

TheMennonite

*Faith-filled
responses to
health-care costs*

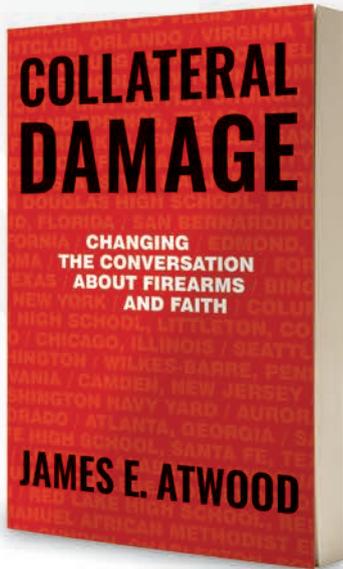
INSIDE

Guided by love

A fresh
outlook on life

Offering others a
place to grow

Fall titles from **HERALD PRESS**



Gun violence killed 100 people today. **What can the church do?**

Collateral Damage

Changing the Conversation about Firearms and Faith

by James E. Atwood

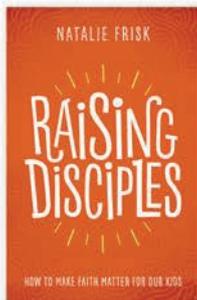
978-1-5138-0486-6. PB. \$16.99.

Gun violence has been called the theological emergency of our time. The church has a moral and spiritual obligation to side with life against death. Will we rise to the occasion?

“If you care about life, this is required reading.”

—Shane Claiborne, activist, author, and founder of Red Letter Christians

MORE FALL TITLES COMING FROM HERALD PRESS



Raising Disciples

How to Make Faith Matter for Our Kids

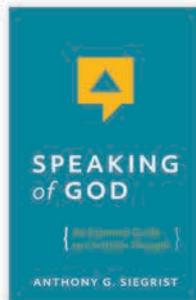
by Natalie Frisk

978-1-5138-0258-9.

PB. \$16.99

Is raising kids to follow Jesus a lost art? As curriculum pastor at one of the

largest churches in Canada, Frisk equips parents to disciple their kids in various stages of life.



Speaking of God

An Essential Guide to Christian Thought

by Anthony G. Siegrist

978-1-5138-0606-8.

PB. \$18.99.

Theology is nothing more than speaking together about God. Siegrist offers

an introduction to Christian theology throughout the ages. Join the deepest, longest conversation in the world.



Signs of Life

Resurrecting Hope out of Ordinary Losses

by Stephanie Lobdell

978-1-5138-0561-0.

PB. \$16.99

Whether it's the demise of expectations, a relationship, or

our image of ourselves: we all experiences losses. Yet through it all, God breathes life into what seems beyond redemption.

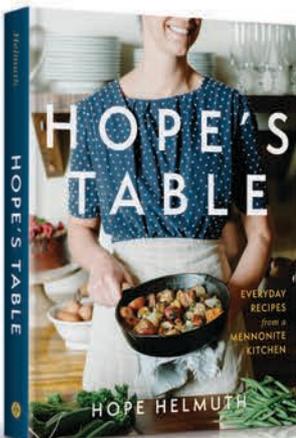


E3 Book Club

Enriching • Empowering • Equipping

Call now for a **FREE** special offer!

1-800-245-7894



If tradition has a taste, this is it.

Hope's Table

Everyday Recipes from a Mennonite Kitchen

by Hope Helmuth.

978-1-5138-0323-4. HC. \$28.99

From the kitchen of a young Mennonite mom and cook comes this collection of wholesome recipes and stunning photography. Take a seat at Hope's table, and you'll find plenty of reasons to linger.



1-800-245-7894. HeraldPress.com.



HERALD PRESS

The Mennonite

SEPTEMBER 2019
VOL. 22 • NO. 9



FEATURES

- 10** **Guided by love**
Anne Blackwood
- 14** **Love and empathy**
Timothy McMahan King
- 18** **A fresh outlook on life**
Morgan Redding
- 21** **Healing in community**
Evan Beck
- 24** **Learning takes time and community**
Kristin Troyer

DEPARTMENTS

- 04** Letters
- 06** News Briefs
- 08** Miscellany
- 09** Congregational Snapshot
- 28** News
- 30** Mediaculture
- 31** themennonite.org
- 32** Opinion
- 33** New Voices
- 34** Leadership Field Notes
- 35** Grace and Truth
- 36** For the Record
- 38** Classifieds
- 39** Global Anabaptism
- 40** Editorial

ON THE COVER: Photo courtesy of Landis Communities

STAFF

Executive director:
Sheldon C. Good

Editor:
Gordon Houser
editor@themennonite.org

Subscriptions:
Rebecca Helmuth
800.790.2498

Editorial assistant:
Nora Miller

Design:
Hannah Gerig Meyer

Editor emeritus:
Everett J. Thomas

Antioppression consultants:
unlock Ngenuity, LLC

OFFICES

Lansdale, Pa.
574.343.1332 (*Sheldon*)

718 N. Main St.
Newton, KS 67114-1703
316.281.4398 (*Gordon*)

POSTMASTER

Send address corrections to:
3145 Benham Ave., Suite 4
Elkhart, IN 46517

The Mennonite is the publication of Mennonite Church USA, which established three purposes for the magazine: to provide a forum for the voices within the denomination, to promote the ministries of Mennonite Church USA and to offer an editorial voice distinct from but collaborative with other leadership voices. *The Mennonite* (ISSN 1522-7766) is published on the first Tuesday of each month by the board for The Mennonite, Inc. Periodicals postage paid at Elkhart, IN 46517 and at additional mailing offices. Subscription rates for one year: \$46 to U.S. addresses and \$54 USD to Canadian addresses. Group rates available. The views expressed in this publication do not necessarily represent the official positions of Mennonite Church USA, *The Mennonite*, or the board for The Mennonite, Inc. Scripture references are from the New Revised Standard Version unless otherwise noted.



Letters

This publication welcomes your letters, either about our content or about issues facing Mennonite Church USA. Please keep your letter brief—one or two paragraphs—and about one subject only. We reserve the right to edit for length and clarity. Publication is also subject to space limitations. Email to letters@themennonite.org or mail to Letters, The Mennonite, 3145 Benham Ave., Suite 4, Elkhart, IN 46517. Please include your name and address. We will not print letters sent anonymously, though we may withhold names at our discretion.

Mennonites undefinable

Mennonites have become almost undefinable—one group going one way, others going in various directions.

Bottom line, there is no really reliable way to describe Mennonites without confusing whoever you may be trying to explain to who Mennonites are.

