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THE

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ISSUES AT THE END OF LIFE

PERSPECTIVE

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Life is so precious and holds so many unexpected twists and turns. The joy of birth turns into sad, empty arms of new parents. Doctors diagnose the once healthy toddler with a brain tumor. The preschooler, running to meet her favorite person, stumbles into the path of a car. The fifth-grader skiing for the first time runs into a tree. The first-time driver skids on the ice. The newlyweds have an accident, and only one survives. The fifty-year-old has a massive heart attack; the eighty-year-old has a stroke. Even the 100-year-old who dies peacefully with loving family at the bedside. As chaplains, we have walked on death's hallowed ground all too often.

The above examples tend to happen, or appear to happen swiftly, and we cannot prepare for death as Chaplain Tom Becraft shares in his article 'How Does One Speak the

Unspeakable.' However, what if one could make the choice for goals at the end-of-life? We can prepare for our death at any age. Take a look at your driver's license. You have consciously made a choice to either be an organ donor or not. That is one less decision for your family to make. So let them know about that choice.

My husband and I are planning a wonderful trip. We have to choose the time of year, the ground travel, air, ship, side trips, what we need to take with us, all the just in case items.

Then, who will take care of our cat, house, lawn, mail, trash, and other essentials at home? Who do we need to tell about our trip? Oh, I forgot, I'm still working, and need to request the time off and make plans for my departmental responsibilities. You see all that we put into a trip, yet the planning of our life choices we sometimes leave to chance.

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WHAT IF ONE COULD MAKE THE CHOICE FOR GOALS AT THE END-OF-LIFE? WE CAN PREPARE FOR OUR DEATH AT ANY AGE.

Think about end-of-life as a journey you will be taking. What are your goals? What choices do you have now for later? Who do you need to talk with regarding these goals and choices? Having a conversation to share your plans, goals, and choices with family and possibly close friends helps build your relationships. To start the conversation, talk about what matters most to you in life. That's right talk about life, not death.

If you are a very independent person, your quality of life near the end of life may become more dependent. How will this affect you and how you want your life respected? Select someone to be your health care advocate and let other family members know who that is. Communication is important.

Just last Sabbath as I was talking with my dad. He repeated what he has told me many times before. "Remember, Barbara, I want to be able to get up in the morning and know who I am. I want to feed myself, and I want to be able to be as independent as possible. I don't have to drive, but I don't want to be dependent."

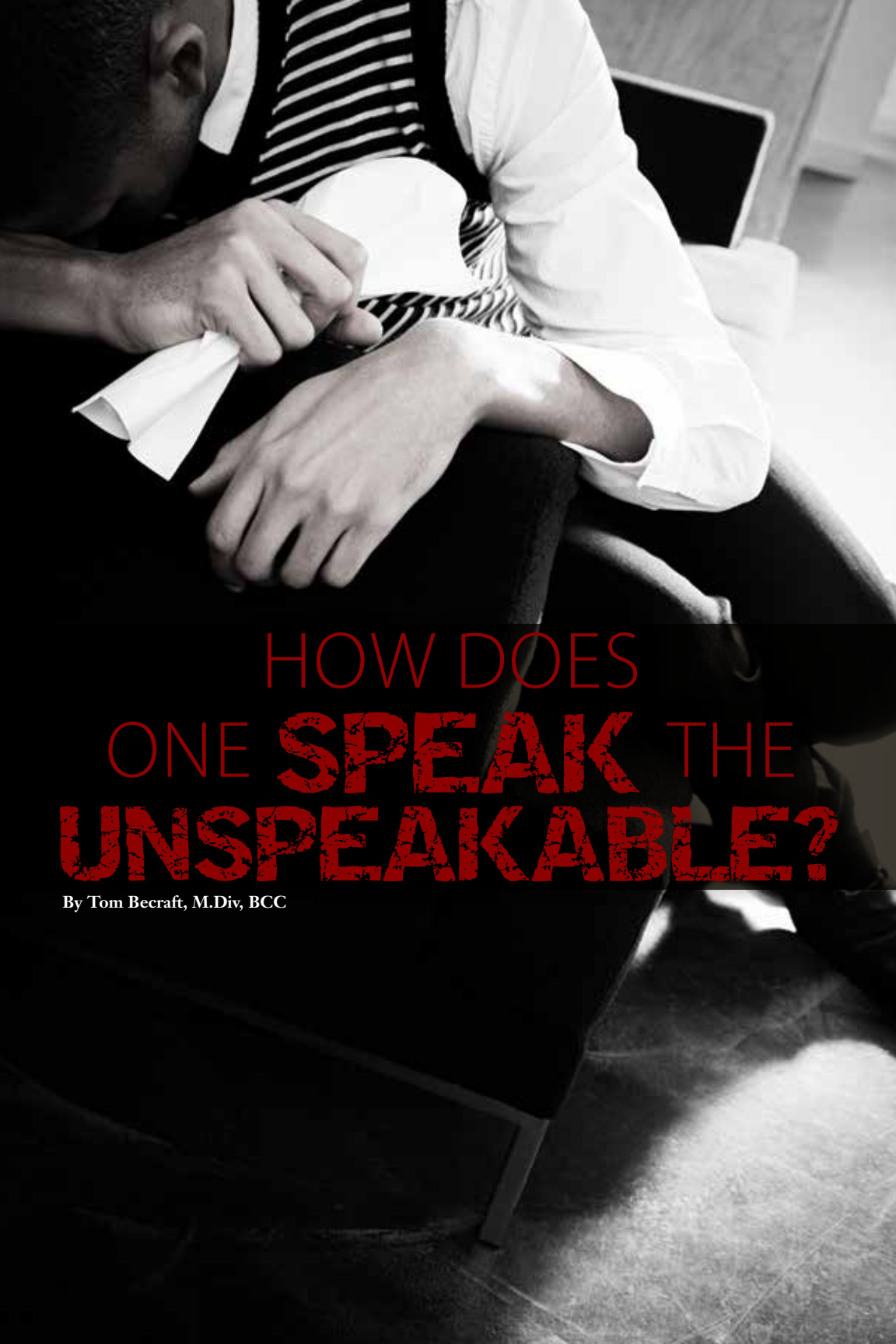
I know I'm speaking to the choir of chaplains, yet how many of us have taken the time to tackle our own end-of-life issues? While you have the time, take the time. Then encourage your family and friends, patients, clients, students, soldiers, and sailors to also do the same. It's best to speak from personal experience when planning for the wonderful trip called life.

