

June 2023 Free Methodist Health Fellowship Newsletter

June 8, 2023

Renewing of the Mind and Trauma Informed Ministry:
Free Methodist Health Fellowship Fall 2023 Retreat



Oct 20-22, 2023 | Essenhause, Middlebury Indiana

Featured Guest Speaker: Robyn Florian

We also hope to have a one hour Zoom conference on this subject with Robyn Florian in early September.

Friday Evening and Saturday Morning: Robyn will present about trauma-informed care and ways the church can participate in this. Trauma-informed care is popular in medical, psychological and other literature, yet its therapeutic principles were employed by Jesus and John Wesley. Many churches already promote trauma-informed care, even if they do not always understand how important their activities are. Robyn will share how trauma and its effects (fear, anxiety, depression) can negatively affect a person, as well as how the brain stores some of these effects as past memories capable of being triggered by present circumstances. In their hopelessness, some people turn to substance abuse. Love, connection with people, forgiveness and forgiving others can be part of a healing process. There is evidence that these healing activities actually change brain activity as part of the process of recovery.

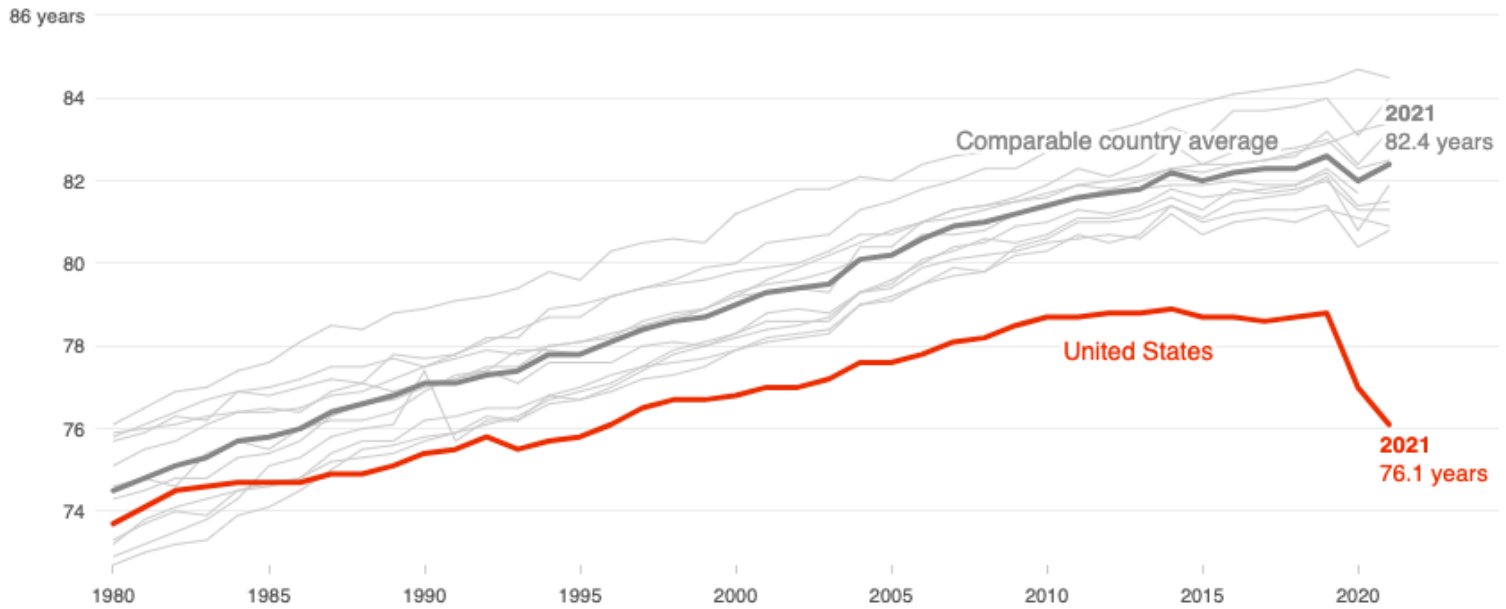
After Robyn's presentations, there will be an open discussion as to how medical professionals—as well as churches, schools and communities—can promote healing by applying what we learn.

Saturday Evening: we will discuss healing of emotional and spiritual trauma overseas. Patrica Porter and other chaplains will talk about the chaplains training program they did at Hope Africa in February and their plans for the future. Dr. Wetterau will also share stories of some of the medical students he trained; stories of trauma, including watching their parents killed in the civil war, and stories of healing and recovery, usually facilitated through Christian friends and the church.

