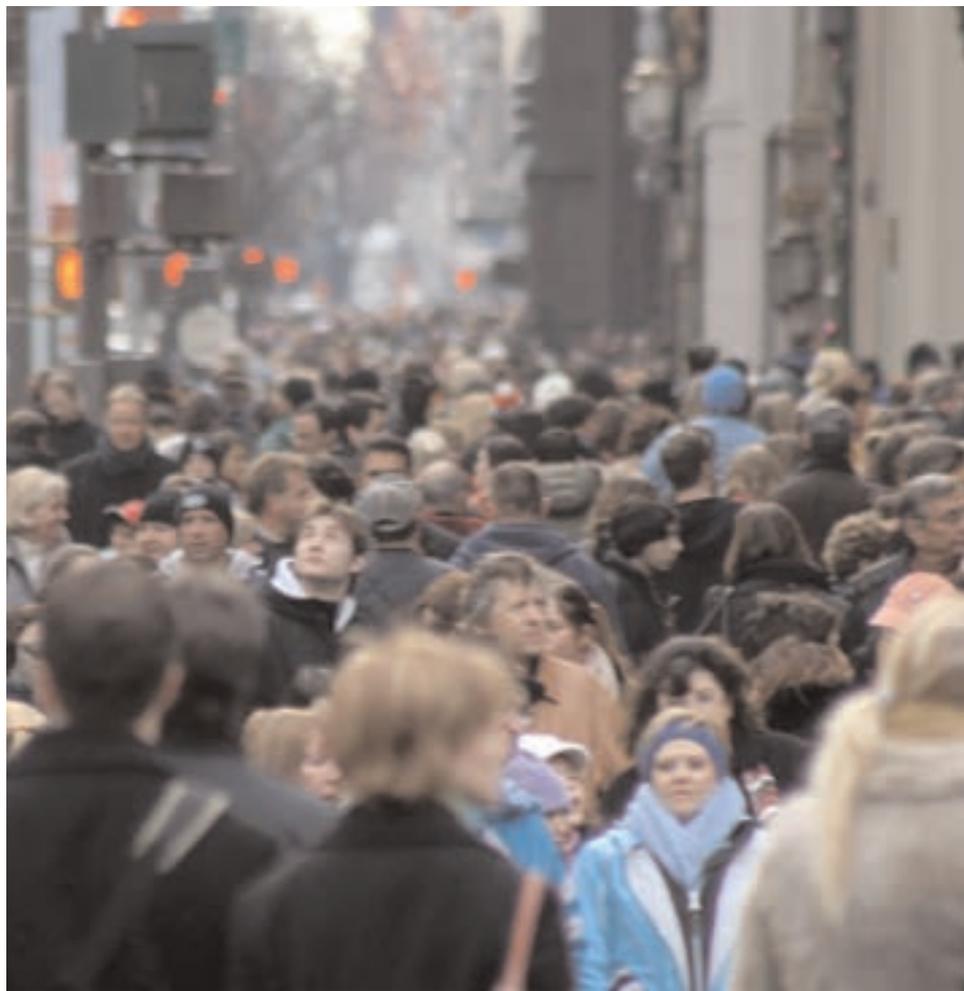


VOLUME 2 NUMBER 2 FALL 2005

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



CARING CONNECTIONS

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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

100%. As a grade schooler, one's heart soars with triumph when you get back some little quiz or test and there at the top, in majestic red ink, is emblazoned the sign of victory, 100%. It means that you got everything right. Perfect. Job well done.

As a young pastor fresh out of seminary, a glimpse of the same digits left me feeling something else, something uneasy. I was first confronted with some of the mundane aspects of ministry when filling out a parochial report for the very first time. I carefully recorded the baptisms and other vital records. I compared my report to that of the previous year as a guide. Then I was struck by the statistic under racial ethnic demographics. White/Caucasian – 100%.

"Is that correct?" I pondered. I looked through church photo directories. I scoured my mind for possible exceptions. In the end, the number was right, 100%.

Certainly the demographic realities of a small town in the Great Plains make such a finding unremarkable, but there exists nationwide an enormous challenge. What place does American Lutheranism have in the increasingly diverse American population?

In this current issue we are proud to share with the readers the thoughtful contributions of four Lutheran spiritual care providers who struggle with this question. The writers literally come from coast to coast and provide us a valuable snapshot of ministry in these diverse United States.

New York City is said to be the capital of the world. Rev. George Handzo, working in this teeming metropolis, shares his understanding of The Great Commission in the context of his life and ministry. The Windy City of Chicago is served by the hospital at which Rev. Lee Joesten works. Lee describes the ways he ministers, and is ministered to, by the diverse patients and students he serves. Minneapolis is sometimes called the Mini Apple, and presents every language and ethnic group of the bigger apple. Rev. David Berg shares his thoughts about End of Life Care in that fascinating context. Finally, from the Emerald City of Seattle, a gateway to the Pacific, Rev. Bill Clements details how healing and forgiveness are vital components to embracing diversity.

We will very soon have concluded arrangements for placing *Caring Connections* in the context of its own dedicated website caringconnections.org. We plan to share through this site not only the current and archived issues of the journal, but additionally an online spiritual care resource center. We hope to turn *Caring Connections* into your one-stop-shopping for resources and information about Spiritual Care!

If you have not already done so, we encourage you to subscribe online to *Caring Connections*. By subscribing, you assure that you will receive prompt notification when each issue of the journal appears on the *Caring Connections* webpage – no need to keep checking to see if a new issue is there. You will also help the editor and editorial board form a clearer idea of the level of interest our journal is generating. Information on how to subscribe appears on the masthead (page 3) and also (in larger print) on page 18.

After subscription you will be notified through email each time a new issue is available online. The email will include the link so you can be taken directly to the new issue. Be sure to visit the *Caring Connections* website regularly. It will be updated regularly with news, links, and resources.

This issue is the first during my tenure as editor. My name is Kevin Massey, I am an ELCA pastor and currently transitioning from a position as coordinator and chaplain at the ELCA-affiliated Advocate Illinois Masonic Medical Center to a position as Assistant Director at the ELCA's Domestic Disaster Response. Please share with me any thoughts, ideas, and suggestions you might have about the journal. We want to make this YOUR journal, of great use to front-line clergy, chaplains, and pastoral visitors. kevinamassey@yahoo.com

Caring Connections is the product of many partners. I would like to especially thank Chrissy Woelzlein and Greg Koenig for assistance with layout and publication. I would like to thank everyone at Lutheran Services for their ongoing support and assistance with the journal.

Call for Articles

Caring Connections seeks to provide Lutheran Pastoral Care Providers the opportunity to share expertise and insight with the wider community. We would like to invite anyone interested in writing an article to please contact the editor, Rev. Kevin Massey. We would like to request specifically articles for upcoming issues on the following themes.

