



Parish Nurse Newsletter

Spring 2011

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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.



MESSAGE FROM MARCY

Pray and Stand By

It has been my pleasure and privilege to have traveled to Bethlehem numerous times to serve and witness the faith of the Palestinian Christians. My most recent trip was with a friend (also a parish nurse) to spend Christmas 2010 with Raeda Mansour, parish nurse at Christmas Lutheran Church and Diyar Consortium in Bethlehem. What a blessing to spend Christmas in the birthplace of my Savior!

We saw the Scout Parade, a Palestinian tradition, with 80 different troops all marching to Manger Square. We worshipped Christmas Eve, Christmas Day and Sunday at Christmas Lutheran Church. The church was filled, with many adults standing in the rear and many children sitting in the aisle. As we sang the familiar Christmas carols, voices sang out in Arabic, English, German, Finnish, Swedish and perhaps other languages, because all attendees sang in their own language. I have been unable to sing *O Little Town of Bethlehem* without getting tears in my eyes for years. This year was no exception.

The time spent in Bethlehem was wonderful, but the travel was challenging. Our flight to the Holy Land was cancelled due to a blizzard in Frankfurt, Germany, where we were to change planes. After many prayers and phone calls, "Plan C" provided a schedule that would still get us to Bethlehem before Christmas. Our flight home was delayed in leaving and landed us in the midst of stranded people at Liberty International Airport in Newark, N.J. The storm that was dubbed the "Christmas blizzard" threatened to add us to the people stranded, and we were told that we had been re-booked for Friday (two more days). I told the customer service representative that I would like to try prayer and standby. He agreed to let us try. In 10 hours we were on board a plane heading home.

I was once again reminded that "prayer and standby" is effective. I ask you to try prayer and "stand by" to see what plans God has for you and your parish nursing this year. Opportunities to serve exist in our congregations, communities and the world. The *Parish Nurse Newsletter* will feature congregations (spring), communities (summer) and the world (winter). Pray and stand by for His guidance.

In the healing Christ,
 Marcia Schnorr, RN, EdD

Marcia Schnorr, R.N., Ed.D. serves as coordinator of Parish Nursing with LCMS Health Ministries. She may be reached at 815-562-2744 or marcyschnorr2009@gmail.com.

Welcoming Babies into Your Congregation

By Ronda Anderson, R.N.

In 2010, seven babies were born into Bethany Lutheran Church, Cedar Rapids, Iowa. Some of the families were brand-new to parenting; others were seasoned. As a parish nurse I use this life-changing event to either start or build upon an existing relationship. I may visit the family before discharge from the hospital, but I am sure to make a call to the family during the first week and ask if we could schedule a “baby visit.” The purpose of this hour-long visit is to bring a few gifts on behalf of the church to welcome the infant and to be in the family’s home environment. Each family has graciously accepted my offer. During the baby visit, which is often just the infant, mother and parish nurse, we talk about the labor and delivery, how the family is adjusting, and Baptism. I take with me the appropriate contents from the *Growing In Christ, Nursery Roll Packet* produced by Concordia Publishing House (\$13.25 CPH). Together, the mother and I review these materials, which help families of small children talk about Jesus in biblical and age-appropriate ways. The materials from the packet span over a three-year period to assist the family in nurturing the child’s spiritual, emotional and physical development.

We also talk about using the church nursery, which is now outfitted with a flat-screen monitor and live feed from the sanctuary during Sunday mornings. I inform the moms that in the spring they will be invited to Bethany’s Human Care “Baby Event.” This is a time of fellowship, refreshments and devotion for the mothers of all the babies born during the previous year. At the Baby Event, others who attend to present information include our early childhood education director, the Sunday school director, a representative from Lutherans For Life, one of the pastors, the parish nurse and someone from our Human Care board. This is a wonderful time for the mothers to grow relationships with each other.

Other parish nurses have delivered a gift set with a blanket, hat and booties at birth and an afghan for the Baptism. These items are made by the prayer shawl ministry team.

