

VOLUME 3 NUMBER 2 SUMMER 2006

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



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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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Electronic Subscriptions: Go to www.lutheranservices.org, select “Networks,” then select “Affinity Networks,” then select “Chaplains’ Network,” then select “Resources,” then select “*Caring Connections*” and follow the registration directions on that page.

News, Announcements, Events: E-mail items to Bryn Carlson at bcarls@covcable.com or John Fale at John.Fale@lcms.org

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Editorial

Nearly every hospital emergency room shares one important asset. It may go by many names, sometimes called the quiet room, the family room, or the consultation room. Staff privately refer to it as the “bad news room” or the “death room.” It is the place where families are taken and asked to stay while ER staffs attempt to save lives. It is the place where families are told when they don’t succeed.

At one hospital in Chicago where I worked, the spiritual care department staff took to calling this room something else. We took to privately calling it, “The Center for Advanced Theological Inquiry.” This is because bold, probing theological questions get asked in that room for which there are no easy answers; in fact, attempting to answer them is usually not very helpful.

I recall a rousing conversation in seminary about earth-shattering ethical dilemmas. We investigated what our pastoral responses would be to issues like baptism of the dead, organ donation, capital punishment, and so many other challenging topics. None of us had ever truly faced these issues. Over the years, I faced all these issues and many more. My pastoral responses at 2 A.M. on a Friday night in the Center for Advanced Theological Inquiry in fact bore little resemblance to those conversations so long before.

This reflects a stunning reality: the practice of spiritual care thrusts a spiritual care provider into a realm where stark concrete experiences displace theoretical discourse. The sustained practice of spiritual care will eventually expose one to hands-on experience of all of life’s most delicate ethical quandaries.

Our writers in this issue display a deep acquaintance with these difficult territories. Tim Thorstenson shares a reflection of the power that values-driven perspectives have on our work, and the deep toll this can take on those who work in these realms. Bill Boldin explores time-honored

ethical principles from a Two Kingdoms perspective. Gary Simpson challenges readers to ponder the concept of confidentiality in soul care in our times. David McCurdy introduces the delicate role chaplains play in providing support both to organizations and employees in labor issues. Ben Moravitz probes the field of ethics through a lens of the Second Use of the Law.

Caring Connections can be read in two places, both in its own dedicated website, caringconnectionsonline.org, and also on the Lutheran Services in America website. We plan to knit these sites together in exciting ways to create a rich resource and network for pastoral care providers. We are creating a resources center on the site. If you have any resources such as case studies, care plans, creative liturgies or any resource of interest to the pastoral care provider community, please share these with us for inclusion on the site.

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* website—no need to keep checking to see if a new issue is there. You will also help the editor and editorial board keep a clear idea of the level of interest our journal is generating. You can subscribe by clicking on the subscription link on caringconnectionsonline.org or by following the information appearing on the masthead (page 3) and also (in larger print) on page 23.

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 in America, the Lutheran Church—Missouri Synod St. Louis offices, and the Evangelical Lutheran Church in America’s Chicago offices 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 specifically request articles for upcoming issues on the following themes.

Fall 2006 “Sabbath and Self-Care for Pastoral Care Providers”

This issue will highlight the immense importance of Sabbath and self-care for sustaining the challenging ministries of chaplaincy, clinical pastoral education, and pastoral counseling. We invite contributions that range from successful strategies for self-care to confronting the dangers of ignoring Sabbath.

Spring 2006 “Special Zion Conference Issue”

This issue will share the central presentations enjoyed at the Zion Conference. Additionally, special comment, rebuttal, and commentary raised by the conference will be shared.

Engaging the Powers: the Prophetic Role of the Chaplain/Ethicist

Moral decisions result from ethical processes characterized by knowledge, integrity and a commitment to justice.

I have been changed by the work of ministry. Having served as a chaplain in a major medical center for more than twenty years, I have become deeply acquainted with sorrow and suffering, and it has had a profound effect. I think it was Walter Wink who once wrote that he had become convinced that our “solidarity with all of life” is somatic, that when we are repeatedly exposed to suffering, we sense it and intuit it all around us as a given, and we carry it in our bodies. And it changes us. It burdens us, it causes heartache, and—if we are able to give it expression and to share it openly and give speech to the Spirit’s groanings within us in our prayers and in our laments - then it transforms us. I am grateful that my soul has been deepened, that I *feel* the fullness of life, that I am intimately acquainted with sorrows, for it is such things that focus our vision and deepen our capacity to love.

My parallel journey was to be drawn toward tending to the suffering in front of me by engaging the processes used to treat it, even as I sought to reframe the patient’s own process of meaning-making. It became a way to move through the experience of the pain with which I was confronted, of giving witness to it in such a way that it might pass through me and soften my heart rather than serve as a burden from which I sought escape. As has been the experience of so many of us that have worked “at the bedside,” I was often caught off guard by the iatrogenic consequences of the medical interventions and disturbed by the depersonalizing tendency to treat symptoms rather than persons; I was struck by the barriers to truth-telling that seemed to exacerbate isolation and suffering; I was deeply pained by the effects of what Renee Fox called the “inefficiency of strangers taking care of strangers” and its attendant breakdown in coordination of care. I slowly realized that to work only with the patient in a pastoral role was to unintentionally perpetuate that which often had the disturbing effects of continuing to impede the healing of both body and spirit that we all so diligently sought, while burdening my own soul as well.

The language and theories of bio-ethics began to shape my mindset and voice, as it did for so many of us. It was a language embedded in the Gospel as I understood it, a language of personhood and blessing and life. It was a language that evolved from philosophical and Judeo-Christian roots as science and medicine gradually discovered how to benefit



life and treat illness, arising to provide guidance and perspective to the actions of the practitioners and to protect the subjects of their inquiries and their subsequent efforts to advance the human experience. And I began to see it as a language that could serve

When we are repeatedly exposed to suffering, we sense it and intuit it all around us as a given, and we carry it in our bodies.

to inform and to raise consciousness—my own as well as that of nurses and physicians—and that could hold us all accountable to one another, giving us a pathway to seek common goals and to use humane processes for their achievement. It was a natural fit for my ministry, giving those of us who

work in pastoral care a focus and a vision, empowering us to speak and engage and assert. Many of us learned that it was the language of ethics that enabled us to fully claim our authority as stakeholders in the treatment of our patients, that grabbed the attention of the providers, that gave credence to our claim as team members and colleagues in trying to resolve the dilemmas we were facing and – most significantly—to attend to and even alleviate the suffering that was draining us all.

Whether wrestling with appropriate limits at the end of a long struggle with a chronic, progressive illness or struggling to define the rights of patient on a locked behavioral health unit or sitting with young parents overwhelmed by the choice of either providing life support to a baby about to be born with newly diagnosed anomalies or allowing the impairments to bring about its death, it was this language that charted the pathway and eased the burdens and that brought the spiritual dimensions of God’s care to the forefront.

Still, the language of ethics is hardly redemptive. We may serve as *ethics consultants*, but our identity remains that of pastor, albeit pastors with prophetic voices. It is as much a part of what we do and who we are as are the stirrings of our hearts and the tools of our traditions. And it is unbounded. All of life is within this purview, and all of life’s accumulated suffering. The New Testament calls us to speak both to the brokenness of life and to the systems that oppress, both to the hurts and needs of the individual and to those who perpetuate such hurts, either by ignorance or intent. One moment Jesus would reach out to touch the spirit of the one who could not see and restore vision, and the next would expose the blindness of those caught up in their own power and ask them to look more deeply at the effects of their sightlessness. One moment he would confront the one suffering from her own delusions and self-limiting choices, and the next he would call to account those who enriched themselves at the expense of others. One moment he would teach us to attend to the needs of the wounded at the side of the road and the next he would challenge us to tend to the wounding behaviors of the kingdom-builders. Prophetic ministry was never separated from the care of the soul, recognizing there cannot be fully the latter where there is no engagement of the former.

