6-1969

Beacon Light: June 1969

St. Cloud Hospital

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Chaplain's Corner

BY FATHER PATRICK RILEY, CHAPLAIN

As of June the 15 I will have been gone to Rochester for approximately one year where I will be working with the Presbyterian Hospital Ministry in the Rochester hospitals: St. Mary's Hospital, Methodist Hospital, and Rochester State Hospital, in a clinical, pastoral, education program. It seems that the last years at St. Cloud have been of very significant years for me as I see the great deal of growth and development in the hospital itself. The most important thing, however, in the life of any of us is not the construction of buildings or the facilities that we have, but the people we work with. It is these people that I am thinking about as I prepare to leave St. Cloud. They have meant a great deal to me and I am sure that your fellow workers mean a great deal to all of you.

And so, as I leave St. Cloud Hospital I look forward very much to the things that will happen to me in this year that is ahead. I also anticipate with great enthusiasm my return to the hospital to rejoin all of you, my friends, once again. I wish you all well and ask that you keep me in your prayers as I will keep you in mine.

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During the past four months, department heads, administration, the Finance Committee of the Board of Trustees, and finally the Board itself have been engaged in the time consuming and tedious process of developing an operating budget for the fiscal year 1969-70. An untold number of hours has been spent in careful and minute review of every aspect of the hospital operation, attempting to project a conservative yet realistic picture of services to be provided and costs to be incurred for the coming year.

Hardly anyone needs to be reminded of the rapid rise in costs to operate hospitals that has occurred in recent years. And as we look ahead, it is clear that costs to provide hospital and other health services will continue to increase, not only at St. Cloud Hospital but throughout the country. This is not only the result of rapidly rising wage levels for hospital personnel and general inflationary price increases for supplies and utilities, but comes from constant expansion of existing hospital services and addition of new services to serve the patient better. Today, good health care is accepted as a right of all, rather than the privilege of the fortunate. And this is as it should be.

But good health care does cost a lot of money. It requires highly skilled personnel, expensive supplies, and costly equipment and buildings. At St. Cloud Hospital, each of these elements has been upgraded in quality and expanded in size to meet the ever increasing demands of the people of the area. This upgrading and expansion, coupled with the ordinary increases in wage levels and other expenses, has necessitated an increase in hospital charges for nursing care, room and board of $6 per day effective July 1.

It cannot be denied that this is a sizeable increase. However, it is absolutely necessary to maintain hospital services at present levels and to keep pace with the times. In comparison with rates charged in other hospitals of like size and services, rates at St. Cloud Hospital will continue to be substantially lower even after the increase is in effect.

No one -- least of all employees, administration and Board -- wants to see costs and rates continue to go up. But fortunately it is a fact of life throughout the entire economy that seems inevitable. What we must do is attempt to control it to the maximum degree possible, while maintaining and improving standards of care and assuring justice and equity for hospital personnel.

Our Record Of Service

<table>
<thead>
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A Happy 21-Year Reunion

There is a very healthy and happy student at Graceland College in Iowa who is alive today largely because of the extra special, tender-loving care he received from a nurse at Ogden, Utah, 21 years ago.

And, at the St. Cloud School of Nursing there is an instructor who is still walking on air after a happy reunion with the above-mentioned student on May 28.

She is Sister Longina, O.S.B. And he is Fredric Swain, now of Ontario, California.

Here's what happened.

Sister Longina was in charge of the Nursery and Obstetrics Departments at St. Benedict Hospital, Ogden, in 1948 and 1949. On July 30, 1948, Fredric was born, three months premature, in an ambulance on the way to an Air Force base hospital near Ogden, where his father was stationed.

He weighed only two pounds, seven ounces, and the base hospital doctors, with no facilities to care for a premature infant, sent mother and child to St. Benedict Hospital, Ogden, where they predicted he would surely die.

"He was down to one pound, 10 ounces by the time he got to our hospital," recalled Sister Longina. "I would. I didn't expect anything this grand. This hospital is really something. I lived in a town twice this size and you should have seen the hospital we had."

Together, FRED IN 1968 PHOTO

Fred and Sister Longina toured the St. Cloud Hospital, and the St. Cloud area, spending every possible minute together for three full days.

