



Caring Connections

An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling



Migration—Ministry—Mutuality

The Purpose of Caring Connections

Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling is written by and for Lutheran practitioners and educators in the fields of pastoral care, counseling, and education. Seeking to promote both breadth and depth of reflection on the theology and practice of ministry in the Lutheran tradition, *Caring Connections* intends to be academically informed, yet readable; solidly grounded in the practice of ministry; and theologically probing. *Caring Connections* seeks to reach a broad readership, including chaplains, pastoral counselors, seminary faculty and other teachers in academic settings, clinical educators, synod and district leaders, others in specialized ministries and — not least — concerned congregational pastors and laity.

Caring Connections also provides news and information about activities, events and opportunities of interest to diverse constituencies in specialized ministries.

Scholarships

When the Inter Lutheran Coordinating Committee disbanded a few years ago, the money from the “Give Something Back” Scholarship Fund was divided between the ELCA and the LCMS. The ELCA has retained the name “Give Something Back” for their fund, and the LCMS calls theirs “The SPM Scholarship Endowment Fund.” These endowments make a limited number of financial awards available to individuals seeking ecclesiastical endorsement and certification/credentialing in ministries of chaplaincy, pastoral counseling, and clinical education.

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Call for Articles

Caring Connections seeks to provide Lutheran Pastoral Care Providers the opportunity to share expertise and insight with the wider community. We want to invite anyone interested in writing an article to please contact the editors, Rev. Chuck Weinrich (cweinrich@cfl.rr.com) or Rev. Diane Greve (dkgreve@gmail.com). We invite articles for upcoming issues on the following themes.

2017, No. 3 (Fall) “A Ministry of Accompaniment with the Dying” Drawing inspiration from Herbert Anderson’s book, *The Divine Art of Dying*, we invite our readers to share their journeys with someone who has died or is dying. Or maybe you know someone who is in the process of dying and is open to sharing their reflections with *Caring Connections* readers. Have you read *The Divine Art of Dying*? Would you be willing to write an article about your reaction to the content of this book? Please contact Chuck Weinrich cweinrich@cfl.rr.com for details on how to write an article.” Deadline for articles: August 1, 2017.

2017, No 4 (Winter) “The Challenges of Ministry in the Pediatric Intensive Care Unit” If you have experience as a Pediatric or Neonatal Chaplain, we would like you to consider writing an article about your ministry with hospitalized children and their families. What are the theological and Biblical resources upon which you draw for this ministry? Deadline for articles: November 1, 2017.

Editorial

Diane Greve

WHEN I AGREED to fill the role of co-editor of *Caring Connections*, little did I realize what a salient topic **migration** would become by now! This topic was chosen over a year ago. Today, the headlines are filled with stories of building a wall, limiting immigration from predominantly Muslim countries, a call for a more extreme vetting and the outcry for immigration reform. The *New York Times* reports that over the past 16 years, more people have died illegally crossing the U.S. border than from 9/11 and Hurricane Katrina combined. The number of refugees allowed to come to the United States may decrease as parts of Europe are wondering how to assimilate all who are seeking refuge in their countries. Some churches are responding with support for Lutheran Immigration and Refugee Services (LIRS) while others are becoming sanctuary congregations. The Minneapolis paper, *StarTribune*, reported on May 13, 2017 that the number of refugees coming into Minnesota hit a monthly low of 66 statewide in March, about one-fifth of what the number was a year ago. Why is unclear. The article posits, “A recent *Washington Post* article cited Homeland Security officials who said their department has stopped interviewing refugees overseas—a key prerequisite for resettlement.” If this is true, resettlement may be radically compromised.

While there are so many facts, human interest stories and strong feelings in the media these days, the question for this issue of *Caring Connections* is **how chaplains, pastoral counselors and clinical educators might best minister among the recent immigrant, asylum and refugee people with whom we interact in the places where we serve**. Some are co-workers and colleagues; others are patients and family members. Do we avoid them out of our own discomfort or uncertainty or are we drawn to them with compassionate curiosity and concern? Do you know their names? What are the legal issues and the spiritual concerns they face? Can we integrate those new to this country into our CPE programs? How might we engage one another in mutually enriching ways? **Dave McCurdy**, ethicist and pastor, writes of the moral dilemma regarding medical repatriation and the role chaplains may play.

Those colleagues who themselves have arrived in the States since 1965 when the current immigration law went into effect may have the greatest awareness of these matters. Three such colleagues have shared their insights. **Bea Vue-Benson**, an ordained pastor and Licensed Marriage and Family Therapist, identifies the vulnerability of immigrant women. **Alem Asmelash**, an ordained pastor and APC board certified chaplain, describes one of the cultural realities that face the Ethiopian and East African communities in the Twin Cities. **Anurag Mani**, a deacon and ACPE supervisory candidate, reflects on the ways he uses his immigrant background and experience to relate to his students and patients in the hospital. **LIRS** has

provided an article that includes numerous links and ideas for all of us to learn more about the human need and become engaged in the lives of new arrivals in our communities and institutions.

In a report released March 2015, The Center for Immigration Studies speculated that in 2023, the immigrant share of the U.S. population will hit its highest level in U.S. history (14.8%) and continue to rise. By 2060 they projected immigrants could be over 18% of the population. While these numbers may cause alarm for some as the face of America changes, **Bob Scudieri**, former mission executive and current director of Mission Nation Publishing Company, recognizes the potential and the promise present among these new citizens. **Paul Steinke**, an LCMS retired pastor and retired ACPE certified educator, reflects on his opportunities to live and work among people at Bellevue Hospital in New York City who were drawing from 100 languages, clearly a microcosm of the world.

Those who are detained may face time in the corrections system. **Bob Banken**, pastor and volunteer chaplain, brings a spiritual presence among the detainees at an ICE detention center in Tacoma. **Lorinda Schwarz**, great-grandmother and prison chaplain, shares the complexities of immigration in her own life and in the lives of those she serves.

Concluding this issue, **Chava Redonnet**, woman priest and chaplain, offers a spiritually reflective perspective on mutuality in ministry among migrants.

As a deaconess, I believe mutuality is knowing that the perspective or “posture from which we do our service is not as the superior giver condescending to the level of the recipient; rather, it is knowing that we stand in solidarity with the whole human family, that in our ministry we always receive more than we give, that our understanding of the truth is only part of the total picture and that we have much to learn, that we hear the voice of God teaching us in the voices of those whom we seek to serve.”¹

As a young person, I imagined being a missionary in Africa one day. While I have not been able to travel to Africa, many parts of the world have come to me. As a chaplain and an ACPE certified educator, I have had the privilege of serving alongside men and women from many parts of the world with whom I cross paths in Minneapolis. I confess I have not been fully sensitive to them—to honor their challenges, their culture, and their contributions. New accents complicate conversation. I am limited by my own norms and I keep learning. They have taught me a great deal about myself and about ministry.

Developing relationships is so critical. Sr. Barbara Collins, current Lutheran long-term care chaplain, and her husband Malcomb Collins spent the majority of their years living, serving and raising their family in Kenya. Malcomb had grown up in Africa, lived most of his life in Africa. Returning to the States they felt displaced

1 LDA Theological Touchstones and Hallmarks, Center for Diaconal Ministry; 1304 LaPorte Avenue; Valparaiso, Indiana 46383.

and disoriented, “We are Africans in very light skin.” But their mission field is now in Minneapolis/St Paul² where they are coming alongside recent East African arrivals “sitting under the tree with the elders,” while teaching English, learning new African languages, hearing their joys and concerns and, in some situations, sharing the gospel in word and deed. They are at home among these sisters and brothers. Swahili and other local African languages create a common language. Developing relationships is core to their ministry and remains mutually edifying.

How do we move beyond discomfort, bias, assumptions and inadequacy? *“If you have come to help me, you are wasting your time. But, if you have come because your liberation is bound with mine, then let us work together.”* This challenging quote is attributed to Lilla Watson, an indigenous Australian who is an activist, academic and artist. I am drawn into this quote that speaks to her truth and to mine. Too often I am imprisoned by my unconscious bias and privilege. I need to listen, to learn from those with whom I am serving, to be released from a posture of conscious or unconscious superiority, to be humbled in order to be freed... to take on the form of a servant. Might this also speak to each of us as we seek to serve as chaplains, pastoral counselors and clinical educators? May we find the way to mutual liberation, healing and hope! And, may Holy Humility guide your reading...

As always, if you haven’t already done so, we hope you will subscribe online to *Caring Connections*. Remember, subscription is free! By subscribing, you assure that you will receive prompt notification when each issue of the journal appears on the *Caring Connections* website. This also helps the editors and the editorial board to get a sense of how much interest is being generated by each issue. We are delighted that the numbers of those who check in is increasing with each new issue. You can subscribe by clicking on the subscription link on www.lutherservices.org/newletters#cc.

² At least 73,000 African immigrants call Minnesota home, according to the federal 2008-2012 American Community Survey. With U.S.-born children and recent immigrants included, advocates with the African Development Center of Minnesota say the true number could exceed 150,000. These figures are from an article written by Frederick Melo and printed in the (St Paul) *Pioneer Press* July 4, 2015.

Medical Repatriation: Best Interest for Whom?

David McCurdy

Introduction

Medical repatriation is the transfer of a patient who is a non-citizen immigrant, usually undocumented, from a U.S. hospital to a healthcare facility in the patient's country of origin for continued care. Alternatively, some patients are discharged and transported from a U.S. hospital to receive home care in their native country. A medical repatriation is sometimes called, more pejoratively, a "medical deportation"¹ or, most neutrally, an international transfer.

Many Americans, even some who work in health care, are unaware of this practice. It came to public attention following a *New York Times* investigative story in 2008.² Poignant accounts of other cases followed. Some were about young Latino men who suffered life-threatening injuries on the job and were left severely disabled. They eventually needed post-acute care, but a lack of insurance related to immigration status meant that U.S. long-term care facilities would not accept them as hospital transfers. The hospitals involved ultimately decided to transport them by air ambulance to a medical or home care destination in their home country, sometimes without their consent or that of an authorized surrogate.³ A 2012 study estimated that U.S. hospitals had initiated at least 800 of these repatriations or private deportations.⁴ In most cases there was no court proceeding or other governmental involvement. This practice continues today, although for various reasons (including reputational self-interest) hospitals may be more inclined to seek other options and more creative in finding them.