Spring 2006 "Ritual and Pastoral Care"

This issue will highlight creative liturgy and ritual as modalities for providing Pastoral Care. Any issue, topic, or expression that speaks to this premise would be welcome.

Summer 2006 "Ethics and Pastoral Care"

We are proud of the immense contributions Lutheran clergy, chaplains, pastoral counselors, and clinical pastoral educators make to the field of Ethics. We invite articles exploring any facet of Ethics and Pastoral Care, including clinical ethics, boundaries issues, confidentiality, organizational ethics, and health care justice issues.

Practicing Chaplaincy in a Multi-Faith Context While “Reclaiming the Great Commission”

When the church says that it wants to live fully and completely with all of God’s other people, I can share my experience of how to do that while remaining true to one’s own beliefs.

I am an ELCA pastor of over 30 years standing. I am called by the Metropolitan New York Synod to a ministry of pastoral care. Metro New York, like other synods, has recently highlighted “Reclaiming the Great Commission” as a theme for its life and work. There were special committees, programs and materials. We set aside time at synodical conventions for this topic.

I regard the Great Commission as part of what I signed on for when I was ordained. In my preaching and teaching, I believe it is part of what I need to be about. However, I also have this call that involves managing chaplains from many faiths in an agency devoted to multi-faith ministry. I am part of a profession whose code of ethics unequivocally prohibits me from participating with clients in anything vaguely resembling evangelism. I am devoted to working with those who are suffering using their religious and spiritual resources to help them cope, rather than anything I would impose on them.

At The HealthCare Chaplaincy, our community is fully devoted to mutual respect for each other’s faith tradition. For instance, when we gather for prayer, anyone can pray in their own religious language as long as it is “I” praying. “We” do not pray. We pray in the presence of one another not in any way that makes our individual prayer a common prayer with those who likely do not share our faith language.

My ministry is qualitatively different from that of a parish pastor who has collegial relationships with neighboring clergy of different faith traditions. In that situation, everyone knows that each has a primary loyalty to their own faith tradition with its particular beliefs and rituals. If one goes to another’s congregation for worship, one expects to hear the word of that faith tradition preached. In my case, the Orthodox rabbi, the Imam, and I are on the same team supposedly doing the same thing interchangeably. We do not represent different faith traditions but the ministry of trained chaplains to people of any faith or no faith.

I am acutely aware that I live in two different worlds of ministry. I have this feeling most strongly when I attend synodical conventions where much of the language used to talk about our living out of the Great Commission would be highly offensive to many of my pastoral care colleagues. And yet, I



have no doubt about my comfort with the Lutheran tradition. Its beliefs are my beliefs and its rituals are my rituals. I seem to be faced with a choice to either live on the fringes of the church or be disingenuous in how I represent myself on my job.

I cannot claim to have totally solved this dilemma, nor do I expect ever to do so completely. However, along the way, I have come to a perspective—a way of looking at the dilemma—which helps me. These are perspectives, not answers. Since I am clear that I am neither a crack Biblical

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people of any faith or no faith.*

scholar nor a theologian, I do not try to defend any of these points in that way. The only defense is that they make sense to me and therefore help me reconcile the two worlds I live in. As a graduate of CPE, I have focused on what seems true for me. I have embraced the idea that the best way to be comfortable in my life is to be clear about what I believe, to be at home with those beliefs, and to be less concerned about what others believe about my situa-

tion. I do think these are legitimate beliefs within the Lutheran framework and not rationalizations to reduce my cognitive dissonance, although those who read this article may want to challenge me on that point.

My perspective has several parts. These are not connected into a coherent whole since a tight system is not my goal.

The Holy Spirit will guide me to speak to and be heard by those who need to hear.

I. The Great Commission is The Word for me, but not necessarily for everyone. The corollary here is that Jesus Christ is *the* way for me and many others, but not necessarily for everyone.

I believe that Jesus Christ is not *a* way to God for me, but *the* way. There is no other way to God for me. I also believe that Jesus is *the* way for many people. However, it seems to me that we limit God severely if we suppose that Jesus is necessarily *the* way for everyone. As a case in point, I have never understood how we, as Christians, can justify evangelizing Jews simply because they don't accept Jesus as the son of God. It seems that Scripture is abundantly clear that the intrusion of Jesus Christ into human history does nothing to change the status of Jews as God's chosen people. If we are open to the idea that there is some group of people out there who don't need Jesus to come to God and salvation, we must admit logically that there could be others whose status God has not seen fit to reveal to us. This line of reasoning leads me to the conclusion that we don't know who might be in the groups that don't need Jesus for their salvation. This realization then tempers my call to live out the Great Commission.

The other side of this coin, however, is that there are others out there who do need to accept Jesus Christ and be baptized. Again, God has not revealed to me who these people are, but I trust that they exist. Given that trust, I am not permitted to give up witnessing to my beliefs. I must obey the call to witness to what I believe, trusting that the Holy Spirit will guide me to speak to and be heard by those who need to hear.

II. Witnessing Is Different From Evangelizing

In my lexicon, witnessing is speaking of what "I" do and "I" believe and evangelizing is what "you should" do. As I mentioned above, in The HealthCare Chaplaincy community, mutual respect and acceptance of each other's beliefs means not just that I accept the beliefs of others, but that I have permission to talk freely about what I believe as long as I am not asking anyone to agree or accept those beliefs.

III. I Am Where I Am For A Reason. The corollary is that I have something to give both of my worlds because of who and where I am.

To the church, I can give my sensitivity to other religions and cultures. When the church says that it wants to live fully and completely with all of God's other people, I can share my experience of how to do that while remaining true to one's own beliefs. When the church gets excited about proclaiming the Good News, I can help them to do that in ways that do not appear offensive or arrogant to those of other faith communities and thus cause separations in a world that can ill afford more divisiveness.

To my non-Lutheran colleagues, I can give some of the particular gifts of my faith. Most of these are present in some ways in most other faith communities, but may not be as prominent and well developed. These would include the emphasis on grace vs. works, the immanence of God especially during times of trial, and the promise of eternal life as a gift of faith.

All of us who are Lutheran but work in ministries of pastoral care in a multi-faith context are inevitably bridging the differing demands of these two communities. Hopefully, we can do that with authenticity in both places. I offer the above as a way that works for me.