WHAT'S



Please share what is happening with chaplaincy in your part of the world.

- Send it to ACMEditor@gc.adventist.org
- Copy your Union and Division ACM Directors.
- Include your email and phone number.



HOW DOES ONE **SPEAK** THE **UNSPEAKABLE?**

By Tom Becraft, M.Div, BCC

Where is she?” he asked. He then tells me it is their twenty-fifth wedding anniversary and that they were celebrating with a motorcycle ride to a favorite lake. But, now she is not with him in the Emergency Department. He needs to know where his wife is. I explain that we are reaching out to emergency responders for information. At his request, we pray together for her.

This is not the way life is supposed to be, I think. The EMTs say that a deer jumped in front of their motorcycle. The passenger died at the scene while the driver briefly lost consciousness before being airlifted to our hospital. While hurting with road rash and a broken hip, he is now fully alert and distressed. He asks person after person about his wife. No one wants to tell him that she has died. What to do? What to say?

Just outside the room, away from the patient’s hearing, I caucus with the patient’s ED doctor and several other team members to strategize. Certain questions are now key: are we absolutely positive that the woman pronounced dead at the scene was actually this man’s wife, that her identity is confirmed? (I remember another time when an injured motorcyclist’s passenger was his girlfriend, not his wife). Is he

physically stable enough to hear such difficult news? Together with first responders, our hospital team has confirmed identities and relationships, and the doctor says that the patient is now out of danger of dying. He looks at me, shakes his head and says, “I can’t do this. Will you tell him?”

Being a chaplain means that we are often confronted by the challenge of delivering difficult news or helping to facilitate conversations about end-of-life issues alongside doctors, nurses, and other health care professionals. Our training is to work collaboratively with others in the context of people’s grief in all of its stages. Our calling and role at such times is to bring compassion and honesty both to the bedside and to caregivers who often hurt alongside patients and their families.

Physicians are usually the first persons to deliver bad news. But, not always. Whoever the bad-news-bearer is, it is not an easy task. Never should the process be treated lightly, and ideally, it should not be rushed. Often the difficult message must be repeated and rephrased again and again, requiring time for the essential truth to be heard.

GIVING BAD NEWS – SEVEN EMPATHIC PAUSES*

Over time, I’ve come to understand that one cannot and should not rely upon a script to ease suffering. Certain

BEING A CHAPLAIN MEANS THAT WE ARE OFTEN CONFRONTED BY THE CHALLENGE OF DELIVERING DIFFICULT NEWS OR HELPING TO FACILITATE CONVERSATIONS ABOUT END-OF-LIFE ISSUES ALONGSIDE DOCTORS, NURSES, AND OTHER HEALTH CARE PROFESSIONALS.

WE LET THE SACRED ONE'S EMPATHY RISE FROM OUR HEARTS TO OUR EYES, EARS, LIPS, AND FACE. LISTENING, SEEING, SPEAKING, AND EMOTING, WE CONVEY HOPE.

ways of approaching are better than others. Paramount to this process is the PAUSE. It is important to think ahead not only about what will be said, but how to say it. Here are some basic guidelines for speaking *hard truths*:

- 1 PAUSE** to strategize with the care team. Before approaching the patient and family, take the time to ensure that someone will be alongside to support during *and* after bad news is delivered.
- 2 PAUSE** with the patient and family to identify what is understood and what isn't. For example, "What is your understanding of what is happening?" Listen carefully for indicators of poor comprehension and/or underlying fears that may be impeding an ability to fully hear what is actually happening.
- 3 PAUSE**, then empathically caution the patient and/or family that they will now hear something that is upsetting. For example, "I am sorry that I must tell you something that will be difficult to hear."
- 4 PAUSE** again so that the patient and/or family can compose their emotions and prepare themselves for what they are now about to hear. And then, deliver the news with short, simple sentences. For example, "Your mother's heart is very tired and weak; it is struggling ... the poor blood-flow is now affecting other parts of her body.

Her kidneys and lungs are shutting down...She is dying."

- 5 PAUSE** to allow time for each person to take in and start processing the bad news.
- 6 PAUSE** to allow time for individuals to verbalize their questions and fears. Then, answer them compassionately and honestly. If there are no clear answers, say so explicitly.
- 7 PAUSE** to acknowledge emotions and to assure non-abandonment: "This is a hard time. No matter what lies ahead, I want you to know that I am here to walk alongside you, to support you in whatever way feels right for you. If I am not here, one of my colleagues will be available..." Utilizing and affirming a team approach is more helpful than making promises that we might not be able to keep.

In these encounters two values are essential: honesty and kindness. When we are with persons traumatized by bad news or hard choices, we join with them in a journey. The reality may be so horrific that it exceeds our imaginations. Yet, we must speak honestly: "Your son was killed this morning." "You have Stage 4 terminal cancer." "We've exhausted all treatment options." "You are dying." When death is imminent or has just happened, it is no time for sugar-coating truth. Saccharine euphemisms can contribute to avoidance rather



than acceptance of reality, and may mask kindness rather than reveal it.

Thus, *before* we speak, God calls us to listen inwardly, seeking the Abiding Source of healing and hope. We let the Sacred One's empathy rise from our hearts to our eyes, ears, lips, and face. Listening, seeing, speaking, and emoting, we convey hope. We move forward in incremental baby steps alongside care recipients, allowing the ultimate outcome to reveal itself without anyone or anything being rushed.

The motorcyclist looked up as I re-entered his space, followed by the doctor and several other team members. They circled his bed, one reaching out to hold his left hand as I gripped his other hand. Collectively we paused, then I spoke, telling him that his wife did not survive the accident. His tears flowed freely. Mine too. He then squeezed my hand, hard, and said, "Thank you for telling me.

I know that wasn't easy for you. But, thank you!"

He then asked that I lead us all in a prayer of gratitude for the wife who had blessed his life for twenty-five years. At that moment, I glimpsed the silver of his Silver Anniversary.

** The Seven Pauses are excerpted from Becraft's book, "A Bamboo Grove for the Soul: A Storybook of Spiritual Resources for Caregivers," which is now considered required reading for Crisis Ministry students at Walla Walla University and in other training programs. The book serves as a bridge-builder among health care professionals, educating regarding the principles and practices of spiritual care while sharing practical approaches to self-care. Becraft is a semi-retired Board Certified Chaplain, educator, missionary, and pastor, who has published numerous articles in both English and Japanese during a 45-year ministerial journey.*



It's All in the Eyes

By Deena Bartel-Wagner

End-of-life and palliative care ministry can be some of the most meaningful moments for family members, medical staff, and chaplains. Some chaplains discover this is one of the most difficult types of ministry for them. Others learn that they have a gift for touching individuals and families in life's emotional moments.

