



Sisters of Charity
of Australia

Keep in Touch

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Welcome to the June issue of Keep in Touch!

In this edition, we look at the origins of one of the initial twin pillars of the Sisters of Charity's charism of service of the poor – health care.

From the beginnings of the Sisters' ministry in Dublin in the 1830s, we follow it to how that ministry began in Australia, and how Mother Mary's revolutionary ideas continue.

Ten of our Sisters talk with passion and love about their ministries caring for the ill and the frail aged in the tradition of our foundress, the Venerable Mary Aikenhead.

First up, though, Sr Clare considers the future of consecrated life and the challenges that future poses.



Sr Mary Christian and Sr Clare (Dublin, May 2017)

The unmapped territory ahead

What does being a consecrated apostolic religious look like today for Sisters of Charity, asks Congregational Leader, Sr Clare Nolan.

The story of Mary Aikenhead and her deep desire to serve the poor is always where we must begin. That never changes. In Mary Aikenhead's day the greatest needs of society were with the sick poor, the dying, the uneducated, the homeless, the prisoner.

The Sisters of Charity in 1838 were invited to come to Australia and begin their works of love and mercy with the Australia that appeared "God forsaken."

Mary Aikenhead moved into unmapped territory. The focus was particularly on the female factories in NSW and Tasmania where women were being treated in an appalling manner and their children left to fend for themselves.

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The unmapped territory ahead

From page 1



The way we were: Sisters of Charity in the 1950s

Into that dark world came five Irish Sisters of Charity to give to the poor for love what the rich could buy for money. So began the apostolic vocation of those Sisters and those who came after them – and so it continues today. But it looks different today and our numbers are few.

Mary Aikenhead worked collaboratively. She worked with friends, benefactors, co-workers and colleagues who from the very beginning shared in her dream, her ministry, her vision.

Today we are called to work in collaboration with others – lay people and the poor themselves. Our colleagues and co-workers not only help us to deliver our ministries, but they also have the potential to change us, to change our sense of the world, our sense of God, our sense of the poor.

Today we are open to sharing our mission. What does that mean today? We have many generous, skilled and loyal colleagues and supporters, who may not be wearing *Caritas Christi Urget Nos* on their foreheads but carry it in their hearts. They need to be nurtured and supported.

Mary Aikenhead was prepared to follow Christ wherever there was a need. Where is the unmapped territory that is calling us today? As apostolic women religious, we are called to move to the frontiers, to the edge – because that is where Christ is.

Christ is not in comfort zones, neither is Christ in safe and comfortable places; Christ will always be found in the places of hurt, suffering, abuse, poverty, and isolation.

Apostolic religious life for a Sister of Charity today is “evolutionary.” There are many aspects of this concept but Diarmuid O’Murchu states that –

“whereas in the past Religious often adopted a spirituality of suffering for the sake of holiness, in the future our option must be that of getting rid of all meaningless suffering, facilitated through a more forthright commitment to peace, justice, and the integrity of God’s creation.”

Religious Life in the 21st Century – Diarmuid O’Murchu

There is a future for the Sisters of Charity as apostolic women but what it will look like is not clear.

Our values and our charism will live on in ways relevant to the world today. How we claim our lives as apostolic women involves accepting our numbers will be fewer. The dream of fewness is in reimagining and reconfiguring. Fewness can be both gift and grace: An opportunity to claim once again the origins and mission of our beginnings with Mary Aikenhead.

“The prophetic charism at the heart of religious life is that we are called not to do something but to be something ... religious life today is not a relic of an age that is past, but a compelling, ongoing, evolving way of living the Gospel.”

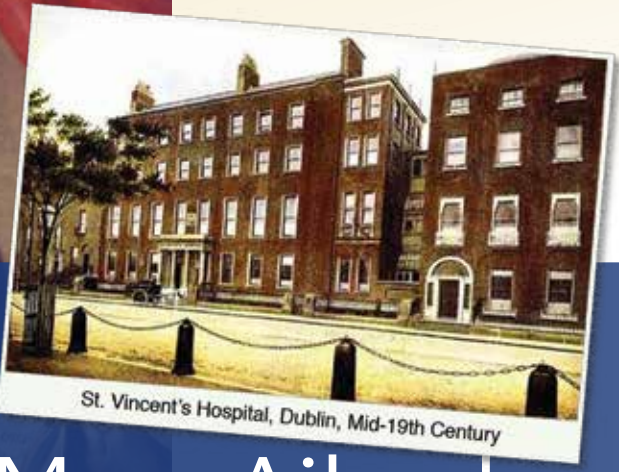
Margaret Brown IHM

Today, as apostolic religious Sisters of Charity we are open to steeping ourselves in the spirit of trust, confidence, and risk-taking that Mary Aikenhead had.

Our Australian Congregation today is testimony to the way our Sisters have lived this in their daily ministry. We are called, as Mary Aikenhead was, to serve God with a great heart and a willing mind.

We are called to promote the rights of the poor. For Mary Aikenhead, a love of God that did not include a love of the poor was simply inconceivable. The same holds true for us today. As Apostolic women religious – as Sisters of Charity – we are called as Mary Aikenhead was, to be nothing less than the presence of God in the world.

– I acknowledge the use of a Paper of Sr Stanislaus Kennedy rsc (Irish Sister of Charity) entitled Mary Aikenhead – Inspiring us to be in Solidarity with the Poor.