Our featured speaker: Robyn Florian

Robyn graduated last May with a D.Min. in Organizational Leadership from Asbury Theological Seminary and an M.A. in Christian Ministry from Liberty University, the culmination of a four-year season of study focused on how to help people hope through intensive, integrated soul care. She also holds an M.A. in Communication with an emphasis in digital engagement from Regent University (2004) and a B.S. in Education from Greenville College (1988). In 2016, God called Robyn out of a 25-year career in nonprofit communications and into the work of encouraging, equipping and empowering the Church to better tend to people in crisis and emotional brokenness. Her experiences included tenures at Greenville University and Spring Arbor University as well as investments in prison ministry, disaster relief, homeless outreach, and those dealing with medical challenges prior to her current investment in emotional healing and leadership formation.

Americans, Especially American Children, Are Not Living As Long



The Life expectancy of Americans has gone from almost 80 years to 76 years in the past three years. Homicide, suicides and drug overdose deaths are major drivers of this. Life expectancy in Europe is still over 80 year and has not decreased nearly that much with Covid.

The graph depicted is from a report done by NPR and shows the life expectancy by year and by country. This report details the decline of life expectancy in the U.S. and the factors that lead into it. To read the article and view the full interactive graph, click [here](#).

Secondly an article in the JAMA Network showed how deaths of children under 19 have increased. Covid was only a minor cause of this. The article and graphs show that guns were a major cause, both through homicide and suicide. Other methods of suicide contributed as well as drug overdoses, although the majority of drug overdoses are in people over 19. No other country comes near to our drug overdose rate, even when adjusted for population. To read the article by JAMA Network, click [here](#).

Physicians and other American health professionals like to show how advanced our healthcare system is, but due to these other factors, it is not helping people live longer. This information is becoming more widely known and Americans want to know why we spend more money on health care than any other nation, yet have the lowest life expectancy of a developed nation and our life expectancy is falling.

Churches can make a difference. Those who attend church are less likely to drink excessively, if at all, and less likely to use illegal drugs. Our fall conference will address past life trauma and its effect on health including suicide. Churches can help those with lifelong trauma recover and reduce the incidence of suicide. A belief in a loving God, forgiveness and other loving people can help reduce suicide although Christians still do commit suicide.

The issue of guns is something else. Our country seems to consider gun ownership as an essential aspect of freedom. We are paying an increasing price in deaths for this belief. Evangelical Christians often oppose any gun control. Could we support background checks and requirements that guns be locked up? Could assault weapons be stored at firing ranges and checked out for hunting? Do we really need assault weapons in our homes? I know of churches that support gun safety classes. Finally could we add these health crisis to our prayers in church: God give our country wisdom in dealing with the drug epidemic, suicide epidemic, feelings of depression and hopelessness in our teens and our fascination with guns and violence.

As members of the Free Methodist Healthcare Fellowship we can share the sad information and encourage our church members to be aware of this and pray for the health of our nation's young people. . When someone says we have the best health care and are the healthiest in the world, don't argue but share this information. Being aware of this is the first step.

Please e-mail your comments to normwetterau@aol.com to be shared in a future issue of our newsletter

Chaplaincy Training at Hope Africa University



Radio interview of chaplains at Hope Africa University in Burundi

We are thankful that three Kibogora Hospital chaplains and five chaplains/pastors from Nundu were able to attend an intensive week-long training conducted by the Chaplains Association of the Free Methodist Church in February. There were in all 19 chaplains/chaplain candidates from three countries (Rwanda, DR Congo, Burundi), four hospitals (Kibogora, Nundu, Kibuye, and Van Norman), Hope Africa University and the Nundu School of Nursing. The training was hosted by the Van Norman Clinic and HAU in Bujumbura, Burundi and funded by a grant from the Butterfield Foundation.

Attendees received training on many aspects of chaplaincy, including Biblical foundations of chaplaincy, grief and bereavement counseling, trauma-informed care, pastoral crisis counseling, and spiritual assessment and formation. The faculty traveled to Bujumbura, Burundi from Ireland and the US (Kentucky and California) with a variety of professional interests and experiences. Dr. Tim Porter and Rev. Patricia Porter, Co-Directors of the Free Methodist Chaplains Ministries USA, organized the curriculum

and taught some classes including trauma-informed care. Dr. Meneely (PhD, Queens University chaplain from Belfast, Ireland – he is also a hospital chaplain) presented the theological section. Barbara Meneely (Registered Nurse (RN), Diploma of Higher Education Ulster University, Belfast) introduced issues related to hospital protocol and public health. Dr. Tony Headley from Asbury Seminary presented the emotional/mental aspects (Grief & Bereavement, Compassion Fatigue).

