# Mennonite Health Journal

**Volume 15, No. 1**
**January 2013**

**Welcome to the 15th year of *Mennonite Health Journal!*** It has been one year now since MHJ was transformed from a print publication from Mennonite Medical Association (MMA) and Mennonite Nurses Association (MNA) into an online periodical published by Mennonite Healthcare Fellowship (MHF). During the transformation process, MHF has been pleased to offer the *Journal* via email at no cost to all who were on the previous mailing list and provided an email address. During the year, you will continue to see additional transformations of MHJ.

We are particularly pleased that *Mennonite Health Journal* also serves **Mennonite Chaplains Association** (MCA) and **International Mennonite Health Association** (IMHA). In this issue, representatives from those two groups add their thoughts to a rich discussion around the general theme of morality and spirituality.

**Paul Leichty**, MHJ editor and MHF Executive Director, begins (p. 2) by reflecting on the thread of spiritual themes throughout this issue in anticipation of the **MHF Annual Gathering**, June 21-23, 2013 in Goshen, Indiana, where we will discuss **"Moral Dilemmas in Healthcare."**

In our lead article (p. 3), **Glen Miller** reviews the 2012 book by **Willard M. Swartley** entitled, ***Health, Healing, and the Church's Mission: Biblical Perspectives and Moral Priorities*.** Swartley, retired Dean of Anabaptist Mennonite Biblical Seminary (AMBS), makes a significant Christian contribution to the dialogue in the United States regarding healthcare access.

**Joe Longacher**, MHF Board President, asks questions about the significance and impact of our moral stance as healthcare workers. (p. 6) He takes particular note of how the decision of conscientious objectors in World War II to treat mentally ill patients with dignity and respect fueled a major reform in mental healthcare in the United States.

**Murray Nickel**, President of IMHA, reflects on the spiritual aspects surrounding desperate physical need in developing countries (p. 8). What does it mean to offer humanitarian aid in the name of Christ and at the same time expect God to work a miracle?

**Jim Leaman,** Secretary of Mennonite Chaplains Association (MCA), wraps up this issue (p.10) by encouraging us to see our work as ministry to Christ himself.

**We value your feedback and support!** Send correspondence by one of the means below.

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Email: info@mennohealth.org
Web: www.mennohealth.org

**Credits:**
Joseph Longacher, Executive Editor
Paul D. Leichty, Editor

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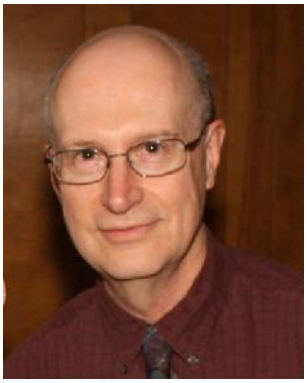


# Spiritual Dimensions of Healthcare

**Editorial by Paul D. Leichty, MDiv**
**Executive Director of Mennonite Healthcare Fellowship**

*Paul Leichty is Executive Director of Mennonite Healthcare Fellowship (MHF). He and his wife, Twila, live in Goshen, Indiana.*

Since the beginning of the Christian movement, caring for the health of others has been a major theme of Christian faith. The Hebrew concept of "shalom" (wholeness, health, well-being, peace) was a driving force in Jesus' own ministry of healing and restoration to wholeness of persons who were bound by sickness, disease, and the forces of evil. The early church was known for its care of the sick and those otherwise abandoned to die alone and forgotten.

Many of the principles, institutions, and methods of healthcare that we know today have their roots in Christian faith. Western society has indeed made great progress in treating many diseases and curing many illnesses. However, at the same time, human creativity and progress is always tainted by pride and self-centeredness that is the result of human sin. The systems and spiritual forces unleashed through science and technology can result not only in cures and treatments, but also in the creation of new healthcare issues in each time and culture.

Thus, MHF has chosen to look at **"Moral Dilemmas in Healthcare"** as its theme for the **2013 Annual Gathering, June 21-23, 2013** at **Goshen College, Goshen, Indiana**. As the Planning Committee has delved into its task, we have realized that there are many more moral dilemmas than we can possibly cover in one weekend. Thus, we are attempting to identify some of the overarching themes and then hone in on a few specific issues.

The articles in this edition of *Mennonite Health Journal* remind us that there is always a moral and spiritual dimension in the field of healthcare. Thus Christian healthcare workers carry out not only a **job** or a **profession** or a **specialty**, but also a **ministry** that sees beyond the status quo, beneath the surface of symptoms and conditions. We are called to a ministry that treats each person as a valued child of God, part of a community whose physical, emotional, and spiritual health God cares deeply about.

