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**SŒURS GRISES
GREY NUNS**

L'arrivée dans | Arrival to
l'Ouest Canadien | Western Canada

1844 21.06 2019

**PROGRAM
JUNE 21ST, 2019**

- 10:30 a.m. EUCHARISTIC MASS – St. Boniface Cathedral
180 de la Cathédrale Avenue
- 12:00 -1:00 p.m. PICNIC LUNCH on the grounds
Rain location – lower level St. Boniface Cathedral
- ACTIVITIES – FREE**
- 9:00 am to 9:00 pm St. BONIFACE MUSEUM open – Free Tours
445 Taché Avenue
- 12:30 p.m. THEATRE in the Cemetery (1st pres.)
- 1:30 p.m. THÉÂTRE dans le cimetière (2nd pres.)
- Noon to 2 p.m. Encampment by MB HISTORICAL LIVING SOCIETY, Entertainment
Tourisme Riel interpreters as well as Grey Nun Interpreters
- 2 p.m. – 5 p.m. Reagan Jaworsky presents her project on the history
of the Grey Nuns at the St. Boniface Museum
- 7:30 p.m. MOVIE NIGHT AT MUSEUM – Hier et Aujourd'hui
Danielle Sturke production – a brief history of the Grey Nuns
yesterday and today. (French with English sub-titles)



**PROGRAMME
LE VENDREDI 21 JUIN, 2019**

- 10 h 30 CÉLÉBRATION EUCHARISTIQUE – Cathédrale Saint-Boniface
180, ave. de la Cathédrale
- 12 h à 13 h DÎNER PIQUE-NIQUE sur le site de la Cathédrale
(au sous-sol en cas de pluie)
- ACTIVITÉS DIVERSES – GRATUITES POUR TOUS**
- 9 h à 21 h LE MUSÉE DE SAINT-BONIFACE - exposition historique et tournées
445, avenue Taché
- 12 h 30 THÉÂTRE dans le cimetière (1^{er} prés. en anglais.)
- 13 h 30 THÉÂTRE dans le cimetière (2^e prés.)
- 12 h à 14 h Campement - MB HISTORICAL LIVING SOCIETY, divertissement
musical et interprètes de Tourisme Riel et du Musée
de Saint-Boniface
- 14 h à 17 h Reagan Jaworsky présente son projet sur l'histoire des Sœurs
Grises au Musée de Saint-Boniface (en anglais seulement)
- 19 h 30 FILM AU MUSÉE DE SAINT-BONIFACE – Hier et Aujourd'hui
Production Danielle Sturke – Un survol des Sœurs Grises (sous-titrage anglais)

INFO
jtmaynard@cham.mb.ca
204.235.3136



CATHOLIC HEALTH ASSOCIATION OF MANITOBA
ASSOCIATION CATHOLIQUE MANITOBAINE DE LA SANTÉ
МАНІТОБСЬКА КАТОЛИЦЬКА АСОЦІАЦІЯ ЗДОРОВ'Я

LEGACY OF THE GREY NUNS IN MANITOBA

**Women of
compassion
and action**

June 21, 2019 will mark the **175th anniversary of the arrival of the first congregation of women religious in the Red River valley.**



The four women from Quebec came at a time when Manitoba was not yet part of Canada. From their humble establishment on the banks of the Red River, the Sisters of Charity of Montreal, commonly known as the Grey Nuns, reached out with love and compassion to those in need in this fledgling community.

Over the years, the Grey Nuns were a driving force in shaping Manitoba society in several areas, quietly establishing charitable organizations with the community's help.

EXTRAORDINARY COURAGE

Heading out West was no small undertaking for the first four Grey Nuns, who made the grueling 59-day journey from Lachine, Quebec to the Red River Settlement in a birch bark canoe, arriving in St. Boniface on June 21, 1844. "Before then, no nuns had ever been in the West," says Sr. Jacqueline St-Yves, the congregation's Superior from 2006 to 2016. But there was no refusing the invitation of Bishop Joseph-Norbert Provencher.

A selection process was required, given that half of the Quebec-based congregation was ready to go West and leave their home, knowing that they would never return. Those women had extraordinary courage.

In their 175 years in Manitoba, the Grey Nuns were also very active up North and out West, touching the lives of many people.

THE STORY CONTINUES...

