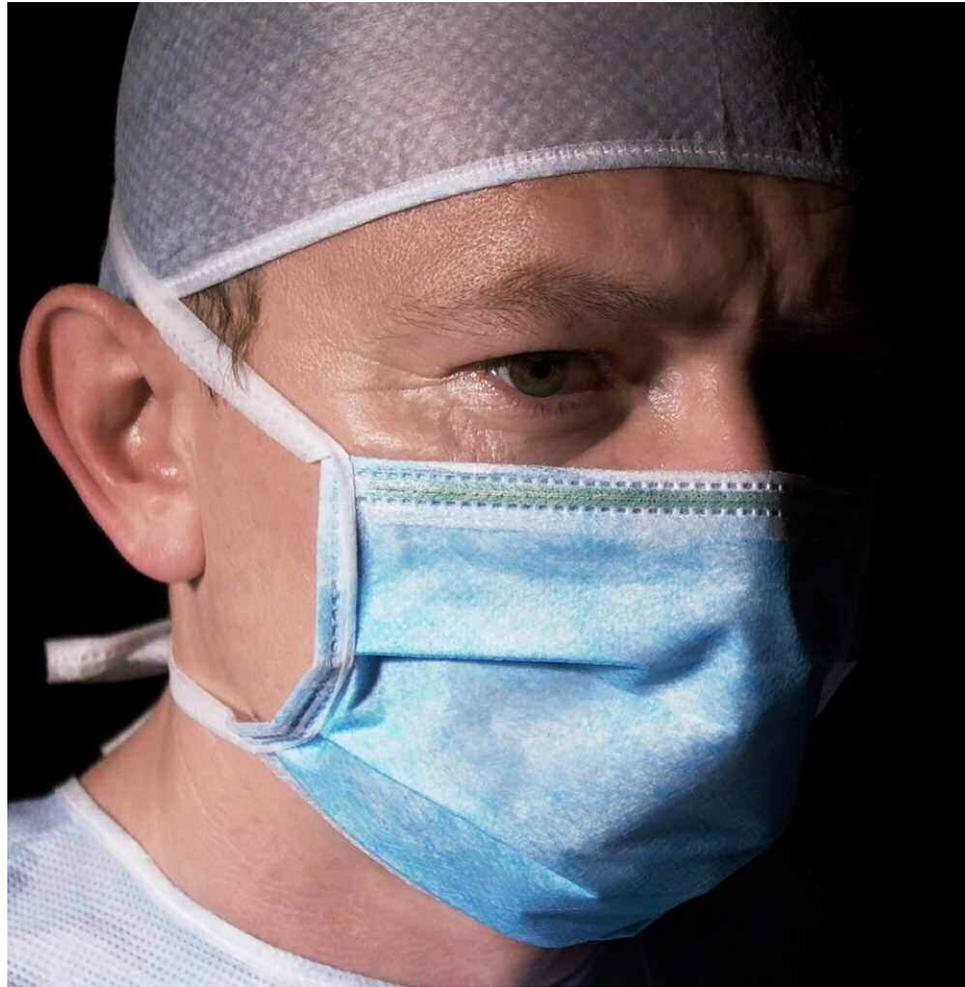


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*An Inter-Lutheran Journal
for Practitioners and
Teachers of Pastoral Care
and Counseling*



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

Caring Connections returns with this issue on Spiritual Care and Pandemic Flu. It is also a time of some transition. I want to introduce myself, as the co-editor of *Caring Connections*. My name is Charles “Chuck” Weinrich. I am a retired LCMS pastor, CPE Supervisor and Chaplain, currently living in Port Orange, FL. Previously I was Director of Pastoral Care at Overlook Hospital in Summit, NJ, Chaplain Supervisor at Children’s Hospital of Wisconsin in Milwaukee, WI, and Chaplain Supervisor at The Village at Manor Park, a geriatric long-term care facility, also in Milwaukee. I am pleased now to be able to put some of my retirement time and my long-standing compulsive tendencies to work as editor for articles submitted to this journal. I have appreciated its excellence ever since the first issue in Fall, 2004, and am delighted to work with Kevin Massey as co-editor, and to be a part of the group of people who produce it.

This issue of *Caring Connections* tackles the difficult problem of Spiritual Care and Pandemic Flu. The website www.PandemicFlu.gov gives the following definition: “Pandemic flu is virulent human flu that causes a global outbreak, or pandemic, of serious illness. Because there is little natural immunity, the disease can spread easily from person to person. Currently there is no pandemic flu.” When I read this last sentence of the definition, I felt a visceral sensation of relief, even though I already knew that it was so. That hints at the power of such a disaster. It is not only physically devastating; it also carries enormous emotional and spiritual weight as well. Providers of spiritual care have always placed themselves at the nexus of disaster and response, whether that is on an individual/familial level or on a global level such as pandemic flu. Three pastoral care providers have contributed valuable insights into the subject. Seminary Professor Gary Simpson brings Luther’s

perspectives on neighborliness as a helpful paradigm for spiritual care in times of pandemic crisis. Chaplain Steven Hokana highlights pastoral responses developed out of the context of military chaplaincy. John Wilson uses the theme of Human Ecology, where religious workers and clergy “understand and treat individuals in light of their relationship to themselves, their families, the society in which they live and their God,” as structure for developing an effective response to pandemic flu.

Of course, there are a variety of disasters other than pandemic flu. Plane crashes, multiple death shooting sprees, hurricanes...these are just some that come quickly to mind. The articles in this issue will help us look not only at pastoral responses to such massive disasters, but also at how planning and preparation on the part of spiritual caregivers can help mitigate the devastation such crises bring with them.

As has been frequently the case, I found that as I read articles in *Caring Connections*, I am making connections to other circumstances in which I have found myself during my years in specialized pastoral care settings. Fire drills, disaster drills, even with volunteers made up to look like actual victims, and manuals developed to delineate duties and responsibilities have all proved to be of great value when actual emergencies occurred. A number of years ago, when the response to an airplane crash in the southern United States proved to be very effective, one report noted that the primary hospital involved in treatment of victims and care of families had gone through a “mock disaster” drill of a similar nature only a month before. I can recall, in my own hospital chaplaincy experience, the sense of calm I felt when entering an Emergency Department filled with several victims of a multiple stabbing at a Memorial Day block party. Previous disaster drills and planning sessions gave me a sense of direction

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. We would like to specifically request articles for upcoming issues on the following themes.

Summer 2008 “Topics in Clinical Pastoral Education”

A variety of topics from the field of Clinical Pastoral Education are sought for this issue, including best practices in clinical education, recent student perspectives, and theological and clinical rationales.

Fall 2008 “Spiritual Care in Long Term Care and Rehabilitation”

Lutheran pastoral care providers have long distinguished themselves in this field. Their expertise and approaches shared in this issue will enrich the pastoral care skills of parish pastors, parish nurses, chaplains, and clinical educators.

and allowed me to be “a non-anxious presence in a situation fraught with anxiety.”

