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This issue of *Mennonite Health Journal* explores various aspects of the theme of this year's Annual Gathering: **Faith at Work: Practicing our Profession.**

A summary article on Annual Gathering 2014 by Kayla Berkey (supplemented by the editor) explores how, over the course of the weekend, participants shared with each other the ways in which they work out their faith in their professional life.

Among the most stirring presentations was that of **Tim and Jen Leaman** from Philadelphia who shared on the theme, "Our Faith Moves Us." *Mennonite Health Journal* appreciates the gracious sharing of their inspiring presentation in this wider setting.

One of the sub-themes lifted up by the Leamans was how to relinquish our need to control the outcomes of our work and instead allow God to work in our lives and the lives of others. Editor **Paul Leichty** reflects on this theme further in relationship to his own need for healthcare.

Turning to the international scene, **Winona Houser** shares from her recent **Student Elective Term (SET)** experience on learning to flow with different norms in a Tanzanian hospital setting and what that says about her own future as a physician.

Even as we wrap up Annual Gathering 2014, we are excited to announce plans for **Annual Gathering 2015**, July 19-21, in Harrisburg, Pennsylvania. Please check out the article for more details! Plan to join us for this historic Annual Gathering!

Speaking of giving up control over our lives, we ultimately all do it as we enter the stages of dying and death. Mennonite Chaplains Association President, **Kenton Derstine**, reflects on the **role of chaplains** working alongside of other healthcare professionals in helping our patients and clients come to terms with their own mortality and grieving the death of loved ones.

At each stage in our journey of faith, it is good to stop and reflect both on where we have been and where we are going. **Joe Longacher** has been **President of the Board** for more than half of MHF's existence. As he steps down from his presidential role and assumes a supportive role with the Board, his wisdom encourages us to both look to the past and forge ahead into the future. MHF also congratulates Joe on his new role as the first "scholar-in-residence" for the biomedicine graduate program at Eastern Mennonite University.

Paul Leichty, MHF Executive Director

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Faith at Work

Annual Gathering 2014 at Laurelville

by Kayla Berkey

Our faith moves us to new places, new ideas, and new visions. This idea was a focus of the Annual Gathering 2014 of Mennonite Healthcare Fellowship (MHF) that took place June 13-15 at Laurelville Mennonite Church Center, Mt. Pleasant, Pennsylvania. The weekend's speakers shared challenging and heartfelt explorations of how God is calling, moving, guiding, and sending people of faith throughout the healthcare field.



“Sometimes God moves us geographically, and sometimes God moves us into new vision for the neighborhoods where we are already located,” Jen Leaman shared in the Saturday morning worship session where she and her husband Tim were speakers.

Tim and Jen Leaman's story powerfully described how their faith guided their decision to move with their three children into the rapidly growing and ethnically diverse Oxford Circle neighborhood of Philadelphia where Tim grew up.

Tim is a family physician and a site medical director at Esperanza Health Center in another neighborhood of Philadelphia, and Jen is a trained social worker who volunteers regularly in their children's public schools. Both are actively involved with Oxford Circle Mennonite Church's ministries and its non-profit community development corporation, which offers community programs and resources.

The Leamans chose to move into the Oxford Circle neighborhood because, beyond programs, they wanted to invest in the community as their home: “We can more readily engage with our neighbors in the daily work of building a healthy community by using its schools, by playing in its parks,” Tim explained. “May we increasingly be a people who do not plan only the things we can do ourselves,” the Leamans offered as a prayer and challenge for the group. (Read an abridged version of their presentation elsewhere in this issue.)

Tim and Jen Leaman were just two presenters at the MHF Annual Gathering who offered valuably different perspectives relating their faith with healthcare disciplines. The shared motivation to live out their faith in their life as healthcare professionals brought together a diverse group of persons from Texas to New York. The variety of occupations represented included physicians, nurses, social workers, dieticians, chaplains, dental and medical students.

Scott Holland Professor of Theology & Culture and Director of Peace Studies at Bethany Theological Seminary in Richmond, Indiana, kicked off the weekend event sharing stories of God's calling into the healing, reconciling work of God's reign. Holland, who divides his time between Richmond and his home near Pittsburgh, is a Peace Church representative and theological consultant to the World Council of Churches, an assignment that has taken led him across Africa, Asia, Europe and the Americas for the work of overcoming violence and seeking cultures of peace.



Many attendees at the MHF Annual Gathering have spent time overseas, and many of the weekend speakers referred to their cross-cultural experiences as formative for shaping their vocational goals.

Indeed, the roots of MHF run deep into international medical mission work, noted MHF Executive Director Paul Leichty. Both predecessor organizations, Mennonite Medical Association (MMA) and Mennonite Nurses Association (MNA) had their early meetings in conjunction with mission board meetings. In more recent years, as hospitals and clinics in developing countries are turned over to locally trained physicians, medical missions have shifted away from overseas work. MHF members today demonstrate a shift toward creative involvement in missions in their local communities.

One way that MHF continues to creatively support cross-cultural experience is through an enhanced Student Elective Term (SET) program. Each year, scholarships are made available for graduate-level students in any healthcare-related field who seek to gain a 4-8 week term of healthcare experience in a mission setting in a developing country.

John Stoeckle, a first-year family medicine resident at Thomas Jefferson University, gave a workshop presentation about his recent SET experience working with malaria research at Macha Mission Hospital in Zambia. “The experience informs both our faith and our careers for the rest of our lives,” Stoeckle said.



Other workshops which followed the Saturday morning plenary session and extended into the afternoon reflected the diversity of ways in which people work out their faith in the healthcare field.

Tim and Jen Leaman followed up their morning presentation by offering participants a further opportunity to reflect on the ways the Spirit moves us into areas where God is already at work in the world.

Mary Beth Lind, a dietician who grows much of her own food, and Charity Grimes Bauman, the Outreach Coordinator for a mobile gardening program at Phipps Conservatory in Pittsburgh, teamed up in a workshop that addressed people’s access to healthy food. The two shared their unique rural and urban perspectives about the essential need to combine access to healthy foods with education to encourage people to lead healthy lifestyles.

Randall Longenecker and Oralea Pittman led in yet another workshop which guided participants in thinking about how healthcare professionals pass on knowledge and cultivate the learned skills among their colleagues. Longenecker, a physician, and Pittman, a nurse practitioner, have collaborated in teaching and practice for fourteen years. They shared how even the language that is used, whether “mentor, coach or facilitator,” can make a difference in how teachers share their experiences as part of a learning community of students, residents, and practitioners.

In another workshop, Melvin Janzen, who has served as a staff chaplain at two university hospitals, discussed his approach to walking people through the struggles they often face during illness or injury. As Janzen reflected on how healthcare professionals live out their faith in large secular settings, he noted how physical health crises can also be the occasions for growth and healing in the realm of mental and spiritual health. “I have a growing sense that being a chaplain is to waken people’s inner resources, their dormant spirituality,” he explained.

On Saturday evening, a panel that included a diversity of ages and occupations reflected on some of the tension points in their faith and vocations. Joe Longacher, a retired physician and

the President of the Board of MHF, stimulated panelists with some challenging questions which led to some heartfelt and compelling responses about how their faith and convictions led them to making some difficult decisions. Lyubov Slashcheva, a dental student at Virginia Commonwealth University, discussed the challenge of choosing to supplement her studies with community volunteer work and having to defend this decision to professors who felt this might interfere with her coursework. Kristine Kopp Charles shared the difficult decision she made to leave her OB/GYN position of sixteen years at a point where it seemed it would interfere with her family life. Her decision has led to a current period in her life as she searches and re-thinks her vocational calling. Andrea Bieber offered her experience working within the behavioral health field, especially as she supervises others. Jonathan Spicher, a medical student, shared from his experiences which led to his entering the medical field.