St. Vincent's Hospital, Dublin, Mid-19th Century

Mary Aikenhead's vision realised

St Vincent's Hospital, Dublin: The first Catholic hospital run by Religious women.

Mother Mary Aikenhead

In 1815, Mary Aikenhead, with Alicia Walsh, after completing their novitiate, founded the Religious Sisters of Charity in Ireland. They were the first, so-called Walking Nuns who visited the sick in their homes and tried to alleviate the wide spread poverty.

During a cholera epidemic, Mother Aikenhead's thoughts frequently dwelt on the possibility of providing a hospital in Dublin where the sick could enjoy the benefits of the best medical and surgical skill available and be nursed back to health by the Sisters of her Congregation, "where the poor could be given for love what the rich obtain for money."

In 1831, Mary suffered severely from inflammation of the spine and was prescribed complete rest but continued to administer the growing congregation from her sick bed. She also became a close friend of her physician, Dr O'Farrell, and while he attended her, they began to work on a hospital project.

Mary had received a dowry of £3000 and with this she planned to open a hospital. Haunted by the misery of the wretched slum dwellers, she knew she wanted a large, airy building in a good locality with a fairly spacious garden.

In 1833, she sent three Sisters to the Hospitalières de St Thomas in Paris to learn about hospital administration. The following year, with unshakeable belief in Divine Providence, she bought the Earl of Meath's mansion on St Stephen's Green, Dublin, and with her health much improved, she supervised the conversion of the building to a hospital.

Funds began to trickle in. In 1835, the first ward of St Vincent's Hospital was opened.

S. A. Atkinson writes in her book, *Mary Aikenhead: Her Life, Her Work, and Her Friends*:

"About the month of April, 1835, all the arrangements were completed, and the institution, under the title of St Vincent's Hospital, was opened with twelve beds for female patients although Mother Aikenhead could not at the time reckon with certainty on even 20 pounds a year for their support. The beds were soon filled. ... Rev. Mother opened another ward and then another and lastly a ward for children. ... accommodation for forty patients. ... Dr O'Farrell who was appointed first physician to St Vincent's Hospital had no assistance. The first operation in the hospital was on a poor little boy, who lay in the Rev. Mother's lap while it was being performed."

In 1841, the House next door to St Vincent's Hospital was for sale. Immediately a sum of money became available and the purchase was arranged.

Plans for this building were in progress when the Sisters resident at St Vincent's heard a noise. They soon found that the four stories of the building had collapsed. The Sisters were shocked. Mother Aikenhead was delighted and pleased that now a proper building would be constructed and attached to St Vincent's.

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Tarmons, the original St Vincent's Hospital, Sydney

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Mother Mary Aikenhead's dependence on Divine Providence – "God will provide" – was the driving force in all that she achieved for God's poor. This is the legacy, we, as Sisters of Charity of Australia, hold dear.

The first St Vincent's hospital in Australia

In August 1857, the Sisters of Charity opened their first hospital in Australia in Tarmons, in Potts Point.

"Tarmons offered a fine view of Port Jackson with its multiple islands across to the north shore of the Harbour. The ground floor of the house was shaded by capacious verandahs. The rules for patients included: "The sick poor are the only persons who can be admitted to this charity' and 'no person having any disease reputed to be infectious can be admitted.'"

The accommodation was as follows. The "convalescent ward" was a large room on the ground floor entered from the northern verandah and commanding a view over the lawn and gardens.

It was well-furnished with four or five iron bedsteads covered with clean white bed linen and surrounded with white net curtains. The room was provided with chairs, a table and a writing desk. It was occupied by patients awaiting discharge following a severe illness.

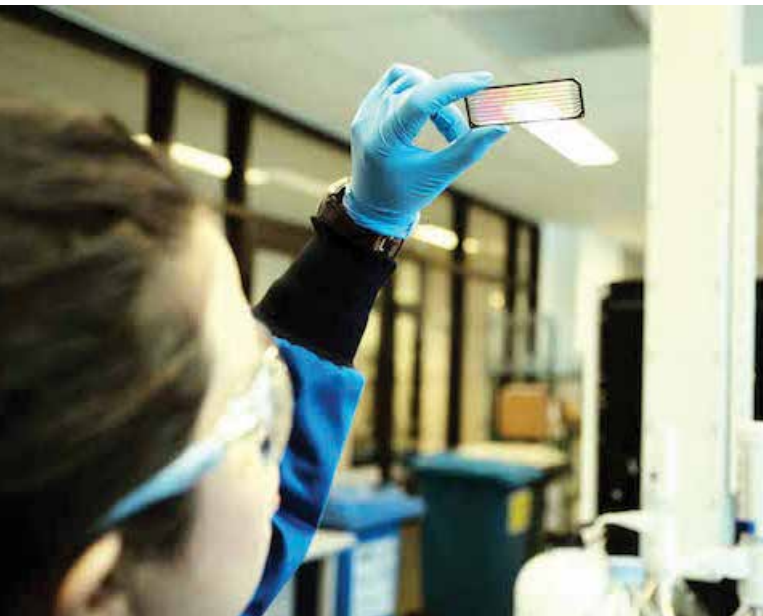
The male sick ward was to the east of the convalescent ward, had similar views and was also entered by the northern verandah. There was accommodation for eleven patients. The female sick ward was to the west of the convalescent ward, had similar views and was also entered by the northern verandah.