Ronda Anderson, R.N., serves as parish nurse at Bethany Lutheran Church, Cedar Rapids, Iowa. She may be reached at 319-364-6026, ext. 205.



Mothers and their newborns from Bethany Lutheran Church, Cedar Rapids, Iowa, gather for fellowship, refreshments and devotion at the church’s annual Baby Event. The event also provides the church staff an opportunity to inform the mothers of services they offer.

Terminal Care

By Kim Meyer, R.N.

A terminal diagnosis is often accompanied by many questions, emotions and fears. For some, it is easy to share these things with their family members and, while difficult, they are able to navigate, process and journey through the diagnosis together. For others, those without close family or friends or those whose families find talking about “it” too painful, a sense of isolation and uncertainty can cloud their every decision — and there are plenty of decisions to be made. Typically, the terminally ill *want* to discuss their diagnosis, care options, and their physical, social, emotional and spiritual needs. They seek someone who cares but can still be objective enough to be helpful. At a time when emotions run high, their family may not fully fill the bill.

As parish nurses, we are in a unique and privileged position to accompany the terminally ill on their journey. Take care not to embark on this journey if you are not prepared to complete it with them. When I meet with a parishioner who has received a terminal diagnosis, I ask many questions and listen closely to the answers. One of the first questions I ask is, “What is your greatest fear?” They rarely have just one. I make a note of their responses, and we revisit that note together as their journey unfolds. Answers vary, but somewhere on that list is always a concern for the loved ones they will leave behind. Fear of how they will die

always makes the list, too. It is rarely being dead that concerns the terminal patient; rather it is the process of dying. There is concern that death will be slow and agonizing, painful and filled with distress. In our death-denying and death-defying society, we need much education regarding palliative care and the proper way to serve as a companion to the dying person. We, who minister to this population, are oftentimes blessed with the opportunity to provide this education both to the patient and to his or her family members.

Their list often includes a fear of becoming a physical and financial burden to their loved ones. It is difficult to think of becoming dependent on someone else for your every need. The loss of independence and control are huge issues for the dying. While there are many circumstances that truly are out of our control, there are many that are not. People tend to die the same way they lived. Someone who has always been a control freak, a very detail-oriented and highly organized person, will probably want to be very participatory in his own terminal care planning, perhaps even choosing one's own casket. For the patient with a more passive personality, details might well be left to others. There are no hard and fast rules. Whatever is right for the patient is what is right.

Certainly God, not man, is in control. We cannot control when we will die. Even the Type A Christian knows that! However, we can have some input regarding our wishes as our journey progresses. What does this person want her final weeks to look like? Does she want inpatient hospice care? Would she prefer to die at home? Are there special Scripture passages or hymns she would like included in her funeral service? Does she prefer cremation? Does she wish to preplan or prepay for a service? Who would she like present at the bedside? What are her thoughts on organ donation? We discuss those and many other issues with the patient during the journey, knowing that it is oftentimes too difficult for the family to broach these subjects with a loved one. Having some detailed information about what the patient desires can make the journey easier for all concerned. Once the conversation is started, it may become easier for the patient to discuss these sensitive topics with those they hold dear.

Those who are dying also get to choose, to be in control, of their approach to whatever time they have remaining. Some will choose to be idle and just wait to die, finding little pleasure in anything. Some will relish every day they have left and live it to the fullest extent possible. Some will rely on their faith, whereas others will question their faith. Some will see humor and joy as the journey unfolds. Others will be withdrawn and sullen. Some will fight for every day. Others will resign themselves to the inevitable. The choice is theirs. The terminal can choose to live until they die, or they can choose to "die" until they die. Both offer a unique set of challenges and ministry opportunities to those of us who journey with them.