The Rev. George Handzo holds a Bachelor of Arts degree from Princeton University, a Master of Divinity degree from Yale University Divinity School and a Master of Arts in Educational Psychology from Jersey City State College. He did his clinical pastoral education at Yale-New Haven Hospital and Lutheran Medical Center, Brooklyn, N.Y. and is ordained in the Evangelical Lutheran Church in America. The Rev. Handzo is Associate Vice President, Strategic Development at The HealthCare Chaplaincy in New York City after having been Director of Chaplaincy Services at Memorial Sloan-Kettering Cancer Center, a partner institution of The HealthCare Chaplaincy, for over twenty years. Pastor Handzo is the author of a number of articles and chapters in the area of pastoral and spiritual care and the book, Health Care Chaplaincy in Oncology, co-authored with Dr. Laurel Burton. Chaplain Handzo is a Board Certified Chaplain in the Association of Professional Chaplains and is a past president of that organization.

Supervising in Diversity: Challenges and Opportunities

I am certain that ministering to people of many faiths ... strengthened my relationship with Christ and increased my understanding of ministry as a Lutheran pastor.

The theme for this issue of Caring Connections is particularly appropriate in the midst of an increasingly diverse culture. The specific question to me was whether or not supervising students from diverse religious backgrounds has influenced my personal faith or changed my understanding of my role as a CPE supervisor. Without knowing the outcome of my reflections on this question, I immediately accepted the invitation to contribute to this issue.

As a word of background, I did not enter a CPE residency in order to become a chaplain, let alone to become a CPE supervisor. After serving a parish in rural Iowa for three years, I entered a CPE residency to hone my pastoral skills and return to parish ministry. Now after 33 years as a hospital chaplain and CPE supervisor, I remain surprised that nearly my entire ministry has been in a hospital setting. I am certain that ministering to people of many faiths in a hospital, studying and working with non-Lutheran clergy who feel called to ministry, and supervising (teaching) students from a multitude of Christian and non-Christian backgrounds have strengthened my relationship with Christ and increased my understanding of ministry as a Lutheran pastor. I could not have said this before I began to engage patients and students of other faiths in a meaningful way.

Ministering to a diverse population of patients and supervising CPE students from a variety of religious backgrounds share common issues. Being a chaplain and a CPE supervisor requires me to respect beliefs and religious practices that differ from mine and also, at times, requires me to articulate my own faith as a Lutheran Christian. Two vignettes from my own ministry, one as a chaplain and the other as a supervisor, illustrate both the burdens and benefits of being exposed to a variety of religious convictions.

Ministering to people of other faiths was somewhat academic for me until I entered CPE. The first patient to whom I ministered in depth in my CPE residency was a Jewish psychiatrist from Colorado who had survived coronary artery bypass surgery. This was at a time when bypass surgery was still experimental and a positive outcome far from guaranteed. Realistically this psychiatrist had prepared patients in his practice for the possibility of his death. Now he was anticipating re-entering his



practice and facing people to whom he had essentially said, “good bye.” I was somewhat stunned by how openly this veteran psychiatrist shared his mixed feelings of elation and fear with me, a neophyte chaplain resident. What also stunned me were his questions about my faith, why I believed as I do, and how I thought I could help others. I remember feeling inadequate in my responses. But inadequate about what? Did I think that my responses were not convincing, as though I had to convince him that

Ministering to people of other faiths was somewhat academic for me until I entered CPE.

what I believed should be worth his consideration for himself? My feelings seemed to reveal my internal need to make others after my image and move them toward believing what I believe. I no longer have that need. In spite of feeling inadequate, I also remember feeling very close to this man and caring deeply about his return to Colorado and to clinical practice. I also remember his expression of appreciation for my visit, for listening to him and for letting him explore his feelings of gratitude and apprehension. Something had happened that helped him feel more complete, more whole.

The second vignette involves a supervisory experience with a Christian student in a large Christian hospital in southern India. I was on a three-month sabbatical helping a medical hospital develop a chaplaincy training program. As we discussed the students' learning goals, one student said that she wanted to learn better how to bring others to Christ. It occurred to me that her goal was misguided because much of her ability to achieve her goal was beyond her control. She could not control what others would or would not believe regarding Christ. In

I was glad to be a Lutheran, even a Missouri Synod Lutheran, but that identity didn't make me a better Christian or any more "right" than others who called themselves Christian.

fact, she and I both agreed that it is only the Holy Spirit that ultimately brings someone to faith in Christ. But with a slight revision of her statement, we could come up with a goal over which she had some control. How could she learn to more effectively bring Christ to others?

In India, Christians comprise a meager 2-3% of its immense population. Most of the patients in that hospital were non-Christian. Her religious training and her theological education placed a high expectation of winning converts, even though to do that violated the philosophy of the hospital which was "to serve as Jesus served." Asking how she could bring Christ to others helped her to focus on the abilities and personal qualities that she brought to ministry. It also allowed her to explore her relationship with Christ and how Christ could be expressed through her without coercion.

I grew up in a Lutheran, Christian home. My family attended church regularly, and I attended a parochial day school for most of the elementary grades. I was strongly influenced by the teachings and the piety of the Lutheran Church—Missouri Synod. The seeds of becoming a pastor were sown in grade school, and they came to fruition when I decided to go to Concordia Junior College in St. Paul, Minnesota upon being graduated from high school. I was not fully certain that I wanted to be a pastor, but I didn't know anything else that I wanted to do or be. My call to ministry evolved as I moved through junior college to Concordia Senior College in Fort Wayne, Indiana and finally to Concordia Seminary in St. Louis.

I am grateful that I was at Concordia Seminary in the mid 60s when the civil rights movement and the Viet Nam war dominated the social landscape. Those volatile issues were integrated into the theological inquiry that took place in nearly every course and classroom. Even though I struggled academically I was proud to be a student in a reputable theological school that helped me apply my faith to life.

Ecumenism was also at a high point in my seminary days. The seminary cultivated a spirit of open-

ness toward other expressions of the Christian faith. I was glad to be a Lutheran, even a Missouri Synod Lutheran, but that identity didn't make me a better Christian or any more "right" than others who called themselves Christian. I value that spirit of openness, tolerance, and respect for people of other faiths. It served me well as I later entered a basic unit of CPE and later still a CPE residency.

As I said earlier, my motivation for CPE was not to prepare for chaplaincy. My motivation was to learn how to more effectively minister to the sick, injured, aged and dying. Parish life allowed me ample opportunity to minister to people in need while doing other pastoral activities such as preaching, teaching and administration. But once in the hospital day-to-day I became captivated by my interaction with highly skilled, highly educated professionals from other disciplines, most of whom believed differently than I. Ministering to people from different faith backgrounds was equally stimulating and challenging.

CPE brought me into an ecumenical ministry to persons of other faiths. Patients often dismiss the importance of a particular belief in favor of a general, generic faith. They often say, "I'm not very religious, but I am spiritual." Or "I'm not very religious, but I believe in God." Or "I don't go to church regularly, but I pray every day." These statements can come from lifelong Lutherans as well as from persons of any religious heritage, whether protestant or Roman Catholic, Christian or non-Christian.

