feeling of being an integral part of this community, sharing its values and life task. But it required courage and patience to develop trust during my long formation period. I didn’t know how it was going to come out in the end.

Our primary goal and challenge remain to share, humanly, what this life has meant to us and to offer the bond of friendship to women discerning their calling. This priority is expressed in two objectives of our vocation plan: to promote religious life, showing others how we live by our vows, and to be hospitable in welcoming candidates.<sup>11</sup> To welcome and invite women into our lives has required that *we* renew *our* relationships. In 2002,

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<sup>11</sup> Sisters of Bon Secours, USA, *Vocation and Formation Foundational Values and Statements* (2011).

we began taking time to reflect—together and with inquiring women—on our personal calls to Bon Secours. Our first vocation plan articulated the following objective:

To share what our call means, reflect personally and in community about essential elements and values and of our charism, thus renewing the quality of our relationships.<sup>12</sup>

Another challenge, embraced by Sister Pat Dowling and other sisters, has been to conduct discernment with women as a mutual process of self-discovery. It is a spiritual practice, involving the same type of listening and mutual sharing intrinsic to our health and spiritual direction ministries. The goal is to help women make a life-changing choice, free of distracting ideas, responding to the Spirit. Sister Pat Dowling explained:

A prerequisite for a good discernment is having a real relationship with God and recognizing that God is present in my life and the world. . . . Discerning requires having an attitude of openness, patience, trust, honesty, and freedom. Do I trust that God will lead me to the right choice? Is there freedom to consider options, and . . . accept whatever the outcome? It's a process involving my head and my heart.<sup>13</sup>

Our process is organized around a series of questions, addressing topics relevant to religious life and to the life and ministry of Bon Secours. Over the course of a year or so, discerners respond to fourteen topics in stages, reviewing their written responses in one-on-one meetings with Sister Pat Dowling and proceeding systematically in a process of mutual self-discovery. They begin with prayer, listening to God to appreciate the ramifications of the decision to be made. Sisters assess discerners' options, gathering information concerning skills, experiences, and interests. They then help discerners weigh the reasons for or against various options, listening for possible inner resistance in case of an unexpected insight. We

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<sup>12</sup> Sisters of Bon Secours, USA, Vocation Team Meeting, 2002, USA Archives, Marriottsville, MD.

<sup>13</sup> "Christian Decision-Making: A Way of Life," *Focus*, Fall 2010, pp. 23-24.

encourage discerners to explore all feelings that might indicate a calling. In the end, as women reach their decision, we accompany them through an extended period of reflection on how they feel regarding their chosen path.

An inquirer had this to say about her fourteen-step discernment with Sister Pat Dowling:

It was a life-changing process that gave me clarity about religious life and myself. It helped me to better understand not only who I am but what is deepest in my heart, and I now know what I feel called to do with my life. I began to see things in a different way as we talked and I was able to let go and be free of what I could never give up—so I thought. The whole experience was “liberating” for me!! Like a big boulder had been lifted from my shoulders, when I could honestly say that I feel called to religious life and to the Sisters of Bon Secours in particular. Even though I still felt anxious I am excited and a new confidence surrounds me. [Sr. Pat Dowling] made the process good. It’s all a process but without someone good, caring and knowledgeable, it wouldn’t have been the same.

As a result of this process, a woman currently in discernment has learned to trust her inner voice:

During my discernment, I have learned how to be still, to seek the truth for my life, to listen to the Holy Spirit, and to let go and trust . . . more deeply than I have ever trusted before. . . . My image of God has evolved. . . . God is . . . waiting for us to open up . . . and get rid of whatever is hindering our relationship with him. . . . This realization gave me the courage to . . . be loved and love myself . . . so that I can more effectively share in God’s love with the people I encounter.

More broadly, through our Volunteer and Young Adults ministries, we have accompanied young adults discerning diverse vocations, not necessarily to religious life. Despite generational and social differences—most of us are slightly older than the Baby Boomer generation and are of European ancestry—we share with our Volunteers and Young Adults a desire to make a difference in the world through public service. Through these relationships, we have come to appreciate the special ways of different cultures and generations.

Spiritual formation and vocational counseling are integral to our ministries with Volunteers and our Young Adults. After she became Director of Bon Secours Volunteer Ministry in 2007, Shannon Curran created a Bon Secours formation program to share the Bon Secours charism and spirituality within the context of Catholic social thought. One of Shannon's goals has been to impart the critical value of committing one's time to develop relationships with God and others. Through the program, the Volunteers learn to become servants to others, emptying themselves of inner distractions. They encounter Christ in others and in themselves. Many Volunteers have discovered their direction in life as well.

Sister Mary Shimo, former Volunteers Coordinator at Bon Secours Hospital in Baltimore, has been inspired by the Volunteers' courage and compassion:

The Volunteers have renewed my belief and faith that there are wonderful giving young adults in this world, willing to dedicate a year of their lives to serve in an environment very different from their own. The experience touches them on a deep level. Many pursue medical education, becoming physicians, physicians' assistants, or registered nurses.

At around this time, Sister Pat Dowling began proposing that we create a Bon Secours Young Adult Ministry to invite young adults to participate in our ministry and faith community. Our Young Adult Ministry has a strong service component.

In 2014, Nicholas Stein became the director of our Young Adult Ministry. Nicholas was previously director of Catholic campus ministry at Virginia

Commonwealth University in Richmond. He has a theology degree and experience in spiritual direction. To date, Nicholas has organized several Young Adult groups in the Washington, D.C., metropolitan area; Baltimore, Maryland; and, in southwestern Virginia, Roanoke and Blacksburg. The Young Adults gather for monthly evenings of spiritual reflection, weekend retreats, ministry projects, and social events.

A main form of service, which has been part of their learning experience, is leading group retreats. Nicholas has coached the retreat teams. Each retreat involves months of work, including selecting prayers and coaching peers preparing “witness talks” on their spiritual lives, and leading small discussion groups. The young adults learn what is involved in sustaining a vibrant faith community. Nicholas observed: “They teach one another how to create a space for sharing and talking about God. They become friends, but they also learn that spiritual growth within a community must be pursued intentionally.”

We have enjoyed interacting with Bon Secours’ Young Adults. In particular, Sisters Rosa Cristina Sanchez Chigne, Bernie Claps, Elaine Davia, Pat Dowling, and Sara Gabriela Ruiz Espinoza “Gaby,” Fran Gorsuch, Rose Marie “Rosie” Jasinski, and Alice Talone have offered their presence and gifts during Young Adult gatherings. Sisters Chris Webb and Mary Shimo participated in a recent Young Adult retreat and said the experience was uplifting. They appreciated the new perspectives on our Bon Secours charism.

Young Adults want to give of themselves, but, importantly, they want to do so in communion with people who share a common spiritual purpose. In developing our vocation approach, Sister Pat Dowling has explored ways to meet inquiring women’s needs for fellowship and intimate sharing during vocation discernment:

Women don’t want to be lone actors; they want to know that they’re being supported. They want opportunities to share what they’re thinking or feeling. I created forums in which women in discernment could support one another on the journey they’ve undertaken, for example, an online book discussion group and chat rooms.

Accompanying women through vocational discernment has caused us to reflect more deeply on how we express our spirituality of compassion every day. It has been a grace, a challenge, and a cause for celebration, especially when women have discerned callings to join Bon Secours.

### **Ongoing Discernment**

We are constantly in discernment about how we can embody Christ's compassion in our daily lives. Faith in redemptive love gives us courage to act in difficult situations. Sister Fran shared two stories of individuals who nurtured healing and redemption by the love they shared in the midst of suffering. As Sister Fran's birth sister was dying, her son, then struggling with an addiction, cared for his mother through the last stages of her painful terminal illness. The love that the son experienced as his mother struggled with illness and death was redemptive; afterward, he found inner strength to face his addiction.

In another case, Sister Fran learned of a couple struggling to recover from the unexpected death of their daughter, who died alone. The relationship had been special, for their daughter was mentally disabled. Sister Fran sat with the parents and listened as they grieved. In that situation, no one needed to say much—simply being together, sharing pain that is beyond words, was mutually redemptive.