"What is your unfinished business?" This is another question we always ask a terminal parishioner. Again, the answers vary. Some issues are quite practical: I need to make a will. I need to get my finances in order. I have to finish remodeling that bathroom. I need to make provisions for my minor children. I need to complete a DPA (durable power of attorney) for health care. I need to gather and review my important papers. Some responses are less concrete and oftentimes involve a patient's need to mend a relationship with someone, frequently an estranged friend or relative. Some patients want to apologize or make amends for a perceived wrong, perhaps an act committed years ago. Some need to resolve an ongoing conflict. Whatever it is they need to do, we need to be as helpful as possible, being careful to let the patient orchestrate the direction of his or her journey.

Aside from the practical and physical concerns, there may be spiritual issues to address as well. I cannot tell you how many times a terminal patient has said to me, "I hope I'm going to heaven." What an opportunity to remind them of the sacrifice of Christ Jesus on the cross — for them! A terminal diagnosis somehow evokes a life review, complete with regrets and recollections of all the bad things a person has done in his or her life. Here is an opportunity to remind the individual that Christ died for our sins, for all sinful humanity, humanity that is sinful by its very nature. We, who believe, can be assured that heaven will be the destination at the end of this journey. Some with a terminal diagnosis sheepishly admit being mad at God, as though it were a black mark on their spiritual scorecard. Anger is a God-given emotion and it is, for some, part of their journey. It is OK to be mad at God while trying to make some sense of what is to be the rest of their life. This only becomes problematic if they



Rev. Wayne Hoffman, left, and Kim Meyer review funeral plans of a church member.

choose to stay mad at God. Some see their diagnosis as punishment from God for some grievous sin they committed in the past. Again, this presents an opportunity to share God's unfailing love, mercy and forgiveness. I journeyed with a woman whose burden of guilt over a poor decision made long ago separated her from God for many years. What a joy to accompany her as she laid her burden at the foot of the cross! And what a gift she shared with me by telling me of her struggle. A relationship of trust, honesty and compassion is essential for anyone wishing to minister to the dying. There is no time for pretense. Terminal patients tend to get very real, very quickly, and it is a relationship to be treasured.

End-of-life care, while oftentimes difficult, has become one of the greatest joys of my parish nurse ministry. We laugh together. We cry together. We pray together. We share fears and triumphs, milestones and setbacks. Sometimes we just sit quietly together. Parish nurses must always meet the dying wherever they are on their journey to eternity. It is not our place to get behind them and nudge or to get in front of them and coax. It is simply our privilege to get beside them and walk with them, at their pace, until they reach their destination.

Kim Meyer, R.N., serves as parish nurse/lay minister at Our Savior Lutheran Church, Springfield, Ill. She can be reached at kimmeyerm@hotmail.com.

Pastor's Perspective: A Cherished Encourager

By Rev. David C. Fleming

Holy Scripture calls the church a body. Parish nurses serve as caring, beautiful hands in this body. The Lord gave parish nurses to me at several critical times — as a vicar, a son and as a pastor. I thank God for His gift of parish nurses!

A dear member at my vicarage congregation in Sedalia, Mo., needed back surgery at a distant hospital. Another man, at age 39, underwent heart bypass surgery at that same hospital. An octogenarian found herself in ICU while her family paced the waiting room floor with a lot of questions. A woman suffering chronic pain struggled to understand what seemed like contradictory medical advice. Each of these patients and the loved ones who held their hands were eager to hear the encouraging, comforting, life-giving Word of the Lord. Jesus sent His Word to them. They also were happy to see a nurse from their home congregation who listened with them, translated medical terms, prayed with them, heard their challenges — and cared.

In Sedalia, Sharon, a full-time nurse, freely volunteered her off hours to come to the side of hurting members. They appreciated the care our unofficial parish nurse brought. She prepared the back surgery patient for what was to come in surgery and rehab — and visited often throughout it all. She gave wise advice as we went in to see the heart surgery patient after that bypass surgery over a quarter-century ago. "He'll look dead. But he'll be OK," she said. He did. And he was. She helpfully interpreted the words of physicians and pharmacists. She guided patients and families in thinking through questions to ask their health care providers. She watched over the patient's caregivers and mourned with them, too.