My response to such statements is more questioning than challenging. I don't say, "Oh yes it does matter what you believe. Particularity of belief is important." I will instead ask, "Can you share with me what you do believe and how your faith does help you deal with your being in the hospital?"

Chaplaincy and CPE have helped me distinguish between belief and faith. Beliefs are words, teachings, concepts, mental constructs. Faith is how able I am to apply those concepts to my life. It is one thing to say, "God is love." It is quite another thing to say, "I feel loved by God." I do not try to change people's beliefs but rather to bring their beliefs to bear on their lives, or bring them to faith. I remember my sainted professor Bob Bertram saying that Luther's definition of faith was "to have." Faith is a verb. Faith is our ability to fully integrate our belief(s) into our lived experience. It is not enough to believe that God is a God of love, if I do not feel embraced, upheld, or guided by that love.

The main question is what people do believe, and how those beliefs work (or fail to work) for them. Hospitalization often causes patients to adjust their beliefs. Things once held to be true can be questioned, and even rejected, when faced with the calamity of a serious illness or the death of a loved one. Adversity can result in a "crisis of faith" where one is unsure what one believes. This crisis of faith can also be the refiner's fire that make's one's faith even more solid and precious. For others, faith is the

very source of strength and endurance when life seems to be falling apart. I feel privileged when patients share their convictions and their uncertainties with me.

Many will insist that as a Lutheran pastor I am obliged to bring my beliefs to bear on others' beliefs. Some will say that I am duty bound to bear witness to what is right and what is true. They will say that my role is to bring patients to proper, i.e. saving faith, for indeed only certain beliefs can save. They will say that there are times that I must be judge and use the law to expose false belief. Ministering to non-Lutherans and non-Christians has required me to be open, respectful, even accepting, of their beliefs. Accepting doesn't necessarily mean agreeing. The issue is not how their beliefs conflict or agree with mine, but how do their beliefs conflict with or validate their own lived experience. A healing connection with someone is created by honoring their starting point.

Supervising non-Lutheran and non-Christian students is a similar process. Helping students learn and grow in the art and skill of pastoral care also requires me to honor each student's starting point, to respect their histories, backgrounds and journeys of faith. CPE begins with students' own goals for learning. Do I have things that I hope to teach them? Certainly! Just as there are ways that I believe I can help patients live with adversity, come to accept their dying, learn to live fully again after a loved one's death. But growth begins with where they are, not where I want them to be.

There is a vulnerability to being a patient in a hospital or a CPE student in a new learning environment, especially one that requires self-disclosure as a prerequisite to learning. Patients and students must trust their environment to be safe if healing and learning are to be maximized. That means that I genuinely respect them as persons, including the beliefs and faith that give them their sense of meaning and purpose. As they feel respected and accepted as persons, in their totality, they can trust that it is safe to openly share their hopes and fears with me.

John Gleason at Lehigh Valley Hospital and Health Network in Allentown, Pennsylvania wrote in the winter 2004 issue of *The Journal of Pastoral Care and Counseling* that "in 1566 medical doctors were required to swear that they would stop seeing a patient on the third day unless the patient has confessed all sins and had a confessor's statement to prove it." He goes on to say that those who did not comply could be permanently removed from practicing medicine. Granted the reference is to sins or specific wrongful acts as opposed to being non-Christian, but it seems safe to assume that strict adherence to church teaching would have been equally expected. Those days were not known for tolerance or acceptance of diversity. Today I believe we are a stronger and more humane culture because we value the benefits of diversity in our healthcare institutions and pastoral training programs.

People of different faiths, whether patients or students, give me pause. Early in my ministry I think this experience caused me to question why others were like they were and not like me. Now I mostly ponder why I believe as I do and not as others believe. I am a Christian. I am a follower of Jesus Christ. I believe that in some mysterious way Jesus lives in me. I believe that Jesus loves me and that this love is rooted in God my Creator, the One in whom I live and move and have my being. In my best moments I feel seized by that love of God and am certain that nothing can separate me from it. At others times I am not so sure. In those times I need the presence of those who can respectfully listen to my pain and help me reconnect with the One who is my rock and my foundation. Ironically, in those times it can be non-Lutherans or non-Christians who minister me back to spiritual well-being!

Leroy Joesten is currently Vice President of Mission and Spiritual Care at Advocate Lutheran General Hospital in Park Ridge, Illinois where he has ministered for the last 33 years. He is an ordained Lutheran Church—Missouri Synod pastor. After graduation from Concordia Seminary in St. Louis in 1967, he served a parish in rural Iowa for three years. He then entered a residency in Clinical Pastoral Education in Milwaukee, Wisconsin. He is a board-certified chaplain in the Association of Professional Chaplains and a certified supervisor in the Association for Clinical Pastoral Education. He is married and has three children and five grandchildren.

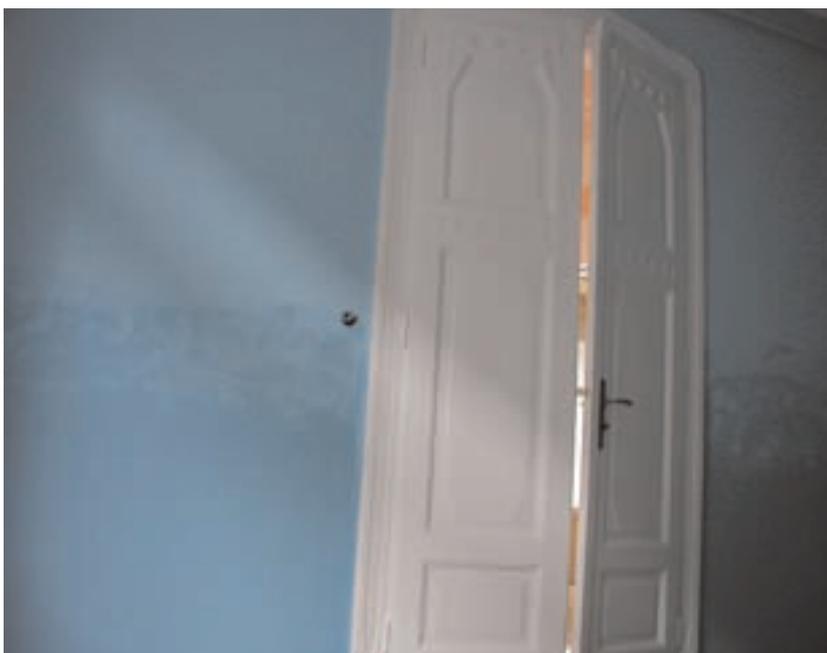
A Lutheran Perspective on End-of-Life Ministry with Diverse Populations

The call to or foundation for end-of-life ministry with diverse populations is rooted in both God's act of creation and redemption.