Through such experiences, we have drawn closer to Christ and gained some insights into the Paschal mystery of suffering and forgiveness. Sisters Alice Talone and Rosie told of the redemption they each experienced once they accepted the tragic circumstances of losing a parent earlier in their lives. When Sister Alice Talone was sixteen, her mother was dying of an illness. Tragically, Sister Alice was not present during her mother's last moments of conscious life. She was on a weekend trip with friends when her mother suddenly lapsed into unconsciousness. Years later, as she was studying for her pastoral care certification, Sister Alice realized that she had never forgiven herself for her absence at that critical moment. Seeing her actions in a new light, as an adult, she was able to accept the traumatic occurrence, freeing herself of a deep regret she had long carried.



Similarly, Sister Rosie suffered the premature death of her father when she was ten and, for years, harbored a deep sadness:

When I was in my thirties, in a conversation with a friend who was in an addiction recovery program, my friend described an exercise in which she imagined herself with her family members and specific interactions with some of them. As I listened to her experience, I began to imagine my own family. I had an insight at that moment: at the time my father died, no one asked me about the pain I felt; about the sadness I felt losing my father. I suffered alone in that, though not realizing it at the time. It was redemptive to realize that I had unconsciously been waiting all these years for someone to acknowledge what I had suffered. Over the years, I have felt strong sensations that my father has been present, helping me when I have needed him; helping me in those sad times.

Christ is compassionate with us and through us in our day-to-day lives. But, especially today, we often need to seek ways to renew ourselves, given the demands of our ministries. For, our theology reminds us that “serving others does not remove us from our own need of continuous healing.”<sup>14</sup> We have fulfilled this need through prayer, close interpersonal relationships, and personal time to reflect, renew, and recover from fatigue.

Today, many of us no longer serve in formal caregiving roles. Some of us are administrators, supporting those who care for the sick and suffering. Sister Rosie, our Country Leader, shared that earlier, as a nurse, she felt uplifted daily by helping people become healthy and realize their potential. In her current role, she welcomes opportunities to renew herself spiritually and enjoy the simple pleasures of life. Yet, she conceded, the personal satisfaction received in the course of caring for patients is experienced differently when serving in an administrative role.

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<sup>14</sup> *A Theology for Bon Secours* (1985), no. 2.

Living our spirituality requires constant inner work. We are continually examining what we need to soften or let go of in order to embody the warm, human features of Christ, especially in unexpected moments. There are many opportunities in daily communal life. Examples include listening when something's not quite right with our sister or, in communal prayer, making our petitions and intercessions personal. Our special celebrations of birthdays, feast days, and sisters' Jubilees, too, are often deeply spiritual occasions.

During the current period, we have appreciated the need to spend our time wisely, fulfilling our scheduled commitments as well as spending free time together and in prayer. Years ago, in 1985, we articulated this challenge in our *Theology for Bon Secours* as follows:

[W]e seek an ever more consistent interaction between engagement in ministry and presence to one another in community. We gather one another for prayer, mutual support, and challenge.<sup>15</sup>

Perhaps our calling today is to express extraordinary compassion by spontaneously giving generously of our time—in the midst of our busy lives—to people in need. We need to renew our faith in the time given us to embody God's compassion.

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<sup>15</sup> *A Theology for Bon Secours* (1985), no. 9.

## Epilogue

We conclude our story of adaptation and renewal during the current period with reflections on how, during difficult times, we have deepened our compassion. Challenges affecting many of us have included increasing levels of violence and social discord amid deteriorating socioeconomic conditions. On a more personal level, we have endeavored to expand our ministry and faith community, involving ourselves more fully in the lives of those called to Bon Secours.

Significantly, we have been sustained not only by our Bon Secours family and friends but also by strangers. Occasionally, people we have met through a chance encounter with suffering or need have manifested extraordinary love and trust, affecting us profoundly while, at the same time, helping us to see our common humanity. We share these closing reflections to give witness to the way that compassion—“suffering with”—nourishes souls and heals wounds.

A certain moral or life premise emerged during our Assembly in May 2015. The Assembly’s theme was our Bon Secours theology and spirituality concerning the Paschal mystery of human suffering and redemption. Our communal goals were manifold: to deepen our understanding of this mystery, both to renew spiritually and to discern how God might be calling us today to more fully share in the suffering of others, as Jesus did, helping to bring healing and reconciliation.

To prepare, we studied the teaching of our Bon Secours theology and spirituality. Our *Theology for Bon Secours* directs us to deepen our relationships with God, self, and others in order to more fully embody the warm, human features of Christ. As we have stated in our constitutions:

[The message] which we proclaim is not ours. The message of Christ is Christ himself. The good news can

be communicated only by a person who lives it to such an extent that she also becomes the message.<sup>1</sup>

Our *Theology for Bon Secours* also discusses the mutuality intrinsic to caregiving and counseling relationships that nurture healing and redemption. Our Bon Secours spirituality affirms the dual presence of Christ in caregivers and counselors, and spiritual seekers.

At our Assembly, we shared personal experiences of nurturing and experiencing Christ's healing presence. In 1961, on her first visit home to Ireland after joining Bon Secours in the United States, Sister Dorothy Brogan visited an uncle who had been estranged from the Brogan's extended family:

I felt drawn to walk into my uncle's house and introduce myself, explaining that I was home on a visit. My uncle broke down and cried. He asked me to sit with him. I was scared. We didn't say much, but that visit broke the cycle of violence and anger. Today, his children, my nieces and nephews, have close relationships with their cousins.

Unexpected opportunities to embody Christ arise spontaneously in the midst of our daily routines, and these are especially transformative. In the brief moment, as we respond, we may not experience the full impact of the encounter. Afterward, however, we may appreciate the grace, as Sister Chris recalled in one encounter:

Recently, I stopped into a shop to buy flowers. I was rushing. A woman spontaneously approached me and began telling me a troubling story. I felt torn by my limited time and her need to talk. I allowed her to talk as long as she needed. When I got back to my car, I found that I had plenty of time to accomplish my next task. Time seemed to stand still to allow us to have that conversation.

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<sup>1</sup> Congregation of the Sisters of Bon Secours, *Constitutions* (1991), USA Archives, Marriottsville, MD, Ch. II, "Apostolate," no. 13.

Such brief, spontaneous encounters are God-given opportunities to make a difference in another's life. Sister Rose Marie Jasinski observed, "That time you spent buying flowers and listening to the woman was time spent in God's time: a *kairos* moment." *Kairos*, one of two Greek words meaning time, refers to an opportune moment, or an appointed time to fulfill God's purpose—in contrast to *kronos*, meaning ordinary, sequential time. *Kairos* appears frequently in the Bible. In his letter to the Ephesians, for example, Paul urged Christ's followers to "awake . . . walk circumspectly, not as fools but as wise, redeeming the time (*kairos*) . . . understanding what the will of the Lord is."<sup>2</sup> The implication is that we need prudence and courage to perceive and act on opportunities to do God's will and embody the love of Jesus.

Today, our commitments include various mission priorities. We continue to implement our new congregational governance model. We are also designing lifestyles to sustain the health of our elder sisters. We are constantly discerning new ministries to embody Christ's healing, consoling, teaching, and loving—Christ's concern for the needs of others—in an ever-changing world. In earlier periods, the majority of our sisters cared for the sick and dying in our hospitals. Today, we serve in hospitals and local communities as pastoral counselors, community health organizers, nurses, and physicians in and around our health system. With our Associates and BSHSI colleagues, we have developed new projects to alleviate suffering in and around our health facilities. The intractable problems of poverty and violence seem overwhelming, but now, through collaboration, we can make a significant difference in the lives of many.

In West Baltimore, by collaborating with community leaders and public health experts under Operation ReachOut Southwest, Bon Secours has responded to needs expressed by residents following decades of poverty, insufficient educational opportunities, inadequate housing, and despair. We are increasing our presence and resources, investing in Head Start programs, senior housing, and a Family Support Center in West Baltimore.

Bon Secours Richmond Health System, in addition to its medical outreach to underserved residents, is working to redevelop disadvantaged

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<sup>2</sup> Eph. 5: 14-17 KJV.

neighborhoods hit hard by recession. Under a partnership with Virginia Local Initiatives Support Corporation, Bon Secours Richmond Health System provides business-development assistance to entrepreneurs in Richmond's Church Hill neighborhood, along the East End-Nine Mile Road corridor. By investing in people, expanding opportunities, and improving the neighborhood's infrastructure, Bon Secours in Richmond strives to improve the health and well-being of residents.