The full story on the location of the first St Vincent's in Sydney can be found on the Sisters of Charity website.

www.sistersofcharity.org.au/who-we-are/our-beginnings/



On the ward, St Vincent's Dublin (top) and St Vincent's Sydney



In 2016, the Garvan Institute launched Australia's first whole-genome testing service



St Vincent's Health Australia provides compassionate, high quality health and aged care to the Australian community

The vision continued

The legacy of Mary Aikenhead's revolutionary idea is still operating to this day. Now administered in Australia by Mary Aikenhead Ministries, St Vincent's Health Australia, together with its partners, forms one of Australia's leading Catholic, not-for-profit, diversified healthcare providers.

Founded on a firm commitment to Gospel values and Catholic social teaching and conducted in the spirit of Mary Aikenhead, the health services span the public, private, and aged care health sectors.

Health services include: Tertiary referral centres; adult acute health services; sub-acute care diagnostic services including pathology and radiology services; public and private rehabilitation; extensive allied health services; inpatient and community mental health; public and private emergency centres; inpatient – and community-based palliative care; correctional health; community health; a full range of aged care services, including acute, residential, and community care; research institutes.



St Vincent's Hospital Melbourne, Nurse Program Graduates, 2017

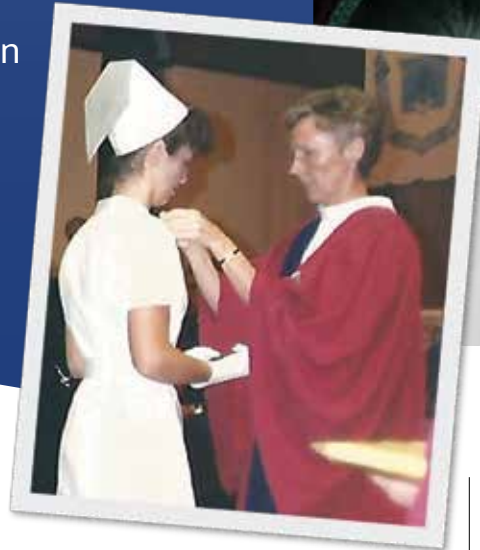
Sr Regina Millard

A speciality in palliative care

I loved being a nurse. I saw it as a vocation within a vocation. Not long after I graduated, and with the encouragement of others in the field, I stepped into the world of nurse education at St Vincent's Hospital Toowoomba in the early 1970s.



Sr Regina Millard rsc



The final Graduation October 1986

My first love was as a clinical nurse educator, which involved some lecturing but the majority of teaching was at the bedside. Hands on with the new trainees, I was committed to promoting kindness, compassion and excellence in their care, and in my teaching to help the new nurses to wonder at the make-up and function of the human body. Teaching anatomy and physiology was my speciality.

After a period of time, I was moved back to NSW and became the Principal Nurse Educator at St Joseph's Hospital, Auburn. In 1971, the Nurse's Registration Board gave approval of Auburn District Hospital and St Joseph's carrying out a con-joint theoretical program for second year nurses with educators and doctors from both Hospitals involved in the teaching.

This was an initiative of Sr Irene Crockett rsc and Heather Tupper, Auburn District Hospital. In 1979, the decision was made to include all nurses and I became part of the teaching team.

The final intake of student nurses was in February, 1984 and these students were the graduands in 1986, the Centenary year of St Joseph's Hospital. I was very proud to be part of that historic moment in nurse education in NSW. In 1985, Nurse Education moved into Colleges of Advanced Education. Nursing became part of college degree programs emphasising education first so that practice could be more informed. Nurses were no longer apprentices learning on the job.

After 12 years, and still at St Joseph's Hospital Auburn (pictured below), I found myself in the world of palliative care – a ministry I would be in for 20 years.

St Joseph's Hospice had been established at Parramatta in 1886 to care for sailors terminally ill with tuberculosis from St Vincent's Sydney. So strictly speaking, St Joseph's Paramatta was our first hospice in Australia.

Sr Carol Pedersen rsc did a feasibility study to see if a palliative care service was needed in the western suburbs of Sydney. Services at that time were almost non-existent between Sacred Heart Hospice Darlinghurst and the west.





Image left: Photograph by David Lloyd: Documenting life in a hospice in Brisbane, Australia 1998

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*Spiritual Care
of the dying
was the reason
Mary Aikenhead
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built to give them
the spiritual care
they required.*

I partnered with another educator and organised a program of Education in Palliative Care. Content was appreciated, as was the support given during that 12 months. The Palliative Care Ward was ready to go. The need was there. It is now flourishing in excellence of care.

The word palliative means cloak. All those who attend a dying person can do nothing to cure them but can do much in bringing comfort like a protective cloak around them. That is how I saw my ministry of care of the dying – wrapping the cloak of love and comfort around them by my words and actions and faithfulness to the dying person and their families.

A patient I visited at home said it all. I was speaking with her in her bedroom and her daughter came in. The dying lady introduced me to her daughter saying "This is Regina. She is from 'palatable' care!" There is a lot of truth in this simple unconscious slip.

So my ministry then for 20 years was in the area of community palliative care in a time of great change in the delivery of palliative care, especially in Melbourne.