Weekend participants not only talked about their faith but expressed it in song and spoken word as Jim and Angie Clemens from Dayton, Virginia led in a meaningful time of worship at each plenary session. Following the Saturday evening session and an ice cream social, the Clemens couple led a rousing hymnsing featuring selections of the attendees present.

Sunday morning capped off the Annual Gathering as Melvin Janzen shared a message based upon the apostle Paul's farewell message in Acts 13. "Out of Headache and Heart Ache, a Message of Encouragement" emerges, said Janzen. The service culminated with a celebration of the Lord's Supper led by MHF Board member, Kenton Derstine, a chaplain and faculty member of Eastern Mennonite Seminary.

The weekend-long MHF Annual Gathering also provided plenty of informal space for people in healthcare disciplines to connect, network, support each other, and learn. The networking and fellowship that took place during informal time allowed people to discuss their current projects and catch up with one another. Attendees at the gathering represented many different kinds of programs.

Elizabeth Beels came to the gathering with a photo album from a recent trip to Nepal with a group of eleven Goshen College nursing students. Having worked as a nurse in Nepal, she returned to the U.S. and realized that she was dealing with post-traumatic stress disorder (PTSD) from some of her experiences during her time there. Taking the students felt a way for her to grieve and recover. "I felt a relief in passing the torch of my experiences onward," she said.

James Nelson Gingerich, a physician at Maple City Health Care Center (MCHCC) in Goshen, Indiana, came to the gathering as a way to network and connect with other physicians. As someone interested in peace, justice, and community development, he sees community healthcare centers as an entry point into communities. MCHCC works at incorporating innovative programs, including one where people can earn credits from volunteering at community agencies toward the cost of their medical bills.

Leichty seeks for the Annual Gathering to capture and strengthen links between people's faith and their professional lives: "Together we can encourage each other, support each other in living out our faith, and raise some new possibilities for how the church can use the gifts of people in the healthcare field."



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Faith at Work: Our Faith Moves Us

Tim Leaman, MD & Jen Leaman, MSW



The following article is based on a plenary session presentation made by the authors on June 14 at the Annual Gathering 2014 at Laurelville Mennonite Church Center. (See overview article elsewhere in this issue.) Their reflections are shaped by their journey over the last 15 years of living and working in several Philadelphia neighborhoods. Tim works as a family physician at Esperanza Health Center, a Christian community health center with several sites in North Philadelphia and Kensington. He works at the

Kensington office, a few miles from the Oxford Circle neighborhood where their family lives and where they are active at the multi-cultural Oxford Circle Mennonite Church. Jen is trained as a social worker and has worked in that field in various capacities. More recently, she has spent more of her time and energy as one of the founding board members of the Oxford Circle Christian Community Development Association, a non-profit community center birthed in 2008 by the Oxford Circle congregation. Their presentation was based on the following scripture passage from 2 Corinthians 5:13-21.

If we are “out of our mind,” it is for God; if we are in our right mind, it is for you. For Christ’s love compels us, because we are convinced that one died for all, and therefore all died. And he died for all, that those who live should no longer live for themselves but for him who died for them and was raised again.

So from now on we regard no one from a worldly point of view. Though we once regarded Christ in this way, we do so no longer. Therefore, if anyone is in Christ, the new creation has come: The old has gone, the new is here! All this is from God, who reconciled us to himself through Christ and gave us the ministry of reconciliation: that God was reconciling the world to himself in Christ, not counting people’s sins against them. And he has committed to us the message of reconciliation. We are therefore Christ’s ambassadors, as though God were making his appeal through us. We implore you on Christ’s behalf: Be reconciled to God. God made him who had no sin to be sin for us, so that in him we might become the righteousness of God.

This scripture has become very pivotal for us in understanding how God moves us—how God calls us and sends us as the people of God. This passage has been an important text for us *personally* in hearing God’s call. It has also shaped the life of *our congregation* at Oxford Circle Mennonite Church over the last ten years or so in understanding how God is moving us on our journey together in sharing His love in our neighborhood and city.

God is making all things new! God has given us as a people both the ministry and the message of reconciliation. Our training is in medicine and social work. Much of our professional experience has centered on working for health in individuals and communities. Yet we have experienced God’s vision for the New Creation, coming both in individuals and neighborhoods, which is so much bigger than our frequently limited imaginations.

We recently heard Aaron Graham, pastor of the District Church in Washington, D.C., remind those at the Christian Community Health Fellowship annual gathering that “God is not just in the healing business; God is in the Resurrection business.”

God is concerned for people: that their diabetes is managed well, that their infections are treated, that they feel safe and motivated to be able to exercise on their streets. God desires excellent counseling and access to treatment for those with mental health needs. Yet God’s plans for people and the world go far beyond managing diseases. God is in the business of bringing new life, resurrection, in the fullness of its breadth and depth.

God’s desire is to bring wholeness (shalom) at every level—physically, spiritually, emotionally, socially, economically. God desires to reconcile individuals, to transform hearts and lives through the Gospel, to minister to bodies and spirits. God wants to use transformed individuals to restore neighborhoods—to bring health to schools, to restore marriages, to create meaningful work. God takes lives and neighborhoods that the world has given up on and restores dignity and purpose and life.

The 2 Corinthians text highlights the powerful responsibility given to the people of God to be God’s ambassadors, God’s representatives who function in two ways. God’s people are ministers (priests) of God’s reconciliation who serve and love and meet the needs of their neighbors. God’s people are also messengers of God’s reconciliation who boldly give voice to God’s invitation to be reconciled to God. These messengers implore their neighbors and friends to look to Christ to receive forgiveness of sins and newness of life.

As we continue to grow into God’s vision for health, God continues to move us in ways that have been stretching and surprising--exciting, but often uncomfortable. We name three ways in which we have experienced God’s call moving us--ways in which we believe God at some level moves all of us as God’s people.

God Moves Us to New Neighborhoods

“The WORD moved into the neighborhood.”

This is how Eugene Peterson in *The Message* version of the Bible, translates the familiar verse in John 1:14, where many versions read, “the Word became flesh and made his dwelling place among us.”

This is John’s version of the incarnation story. When Jesus relocated from heaven to earth, emerging as a baby in a stable in Bethlehem, God moved into the neighborhood. We believe that God is still very much about moving into neighborhoods. Our pastor, Leonard Dow, often asks, “If God loves the neighborhood of Oxford Circle, how will they know?”

Part of our congregation’s journey has been a strong conviction that God was calling us to be present in our neighborhood beyond the four walls of our church. And in that way, we are literally allowing God’s presence in us to move into the neighborhood.



God's story is about moving into relationship with a people and then moving that people into places and relationships for God's own purposes. Mission literally means being sent, being moved.

Sometimes God moves us geographically and sometimes God moves us into new vision for the neighborhoods where we are already located. In our case, God has been doing both. To step back a moment, we want to each tell you briefly where we came from.

Jen's Story: I was born in a small town in Lancaster County, Pennsylvania to Christian parents. I grew up in a Mennonite church and attended Mennonite schools for both elementary and high school. My family rarely ventured into the city except for an occasional Phillies game.