Similarly, as the area around St. Francis Hospital in Greenville, South Carolina, has become a hub along the I-85 corridor for trafficking in humans, guns, and drugs, our Associates have designed educational programs to alert hospital staff and others to signs of potential victims. Our Associates have helped educate us as to the extent of these global problems. Our 2014 General Chapter called us to respond to emerging challenges, to advocate an end to violence, to cry out against human trafficking, and to promote the integrity of the environment and ecological health.

As a result of our reforms of lifestyle, ministry, and governance, as well as our use of social media, we are more aware of our time and the needs of others. At our Assembly, we discerned how we have been called in a new way to serve God and God's people. Our *Theology for Bon Secours* impels us—both sisters and colleagues across our global congregation—to discern today's calling:

Finally, our Bon Secours theology remains always an unfinished endeavor. Because it emerges from our faith experience within a changing world, we will never cease to be challenged to find a new theological word about our life and ministry.<sup>3</sup>

Our Bon Secours' calling is to offer prophetic witness to the reality of compassion, as taught in the Gospel. Today, we may be called, prophetically, to give more generously of our time to embody Christ in all situations, especially those arising spontaneously. As we have shared, these chance encounters have been both challenging and memorable

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<sup>3</sup> *A Theology for Bon Secours* (1985), no. 11.

because we have been especially vulnerable, not knowing what to say or exactly how to mitigate or resolve a difficult situation. Such occasions may also have been especially affirming to giver and seeker alike, inasmuch as they clearly manifest our mutual dependence on Christ amid suffering and uncertainty. They have taught us that we become whole in Trinitarian relationship of God, self, and others—in which the “other” may be our unknown neighbor whom we do not immediately recognize as such, but who later affects us profoundly.

To perceive and respond to such situations will require a deepening of our compassion, healing, and liberation. Theologically, we might say that God draws us to these *kairos* moments both to embody the compassion of Jesus for people and our earth and to renew ourselves.

Numerous encounters, private and confidential, cannot be shared but are known to God and the individuals involved. We hold such experiences in our hearts as moments of grace and holiness. The encounters and insights that we have shared express our vision of the Gospel, which we have strived to live by as Sisters of Bon Secours. We hope that our history has inspired our readers to bear witness to Christ’s compassion, advancing the Gospel mission in today’s world.





**Appendix A:**  
**Individuals Interviewed for this History**

Macario Acosta, Interventional Radiologist, Bon Secours St. Francis Health System, Greenville, South Carolina.

Sister Dorothy Brogan, CBS, Pastoral Counselor, Bon Secours St. Francis Health System, Greenville, South Carolina.

Judith “Judy” Carmichael, Director, Marketing & Public Relations, Bon Secours Baltimore Health System, Baltimore, Maryland.

Sister Bernadette “Bernie” Claps, CBS, Spiritual Director, Bon Secours Retreat & Conference Center, Marriottsville, Maryland; Board Member, Asylee Women’s Enterprises.

Curtis Clarke Ph.D., Vice President, Mission, Bon Secours Baltimore Health System, Baltimore, Maryland.

John Crosby, Patient, Pastoral Care, Carroll Medical Center, Westminster, Maryland.

Shannon Curran, Director, Bon Secours Volunteer Ministry, Marriottsville, Maryland.

Sister Justine Cyr, CBS\*, Sisters of Bon Secours of Paris Congregation Leader (1989-1999); U.S. Country Leader (1979-1988), RIP (2016).

Sister Elaine Davia, CBS, U.S. Formation Director, Family Nurse Practitioner, St. Francis Clinic, Baltimore, Maryland, Chairperson, Bon Secours International Formation Committee.

Sister Delia Dowling, SSND, President, Sisters Academy of Baltimore, Baltimore, Maryland.

Sister Patricia “Pat” Dowling, CBS, U.S. Vocation Director, Chairperson, Bon Secours International Vocation Committee.

Sister Patricia “Pat” Eck, CBS, Bon Secours Congregation Leader (2010-present); Board Chair, Bon Secours Ministries, Marriottsville, Maryland.

Sister Mary Regina Flatley, CBS\*, Sisters of Bon Secours of Paris  
General Counselor, Paris, France, Retired (2005).

Frances Gladden, Pre-Admission Coordinator, Bon Secours Baltimore  
Health System, Baltimore, Maryland.

Sabrina Gladden, Food Service Worker, Bon Secours Baltimore Health  
System, Baltimore, Maryland.

Sister Nancy Glynn, CBS, France Designated Country Leader, Paris,  
France.

Sister Fran Gorsuch, CBS, Coordinator, Trauma Informed Care, Bon  
Secours Baltimore Health System, Maryland, Board Chair,  
UNANIMA International New York City, New York.

Sister Mary Beth Hamm, SSJ, Coordinator, Bon Secours  
International Justice, Peace and Integrity of Creation  
Committee, Marriottsville, Maryland.

Sister Rose Marie “Rosie” Jasinski, CBS, U.S. Country Leader,  
Marriottsville, Maryland.

Shakiera Keyser, Graduate, Salem College, Winston-Salem, North  
Carolina (2017); Graduate of Sisters Academy of Baltimore  
(2009), Baltimore, Maryland.

Amy Kulesa, Director, U.S. Bon Secours Associates, Marriottsville,  
Maryland.

Sister Anne Lutz, CBS, Executive Vice President Sponsorship, Bon  
Secours Health System, Inc., Marriottsville, Maryland; President,  
Board of Directors Bon Secours Baltimore Health System,  
Baltimore, Maryland.

Sister Anne Marie Mack, CBS, Senior Vice-President, Sponsorship, Bon  
Secours Richmond Health System, Richmond, Virginia;  
Chairperson, Bon Secours International Justice, Peace and  
Integrity of Creation Committee.

Sister Margaret “Peggy” Mathewson, CBS, Geriatric Nurse Practitioner,  
Norfolk, Virginia, Retired (2011).

Sister Frances McCabe, CBS, Sister Coordinator, Marian Hall,  
Marriottsville, Maryland, Retired (2013).

Patricia McGrath\*, Bon Secours Associate, Philadelphia, Pennsylvania.

Catherine “Cass” Moore\*, Bon Secours Associate, Glen Mills,  
Pennsylvania.

Sister Kathleen Moroney, CBS, Hospital Chaplain, Bon Secours St.  
Francis Health System, Greenville, South Carolina, Retired  
(2008).

Sister Mary Rita Nangle, CBS, Patient Advocate, Bon Secours Baltimore  
Health System, Baltimore, Maryland, Retired (2011).

Ann Neale, Ph.D.\*, Vice President, Ethics & Advocacy, Bon Secours  
Health System, Inc., Baltimore, Maryland (1981-1990).

Elizabeth “Betty” Mott Norman, Bon Secours Associate, Maryland;  
Registered Nurse, Bon Secours Baltimore Health System,  
Baltimore, Maryland (1970-1986).

Mary Phyllis O’Hallaron, RN, 36-Year Volunteer, Gift Shop, St. Mary's  
Hospital, Richmond, Virginia, former member of St. Mary's  
Hospital Woman's Auxiliary Board.

Richard “Dick” D. O’Hallaron, CEO Bon Secours St. Mary's Hospital,  
Richmond, Virginia (1972-1987).

Janet Price\*, Bon Secours Associate, Glen Mills, Pennsylvania, RIP  
(2011).

Sister Victoria “Vicky” Segura, MD, CBS, Palliative Care/Hospice  
Physician, Bon Secours Richmond Health System, Richmond,  
Virginia.

Sister Mary Shimo, CBS, Bon Secours Congregation Secretary/Archivist,  
Marriottsville, Maryland.

Elizabeth Smithay, Administrative Assistant, Bon Secours Baltimore  
Health System, Baltimore, Maryland.

Nicholas Stein, U.S. Director, Young Adult Ministry, Marriottsville,  
Maryland.

Sister Alice Talone, CBS, Parish Nurse, Baltimore, Maryland.

Sister Rita Thomas, CBS, Administration, Bon Secours Maryview  
Medical Center, Portsmouth, Virginia, Retired (2016).

