

Parish Nurse Newsletter



Fall 2017



MESSAGE FROM MARCY

Making Compassionate Visits

Nurses and others in caring professions often think caring means doing something. While it is sometimes important to *do* something, it is always important to *be* something. Perhaps you recall the story of Job and his friends (Eliphaz, Bildad and Zopher). They had heard about Job and his losses and decided to visit him. They wanted to be with Job and to comfort him. They each set out on their journey and met at the home of Job. For seven days they were a good example of ministry of presence. (Job 2:11-13).

After seven days, they could no longer remain silent, and they began to speak. The ministry of presence was over; the friends began to offer an explanation regarding Job's plight and blamed him for what had happened. Rather than comforting Job, they made the situation worse. I encourage you to read the entire book of Job for insight into how we should respond when making compassionate visits.

This issue of the *Parish Nurse Newsletter* includes an item by Rev. Hempel on the importance of ministry of presence. You will also find items by parish nurses from Australia, Ghana, Palestine and the USA that demonstrate ministry of presence in various settings. You will also find an overview of the 25th Annual Conference for Parish Nurses and Congregational Health Ministries, the annual meeting for the LCMS Parish Nurse District Representatives and various resource opportunities useful for parish nurses as they reach out to individuals and groups with compassionate Christ-centered care.

"...God of all comfort, who comforts us in all our affliction, so that we may be able to comfort those who are in any affliction, with the comfort with which we ourselves are comforted by God."

2 COR. 1:3B-4

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MISSION STATEMENT

The *Parish Nurse Newsletter* serves to:

- create a bond between parish nurses and the staff of LCMS Health Ministries
- report creative programs developed in the field
- inform parish nurses of resources available from various sources and encourage them in their vocation.



In the healing Christ,
Marcia (Marcy) Schnorr, Ed.D., RN-BC
 Certified Lay Minister—Parish Nurse
 Education Coordinator for Parish Nursing,
 LCMS Health Ministry

Give Now





COMMENTS FROM KAREN

Ministry of Presence

Ministry of presence is close to my heart. As it says in 1 Corinthians 12, God has given us a variety of gifts, *just* as He wanted and arranged us *just* where He wanted! This newsletter is read by many people with different gifts and diverse ministries, but the same body! Parish Nursing and Congregational Health Ministries across the nation do serve in slightly different ways, but we have one thing in common: we have the opportunity to have a one on one relationship as we serve. It is not mainly *our words or our actions*, but *just being who we are*.

As we serve God within our congregation and community, we each start with our relationship with our Lord. How do we feel knowing that God hears us even when we say nothing? He is there, He is present. My relationship is strengthened as I am reminded of God’s everlasting love for me, as a sinner, and how He sent Jesus as my Savior. My relationship with God grows stronger as I spend time with Him. Relationship / a relational visit / being PRESENT with God ... what does that look like? What does He want from me? How can we then pattern our visits — our *being* with others?

Mark 12:30–31 says, “And you shall love the Lord your God with all your heart and with all your soul and with all your mind and with all your strength.’ The second is this: ‘You shall love your neighbor as yourself.’ There is no other commandment greater than these.” *What does this mean for me and for you as you serve?*



Intentionally love others and share yourself
NOT to mean you ‘hog the show,’ but for the people you serve to be able to have you as a friend, a visitor who wants to be there for them, to be present. You need to be a friend and share your feelings as well (open and honest and exhausting at times).

Be willing to give of yourself emotionally
Investing yourself in this relationship is what makes it a relational visit, being PRESENT in their life versus a “task visit.” FYI-They can tell if we are “doing our duty” or if we sincerely care. Please realize that you are a unique child of God who is with another unique child of God. Think about it!

Stop running around
Psalm 46:10 says, “Be still, and know that I am God. I will be exalted among the nations, I will be exalted in the earth!” How wonderful for me to realize that I need to quiet my mind and

my body so that I can exalt my Lord as I serve.

1. Utilize an attending behavior, a caring attitude. It’s “being” rather than “doing” or “telling.” Reminder that we don’t tell our story, we listen to theirs.
2. To realize God’s presence, one needs to practice quietness. Ecclesiastes 5:2 says, “Let your words be few.” When we are quiet, it enables us to hear the voice of God in another, to see the face of God in them, to be in touch with the pain or confusion that is their life. We are His witnesses in another’s suffering, loneliness, confusion. God’s presence is made known through us, His people.
3. Take a breath, whisper a prayer and take a seat. Utilizing a comfortable setting (turn off TV or radio), maintaining good eye contact, and sitting close (but not too close) brings intimacy to conversation.