Marcy, a parish nurse from my parents' congregation in Peoria, Ill., helped our family in countless ways — some of which I know, some of which the Lord alone knows. She checked up on my parents during chronic illnesses and after accidents. She made at least a hundred calls on them at the hospital, at home and in care facilities. This dear nurse would phone my sister and me to keep us informed. With professionalism and clarity coupled with Christian compassion, Marcy helped us understand what was happening and what the options were. She gave us some well-trained ears to talk to. She mourned with us at dad's death and gave special attention to my widowed mother. She helped us think through relocating my mom and attended the farewell party when she moved to a care facility here.

"So if there is any encouragement in Christ, any comfort from love, any participation in the Spirit, any affection and sympathy, complete my joy by being of the same mind, having the same love, being in full accord and of one mind" (Phil. 2:1-2).

At Our Savior Lutheran Church in Grand Rapids, Mich., the Lord has gifted us with JoAnne, our parish nurse. She has organized blood pressure screenings, blood drives and presentations on health issues. She has provided information on all manner of health concerns and made sure our church and school have appropriate medical supplies and equipment. She has been a willing, unobtrusive visitor to the homebound, the hospitalized, and those who desire a trained ear to join them when working with medical professionals. She has calmed and given first aid to injured vacation Bible school students. With permission from patients, she has kept me informed with the insights and wisdom of a well-informed and caring servant. JoAnne attends training seminars and keeps up-to-date with medical trends. But most of all, she provides the timely, attentive care that is such an encouragement and comfort.

There are so many needs and concerns in our community gathered around Christ's Word, washing, body and blood. We cherish our parish nurse, a dedicated and knowledgeable care provider — a beautiful member of the body of Christ.

Rev. David C. Fleming serves as pastor of Our Savior Lutheran Church in Grand Rapids, Mich. He may be reached at 616-949-8890.

The Bethlehem Story: Parish Nursing for a Special Couple

By Marilyn Swain, R.N.

You're probably thinking this is a Christmas story and, actually, it sort of is. The story really began mid-September 2010, and epitomizes the role of a parish nurse for me.

Jane,* 84, and John,* 81, moved 13 years ago from the eastern part of South Dakota to the beautiful Black Hills. They took an apartment in Rapid City (population, about 70,000). John was able to drive some, but he usually walked about three blocks to a small mall for groceries, the pharmacy and other needs. Jane did not usually go with him because she had severe hearing loss and was not able to hear the phone or a knock at the door. The couple had no children, no friends, and John's two very elderly siblings lived 400 miles away.

In mid-September, John made his usual jaunt to the store. He apparently suffered a stroke and fell in front of a car, which caused a severe injury to his right leg and a huge gash to his head. The ambulance arrived, and John informed the police that his wife could not stay alone. The police went to the couple's apartment and informed the manager, Kate, of the accident. Kate agreed to take Jane to the hospital. John was taken into surgery for his leg. Meanwhile, the elderly woman was diagnosed with dehydration and a leg ulcer.

On admission, Jane indicated Bethlehem Lutheran as her church. (She and John had not attended for many years, during which time there were two pastoral changes.) Of the five other LCMS churches in the Rapid City area, Bethlehem is the only one with a parish nurse. What were the chances that she would list Bethlehem, considering the multi-denominational churches in the city? But, that is how the Lord works!

Bethlehem has a retired pastor who helps with shut-ins and is a chaplain at the hospital. He was willing to visit the couple, and it turned out that he conducted the funeral for Jane's mother. Again, the Lord at work!

After five days, I entered the picture. I travel the 120-mile round trip from Hot Springs to Rapid City each Tuesday (weather permitting) to provide six hours of parish nurse services with Bethlehem Lutheran. Jane was evaluated at the hospital for discharge on Wednesday. There was no transportation for her, and the question arose, "How would she get groceries or run errands?" Again, Kate came to the rescue. She took Jane home upon discharge, bought her groceries, and checked on her over the weekend until I could return the following Tuesday.