Marie Truffer, Administrative Assistant, Bon Secours Associates and  
Bon Secours Volunteer Ministry, Marriottsville, Maryland (1992-  
2017).

John F. Wallenhorst, Ph.D.\*, Senior Vice President, Mission & Ethics,  
Bon Secours Health System, Inc., Marriottsville, Maryland.

Sister Christine “Chris” Webb, CBS, Chaplain, Bon Secours DePaul  
Medical Center, Norfolk, Virginia.

Elizabeth “Beth” Wood, Bon Secours Volunteer Ministry (2006-2007);  
Teacher, Sisters Academy of Baltimore, Baltimore, Maryland.

\* The author gratefully acknowledges Martin K. Gordon, Ph.D., RIP  
(2013), and Mary Herbert, Special Collections Archivist, Sisters of Bon  
Secours, USA, for these interviews, which they conducted during 2005–  
2013.

## **Appendix B:**

### **Sisters of Bon Secours, 1981-2016**

#### **Sisters who were living as of April 5, 2016:**

Sr. Jean Aulenback, Intensive Care Nurse, Nursing Supervisor  
Sr. Mary Cabrini Bonnett, Obstetrics Nurse, Emergency Room Nurse  
Sr. Dorothy Brogan, Home Health Chaplain, Vocation Director  
Sr. Bernadette Claps, Spiritual Director, Social Worker  
Sr. Anna Mae Crane, Long Term Care Nursing, Community Organizer  
Sr. Elaine Davia, Family Nurse Practitioner, Formation Director  
Sr. Anne Maureen Doherty, CPE Supervisor, Infirmary Coordinator  
Sr. Patricia Dowling, Vocation Director, Long Term Care Administrator  
Sr. Katherine Ann Durney, Nursing Night Supervisor, Chaplain  
Sr. Patricia Eck, Congregation Leader, Board Chair, BSM, BSHSI  
Sr. Mary Regina Flatley, Nursing School Educator, Formation Director  
Sr. Nancy Glynn, Director, Bon Secours Spiritual Center, Congregation Leader  
Sr. Fran Gorsuch, Community Liaison, Mission Leader  
Sr. Rose Marie Jasinski, Country Leader, Home Care and Hospice Nurse  
Sr. Anne Lutz, Sponsorship, USA Treasurer  
Sr. Anne Marie Mack, Sponsorship, Nursing Administration  
Sr. Margaret Mathewson, Adult Nurse Practitioner, Registered Nurse  
Sr. Frances McCabe, Long Term Care Administrator, Registered Nurse  
Sr. Kathleen Moroney, Hospital Chaplain, Medical-Surgical Nursing  
Sr. Mary Rita Nangle, Patient Advocate, Radiology Technician  
Sr. Sara Gabriela Ruiz Espinoza, Parish Ministry, Psychologist

Sr. Rosa Cristina Sanchez Chigne, Parish Ministry, Nursing  
Sr. Victoria Segura MD, Palliative Care/Hospice Physician, Pathologist  
Sr. Mary Shimo, Hospital Chaplain, Volunteer Coordinator  
Sr. Marie Lucille Summers, Geriatric Nursing, Sister Visitor  
Sr. Alice Talone, Country Leader, Parish Nurse  
Sr. Rita Thomas, Country Leader, Hospital Administrator  
Sr. Christine Webb, Medical Technologist, Hospital Chaplain  
Maria Wenas, Candidate, Licensed Vocational Nurse

**Sisters of Bon Secours, USA who have died since 1981**

Sr. Urban Auer, Country Leader, Nursing School Director  
Sr. Charles Marie Brown, Congregation Councilor, Medical Records  
Sr. Mary Margaret Burger, Director, Retreat Center, Nursing School  
Director  
Sr. Kyran Carney, Sacristan, Patient Visitor  
Sr. Mary Gilbert Carney, Geriatric Nursing, Medical-Surgical Nursing  
Sr. Clare Agnes Carroll, Emergency Room Nursing, Business Office  
Sr. Mary Christine Carroll, Medical Record Director, Math Tutor for  
grade school  
Sr. Mary Emma Carroll, Medical-Surgical Nursing, Nursery  
Sr. Mary Beatrice Case, Home Nursing, General Convent Duties  
Sr. Mary Alice Clements, Country Leader, Administrator  
Sr. Regina Denise Colgan, Long Term Care Nursing  
Sr. Mary Magdalen Condry, Nurse, Patient Visitor  
Sr. Mary Monica Curley, Medical Records Director

Sr. Justine Cyr, Congregation Leader, Country Leader, Health Care Administration

Sr. Mary Eugene DeGrange, Long Term Care Nursing, Supervisor

Sr. Mary Lucy DeRitis, Medical Technologist, Secretary

Sr. Theresa Dockery, Long Term Care Nursing

Sr. Elizabeth Durney, Nursing Supervisor, Hospice Chaplain

Sr. Catherine Angela Gilles, General Convent Duties

Sr. Lucretia Gottschall, Night Duty Nursing, Patient Visitor

Sr. Julia Marie Grimes, Hospital General Nursing

Sr. Mary Pauline Hilles, Nursing, Assistant Novice Director

Sr. Therese Marie Hoguet, Nursery Nursing, Chaplain

Sr. Mary Thecla Hynes, Nursing, Business Office

Sr. Martha Jenkins, EKG Technician, Activities Coordinator

Sr. Camillus Mary Joeckel, Emergency Room Nursing

Sr. Mary James Keating, Radiology Technician, Nursing

Sr. Theophane Klingelhofer, Operating Room Nurse, Administrator

Sr. Mary Florence Kraft, Administration, Nursing

Sr. Mary Augustine Lanahan, Long Term Care Nursing

Sr. Francis Helen Lewandowski, Operating Room Nurse, Administrator

Sr. Roselle Lintner, Laboratory Technician

Sr. Anna Loughran, Home Nursing, Staff Nursing

Sr. Mary Elizabeth McGlade, Nurse Educator, Nursing School Director

Sr. Mary Gertrude McGonegal, Home Nursing, Administrator

Sr. Maurice McKinley, General Nursing, Day Nursery

Sr. Liborius Morrison, Administrator, Nursing of Children with Special Needs

Sr. Angela Neville, Medical-Surgical Nursing, Recreational Therapy  
Sr. Mary Gemma Neville, Pastoral Care Director, CPE Supervisor  
Sr. Rose O'Brien, Medical Technologist, Secretary  
Sr. Emerentiene O'Sullivan, Administrator, Nursing  
Sr. Helena O'Sullivan, Nursing Supervisor, Country Leader  
Sr. Mary Cecilia O'Sullivan, Nursing School Director, Hospital Chaplain  
Sr. Catherine Mary Oxley, Nursing of Children with Special Needs  
Sr. Mary Hermanie Oxley, Operating Room Nursing, Long Term Care  
Nursing  
Sr. Walbert Prendergast, Nursing, Business Office  
Sr. Mary Catherine Rogers, Congregation Councilor, CCU Nurse  
Sr. Mary Angelina Ruth, Congregation Leader, Director of Novices  
Sr. Mary Vincentia Schroeder, Nursing, Certified Nurse Anesthetist  
Sr. Agnes Veronica Shreenan, Nursing of Children with Special Needs,  
Pastoral Visitor  
Sr. Germanus Streett, Nursing, Hospital and Long Term Care  
Administrator  
Sr. Mary Imelda Titus, Nursing, Pharmacist  
Sr. Mary Ellen Wagner, Hospital and Long Term Care Chaplain

**Others mentioned in this book:**

Sr. Malachy McNiffe, RIP (1954), Home Nursing, Parish Visiting  
Sr. Regina Clifton (Former Member), Administrator, Mission Leader  
Sr. Margaret Whiteneck (Former Member), Mission Leader, Musician



## **Appendix C:**

### **Statements and Directives of the Sisters of Bon Secours**

#### **I. A Theology for Bon Secours, 1985**

##### **Sisters of Bon Secours, USA**

##### **A Theology for Bon Secours**

1985

*We offer this summary statement of a theology for Bon Secours which may guide and energize us as we face today's reality and its challenges for our future.*

1. The compassionate care of the sick and dying and of their families remain at the heart of the mission of Bon Secours and gives shape to all our attitudes, endeavors and structures.

