



Mennoite  
Healthcare  
Fellowship

# Mennoite Health Journal

Volume 14, No. 3  
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**This issue of *Mennoite Health Journal*** presents an assortment of articles representing the mission of Mennoite Healthcare Fellowship (MHF) and our Journal partners, Mennoite Chaplains Association (MCA) and International Mennoite Health Association (IMHA). Articles reflect the twin themes of bringing **unity out of diversity** and the **new out of the old**.

**Paul Leichty**, MHF Executive Director, reflects on how our **faith can bring about unity** in our increasingly divided world. (p. 2)

**Deb Bergen** reviews the memoir of Mennoite physician, **Art Kennel**, who challenges the easy categories by which we often divide our own lives. *Life, Love, Llamas, and Laughs* tells the fascinating story of one of our own in his diverse and yet unified life journey. (p. 4)

**How many MHF members does it take to change a light bulb?** Joe Longacher, the new President of the Board of MHF reflects on the contributions that each of us can make as we give shape to our unity as integrated Anabaptist healthcare association. (p. 6)

**Mark Troyer** sorts through his fantasies and anxieties as he reflects on his cross-cultural Student Elective Term (SET) experience in Tanzania. Mark is the first student to participate in SET under MHF. (p. 7)

**All of us are getting older, but we can also experience new beginnings.** Chaplain **Cheryl Paulovich** offers reflections from her own personal and professional experience in a column from the Mennoite Chaplains Association website. (p. 8)

Finally, we present an article on **Poverty and Restorative Strategies** from Murray Nickel, President of the International Mennoite Health Association (IMHA). Murray represents a new generation of binational North American leadership for a renewed IMHA. Having grown up in an era when North American medical personnel were sent overseas as missionaries, Murray now is asking the questions about the shape of true cross-cultural partnerships for 21<sup>st</sup> century mission. (p.9)

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## Coming Together in Christ

Editorial by Paul D. Leichty, MDiv

Executive Director of Mennonite Healthcare Fellowship

*Paul Leichty recently completed his first year as Executive Director of Mennonite Healthcare Fellowship (MHF). He also directs two other organizations and is active in music leadership at Berkey Avenue Mennonite Fellowship in Goshen, Indiana. Paul formerly served as a pastor of churches in Illinois, Indiana, and Pennsylvania.*

This quarter, I am leading a Sunday School class in a study of the New Testament Epistle to the Ephesians. I am continually fascinated and inspired by the vision stated most succinctly in Ephesians 1:22: *And he [God] has put all things under his [Jesus'] feet and has made him the head over all things for the church...* (NRSV)

The current election campaigning in the United States is just one of the more obvious examples of the many divisions in our world today. Divisions are all around us in matters of race, religion, culture, world view, economic status, philosophy of government, and more. Within the church, the divisions are often painful ones, over a variety of issues such as worship styles, leadership roles, homosexuality, and the relative importance of personal and social witness.

In the healthcare field, there have also been divisions. Historically, some of those divisions have been relatively simple to define, for example, between physicians and nurses. Many years ago, Mennonites sought to address those divisions, in part, by meeting together as Mennonite Medical Association and Mennonite Nurses Association for a joint annual convention.

Yet, there was a growing realization that the divisions were growing much more complex. A myriad of healthcare specialties have developed and blossomed in the past generation. An explosion of healthcare knowledge means that none of us have all of the knowledge and skills to address the total healthcare needs of those we serve. Thus we rely on medical specialists, therapists of various sorts, and a wide range of nursing caregivers. We then employ people to administer this complex network of care, others to facilitate payment for the care, and still others to do research into new therapies and interventions.

Not only do we now have a vast network of often competing specialties, but we also have competing *philosophies* of healthcare, some of which have acquired the label of “alternative medicine.” Others see the need for more emphasis on diet and exercise for our overall health. All of this means that divisions can develop based on the personal experience of what seemed to work (or not work) for the individual person.

