

Section 1: A Spiritual Autobiography

“What is this I feel?”

I was born into an atheist family in Oregon. My family did not openly malign people's right to religion, but I intuited a strong skepticism and defensiveness around what they believed to be coercive communities and potentially untrustworthy religious practitioners. My mother had been part of a youth group and had positive memories of the social aspects but did not engage the meaning or value of religious beliefs. My father expressed an open mistrust of religion as a practical expression of his general skeptical nature. I imagined shaming or forceful interactions which led him to this mistrust. Without my parents' curiosity or their own beliefs, I also intuited their lack of interest in my own curiosity. I was largely on my own considering questions of faith, and even the meaning of holidays that we seemed to “celebrate” without discussion or context.

Despite their skepticism, from quite a young age I had a deep knowledge of a loving, uniting, divine entity, which I eventually came to call God. I sensed God was large and encompassing, beneficent and caring. I felt safe with God, who was vast as the night sky, loving, personal and intimate. I began to explore with a few trusted people what this spiritual intuition might “mean.” From my closest confidant, a neighbor in her 70's who lived across the street, I gained an idea that these spiritual senses and questions might be an early experience of tiptoeing around religion and faith.

Over the years, I would encounter both supportive and unhelpful religious experiences and communities. From a youth group that planted seeds to what I would come to know as relational ministry, to my parent's objections that attending church was infringing on our family time watching John Wayne westerns on television, to a Young Life weekend retreat which would show me both very positive and confusingly negative aspects of the evangelical Christian church. I felt both inspiration from communities of faith and I felt the shame and confusion of religious pressure and rejection. For example, when my response to an altar call deemed me and my journey “too slow” and therefore disappointing to the programmatic design of evangelical ministry models. In time, I came to understand that some Christians, and their fervent belief could repel me with the rigidness of their theological stance, even as I was drawn towards Christian messages that ring true for both my spiritual longing and my justice heart.

In my adolescence, I continued to contemplate questions of meaning and purpose. I was interested in communal and personal relationships with God, and yet found that many religious institutions felt deeply contradictory or confusing. For example, I wondered: *How could I authentically devote myself to a particular religion if I had not explored other religions? How could I engage beliefs and practices that would claim that my own family is clearly damned to hell, without belief in Jesus and their own religious conversion?*

Beyond my personal wrestling, I was maturing in a societal context of culture and politics. Growing up in Oregon, in the 90s, I witnessed cultural flash points around racism (specifically the Rodney King beating), gun violence and school shootings, abortion debates which manifested in bomb threats and picketing in local clinics, political and ethical debates involving physician assisted suicide, homelessness, and the HIV/AIDs public health crisis.

It was often clear to me that local and national churches were part of the discussions of these cultural events and public debate. Unfortunately, the messages I heard in public debate often felt hypocritical, for example I would wonder *“How can someone love Jesus so much that they would threaten the lives of people seeking medical care? How can some who claims to be Christian be so hateful to gay/lesbian people?”* What added to my confusion is that the non-religious, even in my own family, were often silent or disinterested in contributing any coherent compassionate response. I spent many car rides with my father listening to Rush Limbaugh and debating who was *really* brainwashed by the media. The nature of my “black sheep” status in my family of origin was solidified. I was spiritual, democratic leaning and liberal minded in social justice. My family believed in small government, prioritized economic conservatism, and felt that no government should dictate personal choices (“no government in my bedroom”). Small government, though sounding benign, was painfully silent regarding caring for the most vulnerable in society. In contrast, I looked to messaging of religious communities for an alternative, but often was discouraged by the judgment and narrowness of the megaphone religious messaging, like James Dobson’s “Focus on the Family”.

“God, is there something more?”

In college I had a life altering experience when I worked as a camp counselor at Camp Akita, run by First Community Church in Columbus, Ohio. I learned about this camp from a college acquaintance at Willamette University in Oregon. I had always enjoyed going to summer camp in Oregon, so on an impulse I applied, and just a

few months later we drove from San Francisco to Ohio for 3 months at Camp Akita. That summer I finally found a community of faith that fully embraced both a claiming of faith and an acknowledgement that faith is a journey.

At Akita my desire to search and discern was not just tolerated, it was encouraged. I found language to pray publicly for the first time. I found a community I could claim and be claimed by without hiding parts of myself. I was beyond grateful to have found an alternative to the shame and fear produced, in me, by encountering Christians who were operating with too-small theology.

I returned to Akita each of the next two summers, leading a work crew service named L.I.F.E. Guard, a reference to Matthew 19:30 “last is first eternal.” This program involved high school students volunteering their time at camp in service to God through the setting of camp. I found myself in a leadership role, and searched deeply for God's guidance as I said “yes” to opportunities that felt exciting, humbling and terrifying. My loud internal critic would cause me to doubt my enoughness, since I was raised “unchurched.” Yet, God was faithful to my prayers as I discerned how to lead with personal authenticity.

“Who am I to be trusted to encourage others in a life of faith?”