Chaplains have a role, indeed multiple roles, to play in potential medical repatriation situations. Readiness to provide or facilitate spiritual care to patients, family members and others who support the patient, and to staff members and leaders is, as always, chaplains' bedrock. Chaplains in leadership positions may also address institutional policies and processes regarding repatriation. Chaplains at all levels of involvement may be in a position to listen, observe, and take the pulse of situations and institutional culture, and offer input or assistance at key junctures. They may also equip themselves for these roles through background research,

Chaplains at all levels of involvement may be in a position to listen, observe, and take the pulse of situations and institutional culture, and offer input or assistance at key junctures.

1 Seton Hall University School of Law Center for Social Justice and New York Lawyers for the Public Interest, *Discharge, Deportation, and Dangerous Journeys: A Study on the Practice of Medical Repatriation*, 2012.

2 Deborah Sontag, "Immigrants Facing Deportation by U.S. Hospitals," *New York Times*, August 3, 2008.

3 See J. Graham et al., "Undocumented Immigrant Worker Who Became Quadriplegic Is Moved to Mexico Against His Will," *Chicago Tribune*, February 6, 2011.

4 *Discharge, Deportation, and Dangerous Journeys*, cited in Katelynn Donelson, "Medical Repatriation: The Dangerous Intersection of Health Care Law and Immigration," *Journal of Health Care Law and Policy* 18, no. 2 (2015): 348.

including reading in ethical and theological discussions of medical repatriation and related immigration issues.

Challenges of Medical Repatriation

Potential medical repatriation cases reflect and create challenges on many levels. The challenges are institutional, individual, and systemic. They are financial, ethical, cultural, linguistic, relational, communicative, familial, political and diplomatic/consular, spiritual, and attitudinal. The compassion and generosity at the heart of health care at its best are challenged by institutional necessity at the intersection of a flawed healthcare financing system and a flawed immigration system. Hospitals are required by EMTALA (the 1986 federal Emergency Medical Treatment and Active Labor Act) to provide emergency care until patients are stabilized. After medical stabilization occurs, the treatment requirement ceases. But hospitals are also required to discharge patients only to appropriate settings and situations. Under the 1996 welfare reform act, most federal benefits, including Medicaid, are not available to undocumented immigrants (nor to many green-card holders). Thus immigrants who lack private insurance may also lack governmental means of payment that would satisfy long-term care facilities.

Besides the burden of serious illness or injury, patients bear the stigma of being “illegal” (though some are actually lawful residents), even among healthcare staff.

Hospitals, caught between a rock and a financial hard place, can face escalating costs of providing acute care to patients for whom that care has become suboptimal. As a business matter, “[h]ospitals are stuck; appropriate facilities will not accept uninsured immigrants, but hospitals must transfer patients to appropriate facilities. The immigrants stay at the hospitals, and so do their bills.”⁵ Meanwhile resources, including beds and staff time, devoted to their care are unavailable for other patients. Often the option of home care by local family members or others is nonexistent or impractical. Hospitals may conclude that medical repatriation is the most sensible alternative despite the cost of transport. They may seek to persuade the patient or surrogates that the move makes sense for them, both medically and financially, despite its drawbacks.

The immigrant patient in such cases is in an especially vulnerable position. Besides the burden of serious illness or injury, patients bear the stigma of being “illegal” (though some are actually lawful residents), even among healthcare staff. For many the specter of discovery and detention by immigration authorities always looms. Lack of employer insurance, individual coverage, or access to government benefits compounds their exposure. Communication is compromised by language differences and often by inadequate provision of skilled language services in

5 Philip Cantwell, “Relevant ‘Material’: Importing the Principles of Informed Consent and Unconscionability to Analyze Consensual Medical Repatriation,” *Harvard Law and Policy Review* 6 (2012): 250.

the healthcare setting. Immigration- and language-related vulnerabilities may also burden those who accompany or speak for the patient. Unfortunately, these challenges sometimes go unrecognized by staff members providing care. Not least, in some cases a patient with an already uncertain medical future may face removal from well-resourced U.S. hospital care to a potentially substandard healthcare setting or ill-resourced home care abroad.

Ethical Perspectives on Medical Repatriation

Chaplains may have opportunities to raise or address ethical questions about medical repatriation. Some can do so as members of hospital ethics committees, which may consider these cases. Recent ethical literature on medical repatriation is best read along with a sampling of the legal literature.⁶ This summary of ethical dimensions will focus primarily on three articles by bioethicist Mark Kuczewski.

For Kuczewski the ethics of medical repatriation begins with the basic good that a healthcare organization seeks to embody in its mission and values. The central good of health care is the value of *care*. This value is reflected in hospitals' commitment to care for all comers, regardless of their circumstances, especially when they need emergency treatment. The hospital should act in trustworthy ways that promote this value and avoid actions that undermine it.⁷ "Forced deportation" by a hospital does not express or support the value of care. Instead, it aligns health care with the coercive power of the state. Perhaps worse, "[i]n overriding the will of the patient [or] family, it brings a kind of violence to the healing relationship ..."⁸ It also heightens the fear that already keeps many immigrants from seeking care when they need it.⁹

Medical repatriation may, however, be appropriate if three key conditions are met. (1) Repatriation must serve the *patient's best interests* "apart from reimbursement," i.e., apart from financial considerations that might burden the patient but certainly affect the hospital's bottom-line interests. In this context "patient's best interests" has both medical and "social" aspects, including the many implications of being relocated outside the U.S. (2) There must, in advance, be *medical "due diligence"* to verify that the proposed transport and transfer would not harm the patient and that the subsequent care setting would truly serve the patient's medical interests. This assessment should be thorough and should be reported transparently to the patient or surrogates. (3) "*Fully informed consent*" by the patient or surrogate is indispensable. Here the broad definition of "best

The central good of health care is the value of *care*. This value is reflected in hospitals' commitment to care for all comers, regardless of their circumstances, especially when they need emergency treatment.

6 See, for example, Donelson, "Medical Repatriation."

7 M. Kuczewski, "Can Medical Repatriation Be Ethical? Establishing Best Practices," *American Journal of Bioethics* 12, no. 9 (2012): 1–5.

8 M. G. Kuczewski, "How Medicine May Save the Life of U.S. Immigration Policy: From Clinical and Educational Encounters to Ethical Public Policy," *AMA Journal of Ethics* 19, no. 3 (March 2017): 225.

9 See C. Z. Maldonado et al., "Fear of Discovery among Latino Immigrants Presenting to the Emergency Department," *Academic Emergency Medicine* 20, no. 2 (February 2013): 155–161.

interests” suggested above shapes the meaning of “informed.” In particular, undocumented patients or surrogates should know the “immigration consequences” of agreeing to repatriation.¹⁰

Kuczewski recognizes that the financial burden our current systems impose on hospitals in these situations is “unfair.” Even so, hospitals are pledged by their value of care to avoid doing harm to patients. More generally (and drawing on the story of the Good Samaritan), Kuczewski sees “empathy and identification,” not legal versus illegal immigration, as the framework that should inform a healthcare response to the care of undocumented patients.¹¹ One might add that the patients did not create the flawed systems that deprive hospitals of reimbursement and should not be scapegoated for the system’s failures.

Biblical and Theological Perspectives

Chaplains will draw on biblical and theological perspectives as they reflect on and address medical repatriation and immigration-related issues generally. Multiple books and articles have addressed immigration through the lens of Bible and theology. Most draw on the Old Testament’s treatment of the “stranger” or “alien” in ancient Israel. As Martin Marty notes, biblical interpretations of such OT concepts can be hotly disputed and tend to follow party lines.¹² For Lutheran chaplains, one way to engage this material is to mine denominational statements or reports, both for their content and for their endnotes and bibliographies. To my knowledge, medical repatriation itself is not yet addressed in church statements, but the basic immigration stances of the denominations are surely relevant.

Lutheran interpretations tend to focus on the interaction of love of neighbor (especially in Lev. 19:34) and welcoming the stranger (Matt. 25:35) with the call to respect the law and governing authorities (Rom. 13:1–7).

Lutheran interpretations tend to focus on the interaction of love of neighbor (especially in Lev. 19:34) and welcoming the stranger (Matt. 25:35) with the call to respect the law and governing authorities (Rom. 13:1–7). A 2009 ELCA social policy resolution advocates a posture of “critical respect” toward governing authorities that appreciates their service of the “common good” but also monitors government’s immigration-related actions for their effect on that good.¹³ A 2012 report by the LCMS Commission on Theology and Church Relations stresses that “[i]mmigrants are, quite simply, neighbors.”¹⁴ It offers a helpful, in-depth analysis of relevant biblical

10 Kuczewski, “Can Medical Repatriation Be Ethical?”; M. Kuczewski, “Who Is My Neighbor? A Communitarian Analysis of Access to Health Care for Immigrants,” *Theoretical Medicine and Bioethics* 32, no. 5 (2011): 327–335. Some ask whether genuine consent to medical repatriation is even possible when power disparities are so great and options so constrained.

11 Kuczewski, “Who Is My Neighbor?,” p. 334.

12 M. E. Marty, “Furies over Immigration,” *Sightings*, January 16, 2017.

13 Evangelical Lutheran Church in America Church Council, *Toward Compassionate, Just, and Wise Immigration Reform*, social policy resolution, 2009.

14 Commission on Theology and Church Relations, Lutheran Church—Missouri Synod, *Immigrants Among Us: A Lutheran Framework for Addressing Immigration Issues*, 2012, p. 11.

material. A 2017 letter to LCMS Hispanic ministries from the Synod president stresses “compassionate action” in aiding immigrants within the bounds of the law and the church’s “thoughtful, prayerful, and compassionate” advocacy with governing authorities.¹⁵

Ministry as Minding the Gaps

Chaplains in situations that may lead to medical repatriation are often well positioned to have a synoptic view of what is going on. As they offer pastoral or spiritual care, they see and hear much. They observe patients, families, staff members, managers and perhaps senior leaders from a distinct vantage point. They can also assess how well policies (if any) are implemented; how well practices and processes are working, or aren’t; and the atmosphere and attitudes present in a clinical area or the hospital as a whole. And they see all this as professionals trained to care for the human spirit as well as the “spirit” of the institution.