Josie Asencio currently serves as a resident chaplain at Mission Hospital in Mission Viejo, California. "My first experiences with end-of-life ministry

was during my time at Tampa General Hospital in Tampa, Florida," says Asencio. "I did a lot of work with determining proxies and securing advanced directives, and this helped me get to know the patients in a personal manner."

THE HEALING POWER OF TOUCH

Although paperwork and appropriate protocols are necessary, the human factor of dying and death is the one that most involves the chaplain. "The

importance of touch is something that cannot be over-emphasized,” says Daniel Schramm, a former hospice chaplain. “The closeness of touch can impact the patient in a very positive manner. We know that babies die without human contact.”

Asencio agrees. “I have had patients whose families lived in other states. They were not able to be present physically,” says Asencio. “While they were on the phone with the patient, I could be the one to place my hands on their loved one and provide that loving touch.”

Schramm suggests several examples of ways that he would encourage touch among families, and their dying loved one. “Many people like to cuddle. In some instances, I would encourage the family to have a snuggle party. Everyone would pile onto the bed and just hold each other and visit,” says Schramm.

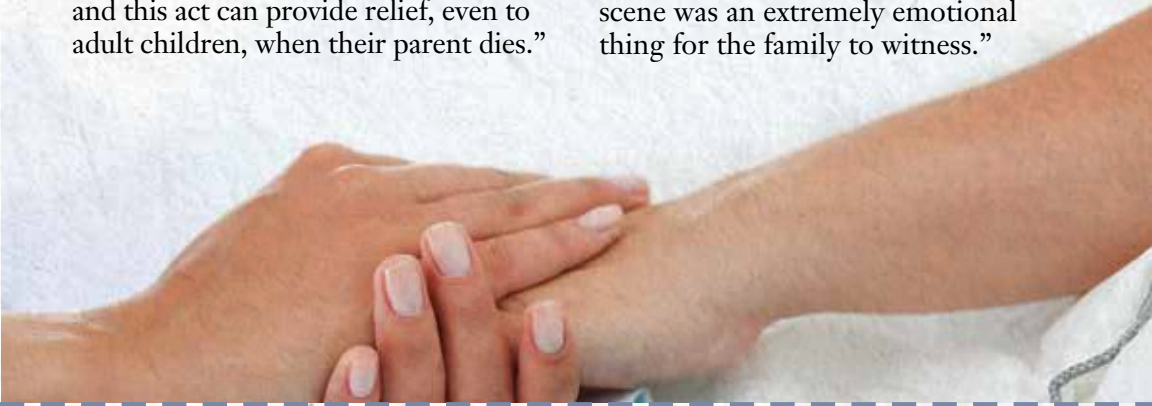
Another form of touch can come from the biblical model of the patriarchal blessing. “I have encouraged a parent to lay their hands on each of their children,” says Schramm. “As they have done this, they would speak words of blessing, including the phrases, ‘I believe in you’ and ‘I love you.’ Children need to know they have their parent’s blessing and this act can provide relief, even to adult children, when their parent dies.”

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DON'T ASSUME ANYTHING

“Don’t go into any situation of a patient dying with expectations that things will work out fine,” says James Hall, a United States Army chaplain. “I’ve learned that there are theoretical, clinical ways that dying is supposed to occur, and then there is the reality.”

Hall experienced this when a patient had a do not resuscitate order. “The patient requested that respiratory therapy remove her breathing tube. The respiratory therapist explained to the family that with the removal of the tube, the parent would take a few breaths and then die,” says Hall. “That wasn’t what happened. Instead, the patient struggled for more than 30 minutes to breathe. As her eyes bulged, you could see she still had a desire to live that kept her fighting for each breath. This scene was an extremely emotional thing for the family to witness.”



HOPE IS THE GREATEST GIFT

Military chaplains must help their comrades and others cope with death during the fog of war. Michael Chester, a former United States Navy chaplain, believes that as Adventists, hope is one of the greatest things we can offer to the dying. “During a deployment to Iraq, I was confronted with the scene of a wounded Iraqi who was dying in front of me,” says Chester. “He didn’t speak English, but I wanted to comfort him in some way. I looked around and found a copy of the Quran. I held it up for him to see. When his eyes fell on the book, I saw a look of hope in his eyes just before he died.” The pluralism that chaplaincy often confronts can still provide hope to others in their distress.

“A soldier was brought in to the hospital at our forward operating base (FOB),” says Hall. “Wounded in an

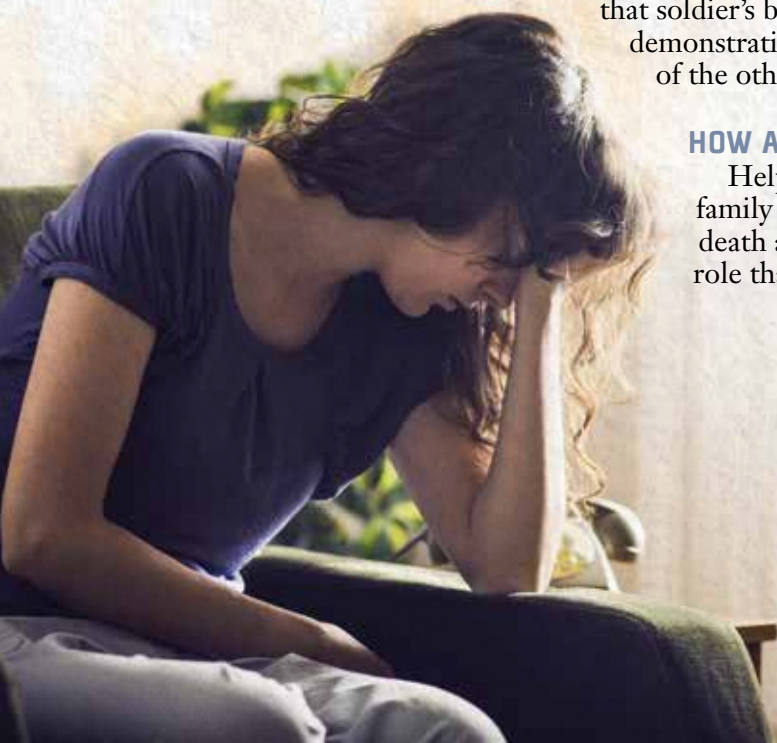
IED attack, all indications were that he was dead on arrival. The medical team worked on him for 20 minutes. Then they told me, ‘We’ve done all we can for him.’”