Following my 3rd summer, the church that ran Akita offered me a job working with high school ministry. I was excited to continue to answer God's call, as I discerned it, and being in this community that was forming me in my best self and faith, and creating that same opportunity in relational ministry with students.. I wanted more of *that* and I wanted to share *that* with others. Through work at the church, I helped lead mission trips to border communities in Mexico and worked with individuals experiencing homelessness in downtown Columbus who chose to live outside the shelter system. I worked with youth and began to see that my life could be fully aligned with my faith, and that I could make choices that came from the experiences of my best self expressed in the world through a desire to recreate that in service to God and the church.

A few years later I was still at the church, working and volunteering in ministries with my friends and now husband, Gabe. I fell in love with Gabe in ministry settings we shared, and was married into a ministry family. This family included my father-in-law, a United Church of Christ pastor who had previously worked at First Community Church and developed the camp ministry that had brought me to Ohio. After a few years, I left my official work at the church to complete a masters degree that I had always intended in journalism in communications. I worked for a year at a branding and design firm. It was clear that all of my time and energy continued to be with the church though, and after a year I came to the realization that if I knew what gave me the most life and purpose I should do

that with all of my life and energy. Around that time our close colleague, Rev. John Ross had moved to take a call at a church in Wayzata, Minnesota. We visited their family a few months after they moved, and came to understand that among John's first efforts Wayzata Community Church would be a new vision for youth ministry, as there was little formal programming for high school kids beyond 9th grade confirmation.

With my desire to enter back into a full career in ministry, and Gabe and my knowledge that the ministries of youth and Camp Akita were well supported, we decided to go transplant ourselves to this church in Minnesota. We were excited to build a comprehensive high school ministry program, and eventually a summer camp ministry for children, youth and families. I was so grateful to be trusted in these ministries and felt deeply called to each part of pastoral life. I was humbled by, and found conviction in being safe, encouraging and responsible, in the faith formation of young people.

How can I be best equipped to lead ministry?

When I had been at Wayzata Community Church for 10 years, I was ready to pursue a theological degree. I wanted to be better trained to lead the ministries we had developed, and were trusted with. While I had no desire to leave that setting, or step away from youth and camp ministry, I also acknowledged that my future stability in ministry as a career hinged on those who were at the churches I had served. To gain a theology degree would be essential for continuing to discern my call in ministry beyond these settings.

I often pushed seminary off in my mind, feeling it too impossible to step back from the ministry so crucial to my sense of call. Additionally, with two young daughters I didn't have the flexibility to attend school wherever I wanted. In addition as a married couple both in ministry, I would have to be able to work while pursuing my MDiv.

I was grateful when I learned about Andover Newton Theological Seminary in Boston. It was an established school, stable and with a reputation for preparing ministers for pastoral ministry in the church. I felt it would give me academic rigor, and was one of the five UCC seminaries in our country. A.N.T.S. had developed a model of study they were calling the cooperative MDiv, which offered 1/3 of my study online, 1/3 on campus during 1-2 week intensive courses and 1/3 in my setting as field education, with teaching from associate pastors on staff at Wayzata Community Church who had also taught as seminary professors.

I completed my degree in 2018, having savored my academic program, despite the A.N.T.S.'s uncertainty (and grief) as the school navigated a period of transition. During the 3 years of my program the school property was sold, and a merger with Yale Divinity was designed. I was especially grateful for my classes on Clergy Ethics, Old

and New Testament studies, and Interfaith Religion. I was deeply formed in courses that integrated psychology and spirituality which included the Theology of Grief, and Family Systems Theory.

Section 2: Discerning My Call to Ministry

My church ministry focused on creating safe space and community for the spiritual formation and growth of each young person that came into the congregational setting I served. Whether at church activities, during a session at camp or on a mission trip, my own mission was to support a child or young person in their individual life, needs and spirituality. To do that for each individual, meant tending and nourishing a community with opportunities that were safe: spiritually, physically, emotionally, and intellectually. Some of the “thinnest” experiences I have had, encountering the sacred, and even glimpsing God’s kingdom on earth, have been in the settings of summer camps and mission trips. These are sacred moments, encountering God upward, inward and outward - as individuals and communities.

I was grateful and privileged to serve in two church settings over the course of 18 years. I look to many of these experiences for equipping and inspiring me in congregational life and in my call in ministry. As an (un-ordained) minister in church settings all of these interactions and efforts were logically tied in support of a particular setting. By necessity, church ministry is influenced by, and operating within systems both internal and external. For example, a church engages within a community, perhaps to invite engagement through service, or across common interests/concerns. At times a church may feel (wonderfully) separate as an alternative from the culture at large, and at times feel (painfully) the separateness or disconnection from the society at large. Similarly, a church staff person may have most points of agreement with the theological setting that is served, and at times feel limited/constrained in the context of politics (or inclusivity and interfaith) if one’s personal beliefs are more progressive than the church as a whole.

My wisdom and faith grew in the settings of congregational ministry. Human and flawed as churches can be, I never questioned that following seminary, I would continue on a path of serving the needs of the church, and even Wayzata Community Church. I felt engaged, called, and now even better prepared as a religious leader to serve the communities I was already trusted to lead. Throughout seminary, I was unwavering in wanting more education so that I would be best equipped for the theological and ethical focus on the pastoral work that I already loved doing. Along the way, and with enlightenment from seminary courses in family systems theory and ministry

ethics, I broadened my theological perspective, pastoral skills and interfaith understanding to become more fully formed in my theological foundation and ministerial presence.

