

Caring Connections

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



Partnering for Spiritual Care

The Purpose of Caring Connections

Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling is written primarily 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 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.

Help Support Caring Connections

Funding is an ongoing challenge, even for a small professional electronic journal like *Caring Connections*. Denominational (ELCA and LCMS) financial support continues to be reduced. No board member or either of the co-editors receives any financial recompense. Lutheran Services in America, our host site, receives no financial compensation for hosting. Our only expense is for the layout of the issue itself.

Lutheran Services in America (LSA) is one of the largest health care and human services networks in the country, representing 300 Lutheran nonprofit organizations. To donate electronically, access lutherservices.org and

use the DONATE button. You, as the donor, can then dedicate your gift for *Caring Connections* and make a gift electronically. All of us at *Caring Connections* appreciate your support.

Scholarships

When the Inter Lutheran Coordinating Committee disbanded a few years ago, the money from the "Give Something Back" Scholarship Fund was divided between the ELCA and the LCMS. The ELCA has retained the name "Give Something Back" for their fund, and the LCMS calls theirs "The SPM Scholarship Endowment Fund." These endowments make a limited number of financial awards available to individuals seeking ecclesiastical endorsement and certification/credentialing in ministries of chaplaincy, pastoral counseling, and clinical education.

Applicants must:

- have completed one [1] unit of CPE.
- be rostered or eligible for active roster status in the ELCA or the LCMS.
- not already be receiving funds from either the ELCA or LCMS national offices.
- submit an application, including costs of the program, for committee review.

Applicants must complete the Scholarship Application forms that are available from Christopher Otten [ELCA] or Bob Zagore [LCMS]. Consideration is given to scholarship requests after each application deadline. LCMS deadlines are April 1, July 1 and November 1, with awards generally made by the end of the month. ELCA deadline is December 31. Email items to Christopher Otten at christopher.otten@elca.org and to David Ficken ESC@lcms.org.

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News, Announcements, Events: E-mail items to Christopher Otten at christopher.otten@elca.org or David Ficken ESC@lcms.org.

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Call for Articles

Caring Connections seeks to provide Lutheran Pastoral Care Providers the opportunity to share expertise and insight with the wider community. We want to invite anyone interested in writing an article or responding to one to please contact one of the co-editors, Diane Greve at dkgreve@gmail.com or Bruce Hartung at hartungb@csl.edu. Please consider writing an article for us. We sincerely want to hear from you!

Issue 2021.3 will focus on “Pastoral Care and the Healing Arts.” Deadline to receive articles is August 27, 2021. Contact Bruce Hartung with any ideas for articles at hartungb@csl.edu for more information if you wish to make a submission. This issue will focus on ministry that includes things such as mediation, music, art, sculpture, drama and touch. If your ministry includes any of these, we would like to hear from you. If you have received assistance, help or opportunities for personal growth from others through these means or used them in your own growth or healing we would also like to hear from you.

Issue 2021.4 will address the topic of “Thriving as a Spiritual Care Provider.” It will cover several aspects of maintaining wholeness in these challenging times. Deadline for articles is November 1, 2021. Contact Diane Greve at dkgreve@gmail.com for more information.

And, as always, if you haven't already done so, we hope you will subscribe online to *Caring Connections*. Remember, a subscription is free! By subscribing, you are assured that you will receive prompt notification when each issue of the journal appears on the *Caring Connections* website. This also helps the editors and the editorial board to get a sense of how much interest is being generated by each issue. We are delighted that the number of those who check in is increasing with each new issue. Please visit www.lutherservices.org/newsletters#cc and click on “Click here to subscribe to the *Caring Connections Journal*.” to receive automatic notification of new issues.

Editorial

Diane Greve

PARTNERSHIPS ABOUND. WE ARE NOT “LONE RANGERS.” We can't do this ministry alone. As spiritual care providers, grounded in our baptism, we need one another. In this issue, we highlight just some of the partnerships spiritual care providers enjoy in their unfolding ministries. But first, I want to recognize the partnerships that make it possible to bring *Caring Connections* to you on a quarterly schedule.

Caring Connections is a partnership of editors, contributors, readers, and financial supporters. While most of the work is done by volunteers, we do have some costs incurred with developing the publication. Starting with this issue we are acknowledging groups who have contributed to the cost of the layout. The first such contribution comes from a generous gift from Beautiful Savior Lutheran Church in Plover, Wisconsin.

I also want to acknowledge our partnership with Lutheran Services of America (LSA). This *Caring Connections* publication is an expression of the Chaplains' Network that is held within LSA. I have recently learned from Mark Holman, former chaplain and former LSA staff member, that in 1997, the Chaplains' Network commissioned a hymn for the 10th anniversary of LSA. This hymn, “*O Christ, Your Heart, Compassionate*” is found in the ELW hymnal #722¹. I am including the 2nd verse here.

*As once you welcomed those cast down and healed the sick, the blind,
so may all bruised and broken lives through us your help still find.
Lord, join our hearts with those who weep that none may weep alone,
and help us bear another's pain as though it were our own.*

We are partners in ministry. No one person has a monopoly on the ministry of spiritual care. The “us” in this hymn is all of us, the whole body of Christ. I have sometimes worried that the work of the chaplain is undermined by other professionals. I remember my uneasiness when I heard that a doctor had prayed with my patient before she was going to be taken off life support. I confess I was threatened. My role as chaplain felt threatened. Yet the truth is we need many collaborators and partners in this limitless ministry. For this woman, at this liminal time in her life, her relationship with her physician was critical and having him pray with her was very reassuring.

This issue of *Caring Connections* claims and names some of those partners: Diakonia ministers, nurses, volunteers, hospice workers, Stephen Ministers, complimentary therapy practitioners, the interdisciplinary team and more. In many

¹ *Evangelical Lutheran Worship*, (Minneapolis: Augsburg Fortress Publishers, 2006).

medical settings, the nurses are tasked with a first level spiritual screening and with making referrals to the chaplains. Our contributors in this issue offer us an array of examples of such partnerships for which we are grateful. Some work independent of chaplains but with a common goal. Others work much more closely with the chaplains. Together, we hope to offer spiritual healing in our broken world.

The first three articles offer models for preparing the laity for spiritual care ministries. The next two articles address the contributions of the interdisciplinary team toward the spiritual health of those served. We then learn of the use of volunteers in chaplaincy within hospitals and correctional institutions. And the final two articles are written from the perspective of hospice care. We have included a book review and tribute in memory of David Carlson and Harvey Berg. Also see that change is coming at the Churchwide level for the ELCA.

- **Steve Bouman** reviews the development of the ELCA's Diakonia program over the course of forty years. His article serves as the foundational piece for this issue.
- **David Kylo** introduces us to the ministry of Bishop Anderson House in Chicago and his role with their formation program.
- **Philip Kuehnert** reveals his journey with Stephen Ministry during his retirement.
- **Dennis Kenny** speaks of his role in creating complimentary therapy programs in two medical centers.
- **Jackie Lawson** portrays the mutuality of spiritual care in the 12-step treatment facility.
- **Philip Kuehnert** describes how chaplain volunteers' role have needed to change over the past 30 years.
- **Rob Corum** shares his mutual ministry with volunteers and inmates living within the walls of Nebraska Department of Correctional Services facilities.
- **Hope Knight** integrates her shared ministry as a faith community nurse with that of the hospice team.
- **Anna Rudberg Speiser** illustrates the ministry of presence among hospice volunteers in rural Nebraska.
- **Book Review** Russell N. Myers, *"Because We Care"*
- **Tributes** in memory of David F. Carlson and Harvey M. Berg
- **Letters from our Readers**
- **Change in Churchwide Leadership**

As you read and reflect, I hope you will find these articles to be inspiring and thought-provoking. Pray for one another. There are many faces of ministry. Together, we are partnering for spiritual care in, with and under the work of the Spirit.

Diakonia: A Servant, A Charism, A Program

Stephen P. Bouman

*Forty-two years ago, I helped give birth to a program of lay leadership called Diakonia. The program is still going strong in 13 synods of the ELCA, has graduated thousands of leaders, and several tracks are offered in Spanish. The program's name, Diakonia, denotes "service," and aims to help form servant leaders. I believe that the story of Diakonia is relevant to the servant leader readers of "Caring Connections." I tell the story through the lens of a **Servant**, a **Charism**, a **Program**.*

Diakonia: A Servant

Peter Seibel was a deacon of the modern Church, a middle-aged resident of the Astoria neighborhood within Queens in New York City, and one of the first graduates of Diakonia. While on a Diakonia retreat with fellow students, graduates and teachers, Peter died suddenly. He left behind a life of diaconal service. He had taught Bethel Bible series, visited the sick and homebound, counseled drug addicts and shepherded his congregation's youth program. He preached and led the prayers. At the time of his death, he was training a cadre of fellow members for a ministry of presence to the homebound of his parish and neighborhood. At his funeral the church was crowded with his partners in servant ministry: elderly in wheel chairs, young people he had helped to get off drugs, casualties of the institutional church who found their way back through his ministry, three pastors with whom he had served and prayed, hundreds of folks from all walks of life who were drawn to the dying and rising Christ through his service. Deacon Peter never let us forget the true treasures of Christ's Church. Such is the power of "diakonia."