A friend in Madagascar sent my family a Malagasy proverb when my father-in-law died, *"the door your loved one went out is yours, but the loss is common for all of us."* The Malagasy people, like many traditional people across the globe, often use proverbs to express their wisdom. This proverb speaks both to the uniqueness of each human life and to the shared experience of death.

The experience of death is universal, but we approach death, experience it and make meaning out of it through the lens of culture. Culture and spirituality are important over the course of human life, but they are most significant on two days, the day of our birth and the day of our death. Our worldview, beliefs, spirituality, cultural traditions and cosmology all shape our understanding of what constitute best practices in end-of-life (EOL) care. It is important to remember that we are all unique individuals, belonging to a family, located within a cultural context, holding deeply held spiritual and religious beliefs and sharing the common journey of birth, life and death with all other human beings. Culture is not a predictor of spirituality. Within the same family, we are frequently at different places on a cultural continuum and in a different place with regard to our beliefs.

This morning I visited four patients in my role as the chaplain for a palliative care consult team at a Midwestern academic health center in a large city. The patients happened to include an adolescent male from Argentina, a middle-aged Native American woman from North Dakota, a one year old African-American patient and his parents from Seattle, Washington, and an elderly Caucasian male from Minnesota. The demographics of our patient population show that more than 25% of our patients are from communities of diversity. The community is home to large populations of immigrants, including Hmong, Somali, Tibetan, and Eritrean and Ethiopian. The Latino population is the fastest growing local community of diversity. Our medical center has over 30,000 annual requests for interpreter services. The Riverside campus of our medical center is located in the largest Muslim community between Chicago and San Francisco. How does a chaplain—a third generation Lutheran pastor—minister to this rich diversity of patients with myri-



ad religious and spiritual beliefs, languages, cultures, worldviews and family roles?

The chaplain's role in palliative care is to journey with patients and their families through the last chapter of their lives. A chaplain's code of ethics addresses diversity by stating that chaplains are expected to: (1) treat all persons with respect, recognizing the dignity and worth of each individual; (2)

Culture and spirituality are important over the course of human life, but they are most significant on two days, the day of our birth and the day of our death.

celebrate diversity and serve all persons regardless of religion, race, ethnicity, sexual orientation, disability, or gender; and (3) affirm the spiritual and religious freedom of all persons and refrain from proselytizing. This code means accepting each person on their terms, and linking them with spiritual resources from their own traditions.

This work in palliative care requires that the chaplain be firmly grounded in her/his own faith tradition for several reasons. Patients will often ask about the chaplain's faith tradition, seeking to discover whether there is common ground and respect for their particular faith experience. It is imperative that the chaplain recognize the lens through which

kinds of other human beings, included self-declared atheists, because of Jesus than I should ever have been apart from him."

We are called to a ministry of reconciliation. Paul writes in 2 Corinthians 5: 18-20, "All this is from God, who reconciled us to himself through Christ, and has given us the ministry of reconciliation, that is, in Christ God was reconciling the world to himself, not counting their trespasses against them, and entrusting the message of reconciliation to us." Reconciliation is foundational to healing. Human wholeness is found only in community. To be cut off and isolated, from a Biblical perspective is to be dead.

John V. Taylor, a missiologist, reminds us that "*our first task in approaching another people, another culture, another religion, is to take off our shoes, for the place we are approaching is holy. Else we may find ourselves treading on men's [people's] dreams, more serious still, we may forget that God was there before our arrival.*"

God is present and active in this world in ways far beyond our understanding. God is as much mystery as revealed, and so we approach our pastoral care ministry with an awareness that God has already preceded us in ways not always readily apparent. Awe, wonder and gratitude must inform our ministry. When we lose this, we lose grasp of the depth and breadth of God's (world-transforming) purpose.

Another way to think about ministry with diverse populations is articulated by Henri Nouwen in *Reaching Out* where he wrote about a ministry of hospitality. Hospitality "*is not a method of making our God and our way into the criteria of happiness, but the opening of an opportunity to others to find their God and their way... The paradox of hospitality is that it wants to create friendly emptiness where strangers can enter and discover themselves created free: free to sing their own songs, speak their own languages, dance their own dances; free also to leave and follow their own vocations....In the midst of a turbulent, often chaotic life, we are called to reach out with courageous honesty..., with relentless care to our fellow human beings, and with increasing prayer to our God.*"

At the center, our call to a ministry of pastoral care with diverse populations is based on our understanding of, and response to, God's revelation through Jesus. It flows naturally out of the center of our faith rather than primarily from a culturally sensitive response informed by political correctness.

In addition to this Christian center, there are also Lutheran traditions that inform our ministry.

We understand the nature of human beings to include a call to be co-creators with God. God has called us to a ministry of reconciliation. We are active agents in this process, this response to God's love. We have choices. This is significant in our

We are our brothers' and sisters' keepers, we are family.

he/she views the world and makes meaning of it. Of equal importance is the reality that you can't journey with someone as they explore the spiritual and transcendent dimensions of their walk into the valley of the shadow of death if you haven't adequately prepared yourself first. "You can't guide someone else where you aren't prepared to go yourself." Finally, unless the chaplain is firmly connected to a source of living water, end of life ministry will soon lead to burnout.

What shapes, informs and directs us in this ministry with diverse populations?

As a follower of Jesus and a person who has been transformed by the Gospel, my life reflects the transforming love of God revealed in Jesus the Christ. We are all brothers and sisters in one human family, all created in the image of God. We are our brothers' and sisters' keepers, we are family. We are reminded in Galatians 3:28, "there is no longer Jew or Greek, there is no longer slave or free, there is no longer male or female; for all are one in Christ Jesus." We all belong to God. Every human being is loved equally by their creator. "For God so loved the world (cosmos) that He gave His only Son," John 3:16.

Jesus touched the untouchable, spoke with rejected women, healed deep separations and called the hated tax collector to follow him. We read in the Gospels that Jesus went about preaching, teaching, and healing. The Christian faith community has embraced the first two and often struggled with the third.

The call to or foundation for EOL ministry with diverse populations is rooted in both God's act of creation and redemption. We care for others because they are our sisters and brothers, members of the same human family. We are all children of the same Creator. Our response to God's love (redemption) is to love God, ourselves, and our neighbor.

Douglas John-Hall says it very well in his book, *Why Christian?* when he states: "*Jesus,...does not cut us off from others but, precisely, by being there at the center of our confession of faith in God, opens our minds and hearts to others—including(certainly!) those who do not name him, Jesus, as their redeemer, their doorway to the eternal. I can say without any doubt at all that I am far more open to Jews and Muslims and Sikhs and humanists and all*

ministry with people (and their families) who are sick. We don't approach sickness through a lens of fatalism, in which everything is left to fate or God. We believe that as human beings we can participate with God in this "mending of the world." We can be channels through which God brings healing. God works through humans to accomplish God's purpose. We are called to "love our neighbor." Whatever acts benefit the neighbor and the larger community are good.