In reading *Christianity Today*, one seldom if ever reads anything by someone identified as Mennonite. As to biblical beliefs held by Mennonites in earlier days, one could count on particular long-held doctrines. The identity wasn't so difficult; there were Old Order Mennonites, the Mennonite Church and the General Conference Mennonite Church. It wasn't too difficult to understand the stance of these three groups. In different parts of the country one could observe some variation of practice, but doctrine was not so different.

My parents took me to what was then a Mennonite church without emphasis on Mennonite, though the church was Mennonite for over 250 years. It now has a different name, with attendance among younger people growing rapidly, but the pastor is Dallas Theological Seminary-trained, and there is no viable emphasis on being Mennonite, though it must be said there is no "anti-Mennonite" spirit among the leaders or the congregation. It just isn't an issue; for

all practical purposes the church is independent but without an emphasis on "being independent."

—Eugene Witmer,
Lititz, Pa.

Rethinking MCC

As parents of a Mennonite Central Committee worker in Southeast Asia, we are responding to the suggestion that we "rethink" MCC as MEDA and MDS are serving in these needed areas (Richard Penner's letter "Rethinking MCC," August).

MCC's roots may have begun in "short-range emergency categories," but it now has many long-range programs. Our daughter and her family serve in a capital city that has an office and an office manager who has been there 30 years. They are researching Agent Orange's effects in this country and how to answer the atrocities that occurred in Vietnam but drifted into bordering countries. They are also working on peace and justice issues with the justice department of the government there. Their work (armed with a law degree and a heart for peace and justice issues) is having a profound effect. They build and stand on the shoulders of the years of work that preceded them. MCC is a strong force for the plethora of programs that fill needs of our denomination, which serves around the world.

—Ed and Edie Bontrager,
Harrisonburg, Va.

Where is home?

In response to "Where Is Home?" (www.themennonite.org) by Regina Shands Stoltzfus: Sadly, it was Karl Marx who helped me understand how professing Christians could support slavery. In his model, the economic structure of society determines all else, including race relations, ideology, religion, marriage, education, law and morality. While I think he overstated the case, I also think there is no denying we are strongly inclined to defend the system that butters our daily bread.

It's not a coincidence the abolitionist movement started in the North

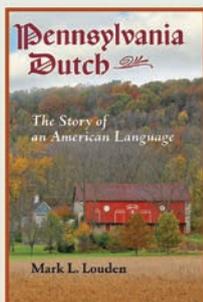
DALE W. BROWN BOOK AWARD

The Young Center for Anabaptist and Pietist Studies congratulates

Mark Loudon

Alfred L. Shoemaker, J. William Frey, and Don Yoder Professor
of Germanic Linguistics at the University of Wisconsin–Madison

Recipient of the Dale W. Brown Book Award for Outstanding
Scholarship in Anabaptist and Pietist Studies for



Pennsylvania Dutch: The Story of an American Language

Johns Hopkins University Press, 2016

*"The book abounds in marvelous historical and cultural details,
together with language examples and linguistic curiosities."*

—Kate Burridge in *The Journal of American History*

Join us for Mark Loudon's public lecture at Elizabethtown College
on September 12, 2019.

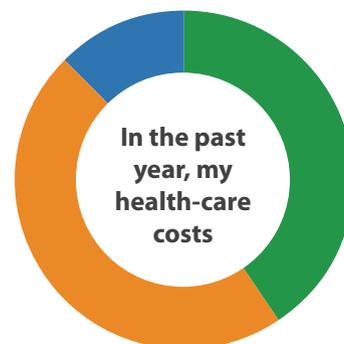
Nominations for the 2020 Outstanding
Book Award are due December 10, 2019.
Visit etown.edu/youngctr for details.



**THE YOUNG CENTER
FOR ANABAPTIST AND
PIETIST STUDIES**
ELIZABETHTOWN COLLEGE

One Alpha Drive • Elizabethtown, PA 17022 • 717-361-1470 • etown.edu/youngctr

READERS' POLL



40.6%
have gone up

0%
have gone down

46.9%
have stayed about the same

12.5%
are beyond my ability to pay

Total number of responses: 32

**Look for the next
poll question on *The
Mennonite's* Facebook
and Twitter pages.**

among people, largely Christian, who had never become economically dependent on slavery. The fervent supporters of slavery in the South were those who saw themselves and their society as "needing to keep" slavery. The "Southern way of life" was inextricably tied to slavery, no matter how many today deny that.

—Mike Yoder,
Facebook

I just had a talk with my granddaughter about all this killing, hate crimes, disappearance of indigenous young women, and racism. We're Native Americans (Navajo). All this doesn't go past us. Her question was, Why?

—Ernestine H. Begay,
Facebook

What keeps you going?

Love, faith, family and dear friends.

—Nancy Donta,
Facebook

Coffee, my family, and sheer stubbornness.

—Mike Gierhart,
Facebook

Rosie and Gemma, my beloved pups.

—Diann Bailey,
Facebook

IN THIS ISSUE

Our U.S. health-care system continues to drive up costs, and we ask, What are faith-filled responses to this system?

Anne Blackwood (page 10) writes that God's love should be our guide as we care for others. Timothy McMahan King (page 14) writes from his own experience with addiction and argues that treatment, rather than incarceration, is a better approach to this growing problem. Morgan Redding (page 18) describes a program that helps seniors meet their health-care needs in their own homes. Evan Beck (page 21) relates his experience with two health-care systems and concludes that the U.S. one does not reflect Jesus' healing practices. Kristin Troyer (page 24) describes how a Mennonite family navigates their young son's diabetes.—*Editor*

News Briefs

COMPILED BY
GORDON HOUSER

Güete to walk the Camino de Santiago in support of Instituto Biblico Anabautista

Marco Güete, director of Hispanic ministries for pastoral and leadership education at Mennonite Education Agency, plans to walk 260 kilometers (162 miles) of the Camino de Santiago Sept. 11-25 to raise funds for Instituto Biblico Anabautista (Anabaptist Bible Institute). Güete, a founder of IBA, will begin at St. Jean Pied de Port in the South of France and walk to his destination of Burgos, Spain, over the course of 16 days. MEA invites

donations per kilometer of the walk, with all donations going directly to support IBA.

IBA is an adult educational program that provides Spanish-language biblical and theological training for members and leaders of Hispanic congregations within Mennonite Church USA and beyond. The program was founded in 1988 and operates 42 active learning centers in congregations across the country, where volunteers serve as the teachers. Students receive a theological studies certificate or diploma upon completion.

The Camino de Santiago is an ancient network of paths that people have walked since the 9th century in pilgrimage toward the tomb of St. James (Santiago in Spanish). "At present, many Christians of different creeds travel the road, remembering that we are pilgrims in the world created by God," Güete says.