For virtually all of the missions they established, the Grey Nuns took steps to ensure the sustainability of their work. Says Sr. Jacqueline St-Yves: "We realized that in time, as we grew older, we would no longer be able to manage them, so we involved the laity in our works so that they could carry them forward without us. We have been blessed to work with such wonderful laypersons everywhere and in all fields."



In 2000, the Grey Nuns in Manitoba established an independent governance organization, the Catholic Health Corporation of Manitoba (CHCM), and entrusted the management and future of their works to them that year. It was a strategic, albeit difficult, decision. Sr. Jacqueline St-Yves recalls: "We cried, but it was a happy occasion. We were touched that there were people who wanted to continue our mission, who

believed in our works. It wasn't easy for us to let go, but we did it at the right time, when we were still able to support the transition."

Gérald Labossière, who has been actively involved with the works of the Grey Nuns of Manitoba for the past 35-plus years, was the vice-chair of the first Board of the CHCM and of the Catholic Health Sponsors of Manitoba (CHSM) in 2000. He says that "the transition occurred naturally because the sisters had always tried to include laypeople on their boards for some time." The first full-time lay executive director, Raymond Lafond was hired and was eventually succeeded by the current CEO, Daniel Lussier.

"Through their actions, they have always had an incredible relationship with laypeople; it's something unique, a special presence. So, when the transition was official, there was no debate about how to continue their work. Everyone on the Board already had an unconditional personal commitment to the Grey Nuns' mission. They are proactive and excellent businesswomen and managers, but above all, they are women of love and compassion."

The number of Grey Nuns in Manitoba has been steadily declining. In 1953, there were 305 Grey Nuns in Manitoba; today, there are only around 30. Those who remain continue to be interested and active in the community, working more informally with people in need, as they are able.





175
YEAR

LEGACY OF THE GREY NUNS IN MANITOBA

Meeting Needs First

On June 21, 1844, 4 Grey Nuns arrived in St. Boniface by canoe to teach young girls, at the invitation of Bishop Joseph-Norbert Provencher. However their activities soon expanded beyond the classrooms of St. Boniface. “As soon as they arrived, the Grey Nuns saw the enormous health needs and set out to address them. **The sisters are at the root of the entire health system we have today in Manitoba,**” explains Lorette Beaudry Ferland, former President of the CHCM . In 1847, they began taking patients and elderly residents into their convent to care for them. They also made more than 6,000 home visits between 1844 and 1855. To better meet the growing needs, the Grey Nuns eventually founded the St. Boniface General Hospital (now St. Boniface Hospital or “SBH”) in 1871, the First in western Canada. It had 10 beds in 1877.



Lorette Beaudry Ferland

In addition to St. Boniface Hospital, the Grey Nuns established other hospitals and a number of centres for seniors, patients with long-term health care needs, and people with physical and mental disabilities in Winnipeg and elsewhere in Manitoba, as well as western and northern Canada.

“The Grey Nuns founded the Ste. Rose du Lac Hospital in Manitoba, as well as hospitals in Regina and Gravelbourg, SK. We also worked with the sick in Esterhazy, Saskatoon and Ile-a-la-Crosse. In Alberta, we were present in St. Albert, St. Paul and Calgary. When we saw a need, we worked to address it,” says Sister Juliette Thevenot, coordinator of the Grey Nuns of Manitoba from 2011 to 2016 and a nursing graduate.



Sœur Juliette Thévenot

“We were also in the North. We had a sister working as a nurse at our hospital in Chesterfield Inlet but we focused mainly on helping Inuit with disabilities. There was also a dispensary in Fort Providence and a health care centre in Berens River. The Berens River centre no longer exists; there are just nurses on call and a doctor who does rounds. But the mission in Chesterfield was taken over by the local community.” Sister Thevenot worked as a nurse at the Regina Grey Nuns’ Hospital (now the Pasqua) and then as Director of Nursing at St. Joseph’s Hospital in Gravelbourg.