Hall knew the soldier was a devout Christian and prayed for the family as he stood by the man’s side. “Everyone in the room knew that this soldier was dead,” says Hall. “I felt as though this was a moment that God could show His power in a way that might impact someone there. During my prayer, I said, ‘God, if there is any opportunity to work a miracle, now would be a good time.’”

The physician’s assistant came over to declare the time of death on the soldier. One last check found a heartbeat restored. “I don’t know why, at that moment, God chose to make this soldier’s heart beat again,” says Hall. “But for the next 12 hours, until he succumbed to his injuries, that soldier’s beating heart was a demonstration of God’s power to all of the other soldiers in the room.”

HOW ARE YOU COPING?

Helping others who are not family members cope with death and dying is another role that chaplains fill. “I am



Chaplains can struggle in their role of what to say and how to comfort others.

always mindful to ask the doctors and nurses how they are doing when a patient is either dying or has died,” says Asencio. “Families who are facing the decision of what to do in the case of brain death are holding on to the hope that their loved one may recover. Health care providers can suffer privately when family members can’t let go. They may be reminded of an unresolved loss in their lives.”

In one instance, Asencio asked a doctor how he was coping with a dying patient. “He told me he wasn’t doing well,” says Asencio. “His friend faced the same medical situation and was terminal. The doctor was being reminded of his friend’s impending death as he met the medical needs of his patient.”

Chaplains can struggle in their role of what to say and how to comfort others. It is a learned experience. “During a 15-month deployment to Iraq, we had 15 deaths,” says Hall. “I didn’t understand how to help others cope with the deaths of their comrades.”

A Clinical Pastoral Education (CPE) residency helped Hall learn those skills. “I learned how to minister in a crisis during my CPE training,” says Hall. “I better understand how to engage soldiers actively in talking about their loss and the feelings they

may express about being the survivor.”

Chaplain Chester was confronted with this following the death of one of his Marines. “The unit was named Devil Dogs, and one of the Marines had jumped on a grenade to save his brothers,” says Chester. “When I spoke to them after the incident, I said, ‘Devil Dogs, he loved you more than he loved himself. He was willing to save you, even though it cost him his life.’” A simple statement like this can open ways to conversations about Another who had that much love for His brothers and sisters.

THROUGH A LOVED ONE'S EYES

The death of an infant or child can be one of the hardest deaths to cope with, even with training. For Chaplain Asencio, a fetal demise became a moment of learning. “A mother gave birth to a baby that had no skeleton. It was totally unrecognizable as a human being,” says Asencio. “The mother said she wanted to see the baby. I was filled with a lot of trepidation over this. I tried to prepare the mother for what she would see, but I wasn’t sure I’d done enough.”

As the nurses laid the baby in the mother’s arms, she began to cry. Asencio thought she’d not done enough to prepare the mother. “I was surprised when I heard her words and realized her tears were tears of joy. The mother was saying, ‘She’s so beautiful.’ At that moment, I realized that what can be scary to me, can be viewed differently by a loved one. This mother saw her baby through a mother’s eyes.”

Looking through the eyes of others during end-of-life scenes can change perspective, create better understanding, and lead to more empathetic and productive ministry. Which eyes are you looking through?

Mike and Gayle
Tucker on set at
Faith for Today.



A Chaplain's Grief

By Mike Tucker
Speaker and Director Faith for Today

This article originally appeared in the Adventist Review Online on April 23, 2016.

Loss and the accompanying grief are inescapable parts of life. Everyone has experienced a loss of some sort, and everyone has had to deal with grief.

Like you, I've had many losses through the course of my life, but this most recent loss is by far the most crippling. For most, the loss of a spouse is among the most difficult. Though my loss is fresh and my journey through grief only just beginning, thus far this is the most difficult experience of my life.

Gayle was my soulmate. Gayle and I believed that soulmates are "created" rather than "found." Two

people become soulmates when they decide to do whatever it takes to become soulmates. Gayle and I made that decision, did the work and, by God's grace, became closer than we could have ever dreamed. While this relationship made my life unspeakably rich, it has multiplied my loss with Gayle's passing on April 10.

We had 40 years of life, love, family and ministry! While we certainly have had our ups and downs as a couple, in the end we could say we've truly enjoyed the ride. When Gayle knew she was dying, she spoke to me of our marriage with the simple words, "No regrets!" I concur.

Absolutely no regrets!

Gayle was my best friend. I miss telling her stories from my day, seeing her smile when our children and grandchildren come to visit, hearing her laughter, and feeling the warmth of her embrace. And I miss her prayers. I may miss her prayers most of all.

We studied Scripture together, discussed theology, planned and executed ministry initiatives, and played with grandchildren as a team. I can never replace those things.

FAITH AMID LONELINESS AND TEARS

I am a counselor and have worked as a hospice and hospital chaplain. In those capacities I have taught many classes in grief recovery and counseled with many who are engaged in deep grief. In these professional capacities I have learned that it is sometimes helpful to let people know that their symptoms, while severe, are nonetheless normal. With that in mind I will share a few of my grief-related symptoms.

Loneliness can almost overwhelm me at times. I am fortunate to have a strong support system so this loneliness is not the absence of people in my life but the absence of my life mate. I miss her terribly!

Unlike many others who experience such a loss, I have not had a loss of faith. A temporary loss of faith is a frequent symptom of grief and is viewed as being quite normal and not necessarily a sign of spiritual weakness. With past losses I experienced this loss of faith, but that has not happened thus far in this current journey. Jesus remains my constant companion, my primary means of support. The hope of the Resurrection keeps me going from day to day.

*Jesus remains
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Gayle Tucker

I cry frequently, often at unexpected times. When I cry I make sounds that surprise me. They come from some place deep within and sound to me to be almost not human. These sounds are the most basic, and perhaps even the most eloquent, expressions of my pain.

Thus far I am sleeping five to seven hours a night. This is a blessing to me



Mike and Gayle Tucker celebrating a few days ahead of their 40th wedding anniversary on December 28, 2015.

and is unusual for most in deep grief. My appetite comes and goes. My powers of concentration and memory are almost nonexistent, and I have lost interest in many of the things I used to enjoy. Gayle is the first thing on my mind every morning and the last thing on my mind every night. I am consumed by my memories and thoughts of my wife.