2. Inspired by the beatitudes, by the vision of Matthew 25:31-46, and by the parable of the Good Samaritan, we realize through our healing ministry the dual presence of Christ, in those who are being healed. And we acknowledge that mutuality characterizes this healing relationship.

Reflection: The phrase, “dual model” (or “dual presence of Christ”) crystallizes our understanding of Bon Secours ministry. We believe that Jesus is present in every human being, particularly when they are sick, dying, or in any other way in need of our help. Our loving care of others is our loving care of Christ in His body. At the same time we believe that Jesus lives in us as we extend that care to His members. Our hands are truly His healing hands; our hearts are truly His compassionate heart. Bon Secours mysticism, if we may use that term, is centered in this faith experience of the dual presence of Christ. At the same time, we understand that serving others does not remove us from our own need of continuing healing, and we believe that this need is fulfilled in and through our relationship with the sick and dying and other needy people. Called to heal others, we acknowledge that others, especially those in whose healing we share, are God's ministers in healing us.

2a. This presence of Christ is a redemptive presence effectively bringing the good news of salvation to the sick and dying and to all who participate in their care.

Reflection: This redemptive presence will be realized in a wide variety of ways, depending on circumstances and the grace of the present moment. At times sickness and the danger of death will be an occasion for a return to life-giving faith and the sacramental life. At other times the "silent witness" will be the channel by which sick people and their families will be given strength to accept the baffling mystery of the Cross, or to work their way through grief and anger to a lasting peace of soul. And the institutional presence of Bon Secours bears public witness to our Christian hope in the redemption of all that is human.

3. As ministers within the Church, we make the Church present in a variety of ways, notably in keeping with our Bon Secours heritage, as servants - in the alleviation of human misery; as witnesses and as sacraments - in rendering Christ present to the sick and dying and to whoever meets Christ in us.

Reflection: The "models of the Church" approach in ecclesiology enables us to keep in touch with some accents of Bon Secours history, and also provides us with symbols which can energize us as we pray with the help of Scripture. Though a study of our early history seems to reveal a preference for these models, each of us will be drawn to follow her own preferences in the language which describes our common vocation as Sisters of Bon Secours.

4. Silent witness is a still more specific language which describes the character of our ministry.

Reflection: The theme of silent witness was prominent in our early history. The forms of its realization today are complex and varied, and are both personal and institutional. "Silence" certainly does not exclude the explicit witness to Christ in a pastoral or evangelizing word. But the witness given beyond the power of merely human words in the deed of justice, often institutional and quite complex, by which quality health care

is made available to all, especially the poor. Our personal and communal life style is also integral to the silent witness.

5. Our healing ministry is not just to specific physical or psychological ills, but to the whole person of those we care for; and not just to isolated individuals, but to the families and other communities and to society with the structures and institutions which help or hinder human health.

Reflection: In retrospect, the traditional distinction between the spiritual and corporal works of mercy, while legitimate for its time, seems now to run the risk of making the spiritual and the corporal two separate objects of ministry. We have learned much in modern times about the ways in which spiritual, psychological and social wellbeing affect and are affected by physical wellness. We try to make our ministry fully consistent with this learning.

6. Our exercise of the works of mercy is at the same time a commitment to the work of justice. We seek not only to alleviate human misery, but also to heal and transform the structures and institutions which perpetuate that misery.

Reflection: The structures and institutions which especially engage our attention are those which have to do with health care. Hence we try constantly to create organizational and other structures which benefit the sick, their families, our employees and the public. And we join hands with other groups and institutions in order to improve the quality of health care, recognizing and acknowledging that government and other public institutions have an appropriate role in the delivery of health care.

7. While our compassionate care extends to all who need healing, we share with Jesus and the whole Church a special preference for the poor.

Reflection: This preference finds expression especially in choosing to exercise quality care of the poor to the greatest extent compatible with the many constraints of health care ministry today. It also includes advocacy on behalf of the poor.

8. Not merely from pragmatic necessity, but from our effort to discern the signs of the times, we see our Bon Secours ministry to the sick and dying as a thoroughly collaborative one, as we share our vision of this ministry with Church, clergy, and other religious congregations and people of other faiths whose basic human values coincide with ours.

Reflection: In this effort we try to listen to what the Church had been saying about the call of all the baptized to holiness and ministry. We also seek to develop the ecumenical attitudes and practices which are consistent with this conviction.

9. Our community life and its structures are shaped by the apostolic and pastoral character of our witness, and we seek an ever more consistent interaction between engagement in ministry and presence to one another in community. We call and gather one another for prayer, mutual support and challenge; and we also send one another forth in mission and ministry.

Reflection: At the time of our foundation, our Sisters risked going out into the homes to nurse the sick, even though the larger Church was not prepared to accept a vocation for women religious alternative to the traditional monastic forms of life. Today our life has become more clearly accepted as an active and apostolic one in the midst of the world. Its apostolic character will be reflected in the forms of prayer and community life, formation processes, and governmental structures, which experience has disclosed as most supportive of our ministry. To those domestic aspects of our life we bring the rich experience of ministry for nourishment and discernment.

10. Our prayer, whether in solitude or in common, is apostolic in nature. Time spent in contemplation energizes us to reach out, thrusting us into the broader global community to meet the needs of the people of God with concern, compassion and healing.

Communal prayer and especially the Eucharistic Celebration, strengthens and deepens our relationship with one another and the Church as a whole in our common mission.

Reflection: From the earliest days of our foundation, an important dimension of our prayer has been praying with the sick and the dying and their families, asking God to fill them with strength, courage, peace and healing. This form of prayer continues to be vital in our ministering to the sick.

11. Finally, our Bon Secours theology remains always an unfinished endeavor. Because it emerges from our faith experience within a changing world, we will never cease to be challenged to find a new theological word about our life and ministry.

II. *Preferential Option for the Economically Poor, 1992*

**Sisters of Bon Secours, USA**

**Preferential Option for the Economically Poor**

**A Bon Secours Position Statement**

1992

Our call from Christ and the Church, as expressed in the mission and charism of Bon Secours, impels us to witness with integrity to a preferential option for the economically poor in a manner which would be credible to others, including the economically poor themselves. This solidarity with the poor has implications for the spirituality, ministry and lifestyle of those called to Bon Secours, especially those called as vowed members espousing the evangelical counsel of poverty. Accepting the invitation of this option for the poor, each member of Bon Secours must search their own conscience for the manner in which they personally are called to live in solidarity with the economically poor. The particular expressions of genuine response to this call in ministry and/or lifestyle may be diverse. However, our response, both individually and communally, must always entail both the acceptance of responsibility and openness to challenge and discernment.

The preferential option for the economically poor also has implications for the institutional ministries with whose sponsorship the Sisters have been entrusted. This privileged option calls us to exercise a leadership of influence and empowerment which will enable our institutions to bear ever more clearly and respond ever more credibly to the cries of the economically poor.

III. *Justice Statement for Bon Secours, 1999*

**Sisters of Bon Secours, USA**

**Justice Statement for Bon Secours**

1999

True to the name by which we were called in 1824, the heart of our mission of Bon Secours continues to be “good help” calling us to be witnesses of the Good News

of Love

of Hope

of Justice

of Peace.

Our commitment to be an ecclesial people is realized through our philosophy and mission which is to help people to wholeness and to alleviate human suffering of all forms especially in the poor and dying.

IV. *Ministerial Stand on the Care of Those Who Are Poor, 1999*

**Sisters of Bon Secours, USA**

**Ministerial Stand on the Care of Those Who Are Poor**

1999

The Mission of the Sisters of Bon Secours is to alleviate human suffering whenever possible. Through our healing, social and spiritual ministries we attempt to help people find meaning in the midst of suffering and to promote the wholeness of each person, especially those who are poor. Our call from Christ and the Church impels us to witness with integrity to a preferential option for the poor.

We recognize that the current social and political reality of our culture works through structures which are often unjust and which produce poverty, oppression and marginalization. We also recognize that the goods which our society produces in such abundance are very unevenly distributed so that poverty persists even in the midst of affluence. We define the poor as those who have inadequate resources to meet their physical, psychological/emotional, social or spiritual needs; we believe that those who are without economic resources in our society are especially vulnerable and are most likely to have their needs disregarded.