"We had a nice visit," Sister Longina reflected. "He's brought so much happiness to me... he really is God's miracle."

Although Fred's mother kept in touch with Sister Longina, last month was the first time she had seen him, except in pictures, since October, 1948.

Fred, a tall, handsome boy, was on his way home to Ontario, California, following his junior year of pre-med study at Graceland, a college sponsored by the Reorganized Church of Latter Day Saints. He plans to become, quite naturally, a Pediatrician.

Asked if he would consider practicing here, Fred said: "Yes, I would. I didn't expect anything this grand. This hospital is really something. I lived in a town twice this size and you should have seen the hospital we had."

"Together, FRED IN 1968 PHOTO"

"Mr. Windahl survived, and after a few days when he began feeling well, offered to do anything Miss Binsfeld wanted him to. Kindly, Miss Binsfeld suggested he grow a mustache, and he did.

Soon, Windahl had the entire staff on 6-West involved in the fun. The retired salesman for the Graybar Electric Company who now resides on Mille Lace asked everyone involved in his care to vote on whether he should shave his mustache, or keep it until discharged this month, the vote was 54 to 1 for the mustache.

"This has got to be the best group of girls I've ever seen in a hospital," said Mr. Windahl."

SISTER MARY GEORGINA, ACCOUNTS PAYABLE, WILL ASSUME NEW DUTIES JULY FIRST AS ADMINISTRATOR OF ST. BENEDICT HOSPITAL, DIRECTRESS OF NOVICES AT THE COLLEGE, AND A TEACHER AT CATHEDRAL HIGH, AND HOLY ANGELS AND STA. PAUL'S GRADE SCHOOLS.

"Dr. Blue" Results in Life, Mustache

Earl Windahl was a very sick man. But, his treatment was progressing to the point where he thought he'd be going home in a couple of days. Then, another coronary in February.

LPN Sue Binsfeld found him lying across his bed. "For all practical purposes," said Mr. Windahl, "I was a dead man."

Miss Binsfeld, as Mr. Windahl puts it, "Pushed the panic button in more ways than one." She called a "Dr. Blue", code for the emergency team which includes ICU and CCU personnel, an Anesthesiologist, Nursing Supervisor and others, and began mouth-to-mouth resuscitation.

Mr. Windahl survived, and after a few days when he began feeling well, offered to do anything Miss Binsfeld wanted him to. Kindly, Miss Binsfeld suggested he grow a mustache, and he did.

"Mr. Windahl survived, and after a few days when he began feeling well, offered to do anything Miss Binsfeld wanted him to. Kindly, Miss Binsfeld suggested he grow a mustache, and he did."

"I've been in 17 hospitals but these doctors and nurses have given me the best care I've ever had."

After more than four months at St. Cloud Hospital, Mr. Windahl went home last week. The 6-West staff will remember Mr. Windahl as the man who always said: "I have nothing to die for. A hospital patient shouldn't lie there and moan. Make the best of your situation."

And, Mr. Windahl will have a daily reminder of the affection his nursing team has for him, each morning when he looks in the mirror to shave.

Earl Windahl, posed with, left to right, his wife Mrs. Lidwina Kray, head nurse, and Miss Barbara Pallansch, nurse aide. After a coronary and four months at St. Cloud Hospital, he says nothing compares with the treatment he received here.
Our Corporate Organization And Board Structure


By Gene S. Bakke

Executive Vice President

With this background, I would like to now turn to the outline which Mr. Donnelly so graciously provided me and attempt to answer the questions which he posed. In addressing myself to these questions, I should point out that the definition of need and the initiative for changes in our board and corporate structure developed within the hospital organization, primarily through the administrative staff and the Governing Board. Most certainly, the Motherhouse Council was involved through officials who were members of both the hospital Governing Board and the Motherhouse Council, and both groups officially approved of each step that was taken. But the primary channel of development of changes ultimately made in the corporate and board structure was through a Committee of the Governing Board and ultimately the Board itself.

The first broad question posed is "What prompted the decision to change or retain the board structure?" This question is amplified further by a series of four developmental questions which I would like to deal with separately and the answers to which should provide my response to the overall question 'Why did we change?'