I began with Caritas Christi and Order of Malta Hospice Home Care, Kew, which, with all the changes, became Eastern Palliative Care in the early nineties. After 10 years, I joined Melbourne City Mission Community Palliative Care. I enjoyed every minute of ministering to the spiritual needs of patients and families and being the Spiritual Carer on an interdisciplinary Palliative Care Team.

I had a role to play in educating staff, volunteers, outside agencies, peers in the field, and local communities in spiritual care of the dying and in bereavement care. And conducting rituals where appropriate. My ability to teach stood me in good stead.

Spiritual care of the dying was the reason Mary Aikenhead wanted places built to give them the spiritual care they required. palliative care was built on spiritual care, although spiritual care looks quite different today.

We respond to each person's culture and spiritual/religious needs wherever possible. Now we can see there is such a thing as spiritual pain (Dame Cecily

Saunders, pioneer of modern palliative care, coined the phrase which can affect a dying person's total pain. Spiritual care has found its place in the total care of the dying and the Sisters of Charity remain committed to spiritual care in the healing ministry.

Our Lady's Hospice Dublin 1879, was the first Hospice in the modern world. It opened 21 years after the death of Mary Aikenhead, in the convent where she died. The success of Our Lady's Hospice led the Congregation to establish the Sacred Heart Hospice in Sydney in 1890 – the first in Australia and from there followed other hospices in Melbourne and Queensland. The Sisters of Charity remain leaders in palliative care in Australia.

Now my experience in nurse education and palliative care helps me in parish education in the area of palliative care and bereavement care.

Historical Reference: *Mother Mary Aikenhead, the Irish Sisters of Charity and Our Lady's Hospice for the Dying* by Derek Kerr.

American Journal of Hospice and Palliative Care (May/June 1993).

<http://journals.sagepub.com/doi/abs/10.1177/104990919301000306>

Sr Sesarina Bau

Working in the ICU at St Vincent's Sydney

Sr Sesarina has had a long and distinguished career in nursing, a career which began when she began her nursing training at St Vincent's in Sydney.

That was in the early 1960s, and her initial training was soon followed by midwifery at St Vincent's in Toowoomba, then infant welfare with Tresillian in Sydney before she went back into St Vincent's Hospital in Darlinghurst.

Sr Sesarina has been in and out of St Vincent's for more than 50 years, and has worked across a wide range of departments including the surgical ward, the Emergency Department, and plastic surgery.

In between those stints, she worked in Thailand and Kampuchea in a relief operation for the International Committee for the Red Cross, and went as part of the team from St Vincent's to the Solomon Islands to assist with disaster relief in the aftermath of Cyclone Namu which devastated the islands in 1986.

Given this range of experience in nursing, did Sr Sesarina ever think about doing medicine? "I did, but by that stage it was too late," she said.

In 1993, Sr Sesarina was in charge of the HIV/AIDS unit at St Vincent's. The syndrome had been discovered a little more than 10 years before, and understanding of it was still in its early days.

"The first day I was in the unit, the patients saw that a nun was coming to look after them, and made certain assumptions about how I felt about them.



Sr Sesarina Bau rsc

"They ignored me, and carried on talking among themselves. I did the rounds, and at the end of it, I said to them, I will be back tomorrow.

"I will do the rounds again tomorrow, and at the end of it, I will ask you a question – 'Why are you here?'

"They apologised to me, and I told them that I was there to care for them, and that was my role."

Relations improved considerably after that head-on approach, but the going was tough in the ward. "Thirty people died in four months ... so many deaths. It took a terrible toll."

These days, Sr Sesarina is still tackling things head on, now in the Intensive Care Unit, where she works very closely with the nursing staff. She receives initial reports on the patients from them, and then later she works with the doctors. She is also a support for the patients and their families. She has been here in that capacity for the past 11 years.

Her no-nonsense approach is welcomed by the patients, who know where they stand with her. "The other day, one of the patients said "She's very tough, that nun, but she seems to know what she is doing," said Sr Sesarina.

The 20-bed ICU can have its challenges, at times, but to Sr Sesarina it's all part of the job. "Sometimes, the medical and nursing staff can find there is resistance on the part of a family or their family members. I ask the doctors and the nurses – 'Have you explained what is needed to them?'

She sometimes finds herself bearing the brunt of anger, anxiety, or despair of the critically ill patients and their families. "I tell them I will come back a little later to speak to them."

And then there is prayer. That's essential in Sr Sesarina's spiritual tool box. She prays over, or with, the most critically ill patients, most days.

"I tell them, if you like you can join my prayer, or I can join yours."

Sr Jacinta Fong

St Vincent's Emergency Department, Sydney

It's been some months since Sr Jacinta has been able to work in St Vincent's Emergency Department. A fall watering the garden last year damaged her shoulder and wrist and she is still recovering from that injury.

She is champing at the bit to get back to her patch of 14 years, though, in Emergency, where her small form – clad in her customary habit – is a welcome sight. "The doctor will tell me when. Soon, I hope," said Sr Jacinta.

At 82, most people would be well into their retirement years, happy to be out of the workforce, and here is Sr Jacinta, anxious to get back into it. And doubtless the department is looking forward to having Sr Jacinta back too, given her calming presence (it's the habit, she says self-deprecatingly).