My last year of seminary included two capstone experiences. First, was a trip to Israel and the Holy Lands. I was formed by the concreteness of the places where Jesus was born, baptized, ministered, preached and died. In Israel I also gained more perspective on social/cultural movements (like Black Lives Matter) in the United States through conversations and observations with both Palestinians and Israelis, whose work towards peace and nonviolence requires constant evaluation of the power differentials versus the many benefits of the status quo.

Second, was my decision to spend my final semester in a unit of CPE at Abbott Northwestern Hospital, that opened my eyes beyond my familiar church settings. In the hospital, I discovered an entirely different setting for providing ministry than I had ever known. The work of ministry in a clinical setting felt important, and urgent. While I never imagined chaplaincy for myself, it became clear that when I was untethered (both painfully and freely) from my previous church setting, I was grateful that I had begun to glimpse and explore the incredible needs and opportunities that exist in medical settings for those healing from trauma, illness, accidents/injury, and mental health challenges.

Following my first unit of CPE I realized that God had turned my head toward ministry in a clinical setting, based on patient centered needs and engaging a different yet similar requirement to seek emotional intellectual spiritual safety for each patient and family and staff. Through a year-long residency and full-time work in a healthcare setting, I became passionate about clinical ethics, meeting the interfaith needs of patients, and the huge need for trauma informed care. It was during my residency that two events intersected and transformed our community, and even world, as well as my current ministry path. The first was the global pandemic which would greatly impact the entire world and each patient, family, staff and institution. The second was the murder of George Floyd, which took place just 10 blocks from the hospital I served at the time he was killed. From Abbott I saw the city burning, I saw both peaceful protest and the violence, grief, despair when protest devolved into destruction and fear. I remember supporting a social worker in those days of riot when they didn't feel safe for the first time in their homes, and were heartbroken to be contemplating the purchase of a gun for the first time. I supported and used de-escalation skills to assist people of color as they encountered racism from white patients who judged (fearfully and without cause) that they would be targeted based on their white race.

My days at the hospital were busy, and so I rarely left in the middle of the day. But I felt strongly compelled to walk in a clergy march just a few days after George Floyd was murdered. As I walked, for the first of many

encounters, to the memorial at 38th and Chicago, I observed that my sense of self, and ministerial presence, was now deeply rooted in ministry to all people, not just in a particular church, with a particular job, with a particular boss or personnel committee. Now I recognized my ministry on a communal level. I glimpsed that as people, our lives come and go from spaces that we all share (like hospitals) and now I know it to be my call to create that same safety and love on the ever expanding needs of all God's people.

Following my residency, I knew that seeking a church call was not where my passions were at that time. While I missed the congregation, leading worship and laying down layers of relationship with communities of people, in this time of pandemic it felt impossible to consider leaving a setting with so much need. I was kept very busy filling the needs in spiritual care for 7 hospitals and clinics for Allina Health. My settings were varied including work as solo chaplain for two rural hospitals in Buffalo and Cambridge, three urban and suburban hospitals including Mercy Hospital, Unity Hospital and United (in St. Paul). Additionally I supported mental health groups including partial and outpatient youth at WestHealth in Plymouth, and inpatient mental health groups at Cambridge, Unity and Abbott. I also worked in Allina's Courage Kenny rehabilitation center in Golden Valley, supporting the brave rehabilitation journey for patients. Finally, I worked at Children's Hospital MN, in Minneapolis and St. Paul, supporting pediatric trauma and end of life care as an evening and weekend chaplain.

Through all these settings which included hospitals that were trauma centers, as well as hospitals that I supported in their own trauma (the mass shooting, bombing attack which targeted staff at Buffalo Hospital in February 2021), I felt challenged and called to provide patient-centered, trauma-informed care, as well as critical incident stress management support for the caregivers. While I loved each setting, and found it sad to leave each one, it became clear that my theological foundation in the birthright and divinity of all people found most alignment with pursuing a call as chaplain at the safety net and trauma center hospital (HCMC) to support all people as equitably as possible as part of ministering to the community at large in the setting of our community hospital.

At Hennepin County Medical Center I am passionate about supporting all people with a non-anxious presence, clarifying goals of care, engaging psycho-spiritual distress, and assisting in ritual and practices across diverse cultures and religions. It is my privilege to come alongside patients and families to offer support and genuine presence in their time of crisis, healing or loss. I am confident and intuitive in providing spiritual assessment, guiding conversations, processing grief, trauma support and exploring beliefs for sources of hope and comfort and ongoing meaning making and spiritual healing.

While I am experienced at meeting requests for ritual, prayer, and sacraments, I also engage respectfully with spiritual leaders in and outside the hospital to meet patient's requests that may be outside of my own tradition. It's exciting to intersect lifelong passion, theological grounding and humbly supporting community religious leaders to meet the needs of diverse people. Trauma informed care and religious/racial/ethnic/gender plurality are central to for day-to-day patient care, as well as institutional decision-making, and staff support. I lean into the challenging and urgent work with anti-racism at the core of its mission, vision and function.

