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*Torn Apart:
Pastoral Care Responses
to Community Violence*



CARING CONNECTIONS

An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling

C O N T E N T S

Torn Apart: Pastoral Care Responses to Community Violence

- 3** **The Purpose of Caring Connections**
- 4** **Editorial**
Chuck Weinrich
- 6** **Responding to Human-Inflicted Community Violence**
An interview with Rick Armstrong
- 11** **The Sikh Temple Shooting in Milwaukee - A Personal Reflection**
Heather Bumstead
- 15** **Chaplains Don't Know Where the Journey Might Lead**
William Wagner
- 18** **The Hands and Feet of Jesus With the Help of Four Paws**
Richard Martin
- 21** **Tied Together in a Single Garment: Stemming the Epidemic
of Community Violence**
Becky Stiger
- 24** **Is Violence a Disease?**
Wendall Oman
- 29** **Staying Resilient While Serving in the Midst of a Disaster**
Jennifer Nussbaum
- 33** **Get in Touch With Your Pastoral Heart**
Michael Stadie
- 36** **Resources, Announcements, Events**

THE PURPOSE OF *CARING CONNECTIONS*

Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling is written by and for Lutheran practitioners and educators in the fields of pastoral care, counseling, and education. Seeking to promote both breadth and depth of reflection on the theology and practice of ministry in the Lutheran tradition, *Caring Connections* intends to be academically informed, yet readable; solidly grounded in the practice of ministry; and theologically probing.

Caring Connections seeks to reach a broad readership, including chaplains, pastoral counselors, seminary faculty and other teachers in academic settings, clinical educators, synod and district leaders, others in specialized ministries and — not least — concerned congregational pastors and laity. *Caring Connections* also provides news and information about activities, events and opportunities of interest to diverse constituencies in specialized ministries.

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Editorial: Slain

On Memorial Day, 1989, a Springfield NJ neighborhood picnic suddenly and tragically became a scene of slaughter. A 23-year-old man fatally stabbed his mother, a younger brother and two neighboring men, and wounding another neighbor. I was a chaplain at Overlook Hospital in nearby Summit, where the wounded neighbor was admitted (and eventually recovered).

I contacted local clergy and, together with a pediatric social worker and a former CPE student (chaplain at another nearby hospital), we all responded to the survivors and witnesses of this multiple murder. Initially our ministries focused on people most directly affected by this event—other family members, immediate neighbors and friends, including children who had witnessed the terrifying incident.

Within a day or two, after the young man had been found and jailed, our pastoral focus turned to addressing community feelings and, on June 4, the next Sunday evening, “A Service of Healing, in Memory of Our Slain Neighbors” was held in a park in Springfield. The mayor spoke, there were prayers and readings from several local clergy (pastors, priest and rabbis), and the high school choir sang “The Lord Bless You.” I also talked for a few minutes on “Where Do We Go from Here?” I suggested ways to deal with various emotions raised by this experience—fear, anger, confusion and sadness. I also encouraged those gathered to prepare carefully and thoughtfully for July 4 and for next year’s Memorial Day celebration. I also presented a schedule for discussion groups, for parents, for children, and for adults in general.

I imagine many of you readers of *Caring Connections* would be able to relate similar stories involving your pastoral

responses to crisis events in communities where you have served. We have gathered articles in this issue that look at provision of pastoral ministry in specific instances in which people suffer and/or die at the hands of another human being. While we pray that no one will need to be called upon for such ministry, we hope you will find encouragement and resources when times like these do occur.

- I interviewed Rick Armstrong about his involvement as a pastoral responder to events such as the Newtown shootings, and this is a transcript of that conversation.
- Heather Bumstead shares her personal reflections on the shootings at the Sikh Temple in Milwaukee last August.
- Bill Wagner, a police and fire chaplain, shares some reflections about this unique dimension of his ministry.
- Rich Martin is Co-Director of Lutheran Church Charities’ Comfort Dogs, and he reports movingly on the effectiveness of these “Dominicans” (*Domini canus*—dog of the Lord) in post-disaster ministries.
- Becky Stiger works on the west side of Chicago, seeking to bring healing in that area ravaged by shootings. She shares her passionate care for the victims.
- Wendall Oman works at Advocate-Christ Hospital in Oak Lawn, IL, the place where the victims about which Becky has written are usually taken for treatment. He writes about the hospital’s efforts not only to respond to the victims of violence, but also link proactively with a program called CeaseFire.
- Jennifer Nussbaum turns our attention to caring for the caregivers who are caught up in responding pastorally after events of human-induced community violence.
- Michael Stadie, Director of the ELCA’s Disaster Re-

Call for Articles

Caring Connections seeks to provide Lutheran Pastoral Care Providers the opportunity to share expertise and insight with the wider community. We want to invite anyone interested in writing an article to please contact the editors, Rev. Chuck Weinrich (cweinrich@cfl.rr.com) or Rev. Don Stiger (dstiger@lmcmc.com). This call is a regular item in each issue of *Caring Connections*, but we are particularly intentional as we invite articles for upcoming issues on the following themes.

2013, No. 4 (Fall) “Pastoral Involvement with Violence within Families”

2014, No. 1 (Winter) “Chaplaincy Involvement in Working with Advance Directives for Health Care”

2014, No. 2 (Spring) “Zion XV” - We plan to include transcripts from Drs. Hummel and Herrmann, as well as information from various workshops. Do you have a particular response to the conference?

We welcome your input.

Have you dealt with any of these issues? Please consider writing an article for us. Or, do you know someone else who could write for us? Talk to them yourself or let us know and we will contact them. We sincerely want to hear from you!

sponse, details specific suggestions for self-care while engaging in ministry with victims of violence within a community.

In addition to these articles, we offer a link to the ELCA Conference of Bishops' Statement on Community Violence, issued shortly after the shootings at Newtown, Connecticut. It is in the highlighted box on page 14, along with information about a video that producer, Tim Frakes, has shared with us, titled "Gun Violence: The Faith Response," a production of "Sanctuary," a program on ABC-WLS-TV, Channel 7, based in Chicago. We have included a link to that video as well.

Have you registered for **Zion XV**? Look for more information about this wonderful event in the Events segment on page 36 of this issue. A personal plea, if I may: since I will be presiding at the "Third Zion Talent Show and Follies" on Saturday evening, October 26, I am particularly interested in having you respond positively to the request for people willing to perform in front of colleagues in a setting other than a Committee appearance. I hope you'll consider sharing your particular and peculiar talents in this way!

At the recent LCMS convention in St. Louis, Resolution 2-05B was passed by 93.5% of the vote. This resolution is of particular interest for those of us in specialized ministries. Here are the words of the resolution:

Upon recommendation of the Office of National Mission, the Board for National Mission shall serve as a calling agency for institutional and agency chaplains and other non-foreign specialized ministers (e.g., Veterans Administration chaplains, Bureau of Prison chaplains, hospital chaplains, pastoral counselors, teachers of chaplaincy and pastoral counseling) after consultation with the appropriate district president(s).

After serving for 11 years in a hospital chaplaincy before finally receiving a call from that District, I personally delight in seeing our church body authorizing the Board for National Missions as a calling agency. Now that Board will work on implementing this call process. Thank you, God, for all good things!

Finally, when the ILCC disbanded, the money from the "Give Something Back" Scholarship Fund was divided between the ELCA and the LCMS. If you recall, this endowment makes a limited number of financial awards available to individuals seeking ecclesiastical endorsement and certification/credentialing in ministries of chaplaincy, pastoral counseling, and clinical education. Applicants must:

- Have completed one (1) unit of CPE.
- Be rostered or eligible for active roster status in the ELCA or the LCMS.
- Not already be receiving funds from the ELCA or LCMS national offices.
- Submit an application, along with a financial data form, for committee review.

Applicants must complete the Scholarship Application and Financial Data forms that are available from Judy Simonson (ELCA) or John Fale (LCMS). Consideration is given to scholarship requests after each application deadline, August 15 and February 15.

E-mail items to Judith Simonson at jsimonson@pennswoods.net or John Fale at John.Fale@lcms.org.

Responding to Human-Inflicted Community Violence

This is a summary of an interview that took place between Chuck Weinrich, co-editor of Caring Connections, and the Rev. Dr. Rick Armstrong, Director of Lutheran Counseling Services of Florida, regarding his work with communities that were survivors of violent disasters, both natural and human.

Chuck: Thank you, Rick, for agreeing to do this interview. As our Editorial Board discussed having an issue focused on “human-inflicted community violence,” you were identified as someone who has worked in this area.

Rick: I’ve worked with Lutheran Disaster Relief [LDR] and LCMS Disaster Relief so, as there are needs—after a storm or a major crisis has happened—their representatives go in, work with church workers, find out what the needs are, and if they feel that some of the workers are struggling, they put them in touch with me. I then spend time with them, either on the phone or, in most cases, make a trip to where they are, spend a few days with the church workers and their congregations, walk through what has happened, setting up a relationship with them, so that they can call as needed. We continue to stay in touch at that point.

C: How did it come about, that you began working with them?

R: When I was Senior Pastor at Grace Lutheran Church in St. Petersburg, FL, Anne Eissfeldt (a licensed school psychologist who had worked in St. Louis with the St. Louis Public Schools for a number of years) served as our school psychologist at the school at Grace, St. Pete. She’d been there a year or so and a couple of situations had occurred—the death of a teacher or of a parent—and she would come into the office and say, “Where’s our crisis plan?” So we worked with Lutheran Services Florida to secure a grant from the Tampa Bay Community Foundation. With this grant, then, Anne and I, along with Carrie Weiss, a counselor at Our Savior in St. Pete, wrote a manual (*God’s Care in Times of Crisis*) for training crisis teams in Christian schools. We wrote it primarily for the Lutheran schools in the Tampa Bay area, but a good friend, Rick Hermann, the head of Wheat Ridge, heard about it and offered us a grant to take this national. We



Three of us were asked to come to Denver for five days, working with the teachers and administrators in the Lutheran school system, as they responded and came to grips with all that had taken place at Columbine.

spent a number of years training crisis teams throughout the country for preparing to respond to crises in their schools. Eventually we began to be asked to respond to crises ourselves. The first big one was when Columbine took place in April, 1999, and the three of us were asked to come to Denver for five days, working with the teachers and administrators in the Lutheran school system, as they responded and came to grips with all that had taken place at Columbine.

Then, following 9/11 in New York City, Anne and I were asked to work with the Lutheran School Association in New York. We spent about a year and a half, about once a month, fly there, spend a week and work with schools as they responded to the tragedy of 9/11. We also worked locally, responding and consulting with various school and staff situations. When I decided to leave Grace congregation at the end of July 2004, I was supposed to start here at Lutheran Counseling Service [LCS] in Orlando on September 1. My wife and I decided to take a month long break. We were in the Northeast when Hurricane Charlie came barreling in, and since I had done some work following 9/11 and served on a task force with LDR, they contacted me on my cell phone. I got to work August 12 preparing for Charlie, which eventually led to being contracted to provide emotional and spiritual care to the Lutheran community through all four storms that year.

Katrina took place at the end of August 2005, and LDR contracted with me to spend some time making initial assessments and providing initial follow-up along the Gulf Coast. Eventually we had a contract with the Southern District-LCMS to provide church worker care following Katrina, and I spent the next three years going to New Orleans about every other week for two to three days, working with Gulf Coast church workers. Along the way, as disasters happened, we gained a good reputation within both the ELCA and the LCMS. They continued to call and utilize our services. I continued to respond to floods in the Midwest—Iowa, Minot, ND—and a number of other hurricanes along the Gulf Coast. Most recently I was involved with the aftermath of Superstorm Sandy, but before that came Newtown, CT. LCMS church leaders put me in touch with the pastor at the church in Newtown, and he and I started talking about a week after the shootings. I spent some time there early in January, meeting with leadership, members of the congregation and community, and stayed in touch through the months that have followed. That's how all of this evolved.

C: While you've responded to natural disasters, you've also worked with people after human-induced tragedies at Columbine, 9/11, Newtown...any others?

R: It depends on how far you want to take that. If you're talking just human violence, I've been involved

in some situations—school violence, suicide of church workers, abuse situations, and numerous instances of community violence. But the other side of that, too, is—for instance—it was just remarkable that, in responding to the Gulf Coast after Katrina, you could identify it as a natural disaster, but you could also talk about it as a human-caused disaster. Many people in New Orleans felt that the flooding there was human caused. I saw a clear distinction between people I'd worked with in New Orleans, and people in Mississippi. There were two distinct sets of emotions. I rarely heard anyone in New Orleans blame God. They blamed the Army Corps of Engineers, FEMA, and the Levee Board for the flood of their homes. There were many angry people!

People in the affected community can become one of Nouwen's "wounded healers."

C: So then the people in Mississippi...

