

DIALOG

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Meeting challenges

“You can never forget tragedies, but you learn to live with them,” says a resident of Diakon’s *Luther Ridge Assisted Living* community near Pottsville, Pa.

Experiencing tremendous loss over her 90 years, the resident knows about heartache and hardship. “The last time I saw my youngest son was on his wedding day,” she says. “He was only 23 years old. Shortly after he was married, he and my daughter-in-law died in a house fire.”

That was only the first of a number of tragedies, yet she turned them into an opportunity to serve others.

“A life-changing experience by its very nature teaches fundamental lessons,”



Many of the challenges described in this issue of Dialog were overcome in part because of the skill and commitment of Diakon’s in-house rehabilitation staff, who will celebrate National Rehabilitation Awareness Week Sept. 19-25.

believes the company CEO, whose wife of nearly 30 years passed away a little over a year ago.

While he was unprepared for the changes the loss meant, he turned to Diakon’s *Family Life Services – Northeastern Pennsylvania*.

Losing a spouse, he says, “is so emotionally charged that it [can] lead to all sorts of problems in the workplace and in life, if left untreated. My counselor... made an enormous difference in my life. She helped me cope and deal with something difficult.”

The *Buffalo Valley Lutheran Village* resident jokes that he did things “backwards” at the village.

“When most people come to a retirement community, they move, if need be, from independent living to assisted living and so on. But me, I did it the reverse way,” he says.

Entering the Diakon village at Lewisburg, Pa., for nursing care following surgery, he was determined to get better. With the help of Diakon’s in-house rehabilitation staff, he transitioned from nursing care to assisted living and, finally, to independent living in his own cottage.

These are just a sampling of the many challenges residents and clients face—and overcome, thanks to their spirit, perseverance, and the help and care Diakon staff members extend to them.

In various stories within the four regional sections of this issue of Dialog, you’ll read of some of those challenges and how they have been met.

Our regional format

Beginning on Page 3, you will find our newsletter content focuses on your geographic area. The section you receive—which we call *Diakconnection*—depends on your address or interest in a particular Diakon program or facility.

Four regionalized inserts are produced: Delaware-Maryland, Lower Susquehanna, Northeastern Pennsylvania, and Upper Susquehanna. The regions parallel synods of the Evangelical Lutheran Church in America.

The regionalized *Dialog* provides interesting information about the retirement villages and Congregation, Children, and Family Services programs in your area—and about those they serve.

If you are interested in receiving an insert different from the one in this issue, please contact Mary Seip at 1-888-582-2230, ext. 1215. In addition, each of the four inserts can be viewed on our Web site, www.diakon.org.

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Why a *Lutheran* social ministry agency?

We Lutherans have something unique to offer the faith community—our understanding of the call to serve all of God's world.

And we need to be willing to proclaim that uniqueness.

Diakon's own mission is rooted in our understanding of that call to serve: To live out, "in response to God's love in Jesus Christ... God's command to love the neighbor through acts of service."

From the earliest days of the Reformation movement, Luther preached and wrote that we serve all of the earth and its creatures in response to God's love, demonstrated through the life and death of Jesus Christ.

To be Lutheran is to cling to this good news—that our lives are lived in response to what God has already done for us.

This is very different from living our lives and serving our neighbors to receive something from God in return.

Two years ago, Darrell Jodock, professor of religion at Gustavus Adolphus College and formerly of Muhlenberg College, addressed the Pennsylvania Lutheran Network on why Lutheran social ministry organizations and other church-related entities should strive to remain Lutheran. He advocated a "self-conscious, vigorous" quest to understand and embody what it means to act within the Lutheran tradition.

Our approach to "the neighbor," Jodock reminds us, takes seriously the Lutheran heritage of responding to God's love, rather than trying to earn God's love through our works.

Because our life is lived in response to God's love, we can risk being fully engaged in God's world around us. In

fact, we can be so engaged with others that we can make mistakes, know we are forgiven, and plunge right back into the world around us.

We can follow Luther's urging to "be a sinner and sin boldly" because we know that, no matter what our successes or failures are, "Christ is victorious over sin, death, and the world."

That allows us to engage, without fear, in a broken, needy world.

That world includes those on a faith journey and those uninterested in such a journey; the poor and the wealthy; the

addicted and the non-addicted; the ugly and the beautiful; the sick and the well. Everyone in God's creation is neighbor and therefore to be loved and served by those who understand the love of God in Christ.

Our heritage is a positive one of hope and promise for us and for all our neighbors. This Lutheran perspective stands in sharp contrast to the many negative or even judgmental perspectives expressed by many others in our communities today.

Add to this perspective a strong sense of our Lutheran understanding of vocation and you have the best of what has come to be called "servant ministry."

With the gifts of our Lutheran heritage, Diakon carries out servant ministry, struggling with difficult questions, praying for the world, and doing our best hand in hand with all our neighbors.

And we continue to strive to understand and remain true to our identity and traditions.

Why?

Because, as Jodock notes, remaining Lutheran "puts people in touch with depth, because it generates and nourishes a sense of vocation, because it is cautious about knowing the answers, encouraging us instead to live with paradox and ambiguity, because it acknowledges the dark side of life without losing hope, because it sees God active in the world, because it has a sense of humor, and because it does not close us off to cooperation with people in other religions."

Our Lutheran heritage makes us who we are, whether congregation, synod, college, or social ministry organization.

That heritage is a gift—to us and to the world.