As a practitioner of pastoral care and ethics consultant, I soon learned that efforts to support and teach and raise consciousness for physicians and other providers was also not enough, if the systems in which they faithfully labored were not in alignment with the goals of healing. So it is something of a seamless transition to move from a clinical ethics perspective into an organizational ethics one, and it all falls within the purview of prophetic ministry. To engage the powers that determine resource allocations and payer relationships and that set the tone for how people interact and for what gets prioritized, is every bit as important as what medication is to be provided or what treatment is to be with-

drawn. To develop a framework for organizational decision-making, based on commonly held values and a clear mission, is as reflective of Jesus’ calling to engage life fully as is initiating a reflective, principle-based decision-making process at the bedside. Seeking to transform oppressive systems is as pertinent to our identity as is seeking to promote individual well-being.

The New Testament calls us to speak both to the brokenness of life and to the systems that oppress.

And the challenges are legion as health care struggles to finance emerging technologies and new therapies without compromising key services. Quality and efficiency in health care delivery are major concerns. And matters of justice are embedded at every level since we are failing to provide equal access to all, and to overcome ethnic disparities, and to maintain basic health care as a human right in a democratic society. How decisions are made, and on what basis, shape the key challenge to organizational ethics in health care in the future. And we are duty-bound to speak both pastorally and prophetically to the powers, to engage them as ones who see, understand and serve the greater good.

Ethics is nothing other than enjoining the conversation from a reflective, values-based perspective. Moral decisions result from ethical processes characterized by knowledge, integrity and a commitment to justice. Our purview, as chaplains, is to respond to the suffering right before our eyes, which defines our work and which we encounter daily in the newspapers and newscasts. We are the articulators, the ones whose only power is the power to speak, to bring into human experience our experience of God, and our vision of what God is up to. We need to be mindful to do our internal work first, attending to our own suffering and the effects of the suffering we encounter. We need to be thoughtful about giving it expression and allowing it to pass through us to where it will be transformed, held in the care of God. And once we have come to such a place (and it is a place we must come to over and over again) we need to speak about that suffering, and to speak about it both pastorally and prophetically, addressing its sources, binding its wounds and seeking its transformation. As the old saying goes, it will change us if it doesn’t kill us first, and, I trust, for the better. God knows, the need is great.

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Uncompromising Justice

As an uncompromising principle, justice does not allow for excuses, and does not let the health care provider off the hook.

When I was in seminary and taking my class on Lutheran Confessions and Theology, I remember distinctly the professor illustrating Luther's "Two Kingdoms" theory with two interlocking circles. One of the circles represented the Kingdom of God, and the other the Kingdom of the World. Two distinct entities with an overlapping border. When we focus on the overlapping border, then we recall the point of the illustrations; namely, we are simultaneously citizens of the Kingdom of God and the Kingdom of the World.

I would suggest that the universal four principles of medical ethics could also be represented by interlocking circles. However, I would suggest that only three of the circles actually interlock, and one stands alone, as an absolute. The three principles that I believe have some overlapping value are (1) Nonmaleficence, (2) Beneficence and (3) Autonomy. With these three principles there is always some give and take. They have a fluid nature that streams one into another. The fourth principle, however, is solid and uncompromising. This principle has very defined borders and either you are on the inside, compliant with its value, or you are outside, banished into the wilderness where there is darkness and gnashing of teeth. The fourth is Justice and it is an uncompromising principle.

Nonmaleficence and Beneficence are opposite one another by definition, but quite close in action. Nonmaleficence means to do no harm to the patient, while beneficence means to act in the best interest of the patient, looking for the best possible outcome. This is more than trying to get at the same point from two different directions! It is also one principle feeding and leading into the other. This is the same dynamic flow that Luther uses in the Small Catechism as he explains the 10 Commandments. I should do more than merely not harm my neighbor; rather, I should also protect her and her property, thinking highly of her. Not only should a health care organization not intentionally or unintentionally harm a patient, but the same organization should do all in its power to see that the best possible outcomes are achieved for the patient and the patient's system of support. Autonomy, as a third principle, is figurative in the other two in that finally, it is the patient or the patient's surrogate that is making the ultimate treatment decisions.

Justice, however, is the principle that asks health care providers a question that is at once simple to understand, but so very complex to answer. That question is, "Are you doing the right things for the right reasons?"



In a world in which health care resources are continually stretched beyond original intent, the issue of justice will become an ultimate measure to the efficacy of health care. For justice takes into account primarily what is good for society as a whole, more than what is desirable for the individual. It is the public policy issues that vex health care the most, and it is to these issues that the ethical principle of justice speaks most clearly.

Justice takes into account primarily what is good for society as a whole, more than what is desirable for the individual.

We can look at the issue of 45 million Americans living without health insurance, and who knows how many more with poor coverage, and see that it is an unjust situation, which divides the delivery of health care into a two-tiered system. There is one system that operates very nicely for those who have good quality health coverage, and another system that relegates the poor and the uninsured to a system

that overloads our hospital emergency rooms, and any follow-up care will most likely be done at free clinics that don't have the sophisticated diagnostic and treatment technology that the fully insured take for granted.

I know of no one in health care who likes this two-tiered system; however, there is a prevalent attitude within the industry that is one where the best intentioned providers throw up their hands and say "there is nothing I can do about it!" However, by the ethical principle of justice, which all health care providers must subscribe to, doing nothing is an unethical position!

Take, for example, the plight of the severely mentally ill. They, on the whole, receive standard care because they are often homeless, derelict, and cannot navigate the health care system or be their own advocates! Very little in the way of acute care mental health is offered because, frankly, Medicare benefits cover only a fraction of the cost for their care. The system that allows cost to be the determinative factor in whether or not the severely mentally ill receive care is unjust, and thus unethical. We can see that with the principle of justice there is no such thing as partial compliance. There is no compromise.

For too long, however, society has looked at the health care system and has said essentially, "physician, heal thyself!" Those of us with decent coverage often don't have health care on our radar screens among the most important issues facing society. Yet, those of us who work within the system know that it needs to be on everyone's agenda, quickly. I would submit that the voice of the Christian community is essential to providing a just and ethical system of health care for all. Who else has the moral authority in this nation to dare speak for the "least of these?" However, the churches have been speaking only in whispered tones. The passive positions of the Lutheran denominations when speaking about these issues have been ineffective; if not unjust...remember there is no compromise to the principle of justice! We need to speak and act with the boldness of Bonhoeffer!

Justice and Mental Health

J is a 19 year old, out-of-state college sophomore who has had a difficult relationship with her boyfriend of two years. Stressed by the relationship, trying to keep her grades up, and feeling little in the way of emotional support, she takes 40 acetaminophen tablets, and drinks a bottle of wine. She is found by her roommate unconscious on her bedroom floor. She is brought to the ER, her parents are notified, and she receives the medical care she needs, as her parents have excellent insurance. It is decided that she should spend some time in a mental health treatment facility, for support, psychopharmaceutical therapy, and close behavioral monitoring and therapy. The city where she is attending college, like most major American cities, has very few in-patient treatment beds. However, her parents

are able to locate a facility near their home, and their insurance provider will pay for a major portion of the stay and the physical transfer.