In light of our mission and our concern about the present reality with its continuing social and economic problems, we formally commit ourselves, as Sisters of Bon Secours, to respond to the needs of those who are poor in whatever ways we are able, and to exercise leadership to influence and empower others to also act on behalf of the poor. We pledge ourselves:

- I. To develop mechanisms which enable us to hear those who are poor express their needs.
- II. To evaluate policies and decisions with regard to their effect on those who are poor and marginalized.
- III. To use any opportunity to advocate for the needs of those who are poor.
- IV. To use our resources to fashion a health care system sensitive to the needs of those who are poor.
- V. To promote ministries that care for those who are poor.
- VI. To act in solidarity with those who are poor.
- VII. To evaluate our ministries in light of our commitment to serve the needs of those who are poor.

To use our influence to redirect the United States health care system, in all its facets, to serve those who are poor, by collaborating with and involving other health care providers.

V. *Our Journey, 1999*

**Congregation of Bon Secours of Paris**

**Our Journey**

1999

**All of Life is a journey**

In the 1820's twelve women came together in Paris.

They began the journey of the Congregation of Bon Secours.

Women energized and alive in the Spirit.

Women filled with Christ's compassion, healing and liberation.

Women, whose very person bore witness of Christ to those in need.

Josephine Potel and Angelique Geay nurtured the beginnings of the journey as the Congregation grew throughout France and took root in Ireland, Great Britain, the United States, Africa, Peru and Ecuador.

Today, over 175 years later the journey continues.

Whispers of wisdom blowing softly during Chapter preparation are now calling loudly for our response to the Chapter.

It is God through the Spirit calling us to new life.

**Listen to the Voice of the Spirit!**

“Women of Compassion – welcome my poor and lonely members.

Women of Healing – care for me suffering members.

Women of Liberation – set free my imprisoned members.

You, though in many places are one body as the Trinity is one.

Celebrate the uniqueness of each sister and my creative forces shining through her.



Work with and through my Church and others to make our Mission known.

Invite others to journey with you as members of the Congregation.”

We are women energized by the Spirit.

Nurturing women hurrying towards the future bearing Christ to all we meet.

### **We are Women of Bon Secours**

#### **Nurture relationships of compassion, healing and liberation**

in a contemplative stance which finds God in all things and with the  
earth

### **1 – COMMITMENT**

As contemplative women who find God in all people, in all creation and in all events we commit ourselves to give a prophetic witness in the light of our charism.

### **CALLS**

1. We call on each Provincial leadership team to initiate reflective processes within the communities to study and explore the contemporary meaning of consecrated life. (within two years)
2. We call on each sister and each local community to find effective ways of sharing our experience of God in community and with laity.
3. We call on each sister and each local community to find effective ways to strengthen our Bon Secours identity.
4. We call on each Provincial leadership team and each sister to become informed and more aware of ecological issues and to demonstrate in her lifestyle respect and protection for all creation.

#### **Nurture relationships of compassion, healing and liberation**

with one another

### **2 – COMMITMENT**

We commit ourselves to relationships with one another in ways that are authentic and enliven us for our mission of compassion, healing and liberation.

### **CALLS**

1. We call each other to reflect on and share “what am I doing to nurture relationships in my community?”

2. We call one another to create greater balance in all aspects of our life: prayer, personal, community life and ministry.
3. We call one another to reconciliation, to seek and give forgiveness, to eliminate negativity by speaking well and thinking positively of each other.
4. We call each sister, the local communities and Province to recognize, affirm and celebrate the uniqueness of each person.
5. We call on the Province and the local communities to review their lifestyle together to ensure that it is life giving and open to the world.

**Nurture relationships of compassion,  
healing and liberation  
with the world**

### **3 – COMMITMENT**

We commit ourselves to be compassionate women who act justly, love tenderly and walk humbly with our God. (Mi 6:8)

#### **CALLS**

1. We call each sister to be a compassionate healer and liberator in our mission of Bon Secours.
2. We call each sister no longer in active ministry to continue to be engaged in our mission of compassion, healing and liberation.
3. We call each Province to collaborate with other groups, especially within the Church, to bring compassion, healing and liberation to those in need.
4. We call on each sister, each community and each Provincial team to consider the impact on the poor of all our decisions.
5. We call each Province to set apostolic priorities that give new life to our commitment to be in radical solidarity with the poor.
6. We call the Congregation team to raise consciousness of the sisters to global justice issues around women, youth and children using technological means.

**Nurture relationships of compassion,  
healing and liberation  
with our lay partners and our associates**

### **4 – COMMITMENT**

We commit ourselves to walk humbly with our lay sisters and brothers – mutually sharing our vision of participating in the struggle for a more humane world.

## **CALLS**

1. We call each Province to develop/expand its Associate community to deepen our spirituality and to journey together to carry on the mission of compassion, healing and liberation. (within one year)
2. We call each Province to prepare laity and co-workers to provide leadership for our ministries.

### **Nurture relationships of compassion, healing and liberation with new members**

## **5 – COMMITMENT**

As consecrated women, joyful in the risen Lord, we choose LIFE.

### **We commit ourselves to:**

- Identify, invite and welcome new members to become Sisters of Bon Secours.
- Share our life of compassion, healing and liberation in community and mission.

## **CALLS**

1. We call each Province to designate a community (communities) to be prepared to receive new members. (within one year)
2. We call each sister and each community to be welcoming and open. Each Sister will invite at least three (3) potential new members each year “to come and see”. (to be evaluated annually at provincial level with the vocation/formation team)
3. We call each province to commit and prepare at least one full time Sister and to provide sufficient budget to support the vocation ministry. (in 3-6 months)
4. We call on the Congregation leadership to assure an International Vocation Team composed of a sister named by each province and one from Congregation team. These sisters will support each other, they will creatively animate the Provinces and will prepare and implement a vocation plan for the Congregation. (team named in 3-6 months)
5. We call each sister in the Province to strengthen her support of the sisters working in vocation and formation ministry with prayers, understanding and cooperation. (to be evaluated with vocation/formation team)
6. We call on the Congregation leadership to establish a core group to study new forms of consecrated life. (within 6-12 months)

**Nurture relationships of compassion,  
healing and liberation  
between leaders and members**

**6 – COMMITMENT**

We commit ourselves to be responsible to one another in a spirit of service, of participation and collaboration.

**CALLS**

1. We call Congregation leadership to continue collaboration and expand opportunities for sharing across Provinces: personnel, apostolic initiatives and expertise.
2. We call the E.C.T.
  - a. to expand their circle of participation to include other sisters in reflecting together on compelling issues of our time.
  - b. to initiate a process of study and restructuring as needed within the Congregation, in consultation with the sisters.
3. We call Province Teams
  - a. to encourage collaboration with other religious congregations with similar charism/mission.
  - b. to initiate programs of education for leadership.
4. We call the sisters to personal responsibility for developing listening hearts and for respectfully challenging each other.

**We call for change in Congregation language:**

- Superior general – change to Congregation Leader.
- General Council – change to Congregation Team.
- E.G.C. – change to Enlarged Congregation Team.
- Provincial Council – change to Provincial Team.

**CONCLUSION**

These Commitments and Calls require annual evaluation at all appropriate levels.

By this means we will be ever open to the Holy Spirit in our lives – leading us on our journey of compassion, healing and liberation.

**Sisters of Bon Secours, USA**  
**Statement on Care of the Dying**

1999

We, the Sisters of Bon Secours, were founded in 1824 to nurse the sick and the dying in their homes. Our charism has always been to alleviate human suffering whenever possible and, when it cannot be alleviated, to help people experience meaning even in the midst of suffering, wholeness even in diminishment, and life even in death.

It is our abiding belief in a loving God that allows us to be fully present to those who suffer and to all who care for them.

This charism of ours has never been more needed than it is today. We are in a death defying culture – a milieu which prolongs the dying process and medical technology which isolates the dying person from loved ones.

In the face of this contemporary experience, we re-affirm our founding charism to be with and support those who are dying, to challenge and affirm others in support of these same values.

Because we believe in the radical meaningfulness of human life, and acknowledge the inevitability of dying not only as part of life itself, but as the opening to ultimate and eternal life, we want to offer to the terminally ill, care alternatives which nurture human dignity and which are truly Bon Secours – “Good Help” to the dying.