"The Emergency Department is a busy place," says Sr Jacinta. "We have 33 cubicles, not enough," she says. And Sr Jacinta knows – she has been in and out of this Emergency department for decades. The department, which sits on the fringe of the city and Kings Cross, fills overnight with patients suffering from various ailments and injuries.



Sr Jacinta Fong rsc

"When I go to the department, my first job is to get as many of the patients into St Vincent's Private as possible, and free up the Emergency beds. That can sometimes take until 2 pm," said Sr Jacinta.

"In the beginning, we were poor in relation to equipment. We had a couple of x-ray machines and both of them were broken." She took the problem home to her surrogate parents, the Beswicks. In short order, the \$500,000 needed was secured.

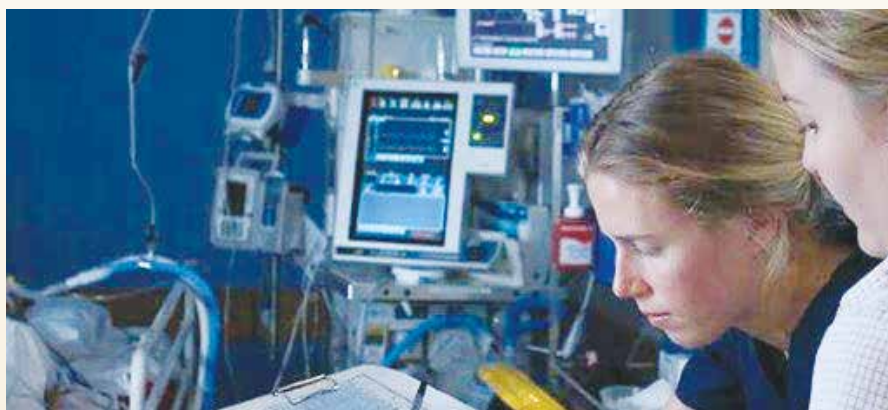
That was effectively the start of a highly successful ancillary career as a fund raiser which continues through the committee SIRENS (Supporters in the Resuscitation of Emergency Department Needs) established in 2002. To date, that total has grown to more than \$14,500,000.

At the last SIRENS function, on Valentine's Day, Sr Jacinta made a low-key appearance. She briefly met a woman who asked if she could come to see her; Sister Jacinta agreed. At the second meeting, the woman gave a million dollars to the SIRENS fund. "Her husband had received wonderful care in St Vincent's emergency and she wanted to acknowledge that," Sr Jacinta said.

The generosity is passed on from donors to those in great need. Sr Jacinta keeps a cupboard of clothes – track suits mainly, because the trousers don't need belts, thanks again to her benefactors – for those who need assistance in that area. There are always extra sandwiches in the fridge, soup in winter, and a shower for those who need the basics that most of us take for granted.

"The mission here is enormous," said Sr Jacinta. "There is a huge number of street people who need our help. Violence in the Emergency Department is also a problem, because of the increased use of ice."

It is the mission to help the sick poor which has been informed by Sr Jacinta's faith since she was an adolescent. And – God willing – it is the mission which she will be able to take up again just as soon as she can.



Sr Anthea Groves

It's all about the mission – and the values



Sr Anthea Groves rsc

After leaving school, I decided to do nursing. As a country girl from Tumut, NSW there were opportunities to train in hospitals near home.

But my mind was made up to come to Sydney and train at St Vincent's Hospital, Darlinghurst. I thought it was important to train at a large Catholic Hospital.

My four years of training were challenging and care-free. The Sisters of Charity tried to "tame" the girl from the bush.

On completion of my training in 1960, I knew I had to make a decision regarding my life in the future. To the surprise of everyone, I decided to join the Sisters of Charity.

My thinking was that they would give me six months and I would probably be asked to leave. My philosophy of life is to give, but in my own style.

This way enabled me to serve all with great freedom of spirit and faith. It created many challenges in my life as a Religious. After 63 years, I am still marvelling at the many opportunities I have been given to do this.

I have had many roles including emergency nursing, intensive care and surgical nursing. I was allowed to do midwifery nursing at Queen Victoria Hospital in Launceston on 1972. During my midwifery I commenced the Licentiate in Hospital Administration which I completed in 1977. This was done by remote learning from UTS.

After Tasmania, I was sent to Melbourne where I did my nursing administration at the Royal College of Nursing in Melbourne and then worked at St Vincent's Hospital.

In 1977, I was asked to go to St Vincent's in Toowoomba where I was responsible for the convent, the nursing and hospital management for 10 years.

In 1987, I returned to Melbourne to manage St Vincent's Public Hospital until we turned over our management to lay staff in 1992. In 1993, I had a year off with six months spent at Mt Olivet in Brisbane working with staff and preparing this wonderful place for accreditation. In September, I went to Dover near Boston, USA for a spiritual renewal for three months.

In 1994, the CEO of St Vincent's Hospital, Darlinghurst asked me to return and set up a patient liaison role. I am still doing this and spend my days helping staff, patients, and their families.

The systems in a hospital are complex and I am ever grateful for my past experiences when helping these people. I am one of the oldest registered nurses around; this is necessary as I am often advising in a clinical area. Mediating with patients, their families and staff can be very demanding.

My other great love is to help priests and Religious from Papua New Guinea, Kiribati and Fiji when they have health issues. Many "miracles" happen as a result of the generosity of the doctors and hospital staff. They have no means and we are able to restore all to a good quality of life.