First, 'What needs were identified in a) the religious congregation, b) the hospital, c) the local community and d) in other disciplines?'

In dealing with the question of needs identified in the religious congregation, I would caution everyone again that I am not authorized to speak on behalf of the Sisters of the Order of St. Benedict. However, I believe I can cite a few needs that we did identify from the standpoint of the religious community.

In the first place, there was the need to lighten the burden of responsibility for the operation of the hospital.

In St. Cloud, the obligation to provide hospital services to the community had been carried solely by the Sisters of St. Benedict since 1886. Over the years, the Sisters did a magnificent job of meeting this responsibility, and, with great personal sacrifice, particularly during the depression years. But with the dramatic growth in the size and complexity of the hospital, the burden of responsibility and the demands upon their human resources has become more than reasonable people could expect them to bear. Thus, it became apparent, and seemed logical, that the civic community should assume a share of this responsibility in full partnership with the Sisters.

Secondly, there seemed to be a need to provide a better milieu for apostolic work within the community. In terms of the needs of the Sisters, there developed this image of the religious community. A fairly general image of the religious order operating hospitals today, in my judgment, is that of a wealthy group of individuals associated together in a religious community. To manage and control this vast wealth of material resources consumes most of the energies of those in positions of authority. While it is admitted that the purposes for which they operate these institutions is laudable, there is real suspicion that self interest and self security may present a situation where conflict of interest could prevail.

Obviously this is not the purpose for which religious orders were established. Neither is it the reason why they entered the health care field. The fact is that they were moved to do so in order to extend Christ's love to their fellowman by means of the corporal and spiritual works of mercy. In the course of history, however, the constantly growing and expanding demands made on health care facilities called for the construction of large expensive hospitals and the creation of a management hierarchy to administer them. With the increasing growth and complexity of the hospitals owned and managed by the Sisters, there developed this image of a wealthy Sisterhood engaged in big business. This is not the way the Sisters would have preferred it, but rather adapted, at least in part, from an abdication of a direct responsibility on the part of the public. Our corporate and board reorganization is intended to re-establish this public responsibility on a shared basis.

Third, there was a need to improve the image of the religious community.

A fairly general image of the religious order operating hospitals today, in my judgment, is that of a very large group of individuals associated together in a religious community. To manage and control this vast wealth of material resources consumes most of the energies of those in positions of authority. While it is admitted that the purposes for which they operate these institutions is laudable, there is real suspicion that self interest and self security may present a situation where conflict of interest could prevail.

Obviously this is not the purpose for which religious orders were established. Neither is it the reason why they entered the health care field. The fact is that they were moved to do so in order to extend Christ's love to their fellowman by means of the corporal and spiritual works of mercy. In the course of history, however, the constantly growing and expanding demands made on health care facilities called for the construction of large expensive hospitals and the creation of a management hierarchy to administer them. With the increasing growth and complexity of the hospitals owned and managed by the Sisters, there developed this image of a wealthy Sisterhood engaged in big business. This is not the way the Sisters would have preferred it, but rather adapted, at least in part, from an abdication of a direct responsibility on the part of the public. Our corporate and board reorganization is intended to re-establish this public responsibility on a shared basis.

Fourth, and that which is the feeling that whatever they suggest or attempt to accomplish will be subject to approval or disapproval by a group who are primarily religiously oriented, before whom they can rarely if ever present their case, and decided behind closed doors in a cloistered atmosphere, perhaps even in a location far distant, is it even more difficult. Some decide it isn't worth the effort.

I think it is clear that the involvement of the physician is essential if we are to operate hospitals effectively in the future. While the restructuring of the Board is not a panacea, I must say that the addition of a physician as one of the five civic representatives on the board has had a very favorable impact on the (continued on page 15)
Physical Therapist Plans Congo Service

By Mrs. P. Burke

When they leave, first stop for the family
will be Addis Ababa, Ethiopia, where they
will participate in a concentrated three-month
program in the treatment of leprosy; then to
Belgium for approximately nine months to
learn African culture and the French language;
and finally to the Congo in August, 1970.