Diakonia: A Charism

The Bible calls service with the poor and vulnerable "*diakonia*." It is a concept without much glamour; it means something like "waiting on tables." Yet this word and the concepts that are associated with it are at the heart of the

Gospel. Everything that was done by Jesus, including his earthly ministry and his self-emptying death on the cross, can be summed up in this word. *Diakonia*, and its biblical relative *diakonos*, paint a picture of service in the Bible that is flexible, available, and humble. This is a service that involves organizing a response, is useful in a given situation, is freely given, and therefore takes many forms. As illustrated by the church's response to the plight of the widows in Acts 6, *diakonia* is the heart of

Everything that was done by Jesus, including his earthly ministry and his self-emptying death on the cross, can be summed up in this word.

the one apostolic ministry. To sum up, the composite picture of *diakonia* in the New Testament is this: creative service of the apostolic church in solidarity with the poor and vulnerable. In the servant church with servant leadership, we will see imaged, and continually be reminded of, the essential diaconal character of all ministry.

Let the same mind be in you that was in Christ Jesus, who though he was in the form of God, did not count equality with God as something to be exploited, but emptied himself, taking the form of a servant, being born in human likeness, he emptied himself and became obedient to the point of death—even death on a cross.¹

Creative service in solidarity with the poor is the heart of all ministry. All Christians have a vocation to serve in memory of Servant Jesus. A program like Diakonia can itself be a servant in forming leaders who will help the church renew its vocation as a servant church that follows the Servant Jesus. Programs like Diakonia, social service ministries, the LSA Chaplains' Network and *Caring Connections*, will help the church again claim "*the same mind that was in Christ Jesus.*" When the world sees the church acting like the servant Jesus they are more likely to follow. Many may give the Gospel and a life of faith another hearing. Diakonia is evangelism.

Diakonia: A Program

For forty-two years, usually on a June afternoon, a wide cross-section of the Lutheran community has assembled for worship. The occasion is the annual graduation ceremony of Diakonia. Graduates have attended classes in local geographical tracks across thirteen synods of the ELCA. The highlight of the liturgy is the Affirmation of Baptism. Each receives a Diakonia cross, shrouded in a towel to depict the charism of "Diakonia." Over the years several thousand disciples of Jesus have made this spiritual journey.

For all their diversity, the graduates have had one common focus. For two years they have grounded their vocation to serve Jesus in the history, liturgy, scriptures, theology, and practical tasks of the church. And they have developed a keen awareness of the intersection of their biblical and theological heritage with the times, events and people of the world around them. The program is parochial in the best sense.

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The Diakonia story began while I was pastor of my first parish in Queens. In 1978, Union and Auburn Theological Seminaries in New York City invited three city parishes to join them in a year-long study of the needs in local congregations for theological education and leadership development. And, they wondered if there was

¹ Philippians 2:5-8

a possible role the seminaries might play in meeting those needs. We would then receive a grant from Auburn to work on our parish theological education needs. I participated in that venture along with laypeople from Atonement Lutheran Church in Jackson Heights, Queens, the parish that I served at that time.

In my first parish, many immigrant neighbors had joined our church. We needed leaders who looked like the community we were serving. They were all new Lutherans, and some were new Christians. One Easter Sunday, I baptized five extended Korean families. I knew we needed a “seminary of the streets.” A program of this type needed to include leaders from the variety of ethnic groups that composed this congregation and the community. It needed to be economically feasible and geographically accessible to the neighborhood people. And, we wanted it be intellectually rigorous, practically useful, and of excellent quality. In sum, we were seeking a project in theological and spiritual formation that would faithfully transmit our Lutheran heritage with an openness and generous catholicity that would empower the ministry and leaders of the parishes it served. With a \$10,000 grant from Auburn Seminary, Diakonia was born. It served as catechesis, as well as formation for missional leadership. The first class in a church basement in Queens had nine students, mostly immigrants.

We needed leaders who looked like the community we were serving.

The program structure, created in consultation with many pastors and ecumenical entities remains the basic structure today. It requires students to take courses across the breadth of subjects offered in a typical seminary curriculum. The twelve five-week courses are offered over a two-year period. The classes are three hours in length and are taught in each of the Diakonia locations by local pastors and others with particular expertise. The basic curriculum and economic model continue to this day. Initially, the funding of the student’s Diakonia experience was a vivid partnership: one third funded by the local congregation, one third by the synod, one third by the student.

Course work does not begin to give the picture of what happens to students in the program. People’s lives change. There is worship led by students following the rhythm of the liturgical year, including the festivals and commemorations. There is frequent prayer. They dive deeply into Scripture. There are retreats. Each class becomes a community of pilgrims in the faith, a supportive fellowship of people who teach and learn from one another. The intersections between students, neighborhoods, congregations, and the traditions of the church become sources of transforming power. Those who delve deeply into the mysteries of the faith also find themselves more profoundly committed to Christ and to the life and mission of the church. I have seen parishes renewed by the theologically informed, expressively confident, and spiritually committed graduates.

Over the years students have entered the Diakonia program for different reasons. Graduates have included a mother of eight from the Bronx who wanted to deepen her ongoing ministries of teaching Sunday School and caring for stray children in the neighborhood. Teachers in Lutheran parochial schools added a solid theological and Biblical base to their vocation to share the Gospel with children. A student from Queens, fluent in sign-language, was a key lay leader during the pastoral vacancy in two deaf congregations located in Queens and Harlem. Students started hospices for people with AIDS, became nursing home chaplains, organized parish ministries for victims of domestic abuse, helped immigrants, served as community organizers in building affordable housing. Students included a Latinx parish worker; a Bishop's Assistant who directed the New Jersey Synod's public advocacy office; and, a retired banker who taught confirmation class.

And the pilgrimage of faith that is Diakonia continues after graduation. About one in nine go to seminary. Many attend annual retreats or meet regularly for ongoing prayer, mutual support and growth. Numerous others have served as leaders by continuing to sponsor and administer the Diakonia program in their area. Some teach in the program. Thirteen Latinx graduates started new ministries or sustained existing outreach into Latinx communities in New York.

After many years of service in the church as pastor, bishop, and national church executive, my ministry has taken me back to the street level parish life where it began almost fifty years ago. I am serving an urban parish and school as interim pastor, and I am working with the national board of Diakonia to renovate the curriculum and the reach of the program. A revival of Diakonia will continue to form servant leaders for this present season. These leaders will remind all the baptized that we are all diaconal people—displaced persons—whose life of service, and presence in the church and the world, is subverting the values and myths of success and salvation prevalent in our culture. The life and service of diaconal people is lived in memory of Deacon Jesus who came, not to be served, but to give his life as a ransom for many.



Stephen Paul Bouman is the founder of Diakonia. He served as a parish pastor for twenty years in New York City and New Jersey and for two terms as bishop of the Metropolitan New York Synod of the ELCA. For the past eleven years, Pastor Bouman served as Executive Director of the Domestic Mission Unit of the ELCA. He retired from that position in 2019 and is currently a consultant and interim pastor. He has authored many articles and books, including From the Parish for the Life of the

World, The Mission Table, Baptized for This Moment, and They Are Us: Lutherans and Immigration. For more information on Diakonia, you may visit the website <http://www.diakoniausa.org/>

Bishop Anderson House: Not a place but the people

David Kylo

My Journey into Bishop Anderson House

On Monday, March 20, 1989, I started my position as Director of Pastoral (Spiritual) Care at the Rehabilitation Institute of Chicago (RIC).¹ It was a momentous occasion and somewhat overwhelming as I aspired to fulfill the work requirements in this world-class physical rehabilitation hospital and research center. My firm desire was that I would be able to connect with the local worshipping communities to facilitate their collaboration in the spiritual care of the patients. I recognized I wanted partners.

I did not have to wait long! By Thursday, March 23, 1989, an Episcopal priest by the name of Rev. Jay Risk appeared at the door of my office. He introduced himself as the Executive Director of the Bishop Anderson House (BAH) located on the campus of Rush, Presbyterian, St. Luke's Hospital in Chicago. From my previous pastoral care experience, I envisioned an actual "house" on the hospital property. But, I learned that this was the name for a vital ministry offered by the Episcopal Church as an extension of Episcopal Charities. Yet it is a dynamic program on its own.² Jay explained that they offered a course called "The Lay Volunteer Chaplaincy Program" that educated individuals to be extensions of their worshipping communities in the care of parishioners in homes, hospitals, nursing facilities, and the like. The relationship that Bishop Anderson House had experienced previously with RIC was to have one person come each week to care for the Episcopal patients. Father John, a retired priest, would be the primary visitor to RIC at this time.³

In 2010, the Association of Professional Chaplains (APC) held its annual conference in Schaumburg, Illinois. I had the privilege of sitting at the same table during the banquet as Jay Risk and others from Bishop Anderson House. As the conversation moved from our mutual love of Harley Davidsons, Jay asked me if I had considered teaching parish based spiritual care. It would not have the intensity of the education of the Association for Clinical Pastoral Education (ACPE) nor the individuality of Stephen Ministry but a broader spectrum within the local parish. My relationship with Bishop Anderson House had

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¹ now The Shirley Ryan Ability Lab

² For more information, call 312-563-4825 or visit their website: <https://www.bishopandersonhouse.org/>

³ HIPAA was in use when I got to the Rehab. Those who volunteer in the hospital settings often have to go through the volunteer orientation. They are also restricted to visiting only members of their faith group or worshipping community, whichever falls into the institution's guidelines.

just intensified. For a few years, I was a presenter in the Bishop Anderson program until Jay enlisted me as a co-facilitator. Over the years, I grew to love the program even more. Shortly before this APC conference, I had resigned from my position at RIC to begin serving a local Lutheran congregation. The involvement with BAH kept me fresh and involved in pastoral care and it offered me an opportunity to be a mentor to others involved in spiritual care, particularly in the local parish.

