



BEAUTY FOR THE BRUISED AND BROKEN

MINISTERING TO THOSE IN A HEALTH CRISIS

In every church, people wrestle with health crises that steal their peace. Do you feel equipped to minister to them? What does the art of caregiving look like in your church?

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BEAUTY FOR THE BRUISED AND BROKEN

Ministering to those in a health crisis

BY DIANE J. MCDOUGALL

How many people in your church are battling depression or have been diagnosed with a mental illness? Which families routinely stay home from Sunday services because the weight of caring for a loved one has completely drained them? Who is forced to choose between ordering a medical test, paying the heating bill or buying birthday gifts for their children?

In every church, large or small, many people—sometimes the pastor’s family—are wrestling with health crises that steal their peace. Each crisis might come in the form of acute illness, end-of-life issues, or the long-term slog of chronic illness, disability or dementia.

Do you feel equipped to minister to those who are hurting? What does the art of caregiving look like in your church, and how is it part of discipling?

This issue will explore some of the complex issues surrounding how our health affects our faith. But it will also showcase beauty—the beauty that’s present when the body of Christ ministers to those whose physical bodies are bruised and broken, or just plain weary.

WHEN MY HUSBAND'S BODY FAILED HIM ...

... that's when the reality of "the body of Christ" became most real.

BY HILLARY REDDEN

As a pastor's wife, I am on the front lines of seeing people's pain: when they lose a loved one, when they sustain life-altering physical changes from a stroke or injury, when marriages go through rocky times or alcohol consumes a family member. To walk through any of them without the body of Christ is unfathomable to me.

On August 2, 2015, the tables were turned when my own husband battled for his life in the ICU of a hospital in Lincoln, Nebraska.

Keet was scheduled to preach that morning while the senior pastor was on vacation. My husband had been dealing with migraines off and on for several months. Each time, an adjustment at the chiropractor would fix the problem, so we thought it was a structural issue. He had two adjustments in one 24-hour period that weekend, yet by Saturday afternoon he was still not feeling well and his eyesight was being affected.

By Sunday morning, with no visible improvement, I decided that Keet had to go to the hospital. By this point, he was thoroughly confused and had trouble walking.

At our little county hospital, Keet was almost completely unresponsive, and a cat scan revealed hydrocephalus, so he was sent to a larger hospital in Lincoln.

While friends from church sat with me in the waiting room, the nurse gave us the news that Keet was starting to "posture"—an abnormal, stiff, end-of-life positioning of the body that indicates severe brain damage.

At that moment it finally occurred to me that my husband was in extreme danger, and I told her to do whatever was needed.

We eventually learned that Keet had a cyst in the middle of his brain that was blocking his cerebral spinal fluid from draining and putting dangerous pressure on his brain. Keet was put on a breathing tube, with a shunt in place to drain fluid as he awaited brain surgery.

Throughout the evening, our little waiting room was full of people from our church—an incredible blessing, as we have no immediate family nearby. The next evening, many attended a prayer meeting at the church to intercede on Keet's behalf while he was in surgery.

"WILL MY HUSBAND EVER BE THE SAME?"

Keet made it through that surgery and began the long recovery process. This time, it was not my husband visiting those who needed him, but him being visited by his congregation.

Keet was not the same person he had been the week before: He did not know how old he was, could not walk, could not remember anything told to him, and seemed far away from me emotionally and mentally. His eyesight had been

drastically affected too.

These were incredibly long and frustrating days for me, filled with so many emotions: *guilt*, that I hadn't taken him to the ER sooner; *fear* that my best friend of 19 years might never be the same; *helplessness* at the possibility that he might never live with me and our children again because he would need greater caregiving than I could provide. That was probably the darkest time for me.

No one could tell me what would improve. No one could say what Keet would be like in a week, a month or a year. We were living day to day in uncertainty.

For at least a few weeks, Keet couldn't grasp how serious his situation was. By the time he did understand, church leaders made it clear that his main responsibilities were therapy and recovering, and that they would make sure we were taken care of. I never worried about finances or the paycheck stopping while we worked through the trauma.

When Keet returned home after almost three weeks in the ICU and in rehabilitation, life was very different. He would get lost in our house, forget almost everything and need to rest often. During his occupational and speech therapy, our church again stepped up and arranged a driving schedule for those visits, so I could continue home schooling our children.

A final unexpected blessing came during the EFCA Midwest District Conference, when those in attendance collected a special offering to help with medical bills. This gift clearly communicated that we were part of an even larger body, one that extended beyond the walls of our local church.

For the rest of his life, Keet will have partial vision loss due to the brain damage, but we both agree that through this experience we have also gained a clearer image of the body of Christ.

Hillary Redden has been an active member of EFC of Stromsburg (Neb.), since 2009, when her husband, Keet, was hired as associate pastor. They have four children, ages 8 months to 8 years. She adds this update regarding Keet's health: "After getting out of the hospital, Keet was on paid leave for around three months and returned to part-time work. In January 2016, he was reinstated to full-time ministry and continues to get better with each passing month. He will be transitioning into the senior pastor role in September 2017—a transition that was planned before his medical event."

WHEN HEALING DOESN'T COME

Pondering the mysteries of God and suffering

BY RICK LANGER

I still recall a funeral I did for a young mother almost two decades ago. She was a delightful person, happily married, devoted to her four young children and a faithful member of our congregation. A few months after being diagnosed with a virulent strain of leukemia, with the disease ravaging her body, she passed away.

I remember sitting in her living room with her broken husband shortly afterward. “Why?” he quietly asked.

I groped for words as his gaze oscillated between me, his despondent children and the blank wall. Apparently we all seemed equally likely sources of a good answer.

I.

“Why?” is not so much a question as a ghost that haunts our suffering. It comes unbidden, penetrates all walls we erect to hold it out and lingers long after it should be gone.