To sum up, my commitment made in 1962 – entrance date – has been challenging, tough but very rewarding. The mission and values have been my support all these years. Would I do it again? Yes, I would!



Sr Mary Gabrielle Clarke rsc

Sr Mary Gabrielle Clarke

Ministry to Sisters in care:
“Some days are diamonds”

My ministry to our Sisters in Care has been the most wonderful, most challenging, and most rewarding apostolate.

It has been a privilege that I have experienced for almost 20 years. First and foremost, as a Sister of Charity, my greatest passion is to care for “the domestics of the faith,” our own Sisters.

My experience has changed significantly these past four years because I am unable to drive. Trams, buses, trains, taxis or walking are the order of the day when my own “private” taxi is otherwise occupied.

This situation in itself gives me time to reflect on where I am going, where I have been, and enables me to pray for the Sisters in my care.

I am a very organised person, so each week I have a routine of sorts ensuring that I visit our Sisters as regularly as possible. But it only takes a phone call to change any plans.

My mobile phone is on 24 hours a day so that I am able to be available when called. This might be to accompany a Sister to hospital, to perhaps be rung from the facility informing me of a fall, a deterioration in a Sister's condition, permission to purchase a piece of medical equipment, or to sit by the bedside of a dying Sister.

And the paperwork goes on. This involves ensuring that I have all the necessary information available for each Sister and calls to the Congregation office.

I also am responsible for completing medical rebate forms, providing the Sisters with an allowance each month, buying clothes, replacing lost cards etc.

– all fairly simple activities but important to make life easier for the Sisters. Taking away their worries is my aim for them.

At present, we have Sisters in two different facilities, so I support them by attending Relative/resident meetings every couple of months, coffee clubs weekly, bingo, concerts, and other facility functions. Some Sisters are able to attend Congregational activities but require transport so this may need to be organised if the Sister is unable to do this herself.

Congregation and family are very important in this ministry so contact by way of phone calls is a must.

The Sisters themselves love to have news of what is going on within the congregation so I make sure that they are receiving the appropriate communications from the Congregational Office.

The most important part of my ministry is for me to have one-on-one time with each Sister and in doing this the Sister feels that she is not a burden and that she is well loved and cherished by all of us. Entering residential care for a Sister can be a monumental decision, so to make this entry easier I call on every bit of sensitivity that God has given me.

Without the help of Elizabeth Reid, our health care co-ordinator, Pam Grime, my “private” taxi, Loretta, with her gift of social activities, and Anna, who is the best shopper in the world, and the support of the Congregational Office staff, I would not be able to continue this work myself.

As you can imagine, *Some days are diamonds* (*Some days are stones*, John Denver).

Sr Anna Parlevliet

A journey through various health care ministries

Having always wanted to be a nun, and look after children and/or the aged, my health care journey as a Sister of Charity began in 1966 when, before looking after a group of children in our care, I was given the opportunity to do a mothercraft course.

As there were changes coming within the child care system, my future ministry also changed.

After completing my State enrolled nurses training, my journey took me to Mt Olivet where I nursed and once or twice a week ran a few activities.

When Marycrest Retirement Centre was built, I felt there was a need for residents to be offered some sort of activities/stimulation, so this led to the Congregation allowing me to move into a new health care service program called *Activities for the Frail Aged*. This included mental and physical stimulation, as well as going on outings. The program was taken up in many facilities and, after a few years, a TAFE College-based education was set up and became known as *Diversion Therapy*.

Diversional therapists often work as part of the Allied Health Services team. Their role is client-centred, and recognises that leisure and recreational activities are the right of all individuals no matter what age or ability. Each activity program supports and enhances the psychological, spiritual, social, and physical well-being of individuals.

One important therapy in aged care centres, nursing homes, retirement village and hospitals is pet therapy – pets bring joy to people who are no longer able to have an animal of their own.

Another important observation was that residents or patients who didn't respond to other stimulation would respond to pets.

After 14 years in Queensland, my ministry brought me to Caritas Christi Day Centre, in Melbourne. Here, I continued working as part of the health services team. During my first year there, I was contracted by our National Diversional Therapy Office to contact a group of Red Cross workers who were interested in joining us.

Together with Sir James Gobbo as our adviser, we were able to set up the Diversional Therapy Association of Victoria. After a number of years, we were able to set up a Certificate IV diploma courses at Swinburne University.

During this time, my journey took me to a number of different facilities to help them set up individual programs for their clients. At times, this was quite challenging.

Needing a change, I worked at Prague House as a personal care attendant. This was a great privilege as the men and women in our care are poor and marginalised, often suffering from some form of mental health issues.



Sr Anna Parlevliet rsc

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Throughout my ministries/journey, I have had the support of my Congregation and I am proud to be a Sister of Charity.

Due to circumstances beyond my control, my journey took another twist and beside being a Sister of Charity, I now have the privilege of helping with the care of my other passion – that of our "domestics of faith" who through ill-health or frailty are in care.

I help Mary Gabrielle with preparing parties for birthdays and special occasions, visiting, and – when I am able to – attend coffee clubs and shop.



Sr Joan Stapleton

Given with love: Engaged residents at Prague House

Sr Joan Stapleton rsc

The establishment of Prague House was prompted by Sr Francesca Healy's experience in the home care nursing service of St Vincent's Hospital in Melbourne when she has cared for many frail men in what she considered sub-standard accommodation.