When I think of the ministry of presence, I try to remember these key factors:

- To be grounded in the belief that Christ goes before us. Listen for the feelings behind the person’s words, sit with them, offer a touch of the hand or perhaps a hug, and love them as Christ loves them. May we reflect the presence of Christ who always goes before us!
- To practice silence before we care for others with our presence. It is important to practice the spiritual discipline of quietness in our daily lives .If we do not practice silence within our own lives, it may be more difficult for us to practice quietness and be present in the life of someone who just needs our presence!
- To be truly sincere. The person who is in crisis or suffering physically, mentally, emotionally or spiritually can tell if we are just “doing our duty” or if we are sincerely concerned!

Your presence — along with God who goes before you, and the Holy Spirit who works between you and the person — can bring you and the people you serve through difficult situations. May God give you strength and wisdom for each day. Please know that your District Parish Nursing / Congregational Health Ministries Representative wants to support you as you serve within your congregation. If you are not familiar with her/him, please contact me at khardecopf@gmail.com.

Karen Hardecopf, RN
Certified Lay Minister-Parish Nurse
Program Coordinator, Parish Nursing
LCMS Health Ministries

THE MEANING OF INFERTILITY:

A Farm Woman's Journey

Carol A. Lueders Bolwerk District Representative for Parish Nursing South Wisconsin District- LCMS

As I was raised and continue to live on a farm working the land and raising steers, my passion includes that of farming and rural America. Due to my strong ties to farming, my research has led me to focus on the roles, responsibilities, health and safety of farm women across Wisconsin. As I interviewed dairy farm women across generations, one theme that caught my attention was infertility.

Unfortunately, as compared to women in urban areas, the risk for infertility in farm women is significantly higher. According to literature, exposure to pesticides, herbicides, milk house chemicals and other toxins increases infertility for women living on farms.

When I interviewed women, many had the look of longing on their faces as they told me how much they wanted children. Story after story involving young, middle age, and elderly women shared the circumstances of their own infertility and the consequences of an empty farm house without children. Sadly, due to being under insured, many lacked the money to complete infertility tests and procedures that might have helped conception. With financial burdens along with attitudes towards adoption, it soon became apparent to me that the avenue of having children by adoption was not an option for many farm women.

Of course, when I found that my husband and I could not have children, it reminded me of the stories that

were shared from other women living on farms. How do I let go of a dream of having my own children? How do I accept that motherhood was not in the picture after years of socialization towards being a primary caregiver of children? It has been most difficult and over the years, the process of letting go came with the steps of shock, disbelief,

bargaining, anger, denial, sadness and the final step, fateful acceptance.

Like many farm women across our country, I was socialized to be the traditional caregiver of children. So that one day I could take care of my own family, I learned typical gender roles on a farm including motherhood, housekeeper

and gardener. My sisters and I found that household duties of women were established early with washing dishes at five years, doing laundry by nine, and planting and harvesting a garden at 12. Social institutions like 4-H underscored the traditional roles of women on farms. My sisters and I took cooking, sewing and gardening as 4-H projects. Even

How do I accept that motherhood was not in the picture after years of socialization towards being a primary caregiver of children?

schooling recognized the roles that women have in society. Home economics was offered, and young teenage girls living on farms were expected to take the course.

Even the church reminded women of their traditional roles across generations. Bible stories learned in Sunday



PHOTO: ISTOCKPHOTO

School and church sermons preached on Hannah and Rebecca as mothers and the sadness that came with infertility.

Even with farm life, production was given much attention with breeding programs and calving. I often thought that if I were a cow, I would have been culled many times over as I could not produce a calf.

I grew up with farm parents who had five children in six years. Pregnancies came easy for my mother. Generation after generation, farm families are large in number, which underscores the specialized roles that are expected as farm girls and boys, along with farm men and women. Thus, letting go of not having children biologically is not easy for anyone, but especially in farm women.

So the story of letting go will be shared. I was an older bride marrying at 26. Even though I was attending graduate school, my husband and I wanted to start a family during the first year of marriage. After one year, I knew that we had problems becoming pregnant, and thus, we started infertility tests and procedures. Even though semen counts were good, the doctor diagnosed a varicocele with my husband which was easily fixed by surgery. Still no babies. Month after month, I took morning daily temperatures and watched the signs for ovulation, and still nothing happened. Even though periods were regular, a doctor started me on infertility medications first orally, and then by injections. I was poked and prodded and mused over every month so that we could conceive a child. Every month, I was saddened by the start of a menses, and hopeful that next month, I would be pregnant. Longing for children was a very deep need that I had.

Two years of marriage and family started asking questions. I felt alone as I could not share my frustration and sadness. I could not let go of the thoughts and dreams of having children. I would have stood on my head if it would have resulted in a pregnancy. The doctor recommended an exploratory abdominal

laparoscopy and found everything normal. There was no reason that we could not conceive. Treatment after treatment, month after month, year after year, nothing happened except the pain in my heart grew. I pleaded with God. I begged God for a child. I prayed without ceasing for this blessing. Over 10 years, I waited with anticipation for a pregnancy. However, my womb was

empty without a new life. I was angry at teenage mothers. I was in shock with disbelief that I could not conceive. I was devastated that God did not bless us with children. Over the decade of waiting I came to the conclusion that we should explore the idea of adoption. Now 34, who would even want us to serve as parents for their baby?