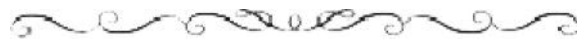
How do we sort out this complex situation? How do we deal with the divisions that we see around us? How do we do what is best for both the individuals we personally serve as well as the larger society? Is it possible to bring unity out of this cacophony of competing voices?

The writer of Ephesians has the audacity to claim that even the most basic divisions of human society are coming together. How is it possible that there is some fundamental unity underlying all of these many divisions? The answer lies in faith. This faith is not in an ideology or philosophy or system, not even in a religious system with its laws and commandments. Instead, the fundamental unity of all humanity is happening in Jesus Christ.

Jesus Christ becomes our touchstone for unity because in him we see the fundamental principles for unity. Unity does not come, as many in our world believe, by the stronger force overwhelming and eliminating the weaker. A true unity is not achieved by the superior power of political, economic, and military might. Quite the opposite is true. It is the power of unconditional love which draws people together. Jesus lived his life in service to others, giving his whole life even unto the most painful death on a cross, so that God's uniting love can be made known to all. The cross turns rebels into worshipers, enemies into friends, combatants into fellow citizens under God's unified ruling authority.

The Gospel proclaims that in Jesus Christ, it's happening. A new people are forming, beginning to present a model for the world to see. That model is the church. Ephesians 1:22 says that Jesus has been made *head over all things for the church*. The church is to be both the example and proclaimer of this unification process in Christ.

That is why the formation of Mennonite Healthcare Fellowship is so important. MHF is an expression of our Christian faith in the arena of healthcare. MHF represents our belief that when we come together as citizens under God's rule for dialogue and discernment, outreach and service, caring for each other and the world, we are taking part in that uniting of all things under the feet of Jesus.

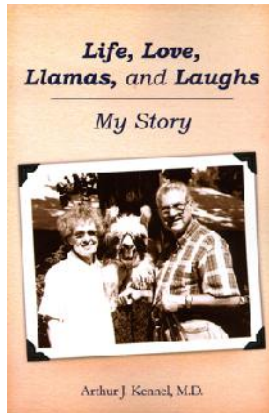


#### **Notes from Mennonite Healthcare Fellowship Office:**

For more information on the **Ephesians Sunday School class** mentioned above, visit [ephesians.cresources.org](http://ephesians.cresources.org).

Coming together as a new, integrated healthcare organization requires the ongoing discernment of **leadership**. **Please consider nominating yourself or someone else** who might consider more active involvement in MHF. Contact Paul Leichty at [info@mennohealth.org](mailto:info@mennohealth.org) or call 1-888-406-3643. Current needs include the following:

- **Board members** to bring added professional diversity and cross-cultural experience to the Board. The current Board is all white with two men and four women from Indiana, Ohio, Pennsylvania, and Virginia. There are two physicians, two nurses, a physical therapist, and a dietitian. A seventh member can be appointed as soon as discerned and it is likely that two additional persons will be discerned next spring to begin in September 2013.
- Participants in 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.
- Participants in the **Membership Special Interest Group**. This group advises the Board on membership recruitment strategy and helps to creatively reach out to underrepresented groups. It also encourages meetings of regional groups. Participation will be mostly by email and telephone conference call with the possibility of involvement in planning regional meetings.



## Book Review

# ***Life, Love, Llamas, and Laughs: My Story***

**by Arthur J. Kennel, MD**

**Reviewed by Deborah R. Bergen, MD**

*At Mennonite Healthcare Fellowship's Retreat 2012, a number of members had publications of their memoirs for sale. Although Dr. Art Kennel was not able to travel to Pennsylvania for the event, his wife, Lois, did attend and brought along copies of her husband's book. MHJ is grateful to Deb Bergen, a physician in North Newton, Kansas for this review.*

We often simplify our daily choices by setting up categories: professional activities and relationships vs. personal life, job vs. leisure, inherited nature vs. shaping environmental nurture, health vs. illness, expressions of faith vs. “the rest of life,” event reports vs. “there’s this story...”, etc.