STE. ROSE HOSPITAL CELEBRATES 80TH ANNIVERSARY

Michelle Quennelle is Executive Director of the Winnipegosis and District Health Centre (WDHC) / Ste. Rose Health Centre (SRHC) in Ste. Rose du Lac. The Ste. Rose General Hospital, included in the SRHC, opened in February 1939 with 40 beds and 12 bassinets. Nearly 930 patients were admitted in the first year. In July 1957, a second facility had to be built to meet the needs. Today, it is a 26 bed fully accredited rural teaching and acute care health centre. The hospital provides in-patient care in four specific areas: General Medicine, Pediatrics, Detox and Palliative Care. Services are provided under contract with the Parkland Regional Health Authority.

“The values of the Grey Nuns are still very present in our community and health facilities. Our patients and their families have a lot of positive things to say about our compassionate care,” says Michelle Quennelle.

JOURNEYING TOGETHER

COMPANIONING PEOPLE WHO ARE SUFFERING

These days clinicians and caregivers are under unbelievable stress. This highly experiential retreat, that includes periods of silence and stillness, aims to reach out to caregivers that are doing the lion’s share of the care, help them build resilience, and help them stay “human” despite the pressures that surround them.

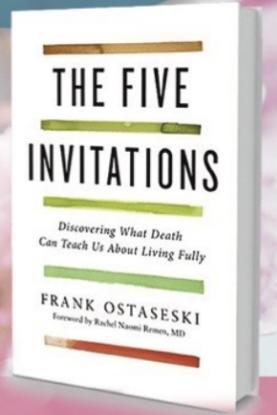
Frank Ostaseski will assist participants to explore and develop key elements of Wise Relationship including three-center listening, skills for deepening dialogue, mindfulness practices that develop cognitive control, emotional balance, and somatic awareness. At the end of the retreat, participants will better understand the skillsets required and how to work with the obstacles they are faced with daily.

“Dying is much more than a medical event. It is a time for important psychological, emotional and spiritual work – a time for transition. To a large extent, the way we meet death is shaped by our habitual response to suffering, and our relationship to ourselves, to those we love, and to whatever image of ultimate kindness we hold.”

—Frank Ostaseski



Frank Ostaseski is an international expert on accompanying those who are dying, visionary cofounder of the Zen Hospice Project, and founder of the Metta Institute. He has lectured at Harvard Medical School, the Mayo Clinic, Wisdom.2.0, and teaches at major spiritual centers around the globe. Frank is the 2018 recipient of the prestigious Humanities Award from the American Academy of Hospice and Palliative Medicine. His groundbreaking work has been highlighted on *The Oprah Winfrey Show* and honored by His Holiness the Dalai Lama.



PUBLIC LECTURE
LESSONS TO THE LIVING FROM THE DYING

October 30, 2019
St. Boniface Cathedral
7:00 pm - 8:30 pm, doors open: 6:30 pm
Entrance fee: \$25 / CHAM & IHCAM Members: \$15

FULL-DAY RETREAT
WISE RELATIONSHIP IN ACCOMPANYING THE DYING

October 31, 2019
St. Boniface Cathedral 10:00 am - 4:00 pm
Pre-registration required
Registration fee: \$175
CHAM & IHCAM Members: \$150
Includes lunch and afternoon snack

TO REGISTER: <https://bit.ly/2nxdKma>

LECTURE & RETREAT SITE: St. Boniface Cathedral
180 avenue de la Cathédrale

FOR MORE INFORMATION: Shawna Namaka 204.258.1053 or
snamaka@chcm-ccsm.mb.ca

Dying is a Sacred Act

by [Frank Ostaseski](#)

Mirrors reflect the truth of what strikes their surface. The eyes of a dying patient are the clearest mirrors I have ever known. In their gaze, there is simply no place to hide. Over the years, the habits of my life have been reflected in those eyes.

Once while washing the back of a hospice patient named Joe he turned toward me and said, "I never thought it would be like this." I asked what he had thought it might be like. He answered, "I guess I never really thought about it." Death had taken him by surprise. Perhaps we are not so different. In the sacred, Hindu epic poem the Mahabharata there is a question that speaks to this tendency.

"In all of the worlds what is most wondrous?" The answer that is given is; "That no man no woman though they see people dying all around them believes it will happen to them."

We make an enormous effort to keep death at arms-length. We spend more than 50% of our healthcare dollars in the final six months of life, literally throwing money at death. We shut away our elders in nursing homes to avoid confronting their pain and our destiny. We have a multi-billion-dollar cosmetics industry that tries to keep us all looking young. We even put rouge on people in the coffin.