In this light, an important part of the chaplain’s ministry is seeing and addressing any gaps that emerge. Are the vulnerability and fear of immigrant patients and those who support them seen, felt, or addressed? Are there family members or others around the patient who seem to be lost in the shuffle or not treated hospitably? Does hospital and staff communication, especially about medical repatriation, recognize language gaps and appropriately enlist skilled interpreters to facilitate clarity? “Optimal” is not “optional” when it comes to language services, especially when “fully informed consent” is at stake. Unfortunate misunderstandings of what is said across language barriers can erode trust when it is most needed. Above all, does it seem that an adequate assessment of the transfer’s medical consequences has taken place, and that the patient or others are comfortable with it?

Chaplains involved on the unit or those in leadership roles, or both, may assess other contextual factors. Are some staff, such as social workers, under pressure to “get that patient out of here”—to another country—because “the cost is killing us”? Are HIPAA (privacy) provisions being observed, as they would be in other cases? Have local long-term care possibilities been exhausted? Is a consulate being consulted as a resource? Has the possibility that the patient is here as an asylum seeker, and thus in a distinct immigration category, been ruled out?

If repatriation becomes the chosen option, who will accompany the patient on the journey? May a family member or friend go along, if desired, and who would pay? Is adequate notice of departure from the hospital given to family or others, with enough time for hard good-byes to be said? Is the patient able to bring a few necessary or

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¹⁵ M. C. Harrison, letter to “brothers and sisters laboring in the Hispanic ministries of the Synod,” Office of the President, Lutheran Church—Missouri Synod, January 6, 2017.

personally significant items on the plane? Are prayer and appropriate rituals, perhaps led by a spiritual leader of the patient's or surrogates' choosing, being offered?

Self-education and reflection on medical repatriation can prepare chaplains to respond if and when this possibility arises in their settings. They themselves may gain new perspective and greater openness to the human beings—patients and others, including staff—who must face these challenging situations. Such preparation may be especially important in a time when immigration and immigrants are under intensified scrutiny in an uncertain political climate.



David McCurdy, BCC, is an adjunct faculty member in religious studies at Elmhurst College, a retired healthcare ethicist and chaplain, and a retired ACPE supervisor. He was the editor of the first two issues of Caring Connections and continues as a member of the Caring Connections Editorial Board. He is an ordained minister in the United Church of Christ. McCurdy welcomes questions and comments about this article at dbm1946d@aol.com

Singing the Song in a New Land

Bea Vue-Benson

*By the rivers of Babylon,
there we sat down and there we wept
when we remembered Zion.
On the willows there
we hung our harps.
For there our captors
asked us for songs,
and our tormentors asked for mirth, saying,
"Sing us one of the songs of Zion!"
How could we sing the LORD's song
in a foreign land?*

—Psalm 137:1–4 (NRSV)

AS A WOMAN who left her homeland at the age of seven and spent three years in a refugee camp in Thailand before resettling in America, this psalm has resonated deeply with me because it speaks to the experiences of deep grief, compounded loss, and alienation of a displaced people trying to adjust to life in a foreign country.

It is often easy to forget or overlook that immigrants, refugees, and political asylum seekers who have sought shelter and safety in the United States and elsewhere in the world arrive in their new home land with several layers of loss and grief and a heightened sense of cultural alienation and spiritual disorientation. Despite the current climate of hostility and fear of immigrants in this country, I am grateful and thankful for the many nurses, doctors, social workers, and chaplains who have shown extraordinary care and compassion towards the immigrant men, women, and children entering our health clinics, hospitals, and places of worship.

In my private therapy practice and as the on-site therapist for a domestic violence shelter in Minneapolis, I have worked with women and children who are former refugees, immigrants, and political asylum seekers from many different countries such as India, Pakistan, Iraq, Morocco, Burundi, Somalia, Kenya, Mexico, China, South Korea, Malaysia, Thailand, Burma, Cambodia, Vietnam, and Laos. Many of these women have experienced severe domestic violence or sexual trauma; others are survivors of sexual trafficking or human trafficking in this country. Often the children have witnessed horrific violence and abuse between their parents prior to their mother's decision to leave the relationship and seek shelter. Thankfully, a lower percentage of these children have been victims of the abuse and violence.

Many of the women who ultimately end up seeking shelter and safety report that they were strongly encouraged to do so by a nurse, doctor, social worker, or

pastor. These women's stories of their survival and decision to leave their relationships of abuse and violence are poignant reminders that each one of us, whether we are a health provider, social worker, therapist, or spiritual caregiver, can still make a real difference or play a crucial role in the lives of immigrants in this country even if there are those who openly circulate a narrative of scarcity and fear of immigrants.



The image is a wall mural painting at the House of Peace, which is a domestic violence shelter in Minneapolis. © Ana Keller-Flores, Olivia Reinhardt, Karah Vue-Benson, and Maggie Yang.

A nurse did just that for Rasha (all names that appear here are pseudo names only) when the nurse asked if Rasha was feeling safe at home. Through the persistent encouragement of the hospital social worker, Ishima had the courage to make that critical call to the Police station; this decision saved her life and stopped the cycle of emotional abuse her children had also suffered from their father. Because her doctor took the time to inquire about Pangfoua's bruises on her arms, this young woman was finally liberated from a pattern of repeated sexual abuse that had deeply traumatized her and was quickly taking her down the path of suicide. Without a pastor's prompting, Christine would not have made an appointment to see a therapist to address her severe depression, anxiety, insomnia, and experience of being separated from her six children and husband, who had been left behind in Kenya.

In my experience of working and living in America over the past 39 years, I have observed that those who are able to express compassion, empathy, understanding, and acceptance of refugees and immigrants are often Native Americans, people who have traveled to other countries, or individuals who are genuinely curious and interested in learning about other cultures and communities. I believe this is not just anecdotal information. I firmly believe it is because these folks get it. They understand the experience of having to abandon and leave behind a way of life that is precious to them; they know what it is like to leave the familiar and enter the unfamiliar land or place of another culture or community. The lens through which they view other people and cultures are much wider. They remember and carry around with them the truth that there is only one race on earth—the human race. Everything else is just our particular experiences, beliefs, and the narratives we circulate around to stay away from certain groups of people or prevent them from entering “our country”.

I thank God for those who are humble and wise enough to recognize the common humanity we share with immigrants and refugees in this country and other parts of the world. I am deeply grateful for the many health care providers, social workers, therapists, chaplains, pastors, and ordinary folks who choose to work and live their lives informed by the truth that all of us, immigrants and refugees included, are on equal ground in the eyes of God. Pain, suffering, loss, grief, and alienation are human experiences familiar and common to all cultures and communities. Our calling is to respond to the needs and opportunities in front of us regardless of where they come from, what language they speak, or which religion they practice.



The Rev. Bea Vue-Benson has a specialized ministry call from the St. Paul Area Synod. Bea is also a Licensed Marriage and Family Therapist in private practice, working with adolescents, adults, couples, and families from the metro area; she also serves as the contracted, on-site therapist for Asian Women United of Minnesota, which operates a local women's domestic violence shelter.

Bea is a former Hmong refugee from Laos. At the age of 10 she came to the U.S. with her widowed mother and five siblings after spending three years in the Thai refugee camp. She attended St. Olaf College, Luther Seminary, and the Adler Graduate School. Outside of her ministry role, Bea is a mother of two children and enjoys reading, gardening, walking, biking, and sweat ceremonies.

The Cost of the Culture

Alemseged “Alem” Asmelash

I WOULD LIKE to share something about culture. What looks like “normal” culture to some is abnormal to others, such as polygamy, female genital mutilation, keeping the virginity until the wedding night, corporal punishments and arranged marriage. I am not saying they are right or good, just normal to some and not to others.

So, when we speak about someone’s culture, we need to understand the context of the topic and the background of the person we are talking about. Here I will try to highlight my personal observation among the East African culture, particularly the Ethiopians. I will explain this as an Ethiopian-born, Swedish-educated, ELCA Lutheran pastor and chaplain with many years of spiritual counseling experience in the community I mentioned above.

As we all know, everyone has a family background: where the person comes from, what culture and society shaped his/her life, etc. When a person has left their country of origin as an adult for any number of reasons, one way or the other, their family taboos and cultural background will follow, wherever that person goes.

When a person has left their country of origin as an adult for any number of reasons, one way or the other, their family taboos and cultural background will follow, wherever that person goes.

The events that I will explain now, happened among the Ethiopian Christian Church in Minnesota. Mr. X came to America over 20 years ago. He married and had children. Mr. X earned a higher education degree and was well-respected by his own community and co-workers. He worked for a well-known company and had this professional job for quite some time. However, no one knew about his mental illness for years, not even his own wife.

One thing his wife knew about her husband was that he had a short temper. That was all she knew about his personal life. After some years, Mr. X decided to tell his wife about his hidden and secret life related to his mental illness. His wife was so stunned and dazed by what she heard.

He shared everything that he had hidden from her for years. He felt released from his stress after he told her. He also asked for help and asked her to understand his mental illness. Then both husband and wife made a covenant to be very careful and not to share his mental illness issues with anyone, not even with his pastors or other church members. They decided not to tell this to their own immediate or extended family members.

If Mr. X were you, what would you do? Please don’t tell me your answer, because I think I know your answer before you respond. You may say, “I will ask for help” and that is right based on your culture, community and family background. However, within the context of Mr. X’s culture, he will hold it inside himself until he reaches the suicidal level. Do you know why Mr. X. would be holding it inside himself until

reaching the suicidal level? It is because of his own cultural stigma and the anxiety of his own community.