In letting go, I had to lean on someone, and that someone was my heavenly Father. I know now that God had detailed plans for me. Plans that included no biological children. I started letting go of the idea of having children when I learned to trust in my faith and my heavenly Father. I leaned on my own faith. Proverbs 3:5 was a favorite of mine trying to let go. "Trust in the Lord with all your heart, and do not lean on your own understanding." Indeed, I had no understanding of the plans that were to come. I had to let go. Another favorite was from Jer. 29:11, "For I know the plans I have for you, declares the Lord, plans for welfare and not for evil, to give you a future and a hope." I could finally share with family and friends that we were trying to adopt. Leaning on family and friends and God for support, I prayed to be able to let go.

Even today, 20 years later, I wonder about how I did let go. My dream for a family was accomplished through adoption. But that is another story. Letting go was difficult, and it was completed when we brought home Andrew. Our family was completed, and we had a son.

Infertility affects one in every eight couples. Parish nurses can support a

One in eight couples
is affected by infertility.



couple experiencing infertility with information and by interpreting medical tests and procedures, listening and reassuring.

Personal health counseling and referring to support groups along with discussions with pastor can also be very helpful. Understanding religious positions on reproductive technologies must also be interpreted. Artificial insemination, in-vitro fertilization and surrogate motherhood are just few of the ethical challenges that a couple will face. Societal, cultural and familial pressures for children are different for all individual couples. Gender differences might be better served by the team of parish nurse and pastor.

As parish nurses expand their ministries, infertility might be one that might be included in congregational health ministries.

Carol A. Lueders Bolwerk lives on a family farm purchased in 1854. She and her husband, Dave, adopted three boys over eight years. Blessed by Andrew, Aaron and Jacob, Carol serves as a nursing professor and parish nurse and raises steers on the family farm.

It's All in the RELATIONSHIP

Angela Uhrhane, Pastoral Care Nurse Lutheran Aged Care Albury NSW Australia



In my role as pastoral care nurse in a residential aged care facility in regional Australia, the ministry of presence is there on a daily basis in many various aspects. To the staff by just being there and being available. By being with a resident in times of joy, in an ordinary day, in times of crisis and in times of death and dying. If we break it down, the ministry of presence is about relationship. It is about stories, and journeying alongside people. At the root of the ministry of presence is the presence of Jesus and the “old old story,” the one that goes back to where God created the world and everything in it, and about God’s great love for us with the promise that He will never abandon us.

If I were to tell my story of the ministry of presence I would start with my most vivid memory of the ministry of presence, which was with a

particular family as they sat with their dying mum. This resident’s daughter came from 300km away to be with her mum in her dying days. The family of three daughters with their partners and children had been told by a medical officer that “it won’t be long till your mum passes away; all the signs are there.” I called by to see how the family was travelling, the resident was unconscious and was not responding to verbal stimuli, she had a syringe driver in with morphine and midazolam for symptom management, she looked very comfortable. The resident was tiny and frail in the bed. I called in almost every day, sometimes for a short time, sometimes for a long time. For the 21 days this lady was in this state, the youngest of her daughters sat and did not leave her mum. I gave the daughter my mobile phone number (something I rarely

do); she called it or sent me a text a few times. We talked about many things: her journey in life as a child, as a daughter, as a wife, as a mother, as a musician, about her Christian walk and about her spirituality. Her mother died and I was asked to officiate at the funeral; we worked together with the rest of the family to pull it all together to remember their Mum and grandmother. She still has my phone number but she had not called and neither have I. My prayer is that God continues to walk with this daughter who sat with her mum day and night for 21 days. How do I feel you ask — this is the natural order of things. This is the ministry of presence.

Henri Nouwen wrote this about the ministry of presence:

“More and more, the desire grows in me simply to walk around, greet people, enter their homes, sit on their doorsteps, play ball, throw water, and be known as someone who wants to live with them. It is a privilege to have the time to practice this simple ministry of presence. Still, it is not as simple as it seems. My own desire to be useful, to do something significant, or to be part of some impressive project is so strong that soon my time is taken up by meetings, conferences, study groups, and workshops that prevent me from walking the streets. It is difficult not to have plans, not to organize people around an urgent cause, and not to feel that you are working directly for social progress. But I wonder more and more if the first thing shouldn’t be to know people by name, to eat and drink with them, to listen to their stories and tell your own, and to let them know with words, handshakes, and hugs that you do not simply like them, but truly love them.”