On November 22, 1976, Prague House in Sackville Street, Kew, was blessed and opened to receive the homeless men from the inner suburbs of Melbourne.

Today, Prague House – at its new location in Cotham Road, Kew, gives a home to 45 men and women. Within this group, many suffer from mental illnesses, intellectual disabilities, and drug and alcohol addictions.

I have been privileged to be part of the Prague House story for 20 years. There are many occasions on which I am in a position to share faith with the residents.

A special time for prayer with the residents is the weekly Communion service. The life of each resident is celebrated appropriately at the time of death. Other special parts of my role include visiting residents in hospital, choosing birthdays gifts for residents and staff, organising the football tipping competition, playing bingo and rummy-o, and shopping for residents.

I have experienced so many heart-warming stories of men and women who have made their home at Prague House.

One such resident is Jack, who was well-known as he sat outside Myer's in Burke Street. He lived on the streets and was therefore un-medicated and mentally unwell.

Various places of accommodation were tried but he always gravitated back to the streets.

Jack came to Prague House in 2004 and settled in well. He is still with us, enjoying his big breakfast and sitting in his favourite chair.

Not only has Prague House given a home to so many residents, but through the activities program, residents are engaged in meaningful activities of interest to them.

Book reading times are eagerly anticipated by some residents. The engagement with the book, and the reader's voice, may recall pleasant moments when a child, ensuring an enjoyable experience.

The arts program nourishes the senses and allows the resident to be present in the moment, rather than being preoccupied with habitual thoughts. Residents also enjoy seeing their art works displayed.

Special women's group activities meet the needs of women and create a safe environment – they include weekly knitting group with the special involvement of a volunteer, and a monthly cup of tea session. One resident says: "I live for these sessions."

Listening to music each afternoon is a popular activity for residents. It brings warmth and a sense of community at what can be a low point of the day.

Volunteers and school students make a significant contribution to the life of Prague House. Residents look forward to their visits each week, to their friendship, to the games of pool, darts, table tennis and rummy-o.

As we reflect on the mission of Prague House, we are reminded of Mary Aikenhead's words:

"We give the poor for love what the rich can obtain for money."

Sr Margaret Fitzgerald

A Sister of Charity presence



Sr Margaret Fitzgerald rsc

In reflecting on "then and now," my journey has gone from 35 plus years in education to 21 years in health.

As Sr Clare said in 1995, when introducing me to the then-Director of Nursing at St Vincent's Hospital, "Margaret has seen the light and joined health!"

At the end of 2012, in concluding full-time roles since profession in 1964, the last being at Outreach, it was decided I would cut back to part-time ministry.

My new role was negotiated with the Manager Sub Acute & Allied Health, St Vincent's Health Network, to support the mission, values, and vision of SVHA by being a Sister of Charity presence, initially at St Joseph's Hospital, Auburn. The role was two to three days a week, with flexibility, enabling attendance at special celebrations.

During 2014, I was also asked if I would take on a similar role at the Mater Private Hospital, North Sydney, one day a week, which happened in 2015. I soon discovered these are two very different hospitals.

Firstly, St Joseph's, a public hospital, founded by the Sisters of Charity in 1886, when the Sisters established a "consumptive" hospital at Parramatta, as a branch of St Vincent's. Six years later it was transferred to Auburn.

The Mater was founded by the Sisters of Mercy North Sydney, in 1906, with its own history, culture, and heritage. In 2001, the Mater Hospital became part of St Vincent's & Mater Health Sydney, which today sits under St Vincent's Health Australia, founded by the Sisters of Charity, now under the direction of Mary Aikenhead Ministries.

This was not only a new role within both hospitals, but, for me, as well. At St Joseph's I was formally introduced at the staff forum, followed by a tour of the departments. At the Mater, I was welcomed by the Sisters of Mercy Congregational Leader & Council at an afternoon tea with the hospital executive.

The first challenge I encountered was that I had time whereas staff members were very busily involved in their work.

Maybe, I was a threat to some, who were wondering why I was there. I soon realised I needed to go gently, walk the corridors, smile, in order to build rapport, trust, and relationships with staff at all levels.

Being a Sister of Charity, it has been important for me to get to know the Sisters of Mercy, who attend Mass there, to respect and understand their story, history, and heritage, as well as to work with the Mission Integration Manager to share the story, history and heritage of Mary Aikenhead, and our first five Sisters.

In both hospitals I've participated in meetings, functions, workshops, "missionings," feast days, pilgrimages, and planning days etc.

No two days are the same. Over time, through being a listening presence, trust and confidence have developed.

.....
*As a Sister of Charity
impelled by the
love of Christ, and
in the spirit of Mary
Aikenhead, I walk
with all in their joys
and needs.*



Sr Margaret with St Joseph's staff
(from left): Glen Harvey, Serpil Ersan,
Kahli Reid, Chong (Amy) Oing

Sr Cathy Meese

A privilege to minister in St Augustine's Prison Ward

On 20 June, 1847, three of the original five Sisters, Srs John Cahill, Xavier Williams and Francis De Sales O'Brien sailed on the *Louisa* to Hobart, Tasmania.