Job, possibly the oldest book of the Bible, is preoccupied with “Why?” The author also adds related questions such as, “How long?” and, “What have I done to deserve...?” Three thousand years later, philosophers and theologians continue to ask these questions. If answers make questions go away, we clearly have not found the answers.

Unfortunately, “Why?” questions have proven as unavoidable as they are unanswerable. So even if we admit they cannot be solved, they press upon us nonetheless as we listen to the pain around us. What do *we* need to grasp about God’s perspective on suffering in order to convey His compassion and His truth to others in the midst of their pain?

II.

First, a cautionary word. “Why?” is a deceptive question. Despite appearances to the contrary, it’s almost never an intellectual question. I learned this by trying to give *intellectual* answers. The fact is, “Why?” is almost always a *personal* question that needs a *pastoral* answer. The best response is often silence, lamentation, prayer or just a hug.

“Why?” is also deceptive because the real question is usually, “What now or what next?” *Now that my wife is gone or now that my legs are paralyzed or now that my husband has Alzheimer’s, how will I live? How can I go on?*

“Why?” might sound like an intellectual question, but, “What next?” is an existential crisis. The former is merely puzzling; the latter is positively frightening. “What next?” looks forward and demands action, which feels almost impossible in the midst of grief or pain. So asking, “Why?” is safer.

This is not a rebuke to those who ask “Why?” It is simply a bit of perspective—both for those who ask and those who attempt to answer. So with this clarification in place, let me offer some thoughts on expectations, questions

and answers related to our experience of suffering.

EXPECTATIONS

Christians often fall prey to *extrapolated expectations*. These expectations come from applying logical or philosophical reasoning to theological truths. It works like this: God is omniscient, so He knows if we suffer. God is good, so He would not want us to suffer. God is omnipotent, so He can stop our suffering. Therefore, we should never expect to suffer. Case closed.

Our expectations would be far more accurate if we drew them from biblical narratives rather than extrapolated them from theological principles. It's clear from Scripture that as long as we live in a fallen world, God's people should expect to suffer. Israel suffered, and the early church suffered. Both Adam and Eve suffered, Moses suffered, Hannah suffered, and David suffered. Jeremiah elevated suffering to an art form. Jesus suffered, and all of the disciples suffered.

If nothing else, this keeps us from wondering if something strange is happening to us. When we suffer, we are joining the fellowship of the biblical saints in every age. Realizing this may not solve our problem with suffering, but it puts it in a broader context.

QUESTIONS

Our extrapolations can also mislead us when it comes to questioning God. It is natural to assume that questions imply doubts, which imply lack of faith. We know that we are commanded to have faith (1 John 3:23), that without faith it is impossible to please God (Hebrews 11:6) and that anything that does not proceed from faith is sin (Romans 14:23). When we put all this together, surely (we reason), questioning God should be forbidden to a Christian.

But again, the Bible itself disproves this conclusion. God seems to welcome His followers to ask hard questions.

Abraham questions God concerning his lack of an heir (Genesis 15:2,8) and concerning the righteousness of His judgment (Genesis 18:22-33). Moses questions God's wisdom in calling him (Exodus 3:11), God's faithfulness to deliver Israel (Exodus 5:22) and His faithfulness to provide in the wilderness (Numbers 11:11-15). David's Psalms are full of questions.

Those who would question God find a kindred soul in Jeremiah—not only in the Book of Jeremiah but in the one aptly named Lamentations. His unvarnished candor finds expression in the hard questions of a wounded heart, ranging from, “Why me?” to, “How long, O Lord?” In Lamentations 3:3 he cries: “Surely against me He turns His hand again and again the whole day long.” Most of the rest of Lamentations is made up of similar cries.

ANSWERS

Since God apparently inspired writers like Jeremiah to ask hard questions, one might assume God would answer those questions. Indeed, there are passages of Scripture that imply this. Jesus calls us friends and defines a friend as a person to whom He has revealed what the Father is doing (John 15:15). James assures us that in the context of trials, we should ask God for wisdom and He will give it to us generously and without reproach (James 1:5).

But once again, the biblical narratives defeat our extrapolated expectations.

Job questions God for 37 chapters, but when God speaks in Chapter 38, He offers no answers. Instead, He asks Job where he was when God was busy creating the world. Job's questions are never really answered; they are simply put into perspective. Job simply does not and cannot understand God's ways and is therefore in no position to judge them.

Similarly, Paul repeats metaphors from both Jeremiah (18:6) and Isaiah (64:8) likening God to a potter and ourselves to pots. Then he asks, “Who are we to question the potter?” (Romans 9:21-22). He goes on to conclude that God’s judgments are inscrutable (Romans 11:33).

It is clear that God does not feel obliged to answer our questions, even if He does allow us to ask them. That God is not obliged to answer just means that every answer, or portion of an answer, He gives is an act of grace. If we attend to these acts of grace, at least three lessons will emerge:

1. *The Bible never “solves” the problem of evil.* Scripture is largely unconcerned with the logical tension between the existence of evil and the goodness of God. God does not solve the problem of evil—He shares it. Jesus enters our fallen world, shares our weaknesses and suffers for the sake of human sin. And because He has shared in our sufferings, we can draw near and “receive mercy and find grace to help in time of need (Hebrews 4:16).”

2. *We see through a glass darkly.* No one likes to see darkly, but such is our vision in this present age. Theologians see the problem of evil only darkly; they are like doctors struggling with cancer, groping in the darkness for a cure. Dark cures such as chemotherapy sometimes cause more suffering than the cancer itself. All too often I feel the same way about our answers to the problem of evil: They can cause more suffering than our questions. But they are the best answers we have until the day we see God face to face. Our obligation is to walk by faith even when we only see our path darkly, and to trust God’s goodness in that darkness.

3. *We are part of God’s story, not our own story.* We must remember that the Bible is written for us, but is not written about us. Scripture reveals His glory not our own. Its time frame is eternal, not three score and 10. Evil is not always punished in our world, and our righteousness is not always rewarded in our lifetime. God’s plotline takes a long time to unfold. In effect, God is writing a Russian novel, and we wish He were writing a blog post.