Left: Angela Uhrhane and new resident Elizabeth Zeinert (98)

PHOTOS: MARK JESSER/BORDER MORNING MAIL

As I think about the ministry of presence and what Henri Nouwen says about it, it helps me to justify what I do. The organization I work with is quite large by regional standards, and sometimes people wonder what it is that I do as I wander around the corridors, chat with people in their rooms or in the lounge or in the dining room before lunch. I swan into people's offices; stop, chat, listen, share a little too. Henri Nouwen's quote reminds me and justifies what I do. I love what I do and I feel so blessed that God has placed me here. My sense of call in the place where I am is still strong even after 8 1/2 years. This is the longest that I have ever been in any role in my whole working life. In my role now I am a team leader and I am pulled into more and more meetings, and I ask myself what should I be doing? Where is my main focus? Can I do both — be with people and also set up programs, teach, organise? How do I balance that? Only this morning I was reading in Genesis 18 and 21 about Abraham and Sarah, and I came to the conclusion that nothing is impossible where God is concerned.

As a nurse I am trusted by the other nurses to truly understand their challenges and frustrations but also their love for the residents and their confession of loving one more than another. "We are not supposed to have favorites" said one nurse — but it's true we do! Yet even in saying that there are the residents who are difficult to be with, the ones who have speech difficulties, the ones who can't hear so well — a regular visit with these people brings me challenges and I feel so inadequate at times, but that person is loved. One lady who calls into my office often tells me "you are the only one who makes my time here bearable." My ministry of presence is keeping my office door open so she can come in at any time that I am there. Spending time and building relationships with the people who are marginalized is difficult, interesting, exhausting and rewarding. When I think about it, Jesus spent time with the marginalized people of society often. He went out into the heat of the day as with the woman at the well (John 4).

The ministry of presence sometimes means being quiet, it is about the other

person's story not mine, it is about listening, not judging, not thinking ahead of what to say, it is about coming alongside. It is also about bringing hope, it is about validating what people say, it is about reminding someone that they are special. Sometimes my phone rings if I have forgotten to switch it off. Answer it they say. My usual response is: "My time is with you right now, you are my priority, I don't need to answer the phone this minute."

There is fun in the ministry of presence too. I get to go to significant birthday parties, wedding anniversaries, happy hour, craft group and coffee shop. Bingo does not lend itself to building relationships so I only go for the cuppa afterwards. I go to staff meetings and resident meetings, but my ministry is not usually in the meeting but in the corridor before or after the meeting. There is no solid time frame so sometimes I am home late.

The ministry of presence is all in the relationship, me, the person I am with and God. God walks with me every day — He is always present.

There Are No Words

Janet Hitzeman, MSN, RN
Co-Representative for Parish Nursing
Indiana District

When death, grave illness or serious troubles enter into the lives of those near to us, we often want to help but are at a loss for words. We struggle with what to say or do. Sometimes the best thing that we can do is just be there, have no words, and just sit with the suffering person. This is known as the ministry of presence.

Many times in the New Testament we hear about the compassion that Jesus showed towards those who were suffering. He saw people who were hungry, blind, suffering and He had compassion for them. As God's chosen people, He directs us to clothe ourselves with compassion (Col 2:12). The definition of the word compassion means moving towards those in pain. The Latin origin of the word describes it best as co-suffering. As shown to us by Jesus, we as Christians should with love and compassion reach out to those who are hurting and share in their pain. The Holy Spirit will provide us with the words, if any, that we need to say. As noted by Ann Voskamp, "when pain is the deepest words are the fewest!"

In the book *What to Say*, Carol Ebeling offers three actions that serve as reminders when ministering to those who are hurting:

- 1. Hug them:** Physical reassurance shows you care.
- 2. Hang around:** Just be there if needed.
- 3. Hush:** Say nothing. Just listen.

In addition to Jesus, I am reminded of another great example of ministry of presence, and that is the Lutheran Church Charities K-9 Comfort Dog Ministry. They do not speak, they do not expect anything in return, they are just there to offer compassion in their own special way.

"Do not be slothful in zeal, be fervent in spirit, serve the Lord. Rejoice in hope, be patient in tribulation, be constant in prayer. Contribute to the needs of the saints and seek to show hospitality." Rom. 12:11-13

Presence! It's More than Showing Up

Rev. Joel Hempel

Director & Religious Endorser, Specialized Pastoral Counselor

LCMS Office of National Mission

Of course, Jesus was present to those whom He engaged. But consider the *way* He engaged them! Especially noteworthy are some of His one-liners (all from Matthew's Gospel): To Matthew, "Follow me." To the crowd making a commotion, "Go away, for the girl is not dead but 'sleeping.'" To the man with the withered hand, "Stretch out your hand." To the disciples in the boat, "Take heart; it is I. Do not be afraid." To the Canaanite woman, "O woman, great is our faith. Be it done for you as you desire." To the disciples, "But who do you say that I am?" To the Pharisees, "Why put me to the test, you hypocrites?" To Peter, "Before the rooster crows, you will deny me three times." To the disciples, "Behold, I am with you always, to the end of the age."