At times I feel a heavy weight pushing down on my shoulders and chest. I sigh frequently and seem to constantly have a lump in my throat as though I am always on the verge of tears.

All of this is normal.

FINDING STRENGTH IN PRAYER AND EXERCISE

I have found a few things to be helpful thus far in my journey of grief. While these things do not “fix” my grief, they have helped me hold up under its burden.

Prayer is important to me. I am unable to pray for long periods of time and am often unable to kneel in prayer. Instead I pray as I walk, as I work, and as I move about the house

or through an airport. My prayers are more brief conversations than formal petitions. Dwight L. Moody, the 19th-century U.S. evangelist, said that prayer should be brief, frequent, and intense. I agree and find this sort of prayer helpful in my journey.

It is more important than ever to focus on the positive elements of God’s character. I find these to be most beautifully illustrated in the

life of Christ. My reading comes from the gospels and takes place in short passages. When I read outside the Bible, I make certain it is light, positive, and inspiring. I focus on things that illustrate the love of God. Prophecy, end-time events, and deep theology are not helpful to me just now. Jesus is my all in all!

It is essential that I maintain a regular schedule. I have tried to limit my schedule so as to avoid overtaxing myself. I get out of bed about the same time every morning. (This often takes great effort.) Keeping a routine is important.

Diet and exercise are vital. Often when I have an appetite I crave junk. Instead, I try to focus on fruits and vegetables while avoiding my beloved enchiladas. (OK, I eat them from time to time, but not nearly as often as I crave them.)

And I walk. At my age, walking is a wonderful exercise. It gives me time to think and to pray. I begin with a morning walk of 4 ½ to 5 miles (7 to 8 kilometers). Then I make sure I walk during the day. The bank, grocery store, pharmacy, dry cleaners, and restaurants are all within walking distance from where I live. I leave the car in the garage and walk whenever possible. My record distance is 11.6 miles (18.6 kilometers) in one day. Eight to 10 miles (13 to 16 kilometers) is not uncommon. I joke that I am a “grief walker.” I am literally walking my way through grief! I highly recommend it.

I have to force myself to engage socially. However, it is important to make the effort. While it is often difficult, social interaction with family and friends can be healing.

While these things are helpful, nothing truly stops the pain. There

is no way to avoid grief. It must be experienced. You cannot go around it. You must walk through “the valley of the shadow of death.” There is no escaping it.

However, I am finding that Jesus is not just walking with me, but that He is actually carrying me. Even when it feels as though He is far from me, He carries me.

I trust Him now more than ever and believe His promise that one day soon I will see Gayle again.

There is no way to avoid grief. It must be experienced.

Mike Tucker on the set of "Lifestyle Magazine" in December 2015.

(Photos: Mike Tucker / Facebook)





Gospel Light in a DARK, DARK PLACE



“When I entered this place, I thought my life was over because there is nothing and nobody, only yourself and your sadness and loneliness. Here I found the love of life, and now I do not feel sad or lonely anymore. My life has changed completely.”

Men's Prison, Madrid, Spain

These are the words that a corrections chaplain longs to hear from the inmates who they minister to daily.

“It was the faces of juveniles that lacked hope that compelled me to corrections chaplaincy,” says Bongani Ndlouv. “My experience as a Bible worker convinced me that God was calling me to pastoral ministry. I had been encouraged by many people to become a pastor. Taking their advice, I studied at Helderberg College in Somerset West, South Africa.”

Following his college studies, Bongani was assigned to pastor a local church district. In 1999, he made a decision that would change the path of his ministry. “I decided to volunteer as a chaplain in the local prison,” says Bongani. “The despair I saw among the juvenile inmates haunted me.”

Bongani believes that as Adventists, we are a people of hope. There is hope in salvation and the Second Coming. He wanted to share his hope with young people who seemed to have none.

Approximately thirty-three percent of the prison population is between the ages of 18-25. Many of these inmates have been convicted of murder and rape. A number of societal problems contribute to this number.

“Many young adults don’t know who or where their parents are,” says

Bongani. “Lack of mentoring leads to poor choices. These can include drug use, gangs, violence, and more. A high unemployment rate for under-educated citizens also contributes to the problem.”

The recidivism rate in the country is very high, with some studies showing approximately 85-94 percent of prisoners will re-offend after their release. “One day, a 50-year-old man was released,” says Bongani. “He was back in the prison the next day. He had no family on the outside and the simplest thing to do was to steal something so he would be arrested again. These kinds of situations demonstrate the need for halfway houses that can be used to help prisoners readjust to living in their community.”

During his chaplaincy career, Bongani has ministered in four of the South African prisons—Portshapstone, Matatiele, Umzimkhulu, and twice at Kokstad. As one of the largest super maximum security prisons in the world, Kokstad houses approximately 1500 inmates. “Those who are convicted and sent to Kokstad are the most violent and troubled offenders,” says Bongani.

As in many correctional settings, chaplains work with psychologists and social workers with the goal of rehabilitating prisoners for life outside

“The despair I saw among the juvenile inmates haunted me.”



Chaplain Ndoluv ministered to the inmates of Matatiele Prison.

the walls of their cells.

“One of the methods that we use is that of victim-offender dialogue (VOD),” says Bongani. “When crimes are committed, several groups of people are affected. The victim and family, the community, and the offender and family. The victim and their family suffer the distress of the incident. The community feels less safe and this impacts society when they perceive that their community may have high crime levels and low deterrence. Offenders and their families can experience guilt, shame, and the shattering of relationships within the family unit.”

VOD can also play an important role in the reintegration of inmates back into society and their communities. Although not all VOD takes place face-to-face, the therapeutic value that it can provide for both the victim and offenders, and extended family members, may facilitate a better re-entry into society.

In 2012, the Department of

Corrections in South Africa launched the Reading for Redemption program. The program was modeled after a similar program that has been successful in the corrections system in Brazil. “This initiative is designed to engage offenders in reading and self-educational growth,” says Bongani. “Offenders are provided with books to read. They are required to report on the book and how it has impacted them. A reduction in their sentence can be earned through participating.”

The Reading for Redemption is having positive effects. In 2015, just three years after the program’s launch, 50 book clubs had been organized throughout the prison system. More than 2100 inmates were involved in reading, writing, reviewing, and analyzing written materials. Encouraging reading may also be impacting inmates on completing their education.