Pandemic flu will occur on a much greater scale, and brings with it other layers of anxiety. Contagion is a paramount concern, not usually present with other forms of disaster. Yet even in this regard, perhaps our experiences with AIDS and SARS will remind us of appropriate pastoral interventions developed in response. The editorial board of *Caring Connections* commends these articles to you as encouragement to develop effective spiritual care resources for response to pandemic flu.

One example of a specific Lutheran response to massive disaster came to mind as I read through the obituary, included later in this issue of *Caring Connections*, of a man who made significant contributions to Lutheran pastoral care. The Rev. Richard “Dick” Tetzloff, who was former director of Specialized Pastoral Care and Clinical Education with LCMS World Relief and Human Care, and former executive director of Lutheran Ministries Association in St. Louis, died October 20, 2007, in St. Cloud, MN, after a brief illness. What caught my attention were the sentences, “Even after he ‘retired,’ Rev. Tetzloff continued to serve LCMS specialized ministries. He traveled to Sri Lanka to provide pastoral care and education to pastors of the Lanka Lutheran Church after the tsunami of December, 2004.” I think Dick would have been pleased with the focus of this issue of *Caring Connections*, and might have even contributed something of his own had he been able.

Being Neighbor in the Coming Pandemic Crisis: Thinking with Luther in the 21st Century

Luther imagined the kind of general office of neighbor that permeates and pervades civilizations.

*Rescue the weak and the needy.
Psalm 82:4*

*Blessed is the one who considers the poor.
Psalm 41:1*

“Which of these three, do you think, was a neighbor to the man who fell into the hands of the robbers?” The teacher of God’s law in Luke 10 approached Jesus in a self-justifying manner by asking who was worthy to be his neighbor, and thus the target of his love. Jesus unsettled the teacher’s placid posture by reversing the question. By being neighborly we are the neighbors, not the other. Proactive neighborliness marks the Samaritan’s way of life. Indeed, God’s own neighborliness is Jesus himself, God’s love deep in the flesh for a humanity fallen into the hands of the robbers named Sin, Death, and the Devil. Jesus not only commends but he induces neighborliness in his own body, the church, in a way surpassing even God’s command to the state and the family to practice neighborliness. How jarring will Jesus’ unsettling question be in the face of a coming pandemic crisis?

We will address this question in three ways. First, we will review the state of preparedness in the United States for pandemic flu. Second, we will think theologically and ethically along with Martin Luther, who personally faced a lethal outbreak of bubonic plague. Finally, we will explore the office of neighbor in light of pandemic crisis.

1. The Current State of Preparedness

A pandemic is a global disease outbreak that spreads rapidly when a new, potentially lethal virus emerges for which people have no or little immunity and for which there is no vaccine. HIV-AIDS is an epidemic with potential pandemic characteristics. There have been three influenza pandemics in the 20th century: in 1918, 675,000 died in the U.S. and 50 million worldwide; in 1957, 70,000 died in the U.S. and 1-2 million worldwide; in 1968, 34,000 died in the U.S. and 700,000 worldwide. The highly pathogenic avian H5N1 virus—bird flu—that recently spread across eastern Asia and other countries could become a pandemic flu.¹

In October 2006 Harvard University’s School of Public Health completed a pandemic influenza study that offers a glimpse of what we would be up



against.ⁱⁱ 41% of those surveyed knew what “pandemic flu” meant; 33% had heard of it but did not know what it meant; and 25% had never heard of the term.

In the Harvard study 94% of people surveyed said they would cooperate with public officials if told to stay at home for 7-10 days during a pandem-

By being neighborly we are the neighbors.

ic flu outbreak. 85% said all members of the household would stay at home if one member had the flu. The vast majority of people said they would cooperate with public officials in the following ways: avoid travel (93%), avoid public events (92%), avoid malls and department stores (91%), limit use of public transit (89%), cancel non-critical medical appointments (89%), reduce contact with people outside one’s household (88%), avoid church services (82%), and postpone family events (79%). 90% were willing to cooperate with public officials if told to stay in their city or town and only 9% said they would likely not cooperate. 57% said they would stay at home if officials told them to, even though their employer told them to come to work, while 35% said they would go to work.

In the Harvard study 85% reported that they were able to care for a sick household member for 7-10

days; 76% worried that they would get sick if they did; and 73% said they have someone that could care for them if they were sick. Of the other 24% who said they would not have anyone to care for them at home for 7-10 days 45% were in one-adult households; 34% were African-Americans; 33% were disabled; and 32% were chronically ill. Of that same 24%, 36% had incomes less than \$25 thousand; 25% had \$25-49.9 thousand; 22% had \$50-74.9 thousand; and 15% had incomes greater than \$75 thousand.

In the Harvard study 56% of employed people with incomes less than \$25 thousand said they would have serious financial problems if they had to miss work for 7-10 days; 29% with incomes \$25-49.9 thousand said they would; 15% of those between \$50-74.9 thousand and of those above \$75 only a few said they would have serious financial problems. If employed people had to miss work for 1 month the percentages jumped respectively across the four income brackets to 84%, 69%, 50%, and 37%. When the time missed at work jumped to 3 months, the percentages rose to 93%, 84%, 71%, and 64% respectively. 27% of the employed people surveyed said they would likely lose their job or business if they had to stay at home for 7-10 days. Of that 27% 41% were African-American; 53% were Hispanic; and 41% had incomes less than \$25 thousand.

The Harvard study found that 48% of everyone surveyed said they would lose pay and have money problems if they had to stay home for 7-10 days. 46% said they would have a hard time being stuck at home; 45% said they would be unable to get baby formula and diapers; 43% would be unable to get health care and prescription drugs. 36% would be unable or find it difficult to care for a disabled household member; 35% said taking care of an older household member and 32% said taking care of a child under 5 would be impossible or difficult. While everyone would surely be affected by a pandemic flu outbreak, people with disabilities, ethnic minorities and those with fewer economic resources will experience more serious consequences.

2. Practicing Neighborliness during the Plague

Black Death, in the differing forms of bubonic, pneumonic, and septicaemic plague, repeatedly struck Central Asia, the Middle East and Europe for over 400 years during medieval times. Black Death killed an estimated 20-30 million in Europe—one-third to two-thirds of the population—in over 100 pandemic outbreaks and over 75 million people worldwide.ⁱⁱⁱ The mortality rate ranged between 30%-95%, and death arrived with great pain within 2-5 days after infection.

Black Death outbreaks happened in Germany during Martin Luther's times and struck his hometown of Wittenberg on August 2, 1527. On August 10 Elector John ordered Luther and the entire uni-

versity community to leave town. Luther and his own pastor, John Bugenhagen, refused and stayed to minister to the sick and terrified. Eighteen died by August 19. Luther was at hand when the mayor's wife died. Katie Luther was pregnant, and she and Martin set up a hospital in their house. Two women in their house were sick, little Hans Luther didn't eat for three days, Pastor Bugenhagen and his family moved in with the Luthers, and University chaplain George Römer's pregnant wife died along with her fetus.