At this time, I have worked five years as a chaplain in clinical settings, and just over two years as chaplain at Hennepin County Medical Center. I continue to be deeply called to the setting where each day unfolds with its own support needs of patients, families, and staff as we seek equity for each person. Each day I pray for God's help to discern the opportunities I will have to support my ICU patients/families with patient centered care that is informed by political, social, economic, gender and religious diversity. It is challenging and at times heavy, but it is also a magnificent privilege to show up where I can - whole and yet still forming - to assess what support I might be able to help provide in supporting safety and connection of God's kingdom, manifested in the patients, and families I encounter.

Section 3.1: Marks of Ministry - *Exhibiting a Spiritual Foundation and Ongoing Spiritual Practices*

I find inspiration in the reading from the Gospel of Mark (5:25-34), in which an unnamed woman, who has been bleeding for 12 years encounters Jesus and reaches out to touch his robe and is healed by her faith. I think of this woman when I notice people who are not named, vulnerable or marginalized for any number of reasons. I also love the theological connection of this scripture to the hospital. Like the woman, there are times when people who are already vulnerable are further taken advantage of (like the doctors who took her money). And, like Jesus in this reading, it is essential to pause, hear her "whole truth" and name her humanity ("daughter") and her autonomy and power, through her faith.

In the hospital I am inspired to do this same ministry. Through loving God, following Christ, and being open to the guidance of the Holy Spirit, I am doing work to serve the community, including those in greatest need. It feels like the next step in being challenged and also deeply called, as well as possible "next call" that seeks me to lean into my sense of God's direction in my life. It calls me to be equipped "enough" to meet a role bigger and more

foreign than I could have imagined myself. To do all I can, with the gifts I'm given, to serve those in need and bring a bit more of God's kingdom into the context where I find myself.

While growing up in an atheist family my first realization as a person of faith was through my sense of a great and loving God. Like many, I would wonder "who am I?" that at once I could be so small and finite and yet still worthy of the infinite and unconditional love of God? Over time, as I would be drawn closer and closer to maturity in faith and religious practice. I would come to understand God's love for myself, as a child of God, "fearfully and wonderfully made" (Psalm 139:14, NRSV), with inherent worth and deserving of dignity. I would also come to understand God's divinity within each person, and all creation. I saw that the love of God which transformed me is freely given love to all people.

This theology, which I shorten to birthright, is central to my ministerial foundation. That the love of God, made manifest in Jesus is truly for all. That Jesus really lived to show us that God's love is for those who lacked power and privilege, just as much as for those with privilege. Birthright, as a theological foundation, also means that the Holy Spirit truly moves within all people to bless, unite and bring wholeness to all God loves, and created.

I found some Christians along the way who practice this with more, or less, integrity and authenticity. In my church settings, birthright felt more obvious and less controversial. For example, you can imagine it quite logical that all infants are created with God's love. Similarly it isn't so challenging to imagine that Christ's love was meant for all the members of the church, or the youth group, or visitors to the church who come respectfully into the setting of worship. A theology of birthright extends the inclination to be inclusive and share God's love with others.

And yet birthright as a theological foundation, demands a bigger world and a far more inclusive and compassionate lens. As a spiritual care provider in a diverse clinical setting, I serve in a setting which daily broadens and deepens me theologically. I stand and advocate for the dignity and equity deserved by all people, whether or not they acknowledge, embrace or outright reject the love of God. Consistent with my spiritual foundation, if I am truly a beloved child of God, then everyone is. And therefore all must be afforded dignity and respect. Inequity can't be tolerated for another child of God.

This spiritual foundation calls me to lean in with prayer and courage, embracing miracle and mystery, with humility and also conviction. In my work at our public, safety-net hospital, I am called to the intersection of our most diverse of God's children and the full complexity of their life experiences. Daily I engage with the sacredness of life and death, with life changing grief events, with the joy of the human body's ability to heal, with the wonder of the science of medical intervention, to provide care amidst the heartbreak of grief and the anxiousness of uncertainty.

The trauma hospital is a place where so many prayers are offered, and so much is held in the mystery of God's movement in prayers answered, and often differently than the prayer was intended. Like the woman who touched Jesus' robe, many reach out in their own tradition/spirituality to encounter God, and seek healing. Indeed, there is deep faith in the hospital as one tenderly balances the simultaneous strength and frailty of the human body. I have found that at the hospital I am privileged that I have an opportunity to pause, hear people's stories, name their belovedness and honor their dignity and worth.

Section 3.2: Marks of Ministry - *Nurturing United Church of Christ Identity*

There is an expansiveness in the United Church of Christ theology, which supports me, and allows me to fully support others, in the essential work as a chaplain. When some denominations fall apart in the authentic support of a patient's requests, or the crisis of a situation causes spiritual distress, I thank God for the progressivism and inclusion represented in the United Church of Christ.

For example, in the UCC there is room for the theologies that intersect with my ecumenical, interfaith, justice, and anti-racist lenses which help me to not only feel grounded theologically but also integrated as a minister in our community and world. Through studying United Church of Christ history and polity, I am proud of the ways that the United Church of Christ has stepped forward, often on the early side of cultural discussions of inclusion diversity and equity. I studied the ethically and compassionately heartbreaking statements from the UCC around cultural disagreements regarding women clergy, ordaining people of color, LGBTQIA rights, abortion (and other more divisive topics) and realized how proud I am in the care, integrity and sensitivity of our denomination, knowing that there is real impact on individual lives. These places of cultural division highlight moments when God's love might be drawn too-small based on fear, hate and power. Therefore, these places of disagreement and division highlight the way I can be bold and courageous, as a minister in pastoral or clinical settings. I am grateful that in the UCC I can stand aligned with the faithfulness of my denomination and my own truth.