*The Rev. Daun E. McKee,
Ph.D., President/CEO*

TimeLine: 1979

Continued from Back Cover



Pam Thomas, director of Hospice Saint John's Greater Wyoming Valley/Scranton office, shows old newspaper clippings on the program to, left to right, the Rev. John Brndjar, former executive director of Lutheran Welfare Service of Northeastern Pennsylvania; Philip Decker, HSJ's first program director; and Thomas Cooney, the program funding development specialist who assisted in the initial grant application that resulted in Hospice Saint John.

within the U.S. Department of Health, Education, and Welfare (now known as Health and Human Services). That assistance came partly because of federal government interest in northeastern Pennsylvania's then-high concentration of lung cancer diagnoses.

Initially, Hospice Saint John focused its efforts on caring for those with cancer. Over time, however, the program expanded to serve people with a variety of illnesses, including heart and end-stage renal disease, as well as pediatric conditions.

In the late 1980s, Hospice Saint John found itself serving individuals affected by the newly discovered disease of HIV/AIDS.

"We had a new commitment to the community. Individuals with HIV and AIDS were returning to [the region] after exhausting all possibilities in metropolitan areas," says Brndjar. "This was a milestone for the organization. Hospice itself needed to look at its own focus and had to find a comfort and stability in terms of its own capacity to serve individuals with the disease."

During its initial years, the program also faced the continuing need to educate

the medical and general communities about hospice care. The organization also played an essential role in advocating for palliative-care reimbursement by Medicare.

"Simultaneously, we were learning how to provide hospice care, and we were educating people in the medical community as well as the community-at-large that there was a different type of care besides the medical model. Not everyone needed to be treated until the end of their disease and die in a hospital," says Philip Decker, the program's first director.

Even 25 years after the program's inception, education is still a continuing need, though reimbursement issues have subsided with the Medicare Act, passed in 1983 partly as the result of the efforts of Decker, his national colleagues, and U.S. legislators.

As a member of a newly formed national hospice organization, Decker traveled to Washington weekly to advocate for reimbursement. Admitting that he sometimes felt overwhelmed, he says he stayed focused on Hospice Saint John's mission. "If you met with just one patient and family and helped them choose the course of the rest of their life, then you

would know what gave us motivation to succeed. It's a great thing to do."

Of course, employees have made the organization what it is today, he adds.

"Everyone who was there in the beginning did a remarkable job, and Hospice Saint John carries on that tradition as it still has a great reputation today," says Decker.

Debbie Search, current executive director of the Diakon program, agrees. "All employees—past and present—contribute a great deal. Hospice is part of who they are and not just another job. It is their ministry of service, and they are dedicated to providing care at a very vulnerable time in the life of the patient and their family—with a focus on enhancing their quality of life."

Though Hospice Saint John has expanded its geographic reach and programs, especially around children's services and community education, it remains focused on its basic mission: "Hospice care will always be an essential gift," says Brndjar, "that people can bring to their fellow human beings."

How did Hospice Saint John get its name?

The name Hospice Saint John comes from the scriptural account of the crucifixion of Christ, explains the Rev. John Brndjar, former executive director of the agency that created the program.

"If you recall, besides the three Marys, the only apostle who did not run away and desert Jesus, but stood at the foot of the cross throughout all those hours of what the church has come to know as Good Friday, was John—who was asked by Jesus to care for Mary, his mother, as he would his own mother.

"John the Apostle, and author of the fourth Gospel, is known to this day for his caring, for his faithfulness, and for his constancy. It is for him that Hospice Saint John is named."

Address Service Requested

TIMELINE: 1979

The Rev. Dr. John M. Brndjar had a vision. Having attended a seminar by Dr. Elisabeth Kubler Ross, a nationally known advocate for hospice care, he was intrigued by her perspective on discussing the cycle of life and thoughts on how to care for the terminally ill.

“She always put the emphasis on life and living, not on death and dying,” says Brndjar, then CEO of Lutheran Welfare Service of Northeastern Pennsylvania, which is now part of Diakon Lutheran Social Ministries.

Embracing her concepts, he spearheaded a mission to offer hospice care in northeastern Pennsylvania. His dream became a reality when *Hospice Saint John* opened in 1979 to serve the needs both of terminally ill patients and their loved ones.

This year, Hospice Saint John celebrates its 25th anniversary (*another article on Hospice Saint John appears in the Northeastern Pennsylvania regional edition of Dialog*).

As reportedly the first Lutheran-spon-

sored hospice in the United States and one of the first such services in Pennsylvania, Hospice Saint John still had to grow from concept to program.

“The first thing we needed to do was to get real information. I contacted the first hospice in the U.S. at Yale University in New Haven—the Yale University Hospital System. Many people migrated there to learn the concepts of the program,” says Brndjar.

Knowing the hospice movement had been under way in England for several decades, the LWS board of directors in 1978 sent Brndjar abroad, so that he could visit programs there and bring home what he had learned.

He found that programs there used the same approach as in the U.S., serving a person in all of his or her dimensions—physical, spiritual, and social. While they also focused on serving patients’ families, their base of operations was different.

“In England, hospice programs always

have a physical location, and a community-based site always is an extension of their main efforts,” says Brndjar. “Ultimately, in the U.S., it was reversed. More and more of the patients suffering from life-threatening diseases wanted to remain in their home environment to receive pain management and palliative care.”

Patients, he adds, “did not want to be isolated from family members and the familiar surroundings of their homes—spending days, weeks, and even months in lonely and impersonal institutional environments, and receiving—all too often—aggressive, painful, and debilitating medical and surgical treatments which were no longer appropriate since they were focused on ‘curing’ and curing was no longer a viable option.”

While program concepts were being developed, funding avenues also were being explored. Grant writer Thomas Cooney secured a three-year \$500,000 grant from the Administration on Aging

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