Thus, in this issue, Glen Miller reviews Willard Swartley's contribution to the current debate about healthcare in the United States. Swartley clearly believes that access to healthcare by rich and poor alike is a fundamental moral issue. Joe Longacher calls attention to a movement in U.S. history toward better mental healthcare sparked by the simple moral stance. Loving everyone as Jesus loved us means not only refusing to take the life of the enemy, but also treating persons on the margins with dignity, respect, and caring love. Murray Nickel takes that spiritual component into an international context and asks us to look at how God can be at work even when we see situations that appear desperate and hopeless. Finally, Jim Leaman reminds us that in our care of those who are weakest and have the greatest need, we can experience the presence of Jesus himself in our midst.

I trust this issue will start your thinking on the moral and spiritual issues of healthcare. Please join the conversation by responding through comments, articles of your own, and attendance at one of our Regional Meetings, or our Annual Gathering, June 21-23, in Goshen, Indiana.

# *Health, Healing, and the Church's Mission: Biblical Perspectives and Moral Priorities* by Willard M. Swartley

## Book Review by Glen E. Miller, MD

*Glen E. Miller is a retired internist with twenty-five years' experience in private practice and eleven years in medical work and administration overseas with Mennonite Central Committee. In 2005-2007, he served as the manager of the Mennonite Church USA Healthcare Access Program. He is the author of* Empowering the Patient *and is currently working on a book dealing with preparation for a good death.*

Willard Swartley authored *Health, Healing and the Church's Mission: Biblical Perspectives and Moral Priorities* (InterVarsity Press 2012) from the background of his distinguished career as a New Testament scholar and teacher, as the author of more than twenty books on theology and ethics, and as a patient who suffered a major heart attack. We get a sense of his approach in *Health, Healing and the Church's Mission* by the frequency of attention-capturing words: "community" 241 times, "justice" 64 times and "compassion" 41.

**The focusing question:**
Swartley focuses the issue: "Is access to health care for all citizens and residents in United States a moral issue? Or put differently, do all people have a moral right to health care access?"

**Making the case**
Swartley presents a forthright, biblically based argument for universal healthcare. God's will and desire for humankind, individuals and communities, is for *Shalom:* wellbeing that encompasses physical, emotional and mental welfare. *Shalom* for one's self and one's neighbor includes health and justice for the entire community, especially the poor and marginalized. When some among us lack the means to *Shalom*, we all suffer. Or more succinctly: "When some people are deprived of health care, communal *Shalom* is threatened."

Current political debate on healthcare centers on the lack of access for nearly 50 million uninsured people and costs that escalate at twice the rate of inflation for other goods and services. Jesus modeled access to healing available to all: the poor and rich, the influential and socially ostracized, the stranger and demon possessed. Swartley emphasizes that biblical justice requires that special efforts be made to provide for those who are socially, economically, physically and mentally disadvantaged in society.

Jesus looked with compassion on the ailing, both the individual and the multitudes. His compassion extended to all, including the outcast and resident aliens. "In the Christian tradition, compassion is essential for the healing ministry—a compassion that risks self in service to help and heal others." (Mt 9:35-38) Swartley reviews the historical medical mission efforts. He notes the motivating compassion for the medically needy around the world as attested to by the long line of medical missionaries who sacrificed (and continue to sacrifice) comfort, security, and accumulation of wealth to address medical needs.

Jesus' concern for the sick was that they are not only healed of their illness, but that they are made *whole*. Likewise, as we seek to heal the whole person, moving individuals, families, and

communities toward wholesome living, we address not only the acute illness, but also the physical, psychological, social, and environmental consequences of that illness.

Healthcare for all? Justice demands it and compassion impels us to provide it. In providing healthcare, we follow the gospel imperatives of peacemaking and service. Swartley concludes: **"I regard universal coverage for basic health care a biblical moral priority."**

**Hindrances to achieving universal care**

Swartley points out that our healthcare system has built-in flaws that hinder providing universal care at reasonable cost: inefficiencies, duplication, overdiagnosis and overtreatment fueled by profit-taking and ever higher expectations of what modern healthcare can achieve. Our healthcare system is the "victim of economic greed and political rancor." It raises the question: "Can the costs of health care be reduced without a fundamental rethinking of the relation between health care and the market-driven system the United States presently has?" Swartley points to the need for change and a renewed vision with "the need for conversion in the desire and expectations, sharing of resources and loving care for the sick that has characterized the church's mission through the ages."