In addition to what has already been said, Scripture notes that suffering should not be surprising (1 Peter 4:12), is comparatively light and short (2 Corinthians 4:17) and is ultimately turned into joy (John 16:20). Suffering serves positive purposes in that it teaches us discipline (Hebrews 12:5-10), refines our character (James 1:2-4), reveals God’s glory (1 Peter 4:13), yields a good harvest (Psalm 126:5-6) and is the means by which we enter the kingdom (Acts 14:22).

Finally, suffering is a sign of our connection to God, not our distance from Him (Matthew 24:9, John 15:21, Romans 8:17, 2 Thessalonians 1:5). In light of these truths, we must acknowledge that although suffering is not pleasant, it is never pointless.

III.

The biblical perspective on suffering is both realistic and rich. It does not whitewash the problem of human suffering or deny the pain. Indeed, biblical suffering finds enormous freedom of emotional expression.

Intellectually, the Bible makes room for passionate questioning. It does not explain suffering, but it sets it in the humbling context of other mysteries that are largely impenetrable to the human mind.

God really does have a lot to say to those who suffer. We may feel at a loss for words when facing the family of a recently deceased young mother. And in such situations, many things may be more important and more timely than words. However, the time for words *will* come. In fact, it is important for those who teach God’s Word regularly to address suffering clearly. We most need to hear this teaching *before* we are in the midst of suffering, so that we might be prepared to faithfully endure it.

When the time for words *does* come, we can speak the truth about God’s compassion and willingness to share in our suffering, even as we avoid false answers to mysteries that God Himself declines to solve. A well-formed mys-

tery is often a better companion to suffering than a poorly formed answer—it leaves room for tears that answers try to staunch. Mysteries also foster a humble appreciation of God’s ways—which are not always our ways but are good and meaningful nonetheless.

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DO THIS, DON'T DO THAT

Encouragement and cautions during health crises

Create a system for following up after you learn of health crises. This is especially important for those with chronic conditions, because “out of sight” too easily leads to “out of mind” if they are unable to make it to regular church gatherings.

And call them directly. Don't rely on social media to know how they're doing. Facebook can give you a false sense of connection. “I've made that mistake too many times,” says Matt Mitchell, pastor of Lanse (Pa.) EFC. “I've thought that I was tracking with someone because of social media awareness, but it turns out that they felt forgotten by their shepherd.”

Think practical. A close friend is often the one most welcomed-in, to listen during life's toughest moments. But *everyone* can offer practical help to lighten the day-to-day load. Find out what needs have already been identified, and then jump in.

Always ask about pain. One pastor learned firsthand what pastoral visits felt like when he was struggling with a health issue. “Some of the people who came to visit me started talking about mundane things, when all I wanted to talk about was my pain and how to get rid of it,” says Mark Friz of Saint Paul's EFC in St. Louis, Missouri. “When people are in pain, keep your visits short and, if appropriate, ask if you can get the nurse.”

Watch for exhaustion in caregivers. Consider offering an afternoon of respite care to give them a break, or donate toward weekly, ongoing respite care from experts.

Talk about the hard stuff. When someone is dying, don't hesitate to sensitively ask about eternity. But be ready, too, to simply talk about the realities of their situation. Be someone with whom it's safe to acknowledge doubts and fears. Steve Chamberlain, senior pastor of Branford (Conn.) EFC, shares what he often communicates: “Doctors can treat but only God heals. We are praying for healing, but unless God does something special here, I want to talk to you about the course of your illness and how you feel about it.”

Above all, show up. “While it is, of course, important to come at the right time, stay for the appropriate amount of time, say the right things, express the right feelings and follow up afterward, none of that is more important than demonstrating God's love (and ours) through our presence,” says Brian Farone, director of biblical theology and credentialing for EFCA West. “This is still what I remind myself as I visit people who are suffering. I remind myself not to swing for the fences, but simply go to the plate and see what God does.”

DEPRESSION AS A GIFT FROM GOD

Leading my church via weakness

BY AARON LOY

I am a pastor and I struggle with depression.

I know you're not supposed to say that, but it's true. Depression has been part of my story for as long as I can remember. Going into ministry didn't make this struggle go away. At times ministry has made it significantly harder.

As ministry leaders, we not only deal with the internal battle Paul describes in Romans 7, but we also regularly enter into others' battles (and subsequent carnage). Tough, messy work.

But as hard as it's been at times, I believe my struggle with depression has been one of God's greatest gifts to me and to the people I serve.

COMPLETE INADEQUACY = READINESS

Early in ministry it was important to me to be perceived as a gifted, motivated and capable leader. I made a point of projecting confidence and strength at all times.

Then, five years into our thriving church plant, I hit a wall. I found myself exhausted and deeply depressed. For the first time in my life, I experienced daily bouts with anxiety and crippling panic attacks. Some days, just getting out of bed was a struggle.

I became painfully aware of my shortcomings as a man, as a husband, as a dad and as a leader. I felt broken. Weak. Completely inadequate.

Perhaps for the first time in my life, I was ready to be a pastor.

I AM WEAK BUT HE IS STRONG

I decided to share my struggle with our church. Having no strength left, I did the only thing I could do: lead out of my weakness.

And then something strange happened: Our ministry took on new life. People didn't leave in search of a more capable pastor; they stayed and brought friends. We began to see a fresh moving of the Spirit and genuine life change. And while I was sure I was underperforming across the board, God began doing some of His best work in our midst.

This journey has been both humbling and freeing. It's humbling to realize God doesn't need us nearly as much as we sometimes think. But it's also freeing to realize that God has promised to do His perfect work through even our most feeble efforts.

I suspect depression will always be part of my journey. But I've come to realize that to be aware of one's own inadequacy and absolute need for God's provision is an incredible gift. I've often wondered if this is why God refused to take away Paul's thorn in the flesh. Because a broken and dependent Paul was a Paul through whom God could change the world.