It's not just that Jesus' words always seem to be the right words for the right occasion (something that is beyond our ability and should be beyond our desire), they were delivered with appropriate thought, emotion and intent. Jesus was — I would suggest — *always present* (also something we cannot aspire to be).

Presence is a lot more than showing up — although showing up is a necessary step in being attentive to someone. Presence, I believe, includes nine component parts. At the top of the list is the Holy Spirit — the Spirit of Truth working through us (see Eph. 4:10, John 14: 15–17). Then there is our physical self, the five senses, intuition, thinking, feeling, the will or decision to be present, as well as tone and volume of



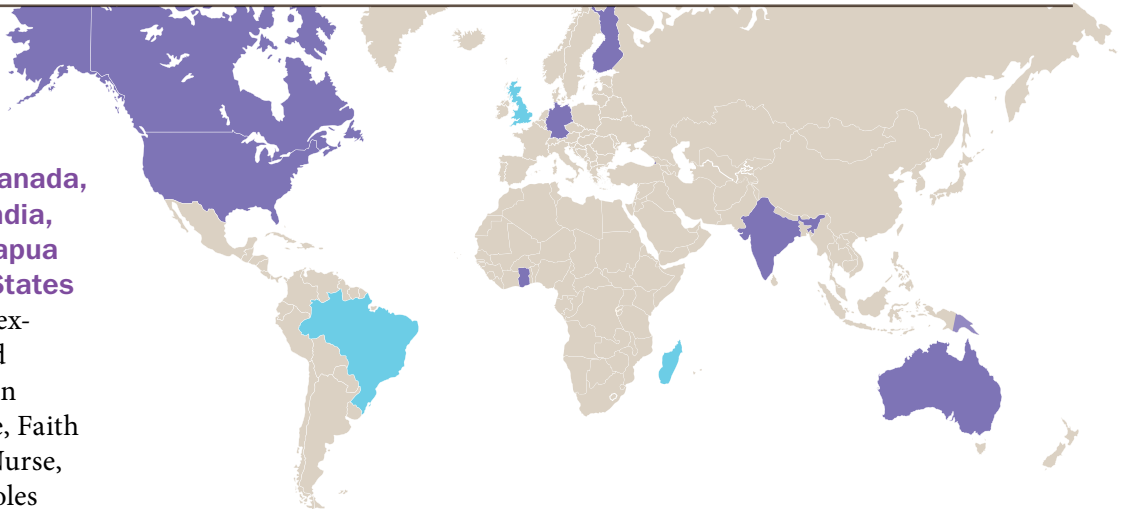
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voice. Finally, and second only to the Holy Spirit working through us, is our wounded self.

When was the last time someone was this kind of present to you? If you ever experienced it, you know how powerful it is. The more those component parts of presence are available to us and working together on behalf of another, the greater the opportunity for the Holy Spirit to work through us to bring comfort or discontent, depending on what is needed. And when these component parts are well developed and integrated, we are blessed to bring the fullness of our being into the moment.

A Global Overview of Known Lutheran Parish Nurses

A T LEAST ONE Lutheran parish nurse is known to be in each of the following countries: **Australia, Canada, Finland, Germany, Ghana, India, Norfolk Island, Palestine, Papua New Guinea** and the **United States of America**. Interest has been expressed in **Brazil, England** and **Madagascar**. The titles differ in various locations (Parish Nurse, Faith Community Nurse, Diaconal Nurse, Pastoral Care Nurse), but the roles remain the same. The roles, however, vary according to cultural norms and socioeconomics. Ministry of presence is a common bond for all locations, and there is a ministry of presence (albeit through a Google group) that



connects Lutheran parish nursing in the global community. For more information about Lutheran Parish Nurses International, NFP see lpni.org or contact marcyschnorr2009@gmail.com.

Parish Nurses can also participate in some international outreach through Lutherans in Medical Missions *LIMM.org* and/or Mercy Medical Teams (LCMS) lcms.org/mercyteams

Ten Years of Blessings, An Overview

Raeda Mansour, Parish Nurse
Bethlehem, West Bank (Palestine)

Introduction

When we started the Ajyal's ministry, we weren't aware of the blessings that we were about to receive. This small seed has grown rapidly and transformed the lives of many! Diyar Senior Care Initiative has its roots in Ajyal Elderly Program, which was launched by Diyar Consortium in 2006. The initiative is based on the Faith Community Nursing framework, which offers a holistic perspective to health, healing and personal wellbeing. The Diyar Senior Care Initiative has a proactive nature that explores the contributing potential of the elderly in Palestine and seeks to re-engage them back into society as active citizens. It is unique in that it does not follow the traditional dependency models that most other elderly programs in Palestine adopt, by which, however well-intentioned they may be, they usually consider and work with the elderly as helpless, weak and frail while subconsciously conveying attitudes that hold negative age stereotypes such as old age meaning being feeble and incompetent. Such attitudes affect the elderly negatively and damage their emotional wellbeing by making them believe that they are close to dying and their life no longer has meaning or value, therefore leading them to ultimately neglect their own health as they now believe this is part of the aging process.