At this point, I took Jane to the store for groceries, medications and other needs, and I made contact with Paula, an adult services worker with Social Services, who alternates with me to provide needed services.

The next week I visited John in the hospital and discovered the couple had no supplemental insurance to their Medicare policy and no long-term insurance. John would need to be transferred to a skilled nursing care facility soon.

How to Support LCMS World Relief and Human Care

You can make a gift three ways:

1. **By mail** (gifts by check):
LCMS World Relief and
Human Care
P.O. Box 66861
St. Louis, MO 63166-6861

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2. **By telephone** (credit card gifts):
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3. **Online** (credit card gifts):

<http://givenowlcms.org>

You can support the general work of WR-HC (by designating your gift for "where needed most") or you can designate a specific WR-HC project, category or ministry. Here are some examples of how your gift may be designated:

- **Where needed most:** These gifts can be used in any area that supports WR-HC ministry, including support for unexpected needs and opportunities to share Christ's mercy.
- **WR-HC projects include:** 1001 Orphans, Project 24, Building Homes and Hope in Haiti, and Mercy Medical Teams.
- **General need categories include:** hunger, children, medical, water, education.
- **WR-HC ministries include:** Parish Nursing, Health Ministries, Life Ministries, Veterans of the Cross (impoverished church work retirees), Prison Ministry, Chaplaincy, Disaster Response, etc.

In early October, John was transferred to the facility. I received a call from Carol, the social worker at the facility, who asked if I would bring Jane there to discuss the family's income. Social Security along with John's retirement pension were fairly good, but the couple's savings account amount was uncertain. Jane never worked outside the home.

Another hurdle arose. The physical therapist found that John was not seeing well and made an ophthalmology appointment. John could not drive, so the facility arranged for a van to transport him. However, no one could accompany him to the appointment. I met him at the eye institute to explain the events leading up to the appointment. The doctor found that the gash to John's forehead had destroyed the left optic nerve, and the stroke left him with only half of the vision in his right eye. The doctor indicated that no treatment would be beneficial.

Fortunately, John is now able to use a walker. Looking at the upcoming discharge from the facility, his physical and occupational therapists wanted to evaluate the couple's apartment for feasibility and to determine the equipment John would need. I provided transportation for John to the apartment and met the therapists there who were fairly optimistic with the setting.

On the way back to the facility, I happened to ask John if he had served in the military. He said he served stateside during the Korean War and was doubtful he qualified for benefits from the U.S. Department of Veterans Affairs. This is something Paula and I are working on regarding the cost of his medications.

At the facility, Carol arranged team meetings that included John, his nurse, therapists, Paula, Jane and me. I brought Jane to these meetings in order to coordinate resources and services. The team met Dec. 7, and set a goal to discharge John on Dec. 21. We prayed that John would be home before Christmas. We planned that Paula would take John home, and I would take Jane to the pharmacy to obtain John's medications. A home health R.N. and aides would come the next afternoon to begin home health care.

As I write this story in mid-January, all services are going better than we had anticipated or even prayed. Paula set up a senior companion to serve one morning per week to help provide transportation, purchase groceries and run errands. This service is provided without charge, which is especially helpful because John and Jane have too much income to receive any further social services.

John has become Jane's "ears," and she has become his "eyes." Despite the complexity of this story, the amazing fact is that our Lord has been at work within all of us, not only physically, but also spiritually. I especially appreciated Bethlehem Lutheran allowing me to often use half of my hours in service to this couple. There was, and is, room in the Bethlehem Christian family for John and Jane, and I will continue to see them.

Marilyn Swain, R.N., serves as parish nurse at Bethlehem Lutheran Church in Rapid City, S.D. She may be reached by calling the church office at 605-343-2011.