This is the way all mental health issues should be treated in the United States, but as we all are aware, this is the exception rather than the rule. In the facility that I presently serve, we see that occasion-

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al suicide attempt by the young person feeling overwhelmed by newly adult responsibilities, but they are rare. We see a patient much more akin to the following:

R is a homeless man, with frequent visits to the Emergency Department. It is well known that R has recurring cellulitis in both feet. When he is found wandering the streets, it is assumed that he is abusing alcohol or some illicit drug. That indeed may be the case, as it is also well known that he has an underlying personality disorder, most likely schizophrenia. R has no known support system, no insurance, no income to speak of, and no address or phone number. He has been arrested and jailed for loitering, petty theft, and making a public disturbance.

R is what is referred to by advocates as "hard-core homeless." He is not welcome in many homeless shelters due to his erratic and sometimes threatening behavior. Yet, the genesis of his condition is not his "homelessness," or his multiple encounters with law enforcement. His baseline problem is his mental illness.

Like J, in the previous example, R most likely has a family somewhere. They may be a continent away. They most likely were quite supportive of R, but due to lack of mental health support, they probably burned out and became unable to care for him. The result is a problem that every city-based emergency department faces by the hundreds of thousands nationwide.

Justice would demand that we treat R in the same manner that we treat J. However, we know that "charity" or governmental resources for dealing with patients like R are lacking. There seems to be very little political will to change the present broken system of payment. Yet as an uncompromising principle, justice does not allow for excuses, and does not let the health care provider off the hook. Health care's obligation to the R's of this country, is to not only treat the cellulitis, but to also treat the mental health issues as well.

Health care, as an industry, is constantly re-positioning itself to treat myriad complicated new and existing acute and chronic conditions, with resources that are becoming more and more limited. While providers have a justice obligation to treat,

health care should not be alone when confronting the issue of mental health resources.

Truth be told, the faith communities of the United States, including the ELCA, have been largely silent concerning mental health issues. Because of the advocacy of people of faith, slavery ended, civil rights of all Americans became law, rights of children became protected, along with a host of other milestones that have helped to make our society more civil. The people of faith have been this nation's moral compass since its founding. It is time to martial the church's advocacy with the justice obligation of health care to immediately reform the mental health system in the United States. The visible image of two overlapping circles is relevant to this cause, just as it was relevant to my seminary education in illustrating the two kingdoms theory.

There are aspects of reform that would be done separately. For hospitals, having nurses, social workers, and pharmacists with training and experience in mental health to guide physicians in making appropriate treatment decisions would be an important and cost-effective first step. Hospitals could also sponsor continuing education events for physicians concerning both mental health issues and medical ethics. Again, this would be inexpensive. Health care systems, the AMA, the AHA, along with the professional organizations of the auxiliary disciplines of health care, should coordinate their lobbying and advocacy efforts on behalf of mental health reform.

A Call For Partnership

The church and other faith communities need to be about raising awareness among their members, developing resources and ministries to those who are mentally ill, and their support systems.

Theologians and church ethicists should be called upon to teach the people of faith that caring for the mentally ill is more than just a "nice thing to do." We need to hear and understand that there exists a religious moral imperative for working with this population.

Yet, it is the interlocking part of those rings where the real reform will happen. As both the faith community and the health care community come to realize that each has a separate and unique moral and ethical imperative for working on behalf the mentally ill, then each will seek out the other for connection and partnership. What political decision maker can afford to resist the combined efforts of a fully engaged partnership between health care and people of faith? The goal is to develop greater awareness among all branches and levels of government, to increase funding for programs that effectively meet the needs of all mentally ill people, not just those with excellent insurance. Uncompromising justice demands no less of us.

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Serving the Promise of Confidentiality: Theology for a Professional Ethic of Soul Care

“How blest is everyone who trusts in You.” Psalm 84:12

Publicity, Privacy, and Confidentiality.

I’m big on “publicity” these days. I don’t mean publicity in the sense of public relations. Not publicity as the public displaying of one’s superiority or virtuosity or even of one’s benevolence! Rather, I’m big on publicity in the sense of public transparency and accountability, particularly the public transparency and accountability of governments to citizens, to other governments, and to global civil society. I’m equally keen on publicity as the public transparency and accountability of economic organizations to their stakeholders and of professional officeholders—including clergy—to procedures and structures of accountability. A renewed attention to the ethics of publicity also points up the need for a renewed attention to the ethics of “confidentiality,” which has suffered serious bruises as of late.

I’m big on clergy confidentiality for four reasons. First, sufferers and sinners need it as much now as ever. Second, because the one-directional nature of confidentiality always bestows inordinate power on the person who hears another’s secret, the ethics of confidentiality needs constant attention.¹ This pertains especially to parish clergy these days. Because pastors regularly report feeling beleaguered and lacking in prestige and influence, the nexus of confidentiality and power readily becomes a temptation to increase one’s status by leaking confidences, or more usually, by “only” leaking “that” one possesses the confidential communication of another. Third, in society today there is an increasing tension between privileged communication and the public’s security need to know.²

Finally, I’m big on confidentiality because I’m also big on the ethics of “privacy.” But—and this “but” is important—confidentiality is not the same as privacy, though the two realities often overlap and people regularly use the terms interchangeably.³ Still, there’s a difference. The purpose of privacy is to protect another’s dignity from being exploited, especially by the institutions of a sprawling surveillance politics and economy.⁴ The purpose of confidentiality is to root another’s soul, dignity’s depth, in a life lived truly according to the Gospel.⁵ The origin of pastoral confidentiality, therefore, lies in the very nature of the Gospel. This deserves exploration.

Confidentiality as the Soul of the Professions of the Soul.

For centuries, western common law has recognized certain well marked-out confidential commu-



nications to be “privileged communications,” which not even a court of law ought pry into and open. Indeed, because of the nature of legally privileged communication, clergy, medical doctors, and lawyers came to be recognized as the historic three “professions.” Each professes a privileged access to another’s soul, or that which is closest to it, because this profound access is necessary, though not sufficient, for the sake of the other’s salvation, health, or lawful safety. And, salvation, health, and safety are

The nexus of confidentiality and power readily becomes a temptation to increase one’s status by leaking confidences.

beneficial to society’s general commonwealth. The usual common law analogy for professional (one-directional) privilege was the sacred (bilateral) privilege of married soul-mates, a privilege so necessary to the phenomenon of mating souls that not even a court of law ought to pry into at all.⁶

Eventually in modernity, the definition of “profession” and “professional” became focused on expert knowledge and practice. This is not wrong as far as it goes, because access to expertise is also cru-

cial for the other's salvation, health, or safety. But, it easily turns one-sided. William May, therefore, starts with intellectual expertise (what one professes) as the first marker of "professional identity" and then insightfully adds moral (on behalf of whom one professes) and organizational (with whom one professes) markers. May matches these markers with the professional virtues of practical wisdom, fidelity, and public spiritedness. Still, in the case of the profession of pastor (and doctor and lawyer), May's helpful expansion overlooks the critical marker of fiduciary access to the soul and the corresponding virtue of scrupulous confidentiality.⁷ We can call this the spiritual marker, the soul of the professions of the soul.