Ajyal is the complete opposite of other models. By focusing on the elderly's potential, we believe that it greatly impacts their health and daily functioning. The activities seek to empower them into extended physical, social and mental wellbeing. The steps taken throughout the past ten years focus on working towards the



The 2016 parish nurse team visited a group of elderly ladies in Taybeh (Biblical Ephram). Time was spent listening to their concerns, giving hugs, praying, sharing a cup of coffee and providing a ministry of presence. The ladies from Taybeh and the parish nurses on the team were blessed by the experience.

development of a national strategy to advocate for policy changes regarding the elderly and their rights. Ajyal serves and works largely with the marginalized, underprivileged elderly living in Bethlehem and the surrounding areas (both Muslims & Christians) who are 60 years old and above, promoting a new hope for a prosperous, meaningful and enriched life.

Goal & Purpose

The overall aim and goal of the Diyar Senior Care Initiative is to improve the quality of life of the elderly in Palestine and explore their contributing potential, particularly as there is a significant growing number of elderly living without the support of traditional family social structures. Through the Parish Nursing Ministry, we seek to provide the elderly with the best possible opportunities for independence, self-fulfillment and participation in the societal life, to bring hope and healing to them and to work towards an abundant and dignified life.

Why is the Ajyal needed?

The Diyar Senior Care Initiative is a critical and unique initiative which responds to and addresses the

ever-growing needs of the elderly, particularly those who are underprivileged and marginalized, including those who are immobile, living on their own or alone for most of the time. Even though relatively speaking the percent of the population that is elderly is small compared to other societies, the elderly in Palestine are at risk. There are no special healthcare services provided for them and no specialization in elderly health issues.

Activities

A Holistic Intensive Program for the Elderly

A holistic program of activities that comprises of basic health services and awareness-raising sessions and workshops, social support system and companionship, and spiritual fellowship as well as opportunities for continuous education, production and growth. There is also an outreach element, which is dependent on the mobility condition of the elderly so that weekly home visits combined with homebound activities are carried out to the elderly who are immobile and confined to their homes.

The activities of the program are varied and empowering, aiming to meet the elderly's needs by improving their

physical, emotional and social wellbeing and fulfilling the set goal for the initiative at large. The activities in general can be summarized as follows:

- Basic Health Services & Awareness-Raising Sessions and Workshops
- Social & Psychological Support System and Companionship
- Spiritual Fellowship
- Opportunities for Continuous Education, Production and Growth
- Outreach Home Visits

Impact of Ajyal Ministry on members:

Although there are many activities included in the outreach to the elderly, *ministry of presence* is an important component throughout. Compassionate listening, the gift of time, valuing the individual, empathy and prayer are

essential. Ajyal has an extremely positive impact on the community at large in terms of changing the community's general views on the role and contributions of the elderly so that they begin to regard the older generations as valuable, creative, engaged citizens and focus on their strengths and potentials instead of their weaknesses, dependency and ill-health. In addition, the elderly become more engaged (or for better description re-engaged) in their communities, less lonely and more loved and cared for as support for and among them is built through the various activities and new friendships and relationships are developed by meeting other elderly.

As we celebrated the 10th anniversary of Ajyal in 2016, we are so grateful to God who blessed us abundantly by opening the door to such wonderful and tremendous ministry. We are very

thankful to many people who shared Diyar's vision and supported it. We are thankful to Dr. Marcia Schnorr, who helped us from the beginning in the logistic issues by providing our parish nurse with the theoretical material, hosting her in her house for a month for internship, planning and leading an annual parish group to Bethlehem for sharing, learning and exchanging knowledge and blessings. We're very thankful as well to the LCMS & Concordia University Wisconsin who built up the curriculum for long distance learning and are still committed to our ministry.

Note: This was a small portion of a much more inclusive description of the Parish Nurse Ministry in the Holy Land. If you would like to receive the full description, please contact marcyschnorr2009@gmail.com.



PHOTO: THINKSTOCK/ISTOCKPHOTO

Trokosi:

A System of Traditional Religious Practice

Nsa Basseyy Idiok ("Sussie"), St. Paul Lutheran Church and School, Accra, Ghana

Trokosi system is a traditional religious practice found in parts of Ghana, Benin and Togo typically practiced by the Ewes. "Tro" in Ewe means deity and "Kosi" means female slave.

Origin

During the migration of the Ewe ethnic group in the Volta region of Ghana, wars were rampant and warriors usually pledged women to their religious shrine in exchange for victory in battle.

This practice evolved into what has now become the Trokosi. After settling into their present communities, there was need to put in place measures to administer justice and maintain law and order. As a result the Trokosi system became entrenched in the religious and cultural practices of the people to serve as means of deterrent and sometimes to recompense errors of family members.