God does not place the same burden on the weak as on the strong.

Earlier in the summer of 1527 the city of Breslau had asked Luther to instruct them whether it is proper for a Christian to flee from a deadly pestilence. The plague hit Breslau on August 10, but he was not able to complete his treatise, "Whether One May Flee from a Deadly Plague," until early November. First, he told them that they themselves have the responsibility and the competences—both theological and moral—to come to their own mind on the question. Second, he said they should do so with as much agreement as possible, as St. Paul teaches both the Corinthians and the Philippians. He did, however, submit his considered opinion to them for their judgment. In that spirit we too can hear Luther's theologizing for being neighbor in preparation for coming pandemic crises in our era.

At the time there were two principle opinions on the subject. One opinion held that Christians should not and need not run away. Death after all is God's punishment for sin of some sort, even if not one's own sin, and Christians must submit to God's punishment with a firm faith; to flee is an outright wrong and lack of belief in God. Another opinion held that Christians could properly flee, particularly those who do not hold a public office. Luther commended the first position without much analysis or comment. He, however, approached the question in quite a different manner. Rather than treating it as a matter of invariable moral principle, he took it up more contextually and through wise moral reflection, as well as with pastoral sensitivity and care.

First, noted Luther, there are strong and weak Christians, and far more fall under the latter description. God does not, therefore, place the same burden on the weak as on the strong. Second, fleeing death may happen in one of two ways: either through out-and-out disobedience to God's direct ordinance and command, or through weak faith in the face of probable death. Luther took up the question of disobedience first. His reflections still remain thought provoking, even though enormous structural transformations have taken place since.

Three great institutions gave sociological shape to Western medieval civilization. These three hierar-

chically structured “estates” were church, government, and household, with the latter including the extended family and most of the domestic economy. Like everyone else Luther imagined God as the author of these estates and the giver of their ordered structure. God conferred each estate with particular offices and public duties. People were installed into office according to the divine ordinances and obligations peculiar to each estate. God gives “a plain command” to officers within each estate, and this command obligates them in specific ways.^{IV} To flee the obligations of one’s office is therefore to disobey God and is not simply a matter of weak faith.

Luther opened his reflections with the example of martyrdom. In Matthew 10 Jesus commands Christians not to renounce their faith even in the face of persecution or death. Luther then noted that pastors are obligated to “remain steadfast before the peril of death,” citing Jesus’ word, “A good shepherd lays down his life for the sheep but the hireling sees the wolf coming and flees” (John 10:11).^V When Black Death knocks, people need pastors. And now comes Luther’s contextually sensitive moral reasoning. “However, where enough preachers are available in one locality and they agree to encourage the other clergy to leave in order not to expose themselves needlessly to danger, I do not consider such conduct sinful because spiritual services are provided for and because they would have been ready and willing to stay if it had been necessary.”^{VI} He then cited historical and biblical precedents for this moral judgment.

Luther addressed government officials from a similar point of view. God constitutes political authority with its accompanying duties to oversee and implement the common good, as the well-known Pauline text makes clear (Romans 13:1-4). “To abandon an entire community which one has been called to govern and to leave it without official or government, exposed to all kinds of danger such as fires, murder, riots, and every imaginable disaster is,” noted Luther, “a great sin. It is the kind of disaster the devil would like to instigate wherever there is no law and order.”^{VII} If, however, political officials, like the pastors in the previous case, provide “capable substitutes” and “continually and carefully supervise them,” government officials could then flee and it “would be proper.”^{VIII}

Luther addressed the estate of the household with its offices, ordinances, and duties in like manner. Parents obviously have the sacred inviolable duty to serve and help their children; and children have like obligations toward their parents. Masters/mistresses and servants/maids have asymmetrical obligations, according to Luther’s time-tempered imagination. But in pandemic times, each pair is duty bound to the other and thus not simply at liberty to flee, masters/mistresses according to the ordinance of care and servants/maids according to the ordinance of obedience. Various kinds of employer/employee relationships parallel the master/mistress and ser-

vant/maid obligatory bond. Employers and employees may flee the plague in a moral way only after they, by mutual agreement, make emergency provisions for the basic good of the community. In our own modern globalized economy, such agreements and obligations are quite obviously more radically complex than Luther could have ever imagined. We will have to use our best available competences to figure this out in our circumstances, and it is obvious that our governments will need to be crucial players.

Luther imagined a kind of general office of neighbor that permeates and pervades civilizations.

3. Imagining the Office of Neighbor

“Yes, no one should dare leave his neighbor unless there are others who will take care of the sick in their stead and nurse them.”^{IX} Jesus’ word, “I was sick and you did not visit me,” still speaks ominously to those who fail the basic responsibility and work of neighborliness by fleeing the plague. To forsake the office of neighbor is to become a murderer in the sight of God, as St. John proclaims, “Whoever does not love his brother is a murderer” (1 John 3:15).

Luther imagined a kind of general office of neighbor that permeates and pervades civilizations across the otherwise quite different estates, ordinances, offices, and obligations. This office underlay civilizations of the past as well as those emerging now and in the future. God’s ongoing creative work will see to it. Like the one fruit of the Spirit—love—which then takes many forms depending on what is needed by another (is it joy or peace or patience or kindness or generosity or...?), the one form of neighbor is pluriform. Governments, the economy, families, friendships, and in our day global civil society are each different forms of being neighbor, with attendant obligations that must be given careful attention. Being prepared for the coming pandemic crisis means considering the general office of neighbor, which always takes on enfolded particularity.

To forsake the office of neighbor is the very definition of a tyrant, emphasized Luther. In this vein he urged the princes and municipal governments to build and maintain homes and hospitals for the sick. In this way, governments exercise distributive justice. Luther considered justice—retributive, distributive, and restorative—to be the second general virtue of a prince, in this case “to help the poor, the orphans, and the widows to justice, and to further their cause.”^X Moreover, to help prevent people from becoming poor is part and parcel of this same princely virtue.

To endow hospitals and help poor people is, indeed, a precious good work in itself. But when such a hospital becomes so great that a whole land, and especially the really poor people of that

land, enjoy it, then it is a general, true, princely, and indeed, a heavenly and divine hospital. . . . For them the overlord is providing in this hospital. For so to help a man that he does not need to become a beggar is just as much of a good work and a virtue and an alms as to give to a man and to help a man who has already become a beggar.^{XI}

Luther wrapped up his consideration of justice and the prince with an unmatched rhetorical and theological flourish.

In a word, after the Gospel or the ministry, there is on earth no better jewel, no greater treasure, no richer alms, no fairer endowment, no finer possession than a ruler who makes and preserves just laws. . . . [I]t is not [God's] will that it shall be a lazy, empty, idle estate, in which people seek only honor, power, luxury, selfish profit, and self-will. He would have them full of great, innumerable, unspeakable good works, so that they may be partakers of His divine majesty and help Him to do divine and superhuman works.^{XII}

Pray that our governments today become such partakers of divine majesty!