What were the outcomes of this chaplaincy training? Right after the classes were finished, the chaplains from the three different countries represented formed a very first chaplains association with all three countries represented! These same chaplain leaders and Dr. Tim Porter were interviewed on the HAU radio station which was broadcast to all three Central Africa countries. The Butterfield Foundation is planning to start a chaplaincy internship program right away at the Van Norman Clinic as well as some type of chaplaincy certification program at HAU. The participants from Kibogora plan to share what they learned with the other chaplains on staff at Kibogora Hospital and so enhance the chaplaincy services provided. Dr. Marx, Medical Director of Deaconess Nundu Hospital, welcomes the impact this training will have on the spiritual care of patients and their families. Rev. Patricia Porter reports, “I think the chaplains really benefited from the whole person care concept. It has been a fruitful mission and I praise the Lord that it all came together! We praise the Lord for the faithful people of DR Congo, Burundi, and Rwanda and it was a privilege for us to be part of what God is doing in Africa.”

A VIRTUAL INTERVIEW WITH REV. PATRICIA PORTER

Thank you, Rev. Porter participating in the chaplaincy training provided at Hope Africa University. As I reflect on what you have accomplished, I have some questions which come to mind.

Q: How did you identify the need for training of chaplains at our hospitals in Central Africa?

A: Tim and I started envisioning international chaplaincy when the bishop from the Philippines inquired about chaplaincy at GC'19, which gave us an idea for a new initiative for FMCA to start international chaplaincy training in 2021. Although the mission did not materialize in Asia, a chaplain from Kibogora who had immigrated to the US told us about chaplaincy there. I contacted Julie Yerger, a former nurse at Kibogora, in March of 2022 and she put me in touch with Dr. Marx at Nundu and Dr. Glenn Snyder

from Kibogora. Both Dr. Marx and Dr. Snyder indicated a need for chaplaincy training at Nundu and Kibogora.

Q: What brought your group together? Another way to ask the same question, how did you identify those of like mind?

A: In August '22, Dierdre McCool (Executive Vice President of the Butterfield Foundation) and I started discussing her initiative to start spiritual care internship at Van Norman Clinic, with some concerns as to who would train the interns. Then Dierdre sent me the newsletter written by Bishop Bates regarding the chaplains at Kibuye, so I called Bishop Bates and he had me contact Dr. Meeney who had trained chaplains individually in Burundi and had been there four times already. We contacted Dr. Meeney and we decided to go as a team with Dierdre coordinating things in Africa and me putting a team together in the US. It was definitely Holy Spirit-driven as everything clicked into place and the team put together according to God's will. Although we had two chaplains who could not go at the last moment, we were able to add recently retired professor from Asbury Seminary, Dr. Headley, to the team as he was willing to go with only a three-week notice!

Q: As you came together as a faculty, did you find that your different professional interests to be complementary?

A: It was a very complementary team as four of us were pastors, two were chaplains (university/hospital, military) and we also had medical experience (nurse & PT), and a university and a seminary professor.

Q: When and how did you identify HAU as being a partner in this training? How did the Butterfield Foundation join you in this program?

A: We decided that HAU (in Bujumbura, Burundi) would be a central location for all the hospital chaplains to convene since all four hospitals are in close proximity to one another (3-5 hrs). Butterfield assisted with meals, lodging, stipend, and travel for all the students, so they did not incur any expenses.

Q: What did you learn about the different hospitals represented? What are the plans for the future training?

A: We had (the participating) chaplains share new initiatives they were doing at their hospitals which were informative and innovative. One similarity that we observed was that all the hospital chaplains indicated that many patients ask them for monetary support which is not surprising given the economic conditions of these countries. It was

heartwarming to hear how the hospitals are trying to assist patients not only with funds but with food, especially for the young! Tim and I were both brought on as board members of Butterfield to assist with their spiritual care initiatives and we found that Dierdre and we had the same dreams about international chaplaincy training!

Our future plans are continued presence in Africa to further train the chaplains in all four hospitals as well as starting chaplaincy internship programs. Van Norman will begin their internship program this March and Dierdre and I are already discussing possible internships at other hospitals if that is desired by their medical directors. We would also like to see a chaplaincy certification program at HAU and Kibogora Polytechnic in the future. We have been in discussions with FM colleges, universities, and seminaries regarding chaplaincy certification in the US as well.

Q: How can we join you in your mission?

A: At this point, what I would like to see is continued training in Africa and the formation of a chaplains association with a long-term goal of chaplaincy certification program at universities (in Central Africa). Another thought I had was that it would be great if we could have the lead chaplains from these hospitals come to the US for three months to do a unit of CPE at US hospitals. I will be checking to see if the hospitals require US citizenships or if they only need student visas for CPE internships. Both Tim and I have been inspired by the African chaplains who instantly became our brothers and sisters; their love for God and love for others in the midst of their own material needs is inspiring and amazing to say the least! No wonder 500,000 out of 1.5 million FM members overseas are in Burundi, Rwanda and DR Congo!

Blessings,

Patricia