**Names were changed to protect the identity of the couple.*

Conferences/Events

Christian Caregiving: The Concept and Practice of Parish Nursing and Congregational Health, a professional-development conference for registered nurses, clergy and others interested in parish nursing and congregational health, will be offered at Concordia University Wisconsin (CUW) in Mequon throughout the year: May

How to Subscribe

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LCMS Health Ministries is an outreach of LCMS World Relief and Human Care. All programs of LCMS Health Ministries are funded strictly by donations from caring people like you. No dollars come from the Missouri Synod's unrestricted budget.

Your generous gift to the international and domestic work of LCMS Health Ministries will make a tremendous difference and help to uphold the message of Christ's mercy to all in body and soul. [Click here to help.](#)

News Welcomed!

We want to know what you're up to, what big 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.

9–12; September 6, 13, 20, 27; and October 4, 11. Attendees will learn the history of parish nursing and the varied roles parish nurses play today. (Off-site courses also are available.) For more information, contact Carol A. Lueders-Bolwerk, CUW Parish Nursing Ministries program director at 262-243-4233 or carol.lueders.bolwerk@cuw.edu.

Don't miss the Lutherans in Medical Mission (LIMM) conference April 1–2 at Holy Cross Lutheran Church in Wichita, Kan. Although this is not specifically focused on parish nursing, it does have content that may be of interest to parish nurses. LIMM is partnering with the Lutheran Malaria Initiative, a partnership of The Lutheran Church—Missouri Synod and Lutheran World Relief (Baltimore). For more information or to register, contact LIMM CEO Bobbie Lautenschlager at 314-503-4317 or limm@limm.org.

The 19th annual Concordia Conference for Parish Nurses is scheduled for June 1–3 at Concordia University Wisconsin in Mequon, Wis. Conference goers will “trust in the Lord” during the three-day event. Pre-conference activities begin June 1 and feature Rev. Dr. John Oberdeck, who will present “Spiritual Development over the Lifespan.” On June 2, morning keynote speaker Rev. Dr. Dan Paavola will speak about how God values the little, the least and the unlikely as demonstrations of His grace. Afternoon keynote speaker Dr. Mary Hilgendorf will present “Esther Moments: Women’s Ways of Leading.” During the post-conference session on June 3, Dr. Marcy Schnorr will discuss parish nursing and serving the elderly. Attendees will include Raeda Mansour, parish nurse at Christmas Lutheran Church in Bethlehem. LCMS World Relief and Human Care will again sponsor the Thursday afternoon ice cream social where participants will recognize five years of God’s blessings upon parish nursing in Bethlehem. Contact Carol A. Lueders-Bolwerk, CUW Parish Nursing Ministries program director, at 262-243-4233 or carol.lueders.bolwerk@cuw.edu for a registration brochure.

The Lutheran Parish Nurses International NFP Study Tour will be in Adelaide, Australia, September 6–13. U.S. participants may either travel on their own or as part of a group leaving from Chicago or Los Angeles on September 4. Contact information is available at www.lpni.org.

Resources

Lutheran Military Veterans and Families Ministries

Since 9/11, and for the first time in U.S. history, National Guard and Reserve forces have been tasked with multiple combat tours and deployments, as have our active duty personnel. Today, the majority of our military forces have been deployed, most likely multiple times, during the longest two wars ever fought by this nation. The end result is that many of these military members and their families are finding themselves and their relationships in crisis.

Lutheran Military Veterans and Families Ministries (LMVFM), based in Fort Wayne, Ind., is a nonprofit, faith-based ministry that provides direct care for veterans and their families as well as training for those (such as parish nurses) who are called upon to assist/care for our veterans and their families.

For events, training opportunities and resources to assist you in your care for military personnel and their families, visit the LMVFM website: www.lmvfm.org. For further information, contact Deaconess Leslie Haines at 260-755-2239.



LCMS World Relief and Human Care Health Ministries

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