**The role of the church in fulfilling the mission**

In my church we share our "joys and concerns" each Sunday. Invariably, prayer is requested for those suffering from life's uncertainties, illness, or pain. Implicit in the request for prayer is the recognition of God as Healer and Restorer. Then we leave church to reenter the world of modern medicine with its knowledge, its gleaming machines to diagnose and treat, and its attendant (but *undeserved*) aura of infallibility. Swartley states that this creates a dilemma for us, "resulting in double talk: lip service to God as healer but practical obeisance to medicine as healer." He resolves this issue by re-asserting that it is God who gives wholeness and wellbeing. Medical caregivers *assist* God in bestowing health.

The community—the church—motivated by an inner sense of social justice and compassion has a role in achieving the goal of universal healthcare. Swartley says that a "major renewal of commitment to the welfare of all in the community is desperately needed."

- The church, by welcoming and nurturing the neighbor and stranger, points the way toward wholeness and *Shalom.* Hospitality and inclusion comprise a concern that all members of the community have access to basic healthcare.
- In times of illness, the church is the touchstone for encouragement, comfort, and prayer. Members are available to the afflicted person for discernment for hard decisions: procedures to be undertaken, life support measures, or quality of life issues, to name a few.
- The church finds innovative ways to promote and advocate for access to quality healthcare for all. Congregations can consider ways in which mutual aid can be applied locally.
- Individuals can seek to communicate openly with their healthcare providers in ways that will diminish his/her fear of malpractice lawsuits and decrease or eliminate the perceived need of the doctor to perform unnecessary tests and treatment.

**Questions and comments:**

1. Swartley notes that people of faith face a dilemma at the time of a medical crisis. Where do we place our faith—in prayer or technology? Do we pray only when technology

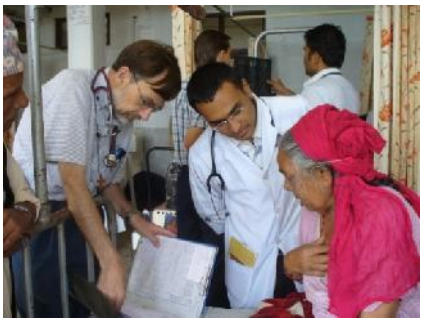
appears to be failing? What would it mean if healthcare providers put into practice a belief that healing is of God?

2. The church has a mission in providing universal healthcare. Mennonite Church USA recognized this role in 2005-2007 when they urged congregations to focus on promoting access to healthcare in their local communities. Sixty-two local churches began innovative and holistic healthcare programs in their local communities.
3. Swartley emphasizes improving efficiency in healthcare delivery. More can be said about the role of consumers in the good stewardship of healthcare, for example; a) carrying a summary of your medical record, b) cost shopping for elective procedures, c) knowing how to care for a chronic disease in ways that will prevent hospitalizations.
4. Swartley gives examples of other countries where universal healthcare is provided at lower cost with better results. He points to the need for a single payer system. Jennifer, who files insurance claims for a medical provider, knows about the hassles of dealing with fifty different insurance companies, each with their own policies and procedures.
5. As a (former) healthcare provider, I found *Health, Healing and the Church's Mission* provided a potent reminder of the theology and motivation undergirding what we do. Congregational leaders (and indeed anyone interested in healthcare) will also be interested in what Swartley has to say about the vital role that congregations can play in improving healthcare for their members and communities.

## Notes from Mennonite Healthcare Fellowship Office:

**Put it on your calendar!** This year's **Annual Gathering** of Mennonite Healthcare Fellowship will be held **June 21-23, 2013** at **Goshen College** in **Goshen, Indiana**. The theme will be "Moral Dilemmas in Healthcare" and confirmed speakers include Timothy Jost, Mennonite legal expert on the Affordable Care Act, and Ervin Stutzman, Executive Director of Mennonite Church USA. Watch for more details on the MHF website (mennohealth.org), via monthly MHF Updates, and in the April edition of *Mennonite Health Journal*.

Do you have interest in shaping future issues of ***Mennonite Health Journal***? Do you know of others who have interest in communications and health? **Please consider nominating yourself or someone else** for the **Communications Special Interest Group**. This group looks at the overall communications strategy of MHF, including *Mennonite Health Journal*, email communications, websites, and social media. Participation will be mostly by email and telephone conference call with the possibility of an occasional regional meeting.