According to statistics from Santiago de Compostela, only 17% of the more than 327,000 walkers who annually walk this route are over 60 years old. Güete is 68.

To contribute in support of IBA, visit MEA's donation page and select Hispanic Ministries (IBA/SeBAH) or mail donations to Mennonite Education Agency, 3145 Benham Ave. Suite 2, Elkhart, IN 46517 and note that it is for "Walking the Camino."

—Mennonite Church USA

Salem-Zion Mennonite Church youth plan to #BRINGTHEPEACE to the county fair

As thousands visited the Turner County Fair in South Dakota in August to attend events like the demolition derby, rodeo and roping contests, they found the message #BRINGTHEPEACE at a concession stand. The youth group of Salem-Zion Mennonite Church in Freeman, S.D., runs the grandstand concessions as its annual fund-raiser, and this year they wore #BRINGTHEPEACE T-shirts in support of Mennonite Central Committee's (MCC) asylum and immigrant detention kit efforts.

Austin Unruh served as a youth sponsor for the four youth Salem-Zion Mennonite sent to the Mennonite Church USA convention in July, and he returned home inspired to create these shirts as "a small, easy way to show your commitment to the peace of Christ and our calling to spread the love and peace of Christ." The shirts are available online (bonfire.com/bringthepeace) with proceeds going to MCC's efforts to support immigrant detainees at the Southern Border.

—Mennonite Church USA



Leaving the city dump for school

Wendy Carolina Hernández Enríquez stands in front of her home in Tegucigalpa, Honduras, below the city dump where she works. She moved here years ago after she left her abusive husband. Her four youngest children study at Amor, Fe y Esperanza school. The people living in these neighborhoods work hard, long hours sorting the city's garbage every day, collecting glass and plastic to earn meager incomes of less than \$20 each week. But in the midst of such desperation, more than 100 children who used to work with their parents in the dump now walk away from it to go to a Mennonite Central Committee-supported school.—MCC

Bridgfolk gathering focuses on Indigenous-settler reconciliation

The 18th annual Bridgfolk Conference took place July 25-28 at Canadian Mennonite University in Winnipeg,

Manitoba. The theme was “Toward a Just Peace: Indigenous-Settler Reconciliation through Friendship.”

The cochairs of Bridgefolk, Marilyn Stahl, a member of Seattle Mennonite Church, and John Klassen, Abbot of the Benedictine monastery of Saint John’s in Collegeville, Minn., acknowledged that the conference was being held in Treaty 1 territory on land that is the traditional terrain of the Anishinaabe, Cree, Oji-Cree, Dakota and Dene Peoples, as well as the homeland of the Métis Nation.

Sister Eva Solomon, an Ojibwe elder who is a member the Sisters of Saint Joseph of Sault Ste. Marie, Minn., and Steve Heinrichs, director of Indigenous-Settler Relations for Mennonite Church Canada, gave the two keynote presentations. Sister Eva, who has devoted her ministry to developing ways of incorporating aboriginal rites and customs in Catholic worship, led the participants in several inculturated ceremonies during the course of the conference.

Bridgefolk is a movement of Mennonites and Catholics committed to celebrating and honoring the bond that they share as brothers and sisters in Christ. This year’s conference was the second in a three-year series of Bridgefolk conferences exploring the call to Just Peace, a new framework to encourage all Christians to embrace active non-violence and justice.

—Bridgefolk

Western District Conference hears testimonies and welcomes a church

At its annual assembly July 26-27 in North Newton, Kansas, Western District Conference focused on being witnesses, hearing testimonies from congregations and welcoming a congregation into its membership.

Under the theme “We Are Witnesses,” participants heard a testimony at the opening worship on July 26 from Sandra Luz Montes-Martinez. She gave thanks for a Mustard Seed grant from the Resource Commission of



Memories of the Trail of Death

Trail of Death 2019 pilgrims pray as they read the 600-plus names of Potawatomi people who died in the first decade following their arrival at the government-allocated land at St. Philippine Duchesne Memorial Park in Linn County, Kan. Ben Parker Sutter is seated, and Mara Weaver Boshart is standing.—Mennonite Mission Network

WDC, which her congregation, Iglesia Menonita Monte Horeb in Dallas, Texas, used for a health initiative on diabetes prevention in the Hispanic community there.

In his sermon, MC USA executive director Glen Guyton shared his story of coming to the Mennonite church after serving in the U.S. Air Force. He said he joined the Air Force as “a way to get out, to get an education.”

Through Bishop Leslie Francisco III, pastor of Calvary Community Church in Hampton, Va., Guyton met Titus Peachey, who taught him about Anabaptism and the theology of peace.

“If Titus had not been open to me,” Guyton said, “if he had worried more about being pure, I would not be who I am today.”

On July 27, Moises Romero, pastor of Iglesia Camino de Santidad in Liberal, Kansas, spoke about the important people to him in helping plant this congregation. Later in the day, WDC delegates unanimously welcomed the congregation as a new member.

In his second sermon, Guyton said he

likes the theme “We are witnesses,” especially “we are.” As our family of faith grows, he said, things get messy, and we need to accept people as they are. We are attracting people who don’t know all the rules, “like which pew belongs to grandma.”

He read from Ephesians 2:13-18 and noted that Christ moves the church beyond a place of rules and regulations to bring us together. “Rules are important,” he said, “but they are there to help serve the church, and when they don’t, we need something new.”

We need to recognize our role as witnesses, he said. We live in a world where people who are seeking asylum are abused. He worries about his son, who is entering a time when he is seven times more likely to be a victim of homicide simply because he is African American. “This is a time ripe for the message of peace.”

—Gordon Houser for TMail



Read longer versions of these and other articles at themennonite.org.

Miscellany

COMPILED BY
GORDON HOUSER

Climate change is an economic story and a public health story; global warming shapes supply chains, water resources, tech infrastructure, community development and loss, and on and on. Yet climate coverage has historically been relegated to the science and environmental beats, outside the realm of hard news.

—Rosalind Donald for
Columbian Journalism Review

Easter gift

Pathway Church in Wichita, Kan., used the money it ordinarily would have spent promoting its Easter service through mailings and TV ads to help families pay off their medical debts. Each of the 1,600 families who had their debt liquidated received a note: “We’re Pathway Church, we may never meet you. But as an act of kindness in the name of Jesus Christ your debt has been forgiven.” Using RIP Medical, an organization that abolishes debt by buying it at pennies on the dollar, the church’s investment of \$22,000 alleviated \$2.2 million in debt.