We live with a paradox that is both rooted and engaged: rooted in the distinctively Lutheran tradition, and engaged with the world

As Lutherans who have struggled with Luther's theology of the two kingdoms, we also believe that God is at work in the kingdom on the left, in the secular realm. God hasn't abandoned the created order to the powers of darkness. God is continuing to break into our world in ways that surprise us. This speaks of the "faithfulness of God." Luther reminds us that God is both hidden and revealed.

As transformed followers of Jesus, we need to be good listeners, lest we too quickly think we have things figured out and miss what God is up to now. We must be both courageous and cautious. We live with a paradox that is both rooted and engaged: rooted in the distinctively Lutheran tradition, and engaged with the world, listening to its pain and brokenness and working toward its healing. The paradox of transformation is that the redemption/restoration of the world has begun but is not yet accomplished. Dietrich Bonhoeffer said it this way, "*it is only by living completely in this world that ones learns to believe—taking life in one's stride with all its duties and problems, its successes and failures, its experience and helplessness. It is in such a life that we throw ourselves utterly in the arms of God and participate with God's sufferings in the world and watch with Christ in Gethsemane. That is faith, that is transformation and that is what makes a person (creation) and a Christian (redemption).*"

A theology of the cross views life through the death and resurrection of Jesus Christ. Viewing the cross, we daily die to our own sinful nature so we might be reborn. We live in the wisdom of the cross—which makes no sense in the world! The only real power in life is the power of agape, sacrificial love. At our baptism we were "sealed with the Holy Spirit and marked with the cross of Christ forever." Paul says in Romans 6:3, "Do you not know that all of us who have been baptized into Christ Jesus have been baptized into his death?" For the baptized this is our primary identity, forever. Baptism defines who we are in Christ. This primary identification transcends all other factors. We are united by what God has done for us in Jesus Christ. The community of baptized is a very diverse, global community. It is important to remember that our ministry is to an even more diverse population than this baptized community.

What practical suggestions might guide us in a ministry to diverse people as they approach the end of life? Let me offer the following:

- Listen; listen to what is said and to what is unspoken. Pay attention to the non-verbal cues that are provided. Learn to value silence. What are the needs that cry out for attention?
 - Be open; open to the needs of the situation, to the needs of the dying person and their family. Be open to the moving of God's Spirit.
 - Show up; be present. Many people are afraid to be alone or to be abandoned. Holding their hands in silence may be the most important and respectful gift you bring.
 - Always use a trained medical interpreter when necessary.
 - Be rooted; know the source from which you draw the waters of life. Recognize how your own particular cultural heritage influences your health seeking behaviors.
 - Be compassionate. Let your motivation be that of love rather than fear. "People want to know how much you care before they care how much you know."
 - Pray without ceasing.
 - Avoid assumptions. They are deadly. Ask questions when you don't understand. Other cultures may assign very different meaning to a behavior than you do.
 - Use respect in greetings. Some cultures are comfortable with using first names; for other cultures it is a sign of disrespect. Ask people how they wish to be addressed. Take time to learn the correct pronunciation of names.
 - Ask open-ended questions and explore for meaning.
 - Don't avoid feelings; explore them.
 - Recognize that dying people may have very limited energy.
 - People unable to talk (stroke, intubated, etc.) may still have a deep need to communicate. Learn to say phrases or use pictures, and then check with the person for meaning and understanding.
 - Identify the family spokesperson. Ask who needs to be involved in decision-making. Is it appropriate to talk about death in their culture? What spiritual path/s do they follow? What are their beliefs regarding death? Explore their cosmology. Is a direct or non-direct communication style preferred? Are there death related rituals that need to be honored? How do we need to care for the body/soul/spirit at time of death? What are the taboos regarding death of which we need to be aware?
- Ira Byock, MD, in the *Four Things That Matter Most*, says that dying people have taught him these are the important things:
- I forgive you;
 - Please forgive me;
 - Thank you;
 - I love you.

It is a sacred privilege to journey with patients and their families as they pass through the valley of the shadow of death. Life itself is a sacred gift from the creator. Be open to learning all that the opportunity offers. Remember that each of us makes this journey one time. We don't get practice runs at this, but we can learn much that will inform us as we minister to others.

After graduation from Augsburg College, David Berg taught social studies at South High School in Minneapolis for 13 years. He received an MA in Counseling Psychology from the University of Minnesota in 1974 and the Master of Divinity Degree from Luther Seminary in 1980. That same year he was ordained as a Lutheran pastor at the church that nurtured him during his seminary years, St. Peter's African Methodist Episcopal Church in Minneapolis.

David has been a hospital chaplain for over 25 years. He has published and lectured on grief, end-of-life care, cultural/spiritual assessment, and cultural dimensions of end-of-life care.

David currently works at University of Minnesota Medical Center, Fairview as Chaplain of the Palliative Care Team (TLC) and Cultural Competency Educator. He is also an instructor at the University of Minnesota AHC and teaches a class entitled, "Cultures, Faith Traditions, and Health."

The Challenges and Blessings of Doing Spiritual Care in a Diverse Setting from a Lutheran Perspective

To be doing spiritual care in a diverse culture from a Lutheran perspective is to serve Christ by focusing on the healing of shame, the forgiveness of guilt, and the application of justice to people filled with fear.

My wife and I live in the Seattle area where awareness of multiculturalism and diversity is nothing new. Folks here are attempting to widen their knowledge of cultures and races different from their own. But at the same time, while perspectives may have grown about the varieties of human experience in our world, many hearts remain small and filled with **fear**, uninterested or threatened by the prospect of change. As a Pastor and Chaplain I bring hope and biblical clarity in responding to the will of God. The lack of openness to God and especially the expectation for God's salvation in Jesus Christ in our midst is surely the cause of much isolation and **guilt** among the people and institutions I serve. Even in our day-to-day existence, it is tempting to place our personal projects ahead of the needs of those around us and God's need for our obedience of faith. (Romans 1:5) And so with all the signs of globalization, people experience **shame** because they remain clashing cymbals, listening to the rhythm of our own beat or subjects chattering about very little except our own agenda.

The Healing of Fear

I love the Garrison Keillor monolog called the "Pontoon Boat." In it he says "We don't see the people for the principles." He put his finger on the chief ingredient in the healing of fear from my perspective.