When Jay Risk retired from Bishop Anderson House, I had the honor of being on the search committee for the next director. The committee choose Rev. Tommy Rogers who was serving as a spiritual care leader and ACPE Supervisor in Training in the Baltimore area at the time. I was excited to join others in introducing him to the many facets of this training program. Over the years, several have contributed to revising the program so that it now serves the needs of many faith groups.

The Curriculum

In the opening welcome to the Spiritual Care Visitor Training Program (SCVTP), Rogers states, “This program is designed to give you an opportunity to develop spiritual care skills so that you can serve God by extending the spiritual care of your faith community.” While that about sums up the mission, it is just a taste of what the program is all about.

The SCVTP is designed so that one might serve the worshipping community to which one belongs. It provides some theory with a big dose of role play, demonstration, self-discovery, and involvement with one’s own place of worship. One cannot be a part of the program without the endorsement of the leader of their faith community. While there are other programs that prepare someone to visit just one or two assigned parishioners or where one might become a certified chaplain, this program exists to augment the ministry and to assist the pastor/priest/imam/leader in visiting and providing spiritual care close to home. Before one goes out to visit, there are some activities that take place in the class.

First, the student has the opportunity to express their own spirituality and to be introduced to the entire class. Then, students learn active listening and this skill becomes a part of each class session throughout the course.

The Course is broken down into the following segments:

- **INTRODUCTION** Emphasis is on Personal Spiritual Journey, Active Listening, Advanced Directives, and End-of-Life Spirituality, Ethics, and Decisions.
- **MODULE 1 Recap of Active Listening:** Use the 5 senses and one’s “gut” to “listen” for the Spiritual Components, Spiritual Pain, Spiritual Challenges, Spiritual Loss in a person’s life.
- **MODULE 2 Spiritual Screening and Verbatim:** Know where a person might be in their Spiritual Journey, Identify Needs and Desires, Look for Opportunities of

This program exists to augment the ministry and to assist the pastor/priest/imam/leader in visiting and providing spiritual care close to home.

Serving the person by going with their agenda and not the agenda of the spiritual caregiver. A verbatim is required and a person may not advance past this module until the first verbatim is submitted.

- **MODULE 3 Ministry with the Cognitively Impaired:** How does one provide spiritual care for those who may not be able to respond with all the faculties of the human body? How does one communicate with those who cannot communicate in return? What would a person do to care for a person with aphasia? In what way can the love of God be presented to a person with a brain injury?
- **MODULE 4 Addiction:** What are the signs of addiction? What are the major ways one gets addicted? What are the addicting “games” that are used to draw in a person who might have an affinity for addiction? What aspects of treatment can a spiritual caregiver offer in this ministry? Who might one turn to for additional support or referral?
- **MODULE 5 Faith, Sacrament, Prayer, and Theodicy:** What role does one’s personal faith play in Spiritual Care? How might the spiritual caregiver tap into the person’s faith formation and strength to offer care? What role do the Sacraments of the Church play for those who receive the Sacraments? How does one offer the Sacraments? Who needs to be involved from one’s worshipping community in order to offer the Sacraments? How might the Sacrament of Holy Communion be distributed? What part does prayer have in the care and growth of the one being visited? What indication might there be for sharing a prayer? What is the caregiver’s belief in offering prayer? How might prayer be initiated? Who can initiate the prayer? Finally, we encounter the question of theodicy. How and why does evil, pain, and suffering envelop the human condition? How does that inform who a person may become in the course of their life?
- **MODULE 6 Cultural Humility:** A spiritual caregiver needs to understand the cultural influences that have shaped the visited person’s life. An individual of particular cultural background may have a different worldview on life and spirituality than one of another cultural background. How one relates in the world can have an impact on how well that person is received, responded to, and welcomed in our society.
- **MODULE 7 End of Life & Hospice Care:** How can this ministry help to recognize and value a person’s story as they approach the last months, weeks or days of life? What support is there for the family? What is the triangle of support? Who is there for the person and the family? What is hospice and how can it help the person as well as the family and the local congregation?

A spiritual caregiver needs to understand the cultural influences that have shaped the visited person’s life.

The faculty for the entire program consists of people who have served in spiritual care ministries and have a desire to share their expertise and experiences. Most are

Board Certified Chaplains or Board Registered in their own disciplines. All have experience and ability to be involved in spiritual care.

The Spiritual Care Visitors Training Program of the Bishop Anderson House is a proven leader in providing avenues of care out of the local congregation. Some are led to expand their ministry by engaging in an ACPE program nearby or having ongoing education in a particular field of care.

Bishop Anderson House exists to advance the well-being of individuals and communities where healthcare meets the human spirit. My observation is that once a person is connected to Bishop Anderson House, one is always a part of the family. One may leave but they will go as a changed person having met the Lord in a new way and learning to care like never before.



David Kylo is from Lacrosse, Washington, a farming community in Southeastern Washington State. He felt the call to be a pastor at the age of four and never had a strong desire to do anything differently. He graduated from Seattle Pacific with a BA in Education/English, and then attended the Lutheran Brethren Seminary in Fergus Falls, Minnesota. After graduating from PLTS in Berkeley, California, Dave served Zion Lutheran in Moulton and First Lutheran of Witting, Texas. He has served in Spiritual Care for 31 years prior to his present ministry including as Director of Chaplaincy and Volunteers at Warm Springs Rehabilitation Hospital in Gonzales and San Antonio and as pastor of Good Shepherd Lutheran in Bastrop, Texas. In 1989 he started his work as Director of Chaplaincy at the Rehabilitation Institute of Chicago.

Dave is a Board Certified Chaplain and serves on many committees for ministry and chaplaincy. He has been the pastor of Zion Lutheran Church in Deerfield, Illinois for the past 11 years where he has led the congregation to build workforce housing as well as to face the uncertain future of a small and aging congregation.

My Conversion to Stephen Ministry¹

Philip Kuehnert

WHILE I HAVE NOT BEEN ACTIVE in Stephen Ministry for six years, I remain committed to this important work. An important commitment for me in my retirement is to write weekly words of encouragement for the Stephen Ministers. The ubiquitous need for care giving and for care givers to be supported is all the motivation I need to send another *Monday Morning Encouragement (MME)* on its way.

When my wife, Judy, and I retired, we both made a firm decision that we would no longer do clinical work as that had been our life's focus. A year into retirement we were invited to lunch by Sharon, one of the Stephen Ministry leaders at our new congregation. Of course, she wanted us to consider becoming Stephen Ministers.

As a parish pastor I had been invited several times to attend the introductory sessions designed for pastors and congregational leaders. I think I attended one such meeting and deemed that it was not worthy of my energy. So, after getting past my initial skepticism, we agreed to attend the week-long Stephen Ministry Leaders' training session. Sharon knew the program, inside and out. She had compelling answers for every concern. The first evening was jammed packed. The next day had us second guessing our decision to come. By the third day I was all in. By Friday, the final day, I was ready to join the Stephen Ministry leadership team at our congregation.

These were the elements that combined for our conversion:

- **QUALITY** Everything was well done and of high quality during the week, from lectures, to small group activities, to the printed materials, to the Q and A sessions, even to the meals provided. At the end of the week, we received a large cardboard box of files for all of the topics and training sessions for Stephen Ministers.
- **HUMILITY** Aside from the understandable, non-apologetic "this is Stephen Ministry," the approach to caregiving fit with my training as a pastoral counselor. By the second day, small group activities locked in the idea that care givers were also people who need to be care receivers. Almost from the beginning attendees were disabused from the idea that they had answers with the much-repeated mantra, "Stephen Ministers provide care; God provides the cure."
- **PRACTICES** As the week progressed, we were introduced to the non-negotiable practices and commitments of Stephen Ministry. There was transparency

Almost from the beginning attendees were disabused from the idea that they had answers with the much-repeated mantra, "Stephen Ministers provide care; God provides the cure."

¹ www.stephenministries.org

about who a Stephen Minister is and what their commitments are and – their limitations. A whole section of the training had to do with referrals to mental health professionals. Confidentiality is enforced in Small Group Peer Supervision; Stephen Ministers do not know the identity of fellow Stephen Minister’s care receivers. Stephen Ministers commit to structured meetings twice a month, each with a plenary session for continuing education, and then in small groups which include “check-ins” (two minutes – enforced) to give each Stephen Minister a chance to report on how the caring process is progressing. The last half of the small group is devoted to one Stephen Minister who gives a longer “in-depth” report of the caring relationship according to a scripted outline. Periodic reviews are required every six weeks. Both “check-ins” and “in-depths” are written out and given to the Stephen Ministry leader. Each session concludes with the whole group gathered for administrative issues and prayer concerns.

- **RESPONSIBLE LEADERSHIP** Judy and I were active leaders for five years. There were four others on our Leadership Team. The leadership team met after every meeting. In addition, we decided that we would meet twice a year for an extended time of planning. Included in this was planning our participation with the Williamsburg Stephen Ministry network of six other congregations who had active Stephen Ministry programs. The congregations combined resources for the purpose of co-ordination of city-wide continuing education events and most importantly, planning the annual Stephen Ministers’ training sessions.
- **CORPORATE SUPPORT** The Stephen Ministry central office is well staffed and provides quality resources for the local congregation. This is especially true for promotional materials including excellent videos that explain what having a Stephen Ministry is all about.

