



# Free Methodist Healthcare Fellowship

## Whole Person Care Newsletter [www.fmhealth.org](http://www.fmhealth.org) JUNE 2015

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### FM Healthcare Fellowship FALL CONFERENCE The Place of Chaplains on the Healthcare Team At the Essenhaus in Middlebury, Indiana September 18-20, 2015

As Christian Healthcare Professionals we often talk about addressing the spiritual needs of our patients. Sometimes we succeed, but sometimes we don't due to lack of time or many other factors, or we try in a manner that seems ineffective. The Free Methodist Chaplain's Association has many members who are chaplains in hospitals, nursing homes, hospice services or simply work in a local church and minister to those who have physical and mental illness. For years our Free Methodist Health Fellowship and the Chaplain's groups have had little or no contact. Each group has their own newsletter and meetings, which is appropriate. The organizations can certainly function separately, but this year our FMHF has decided to invite a Chaplain as our main speaker and other chaplains to participate on panels or as part of the general discussion. We want to learn from each other. (continued on next page)



### How to register for FMHF Fall Retreat: call 1-800-455-9471 for reservations

A block of rooms has been reserved at rates of \$120-155. Make your reservation by August 18 to receive the discount and be guaranteed a room. September is a busy season there. Registration for the conference is \$100 for one person, \$25 for a spouse plus \$30 a person for Saturday dinner. Breakfasts are included in the hotel rate and Saturday lunch is on your own. You can pay your registration when you arrive. We get our count from how many rooms are reserved, but it would be helpful if you sent an email to: [normwetterau@aol.com](mailto:normwetterau@aol.com) to let us know you are coming, or call and leave a message: 585 335 2350.



## **FMHF FALL CONFERENCE (continued)**

### **The Place of Chaplains on the Healthcare Team**

Our main speaker is John Vlainic from Toronto, Canada. An ordained Free Methodist minister, he is also an experienced chaplain, denominational educator, and has written and collected articles and booklets to help pastors and others provide better spiritual care to those who are ill. What can he teach us?

Through some traditional talks John will help us to enter into what he has learned as a chaplain, caring for ill patients, family members and staff for over 15 years. Through panels we will interact with him and other Chaplains who are present. We want to learn: What have the chaplains learned that others of us in healthcare have missed? What spiritual insights do we as scientists bring to the table? John will start off with a keynote talk Friday night. Saturday morning will be spent interacting with him and other chaplains as they share their insights with us. Dr. Eric McLaughlin from Kibuye will also share how spiritual care is delivered in Burundi, including how it relates to those who are still in recovery from years of civil war.

One of the purposes of our fellowship is to help our churches become healing communities. One way to do this is through training of pastors. On Saturday evening we want to talk about how we can help do that. Chaplain Vlainic has some ideas from his long involvement in local churches as pastor and for the last 15 years, as a non-pastoral participant. In addition, he has written resources for both pastors and lay people who want to help their churches minister to the sick and disabled. We want to bring together additional references and ideas we can post on our website, not just for our members, but also for pastors and laypeople.

We hope that this conference will help us develop a new vision of how God can work through physicians, nurses and PAs as well as chaplains and pastors in making our churches healing communities.

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### **John Vlainic: A brief biographical sketch**



John Vlainic is a graduate of Roberts Wesleyan College (BA), Asbury Theological Seminary (M.Div.) and Wycliffe College at the University of Toronto (Th.M.). After two decades as a parish minister, John led the pastoral service department at St. Peter's Hospital in Hamilton (from 1999 to 2009). Since then he has served as a staff chaplain at the Hamilton General site of Hamilton General Hospital. He has been co-chair of the clinical ethics committee at Hamilton Health Sciences. After extensive clinical training, he is now a certified specialist in spiritual care in CASC (Canadian Association for Spiritual Care). This is the Canadian equivalent to what in the U.S. is referred to as a "board certified chaplain." This spring he was approved for membership in the College of Registered Psychotherapists of Ontario.

At work he provides care for patients and staff, supervises seminary students preparing for pastoral ministry, works on staff leadership teams, and shares in leadership in the Canadian Association for Spiritual Care. Beyond work, he has served for many years on the Study Commissions on Doctrine (in both the US and Canadian General Conferences), and has shaped and taught courses for emerging leaders in the Free Methodist Church in Canada.

John and his wife Ruth are very active in their local church. Ruth leads the Tuesday night group they are in, and John arranges the worship component. They have one son, a marvelous young adult with a range of special needs, Jason. John insists that Jason was God's gift to ready him for the work of a chaplain.

