



# Free Methodist Healthcare Fellowship

## Whole Person Care Newsletter

[www.fmhealth.org](http://www.fmhealth.org)

March 2016

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## September 16-18, 2016 - Theological Consultation #56 - Seattle, WA

**Theme: Showing God's Love Cross-Culturally**

**Main speaker: Blake Wood, Pastor of Seattle First Free Methodist Church**

**Timeframe: Check-in at 4pm Friday; finishes with noon meal Sunday**

We are excited about our upcoming conference and hope you can join us! Pastor Blake Wood served over a decade in the Middle East doing cross-cultural ministry. Now as pastor in Seattle he still ministers to refugees from the Middle East and from other regions as he continues to show God's love cross-culturally. So what does this have to do with health care?

Whether we are providing medical care in the US or overseas, many of our patients are different from us culturally or in belief systems. In order to show God's love, as well as make a diagnosis and get their cooperation in their treatment, we have to cross that cultural boundary. Some of the major tenets of the new patient-centered medical home are based on this. To be patient centered means to understand our patients.

On Saturday morning we have asked Blake to share from his missionary experiences. Part of his talk will emphasize the need to understand other religious belief systems as well as cultural differences that he experienced. How can one close the belief and cultural gaps that exist when one tries to share God's love? One of his talks may include some discussion of the theology of Islam as a demonstration of how we can understand another culture. We as healthcare

providers have to do the same. His two morning talks will also emphasize showing God's love, which can often mean communicating with those who have different belief systems. In his second talk he will take us from the Middle East to Seattle and show how some of the work is similar.



At the end of the morning we as healthcare personnel will try to apply these lessons to our own practices and communities. How do we communicate God's love to an opioid addict, to an angry teenager, to an abused woman, to someone in chronic pain? What kinds of words do we use and what types of actions do we show? How does a church show itself to these same types of people? We will have the opportunity to discuss these issues in small groups.

There will be some free time Saturday afternoon. Then Pastor Wood will again address the group on a subject to be announced. We know that he has had much experience ministering to doctors, dentists and nurses and also to those who are ill. Join with Pastor Wood in prayer as he prepares for this conference.

## Archbishop Burnett Retreat Center at the Palisades

The site of the 2016 Consultation is a place of comfort and beauty.

Our retreat will be a time of learning as well as a time of fun, relaxation and meeting new people.

This center, only 30 minutes south of Sea-Tac Airport, is located on Puget Sound and surrounded by woods. The view of water and mountains from the dining room is spectacular. There are 56 rooms, all with private baths and either queen or double beds. Rollaway beds can be placed in some rooms for a third person. Find more pictures at: <http://www.palisadesretreatcenter.org>.

The cost for the retreat is \$100 registration (\$125 for couples) plus \$200 to \$250 per person depending on whether you have a single or double room. That includes your room with private bath, dinner Friday through Lunch on Sunday and the cost of the conference rooms and other services at the Center. For those flying in there will be transportation from Sea-Tac, which is only 20 minutes from the center. For those wishing to travel before or after, car rentals are available at the airport. The Seattle planning committee has put together a list of tourism ideas which you can access on the Upcoming Events page of our [website](#). A box lunch will be available for anyone catching an earlier flight back east Sunday morning.



Mark the weekend of September 16-18 on your calendar now. Let Free Methodist friends who are healthcare professionals know about it, including chaplains who work in health facilities.

### **The Place of Chaplains on the Healthcare Team: Follow-up from our Fall Conference. What Might a Chaplain Teach a Christian Doctor?**

Our fall conference was different from any previous ones. First chaplains were invited to attend and they were our speakers. Second, the mission of our fellowship now includes being a resource to our pastors and local churches. It is not a fellowship of just us, but a group of health professionals that now includes chaplains who want to help our churches be better healing communities. The fall conference provided many ideas that can help all of our churches. The articles in the November newsletter reviewed the conference. This and the article on visitation expand on what was written in November.

Chaplain John Vlainic's notes have been put on our website. Go to [www.fmhealth.org](http://www.fmhealth.org). Scroll down under media to view past newsletter. Now scroll down under events, which is at the top. You will come to upcoming and past. Notes and PowerPoint presentations on last year's conference are under past in the events column. Chaplain Vlainic's talk Friday night was: What Might a Chaplain Teach a Christian Doctor. The notes on our website cover what he said. His talk was built around several themes.

He started out by asking: Who really is our patient and who are we really, but there is a third person: Jesus, who is also in the room. We as doctors need to take a careful look at our patient and ourselves in the presence of Jesus. The chaplain has to get his arms around both spirituality and religion. The chaplain and the doctor need to know where the person is and meet them there. Chaplain Vlainic talked about Spiritual Distress and the signs of that in our patients but also in us. Many times a Christian Physician can provide spiritual help, but at other times the patient may need a spiritual care professional.