I am glad to say that Stephen Ministry in our congregation continues primarily with new Stephen Ministers and most importantly with new Stephen Ministry leaders who have joined the leadership team. Key, as those initial introductory sessions promised, is strong pastoral support. The pastor screens on three levels. It is the pastor of the congregation who has the final determination regarding who is accepted to attend the 24-week training sessions. Prior to that, prospective Stephen Ministers are interviewed by Stephen Minister Leaders. Also, the pastor approves those who are identified and sent to Stephen Ministry Leaders Training (offered four times a year in different places around the country). Finally, the pastor is the one who screens and recommends people to receive

It is the pastor of the congregation who has the final determination regarding who is accepted to attend the 24-week training sessions.

a Stephen Minister. This final responsibility is key to overcoming potential care receiver's resistance to receiving care.

Care is a necessity of life. Care giving expands our dimensions of grace. Care receiving is grace. Care is needed at many different levels. As a pastoral counselor I thrilled for the opportunity to care in a safe and supportive way and to be supported by the network of ecclesiastical and professional organizations. For "mid-level" care, I think Stephen Ministry provides a worthy option.

And so, as my way to continue to show my appreciation and support of Stephen Ministers and other care providers, next Monday I will again post MME — a weekly discipline that began in May of 2012.

For more information: www.stephenministries.org



Philip Kuehnert is a retired pastor/pastoral counselor living on the "sunrise side" of the Blue Ridge Mountains in Nellysford, VA. Before retiring, his forty years of ministry included parishes in New Orleans, Atlanta and Fairbanks and clinical work at Care and Counseling in Atlanta and the Samaritan Counseling Center in Fairbanks. He is co-author with Jacob L Goodson and Brad Elliott Stone of a forth coming book Building Beloved Community in a Wounded World. (Cascade, Summer 2021). For several years he has written a weekly "Monday Morning Encouragement" for Stephen Ministers and other care givers. He and his wife Judy have four children and seven grandchildren.

Partnering to Bring Integrative Care to Patients and Employees

Dennis Kenny

I HAVE BEEN AT TWO CROSSROADS IN MY CAREER that led me down paths that I didn't expect and I'm not sure I would have chosen if I had known the choice was coming.

The first crossroads came at California Pacific Medical Center in San Francisco, which led to the establishment of the largest Integrative Medicine program in a hospital in the nation and the first integrative medicine clinic accredited as a hospital outpatient clinic.

The second came at the Cleveland Clinic and led to the Creation of Code Lavender, a rapid response and emergent care for patients and employees, and Healing Services for patients.

At least two things are true about these experiences.

- 1. The first**— Because of my involvement in them and the Spiritual Care Departments Chaplains and CPE students, Spiritual Care was a full partner in each program and at the core of the caring effort.
- 2. The second**— The truth is that none of these significant achievements would have been possible without the partnership of nurses, administrators, physicians and a wide variety of Integrative Medicine practitioners, e.g., body workers, acupuncturists, Reiki practitioners, artists, psychotherapists, nutritionists and others. All of these partners wanted to bring a broader definition to health and healing than they had been experiencing in health care.

In both situations we were asked how we made these programs happen. How did we get the money and staff to do the work? This is the wrong question because we had neither money nor staff when we started.

We had a shared vision and a commitment to work together. It was partnerships that were the magnet for success. It also helped that Spiritual Care and the other partners were open to doing things in a different way.

It was partnerships that were the magnet for success.

In the Cleveland Clinic and California Pacific Medical Center we started with Chaplains and CPE residents. We cross trained them in Reiki, then put out a call for volunteers who had Integrative Medicine Training and wanted to bring this kind of care into the medical center.

We worked under the mantra in both places of "Help us Change Health Care." In California, the response was startling. With the partnership of the hospital foundation, we raised \$15 million in 10 years. In Cleveland we started with one Code

Lavender a month to 4 or 5 a week. We thought the majority of requests would be for patients but over ninety percent were with employees. We increased both patient and employee satisfaction scores significantly.

So, how did this impact Spiritual Care? The first is that the visibility of the department grew exponentially with administration, with floor staff and with other departments. Secondly our budget was broadened and protected by being a part of the partnership. When we were asked to take 5% or 10% off of the budget it was easier to do when it was a budget that included other practitioners and costs for a larger department. The Spiritual Care department was seen as one that would innovate, be creative, and became a high priority at the Cleveland Clinic.

A common issue that arose when any service was asked to participate was “we are so busy we don’t have time to add this to our work.” Caring for patients and employees wasn’t added work it was the work. Chaplains found out very quickly that, if they were on a Reike call or Code Lavender, their chaplain work was enhanced not weakened. In the case of Reike or other healing service calls they became an access to care that the chaplain might not otherwise have had. Whether it was called that or started that way, Spiritual Care was still the core care being provided,

A contrast to this was a conversation we had with the social work director at one of the hospitals. We asked for 5% of her staff’s time to help with Code Lavenders or healing services. There were some social workers already volunteering on their own time. The director initially said “yes” but backed away after meeting resistance from her staff. Not long after, this department took a significant cut in staff and function. While I’m sure there were other factors at play, they were missing the opportunity to show how they partnered in an effort that increased patient and employee satisfaction.

In almost every organization, partnerships are going to be more valued than a department who functions in isolation or communicates that their care is unique and so overwhelmed that they don’t have time to work with others.



Dennis Kenny, DMin, has been a Regional Director for ACPE and is a rostered minister of word and sacrament in the ELCA. He is the author of Promise of the Soul and The Book of Weeks (a guide for Transformational Education). After serving in numerous locations in his ministry as an ACPE educator, Dennis retired from the Cleveland Clinic. He is the 2019 recipient of ACPE's Distinguished Service Award, awarded for long, outstanding service and leadership to the association. He can be reached at dennis.kenny@acpe.edu

Spiritual Care Beyond the Chaplain

Jacquelyn Lawson

IT'S A TYPICAL WEDNESDAY IN MY CHAPLAINCY MINISTRY at Hazelden Betty Ford in Plymouth, Minnesota, a substance use treatment facility for adolescents and young adults. I'm just finishing up a group with some patients where we've spent time discussing how individuals live out their spirituality in daily life, and how they see God at work in their lives. One patient asks, "Prayer group tonight? 8 o'clock?" Several others voice that they will be coming. After we close with the Serenity Prayer and I walk out onto the unit, I overhear one of our addiction technicians talking about his own spiritual journey with a newcomer. Continuing down the hallway, a patient art display announces "We will suddenly realize that God is doing for us what we could not do for ourselves."¹

This is the blessed reality of my daily ministry – God is active and present in so many aspects of the healing that is happening – far beyond what I can do as a solo spiritual care practitioner!

There have been times in the past that I've wondered if I'm viewed as just another one of the amenities a healthcare facility has to offer. A warm-fuzzy for family members, a nice bullet point on the website, but not an integral part of a team of professionals providing the best possible whole-person care for patients. As healthcare budgets tighten, it's not unusual for spiritual care "departments" to consist of one person stretched and scrambling to provide prayer and presence for hundreds of patients and staff members. Most of the articles I've read about chaplains' participation as part of the interdisciplinary team focus on how chaplains can articulate or quantify our work for the data-driven business of healthcare. It's less frequent that we are invited to think about how our partners in an interdisciplinary team also participate in providing spiritual care.

Since 1965, Hazelden Betty Ford has included spiritual care professionals as an integral part of the treatment team, "solidifying non-religious spiritual care as a key component of multidisciplinary treatment."² Most patients come into our facility at a moment of desperation for themselves and their families. Relationships are strained or broken. Trust is gone. Spiritual resources and sources of hope seem minimal. As a facility oriented around the spiritual approach of the 12 Steps, healing the human spirit and reconnecting with the divine are interwoven into patients' treatment experience at every step

God is active and present in so many aspects of the healing that is happening – far beyond what I can do as a solo spiritual care practitioner!

1 Quote from the A.A. 9th Step Promises

2 www.hazeldenbettyford.org/about-us/history

in the process. Spiritual care professionals work alongside licensed counselors, psychologists, psychiatrists, and other professionals to provide individualized care for each patient.

Because spiritual care is integrated into the overarching model of care, many different aspects of patients' treatment touches on matters of spirituality. Both patients and staff are invited and empowered to share their faith, their doubts, their experiences, and their wisdom with one another. Spiritual care is not seen as the domain of the chaplain alone, although chaplains are recognized as having particular expertise around faith, culture, and spirituality. Just as counselors have particular expertise in counseling but all professionals provide wise counsel, chaplains are the experts in spiritual matters but the whole treatment team shares in the healing of the spirit.

What does this look like in practice? Staff members share "God wink" moments with one another, those times when we realize together that there is more than human power at work in the healing happening in our facility. Addiction technicians, many of whom are in recovery themselves, share their own experience in coming to trust a Higher Power to help a struggling newcomer. When a patient has particular cultural or faith practices, case managers reach out to the chaplain for guidance and direction, and communicate with other staff to ensure patients are able to engage in their practices and traditions. These are just a few examples of the ways that spiritual care is integrated into the fabric of treatment at the facility.

This integration of spiritual care into many different aspects of treatment doesn't just ease the burden of all of the work of spiritual care falling onto one person, it empowers patients and staff to see many different aspects of daily life and their work as part of their own spiritual journey. It takes spirituality "out of the box" of being just one part of life, and invites individuals to instead consider spirituality as the light by which all the rest of life might be illuminated and understood.



Jacquelin Lawson is a Spiritual Care Professional with the Hazelden Betty Ford Foundation at their adolescent and young adult facility in Plymouth, MN. She is a 2011 graduate of Luther Seminary and a Board-Certified Chaplain (SCA). She is also a Certified Therapy Dog Handler and Mom to two dogs and four guinea pigs.