During and immediately following high school, I spent some time in Baltimore under Eastern Mennonite Missions' short term mission programs. It was then that God birthed in me a vision for urban areas. This vision for the city influenced my decision to attend Eastern College in St. Davids, Pennsylvania outside of Philadelphia. While there, I sensed God leading me to finish school in the city, so I transferred to Temple University and finished my Bachelors and Masters degrees in social work there. Tim and I met through participating in an intentional community of Christian students while I was in college and Tim was in medical school.

Tim's Story: I was born and raised in Philadelphia. When I was five, our family moved into the Oxford Circle neighborhood where my parents would pastor at Oxford Circle Mennonite for over twenty years. During my growing up years, the community was a nearly all-white, blue-collar Catholic neighborhood.

When I left for college I thought I was headed to overseas medical missions and didn't anticipate returning to Philadelphia. However, along the way, I spent several terms in Eastern Mennonite Missions' Youth Evangelism Service (YES) during and after college. Through a number of twists and turns, I began to feel God stirring in me a call to urban medical ministry. This call, in turn eventually led me back to Philadelphia and to re-involvement in the church in which I had grown up.

During the years I was in college and medical school, the neighborhood of Oxford Circle (as well as our congregation) was in the midst of a dramatic demographic transition, to the point where the neighborhood of Oxford Circle is now identified in recent census data as both the most diverse (in terms of number of different ethnic groups represented) and the most rapidly growing neighborhood in the city.

Jen and I got married while I was in medical residency and we felt God calling us to put down roots in the city. I began work at Esperanza, while Jen worked in several social work positions. We bought a house about a mile from our church. During the eight years we lived there our three children were born.



The Story Continues: About six years ago, we felt God gently nudging us to consider moving to the immediate neighborhood where our church is located. We had originally bought a spacious house knowing it was in walking distance of Esperanza's office at the time and not far from our church. We had remodeled significant portions of the house ourselves and had every anticipation of spending our foreseeable future there. During our years there, six or seven other families from our church had clustered within a few blocks around us. But our house was on the other side of a

major highway from the church, and increasingly we were realizing that this served as a major dividing line between two neighborhoods, not only physically, but socioeconomically.

Our church non-profit organization was actively launching important programs to serve the Oxford Circle neighborhood. These included after school and summer programming for youth, as well as adult education and English language programs. We were attempting to respond to community needs including rapidly rising unemployment, flagging school performance rates, rising rates of single headed households, decreasing home ownership rates, and a surging population.

Most of all, God had been teaching us through our involvements with friends in the neighborhood (see sidebar) that relationships are even more important than programs (as critical as good programs are). God's love is known through God's people in relationships--through neighbors sharing lives, friendships, networks, burdens, and testimonies. We were hearing God's tug to move into the immediate blocks around our church and to allow our lives to be knit together with what God was doing in that neighborhood.

This move felt like a big step to let go of the house and neighborhood where we had been living happily for eight years and to begin to embrace a new neighborhood, especially knowing that the available rowhouses in Oxford Circle were more compact than the house to which we had grown accustomed. God was very faithful in doing the work in our hearts and bringing us both to a place of excitement about the possibility of living very close to our church. Then, God provided an amazing house for us and we moved there in May 2009.



Love Your Neighbor as Yourself.

One very practical question that we have wrestled with through this journey is what it means to “love your neighbor as yourself.” What does it mean to be part of a church community that represents families who come from widely different backgrounds with very different educational and economic opportunities?

It is our growing conviction that loving our neighbors and loving our brothers and sisters in our church family as ourselves, means that it becomes our shared concern if our brothers and sisters don't have access to a school system that is working, if we don't all have a safe place to live, if some of us have access to jobs that more than adequately provide, and some don't have access to jobs at all.

There are no simple solutions to these questions. Yet, we have felt that for us as a family at this present time, God's movement involved locating ourselves in a neighborhood where we can more readily engage with our neighbors in the daily work of building a healthy community. This includes using schools of that community, sharing in keeping its spaces clean, and playing in its parks. We find that we have a significantly different level of ownership and voice in those places because it is where we live too.

Living in the neighborhood where we feel that God has sent us out as a congregation also gives opportunities to build relationships, not just because we are inviting someone to come to a program that the church is running, but because we live next door. Bob Lupton, a Christian

community developer in Atlanta writes, “Being invested in one’s community—and living there—yields the fruit of healthy self-interest.”

We are all naturally motivated to invest energies in supporting our children’s school community, in keeping our street clean, and in working for community safety. God’s movement of our family has aligned our natural energies and self-interest and applied them together with neighbors in the specific geography over which our congregation for years has been praying and investing. Lupton says elsewhere “Good neighbors are better than good programs any day.”

God keeps teaching us what that means, and that leads to the next way that God moves us.

God Moves Us Out Of Our Comfort Zones

When we sensed God calling us to move into the Oxford Circle neighborhood, our oldest son, Isaiah, was just starting his last year of preschool. We started strongly sensing that if God were calling us to Oxford Circle and to love our neighbors as ourselves that meant investing ourselves as fully in our neighborhood and God’s work there as possible.

One of the practical ways we sensed that this could happen was by enrolling Isaiah in the local neighborhood school. This was a big step for us, to send him to a public school, when both of us had attended private Christian schools. It was an even bigger step to send him to *this* public school with languishing standardized test scores and large class sizes and where he was sure to be a racial minority.



As we look back on this decision, it’s hard to remember it as one requiring a lot more faith than many other decisions we have made in the years since then. Many of our decisions have taken us out of our comfort zones and into the realm of God’s great provision.



Isaiah is now about to enter fifth grade, Josiah second grade, and Ana, kindergarten. All are still at Carnell Elementary School. It has not always been easy but our overwhelming sense as we look over our years in the Oxford Circle neighborhood is that God has been so faithful. Where we’ve taken small steps “out of the boat” and many times feared the wind and the waves when we’ve waded into areas where our feet can’t touch the bottom, God has carried us through every time.

Jen’s experiences at Carnell

The experience at Carnell has been continuous cycles of prayer and steps of faith:

- I asked for and was granted permission to lead weekly music sessions in each of the boys’ classes. This led to eventually volunteering in other capacities, helping to recruit

other parent volunteers, and being an advocate to our principal for better substitutes and preparatory teachers.

- I became fearful and sometimes even cowering in the face of one past principal's policy not to allow parents in the classrooms of their children. With very few parents committing to volunteer in any way, an abundance of red tape, and systems that were so big, it seemed that real change was impossible. Then came the reminders that this is not the reality to which God called us. So we prayed, our church prayed, and we have seen God move. The principal who was unfriendly to parents left suddenly and for the rest of the school year (right after we started praying). I noticed the few but very devoted parents who give to the school in amazing ways (and who, because of their volunteer work, may have a real opportunity of getting a job with the school district).

In the midst of huge systems, I am reminded that for many hours a week, I get the privilege of speaking life to many kids. Living in places outside of my comfort zone has been a continuous dance of faith, of falling and of experiencing God's rescue.

God has also shown me that when I am in a place of needing something, of not being in control, of letting go of my savior complex, that this does wonders for relationships and forging deeper friendships. When Ana was a baby and really needed to nap past the school pick-up time, God brought a mother of one of Isaiah's classmates into my life and she made many pickups for me and I took her daughter to school many mornings. That mutual help we gave to one another is what real relationships are made of. Thus, one of the deepest friendships I've experienced at Carnell has happened because I allowed myself to need something from someone else.