**Pictures needed!** A new MHF website is being developed. We would like to include more pictures that represent our MHF members and their work. While we already have some pictures from our annual and regional gatherings, we would also like pictures from the work settings of our members. Would you have pictures that you could share? Please be sure that you have permission from all persons pictured to share the photo.

# When No One is Looking

## President's Column

**by Joseph Longacher, MD**
**President of Mennonite Healthcare Fellowship**

*Joe Longacher was elected President of Mennonite Healthcare Fellowship in September 2012. He is from Richmond, Virginia and retired at the end of 2012 from a career in gastroenterology. Joe was part of the Implementation Team that gave leadership to the formation of MHF.*

**What do you do when you think no one is looking?**
Those of us of a certain age will remember Candid Camera, arguably the first reality show on TV. The premise was simple: Hidden cameras monitored the reactions of ordinary people placed in contrived situations designed to confuse or embarrass them, and recorded the results for an audience numbering in the millions. Under the direction of its creator, Allen Funt, the program lasted from 1948 to 1974 and during its heyday from 1960-1967 consistently ranked in the top 10 shows each year.

Candid Camera was probably successful because at some level we enjoy watching how others react to real or perceived stress, even though none of us would like to serve as the foil for others' enjoyment. Since Candid Camera, the use of hidden cameras has extended to many aspects of life, from monitoring banks, parking decks, and apartments, to use in social experiments (determining how many persons wash their hands in a public restroom, or return a wallet planted on a sidewalk).

Yet the principles underlying entertainment such as Candid Camera, as well as the more serious ways in which we monitor human behavior, are actually quite significant. Why do we behave the way we do? Does our behavior change when we know we are being watched? And what is the connection between behavior and character?

The answers to these questions can be learned from many examples recorded in human history, or as we simply observe those around us (or ourselves). The Bible includes both teachings and stories emphasizing the need to integrate what we say we believe and how we act, from the risky but exemplary behavior of Daniel and Esther, to the hypocrisy of the Pharisees and the deceit of Ananias and Sapphira.

These observations can be related to Mennonite Healthcare Fellowship and its members. To illustrate the connection, let me remind you of the behavior of a special group of young men during World War II—the conscientious objectors who because of their beliefs rejected military service and instead performed alternative service. Many of them were assigned to work as attendants in the abysmal mental hospitals of the time, with squalid conditions and unsympathetic personnel.

Among the 12,000 men who performed alternative service through the Civilian Public Service were 4,665 Mennonites and 1,353 Brethren, the largest two church groups. Of the 12,000, about 3,000 served in 40 mental hospitals throughout the U.S. Approximately half of these 3,000 men were Mennonites.[1]

[1] "Striving for Love Amid Filth and Abuse" *Crossroads,* Fall/Winter/Spring, 2011-12, Eastern Mennonite Univ.

These thousands of young men (and about 300 young women who voluntarily joined them in their efforts) lived out their beliefs in the ways in which they treated the difficult and often unappreciative patients under their care. Often they brought for the first time to these patients the kindness and respect they so badly needed but had not received. In other words, they were committed to truly caring for their patients as persons irrespective of the physical and emotional costs.

These young people did what they did because it was the right thing to do, not for any personal praise or to pursue a specific social agenda. Yet, their actions, along with their suggested improvements, contributed to an increased national awareness of the abuses rampant in most mental hospitals. This awareness led in turn to widespread reforms as those in leadership made long overdue changes to improve the care of the mentally ill. The observations and recommendations of conscientious objectors received national attention through an expose in *Life* magazine as well as through Eleanor Roosevelt's regular newspaper column, "My Day."

As healthcare professionals, each of us has the opportunity to emulate the examples of those persons as we express our Christian beliefs on a daily basis in our own unique setting. So perhaps a better title for this reflection would be "What do you do when others *are* looking?" Are you able with courage and humility to live out your faith?

The theme of our Annual Gathering at Goshen College, June 21-23, will address these very issues under the theme "Moral Dilemmas in Healthcare," focusing on the role of conscience as we practice our chosen vocation. I hope you can join us at the Annual Gathering to participate in the dialogue. I would also encourage you to attend one of the Regional Meetings that may be scheduled for your area, where you can interact with others and learn about how they have been able to express their faith in action.