R: There it was the storm and the tidal surge. I did a lot of work in Pensacola following Ivan up there, and it was the same thing, tidal surge. I spent a lot of time on my first trip into New Orleans, before I really started working with church workers, working with victims of the flood. This one lady I worked with quite a bit told me she remembered getting up, remembered the wind dying down and the rain stopping. She had two dogs in her house—the reason she didn't evacuate was because nobody would take the dogs—and she had started cooking breakfast. She heard a noise outside, went to her front door and saw a wall of water coming towards her. Everything had been fine: it had stopped raining, the winds were done, the storm had passed, she was beginning to cook breakfast, and then came the water.

C: What makes this ministry distinctive from your regular pastoral counseling here in the office?

R: There are things that are similar, obviously. What makes it distinctive is the community-wide nature of the issue. I can have a client that comes in—somebody got angry in their family and shot someone else, or someone was murdered—and that's an isolated situation. I help them work through the pain, trauma and loss. In Newtown, CT, 26 people murdered...in a school...most of them little kids: this is now a community-wide event. I'm not just working with an isolated incident in one family. 9/11 was not just sitting down with two or three people

who were affected by this act of hatred. 3000 people were no longer alive. There's a dimension to all of that, a "wounded healer" aspect there. In isolated situations in my office the individuals and families have a network of support to help them. But after 9/11 everybody was wounded, everybody was hurting over it, so "I just want to help you talk through your pain," changed to "I had people in there too, not just yours."

There's also the fact that in grief and loss people mourn the present loss, but the present loss also reminds them of past losses. You have a community that's not just dealing with the initial issue, but it's kicking up all this other stuff as well. Newtown, CT—I was there a month after it happened, just to see people, listen to them and hear continued reverberations of not only what went on in that school, but I also spent time with people who had kids in other schools in the city. It bothered them, and raised the level for all those parents—the vulnerability of their kids. The teachers also worried, "I could be next. What would I do?" Everybody is affected.

I often said, in New Orleans, one of the most important things I provided was not my knowledge and skill, but the fact that I didn't live there. I could come in there for three to four days, sit and listen to what they were working through, ask questions, help them through what's going on, and then I leave and come back home. I didn't live in the mess of what New Orleans had become because of the damage and changes in the population. That's one of the things: I'm not enmeshed with them.

C: You're identifying a distance factor that is physical, not just emotional, which is important to maintain.

R: Yes. If people come in here, I don't know them, so I have a certain emotional distance from them and can listen and be objective with them because of that distance. I often suggest to agencies and Volunteer Organizations Active in Disaster [VOAD] in communities as they prepare for disaster response training people to respond from within the community can be helpful, but it is important also to develop networks outside of their community, because, as this unfolds, people in the affected community can become one of Nouwen's "wounded healers."

C: I tell my students, regarding the 'wounded healer' image, the notion is that you, the healer, unbind your own wounds in order to apply those bandages to the other... but you don't take your bandages off of an open and gaping wound to do so. Wait till it's healed to a certain degree, and then you can unwind it. What you're saying is, in these kind of critical situations all the wounded healers still have bleeding wounds, so there is value in having outsiders come

in who are compassionate and caring but whose wounds are no longer bleeding.

R: Yes. Another important piece is that since I have lots of experience responding to other crises, I need to remember that there may be things that are similar to other situations, but this crisis is sacred and unique. I don't want to walk in and say, "I know what's going to happen here. I know what you're going to go through." I know what it was like over there, and over at that place, and there are matters that are similar, but these people and their situation is unique. Their struggle is sacred to them. Don't try to take that away from them. Distinguish what is your stuff and what is theirs.

C: I can see the continuity between what you do in this office and what you do there.

R: One of the things I did in Newtown is that I asked the pastor, as we talked over the phone, "What would be most helpful?" What we came up with, since I was going to be there for four days, on the first day, I would meet with leaders of the congregation—times available during the day, if people want to drop by the church and just sit and talk with me. Because one of the things I try to remember is that this pastor and his congregation are the ones who are going to be responding daily to this crisis in their town. They're not going to bring me in week after week, or daily, to do that work. So my role eventually has to provide "care for the caregivers." I tried to build relationships with those leaders, do some training, help them understand some of what might lie ahead for them, normalize situations. Then I spend time in the evening—three hours or so—working with them as a group. The other days, then, were open for anyone in the congregation or community, set up hour-long appointments, from 8 a.m. to 6 p.m., where people could come and talk. One of our counselors on staff here in Orlando used to serve as director of a counseling center about an hour away from Newtown. Before I left here, I asked him to give me a list of pastoral counselors, AAPC people in Connecticut, so that I could hand it to the pastor and to individuals as they came to see me, so that if they wanted to continue to talk, "Here's some places you can go," because I believe in long-term care. What's going to sustain them? I have stayed in touch with some of those people. We have an 800 number here—that's part of what LCMS Disaster Response provides.

C. What effect has this work had on your own faith, your own theology?

R. I'm well aware that I'm still sorting this out, and I'm ok with the ambiguity. This is something I've discovered about myself: I don't need to have it all figured out. These incidents have instilled in me that this is indeed an imperfect world and it will always be imperfect. However, even though it's imperfect, the perfect God has chosen to be present in the imperfect. He didn't just choose that in the giving of his son—Christmas and all that—he does this daily. There's a little book—about 70 pages—by Leslie Weatherhead, titled *The Will of God*, that's been very important for me. Weatherhead was a pastor in London during the bombing of London, and he got tired of hearing people say, "It's the will of God," so he did a series of sermons identifying three wills of God. There is the original will—that created the world good; there is the ultimate will—that God wills that all people would be with him; and the third is the contingent will—that God works good in all things. That doesn't mean everything is good, but it does mean that God doesn't leave us. God is always present. One of the ways we grow, I believe, is in bad times. There are things we learn, there is growth that takes place, and we realize that God is present in it all, with us. For me, that is Gospel, heart and core.

The other piece for me that I've learned is that I want to have it all in a box, have it all figured out, all right and pure, but that's not going to happen. And that's OK! It doesn't mean I'm not going to be disappointed or hurt. It does mean my God is struggling along side of and with me.

Also, I now spend a lot more time than I did in the parish with regular morning spiritual, devotional, journaling work, and that is what sustains me. I take a look at what has happened, pick it all apart, what does this mean, and wonder my way through it.

C. As we said earlier, you're attending to your own woundedness and that then allows you to attend to others in their woundedness.

R. Right! That's the stuff you learn. It's life in the imperfect world, and it's finding your way through that.

Chuck, one of the questions you posed to me earlier was what is there that I don't like? What I don't like in this work is those political people, funding sources and all the folks who descend on these other people in order to 'get their slice.' One gentleman from Newtown, in a large group that I hosted, said, "I never understood what it was like for your town to become the focus for the whole world for six weeks. It's not pretty." To see the political

stuff that goes on, the fight for territory and all of those battles—that's what I have to work hard to set aside. That's not my battle; I have to walk away, I don't want to get involved in those battles. I want to care for the people.



Richard Armstrong

C. You are there to give, not to get. Other recommendations for those finding themselves in the midst of incidents like these?

R. Realize that by and large you're going to have feelings, thoughts, experiences that you've probably never had before: inability to sleep, fear of an unknown that you've never feared before, it's going to affect you and your family...all are normal reactions to abnormal times. It's not going to go away really quickly. Attempt to let that be ok. Try to find places of support and care for yourself. Ask for help. Don't believe that you can solve it all or take care of it all. It's chaotic, and it will continue to be chaotic. You can't control it. Find little glimpses where you can find some pattern and control to it. You're not going to control the whole thing. Mess is mess. Hang on to your family, and those that you trust and those that you care for. Take care of yourself. Remember there are things you can do and things that you can't do. Find ways to find God—He's there. Ministry of presence is the most valuable thing you can give. Really being present, not being there because you have something to accomplish. Let the people talk...or cry...or whatever they're going to do.

It's tiring. I'm aware of the pull that goes on inside me when I'm called. There is a piece of me that says, "God has prepared me to respond to people that have these needs, and I'm grateful for that, for what I have learned and what I can offer them." And the truth is there is also a pull that says, "I really don't want to hop on that plane and fly to that place and walk in the midst of all that pain." But that's the tension of life, the good and the bad, the Law and the Gospel, happy and sad, what is in my control and what isn't—multiple polarities. Then, once I am there, God turns my focus to what is there and what I might encounter, what the struggles might be, being flexible, working with myself to let go of the administrative role that I serve here.

C. You can do that because you first attended to the “I don’t want to do this...”

R. It’s a sacred ministry, and humbling in two ways. To see the people’s pain, to feel the trust that they would talk and struggle and seek someone to listen and care. There are many faces, names, situations and traumas that have come to mind as we have talked, and they remain in the place of confidentiality. It is also humbling that I didn’t create all this knowledge to do this work—I was given experiences, guidance by God, through other experts before me, power from the Holy Spirit, opportunities to help and be with the people of God in difficult times.

C. It’s clear to me that you have been a channel of God’s grace, certainly in these situations of which we have been speaking. Thank you, Rick. May God continue to bless your special ministry.

Rev. Dr. Richard Armstrong, D.Min. LMFT is the Executive Director of Lutheran Counseling Services [LCS] in Orlando, FL. He is a Fellow in the American Association of Pastoral Counselors and a Licensed Marriage and Family Therapist and certified Clinical Supervisor in the State of Florida. Rick served for over 25 years in the parish ministry of the Lutheran Church-Missouri Synod. He is co-author and trainer of God’s Care in Times of Crisis, and God’s Care For Congregations in Times of Crisis, manuals for selecting and training crisis teams in Christian Schools and Churches to prepare for, respond to and provide aftercare in crisis situations. He has received the “Distinguished Service Award” from the Lutheran Schools Association of Metropolitan New York and the “Distinguished Alumni Award 2006” from Concordia University – Austin, Texas. In addition to serving as the Executive Director at LCS he is also involved in conducting individual, marriage and family system therapy sessions. Rick is happily married to his wife Kristi, and they have two daughters, two sons-in-law and five grandchildren.

The Sikh Temple Shooting in Milwaukee: A Personal Reflection

I suspect we've all been troubled by the tide of increasing and seemingly ever more senseless violence in our society.

I know that I have been grieved and horrified with each new incident of mass violence. Still, although I felt strange the first time I entered a darkened movie theatre after a gunman¹ opened fire in one in Aurora, Colorado in the summer of 2012, I did not feel personally touched by this epidemic. Although I felt strange, I noticed the feeling with a sense of detachment, knowing that I was safe and feeling assured that I probably would never be one of the ordinary people whose lives are touched by senseless violence. While neither any of my friends and family nor I have been injured in such violence, my ability to say I have not been personally affected by it ended on August 5, 2012.

On that day a gunman entered the Sikh Temple of Wisconsin in the Milwaukee suburb of Oak Creek and systematically shot everyone he could find. Because of his timing, only a handful of Sikhs were present—most of them women and girls working in the kitchen to prepare a communal meal for sharing after the second service. Those women hid, terrified, in a pantry whose door was mercifully blocked from the gunman's view. Still, the gunman killed six and wounded four others, including Oak Creek Police Officer Brian Murphy. News of this mass shooting rocketed around the world. Because the gunman (who killed himself after being wounded by Officer Murphy) was active in white supremacist activities, his actions were eventually declared an act of domestic terrorism.

My first reactions after the shooting were probably much like yours. I was stunned—in part because what I did know of Sikhism at that time was that it was a remarkably peace-oriented religion. Why, of all peoples or religions, would they be targeted? Sadly, the answer was that the shooter apparently cared only about what they symbolized to him. That made me angry. I moved from shock to anger very quickly, but even anger could not



What I did know of Sikhism at that time was that it was a remarkably peace-oriented religion.

distract me from the more dominant and painful feelings of horror and sadness.

Lurking around the corner of my heart from those first emotions was one I had worked to avoid in reaction to other shootings: hopelessness. In spite of the steady diet of violence, hatred, and intolerance reported on the nightly news, I had been able to continue my ministry, interacting with this violent world. Much of that is because of my faith in God. But, I must admit that, in

The omission of the names of the perpetrators of the mass shootings discussed here is a conscious choice. I do not want to contribute to the twisted fame many of the perpetrators of mass violence seek.

2012, I believed that most people weren't so ignorant and angry that they would slaughter some of the kindest and most peaceful people they were likely to find. That's a reasonable thing to believe, because most people don't. But, while I might still be able to think this to be true, on that day my heart was having trouble feeling it.

Before that day, the rising tide of violence in our nation was, quite literally, distant from me. Despite the empathy and compassion I have felt for all the victims who came before August 5, I had no personal connection to them. The closest I had come was the experience of walking into the movie theatre. This was different. The Sikh temple was a part of my community. I knew exactly where it was. I drove by it many times, and had thought it would be interesting to attend worship there "some day." While it did not yet touch me personally, this violence was not distant. Though I could not articulate it at the time, August 5, 2012 was the day I had to give up the naïve but comforting notion that this level of violence "won't happen here."