Confidentiality and the Gospel as Promise: the Holy Spirit

"Almighty God, to whom all hearts are open, all desires known, and from whom no secrets are hid . . ." Talk about privileged access to souls! This confession of God's access would strike fear and trembling in every soul if it were believed. And indeed we do believe it because by the time we reach the final "Amen" of the "Brief Order of Confession and Forgiveness" we've received the Holy Spirit's cleansing absolution found and founded in Jesus Christ, the yes and amen of all God's promises. Here we "have" God the Father, Son, and Holy Spirit, as Dietrich Bonhoeffer liked to say following Martin Luther. Here we "have" access to Father, Son, and Holy Spirit who in full communion with each other are now communing with sufferers and sinners as if heaven had come to earth. And hasn't it?

Reformation theology cuts its teeth, so to speak, by gnawing away at the Scripture's incessant focus on faith as trust in God the Spirit's promissory word as distinct from God's word of law. Reformation theology understands the doctrine of justification by faith alone in the way that it does precisely "based upon the nature of a promise."⁹ Justification is a pneumatological doctrine. Its purpose is that sufferers and sinners have open access to the truth of faith in the promised new creation in communion with the trustworthy name of God. Is it any surprise that the fiduciary soul of pastoral confidentiality correlates precisely with the fiduciary heart of the triune God accessed through the Holy Spirit's Word?¹⁰

Confidentiality and Bearing One Another's Burdens: Jesus the Son

Given the Gospel as the Spirit's unconditional promise, there's little surprise that Luther routinely used a true marriage based in a trustworthy promise in order to understand the relation between Jesus and the life of faith. In a true marriage each soul-mate bears and shares the full reality of the other while maintaining the true integrity of each. Luther called this dynamic "the joyous exchange." Jesus and believers live out this joyous communion of bearing and sharing, as indeed do believers with one another as the communion of saints.

Following Luther's christology, Dietrich Bonhoeffer sought to form Christian discipleship according to the "God who bears." God is a God who bears because Jesus shares the place of sufferers and sinners. The cross therefore marks Jesus' life from beginning to end. In sharing our place

Jesus and all believers live out this joyous communion of bearing and sharing, as indeed do believers with one another as the communion of saints.

Jesus also shares his place-sharing way of life with the church. Bonhoeffer's "place-sharing" christology takes form as a place-sharing church, Christ-existing-as-church-community, as he liked to say.¹¹ Clergy access to another's soul and the practice of privileged confidentiality is a special instance of Jesus' and the church's basic place-sharing existence.

Confidentiality as Medium of Creation's Amen: God the Father

The ancient church's word for the mutual love and indwelling of the persons of the Trinity is making a come-back, a welcomed return. It's a great word: "*perichoresis*." In the ancient Greek world it's the nickel word for the neighborliness of the city.¹² *Perichoresis* means that whatever belongs to God the Father also belongs to Jesus the Son and to the Holy Spirit, and whatever and whoever belong to Jesus the Son and the Holy Spirit belong also to God the Father. Their mutuality is endless. And it's this triune love and communion that is the whole world's glory.

The practice of confidentiality is the this-worldly medium for bearing the awful truth of another's suffering or sin in order finally to share the church's "Amen" of God's trustworthy glory with creation. The promise and practice of confidentiality serves this glory.

Gary M. Simpson is professor of systematic theology at Luther Seminary, St. Paul, MN. Prior to this current position, he served as a pastor of the Evangelical Lutheran Church in America for four-teen years. He is a member of the American Academy of Religion and of the Society of Christian Ethics.

Notes

1. For an insightful discussion of clergy ethics and power see Karen Lebacqz, *Professional Ethics: Power and Paradox* (Nashville: Abingdon, 1985).
2. For an indispensable discussion of terms, distinctions, and legal ramifications regarding confidential situations see John C. Bush and William Harold Tiemann, *The Right to Silence: Privileged Clergy*

Communication and the Law (Nashville: Abingdon, 3rd ed., 1989), especially pp. 96-104. Bush and Tiemann also take up briefly the question of confidentiality in the context of the Reformation emphasis on the priesthood of all believers. This question merits much more attention! Generally speaking, the privileged communication of an ordained professional is a special case of general clergy confidentiality, which is itself a special case of the practice of confidentiality applicable to the general priesthood of all believers.

3. When you Google “ethics of confidentiality,” you can receive over twelve million citations. When you Google “ethics of privacy,” you can receive over two hundred million citations. In nearly every site I visited there was significant interchangeability of terms.

4. For helpful discussions about privacy and human dignity see Sessala Bok, *Secrets: On the Ethics of Concealment and Revelation* (New York: Pantheon, 1982), pp. 18-24; and Richard Gula, *Ethics in Pastoral Ministry* (New York: Paulist, 1996), pp. 21-25.

5. My distinction relates to and yet is different from a distinction commonly made in codes of ethics. For instance, see “Ethics and Confidentiality” from *National Statement on Ethical Conduct in Research Involving Humans* by National Health and Medical Research Council (1999), Commonwealth of Australia (http://www.nswrdn.com.au/client_images/6174.pdf): “Confidentiality refers to the legal and ethical obligation that arises from a relationship in which a person receives information from or about another. The recipient has an obligation not to use that information for any purpose other than that for which it was given. Privacy is a broader concept. A person’s interest in keeping personal information private relates to anyone who might have access to that information, whether through a relationship or otherwise.”

6. For an important analysis of soul that overcomes soul-body dualism see Wolfhart Pannenberg, *Systematic Theology*, vol. 2 (Grand Rapids, MI: Eerdmans, 1994), pp. 181-202.

7. William F. May, *Beleagued Rulers: The Public Obligation of the Professional* (Louisville: Westminster John Knox Press, 2001). In his very provocative book May includes doctors, lawyers, engineers, corporate executives, politicians, media personnel, clergy, and professors. It was the prominent American sociologist Talcott Parsons who focused on the professional’s trusteeship of expert knowledge and practice (see Talcott Parsons, *Essays in Sociological Theory*, rev. ed. (Glencoe, IL: The Free Press, 1954), p. 372.

8. *Lutheran Book of Worship* (Minneapolis: Augsburg, 1978), p. 56.

9. See *Apology of the Augsburg Confession*, Article IV.85 in *The Book of Concord: The Confessions of the Evangelical Lutheran Church*, eds. Robert Kolb and Timothy Wengert (Minneapolis: Fortress, 2000), p. 135. Still the best and most usable exploration of the doctrine of justification as the church’s grammar for speaking of Jesus as God’s unconditional promise of a new creation is Eric Gritsch and Robert Jenson, *Lutheranism: The Theological Movement and Its Confessional Writings* (Philadelphia: Fortress, 1976), pp. 2-11.

10. Both Karen Lebacqz (*op. cit.*) and Gaylord Noyce (*Pastoral Ethics: Professional Responsibilities of the Clergy* (Nashville: Abingdon, 1988) base clergy professional ethics in the nature of promise-making.

11. Dietrich Bonhoeffer, *Discipleship in Dietrich Bonhoeffer Works*, Volume 4 (Minneapolis: Fortress Press, 2001), especially pp. 84-91, 213-224. Bonhoeffer’s German word for “place-sharing” is *Stellvertretung*, translated as “vicarious representative action.” Not too usable! I want to thank my colleague Andrew Root for suggesting “place-sharing.”

12. Jürgen Moltmann, “Perichoresis: An Old Magic Word for a New Trinitarian Theology,” in *Trinity, Community, and Power*, ed. M. Douglas Meeks (Nashville, TN: Kingswood Books, 2000).