Due to these offenses, families began

experiencing adversities. These calamities were attributed to the wrath of the gods due to offenses committed by members of the family. To appease the gods and stop these disasters, a young girl would be sent to the shrine to be a Trokosi or "Slave of the gods."

Children sometimes as young as five to eight years old, almost always females, are given by their parents or families to the village fetish priests as sexual/domestic slaves or "wives of the gods" to a life of servitude, physical and sexual abuse and deprivation, simply to pay for a crime or offense they do not commit. Ghana's Trokosi girls are literally groaning, crying, begging

for mercy but who will hear their cries and rescue them from such vile abuse and practice?

The girls go through a ritual where they are stripped of all their clothing that represents their way of life and are given basic clothing items to cover only their breasts and private parts to signify their status as Trokosi. While enslaved, the young girls are forced to live in terrible conditions. If a girl tries to run away or resist in any way, she is usually beaten into submission.

In addition to being frequently raped, these girls have little to wear or eat. Although the Trokosi provide food and clothing for themselves and their

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St. Louis, MO 63122

News Welcomed!

We want to know what you're up to, what issues you are facing, and what programs are working in your congregation or agency! We welcome story suggestions, questions, short articles or photographs that highlight achievements in parish nursing.

If you have news you'd like to share, contact Dr. Marcia Schnorr at marcyschnorr2009@gmail.com or 815-562-6823.

Please note: Editorial staff reserve the right to edit or decline articles.

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LCMS parish nursing now has its own Facebook page. Please visit us at facebook.com/LCMSParishNursing to like us and share with us. Your comments and questions are what make this site useful.



children, they are permitted to retain only a fraction of the wages they earn outside the shrine. These girls are forced to work twelve hours a day in the hot sun and are denied education, food and basic medical care.

The victims cannot start a family of their own even when they are no longer in captivity at the shrine under the Trokosi system.

According to Sandra Greene, in Ghana the practice dates back to at least the late 18th century. The practice called "replacement" also began in Ghana at that time. Under this practice, if a shrine slave died or ran away, the family was required to replace her with another girl. At the beginning of the 19th century, when Nyigbla became the chief Anlo deity, its shrines also began to demand slaves for its services. Involuntary slavery, however, was not common at that time and in that place. Even though Nyigbla instituted a practice called “Foasi,” whereby two servants were recruited annually, it was done on a more or less voluntary basis. At that time, the slaves were often married to members of powerful priestly families.

Call to Action

The Ghana police service has been urged to live up to expectations in its responsibility to protect the citizenry against obnoxious cultural practices. Even though some of these practices are unlawful, they are very much a part of the lives of the people in some customary communities in southern Ghana.

I have had the opportunity to meet with various girls — most recently one I will call Connie (not her real name). Connie ran away from home to keep from being sent to the shrine. I was told secretly where she could be located and I went to look for her. I have returned often and she is always glad to see me. I comfort her. We share scriptures, and I pray with her. That is all I can do, but it has been appreciated. I am glad to do it.

I have been told that a Christian NGO has arrived. They plan to integrate the freed girls into a skill acquisition program. A Roman Catholic priest has been exchanging a cow for a girl and has been able to free over 200 maidens.

Please pray for the girls and for me.

At the time of this writing, Sussie was enrolled in the Introduction to Parish Nursing course through LCMS Health Ministry.

District Representatives Meet

Karen Hardecopf, LCMS parish nursing program coordinator, and Marcy Schnorr, LCMS parish nursing educational coordinator, led the Annual Meeting for LCMS Parish Nursing/Congregational Health District Representatives. District representatives from across the nation gathered at Concordia University Wisconsin (CUW) on May 23 & 24 to worship, network, update one another and participate in leadership training. One of the highlights was for the representatives to plan a “Meet Your Rep” time at the Annual CUW Congregational Health and Parish Nursing Ministries Conference held May 24 & 25. Each representative in attendance hosted a table at lunch for parish nurses and health advocates to meet each other as well as to get to know their representative from LCMS.



O Give Thanks

The 25th Annual Concordia Conference for Parish Nursing and Congregational Health Ministries was held May 24–25, 2017 at Concordia University Wisconsin, Mequon, Wis. on the beautiful shores of Lake Michigan. Participants came from coast to coast and many places in between as well as from Bethlehem (Palestine). The conference theme was “O Give Thanks” based on Ps. 107:1 and included a celebration of the 500th Anniversary of the Reformation.