Evolving Use of Hospital Chaplain Volunteers

Philip R. Kuehnert

AS THIS ISSUE OF *CARING CONNECTIONS* WAS BEING DISCUSSED¹, I thought of Chaplain Chester McCown in Texas whose work with volunteer chaplains I have followed for several decades. Chester graciously agreed to be interviewed; however, as we spoke, I quickly realized that his experiences were from 30 years ago. What has changed? Looking for information on the current status and use of chaplain volunteers, I was directed to Jeff McPike, who is a staff chaplain at Carle Foundation Hospital in the Champaign-Urbana of Illinois.² I chose to interview both of them and demonstrate the evolving nature of the use of volunteer chaplains over the decades.

Overview of changes

When my family and I moved from the Buckhead neighborhood of Atlanta to Fairbanks, Alaska, in the Fall of 1994, among the many things that were quite different were medical services. Part of it, of course, was the simple difference of living in a town of 31,000 compared to living in a metropolitan area of 4.5 million people.

Fairbanks Memorial Hospital had 150 beds and was the only hospital north of the Alaska Range. It served as the primary medical facility for a land mass the size of the state of Texas. What was also very different was how chaplaincy services were provided. At Fairbanks Memorial, I met Rich Noeldner, an ELCA pastor who was the sole chaplain. Between parishes he was working as a carpenter and volunteered at the hospital. Within a short time, a group of local clergy organized to advocate that the Hospital Foundation hire a chaplain and Pastor Noeldner was selected. When I arrived in Fairbanks, I was greeted warmly by Chaplain Noeldner who participated in my installation service. He invited me to come to the hospital for a tour. Compared to the 500+ bed hospitals of Atlanta, Fairbanks Memorial was quite small and the tour took less than a half an hour. I was soon invited to join the area clergy in volunteering as a chaplain. Chaplain Noeldner had organized them primarily to provide coverage for his time off and for those occasions when he was on vacation. I remember having a brief orientation and then periodic invitations to continuing education programs at the hospital. Chaplain Noeldner had a wonderful relationship with area clergy and, through his advocacy, many of us felt a partnership with him in pastoral care at the hospital.

Compared to the 500+ bed hospitals of Atlanta, Fairbanks Memorial was quite small and the tour took less than a half an hour.

¹ The author is a member of the *Caring Connections* editorial board who help to consider the themes and related articles for each issue.

² Carle Foundation Hospital is a 435 bed, Level I trauma/Level 3 Perinatal with multiple specialties that serves a large area of rural Illinois ranging out from 75 miles to 175 miles depending on the direction.

What I experienced in Fairbanks was far from the lay volunteer chaplain program that Chester McCown organized at DeTar, a 200-bed hospital in Victoria, Texas, where he served as the sole hospital chaplain from 1981–1994. His lay volunteers played a significant role in the spiritual care of patients. As I listened, I was amazed at the intentionality and organization of the volunteer lay chaplains. When asked, “why volunteers?” he responded by saying that he was unable to personally provide sufficient care and that, with volunteers, he multiplied his own ministry. I was thrilled to hear Chester come alive with passion as he responded to my various questions.

Chaplain McCown made it part of his ministry to connect and build relationships with local clergy. In fact, Chester shared that one of the local Lutheran pastors had nick-named him “the Bishop of the churches in Victoria.” Potential volunteers were suggested by pastors and congregational leaders. He trusted that those nominated were suitable as volunteers. Chester

and nursing supervisors then interviewed potential volunteers. In addition to general orientation to the hospital and hospital protocols, Chester led a 20-hour training module. Emphases were a) keeping the patients and their story primary; b) listening reflectively; and, c) encouraging the patients to apply their faith to their situation. Volunteers and local clergy were invited to periodic lunches in which topics were addressed such as AIDS, suicide, blended families, etc.

Chester was responsible for scheduling. Lay volunteers were assigned to a specific floor so they would get to know the nursing staff. Generally, volunteers served one day a week. A log book was kept in which volunteers made notes on their visits. Most supervision was done informally.

The administration of the hospital supported Chester’s work. Although Chester did not have an administrative assistant, the CEO’s secretary at times would provide him support. The hospital also provided the lunches for the volunteers. During this time the hospital went through significant organization changes. When the hospital once again came under corporate management, the CEO asked Chester to take over all the volunteer programs of the hospital.

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Current limits and possibilities

Chaplain Jeff McPike described a different scene today. Corporate take overs, the elimination of chaplaincy programs, HIPAA requirements, and shorter hospital stays have dramatically changed the face of pastoral care in hospitals. Carle Foundation Hospital and its pastoral care program demonstrates that even under these new circumstances, pastoral care has not only survived but flourishes.

Jeff McPike has been a full time LCMS SPM staff chaplain at Carle since 1994. The chaplain staff at Carle is 4.5 FTE, with three full-time chaplains and a chaplain-manager. The additional .5 FTE is used to provide daytime hours to PRN chaplains. Jeff reports a diverse group of PRN chaplains that provide most of the 24/7 on-call support.

Carle has no chaplain volunteers as such. Years ago, the Spiritual Care department at Carle came up with a creative way of multiplying its outreach. Here I quote directly from Jeff McPike's correspondence of 4/14/21:

Years ago, the Spiritual Care department at Carle came up with a creative way of multiplying its outreach.

- 1. Volunteers would become part of Volunteer Services at the hospital. That would take care of things like HIPAA issues that all volunteers in the hospital have. That keeps us from re-inventing the wheel.*
- 2. Volunteers would not do what chaplains do. This is not only a "survival of the profession" concern... it is the law. You cannot have someone working as a volunteer doing the same thing that a paid position does.*
- 3. That would mean that chaplain volunteers would have a very well-defined job description and department-based training in addition to the program provided by volunteer services. At our hospital, we figured they could assist in several ways.³*

We developed a program called "praying hands," which allowed any hospital employee or volunteer to pray if requested with patients/families, with some basic understanding of respecting the religious/denominational perspective of the patient/family.

They could obtain basic information about patient's spiritual/religious connections/background.

Use one or two screening questions to determine any spiritual distress or other issues

Make sure that the patient/family knows that spiritual care (chaplains) are available and explain what a chaplain can offer.

They could possibly screen to determine the need for chaplain visit in relation to some "automatic" triggers in the electronic medical record — such as when nurses indicate that the patient exhibits anxiety. Is it a genuine spiritual need?

Yes, it would be great to respond to every one, but four chaplains in a 430 bed Level 1 Trauma/Level 3 Perinatal hospital can hardly hope to make a dent in such census numbers... especially when they regularly go as far as nearly 75 patients beyond licensed bed capacity.

³ Chaplain McPike notes that while "praying hands is currently alive and well" the other uses of volunteers are in the planning stage and remain on hold until COVID-19 restrictions are lifted and a new chaplain manager is hired.

My conclusions

Admittedly these descriptions of volunteers working with staff chaplains are anecdotal and specific and may or may not relate to other settings and times. What is important, I think, is that by the willingness to support chaplains, volunteers are affirming the importance of the work of staff chaplains. As is the case for students, interns and volunteers, they all come as gift and liability. In that is the challenge. Noeldner, McCown and McPike show that with intentionality, planning, training and ongoing support, volunteers who work alongside chaplains can be a genuine gift.



Philip Kuehnert is a retired pastor/pastoral counselor living on the “sunrise side” of the Blue Ridge Mountains in Nellysford, VA. Before retiring, his forty years of ministry included parishes in New Orleans, Atlanta and Fairbanks and clinical work at Care and Counseling in Atlanta and the Samaritan Counseling Center in Fairbanks. He is co-author with Jacob L Goodson and Brad Elliott Stone of a forthcoming book Building Beloved Community in a Wounded World. (Cascade, Summer 2021). For several years he has written a weekly “Monday Morning Encouragement” for Stephen Ministers and other care givers. He and his wife Judy have four children and seven grandchildren. Phil serves on the editorial board for Caring Connections.

Together, We Transform Lives

Rob Corum

I AM A PASTOR OF WORSHIPPING COMMUNITIES within the walls of Nebraska Department of Correctional Services facilities. Through the Nebraska Synod's Followers of Christ Prison Ministry, we reach out to help incarcerated people to know the transformational love of Jesus Christ.

Followers of Christ Prison Ministry is focused on becoming and being the Body of Christ, the hands and feet and voice and heart of Jesus, inside prisons, still revealing God, still loving broken people, still speaking light into darkness and life into death. This gives life in a broken world meaning and purpose, true freedom, not just "even" in dark, lonely, and dangerous places, but especially there. There is nothing, in all of that, to distinguish between people as inmates or staff, Christian, Abrahamic faith, other faith, or "no" faith at all.

Within the Nebraska Department of Correctional Services (NDCS), I am a bit of an oddity. I am not a paid employee. And, I am not a regular volunteer either. My salary comes through the Nebraska Synod and ELCA Churchwide mission support. During the COVID Pandemic, the need to keep the disease out has been so great that only "staff" were allowed in. Did that include me? Eventually it did include me as I had been through the Staff Training. It did not include our regular volunteers.

NDCS's mission has a 3-fold vision: Safe Prisons, Transformed Lives, and Safe Communities, understanding that most of the people in our prisons will return to outside communities in a relatively short time. The State seeks to make more options possible for people by offering classes. But ultimately, the vision of transforming lives that leads to safer communities depends upon heart changes more than mind changes (information or skills). And that means people need a religious or spiritual experience at least as much as cognitive teaching.

The Nebraska State Penitentiary has 20-ish recognized religions practiced communally within its walls, and that counts Protestant Christianity (in all its diversity) as just one faith group.