Once people fulfill the specific office of neighbor entrusted to them, then, stated Luther, "I judge that they have an equal choice either to flee or to remain," and to do either "in God's name."^{XIII} Luther was a realist regarding both the strong in faith and the weak. Confronted with pandemic crisis the weak in faith merely follow "a natural tendency, implanted by God and not forbidden unless it be against God and neighbor."^{XIV} Once neighborliness is upheld, Luther could faithfully retrieve the natural law right of self-preservation and biblically cite multiple precedents. If it were immoral per se to flee natural or social evil, because it might be God's punishment as some had asserted, then we would even have to quit praying, "Deliver us from evil. Amen," argued Luther. But pray away and live accordingly.

Pandemics induce horror, repugnance, fear, dread, and despair in both the weak and the strong, and keep Christians in a certain simultaneous solidarity with all peoples everywhere. These inducements are Satan's own special work, thought Luther. Two little words can fell him: helping my neighbor is a deed well-pleasing to God and the angels; and God's mighty promise accompanies those who minister to the sick for "Blessed is the one who considers the poor" (Psalm 41:1).^{XV} For the church, the office of neighbor is less commanded than induced. Congregations, for instance, bear the office of neighbor somewhat like skin cells that become induced pluripotent stem cells (iPS cells). Such iPS cells, like the Apostle Paul, become different things to different people as situations arise and the Holy Spirit guides.^{XVI}

Civilization continues to be morally messy, especially in light of the coming pandemic crisis. The two little words that Luther commended still remain the alpha and omega for all preparations. Being church in such times means attending to the ministry

of the Gospel, as well as preparing for the general vocation of neighbor in its various forms under excruciating conditions. In order to live neighborly in the coming pandemic crisis, civilizations will surely need, among other things, recognition of God's ordinance and command, intensely situated moral wisdom, community leadership, deliberation, discernment, and agreement; and above all the Gospel of God's mercy.

"Our Father in heaven, deliver us from evil. Amen"

Rev. Gary Simpson is professor of systematic theology at Luther Seminary, St. Paul, Minn. Earlier, he served as a Lutheran pastor for 14 years. Simpson was pastor of Immanuel Lutheran Church, Alameda, Calif., (1976-1983) and Protestant chaplain of Highland-Alameda County Hospital in Oakland, Calif., (1976 to 1978). Subsequently, he was minister of education and youth at St. Charles (Mo.) Christian Church (1981-83) and pastor of Resurrection Lutheran Church in Portland, Ore. (1983-90).

Simpson is a member of the American Academy of Religion and on the Society of Christian Ethics. He serves on the editorial board of dialog: A Journal of Theology.

He received the B.A. degree from Concordia Senior College, Fort Wayne, Ind., in 1972. He earned both his M.Div. and the Th.D. degrees at Christ Seminary-Seminex, St. Louis, Mo. (1976 and 1983).

Notes

i For a list of past and potential pandemics see <http://en.wikipedia.org/wiki/Pandemic> (accessed November 15, 2007); also see Avian Flu and Pandemic Flu: The Difference—and the Connection at: www.health.state.mn.us/divs/idepc/diseases/flu/avian/avianpandemic.html (accessed November 15, 2007); also see the World Health Organization's discussion of bird flu at: www.who.int/csr/disease/avian_influenza/avian_faqs/en/index.html#areall (accessed November 15, 2007).

ii Robert Blendon, *et al.*, "Pandemic Influenza and the Public: Survey Findings" (October 2006) at: www.keystone.org/Public_Policy/Panflu%20HSPH%20poll%20findings%20koonin.pdf (accessed November 15, 2007); there is more survey information than I have recounted.

iii See "Black Death," *Wikipedia* at http://en.wikipedia.org/wiki/Black_death (accessed November 15, 2007); and "Bubonic Plague," *Wikipedia* at http://en.wikipedia.org/wiki/Bubonic_plague (accessed November 15, 2007).

iv Martin Luther, “Whether One May Flee a Deadly Plague,” *Luther’s Works*, American Edition, volume 43 (St. Louis: Concordia Publishing House; Philadelphia: Fortress Press, 1955-1986), p. 121; hereafter cited as *LW*.

v *Ibid.*

vi *Ibid.*

vii *Ibid.*

viii *Ibid.*, p. 122.

ix *Ibid.*

x Luther, “Commentary on Psalm 82,” *LW* 13, p. 53. On the basis of Psalm 82 Luther argued that the prince’s first public virtue is to provide for the free exercise of preaching God’s word.

xi *Ibid.*, pp. 53-54.

xii *Ibid.*, pp. 54-55.

xiii Idem, “Whether One May Flee a Deadly Plague,” pp. 122-123.

xiv *Ibid.*, p. 123.

xv *Ibid.*, pp. 127-128.

xvi For the development of induced pluripotent stem cells (iPS cells) see Gina Kolata, “Scientists Bypass Need for Embryo to Get Stem Cells,” *New York Times*, November 21, 2007 at www.nytimes.com/2007/11/21/science/21stem.html?_r=1&ref=todayspaper&oref=slogin (accessed November 21, 2007); also see James A. Thomson, “Induced Pluripotent Stem Cell Lines Derived from Human Somatic Cells,” *Science* (November 20, 2007) at www.sciencemag.org/cgi/content/abstract/1151526 (accessed November 22, 2007); also see Kazutoshi Takahashi, “Induction of Pluripotent Stem Cells from Adult Human Fibroblasts by Defined Factors,” *Cell* (November 30, 2007) at <http://images.cell.com/images/Edimages/Cell/IEPs/3661.pdf> (accessed November 22, 2007); also see “Stem Cells” on the Public Broadcasting Station at www.pbs.org/wgbh/nova/sciencenow/3209/04.html; also see “Stem Cell Basics” at the National Institute of Health at <http://stemcells.nih.gov/info/basics/basics2.asp>

Ministry and the Flu Pandemic: Learning, Integration, and Training

The greatest weapon for combating the coming flu pandemic we have is that of preparation.

The challenge of pastoral care in the military, set within the context of the coming flu pandemic, has its challenges. Primarily, there is the issue of historical amnesia. Second is preparation for the pandemic. Third would be the conducting of operations during the pandemic. Finally, the chaplain should learn from the pandemic, and prepare for the next worldwide, global destructive illness.

Global pandemics have killed millions and reshaped history. The bubonic plague, or more specifically, waves of the plague, depopulated large parts of Europe. Among its consequences was the rise of the laity, perhaps opening the way for a monk named Luther to challenge the great institution of the holy mother church. Those who study medieval historical theology note that the plague reframed God into a “God of Wrath.” The plague killed off so many of the nobility that it opened the door to a new group of people, called the “middle class.”

It is interesting to consider historic amnesia when one pauses to consider the plagues that have struck our nation throughout its existence. Spanish Flu killed millions less than a century ago. Hardly a peep about it. Cholera killed many thousands as it swept through our cities at various times. One is hard pressed to find anything on the subject with the exception of an archaic medical journal.