Professional Ethics and the Second Use of the Law

If professional ethics are used as a mirror of the conscience, caregivers may recognize in themselves the desires or motives that can lead to ethical lapses.

When I pay my dues to the American Association of Pastoral Counselors, I sign a form that reads, “By my signature, I affirm the following to be true: I have read the current AAPC Code of Ethics and Procedures during the past 12 months and am in compliance. . .” After signing the form, I write myself a note to pull the code out of my file and read it when I get home. This article explores how the annual exercise of affirming one’s adherence to a code of ethics might be more than a perfunctory stroke of the pen or a cursory glance at the rules of one’s profession.

From a theological perspective, codes of professional ethics belong in the category of the law. Ethics are not apodictic law. That is, they don’t come from the mouth of God. They are pragmatic rules adopted by members of a profession setting the limits of acceptable behavior and describing the “best practices” of the profession.

In the Lutheran theological tradition, the law has three uses: the political use, the pedagogical use, and the didactic use. The first use functions as a curb to bad behavior by setting limits and threatening negative consequences. The second use provides a mirror for the conscience and drives persons to realize their need for grace. The third use provides for believers a guide to good behavior. This threefold typology can be used as a perspective on professional ethics. According to the first use of the law, the mere fact that an ethical standard has been put in print and distributed can curb unethical behavior among those members of a profession who bother to read the code. Some people are compulsively obedient and awareness of ethical standards is effective in gaining their compliance. Professional groups have procedures for policing the ethics of their members. The threats of having to answer to an ethics committee, of the possibility of losing one’s professional standing and of losing one’s employment can serve as powerful curbs to unethical behavior for most people most of the time. For persons who are licensed by the state, professional ethics are also backed by the sanctions of state law.

This approach to professional ethics is analogous to keeping the commandments because they come from the mouth of God and because God threatens dire punishments for transgressors. The commandment, “You shalt have no other gods before me,” comes with a threat: “I the Lord your God am a jealous God, punishing children for the iniquity of parents, to the third and the fourth generation of those



who reject me. . .” Obedience to the law based on fear of the power of the lawgiver may serve to curb some persons from bad behavior, but there is more to being good than this.

Ethical standards may be seen as “best practices.” These are practical applications of moral values held by members of a profession. Values such as honesty, doing no harm, confidentiality, the responsible use of power, and respect for personal freedom are applied

Obedience to the law based on fear of the power of the lawgiver may serve to curb some persons from bad behavior, but there is more to being good than this.

to practical ways of relating with patients, supervisees, peers, other professionals, and the general public. Pastoral care professionals are expected to have had enough personal therapy and supervision to not let their personal issues interfere with a patient’s therapeutic needs. Having completed years of parish experience, advanced education, and clinical training, and having met numerous evaluation and certification committees, pastoral care professionals are assumed to need only guidelines for “best practices.” This is a false assumption.

This approach to professional ethics is like the third use of the law. Having been justified by grace and sanctified by the Holy Spirit, the Christian should only need a few guidelines for good behavior. When this approach to the law is used as a substitute for the second use, which will be described next, it becomes problematic. It may be assumed that the education, training, supervision, and certification processes have produced caregivers who need only a few rules for best practices; however, experience suggests otherwise.

Recently, a pastoral counselor colleague who had served on the national ethics committee of the American Association for Marriage and Family Therapy reported that a disproportionately high number of ethics complaints were filed against marriage and family therapists who held M.Div.'s or other theological degrees. Why should persons with theological training be more prone to having ethics complaints lodged against them than the average MFT? There are a number of aspects of religious culture, especially in the area of interpersonal boundaries, that may contribute to ethical lapses among therapists with a parish background. Certain habits of religious reasoning may also contribute to the problem.

Ethical standards and guidelines for best practices are not enough to prevent unethical behaviors. What is needed is the second use of the law, the pedagogical use. From a religious perspective, the second use of the law provides a mirror to the conscience, identifying sin, and like the *paidagogos* who conducts the children of the household to school, it drives the sinner to repentance and the grace of the Gospel. Used as a mirror, the law can lead to personal transformation as persons recognize their motivations and seek grace and spiritual renewal. Using professional ethics in this way is an approach that has been largely overlooked.

Continuing education workshops focusing on professional ethics for counselors tend to follow a predictable pattern. There are case studies illustrating ethical dilemmas. Participants identify the specific ethical standards that are relevant to the cases and they discuss the therapeutic considerations, standards, exceptions, cultural values, legal ramifications, and other factors that make ethical deliberation both challenging and necessary. The main focus is on knowing the proscriptions and prescriptions of the ethical code and determining what practices fall inside or outside the standards of the code.

The problem with focusing on the proscriptions and prescriptions is that this does not address the internal motivation that can lead to ethical lapses. When the focus is on what caregivers ought or ought not to do, there can be a tendency to deny or "split off" from consciousness the desires that lead to unethical behavior. Desires that are repressed continue to motivate behavior but in ways that are outside the awareness of the caregiver. What is needed is an ability to be conscious of one's motives, to own

them as a part of one's self, and to explore how these desires impact one's life and work.

If professional ethics are used as a mirror of the conscience, caregivers may recognize in themselves the desires or motives that can lead to ethical lapses. Among other things, the various ethical codes proscribe breaking confidences, having sex with patients, and engaging in dual relationships. These

Desires that are repressed continue to motivate behavior but in ways that are outside the awareness of the caregiver.

problems are common enough that they warrant inclusion in ethical codes. It is safer to assume that all caregivers are tempted to break these rules than it is to assume that only a few are so tempted. Caregivers enjoy sharing juicy tidbits of gossip about their patients. Caregivers feel sexually attracted to patients. Caregivers view patients as friends or persons with whom they can do business.

When I am tempted to talk about my patients, I ask myself what it is that I am trying to gain. Am I trying to impress a referral source or a patient's family member by appearing knowledgeable and competent? Am I trying to be entertaining? When I feel sexually attracted to a patient, I ask myself what is going on in me and in my life that is contributing to my feeling of attraction. Is it my advancing age and my fantasy of being young again? Is it the current state of the relationship between me and my spouse? Is it my desire to feel attractive? If I allow a patient to stay beyond the usual session limit, I ask myself what I am doing. Is it because I like this patient and I want this person to be my friend? Am I blurring the distinction between patient and friend because I haven't put enough effort into connecting with my peers, my congregation, and my community? I have thought of asking one of my patients who is a plumber if he would be willing to barter fixing my leaky shower for a couple of hours of psychotherapy. I wonder what might lead me to consider making such an arrangement. Am I trying to avoid paying the high cost of plumbing repairs? Am I trying to avoid the uncertainty of selecting a plumber from the phone book?

There is nothing wrong with my desires. It is okay to entertain friends, to make a favorable impression on referral sources, and to help family members understand the person they bring to therapy. It is okay to be interested in sex. It is good to have friends. If I don't want the ceiling to fall in, I had better find a plumber to fix my leaky upstairs shower. Using the code as a mirror gives me the opportunity to be conscious of my desires. Knowing that I have motives that are inclined toward unethical behavior is safer for me and for my patients than splitting off or repressing those desires.

In this article, professional ethics have been viewed from the theological perspective of the three uses of the law. Codes of ethics curb behavior and threaten consequences for misbehavior. Ethics provide guidelines for professional practice. Viewing professional ethics from the perspective of the second use of the law provides a mirror in which caregivers can see themselves and their desires. Recognizing and owning one's own motives is an essential step toward making responsible ethical decisions and avoiding ethical violations.