I recently heard someone say "Self-sufficiency is relational suicide." That really resonated with me. It reminded me of the only time I've been inside my next door neighbor's home. It was the afternoon I locked myself and our three kids out of our house and no one else in our neighborhood had a spare set of keys (which may still be the case). Maria noticed that we were locked out and sent one of her daughters to invite us into her home. She made us feel very welcome in her living room and provided my kids with as much juice, cookies and cable TV cartoons as they could ask for. They were very happy.

I don't believe it was a coincidence that the only time this happened with this particular neighbor was when we were out of control, when we needed something from someone. To deny her hospitality in that situation, to tell her that we were fine and I would remain outside with my kids, but "in control," would have forfeited this window into a deeper relationship with Maria and her family.

In learning to allow neighbors to serve and bless us, we have appreciated the thoughts of South African missiologist David Bosch, who states, "The best I can give somebody is to enable them to become a giver." This statement is the positive reciprocal of a commonly stated community development principle which says that the deepest form of poverty is when people feel that they have nothing of value to give.

We believe that a significant part of our ministry is to see that those in our community have the opportunity to become givers. We believe that there are already present in our neighborhood many with skills and talents and wisdom to rebuild the broken places. There are those whom God is desiring to raise up as "oaks of righteousness" who will display His splendor. Some of our job is to know how to get out of the way at the right times to allow space for new gifts to be utilized and to allow new leaders to grow.

It is an exciting thing when we reach points where we can have authentic relationships with our neighbors, when we have relationships where we give and we also receive. It is an area in which we are still learning and growing.

Along with this, God has been challenging us to be not only people who live our faith out (ministers of reconciliation) but also to be people who share about our faith (messengers of reconciliation). In our quest to live and love like Jesus Christ, we recognize that He not only came to our neighborhood and loved us immeasurably and unconditionally, healed our diseases and fed us, but He also came and preached the Gospel – the good news that there is a remedy to this problem we all have with sin and His name is Jesus Christ.

We want to be people who are “spiritually obvious” without being obnoxious. We want to be able to share with our neighbors in winsome ways (as Ron Sider likes to put it) how we have been transformed by Jesus Christ. We want to do this not because we are trying to fill some quota or to grow our church or to simply do our duty, but because we love them that much.

Jesus taught us to love our neighbor as ourselves. This command was second only to loving God with our whole being. So we moved into the neighborhood because of this command and as we invest ourselves in the neighborhood and the schools, we learn to know our neighbors and figure out how to let go of control so that we can receive from our neighbors and have authentic relationships. Then, out of the authenticity of those relationships, we can share with our new friends that single most important and life-transforming thing in our lives, the Gospel of Jesus Christ. We need to speak this and often. We need to speak this to believers and non-believers. We need to speak this so that our friends and neighbors will hear the Gospel and so that we will remember what God has done in our lives and how far He has brought us and how much we still need a Savior.

God Moves Us into Dependency on Him

We have experienced that when we step into listening for God’s dreams for new creation activity in the lives of our neighbors, our patients, our families, and our community systems, we encounter situation after situation where we feel totally inadequate. Our vision exceeds our capacity.

As we catch glimpses of God’s heart, we generally start by working as hard as we can to fix the things that appear to be broken in our patients, our neighbors, and our communities. Yet we quickly realize that we can’t fix everything. We pour hours of energy into someone’s life and they make choices that are unfathomable to us. We see someone makes leaps and bounds of growth only to relapse into addiction. We see people in whom much has been invested walk out of faith communities or out of marriages. We pick up trash and watch people walk down the street re-covering the sidewalk with litter.

So we get frustrated and cynical. We get discouraged and angry. In doing so, we run headlong into our own brokenness. We experience our own tendency to draw our worth from the outcomes of our work or our church involvements and ministry. Our tendency is to think that God owes us the results we want because of our sacrifice. When things become difficult, our tendency is to doubt God’s power and to doubt God’s goodness.

Our tendency is to work too much, to assume too much control, and to rely too much on ourselves. In other words, we try to insert ourselves in God’s place. We have dreams of joining with God in fixing the world and find that we don’t really enjoy spending time with our neighbor. We find that our co-workers get on our nerves. We come home from an intense day and find it too easy to snap at our kids, easier to surf the Internet than pray.

Yet it is in these places, when we reach the end of ourselves, that we are in the best place possible for God's grace to find us. It is in this place of vulnerability, where we are most likely to recognize how God is continuing to preach the Gospel to **us**.

As one of our favorite spiritual writers, Tim Keller, states: "The gospel is this: We are more sinful and flawed in ourselves than we ever dared believe, yet at the very same time we are more loved and accepted in Jesus Christ than we ever dared hope."

One of the more unfortunate failings of the church today is that we often think the Gospel is only something to share with unbelievers. We forget to preach the Gospel to ourselves. We don't need to fix people, because we can't fix people. We can't even fix ourselves. But we have a Savior, who in this miraculous exchange, took our sins and gave us righteousness and reconciled us to himself. (2 Corinthians 5:21)

When we start to catch the implications of this, everything changes. We are no longer living for ourselves. We are living for the one who paid our debts in full. We no longer are trying to manage our sin. No longer trying to be good. Our sins deserve death, but Jesus died in our place so we will not die. This is what it means that God is in the resurrection business.

Because it is God who does the resurrecting, we are free to join his activity without carrying the weight of the results. We lose any illusion of our being the healers. We realize with Paul, that we carry the Gospel treasure in clay jars. We can rejoice in our weakness because in our weakness God's power and glory are displayed.

When we enter into the place of dependency, we learn to pray. Richard Foster summarizes this well when he says: "As we pray, we are drawn into the love of God, which irresistibly leads us to our neighbor. When we try to love our neighbor we discover our utter inability to do so, which irresistibly drives us back to God. And so we enter into that never-ending fellowship of love that gives Christian community its life."

In his book *Prayer: Finding the Heart's True Home*, Foster further says "If we truly love people, we will desire for them far more than it is within our power to give them, and this will lead us to prayer." When we allow God to move us, God is always moving us into these places where God's desires in us exceed our capacities. Thus, we spend much of our lives out in this place beyond our power to give our neighbors what we hope for them.

Abiding Prayer

In our experience this recognition leads us to prayer in multiple dimensions. The first is Abiding Prayer.

The one thing that sustains hope in the face of the intensities of following Jesus is clinging to a relationship with God, to an ongoing conversation with God—that is to say, to prayer. In prayer we have an ongoing conversation with God, we hear God's heart, and we invite God to show us where to join the activity of God. Prayer is thus a lifeline, which is exactly the image that Jesus uses in John 15, when he says to his disciples, "Remain (abide) in me, and I will remain (abide) in you. No branch can bear fruit by itself; it must remain in the vine. Neither can you bear fruit unless you remain in me..."

There is no better picture of prayer. Connection to God is our life source. Without constant connection (abiding/remaining) in Christ, we wither and begin to die. We lose joy. We don't bear any fruit. We are unable to be a blessing to our communities. Opportunities for God to be glorified are missed.

Paul Miller writes in his book, *A Praying Life*: “We have an allergic reaction to dependency, but this is the state of the heart most necessary for a praying life. A needy heart is a praying heart. Dependency is the heart beat of prayer.”

Intercessory Prayer

The recognition of our own inadequacy leads us also to intercessory prayer. Throughout the Scriptures, God implores his people to ask him to move. Jesus tells his followers, “Ask.” Be persistent. Don’t stop asking.