Mr. X responded differently than you might due to his culture and his fear of his own community here in the United States.

1. Most of the time, this community has a strong stigma about talking openly about mental illness, even more so than most people from other cultures.
2. Most East African people have a good supportive community for most of their needs, except mental illness.
3. They have fear of isolation from their own community.
4. They have fear of what the future may hold for their life, such as not having a wife, husband or children because of their mental illness.
5. Their community generalizes mental illness as unclean or evil possession without having a deeper knowledge of the causes of mental illness.

These and many other stigma-related issues make the person more likely to get sicker rather than to recover by using resources in the larger community.

One thing we know for sure is that, in Mr. X's culture, the majority of the people grew up hearing and seeing that, "a person with a mental illness is possessed by the evil spirit." So on other hand or in the Western culture, spirit possession is a way of explaining mental and emotional trauma but in the Ethiopian culture it is stigmatized as a demonic possession.

Mr. X and his wife lived for many years in a Western country and culture but still the childhood stigmas they carry in their minds were a powerful navigator of their lives. Because the culture and their own society shaped them before they arrived here in the United States their cultural norms led them to think the way they thought.

For that reason the psychological distress is getting higher and the number of suicidal people from this community increased over time here in Minnesota. Mr. X is one of the victims of this Ethiopian culture.

This is what happened. One Sunday Mr. X was not feeling good. His wife tried to help him but Mr. X. said to his wife, "I am OK. You can go to the church with the kids. I want to be alone at home." As she always does, Mr. X's wife left her husband at home alone and went to the church. After the church service was over, Mr. X's wife and the children went home but they didn't find things as they had left them.

Mr. X used that time to hang himself and was waiting dead for his family. It was a big tragedy in the Ethiopian community. Everybody said, "How did this happen! He was a normal guy like us. How many among us have been hiding mental illness for years without telling someone we love and getting professional help? Enough is enough. Let us open our shell and ask for help. The culture we brought from home is not working here. If the community would have been ready and open for conversation

Mr. X and his wife lived for many years in a Western country and culture but still the childhood stigmas they carry in their minds were a powerful navigator of their lives.

or discussion with some professional, Mr. X today could be alive but he didn't get help because of our culture.”

These communities now are open for such discussions because of the sudden suicidal death of Mr. X. They also reached out to me for help. So I am planning, together with mental health professionals at the University of Minnesota Medical Center, Fairview to offer some educational sessions in order to reach out to the Ethiopian people through their community leaders and pastors.

This abnormal culture and stigma the community brought to Minnesota from their home country cost our brother, Mr. X, his dear life. Because of that, Mr. X's wife and children were left behind with another psychological distress.

It is time to distinguish between the good and bad culture before it cost another family their lives.



Alem Asmelash works with a number of different immigrant communities, both as an associate pastor at the 140-year-old Trinity Lutheran Congregation in Minneapolis and as a chaplain across the street at the University of Minnesota Medical Center, Fairview. Alem was born in Ethiopia and, as a young person, relocated to Sweden. He speaks six languages, including Amharic (the native language of Ethiopia), Tigrinya (the native language of neighboring Eritrea) and Swedish. He graduated from Luther Seminary in St. Paul twice, in 2002 with a Master's in Theology, and in 2004 with a Doctor of Ministry. He began work as a chaplain at Fairview in 2003, and was called to Trinity as a half-time pastor in 2004 specifically to strengthen the church's outreach to immigrant and refugee families. He is a Board Certified Chaplain, married with two adult children and, since 2015, has taught theology as an adjunct professor at Concordia University, St. Paul, Minnesota.

My Name is Anurag

Anurag Mani

“HEY MAN, what is your name?” “My name is Anurag.” “Anu... what? That is way too hard to remember. Do you have a nickname?”

I came to the United States of America in 2002 and became a citizen in 2009. If there is something that has remained constant with me it is my name. Over these years as an immigrant, while I have adopted the USA as my new home, I have created a new identity for myself. We are always learning and growing and there is always new growth in a different context. A new context, a new country, a different life style, culture, marriage, family, friends and relationships have all impacted my development and growth. In this paper, I want to capture some of what I have learned and how I have been impacted while living in the USA as a Lutheran and as an Indian immigrant.

My name, Anurag, means love in Hindi language. Many Christians in India choose English or Biblical names for their children, which thereby give them a religious identity through their name. So you can be sure that someone named Paul in India will definitely be a Christian, but someone named Anurag will probably not. My parents chose to give me an Indian name with a rich theological meaning. I love my name and that it means love. I think that is the reason why I never offered one whenever asked for an easier nickname. This has created some hardships, especially with patients and hospital staff who often do not remember my name. This is hurtful at times but I have come to deal with it. I am often remembered instead as the Chaplain with a good smile or the chaplain with great hair.

My being an immigrant and my exotic ethnicity has also aided in my connection with patients and with the students I supervise in clinical ministry. Especially with the patients, I am often asked where I am from. I often prolong their curiosity by asking them to guess where I am from. I have gotten everything from Peruvian to Chinese and everything in the middle. Some people guess Indian as well. This helps me to sort of break the ice and get into the room with the patient or the family. We usually smile and laugh. I especially remember visiting an Italian family one late night. I was wearing a white linen sport coat, which might have given the impression to the elderly Italian patient that I was an Italian immigrant. Just the thought of being ‘one of them’ allowed me to find the opportunity to enter into their space and offer them spiritual support.

I have benefited from the diversity I bring into my interactions with the students who I supervise in clinical pastoral education. One of the students, who is from Puerto Rico, struggled in his spoken English and was extremely nervous as I rounded

We are always learning and growing and there is always new growth in a different context.

with him on his clinical visits in the hospital. I drew similarity with him by disclosing that I too was anxious and had to work hard in speaking and understanding others when I first arrived in the USA. My vulnerability and connection helped him to move out of the shame that he was experiencing and helped him to own his learning using me as an example for his growth.

Not only my personal identity, but also my theological identity has been influenced over these years. In India I was a member of the Methodist Church. Moving to the USA and shortly after my marriage my wife and I joined the Evangelical Lutheran Church in America. A picture speaks a thousand words and as an enthusiastic photographer, I have employed my photography in my personal and educational process. One picture that captures the core of my theology is of the redwood trees in Muir Woods, California. It depicts both a healthy and a decaying tree in the same picture. This photograph depicts the core of my understanding of grace as I experience it through the Lutheran theological lenses.

As a young Indian man, I always experienced that I had some role in grace. I knew Jesus died for my salvation, but the grace offered somewhere had me playing a part in it. As a result, the very freedom that grace attempts to extend was never received or experienced by me. I always felt I was coming up short, ashamed, guilty and in bondage. All throughout my life I was explicitly or implicitly encouraged to adopt perfectionism, which creates and corrodes one's sense of self-worth. Instead of recognizing the good in me I adopted a self-defeating way of criticizing my weaknesses. This only creates helplessness. This does not mean that I identify my weaknesses to embrace myself, but on the contrary to hurt myself. I am not willing to embrace my brokenness, my shadow side—the decaying tree in me.

A Lutheran approach to this would be the invitation to embrace paradox and ambiguity. Lutheran theology speaks about grace (*Sola gratia*) as the work of Christ on the cross. It distinguishes itself from any effort of my own. On one of my school buildings was engraved in huge letters, 'Work is worship.' For my parents, teachers, cultural context, and me good works became the goal to achieve love, accolades and even the grace of God. The drive to act "good" was so intense that when I was not good, seen as good or experiencing myself as good, I would experience shame. The understanding I eventually found in the Lutheran emphasis on grace helped me to move away from myself and towards Christ. I began to recognize the freedom that Christ is offering to me.

Grace is a mirror that allows me to see my reflection fully. It's like the viewfinder in my camera that does not cut off the decaying tree to capture only the healthy



©Anurag Mani

tree or vice versa. Grace has space for good and bad, life and death, hope and loss, strength and weakness, hiddenness and openness.

The paradox that grace offers can be seen in a phrase Luther liked: *'Simul justus et peccator.'* I am at the same time righteous through Christ and sinner through my sin. It all resides within me and I have the capacity to love and to hate. This helps me in my journey towards a more authentic self. I facilitate the students learning within the context of my own and their health and decay, strengths and struggles.

The Lutheran way of thinking inhabits and preserves paradox by recognizing human beings as both justified and sinners, God as both hidden and revealed and me as both a citizen of heaven and of earth. This paradox allows me to recognize and explore complications and tensions while holding on to contradictory truths. This was a great resource to me in supervising a Brazilian student who was very submissive to me in my role as his supervisor. I felt the tension of being in the role of an oppressor versus being the oppressed, and it was this newfound understanding of grace that helped me to live in that tension while helping this student work with his issues with authority.

My name, Anurag, means love, and I believe love looks for similarities and then creates room for differences to be acknowledged once trust and understanding have been developed.

Being an immigrant helps me to relate to others, especially to those who are in minority and feel like minority. I am better able to connect with other immigrants, men and women who feel disenfranchised or feel a lack of voice, people of different sexual orientations who feel different and not accepted. My name, Anurag, means love, and I believe love looks for similarities and then creates room for differences to be acknowledged once trust and understanding have been developed. The ability to show this authentic love and care to others requires courage.

In my own educational and spiritual journey, I have come to recognize that I never was a courageous person. In the past whenever I have thought of courage I have equated it with physical strength. In my ongoing journey towards a more authentic self I have grown in my ability to show courage. I am grateful to my pastoral work that has taught me that to care for others requires my ability to enter in their world. This courageous way of caring was taught to me first by my Sunday School teachers in India. I recall that every year our Sunday School teachers would ask us to bring our old clothes so that we could donate them to the Mother Teresa's orphanage. But the teachers did not just ask us to drop the clothes off, but they would transport us all in a bus and take us to the orphanage, where we would interact with the children and offer them the clothes. The courage to enter their world helped me to recognize and learn the value in caring and giving.