Now it *had* happened in my part of the world. My neighbors and even some of the staff at my workplace, Froedtert & The Medical College of Wisconsin in Milwaukee, had been targeted. Froedtert was where the few survivors had been sent.² Now each day I found myself holding the elevator doors for family members of victims. Little did I know how much I would learn from members of this community. Soon, like countless others who sought to give care and support to the Sikh community, I would find that they would be giving me as much as I could offer them.

I began to receive those gifts about ten days after the shooting, when I found myself driving up to the front doors of the temple. I have never been more intensely aware of how Caucasian I was. I was there to deliver two "Peace Trees"—branches in pots, whose leaves were hundreds of ribbons with messages of peace, support and goodwill, written by staff, visitors, and even some patients at Froedtert. But I was afraid that, so soon after a white stranger had driven up to the temple and gone on a murderous rampage, the sight of another white stranger rolling up might frighten some of the members of the community.

I had called the temple to ask if I could bring the trees and find out when to deliver them. I was told to come any time during the several hours of worship on Thursday

night. Being used to the western style of worship (where everyone except the ushers and nursery attendants would be in the sanctuary during worship) I assumed that, since I was arriving after the start time, I could quietly bring the trees, make someone aware of them and leave without fanfare. Not only did I not want to make the congregants anxious, I also didn't want to be a "disaster tourist." The trees were meant to support the members of the temple, and no one needed to be acknowledged.

I had to give up the naïve but comforting notion that this level of violence "won't happen here."

As I drove through the parking lot to the temple entrance I saw that several members of the congregation were talking with one another outside, and I said a silent prayer that my presence would not burden them further. I suppose God might have smiled at the prayer, for I need not have worried. As I parked, the congregants looked at me calmly, as if white women arrived with ribbon trees in the back of their vehicles every day.

I suppose it's fair to say they were probably familiar with strangers bringing banners and other messages of support, flowers, and the like. When I began to unload and straighten up what had shifted, some young men asked if they could help. This offer was truly one of assistance, not the confrontational "May I help you?" that is often employed to deal with an interloper. I was relieved to not have caused them stress, but also humbled by the calm trust they exhibited. I hoped some of that came from learning, in those early days after the shooting, that the community truly cared about them. As I got to know the community better over the next several months, I sensed that this calmness actually came from the way they were living out their faith, including their faith in the Holy in every aspect of their lives.

Finding out who I was, one man went inside and returned with a temple leader, even before I had carried the first tree to the door. I was received with a level of genuine warmth and openness I have not found anywhere else. I was amazed that this community, so recently traumatized, could be so focused on showing care and hospitality to a stranger. I was there to show care and support for them, but they were equally determined to show support and care for me.

While I did not need an expression of appreciation, the members of the Sikh Temple needed to show it. Every expression of care and support was deeply appreciated and very meaningful to them. Dozens of banners with

² The six victims who died were already beyond the help of first responders, so only the four who survived were sent to Froedtert. The families of most of those victims gathered together in the bowling alley to which law enforcement evacuated the survivors, where they supported one another. Although the Sikh Temple Shooting was a mass shooting, it did not turn out to be a mass casualty event at the trauma center, and off-duty chaplains were not called in.

messages of support were hung in their “narthex” and in the “fellowship hall,” where the community meal is shared after worship. Members of the temple had covered over freshly patched and painted walls - recently scarred by bullets - with the expressions of love, prayers, hopes, and support received from friends and strangers alike. The leaders placed the Peace Trees on either side of the entrance to the worship area, where they remained for many months.

Those who greeted me that first night were appreciative of the fact that I already knew to take my shoes off and had covered my head with a scarf before entering. It was a simple thing to have found out what was appropriate in their house of worship before going. It was, as we say, no big deal. But their appreciation of it showed emotional and spiritual wisdom. Too often the expectation is that those who are different conform to the way we do things and to be like us. It is fair to speculate that some of the gunman’s anger at the Sikh community was in response to the ways they hadn’t conformed. They probably get that a lot. In their position, many of us might become resentful or angry ourselves. Who among the larger culture does not know someone who might have said, “Well, it’s about time someone learned to do it my way!” Instead, my Sikh brothers and sisters received what I considered a small gesture as a blessing and a sign of community. While so many in our world focus on what separates us, the members of the temple showed me how important it is to focus on what connects us.

I was ushered warmly into the service, which was very different from that to which many westerners are accustomed. It takes place in a very large open space, with most participants seated on the floor. The chairs at the back, for those who need them, are several steps down from the main floor so that, literally, no worshiper is elevated above another. I was graciously offered one of the chairs at the back, and then my escort went off to worship up on the floor, where many worshippers came and went throughout the service. I didn’t need someone hovering at my elbow, because I was (at least for those moments) in the community now, and those seated nearby might not know who I was or why I was there, but they would look after me (and they did).

The service was sung in a language I could not understand, yet I found it to be one of the most intensely meditative experiences I have had in worship. Finally, after worship announcements were made, I discovered one of the reasons I had been asked to stay was so that it could be announced that I had brought the gift of the peace trees from Froedtert. I’m sure I blushed a little, but God used the situation to help me grow in graciousness. I merely ducked my head respectfully and nodded at the congregants who turned to look at me.

I was invited to share the meal, was introduced to several

people, and an older woman took me by the hand to show me the facility, describing the things that had happened; taking me to see some of the widows in a separate room; leading me to the pantry in which the women who were cooking that day had huddled in terror. In a kitchen window, a single un-repaired bullet hole gave mute testimony to the very real terror they had endured.

At first I wanted to say, “you don’t need to show me around; I’m not here to be a spectator of your tragedy.” Perhaps this woman thought that was what I wanted, needed, or expected. But what happened is that by doing this she and others were able to give voice to their experience. They told their story again. They spoke of where they were and what they had seen and heard. People who were not there at the time of the shootings told the story of why and how they had heard.

These people, who had been targeted because they were different, opened their communal arms to enfold me, the other, and a woman from the gunman’s ethnic group. But they didn’t hold my ethnicity against me. More importantly, they allowed themselves, by their action of welcoming and sharing with me, to affirm that they are

These people, who had been targeted because they were different, opened their communal arms to enfold me, the other, and a woman from the gunman’s ethnic group.

supported and cared about. They had been scarred by horrific violence, an act that sought to say, “You are not accepted here.” Yet this community opened their doors wider to accept us and to care, without prejudice, for a community that they had every right to believe might hurt or harm them.

They turned the other cheek, walked an extra mile, and taught me an unforgettable lesson about God’s grace and living out faith even in the face of fear. In turn, they also learned that there is more love and acceptance around them than they might have imagined. Members of the Sikh community are often stared at because of differences in their appearance. Moreover, they are often mistaken for Muslims and treated poorly because of it. I felt alien driving up to the Temple that first evening. They had likely felt alien every day for years. Remaining open to the community after that “otherness” caused them to be the targets of murderous violence was not only an act of

faith and grace, it was also a vehicle of blessing to them. Members of our Sikh community have said (often with eyes bright with tears) that they had no idea how much support they had in our community. One of the things I grieve about our broken world is that it took such a horrific act for a community to reach out to those who feel marginalized.

I certainly did not feel marginalized that first evening at the temple, or on any occasion since. I left that evening moved by a community of hospitality and of peace. Their

openness, gratitude, giving, and graciousness in the face of what they have endured is a lesson I have only just begun to understand.

Heather Bumstead, BCC, is a chaplain at the Froedtert Hospital Campus in Milwaukee and pastor of Bethania Lutheran Church in Racine, WI. She is a graduate of Gettysburg Theological Seminary. She has served as chair of the LSA Chaplains' Network and currently serves on the Editorial Board of Caring Connections.

**ELCA Conference of Bishops
Statement on Community Violence**

www.elca.org/bishopsletter

**Video:
Gun Violence: The Faith Response**

<http://youtu.be/hyNhl7CH8pA>

Chaplains Don't Know Where the Journey Might Lead

It's 11:30 pm on a stormy, rainy night in early October. The pager tones go off and the dispatcher announces a possible residential fire.

He requests two engines, an ambulance, and a chief to respond to the address. The second page comes, and the dispatcher announces that there are possible victims inside the home. Search and rescue is not successful, and a victim is later located in the bathroom. The fatal fire was caused by a lightning strike.

A Drug Enforcement Team has a drug dealer under surveillance. The drug dealer takes off in his automobile with the drug team in pursuit. The teams box in the dealer's car and approach the dealer on foot. The dealer puts his car in reverse and attempts to run down the approaching officers. The officers open fire and fatally wound the dealer.

A young officer becomes engaged. The couple has no church affiliation, but want a religious ceremony. They want a small outdoor event. Both are willing to participate in pre-marital counseling.

I have served as an Emergency Service Chaplain [ESC] for 28 years and have experienced these and other violent (sometimes pleasant) situations in my community. The ministry of ESC is a special calling and requires special God-given and acquired skills. The ESC needs to have a heart for this ministry which has no walls, and is more often than not meeting people at the worst times of their lives.

From little on, I was always enthralled with Police and Fire. I remember, as a young child, the fire station was across the street from where my dad purchased fuel for his car. Many times, when the firemen saw me there, they would drive the engine into the gas station and invite me to sit with the driver and back the engine back into the station. The fact that the fire chief lived only two doors down from us was the frosting on the cake. Playing fireman and police officer also filled many of my boyhood days. My dad had many friends in the police department with whom we would visit, and I had a cousin who worked up through the ranks and became a Chief Inspector. So it didn't take much arm-twisting when asked by a local pastor if I would be interested in becoming one of the department's volunteer chaplains.

When the dispatcher notified me about the residential fire, I indicated my time of arrival would be about 20



I said a prayer that God would protect the firefighters, be with the family of the house with His comfort, and that He would give me the wisdom and compassion to do my job well.

minutes. I asked where the staging area was and how I could get into the scene. On the way to the scene, not knowing exactly what to expect, I said a prayer that God would protect the firefighters, be with the family of the house with His comfort, and that He would give me the wisdom and compassion to do my job well. About 23 minutes later I pulled my vehicle up next to a police squad that was blocking the intersection of the scene. The officer recognized my vehicle and motioned me into the scene, which was filled with fire equipment and red flashing lights.

It was still raining and thundering. I put on my turnout coat and helmet and set out to find the chief, with flashlight in hand. When I found the chief, he explained the fire was too intense to enter the small house to do a search and rescue before the flames were knocked down. Upon entering the house to do their overhaul, they found the body of a male located on the bathroom floor. The owner of the house was identified by dispatch through tax records. Several of the neighbors had gathered to watch the excitement, so I went to speak with them to see how they were doing and to get additional information. One of the neighbors knew the girlfriend of the victim and where she lived. I reported back to the chief and suggested that I should go and make a death notification.

Death notifications are never easy. However, some are more difficult than others. This is especially true when the circumstances have you following a rabbit trail. People frequently change residences, aren't home, or have the same last name, but really are not related. This one was not any of the above. Death notifications need to be made in pairs. A police officer and I went to make the notification to the girlfriend of the deceased. Even though it was 2:15 A.M. the lights in the house were still lit and the front door was open. Other family members were also present and we made the notification to them all. The girlfriend was understandingly emotionally upset. The death was completely unanticipated, as she had just left her friend's home shortly before the storm had struck. I inquired if the family had any church affiliation and found out they had none. Since they had none, I shared with them that God is a comfort and strength and they agreed for me to have a prayer with them. Extending my sympathy for their loss, giving them a business card, and an invitation to contact me if I could be of any further help, the officer and I left.

I returned to the scene and spoke with the firefighters still there to see how they were doing. This was a seasoned crew, who had experienced fire fatalities before. Most of them had not seen the victim and were not emotionally affected. The next day I followed up again with the fire crew and also contacted the girlfriend to see if she had any additional questions or concerns.

Much of what the ESC does is building relationships.

This is sometimes difficult with police. They are trained to be suspicious of everyone. The "Thin Blue Line" takes time to penetrate. However, once it has been penetrated, the chaplain is an important part of the team in dealing with violence in our communities. His presence to firefighters, paramedics, officers, and citizens brings peace and the presence of God to a chaotic situation. Dropping by the station house, ride-alongs with officers and being

Take the training, build relationships, do the ride-alongs, visit the stations, and God will open doors for ministry and sharing His Word.

present when needed all help to build strong, lasting, and trusted relationships.

Special training is available for ESC from two nationally recognized organizations. The International Conference of Police Chaplains [ICPC] provides 5 levels of credentialing for police chaplains. The Federation of Fire Chaplains [FFC] provides training through its FFC Institute. Training from the ICPC can be obtained by attending a five day Annual Training Seminar [ATS], held in July at a designated city, or regional trainings held in one of the eight United States regions, or one of the four international regions. Training is offered on three levels, Basic, Enrichment, and Advanced. The registrar of the organization keeps records of ICPC members' courses taken and Continuing Education Units [CEUs] earned.