He was a Paul who could pen these words and truly mean them:

"Three times I pleaded with the Lord to take [this suffering] away from me. But He said to me, 'My grace is sufficient for you, for my power is made perfect in weakness.' Therefore I will boast all the more gladly about my weaknesses, so that Christ's power may rest on me. That is why, for Christ's sake, I delight in weaknesses, in insults, in hardships, in persecutions, in difficulties. For when I am weak, then I am strong" (2 Corinthians 12:8-10).

My prayer is that we, too, would come to know what Paul knew: that God doesn't need our strength. Our weakness is more than enough.

Aaron Loy is the founding and lead pastor of Mosaic Church in Lincoln, Nebraska. He also serves as a founding board member of the Creo Collective multiplication network and The Pillar Seminary in Omaha, Nebraska. He blogs at aarongloy.com.

BIOETHICS COMES TO CHURCH

Are you prepared?

BY JENNIFER L. MCVEY

Each of us will make at least one bioethical decision in our lifetime. Many of us will be forced to make quite a few more.

Yes, you read that correctly.

Bioethics is not a far-off field of study in the ivory tower of academics—where physicians, scientists, ethicists and theologians grapple with concepts in isolation from the real world. No, bioethics is personal, yet none of us know exactly when we will face our critical decision in the context of personal health care options.

Consider the pastor who contacted us at The Center for Bioethics & Human Dignity a few years ago regarding a situation in his congregation. A young couple had shared with him the pain and grief of their struggle with infertility. By the time the pastor contacted us at CBHD, they had gone through in vitro fertilization—a procedure in which eggs are fertilized in a petri dish (typically using the egg and sperm from the couple) and then implanted in the womb. Despite several rounds of IVF, the couple was still unable to get pregnant.

CBHD staff offered the pastor some ways to frame a conversation about the ethical and theological dimensions of the situation. One evening, before the pastor had the opportunity to speak with them, the couple shared an update in their small group. God had answered their prayers: The wife's mother had offered to act as surrogate for her future grandchildren. And the IVF procedure was a success: She was pregnant with their twins.

At that point, the only further counsel that CBHD staff could impart was that every child should be welcomed in life and celebrated, no matter how he/she is conceived. Unfortunately, a number of ethical lines had been crossed in the process that may have future medical, emotional and social consequences.

We live in a medically, scientifically and technologically sophisticated age. And so we must begin thinking theologically and biblically about ethics in general and bioethics in particular long before we face crucial points of decision.

DEEP LONGINGS MEET TOUGH QUESTIONS

Bioethics addresses a vast array of medical and technological issues. No one can be an expert in all of them, including the CBHD research staff. Some of the most common issues people in our congregations are facing relate to unexpected prenatal diagnosis, infertility and end-of-life decision making, whether due to old age, illness or tragedy.

Science and technology continue to advance at a rapid pace, offering us previously unavailable medical options. Many advances are beneficial and provide wonderful opportunities for those seeking care; however, we still need to recognize that decisions we make related to our care carry ethical concerns. This realization can be paralyzing. Rather than making us fearful, however, the awareness of such concerns can inspire us to consider ways to live

more faithfully.

Using the opening example as a guide, let's consider some of the concerns raised by the alternative ways we pursue having children.

The longing to have a child of one's own is a deep and God-given desire. When faced with the possibility of not having that desire fulfilled, there can be a sense of loss coupled with intense questioning of God's purposes. It is OK to wrestle with questions of why, and grieving can be healthy and restorative. However, should the believer pursue a child of one's own at any cost?

How much less stressful it would be for a couple to discuss this before reaching the emotionally laden juncture of infertility. And churches might help lead the way by opening up ethical conversations when there is little emotion attached to them. (A good book for discussing reproductive technologies is *Outside the Womb*, by Scott Rae and D. Joy Riley).

Consider all the choices faced by the couple mentioned above, before they even mentioned it to their pastor.

1. The process of IVF carries with it a certain amount of risk to the woman's health for a procedure that is not essential to her physical health. Her ovaries are stimulated first, using a drug that can have harsh consequences for a small percentage of women. This doesn't even account for the retrieval procedure itself, which carries its own risks.
2. Once a doctor retrieves the eggs, they are combined with the sperm outside of the womb in a petri dish. IVF is a lucrative business, and many fertility doctors want to ensure success. Typically, this means that several embryos are created in order to increase the chance of pregnancy.
3. At this point, many use prenatal genetic diagnosis to test for genetic abnormalities, possibly discarding any embryos that test positively. The doctor usually chooses two or three of the most-healthy looking ones to be implanted in one cycle of IVF, although single embryo transfer is increasing in practice.
4. Each IVF cycle is expensive, and most fail. "Surplus" embryos are often frozen for later use, or discarded. Freezing and thawing the embryos introduces additional risk, with a meaningful percentage that do not survive. In one sense, we are creating life to take life. Some embryos remain frozen indefinitely; an estimated 650,000 or more embryos are currently frozen, with that number increasing every year.¹

And then there are the increased ethical choices surrounding surrogacy. Being a surrogate for someone who cannot have a child might seem altruistic. However, it has the potential to cause asymmetrical social relationship bonds and unnecessary tension, especially within a family.

There are an increasing number of people going to other countries to hire a surrogate, because of the reduced cost. In international surrogacy, poor women are often acting as the surrogate, to help their families financially. They are not always paid what they are initially promised and far less than what the contracting parent(s) pay to the agency. At times there is difficulty bringing the child back to the parents' home country.

In some cases, when a child is born with a disability, the contracting couple has tried to force the surrogate to terminate the pregnancy or even has abandoned the baby.

HEALTH, SUFFERING AND HUMAN FLOURISHING

Again, the desire to have a child is God-given. But should believers pursue the fulfillment of this desire at any and all cost?