An Education for Offenders program, combined with Reading for Redemption, is showing promise. In

“Involving members of the community is vital in the rehabilitation of prisoners.”

2015, the students taking exams for matriculation exams (similar to the GED in the United States) increased by four percent with an overall pass rate of 73 percent.

Today, Bongani serves as Deputy Director of Chaplains in the Department of Correctional Services. “My role has many aspects to both department officials, inmates and their families, staff, and the community,” says Bongani.

In his role as Deputy Director, Bongani is called upon to advise the National Commissioner on spiritual matters. “Religious leaders play a pivotal role in guiding the moral development in the community,” says Bongani. “The Commissioner relies on the chaplaincy to provide input into ways to promote positive lifestyles and healing of inmates, victims, families, and communities who are affected by criminal activity.”

These same aspects are also shared with inmates and communities. “Involving members of the community is vital in the rehabilitation of prisoners,” says Bongani. “We encourage local church members of all faiths to volunteer their services in the appropriate correctional centers. Lay members can be involved in giving Bible studies, providing moral support, and building relationships with those who will someday become a part of the community again.”

Within the prisons, Bongani provides spiritual support to inmates and prison staff. “Another important part of my work is that of counselor,” says Bongani. “Both inmates and staff face things in their personal life that they want guidance on.”

Re-building family relationships is addressed through the organization of

family days and counseling. “It can’t be stressed enough the importance that family is for the inmate once they have served their time,” says Bongani. “The stronger the family bonds are made while the prisoner is incarcerated, the greater their success will be once they leave the system.”

There are times of mourning for inmates, prison staff, and government. Death notifications and conducting memorial services for inmates and prison staff fall under Bongani’s responsibilities.



Providing religious support to inmates and staff means being sensitive to the various faith traditions. “Holy days are observed in the prisons and we facilitate the means to do so. This may mean organizing a special Easter service or ensuring the observance of Ramadan,” says Bongani.

The health emphasis in the Seventh-day Adventist Church plays a role in Bongani’s ministry. He serves as an advisor to the nutrition committee that oversees the food provisions that are made for prisoners.

As a Seventh-day Adventist chaplain, Bongani seeks to bring hope and life to those who are in prison and those who have been affected by crime and violence.

ADVENTIST CHAPLAINCY MINISTRIES WORLDWIDE

In the months following each General Conference session, departmental directors are elected for each Division. This is also a time for vision casting for the upcoming quinquennium. Part of this planning for the future takes place at the World Advisories conducted by each General Conference department. The Adventist Chaplaincy Ministries (ACM) and the Public Campus Ministries (PCM) World Advisories met at the General Conference headquarters in Silver Spring, Maryland.

During both advisories, the groups were privileged to have three former ACM directors in attendance—Richard Stenbakken, Martin Feldbush, and Gary Councill. Their vision, expertise, and historical input were invaluable to the sessions and helped the participants understand the development and long-term mission of ACM and PCM. Although PCM has recently formed in an official

capacity, each of these directors played a role throughout the years of advocating for a voice and presence in public campus ministries.

The historic PCM advisory was the first to be held since the formation of the ministry. Elder Ted N.C. Wilson gave the devotional and described the importance of meeting the spiritual needs of students on secular campuses. He emphasized the need for chaplains to be present to introduce students to Jesus.

The Division PCM directors were introduced to the theology and philosophy of campus ministries in non-Adventist educational settings. Dr. Jiwan Moon, PCM coordinator and an ACM Associate Director, shared that the 10-year plan to place 120 PCM professionals at each union conference level. They will each mentor and train ten campus leaders. The goal is to eventually have 7,000 Adventist Campus



Ambassadors ministering on secular and private campuses worldwide.

ACM WORLD ADVISORY

The ACM World Advisory kicked off on Monday with a tour of historical sites in Washington, DC, a tour of the United States Capitol and a meeting with United States Senate Chaplain Barry Black.

On Tuesday, participants reviewed the world of technology and communications that ACM-GC uses to communicate with Adventist chaplains. A demonstration of the database that is being created for chaplains and the four websites maintained by ACM-GC (AdventistChaplains.org, WorldServiceOrganization.org, AdventistChaplaincyInstitute.org and AdventistsInUniform.org) were also demonstrated.

ENDORSEMENT PROCEDURES

A primary focus of the advisory was a review and planning of endorsement procedures for each Division.

“Endorsement requirements are determined by the ACM committee in each Division,” says Dr. Mario Ceballos. “Local oversight of chaplaincy endorsements ensures that requirements are designed for each particular region’s needs, but at the same time ensures that professional standards are being upheld.”

Four divisions currently have endorsement guidelines in place. These are the Inter-American Division, the North American Division, the Southern Africa Indian

Ocean Division, and the West Central Africa Division. Other divisions are in various stages of policy development.

Following a review of existing division endorsement requirements, working groups were formed to discuss how the formation and implementation of endorsement and long-term strategic planning for the Adventist chaplaincy program worldwide.

GENERAL CONFERENCE WORKING POLICY 101

Another highlight of the advisory focused on working policy – how it works, and the development of policy. Dr. Paul Anderson, Adventist Chaplaincy Ministries Director–North American Division, guided the attendees through the six elements of a policy.

1. Philosophy
2. Mission
3. Purpose/objectives
4. Governance



5. Territory/jurisdiction

6. Procedures.

Working groups used case studies to examine the nine stages in developing a policy. These included:

1. Identify the problem or need. Is the policy that is under consideration proactive or reactive? How does that affect its formation?

2. Identify the leading agent.

3. Gather information and assess the COA's. Is the policy you are trying to create already in existence in another form?

4. Write the first draft. This is the time to create on paper a clear understanding of what the policy is attempting to address.

5. Always vet the policy with stakeholders. At least three other people should review the draft document. They should look for errors (spelling, grammatical, punctuation) and whether inconsistencies exist in what the policy is trying to address.

6. Finalize and approve through committee vote. Use the same people to review the final draft with the same sets of criteria.

7. Develop procedures for implementation. What parameters will be used?

8. Implementation involves sharing



the policy with those it will affect and helping them to understand how it works and the benefits that come as a part of the policy.

9. Launch the policy. Remember there may be fine tuning. Be ready to listen to those impacted by the policy. They may see something you and the committee overlooked.