—Christian Century

4x | 6x

Greenland is melting four times faster than previously thought, and Antarctica is losing six times as much ice annually as it did 40 years ago.

—Sierra

50%

A new Gallup report found that only half of Americans say they belong to a church or other religious body, down from 69% 20 years earlier. Most of the decline is tied to the rise of the “nones”—those who claim no religious affiliation. Gallup found that the share of Americans who claim a religious identity declined from 90% to 77%. But even those who claim a faith tradition may not belong to a religious congregation or community, according to the report, which compared data from 1998-2000 to data from 2016-2018. At the turn of the 21st century, Gallup said, 73% of religious Americans belonged to a house of worship. That’s dropped to 64% today.

—Religion News Service

300 tons

The training of an A.I. (artificial intelligence) can produce more than 300 tons of CO₂.

—Harper’s

Greatest hymn of all time

“Holy, Holy, Holy!” has been chosen in a March Madness-like tournament as “the greatest hymn of all time.” The Hymn Society in the United States and Canada announced the winner on July 18, the last day of its annual conference in Dallas, Texas. More than 800 people, mostly members of the 1,200-member Hymn Society, voted on the society’s website, on Facebook and, in the last rounds, in person at the conference during the competition that featured brackets similar to the springtime NCAA basketball tradition.

—Religion News Service

Factor by which more Americans died in school shootings than in combat last year:

3

—Harper’s

Average number of years the wealthiest 1% of Americans outlive the poorest 1%:

10 to 15

—Yes! Magazine

Average amount, in additional benefits from Social Security and other social programs, that an affluent American receives from that life expectancy inequality:

\$130,000

—Yes! Magazine

LOAVES AND FISHSTICKS BY STEVE EDWARDS



Shalom Mennonite Church

Indianapolis

1. Members of the Mara Christian Church joined Shalom members in a work day this spring to beautify the grounds. *Photo by Laura Harms*
2. Shalom and Iglesia Amigos (a Quaker church held in Spanish in Shalom's building) invited neighbors to enjoy an Easter Egg Hunt in April. *Photo by Laura Harms*
3. Front, from left, Grace Rhine and Rod Maust, and back, from left, Linda Showalter, Sam Bixler, Carl Rhine, Mike Wigginton, Peter Wigginton and Jim Showalter lead the congregation in song. *Photo by Frank Kandel*
4. Chuck Dunn leads the Food and Faith Sunday school class from his time at Paoli Mennonite. *Photo by Laura Harms*
5. Brian Bither, Solomon Abebe and Linda Showalter talk with guests from the neighborhood at the annual fall festival. *Photo by Frank Kandel*



1



2



3



4



5

BY ANNE BLACKWOOD

GUIDED BY *Love*



Anne Blackwood at work. Photo by Scott Byram

Making God's love practical in health care

Beloved, let us love one another, because love is from God; everyone who loves is born of God and knows God. Whoever does not love, does not know God, for God is love.

—1 John 4:7-8

Love must be at the center of a faith-based response to any social issue. This is what Jesus meant when he said all that God expressed through “the law and the prophets” hangs on love of God, self and neighbor (Matthew 22:40).

According to 1 John, love grows out of our awareness of God's unqualified love for us. John expresses God's love in terms of Jesus' willingness to die. Whether in death (as in Jesus' case) or in life, God loves first—consistently, patiently, perfectly. As we

experience and appreciate being loved, we respond with love for God, whom we have not seen, and for our sisters and brothers, many of whom we have seen. When we pay attention, within and beyond our usual circles, we can bring these brothers and sisters into sharper focus, perceiving them with love, as God does.

Who, then, are God's beloved in the health-care system? Being bound by a body is one of the great democratizing attributes of being human, being created, being God's beloved. At some point between birth and death, every human has some experience that could benefit from medical, nursing, nutrition, counseling or other health-care service.

Under the best of circumstances, expectant mothers receive obstetric care, children receive regular pediatric care, a burst appendix receives emergency surgery. In middle age, as blood vessels, metabolic processes, immune systems or the fidelity with which our cells turn over demonstrate that all things change with time, we

expect a doctor, nurse, social worker, appropriate medication and eventually hospice will be available to assist us. We expect these things even, or especially, for more severe illnesses, or when an accident or illness occurs “too soon.” These expectations are consistent with our being beloved children (creatures) of the loving God (Creator).

This “best of circumstances” appears to be the reality for most of us. But these are not assumptions 14% of Americans can make. These 28 million people are no less beloved. According to the Commonwealth Fund, in 2016, almost one-third of those with health insurance had plans with high deductibles and out-of-pocket expenses compared with their income. Among these “underinsured,” almost half reported medical debt problems. Even among those with “adequate” health insurance, 25% reported difficulty with their medical bills.

As a juvenile diabetic, I advocate with my insurance every month about coverage for

insulin pens, pump supplies and more. At a minimum, this is time consuming and taxing. As a physician, I can afford high premiums for a comprehensive plan and know who to call to get these needs covered. Yet my experience underscores the reality that necessary health care is uncomfortably close to being out of reach for all of us.

Necessary health care is uncomfortably close to being out of reach for all of us.

Many factors drive health-care costs. Innovation is one. It is expensive to develop and improve on antibiotics, cancer or heart-disease drugs, vaccines and devices to diagnose, treat and manage many conditions. In addition, U.S. consumers pay more for medical innovation than do people in other countries, even wealthy countries. In the United States, we assume that limiting regulation facilitates progress. Unfortunately, when unregulated: (1) drug developers require U.S. consumers to pay more for advances from which worldwide patients benefit; (2) less scrupulous developers encourage unnecessary and thus harmful prescriptions, as we see in the opioid crisis; (3) health systems develop monopolies; and (4) insurance companies maintain profits, while patients sometimes purchase policies with out-of-pocket costs that are too high to protect them.

Uninsured patients also increase costs. In a system where some can't afford to pay for care:

(1) lower-cost, more effective preventive care is not delivered; (2) more severe, less treatable conditions cost patients and society more; and (3) those with comprehensive coverage end up paying inflated expenses that cover some of the costs for those who cannot pay. The alternatives to inflated costs are either that those without insurance are turned away or that hospitals close and accessibility is reduced for everyone. We overvalue high-cost specialty care, while as a society we fail to vaccinate children or provide broad access to proven health screening and preventive services. Finally, those for whom health-care access is most limited are the same beloved ones for whom basic needs consistently go unmet—those in rural areas or inner cities, people of color. Market factors do not and cannot facilitate equity.

As God's beloved, our values, advocacy and creativity should move us to bring change, a reorientation of priorities and balance. We are to "seek peace and pursue it" (Psalm 34: 14) and are called by Jesus to be salt.