Religious Coordinators, as employees of the state, are not faith specific and do not participate in rituals or prayers. As unpaid staff, I am able to lead faith-specific worship and small group discussions with inmates without creating a conflict around separation of Church and State.

To complete my mission in the NDCS, I must work with many partners. Volunteers from local congregations may come to participate in worship on a regular or occasional basis, demonstrating the unity of the Church, inside and out. Some are trained to conduct individual or group time within the walls. I must coordinate

Ultimately, the vision of transforming lives that leads to safer communities depends upon heart changes more than mind changes (information or skills).

my ministry with the Religious Coordinators in each of the correctional systems where I serve or envision serving. And my critical partners are the individuals and congregations who support this ministry through the Nebraska Synod, ELCA.

For our ministry inside, I am worship planner, preacher, worship leader, musician, and clerical staff, creating bulletins and song inserts each week, besides the times I try to be inside. So, it is very similar to being a pastor of a small congregation. I have a home office, and just go into the prisons for programming and visits. Our ministry (my salary) is funded by the Nebraska Synod, which is to say that it is primarily funded by the congregations of the synod. Part of my intention is to reserve one Sunday a month for speaking to congregations. They are our true partners and supporters.

I work in parallel with ministry partners, primarily reentry ministries, so people can, as I like to say, “take Jesus with them” when they transition. We network in spiritual support of each other and cooperate on a mutual fund-raising event, but my primary function related to these reentry ministries is to try to help inmates make connections.

The inmates are not our only mission field. Being staff at a prison can be discouraging. While it is not true of all inmates, many have antagonistic assumptions about staff, and treat them accordingly. And the staff are tasked with modeling an alternative approach to human interactions, not only in the face of antagonism, but often in spite of their own antagonistic assumptions. Frequently, security staff get to hear the same Good News the inmates hear. They see the attention paid and their response, and it is moving. Jesus is a great equalizer. In Christ, positions of power do not matter, and people learn to treat each other as human beings.

Perhaps the most surprising part of our mission field is volunteers. When first timers cross prison boundaries, they are often surprised to find just how human the people who live inside are. That is because our caricatures, like many political and even religious divisions (set up to divide and condemn) are designed to dehumanize, even if not intentionally. A good solution is simply crossing boundaries which allows us to know each other.

Another benefit to getting to know the people inside as human beings is that they appreciate being treated like human beings, because so often they are not. This is Jesus’ mission for the world, a world divided by sin into “worthy” and “unworthy.” Jesus is God with us, as one of us, meeting us where we are, letting us know we are not alone in our mess, and restoring the image of God in humanity. Volunteers in prisons are the Body of Christ doing the mission of Christ.

Volunteers may think that the goal is to bring the Body of Christ (the Church) into the prison, maybe even to show the inmates that they are part of something bigger

Jesus is a great equalizer. In Christ, positions of power do not matter, and people learn to treat each other as human beings.

than themselves. But instead, volunteers find that the Body of Christ is already there, building itself up, and that the volunteers themselves are part of something bigger than they realized. It is an opportunity to, as Henry Blackaby encourages us, “find where God is working and join God there.”¹ It is an opportunity for the Body of Christ to build itself up on both sides of the wall. It is an opportunity to see people behind bars as being on the same journey as all of us, a journey of becoming who God made us (and has now redeemed us) to be. Volunteers don’t minister because they have arrived, but because they are on the same path. The Body of Christ is people on the same path, helping each other along it.



In spite of the implication of the third paragraph in this article, Pastor Rob Corum admits to being a bit of an oddity in any group of people. Perhaps more an evangelist than a pastor, Rob is fed by bringing the surprising Good News of who God really is and what God really does (as revealed in Jesus) to people who think of God the way our society uses God. As someone who came to the church as an adult, Rob has heavily engaged in the stumbling blocks people use to avoid getting to know God, but has also been greatly impacted by God and seen how God changes hearts. Rob reluctantly accepted an invitation to join a small-group prison ministry and God used that to start him on a path that led to lay ministry school and pulpit supply, Wartburg Seminary, ordination and parish ministry, and now full-time prison ministry.

Rob serves as Pastor of Followers of Christ Prison Ministry of the Nebraska Synod of the ELCA. Rob lives in Lincoln, Nebraska, with his very patient wife, Christine, who has a ministry of helping the Department of Veterans Affairs serve our veterans more efficiently, and two crazy dogs, Klaus and Mavis, whose enthusiastic ministry is making sure we don’t forget that we are loved and don’t take ourselves too seriously.

¹ While this theme is found throughout Blackaby’s writings, it can be found in Blackaby, Henry T. and Claude V. King, “Experiencing God: How to Live the Full Adventure of Knowing and Doing the Will of God,” Broadman and Holman Publishers, 1994, p.119.

Connecting Parish Nursing and Pastoral Care in Hospice, Assisted Living

Hope Knight

THE PARISH NURSE/FAITH COMMUNITY NURSE is a registered nurse who focuses on the whole person through ministry of the mind, body, and spirit. Working with those in the congregation, this ministry coordinates care with the pastor and others in the church. The parish nurse serves as a referral source, health counselor, an integrator of health and healing, and an advocate for those in the congregation or others who are in need. These nurses meet with families to discuss medications, to assess someone to see if they need special care, to discuss the possibility of moving to a facility, or to help a new mother.

For example, as a parish nurse, I had been talking to a man in the congregation and it became evident that his wife was declining and needed extra care. I suggested that he crush her medications and place them in applesauce or ice cream so she would be able to take them easier. His wife passed two days later. I was devastated and knew there was something missing. Since there were no hospice chaplains in the church, this was a resource that had not been utilized. This caused me to seek out a chaplain who worked with hospice to become a resource for us in the parish. Each ministry is different, as each church is unique.

The parishioner who is homebound or who resides in an assisted living or nursing facility may have visits from the pastor of their church. Unless they are faith based, most of the assisted living, long-term care, memory care facilities do not have chaplains. The pastors are not always comfortable when someone has been diagnosed with a terminal illness or is close to death. Hospice may be called in to assist with this care. The hospice chaplain is available for the parishioner and their family.

Although they diminished with time, history shows that hospice houses originated as long ago as the Middle Ages. The modern hospice began when a British physician, Dr. Cicely Saunders, felt the call to care for the terminally ill at their end of lives. The end-of-life ministry was researched by Dr. Kubler-Ross who found that home care of the ill allowed people to die with dignity. For those living in their homes and for nursing home residents, this special care for the terminally ill became a Medicare benefit in 1986. There are national organizations who focus on the regulations, training, and support of the hospice agencies and work with government officials on behalf of those who need this care.

The hospice team encompasses many disciplines for the wholistic care of the person. Team work is essential. When someone is placed in hospice care, the focus

Unless they are faith based, most of the assisted living, long-term care, memory care facilities do not have chaplains.

becomes supporting the patient in being able to stay in their home, wherever that may be. The registered nurse is tasked with the symptom management and monitoring the changing patient needs. A hospice nurse is available 24 hours a day and 7 days a week, ready to assist with changes in the patient or family needs. A physician works with the hospice team to spearhead the medical aspects of the care within the guidelines of the medical profession. A certified home health aide is available to assist with bathing and personal care and is scheduled several times a week with coordination of the family and patient. A social worker assists the family with end-of-life decisions, funeral home planning, and guiding the family through whatever they need. Other team members that may be available are a dietitian, physical or occupational therapist, and a speech therapist. The chaplain is the grounding source of care for the patient, family, and all members of the hospice team. All of this care is provided by a Medicare benefit, so the family does not have to bear the financial burden at the end of life.

The hospice chaplain is a licensed minister of any faith who will visit with those in hospice care as often as is requested. A spiritual assessment is completed, giving the chaplain a view of the needs of the patient and family. In coordination with the family and patient, a plan is made that may change at any time. The care by the chaplain will be offered according to the faith of the patient or family.

One time, a church member was in a memory care facility. When I was visiting her, the hospice chaplain came by to visit her also. He stated that she rarely acknowledged that he was there. I asked if he ever sang a Lutheran hymn or said part of the liturgy. He admitted he had not and did not know that liturgy. He had a Catholic prayer book but had not sought out the Lutheran liturgy. I had a copy of *Visitation*, a resource provided by Concordia Publishing House, with me, which I gave to him. As I started reciting the Apostles Creed, this church member joined with me.

We sang a hymn, and she sang right along. The chaplain and I talked for a while about how those who grew up in a liturgical church may be able to join right in when the liturgy is started. The hospice chaplain had not thought about this memory still being intact. I am glad I could partner in this way with the chaplain. The knowledge the chaplain brings to the patient and family may be the rituals they need, specific prayers, and coping practices that add comfort in this trying time.

As I started reciting the Apostles Creed, this church member joined with me. We sang a hymn, and she sang right along.

Discussions regarding any repressed feelings of anger, depression, or guilt may be part of the spiritual care. Many patients need to work through a gamut of issues that may have been deep seated for many years. Helping the dying to find peace at the end of life is the work of the hospice chaplain. Listening to the needs of the patient or

family member may seem trivial to some; then again, these conversations may yield information the team is able to use in the wholistic care of the patient.

After the passing of the patient, the family is cared for through the hospice grief and bereavement plans. This may continue for at least a year and can include anyone in the family who may need or want to work through the grief process. The bereavement counseling may be square on the shoulders of the chaplain or use volunteers to assist.

The chaplain may assist in the planning of funeral services, officiate, or be present for the family during and after the memorial service. Each family is unique, giving the chaplain a new experience with each one. The positive impact of the chaplain on the overall care of the family and patient is evident each day.