Another theme in his talk was embracing our own mortality and that of our patients, and being willing to talk about death. Some of this is practical like helping patients make end of life decisions. Chaplains can provide much assistance in this. The chaplain needs to be able to talk about death but without undermining hope. This could be a talk in itself.

Chaplain Vlainic went on to talk about religion and spirituality plus on Saturday he gave a very insightful talk on expanding our view on how God can heal. For those interested, please go to our website under past events. Our fellowship welcomes your comments that can be left on our website under contact us or e-mail [normwetterau@aol.com](mailto:normwetterau@aol.com)

## Hospital Visitation: Jesus Commands Us to Visit the Sick

By Norman Wetterau MD

Jesus was pretty blunt: we are to visit the sick, even someone who is an outcast like a leper. In Mathew 25 the pressure to visit builds more when we discover that if we visit someone who is sick, we are in fact visiting Jesus. If we neglect this and other similar activities we might be cast into darkness.

As we look at the subject of visiting the sick, it is not always so simple. Some people are very shy and do not know what to say. Of course from Job's friends we learn that saying nothing might be better than saying a lot. Like Job, some people might wish that we had never visited.

At this conference all the chaplains started by sharing ideas for visitation. One thing they brought up was that some pastors find visiting the sick difficult. The chaplains tried to provide some helpful hints. Then all those present sat around tables and provided some helpful hints. We hope to build on these as we develop resources for pastors and churches on our website.

One thing that the chaplains brought out was that when we visit, we visit in the name of Jesus. Jesus is in the room with us. Our presence is often much more important than what we say. Sit down in a place where the person can see us. Listen to what the patient says. Keep the focus on the interests of the patient. In some cases you may pick up that the visit needs to be short. At times the patient will indicate that they want to talk about spiritual things. After praying, stay around for a few minutes in order to address any personal concerns that may have arisen in the patient's thoughts as they prayed with you. Prayer is not an exit tool, but rather a doorway to relationship, healing and wholeness.

There was talk of who should visit from the Church. Even if the senior pastor is not that skilled in visiting, if a person is seriously ill or having serious surgery, the presence of the senior pastor is helpful. The Senior Pastor represents the whole church. Often the pastor who is most skilled in visitation should do more of the visitation, though, or lay deacons or helpers can also contribute in this way. One participant shared what happens in their church of 500 people. Communion is served once a month. After the service lay people take the elements to all those who are shut-ins, provided they are contacted ahead of time and desire the visit. Communion is something where Jesus visits the whole church through the elements. The whole church includes those who are ill at home. Visiting them is really a command from God.

Many of those present at the conference shared ideas for visitors. These include: Be compassionate. In some cases, touch. Doctors especially need to touch the patient. Let the patient guide the conversation. Do not talk about illnesses you had. Ask them if you can bring them anything. Call before arriving and do not stay too long. Consider the patient's state of mind. Meet them where they are. Remember Jesus is in the room with you.



### Presentation by our President on Pain and Addiction at upcoming CCHF meeting



The Christian Community Health Fellowship (CCHF) will have their annual meeting May 12-14 in Oklahoma City. Norman Wetterau MD and two other physicians will be doing a four hour pre-conference symposium on May 12 called: **“Caring for the least of these...Providing Christ’s love and compassion to patients with chronic, non-malignant pain and addiction.”** The three met at a conference in Rochester, began taking, and decided to submit this proposal which has been accepted.

Dr. Wetterau will also be doing a one-hour session during the conference: **Opioid misuse and addiction: helping our patients without being overly judgmental.** In presentations, they will include how they share the Gospel with patients. One of the presenters works at a Christian clinic and two do not. All three share their faith, but in slightly different ways. Standard treatment for those with addictions include social and spiritual recovery.

Form more information on the CCHF conference, see [www.cCHF.org/conference/](http://www.cCHF.org/conference/).

## News from Joel and Janette Miller

Friends,

We have been back in the U.S. for just over two months now. We are regularly asked, "How are you adjusting?" Depending on the day of the week and our honesty level, our responses range from "We're all glad to be back and doing well" to "We are wrapping our minds around the reality that everything has changed and left us behind." Many of you know firsthand those bittersweet feelings of transition.

In April 2015, after 3 years in Bujumbura, we moved up to rural Kibuye to work at Kibuye Hope Hospital (KHH). Our work was no longer vital at the Van Norman Clinic and there was a pressing need at KHH due to a home assignment for Dr. Eric McLaughlin. Joel's new job was running the Internal Medicine inpatient service and staffing the ER for adults. Less administrative and more clinical was a welcome change. Janette helped us all transition from the big city to the village. The kids left the francophone Belgian school for home school and a one-room schoolhouse.