As commissioned missionaries of the
Evangelical Covenant Church, they will be
working in the Loko territory of the Ubangi
region -- on the Loko River, which flows
into the Ubangi River, which flows into the
Congo. They will be on loan to the Paul
Carlson Foundation. This is a nondenomi-
tational medical foundation, named in honor
of Paul Carlson, who was killed by the rebels
there in 1964.

The hospital in which Ralph will work was
built by the Belgian government before 1960.
The Congo gained independence in 1961, and
the Belgians moved out, so the hospital was
never staffed. Operation at this center
finally began in the summer of 1968, so it is
just now, really, "getting off the ground!"
There has been only one doctor. A new one
has just arrived there, and Ralph will be the
first Physical Therapist.

From Biblical times, the word "leprosy"
has struck horror into the minds of all who
heard it, because it is only relatively
recently that the disease has been understood,
and Sulfone therapy is now used to arrest the
disease process. Regarding contagion,
particularly where his family is concerned,
Ralph hastens to assure us that contagion
is possible but very unlikely. Basic hygiene
lessens the chance for infection, and this
teaching will be one of the tasks facing the
Nordstroms. Because of the fact that the
leprosy patient loses all feeling in the areas
affected by the disease, it is possible to do
him great damage -- he could cut his foot,
for instance, and not feel it, or harbor a
poisonous thorn in his foot and not know it.
Therefore, Ralph will set up a program for
education in the care of involved limbs,
which will include a program to make shoes
for the patients, to protect their feet. Also,
Ralph will be his responsibility to construct
makeup protheses for those who have lost
limbs -- thus helping them to be more self-
sufficient.

In the rehabilitation of deformed hands,
caused by leprosy, it is sometimes possible
to make tendon transfers -- obviously the
field of the surgeon. However, it will be
Ralph's responsibility to make the joints
mobile so that a tendon transfer can be
successful, and then to teach the re-edu-
cation of the transferred muscles.

The patients will come with their entire
families and goods, staying in separate facili-
ties at the Center for as much as several
months. They will have to be self-
supporting during this time, and therefore
will bring their chickens and goats, and
perhaps grow vegetables for their own
maintenance -- and here, again, Ralph and
Lauretta will be teaching them the values of
proper diet and sanitation.

The Nordstroms will live in a house of
brick or concrete, and at this point, they are
engulfed in the Herculean chore of purchasing
and packing everything they expect to need for
the entire stay of three or four years. They
are advised to bring curtains, minor personal
treasures, anything that will make it "home"
to them, including one suggested picture of a
winter scene.

The challenge is great, as is the need. We
are most proud to have had this young man in
our midst, for he has shown the same type of
dedication to our patient at SCH as he will
show to the needy people in the Congo.

The Greatest Physician said: "Whosoever
ye do unto the least of these, my brethren, ye
do it also unto Me."

This map shows portions of the U.S. and Africa,
with the black line indicating Minnesota and the
Congo area in which the Nordstroms will serve.
The 1969 softball season for St. Cloud Hospital Men's Team started on a positive note with a victory over the Franklin Manufacturing Company team by a score of 7 - 6 on June 2nd. Ron Klein belted a home run in that game.

The second league game, played against a hard-hitting Reformatory team, was called after five innings because of darkness with the Reformatory team scoring three runs in the sixth inning. Despite this setback, our team's record at that point for the City Industrial League was 1 - 1. We feel that with the right breaks and continued hard work, our team will come out on top in the City Industrial League.

The games are played on Monday nights and Wednesday nights at the Veterans Administration Hospital Diamond or Airport Diamond #7. Game times are 6:30 and 8:00 P.M.

The Veterans Administration Hospital Men's Team is Sister Madonna. The remaining schedule of games is as follows:

- June 23 vs Lakeland - 6:30 Airport, #7
- June 30 vs Fingerhut - 6:00 VAH
- July 7 vs Dozurik - 6:30 VAH
- July 14 vs Fingerhut - 6:00 Airport, #7

Playoffs: July 16, 21, 23, 28, 30 and August 4

The official scorekeeper for the St. Cloud Hospital Men's Team is Sister Madonna.
22 Candy Stripers Capped

By Mrs. Marie Hoppert
Director of Volunteers

The Main Dining Room of the St. Cloud Hospital was the setting for the Candy Stripers Reception and Recognition on June 2, with their parents as their guests.