Another way that I savor my UCC identity is by creating spaciousness in the constant healing and reframing of what religion/spirituality can be for each person. There are so many in our culture and in the hospital setting that would consider themselves religiously non-preferential, or in culture what we might call "nones" who operate from a place of religious hurt or ostracism, and not always from a place of non-belief. To hear from me as a chaplain that God's love is bigger and more inclusive than potentially well intentioned, but often damaging religious people who

have found it necessary or convenient to draw the circle of God's love too small, too narrow, too finite for human care, is enlightening.

I am inspired (and at times alarmed) that the unconditional and inclusive love of God feels radical. Like I did as an adolescent, I am often confused by a culture in which signs of "John 3:16" can be displayed like instruments of religious battle or faith litmus tests. I am inspired to remember that the next verse John 3:17 fulfills God's message, in the centrality of Jesus, as well as God's care toward each of us, to be saved and not condemned. I reflect on justice and inclusion through Jesus, and try to be part of creating inclusion and not religious authoritarianism.

My call as a United Church of Christ minister is inspired and expanded by the challenges of my work as a chaplain. My job is to provide comfort and support in the most traumatic time of a patient's life. Sometimes it is to help them sing back to themselves the truth of their beliefs, practices, community of faith and support and relationships of love and acceptance. Sometimes it is to support them in their physical, bodily reaction to a traumatic event, as they navigate the next minutes, hours, and days to keep their life, and eventually look to hope and healing and redemption. Sometimes it is helping support systems to be able to be "strong enough" for the needs of their loved one. Sometimes it is encouraging those with belief to allow their own spiritual foundation to grow in the incorporation of what they have suffered... to not allow faith to become stagnant, instead searching for new theological grounding that allows for the acceptance of the life changing situation that is encompassing them.

These all support ways to unite in oneness in our humanity, and the belovedness of God. In essence, to strive to reconcile our previous strength with our current struggle; to unite our pain with enough grace that we can again realize our belovedness by God even during and following a time of grief, uncertainty and healing. This theology unites one's trauma with one's wholeness, and one's moral distress with one's centering truths.

Section 3.3: Marks of Ministry - *Building Transformational Leadership Skills*

In many hospital settings the chaplain is looked to as an ethical decision maker. This means that if there are ethical questions or concerns between medical providers, or between patient/family decision-makers, or doctors and providers that a chaplain is often a person who can bring an objective perspective and discern the ethical concerns for all parties, and make recommendations, if not decisions, for goals of care.

Clinical ethical concerns require a distillation of just principles. What is happening with the patient? What is not understood? What is creating disruption in medical assessments, for the patient and/or medical decision

makers? What interventions, operations, and procedures of care are being offered or not being offered? What ways are there for the parties to communicate effectively with respect to the bodily autonomy and decision making of each individual patient for themselves?

These just principles overlap in many ways with the theological approach of birthright: Seeing clearly, listening, and holding with the medical community, the inherent value/dignity of each patient, their individual beliefs, religion, cultural practice racial identity ethnic considerations. As a chaplain I seek to listen, observe, and communicate these things to the nurses and doctors that are doing their best to provide support. To seek to support this ethical work in the clinical setting without any judgment, expectation, bias or coercion, but instead to hold each patient in the uniqueness of their individuality as a complex identity that is also shaped by cultural systems and one's family system.

These ethical considerations have much in common with the ethics a clergy person must operate within pastoral settings. There are considerations based on individuals or families, those who are primarily choosing membership in a congregation or welcoming them as a visitor to a Christian community. At the hospital, and especially as chaplain, my role requires me to bring the same just principles but within an even larger setting of diversity, into situations that are never chosen by the patient or family, or wider community.

I am grateful that at HCMC I can work with the ethics committee and I'm currently continuing to develop my voice for patient advocacy as well as my leadership within the medical system as an ethically informed chaplain, guiding patients and providers. As a member of the Ethics Committee I have been able to encourage and form patient's rights and communication and assist in the development of hospital communications, policy and procedures.

In this trauma-center clinical setting I have realized that I am in fact, a community chaplain. I am not simply tied to medical units, or particular hospitals, but truly the extension and service of the hospital into the community we serve. This has been inextricably connected to my passion for patient-care as I seek to participate in the healing racial, religious, socio-economic, gender divides and inequities. I cannot "unknow" the struggle of racial discrimination, just as I can't know the trauma or culture does on LGBTQ communities. I can't unknow the compassion that God has planted in me from each setting I have served. I carry these with me to help me engage in and through that compassion to benefit future patients, families and caregivers.