What didn't change in this transition was our connection to the medical students. From the very beginning, our calling has been to teach students and model for them the compassionate care and missional mindset to which God has called us. KHH is the primary site for our HAU medical students to gain clinical experience and to work and live in close proximity to us.

When we moved to Kibuye in early April, we did not know that in just a few weeks, Burundi would begin to experience a difficult election season. As we began to settle in to life in quiet Kibuye, our friends in the capital were being evacuated or looking for places to go. Violent opposition combined with a harsh government response made life in Bujumbura uncertain. Much of the country remained calm but there was a shift in many of our students' thinking from hopefulness and optimism about the future to fear and uncertainty. Classes were interrupted and some students left the country for safer locations.

In the midst of this fearfulness, a small group in Kibuye and in Bujumbura continued to invest in students and ensure that they could continue their studies. We had the privilege of being a part of this group in Kibuye and heard repeatedly from the students and Burundian staff that our presence with them gave them hope and a willingness to stay and work. The failing economy and increasing unemployment were huge challenges to the students' ability to pay for their schooling. Your contributions to Friends of HAU and your prayers for us and for the students were so helpful. Thank you for the many ways you supported us.

Today, Burundi continues to struggle with economic and political upheaval. HAU is in a tenuous position and yet the medical students continue to go to Kibuye and receive a quality clinical experience. But they also go to Kibuye and experience the hopeful and compassionate care that Christian doctors are providing. We don't know when we might return to Burundi. God has called us to a season of life here in Michigan. While we are here at "home," we want to continue to look for ways to help Hope Africa University live up to its name. We want to see Hope realized for the students and the patients they see.



## Dues and Contributions to Free Methodist Healthcare Fellowship



Any healthcare professional can join our fellowship. We also have a growing mailing list for our newsletter, which you are receiving. We hope that pastors and others also read our newsletter since it has articles that help our churches become better healing communities and it also provides some updates on medical missions

We do have expenses and can use dues, which are fifty dollars, and other donations. Normally people pay this at our annual meeting. If you did not attend our fall meeting and wish to pay dues of fifty dollars or make a donation, please do so. If you do not you will still receive the newsletter and can still attend our functions, but again, we feel that fifty dollars is not too much to ask, and several of our members make extra donations. Full financial reports are given at our annual meeting.

Send dues and or donations to David Leffler, 12005 Ridgewood Drive, Fort Ashby WV 26719. Also we have your e-mail address but would like to have your regular address and phone number if you are a paying member.

## The new Jeff Crandall Pediatric Unit opens at Kibogora Hospital, Rwanda

Dr. David Crandall arrived at Kibogora in November 1974 and served as a surgeon there until May 1976. He writes, "When we arrived on the station, we had four children six years through one-year-old. In November of 1975, two-year-old Jeffrey sustained a fall on the brick patio on the mission station. As a result of the fall, he eventually died in Nairobi, Kenya, after emergency transfer there from Rwanda. It was a temptation at that time to return to the States. Yet, even as we contemplated the next step, we realized that our Rwandan friends regularly experienced the death of a child. We decided to stay and demonstrate to the people we were serving that we could identify with their sorrows and grief, even as God could relate to what they and we were going through. Upon completing our service in Rwanda, we contemplated a memorial to Jeff that would positively impact the suffering children of Western Rwanda. With the assistance of family and friends, we were able to raise funds for a pediatric unit at Kibogora that would treat the medical needs of the seriously ill children while providing them a ward separate from adult patients. It was also planned that special emphasis would be given to those sick children who were seriously malnourished."

Since its dedication in 1978, the original Jeff Crandall Pediatric Unit has brought healing to thousands of ill children in Rwanda. Since that time, Kibogora Hospital has grown into a 269-bed district hospital with 12 referring health centers, and is known throughout Rwanda for its quality and compassionate care. It is a ministry of the Free Methodist Church of Rwanda, which wholly owns the facility but operates it in cooperation with the Rwandan Ministry of Health. It has earned its current reputation over time through the amazing work and sacrifices of many nationals and expatriates. The prior ward had served well for the previous 25 years, but the hospital was increasingly hampered by the lack of a modern pediatric facility capable of supporting upgraded equipment and sufficient space to care for the increased patient load. Following the dream of a new pediatric facility that started in 2008 during a return visit of the Crandalls, the decision was made to begin construction of the facility in 2014 even without full funding on hand due to the dire need, and based upon faith that God would provide the required funds. That dream was realized on November 4, 2015, with the dedication of the beautiful, functional, and enlarged new Jeffrey Crandall Pediatric Unit on the site of the original building. Dave Crandall writes, "The dedication was attended by government officials, church leaders, supporting groups from both the United Kingdom and United States, the Crandall family, hospital staff, hospital patients, and local citizens. The service of dedication was beautiful, meaningful, and God-honoring. It was very apparent from the speeches which were given that Kibogora Hospital has had a profound impact on the healthcare of all of Western Rwanda, and that it was all a result of the providence of our loving and almighty Lord. [Photos of the dedication and building can be seen at Central Africa Healthcare Organization on Facebook - <https://www.facebook.com/gocaho/>].