The effects of the bubonic plague pandemic can and should be debated. Today we need to focus on coming diseases. Perhaps the coming flu pandemic is so horrible that by not talking about it one feels safer. In the end, a virulent, resilient virus or bacteria can cause a major upheaval in civil society, the breakdown of order, vulnerability to invasion by a foreign power, and death of family and loved ones.

In September of this year a major Wall Street firm conducted an exercise concerning the coming pandemic. Their scenario was that 70% of their workforce would be either incapacitated themselves or taking care of a family member who was ill. A county recently conducted an exercise to determine how it would function with only 30% of its workforce. The result was significant. It was determined that electrical power would be disrupted, basic services such as police, fire and rescue unable to respond in a timely matter and hospitals would announce that they could only tend to the most seriously ill and those near death. This is where Homeland Security and military chaplains come into play.



Without sounding like a Chicken Little alarmist, the thought of a coming pandemic is appearing in the news. We are well acquainted with HIV and the AIDS virus. Have you noticed headlines about other mysterious or lethal disease? The resilient staph infection called Methicillin-Resistant Staphylococcus Aureus, hereafter referred to as MRSA (frequently pronounced “Mer saw”), has caused schools to close their doors. In addition, the Center for Disease Control (CDC) called for medical personnel to increase attention to washing their hands. The data concerning MRSA is astounding.

A virulent, resilient virus or bacteria can cause a major upheaval in civil society.

Those who go to hospitals are at risk of getting this antibiotic-resistant staph infection. However, the greatest concern points to a medically resistant flu. Some think it may be a mutated form of the Avian flu, sometimes called “bird flu.”

Our military forces, in conjunction with the Department of Homeland Security, are planning and conducting exercises along the stratagem of national defense to protect our country and its citizens. The United States of America is a nation worth

protecting. As such, the military is on alert. Within the framework of protecting our nation, the role of the chaplain or pastoral caregiver during such a calamity is vitally important. Chaplains provide quality religious support and pastoral care for soldiers and families.

There are three general stages in providing pastoral care from a military perspective in the context of the flu pandemic: pre-pandemic (preparedness), the pandemic, post-pandemic. All are set in the context of the military mission to preserve the fighting force of our nation and as such, protect its people.

The greatest weapon for combating the coming flu pandemic we have, and one that distinguishes this pandemic from other pandemics, is that of preparation. In a survey of limited documentation relating to such catastrophes, two vital elements were missing in previous pandemics: knowledge that a pandemic will occur, and administrative systems for responding already in place. With Health and Human Services and congressional oversight, military participation plans are beginning to take shape. As the nation prepares for the pandemic, chaplains in the military are preparing as well. Some tools used in other disasters can apply to the pandemic, while new ideas will require exploration. During the pre-pandemic stage, it is important for the chaplain to integrate with agencies designed to assess, treat, and assist in the pandemic. Attending briefings and coordinating meetings is of absolute importance. Staff integration during the pre-pandemic stage allows the chaplain to perform his/her mission more effectively during subsequent stages.

As we prepare for the coming pandemic, it is important to understand how taxing this event will be on health care providers. Fatigue, grief, frustration, and coming to terms with death on a large scale are some of burdens that health care providers will experience. As the military establishes sites to support civilian medical facilities, chaplains integrate into the “medical flow system.” Many clergy are already familiar with the three categories of triage: Immediate, Minimum/Delayed, and Expectant. Army chaplain doctrine tells us that our ministry priority is to provide spiritual care to the expectants (those that will soon die) first and then others in the stages of triage. Chaplain location on this ‘viral battlefield’ has challenges apart from combat operations. The chaplain is at risk of infection and becoming a carrier of the illness. It would be a major disruption to military operations and the mission if the chaplain takes this virulent flu back to living quarters, dining facilities and other areas of the hospital or operating base. As part of the pre-pandemic stage, a discussion and decision needs to take place among clergy/chaplains and leadership as to who will conduct ministry among the contagious, if at all. It is an expectation that the commander of a hospital or region may not allow a chaplain to visit the ill due to the pandemic’s lethality and rapid spread. Two words are being employed at this stage

of the pandemic: Isolation and Social Distancing. Until control is placed over the rapid spread of infection, isolation from the general population is a viable alternative. Social distancing, staying away from areas where crowds gather, steering clear of movie theaters and shopping malls is thought to slow the spread of the contagion. Thus, preparing the chaplain’s community of faith is vital. Pre-printed worship services for the home, an internet worship service and downloading a service on podcast are all ideas that can help meet the spiritual needs of one’s congregation. Chaplains are only limited by the extent of their imagination.

Army chaplain doctrine tells us that our ministry priority is to the expectants first and then others in the stages of triage.

In addition, chaplains need to identify their flock. In meeting needs of the hospital personnel, the chaplain may not be required to enter a contagious area of a hospital/facility. All such issues would certainly be mitigated if discussed prior to the pandemic. So planning and training agreements between organizations and support personnel at all institutional levels is necessary. For example, if a plan of isolation and social distancing is put into effect, and you think it is difficult for a chaplain to be ordered not to venture into an area where there are sick people, imagine the burden on a commander giving such a directive.

From congressional testimony, we know that we must plan. We know that all elements of our society need to have an understanding of what they are to do in the event of a pandemic. The flu pandemic is the responsibility of all levels of government, as well as civic and religious organizations. Pandemics are not like hurricanes that strike in one place. The pandemic will strike multiple areas at the same time.

On a personal level, the chaplain should discuss the pandemic with his/her family and prepare for their well-being. Simple activities such as stockpiling food, getting an annual flu shot, remembering to wash one’s hands frequently, especially after making contact with someone who is ill, and use of hand sanitizers all can help the family, and in turn allow the chaplain to focus on the mission. Planning is the crux of how we can respond to a viral attack.

Training is important as well. Chaplains serve on Chemical, Biological, Radiological, Nuclear, and Environmental (CBRNE) teams. Many are proficient in the use of certain pieces of equipment, understand risks in contaminated areas, learn about ministry to those that conduct operations in this environment, and meet the needs of a particular group effected by the pandemic. Another important part of training is that understanding and using

Critical Incident Stress Debriefings (CISD) [sometimes referred to as Traumatic Management {TM}]. Chemical suits can help, but training and certification are required to use them.

During stage two, the actual pandemic, systems need to be in place and exercised. This is the time to leverage agreements between organizations and departments, use training gained prior to the pandemic, and work with other chaplains.

One item to consider is the duty schedule of the chaplain. Teamwork is critical. Burnout and becoming incapacitated due to the illness are serious possibilities. So share the load. Have a “sleep plan.” It is known that lack of sleep lowers the immune system. If the chaplain is sick and unavailable for duty, this affects other ministry team members and can jeopardize the mission of providing care and support.

Wash your hands. The spread of contagious disease almost always occurs through human-to-human contact. Coughing, shaking hands with someone with the flu, sharing hygiene items all contribute to the spread of a pandemic.