Dr. Myron Iseminger, General Conference Undersecretary, and Dr. Guillermo Biaggi, General Conference General Vice President, shared information on General Conference working policy and specifically the Adventist Chaplaincy Ministries–General Conference working policy. “The ACM–GC working policy guides the global network of Adventist Chaplains,” says Dr. Biaggi. “As chaplains extend the outreach of the church, ACM departments need to be established in each division of the world field.”

THE WORLD SERVICE ORGANIZATION

“Religious liberty is under attack around the world,” Dr. Dwayne Leslie, Associate Director, Department of Public Affairs and Religious Liberty and Director of Legislative Affairs–General Conference, told the group. “Seventy-six percent of



the world's population lives in the world where some kinds of religious persecution occur.”

Leslie encouraged the ACM/ WSO directors to be engaged with government leaders through direct interaction, membership in policy-oriented organizations and through coalitions. He also stressed that local members need to be equipped for direct advocacy and to become known as people who promote religious liberty.

The World Service Organization (WSO), a ministry under the umbrella of Adventist Chaplaincy Ministries, is a support network for Adventists who are employed in the public sector. Advisory participants were briefed on the need to develop the WSO at the division level and the National Service Organization (NSO) at the union and conference levels.

The WSO is currently working with the various world divisions, unions, and conferences to create local NSO. Together the WSO and the NSO can develop and grow working relationships with government officials at various levels.

In order to more effectively connect with Adventists engaged in the public sector, a database is under development for Adventist members who are public workers. This database will enhance the ability

of both the WSO and the NSO to maintain contact with individuals, learn of the opportunities and demands they face in the workplace, and provide targeted assistance.

Educating young adults about a role in public or military service is another role of the WSO and NSO. Discussion of the demands of work in the public sector will assist in developing and understanding the principles and ethical considerations that should be part of a Christian's decision when entering public service.

Other highlights of the WSO presentation time included a presentation by Dick Stenbakken that featured the chaplains' memorial that is being built to commemorate the ministry and service of military chaplains who served in the Pacific Theatre.

Captain Jack Lea, Executive Director, National Committee on Ministry to the Armed Forces, described the work of the NCMAF committee to represent chaplains to the Department of Defense and Congress. Lea also stressed that religious freedom is under assault.

CHAPLAINS ON THE FRONT LINES OF FAITH

Award-winning filmmaker Martin Doblmeier shared his experience in making the documentary, *Chaplains—On the Front Lines of Faith*. This two-hour film explores the world of the chaplain and the various settings where ministry can occur. Each division director received a complimentary copy of the DVD.





KITTY LITTER

During the aftermath of a winter blizzard this year, I helped several people clean their driveways by lending them my snow blower. They were appreciative.

Then, I saw a man whose car was stuck on the ice. He could not get enough traction to move his car from his driveway into the garage. I had experienced this challenge before and had prepared myself in case it ever happened again. I went to my truck and got two acrylic mats and some kitty litter. I put the mats on the ground behind the car and tossed kitty litter in front of the rear tires. He backed the car onto the mats, gained traction, then momentum, and drove successfully into his garage.

The next day Debra and I were going out. We saw a lady whose car could not get traction because of the ice under her wheels and the slight incline of the road. I jumped out and grabbed my trusty bag of kitty litter. I threw about ten handfuls behind and in front of her car wheels.

She backed up a few inches onto the kitty litter and gained traction. Unfortunately, she stopped. When she accelerated again, her wheels spun on the ice. I repeated the process with the instruction that once she gained traction, she should keep moving. She did successfully and tooted her horn as she went on her merry way.

At that moment, I was reminded of times when I have been stuck. I prayed and supplemented my prayers by reading voluminously about how to get unstuck. I found ten success habits that I learned from Noah St. John, a success coach. Perhaps you are stuck. If not in snow or ice, maybe you are stuck relationally or professionally.

My first counsel is to trust and acknowledge God's role and place in your life. Maybe you are "cocooning" in preparation for the next phase of your life and ministry.

My second action is to listen for His voice. Perhaps I missed or needed a fresh word of direction from the Lord. However, when you are listening, it must be with a discerning ear and a willing heart. *Speak Lord, for thy servant hears you.*

If your emotional wheels are spinning and you are getting no traction, let me share these tips with you like the kitty litter I shared with others recently. Apply them. When you gain momentum again, keep moving. Ever upward. Never backward

- 1 TAKE 100 PERCENT RESPONSIBILITY FOR YOUR LIFE!**
- 2 DETERMINE WHAT YOU WANT RIGHT NOW, FIVE YEARS FROM NOW, AND BEYOND.**
- 3 ASK EMPOWERING QUESTIONS!**
- 4 STOP BLAMING OTHERS.**
- 5 STOP BLAMING YOURSELF.**
- 6 GIVE YOURSELF PERMISSION TO SUCCEED.**
- 7 CHALLENGE YOUR ASSUMPTIONS.**
- 8 TAKE OUT THE TRASH IN YOUR HEAD.**
- 9 START AND KEEP A DAILY ACTION JOURNAL.**
 - In the morning, write five things you want to accomplish, achieve, acquire, and experience.
- 10 BEGIN TO KEEP A DAILY GRATITUDE DIARY.**
 - At night, write five things in your day for which you are grateful.

These ten habits, practiced regularly can begin the journey of becoming the new you. In fact, you may find that the journey is as rewarding as the destinations you visit as you move through life. Never forget that change is a choice that begins or ends NOW! If you change your thoughts, you can change your life.



CRISIS: A PASTORAL RESPONSE

In crisis response theory it is reported that the foundation of crisis intervention is developing rapport.

By Ivan H. Omana, M.Div. BCPC
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Traditional wisdom is a nice thing, but I believe that one of those sayings needs to be updated! Most of us have heard the statement, “There are only two things certain in life. Taxes and death!” In the world of post 9/11, I believe we must add that at least one more fact. In our lives we will face the uncertainty and pain of a major crisis.

We must agree that much has changed after 9/11. For example, green, orange, yellow, and red are not vivid colors that describe fruit. They call from within us a sense of preparedness. Even the definition of the word crisis has morphed and now extends to include terrorist events. Before 9/11, terrorism seemed to be something that happened in faraway lands, but today terrorism appears to be closer than ever.

On the morning of December 2, 2015, my world, along with others in the San Bernardino area changed forever. I was at the bank conducting routine business. I finished my transaction, walked to my car, and started to drive back home. It was just a three-mile drive, but by the time I reached home, my brother was calling my cell worried about where I was.