They were the first female Religious to step on to the shore on Hunters Island in the colony and were successful in obtaining permission from Lieutenant-Governor Denison to visit the Cascade Female Factory and the Male Prison in Campbell Street, Hobart.

They commenced their ministry on 3 August, 1847 and this ministry continued till 1996.

I had my first experience of prison ministry in Hobart. From 1971 to 1974, I lived at Mount Carmel College, Sandy Bay. During the week, I taught in the primary section of the College and every Saturday I accompanied Sr Martha Murphy to the Male and Female Prisons which were by now at Risdon, Hobart.

I can still recall my hesitation and shyness meeting the prisoners but soon realised they were very respectful and accepting of me.

Sr Martha was a great model to be with, as she had a wonderful openness with the prisoners that made them feel very comfortable with her.

During this period, there was no education officer at the Prison, so I accompanied Sr Martha's sister, Sr Leonore, a great educator, to help teach the prisoners to read using the *Words in Colour* program. For me it was rewarding to see how much confidence and self-respect the men gained from learning to read.



Sr Cathy Meese rsc

From 2003-2007, I returned to Mount Carmel College as the College Counsellor. In 2004, the Ombudsman at Risdon Prison and the Remand Centre, Hobart appointed me prison advocate.

This was a new experience for me to meet prisoners who were in solitary confinement, or waiting in Remand for their court appearance within the prison. There was so much respect shown to me and I learned from this experience never to judge people, to show compassion and more importantly, and to be a listener.

On my retirement from my teaching ministry, I felt the call to return to prison ministry.

In 1979, St Augustine's, a prison ward for both male and female prisoners had been opened by Sr Maureen Walters rsc, a nursing sister and CEO of St Vincent's Public Hospital for many years. Now, each Thursday, I accompany Shaun Dowling from SVH Pastoral Care Ministry as a volunteer.

In the short period I have been visiting the ward, I have met some wonderful people. The respect between the patients and staff generates an atmosphere of calm in the ward.

A patient who I met recently has been diagnosed with cancer and will commence chemotherapy immediately. He is in low security prison on a farm where he lives with four other men in a house and values the trust and friendship within the group.

He grew up on a farm and found that being on the farm, surrounded with nature, has helped him to become peaceful. He mentioned that when he received his sentence for his crime it was also a sentence for his family.

He is now looking forward to his release in 2018 so that he can show his family how much he appreciated their support during his time in prison. Finally, he said, he will really value the freedom which was taken from him when sentenced.

My question for myself is how much do we appreciate our freedom or do we take it for granted? I see my visits to the patients in St Augustine's Ward as a privilege.

I respect the trust that is given to me when I reflect on a book named *Already Divining The Hidden Spirit*, by Daniel O'Leary:

"Jesus was so good at simply walking with people without judging them, liberating people without making them dependent, forgiving people unconditionally while saving their embarrassment. He set out only to bless people with their own divine power. A hard line won't do. Tenderness comes from long looking."



Sr Maryanne Confoy

Mother Mary's philosophy in the boardroom

In response to KIT's request to write about my experience as a Sister of Charity on the Board of St Vincent's Health Australia, my first reaction is to step back from the task and to reflect that each ministry of my 50-plus years as a Sister of Charity has opened me to diverse multi-leveled learning experiences.

An openness to the "new" and the "possible" life and relational challenges that different ministries bring is the gift and fruit of our religious life.

What I therefore bring to the Board experience is a background of decades of learning and teaching in a variety of institutions and cultural contexts.

Life as a Sister of Charity has taught me, through the interactions with colleagues, staff, students, and parents, about the fundamental importance of listening and of being present to others in both formal and informal conversations and interactions.

This way of being present is a key aspect of Mary Aikenhead's heritage that has been handed on in diverse ways in Sisters of Charity education, health and community care.

Mary's attentive presence to others, to both those in need and to those who wanted to share her work of service of the poor, was evidenced in her loving and practical relationships and decision-making.

This heritage is integral to the Sisters of Charity today, to the spirit of Mary Aikenhead Ministries and particularly to St Vincent's Health Australia in all aspects of its life.

What the breadth and depth of St Vincent's Health Australia brings to me is a growing awareness of the panorama of personal, professional, and clinical care, of scientific research and of institutional excellence that takes shape in the community of communities that is St Vincent's Health Australia.

This permeates each of our facilities and our values are evident at every level of employment, voluntary or philanthropic service.

As a Board member, I have learned a great deal about the extraordinary range of gifted and deeply committed personnel who serve in our many institutions and who share the mission of bringing God's love to those in need through the healing ministry of Jesus.

I am also aware of a similar diversity of expertise, of national and international experience that

each Board member brings to our meetings.

The issues that we face are both cutting edge and daily reality. Attentive presence and response to the demanding breadth and depth of the agenda is my way of being accountable to Mary Aikenhead's vision in and through the vibrant exchanges of each Board meeting.

My personal commitment as a Board member is to be authentically present as a Sister of Charity with a passion for the living charism and an awareness of the reality of our heritage being lived out in the changing contexts of mission and ministry in the Australian church.

Our Mononia community supports and is present to the St Vincent's campuses in various ways. The community carries the memory of so many Sisters who have been integral to the establishment and expansion of our ministry.

While the community has changed over the decades in both size and institutional service, it has been consistent in its prayerful support and varied ways of being connected and present to the St Vincent's health care campuses over the decades, into the present and open to the future.



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