God told Solomon, “...if my people who are called by my name humble themselves [and] pray...then I will hear from heaven, and will forgive their sin and heal their land.” (2 Chronicles 7:14 NRSV) Both at Esperanza and at our church, we have been blessed to be surrounded with a community of believers where we continue to learn together to experience prayer as foundational in God’s work.

It is God who does the miracles of transformation in people’s lives. It happens in God’s way and in God’s time, and thus, we are not quick to promote “how-to” formulas. Yet, it has been our repeated experience that intentional ongoing prayer is critical to the in-breaking of God’s Reign. In some mysterious way, through our desperate cries of intercession as people of faith and through our intimate whispers, we move God and moves us.

Over the last ten years, we as a congregation have walked our neighborhood block by block, praying over houses. We have walked the fields and floor plans of the community festival sites, asking that all who enter there would know God’s presence. We have prayed over maps of our census tract, street by street.

We have heard Noel Santiago teach us to “pray on-site with insight.” Doing this inspired our congregation to start the annual Community Festival, which eventually grew into the non-profit community development association. When we see transformative activity happening in the lives of individuals that live on those streets, we can’t help but see these events as connected to intercessory prayer.

One more example: When we moved into our house in Oxford Circle, we knew there was a bar immediately across the street. The implications of that became very clear our first weekend in our home. We moved in on a Memorial Day weekend and quickly realized that every summer weekend night, the air was full of throbbing music, drunken arguments, and all too frequently police sirens coming to break up fights and haul away unruly patrons. One of our neighbors who suffered from alcoholism spent most of her evenings there and on a few occasions was one of the people who wound up leaving in a squad car.

What started as a nuisance became much more urgent when on several occasions the fights were punctuated by gun shots and scattering cars and people. We had already begun praying for safety for our neighborhood and for a shuttering to the bar, but as the situation intensified, friends and our church community joined in prayer. Before long, we woke one morning to find the building shuttered. Not only did that establishment stay closed, but the liquor license that tends to stubbornly follow properties in our city ended when the space was purchased by a pharmacy. Now there is a reputable business that contributes to our community rather than harms it. We thank God and are encouraged to continue to pray.



The II Corinthians text previously cited begins “If we are out of our mind, it is for the sake of God...” 2 Corinthians 5:13 (NIV). Not infrequently, when God moves his people, it can look like we have lost our minds. There have been more than a few times in the last number of years, when Jen and I have looked at each other or members of our church community have looked at each other and asked “Are we crazy?” When God calls people to move into God’s design for their lives, it is nearly always a move that requires a faith that God is good and God is able, not a move that makes sense to human thinking.

Yet even as we reflect on this, we can’t imagine anywhere we would rather be than where God has moved us. God has been amazingly faithful to provide, from the little things to the big things. We have a yard we never anticipated when we decided to move to the Oxford Circle neighborhood. Our children have had excellent classroom teachers year by year at the neighborhood school. We experience a deep community of believers with whom to share this journey and friendships with families from amazingly diverse ethnicities and experiences. And we have opportunities to see God show up in ways that defy reason and opportunities to know and depend on God in ways that we are not sure how else we would have learned.

We recently heard Dr. Janelle Goetcheus, whose life work has been providing care to the medically underserved of Washington, DC, as founder of Columbia Road Health Services. She is also co-founder of Christ House, a respite home for medically ill homeless men and women, where she and her family have lived in intentional community with the homeless residents for the last thirty years. She said this: “Sometimes we think God is calling us to sacrifice, when he is trying to give us heaven.”

Our encouragement is for each of us to continue asking God, “How are you wanting to move me? How are you wanting to move our family? How are you wanting to move us as a community of faith?” We believe that God is always wanting to propel his people into his redemptive movements in the world. God always wants more ambassadors in whom to entrust both the ministry and the message of reconciliation.

More times than not, God’s movement doesn’t involve geography, but rather our heart. God wants us to see and care in new ways for the neighbors around us, right where we have been placed. In every neighborhood, there are people in need of hope, of wholeness, and of reconciliation with God and their neighbors.

Nearly always, it is uncomfortable to follow God’s movement in loving neighbors well. Nearly always, it is uncomfortable to actively own the apostle Paul’s directive to implore our neighbors to be reconciled to God. Yet, the good news is that we are not called to do this alone. We are called to move in the hands of God who is already working, who is already bringing the New Creation, the new order of things. We are called to join with a God who loves our neighbors and our neighborhoods far more than we do.

A.W. Tozer once said, “God is looking for people through whom he can do the impossible. What a pity that we plan only the things we can do ourselves.” May we increasingly be a people who do not plan only the things we can do ourselves. Rather, may we be a people who make ourselves available to God’s Spirit to be moved where God chooses as both ministers and messengers of God’s reconciliation to our world.

See also “Stories from Philadelphia” about some of the persons touched by the ministries in which Tim and Jen are involved.

Stories from Philadelphia



Pauline knew of Oxford Circle Mennonite Church for many years as the church down the street where she sent her girls to Bible School. Although she visited the church occasionally, she didn't get connected until she volunteered at the congregation's first community festival in 2002. Her involvement grew as the Oxford Circle Christian Community Development Association was born. When the Association began year-round after-school and summer programming in the low-income housing project where she lived, Pauline became one of the most consistent volunteers.

A cancer survivor, Pauline's medical condition had led to a permanent disability designation. However, a few years ago, Pauline shared that her experiences volunteering had given her confidence that she is physically able to work again. She stepped into a temporary job, followed by permanent employment in a daycare center. She recently moved from the low-income housing project. Recently, Pauline helped from start to finish at the thirteenth annual community festival. She has helped teach Sunday school, served on a prayer team, and is truly one of the oaks of righteousness that God is using to rebuild the neighborhood.

Warren (not his real name) was sent to Esperanza Health Center about eight years ago with a new diagnosis of advanced AIDS, including a nearly non-existent immune system. He arrived despairing of life, hopeless for his future. In the first few months, he was in and out of psychiatric hospitals. He called, suicidal, on multiple occasions. There was concern that he was going to be too emotionally unstable to successfully treat his HIV medically.

The staff at Esperanza continued to pour prayer and time into building a relationship with Warren, and eventually he settled into a consistent pattern of medical visits. Still, what became the turning point in Warren's journey was when he followed through on our staff's encouragement to connect to a local church. Through the ministry of that congregation, the faith of Warren's youth was re-kindled into a renewed decision to rely on Christ and walk in discipleship in a faith community.

Even though he continues to have ups and downs in his battles with sexual addiction and compulsive overeating, Warren has experienced tremendous growth and healing. His HIV disease is stable on medications, with an undetectable viral load for years, and with a near normal immune system. His depression is controlled. He has remained part of a neighborhood church, attended by other members of our Esperanza staff, experiencing life beyond what any of us dared imagine.



Tim and Jen Leaman live in Philadelphia, Pennsylvania. Tim works at Esperanza Health Center as a family physician and the site medical director of EHC's Kensington office. Jen volunteers regularly in their children's neighborhood public school and serves on the board of the Oxford Circle Christian Community Development Association. Tim and Jen attend Oxford Circle Mennonite Church where Jen helps to lead worship and Tim provides leadership to the prayer ministry. Tim and Jen have three children: Isaiah (10), Josiah (7) and Ana (5). They enjoy taking walks in their Oxford Circle neighborhood, finding new ethnic restaurants, gardening and hanging out with neighbors and friends.