The FFC also conducts an annual training event, usually each October, at a designated city in the USA. The FFC begins the training with a two-day pre-conference, followed by an additional 4 days of training. Two levels of credentialing, Basic and Advanced, are available from the FFC. For additional information on of both these organizations, consult their web sites.

Additional training for ESC is available from other sources as well. Many local and state mental health organizations and medical facilities will provide courses helpful to chaplains in understanding the needs of people in distress or experiencing some form of mental disability. Local technical colleges and police and fire academies also have courses pertaining to the skills and knowledge required of chaplains. Religious organizations such as the Salvation Army, Lutheran, Methodist and Baptist disaster response teams, also provide training pertaining to Incident Command and on-scene support. Concordia

Seminary, St. Louis, and Peace Officer Ministries offer a one-week course each summer: “Christian Law Enforcement Chaplaincy –Theology and Practice.” The International Critical Incident Stress Foundation [ICISF] supports ESC with courses on Pastoral Crisis Intervention, emotional stress Debriefings, Defusings (a shorter form of emotional debriefing), Family CISM [Critical Incident Stress Management] (which examines the differences between standard CISM practices and application to ES families), and peer support for emergency personnel.

I have been blessed by the 28 years of chaplaincy that I enjoy. It has been a learning experience because each situation is different and new lessons are learned. My encouragement to anyone interested in becoming an ESC is to do it. If you feel God has given you this special gift, use it. Take the training, build relationships, do the ride-alongs, visit the stations, and God will open doors for ministry and sharing His Word.

Rev. Dr. William Wagner is a pastor who has served in the parish for 37 years and as a teacher for 10. He has been a volunteer ESC for the past 27 years. He received the International Conference of Police Chaplains Jack A Price Award for Excellence in Chaplaincy 2002. He received The Wisconsin State Excellence In Chaplaincy Award in 2008, which is presented annually in his name. He is the coordinator for South Wisconsin District Critical Incident Stress Management and Disaster Team and an instructor for the International Critical Incident Stress Foundation.

*This ministry...has no walls,
and is more often than not
meeting people at the worst times
of their lives.*

The Hands and Feet of Jesus With the Help of Four Paws

The words in the title of this article were used by handler Libby Robertson of Immanuel Lutheran Church in Belvidere, IL when asked who the Lutheran Church Charities [LCC] K-9 Comfort Dogs were, after the December 14, 2012 shootings at Sandy Hook Elementary School in Newtown, CT.

Invited to serve by Christ the King Lutheran Church in Newtown, the LCC K-9 Comfort Dog Ministry, based in Addison, IL, arrived in Newtown on December 15, 2013. Over the following days, weeks and months, over twenty K-9 Comfort Dogs have served Sandy Hook Elementary, Newtown High School, and the surrounding communities.

Pain, suffering, grief, and despair come along with disasters and tragedies. The senseless acts of shooting children and adults that happened in Sandy Hook, or the killing and maiming that happened at the Boston Marathon Bombing take on another dimension. As one of the K-9 Co-Directors, I am frequently asked when returning from a disaster or tragedy, "Is this the worst you have ever seen?" My answer is always, "If this happened to you, it would be the worst." My wife Dona is also Co-Director, and has responded to these and other tragedies this year, including the West Texas explosion, Oklahoma F-5 tornadoes and, most recently, the deaths of 19 Granite Mountain Hotshots in Prescott, AZ.

We were at Sandy Hook Elementary School for the return to school in January, 2013, expecting to spend five days there. We were there for 5 weeks straight. The LCC K-9 Comfort Dog Ministry had made a commitment to the people at Sandy Hook Elementary to have the dogs there as long as they wanted them. In February, 2013 LCC K-9 Comfort Dog Addie began her service, along with trained handlers from Immanuel Lutheran Church in Danbury, CT. The month of March marked the arrival of Addie's sister Maggie. Together they served through the end of the school year, participating in community outreach and assisting with summer reading programs.

Handler Jen Marr had the honor and privilege of taking Addie (and sometimes Maggie) to Sandy Hook Elementary once or twice a week from the end of January through the end of the school year on June 21. Here is her story:

There was a little girl who was scared to come back to school. She had seen and heard too much for a little mind to comprehend. In early February, she was still too afraid to



The number one thing people miss the most when away from home are their pets.

take the bus to school. One of the psychologists approached me with an idea and asked if we could give this little girl a job working with Addie. We determined that she should give Addie her water each morning. The hope was that a job each day would give her a reason to get on the bus.

So it started. Slowly, very slowly, she would bring Addie her water. Initially, she kept her distance and mostly just looked at Addie. After about a week, I handed the girl a brush and asked her if she would please brush Addie. She brushed Addie very slowly and methodically on this day and seemed to not want to stop. Later that same day, I made a visit to her classroom. Addie was sprawled out on the floor as kids took their turns coming to see her. When it was this girl's turn and she sat down next to Addie, I noticed that she was wearing a birthday sticker. My heart sank to see how sad she looked on her birthday. As if on cue, I watched as Addie sat straight up, nose-to-nose with this little girl. I have no doubt that at that moment I was witnessing the hand of God reaching out to her. She looked at me and asked if Addie did that because she had brushed her that morning. It took every ounce of energy to not burst into tears when I answered, "Why yes - you are Addie's special friend now."

From that day on, she and Addie had a bond that was closer than one could imagine. By the end of the year, she was running to see Addie each day, taking a picture of her every morning with her Kindle, and sending Addie e-mails. She began smiling again, and her mom believes that Addie is the reason she is returning to herself.

What a wonderful God we have. In His perfect plan, He uses these beautiful dogs full of unconditional love to bring love and hope back to Sandy Hook.

Each of the LCC K-9 Comfort Dogs has its own bible verse. Addie's is:

"This God – his way is perfect; the word of the Lord proves true; he is a shield for all those who take refuge in him." Psalm 18:30

Jen's story is just one of hundreds experienced by our handlers every day by the dozens of LCC K-9 Comfort Dogs placed in churches and schools in over eight states. Lutheran Church Charities began to see the bond between people and their pets in 2005, after Hurricane Katrina. LCC President Timothy Hetzner had received a call from a Pastor in Metairie, LA. One of LCC's missions is to provide disaster response help to areas affected by natural disasters. This request however was slightly different. The Pastor relayed that people were not leaving their homes because they could not take their pets. Within hours President Hetzner had directed the purchase of fully outfitted boats along with disaster volunteers to begin rescuing people and their pets.

As time goes on, we see distinct examples of the human-canine connection in hospitals, nursing homes, assisted living, colleges, and the military. The number one thing people miss the most when away from home are their pets. While visiting bombing victims in the Boston hospitals, we met a young woman seriously wounded by the bombing. She and her friend were at the finish line when the blasts hit. They were both volunteers for the marathon. Her friend already had one surgery, but would need more. We visited with Comfort Dogs Luther and Maggie.

*We show up and we shut up,
allowing the activity of petting
to be the bridge.*

When we entered her room, tears of joy flowed from her face. Her emotions from the blast just three days earlier, news of her friend's injuries, missing her family, surgery, and yes, missing her own dogs, Romeo and Louie, were brought to mind when our Comfort Dogs came in. The anticipation of the results of her surgery was also very high, as this would be the day she would attempt her first walk. The picture on page 18 shows her that day, with Luther and Maggie.

The LCC K-9 Comfort Dog Ministry is a ministry of "Presence." Simply put, we show up and we shut up, allowing the activity of petting to be the bridge in opening up communication with those affected. LCC handlers do not act as pastors (although some are), chaplains, counselors, psychologists, or other professionals. Rather, the LCC K-9 Comfort Dog handlers work alongside these professionals. LCC K-9 Ministry does not proselytize. People know who we are by our presence, by our vests, and by the K-9 business cards. Our K-9's are owned by churches and schools, not individuals. They each have 6-8 handlers who take them out in their communities every week. LCC controls the process of selecting breeders, training the puppies to the level of a service dog, and then vetting them with families who work with people of all ages, infants to adults, with people with disabilities, veterans, autistic children and children's advocacy people, so that by the time the K-9 is placed he or she is well suited to work with all groups.

More information can be found at www.K9Comfort.org. Lutheran Church Charities is an independent 501c3 and registered service organization of the Lutheran Church-Missouri Synod.

For a 4-minute video on the work of the K-9 dogs, click on

<http://www.odysseynetworks.org/video/comfort-dogs-aid-healing-process-after-sandy-hook-shooting>

Richard Martin and his wife, Dona, are Co-Directors of LCC's K-9 Comfort Dogs Ministry. Rich is also a CDE (Christian Development Executive) and Gift Planning Counselor. Rich and Dona's daughter, Sofie, just graduated from Carthage College in May 2013.

Tied Together in a Single Garment: Stemming the Epidemic of Community Violence

The same week I was invited to write this article for Caring Connections, there were 47 separate shootings over the extended Fourth of July weekend in Chicago, killing 12 and wounding dozens more, including a five-year-old boy.

This boy was walking home with his family after a Fourth of July party. A total of 16 people were killed that week. Our police superintendent, Garry F. McCarthy, refers to this level of community violence as “day-by-day, minute-by-minute.”

While the country’s attention gravitates toward isolated, shocking events of community violence such as those that have occurred at Columbine, Aurora, or Newtown, in cities like Detroit, Chicago, Atlanta, St. Louis, and Oakland community violence has become a steady part of daily urban life, taking the lives of thousands of adolescents and young adults every year. Last year, a spike in gun violence and gang activity contributed to more than 500 deaths in Chicago alone.

We are simply not paying enough attention to this sobering reality! Unfortunately, it seems easier to be lulled into apathy when one regularly expects to hear about another 5-10 drive-by shootings over a typical weekend, or 8-10 murders occurring around a summer holiday.

Isn’t such loss of life to violence just as tragic, whether the victim is sitting innocently in a suburban movie theatre, shooting hoops in a rundown urban playground, or walking home from a Fourth of July party? From the perspective of what Reinhold Niebuhr self-described as a “tamed cynic”—this one being a social worker—somehow it seems to me that the worse it gets on the streets of Chicago, Detroit, or Atlanta, the less the public wants to hear about it and the less our large, corporate media systems tend to report it.

I remain dumbfounded by the way in which major cable news channels can dedicate endless evenings of primetime programming covering the trial of a troubled woman who stabbed her boyfriend in a shower, while never even mentioning the six African American youth who were violently shot and killed over the weekend in one of the neighborhoods I serve. Shouldn’t we be asking, “Why?” Does our celebrity-obsessed culture seemingly glamorize 20% of community violence while virtually ignoring the other 80%? Does that reflect a culture in which “all



*The worse it gets on the streets of
Chicago, Detroit, or Atlanta, the
less the public wants
to hear about it.*

are created equal...with certain unalienable rights...to life, liberty and the pursuit of happiness”? Where is the sense of objectivity or proportionality to make the public more aware and alarmed about the ongoing epidemic of

community violence on the streets of Chicago and other cities? Ethically speaking, the downfall here seems more a sin of omission than commission.

I work in collaboration with many faith-based community leaders who continue to cling to the vision of a time when violence on the streets will end. While that vision is indeed inspiring, it is hard not to become cynical when the trend seems to actually bend in the other direction. There are times when I seriously struggle to tame that creeping cynicism, especially after entering a funeral home to support one of my youth who just lost a peer or relative to senseless violence. These communities are losing loved ones as young as six months old to gun violence, and it is what I sometimes refer to as my city's "terrorist problem." While the impact of chronic violence, poverty, drug and alcohol abuse can leave me disillusioned at times, I remain convinced that change is possible. But, we must first start paying attention to the seriousness of this national, urban epidemic of community violence and its root causes.

I'm very privileged to serve currently as a program manager at Chicago Commons, a community-based organization with a long-standing history built upon the settlement house movement. Chicago Commons strives to promote self-efficacy among young children, families, adults and communities who are most at risk because of disparities in poverty, violence and education. We operate programs in some of Chicago's most under-resourced communities, including Back of the Yards, West Humboldt Park, Pilsen and Grand Boulevard.

The program I manage employs adolescents and young adults as a preventative measure to community violence. The intent of the program is to partner with local businesses and organizations that serve as host employers for youth, so that these young people might gain both transferable skills and a healthy work ethic. Now in its third summer of operation, many of the participating youth have been able to reach their educational and career goals, which at the end of the day makes me a proud cheerleader for them. At the invitation of the youth, I have attended graduations, made classroom presentations, spoken at church parties, and even participated in a family reunion lunch. I have observed youth come through the door with all sorts of baggage and trauma from their personal lives, only to leave feeling confident and supported by the community in which they reside. By administering an employment program, Chicago Commons is providing prevention efforts and coping strategies to youth, adults and their families. Youth are often excited when they receive their first paycheck, enabling them to purchase that special pair of sneakers or an outfit they have been eyeing at a favorite store.