Be prepared to cancel worship services. During the Spanish Flu outbreak it was made a crime to “assemble,” since a minister risks infecting a member of the “flock” or spreading it to the whole congregation. Depending on the severity of the pandemic, it may be a crime to hold services, and as such the chaplain could face a federal offense, jail time, a heavy fine and no sympathy from their community of faith.

Many of us assigned to hospitals have dealt with contagious patients from time to time. It is cumbersome and challenging ministry to don a hospital mask and rubber gloves. Conducting ministry in a disposable gown adds a unique dynamic to hospital ministry. If a chaplain is allergic to latex gloves, it is up to the chaplain to tell the hospital staff that other barrier gloves are required.

Keeping a record of visitations to the sick is very important. Documenting their name, faith background and anything else the chaplain thinks important can mean a lot to the patient’s family. It should be underscored that if this pandemic is like others in the past, people will literally be dropping in the streets, too ill to drive home, take a bus or even walk a short distance. Their families may never know what happens to them unless a pastoral record is kept.

The Army Chaplain Corps has three missions that, with some flexibility, apply to the flu pandemic: nurture the living, care for casualties and honor the dead. I have already addressed the first two. The third, “honor the dead,” is vital to ministry in a pandemic. How we treat those that die reminds us of our own humanity and the need to hope for a better tomorrow. It also serves as a way to bond with one another. Once a person dies and the body is placed in a sanitized container it is important to remind those around the dead that this was a person,

one created in the image of God, who walked this earth and is now gone. Those in hospitals and other care facilities who deal with the sick, dying, and dead draw comfort from the knowledge that the eternal God is in control of life and death. They did what they could and now this person who died under their care is committed to eternity in a respectful, dignified manner.

*Burnout and becoming incapacitated due to the illness are serious possibilities.
So share the load.*

During the pandemic stage and the post-pandemic phase Traumatic Management becomes very important. All those with responsibilities during the pandemic have a need to stay focused on the successful resolution of the pandemic. A chaplain talking with caregivers during a shift change, providing opportunities to defuse and debrief allows those involved to process their day and consequently focus on the success of their respective missions. Sharing one’s experiences in a controlled environment is helpful for those involved with caring for the sick and dying, as well as honoring those who die.

No one knows how long a pandemic will last. Therefore, it is important to enter the pandemic stage with a disciplined marathon attitude. A coming pandemic is not a four-day event. It will certainly not be a sprint. It could take weeks and run through different waves. The pandemic will tax our governmental systems and place a tremendous emotional strain on all of those responsible for the health and welfare of our country. The strains will likely be carried into the final phase of the pandemic, the post-pandemic stage.

If federal and local responses to tragedies such as hurricanes, tornados, floods, earthquakes or wild fires are any gauge, there will no doubt be finger-pointing, accusations of neglect and potential lawsuits. At times like these, clergy can encourage healing by those ravaged by the pandemic. It is important to honor those that labored so hard during the pandemic: doctors, nurses, emergency personnel, volunteers and all who helped during a national crisis. Chaplains are called to provide meaningful worship services. Giving thanks to God is appropriate after such a calamitous event. In all things chaplains are called to give positive meaning to a population ravaged by a pandemic. An important activity in the post-pandemic stage would be to record the events, learn something positive from the pandemic and prepare for such events in the future.

This article ends in the same vein that it began. Historical amnesia is no excuse when it comes to the saving of thousands of lives. To this day, we do not know what was lost, since little is recorded concerning the pandemic of the early 20th century. Was it

the national focus on the “Great War” that made our nation turn a blind eye to the pandemic? Perhaps it was the lack of a national mindset, due to limited travel and communications. At any rate, now our nation has no excuse not to acquire productive data and record lessons learned. It is the responsibility of chaplains to write down issues and activities so that others may learn and thereby save lives in the future. It is clear that before the pandemic strikes, chaplains must continue to train, integrate and learn.

Chaplain (MAJ-P) Steven Hokana, D.Min, is an active-duty Army chaplain with 23 years military experience. He is a 1987 graduate of Concordia Seminary, St. Louis, MO. His dissertation was on the subject of PTSD and the Male War Combat Veteran, Using Written Confessional Prayer for Healing. He continues his quest to help clients with PTSD at Ft. Leavenworth, KS.

Pandemic: Panic, Prayer, or Preparation

Help people work through heightened stress by looking at how they have survived crises in the past.

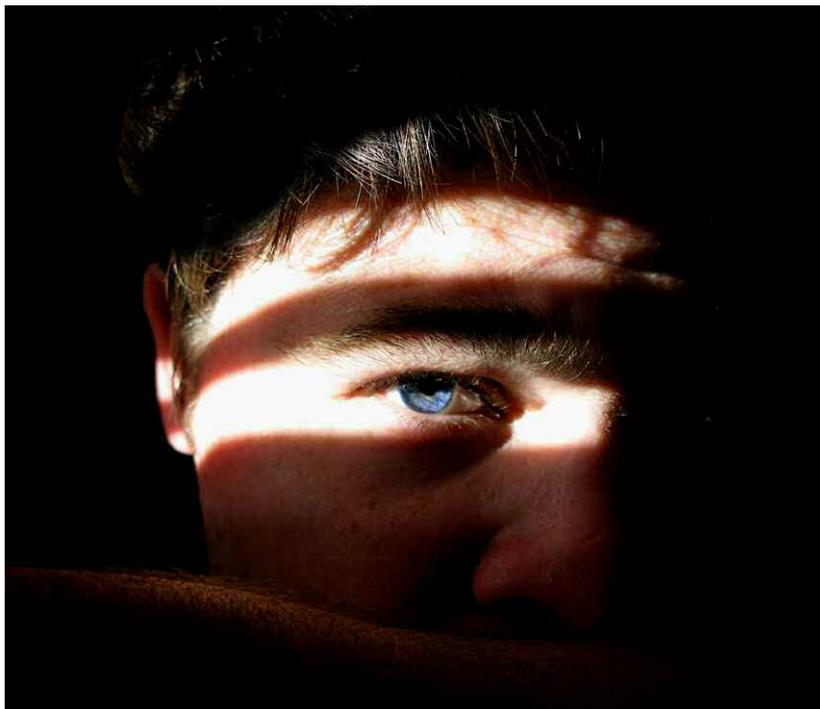
A successful response strategy to a pandemic requires you to make decisions about how to protect yourself, your family and those with whom you work and worship. Many experts believe that an influenza pandemic is a distinct probability within the next few years. Fortunately, a handful of straightforward strategies can help you maximize the chances that you will not be a fatality in an influenza outbreak, regardless of where you work or worship.