Following a welcome address, by Mrs. Loren Timmers, Coordinator of the Candy Stripers, Mr. Tom McLaughlin thanked the girls for the many hours of service donated by them, and mentioned what an asset the group is to the hospital.

Entertainment was provided by the Candy Stripers with Tom Cash, a guest, playing the base fiddle.

Receiving a sapphire charm for 750 hours of service were Judy Plantenburg and Martha Daly.

A ruby charm for 500 hours was given to Karla Dowell, Diane Groth, Susan Harold, Joan Gohman and Margie Sin.

Receiving a charm bracelet for 250 hours were Barbara Becker, Donna Domino, Rosemary Knese, Gail Smilaniich, Pam Tomson, Margie Sin, Joyce Bauer, Lora Kleinschmidt, Lu Ann Sanders, Judy Tembruell, Jane Vos, Joan Gohman, and Kathy Rajkowski.

100 hour pins were awarded to Mary Blattner, Liz Brigham, Julie Cumming, Kathy Dinndorf, Betty Gohman, Mary Hoffman, Lora Kleinschmidt, Janice Kuebelbeck, Ann Palmquist, Polly Pampusch, Kathy Rajkowski, Lu Ann Sanders, Anne Bohmer, Mary Cesnik, Linda Daily, Donna Domino, Mary Gottwall, Debbie Klein, Audrey Kraus, Marilee Lovelace, Kathy Kulasz, Margaret Peterson, Julie Rethmeier, Ginnie Storkamp, Patty Tembruell, Sue Uphus, Jane Vos, Jenny Wimmer, Carol Wolfbeck, Sandy Thompson, Sue Viera, Mary Weber, Debbie Wink, and Linda Zimmer.

Also receiving caps for 50 hours were Lynn Backes, Mary Cota, Kay Gohman, Judy Hebert, Lu Ann James, Barb Knoblauch, Brenda Lommell, Juanita Mueller, Sheila Pfannenstein, Cindy Cole, Dede Detra, Pat Hallerman, Connie Husttiger, Margaret Kain, Diane Keliogi, Karen McDonald, Linda Ottman, Mary Plantenburg, Bernice Thill, Renee Quarve, Margaret Voigt, and Vickie Schriefels.

Just Thought We'd Ask...

WHAT DO YOU THINK OF THE SHORT SKIRTS AROUND S.C.H.

FATHER STANGL, ASSISTANT CHAPLAIN: "I PERSONALLY AM NOT CONCERNED WITH THE STYLE CHANGES CONSTANTLY TAKING PLACE IN OUR SOCIETY. SO LONG AS THEY EXERCISE GOOD TASTE AND DO NOT OFFEND US, I SEE NO REASON WHY THEY SHOULDN'T WEAR SHORT SKIRTS."

MRS. P. MUELLER, TRANSCRIBER, PEDS: "PERSONALLY, I FEEL SOME ARE MUCH TOO SHORT."

JUDY PLANTENBURG AND MARTHA DALY WERE GIVEN SPECIAL RECOGNITION DURING THE CANDY STRIPER RECEPTION JUNE 2, FOR HAVING SERVED FOR 750 HOURS AT SCH. PRESENTING THE SAPPHIRE CHARM FOR THEIR BRACELETS ARE MRS. MARIE HOPPERT, LEFT, DIRECTOR OF VOLUNTEERS, AND MRS. LOREN TIMMERS, CANDY STRIPER COORDINATOR. THE RECEPTION, ATTENDED BY PARENTS, WAS HELD IN THE HOSPITAL CAFETERIA.

Proof Of C.U. Pudding

Jerry Hoff, manager of the Star and Tribune Employees Credit Union, Minneapolis, is a figure man. He understands the value of numbers.

Recently he did a simple comparison job for a member on the relative cost of dealer and credit union financing on the purchase of a color TV.