Anabaptists have a history of acting boldly and compassionately, even when facing complex systems. We have been change makers, including providing health insurance in our own communities, and modernizing mental health services through the faithful efforts of Anabaptist conscientious objectors, who requested socially significant work for their Civilian Public Service and eventually established and became aides in government mental-health units. These ordinary men and women not only resisted war but gravitated toward these positions, which paid less than other civilian wartime jobs.

They resisted and reformed the inhumane mental-health practices they witnessed in government hospitals during World War II, wrote letters to newspapers about the harsh conditions, continued their advocacy after the war, established their own mental-health hospitals and impacted mental-health practices nationwide. These actions lived up to the highest ideals of what we are called to be as beloved ones, as those who act with mercy, justice and compassion among God's beloved.

Today, we are called to be similarly creative and bold, guided by love, with a view toward equity. Many of us do this in our chosen professions. As people of God, we must ask, How do we educate ourselves about the health-care system, who is left out and why? How does this impact our volunteer efforts? Our pro bono offerings? How does this impact our votes? What do we need to know about candidates' policies on the Affordable Care Act, Medicaid expansion, Medicare for all? How do we advocate? Who writes letters and to whom? Who are the policy makers among us? Who are our visionaries? Our allies? Our potential allies? How do we amplify the voices that inspire and multiply the actions that make God's love practical, even in this arena?

This is God's work of love. Beloved, this is the life we are called into.



Anne Byram Blackwood is a member of First Mennonite Church of San Francisco, a medical oncologist and a spiritual director.

Extending Your Ministry

Empowering health and human service programs



Strengthening Anabaptist values

Building resilient governing Boards

Shaping Anabaptist leadership



Mennonite Health Services
www.mhsonline.org

BY TIMOTHY MCMAHAN KING

LOVE & EMPATHY

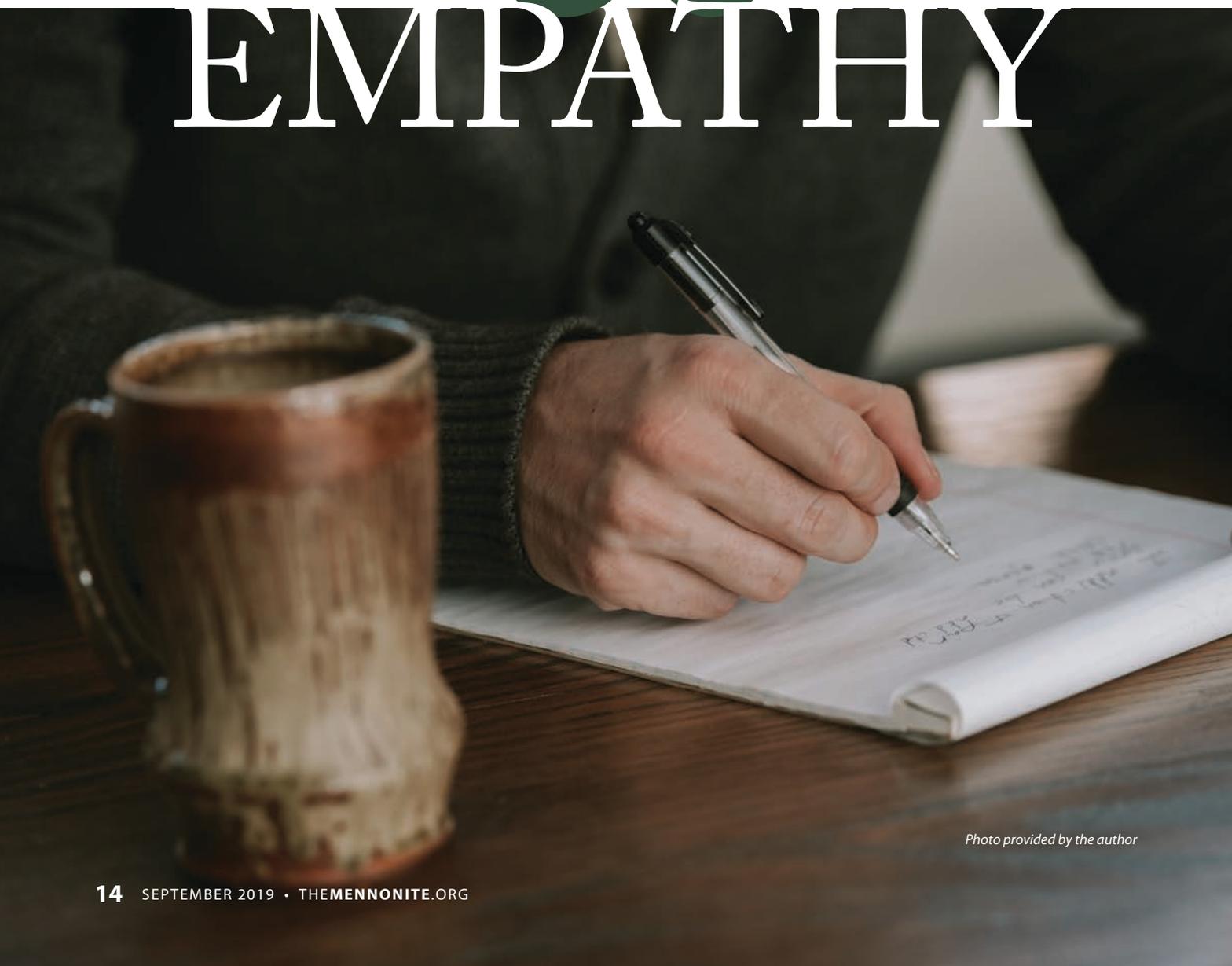


Photo provided by the author

Treatment, not incarceration, helps those with addiction and saves costs

I sat in my doctor's office nearly 10 years ago, waiting for an update on my progress. I had spent weeks in the ICU and months in the hospital after what should have been a routine procedure caused acute necrotizing pancreatitis. I had been home for a few months and was visited twice a week by a nurse. Unable to eat, I received all my nutrition through a semipermanent IV line in my arm.

Insurance paperwork came through detailing the total cost of my care. I was lucky to only pay a few hundred dollars in copays for what came to hundreds of thousands of dollars in care. Just a night in the ICU was more than I

Just a night in the ICU was more than I paid for a month in rent.

paid for a month in rent.

The update my doctor gave was mixed. My blood levels indicated that my pancreas was healing. Still, I was unable to eat even white rice and broth without pain,

nausea and vomiting. And even as my numbers were improving, my doctor noted that I was running through my prescriptions for pain medicine faster than before.