In 1918, at the closing stages of World War I, an influenza pandemic infected a fifth of the world's population. The Spanish flu was most deadly for people ages 20 to 40, and was unusual for influenza, which usually killed the elderly and young children. Twenty eight per cent of all Americans were infected. An estimated 675,000 Americans died during the pandemic, ten times as many as U.S. soldiers killed in World War I. Of the U.S. soldiers who died in Europe, more than half fell to the influenza virus, not to the enemy (Deseret News). The outbreak affected virtually everyone in some way, even President Woodrow Wilson. The spread was fast and the results devastating.

During the SARS (Severe Acute Respiratory Syndrome) outbreak in Toronto, Canada, in 2003, 224 people were diagnosed and 38 died. Toronto spiritual caregivers dealt with issues of stigma, race, elevated stress levels, quarantine, safety of family and self, and risk management. Additional concerns were keeping their own institutions running as well as disruptions to schools, malls, health care institutions, and faith-based schools. The 1918 pandemic found that entire cities simply shut down. In Winnipeg, Canada, businesses, theatres, banks and churches were closed for 46 days.

In both instances the infection rate was high and its spread was rapid. What stopped both the Spanish Flu and SARS from a greater death toll were the actions by individuals at their home level. Complying with quarantine orders, strict personal hygiene and careful exposure by individuals prevented further deaths. While the government provided leadership, research and resources, an infectious outbreak is only stopped by individuals applying learned behaviors.

But for Torontonians, fear became harder to contain than SARS itself. Understanding that practical theologians have been dealing with fear of one kind or another from way back, it is time that clergy of all faith groups claim their abilities and expertise in reducing fear and its consequences.



One approach to spiritual care in a pandemic could certainly be based on Dr. Fritz Norstad's concept of Human Ecology, where religious workers and clergy "understand and treat individuals in light of their relationship to themselves, their families, the society in which they live and their God."

An infectious outbreak is only stopped by individuals applying learned behaviors.

In having this rationale as a basis for spiritual care of the health concerns of all persons during a pandemic, a spiritual care plan might include the following:

"In relationship to themselves"

'And now reducing speculation, planning, and education abide. These three; and the greatest of these is education.' There is no more important factor in preventing infection than education. Clergy have a prime audience in their houses of worship for simple education modules that emphasize hygiene and methods of preventing infection. The Center for Disease Control (www.CDC.gov) states that hand washing is the beginning of infection control. Increasing distance between people on public trans-

port and working places helps. Handshake greetings will be out, substituting elbow bumping as a greeting (recommended by the World Health Organization). Because a pandemic could last more than a year, many will show signs of anxiety, distress and confusion about what to do. Regular phone interaction between parishioners and notification of the broader community via phone trees will help keep people informed about what to do, as well as about local events.

Help people work through heightened stress by looking at how they have survived crises in the past. Practical solutions such as temporary food pantries can help assist those who are without paychecks because they are no longer working. Assistance in transport and utility costs will become issues for families who are infected. Householders will have increased stress related to keeping the house running while still caring for incapacitated members.

“In relationship to their families”

The family is seen as a buffer to stress. In a pandemic, however, the opposite is often true. A study on the Toronto outbreak of SARS showed that stress became manifest when people could not get away from SARS by just staying home, since children are at risk for being infected. In addition, children are often excluded, avoided and perhaps ‘abandoned’ if a parent is hospitalized. Concerns of infected single parents about “Who looks after my kid if I get sick?” arise. People with children have more stress than those who don’t have children in the home.

The one house family network will become the prime health care unit. Presently, when one member becomes sick, that person is either nursed at home or taken to an overcrowded hospital. Perspectives soon change when health care workers are perceived as both victim and vector of the disease, with the hospital being the source of infection. Hospitals then become places to avoid.

“In relationship to the society in which they live”

It is anticipated that between 40 and 60% of health-care workers would become ‘not available’ for duty during a pandemic. Reasons include workers themselves contracting the flu, somebody needing to stay home and look after family members who have the flu, the need for a person to be at home with a child because of school closings, and fearing becoming infected. Essential societal supports such as police, fire and paramedic coverage, government offices, some consumer services, schools and worshipping communities become severely disrupted. People frightened of contacting the influenza avoid others, even family members. Going to shops, movies and other places where people gather is avoided. The very social structures that keep us connected become that which is feared most. Society itself,

rather than being life support, becomes life taker.

Quarantines, and the four parts of a day-containment plan are:

- Keeping sick people away from those who are not ill;
- Having those who are well voluntarily stay home with appropriate safeguards if a family member is sick with flu;
- Temporarily dismissing school and keeping children from gathering; and
- Avoiding large crowds where possible.

Recruit active or retired medically trained persons in the church to train family members and to keep latest medical information available.

The decision to limit public gathering, stagger work shifts, close schools and cancel other functions, and isolate those who were sick had a beneficial effect during the 1918 pandemic and the Toronto SARS outbreak. Reducing people-to-people contact reduces the possibilities of becoming ill.

Chaplains and spiritual leaders have a critical role in any preparedness plan. The physical, personal, social, emotional and spiritual challenges must be addressed in any plan made by a health care institution or a worshipping community.

How will pastoral care be delivered if the Pastor, Assistant and head deacon are stricken? How should the faith community worship and participate in rituals? Each church has unique needs, and the combined knowledge of medical and church leadership needs to prioritize what services can be delivered. Mail delivery may be disrupted. If worship centers are closed, much work can be done by telephone, and the web-based services of e-mail, net meetings, internet groups, already used in secular businesses, offer the possibility of counseling and support via a net camera. New ways of communicating will need to be developed, including conference calling from homes for committee meetings, study groups and other groups.

Hospitals and care facilities will be overwhelmed. Recruit active or retired medically trained persons in the church to train family members and to keep latest medical information available. These folks could show family members how to care for loved ones at home. Churches need to look at creating a written or computerized data base to include those with handicaps or special needs, as well as contact numbers for relatives. This material may already be available to church leaders only. One cannot afford to lose a single member because he/she was ‘forgotten.’

“In relationship to their God”

Maintaining the function of the worshipping community is vital. Spending a little time determining the impact of a pandemic on usual church activities and services will highlight functions and activities that may be decreased or expanded to cope with the outbreak. Attendance and financial giving will drop when normal group activities are suspended. Anticipate having to cross-train staff for back-up roles in order to maintain essential services. Use educational material from public health advisors, emergency management agencies, the CDC, and national denominational offices to educate individuals on what can be done to minister in pandemic situations. Fellowship rituals such as potluck suppers will need to be suspended. www.churchpartner.com provides individual communion celebration cups as a convenient way to distribute communion. Churches may have to use a telephone line for confession with their priests. Regularly updated lists of homebound parishioners can be developed, with a cadre of volunteers to shop, deliver and complete other defined tasks for them.

Maintaining a sense of parish connectivity and connection with God is emotionally and psychologically critical to create a sense of normalcy during chaos. Keep preparedness, education and training activities as low key and reassuring as possible. There is nothing gained by alarming people unduly.