As the parish nurse works with families that may need increased assistance with their care, have declining health, or have been referred to hospice care by their physician, the community resources are utilized. As the parish nurse advocates for the family, a relationship with a hospice chaplain may be the encouragement needed for the family and patient to trust their care to hospice. The parish nurse and pastor may continue to visit and work with the family as they had been. The spiritual guidance at the end-of-life by the hospice chaplain may assist the family and the church as a whole. We are a team.



Hope Knight MS, RN, is a Parish Nurse and a hospice registered nurse. She is the director of clinical services with Alpha Hospice in Oklahoma City and attends Holy Trinity Lutheran Church (LCMS) in Edmond, Oklahoma. Hope also serves as the Oklahoma Parish Nurse District Representative, LCMS and is a Nurse Educator for Registered Nurse programs.

Seedlings in the Soil – Partnering in a Ministry of Presence

Anna Rudberg Speiser

SOME TIME AGO we had a patient on our hospice services who loved to plant flowers each spring. As she became more ill, however, the task became too much for her and she considered giving up her yearly planting. Her hospice volunteer, however, noticed her empty pots and the next time he visited, he arrived with a trowel and seedlings in hand. It speaks to the ministry of hospice volunteers: to engage in those small, everyday matters of life that provide so much meaning and texture to our days. I'm not sure if she lived to see her potted plants bloom that year, but I suspect for her, it didn't matter as much as the comfort in knowing they were planted, and that someone cared enough to attend to her in her need.

There's an apocryphal story that Martin Luther once said, "If I knew the world would end tomorrow, I would still plant an apple tree." Although it's not clear if Luther really uttered the words, I think the story remains widely told because it says something deeply true that even in death there is room, and even reason, for life. As chaplains who often accompany people in their final days or hours, we know this truth well that in life, death is inevitable; and yet, also in death, there is room for hope and new life.

For the past three years our hospital has engaged in a corporate improvement plan called Service Excellence. Next month we'll come to the culmination of the program with an inspirational lecture by a man named Marcus Engel. I haven't heard his talk yet, but I've read some of the promotional material. It's an inspirational story. As a young man he suffered a terrible car accident which left him severely injured. Years later, as he looks back on the medical care he received, he is struck by the importance of a nurse who quietly said to him during his first admission, "I am here." For me, the power of that simple statement has deep theological grounding. Even in the midst of our greatest struggle, often what we most seek from others is simply the assurance of presence, the knowledge that someone sees us, that someone is with us. In being with others, we witness to a God who we trust is always with us.

Since its beginnings in the 1960s, the modern hospice movement has always relied heavily on volunteers, and our program is no different.

The hospice organization with which I serve is not large. Patients and families alike value us, I think, for our very personal, homey touch. Since its beginnings in the 1960s, the modern hospice movement has always relied heavily on volunteers, and our program is no different. Although we are small, volunteers have played a crucial part of our organization from the beginning. We started as a volunteer

hospice program just over 40 years ago with just two nurses and few other staff. Volunteers quickly joined the program, filling needed roles. Two of our volunteers have been with us for over thirty years. In those early years, volunteers took on all sorts of responsibilities, including light housework, meal preparations, and even some direct patient caregiving. As hospice care professionalized and we became a Medicare certified program in the early 1990s, personal care services and professional bath aides took over those direct care roles. Volunteers continue to serve in all sorts of ways — fetching and reading mail, writing letters, organizing and labeling photos. When our volunteers were still allowed to drive patients, they would take them down memory lane, quite literally, visiting old farmhouses, former homes, and trips to check out how the crops are doing. Other volunteers have helped patients finish up sewing projects or play cards.



One of our hospice volunteers playing the guitar in the entry way of one of our local care homes when the facilities were closed to visitors.

During the recent pandemic, one volunteer sat outside our local nursing home and played guitar for patients stuck inside, another painted cheery pictures on residents' windows. We have one hospice volunteer who farms himself and has made it his special calling to sit with any farmers we have on our services, discussing crop yields, tractor models, and farming memories. As much as this care comforts, perhaps the greatest gift of hospice volunteers is simply to show up and just be. The very act of their presence, of their willingness to be there, is an act of such comfort to those in our care. These volunteers truly say “I am here” not only with their actions but with their presence. They certainly don't cure the patient or even extend their days, but they witness to the worth of each day, each person, and the comfort of presence.

For most all of us on the hospice team, working in this field is more than just a job. At times, the line between a paid member of the team and a volunteer becomes blurry. Two of our bath aides and our volunteer coordinator also are hospice volunteers. Several of our volunteers are former hospice nurses. Our former social worker now volunteers with a hospice program in another city. My own father, who was once a physician and hospice medical director himself, has signed up to be a hospice volunteer in his retirement (although Covid has prevented him from taking an active role yet). My own entry into hospice work came, in a way, as a hospice volunteer, albeit an unofficial one. As I said, my father was a family practice doctor who focused the last three decades of his career on care in nursing homes and as a medical director of a hospice program. As a child, I loved to tag along with him on his nursing home visits and, over time, developed my own “circuit” of people I would visit myself. Nudged by my dad or nursing home staff to residents who would especially

enjoy the company — those with few visitors, the lonely, the talkers — I would make my way through the halls, stopping in to visit, to play cards or discuss small items of the day.

Hospice volunteers gift the hospice team in a myriad of ways, including by being another set of eyes and ears in the field. At times volunteers bring needs to the attention of others on our team: nurses, social worker, and myself. I'm grateful for their attention and added presence. We have quite a robust hospice training program, both initial on-boarding training and continuing education happening throughout the year. During my portion, I sometimes have volunteers, particularly newer ones, share a feeling of frustration and helplessness of wanting to do more — to fix things, halt the inevitable, hold back death. I'm sympathetic. Even after my years in chaplaincy, it's an urge I can also feel: to want to help, to make it all better. It's then I draw on, and encourage the volunteers, with the beautiful words of Henri Nouwen, himself a chaplain for the intentional communities of L'Arche in eastern Canada. Nouwen wrote so eloquently on the "ministry of presence" saying, "More and more, the desire grows in me simply to walk around, greet people... to practice this simple ministry of presence. Still, it is not as simple as it seems. My own desire to be useful, to do something significant, or to be part of some impressive project is so strong... it is difficult not to have plans... But I wonder more and more if the first thing shouldn't be to know people by name... to listen to their stories... and to let them know with words, handshakes, and hugs that you do not simply like them, but truly love them." As spring comes once more to the hills and croplands of our small corner of Nebraska, I'm remembering our hospice volunteer, hands in the dirt, offering hope through simple presence and new seedlings planted in the soil.



Anna Rudberg Speiser is a hospice and hospital chaplain at Providence Medical Center in Wayne, Nebraska. She lives on her family farm near Emerson, Nebraska, with her husband and two children. She is certified with BCCI and is an ELCA Minister of Word and Sacrament. Anna serves on the Caring Connections Editorial Board.



Because We Care: A Handbook for Chaplaincy in Emergency Medical Services

by Russell N. Myers, Gryphon's Key Publishing, 2021

Reviewed by Diane Greve, Co-editor, *Caring Connections*

“Over the past half century, the field of chaplaincy has come to a fork in the road. Many will recognize the well-traveled path of traditional chaplaincy. Others will follow the newer but clearly marked way to professional chaplaincy: a clinically trained, evidence-based discipline, reflecting and serving the diverse expressions of spirituality in modern society.

“Until now, chaplaincy in Emergency Medical Services has been the *terra incognita*, the unknown land on the chaplaincy map. Drawing on three decades of clinical chaplaincy practice, scholarship and original research, Russell Myers gives us the map making the case for ambulance service chaplaincy—how to think about it and how to do it.”

— Notes from the back of the book, *Because We Care*

WORKING IN PARTNERSHIP WITH EMS SERVICES at the hospital system in St Paul where he was serving as a chaplain, Russ began to explore the possibilities of EMS chaplaincy. The president of Allina Health EMS heard a presentation that Russ had given and encouraged Russ to consider becoming their chaplain. Russ was not so sure he was ready to leave his full-time hospital chaplain position.

An early step for Russ was to do some research on the needs of EMS workers. He discovered that whether the responder had children or not, the stress of pediatric calls was the most difficult. A later discovery was that the human suffering was not as wearing on responders as the lifestyle of the work, e.g., working different shifts, being ready to go at any time, when to eat, use the bathroom, etc.

Over the years, Russell Myers has been a leader in chaplaincy in the Twin Cities through his innovative visions and actions. He is an ELCA rostered minister of word and sacrament and a board-certified chaplain. This book emphasizes the need to use all the skills of a professional chaplain in partnership with the administrators, supervisors and responders.

The intended focus of this book is to articulate the role and purpose of the EMS chaplain, to provide both a business case and a human case for EMS chaplaincy. He directs his writing to leaders of EMS agencies that have a chaplain as well as those who are exploring options for offering support to their frontline responders.

How would EMS agencies select a chaplain and what might they expect from one? How might a new chaplain orient themselves and become integrated into the culture? If you are wondering about this expression of ministry, this book could be a great place to begin your quest. And, it is a valuable resource for administrator to help them better understand the distinction between traditional and professional chaplains. Defining and educating the interdisciplinary team regarding who chaplains are and the amount of education and training required to be a professional chaplain is a key goal of this book.

While this account is focused on EMS chaplaincy, it would apply to many workplace chaplains. How do professional chaplains collaborate with the larger systems in which they serve? How do we support the staff? How do they support the chaplain? These are just some of the thoughts that are explored in this book.