Section 3.4: Marks of Ministry - *Engaging Sacred Stories and Traditions*

I confess that I miss worship leadership and creating relationships within a church community. I miss the weekly rhythms of church life and marking the liturgical seasons of the year. I miss engaging Scripture in reading and study... and yet, scriptural and liturgical resonance echoes in the conversation and search for meaning that I engage in daily. It feels like an almost daily reminder of the religious truths that I experience with clarity at the hospital. These religious truths can guide me in the spiritual challenges of life, death, pain, healing, hope, grief and love.

There are many days when I feel the hope and joy and miracle of Easter and resurrection... like in the capacity to heal that is witnessed in the medical setting. Most days I recall the wise and essential truths of Ash Wednesday, as I guide end of life situations that observe the essential frailty of our human existence and the absolute truth that we will all return to dust. Each day is a reminder that our lives are brief and blessed, strong and fragile, we are both God's call and also made to be humble... like the miraculous birth of Jesus, Emmanuel.

These scriptural inspirations or intersections are not offered glibly, but with gratitude... like bread crumbs as I stay grounded in challenging situations. I hold these moments of insight and inspiration in prayer and tension as I walk my days encountering people seeking to support, and always encourage in their individual meaning making and grief. And, I not only savor my own insights, but support others in the meaning and observation of their own.

My work in this is supported by a foundation of maturing wisdom. I know that the Easter celebration of one moment can be followed with a heavy Ash Wednesday reminder even the next day. In my ICU units the grateful stabling of one patient and the devastating decline of another is shared in one space, with lots of compassion and also anxiousness and uncertainty. The hospital is a place to humbly pray and receive miracle, and blessings, knowing that another person's meaning in one day can be reversed by the experience of their loved one the next day or from another person they meet in the hospital, or a grief history that is triggered from their own lives.

The hospital setting is a place to explore and encourage the individual stories that can provide foundational strength and insight. It also allows for moments of conversation for people to reflect on the wisdom from their own traditions. Chaplaincy, in a clinical setting, is a place for breathing new life into stories and practices, known and forgotten or just now understood.

A daily example of this is the practice of prayer at a patient's bedside. Most patients expect to be offered prayer, even if they would not request it on their own. I offer, without assuming. I invite the sharing of their unique concerns, and prayer requests past the obviousness of a patient in the hospital. Then with prayer, like a window into

the complex soul and concern of those who pray, looking out toward God with the intimate words of their own denominational tradition. If we are sharing the Lord's prayer, I listen and mirror the words of prayer to those I am praying with to help them settle most comfortably in their communication to God.

Scripture, worship, prayer and sacraments are my sacred stories. They are my sacramental traditions, like baptism and communion. This reminds me of a trip I took in my final year of seminary to Israel and Palestine. My group went to the River Jordan, and contemplated the same green shore, and swirls of water, that Jesus was baptized in. This was where Jesus was baptized... in this very river. He stood, so many years ago, on this very shore. I watched as people were baptized in the river Jordan because of the significance of Jesus' baptism there. It was so meaningful; it was astonishing.

Some in our group waded knee deep in the river, waiting for their time to be immersed in the river. I contemplated what I should do, and why I should do it. I knew the amazing, once in a lifetime, opportunity to embrace the significance of this same river, a concrete encounter with a place where Jesus stood and received the water of baptism. Yet I was struck by the additional insight that even in the same river, this water is not the exact same, because the river has continued to flow, and the great cycle of evaporation and rain continues to churn the water of our planet. And in that reality, this water, which baptized Jesus' body two thousand years ago, is now mixed into the seas, rivers, lakes and living things... all creation... all throughout the world.

I decided to have my seminary professor bless me that day, as a dedication with water from the river Jordan. I decided not to be baptized again, as I now felt convicted that all the waters of the world are equally sacred, and connected, even the lake water from the camp in Ohio where I was baptized when I was 22. Even the purified and blessed water I use to baptize in the hospital.

Section 3.5: Marks of Ministry - *Caring for All Creation*

God has gifted me with a certain emotional intelligence and empathic nature. It helps me to grow and engage with openness and curiosity and allows patients to feel cared for without judgment or additional anxiety. Empathy, and life experience from my work at churches and my own accrued perspectives, help me to explore and normalize and support the emotions that patients/families may be feeling in ways to provide trauma support during the journey of their grief, and in hope of eventual healing and integration.

It can be hard at times, for even a nurse or doctor in a hospital setting to remember to not diminish the whole of a person by judging the poor choices of their past or the potential abuse given or received by the patient and a

loved one (in their community). I'm often asked on a given day to help remind a provider why we might work so hard on an individual with tattoos that espouse hateful symbols or language and clothing that are openly hostile to the diverse caregivers circled around their patient bed. I hope to provide support to staff who express moral distress in the patient/family decisions. For example, if the quality of life for the patient doesn't align with their own acceptable quality of life, or they indicate feeling moral distress around the volume of patient care as in the pandemic when they had to provide care based on the scarcity of resources.

There are times when my role is to remind the doctors and nurses that a family in grief might need to hear things three, four or ten times based on the trauma that they have witnessed as they are struggling to absorb this new reality for their person, the patient and their family.

There are times for encouraging staff to care for themselves in order to be able to remember the deep compassionate reasons (as well as oaths and commitments) why they entered a medical profession that requires constant demands for care. They themselves are marked by the secondary trauma, and need to be supported in staying human as they engage and integrate emotionally stressful events in cases that require something past "human".