For the past ten years I have served as Staff Chaplain at the King County Jail system. In this capacity I have performed one-on-one visitation with inmates of all classifications. I conduct group Bible study for up to 24 inmates. I work in different environments and with a variety of approaches as directed by jail supervisors and officers in order to meet the religious rights of the inmates. Organizations and individuals regularly consult me regarding religious and community jail and prison issues for families of inmates and those in need of referral.

I also listen, care, and respond to the needs and feelings of inmates and staff members who seek me out for counsel and support. I collaborate and have traveled with The Union Gospel Mission, Prisoners for Christ and Prison Fellowship to deliver religious programs and individual visitation for inmates in jail and prison. I am sensitive to the needs of inmates and staff of many religious and non-religious



traditions. I honor and respect different religious traditions within the constraints of the prison system treating inmates impartially and fairly. I informally provide counsel regarding religious disputes to staff, and feel inmates of non-Christian traditions respect me. For the past ten years, I have also served as a staff chaplain at Harborview Medical Center in Seattle. I work in an institution-

It is tempting to place our personal projects ahead of the needs of those around us and God's need for our obedience of faith.

environment that demands strict adherence to codes of behavior, openness to a variety of religious beliefs, cultures, and languages and levels of authority. I also serve as the pastor of a small Lutheran congregation in one of the wealthiest communities in Seattle. In these diverse settings I listen for themes and metaphors in people's lives. Commonness is a blessing. Uncommonness stretches me to look beyond myself. I look for what emerges in conversations and conflicts. I make

meaning so as to broaden my understanding. I don't allow myself to become distant or assume I know what is best.

Let me share this story to illustrate my approach to the healing of fear. One day a large African American Pentecostal family gathered in a patient's room in the hospital I serve before surgery. They were praying very loudly and physically. The nurse

*There is a need for each of us to be cleansed,
not by ourselves but by God.*

asked me to assist her with the family because they were disturbing the other patient in the room and making it difficult for the nurse to do the pre-operative procedures. I suspected that in reality the nurse was unfamiliar and uncomfortable with the spiritual style the family displayed, and therefore fearful. So I invited the family to move to a surgery waiting area that could be made private for them. They welcomed my facilitation of their prayer life and soon one of the male leaders of the group took control. They began to lay hands on and give strong hugs to each member of the extended family, to speak in loud tongues, and even to foam at the mouth with saliva actually flowing onto the floor. Such unfamiliar actions could have been bizarre or even disturbing and fear-producing to some. I chose to listen carefully to their sharing and praying and learned that they believed this was a way to cleanse them so that their prayers to God would be cleansed as well and therefore more powerful and sacred. Cleansing is itself a deeply held act within many religious and cultural traditions. It is also a medical fact.

I once met a patient with cystic fibrosis. Numerous times a day he had to choke and seemingly gag himself, pound on his chest and cough just so that he could remove some of the fluid which regularly built up in his chest. It was an uncomfortable and disturbing kind of experience to watch but necessary for his breathing capacity. In the same way, there is a need for each of us to be cleansed, not by ourselves but by God, from those very habits and choices and actions which would and will kill us if not cleansed. As a pastor and chaplain I choose to love instead of to fear because God does not give us a spirit of timidity... The ultimate fear is the fear of death, and God has answers for that as well if we will only listen to Him.

The Healing of Guilt

Churches in this region remain among the most segregated places in the United States. Churches too often reflect society, not God's direction, and people naturally gravitate to where they are most comfortable. Racism is just as prevalent within the church as outside. Though racism may not be overt, the message is still clear: You are not welcome here. When I discuss racial issues, there is almost this overwhelming sense of *guilt* and despair. In my ministry

I am motivated by my faith in Jesus. As a demonstration of God's unconditional love for all people, I serve ALL people regardless of a person's religion, race, ethnicity, or gender. In the course of counseling a person; I also come to *love* that person. I have personally experienced the truth of 1 John 4:18 "perfect love casts out fear."

More than anything else that we Christians do to provide spiritual care in a diverse world is that we love people. As the recipients of God's love, we are called to love. In a recent conversation with a member of the Islamic faith I was told, "I don't know about your Jesus but I do see one thing that you do among my people, you really love them."

The Healing of Shame.

Materialism promotes greed and shame in our community. I met a missionary recently who was moving back to Texas after spending many years in South America. He suggested that the world's biggest religion is not Islam or Buddhism or Catholicism or Protestantism, but rather materialism. I'm not an expert on how people live all over the world, but I would have to agree that materialism is the the most predominant "religion" here in the Northwest. We are a Mecca of consumerism. Usually advertisers tell us that buying their product is the road to happiness and self-fulfillment. It's all very misleading. Materialism leads only to shameful disconnection from community and reliance on selfish greed. The words of Jesus are God's truth: "Be on your guard against all kinds of greed; a man's life does not consist in the abundance of his possessions." (Luke 12:15) I know of one family that records all the TV that their children watch so that the commercials are screened out. Their reasoning: "Commercials are designed to make one unhappy... desiring things they didn't know they needed!"

Many Eastern Religions and Cultures give prominence to the experience of shame over guilt or fear. Shame breeds on disconnection and exclusion. Jesus revealed the importance of shame when He said "Those who are ashamed of me and of my words in this adulterous and sinful generation, of them the Son of Man will also be ashamed" (Mark 8:38). Jesus speaks of the power of shame to disconnect and disown people from their family and culture. I often discover the power of shame in families, especially those from Asia. During crisis and trouble, instead of support, some threaten shame: "What will people say?" Missionary Herbert Hoefler calls this a "collective conscience."

I approach shame by intentionally using a spiritual assessment that addresses the possible effects of shame in disconnecting people and seeks to find accommodations. I ask the inmate in jail or the patient in the hospital or the community member questions such as:

- What things do you value?
- How might you see what is happening? Have you ever talked about anything like this happening?

- Where or from whom would you look for advice, counsel or a sense of hope?
 - What support have you used in the past?
- (These questions initially surfaced in the book *Managing Death in the Intensive Care Unit* by Curtis and Rubenfeld)

My Lutheran perspective, based on the cross of Christ, has demonstrated that there is much real suffering in the world in which we live.

An example: The regional medical examiner's office is located in the trauma hospital I serve. This agency makes a wonderful accommodation for Buddhists. The Buddhist faith requires that chanting take place over the deceased body for 24 hours after death. So in the morgue and even during the autopsy they can play Buddhist chanting tapes and are able to fulfill the wish of the family for their deceased loved one. This accommodation has helped decrease the disconnection that is all too common among minority populations who come in contact with public agencies.

Conclusions

I picture my ministry as being that of a domestic missionary. I recognize that diverse cultures and beliefs have knowledge of their own resources which may be unfamiliar to me. I respect what someone else names as a sacred act or thought, or the things to which others attribute power and meaning. I listen, I pray to Jesus Christ and I allow myself to stretch before I draw any conclusions, and then I keep my conclusions tentative until I have a witness from Jesus Christ and from the Bible to share with them."