He told me that I had gastric paresis, a condition in which the high levels of opiates I was taking had, in effect, paralyzed my digestive system making it impossible for me to resume eating foods. And, in a cruel twist, the length of time I had been on the narcotics and the heavy dosages were actually making me more sensitive to pain.

I had developed another potentially deadly but not uncommon condition; I was addicted to my pain medicine. My usage had moved from slow and consistent with the doctor's orders to a compulsive consumption I felt was increasingly out of my control.

Three times previously, I had been harshly confronted by doctors who believed I had been faking my pain in order to get more narcotics. Each time it turned out they had missed a complication that was the source of the pain at great cost to my health and risk to my life.

But my doctor didn't treat me like I was a criminal. He didn't start with blame or judgment. Instead, he talked to me with

empathy and compassion. He knew that the most effective framework to address what was happening was through a medical and public health lens.

Tragically, our country's front line of addressing addiction has been and continues to be one of punishment and incarceration. In the early 1980s, there were only 50,000 people behind bars for drug related charges; today there are nearly 500,000.

Awareness has grown about the importance of a public health approach, but as the death toll of overdoses hit over 70,000 people last year, there is a long way to go. And the fundamental injustice remains that the options for treatment instead of incarceration are available to and offered primarily to white people, and dramatic racial discrepancies persist.

Addiction is by its definition a self-harming behavior. The belief that escalating the harm, pain and punishment involved will somehow bring a resolution or recovery is wrong. Very wrong.

A study of more than 1,300 injecting drug users in Baltimore from 1988 to 2000 looked at this problem. Researchers examined demographic factors, drug-use patterns and even whether the

person sought drug treatment. The authors write, “Of great interest is that only a history of incarceration differentiated persons who successfully stopped using drugs from those who continued to use injection drugs over a 12-year period.” This bears repeating. The only factor that distinguished those who successfully stopped using drugs from those who continued to use was this: Those

ADDICTION NATION: WHAT THE OPIOID CRISIS REVEALS ABOUT US

by Timothy McMahan King
(Herald Press)

This excellent book explores the complexity of addiction from many angles. King writes out of his own experience of addiction to opioids but delves much deeper into what the current opioid crisis says about us and our culture, our history, our politics, our economy, our materialism. The crisis, he writes, “is about the failures of religion and of an anemic spirituality that we have not wanted to face.” The problem, he says, is not out there but within each of us. Among the many writers he draws on is Gerald May, who writes, “To be alive is to be addicted, and to be alive and addicted is to stand in need of grace.” King’s reflection on his own addiction provides a valuable resource for each of us to examine our addictions and need for grace, which King says is “an everywhere and always-present miracle that we can choose to participate in even amid pain.”

—Gordon Houser



Timothy King in the ICU. Photo provided by author

Our spending on incarceration and not treatment today means even more spending on incarceration in the future.

who stopped had not gone to prison.

Our spending on incarceration and not treatment today means even more spending on incarceration in the future.

While Medically Assisted Treatment was not part of my story, it is now the gold standard of care. Treatment is most effective when combined with other forms of counseling and therapy. A study in

Massachusetts found a 59% reduction in addiction for those on methadone and 38% for those on buprenorphine. When tracking patients who had an overdose, the researchers found that fewer than one-third had access to any of these medications.

Methadone, perhaps the most widely known, is an opioid agonist, meaning it interacts with opioid receptors while preventing withdrawal symptoms. It is administered through specially certified clinics in a daily dose. Naltrexone is an opioid antagonist, meaning it blocks opioid receptors and the effects of other narcotics. It can be administered by a daily pill or in the form of a monthly shot. Buprenorphine is an antagonist and agonist, so it simultaneously provides relief from withdrawal while blocking other opioids. It

Every dollar spent on addiction treatment programs has a benefit of saving between \$4 and \$7 in reduced crime and criminal justice costs.

can be administered by tablet, injection, as a skin patch or a six-month implant under the skin.

According to the National Institutes of Health, the cost of an entire year of methadone maintenance treatment including integrated care and medical support services is \$6,552. The cost for buprenorphine for a relatively stable patient

and including the costs of regular visits is \$5,980 per year. Naltrexone and related services come in at \$14,112 per year.

In comparison, one full year of imprisonment costs an annual average of \$24,000.

Harmful substance use has an estimated cost of \$600 billion per year. But every dollar spent on addiction treatment programs has a benefit of saving between \$4 and \$7 in reduced crime and criminal justice costs. When you add in other health-care-related saving it is 12 to 1.

While other countries have effectively addressed drug and overdose crises, the United States lags far behind. At the core is a mistaken belief about how and why people change. Christianity teaches the important truth that grace is the most transformative

power in the world. Love and empathy are what those struggling with addiction need the most.

That doesn't mean change is easy or happens overnight, but we can know our hope will not disappoint us.

The path of punishment and incarceration in addressing substance use and addiction has failed and made things worse.

It is time we live into another approach. It turns out that love and grace aren't just good virtues but make a lot of economic sense.



Timothy McMahan King is the author of *Addiction Nation: What the Opioid Crisis Reveals about Us* (Herald Press) and the former chief strategy officer with Sojourners.



Invest in what lasts

Faith and purpose. Community and trust. Love and sharing. These are among the values at the root of our comprehensive financial services – for the full range of your life experiences. See how this fresh outlook can further your lasting impact in the world.

(800) 348-7468 | everence.com



Banking | Investing | Retirement | Financial Planning | Insurance | Charitable Giving

Securities offered through ProEquities Inc., a registered brokerdealer, member FINRA and SIPC. Advisory Services offered through Everence Trust Company, a Registered Investment Advisor. Investments and other products are not NCUA or otherwise federally insured, may involve loss of principal and have no credit union guarantee. Everence entities are independent from ProEquities Inc.



A FRESH OUTLOOK ON LIFE

BY **MORGAN REDDING**

Photo by Gavin Peters for Bluestem Communities

Bluestem PACE helps seniors meet health-care needs in their homes

For Lori and Jacky Macy of Hutchinson, Kan., going without essential medical care was a decision they were forced to make. Lori had a stroke in 2014, leaving her paralyzed on the left side of her body and unable to continue her career of cleaning homes and businesses. Then, just three years later, her husband, Jacky, battled bouts of pneumonia and experienced heart issues. He was unable to work as well.

“We couldn’t afford my medications. I was going without a lot of my medications because it was so expensive,” says Lori.

In rural areas of the country, such as in central Kansas, it is becoming increasingly difficult for seniors to receive high-quality health care. With challenges such

People are living with restricted savings and income to put toward their health care, yet the services they need are costly and difficult to find.

as transportation logistics, rising costs and a complicated Medicaid system it can feel unmanageable for seniors and their families to identify and access health services.