In fact it is often in remembering the wholeness of our own humanity that the needed compassionate perspective on another person's humanity can be restored. It is through the vulnerable awareness and integration of our feelings that we are made whole-enough and to have the capacity to help another to heal. I have become convinced that anything - like callousness, despair and violence - that denies the sacred humanity of another life and the belovedness of God harms the other as well. When one provides (or fails to provide) within one's own humanity, then one sustains or fails to sustain the dignity and care for each other's humanity.

Section 3.6: Marks of Ministry - *Participating in Theological Praxis*

Quality healthcare often holds as a central value, the priority of seeing patients as whole-people (physical, mental, emotional, spiritual). Through the lens of whole-person care a patient is more than physical symptoms, diagnoses, or treatment plan. A person is both physical, mental, spiritual holistically, with an understanding that for any person to be whole and cared for, must involve and incorporate their wider self. In addition to that, through a trauma informed lens we know that people are formed by family, culture, systems and historical contexts.

The theological practice, that informs my ministerial authority, is influenced by my role on interdisciplinary care teams, and my commitment to providing whole person care, but with a definition of wholeness that is based on God's creation of our "best self". In my work each day, whole persons may or may not be aware of their places of grief, anxiety, distress, hopelessness, and support. These impact each "whole person" from through three spiritual movements - connecting to one's self, relationships with people around them, and through the spiritual movement from God.

These three spiritual movements - inward, outward and upward - remind me of the triune God. God, Creator in the trinity, has created us with grand design and personal knowledge and unique artistry Remembering that calls my attention to the deep belovedness that God has for each patient, whether or not they expect that, and reminds me to look within each patient for their own awareness of giftedness and worth. God, Jesus in the trinity, reminds me to approach each person with a non-anxious presence, and a relational openness to discover and support. Just as Jesus manifests God's love in flesh, I am reminded that the human person is both strong and fragile, and to approach each person I encounter with that same sensibility. God, as the Holy Spirit in the trinity, reminds me that when we come together, we encounter God in each other in the very act of coming together. Especially when this is across difference, or conflict, it is a uniting, restorative act. All we really have to do when we connect with God is be there and be blessed. Period. We remember that we are not meant to do the work of human life without company. It is often through relationship – as the divine, encounters the divine, in each other, that emotional/spiritual health is achieved.

Just as the medical crisis, trauma, accident or injury brings a patient into the hospital, it often lays out physical life and death into sharp relief draws. These experiences can also be emotional/spiritual "teachers" for many life lessons, framing human experience as illuminated by Christian faith traditions, and holy days. Ash Wednesday refers to the fleeting nature of life, lent and advent which are periods of watching and waiting which are often excruciating but always necessary, Easter teaching of reconciliation and second chance (life beyond mistakes, and even beyond death) which is central to so many prayers of healing and miracle.

Sometimes the lessons of faithfulness, repentance, forgiveness, hope and joy are drawn into the holy vigil of encountering the medical care setting in the form of their chosen community religious leader. They are ordained by, and represent a church or religious community which the patient/family have previously chosen. They may be requested by the family to support the unique ways that the family will find most agreeable and familiar. Whereas the religious support, or spiritual need assessed, is not always what the patient or family wants (but might need) in a

time of crisis. Most families who walk a path from accident to trauma care to the uncertainty of diagnosis and the anxiety of prognosis will typically be, people don't want the things that bring them into a trauma hospital, and yet they are there, are happening, and therefore support can be provided that accepts and normalizes, the wide range of natural human response. And eventually may look to form meaning and understanding around these events, as a healing attempt at integrating the grief of the event.

This theological praxis of supporting human grief and loss in trauma/crisis is foundational to my pastoral conviction. It may be true that many lessons come from undesired situations. The confidence that I have as a religious leader, in a clinical setting, is an important part in providing patient care that is centered on an individual patient and family's needs. This confidence allows me to assert myself in dynamic situations, stress management, conflict de-escalation and complex patient care, knowing that I am often one of the only people helping to ascertain and meet that person outside of their physical injuries/illness or diagnoses.

In addition, my practice is also humility, knowing that my time with them in the hospital is only a short experience of their life to this point. It keeps me humble to trust as a religious leader, that God does not need me in a given moment to meet all of your spiritual needs, but to trust that God knows and is meeting them all the days of their life before and after our interaction. I take the opportunity to support and strengthen, and when needed to grow one's theological support in light of the medical crisis they are navigating.

Section 3.7: Marks of Ministry - *Working Together for Justice and Mercy*

Julian of Norwich lived as an anchoress and was likely the first woman theologian that we still have in writing to this day. She lived during a time of plague, the Black Death of the middle ages, in a time I can only imagine as fearful and confusing. She would have been extremely limited in her ability to access knowledge and information, and yet she had her personal faith, supported with a deep conviction of God's abiding love. She would eventually write about a set of visions she received from God. Having received these visions, she describes her vision of God, abiding, and tender, protective. God's abiding love, which she clings to, in the darkness of her context and illness, is famously remembered "All shall be well; and all shall be well, and all manner of thing shall be well"

Julian of Norwich writes that she prayed to understand the suffering of Jesus. She intended to know Jesus by his suffering, and prayed for herself to be ill and close to death to bring her as close as possible to Jesus, and God's heart. These motivations feel bold and risky, because as humans we do not typically invite experiences of

grief, illness/pain and hardship. I am inspired by the audacity of her belief, and her willingness to accept the pain and uncertainty to have spiritual awakening and epiphany.