I saw police cars rushing in the opposite direction, but I was completely oblivious to what was happening. I found out when my brother called. I had been in the bank located in the proximity of the Inland Community Center, where two shooters had carried out an attack in San Bernardino, California.

The community immediately started to react. We have seen all

kinds of reactions from both ends of the political perspectives and human behavior. Ponder the question, what should be the pastoral response to a crisis of this magnitude? How can chaplains respond effectively to something like this? I will use some examples of what I saw chaplains and pastors do during the aftermath of the shootings in San Bernardino.

A SPIRITUAL RESPONSE

The first response that I want to share is from a person who is both a hospice chaplain and the pastor of a local church. He reports that his initial reaction was one of worry and prayer. He was aware some of his church members worked at the Inland Community Center, so he was worried for their safety. His mind focused on two questions at this time. He wanted to (1) know that his church members were okay and (2) he wanted to pray asking God to protect the lives of those who were victims.

Many pastors from different area churches came to the scene of the action to offer prayer. Desire to help is great! But, their actions broke the first rule of crisis response. Never self-deploy!¹

Showing up at the scene of the crisis, even if it just for prayer, is not wise. This reaction is particularly the case when the scene is still fluid. If you want to pray, do what this chaplain did. Earnestly pray with those who are around you. The staff in the hospice facility were very willing to unite in prayer. They are being affected due to the proximity of the event. Some of them were connected to the event and worried

about their loved ones. Unite in prayer with those around you. There is no need to place yourself and others in more danger. Following a prayer, use the phone and verify that things are okay. If the situation is unstable or unknown, keep on praying from a distance until authorities issue an all clear is issued.

A CLINICAL RESPONSE

The Loma Linda University Medical Center (LLUMC) is the Trauma One facility in the area. Rescue personnel transported the majority of the wounded there. Within minutes, the hospital was inundated with gunshot victims, family members, emergency responders, law enforcement officers, media, and a lot of curious people. How did the team of chaplains respond to this crisis?

The LLUMC chaplain team trains for events such as this one. They will be the first to admit that no drill can adequately prepare you for real life scenarios. Once they received notification, the chaplains immediately followed protocol.

With teams in place, the ministry



NAD UPDATES



started to flow. Teams of chaplains were deployed to different areas of the hospital to provide support. The main coverage areas were the Emergency Department, the family staging area, and the hospital patients who were already under care.

In crisis response theory it is reported that the foundation of crisis intervention is developing rapport. Rapport is defined as a state of understanding and comfort between client and counselor.² By definition then, chaplains involved in crisis intervention are charged with developing and sustaining rapport. Some chaplains participating in the response report that this is indeed the most important area of ministry.

The LLUMC Emergency Department staff were personally affected. Some of them were caring for victims while desperately attempting to contact their relatives who worked or conducted business in the Inland Community Center. Paying attention to the feelings and comments of the staff proved to be a valuable tool in ministry.

According to Kanel, the second step in crisis intervention is a

solid assessment.³ For many, the events may constitute the problem. For others, the response may be the problem. In this case, media can play a crucial role that could detract from or build the end result. Chaplains must also keep in mind that reliable assessment is a very dynamic process. Therefore, attention must be made to keep the process moving along with the change of circumstances. The dynamicity of this particular event, as well as the rapport experienced by both chaplains and victims, whether caregivers or patients, caused some of the chaplains to overextend. Some have reported feeling a lingering exhaustion. That is the reason why intentional efforts were made to provide physical and emotional support to the team in the days following the events.

Reports of feelings re-surfacing once the Inland Community Center reopened and people were allowed back into the building is another interesting fact. An entirely new set of feelings associated with reliving the experience took place.

For example, one chaplain reported that he experienced ministry from a place of anger. Upon further exploration, he was able to claim that his anger came from a personal loss he had not processed. The memories returned as he ministered to the victims and families of this particular crisis. In this step, chaplains have an excellent opportunity to practice robust assessment and provide a ministry adapted to the needs of those to whom they minister. This action is what my CPE supervisor meant when

he said, “Scratch where it itches.”

In His infinite wisdom and love, God gave humans the capacity to bounce back into normalcy through coping mechanisms. In this area, chaplains enjoy the freedom of creative ministry that allows for healing to take place.

In the aftermath of the Inland Community Center events, many spontaneous memorials started to appear. Coping can take the form of comfort food. It can also be as simple as a prayer with someone who feels frightened by the events. Or liberating helium balloons as a form of “letting go.”

Uniting assessment with coping can also help chaplains keep an eye on “unhealthy” coping mechanisms, such over-eating, substance abuse, or destructive behavior. The important aspect is to provide the presence and support that victims need. Kanel indicates this from the commitment of a relationship.⁴

In this case, a therapeutic/spiritual relationship established between victims and the chaplains or helpers that are physically, emotionally, and spiritually available.


Although recent studies question the view, some crisis theorists use the Chinese idea that the term crisis includes both the concepts of danger and opportunity. We will not take the time to argue in favor or against this concept. Rather, as chaplains, ponder the tremendous responsibility that comes with an idea like this. Such a dichotomous meaning highlights the potential for benefits, as well as a hazard. As chaplains we must contemplate

The important aspect is to provide the presence and support that victims need.

and consciously prepare for the reality that, as long as we are on this side of the second coming of our Lord, we will face both the danger and opportunity of ministry in the midst of a world that needs the love of Christ today, more than ever before. In this, we must not forget something I learned from my father. Quoting Ellen White, my dad always says, “Man’s necessity is God’s opportunity.”⁵

Note: A special thanks to all chaplains who helped with their input in this. Jim Greek, Gualbert Augustin, Angela Li, Michael Rhynus, Francisco Cross, and all the other chaplains who, when everyone runs out, always run in the opposite direction and respond to God’s call to make a difference through the incarnational ministry of presence.

- 1 Crisis Intervention Lecture for Spiritual Care Responders, by Dr. Naomi Paget, San Antonio, Texas in the ACM World Chaplains Conference, June, 2015.
- 2 Kristi Kanel, *A Guide to Crisis Intervention*, 3rd ed. (Belmont, CA: Thomson, 2007), 70-77.
- 3 Ibid, 78-87
- 4 Ibid, 88-92
- 5 White Ellen, *Counsels for the Church* (Nampa, ID: Pacific Press Publishing Association, 1991), 336.



We wait in hope for the Lord;
He is our help and our shield.

Psalm 33:20 NIV

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He who has nothing to die
for has nothing to live for.

~Moroccan Proverb

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