As Bon Secours’ part  
in achieving compassionate quality care to the  
dying we commit ourselves:

- To make certain that patients/residents receive medical care consistent with their choices, beliefs and values to the extent allowed by law and Catholic teaching.
- To provide human and spiritual support to patient/residents and their families through the dying process.
- To enable dying persons to live as free from pain and in as much control of their environment as possible.
- To support patients and their families when they decide not to

initiate or to withhold or withdraw treatments, which are not proportionate to the good of the dying person.

- To promote the provision of hospice and comprehensive palliate care services and to increase their access throughout the healthcare system.
- To affirm the physicians in their healing role and to support them when confronted by the limits of medicine.
- To ensure that our healthcare facilities develop clear guidelines in appropriate care of dying persons and their families.
- To establish protocols that address issues of overuse and underuse of care of dying persons with an end toward preventing futile care to the extent allowed by the law.
- To address the needs and concerns of healthcare givers who experience frustration and feelings of futility in the care of dying persons.
- To oppose legalization of euthanasia and physician assisted suicide and to offer alternatives more worthy of human dignity and the goals of medicine.

VII. *Charism of Bon Secours, 2006*

**Sisters of Bon Secours, USA**

**Charism of Bon Secours**

2006

The Charism of Bon Secours is to bring God's healing, compassion and liberation to people in need. Special attention is given to those who are poor, sick or dying by helping to alleviate their suffering and bringing them a message of hope and assurance that there is a God who loves them.

VIII. *Governance Vision Statement, 2006*

**Sisters of Bon Secours**  
**Governance Vision Statement**

2006

“Behold I am doing something new –  
Now it springs forth, do you not see it?” (Is. 43: 1-9)

Energized by our Bon Secours charism and called to create a new model of governance for our future, we, women of Bon Secours embrace this call with a hope of a new type of **solidarity** among the members.

This Governance Model will affirm the desire for a membership that shares in decision-making, expertise, cultural gifts and a membership that values being in solidarity and **right relationship with each other.**

It will affirm the desire of all members for effective leaders who are **prepared** and animated for the ministry of leadership.

Vital to a new form of governance is a re-energized sense of mission calling us always to help bring others to healing and wholeness through our **faithfulness to the gospel of Jesus.**

IX. *Statement of Sponsorship, Sisters of Bon Secours, USA, 2006*

**Sisters of Bon Secours**  
**Sponsorship Statement**

2006

The mission of the Sisters of Bon Secours is to respond, faithfully and creatively, to the call to carry forward the healing ministry of Jesus Christ in the name of the Catholic Church. This ministry to bring “good help” to those in need finds its unique expression in the charism of Bon Secours of compassion, healing and liberation.

For the Sisters of Bon Secours, sponsorship is the formal relationship between the Sisters, as expressed in the charism of Bon Secours, and the ministry of the Sisters in the United States. Fidelity, community relations, integrity and stewardship characterize this ministry of sponsorship.

As a sponsor of ministries within the Catholic Church, the Sisters of Bon Secours establish structures and policies to fulfill their canonical and civil responsibilities. These structures and policies express the wisdom and courage necessary to ensure the integrity of the ministries and safeguard the ministries for the future. In this way, the Sisters express their commitment to the trust placed in them by the communities they serve.

Faithful to the desire to sustain their sponsorship of ministries for the present and the future, the Sisters of Bon Secours also participate in partnerships with other religious congregations and organizations with shared values in order to promote justice in radical solidarity with all those in need, with special attention to people who are poor, suffering, or dying.

X. Mission Focus, 2009

**Congregation of Bon Secours of Paris**

**Mission Focus**

2009

We, Women of Healing, commit ourselves to defend and care for all of creation; to cry out with others against injustice and all that diminishes life on Earth.

**Calls**

**1. We call each Sister and community to:**

- internalize the Mission Focus Statement through personal prayer and reflection
- become more informed and aware of ecological issues
- demonstrate in her lifestyle respect and protection for all of creation.

**2. We call each Country and Country Team to:**



- create a plan of action addressing injustices consistent with the Mission Focus Statement and orientated to the defense of all of life
- these actions will be performed in collaboration with others and shared at Country Assemblies.

**3. We call on the Congregation Team to:**

- encourage all in the Congregation to embrace the UN Earth Charter and its implications
- challenge the Congregation International Committees to align their action plan with the Mission Focus Statement
- invite all of the countries to concretize the Mission Focus Statement, locally and globally.

**4. We call the International Peace and Justice Committee to:**

- create networks with others at all levels
- prioritize key ecological issues
- recommend to the Congregation plans for implementation.

We pledge to motivate, support and invite each other to accountability as we individually and communally commit to live out the calls to action flowing from our Mission Focus Statement.

**XI. Sponsorship Statement, Congregation of Bon Secours, 2009**

**Congregation of Bon Secours of Paris**

**Sponsorship Statement**

2009

**ROOTED IN OUR MISSION AND HISTORY**

- The Sisters of Bon Secours, since their founding in 1824, witness to the love of God through their commitment and service to God's people.
- Gifted by the Spirit with their charism of compassion, healing and liberation, the Sisters of Bon Secours strive to respond to those

- in need, with special concern for those who are sick, dying and poor in order to reveal to them the love of God for each person.
- Also, since the beginning, responding to the needs of the times, the Sisters of Bon Secours undertook works of education. (*Constitutions*, no. 2)
- Inspired and animated by this dedication and commitment of faith, others gather with the Sisters of Bon Secours to bring good help to those in need.

## **MINISTRY OF THE CHURCH**

- The Catholic Church missions the Sisters of Bon Secours to carry on the healing ministry of Jesus the Christ in the name of the Catholic Church.
- These various expressions of ministry find their common foundation in the charism of the Sisters of Bon Secours and the sponsorship of the Sisters of Bon Secours.
- Through this sponsorship, the Sisters of Bon Secours assure fidelity to the healing mission of Jesus and its expression within the Catholic Church, as well as safeguard that with which they have been entrusted for the communities they serve.

## **COMPONENTS OF SPONSORSHIP**

- Sponsorship is the formal relationship between a public ministry and the Catholic Church, characterized by fidelity, community, integrity and stewardship.
- As the sponsor of public ministries, the Sisters of Bon Secours establish structures and policies to fulfill their canonical and civil responsibilities.
- These structures and policies express the wisdom and courage necessary to ensure the integrity of the ministries and safeguard the sponsored ministries for the future.
- The formation (in French and Spanish) / preparation (English) of sponsors for the future is an important element for continuing the ministry of the Sisters of Bon Secours.
- The structure for oversight for sponsorship will be based on civil law requirements in each country.
- Based on the congregational governance structure, the international sponsorship committee will be created to provide

support, direction, accountability and oversight. The committee will demonstrate collegiality and subsidiarity.

- Sponsorship extends to
  - o Corporate ministries of the Congregation, keeping in mind the special relationship with Bon Secours Ministries and Bon Secours Ireland
  - o Ownership of buildings or land that house a ministry
  - o Long term lease of land or buildings that serve a ministry
  - o Long term commitment of sisters for a ministry for 3 or more years (e.g., contractual)
  - o Ongoing financial support for a program/ministry for 3 or more years
  - o Where the name of Bon Secours is used in a formal ministry
  - o Specific reserved rights are held by the Sisters of Bon Secours leadership that are related to the administration of the ministry or governance/oversight
  - o The current list of sponsored ministries, as listed in the current reality form, comprise the sponsored ministries of the Sisters of Bon Secours.
- Canonical and/or civil changes may not happen at the same time. We may have an interim structure.
- Individual sisters' ministries will be the primary responsibility of the sister in relationship to the designated country leader/team and will follow institutional policy. Individual sisters' ministry will not be overseen by the sponsor structure.
- Discontinuation of sponsored ministries will follow the process approved for the initiation of sponsored ministries.

## **COLLABORATION WITH OTHERS**

- The Sisters of Bon Secours, through their commitment as vowed women religious, provide guidance and inspiration for their ministries. The fullness of the expression of the charism of the Sisters of Bon Secours is found in the extension of their ministries with all who serve with them.
- We welcome the opportunity to enter into partnership with other religious congregations and/or other Church-recognized entities to co-sponsor ministries
- Given the changing and complex environments within which we serve, we welcome the opportunity to enter into collaborative

relationships with other organizations who share our vision and values to meet the needs of the communities we serve.