In my journey towards an authentic sense of self I often quote Shakespeare's words in Act I of Hamlet: *"This above all: to thine own self be true, and it must follow, as the night the day, thou canst not then be false to any man."*

As I reflect on my life's journey thus far, I am inclined to recognize that I am an immigrant who is on a journey whether it is to a different country, or to enter the world of the patient, student or my own. And it is refreshing to acknowledge that for any immigrant to leave one's homeland and move to another in search for something different or bigger or meaningful requires the very courage that I once thought was missing in me. It is only through the unconditional love of God that is Grace that I experience the freedom to be 'my own true self.' This grace allows me to embrace myself, gives me room to live in the tensions and complexities that life offers, helps me to embrace paradox and ambiguity, and offers me the courage to enter my world and the world of my patients and my students with love and care at its core.



Anurag Mani is a rostered deacon of the Evangelical Lutheran Church in America. He works as hospital Chaplain at Florida Hospital—Orlando, where he also educates students as a Candidate for Supervisory Education with the Association of Clinical Pastoral Education. Anurag is married and he and his wife Marilyn live in Orlando, Florida with their two dogs, Daisy and Debeque.

Is American Sky Blue? – Reflections on Immigration Detention

LIRS

ABDINASIR MOHAMED, a Somali journalist, was imprisoned and tortured when he stood up to a terrorist organization. He escaped and fled to the United States. But instead of finding welcome, his freedom was taken again. Abdinasir was detained, shackled, and interrogated for 16 hours before being hauled off to a detention cell. For 7 months, he remained in detention, before finally being granted asylum. When a visitor asked him if he missed his family, Abdinasir replied, “I miss my family, but I miss the sky more than anything else. Is American sky blue?”

Unfortunately, Abdinasir’s story is not unique. Every day, the United States government incarcerates tens of thousands of men, women and families with children, who are charged with breaking our immigration laws. This massive detention system is comprised of 250+ federal, state and local jails and three family detention centers. Following the traditional prison model, individuals in immigration detention often have restricted movement, are required to wear prison uniforms, lack access to appropriate legal and social services, and experience prolonged separation from their families and communities.

Lutheran Immigration and Refugee Service (LIRS) is collaborating with congregations, Lutheran social service agencies, and communities nationwide to provide a compassionate presence to individuals and families impacted by our broken immigration detention system. As the second largest refugee resettlement agency in the U.S., LIRS provides technical assistance, training, and a network of volunteers to advocate on a host of immigration related issues, including immigration detention.

In fiscal year 2016, the federal government budgeted \$2.3 billion for the detention of immigrants. Yet, the humanitarian cost is far greater. Refugees, asylum seekers, survivors of torture, and victims of human trafficking and violent crimes are among those detained while their immigration cases are processed and the very real potential for deportation lingers indefinitely. Being confined in prison or prison-like conditions can be deeply traumatizing and harmful, especially for those who have already suffered torture and trauma in their home countries.

This model becomes especially egregious when children are among those detained. In 2016, nearly 60,000 children crossed the United States’ southern border without a parent or guardian accompanying them. LIRS and its network of social service partners served over 18,000 children through family reunification, foster care and providing home and support for unaccompanied minors.

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In some of these cases, children as young as 2 years old had followed guides (often referred to as “coyotes”) through Mexico to get to the U.S., while others had made it on their own. Still others had been brought to the border by exploitative human traffickers. Often, children arrive in the US hoping to reunite with their families, while some journey here hoping to find refuge from the violence or poverty of their home community. Their journeys from Guatemala, Honduras, and El Salvador are as varied as they are long.

When unaccompanied children are apprehended by U.S. Customs and Border Patrol (CBP), they are detained in warehouse-like facilities referred to by the children as *hieleras* (freezers) and *perreras* (dog kennels), and undergo intake proceedings, similar to adult detainees. Detention is a psychologically traumatic experience, made worse by the reality that most children do not fully understand why they are being detained. Conditions are often inadequate and overcrowded, violating the basic child welfare principle that children have a right to an environment that is as individualized and as minimally restrictive as possible.

The Bible has much to say about ministry with the oppressed, standing against injustice, welcoming the stranger, and visiting those in prison.

By contrast, when the children are released from detention and placed in the care of one of the providers in LIRS’ national network, they are warmly welcomed into a supportive space that provides for their physical, mental, emotional, and social needs. They are surrounded by case workers, clinicians, and foster families who can provide trauma-sensitive care and are tirelessly working to help children find a safe and stable home—whether that is with their relatives in the U.S., an American foster family, or even their family in their home country.

Nationwide, LIRS is part of the community of faith that critiques the increased immigration enforcement practices in the United States, and seeks to mobilize a compassionate response. Lutherans are at the forefront of the movement, living into their faith while responding to the Biblical call to welcome the stranger.

The Bible has much to say about ministry with the oppressed, standing against injustice, welcoming the stranger, and visiting those in prison.

Leviticus 19:33–34 illuminates God’s heart for the sojourner, through the command, “When a stranger sojourns with you in your land, you shall not do him wrong. You shall treat the stranger who sojourns with you as the native among you, and you shall love him as yourself, for you were strangers in the land of Egypt: I am the LORD your God.”

In Hebrew’s 13:2–3, Jesus reminds us, “Do not forget to show hospitality to strangers, for by so doing some people have shown hospitality to angels without knowing it. Continue to remember those in prison as if you were together with them in prison, and those who are mistreated as if you yourselves were suffering.”



Lutheran Immigration and Refugee Service (LIRS) is collaborating with congregations and communities nationwide to provide a compassionate presence to individuals and families impacted by our broken immigration detention system.

For persons in immigration detention, feeling forgotten and invisible, the most important way we can demonstrate compassion and respond in love to a deeply divisive political issue is through visiting. Visitation ministry is a commitment to regularly visit with or write to individuals isolated in immigration detention, and to provide friendship, compassion and a listening ear. Through regular visits and correspondence, volunteers have the power to inspire courage and rekindle hope.

Communities of faith have been at the forefront of the visitation movement. While the concept of prison ministry is referenced in the Bible, the application to immigration detention has been more recent. For many years, Immigration and Customs Enforcement (ICE) only granted access to lawyers, legal assistants and translators, with few exceptions. Under the original Immigration Detention Standards issued in 2000, only “authorized” persons were permitted to visit detainees, including family and friends, attorneys and occasionally, members of the media or non-governmental organizations.

Visitors, particularly individuals acting from their faith conscience, began to press for access to visit with detainees in the early 2000s. The first formal ministries included First Friends in New Jersey, a program operating at the Hutto facility in Texas, Conversations with Friends in Minnesota, and the Interfaith Committee for Detained Immigrants in Chicago. Overcoming enormous hurdles, two Catholic nuns in Chicago advocated for a bill in Illinois called the Access to Religious Ministry Act of 2008 to grant religious workers “reasonable access” to any county jail housing immigration detainees in the state. These early visitation efforts coalesced in 2011 with the launch of an informal network of visitors. In 2011, ICE issued a new Access Policy Directive that allowed for broader and more standardized facility access. The new policy allowed for any individual to visit detainees, regardless of an existing relationship. This permitted robust growth of visitation ministries with increasing national support.

In just six years since visitors were permitted into the facilities, the faith community has responded. Over forty formalized ministries now visit detainees on a weekly or monthly basis, many of them organized by faith communities. Though it is not faith based, Community Initiatives for Visiting Immigrants in Confinement (CIVIC) also supports many of these organizations, with the stated goal to achieve visitation ministries in every US detention center.

Participating in visitation is mutually beneficial. Compassion means “to feel with.” As volunteers come alongside detainees, they deepen their compassion for their trials and triumphs and are blessed as they encounter unique stories of courage and endurance. Many become part of a broader network to advocate boldly for individuals and for better immigration laws. For those detained, the presence of visitation volunteers helps to lessen the loneliness of separation and incarceration.

In 2016, 1,363 volunteers in the Lutheran Immigration and Refugee Service network visited nearly 2,000 individuals in immigration detention. However, on any given day in the United States, an average of 42,000 immigrants are detained nationwide. There is still much work to be done. Yet, we are not discouraged. We continue to meet those displaced by violence with God’s love.

As volunteers come alongside detainees, they deepen their compassion for their trials and triumphs and are blessed as they encounter unique stories of courage and endurance.

How to Help:

There are many meaningful ways to stand in solidarity with our brothers and sisters impacted by immigration detention, including;

- **LEARN:** Visit lirs.org/act/visitation to learn more about the harmful impacts of the U.S. immigration detention system. Watch LIRS’ short documentary “Locked in a Box” or read “Bring the Sky” for more information.
- **PRAY:** Set aside one Sunday to offer prayers for migrants and refugees seeking to escape violence and persecutions in their homelands through celebrating Refugee Sunday. Visit refugeesunday.lirs.org for sample worship materials and tools.
- **WRITE:** Immigration detention is a lonely experience. A kind word in the form of a letter can make a huge difference. Writing letters is an easy and meaningful way to be a compassionate presence to those in immigration detention – to remind them that they are not alone or forgotten. Sign-up at lirs.org/act/visitation/pen-pal-ministry to become a pen pal.
- **VISIT:** A kind listener can restore dignity and hope to a person enduring the long days of uncertainty and isolation in detention. LIRS partners with congregations, social service agencies and community groups across the nation to accompany individuals currently detained by conducting regular

visits, staffing detention hotlines and writing to detainees. Visit lirs.org/act/visitation/join-a-visitation-ministry for a complete list of our partners.

- **ADVOCATE:** Join LIRS' Stand for Welcome campaign at lirs.org/act/campaigns/sfw to receive e-alerts to keep you updated on current legislation and issues affecting migrants and refugees.
- **PROVIDE HOPE FOR THE HOLIDAYS:** Join LIRS' annual holiday campaign to support refugees and migrants during the advent season. Write holiday cards and donate gifts to families in detention. Organize a Thanksgiving Dinner "Breaking Bread and Building Bridges" event inviting newcomers to join in your holiday feast. Email visitation@lirs.org for more information on how to get involved.

When reflecting on the impact of visitation, Sarah Jackson, founder of Casa de Paz and longtime LIRS partner, shared,

"The hearts and minds of the community members involved in our program have been transformed and softened, as well. We believe true change stems from forming relationships and journeying through life together. The visitation program does just that."