For that matter, should a believer always choose to protect his or her own health, regardless of cost or risk? Or do whatever it takes to avoid mortality? We need to ask ourselves: *Just because we can do something, should we?* When faced with such situations, how do we live faithfully and with hope?

Increasingly, many associate health with human flourishing. Indeed, the World Health Organization's very broad definition of health is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Yet health and human flourishing are not synonymous. A person can be in excellent health and unsatisfied in life. Someone else may be suffering a great deal, even nearing death, and find that they are flourishing remarkably well.

Health is a good gift from God, among many of His good gifts. It is not, however, the highest good, especially not for the believer. A presupposition of Christian ethics is that God is the greatest good, or *summum bonum*, and this is the starting point for placing the rest of life in its proper perspective.

In his 2013 plenary address at the Center's summer bioethics conference, Dr. Allen Verhey noted that there is a moral risk to making health the *summum bonum* (and assigning messianic hopes to medicine), such that in this cult of health, "hospitals and exercise facilities are the temples, and doctors and dieticians are the priests."

When faced with suffering, it is a very human response to desire relief by any means available. However, we are intended to flourish not *despite* suffering, ambiguity and vulnerability, but in and *through* them.

This does not mean that we do not pursue a healthy lifestyle or avoid medical interventions. It means that sometimes we may sacrifice health for a greater good or choose to not pursue a medical intervention that is morally questionable. It also means that we accept our finitude and learn when enough medical intervention is enough. Otherwise, as Dr. Verhey puts it, "Health can be a very demanding idol."

DON'T NAVIGATE BIOETHICAL ISSUES ALONE

With so many complicated issues, where does the Christian begin? Most bioethical questions do not have one-for-one answers in Scripture. Still, the Bible has much to offer. In fact, the church is well positioned for helping people think about life, flourishing and applying wisdom to complicated medical situations.

First, recognize the importance of a robust theological anthropology—where we develop an understanding of what it means to be human and our relationship to God and others. If you are a pastor, teach these theological concepts to your congregation, connecting them to bioethical examples of how we can live faithfully. One suggested resource is *Theological Anthropology: A guide for the perplexed*, by Marc Cortez.²

Second, facilitate conversations to help church members recognize that when they face a medical decision, there is much more at stake. They must also wrestle with theological considerations and issues of Christian faithfulness and ethics.

Third, in complicated medical situations, do not make decisions in isolation. Seek out resources that will help you know the moral and ethical concerns. Some therapies may be pursued in more ethical ways or at least in ways more

consistent with specific Christian values, such as the IVF example in this article.

At the very least, make medical decisions in Christian community. Most hospitals have trained chaplains to help in such situations; there may be doctors in your church who have an understanding of bioethics; and CBHD is here to help navigate specific medical situations as well.

It is important for us to remember that we live in a fallen world, and all of us are going to experience the result of this in some aspect of our lives. Some of us will not be able to have a child of our own, others will face cancer, but our bodies have a telos, a purpose, outside of this life. We have hope and a God we can trust, who is drawing all things toward His good future

Jennifer L. McVey, M.Div., is event and education manager at The Center for Bioethics & Human Dignity, a Christian bioethics research center at Trinity International University.

¹ “Industry’s Growth Leads to Leftover Embryos, and Painful Choices,” by Tamar Lewin, *New York Times*, June 17, 2015. This number is speculative, since frozen embryos are not closely tracked.

² The Center for Bioethics & Human Dignity posts valuable resources for pastors and lay people at Everyday Bioethics and more advanced resources on its main website.

CREATING A HEALTH MINISTRY TEAM

Orchestrating a proactive—rather than reactive—response to crises

BY CYNTHIA DAINSBURG

Mrs. J. collapses during the morning service. One of the youth group girls has been cutting. An estranged father, with chemical dependency issues, is threatening the staff. A congregant's 5-year-old is battling Stage 4 brain cancer. A parishioner is air-lifted to a major city, three hours away, with a cardiac event. A woman is seeking help for her ever-increasing anxiety attacks.

These are only a few of the many health crises encountered in our relatively small congregation over the past few years. You probably have many of your own stories.

Were you prepared?

How can we better equip ourselves and our churches to deal with the complexities of ministering to people in a health crisis?

In case you were assuming differently, let me assure you: Pastors do not have to be experts in all of the complexities of health crises. Nor should they deal with these crises on their own. Inherent to God's design is this truth: Just as the whole body of Christ is affected when one member is thrown into a health crisis, so the whole body is called to minister.

CREATING A CHURCH PLAN

So how might your church create what I call a health ministry team? This is a group of believers, skilled in areas of health care, who work collaboratively for the health of individuals and of the congregation as a whole. (See "Church Health Ministry Checklist" for practical next steps.)

First, consider what often contributes to making church leaders less than effective in dealing with a health crisis.

Do you unintentionally harbor a Lone Ranger mentality or lean toward micromanagement? This will keep you from relying on others' gifts and skills. Have other priorities kept you from keeping a pulse on the overall health of your church? It's easy to overlook an undercurrent of health needs that can swamp a congregation, but being proactive can make a big difference. Do you have limited personal experience in the art of caregiving? If so, you might let discomfort keep you from getting started.

Second, look at human resources already available within your congregation, to form the bulk of your health ministry team.

Who has education and experience in a care field, such as doctors, nurses, EMTs, therapists, counselors and dietitians? Ask about their skills, experiences, spiritual gifts and availability, and brainstorm how each might help in health crisis prevention and intervention. Team members might serve in ways ranging from hospital visitation teams and prevention educators, to prayer chain coordinators and on-site support during services (for example, do your ushers know how to respond to a medical emergency?).

An underutilized resource in many churches is that of a paid or volunteer Faith Community Nurse.¹ An FCN (formerly known as a parish nurse) is a registered nurse certified to focus on holistic health (including care of a person's spirit), while working to prevent or minimize illness within a faith community.