- Faithful to the desire to sustain this sponsorship for the present and the future, the Sisters of Bon Secours invite others to join in the leadership of our sponsored ministries. The Sisters of Bon Secours commit to provide support and to develop education and learning opportunities to fulfill this call.
- It is through the many hands and hearts who reveal the love of God within the ministries sponsored by the Sisters of Bon Secours that the founding vision of Bon Secours continues to bring healing, compassion and liberation.

## XII. Corporate Statement on Water, 2013

### **Congregation of the Sisters of Bon Secours of Paris**

#### **Corporate Statement on Water**

2013

#### **Water is a Human Right and a Public Good**

*We, Women of Healing, commit ourselves to defend and care for all of creation; to cry out with others against injustice and all that diminishes life on Earth.*

Rooted in our cherished heritage of healing, compassion and liberation, and steeped in the commitment expressed by Mere Geay, “It is for the poor that I have the greatest concern”, **We, Sisters of Bon Secours and Bon Secours Associates throughout the world AFFIRM:**

- Water is a sacred gift that connects all life.
- Access to clean water is a basic human right.
- The value of the earth’s freshwater to the common good takes priority over any commercial value.
- Freshwater is a shared legacy, a public trust and a collective responsibility.

*Therefore, as members of the Congregation of the Sisters of Bon Secours of Paris, we commit ourselves to do what we can in our*

*personal and communal lives and in our spheres of influence to educate ourselves and others so that we might take action.*

**We SUPPORT** actions and policies that:

- Ensure universal access to sufficient, affordable, safe water for all people, especially the most vulnerable.
- Protect freshwater as a sustainable, renewable resource.
- Implement the objectives of the UN Millennium Goals and Rio + 20 commitments on water.

**We OPPOSE** actions and policies that:

- Endanger the world's supply of freshwater.
- Deprive humans and other species access to adequate, safe water essential for life.
- Favor the privatization of water as a commodity to be bought and sold for profit when in reality it is a heritage we all hold in common.

*Note: This statement is adapted from the Congregation of the Holy names of Jesus and Mary and the Sisters of the Holy Cross, with permission.*

XIII. Chapter Calls, 2014

**Sisters of Bon Secours**

**Chapter Call**

September 22 – October 3, 2014

As protectors of God's gifts we, Sisters of Bon Secours, commit ourselves to "wake up the world" through our simplicity of lifestyle and radical availability. Deepening our living of the Mission Focus Statement we call each other to respond to emerging challenges and:

- to advocate to end violence of all forms
- to cry out against human trafficking
- to promote the integrity of the environment and ecological health

As prophetic women we will advocate on behalf of the marginalized. We will support legislation that favors the most vulnerable.

Our response also calls us to:

- Invite women to consider a vocation with Bon Secours
- Establish an international formation program
- Prepare future leaders
- Be open to bring our mission and Charism to places where it is needed

We pledge to motivate, support and invite each other to accountability to these Chapter Calls and any individual and communal actions flowing from them.

9/30/14

10/1/14

10/2/14

XIV. *Spirituality Statement, 2014*

**Congregation of Bon Secours of Paris**

**Spirituality Statement**

2014

We are called through our Baptism to enter into communion with the life of the Blessed Trinity and to bear witness in the world to the great love of God;

We are chosen by Christ, who draws us to a closer following with Him in an ecclesial, apostolic community to share more fully in His Paschal Mystery;

Consecrated in a new way because of our religious profession of the Evangelical Counsels, we are called to grow in the love of God and neighbor as Sisters of Bon Secours.

We are sent to continue the saving Mission of Christ, to be witnesses to His Good News of love, justice, peace, hope, joy and care for all of creation.

As Disciples of Christ, we give testimony by the love we have for one another.

It is He we serve without distinction in all to whom we are sent. We have at heart to make all those we approach aware of their dignity as God's children, and of the redemptive value of suffering and death.

United to the Virgin Mary who first revealed Christ to the world, we seek in our life and work to reveal the compassionate Christ to others.

In our life of prayer, God draws us into union and reproduces in us through the Spirit the warm, human features of Christ, listening, healing and liberating, always open to the needs of others.





**Appendix D:**  
**Statements and Directives of Bon Secours Ministries**

I. *Statement of Sponsorship, Bon Secours Ministries, 2006*

**Bon Secours Ministries**  
**Statement of Sponsorship**  
2006

**RESPONDING TO A CALL, FAITHFUL TO ITS MISSION**

Bon Secours Ministries carries forward the healing ministry of Jesus Christ in the name of the Catholic Church. Bon Secours Ministries is the legacy of the Sisters of Bon Secours, USA and their desire that the ministry of “good help” be faithfully sustained long into the future. In collaboration with the laity, this ministry finds expression in the Bon Secours charism of compassion, healing and liberation.

Bon Secours Ministries, as a canonically approved public juridic person, is the sponsor of Bon Secours Health System, Inc. and its subsidiaries, which are healthcare ministries within the Catholic Church.

Bon Secours Ministries establishes structures and policies to fulfill its canonical responsibilities to safeguard these ministries for service to the community and the church, the people of God. These structures and policies hold the healing mission of Jesus as central, and are designed to animate all to be true to this mission. They are grounded in the Catholic theological tradition, characterized by collaboration, foster communion with church leadership and demonstrate accountability to the church and the communities served. In this way, Bon Secours Ministries expresses its commitment to the trust placed in them by the communities served.

Faithful to the desire to sustain its sponsorship of ministries for the present and the future, Bon Secours Ministries also participates in partnerships with religious congregations and organizations with shared values in order to promote justice in radical solidarity with all those in need, with special attention to people who are poor, suffering, or dying.

II. *Bon Secours Ministries Directional Statement for Bon Secours Health System, Inc., 2015*

**Bon Secours Ministries**

**Directional Statement of Bon Secours Ministries**

2015

The call of the Gospel is to proclaim and participate in accomplishing God's hope for the world: that all will be united and reconciled . . . with God, with each other, with ourselves and with all of creation. As Bon Secours, "we bear witness to the Good News of love, of hope, of justice and of peace"\* and are called to be protectors of God's gifts through the ministries entrusted to us.\*

As a ministry of the Catholic Church, continuing the healing mission of Jesus and in the tradition of the Sisters of Bon Secours, Bon Secours Ministries also believes that "the struggle for a more humane world is not an option; it is an integral part of spreading the Gospel." \*

Therefore, faithful to the charism of Bon Secours – God's gift of compassion leading to healing and liberation -- Bon Secours Ministries, as sponsor of Bon Secours Health System, call all within this ministry to commit to:

- Foster a workplace wherein a deep sense of meaning and value strengthens co-workers' ministry experience.
- Celebrate the gift of diversity and inclusion both within the work environment and the wider community.
- Provide quality health and wellness care that is accessible to all in the communities we serve, particularly people who are marginalized.
- Create collaborations and partnerships with others that liberate an innovative response to social and community needs.
- Steward the resources of the ministry in creative and pioneering ways to ensure sustainability.
- Advocate strongly to promote communities of healing and wholeness in order to end all forms of violence and oppression.

- Collaborate to expand and sustain a commitment to support global ministries where it is needed.\*
- Promote the integrity of the environment and ecological health.

Together, we pledge to support each other to be accountable to these commitments and the promise we make to be “good help to those in need.”

\*Based on the 2014 Congregation Chapter Commitment Statement and Constitutions of the Congregation of the Sisters of Bon Secours of Paris.



Molly Pyle

## **About the Author**

Molly Pyle is an historian and author who is currently writing the official bicentennial history of the Diocese of Richmond, Virginia. Her published works have explored the motivations of individuals and self-organizing communities that provide for the common good by taking a stance against the ethos idealizing self-interest. Previously, she has served as project manager for the U.S. Government's cooperative threat reduction program with former USSR countries, and as managing editor of an academic national security law and policy journal. She holds a B.A. in history from Yale University, and M.A. and Ph.D. degrees in Russian History from the University of Chicago. She resides with her husband in Charlottesville, Virginia, where she is active in the Catholic Worker community.