Being in Control

Editorial by Paul D. Leichty

I am reminded again in the last number of weeks how much I like to be in control of my life, my work, and the various situations in which I find myself. When there are multiple unknown factors, when my work depends heavily on the work of others, when I feel overwhelmed by the number of tasks to accomplish, I am not in control and I start to feel uneasy and anxious.

As Executive Director of a group of healthcare professionals, I am granted some measure of **control** over the functioning of the organization. As healthcare professionals, we participate in the management and treatment of diseases, granted a certain level of **control** over the health of our patients and clients. As medical scientists, much of our knowledge of the effectiveness of certain treatments depends on experiments that have certain factors **controlled**.

Yet, we all need to realize throughout our personal, professional, and even spiritual lives that we are often not in control. We are creatures with limits to our knowledge and abilities, and we work as limited and fallible human beings among others who have abilities and disabilities, strengths and limitations, differences and willfulness like our own.

I write this with the expectation that a week from today, I will be in a hospital room in Indianapolis, recovering from surgery to remove my cancerous prostate. The path from a routine blood draw in February for a PSA test to an appointment with my urologist in March, to a biopsy and diagnosis in May seems to have been a long one. Then, taking until mid-June to make a decision on treatment and hoping to get it over with in July, the surgery couldn't be scheduled until late August. At each point along the way, there were uncertainties and factors outside of my control.

People have asked whether I am anxious about the cancer and the surgery. After all, it is really my first major health issue and the first time facing major surgery and general anesthesia. I've often jokingly replied that I am too busy finishing up all the work I need to do beforehand to be anxious. In saying that, I realize that therein lie the control issues for me.

The people in the healthcare system and my family and friends in healthcare professions have been helpful and informative. Persons who have gone through a similar situation or have researched healthcare and dietary issues have provided me valuable insights into human health in general and my situation in particular. Thus, I made what I felt was the best decision about treatment on the basis of the latest research and statistics. In the midst of a spectrum of advice, I have generally felt in control. However, there have been a number of sources of anxiety, points at which I needed to acknowledge I am not in control.

I thought that making some changes toward a more heart-healthy diet several years ago would also make me less vulnerable to cancer. So when people suggested that I go on active surveillance instead of surgery and make further changes in my diet, I felt uncertain about how to respond. Could I really control the course of the disease through diet? In some cases, I was seeing conflicting information about what foods were best. How could I know for sure? Then there was the social factor and the self-control factor. Could I control my diet even if I did know the answers? Could I do so without becoming a rigid, overbearing, and even a slightly obnoxious "expert"? Relationships are important and I didn't want to constantly feel torn between a strict dietary regimen and the gracious acceptance of food offered me. I wanted control but not at the expense of relationships with others.

Another issue that pointed out my issues of control was having to wait long periods of time for returned phone calls or emails with answers to my questions. I wanted to plan out the timing

of surgery, know as much as possible about recovery time, and make sure all my bases were covered for my three jobs as well as various volunteer positions. Although I sometimes fail to live up to my own standard, I make it a point to try to return any email or phone call within a day (or two at most). Thus, when I was trying to plan out my summer, the temptation to irritation was great when many days and even weeks passed between answers to basic questions. I had to remind myself that these were busy people dealing with many persons with similar needs as mine on a daily basis. I could not control when they could get back in touch with me.

Finally, I wanted to control my workload, to have major projects completed or at least well in hand before my surgery. As I have learned the hard way on numerous occasions, it is precisely when I want to get many things accomplished that many unpredictable circumstances come up on any job, particularly if one is dealing with customers, members, and/or colleagues. Thus, my joke about being too busy to be anxious about my surgery in itself reveals the source of my anxiety. I suppose it also reveals the fact that I have a good degree of confidence in the healthcare team handling my situation. I've read about the risks and I realize there will be some sense of loss. I also know that being at a university hospital with the head of the department (and friend of my doctor in Goshen) as the surgeon, presents a strong likelihood of a successful outcome.

I also have a strong support system with my wife at my side, my daughter making a special trip to visit me in the hospital, and other family members and friends around the country who will be praying for me.

But most of all, my control issues are spiritual issues. My life and service belong to Jesus Christ and God is ultimately in control, shaping my life as well as the lives of those around me for God's own purposes. Thus, while attempting to live a healthy lifestyle, I surrender my health to the Spirit's control. While wanting to schedule my time most efficiently, I surrender the timing of this surgery to the Creator of time and space. While trying to accomplish what I can, I put my faith in the fact that my feeble efforts are all a part of bringing all creation under the feet of Christ. And in submitting to a procedure prayerfully discerned to be the best plan under the circumstances, I leave the outcome in God's hands.

Whatever our role is in the healthcare field, we all want to feel in control so that we work for the best outcome possible for the health of patients, clients, and, yes, ourselves. Yet, our Christian faith teaches us that in the final analysis, all of our anxieties can be laid at the feet of Jesus where they belong. It is ultimately in surrendering ourselves as instruments in God's hands that we accomplish anything of significance in bringing healing, health, and salvation to ourselves, to those we serve directly, and to a broken and hurting world.



Paul D. Leichty, M.Div. is Executive Director of Mennonite Healthcare Fellowship (MHF). Paul has served as a pastor, church musician, computer support person, disabilities advocate, and administrator/organizer of a number of church-related ministries. In addition to responsibilities at MHF, Paul is Executive Director of Congregational Accessibility Network and Director of User Services at Mennonite.net. He is also active in music at Berkey Avenue Mennonite Fellowship in Goshen, Indiana where he lives with his wife, Twila Charles Leichty.

Tanzania Reflections By Winona Houser, MD



I had the privilege of spending a month on rotation at Shirati KMT (Tanzanian Mennonite Church) Hospital this past winter during my final year of medical school, made possible in part through a Student Elective Term (SET) Scholarship from Mennonite Healthcare Fellowship (MHF). This was a rich experience that complemented and expanded my U.S.-based training.

On my very first morning in the hospital, I followed one of the house physicians as he completed rounds on the thirty or so patients in the female ward—an open-air ward with most of its patients admitted due to infectious disease (malaria, HIV, ectopic pregnancies secondary to pelvic inflammatory disease). Finished, he strolled to one of the cabinets in the nurses' station, opened it, and took out a tiny kitten, which he proceeded to pet for a few moments before continuing on to the pediatric ward. For some reason, this stands out to me most vividly as the moment I acknowledged that I wasn't in a U.S. hospital anymore: not the different case mix, or the paper charts, or the lack of patient privacy, or the language barrier, but the presence of free-range animals on hospital property.

Four weeks went by quickly. The first two weeks, I worked with an American general surgeon who travels to Shirati yearly to operate. We saw a full complement of both elective and emergent cases which kept the operating theater staff busy. The last two weeks, I worked with the full-time hospital staff—all Tanzanian, with the exception of two Dutch doctors. I did rounds on post-operative patients, checked in on children with severe anemia from malaria, sat with laboring women, accompanied a team on a mobile prenatal and well-child clinic, stitched up lacerations from accidents, and assisted with a skin graft for a wound from a snake bite. I helped with amputations, D & Cs, vaccinations, and cleaning out a compound femur fracture from a motorbike accident. I watched patients die, and I watched patients recover.



Throughout the whole rotation, the central question I felt humming inside me was: "Can I see myself doing this in the future?" I'm beginning my residency now, in family medicine. A desire

to develop skills that would be of use in meaningful service to underserved populations fueled my decision to become a physician. I know that I'll spend my career working with communities that have limited access to good medical care. What I don't know yet is where that will be. My month in Shirati was an ideal time to consider whether an international setting might fit.