## **Free Methodist Healthcare Fellowship**

**New Vision - Expanded Directions** by Norm Wetterau, President, FM Healthcare Fellowship

Our fellowship was formed in 1960 to bring together doctors and dentists. We supported each other, promoted missions and purposed to mentor and advise those in training. A number of our members served in medical missions and others in Christ-centered work in North America. But healthcare involves a lot more than doctors and dentists. Office practice and hospital based care is team based, and many doctors find that those around them contribute as much or more than they do to a person's health. How many times have I been in a difficult situation and called for a nurse, social worker or chaplain to assist. Each team member is important in the delivery of healthcare and is included in the Free Methodist Healthcare Fellowship.

Nurses are now providing a fresh perspective as they have moved from associate status to full members. We now have nurses on our board. We also have invited the members of Parish Nursing to be part of our group, and over twenty have responded with a request to receive our newsletter. Jennifer Becker, who has a Masters of Public Health degree, has joined the board and produces this newsletter. We are inviting chaplains and pastors who have a special interest in healthcare to become involved. Our fall conference will focus on chaplains as part of the healthcare team. We have invited Rev. John Vlainic, a member of the Canadian Association for Spiritual care, to lead us in this topic, "The Place of Chaplains on the Health-Care Team." (see "Fall Conference...") Free Methodist chaplains are invited to attend and will be a part of a panel discussion. Missionary physician Dr. Eric McLaughlin will address the issues of spiritual healing in the context of his practice in Central Africa.

The Fellowship now has broader focus that goes beyond our expanded membership. In addition to our previous areas of interest we want to reach out to our churches and help them become healing communities. Our vision includes making an impact on our churches. We want to be a resource, both personally and through our new website: [www.fmhealth.org](http://www.fmhealth.org)

So our upcoming fall conference in Sept 18-20 will develop the theme of chaplains as part of the healthcare team. We will introduce material to our website that will help pastors as they visit and minister to the sick. It may also help others in the congregation. We have an article in the newsletter that illustrates what one church is doing.

We want to reach out to our local churches. We have our annual retreat in the fall where we gather to hear speakers, fellowship and discuss what we are doing in healthcare and our home churches. Where there are interested people, we could present a program in a local church on a variety of subjects dealing with physical illness, mental health, substance abuse and spiritual health.

So we are a fellowship with a new vision and expanded directions. We are growing to include all healthcare professionals and allied disciplines. We also see the need to reach out to our home churches to provide the resources needed to lead our church in becoming healing communities that provide whole person care.



IF YOU WANT TO KNOW MORE,  
SIGN UP FOR OUR NEWSLETTER at [fmhealth.org](http://fmhealth.org).  
Also share this information with other healthcare  
professionals in your congregation.

## Free Methodist Medical Missions in Central Africa - From Clinics to a Medical School

Norm Wetterau, President FMHF

Free Methodists came to Central Africa in 1935 under the leadership of J.W.Haley. The Free Methodist Church was first established Burundi, and then missionaries moved into Rwanda as well as the Congo. These early missionaries found the people living in need of medical care. Despite having no medical training, first aid and simple medications were provided. Referral to hospital was often not practical and even impossible because of lack of medical facilities. So clinics were organized under the leadership of nurses in each of the three countries where Free Methodist work had been established. In 1945 a dispensary was established at Kibogora in Rwanda where two nurses would treat as many as 200 patients a day. Nurse managed clinics had also been opened in Burundi, and in 1946 Dr. Esther Kuhn was assigned to Kibuye as its first doctor. Then in 1963 Dr. Kuhn was assigned to Kibogora, becoming its first doctor. Dr. Snyder began his missionary career at Kibuye Hospital after he had been assigned to Rwanda-Urundi in 1955. He was later assigned to Kibogora Hospital, arriving there in 1968. Dr. Frank Ogden first went to Kibuye Hospital, Burundi in 1970 and also worked at Kibogora and Nundu. Dr. Tim Kratzer began as a medical missionary at Kibogora in 1974 and later was assigned to Nundu in the Congo (now Democratic Republic of Congo, or D.R.C.), arriving there in 1981.



Under the leadership of these and other medical missionary personnel, Free Methodists have played a major role in providing medical care in the countries of Burundi, Rwanda, and the Congo. These medical missionary personnel also include Myra Adamson, Dorothy Orcutt, Dr. Tom and Cathy Hadduck, Linda Stryker, Sheila Etherington, Elaine Williamson. Mentioning names is problematic as there are a whole host of missionaries who have made medical care available in Central Africa. Three hospitals have been developed, each of these hospitals having over 100 inpatient beds as well as multiple outlying clinics. Schools to train healthcare workers, including nurses and medical assistants, have also been established.