# Upcoming Events

### Orlando, Florida

**Mennonite Health Assembly,** February 14-16, 2013 in Orlando, Florida. A yearly gathering of healthcare professionals and leaders in Anabaptist-affiliated healthcare-related institutions. MHF is one of the sponsors of this event. More information at www.mhsonline.org.

### Souderton, Pennsylvania

MHF Regional Meeting for the Southeastern Pennsylvania area, Monday, February 25, 2013, 7:00-9:00 p.m., at Main St. Java, 117 Main Street, Souderton PA 18964. Area healthcare professionals are invited for coffee, dessert, and fellowship, with two short presentations:

- **Angela Hackman**, director of a new integrated mental health program.
- **Rebecca Nice**, DO who is doing integrated health care in the community. For more information, contact Joanne Speigle wjspeigle@verizon.net

### Phoenix, Arizona


Mennonite Healthcare Fellowship will be present at the **Mennonite Church USA Biennial Convention**, July 1-6. Plan to visit the MHF display in the Exhibit Hall and attend a special MHF evening reception. Watch for MHF Updates and information on the website as more details are made known.

# A Miracle

**Murray Nickel, MD**
**President, International Mennonite Health Association**

***Murray Nickel**, President of IMHA, is an emergency physician living in Abbotsford, British Columbia. Having grown up in the Congo in a missionary family, he continues to travel there frequently volunteering his time in medical mission work.*

After a discouraging day at the Congolese embassy in Bujumbura, it looked impossible for eight Canadians to get visas to get from Burundi to Congo.

We made one last stab at it, even though I didn't expect much. If we travelled to the border and had a discussion on-site with the Congolese border agent, maybe something would work out. Everyone advised us it would be a waste of time, but we went anyway.

After a half hour, we arrived at the border barricade and parked alongside trucks that looked like they had been there for several weeks. In this remote valley in the middle of Africa, the only significant structure was a small yellow cement-block, tin-roofed house where the customs officials sat. They didn't move; they just sat there eyeing us curiously. We were definitely out of place.

I apathetically peeled myself from the sweaty car seat and walked towards them, dreading the task of negotiation. We had a ridiculous request. We wanted to cross the border unofficially to talk to the Congolese agent on the other side. To my surprise they let us go without so much as one franc or a bottle of coke to "encourage" them.

A rickety wooden bridge crosses the small stream that separates the two countries. As we stepped onto it, Onesphore, a Burundian pastor who was travelling with us, caught up to me. "I think this will work. I feel God wants this to happen. I will pray for it."

I almost rolled my eyes. I want miracles to happen just like anyone. But my experience is that things usually happen as they happen. I tend to believe God created us with a brain so we would use it. When a bunch of Canadians fail to go through the motions necessary to acquire a Congolese visa, we should humbly accept the consequences. Besides, this circumstance might open other doors. Not going to Bukavu would allow us to turn back to Bujumbura and focus more intently on Onesphore's inspiring vision. Onesphore is an unassuming but capable leader, reconciling people through Christ in a country suffering from poverty and divided by racial hatred. His ministry equips thousands of people. There is more than enough work in Burundi.

As expected, our meeting with the border agent didn't go well. The trip wasn't going to happen. Just as we were heading out the door, the agent offered a solution - but it was absurd, not even worth considering. For $300 each we could purchase a "visa volant." He offered no guarantees; following payment, he would have to make a series of challenging phone calls for the final permission.

As we walked away I was mulling over the offer, remembering what Onesphore had so confidently claimed just a few minutes before. It made sense. Why should we expect God to work through supernatural means? A few feet from the building stood Onesphore with his encouraging smile. I started to break the news while gesturing to him to turn around and head

back across the bridge. He didn't budge. He gazed towards Congo and asserted, “No! This is God’s provision. It’s a miracle - you can’t ignore a miracle.” Taken a little aback, I responded, “But $2400? Just think what you could do with that in Bujumbura!” To me this was no miracle. It was highway robbery. “Yes, you’re right. I could feed many kids. I could start a whole new program. But you need to go to Bukavu. God wants you there.”

Doug followed behind me and Onesphore repeated the same line to him. I could almost hear the gears grinding in Doug's head. Onesphore had no personal interest in Congo and he had a host of needs for his own challenging ministry. He stood to benefit from $2400 - a significant sum when the average annual income is $140. But Onesphore was obstinate, “God wants you to go.” Doug slowly shook his head and said, “Ok, let me talk it over with the rest.” A half hour later we were cruising up the road to Bukavu on the Congo side of the Rusizi River.