I think the answer could be “Yes.” Given that my training will be in primary care, I see international work as a long-term endeavor. I thought a good bit about the unique challenges and rewards of living and working in a place like Shirati. Aside from some of the obvious differences—like the necessity of learning to navigate a different language, or managing infectious diseases unique to the place—many of the challenges are similar to those we work with in the states. There are hospital politics to reckon with. The ideal or textbook treatment may not be available (like the doxycycline I had planned to use for malaria prophylaxis—a supply shortage in the US made it prohibitively expensive for me, and I had to find an alternative). A treatment order might not be carried out as intended. There are cultural differences in the understanding and treatment of disease. Flexibility and creativity are commodities. There is joy and gratitude, there is grief and despair. There is always room for improvement.



Winona Houser, MD, is a 2014 graduate of Penn State College of Medicine. In June 2014, she moved to Asheville, North Carolina where she is completing her residency training in family medicine at MAHEC (Mountain Area Health Education Center). In her spare time away from the hospital and clinic, she enjoys exploring the nearby mountains, putting in her small backyard garden, and reading an occasional novel.

Special Notes:

Students: With the beginning of the 2014-15 school year, it is not too early to begin planning for SET in 2015-16! Visit the SET web page: mennohealth.org/programs/student_term/

Any MHF member: The new Steven Roth Memorial Grant Program is accepting grant through September 15. The purpose of the Grant Program is to aid MHF members around the world as they work in educational and/or service-oriented purposes which contribute to the missional purposes of the church. Visit Grant Program page for details: mennohealth.org/programs/grant-program/.

Annual Gathering 2015

Put this on your calendar now!

Mennonite Healthcare Fellowship (MHF) Annual Gathering 2015 July 19-21, 2015

Sheraton Harrisburg Hershey Hotel
4650 Lindle Rd, Harrisburg, PA 17111

Theme: "**Walking Together for Healthy Communities**"

Next year's Annual Gathering promises to be a special event for many reasons!

- **Special Mennonite connection:** Many of our members will want to attend Mennonite World Conference (MWC) Assembly, July 21-26 in Harrisburg, Pennsylvania. This is the first time since 1990 that MWC will have its Assembly in North America. MHF's Annual Gathering is **immediately prior** to the Assembly and in the **same city**.
- **Special time:** Annual Gathering will start on **Sunday afternoon**, July 19, and conclude Tuesday noon, July 21, in time for MWC's registration for Assembly Gathered.
- **Special place:** The Sheraton Harrisburg Hershey Hotel is one of the designated hotels for Mennonite World Conference. The Annual Gathering will be held at the hotel. MHF has booked 75 rooms starting Sunday evening, July 19, so that healthcare workers can conveniently attend both events while staying overnight in the same location. Using a special code to book lodging at the Sheraton also helps with the cost of the MHF event. Then, on Tuesday and following, MWC is providing shuttle service each day to the Farm Show complex where its event will be held.
- **Special international participation:** Having the MHF Annual Gathering just prior to the MWC Assembly Gathered will hopefully attract many international healthcare workers who may not have the opportunity to otherwise attend an Annual Gathering. A special fund has been designated to help international visitors to be able to attend both events as well as attract international presenters.
- **Special keynote speaker at a Monday evening banquet:** MHF is very pleased to announce that **Shane Claiborne** has agreed to speak to this special Monday evening event on July 20. Picture and short bio below.



Shane Claiborne's adventures have taken him from the streets of Calcutta where he worked with Mother Teresa to the wealthy suburbs of Chicago where he served at the influential mega-church Willow Creek. As a peacemaker, his journeys have taken him to some of the most troubled regions of the world – from Rwanda to the West Bank – and he's been on peace delegations in Afghanistan and Iraq. Shane is a founder and board member of The Simple Way, a faith community in inner city Philadelphia that has helped birth and connect radical faith communities around the world. He writes and travels extensively speaking about peacemaking, social justice, and Jesus. His books are translated into more than a dozen languages. More information is at <http://www.redletterchristians.org/shane/>.

President's Column: Mennonite Chaplains Association

Kenton T. Derstine DMin

I have noted before in this column the shared interest and concerns that I as one with a background in chaplaincy have found among the many professions within Mennonite Healthcare Fellowship (MHF). Yet, I observe that chaplains may be among the most cautious to recognize this shared concern and identify with this relatively new entity-- MHF. There are reasons for this, some historical and others, theological. First, MHF is a direct descendent of Mennonite Medical Association and Mennonite Nurses Association. Furthermore, it may be uncomfortable for many of us to consider ministry as a profession and ourselves as "professionals."

However, I have embraced the challenge as President of Mennonite Chaplains Association (MCA) and a board member of MHF to encourage chaplains to recognize the welcome and the common concerns that we as chaplains share with all healthcare professionals. For a chaplain to join with other healthcare professionals in this way is very appropriate. It expresses the perspective that as those created in God's image we flourish as human beings and followers of Jesus Christ when all aspects of the human person--body, mind and spirit--are healthy and working well together.

To identify as a "professional" is most basically to claim that what we do—if we do it well—requires the discipline of study and practice according to common standards of practice authenticated by one's peers. Ministry credentials reflect this process. Furthermore, a chaplain colleague of mine once said to a chaplaincy student resisting the idea of identifying as a professional, "A professional is one who is able to effectively do what they profess."

Having enjoyed attending two stimulating MHF Annual Gatherings, I sense that much is to be gained by chaplains as well as the other healthcare workers in MHF as increasing numbers of chaplains within our denomination join the conversations around the concerns that energize this Fellowship.

Integrating the expertise and wisdom of each healthcare profession is particularly important in the latter years of the persons that we serve. When aging persons receive holistic integrated care, it contributes mightily to their quality of life as well as to their families and communities.

In recent years, we have been blessed to have a wealth of resources from a variety of professional perspectives emerging from within our ranks. These resources equip us to more effectively serve those transitioning to retirement and beyond. Not only are these resources useful for enriching the practice of professionals for the individual aging person, but they are applicable as well as healthcare professionals care for their own extended family members in this phase of their loved one's life. Furthermore, these resources are guides for our own living, regardless of our age. Let me identify a few resources that have emerged in recent years.

A book that was released last year is *Living Thoughtfully, Dying Well: A Doctor Explains How to Make Death a Natural Part of Life* by Glen E. Miller, MD, MATS. Miller shares out of his own personal insider experience as a survivor of two heart attacks, a cardiac arrest, and bypass surgery. He also writes out of his searching personal faith as well as his study of theology, having earned a Masters in Theological Studies. This book was reviewed in the May issue of *Mennonite Health Journal* by Mark Derstine, M.Div., a chaplain at Souderton Mennonite Homes in Pennsylvania. You can find it on the MHF website.

Not content to simply share his vision and wisdom in print, Glen is teaming with Jep Hostetler, PhD. to offer workshops on the various themes in his book. This fall, Glen and Jep

have accepted the invitation of MHF regional planning groups to offer workshops in Lancaster, Pennsylvania and Harrisonburg, Virginia. (Check the MHF website for further information.)

Another resource on the theme of faithful and fruitful aging is Gerald and Marlene Kaufman's book, *Necessary Conversations: Between Adult Children and Their Aging Parents*. Amazon's description of this book reads, "In this timely book, family counselors Gerald and Marlene Kaufman urge adult children and their parents to have direct conversations about the decisions that lie ahead as parents age. A thoughtful and useful guide to a life stage that's often dreaded and muddled through." *Necessary Conversations* is filled with stories and examples from many families who, while dealing with different life circumstances, all face some of the same issues. Gerald and Marlene are also available to offer presentations on the themes in their book and Mennonite Healthcare Fellowship is eager to support their effort.