"We have the joy of connecting the person in need to the resources available through others in the church and/or in the community," says Ginny McMillian, RN, FCN and member of New Hope (Minn.) EFC. "We intentionally involve others in the church in caring for each other. Above all else, we have the mindset of discipling anyone with whom we come into contact."

Third, look to add external resources to your health ministry team, such as chaplains.

Chaplains serve in a variety of health-related fields: hospitals, nursing homes, the military, mental-health facilities and even sheriff/police departments. Although not all chaplains will hold the same religious beliefs, most will know well the "who's-who and what's-what" within their area of service.

That knowledge is especially helpful to pastors and others for whom entering a health-care facility is akin to entering a foreign country, with its own language, physicality and organizational hierarchy.

"A chaplain can help in navigating not only the health-care system but also complex bioethical issues, conflicts between family members and next-steps in care," says Dr. Ken Botton, coordinator of chaplaincy studies and affiliate professor of pastoral theology at Trinity Evangelical Divinity School.

Ken encourages pastors to not wait until a church member is hospitalized with serious concerns before stepping foot in the medical space. Contact nearby chaplains ahead of time to ask if they might be part of your extended care team.

Together, individuals both inside and outside your congregation make for a strong health ministry team. Ginny McMillan tells of the time a new church member was hospitalized while her husband was out of town on business:

"The hospital chaplain called the church to let them know of the situation. The FCN telephoned the hospitalized woman and got her permission to put her on the church prayer chain. Then one of the pastors visited the woman in the hospital.

"She was so impressed with the immediate response from the church staff that she called her out-of-town husband and said, 'We really do have a church home now.'"

THE MINISTRY OF PROCLAMATION AND THE MINISTRY OF PRESENCE

No matter your role in health ministry, we are all dependent on the Holy Spirit as we enter into these delicate, even sacred, situations. Just as a medical person would enter with a mindset to assess the physical needs of a patient, a health minister enters into the situation attuned to the leading of the Holy Spirit, seeking discernment.

Again, you are not called on to be the expert. You can rely on others whose experience and training gives them voice for specific questions that arise in medical situations. This offers even more opportunities for the synergy of the ministry of proclamation and the ministry of presence.

"This gives the Great Comforter a way to become tangible and make human contact," agrees Dr. Steve Greggo, chair of the Counseling Department at Trinity Evangelical Divinity School.

"Presence is creating a sacred space of worship with others who are suffering or seeking wisdom. This space is not so much filled with words as it is with communion and the awareness of Christ."

Ministering through health crisis situations can lead to other unexpected opportunities. “I have observed that people come to the church when they realize they can’t do their illness on their own anymore and come for prayer and support,” reports Mary VanDerWerf, RN, FCN and member of Revive Church (EFCA) in Brooklyn Park, Minnesota.

“I have also observed that as an FCN walks alongside them for months, they then want to be a part of ministering to others.”

The pastor will continue to have a pivotal role in visiting/ministering and keeping a pulse on the health of his congregants. But the pastor and other church leaders can now cast a vision for, and implement, a caring health ministry team.

With intentionality, humility and vision, you can move from a pastor-only response when crises hit, to a fuller response of your entire church body—the family ministering to the family.

Cynthia Dainsberg, RN, FCN has been certified as an FCN since 1997. She currently serves at Calvary EFC in Walker, Minnesota, alongside her husband, who is the family pastor. Cynthia has personally been challenged with chronic diseases for almost 30 years. She is the author of Practical Care Tips for Those in the Lyme Fight: An interactive care handbook for those battling Lyme Disease and other chronic conditions (with special notes to caregivers). And she blogs at Encouragement for Lyme Fighters.

¹EFCA churches in 13 states utilize Faith Community Nurses. To explore integrating FCNs as part of your church’s health ministry, check out some helpful FAQs online or contact Joanne Hall, FCN director at Elim Care Faith Community Nursing, (an EFCA-affiliated ministry). And check out the EFCA FCN Facebook page.

CHURCH HEALTH MINISTRY CHECKLIST

Take inventory as a church leader, to better address health needs in your congregation

- What are my top five strengths? What are the most effective skills I bring into a health crisis situation?
- What are my top five weaknesses? Where do I feel the most uncomfortable/unskilled in dealing with a health crisis?
- What do I envision as my role in health ministry?
- What are my personal convictions/beliefs regarding healing, end-of-life, abortion, use of medications, suffering? (To explore these and other issues, sign up for regular emails from The Center for Bioethics and Human Dignity at Trinity International University.)
- Have I attended to my own, and my family's, healthcare business (ie, advanced healthcare directive, durable power of attorney, will)? Have I had end-of-life discussions with my family?
- Whom might I contact in the church *and* community about forming a health ministry team? (See below.)
- What is my personal goal(s) for this next year, for learning to minister to someone in a health crisis?

CHURCH HEALTH MINISTRY CHECKLIST:

INTERNAL/EXTERNAL RESOURCES

Develop a master list for your church and share with all who are involved in health ministry in any form.

☐ local healthcare facilities:

☐ emergency responders (ambulance/fire):

☐ state/federal emergency preparedness:

☐ police/sheriff:

☐ doctors (in congregation, in community):

☐ nurses (FCNs, or those we might ask to consider training):

☐ chaplains (note facility/agency affiliation):

☐ public health department/social services:

☐ family safety (crisis) network:

☐ suicide prevention/hotline:

☐ crisis pregnancy center:

☐ funeral directors:

☐ area Christian counselors (include any emphasis of care):

☐ other:

WHERE MY CHURCH GOT IT RIGHT

Stories of loving care, congregation by congregation

THE UNEXPECTED BLESSING OF DEPENDENCY

By John Franklin

In June 1987, at age 40, I had what doctors describe as a sudden onset of paralysis. Everything was fine when I woke up on the day that it happened; but at about 7 p.m., a blood clot damaged my spinal cord and I ended the day in the intensive care unit of the hospital, paralyzed from head to toe.