In his autobiography, Arthur Kennel recognizes these patterns of thought but also deliberately challenges them. He could hardly have written otherwise; there is no other way to represent life overflowing with action and reflection. He conveys the tone of an encouraging mountain guide, pointing out both the details of flowers along the trail as well as wide views from which the patterns of decades can be seen. His range of involvements also means that this is a multilingual book, fluent in terms of faith, medical specialties, geography and the development of North American llama and alpaca farming. Few are as comfortable in all these different languages, but – ever the teacher – Dr. Kennel gently guides us from the familiar to new perspectives. In keeping with the title, telling a joke is as important in this journey as the facts of research or family events.

Stories of a large extended family and the hills that they called home are like stepping stones across the wide river of Pennsylvania Mennonite history. The limited pool of given and family names in the genealogy left this reader sometimes confused about generations and relationships, but not with any great loss in the story, and others may recognize delightful insights that overlap with their own histories. From here we move into adventures of post-war relief work, places of education, and new relationships.

A pause for an overview from childhood into the 21<sup>st</sup> century allows us to see the patterns of “faith matters.” Maturing faith inhabits the whole of life: we get stories from obtaining a cat skeleton to adjusting to a foreign mission setting to coping with his daughter’s severe accident and receiving his own diagnosis of Parkinson’s disease.

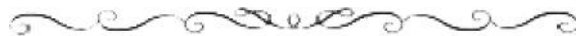
Subsequent chapters share stories related to medical practice in the Southern Highlands (North Carolina and Virginia), Africa, and the Mayo Clinic. Those less familiar with medical references will still enjoy stories of work with patients, as well as relevant observations on local and global politics, cultural interactions, and other unexpected opportunities.

Finally, we get to llamas. Dr. Kennel’s perspectives from rural living, respect for adaptations in other cultures, and experience in organizing research placed him in a unique position to shape this industry as it spread across the national consciousness. The details of establishing functional organizations and good practices will be useful for those interested in the history of this

successful transplantation of llamas to North America. Amidst charts and figures, we also get to know – and fall in love with - individual four-legged companions.

The closing chapters ensure that earlier themes of family and leisure are brought up to date. Losses encountered in aging are held firmly within the goals of the journey – celebrating life, love, laughter (and llamas). The generous way in which this account is offered will be appreciated by a variety of readers, encouraging personal reflection on the journeys that we each undertake. Thank you, Dr. Kennel.

*This book can be ordered directly from Masthof Press, [www.masthof.com](http://www.masthof.com).*



## Upcoming Regional Meetings of Mennonite Healthcare Fellowship

### Michiana

Thursday, October 18, 7:00 p.m. in the College Mennonite Church Fellowship Hall on the campus of Goshen College in Goshen, Indiana. Richard Hirschler and John Martens will speak and show pictures on "A Century of Mennonite Health Work in the Congo." Refreshments will be served. A drawing will also be held for a free autographed copy of Willard Swartley's new book, *Health, Healing, and the Church's Mission* (to be reviewed in the next edition of MHJ).

### Lancaster County

Sunday, November 11, 2012, 5:00 p.m., place in the Lancaster, Pennsylvania area to be announced. Potluck dinner: Bring a salad or dessert to share; soup and bread will be provided. Speakers: Beth Good; Bob and Nancy Martin. More details will be forthcoming soon!

### Harrisonburg, Virginia

Date between January 18-23 to be announced. Evening meeting with the opportunity to meet MHF leadership and hear a speaker. Watch for more details.

### Orlando, Florida

**Mennonite Health Assembly** is a yearly gathering of healthcare professionals and leaders in Anabaptist-affiliated healthcare-related institutions. MHF is one of the sponsors of this event which will be held on February 14-16, 2013 in Orlando, Florida. MHF members are encouraged to attend; an MHF gathering is being planned. More information at [www.mhsonline.org](http://www.mhsonline.org).