### Civil War: Where is God?

Intermittent cataclysms of ethnic struggles and political instability have impacted Central Africa from the 1950's on to the present. In the 1990's civil war broke out in all three countries. Almost a million people died in Rwanda and several hundred thousand in Burundi. Our missionaries had to flee for their lives and many church leaders and national healthcare workers fled or were killed. Missionary Dr. Al Snyder gives the history of this period in his book: *On a Hill Far Away*. There are few conflicts in the twentieth century as bloody and without apparent purpose. In addition to the conflict in Rwanda and Burundi, five million have been killed and two million displaced in the civil war in Eastern Congo. The civil war in Congo has been described as the most deadly conflict since WW II. How could God allow such things to go on? Is God still there?

### Post civil war: God may have a new and more exciting plan.

During this period of war there were few or no missionaries in Central Africa, although these hospitals and clinics operated with local staff when available. Direct financial support for our medical works by the Free Methodist church has decreased greatly. For various reasons medical missionaries have either not returned, or, if they have returned, they have returned for shorter terms. Because of their educational debts and our church's emphasis on short-term mission trips, few young physicians or nurses have stepped up to replace these older missionaries. One could also propose that there is a decreased interest in sending full-time medical missionaries on the part of our churches. Nonetheless, God seems to have a plan and purpose for the rapidly growing church in Central Africa, plans which exceed even the vision of our medical missionary pioneers.

Part of this plan is the use of national medical personnel. Our hospitals had affiliated nursing schools and even during the civil war these nurses provided care. Kibogora had a physician's assistant school and the hospital had provided advanced training to many national physicians that had graduated from the medical school in Butare, Rwanda. These nurses, physician assistants and physicians continued to provide care, aided by various volunteers, including missionaries, who would serve anywhere from several months to years. These American and European missionaries and volunteers were critical in helping transition Kibogora Hospital to national leadership, in training medical personnel and in providing specialized care.

After the Rwandan genocide, foreign aid poured into that country. This money has helped move the country from third world status. Kibogora Hospital is being upgraded to become a more modern facility, known as the premier center for medical care in southwestern Rwanda. Visiting physicians provided necessary specialty care and training. Surgeons and other surgical specialists have volunteered for long periods. Einstein University School of Medicine in New York City has an affiliation to assist in the provision of obstetrical and gynecologic care. So an ongoing challenge of Kibogora Hospital is to modernize, receive financial assistance outside of the church, and still maintain its Christian mission.

In the Congo at Nundu Hospital, also known as Deaconess Hospital of Nundu, the nursing school has been turning out graduates who work at the hospital and staff over 40 rural clinics. These clinics have been providing patient education, simple public health measures and outpatient treatment of diseases such as intestinal parasites, malaria and bacterial infections. Referrals were made to the hospital at Nundu, even throughout the period of the civil war. National doctors and doctors from neighboring countries staffed the hospital for short periods. Three other larger clinics with inpatient beds were established. Congolese doctors now staff our healthcare facilities and direct the medical work; nurses staff the outpatient clinics. Considering the fact that the civil war is just winding down, this is a remarkable work of God. In spite of thousands of deaths and thousands of others who fled the region, the church has continued to grow. The only full time missionary in Congo during this period of war has been missionary nurse Linda Stryker. Now that the civil war is winding down, Randy Mathewson accompanied by his wife has assisted in rebuilding the hospital infrastructure.

God has been at work in the Congo, and more miracles will be needed to provide more financial support for the medical work. Congo is an impoverished nation, the result of years of political corruption and war. The total budget for the 100 bed hospital is under \$100,000 a year. The clinics and hospital often lack even the most basic medicines and the hospital has no reliable source of electricity. Randy Mathewson is working to complete a hydroelectric plant. Financial support is needed for this project. Traditionally support has been raised by missionaries as part of their ministry. The challenge for the Congo and other areas in Central Africa is the raising of funds to assist the national church in maintaining these healthcare ministries. We may talk about self supporting national churches, but if one looks up the poorest countries in the world, Congo will be at the top of the list, Burundi only a few places behind and Rwanda is still considered to be in the poor category. But God is at work in providing for the medical needs in these countries.

Another miracle is taking place at Burundi's Kibuye Hospital, now known as Kibuye Hope Hospital. This hospital was very much in a need of upgrading its infrastructure. Also, though staffed by newly graduated government physicians appointed by the government, medical missionaries have been very much needed. Retired missionary surgeon Dr. Frank Ogden provided leadership before, during and after the period of civil war. Dr. Jerry Rusher has been able to volunteer time, but on a limited basis. (Their stories will be told in future issues of this publication and give witness to God at work in difficult times.)

Even while Dr. Ogden and Dr. Rusher were responding to the need at Kibuye, God was raising up national leadership to provide for the future the church in Burundi. Bishop Elli Buconyori had a vision for a Christian university in Burundi, even while he was a refugee in Kenya. That vision grew to include a medical school, graduate nursing school and other allied health schools and is known as Hope Africa University. The medical school graduated 24 students in December, 2014. Dr. Buconyori named the medical school after Dr. Ogden, in honor of his contribution to the health needs of rural Burundi over a period of 40 years. The nursing school is the only university level nursing school in the country and now offers a master's degree in nursing leadership. One of their graduates runs the Van Norman Clinic at Hope Africa University in Bujumbura.