Russ worked as a hospital chaplain with Allina Health at United Hospital in St Paul, Minnesota, from 1993 until 2015. For eight years, he split his time with the hospital and EMS services and has now been with EMS for a total of 14 years. The EMS position is budgeted full time and, thinking of succession planning, he reduced his hours to .6 FTE in order to hire two new chaplains who can learn the job and eventually take it over when he retires. They each are .2 FTE at this time.

This book is accessible for the reader and may offer support for many chaplains, pastoral counselors and clinical educators in whichever context they serve. And, you will learn about the experiences and inner workings of ambulance services. A worthwhile read. It is available on Amazon and at the publisher's website: gryphonskeypublishing.com/BecauseWeCare.htm



Pioneer in Health Ministry Partnerships

David F. Carlson died in Minneapolis on February 3, 2021, at the age of 82. He served as a Lutheran pastor in Milwaukee, then as a chaplain for Lutheran Social Services where he ministered in prison and mental health institutions. He was certified as an ACPE educator 1987.

For 12 years, Dave was Director of Pastoral Services at Iowa Lutheran Hospital in Des Moines, Iowa. It was there that he worked with a multidisciplinary task force to develop a pilot education program for Ministers of Health. During those years, he enjoyed a collegial friendship with Granger Westberg as together they imagined health and healing that would bridge the mission of the hospitals with that of the parishes. Today we know this ministry as faith community (parish) nursing. David coined the term “Ministers of Health” while Granger promoted the term of parish nurse.

David offered a complete structure for congregations to use in developing a Minister of Health position, including an extended unit of training that was directly based on a unit a clinical pastoral education.¹ He stressed a pastoral model of nursing that would fully integrate spiritual wellbeing with physical health. In 1986, the initial class of nurses began their internship with him at Iowa Lutheran Hospital. During the first 5 years, 31 nurses and 40 congregations participated in the Minister of Health Education CPE Program. The nurses represented several denominations. During an eight-year period from 1986–1994, he established health ministries with an employed Minister of Health in over 100 congregations.

Around 1996, he moved to Meriter Hospital in Madison, Wisconsin, with the intention of building a Minister of Health program there. Unfortunately, this did not develop as he had hoped when he ran into interference from the American Atheist group. He then took a position with the University of Minnesota Medical Center, Fairview in Minneapolis and later with the Allina Unity/Mercy CPE program in the Twin Cities.

Dave also co-founded the Health Ministries Association in the late 1980’s as a professional group to support Ministers of Health and Parish Nurses. *hmassoc.org* He remained active with this group well into his later years.

Dave was an energetic innovator with vision and optimism. His legacy continues in the ministry of his students and in the Health Ministry Association that he co-founded. He exemplified interdisciplinary partnership of chaplains, pastors and nurses. On a personal level, David persevered with chronic pain from scoliosis while

¹ For more details, see Granger E. Westberg, “The Parish Nurse: Providing a Minister of Health for Your Congregation” (Minneapolis: Augsburg, 1990), 85–140.

maintaining a positive attitude toward life. He loved his wife, Betty, and the alpaca farm they created together north of the Twin Cities. He was my colleague and friend.

—Diane Greve, Co-editor



Reverend Harvey M. Berg died on Wednesday, March 3, 2021 at the age of 92.

Harvey was born in Whitehall, Wisconsin, on January 27, 1929. He graduated from St Olaf College in 1950, and Luther Seminary in 1954. He subsequently earned a Masters in Theology from Luther Seminary in 1964 and a Doctorate in Ministry from Andover Newton in 1976. On the same day in May 1954, he graduated from the seminary, was commissioned into the army, and became engaged to Shirley Lois Utech, whom he married on February 15, 1955.

In 1955, Harvey and Shirley moved to Germany, where Harvey served as Army chaplain to a unit in Bad Kissingen. Upon returning to the US, Harvey was called to serve as parish pastor in Strum, Wisconsin. In 1963, he took his first unit of CPE at Swedish Hospital in Minneapolis with Larry Gudmestad and Bill Currens.

In 1963, Harvey became Associate Pastor for counseling at University Lutheran Church of Hope in Minneapolis, Minnesota, where he remained until 1967. During this time, he took more CPE. In 1967, the family moved to Waukesha, Wisconsin, where Harvey began working at Lutheran Social Services (LSS) in Milwaukee. Here, Harvey provided marriage and family counseling, touching the lives of many through his thoughtful care.

He was certified as an ACPE educator in 1969, was loved in the North Central Region of the ACPE and was a frequent banquet MC at the regional meetings. In 1996, he was granted the College of Chaplains (now APC) Distinguished Service Award. Harvey was a regular attendee of the Zion Conference for many years and, in 2007, received the Christus in Mundo award.

From 1983–1998, Harvey served as director of the Pastoral Care Department at St Luke’s Hospital in Milwaukee. After his retirement in 1998, Harvey raised a substantial amount of money for an endowment to sustain the Pastoral Care Department into the future. Harvey remained a chaplain in the US Army Reserve, rising to the rank of Colonel, and serving with various units in Wisconsin and Illinois. He served his country for 38 years.

Harvey loved to travel, play golf and spend time with family and friends. He was known for his humor, caring demeanor, and gregarious nature. He is survived by his wife, Shirley, sons David (Mark Hooker) and Douglas, daughter Deborah (Scott) Beyer and numerous other family members.

www.legacy.com/obituaries/postcrescent/obituary.aspx?n=harvey-m-berg&pid=197942597&fhid=5649

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- Leroy Joesten
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- St Luke's Lutheran Church, Park Ridge, Illinois
- Glendale Lutheran Church, St Louis, Missouri

To make a contribution in appreciation of this publication, you may go to lutherservices.org and click the DONATE button. You will want to add "Caring Connections" in the dedication space. Or send a check with a notation "Caring Connections" to:

Lutheran Services in America
100 Maryland Avenue, NE, Suite 500
Washington, DC 20002

Letters from our Readers

We welcome comments from our readers. The following was received after the last issue.

Thanks for inviting me to add to this conversation. All three of my current chaplain residents now are ELCA and trying to navigate their hoped-for calls to specialized ministry. The articles in this edition (Vol 18, Issue 1) will add to our conversation and their discernment process.

I was also glad to see you lift up my old mentor Don Browning. I did my M.Div. at the U of C and Don was a generous teacher who led with a pastoral heart.

Thanks again.

The Rev. Chris Beckman
Corporate Director of Spiritual Care
Ebenezer Senior Living
Edina, Minnesota

Correction

In the previous issue of *Caring Connections* made available through the use of our internet link sent out via e-mail, there were two misspellings of the name of one of the authors, Bishop Craig Alan Satterlee. This has been corrected in the current on-line version. I regret the error. Bruce Hartung, Co-Editor.

Change in Churchwide leadership for ELCA chaplains, pastoral counselors and clinical educators

IN THE FIRST WEEK OF JUNE, the office of ELCA Chaplaincy and ELCA Federal Chaplaincy will merge and move to the ELCA's DC Capitol Hill office. Beginning June 7th, Rostered Ministers, and those in Candidacy, should direct their communication and inquiries about chaplaincy to the DC Office of "ELCA Chaplaincies" at the address below.

The Rev. Dr. Ruth Hamilton has led and supervised the ELCA's Chaplains since the retirement of her predecessor. Those Chaplains serve as ACPE, CPE, and Board-certified Chaplains: in clinical and non-clinical ministries. Pastor Hamilton has accepted a Call from the Southeastern Synod and will transition into her new congregational ministry in the Atlanta metro-area. Her last day will be May 31st. Thank you, Ruth.

The Rev. Christopher L. Otten accepted the Call to be the Assistant to the Presiding Bishop and Director of Federal Chaplaincies in 2019. As a part of the ELCA Churchwide Organization's "Future Church" innovation and realignment, Chaplain Otten will assume the role from which Pastor Hamilton is departing. He will now be the Senior Director of ELCA Chaplaincy Ministry within the ELCA's homegroup of Christian Community and Leadership (CCL). The Rev. Phil Hirsch serves as its Executive.

The Rev. Christopher L. Otten was first called as the *Assistant to the Presiding Bishop* of the Evangelical Lutheran Church in America as the *Senior Director* of Federal Chaplaincies in January 2019. Prior to this call, Chaplain Otten served nearly twenty-one years as a Federal Chaplain, activated United States Air Force Chaplain, and Air National Guard Chaplain/Federal Technician. He currently oversees the 181 ELCA Chaplains who serve the Federal government in the military, Veterans Administration hospitals, Bureau of Prisons, and other Federal Agencies. Beginning in June 2021, he will also support and coordinate all chaplains, pastoral counselors and clinical educators within the ELCA.



Pastor Otten was ordained in 1995 after completing his BA in Philosophy at Nyack College, New York, and his MDiv at Concordia Seminary, St. Louis, Missouri. His clinical pastoral education was at Laclede Groves in Webster Groves, Missouri, and his internship was with Bethany Lutheran Church in Alexandria, Virginia. He has served congregations in the DC/MD/VA area, as well as Wahiawa, Hawaii; Cleveland, Ohio; and McAllen, Texas.

Chaplain Otten, who grew up in Greensboro, North Carolina, now lives in Baltimore, Maryland, with his teenage son, Elliott Samuel, and their Pomeranian dog, Augustus, as well as Rehoboth Beach, Delaware, with his partner, Timothy P. Credle, originally from Remsen, New York. He commutes into DC, where he works in the ELCA's Capitol Hill office. He can be reached at:

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