This work certainly has its moments. Recently, on a warm and sunny day, in the midst of multiple tasks I

was endeavoring to complete for various programs, my bag was packed with paychecks for youth participants in Chicago Commons' summer employment program. I had driven to a local elementary school where we operate programs. While the day had been rushed, I felt energized, given that it was my interns' last day at the school. I had been looking forward to supporting their final day and greeting the elementary students, so many of whom enrich my soul with their youthful spirit. I drove the same 1 1/2 mile route as always, even parking my car in the same spot I always do. It all seemed quite normal. Then, as I walked across the street toward the school, greeting some folks as I went past, I stopped mid-step

No matter how overwhelming the principalities and powers of community violence might become, nothing can ultimately separate us from the healing power and capacity of love.

as the loud popping sound of gunshots rang out around me. While I have processed with youth and families the fear and trauma they endure from gun violence, never before had I encountered or experienced what that really was like firsthand. It was numbing. Noting the fear, or even lack thereof, in the students inside the school and how they wanted to get home safely and not be shot truly gave a vivid picture of the danger these youth live with constantly.

Following such experiences, when I begin feeling a deflating mix of anger, grief, fear and pathos from so much senseless violence and loss of young lives and, with it, my own helplessness in making a difference, I often reach for the poetic and prophetic spiritual wisdom found in Dietrich Bonhoeffer's *Letters and Papers from Prison*, or Reinhold Niebuhr's *Leaves from the Notebook of a Tamed Cynic*. I am also enriched by the empathic, inspiring, and hope-filled writings of Dr. Martin Luther King Jr., Jane Addams, Margaret Mead and others. Yoga also helps a great deal—I find that my mat offers a safe space for reflection and spiritual renewal.

Interns and colleagues sometimes describe the epidemic of death by gun violence as a "living hell." At times it can seem so, especially for the youth and families I'm fortunate to work with. But, as I watch them cope, pray, and courageously lean into another day, I realize that Fyodor Dostoevsky caught a deeper truth: "Hell," he wrote, "is the inability to love." Another rich resource for me, emo-

tionally and spiritually, is rereading the eighth chapter of Paul's Letter to the Romans. There we are all reminded that, no matter how overwhelming the principalities and powers of community violence might become, nothing can ultimately separate us from the healing power and capacity of love. Daily I am inspired as I witness teens and adults renewing their personal courage and resilience as they embrace the love of God, self and others.

So, what WILL turn this continued cycle of deadly community violence around? Can or will this ever change? While I have great faith in organizations like Chicago Commons and, while I think investment in increased police presence/partnerships, Safe Passage, and faith-based programs like those offered through Father Michael Pflieger at Saint Sabina Church can and do make a real difference, it is only until we address more proactively the primary social determinants at the heart of community violence—disparities in education, income, employment, housing, healthcare—that real change will begin to take hold. These problems are, at their core, social and systemic. With less than 5% of the world's population, the US has almost 25% of the world's prisoners. One in nine African American males between the ages of 20 and 24 is behind bars. It is the grief, anger, and sheer hopelessness created by these realities that erupts daily on the streets of cities like Atlanta, Chicago, Detroit and Philadelphia. In other words, we must address the primary "upstream" issues if we are to have any hope of eventually experiencing a Fourth of July weekend free of murder and violence. That will mean paying attention. It will take sacrifice. It will take strong leadership, courage and political compromise. It remains extremely challenging at this particular time, as long as states like Illinois, facing huge budget shortfalls, continue to cut and even defund social ac-

tion and assistance programs—the kinds of programs we sponsor at Chicago Commons. Despite the current fiscal problems of our states and cities, this dilemma remains first and foremost a crisis of spirit, values, and, again, just plain paying attention. In the end, the most effective response needs to be one of "shared endeavor," involving government, faith communities, community based organizations, schools, foundations and other participants. In that shared endeavor, the potential involvement and contributions of those who serve in ministries of pastoral care, counseling, and clinical education would seem invaluable.

In his uniquely prophetic way, Dr. Martin King, Jr. stated it so well: "We must all learn to live together or we will all perish together as fools. We are tied together in the single garment of destiny, caught in an inescapable network of mutuality. And whatever affects one directly affects all indirectly. For some strange reason, I can never be what I ought to be until you are what you ought to be. And you can never be what you ought to be until I am what I ought to be. This is the way God's universe is made; this is the way it is structured."

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Is Violence a Disease?

While visiting relatives in Rockford, Illinois recently I saw a news story in the Rockford Register Star reporting the prevalence of gun violence in that area.

Swedish American Hospital had received seven gunshot-wounded traumas that week. “The vast majority of our patients that have penetrating trauma don’t have health insurance...and so, yeah, we have to absorb that as a society. We have to absorb the burden of taking care of people who are shooting each other. They’ve got enough money to have a gun, but they don’t have enough money to have health insurance,” said Dr. John Underwood, the medical director of the emergency department.

In 2012 over a thousand victims of intentional violence were brought to the trauma service at Advocate Christ Medical Center (CMC) in Oak Lawn, Illinois, a suburb of Chicago. I have been a chaplain and now administrator in trauma hospitals for the past thirty years. Prior to my joining Advocate Christ’s Office for Mission and Spiritual Care 26 years ago, I spent three years at Cook County Hospital in Chicago. CMC is the only trauma center on the south side of Chicago. What caught my attention about the headline in Rockford of seven deaths in a week was the irony that on that same weekend on Friday’s second shift alone, seven victims of gun violence had been brought to Advocate Christ’s trauma unit. It’s not like that all the time, but it’s not that unusual either.

In November 2011, I participated in *Urban Dolorosa*, a memorial event to honor children killed by violence in Chicago. I was one of several readers reading names of over 275 children who had been killed since the 2008-2009 school year. Some of the names were familiar, having been brought to the trauma center at CMC. In 2012 nearly a third of all traumas treated at Advocate Christ were victims of intentional violence. In one of the busiest trauma centers in the country over one thousand casualties in a culture of violence! It feels overwhelming. The numbers fluctuate from year to year, but the violence continues.

Hopelessness

Hopelessness is a major theme in the lives of those trapped in a culture of violence. Causes of poverty are far-reaching and systemic and have seen few lasting inroads over the past several decades in America. Death and life-long injury due to violence is a recurring theme in all places where high-risk lifestyles and poverty dominate communities. In Chicago in 2010, homicides increased 3.8% compared to 2009. What is troubling to many is the current trend of angry individuals simply taking to



In 2012 nearly a third of all traumas treated at Advocate Christ were victims of intentional violence.

the streets looking for anyone to shoot regardless of a precipitating event. As Chicago police officers have told me, there is gunfire almost every evening, and certainly every evening from late spring through the fall in the city streets of the South Side of Chicago. To many, violence on the streets is simply a way of life—a culture of hopelessness.

Behavior of victims that may affect the probabilities of re-injury is another issue as well. By identifying life changes after injury and services considered helpful, clients may connect the possibility that their own choices have produced some of these safer, more favorable outcomes. Overwhelming hopelessness discourages a sense of personal power in considering alternative choices.

Hopelessness may create a sense that even if alternatives are possible, the different response may not only fail to make a difference but may actually make matters worse. When an organization (gang) discovers one of their own is moving in a new direction, they may be very persuasive in guiding him or her back to the fold.

Hospital-Based Violence Prevention Programs

John A. Rich, M.D., M.P.H., in a book called *Wrong Place, Wrong Time: Trauma and Violence in the Lives of Young Black Men*, contends, “we cannot simply discard these people and send them off to jail.” He further notes that he “leans” on the wisdom of Dr. Sandra Bloom, who argues that rather than see these young people as sick or bad, we should understand that they are injured (Rich 2009, 199).

Studies of hospital-based violence prevention programs in the last fifteen years have found that health care providers in primary care and in the emergency department have opportunities for interventions in the lives of the intentionally injured (Cheng 2008, 935) (Belcher 2005, 30) (Cooper 2000, 753). The Violence Intervention Program (VIP) at the University of Maryland found that violence intervention programs have been slow to develop in the nation’s trauma centers (Cooper 2006, 534). This study further cites most trauma centers as not having made the necessary provisions for the many social issues “that put patients at risk for being repeat victims of violence” (Cooper, 534). In a study addressing stress to the immediate families of the violently injured, it was noted that to bolster youth recovery and to reduce the risk of future injury, ED staff should be knowledgeable regarding culturally sensitive resources to address maternal distress (Phelps 2006, 388). Social issues and cultural sensitivity are critical issues in the successful treatment of victims of intentional injury.

Cheng searched the literature as far back as 1996 to discover that the Academy of Pediatrics “developed a model protocol to reduce the risks of re-injury and reactive perpetration starting in the ED.” However, “few ED-initiated protocol evaluations have been published” (Cheng 2006, 614). Another study concluded that hospital-based initiatives are more likely to produce positive interventions and outcomes than community-based programs (Belcher 2005, 30).

Need for Violence Intervention Programs in Emergency Trauma Centers

The ED can be an ideal locale for crisis intervention following a violent event (Johnson 2007, 553). “Youth Alive” studied a program in Oakland, CA, assessing the effects of a hospital-based peer intervention program serving youth who have been hospitalized for violent injuries. They concluded that, “a peer based program that

intervenes immediately after, or very soon after, youth are violently injured can directly reduce at-risk youth involvement in the criminal justice system” (Becker 2004, 177). Shibru similarly concludes that a hospital-based peer intervention program reduces the risk of criminal justice system involvement, is more effective with younger patients, and is cost effective (Shibru 2007, 667).

When only medical interventions take place in the emergency department, with some social service involvement, there is little hope for the circle of injury and re-injury to be redirected. The “current method of ‘treat ‘em, and

The “current method of ‘treat ‘em, and street ‘em’ often ignores the problem and will result in trauma centers being overwhelmed by hard-to-care-for indigent patients that require expensive care.”

street ‘em’ often ignores the problem and will result in trauma centers being overwhelmed by hard-to-care-for indigent patients that require expensive care” (Belcher 2005, 31). Case management, discharge planning, continuous care treatment teams, and violence intervention models offer positive alternatives to the current methods of addressing the multiple problems of victims of violence who frequent emergency rooms in trauma centers (Belcher 2005, 8) (Chang 2003, 1344).

The catchment areas represented by the bulk of patients admitted to Level I urban trauma centers are compact and economically disadvantaged (Chang 2003, 1344). Support from immediate family is often limited, literacy is often below the sixth grade level among adult males, and returning to school means special classes in preparation to pass a GED. Victims of violent crime are often members of high-risk organizations (gangs) and some are looking for help to make changes in their lives.

Though deaths due to intentional violence are highly publicized, non-fatal injuries are far more common than fatal injuries. The CDC estimates that for every homicide there are more than 94 non-fatal violent incidents (Rich 2009, 199). Of the thousands of intentionally injured patients entering the trauma unit at Advocate Christ, less than 10% resulted in the patient’s death. Approximately 40% of gunshot victims are treated and released within ten hours.

New Thinking in the Treatment of Violence

The Chicago Project was formed in 1995 by Dr. Gary Slutkin, an epidemiologist, whose strategy for addressing issues of violence is analogous to the treatment of infectious diseases: stop the transmission (NY Times, 58). The treatment for reducing the transmission of violence is to enlist individuals with the ability to interrupt the progressive nature of violence with conflict mediation and a view to reducing retaliation. As in chronic illnesses, violence has a disease process. It is a *continuing cycle of assault and retaliation*, as Deborah Shelton described in her *Chicago Tribune* article in 2008 featuring the CeaseFire program at Advocate Christ. Dr. Slutkin's approach was not the traditional criminal justice model. Shelton reported, "The group's founder, Dr. Gary Slutkin, compares street violence to epidemics of infectious diseases. 'We don't see it in the realm of good people and bad people,' said Slutkin, a medical doctor and professor of public health at the University of Illinois at Chicago. 'These are people who have learned a bunch of stuff that doesn't work. Prevention is about changing the social norm.'"

Uniquely, the program employs former convicted felons as violence interrupters, who would be deployed to scenes of violence to quell retaliation. Their former life's experiences give them credibility on the streets and with the organizations that control the violence. Many CeaseFire workers are former gang members now rehabilitated and trained in conflict resolution. They are credible witnesses who have a standing there that no trained, highly educated professional would likely have.