Cash to be financed, $355 for 18 months. The comparison:

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<th>Dealer Contract</th>
<th>C.U. cost</th>
<th>Member cost</th>
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<tr>
<td>Total Savings</td>
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<tr>
<td>Total Savings to CU members</td>
<td>$67.46</td>
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So...when Jerry was able to show his member that the credit union could save him—the member--19 per cent of the amount financed, or more than 17 per cent of the purchase price, what do you suppose the member did?

Just Thought We'd Ask...
43 Nurses Get Diplomas

COMMENCEMENT SPEAKER DR. STANLEY IDZERDA, PRESIDENT OF THE COLLEGE OF NURSES. "This is a program that we have been working on for several years, and I could go on at some length to describe precisely what we are trying to accomplish and how we are approaching it. Suffice it to say, that, if we expected our people in management positions at all levels particularly lay people to really believe we were serious about involving them in decision making, the implementation of that same concept at the Board level by inclusion of non-religious community leaders would add tremendous support to this concept.

In terms of local community needs to change the board structure, a most significant need, as we saw it, was to establish an identity with the hospital on the part of the civic community.

As I mentioned earlier, the Sisters of St. Benedict had assumed total responsibility for the provision of hospital services to the community since 1866, without any significant direct support, financial or otherwise. A capital fund drive was attempted in 1929, but was almost a total failure. Of a goal of $100,000, only about $3,000 was actually received. Again in 1967-68, another capital fund campaign was conducted. Studies by three reputable fund raising firms indicated that in a community like St. Cloud, it should be possible to raise $3,000,000 for capital hospital expansion. As a result of their investigations however, they all felt that a goal of $1,500,000 was more realistic and possible to attain. The final end result was combined pledges and contributions of $877,000.

While there were other factors involved in both campaign efforts, the key problem seemed to be a lack of identity and a lack of selling of responsibility on the part of the civic community. The general attitude seemed to be that we can do it (and we are doing a living here). The Sisters have always managed to get along before, during even the difficult depression years, why not now when hospital charges are so high and money is so plentiful. Furthermore, it is their hospital and they should assume the responsibility. With all the operations they are engaged in and the vast assets they have, surely they can handle expansion of the hospital without any trouble.

Of course this attitude did not prevail throughout the entire community but it was prevalent enough so that only a small portion of potential donors actually made contributions, and many of those who did, contributed only token amounts.

The restructuring of our board of trustees is only one facet of our efforts to develop a community identity, but to us it is an absolutely essential step. It indicates that we are genuinely sincere in establishing a joint effort, a partnership between the religious community and the civic community in the operation of the hospital. At the same time, it fixes a definite responsibility upon the civic community that, up to this point, they have obviously not really accepted.

Another local community need that we identified was to develop and promote understanding and acceptance of the concept that Saint Cloud Hospital is, in truth, a community hospital. We felt very clearly on many previous occasions when he has said we must "transform our Catholic institutions from charitable hospitals under religious ownership to community health facilities operated in the public interest under Catholic auspices."

The kind of board reorganization we have undergone is, in my opinion, essential if we are to expect the public to accept our Catholic institutions as representing a true community health facility. (Read Part III in the September Issue)

Bon Voyage

A group of Licensed Practical Nurses - Jane Corravid, Marcie Albers, Linda Denne, Mary Schwinghammer, Marlene Broorkamp, and Donna Ringsmuth are taking a summer vacation in Europe. The girls left by plane on June 15th from Minneapolis to New York. One day was spent seeing "highlites" of New York City, then to London, England with a stop in Shannon, Ireland. Ten days will be spent in London for orientation to travel. The next eight weeks will be spent exploring Europe. The girls return home August 19th.
1,600,000 Americans don't know they have diabetes.

Do any of these refer to you? You may have some of these signs occasionally—and may even have a history of diabetes in the family. But this does not necessarily mean diabetes. However, if some of these signs do occur together—and they persist—be sure to consult your doctor.

a history of diabetes in your family
(heredity has been shown to be an important factor in diabetic tendency.)
recurring boils, carbuncles and other infections

visual blurring and other disturbances of sight
frequent and copious urination
persistent hunger

undue fatigue and drowsiness
persistent itching

rapid weight loss—no matter what you eat
abnormal thirst
cuts, scratches and burns that heal slowly