When Onesphore encouraged us to keep going forward, I was moved to tears. Onesphore, a leader from Burundi who should be more concerned about money than we are, was not sidetracked. To him this was a God thing. Our job was one of committed obedience. God cares about our hearts, not our money.

I learned from him that day that miracles aren't like winning the lottery. Sitting in that overcrowded van as we slowly wound our way to Bukavu, I was struck by the thought that the war-torn city of Bukavu needed a miracle too. And that miracle might not happen if we weren’t obediently committed. Commitment isn’t easy; it can be bitter. Miracles aren’t there to provide an easy way out.

The next day, we sat in a Bukavu church secretly hoping the power would go off. I felt almost sinful. If any people know how to truly worship God, it’s the Congolese. But the distorted sound blaring from substandard speakers was making my ears ring. Three houses down, another church was blaring out worship songs in what appeared to be an all out competition for decibels. I couldn't help but wonder, what are we doing here? There are churches on every corner. Congo is a Christian country. How could anyone not be reached?

Yet over the following three days I was hit again and again with the reality of Bukavu -- unbelievable suffering. It seems the devil has his hold on the region, regardless of the number of churches. What I’ve seen in India, Thailand, and Laos pales in comparison to the stories I heard in Bukavu. I walked with Adrienne, a local church member, through the training center built by his community. I could hardly keep from crying. The center was nothing to write home about. It had been run into the ground time after time by rebel armies. Despite the hardship, fifty women were singing and dancing to greet us. These women had been raped, starved, and beaten repeatedly over the last ten years. They had known only darkness and violence. Any morsel of hope was a cause for celebration.

I have no qualms with humanitarian aid. But the darkness that moves through Bukavu will not lift by food alone. Food spoils quickly, and then you need more. Bukavu needs a miracle. If I pray for a Bukavu miracle, the question I have to ask myself is, “Am I willing to swallow that bitter pill? How committed am I to that prayer?”

# "Seeing Jesus"

**by Jim Leaman, M.Div., M.A.**
**Secretary, Mennonite Chaplains Association**

*Jim Leaman is Chaplain at Landis Homes Retirement Community in Lititz, Pennsylvania, serving primarily residents in Personal Care and Health Care. This reflection is reprinted by permission from the January issue of* Connections, *published monthly online by Mennonite Chaplains Association at mennochaplains.mennonite.net.*

This morning I was reading in John 21, and I was impressed by the disciples not quite being sure at first that the person who had prepared and was serving them breakfast was indeed Jesus. John wrote that they did not ask him who he was, because they eventually concluded that it was Jesus. Yet, at first they were confused and unaware.

My response was to wonder whether there are times when Jesus has shown up around me, and I didn't recognize him. There are times when I have prayed for a visual revelation of Jesus. Once I was leading a Sunday school elective from Philip Yancey's study on *The Jesus I Never Knew.* I shared with the class my desire to have such an actual vision of Jesus. At the end of the quarter, I told the class I had not had a literal revelation or epiphany of Jesus, but that I had come to "see" Jesus in other ways in which I experienced his presence.

There is a phrase in the second chapter of Hebrews, in which the author wrote, *"But we see Jesus."* We do not know for sure who the author of Hebrews is, so we don't know whether the writer actually "saw" Jesus in his earthly ministry, but it is clear that the person writing had experienced the reality of Jesus in some manner.

I think of Mother Teresa, who said that in the poorest of the poor with whom she ministered, she saw the "face of Jesus." She was able to reach down to serve those dying in the streets of Calcutta, because she experienced in her heart that she was indeed serving Jesus in each individual as she gave "pastoral care" to persons in real and desperate need.

Thus, I reflect that in our work as chaplains, as we share compassion and pastoral care with residents or patients or clients, or even with co-workers, we are also serving and loving Jesus. I am sure that I have often missed Jesus in my ministry of offering pastoral care. I may have missed him incarnate in the person I was serving. I may have missed him standing by my side, dwelling within me, yearning to give me the word of wisdom or the spirit of encouragement which I needed at a particular instance to give to the person or family to whom I was relating at the moment.

*"Lord, forgive me for failing to see you when you were right there, present by my side – present in the person with whom I was relating. Open the eyes of my heart that I might see you, Jesus, and do not need to ask, 'Who are you?' as the disciples were just about to do. Or to ask,* 'Where *are you, Jesus?' - recognizing that you are here, now. Amen."*