While I experienced a partial recovery over the next couple of years, I never regained the ability to walk and I have been in a wheelchair ever since. At the time, my wife, Patti, and I were members of Bridge EFC in Thousand Oaks, California. And we had three children, ages 6 to 10.

I was initially hospitalized for six months, and our church cared for us then and for the first six months after I came home. I couldn't even tell you everything church members did for us, but in addition to organizing meals and a prayer chain, Chris installed a concrete walkway to our front door for wheelchair accessibility, Sharon did our laundry for nine months, Carol took my wife out on walks, and Tim taught my son to ride a bike.

So we knew we weren't alone, and that helped us persevere during that first year, when things were the toughest. We survived the crisis, and since then we have gone on to minister to others in the church body as well as our community.

I have experienced firsthand that I need God's strength to get through each day. And while it has been a big struggle over the past 29 years, it turns out that it is a pretty cool way to live.

John Franklin and his wife, Patti, currently attend Open Table Community Church (EFCA) in Atlanta, Georgia.

WHEN QUESTIONS SURPASS ANSWERS

By Jacob and Leigh Vincent

When Leigh was 20 weeks pregnant in 2010 with our second child, we received news that the anatomy scan was quite abnormal. During the ultrasound that followed, we learned that our child had multiple rare birth defects, one of which was a missing right leg. There was a lot of uncertainty while he was in utero, and we wondered what would be revealed at birth.

Jasper required a life-saving surgery when he was barely a day old, and we've since averaged two to three surgeries a year. Jasper now gets around great on forearm crutches (he isn't a fan of his custom-built prosthetic) and was able to join a soccer team and run around on the field this past fall.

We were in our greatest need of support right after we received the ultrasound report of Jasper's birth defects. At that time, we heard specialists speculating on any combination of issues we might be faced with. Jasper's "anom-

aly” of birth defects was unlike anything they had seen before. *Would his body organs function? Would Jasper be paralyzed? Would he even be able to survive on his own?*

In addition to our anxiety, we faced the stress of sharing all this with our families and friends when we had no answers for their questions.

When we met with our pastor a few days after the ultrasound, he gave us an opportunity to talk through our feelings, which was very helpful. He shared Isaiah 26:3 with us—“You keep him in perfect peace whose mind is stayed on you”—and gently reminded us that, with all the uncertainty about Jasper, we couldn’t even be certain about tomorrow. That helped us to turn our eyes back on God, and it put us in a better place as we faced the next four months before Jasper’s arrival.

The stress, physical demands and sleep deprivation of caring for a medically complex child are taxing. Not to mention the anticipation of your child’s arrival. To know that someone is praying for you and is willing to sit with you in a hospital room—letting you talk if you want to, or be silent if that’s what you need—makes the experience a little easier and less lonely.

You can “meet” Jasper here, via video.

Jacob and Leigh Vincent have been members of Trinity Church (EFCA) in Windsor, Vermont, for almost 10 years—Jacob formerly serving as worship leader and currently as elder, Leigh formerly serving as administrative assistant. They have three children, ages 3, 5 and 7.

LOVE CAN COST

By Dale Van Deusen

This past year, a man in our congregation injured himself in an accident and was hospitalized for days. His right hip was broken and his left foot crushed. For months he was in the hospital or rehab, sometimes more than an hour away from our rural church. He eventually had to have the foot amputated, so he was wheelchair-bound when he returned home.

Our church family helped in so many ways, including helping to care for the small hobby farm and large vegetable garden that he and his wife own. She works a second-shift job, which often includes weekends. So for the first three weeks he was home, members of our church, in shifts, would sit with him for about 10 hours a day. This included giving an antibiotic injection through a PICC line, which was new for most of us.

Serving each other is just part of what discipleship means to us. It’s true that when we were scheduling caregivers for 50 hours each week, we had some compassion fatigue. What helped us keep going was knowing that this was of limited duration.

We are glad that our injured brother is now mostly recovered from surgery, off his antibiotics and is working on walking again.

I cannot guess at the amount of volunteer hours our members invested. I *can* say that in the three churches I have served in 34 years of pastoral ministry, I have never experienced such a need nor seen such a response. We were reminded that love can cost. I am humbled and grateful and encouraged to see people embody the hands and feet of Jesus.

Dale Van Deusen is pastor of Trade River EFC in Grantsburg, Wisconsin.

NOT ABANDONED

By Dr. Charles Rasmussen

For 18 months, I suffered from a long, debilitating illness that culminated in my stepping down as senior pastor of Desert Hills EFC (Phoenix, Arizona) in November 2009. In addition to prayers, visits and cards (many of which continued faithfully for years, as my illness lingered), the body of Christ ministered to me in two other ways that were especially meaningful.

Every other week for more than a year, a professional Christian counselor from another church came to my house to counsel with my wife and I without charge, because she knew that caregiving often puts stress on marriage.

And even when I could no longer preach, teach or lead a Bible study, members of my church realized that I still needed to serve the body of Christ (Mark 14:8a). So they encouraged me to do what I could: serve in the nursery, read Scripture and pray short, public prayers. Part of my recovery process was focusing on what I could do now rather than lamenting what I could no longer do.

I also learned from those who seemed to abandon me in my illness. At first I was deeply hurt. However, I believe that God wanted me to learn what it is like to be a forgotten “shut-in.” Now, seven years later, I am starting a new pastorate in a retirement community with many shut-ins who need to know that they are not forgotten.

Charles Rasmussen pastors Sun Village Community Church in Surprise, Arizona. He is ordained by the EFCA and previously pastored Peoples EFC (Pinckney, Mich.) and Desert Hills EFC (Phoenix, Ariz.).

ONE-SIZE-FITS-ALL DOESN'T WORK

By Tim and Cindy Capp

Our second child, Kaitlin Ann, was born on October 4, 1994, while we were stationed at Beale AFB in California. During Kaitlin's well-baby check at age 2, the doctor showed some concern at her speech development delay. Two months later, she received a diagnosis of PDD NOS (Pervasive Development Disorder—Not Otherwise Specified).