When people retire or are unable to work, often their discretionary income goes down. That means their health-care options become limited, and for people living in rural areas, those options were already limited. As a result, people are living with restricted savings and income to put toward their health care, yet the services they need are costly and difficult to find.

Becoming part of a solution

In 2016, Bluestem Communities, a nonprofit organization dedicated to serving seniors in central Kansas, took it upon themselves to play a role in solving this problem in rural communities. Influenced by Mennonite values, the organization wanted to hold true to its mission of providing compassionate care while serving seniors and their families no matter their financial circumstances.

After extensive research, prayer and discernment, Bluestem

Communities decided to establish a PACE program in central Kansas, now known as Bluestem PACE. PACE is a national Medicare and Medicaid program that assists individuals 55 and older in meeting their health-care needs in their homes and communities. PACE stands for Programs of All-Inclusive Care for the Elderly.

The Macys are now both part of the Bluestem PACE program and have a fresh outlook on life. The couple says they feel healthier and are working on new goals.

“Before PACE, I wasn’t able to afford all the medication I needed. Now I get it packaged for me each month, and it is easy to manage,” says Lori. “Jacky was able to get a new pacemaker because the battery on his went out. Before PACE, we would not have been able to afford a surgery like that.”

She is also working on walking in her physical therapy sessions at Bluestem PACE. “Before coming here,” she says, “I couldn’t walk and now I walk on my own a few times a week. Eventually, I want to be able to walk outside with my dogs. That is my goal.”

In response to the health-care system’s increased financial and social costs, Bluestem Communities has found that

the PACE program provides a unique and innovative solution. The program is set up to serve a large geographical area of people for a relatively low startup cost, unlike a traditional health-care community.

“Initially, Bluestem Communities didn’t know how we could meet all the needs of this growing population, and PACE provides a way,” says James Krehbiel, president/CEO of Bluestem Communities. “We started seeing people falling through the gaps in ability to afford care. We were thrilled to find a program that could meet those needs. When we are able to serve 150-200 individuals for a startup cost of around \$3 million instead of \$15-25 million, we are then better able to allocate resources to meet the needs of a large and diverse population of people that are often underserved.”

Integrative care while living at home

According to a 2018 study done by AARP, 77% of adults age 50-plus would like to remain in their current home for as long as possible. The Bluestem PACE program gives individuals in its seven-county territory who are 55-plus the ability to live well in their homes. This results in participants staying connected to their communities, churches and long-time relationships they’ve built with those living around them.

“Nationally, 93% of PACE participants are able to remain in their homes until the end of life,” says Emilie Rains, director of market development for Bluestem PACE. “We transport our program participants to our

day center to receive services a couple times a week; otherwise they remain living in their communities.”

Lou Kay Johnson, a current Bluestem PACE participant, wanted to continue living at home with her sister and two dogs, but the sisters knew Johnson needed more assistance. The program was a great option for her.

“I live out in the country and don’t have a car,” says Johnson. “I can’t drive so my sister was having to take me everywhere. Now, Bluestem PACE takes care of my transportation, which is a relief. I also wasn’t managing my diabetes before becoming a PACE participant. They fill my insulin and adjust it when needed so it is more manageable.”

In addition to keeping people in their homes, Bluestem PACE has found that an integrative-care model has been a key to keeping people healthy and preventing hospital stays. Addressing the physical, mental, emotional and spiritual needs of a person relieves stress from participants and their caregivers.

“We have found that many people don’t understand the correlation between their actions and their health,” says Justin Loewen, executive director of Bluestem PACE. “Offering wellness-based therapies like exercise and nutrition counseling has not only led to dramatic physical benefits but increased the cognitive scores of multiple participants.”

By integrating and coordinating care, PACE is equipped to provide the right care in the right place at the right time. A team of 11 health-care professionals, employed by Bluestem PACE, collaborate to tailor a unique plan for managing

Addressing the physical, mental, emotional and spiritual needs of a person relieves stress from participants and their caregivers.

the care of each participant. This team approach has enhanced participant outcomes, improved independence, reduced unnecessary care and decreased health-care costs.

“At Bluestem PACE, all medications and services are received at no additional cost to participants, which is a huge component for those who deal with a tight financial margin,” says Rains. “Whether they receive mental-health services from our social worker or physical therapy from our physical therapist, there is no extra cost to the participant.”

This one-stop-shop health-care option has been a lifesaver for many seniors in central Kansas like Johnson and the Macys. With the program at over 75 participants and growing, the impact is significant.

“We have a team here that supports us instead of us trying to do it on our own,” says Lori. “People here are so friendly. I really love the people who take care of us.”



Morgan Redding is director of communications for Bluestem Communities in North Newton and Hesston, Kan.

BY EVAN BECK

Healing in community

Our health-care system does not reflect Jesus' healing practices

My recent experiences with two different health-care systems have fundamentally altered how I view medical care.

In the summer of 2018, I worked in a research lab at Massachusetts General Hospital in Boston. Midway through the summer, our lab experienced a rash of strep throat infections. With a sore throat and sensitive to the fact that many of my colleagues had young children, I went to the Urgent Care Center at MGH to be tested. There, I had a 10-minute conversation with a doctor, described my symptoms

Evan Beck in Peru. Photo provided by author

and had lab exams ordered. After meeting with a billing clerk for insurance, I soon learned my tests had fortunately come back negative. I put the doctor's visit out of my mind until I received a text from my father two weeks later: "Are u ok? I just got a bill for 400 bucks from MGH. What did u do?!" Understandably, my father was miffed that a series of simple tests and a 10-minute visit with the doctor had cost that much. After I explained the situation, he agreed I had had little choice and paid the bill. Even though I had insurance coverage, the costs of out-of-network care were astounding, but where could I have gone as a 20-year-old intern living alone in an unfamiliar city?

My medical experience in Boston sharply contrasted with a similar situation in Peru a year later. While participating in Goshen (Ind.) College's SST program, I spent six weeks working in a medical laboratory in the town of Quinua in the central highlands. One morning, I awoke to stomach pain and an acute case of diarrhea. Groaning, I made my way down to the clinic to tell my colleagues I would be unable to work that morning.

Sympathetic, they lamented my illness and suggested I see one of the doctors later that day.

"I don't have insurance," I said.

"No problem," they replied. "We'll call when she's available."