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The Chaplain and Labor Relations

The complexity of labor relations suggests that chaplains should tread lightly and alertly.

Few contingencies in health care or human services are more polarizing than the possibility that employees might form a collective bargaining unit and choose to be represented by a union. Institutional administrations and many managers have a particular aversion to the specter of third-party representation. Most have heard horror stories, and some may have witnessed first-hand the “disruption” caused by organizing campaigns or their aftermath.

Staff members, for their part, can be deeply divided about unionization. Some will be skeptical about a union’s supposed benefits. Some will have reservations about the possibility that employees providing important services—especially health care—might opt to strike. Others will have concerns or outright grievances that they believe a union can address. Some may come from families or work backgrounds in which belonging to a union was a way of life.

Chaplains may be ill prepared by education or experience to respond to the pressures of an organizing campaign. They may feel reflexively that they should maintain a stance of “pastoral neutrality.” Yet they may find themselves sympathizing with one side or the other on the issues. Because the dominant voice chaplains will hear is often that of management, they may be influenced by management’s perspective. They may, for instance, be persuaded by recitals of the damage unions have done in other institutions or agencies. A few chaplains, however—especially if they hear employee complaints about disrespectful or punitive treatment—may feel that justice compels them to support the workers’ cause. But these varied feelings and inclinations do not in themselves provide clear direction about how a chaplain can best respond. Given the complexity of unionization issues, it may be helpful to survey some key features of the labor relations landscape.

Context and Climate

Grassroots organizing and the “corporate campaign.” The standard strategy for organizing employees has been the grassroots approach. Employees contacted or were contacted by a union, and the union’s appeal was made directly to employees. The union might eventually recruit enough supporters to force an election, a vote on whether to allow a particular union to represent the employees as their collective bargaining agent.

In recent years, however, some unions have taken another tack. Particularly with large health care organizations, they have begun to wage “corporate



campaigns.” A corporate campaign utilizes the indirect strategy of publicly discrediting the health care organization for allegedly shoddy practices. Targeted areas may include quality of care, patient billing and collections, charity care, even capital investments. The union may ally itself with community advocacy organizations or wield political

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influence (for example, by publicly questioning the organization’s non-profit tax exemption). The corporate campaign is a “top-down” approach: its aim is to harass the organization and frustrate its leadership into signing a “neutrality agreement” and no longer resisting union efforts to organize employees.¹

This strategy predictably creates a mixture of fear, resentment, and distrust among those in management. Corporate campaign tactics appear duplicitous when the stated rationale for public

attacks is the union's concern for community well-being or the plight of the poor, while the obvious underlying agenda is obtaining ready access to potential union supporters. Unions might reply that they have a longstanding dual agenda: they seek to organize workers by a variety of means, but they also have concerns for justice in the wider society and have long worked politically to achieve it.³ But corporate campaign tactics also risk alienating the very workers unions wish to organize. Some hospital employees, for example, take union attacks personally, seeing them as unfair characterizations of "their" hospital *and* the quality or integrity of their own patient care.

The legal context. Employees' right to organize is protected by federal law, in particular by the National Labor Relations Act (NLRA). Under the NLRA, employees who engage in union-related activities may not be penalized or threatened with resulting loss of jobs or benefits. They may not be interrogated—questioned about the union or their sympathies in an intimidating or coercive way—by a manager or supervisor. Further, employees may not be subjected to "closed-door" or "captive audience" meetings for the purpose of discussing the union. Employers may not spy on union organizing activities, or have representatives engage in "surveillance" on management's behalf. Nor may employers promise benefits to induce employees to oppose or refrain from supporting the union.²

It may appear that labor law clearly favors unions and employees who wish to organize. The reality is more complex. Employers, including health care and human care organizations, often find ways to circumvent the law or delay compliance with various requirements (particularly after an unwelcome election result). Getting to the point where an election is actually held is often an arduous process. Enforcement of NLRA employee protections by the National Labor Relations Board (NLRB) cannot be taken for granted.

Moreover, if a union is selected, even the dissenters will probably be forced to pay union dues if they want to keep their jobs. Unions argue that requiring payment of dues is fair because the union provides a service to all the employees it represents. Employees who oppose or question the union may of course view such "compulsory unionism" differently,⁴ and find it a reason to vote no in an election.

Values in conflict: efficiency, equity, control. The labor-management struggle has been ethically portrayed in various ways. Insofar as health care and human care organizations must operate in a businesslike fashion, the business value of efficiency—which relies on management's ability to control its operation—is a central concern. Employees, on the other hand, value equity (fair treatment) and a voice in decisions that affect them.⁵ Indeed, the right of free association in the workplace and the accompanying right to organize have together been portrayed as a basic human right, on both religious

and secular grounds.⁶

In today's brutally competitive global market, there is broad acceptance of the argument that everyone's well-being depends ultimately on an efficient economy and on businesses' freedom to operate efficiently.⁷ Unions have been in retreat. Efforts to create new union beachheads, especially in the health care sector, seek to reverse this trend.

Employees have legitimate interests alongside their devotion to patient care or the human service mission.

The unique nature of health care and human services. Many argue that unionization, with the accompanying threat of work slowdowns or stoppages, is simply inappropriate in human services and (especially) in health care. Patients, for example, must not be abandoned. Refusal to provide care to those in need would belie the central moral commitment of health care professionals. Because of this and similar commitments, management in health care and human services may assume that its values and the values of employees are closely aligned: after all, "we" all serve a common mission of care or service—particularly if the organization is also faith based.

Such an assumption may be too facile, however. Employees do not always agree with management's priorities, or trust that patient or client well-being is truly management's central concern. Further, even in a non-union setting focused on health care or human care, there is always a labor-management dynamic. Employees have legitimate interests alongside their devotion to patient care or the human service mission. Working conditions, job security, wages and benefits, a voice in decision making, and fair and respectful treatment by managers can be powerful concerns. Organizations and their leaders (and middle managers) sometimes neglect these realities. They may feel that they have given employees a voice (or have "empowered" them) when employees' perception is quite different.

Responding Wisely

The complexity of labor relations suggests that chaplains should tread lightly and alertly. Jesus' injunction to "be wise as serpents and innocent as doves" (Matthew 10:16) seems an apt watchword when unionization is a possibility. As always, the chaplain's role is to be pastoral, and sometimes it is also to be "prophetic." But the unionization context imposes unique constraints and affords distinctive opportunities. Below I propose some guidelines that can inform the chaplain's awareness and action in labor relations.

Appreciate the vulnerabilities of all parties involved. Because of the ostensible NLRA protec-

tions afforded employees during an organizing campaign, and because union-friendly employees may not speak openly in day-to-day conversations with managers, management often underestimates the vulnerability that employees feel. The fundamental legal principle governing private-sector employment in the United States is “employment-at-will”:

What this [term] means is that [at-will] employees are working with no assurances regarding the conditions or term of their employment, which can be unilaterally altered or terminated at any time, for good reasons, no reasons, or even immoral reasons.⁸

This reality is normally invisible (except for passing references to it in employee handbooks); employees whose performance is deemed adequate or better are seldom affected by it. The realities of an organizing campaign can, however, jolt employees into an awareness of the vulnerability inherent in the employment relationship.