Effectiveness of CeaseFire in Neighborhoods of Chicago

An article in the New York Times (Ruethling, Sunday, January 2, 2005) cites Chicago as having the "unwanted distinction" of leading the nation in homicides in 2003 with 598. In 2004, homicides had been reduced to 448, a 25% decrease. Among the reasons for this sudden turnaround, CeaseFire was credited with successfully reducing retaliation in gang violence. In six Chicago communities CeaseFire documented that homicides had been reduced by 22% in one neighborhood to as high as 67% in another since CeaseFire began its community work in 1999.

In an independent study done by Northwestern University's Institute for Policy Research in 2008, the impact of the CeaseFire program in Chicago on 300 clients found: 34% wanted help in disengaging from a gang; almost 60% never got past grade school; 80% had been arrested; 56% had spent "more than a day or two" in jail; 20% had been to prison, and about 40% had been on probation or parole (Skogan 2008, 2). "A striking finding was how important (relationships with) CeaseFire (peers) loomed in

their lives" (Skogan 2008, 2). "Based on a public health model, CeaseFire works to interrupt the cycle of violence and to change norms about behavior" (Skogan 2008, 1).

Beginning of Partnership

In late 2004, Advocate Christ Medical Center formed an "Injury Prevention Outreach Program Committee" with the goal of partnering with organizations in the Chicago community to reduce firearm injuries (Easterling, p. 10). After researching several community organizations, CMC contacted *CeaseFire: The Campaign to Stop the Shooting*, an initiative of the Chicago Project for Violence Prevention based at the University of Illinois in Chicago. At the precise time Advocate Christ was looking for a partner to provide violence prevention services, CeaseFire was looking for a hospital to implement a hospital response initiative. CeaseFire had developed a hospital response plan and was looking for a partner, and CMC had commitments from Mission and Spiritual Care, the trauma surgeons, and administration to the level of Advocate's senior leadership. A six-month pilot began and showed enough successes to merit having the hospital provide budget for the program. Today, CMC provides \$120,000 a year for the services of CeaseFire. CeaseFire's hospital responders and care manager are considered an extension of the services provided by mission and spiritual care for trauma, and work closely with chaplains as well as nurses, social workers, surgeons, and public safety. CeaseFire's violence intervention services are included in the written policies of the Trauma Surgery service.

Early Intervention

The violence intervention program at CMC assumes that early intervention leads to better outcomes. Health professionals who work with addictions often experience the same kind of opportunity when an "addict" or "drunk" is in crisis, and all the defenses that fortify denial have been stripped away. There is that moment of recognition that a different way of life is not just an option, but also a necessity for a future of meaning and fulfillment. Often within a day or so the defenses are back in place, and the opportunity for recognition and change has passed, much to the frustration of family and friends. In what Carnell Cooper calls the "golden opportunity" theory, patients wanted to change after a near-death experience. The premise was that the near-death experience caused by violent injury might serve as a powerful precipitant to substantial change on the part of the participant. "It is in this 'golden hour,' after surviving life-threatening injury, that a deep trust can be established and a door is opened, with opportunity for change" (Cooper 2006, 538).

Hospital Response Program Overview

The CeaseFire program is a straightforward process with clear roles and responsibilities. When a victim of intentional violence presents in the emergency department (1) a **chaplain** makes an initial assessment, deciding whether the patient is an appropriate referral; (2) if so, the chaplain calls the **CeaseFire coordinator** hotline (24/7); (3) the **coordinator calls** a CeaseFire **hospital responder** who may also stop by the neighborhood where the violence took place and intervene with those who may be seeking to retaliate before coming to the emergency department; (4) the chaplain introduces the CeaseFire **hospital responder** to the patient and/or family; (5) the **hospital responder** quells any retaliation of family or visiting friends and, at times, helps with crowd control if friends and others gather outside the hospital; (6) the **hospital responder** follows up on the patient during the hospitalization; (7) a **CeaseFire case manager** sees these patients for aftercare in the trauma clinic follow-up, and makes community referrals for job opportunities or training, GED or educational assistance, alternative lifestyle counseling, etc.

Family, Caregivers and Community Response

When the righteous cry for help, the Lord hears and delivers them out of all their troubles. The Lord is near to the brokenhearted and saves the crushed in spirit. Many are the afflictions of the righteous, but the Lord delivers him out of them all. He keeps all his bones; not one of them is broken.

Psalm 34:17-20

It is rare in my experience as a chaplain to find a victim of violence who does not have family members praying for their protection. I first encountered this while a chaplain at Cook County Hospital. Families, more than I could ever remember, shared their broken hearts over the children that had grown up in the church, had been prayed for by mothers and fathers and grandparents, and had still been pulled into the established institutions of the culture of violence—the prevailing culture of their time. Who is deserving of care? Is it those who have proven themselves or met some predetermined criteria? Is it the righteous? Scripture clarifies that none are righteous according to God's law (Ro 3:10). Society's condemnation of these "brokenhearted...crushed in spirit," hopeless victims only adds to the downward spiral of hopelessness. Providing hope to the hopeless is what guides God's loving, redemptive work, as Jeremiah recalled in the midst of a time of desperation (Lam 3:21-24).

An essential component of a personal manifestation of faith is a person's practical application of mercy. Mercy is an attitude put into practice. Indeed, in the final judgment, "When the Son of Man comes in his glory" (Matt

25:31) to "separate the sheep from the goats" (25:32), he speaks specifically to the merciful, the sheep. The Shepherd's sheep will be known by their acts of mercy. "I was in prison, and you came to me" (25:36). There is no distinction here whether the prisoner deserves prison or is an innocent victim or a victim of his or her own making. It is the attitude and motivation of the one providing care that is in question. For whatever reason the prisoner is in a place of vulnerability, it is the visitor who could choose

A different way of life is not just an option, but also a necessity for a future of meaning and fulfillment.

to take initiative. So too with the care of those victimized by violent injuries. Whether they put themselves in harm's way is beside the point. It is those with the power to intervene and show mercy that are being judged.

The success of CeaseFire's hospital response program is based on the same principles as successful ministry anywhere. It desires to go where the people are hurting and sends workers who know what that particular hurt is like. It wants to journey with men and women at times of their deepest pain and highest vulnerability. It has a distinct structure, but moves freely within it and is not subjugated by it. It has high standards for its leaders and high accountability. Its workers, who are credible witnesses to the possibility of the hope and change that has occurred in their own life's experiences, model its success. Counseling provides an active presence, but also recognizes and respects the difficulties of change and the fear and other barriers that stand in the way. It's a program that offers alternatives to a fallen world. It's a program that treats individual needs without judgment. It's a ministry that meets individual souls in their individual circumstances with focused love and care. CeaseFire does not define itself in terms of ministry, but it is a redemptive process extending God's grace to the crushed in spirit.

Conclusion

Since 2005, when CeaseFire and Advocate Christ Medical Center began their collaboration with the hospital response program, over 4000 victims of intentional injury have been counseled. In the role of executive sponsor, I oversee the program and am accountable for its ongoing planning and budgetary support. To this date, Advocate associates have donated over \$30,000 to a fund created by the Advocate Foundation in support of the hospital response program. Administration, to the highest levels of the organization, has maintained consistent and solid

support for the program. A soon-to-be-published study, measuring the recidivism rate within the program, will show a promising success rate. The treatment of violence as a disease is a proven treatment modality. Unlike sweeping social legislation, this program treats victims caught in the downward spiral of violence individually with respect and care, not unlike anyone else presenting for medical help. It offers a cup of cold water and hope for the hopeless.

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Best Practices of Youth Violence Prevention: A Sourcebook for Community Action (CDC)

<http://www.cdc.gov/ncipc/dvp/bestpractices.htm>

Center for the Study and Prevention of Violence/Blueprints for Violence Prevention

<http://colorado.edu/cspv/blueprints/>

National Youth Violence Prevention Resource Center

<http://www.safeyouth.org/scripts/index.asp>

Office of Juvenile Justice and Delinquency Prevention

OJJDP Model Programs Guide

<http://ojjdp.ncjrs.org/>

http://www.dsgonline.com/mpg2.5/mpg_index.htm

Prevention Institute

<http://www.preventioninstitute.org/violenceprev.html>

SAMHSA Model Programs

<http://modelprograms.samhsa.gov>

Surgeon General's Report on Youth Violence

<http://www.surgeongeneral.gov/library/youthviolence/>

Staying Resilient While Serving in the Midst of a Disaster

When you serve on a response team, in my case a Mental Health response team, you learn to watch the news a bit more closely as your team's response month approaches.

In truth, I am always watching the news with a filter for disaster related events in which Mental Health resources may be called upon to respond. Over the last year my team has been called upon to respond three times. Sometimes we are activated for natural disasters and other times for human-made disasters such as mass shootings or bombings. When the e-mail comes out to tell us we are on standby, my adrenaline starts pumping, and I am gearing up for the deployment. We are told to make sure our "Go" bag is ready and that our employers and family are notified that we may be leaving in the next 24 hours. Most often at this stage we don't know much about the environment we will be going into, so packing is a challenge as we are preparing for the "what if" scenario. As someone on a response team getting ready to go, there are things to consider. You may or may not have a place to sleep, you may or may not have access to a shower or laundry facilities. You don't know what will be available for food. If the situation is a natural disaster, then you are aware that the resources of that area are already depleted and your team going in will add an additional burden. You pack with the goal of minimizing that burden as much as possible, but it is not possible to pack for every contingency, so you focus on meeting your basic needs. Every time you add something else to your bag you think, "I'm going to have to carry this wherever I go, so do I really need it?"

Next you receive the call to say you *are* going and your travel itinerary will be arriving in your email soon. Sometimes you will begin to get more details on where you are going and what you can expect. As this comes through, you adjust your packing to better match what you are hoping is accurate information. All the while you are mentally preparing to be in the midst of a crisis, and you are eager to be there and be helping, for that is what you have been called to do and why you chose to serve. The saying "Hurry up and wait" is never more real than at this point. The image that comes to mind as I think about this stage is that of a racehorse in the gate waiting for the gate to open and the race to begin.

Throughout this time of preparation, as you are getting



Often responders will not give themselves permission to step away when there are still needs to be met.

excited and are eager to go, you also have to manage the relationships at home because, in truth, you are the only one excited that you are going. Your spouse, children, boss and co-workers are begging you to try to get out of going or hoping it is canceled before you leave. There are tears, disappointment and grumbling about covering in your absence. There is almost a sense of relief when you finally depart and begin your trek to your location. Now

you can focus on your mission for the next two to three weeks.

The mission of the mental health team is to provide Psychological First Aid/ Crisis Intervention for those affected by the disaster, while the local resources are developing their response and plan to manage the needs over the long term. A significant role of the Mental Health team is called Force Health Protection, which in essence means monitoring the health and wellness of the responders that are caring for the affected population. We are all professionals, and we have been trained to know how to take care of ourselves to make sure we can sustain ourselves through the duration of the deployment, but... When you are in the middle of the situation, even the best provider forgets to eat, stay hydrated, take breaks and sleep. No matter how many of you are there to respond, you could always use more. Often responders will not give themselves permission to step away when there are still needs to be met. They are not maintaining self-awareness and need an outside observer to give them the external permission to take care of themselves before they burn out and potentially become one of the wounded, ill or injured.

The disaster response environment is a 24/7 operation of sustained high intensity, resulting in very real risks of provider burnout, compassion fatigue and physical and/or emotional decline. Knowing yourself well enough to be honest about your strengths and your weaknesses plays a key role in your ability to sustain for the length of the mission. A mentor of mine once shared some advice she received from a Chaplain friend of hers. As best as I can remember, it was: You start the deployment with your cup filled to the brim and slightly overflowing. Throughout the life cycle of the deployment you will dispense what you have - sometimes in small quantities, other times in large doses. The trick is to manage the flow to maintain enough in your cup to see yourself home, where you can truly replenish.

Hopefully you now have a good mental picture of how it begins. So now, what can be done to take care of the caregivers to help them be resilient and consistently meet the mission without becoming a casualty?

Truthfully, it comes down to the basics. Many folks, especially those who have taken an introductory Psychology course, have heard of Maslow's hierarchy of needs. It will be helpful to keep this as a paradigm from which to work. At the base of the pyramid are the Physiological needs: Breathing, Food, Water, Sleep, Homeostasis, and Excretion. Above the base level are the Safety needs: Security of body, Resources, Morality, Family, Health, Property and Employment. If these needs are not being sustained for those providing care, their capacity to perform will diminish and the mission will suffer.

Every deployment has commonalities related to these basic needs. When you arrive you don't know where you will be assigned, who will be your primary team, where you will sleep, where your food and water are coming from, where you will store your belongings, what the toileting and bathing situation will be, etc. The unknowns can be overwhelming. This is where having trust in the leadership and a capacity for flexibility and adaptability are highly desirable.