What about Hope Hospital? The students from HAU receive much of their clinical training there. Patients census at the hospital was unusually low given the large area in need, there were only three doctors with limited experience and the equipment was outdated. Again God performed miracles. A group of young missionary doctors from the USA was looking for an area of greatest need. They found that place at Kibuye, where they could both provide urgently needed medical care as well as teach medical and nursing students. This group currently includes Dr. Eric McLaughlin, family practice, Dr. Alyssa Pfister, med-peds, Dr. Rachel McLaughlin obstetrics- gynecology, Dr. Jason Fader, general surgery, Dr. Carlan Wendler emergency medicine, and Dr. John Cropsey, ophthalmology. God has turned a brand new school started by refugees returning to Burundi and an old hospital with limited staff into a functioning center for training. Many improvements to this hospital and school are still needed. But God has been faithful and will continue to be. And yes, the number of patients served is rapidly increasing. We, as members of the Free Methodist Healthcare Fellowship, are able to let people know what is happening in medical missions in Burundi, Rwanda and the Congo. I wonder what surprises God has for us next!



## Doctor Eric McLaughlin to speak at Fall Conference



Dr. Eric McLaughlin and his wife Rachel are missionaries at Kibuye Hope Hospital in Burundi. In September Eric will be in the states on Furlough and has agreed to attend our fall conference and share his work. He is not our main speaker, but will share what God is doing in Burundi at our hospital, plus share how the spiritual healing is integrated into physical healing there. He has written this brief description of himself and what he does:

***I am a Family Medicine doctor who grew up around Nashville, but trained at the University of Michigan. I am married to Rachel, an OBGYN, and we have 3 children. In 2007,***

***we joined with several longtime friends to pursue medical missions together as a community of families. This community worked at Tenwek Hospital in Kenya with Samaritan's Purse from 2009-2011, where we decided to pursue working longterm in Burundi. From 2012-2013, we studied French in Albertville, France, and then relocated to Burundi.***

***Our team, now of 6 doctors and 16 individuals total, lives and works at Kibuye Hope Hospital in the interior of Burundi. Kibuye, founded by the Free Methodist Mission and run by the Free Methodist Church of Burundi, has served the area nearly 75 years. Recently, they were designated by Hope Africa University as a primary teaching site for their medical and nursing schools. Our team's mission is to provide care to people in this area, while serving as professors and mentors to a generation of central African doctors who are training at HAU. To this end, we are striving to increase the capacity of the hospital, expanding to serve the medical and educational needs of the current mission of the hospital.***

## A Way for the Church to be a Healing Community

by Katherine Beiter, a member of FMHF in Rochester NY

Let me share one way that Edgewood Free Methodist Church is taking the 'opportunity' to help 'the lonely, the forgotten and the hurting.' Last summer two of us who are a part of the Caring Ministry begin talking with our lead pastor about how we can reach out to the frail elderly, more than we have been. Our dream was for a "friendly visitor" program." We wondered who would lead it. The two of us, who had this dream, were too committed already or were dealing with age and health problems. Then, we discovered a young woman with a master's in Social Work and a passion for gerontology. She agree to help launch it, but with my assistance. As I struggled with "I'm too old to do this again," and "I've had so many health problems," God spoke to me: "God will make this happen for He who calls you is faithful," and "Bring Me all your concerns - your dreams...let the light of My presence shine on your hopes and dreams." My decision was made. I became co-coordinator the new ministry. Two months later, we have the Caring Connections ministry, 20 volunteers to be "friendly visitors" or 'phone-buddies.'

There are such neat things happening. One volunteer, who is a free-lance writer, is helping an 85 yr. woman write her memories. A 90 year old woman with visual problems receives a call six days a week to

have morning devotions read to her with a closing prayer together

- three volunteers take turns. A young couple who love to play games are visiting an older couple who also love to play games. A forty year old with early-onset dementia is unable to work or drive. His wife has to work. He is ministered to by others in very special ways. Two of our volunteers will take a "friend" out to lunch or for a coffee-group of older men. One young woman, a music therapy major at Roberts Wesleyan College, in Rochester, has offered to visit some of these special people and share her love of music as well as to share special hymns and classic pieces with these seniors. Up until now, she has visited two women in their nineties, one in her own home and one in a residential home - and his looking forward to her next "connection."

I believe that this ministry, along with several others in our church, contribute to making us a "community of healing," as referred to in the goals of the Healthcare Fellowship.

**"Whatever you did for one of the least of these brothers & sisters of mine, you did for me."**