In the face of challenging political times, breaking bread and building community with our newest neighbors is all the more critical. LIRS believes that engaging in visitation offers just that opportunity. Please email visitation@lirs.org to learn how you can get involved.



The authors are Julia Coffin and Cait O'Donnell, both from LIRS Programs team. Founded in 1939, Lutheran Immigration and Refugee Service is the second largest refugee resettlement agency in the United States. With programs in 28 states, LIRS is nationally recognized for its leadership advocating with refugees, asylum seekers, unaccompanied children, immigrants in detention, families fractured by migration and other vulnerable populations. Through more than 75 years of service and advocacy, LIRS has helped over 500,000 migrants and refugees rebuild their lives in America.

Missionaries to America

Robert Scudieri

IF YOU HAVEN'T already noticed, the face of America has changed.

Much of this is the result of the Naturalization Act of 1965, also known as the Hart-Celler Act. This new law abolished an earlier quota system based on national origin, and replaced it with a new system which favors workers with skills needed in America, and reuniting families. While some might dispute the efficacy of the new act, this author is of the opinion that it has been one of the greatest blessings to the Christian Church's mission.

The results of the change in immigration priorities became clear to most Americans in the mid-1980s; by then, it was obvious that our population was turning browner. By the 1990s it was clear that the number of different ethnic groups had grown to challenge the white English-speaking majority. Most people who study this seriously say that white English speaking people will be a minority in America by the year 2040.

Where many saw a threat, the Missouri Synod's chief mission executive in the 1980s, Dr. Ed Westcott, and Synod President Ralph Bohlmann, saw God's hand. They understood that many people who would never be able to hear the good news of Jesus in their own countries were being brought to America, where the gospel still had "free course."

Bohlmann and Westcott heard opportunity knocking, and when they opened the door they saw Jesus in the faces of refugees—men and women "of sorrow, acquainted with grief." It is not easy to be driven from your homeland, to leave behind family, friends and fortune. How would you react if you were forced to leave your house, your job, your loved ones and move to a place where you could not speak the language and had to learn a new culture? Where would you begin?

From 1991 to 2009 I was head of missions in North America for the Lutheran Church—Missouri Synod. During that time almost half of all new missions in the LCMS were among people other than white English speaking people.

During the eighteen years I was blessed to serve at the national level, I met many wonderful missionaries whom God had sent to the United States from other parts of the world. In my opinion, these missionaries to America were bringing new life to a tottering American Church. When I began my ministry in 1971, only four percent of the population reported that they had no religion. By 2000 AD that number had risen to fourteen percent. Today it is twenty percent.

After I retired, I was given the opportunity to begin a publishing company. On January 6, 2016, Mission Nation Publishing officially began. The new publishing

They understood that many people who would never be able to hear the good news of Jesus in their own countries were being brought to America, where the gospel still had "free course."

company, Mission Nation Publishing, would give refugees and immigrants a voice, would help American citizens know the kind of witnesses God was sending us. We would tell their stories of faith and courage and love. We would show how some Christians and Christian churches would bless the new missionaries, missionaries like Rev. Joseph Lewis.



Rev. Joseph Lewis

Joseph Lewis is a refugee from Liberia. A coup in that country forced him to flee for his life. His mother was the sister of the president who had been deposed, and the new dictator was rooting out the ex-president's family members. Joseph's mother had to stay in hiding, unable to leave with the rest of the family. A child at the time, Joseph for years did all he could to raise the funds needed to extricate his mother from the danger she was in. He quit high school to work, became homeless, sleeping on benches in parks, until the family of a Lutheran Christian friend had compassion and invited Joseph to come live with them. They brought Joseph to church, where Joseph Lewis became part of a much larger family.

Where will refugees like Joseph find compassion? The natural, sinful, way for tired and frustrated immigrants to react would be in retribution, or some addiction, or in community with angry, hedonistic groups. Many refugees and immigrants live frightened, disturbed lives. The prayers of those of us at Mission Nation Publishing are that some will be blessed by compassionate Christians, like you.

The God we worship has shown human beings what it means to be compassionate. Our God came into a broken, selfish world. He suffered with us. Many hurting people have trouble believing that God would suffer. Peter had that problem in Matthew 16. Jesus had just told His disciples that He would suffer, and that He would die. Peter responded like us when we first hear life-challenging news: we deny it. *"No Lord. This shall never happen to you."*

Denial was my feeling when our family heard the awful news that our son-in-law had pancreatic cancer. "No! There's a mistake. It's something else." At that point I knew what Abraham must have experienced when God told him to sacrifice Isaac, his son. Both Lynn and I said, "No, Lord. Take me instead. We've lived our lives." Now, we have no knowledge that Abraham said anything like that. But Jesus did: "Let this cup pass from me; but nevertheless, Thy will be done." God gave His Son, accepted His life instead of ours, paying the price for our reluctance to follow Him wherever life leads.

When we received word of our son-in-law's illness, Lynn and I knew more completely what Jesus meant when he said, "Whoever wants to follow me must deny themselves, take up their cross and follow me." (Matthew 16:24). Those terror moments test us. Will we die on that "cross?" Will we run away? Stay and fight alone?

Or, take up that cross, take it along with us, continue to follow Jesus, and be able to say “Thy will be done”?

The answer lies in what you mean when you pray “Thy will be done” in the Lord’s Prayer. I suspect for most of us it means “*My* will be done.”

When I was a pastor I encouraged Christians to be bold in their prayers, to pray for healing, for the job, for the marriage—only if you trusted God’s love enough to say “Thy will, Lord, be done.” Praying “Thy will be done” is to say, “I trust your love so much that whatever you decide I know will be what is in my best interest.” This is more difficult to do at some times than others.

Jesus suffered with us. He was bold to ask God, “Let this cup pass from me. Nevertheless, Thy will be done.” It was God’s will that Jesus suffer and that He die, because His death defeated death for us and for all who suffer and still call Him Lord. Jesus said “Thy will be done” for all the times we have gnashed our teeth, covered our cheeks with tears, and could not say it, or said it grudgingly. God counts Jesus’ faithfulness in place of our failures to be faithful. The world we live in today makes it difficult to be faithful, and so hard to be compassionate.

Whenever you open yourself to another in pain you share that pain. Compassion is not given easily. It hurts.

Jesus: *“Then the King will say to those on His right, ‘Come, you who are blessed of My Father, inherit the kingdom prepared for you from the foundation of the world. For I was hungry, and you gave Me something to eat; I was thirsty, and you gave Me something to drink; I was a stranger, and you invited Me in; naked, and you clothed Me; I was sick, and you visited Me; I was in prison, and you came to Me.’”* Matthew 25:34–36

God showed us in the past what it means to be compassionate. Today God is giving us new signs of His compassion. Through new immigrants and refugees, we are being given opportunities to show compassion. They are, in the understanding of Mission Nation Publishing, gifts from God.

“Compassion” comes from the Latin, “suffering with.” It connotes coming into the pain of those who are in an awful state. Whenever you open yourself to another in pain you share that pain. Compassion is not given easily. It hurts.

Those of us at Mission Nation Publishing are choosing to open ourselves to the stories of pain, and the stories of triumph, the missionaries from other countries have to tell. The expectation is that by telling their stories many others will come to appreciate their faith, their courage, and the love of the ones God is sending us. The hope is many will react with divine compassion.

We believe it is God who is bringing these missionaries to us. St. Paul does say in Acts 17:26, “From one man God made all the nations of men...and He determined the times set for them and the exact places where they should live.” That is why we

see new refugees and immigrants as gifts from God—like Joseph Lewis, the refugee from Liberia I introduced earlier in this article.

With the support of compassionate people, Joseph Lewis was saved from sleeping on the street, went back to school, and is now Sergeant Lewis, an officer in the Baltimore Metro Transit Police Department. Lewis has a special calling to work with disaffected young people. He says, “People don’t understand us until we talk together.” He is especially drawn to young men who see no purpose to their life. He is a police officer, who approaches vulnerable young people with compassion. He knows what it is like; he experienced setbacks in life in two countries.

Shang Me Wang fled with her husband from China to America. Persecuted for their involvement with the Christian Church, they were given a call from the Atlantic District to shepherd a church in Bayside, Queens. Shang Me Wang wants us to call her Mimi. Mimi’s husband, a graduate from a seminary in China, as well as having a degree in psychoanalysis, accepted the call from the District.

The ministry began with great joy, but turned to sorrow when Mimi’s husband died suddenly. Mimi stayed with the ministry, working under another missionary to America, Rev. Johnson Rethinasamy—a missionary from India who heads one of the largest Lutheran churches in New York. Mimi is the adopted “mother” for more than fifty Chinese young adults who have come from all over the world to New York to work. Many experience loneliness, and are confused over the different culture in America, in New York. They call Mimi all hours of the day and night; she always picks up the phone. The young adults meet weekly at Immanuel Lutheran Church in Whitestone, Queens, New York, for Bible study and a light supper. There is a monthly Chinese worship service at Immanuel. The group embodies compassion for each other, and for new immigrants who are continually joining the group.

Rev. Afam Ikanahi is a refugee from Africa who is a chaplain to prisoners in Milwaukee. It is beyond the means of many prisoners to pay for a haircut. In the prisons where there is no barber; a barber coming It is difficult for a prisoner to look presentable at a court hearing, or, if he is allowed, to find a job, if not well-groomed. Afam taught himself how to cut men’s hair, and offers free haircuts to prisoners—as long as they are willing to stay for a Bible Study. Many stay. Afam has baptized more than four hundred prisoners; they see in this African the compassion of Jesus.

These are just a few of the more than thirty stories I have heard while videotaping missionaries to America. The interviews are on the Mission Nation Publishing website, www.MissionNationPublishing.org. They are a testimony



Shang Me Wang (“Mimi”)



Rev. Afam Ikanahi

to the compassion of those who have suffered greatly. They are a witness to the compassion of God.