What I want to share with you are those lessons learned over the course of several deployments. As responders we know to expect change, to not expect tomorrow to be the same as today. So the basic need for homeostasis has to be found in small ways like calling home to connect with

*Acts of kindness and careful attention
to the needs of the caregiving team
helped maintain our resiliency.*

family daily, if even for just five minutes and, if possible, at the same time each day. It could be having a schedule for meals and breaks and shift change (and sticking to it). The need for homeostasis can be intertwined with other basic needs, such as having a regular and reliable source of food and water, a dependable place to sleep and secure storage for your belongings. People have a natural tendency to fall into routines, and throughout a deployment each small team will develop their own rhythm. As the person looking out for the caregivers, it is important to be alert for the individuals who are not finding their rhythm and whose needs are not being met within their team. Safety and security needs are also woven throughout and need constant attention. For example, can the food and water sources be trusted? How do we know they haven't been tampered with or that they came from kitchens that Chef Gordon Ramsey ("Kitchen Nightmares") would not be condemning? Sleeping and showering are activities that require a level of trust, as well as feelings of safety and security. Many responders begin showing signs of sleep deprivation a few days into the mission because they haven't allowed themselves to fully relax and achieve a state of restful sleep. Some folks have difficulty sleeping in unfamiliar locations no matter what, and they may come prepared with medication to help ensure they are able to rest. Other times they may need someone to encourage them to meet with the medical team to get some medication so they can sleep. They may need someone whom they trust on the team to agree to stand watch for them while they sleep. I always bring my knitting with me (like mother like daughter - thanks mom) and am happy to sit

and knit while allowing others to get some much needed sleep, knowing they are safe and that if an emergency arises, I will make sure to get them up.

I have found case examples to be a great way to learn and retain information, so I would like to share with you pieces of a deployment and how the acts of kindness and careful attention to the needs of the care giving team helped maintain our resiliency through the life of the deployment.

During a deployment for a natural disaster, we arrived at a central location that initially was thought to be our base of operations for the duration. It had sleeping arrangements, showering and toileting facilities and a cafeteria for food. There were a few rental cars for the teams to use to get us in and out of the shelter areas where we would be serving and, with creative scheduling, it would work.

The next morning, we were told to pack up and bring everything; we would be moving, but they did not know where that would be. We were given our assignments for the shelter location to which we would be going, but the vehicles were not large enough to take our belongings and us, too. We had to load our pockets with what we thought of as our essentials, and were told to leave our bags under a stairwell. By leaving this location, we were also leaving our dependable food source and guaranteed coffee in the morning (Never underestimate the need for coffee! If you show up at a site where caregivers/responders are serving the mission and you have coffee to share, you will be celebrated as the hero of the moment. Providers who fight you on taking a break will stop to get a cup of coffee, and that is a great time to find out how long they have been on the floor, when they last ate, slept, drank water, used the bathroom, talked to their family, etc.).

Throughout the course of that deployment, we changed locations multiple times and often went to our assigned location with no idea what was to happen at the end of our shift. We would wait for the next shift, and normally they would have instructions telling us where we were to go. Keep in mind that at the end of a 12 to 14 hour shift, we were getting into an unfamiliar vehicle and driving in an unfamiliar city with high volumes of traffic and chaos. Electronic mapping devices were of limited use since much of the infrastructure was affected, and many roads, bridges and underpasses were not in use. In the end, sleeping at the shelter was determined to be a better option. One downside was no protected bathing facilities, sleeping area was only semi-protected and, with 24 hour operations, having it quiet and dark were not possible. Lesson learned: pack comfortable earplugs and eyeshades. Some folks had meditations and other forms of relaxing music/sounds programmed on their phones or listening devices, and they played those with head phones to drown out the work noises. The other downside was that

One person opened her home to us for showers, and offered us coffee.

there was no real separation from work to a place of rest. You were essentially always on, without regard for your official shift parameters.

Now we were over a week into the mission, without laundry and safe bathing facilities (bathing in an open shower area with the population you were there to serve was a boundary many were not willing to cross), so we would strategically search out more remote bathrooms and utilized times when most of the shelter population was sleeping to perfect the art of the bird bath. This is all going back to the hierarchy of needs. We were all out of clean clothes, we had not had a real shower in several days, the food coming in lacked fresh fruits, vegetables and much needed fiber. We were wearing down. Thanksgiving was approaching, and we were not sure if we would be home in time. It was not going over well with family that we could not confirm one way or the other if we would be there. It was at this point that contacts with local residents and businesses that were reopening became pivotal to sustaining the force. One person opened her home to us for showers, and offered us coffee (so much better than the instant variety that was often the only option available) while we waited our turn. Another time we were able to arrange a scheduled time to use the showers and have someone stand guard at the door to ensure “staff only” at that time. This was inconsistent, and caused some discontent with shelter residents, so it was not a good solution. Now, though we had clean bodies, we still had dirty clothes, until a small group of women from a local church came to see how they could help and overheard us joking about trying to figure out which of our clothes were the least offensive at this point. They jumped on the idea that this was something they could do, and we were equally excited. The call went out across cell phones, and the providers rapidly gathered their laundry into garbage bags. The women departed with several garbage bags full of laundry. They were worried about keeping straight what belong to whom, but we did not care in the slightest, and assured them we would figure it out later. To this day, I could not tell you if the items I came home with were originally mine or not (uniform items can be indistinguishable). We told them to please not worry about folding it, as we knew that would be a lot of extra work. Of course, they did it anyway. When they brought back the laundry, the call went out that it was back. To anyone walking by, it would have been an odd sight. A group of adult professionals all gathered around a garbage bag sticking their heads in and inhaling

the scent of freshly laundered clothing. We were all smiles and felt reenergized. It may be hard to truly understand, but at that point putting on fresh socks and underwear felt decadent. We all agreed those women were destined for sainthood!

The other thing we recognized was that we were not feeling as connected with each other as we had been at the beginning of the deployment. We had each settled into the areas that best suited our skill sets, and that meant we were spread out across the shelter, in different buildings and on different shifts (communication was becoming an issue). We finally acknowledged that the shelter would not fall apart if our team met for a change-of-shift type of meeting over dinner, at a location outside of the shelter. This time together, to connect with one another, exchange information, process the day and release stress with humor became essential for our resilience. Luckily, there was a restaurant with a back room that afforded us some privacy, and we usually ended up there after the normal dinner rush. It was a good thing, too, because we had some genuine comedians in the group, and the laughter got pretty loud at times. We would come back from these sessions refreshed and ready to re-engage with the population we were there to serve.

Those who are interested can research “Provider Resiliency” and will find many valuable and informative programs. Becoming well versed in resiliency, and incorporating the skills into daily life so they are habitual prior to deploying, will make for a stronger team of caregivers. During the disaster response, those with resiliency skills can effectively coach others who are receptive. Earlier I noted that providers tend to ignore their own needs in their drive to help others. There is a vital role for caregiver, support as an outside observer, to assist in monitoring the physical and mental well being of the caregiver response force. Remember Maslow’s hierarchy of needs, and begin with the basics. What may seem small and inconsequential to you may have a significant positive impact on the responder(s) with whom you are intervening.

Questions to Address in Caring for the Caregiver:

- Do they feel safe physically and emotionally?
- Are they comfortable with what they are being asked to do professionally (practicing within the scope of their license)? If not, do they need help in voicing their concerns (relating to employment safety)?
- Do they have a safe place to sleep? Are they able to sleep if this is available?

- Is reliable, safe, healthy food available? Is clean drinkable water available? Is the provider taking time to eat and stay hydrated?
- Are toileting facilities available which they feel safe using? Are they making use of the facilities regularly, indicating proper hydration and (ahem) “movement”?
- Are appropriate bathing facilities available to maintain cleanliness?
- Have they been able to contact family and maintain that connectedness? If not, why?
- Is there a place where they can go to rest/take a break that is quiet? If not, can something be adapted for that use?
- Do they have the opportunity to process their day and discharge the stress with someone who is understanding of the environment, and can listen non-judgmentally?
- Is there plenty of laughter and camaraderie? If not, can humor be creatively interjected?

One person caring about another represents life’s greatest value. — Jim Rohn

Things turn out best for those who make the best of the way things turn out. — Jack Buck

CDR [Commander] Jennifer E. Nussbaum, USPHS [United States Public Health Service], LCSW-C [Licensed Certified Social Worker-Clinical], BCD [Board Certified Diplomate] has been an active duty officer for 15 1/2 years—the first nine and one-half in the US Navy and the last six with the US Public Health Service. She is the Chief of Social Work Care Management Services for the Warrior Transition Battalion at Fort Drum, NY. She has served on a Mental Health Deployment team for almost five years, having recently been selected as the deputy for her team. Jennifer is the daughter of Judy Simonson. She and her husband have four children and are certified Therapeutic Foster Parents. Recently they also began breeding Labradoodles with the goal of breeding therapeutic support animals for those affected by trauma.

Get in Touch With Your Pastoral Heart

I live in the Chicago area. Every morning, I hear news reports of shootings and the number of deaths that occurred overnight due to community violence.

After hearing these reports, I know there were many other acts of violence that took place that were not reported. Sadly, community violence, in whatever form, is all too common in most major metropolitan areas.

As the Program Director of Lutheran Disaster Response US, the domestic disaster ministry of the Evangelical Lutheran Church in America, I continue to work with communities that have been impacted by great violence—not only shootings, but violence that disrupts the community just the same, particularly natural disasters. I direct you to Caring Connections, Summer 2009 issue on “Disaster Relief and Pastoral Care” for articles on this dimension of ministry.

Seeing the damage done by hurricanes, tornadoes, and flooding on television gives a sense of the physical violence done to a community, especially homes and businesses. It is the same with human-induced community violence. However, the damage is almost always much more extensive and pervasive than what can be shown in a few seconds of a news report. And after the initial reports, there are few, if any, follow up reports that make reference to the long-term emotional and spiritual impacts a disaster has upon a community.

I would like to share some insights that I have learned in my nearly nine years of working with those in these communities after such violence has occurred.

The first and most important thing I say to those who want to work with those who are affected by a disaster is, “Get in touch with your Pastoral Heart.” While, in most settings, individuals can tell if a person really cares about them or not, I believe this is especially true in a disaster setting, since there is often a parade of people who are willing to provide services to them from many agencies. While most folks who provide services are doing so for the right reason—wanting to serve those who are in need—the chaos in a disaster setting and the overwhelming need of people in demand of services sometimes gets in the way of being able to provide those impacted with the appropriate emotional support they need, not to mention their physical needs. With this being the case, it is sometimes difficult for the helpers to show the level and



Community violence, in whatever form, is all too common in most major metropolitan areas.

concern appropriate to the situation. Thus approaching this work with a pastoral heart will show those impacted that you really do care about them as individuals and not just as “victims.”

I also like to share with those wanting to provide support to disaster survivors that the best way to understand the emotional state of individuals who have been impacted by a disaster is to consider them as ones who have just gone through profound grieving. Dr. Elisabeth Kubler-Ross’ insights into the five stages of grief from her

book, *On Death and Dying*, are especially helpful. One only needs to visit a disaster site to quickly and easily see those impacted showing the behaviors of Denial, Anger, Depression, Bargaining and Acceptance.

In the early phases of disaster recovery work, anger seems to be the primary emotion being expressed, but with careful listening, one can hear the other stages also present. Knowing this and having a pastoral heart will provide those impacted the space to begin working through their profound grief issues, even if there was not a loss of life.

While pastors and other care providers generally understand the key to working with those impacted by a disaster (or anyone who is grieving!) is to listen, it is important to note that this is also true for volunteer teams who are assisting in the rebuilding process. As part of the orientation to a disaster recovery work site, it is often mentioned that one of the key elements of the work is to listen to stories of the homeowner and others in the community. Sometimes work crews get little accomplished the first or second day of work, since hearing the story of the homeowner takes up so much time. I like to place this in context with volunteer groups by saying, "A person needs to tell their story until it makes sense." Every time people tell a group their story they are one step closer to having it all make sense.

The National Voluntary Organizations Active in Disaster [NVOAD] has developed points of consensus for disaster spiritual care that are very helpful to review before doing any work in a community that has experienced a disaster. While the entire document can be found at http://disasterwww.nvoad.org/library/cat_view/4-emotional-spiritual-care I would like to share some of the points that I believe are most helpful to keep in mind as one works with those impacted by a disaster, or provides support to those who are doing so.

- As an integral part of the pre-disaster community, local spiritual care providers and communities of faith are primary resources for post-disaster spiritual care. Because local communities of faith are uniquely equipped to provide healing care, any spiritual care services entering from outside of the community support but do not substitute for local efforts. The principles of the National VOAD – cooperation, coordination, communication and collaboration – are essential to the delivery of disaster spiritual care.
- Spiritual care providers partner with mental health professionals in caring for communities in disaster. Spiritual care and emotional care share some similarities, but are distinct healing modalities. Spiritual care providers can be an important asset in referring individuals to receive care for their mental health.