### Phoenix, Arizona



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

**In addition to the MHF presence in Phoenix**, MHF Executive Director, Paul Leichty, would be pleased to participate in and help plan regional meetings in connection with a Western U.S. trip in June and July 2013. Possible locations may include **Kansas**, **California** (southern and/or Fresno area), **Oregon**, and **Colorado**. Please contact the MHF Office if you have any interest in helping to plan regional meetings in these areas (or any other area as well!)



## Changing the Light Bulb

### President's Column

by Joseph Longacher, MD

President of Mennonite Healthcare Fellowship

*Joe Longacher was elected the new President of Mennonite Healthcare Fellowship in September 2012. Joe is a gastroenterologist in Richmond, Virginia and was part of the Implementation Team that gave leadership to the formation of MHF.*

**How well do you remember your grade school days?** For most of us, those memories include a favorite teacher, special friends, and perhaps a class we were happy to finish. Another important part of grade school for most of us was the humor we shared, perhaps more significant than we realized at the time, as we utilized increasingly more complex concepts to tell a joke.

A special form of grade school humor is the riddle, good examples of which can still make us smile (“What did the beach say when the tide came in? Long time no sea!”) As we aged, our riddles aged with us, using humor to confirm a stereotype or make a point. Some of our favorite riddles are the ubiquitous “Why did the chicken cross the road?” with its many variations, and “How many \_\_\_\_ does it take to change a light bulb?” The latter can also be tweaked to make a point (“How many psychiatrists does it take to change a light bulb? Only one, but the bulb needs to really want to change.”)

**But enough of this foolishness. What does this have to do with the Mennonite Healthcare Fellowship?** It's a little bit of a stretch, but the question can be asked: “How many members does it take to make the MHF successful?” In a further stretch, we can even liken to changing a light bulb the process of reconfiguring and transforming the mission and activities of Mennonite Nurses Association and Mennonite Medical Association into a new and fresh organization (MHF), using new elements and a new shape to create new light and new vision.

And while we can try to think of clever or humorous answers, our question is actually a serious one, as are the answers. Perhaps a better question than “How many members does it take to make the MHF successful?” is “What *kind* of member does it take?” And for the purposes of this column, “**What can you as an individual do to help?**” Let me suggest four ways.

1. **You can maintain your membership.** Your dues and contributions provide the funds we need to continue and expand the activities which allow us to carry out our mission.
2. **You can help us find new members.** As you may know, our goal is to add 100 new members this year. You can contribute by sharing our brochures and website with your friends and peers, or by helping to plan and carry out a regional meeting.
3. **You can attend our annual meeting.** The next one will be held at Goshen College in Goshen, Indiana on June 21-23, 2013.
4. **You can serve on our board or one of our interest groups or committees.** We need persons to help plan next year's meeting, to explore the best ways to communicate with our membership, and to attract new members.

**Thanks for all you have done so far.** We hope to see you in Goshen next June. And if you are ready to take a more active role in MHF (or suggest someone else to do so) please respond to the information at the bottom of page 3.



## Fantasies, Frustrations, and Fun Reflections on Tanzania

**Mark Troyer, MD, MPH**

*Mark Troyer is the first student to participate in the Student Elective Program (SET) under Mennonite Healthcare Fellowship. In the spring of 2012, he traveled to Haydom Lutheran Hospital in Tanzania. The following reflections and photographs are taken from his final report upon his return.*

Through medical school I spent most of my time learning facts and skills that my school deemed important for shaping future physicians. As a fourth year medical student, I finally had the opportunity to shape my medical education toward my passion for global medicine. I chose to work and learn in the adult ward of a 420-bed regional referral hospital in northern Tanzania.

While preparing for my trip, I was torn between my own fantasies and anxieties about practicing medicine in resource-poor settings. Would I enmesh into a new and exciting culture, or would my values clash with my hosts? Would I learn the “good old way” of medicine, diagnosing conditions with only thoughtful history-taking and attentive physical examination, or would I be useless without the standard tools I expected from my U.S. training?