This building was only made possible by the gifts of many individuals, churches, and foundations who are investing in the care of children in Rwanda. We have the privilege of finishing this project in which God has, to this point, enabled us to participate. Approximately \$45,000 is still needed to complete the funding, so there still is time to participate in this wonderful project. Gifts may be sent to the Central Africa Healthcare Organization (CAHO), either via online giving specified for the Kibogora Pediatric Building ([www.gocaho.org](http://www.gocaho.org)) or to CAHO, PO Box 580, 8050 Spring Arbor Road, Spring Arbor, MI 49283."



Left to Right: David Crandall Jr. (ER physician), Jennifer Munshaw (younger daughter, works in records at Greenville College), Simon Crandall (David Jr.'s son), Carol Crandall (David Sr.'s wife of 2 1/2 years), Dr. David Crandall, Julie Greissing (oldest daughter and psychiatrist), Jonathan Crandall (youngest son, youth pastor), and Julie Anne Crandall.



## Butterfield Memorial Foundation's Undergraduate Charitable Care Internship

After several years of granting and program development to address the poor health outcomes and the high per-citizen-healthcare expense that plagues Oklahoma, it was an article in the New England Journal of Medicine in 2010 that drove the implementation of a new program by the Butterfield Memorial Foundation in Oklahoma City to reach out to missionally-minded Christian pre-med students. A very grim ranking of 50<sup>th</sup> in a study of all states' preparedness to provide care for the disadvantaged was the result of Oklahoma having the lowest number of Primary Care Providers per capita nationally.



The Butterfield Memorial Foundation continues the work of a more than century-old Free Methodist ministry in Oklahoma City. The foundation was established after the sale of Deaconess Hospital to continue the work of supporting Christian healthcare efforts, as well as provide oversight to the former Home of Redeeming Love (now operating as Deaconess Pregnancy and Adoption Services) and Open Arms Clinic, a collaborative effort that provides charitable care to the medically vulnerable.

In an effort to address the severe shortage of primary care providers in Oklahoma, this initiative is designed to encourage students to choose a primary care specialty, and educate and inspire them to serve the poor in Oklahoma and regions with similar demographics and healthcare needs.

Steve Noblett, Executive Director of Christian Community Health Fellowship (CCHF) in Memphis, puts it this way. "Surveys consistently show that students entering medical school who identify as committed Christians, choose medicine in a desire to serve Christ by practicing missional medicine. However, something happens during the medical training process that sifts the missional intention out of Christian students."

Those same studies show that Christians who do choose to serve the poor as a way to walk out the Gospel in their medical practice cite two specific experiences that influence their decision to remain faithful to their calling. Those experiences are 1) attending a catalytic event such as a conference, retreat or gathering, and 2) shadowing or doing a rotation with a Christian physician who practices quality healthcare while integrating faith with medicine. Annual surveys of med students who participate in these programs show that over 70% choose careers in primary care serving the poor – compared to the national average, which is <14%.

In 2012, Butterfield convened deans and faculty of five Christian universities in Oklahoma who offer pre-healthcare career degree tracts, to design an experience that would create just that sort of influence. The result was the Healthcare Consortium of Oklahoma Faith-based University's Undergraduate Charitable Care Internship.

Each summer, a faculty committee select six students from these five universities for a six-week summer internship that provides shadowing of Christian medical providers, face-to-face patient encounters, and presentations by notable figures in charitable care about chaplaincy, prayer with patients, and opportunities to serve in this capacity. Three Oklahoma City "Butterfield Standard of Charitable Care" clinics, made possible through more than \$18 million in grants to existing Christian clinics, serve as hosts for rotations of the students, who reside in university dormitories nearby during their internship. Additionally, the students travel to Kansas City to attend the INMED conference as part of their experience.

Dr. Jeff McCormack, Dean of the College of Natural and Health Sciences at Oklahoma Christian University is this year's Consortium Administrator. "Interns return to campus and share their experiences with their fellow pre-healthcare students through student organizations and campus newspapers," says Dr. McCormack. "Our surveys indicate that at least 80% of participating students demonstrate an increased interest in charitable medical care due to this experience."



"It will take a good while before we can truly begin to see the results of this internship program," relates Beth Brown, Vice President, Programs for the Butterfield Foundation, "But watching these students begin to connect their passion for medicine with the possibilities for serving the vulnerable within our communities is exciting." This year's internship will run **May 16 – June 24**. For more information, contact Ms. Brown at [bethb@butterfieldfoundation.org](mailto:bethb@butterfieldfoundation.org).