- Respect is foundational to disaster spiritual care. Spiritual care providers demonstrate respect for diverse cultural and religious values by recognizing the right of each faith group and individual to hold to their existing values and traditions. Spiritual care providers:
 - Refrain from manipulation, disrespect or exploitation of those impacted by disaster and trauma.
 - Respect freedom from unwanted gifts of religious literature or symbols, evangelistic and sermonizing speech, and/or forced acceptance of specific moral values and traditions.
 - Respect diversity and differences, including but not limited to culture, gender, age, sexual orientation, spiritual/religious practices and disability.
- People impacted by disaster and trauma are vulnerable. There is an imbalance of power between disaster responders and those receiving care. To avoid exploiting that imbalance, spiritual care providers refrain from using their position, influence, knowledge or professional affiliation for unfair advantage or for personal, organizational or agency gain. Disaster response will not be used to further a particular political or religious perspective or cause. Response will be carried out according to the need of individuals, families and communities. The promise, delivery, or distribution of assistance will not be tied to the embracing or acceptance of a particular political or religious creed.

Local spiritual care providers and communities of faith are primary resources for post-disaster spiritual care.

In various workshops I have lead for those wanting to provide emotional and spiritual care to those impacted by a disaster, I have shared an article titled "What Victims Want to Say to Clergy." Below are some of the key points of the article (author unknown). I believe these words would also apply to working with anyone who has experienced any type of community violence. While some of this may sound pretty fundamental, there is some value in being reminded of how to approach those who have experienced profound grief.

*A person needs to tell their story
until it makes sense.*

Don't explain—As deeply as I cry out, “Why?” I know there is no rational explanation. My “Why” is more a longing for God to hold me in His arms and give me some comfort that it is a question I want answered. I don't want you to try to give me answers. What has happened is absurd. It surely is not as God intended life to be. It doesn't make sense. God didn't cause it. The devil didn't cause it. It could not have been God's will. Therefore, let us together try to explain the cause of the tragedy as factually and honestly as possible. I want God, and you as my pastor, to be companions who will stand with me in my longings, not as sources of explanation.

Don't take away my reality—My pain seems unbearable to me and yet, in light of what has happened, it feels right that I should be in pain. I know it is uncomfortable for you. I know you want to take it away. But you can't, so please don't try. The pain is a sign to me of how much I have loved and how much I have lost. If I have doubts, if I am angry, understand that these are normal reactions to a very abnormal situation. I will not always be this, but I am now. These are my feelings. Please respect them.

Stay close—Just as a one-year old child learns to walk with someone close by to steady him when he stumbles, stay close enough so I can reach out and steady myself on you when I need to. Understand my need to grieve, my need to withdraw, my need to agonize, but remind me that you're there to lean on when I want to share my pain.

Remember me for a long time—This loss will always be part of me. I'll need to talk about it for years to come. Most people will be tired of hearing about it after a period of time. Be the person who will invite me to share my feelings about this after others have moved on to other concerns.

Be patient—My progress will not be steady. I'll slip back just when everyone thinks I'm doing so well. Be one to whom, on occasion, I can reveal my weakness and regression. Let me be weak around you and not always strong. I'll make it, but it will take much longer than most people think. I'll need your patience.

Remind me this isn't all there is to life—My pain and my questions consume me. I can think and feel nothing else. Remind me there is more to life than my understanding and my feelings. Speak the word “God” not to dull my pain but to affirm life. I don't want God as an aspirin but as a companion who shares my journey. Stay beside me and remind me of that Eternal Presence which can penetrate my grief.

Although there are parallels with the general principles of working with those who are experiencing “normal” grief, emotional and spiritual care in a community impacted by violence is a specialized type of grief work and, as such, requires some special awareness and sensitivities. Although there are differences, they are not overwhelming and should not deter caregivers from providing support when they have the opportunity to do so. Showing a “Pastoral Heart,” a willingness to listen, and sharing the hope of the Gospel of Jesus Christ, sometimes simply by being truly present with disaster survivors, will help in ways that we may never know this side of eternity.

Pastor Michael Stadie has served as the Program Director for Lutheran Disaster Response US since June of 2012. He earned his M.Div. at Lutheran Northwestern Theological Seminary in St. Paul MN in 1984. Stadie served 20 years as a parish pastor, primarily in rural areas of South Dakota and Iowa. He also served as the Lutheran Disaster Response Coordinator for Iowa for seven plus years, where he worked with over 25 communities recovering from disasters. He is married to Barb and they have three adult daughters and a granddaughter.

RESOURCES, ANNOUNCEMENTS, EVENTS

Zion XV **October 24-27, 2013** **Lutheridge Conference Center** **Asheville, NC**

Theme: “Conversation in Community”

- Keynote Presenter: Rev. Leonard M. Hummel, Ph. D.
Professor of Pastoral Theology and Care
Lutheran Theological Seminary at Gettysburg
- First Keynote Address: “Luther’s Theology of Consolation and Pastoral Care”
- Second Keynote Address: “A Lutheran Theology of Conversation in Community”
- Bible Study Leader: Rev. Erik H. Herrmann, Ph. D.
Assistant Professor of Historical Theology, and Director of Deaconess Studies
Concordia Seminary, St. Louis, MO
- Local Free-Time Excursions Tours: The Biltmore Estate, Asheville
The Blue Ridge Parkway
- Workshops: See detailed list on next page
- Call for Talent Show: Contact Chuck Weinrich
cweinrich@cfl.rr.com or call 386-233-3826
Juggle? Sing? Play an instrument? Tap dance?
Let Chuck know and he’ll work you into the mix!
- Airline Connections: Asheville Regional Airport (AVL) is serviced by Allegiant Air, Continental, Delta, United and US Airlines

Continuing Education: Earn up to 8 CEU’s

Register via the Zion Conference website:
www.ZionXVConference2013.Wordpress.com

Welcome to the *Zion XV Conference*, October 24-27, 2013 at Lutheridge Conference Center in the beautiful Blue Ridge Mountains of western North Carolina. This is a conference of and for people who have devoted their ministries to pastoral conversation with God’s people. And so our conference theme is “Conversation in Community.”

Lutheridge is located just south of Asheville and is less than a 10-minute drive from Asheville Regional Airport. You can find Lutheridge at 2511 Henderson Road, Arden, NC 28704. If you take a cab from the airport, keep this address in hand to advise your taxi driver.

As in previous Zion Conferences, costs have been kept to a minimum. The registration fee is \$150 per person, including 3 nights lodging and meals (including a banquet) for 4 days. All rooms are doubles. To have a room by yourself is \$300, so if you are not registering a spouse you are encouraged to designate a roommate. Bus transport on tours is included in registration, as is a \$15 gift certificate redeemable at the Lutheridge Bookstore.

Keynote speaker for Zion XV is Dr. Leonard M. Hummel, Professor of Pastoral Theology and Care at Lutheran Theological Seminary at Gettysburg. His topics are “Luther’s Theology of Consolation and Pastoral Care” and “A Lutheran Theology of Conversation in Community.” Dr. Erik H. Herrmann, Assistant Professor of Historical Theology at Concordia Seminary, St. Louis, will offer two Bible Study presentations, also related to the topic of “Conversation in Community.” You can choose one of seven workshops on timely topics—listed below—and continuing education credit is available (again, at no extra charge).

The last weekend in October occurs during the peak season for fall foliage in the mountains of North Carolina. On Friday, a tour for spouses to downtown Asheville is provided (no extra charge), and on Saturday afternoon you have your choice of a tour to the Biltmore Estate (special group rate: \$45/per ticket), including its gardens and winery (dinner is extra), or a shorter tour on the famous Blue Ridge Parkway with a stop at the Folk Art Center. This tour will conclude in time for dinner at Lutheridge. Tickets to the Biltmore may be redeemed during the tour, or at another time outside the Zion XV Conference time frame.

We hope to see you in October!

Yours in ministry,
Rev. David M. Franzen and
Rev. Claude V. Deal, Co-Chairpersons
Zion XV Planning Committee

ZION XV

WORKSHOPS

The Chicken and the Egg: Coherence and Spirituality in Assessment and Method

Goal: To offer a palliative care specific spiritual assessment model (Palliative Care Coherence Spiritual Assessment), and given that this is a workshop focused on conversation in community, explore (Coherence Spiritual Method) utilization of it through dialogue.

Objectives:

1. Explain theory undergirding assessment model as essential to understanding core elements
2. Articulate the core elements (story, suffering, spirit, sense-making) of spiritual assessment framework
3. Present case(s) to demonstrate model in action
4. Dialogue about utilization of Palliative Care Coherence Spiritual Assessment model and the Coherence Spiritual Method

Paul Galchutt, M.Div, BCC, Palliative and Staff Chaplain, University of Minnesota Medical Center, Fairview, Minneapolis, MN

Pastoral Care and Trauma: Resources from the Lutheran Theological Tradition

This workshop will explore trauma from a biological, spiritual, and theological perspective. It will also explore how certain loci of Lutheran theology, such as Luther's theology of the Cross and justification by faith, can help the traumatized rebuild their sense of self and world.

Aaron Klink, M.Div., Th.M., Chaplain, Community Hospice, Henderson, NC and Duke University Medical Center, Durham, NC

The Unique Role of the Specialized Minister in the Care and Nurture of the Religious Professional in the Parish

This workshop will examine and participants will learn about:

1. The role of the specialized minister in caring for and training of religious professionals in our churches.
2. The personality profile of people in professional ministry that enables and hinders their effectiveness.
3. The stressors experienced by all in parish ministry that specialized ministers can help religious professionals address.

4. The unique partnership that exists between specialized minister, parish minister and judicatory

Dale R. Kuhn, M.Div., STM, MA, LCSW, AAPC Diplomate, Executive Director, Care and Counseling, St. Louis, MO

Organizational Resiliency: A Case Study & Spiritual Health Response

Participants will be engaged in learning about strengths and weaknesses in organizational resiliency, using a model created in 2012 for an action research project [as required for completion of my Master of Arts in Organizational Leadership (MAOL) degree in May 2013]. Workshop participants will dialogue about similarities and differences in their ministry contexts as compared to the presenter's case study health care context. The response/role(s) of spiritual care/pastoral care departments in light of such an assessment of organizational resiliency will be reviewed and potential action steps highlighted. Particular attention will be paid to how a response(s) informed by a Lutheran theological perspective, including a two kingdoms approach, use of a paradoxical perspective(s), and application of a stewardship mentality are key resources in a spiritual health response to organizational resiliency today.

BJ Larson, M.Div, MAOL, ACPE Supervisor, Director of Spiritual Health Services, Fairview Ridges Hospital & Fairview Southdale Hospital; System SHS Strategic Lead, Fairview Health Services; ACPE Supervisor and Director of Youth Grief Services, Fairview Health Services, Minneapolis, MN

Incarceration, Substance Abuse and Mindfulness

Time in jails and prisons often results from Substance Abuse. Substance Abuse is beginning at younger ages and some of this is concocted from family Medicine Cabinets; and other Common Household Chemicals. Counselors today are increasingly being taught to recognize Addictions as a disease that with increasing use, changes the brain structure. Recognizing Addiction as Disease helps reduce the "Condemnation and Shaming" aspects of assisting the Addict through recovery.

Mindfulness (Living in the present Moment) can help curb the cravings of Addicts; and is a helpful exercise for everyone.

Gary J. Olson, BD, DMIN, Chaplain, NewAldaya Lifescapes (formerly Cedar Falls Lutheran Home), Cedar Falls, IA; and Pastor, First Lutheran Church, Waterloo, IA

Personal Spiritual Experiences – Sacred Stories Waiting To Be Shared

Participants of this workshop will be able to describe, differentiate and understand the application of three types of Personal Spiritual Experiences: Near Death Awareness, Near Death Experiences and, a new related area, Transformative Spiritual Experiences.

The presenter will share his experience and research from twenty-five years of hospice/hospital chaplaincy.

Steven Rice, M.Div., BCC, Chaplain, Riverside Methodist Hospital, Columbus, OH

Taking the Conversation Home

This will reprise a workshop I offered at Zion XIII which was titled “Listen! God is Calling – Twice”. I proposed that people under call to specialized ministries actually have two calls – one to their specific ministry and one to their church body.

The focus for this event would be ways in which persons in specialized ministries can foster conversations with their larger church communities about their work and the way in which their skills can serve synods, districts, and congregations. Specific ways of keeping the lines of communication open would be offered.

Judy Simonson, M.A., M.Div., Mission Coordinator for Ministries in Chaplaincy, Pastoral Counseling and Clinical Education, Congregational and Synodical Mission, ELCA

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Caring Connections: An inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling welcomes your submission of news germane to specialized ministries as well as announcements of forthcoming events. You may send news items and announcements to one of the *Caring Connections* news editors: John Fale at John.Fale@lcms.org or Judith Simonson at jsimonson@pennswoods.net.