Death is the fulcrum issue of our life and yet we can barely use the word. People don't die they "pass away" or they "expire" like credit cards. We make plans for all sorts of activities; when to get married, the number of children we will have, where to go on vacation, which career moves to make or how we will spend our retirement—all of which may never happen. But death, the one event that is certain to

occur, barely receives a sidelong glance.

Dying is at its heart a sacred act; it is itself a time, a space, and process of surrender and transformation. The sacred is not separate or different from all things, but rather hidden in all things. Dying is an opportunity to uncover what is hidden.

Walking the gauntlet of 30 beds on the long single hospice ward at Laguna Honda Hospital, I noticed Isaiah out of the corner of my eye. An African-American man raised in Mississippi, Isaiah was actively dying. His breathing was labored, and he was sweating up a storm. I sat down next to him.

"You look like you're working really hard," I said.

Isaiah raised his arm, pointed to the distance, and said, "Just gotta get there."

"I forgot my glasses. I can't see that far in the distance. Tell me what you see."

Isaiah described a bright green pasture and a long hill leading to a grassy plateau.

I asked, "If I promise to keep up, can I come?"

He grabbed my hand tight, and Isaiah and I started climbing together. His breathing got shorter, and he perspired more with every step. It was a long walk. Not an easy one.

"What else do you see?" I asked.

He described a one-room red schoolhouse with three steps leading up to a door.

My training informed me that Isaiah was disoriented to time and location. I could have told the old man that his visions were likely being caused by brain metastasis and morphine. I could have reminded him that we were in a ward at Laguna



darkbird77/Thinkstock

Honda Hospital. But that was only true on the most superficial level. The deeper truth was that we were walking to a little red schoolhouse.

I asked, "Do you want to go in?"

Isaiah sighed. "Yeah. I've been waitin'."

"Can I go with you?" I asked.

"Nope."

"Okay, then, you go," I said.

A few minutes later, Isaiah died quite peacefully.

The great spiritual and religious traditions have any number of names for the unnamable: the Absolute, God, Buddha Nature, True Self. All these names are too small. In fact, all names are too small. They are fingers pointing at the moon. I invite you to connect with what you know and trust most in your heart of hearts. I use the simple term *Being* to point at that which is deeper and more expansive than our personalities.

At the heart of all spiritual teachings is the understanding that this *Being* is our most fundamental and benevolent nature. Our normal sense of self, our usual way of experiencing life, is learned. The conditioning that occurs as we grow and develop can obscure our innate goodness.

Some part of us, deep in our hearts has known this truth. If not, we would not long for a return to it. And this part of our being knows that we will never be satisfied until our whole being is immersed in this oneness.

REGISTER TODAY

Frank Ostaseski's Public Lecture and Workshop in Winnipeg this October



Misericordia Health Centre (MHC) is a leader in healthy aging through compassion, innovation and excellence.

Misericordia offers Manitobans quality, faith-based care through a diverse range of health-care programs including three unique provincial programs:

- Eye Care Centre of Excellence
- Sleep Disorder Centre
- Provincial Health Contact Centre, including its flagship health information service Health Links – Info Santé, Dial-A-Dietitian, TeleCARE TéléSOINS and the Manitoba Parent Line

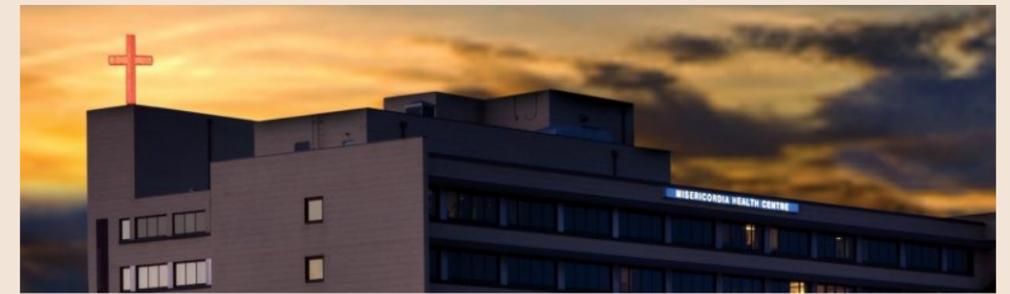
MHC also specializes in long-term care with Misericordia Place, a 100-bed personal care home, respite care, PRIME (a health centre for seniors) and transitional care units.