My Lutheran perspective, based on the cross of Christ, has demonstrated there is much real suffering in the world in which we live. Some of this is from natural causes, such as illness, accident, disaster, and death. Much of it, however, including poverty, hunger, pollution, hatred, cruelty, violence, and tyranny, is the result of human actions. No intervention of God will force a change. Mankind has been given the free will to choose to do things God's way or man's way. Love is the quality of the unconditional and infinite God that penetrates this imperfect and conditioned world, bringing with it a taste of God's grace and mercy. Jesus showed us that if love were reserved only for the lovable it would not be of God. My mission is to demonstrate the mystery and mercy of God's love to its recipients despite their faults and weaknesses.

In a recent conversation with my friend Dr. Paul Gossman of Trinity Lutheran College here in Issaquah Washington, I was reminded by him that my Lutheran ministry brings a unique perspective by being an incarnate and unique sacramental ministry (2 Cor.1:5). The Lutheran Church defines a sacrament as a holy act commanded by God, in which earthly elements are used with God's Word to

pass on to us God's grace and blessing. I believe there are limits to the sacraments themselves. They are reserved for ones that accept the truth of faith in Jesus Christ and His Real Presence in this world. Yet I am unlimited in showing the love which the sacraments reveal. I am unlimited in my distribution of the sacraments in my ministry even though bread, wine and water baptism are seldom used. I see myself as a sacramental person for the people and institutions I serve. Though imperfect, I am an incarnation of God's grace. I see myself as a servant of the God who gets dirty as God works in our world and often serve without the traditional elements of the sacraments. If God can use water, God can use me, He can use my unworthiness as well as my service. (Romans 12:2)

Chaplain/Pastor Bill Clements is a graduate of Concordia Seminary in St. Louis, Mo. and Chicago Theological Seminary with a Doctor of Ministry Degree in Pastoral Counseling as well as membership in the American Ass. Of Pastoral Counselors. For the past 12 years he has been Pastor of Redeemer Lutheran Church in Mercer Island Washington. For the past ten years Chaplain Bill has served as Staff Chaplain at the King County Jail system. In this capacity he has performed one-on-one visitation with inmates of all classifications. He conducts group Bible study for up to 24 inmates. For the past ten years, Chaplain Bill also served as a staff chaplain at Harborview Trauma Center in Seattle. In this capacity, he performs one-on-one visitation with patients, and ministers to hospital staff. He is under professional supervision at each institution and Lutheran Ministry Services Northwest. Pastor Bill has been a pastor of four large and small Lutheran Churches over the past 30 years. His clinical training and pastoral work have given him the skills and working experience to serve a vital role in providing service to churches and institutions. He has also participated in the professional chaplaincy work of the Washington Correctional Chaplain Association since 2001. In the coming months he will begin work at the Federal Detention Center in Sea-Tac Washington. He can be reached at: pastor@redeemerlutheranchurch.us.

New and noteworthy

“Give Something Back” Scholarships

This year will mark the inaugural distribution of “Give Something Back” Scholarship funds. The “Give Something Back” endowment fund began as a three-year campaign in 1992. Funds raised for the endowment were to provide financial assistance to recipients seeking clinical educational preparation for service in ministries of Chaplaincy, Pastoral Counseling, and Clinical Supervision. In addition, the endowment created an opportunity for those who had received financial assistance for their own education to “give something back” by helping others with similar needs.

The Inter-Lutheran Coordinating Committee for Ministries in Chaplaincy, Pastoral Counseling, and Clinical Education (ILCC-MCPCCE) has appointed a scholarship committee and has designed an application process that will enable it to begin awarding \$6,000 in scholarships per year.

The “Give Something Back” endowment will make a very 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/LCMS.
- ✓ Not already be receiving funds from the ELCA/LCMS national MCPCCE offices.
- ✓ Submit an application with a financial data form for committee review.

Applicants must complete the Scholarship Application and Financial Data forms that are available from ELCA and LCMS Offices for Ministries in Chaplaincy, Pastoral Counseling, and Clinical Education. Contact information, including web links that provide further information about ELCA and LCMS ministries of chaplaincy, pastoral counseling, and clinical education, is provided below.

ELCA

Theresa Duty
Administrative Assistant
Theresa.duty@elca.org
www.elca.org/chaplains
800-638-3522, ext. 2417

LCMS

Judy Ladage
Administrative Assistant
Judy.Ladage@lcms.org
www.lcms.org/spm
800-248-1930, ext. 1388

Application deadlines in 2006 will be February 15 and August 15, with awards made in April and November.

News from the Inter-Lutheran Coordinating Committee for Ministries in Chaplaincy, Pastoral Counseling, and Clinical Education

• *Zion XIII Conference* The conference held February 8-11 2007 in San Antonio will follow the theme, “Power and Passion for Pastoral Ministry: Biblical Metaphors and Lutheran Tradition.” Plenary speakers are Prof. Diane Jacobson of Luther Seminary, St. Paul, and Prof. Arthur Just, Concordia Theological Seminary, Fort Wayne.

• *Give Something Back Scholarship Fund* The ILCC scholarship committee reviewed five applications and recommended awarding scholarships to four, totaling \$3,000. Recipients are Rev. Inbarasu Anantharaj, Clive IA (ELCA); Rev. M. Alexandra George, Robbinsdale MN (ELCA); Rev. James M. Steen, Cherokee IA (ELCA); and Rev. Tony K.C. Wong, Woodbury MN (ELCA). The next deadline for scholarships is February 15, 2006.

• *Lutheran Disaster Response* The Spiritual/Emotional Coordinating Committee is drafting plans to utilize endorsed chaplains, pastoral counselors, and clinical educators for disaster response. More details will unfold in 2006.

• *Standards and Procedures Manual for Ecclesiastical Endorsement* The manual is undergoing significant changes at the recommendation of the ILCC. The completed manual will be ready by Spring 2006.

In Memoriam

Chaplain Vern Albrecht, retired, Omaha, NE

Recent and upcoming events

Inter-Lutheran

- December 1 The Lutheran Association for Maritime Ministry meets in Chicago.
- January 30 Lutheran Disaster Response (LDR) Spiritual and Emotional Care Event takes place in St. Louis.
- Feb 8-11 The Zion XIII Conference is held in San Antonio
- April 25-26 Lutheran Services in America (LSA) Chaplains' Network Pre-Conference is held in Seattle.
- April 26-28 LSA holds its annual conference in Seattle. (For further information: www.lutheranservices.org/Conference2006.asp)

Ecumenical/Interfaith

- Dec 4-5 COMISS Network, Chicago

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