Planning

As the pandemic approaches, education should focus on readiness, including a communication plan itself, the parish ministry-at-home plan, a distance learning plan if there is a parish school, accessing the leadership team, accessing updated information, potential flu screening prior to attending church and including the restrictions which may be enforced. Most people will self-quarantine. When a pandemic occurs within a community the main concerns are the services available through the church, accessibility of those services, the reprioritization of resources, caring for flu patients at home and death and dying support. The Red Cross has downloadable information at www.ARC.org that can assist a planning process. Conduct parish-wide discussion of pandemic ministry, plan for the use of facilities as overflow health care or morgue facilities. Collect next-of-kin information from parishioners and store the data base securely. Parishioners should be provided with a “Getting Your Affairs In Order” questionnaire, with completed copies being left with the family, attorney and church office. This information may be destroyed after the pandemic is over. See Faith-Based & Community Organizations Pandemic Influenza Preparedness Checklist at www.pandemicflu.gov/plan/community for a comprehensive list of issues to resolve within a worshipping community.

Connect with neighboring faith communities with the aim of preventing possible duplication of efforts and neighborhood service avenues. Meeting the needs of local homeless and other disadvantaged persons could be shared. Mutual aid agreements with other disaster response agencies in the area

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for their life.*

work, and are also good stewardship. The faith-based communities have yet to reach their secular counterparts’ accomplishments in this area.

Spiritual care comes in a variety of forms. Reducing anxiety by being prepared and knowing fact from fiction is spiritual care. When stress is managed calmly and rationally, people are better able to turn to their faith traditions to claim hope and meaning for their life. Through these connections they will experience a spiritual centeredness, when life has meaning and people feel connected to God, to themselves, their family and the society in which they live.

“Hope is faith holding out its hand in the dark.”
George Iles

John Wilson, a New Zealander, is an ordained American Baptist Churches of the USA pastor and has been the Trauma and Emergency Services chaplain at Advocate Lutheran General Hospital, Park Ridge since 1983. Advocate Health Care is a member of Lutheran Services in America.

Specializing in the spiritual care of those in crisis, he has also responded to many national disasters and serves on the Spiritual Care Response team for the American Red Cross. Board Certified with the Association of Professional Chaplains he presents seminars nationally on Disaster Spiritual Care specializing in the training, integration and deployment of local clergy as Spiritual Care Providers in community disasters.

Notes

Psychosomatics, September/October, 2005, used data from survey responses submitted by 193 physicians, including 45 who provided direct care in the three large teaching hospitals in downtown Toronto where SARS patients were treated. www.hbns.org/news/SARS09-01-05.cfm

The Religious Community as Disaster Educator. Planning Prevention and Mitigation. Church World Service Emergency Response Program. www.cwserp.org/training/DisasterED.pdf

Why, What & How - Cooperative Faith-based Disaster Recovery in Your Community; Planning, Prevention & Mitigation—The Religious Community as Disaster Educator: Bringing God's Peace into Disaster, Church World Service Emergency Responses Program. www.cwserp.org

John Hopkins—Office of Critical Event Preparedness and Response. The University's central information clearinghouse for disaster preparedness and response. www.hopkins-cepar.org

Centers for Disease Control and Prevention. Pandemic Flu information and preparedness. www.bt.cdc.gov

New and noteworthy

Former specialized ministries director remembered for compassionate heart, encouraging word

Rev. Richard “Dick” Tetzloff, former director of Specialized Pastoral Care and Clinical Education with LCMS World Relief and Human Care, and former executive director of Lutheran Ministries Association in St. Louis, MO, died October 20, 2007 at St. Cloud Hospital, St. Cloud, MN, after a brief illness. He was 68 and lived in Hackensack, MN.

Two memorial services were held: at Trinity Lutheran Church, Sauk Rapids, MN and at Immanuel Lutheran Church, Walker, MN.

In February, 2007 Rev. Tetzloff was one of two LCMS recipients of the Christus In Mundo (Christ in the world) award, the highest honor granted for distinguished service by the Inter-Lutheran Coordinating Committee (ILCC) for ministries in chaplaincy, pastoral counseling, and clinical education.

“Dick brought Christ and lived Christ through his gentle presence, listening ear, heart of compassion, and encouraging word of the Gospel,” said Rev. John Fale, LCMS World Relief and Human Care associate executive director. “His personality and faithful service will be deeply missed.”

Rev. Tetzloff served as LCMS World Relief and Human Care’s first called employee in specialized

ministries, from 1988 to 1995, Fale said. His many contributions include establishing standards and guidelines for ecclesiastical endorsement in ministries of chaplaincy, pastoral counseling, and clinical education. He played a key role in forming the ILCC, an organization credited with strengthening relationships between the LCMS and the Evangelical Lutheran Church in America.

Rev. Tetzloff headed Lutheran Ministries Association from 1995 until his retirement in 2001. Even after he “retired,” Rev. Tetzloff continued to serve LCMS specialized ministries. He traveled to Sri Lanka to provide pastoral care and education to pastors of the Lanka Lutheran Church after the tsunami in 2004. In September, 2007, only weeks before his death, he helped facilitate a retreat for parish nurses in his native Minnesota.

In his early career, Rev. Tetzloff served as a parish pastor and chaplain. He graduated in 1959 from the former Concordia College, St. Paul, MN, and in 1963 from the former Concordia Theological Seminary, Springfield, IL. He is survived by his wife, Mary, two sons, and seven grandchildren.



Rev. Richard Tetzloff

Give Something Back Scholarship

The next deadline for this joint Lutheran scholarship fund is August 15th. The awards will then be made in November. Scholarship funds are awarded to individuals seeking ecclesiastical endorsement and certification/credentialing in ministries of chaplaincy, pastoral counseling, and clinical education. The fund has a corpus of \$146,896.44 with grants totaling \$6000.00 per year (\$3000.00 semi-annually.) More information and application forms are available on both the ELCA and LCMS web-pages.

Zion XIV Conference

Preliminary planning has begun for the Zion XIV conference to be held in 2010. Thanks to the efforts of Reverend Bryn Carlson and Reverend John Fale, the Vocation and Education Unit of the ELCA and LCMS World Relief and Human Care are committing the necessary seed money to make this conference a reality. More information about the conference will be shared in future editions of *Caring Connections*.

Recent and upcoming events

How to Subscribe

Inter-Lutheran

October 10-11 Inter-Lutheran Coordinating
Committee meets in St. Louis,
Missouri

Subscribers to future issues of *Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling* will be notified by e-mail when each issue is published. We hope you will subscribe. The process is simple: go to www.lutheranservices.org, select *Networks*, then select *Affinity Networks*, then select *Chaplains' Network*, then select *Resources*, then select *Caring Connections* and register on that page. You will need to provide your name, your organization's name, your e-mail address, and your ZIP code. Subscribers and nonsubscribers alike will also be able to access this issue of *Caring Connections* electronically by visiting the LSA website.

Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling welcomes your submissions of news germane to specialized ministries as well as announcements of forthcoming events. You may e-mail news items and announcements to one of the Caring Connections news editors: John Fale at John.Fale@lcms.org or Bryn Carlson at bcarls@covcable.com