MHC is an accredited non-profit organization governed by a volunteer Board of Directors and affiliated with the Archdiocese of Winnipeg.

Transitional Care Unit expansion: fall 2019

MHC's Transitional Care Unit (TCU) serves patients who require complex social and medical support for a limited period of time before transitioning home with community services or to a personal care home, supportive housing or elsewhere such as Hospice.

By fall 2019, MHC will expand to include three transitional care units.



Expanded access to CT scans for Manitobans

Manitoba patients requiring less-urgent computed tomography (CT) scans now have improved access to this important service with the opening of the Diagnostic Imaging Outpatient Centre at Misericordia Health Centre, which is open weekday evenings and Saturdays.



The Manitoba government is providing \$94,000 annually to support the operations of the program. The funding will enable an additional 4,766 CT scans to be performed at Misericordia Health Centre each year. Eligible patients will be referred to MHC by a health-care provider and be able to access services on a walk-in basis by presenting their requisition.

Petr Kresta, chief operating officer, Diagnostic Services, Shared Health, praised the work done at Misericordia to create efficiencies with innovative workflows. "Patients who meet certain criteria and require less-urgent CT scans will be seen at Misericordia," said Kresta. "By streamlining the referral process for CT and expanding the hours of service available to Manitoba patients, we are confident this new centre will help ease some of the demand for diagnostic services."

Misericordia Assisted Living Centre Project

Misericordia is working on plans to build an affordable assisted living seniors' housing project at 691 Wolseley Avenue—a good fit with its founding Sisters' Mission of compassionate care.

Misericordia's non-profit project has recently been selected by the Canada Mortgage and Housing Corporation to proceed with detailed project planning.

Over the next few months Misericordia will be working to finalize plans, with construction expected to start in early 2020.





Catholic Health Alliance of Canada Alliance catholique canadienne de la santé

2019 Catholic Health Alliance Annual Conference focused on Mental Health & Addictions

The terms "mental illness" and "addiction" refer to a wide range of disorders that affect mood, thinking and behavior which include depression, anxiety disorders & schizophrenia, as well as substance use disorders and problem gambling. As mental health and addictions continues to rise at alarming rates, CHAC deemed it important to focus on this theme at this year's conference. It was well attended and the speakers were very well-versed on this subject. Here are a few examples:



Archbishop Sylvain Lavoie
Mental Health and Addictions ~ A View from the Gospels. Using personal experiences, he illustrated how caregivers at Catholic health care organizations are called to reach out to those who suffer from mental health and addiction issues, drawing from the healing ministry of Jesus Christ, and not simply providing another service in that basket of services provided to the Canadian public.

Edward Mantler, Vice President, Programs and Priorities, Mental Health Commission of Canada
Mental Health:

Canadian Challenges and Opportunities

Mr. Mantler provided an overview of current issues in Mental Health and Addictions in Canada. As well, he outlined possible opportunities that exist for partnership and innovation in this important and pressing field of health care today.



Rod Hochman, M.D.

President & CEO Providence St. Joseph Health, USA
Addressing Mental Health and Addictions within a Catholic Health Organization
Dr. Rod Hochman shared how one man's story of personal struggles with mental illness and drug addiction helped him as a doctor and CEO.

To access all the keynote speaker presentations, click on this web link: http://www.chac.ca/conference/pastconferences/2019/docs2019_e.php



This award is intended to be given to young leaders who have already made significant contributions to the ministry and who, through their leadership, provide prophetic witness to the mission of Catholic Health Care. This year the CHCM submitted **Micheline St-Hilaire's** nomination and was very pleased when CHAC's Award Committee deemed her worthy of this Mid-Career Award. It was presented to her at the CHAC Conference.



John Ruetz, past chair CHAC Governing Council, Micheline St-Hilaire, Michael Shea, President & CEO

Micheline began her career path as Executive director at the Centre de Santé in St. Boniface, then spent just over 10 years at the CHCM where she worked on many projects and initiatives. Of note however, was her pioneering work in creating and developing the Compassion Project with Dawn McDonald which has touched the lives of thousands over the years and has been recognized internationally. In August 2019, she took on a new role as the Director of Corporate Affairs and Communications at the St. Boniface General Hospital.