When I arrived in Tanzania, I realized that both my fantasies and anxieties were largely based on myths about practicing medicine in the developing world. During my time in Tanzania I realized that my hosts were kind and accepting, but that I would always be considered as a wealthy outsider because of my skin color. As I had hoped, my hosts and I often had to rely heavily on clinical information to arrive on a diagnosis. But I was also disappointed to see inappropriate use of antibiotics, and “misses” due to inattentive physical exam. Occasionally, I saw young lives tragically altered or lost because we did not have access to the life-saving medicine we take for granted in the U.S.



While in Tanzania, I didn't only learn how to diagnose diseases like Typhoid, Malaria and Schistosomiasis. I felt the frustration of knowing how to treat a disease, but not having the means to do so. I learned the ministry of just sitting with someone and acknowledging their suffering. I learned to trust my own knowledge, but also to be respectful while exchanging knowledge across cultures.

Lastly, I had a lot of fun, and I can't wait to visit my new friends again.



## **Endings and Beginnings**

**Rev. Cheryl Paulovich, Chaplain**  
**Providence Place at Glencroft, Glendale, Arizona**

*Cheryl Paulovich is full-time chaplain at Glencroft Retirement Community in Glendale, Arizona. She is a Past President of Mennonite Chaplains Association and one of a number of chaplains who take turns writing a monthly column for the MCA website at [mennochaplains.mennonite.net](http://mennochaplains.mennonite.net).*

Last week I celebrated my birthday, ending my 62nd year and beginning my 63rd year on this planet. (I always thought anyone in their 60's was "old." Now here I am, well on my way!) It is also the end of my sixth year and beginning of my seventh year as chaplain at Glencroft.

Because of the population with which I work, I usually think of endings and beginnings in terms of death and the afterlife, but God is broadening my vision. I'm drawn to Isaiah 43:18-19 when the Lord speaks to Israel:

Do not remember the former things,  
Or consider the things of old.  
I am about to do a new thing;  
Now it springs forth,  
Do you not perceive it?  
I will make a way in the wilderness  
And rivers in the desert.

Israel is familiar with the old exodus narrative – after all, they lived it, told and retold it. But now God tells them to forget that story because the “new thing” God is about to do isn't just a replication of the old narrative. It is God's new intervention to lead them home from Babylonian exile. Look for this new thing, they are told – it springs forth! Do you not perceive it? The power of God will be exhibited in more spectacular and effective ways than ever before.

Further on in vs. 25, the Lord says, “I, I am He who blots out your transgressions for my own sake, and I will not remember your sins.” The sins Israel committed, resulting in exile, are no longer held against them. The Spiritual Formation Bible (NRSV) says it this way, “Israel's new beginning is based on God's readiness to forgive and break the old cycle of alienation and judgment.”

God's new intervention, spanning the Old and the New Testament, ultimately birthed God's only Son, Jesus, into our world. Now we look forward to that time when the One seated on the throne will make all things new (Revelation 21:5)!

God desires to do a new thing in the new beginnings of my life. I lean into my 63rd and seventh years with eager anticipation to see what God will do. What is the new thing God is calling into your life? “Now it springs forth, do you not perceive it?”





## Poverty and Restorative Strategies

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

*Mennonite Healthcare Fellowship welcomes this initial contribution of our partner organization, International Mennonite Health Association (IMHA). IMHA operates in both Canada and the United States and works to build partnerships with medical mission projects in developing countries. Murray Nickel, President of IMHA, is an emergency physician from Abbotsford, British Columbia, who both grew up in the Congo in a missionary family and also has spent time in the Congo and other countries as an adult.*

**If you encountered someone caught in a car wreck**, no doubt you would try to save the person regardless of the risk. Isn't that why we donate and get involved in overseas projects? How can we not help when we know that our brothers and sisters around the world are suffering? Besides, it's our compassionate duty as followers of Jesus...