Left to right are Dr. Jamie Spikes, Dr. Carol Lueders Bolwerk and Dr. Marcy Schnorr

Keynote addresses were as follows:

1. Thanksgiving for God’s Gifts (Rev. Dr. Dan Paavola)
2. Thanksgiving for Music: Hymns of the Reformation (Mr. Tom Giordano)
3. Thanksgiving for a Calling: Parish Nursing as Vocation (Rev. Dr. Patrick Ferry)
4. Thanking God for the Opportunity to Share Hope in Serving Others (Ms. Raeda Mansour)
5. Thanksgiving for Prayer and Prayers of Thanksgiving (Rev. Steve Smith)
6. Thanksgiving for Parish Nursing: Looking in a 3-Way Mirror (Dr. Marcia Schnorr)

Worship, break-out sessions and exhibitors added to provide a well-rounded, Christ-centered conference with networking opportunities to renew old friendships and make new friends.

Members of LCMS Parish Nurse Council and conference participants recognized Dr. Carol Lueders Bolwerk for 25 years of dedication as chairperson for the annual conference with a gift and a standing ovation.



PHOTO: THINKSTOCK/PHOTODISC

Educational Opportunities and Resources



God Loves Me Dearly (Lullabies for Children of All Ages) is a wonderful CD by Jeffrey E. Burkart.

Dr. Burkart is Emeritus Professor of Educational Media/Communication and Artist in Residence at Concordia University in St. Paul, Minn. The CD has an assortment of well-known hymns that will soothe an infant or a senior who is restless and unable to sleep. Persons with dementia who experience sundowners and restlessness at night may benefit.

For ordering information, in the summer you can contact Dr. Burkart at his home (651-484-7722) or jburkhart@csp.edu. The mailing address is 433 Irene Court, Roseville, MN 55113. During the academic year he may also be reached at 651-641-8426 (Concordia University, 1282 Concordia Avenue, St. Paul, MN 55104-5494).

Our Way Home: A Journey Through the Lord’s Prayer by Rev. Dr. Daniel E. Paavola recently published by Concordia Publishing House is written in Dr. Paavola’s well-known storytelling style and can be useful for those for whom the Lord’s Prayer is well-known and those who have just been introduced to this model prayer. Parish nurses will appreciate the read for their own enlightenment and to gain a new insight that could be shared with others.

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President of Synod:

Rev. Matthew C. Harrison

Parish Nurse Ministry Coordinators:

Marcia Schnorr, Ed.D., R.N.-B.C.
Certified Lay Minister—Parish Nurse

Karen Hardecopf, R.N.
Certified Lay Minister—Parish Nurse

Designer:

Chrissy Thomas

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Fear, Anxiety, and Wellness: Journey to a Heart at Peace by John D. Eckrich, M.D. recently published by Tenth Power Publishing. Dr. Eckrich is a Christian physician (LCMS) who is well-known for his emphasis on the spiritual component to wellness and frequently has described the interaction between the physical and the spiritual. Dr. Eckrich is the founder of Grace Place Wellness, a ministry that focuses on wellness of church workers. The easy style and the insights shared make this a valuable resource for parish nurses and others who are concerned about wellness of all people — clergy and laity. To order books or to inquire about speaking engagements call 314-805-9700 or e-mail jeckrich@graceplacewellness.org

Educational Opportunities

Parish Nurse Basic Preparation opportunities are available through LCMS Health Ministries. This course offers an individualized schedule through distance learning and mentoring. See lcms.org/health/parishnursing to register. For those who prefer a group setting, Concordia University Wisconsin, Mequon, Wis., also offers an on-campus program twice a year. For more information, contact carol.lueders.bolwerk@cuw.edu

LCMS Parish Nurse Video Lectures are available at no charge to parish nurses and others. These are divided between theology lectures and health related topics. The most recent lecture is highlighted, but all are available in the archives. Visit lcms.org/health/parishnursing.

Educational Opportunities — 2018

The following special events promise special learning and networking opportunities for parish nurses during the 2018 calendar year. I already have each of them on my calendar.

The 26th Annual Concordia Conference for Parish Nursing and Congregational Health will be May 23-24, 2018 at Concordia University Wisconsin. The theme *Steadfast Servants* will provide direction for keynotes, breakout sessions and devotions. For more information, contact carol.lueders.bolwerk@cuw.edu

The Lutheran Parish Nurses International, NFP Study Tour will be September 13–20, 2018 to Manitoba and Saskatchewan. Judy Hertlein (parish nurse at Christ Lutheran Church, Langenburg, Saskatchewan) is the tour coordinator for this opportunity. For a full itinerary with registration information see the LPNI website (lpni.org) or contact j.hertlein@sasktel.net

Begin Advent in Bethlehem: Many LCMS parish nurses and others are familiar with Raeda Mansour, parish nurse at Christmas Lutheran Church in Bethlehem (Palestine). Raeda has frequently had the opportunity to attend the annual Concordia Conference and other parish nurse gatherings. Marcy Schnorr has escorted several teams of parish nurses and others to Bethlehem for a pilgrimage and to provide some encouragement and support for Raeda's service in and around Bethlehem. Another team is scheduled for **Nov. 23–Dec. 1, 2018**. Attempts are made to have the team identified by March so that team building can begin. For more information, contact marcyschnorr2009@gmail.com.