Employees who favor a union may therefore feel that they are risking a great deal, particularly if they are vocal in their support. While NLRA protections exist on paper, workers may worry that management will retaliate against them sooner or later. Employees may or may not express union sympathies or their sense of vulnerability to a chaplain. If they do—or if they recount an instance of apparent management mistreatment—the chaplain can offer a listening ear as well as emotional and spiritual support. The chaplain can also make a “note-to-self” if there are complaints about management behavior or attitudes (see more on this point below).

Despite the power differential that seems to favor management over employees, those in both senior and middle management can feel enormous pressure and exposure during an organizing campaign. From their perspective the union’s assaults may seem unrelenting, and almost surely unfair. They may even be personally attacked—by name—in union literature. Some, particularly in senior management, may feel that their own future is at risk. A “bad outcome” of the union campaign can reflect unfavorably on their leadership. Chaplains who interact with managers—at all levels—can, again, offer a listening ear and spiritual and emotional support. They can comment on the seeming unfairness of union tactics, if they perceive them as such, without thereby “taking sides” in the organizing campaign as a whole.

Respect employees’ independence and voice. Although it might seem counterintuitive to chaplains—who often resist seeing themselves as aligned with “management”—the NLRA prohibitions on management inquiries about union-related activities are a boundary that even non-management chaplains are wise to observe. Even if employees interact freely with chaplains in other respects, labor-management issues are different, particularly for employees who (perhaps secretly) support the union. Chaplains can always ask in a general way

how things are going, as they are likely to do in many circumstances. If employees want to talk to the chaplain about the labor situation, they can then take the initiative.

Employees who want to unionize are seeking to establish a new and independent voice for themselves in the workplace. Sometimes chaplains will comment that they see themselves as “advocates for employees” when employee relations issues arise. Chaplains may, with good intentions, desire to speak on behalf of perceived employee needs or point out

Even if employees interact freely with chaplains in other respects, labor-management issues are different.

injustices that employees have apparently suffered. In the unionization context, however, such well-intentioned “advocacy” may not be welcome. Employees may feel that they can speak for themselves and prefer to do so. In addition, during a campaign managers, too, may be advised by labor relations consultants to talk with employees in such a way that they come across as “advocates” for employee needs and interests. Wary employees may detect management rhetoric or tactics in similar approaches by chaplains, especially if they also believe that chaplains generally entice people to “be nice” and eschew confrontation.

Beware alarmist rhetoric and propaganda, and double-check factual claims—whatever their source. During an organizing campaign, charges and counter-charges about the behavior and intentions of both management and union proponents are inevitable. Strong rhetoric seeks to rally the troops and persuade the unconvinced. It is important for chaplains to assess critically the claims made by any party. Unions are often quick to claim unfair labor practices by management and, especially during a corporate campaign, to impugn the practices and reputation of the organization as a whole or its executive leadership.

For its part, management often paints a grim picture of life under a hypothetical union regime, including projected negative effects on patient care or client services as well as worsened working conditions. Management may also attack the union’s motivation for launching the campaign (e.g., the union’s “real” aim is simply to swell the number of dues-paying members). While there is often truth in such claims by either side, chaplains should have their grain of salt handy. It is not uncommon for well-intentioned observers to accept the truth of partisans’ factual claims, only to discover the inaccuracies or distortions later.

Recognize that conflict and confrontation can serve an important function. One argument against union “agitation,” particularly in health care or human care, is that an organizing campaign

inevitably fragments the workplace, turning employees against each other while pitting management against labor and compromising the organization's ability to serve its community. These possibilities must be taken seriously.

On the other hand, internal conflict and even concerted external pressure can have a salutary impact on organizational behavior—an impact that might not be achieved, or might be achieved less fully, through “normal channels.” This reality does not, in itself, validate the “by-any-means-necessary” tactics that unions and their sympathizers often adopt. But it stands against any easy assumption that “[t]he Christian ideals of love and cooperation” must always mute conflict and confrontation.⁹

The common tendency to avoid conflict, sometimes undergirded by a conflict-averse theology, may unconsciously determine chaplains' response to labor-management issues. It can even be an unwitting path to “taking sides” in the conflict. Any approach

which, in the spirit of love, promotes cooperation and harmonious work relationships without accounting for the unequal distribution of power and privilege between workers and managers . . . will inevitably side with the interests and goals of [management].¹⁰

Genuine “balance” in addressing labor relations will not focus solely on restoring harmony or achieving reconciliation, but will see these as important outcomes to be sought along with others that also matter.

Seek a more just workplace. One such outcome is greater justice. Whether or not an organizing campaign results in formation of a collective bargaining unit, a central aim of employees who support the effort is to increase justice where they work. The union is arguably one means to this end (although chaplains should note that, to some, the union is not only the best means but an obligatory one—in any workplace).

Justice is, of course, a contested term, particularly in labor-management struggles. It has been argued that, in Lutheran tradition, justice is a dimension of “neighbor-love” when it discloses and seeks to remedy oppression or exploitation of neighbors who are vulnerable.¹¹ A *locus classicus* for this understanding of neighbor-love is Luther's assertion that paying the neighbor too little for his labor violates the commandment against stealing.¹²

In situations where it seems that employees are paid at least reasonably well (though “what the market pays” is not a sufficient criterion of justice), job security can be another, substantial concern of economic justice. Nor are economic issues the only justice questions. Luther's comments about stealing also broach the issue of unequal power. Besides the basic right and freedom to organize, employees' desire for greater “voice” in issues affecting them may surface as an ongoing concern—one that will not disappear even if employees decide against union representation.

Chaplains who are formally identified as members of management may be in a good position, during and/or after a union campaign, to facilitate what Bruce Hartung has, in these pages, called “courageous conversations” about justice in the organization and its culture.¹³ When such conversations

Justice is, of course, a contested term, particularly in labor-management struggles.

address justice in the workplace, not only economic issues but ongoing questions of voice and effective expression of employee views may be appropriate subjects. Those in management may propose other matters of justice for consideration as well.

Chaplains who are not formally in management may also contribute directly or indirectly to these conversations. They can help shape the dialogue by being alert to patterns of interaction that deserve to be addressed. Such patterns may include enduring or widely shared perceptions of a lack of respect, unfair treatment, or a need for greater participation in discussions and decision making. Outside the unionization context, chaplains may also have opportunities to facilitate employees' own conversations about what they believe a just workplace “looks like.”

Such attempts to enhance the reality and the perception of justice in the health care or human care workplace can be undertaken boldly and hopefully, with the awareness that “progress” usually consists of small steps. Further, and especially in the Lutheran tradition, justice is not served by self-righteousness. Because justice in the workplace is always human justice, a measure of humility, an openness to repentance, and an awareness of the ambiguity of all human endeavors¹⁴ can help chaplains and others retain a balanced perspective without losing sight of the justice that, by God's grace, they seek.

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Notes

1. See Richard Haugh, “The New Union Strategy,” *Hospitals and Health Networks*, May 2006 (accessed at http://www.hospitalconnect.com/hhnmag/jsp/articledisplay.jsp?dcrpath=HHN_MAG/PubsNewsArticle/data/2006May/0605HHN_Cover%20Story&domain=HHNMAG). One union source told Haugh that “corporate campaign” is an

industry term, not the union's: "When employers . . . decide to waste precious health care dollars on fighting workers' decision to join a union, we just use all the relationships necessary to convince them to take the other path."

2. See National Labor Relations Board, *The National Labor Relations Board and You: Unfair Labor Practices*, n.d.

3. See Katherine Sciacchitano, "Unions and Health Care Reform," *Dissent*, Summer 2004, pp. 71-77 (also accessed at <http://www.dissentmagazine.org/article/?article=350>).