That's where it would end if poverty was as simple as a car wreck. But it isn't. Poverty is more like a cancer--chronic and messy. Solutions are far less clear. Jumping in to save the day does not produce the expected results. Happy-ever-after stories just don't happen.

I've heard it said, "It's a waste of time. Hasn't our aid done enough harm in the last fifty years? Leave them alone!"

- When has a concrete school building with a nice roof and solar panel lighting made anyone happier than the crooked overcrowded bamboo structure with a grass roof?
- Once the batteries wear out and the building deteriorates, it tends to lead to, "Please come back and give us more!"
- And how does a diesel tractor make life any better for the farmer? Once it breaks down or needs a part, then what? "Come back, we need another one. The first one doesn't work anymore."

**Maybe it's time we stop arrogantly meddling in the affairs of the poor.** In the words of Dambisa Moyo:

The notion that aid can alleviate systemic poverty, and has done so, is a myth. Millions in Africa are poorer today because of aid; misery and poverty have not ended but have increased. Aid has been, and continues to be, an unmitigated political, economic and humanitarian disaster for most parts of the developing world. (Moyo, *Dead Aid* 2009, pg xix)

**But is it not equally arrogant to stand by idly?** Is living by the motto "out of sight, out of mind" the Christian way? We can't ignore our part in a global community. Whether we are sainthood-aspiring or self-absorbed, people are still suffering with poverty. To make a real difference, we may have to change our way of thinking about poverty.

Poverty might be a lack of something; however, providing for that lack isn't going to eradicate the poverty. It goes much deeper. **Jesus came to change our way of thinking:**

“The Spirit of the Lord is on me,  
because he has anointed me  
to proclaim good news to the poor.  
He has sent me to proclaim freedom for the prisoners  
and recovery of sight for the blind,  
to set the oppressed free,  
to proclaim the year of the Lord’s favour.” (Luke 4:18-19 NIV)

**Jesus claimed he had come to restore a Godly order.** The community suffered from the disease of poverty because of a marred identity. All the Jewish rituals and ceremonies could not restore that balance. Rather, Jesus said that he was needed to restore the community to what it was intended to be.

**If we believe we have the solutions** to correct the brokenness of poverty **we are only deluding ourselves.** William Easterly highlights the differences between planners and searchers.

"A planner thinks he already knows the answers...a searcher believes only insiders have enough knowledge to find solutions, and that most solutions must be home-grown." (Easterly, *White Man's Burden* 2006, pg 6).

Our usual approach of coming to save the day isn't going to work, but neither is ignoring the problem. Addressing poverty isn't only about justice. It's also about mercy. It's about seeing the possibilities. It's about recognizing the image of God in the poor. Sure, the poor themselves don't always know what is needed and fall back on the traditional handouts. But what if we were to catch the rhythms, find the things that make people tick? What if we were to discover their passions and humbly acknowledge their value?

The International Mennonite Health Association (IMHA) has chosen **two restorative strategies** that we hope will help nurture Christ-like balance in the community.

1. The first is to **work through grassroots partners** who are proven visionaries and initiators. The cultural divide creates a significant challenge in overseas work. We feel the best way to bridge this gap is to build give-and-take relationships with individuals and groups on the ground who will be IMHA partners. We are now creating a project vehicle that will provide an easy-to-understand mechanism to facilitate this type of relationship-building. In this way we hope to effectively tap into the energy and vision of people in the field.
2. The second strategy is to **encourage the development of initiators and visionaries** in communities marred by poverty. We believe that providing financial resources in the form of training bursaries is a simple but effective way to build future leadership.

**We are servants, trying to follow in the footsteps of Christ.** Restoring communities into the image of God is not within our human capacity. Yet restoration is what is needed to address poverty. As we implement these two strategies, I believe we can be a part of the restorative work of the church at large, while understanding that it is not by human plans but rather by the Holy Spirit that transformation takes place.