Emerging from within our Mennonite circles are also resources for the grieving. Rebecca Hauder is the author and creator of Resources for Grief™ products. Rebecca is a Registered Nurse, Licensed Clinical Professional Counselor and Licensed Marriage and Family Therapist. She worked for many years in the hospice setting, both as a nurse and a bereavement coordinator. She also designed and facilitated grief support groups in hospices, hospitals, and funeral homes.

While Rebecca has developed materials intended to be used by individuals, they are best utilized as congregations and institutions shape a comprehensive grief support ministry. Several retirement communities in our denomination are currently utilizing her materials. Her workshop entitled "Mending the Body, Mind and Spirit: A Wholistic Approach to Grief and Loss" conducted at the March 2014 Mennonite Health Assembly was filled to capacity and much appreciated. More information is at www.resourcesforgrief.com.

These are just a few of the persons offering themselves and their work as resources for these concerns. What strikes me about each of these resources is their holistic nature, how they reach for the integration of faith, community, and care of the whole person (physical, mental, and spiritual). Such integration is essential for the flourishing of persons at any stage of life.

The insights that these resources offer can enrich the practice of a broad range of healthcare professionals. They also guide our efforts toward supportive participation as these issues emerge in our families. Yet, perhaps most importantly, these resources are filled with wisdom for the conduct of our own aging process, no matter at what stage our lives might be.

Perhaps at no other stage of the life-cycle is it more critical that care and conversation be informed by the many disciplines that the MHF embraces. Doctors, nurses, therapists, pastors, and chaplains—these are just a few of the professions that make up MHF, all of them needed to serve the whole person in context of community.



Kenton T. Derstine, D.Min. is an ACPE Supervisor serving as Director of the Field Education and Clinical Pastoral Education (CPE) programs of Eastern Mennonite Seminary. As an accredited CPE Center, EMS has chaplain interns serving retirement communities and hospital systems in both Virginia and Pennsylvania. Prior to coming to EMS in 2000, he had served three different hospital systems, first as Chaplain Resident, then as CPE Supervisor, for eleven years. Kenton is currently serving as president of Mennonite Chaplains Association and is a member of the Mennonite Healthcare Fellowship Board of Directors.

Mission Partially Accomplished

MHF President's Column

by Joe Longacher

Three years old

A typical three-year-old has a number of defining characteristics: a recognizable form, an impressive number of activities, the ability to communicate, and even hints of their eventual personality.

Mennonite Healthcare Fellowship is not a typical three-year-old. Since beginning in June 2011, this fully formed successor to the Mennonite Nurses Association and Mennonite Medical Association has hit the ground running, with a specific shape, visible activities, and in contrast to a human three-year-old, a clearly articulated statement of purpose.

That mission statement says: **“The Mission of MHF is to be an interdisciplinary community of Anabaptist health professionals which seeks to nurture the integration of faith and practice, to provide opportunities for dialogue on health related issues, and to address specific needs through education, advocacy, and service.**”

How are we doing?

At a little more than three years of age, how are we doing? At the end of my two years as president of MHF, I'd like to give my perspective on what we have been able to do thus far, and perhaps of greater importance, what lies ahead.

MHF has structure, including organizational bylaws, a diligent, hardworking staff, an inviting website, and a dedicated board. We have been partially successful in our desire for more diverse leadership, adding a dietician and chaplain to our board, but our goal of having a president who is not a nurse or a physician has not yet been realized.

MHF also has members (technically called “Associates”), fewer than belonged to the two organizations that birthed us, but slowly increasing. We continue to meet yearly as a group (the Annual Gathering), but in numbers smaller than attended in the past, despite very positive feedback from those present. (Consider comments such as these from our Gathering in June: “A wonderful weekend,” “Informative, inspiring, insightful!” and “A special time of worship with words and music.”)

MHF has also sponsored Regional Meetings in Mennonite centers such as Goshen, Lancaster, Newton, and Harrisonburg, on a variety of topics including mental health, death and dying, model programs in integrated medicine, and MCC's efforts at addressing health issues internationally.

Shared dialogue on a variety of topics is also available in the *Mennonite Health Journal*, a quarterly online resource. Finally, continuing the tradition of its parent organizations, MHF has maintained strong involvement in international healthcare through the promotion of medical missions, financial support of overseas projects, and the popular Student Elective Term (SET), which helps underwrite the expenses of medical students spending 4-8 weeks in a mission hospital or clinic.

What is the bottom line?

Where in the final analysis do we find ourselves at age three? As the title of this column suggests, I think we have done reasonably well in some areas, and perhaps less so in others. The

following observations and opinions summarize my sense of how we have done in four specific areas, along with goals or ways to improve:

1. We have achieved some **diversity in leadership**, but wish to add younger persons, and those from a variety of healthcare disciplines, to our board.
2. While our numbers are increasing, **more members are needed**, especially younger, more diverse professionals. Strategies are being developed to invite such persons to consider membership.
3. **Regional meetings** have attracted many persons, and need to continue as a way to introduce them to MHF and its mission. They are also a place where the Annual Gathering can be promoted. Next year's Annual Gathering will be a special one, held July 19-21 in Harrisburg, Pennsylvania, immediately preceding Mennonite World Conference Assembly. We have already engaged Shane Claiborne as one of the featured speakers.
4. There has been continued interest in and support of overseas medical programs. Even greater involvement is possible through the use of several funds overseen by MHF, including the Mobilization for Mission Fund, from which funds will be available to assist international medical workers in attending next year's Annual Gathering.

Like most three year olds, MHF is known to and appreciated by its "family"—in this case, mostly persons who were a part of MNA or MMA. As we grow larger and develop a stronger visibility, potential members will be more aware of MHF and its own identity. Hopefully, that will make them more likely to consider membership, both for the benefits that MHF will provide them and also as a place where their gifts and input can be shared.



Joe Longacher, MD, is President of Mennonite Healthcare Fellowship and lives in Harrisonburg, Virginia. He retired at the end of 2012 from a practice in gastroenterology in Richmond, Virginia and was part of the Implementation Team that gave leadership to the [formation of MHF](#). Joe has also served at the conference and denominational level and was a past president of MMA. He is married to Constance (Brenneman), originally from Hesston, Kansas, and they have four children and six grandchildren.

Corrections

Several corrections are noted in the *Mennonite Health Journal* article from the May 2014 issue entitled "Empowering Patients: New Paradigms for the Urban Underserved." These corrections have now been made in all of the online versions.

- Dr. David Hilton's name was misspelled. In the article, it was "Hylton"; it should have been "Hilton."
- The definition of health from the World Health Organization (WHO) has been corrected to read "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." The earlier version referred to "emotional and spiritual" realms.
- Dr. Hilton worked for the World Council of Churches in Geneva and not for WHO, as indicated in the earlier version. However, he presumably had many contacts at WHO and this is likely what he was referring to in his 2003 speech at Mennonite Health Assembly in Atlanta.

Documentation for these changes comes from the following sources:

http://eip.uindy.edu/profiles/hilton_david22_25.pdf

<http://hmassoc.org/wp-content/uploads/wd04hilton.pdf>

http://www.who.int/governance/eb/who_constitution_en.pdf

A hearty thank-you to Ray Martin who initially called our attention to these needed corrections.