Kaitlin was highly sensitive to sound and, when overloaded by noise, would withdraw. She would often be under the table at a large church gathering. Or while traveling in the car, we could only play the radio at a low volume and her brother could not sing along.

We arrived at Trinity EFC in Minot, North Dakota, in 1999, when Kaitlin was 5. Pastor Greg Strand and many other members showed a very sensitive spirit to our family (see Pastor Strand's thoughts, below).

In early 2000, a family in our congregation had a child (Grace) with Down's Syndrome. Together, we scheduled an evening informational meeting for the general church body, to share our situations in hope of receiving understanding, sensitivity and support. More than 75 came—a loving church body wanting to engage with our special little ones and with our families. This was such a departure from previous experiences, when we had felt isolated and unsupported.

Kaitlin was then welcomed in the AWANA program by leaders and peers—expected to memorize verses but with a modified vocal requirement, which gave her a great feeling of accomplishment and recognition. Sunday school teachers allowed her to attend a class below her chronological age, due to comprehension issues. This was especially helpful when she turned 18 and there was no regular class for her age.

There was never a clear road map of how Kaitlin's development would proceed, nor a one-size-fits-all response to

her. Every health challenge is unique to each individual and each family. So please enter into conversation with each family and respond as the Holy Spirit guides you.

Tim and Cindy Capp are members of Trinity EFC in Minot, North Dakota. They have three children, ages 19 to 25.

JUST OFFER TO HELP. AND THEN OFFER AGAIN.

By Greg Strand

When I first met Kaitlin, her communication was minimal and abrupt. For example, every Sunday morning as I greeted her with, “Good morning, Kaitlin,” she would not look at me but would reply sharply, “No, it is not.”

Over time, God did some amazing things in Kaitlin’s life through her loving biological family and the church family.

Early in this relationship I communicated my desire to come alongside the family to help, encourage and support. To this day I remember the words of her father, Tim (who had experienced hearing loss from the screaming Kaitlin did the first years of her life): “Since we have never experienced this before, we do not know what we are doing much less how you can help us.”

That began a shared journey of learning together. We eventually had a congregational time of teaching and learning about special needs, and the Lord used this not just to help a family but also to change a church.

I still occasionally communicate with Kaitlin and her family, and when I see her now, she looks me in the eye, says, “Hi, Pastor Greg” and gives me a hug—a hug thankfully and joyfully reciprocated.

Greg Strand is EFCA executive director of theology and credentialing. He also serves on the Board of Ministerial Standing, the Spiritual Heritage Committee, and the ReachGlobal Theology and Missiology Advisory Council. He and his family are members of Northfield (Minn.) EFC.

LETTER FROM THE PRESIDENT

In the middle of a storm

BY KEVIN KOMPEN

Friday, June 11, 1999, was the first day of summer vacation for our four school-age children. But then Becky and I received a call at 11:10 a.m. that not only changed our planned trip to Disneyland but also led to a life-changing year for our family and the congregation I served as senior pastor.

The call was from our family physician, who asked if we were sitting down. I knew, from 15 years of pastoral ministry, that nothing good is shared in a call that starts with that question. She went on to tell us that the lump on the left leg of our oldest son, Brad, was osteosarcoma, a rare and aggressive form of bone cancer. One of the most difficult things we have ever done was to tell our 12-year-old that he had cancer.

We were instructed to get Brad to the doctor's office as soon as possible to be fitted for crutches. Instead of traveling to Disneyland, we ended up visiting a pediatric oncologist at Lucile Packard Children's Hospital at Stanford University. The next year included 22 rounds of chemotherapy, four surgeries and 26 hospitalizations. It was the most difficult year of our lives, but one where we saw the Lord's hand working powerfully in our family and in our church, Hillside Church (EFCA), in San Jose, California.

I found myself face to face with living out the things I had been preaching for 15 years. Becky came to a crossroads in her faith and chose to stick with the claims of God. During the greatest trial of our lives, we both sensed the grace and presence of the Lord in deep and personal ways. It was a time of refining our faith and defining our commitment to serve and follow Jesus no matter the outcome.

There were many sleepless and tear-filled nights as we walked the long and difficult cancer battle with Brad. At the same time, Becky and I tried to keep life as normal as possible for our other three children. We often felt like "two ships passing in the night" as we worked to balance all the responsibilities.

From the first day, however, our church family demonstrated the compassion and love of Christ in practical ways that uniquely ministered to all six of us. We weren't expected to be perfect, nor were we kept at a distance and treated as though we were fragile. Rather, they loved us like family: weeping with us, praying for us, rejoicing with us, providing for us and coming alongside us when we needed them. Cancer was not a challenge just for our family; it was something we all walked through together.

I preached most Sundays that year—seeking to both consistently teach the truth of God's Word and transparently live out a genuine walk of faith in the middle of a storm. I regularly shared both the challenges we were facing and the incredible ways we saw the Lord at work in our family and in chances we had to share Jesus with people at the Children's Hospital.

Our church family grew in faith as they watched the Lord answer prayer and grew in unity as they demonstrated the love of Jesus to our family. And the experience shaped our four children as well. Today, each of them has a genuine faith in Jesus and is involved in local churches. Brad's twin brother, Brent, is a church planter in San Francisco. He

shared recently that one reason he is a pastor today is because of what he saw in the Hillside Church family as they loved us during his brother's battle with cancer.

Today, Brad is 30 years old and married with three beautiful children. I would never want to go through a year like that again, but I wouldn't want to miss what the Lord showed me, my family and our church family through it all.

You and your family might not be facing cancer. But you, or those in your own congregation, have indeed faced your share of health challenges. My prayer is that your church family would surround its own with compassion, and that you would lead the charge in being the hands and feet and voice of the body of Christ. Like my son Brent, may the members of your church be so gripped by seeing the compassion of the body of Christ that their faith would be deepened and they would be moved to demonstrate the love of Jesus to those in need around them.