I am not the only one to notice this. I read recently a *New York Times* opinion piece by Peter Wehner, a senior fellow at the Ethics and Public Policy Center: “(For Christians) God is a God of wounds, where the road to redemption passes directly through suffering. There is some solace in knowing that while at times life is not easy for us, it was also hard for the God of the New Testament. And from suffering, compassion can emerge, meaning to suffer with another—that disposition, in turn, often leads to acts of mercy.”

Finally, what can you do? Be a voice for refugees and immigrants; speak with compassion about their needs. Eschew cultural ideas that favor the strong to the detriment of the weak among us. Befriend an immigrant or refugee—get close to someone who is new and struggling to orient themselves to a new world. Become involved in the life of one person who is trying to become established in America. You don’t have to solve all their problems; it helps if you can simply “be there.” Open doors for them. Pray for them. This is what it means to be compassionate—to “suffer with.” It is a godly thing to do.



*Bob Scudieri was a longtime LCMS North America mission executive. In retirement he has continued writing and has begun a new ministry called “Mission Nation Publishing Company,” www.MissionNationPublishing.com. The mission of Mission Nation Publishing is to give a voice to the Missionaries to America, through the writing of their biographies. Their first book is *The Resilient Missionary, the biography of Dr. Yohannes Mengsteab*. Bob has written two other books: *The Apostolic Church: One Holy, Catholic and Missionary* and *Who Are the Apostles?**

Ministry with Refugees at Bellevue and Beyond

Paul D. Steinke

WEBSTER DEFINES A REFUGEE as “a person who flees from home or country to seek refuge elsewhere, as in time of war or of political or religious persecution.” Our English word refugee is derived from the Latin word *refugere*, which means “to flee back.”

American Lutherans are respected worldwide for their refugee resettlement work. Most Americans can trace their family trees back to some immigrant or refugee group. The founders of the LCMS fled Germany to the USA because the government was forcing Lutherans to join heterodox Protestant groups to form a single state religion.

In 2004, when I joined the staff of Bellevue Hospital in Manhattan, New York City as a Supervisor of Clinical Pastoral Education, I knew I was going to train chaplains to minister to people on the margins of our society—the homeless, the undocumented, the poor, and immigrants. I didn’t realize there would be so *many* refugees. The language phones in each hospital room allows one to have over 100 languages translated for your pastoral conversation with refugees. The Bellevue/ NYU Victims of Torture program serves refugees from all over the world who have been tortured by political regimes in their countries of origin.

In my mind refugees and immigrants were conflated. Imam Barry Timbo, a native of Guinea from the Fulani tribe, taught me differently. He was educated in France and was now a Clinical Pastoral Education student at Bellevue Hospital. In about the third week of the CPE unit Barry said he would not be in on Thursday.

“Why?” I asked.

“I have to go to court for my refugee status hearing.”

“Huh?” I did not understand.

“A law firm is doing pro bono work to represent me.”

“Tell me about it.”

“I left Guinea under a regime that was favorable to our family. We are Fulani, light skinned and a commercial class. The opposition party is now in power and they have killed members of my family,” he explained. “To return home is too dangerous. I want refugee status so that I may continue in the USA.”

After much vetting and many court hearings, Barry was given refugee status which gave him protection under the constitution of the USA.

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The Bellevue CEO said our patients are seriously ill like most hospital patients—our patients also have a *social overlay*. So ministry at Bellevue is for people on the margins of society. Unlike immigrants, refugees *have to* leave their homelands. I cannot imagine having to leave the USA for another country, another culture, an unfamiliar context.

Lutheran Christians are clear about ministry to refugees who seek solace and safety in the bosom of a free society. The Bible abounds with stories: Abraham leaving his hometown of Harran for Canaan, the Children of Israel leave Egypt for the Promised Land, and the Parable of the Good Samaritan. The latter enjoined us to be mindful and active in helping the needy from another culture... ***Not just pray for them, but actually engage them.***

- **MINISTRY TO REFUGEES REQUIRES UNDERSTANDING THEIR CULTURE:** For instance, take the Hmong people, who fought on behalf of the United States during the Viet Nam war in exchange for refugee status in the USA. Unlike us, the Hmong people believe that folks with epilepsy who have seizures are especially holy and spiritual. In the USA this condition is treated strictly as a medical problem. To understand the special and unique customs of refugees is the first step in ministering to them.
- **MINISTRY TO REFUGEES REQUIRES HOSPITALITY:** Ministry begins with welcoming the stranger. The pastor or chaplain takes an interest in the refugee and listens to the refugee's story. We listen and respond to the inevitable suffering of leaving home and acclimating to a new environment. The refugee leaves her homeland, family and familiarity behind.
- **MINISTRY TO REFUGEES REQUIRES THAT WE MINISTER WITH THE MIND OF CHRIST:** We minister out of the Good News. The Gospel impels us to engage in repairing the brokenness of the world. Suffering affords us the opportunity to minister to "the other." Our fear of "the other" distances us from the refugee. The Gospel provides the courage and the motivation to walk with the refugee. Matthew 25 reminds us that when we minister to the refugee we minister to Jesus.
- **MINISTRY TO REFUGEES REQUIRES CURIOSITY:** Most of what we know about refugees is their image in a photograph of an overcrowded sinking boat or of a little boy, hungry and bloodied. As you minister to refugees you learn firsthand about a person trapped in the political or religious tyranny from which they have escaped. Your curiosity allows the refugee to open up and tell the story. We then receive a firsthand account of the refugee's suffering. The refugee's narrative allows them to bring a little order to the chaos of being a refugee.

All people are created by God. All people suffer. The refugee needs the fruits of our faith—faith, hope and love. And the greatest of these is love, friendship and a

welcome mat! Li Po's ancient poem, *I Make My Home in the Mountains* expresses the yearning of all people to be free:

*You ask why I live in the mountain forest,
and I smile, and am silent,
and even my soul remains quiet:
it lives in the other world
which no one owns.
The peach trees blossom.
The water flows.*



The Rev. Paul D. Steinke, Supervisor of Clinical Pastoral Education, now retired, served at Bellevue Hospital Center in NYC. He was ordained in the Lutheran Church—Missouri Synod in 1961, and served as a parish pastor for 10 years. After a CPE residency at Norwich State Hospital in Connecticut, and two years of supervisory training at Philadelphia State Hospital, he had his first job as a CPE supervisor at Mental Health Services of the Roanoke Valley in Virginia. He later came to NYU to work as a supervisor and was located at the associated Bellevue Hospital for over 10 years. You are welcome to contact Rev. Paul Steinke at pdsblky@me.com. Paul Steinke is pictured here with his dogs Gabriel and Hannah.

Ministering at ICE in Tacoma, Washington

Bob Bankin

Advocates for Immigrants in Detention (AID) NW continues to be a loving presence to people who are detained in the now infamous prison on the Tacoma tide-flats. Representatives from our group set up a little welcome center under a tarp near the entrance where visitors come in and out. The people offer hot chocolate and coffee and sandwiches to friends and relatives of those who are detained. A kindly retired teacher is there with a variety of children's books to offer the small children who come with families. Just down the block where a few people are being released a motor home is parked to offer refreshment and direction to the half dozen people who are released each day.

I continue to visit a 26-year-old man who came to the U.S. as a twelve-year-old with his parents to do field work in the Willamette Valley in Oregon. His father became a citizen but he did not. His mother died and he has been imprisoned since May of 2015. I am the first visitor he's had in that time. He is very appreciative of my coming and has been inspired by my witness of faith in Christ. He is excited to be studying in the Gospel of Luke. Praise God for His presence in our lives!

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Bob Bankin is an associate pastor at Immanuel Lutheran Church in Puyallup, Washington. A graduate of Concordia Theological Seminary, he is serving Immanuel on a part-time basis since retiring from full time ministry at the Congregation of the Good Shepherd, an international congregation in Beijing, China. Bob is now serving senior citizens and others who are homebound. He is the director and trainer of Stephen Ministries, a one-on-one support system for people in particular need. He gives his time to visiting at the Detention Center in Tacoma.

Immigration or Emigration— no easy matter for any involved

Lorinda Schwarz

THE DIFFERENCE BETWEEN “immigrate” and “emigrate” is defined as “immigrating” being the act of entering a foreign country to live while “emigrating” is the act of leaving a country to live in another. So today in America we speak mostly of those who have immigrated to our country.

As a Chaplain I am not sure that whether we are speaking about immigration or emigration it makes much difference in our response. As a Chaplain we are called to enter into difficult times, times of crisis, and sometimes even times of joy, to travel on the journey with individuals we meet through our ministry setting.

I have seen this subject from several sides, both as a chaplain and as a mother. Speaking first as a mother, my oldest son fell in love and married a wonderful young woman from Germany. After being married they decided that they wanted to make their home in the United States where it was easier for them to get jobs and own a home. So, once married in Germany, my daughter-in-law began the journey through the United States legal immigration process. None of us were prepared for what lay ahead.

Pregnant with their first child, my son now journeyed home to his job to await the “soon” arrival of his wife and baby to be. It became quickly apparent that the immigration process would by far be longer than the pregnancy. Their daughter was born slightly premature and died at six months of age. They were separated during this entire time as they sought to slog through the mountain of paperwork to legally immigrate to the United States. Submitting and resubmitting paperwork, jumping through all the hoops, a little over 2 years from beginning the process my daughter-in-law was finally able to join her husband in America. This is not an atypical story amongst immigrants today. Before she could officially join him my son had to agree to never request any governmental assistance (food stamps, health care, subsidized housing, etc.) or his wife would be deported back to Germany. These are the conditions that those who legally immigrate to the United States live under.

There is a false believe that many individuals hold, namely that if an individual marries a United States citizen this gives them a “right” to come legally to the United States or to stay within the United States. As a chaplain, this is one of the ministry issues I face in the prison system with illegal immigrants. I counseled with a mother one time who told me that her daughter wanted to marry the man she had fallen in

As a Chaplain we are called to enter into difficult times, times of crisis, and sometimes even times of joy, to travel on the journey with individuals we meet through our ministry setting.

love with who was now within the prison system to keep him from being deported following the completion of his prison sentence.