Congratulations Micheline! We are all very proud to have you working in Catholic Health Care in Manitoba.

For more details on her award presentation click here: <http://www.chac.ca/conference/awards/docs/2019%20midcareer.pdf>

What Is Advance Care Planning?

Advance care planning involves learning about the types of decisions that might need to be made, considering those decisions ahead of time, and then letting others know—both your family and your healthcare providers—about your preferences. These preferences are often put into an *advance directive*, a legal document that goes into effect only if you are incapacitated and unable to speak for yourself. This could be the result of disease or severe injury—no matter how old you are. It helps others know what type of medical care you want.

An advance directive also allows you to express your values and desires related to end-of-life care. End-of-life care is the term used to describe the support and medical care given during the time surrounding death. Such care does not happen only in the moments before breathing ceases and the heart stops beating. Older people often live with one or more chronic illnesses and need a lot of care for days, weeks, and even months before death.

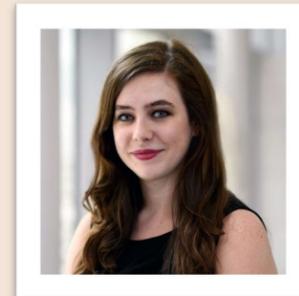
You might think of an advance directive as a living document—one that you can adjust as your situation changes because of new information or a change in your health.

LEARN ABOUT ADVANCE CARE DIRECTIVES

Learn the benefits and pitfalls regarding advance care planning, including the use of advance care directives and health care proxies. Discussions from a Catholic perspective of medical decisions such as nutrition, hydration, resuscitation and ventilation will also be explored.

Katarina Lee

Catholic Clinical Ethicist at the St. Boniface Hospital presented on the subject of Advance Care Directives at the St. Boniface Cathedral in March 2019. To view Katerina's live presentation, copy this YouTube link <https://youtu.be/o4F7fBgvgngQ>.



Arlene Wilgosh,
CHCM Board Director

I'll never forget how difficult it was listening to my dad talk about his death. But as painful as it was to have that conversation with my dad, his plan made it easier for my mom, my brother and me when he unexpectedly passed away a few months later.

Dad's Health Care Directive was not fancy, but it was comprehensive. He included details about the kind of

medical care he wanted or didn't want to receive should he become very ill, as well as his wishes for when he died. While he was physically and mentally able, he had taken the time to think about what was most important to him and made a lot of decisions on his own, so we wouldn't have to. In turn, I've also done some advance care planning and created my own Health Care Directive – partly for me, so that I will have a say in future medical treatment if for some reason I'm unable to speak for myself, and partly

for my husband and my daughter, so they won't have to shoulder the burden.

Medical Research and Advance Care Planning

Research shows that advance directives can make a difference, and that people who document their preferences in this way are more likely to get the care they prefer at the end of life than people who do not.

UPCOMING EVENTS

◆ **CHCM Communities of Service AGMs & Banquet**
June 20

◆ **175th Grey Nuns Anniversary Celebration**
June 21 - See poster

◆ **St. Boniface Museum Grey Nuns Exhibit**
June 21 to October 15

◆ **Global Leadership Summit** August 8 & 9
<http://growingleadership.com/summit2019>

◆ **Charity Golf Tournaments St. Amant @ St. B** June 13
<https://stamant.ca/foundation/>

Misericordia Golf Classic
June 26 @ Pine Ridge <http://www.misericordiafoundation.com/misericordia-golf-classic.html>

SBH Cardiac Classic
August 12 @ Niakwa
<https://stbhf.ca/en/events/cardiac-classic/>

Dawn to Dusk for Diabetes
September 16 @ Lartars
<https://www.youville.ca/news/29/dawn-to-dusk-for-diabetes-2019>

◆ **28th Annual Provincial Palliative Care Conference** September 12-13
<http://palliativemanitoba.ca/conference-registration/>

◆ **Public Lecture - Lessons to the Living from the Dying**
October 30

Full-day retreat with Frank Ostaseski October 31

Catholic Health Association Address:
N5067, SBH Education Bldg
Winnipeg, MB R2H 2A6
204.235.3136
jtmaynard@cham.mb.ca
www.cham.mb.ca