4. John T. Delaney, "Ethical Challenges in Labor Relations," in *The Ethics of Human Resources and Industrial Relations*, ed. John W. Budd and James G. Scoville (Champaign, Ill.: Labor and Employee Relations Association, 2005), pp. 216-218.

5. Delaney, p. 203. Lutheran ethicist Stewart W. Herman describes the key players' central moral principles as "managerial prerogative" and employee "self-representation" (*Durable Goods: A Covenantal Ethic for Management and Employees* [Notre Dame, Ind.: University of Notre Dame Press, 1997], p. 56).

6. For a vigorous exposition of the human rights perspective, see Leonard J. Weber, *Business Ethics in Healthcare: Beyond Compliance* (Bloomington: Indiana University Press, 2001), pp. 109-117. As Delaney notes, everyone favors employees' right of free association in the abstract. It is "when they exercise their freedom to associate" that conflicts arise—"especially when they choose to organize a union" (p. 208).

7. Delaney, p. 203.

8. Patricia H. Werhane and Tara J. Radin with Norman E. Bowie, *Employment and Employee*

Rights, Foundations of Business Ethics, ed. W. Michael Hoffman and Robert E. Frederick (Malden, Mass.: Blackwell Publishing, 2004), p. 54.

Employment-at-will governs 55% of private-sector employees, including most non-unionized workers in health care and human services. Government employees and unionized employees are among those "afforded varying degrees of employment security and rights" under the law, while most private-sector employees "have none" (p. 54).

9. Ken Estey, *A New Protestant Labor Ethic at Work* (Cleveland: Pilgrim Press, 2002), p. 5.

10. *Ibid.*, p. 6.

11. See Cynthia D. Moe-Lobeda, *Public Church: For the Life of the World*, Lutheran Voices (Minneapolis: Augsburg Fortress, 2004), p. 24.

12. Alexia Salvatierra, "Do Not Steal: A Lutheran Practice of Economic Justice," *Journal of Lutheran Ethics*, February 2006 (accessed at <http://www.elca.org/jle/article.asp?k=582>). See also Evangelical Lutheran Church in America, "Sufficient and Sustainable Livelihood for All," social statement adopted by sixth biennial Churchwide Assembly, August 20, 1999 (accessed at <http://www.elca.org/socialstatements/economiclife/>).

13. Bruce M. Hartung, "The Pastor/Chaplain/Counselor as Organizational Prophet: Reflections on the Role and Function of Pastoral Care in an Organizational Culture," *Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling* 2, no. 1 (Summer 2005): 10-11 (accessed at http://www.lutheranservices.org/LSACentral/Files/N4_CaringConnectionsSummer2005.pdf).

14. Moe-Lobeda, pp. 31, 70.

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 deadline in 2006 will be August 15, with awards made in November.

Christus in Mundo Award

The Christus in Mundo Award, first granted in 1992, recognizes outstanding service and extraordinary leadership in ministries of chaplaincy, pastoral counseling, and clinical education. We ask for your assistance in identifying candidates for the 2007 Christus in Mundo (Christ in the World) Award. Please reflect carefully and prayerfully upon those in our disciplines who have been a gift to us in our ministries and who continue to have a significant and sustained impact on the healing ministry of the Church in the world.

Nominate a colleague in chaplaincy, pastoral counseling and/or clinical education to be considered for this award by completing a nomination form. All nominations must be received by September 1, 2006. The award will be given at the Zion XIII Conference in San Antonio, TX during the dates of February 8-11, 2007.

Nomination forms may be obtained from Judy Ladage at 800-248-1930, ext. 1388, or by visiting www.lcms.org/?8409.

Lutheran Emergency Services Chaplaincy Conference

Fires and other disasters make front-page news, but the work of chaplains who serve in such situations often goes unnoticed. That’s one reason LCMS World Relief/Human Care is hosting a first-time conference to provide support, training and networking for Lutheran emergency services chaplains, Nov. 13-14, in St. Louis.

Organizers say the conference was planned specifically for LCMS chaplains, but all Lutheran chaplains are welcome. They include chaplains who work with fire and police departments, emergency medical services, the FBI, Secret Service, Bureau of Alcohol, Tobacco and

Firearms, the U.S. Border Patrol and in other emergency services.

“We don’t know exactly who our Lutheran emergency services chaplain are, and the general public often doesn’t know they even exist,” said Rev. Bill Wagner, Beloit, Wis., a conference steering committee member and retired parish pastor who has served as a chaplain with police and fire departments since 1988. “This will be a chance to network and offer support to one another.”

The conference also aims to provide a more accurate count of LCMS chaplains, typically parish pastors with congregations who also serve their communities in unpaid positions.

Another objective is to help chaplains maintain their LCMS identity. “As Lutherans, we have the sound doctrine that reinforces the message of the Gospel,” Wagner said. “We can share that tragedy happens as a result of sin in the world, but that doesn’t mean God doesn’t care for people. As Lutheran chaplains, we have so much to offer.”

Plenary sessions and speakers for the conference, titled “Enriching and Networking Lutheran Emergency Services Chaplains,” include:

- Theology for Mercy, Rev. Matthew Harrison, executive director, LCMS World Relief/Human Care.
- Self-Care, Rev. W. Roger Stauffer, hospital chaplain, Midland, Mich., sheriff and fire departments chaplain; Spiritual Response Team, American Red Cross.
- Building Trust in Relationships or Building Trusting Relationships, Rev. Richard Turner, parish pastor and volunteer FBI chaplain, Groves, Texas.

Workshops and leaders are:

- Ethics: Confidential and Legal Implications, LCMS legal counsel
- Two Kingdoms: Struggle for Christians Engaging in Emergency, Rev. Stephen Lee, executive director, Peace Officer Ministries
- Difference between Police and Fire Families/Different Agencies, Rev. Don Hackbarth, parish pastor and police and fire chaplain, Pleasant Prairie, Wis.
- Critical Incident Stress Management, Rev. Bill Wagner, police and fire departments chaplain, Beloit, Wis.
- Getting Your Congregation’s Support, Rev. Jack Karch, pastor, Holy Trinity Lutheran Church, Rome, Ga.; fire department chaplain, Cave Spring, Ga.

A grant from LCMS World Relief/Human Care enabled coordinators to make the confer-

ence as affordable as possible, Wagner said. The \$50 registration fee includes one night’s lodging and three meals.

Registration must be completed by Oct. 1 and is limited to the first 150 participants. For a registration form or more information, contact Judy Ladage, (800) 248-1930, Ext. 1388, or judy.ladage@lcms.org.

February 8th to 11th, 2007, Zion XIII Conference will be held in San Antonio

Zion XIII will be held at the Oblate Renewal Center in San Antonio, TX, during the dates of 8-11 2007. Dr. Arthur A. Just of Concordia Theological Seminary in Fort Wayne, IN, and Dr. Diane Jacobson of Lutheran Seminary in St. Paul, MN, will be plenary speakers. Reserve those dates and look for registration and more details in the near future.

Recent and upcoming events

Inter-Lutheran

- Nov 13-14 Emergency Services Chaplaincy Conference is held in St. Louis.
- Feb 8-11, 2007 The Zion XIII Conference is held in San Antonio.

Ecumenical/Interfaith

- July 10-14 International Conference of Police Chaplains Training takes place in Indianapolis.
- Oct 22-26 Federation of Fire Chaplains Conference is held in St. Joseph, MO.

How to Subscribe

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