Individuals, who are illegally in this country and commit a crime in Oregon, are tried, and if convicted, serve out their sentence first and then are deported upon completion of that sentence. Some states operate this way while other states simply immediately deport those who commit a crime back to their country of origin.

In the Oregon prison system you can tell who is an illegal immigrant as they will have what is termed an ICE (Immigration and Customs Enforcement) detainer on their record. This young man had such a detainer and I advised the mother that marriage probably wouldn't make any difference and suggested that her daughter seek legal advice. They did and were told that a marriage would not keep him in the country. Still holding out hope that a marriage would allow legal immigration status to come about later, they were wed. I have spoken to this mother several times since then. I learned that the young woman moved to Mexico and lives in the family's home there after unsuccessfully attempting to gain her husband's re-entrance to the United States. Her mother is fine with this although it means that her daughter and husband may never even visit within the United States as a family.

.....
They are men with the same spiritual needs as those here legally and to that end we minister to them in the same way.

As chaplain within the prison system I find many different attitudes among men who have ICE detainers. Some are resigned that they will return to their country of citizenship and live out their lives there. Most of these men, I find, still have family in that country. Others tell me that they will illegally cross the border again, as they have before, to be reunited with family here, or continue to work here to supply their family elsewhere with a better life. I have ministered to one man once who was on his third return trip to his country of origin. Many of these men are deeply spiritual people and most are simply looking for a better life for themselves and their family. They are men with the same spiritual needs as those here legally and to that end we minister to them in the same way. Within the Oregon system I do my best to help them understand the process and what happens when they get to their parole date (as lack of understanding creates higher anxiety). As the story above indicates I also try to help families know what to expect as they move forward trying to navigate a confusing and often frustrating system.

I have many more stories of working with immigrants that I could share but would just like to conclude with some thoughts about both sides of the immigration situation. People are in need of spiritual care whether they live legally or illegally in any given situation. I try not to let "status" determine how I relate to them. Often I must put aside various prejudices from various sources and just view people as they are, people in need of reassurance and hope. Immigration status, stories, situations, and circumstances are very emotionally charged. They involve frustrations of dealing

with governmental systems that often deal with people more as numbers than persons. For a country that was built through immigration by emigrants we still have much around this subject we do not understand or approach with compassion. As I seek to minister with individuals, whether within or outside the prison system, I turn to prayer. Our God, who is greater than all of this, promises to hear and answer those prayers.



Lorinda Schwarz is a Lutheran deaconess who has served as a chaplain within the Oregon Dept. of Corrections (ODOC) for 24 years. She currently serves at a 1,700 bed male medium security prison. Consecrated in 1986, Lorinda has also served as chaplain for adults with MR/DD, for those who suffer mental illness and for both men and women who are incarcerated. Lorinda is married and a mother of 5 children, grandmother of 12, and great grandmother to 3. She currently lives in Pendleton, Ore.

Priest in a Community of Equals

Chava Redonnet

A transformative moment for me in ministry happened at St Joe's¹ one Tuesday afternoon about ten years ago. I was talking with one of our guests, who was telling a very long story. As I listened, in the front part of my mind I was hearing her story. In the back part, I was trying to pray for her. But the prayer wouldn't come. It was like it was stuck. "Huh," I wonder. "Why can't I pray?" Then I realized that is was because I was praying down. I was praying like me and God were going to help her. Like I had it all together, and she did not. I realized in that moment that if I was going to pray for her, it had to be the prayer of an equal, one child of God for another. It was startling because I didn't realize until then that I had that attitude.

The good news is, once you've had a moment like that, it's hard to go back. It's like you're standing on the bottom rung looking up, and always aware that things look different depending on where you are on the ladder—and that as long as others are stranding on that bottom rung, that is where you absolutely want to be until you can all climb up that ladder together and look at the magnificent view. I suspect that's liberation.²

ON GOOD FRIDAY of 2012 I came home from my job as a nursing home chaplain, exhausted from the services that day and the day before, and took a nap. When I woke up at 5 pm I thought of the folks in the migrant church where I am pastor, and suddenly realized that they had been in the fields for several hours before I started working that day, planting onions, —that they were still there, and it was several hours before they would stop work. Something in my heart broke in that moment, when I realized so starkly the reality of their work lives, and I went to my computer and wrote this Stations of the Cross³ for Migrant Workers. It could still be written today. If we could do a Stations of the Cross for Migrant Farmworkers, here's what it might look like:

- We would start at their damp and tiny house, and notice the enormous jug of clean water that the guys filled at some source outside the house and carried in together, because they don't trust the water from the tap to drink or cook with. We would notice the lack of privacy, the torn up linoleum, the bare concrete floor in the bathroom, the shower—orange with something that won't come off

1 Saint Joseph's House of Hospitality is located in Rochester, New York. It is a Rochester Catholic Worker community which provides food, clothing, shelter and spiritually-centered care to its guests.

2 Excerpted from her reflections to her community on November 10, 2013.

3 The Stations of the Cross are a 14-step Catholic devotion that commemorates Jesus Christ's last day on Earth as a man. The 14 devotions, or stations, focus on specific events of His last day, beginning with His condemnation. The stations are commonly used as a mini pilgrimage as the individual moves from station to station. At each station, the individual recalls and meditates on a specific event from Christ's last day. Specific prayers are recited, then the individual moves to the next station until all 14 are complete. They are most commonly prayed on Good Friday.

with hard scrubbing (I tried). We would repent that we accept such housing for our brothers and sisters.

- Our second station would be just 200 feet from the house, where two of the guys were stopped by immigration officers last week, four or five cars surrounding them when they pulled out of the driveway. Our men were allowed to leave, because they are already in the system and have court dates. We would pray for the men the ICE officers had expected to catch, that they are safe and well wherever they are, and we would repent of causing our sisters and brothers to live in fear.
- Third, we would go to the bodega⁴ where our folks punch in at 7:30 am and out at 7:30 pm, and recognize how our government's removal of two of their number has made their already hard lives even harder. We would repent a system that sees such captures as accomplishments and does not count the human cost.
- We would go to the fields, and for a while we would work. We would bend over, planting onions, until our muscles ached and we would weep with recognition of the daily realities of our friends, the work that they do that puts food on our tables.
- For our fifth station we would go to the migrant health clinic in Brockport, and learn that medication that used to be available for free, now requires a social security number. We would repent the meanness of our government that would deny necessary medication to those without documents. We would repent our ignorance of the indignities faced by our sisters and brothers.
- We would go to the Mexican grocery store and ask how often they routinely overcharge their customers, as I was overcharged when I was there. Are they profiting from the simplicity of people who would never think of challenging a receipt as I did? We would weep for the vulnerability of our sisters and brothers, for the ease with which they are exploited.
- Seventh, we would stop by Walmart, and repent of the economic systems that have the poor in our country buying products made by the exploited poor in other countries. We would question the systems that keep us all bound, and ask God for help in breaking out of them.
- Our eighth station would take us to Buffalo, on the journey that those in the Alternatives to Detention System must take every second week. We would experience the humiliation of proving, yet again, that we are cooperating with the system that oppresses us, showing ID, answering questions, trying to communicate with officials who don't speak our language.

We would question the systems that keep us all bound, and ask God for help in breaking out of them.

4 A farm office where, in the winter, the workers clean and package produce.

- While in Buffalo we would stop by a school, and grieve for our sisters and brothers who never received basic education, who live with the shame of their ignorance, and weep for the loss of human potential.
- Tenth, we would go to immigration court. We would see the fear as people wait to hear their fate, feel the hearts pounding, the anxiety in the breath of each person as they wait to see the judge. We would repent our complicity in a system that excludes those who now try to do exactly what our own ancestors did, to come to the land of opportunity to find a better life.
- For our eleventh station we would stop by the little store where the guys and I get coffee after checking in at the immigration office, and, like Jesus having his face wiped by Veronica, give thanks for the little moments of respite that give us the strength to go on.
- Twelfth, we would go back to work, to be yelled at for missing time when we went to Buffalo. We would feel the powerlessness of workers with no recourse, no voice, no union, no leverage. We would recommit ourselves to standing with workers, to justice for those who are excluded from labor laws as are farm workers.
- We would work again beside our brothers and sisters, and listen to their stories. We would hear of separation from families, of funerals missed, of grandchildren never seen. We would repent of ever summing up the lives of other people with terms like “illegals,” and ask for help in seeing the human face of every person.
- Our fourteenth station would be at the grocery store. We would stand in the produce section and realize that every vegetable, every fruit, was planted and picked by human hands, most of them likely undocumented. We would repent our indifference, our blindness, and recognize the holiness of each person and of the work of their hands.

And at the last we would pray and ask, “how do we turn this system around and create a way that is life-giving, respectful of human dignity and worth, a system where everyone has reasonable hours, opportunities for rest, a decent place to live, education and health care. How do we get our sisters and brothers down from the cross?”



Chava Redonnet is a priest of the poor and the migrant workers in Rochester, New York. A graduate of Colgate Rochester Crozer Divinity School, she completed a chaplain residency at Strong Memorial Hospital in Rochester. She is an ordained woman priest who serves the Oscar Romero Inclusive Catholic Church in Rochester, New York. Chava has three grown daughters, Clare, Bridget and Emily.



The ACPE Lutheran breakfast on May 4, 2017 in Minneapolis. Provided by Anurag Mani.

News, Announcements, Events

SPM Educational Events

Be sure to save the date for the SPM Educational Event on a topic we live with daily:

- “Crossing the Lines – Approaching the Edge”
King’s House, Belleville, Ill.
September 19–21, 2017

Visit www.lcms.org/spm for more details about 2017 Educational Events.

Dates to Remember

- JUNE 22–25** Association of Professional Chaplains (APC) Annual Conference
Houston, Texas
professionalchaplains.org
- AUG. 7–10** The first ELCA Rostered Ministers Gathering
Atlanta, Georgia
elca.org/rmg
- SEPT. 19–21** Combined ESC Conference and SPM Educational Event
Belleville, Illinois
lcms.org/spm

Watch for the date and location for the Zion XVII Conference in 2019.