In some ways I recognize my own capacity to live into challenging things to serve others. And I do trust that God makes all well. Of course, in our short lifetime, or memory, this reconciliation won't be fully experienced. We may often have to miss the fullness of God's work, in fully relinquishing faith in God's time. There are many times in the hospital that we pray for miraculous healing, while also allowing space for God's will to be done, in God's time. God's intentions, action and even inaction, often remain a mystery to us. God's time is not often ours, and yet the faithfulness can still be ours, which is what I recognize in Julian of Norwich proclaiming "All shall be well".

In chaplaincy, I have learned that the reality is that we do not receive God's love and mercy as clearly as when we are in need of comfort and love in our times of grief. Our culture (generally) would still find this illogical and audacious. We shame and blame those who struggle. We attempt to rationalize and avoid the nature of loss. We are uncomfortable with the raw and searing depth of grief emotions. We do not often seek to understand grief as a natural part of life. Instead, we often live in denial, that the one thing we all share, is death (Ecclesiastes 3:20 "all come from dust, and to dust all return").

Grief is a great and powerful mix of human emotion. It is something that we are generally terrified of, and therefore, unprepared for on our own. It has become a key support I provide to patients and families to normalize grief, to inform about grief emotions and the variety of grief responses that people may have. I provide room for people to process, acknowledge and hold their full emotions, as well as the grief emotions of others in their family. I support as they explore for themselves the wholeness of their human emotion, in the hope of experiencing fully and not just a truncated or abbreviated grief response. I have observed that this is part of the caring of a "whole person" fully, the wholeness of the humanity of people, the wholeness of what God created in each of us, and even the whole expression of what Jesus showed in his life on earth. What a relief it can be to hear that your anger, disbelief, and denial are normal and therefore healthy if managed healthfully.

This more caring approach to those experiencing suffering, feels like merciful care and justice to each person who receives the support. It is possible with this in mind to understand more deeply what Julian of Norwich prayed for and interpreted from her visions. If the fullness of our emotions are gifts of God, then it becomes possible - in my understanding - for death and suffering to be as sacred as life itself... not to be hastened, but to be held sacred, and valued as a spiritual teacher.

Section 3.8: Marks of Ministry - *Marks of Ministry: Strengthening, Inter- and Intra-Personal Assets*

A formative verse for me is from “What does the Lord require of you? To do justly, and to love mercy and walk humbly with your God” (Micah 6:8, NRSV). “To do justly” swells within me as a challenge and a commandment, in meeting the humanity of each person I encounter. “To love mercy” settles on me and embraces me with the compassion I pray to provide to others in the ravages of uncertainty. “Walk humbly with your God” boldens my non-anxious care, and draws from deeper reserves of energy, knowing it is not about me, and yet I can (and must) do God’s work in the places I am. The encouragement of Micah 6:8 brings the blessing of a benediction, as it has been used for many years in worship at Wayzata Community Church, sending the faithful out to do the work of God.

Pushing forward from my grounding in the theology of birthright and the sacredness created, by God, in all people, my call in ministry is to step forward to seek dignity, equity and compassion for all people across the lifespan, despite physical ability or neurodiversity, race or ethnic diversity, cultural and religious identities and beliefs. I seek each day to act in ways that offer and advocate for the dignity of all people, as well as all creation. I know that this is a life’s worth of effort, as well as growth that is constant. I must get comfortable with being uncomfortable, as it is vulnerable to continue to learn, and intimidating to admit that I am still being fully formed each day.

For me to offer and advocate for each person or situation I must feel the humanity of each person as central, bring intention to the dignity that they deserve, and also the blight of trauma suffered and systemic racism which affect all of us. It is essential for me to acknowledge my privilege and power. It then becomes my responsibility to encounter humanity in all people and gather and authentically support those who already have, or don’t have, religious support beyond the hospital. My work is to broaden and unite, to reconcile, and encourage wholeness and integration.

I do not coerce, shame or correct, in moments of grief or traumatic loss. I do offer presence and non-judgemental listening to many who are wrestling with their own beliefs, based on the trauma that has brought them, or their loved one, into the hospital. We call this psycho-spiritual distress, and it is common to support those who are religious, and those who do not currently claim religion, as they reform their theology in ways that will incorporate the grief they are experiencing. I am confident in the boldness of my inclusion, and authentically support all people in their journey of faith, healing and grief. I personally stand rooted in my love of Jesus, who stands always with those who are vulnerable, rejected, lost and heartbroken.

God calls me outside of myself, and I am reminded that individualism was never Jesus’ way. I am blessed to encounter others and offer support that they will receive. I come alongside, not with my own agenda, but to support

them in the evolving needs as they learn to incorporate their whole lives. In whatever ways I might fail... through the natural limitations of my human life... I will fail by trying to bring God's love more broadly, more inclusively, more lovingly, and more openly for all people.

Amen, and I pray all this, with God's help.