Later that day, I met with the doctor, explaining my symptoms as best I could in my imperfect Spanish. After ordering lab tests, she prescribed an antibiotic and an anti-inflammatory medicine. With less than the equivalent of \$30 in my wallet, I worried I would be unable to afford any medication. When I inquired about the cost with the pharmacist, he

Without insurance and most of my financial resources 5,000 miles away, I was able to receive medical care for no cost.

grinned and said, "If you have your passport number, it's free." Without insurance and most of my financial resources 5,000 miles away, I was able to receive medical care for no cost. Immediately, I thought of Leviticus 19:34: "The foreigner residing among you must be treated as your native-born" (NIV). Offering free medication to a person without means to pay is basic human decency, but offering free medication to a relatively wealthy gringo in a tight spot is a show of generosity and hospitality.

What do these experiences say about each health-care system? In one I was treated by medical staff at the #4 ranked hospital in the United States, one whose annual research budget of \$900 million exceeds that of any other in the world. In Boston, I fit in, an example of privilege and access. In rural Peru, my imperfect accent and white skin made me immediately conspicuous as a foreigner. For all the resources and specialization of American health care, my visit with the doctor in Boston felt like a business transaction. The staff in Peru, however, welcomed my drop-in visit as one from a friend and went far beyond what they were obligated to do to help me receive the care I needed.

As we examine how God calls us to be compassionate healers of

the sick and downtrodden, the characteristics of our modern system appear to be antithetical to the behaviors of Christ. Recreating Christ's healing across radically different cultural and historical contexts is difficult, but two themes emerge to me when Jesus' healing miracles are viewed with our modern lens.

1. Simplicity. All the compassionate healings of Jesus are remarkably simple. When healing a man with a disability, he simply commands, "Get up. Pick up your mat and walk" (John 5:8). There are no intricate instructions or conditions that people need to meet before being treated. In our modern context, Jesus' patient care might be termed "minimally invasive." The simplicity of these healings should not only guide individual medical interactions but challenge the nature of our health-care system. Over the past 80 years, the U.S. health-care system has evolved dramatically. From 1940 to 2015, the number of general practitioners as a percentage of total providers in the United States dropped from 75% to just over 10%*. Overspecialization is not only problematic from a cost perspective but it also reduces access to preventative care. While perhaps not as glamorous as a lengthy and complicated surgery, effectively managing chronic conditions while simultaneously promoting healthy lifestyles can significantly reduce the probability of developing conditions that require specialized care. Jesus' emphasis on simplicity should encourage us to advocate for health-care solutions that increase access to preventative care, thereby limiting the need for more costly procedures.

2. Equity in treatment. Much like the Christian faith, Jesus' healings are not limited to a particular group or culture. His patients are a microcosm of the ethnic and cultural diversity of first-century Judea. Jesus not only heals a daughter of a prominent Jewish official (Matthew 9:18-26)

Jesus' emphasis on simplicity should encourage us to advocate for health-care solutions that increase access to preventative care, thereby limiting the need for more costly procedures.

but heals women, paralytics and servants of the occupying Roman army. The cumulative message is clear: Anyone, regardless of their origin or background, is entitled not only to care but is worthy of a level of care that eliminates their ailment.

In contrast, our modern health-care system is far more selective. While those who are marginalized, unemployed or chronically disabled may be able to receive limited treatment occasionally, the full resources of the system are never at their disposal. In most cases, the richer a patient is, the higher quality of care they receive. If we use Jesus' healings as an example, however, we observe that access to health care is not a privilege contingent on employment or productivity but a right earned by virtue of being a human being. This right should be extended regardless of gender, sexual orientation, race, ethnic origin, class, nationality or background.

Which of the two health-care systems above better reflected the healing behaviors of Jesus Christ? While the Peruvian

health-care system certainly has its limitations, there is a simple beauty to healing in community. In the United States, we should seek to emphasize community in our health-care interactions and in legislative decision-making. We should ask how we as Christians can support initiatives that value community, relationships and equity like Jesus did to create a system that reflects these priorities.

**time.com/3138561/specialist-doctors-high-cost*



Evan Beck is a student at Goshen (Ind.) College.

The Corinthian Plan

Together, providing health care for pastors and church workers

When your congregation is considering health care coverage, we might be a better fit than you think!

The Corinthian Plan is a self-funded, health care coverage program owned by MC USA that provides access to health insurance for pastors and staff of MC USA congregations.

Open Enrollment is Nov. 1 through Dec. 31, 2019

For more information:
Contact TCP Director, Duncan Smith at
DuncanS@MennoniteUSA.org or
316-281-4255.

Visit [mennoniteusa.org/
what-we-do/the-corinthian-plan/](http://mennoniteusa.org/what-we-do/the-corinthian-plan/)





BY KRISTIN TROYER

Learning takes time and community

The Gibbs family navigates a life-changing diagnosis

In 2015, Bethany Gibbs learned that her then 3-year-old son, Will, had Type 1 diabetes. Four years later, Bethany is still learning about the illness—with support from family and community.

Bethany, a fourth grade teacher at Eastern Mennonite School, lives in Harrisonburg, Va., with her husband, Steve, and her two sons. William, the oldest, is 7, Eli is 5, and they have a baby due in September.

The family first noticed something was wrong shortly after Will turned 3. His preschool teachers mentioned he would wake up in the middle of his nap crying for water. Bethany noticed her son was drinking a lot—around six to eight water bottles per day.

“I knew that was a symptom [of diabetes], but it doesn’t run anywhere in our family,” Bethany says. “There definitely were some red flags I tried to excuse because you assume it’s something that will pass.”

Bethany says she will never forget the appointment where the doctor diagnosed Will. When the nurse checked his blood sugar, it was so high the glucometer couldn’t read it. They sent the family to the larger pediatric unit at the University of Virginia, and that’s where they started their crash course in how to care for their toddler son’s chronic illness.

“By the second day they were already having us inject him” Bethany says. “I was like ‘Whoa, you guys are the professionals. You should be doing this.’ And

◀ Clockwise from top left: Will checks his sugar level, the Gibbs family, Will with his supplies, Will wearing his monitor, Will displaying his monitor.

Photos provided by the Gibbs family

they said, ‘Well, you have to figure it out.’”

Suddenly she was responsible for counting carbs, measuring insulin and checking sugar levels around the clock—basically just keeping her son alive.

Type 1 diabetes is an autoimmune disease where the pancreas stops functioning. “His pancreas is shot,” Bethany says. “[The organ] is in his body, but because he doesn’t make his own insulin, we have to give him insulin.”

Many things can affect Will’s sugar levels; the most obvious factor is food.

“We have a range we try to keep him in,” Bethany says. “If he goes too high or eats food, he needs insulin to bring his blood sugar down. If he goes too low, then he needs food.”

Also, if he’s growing fast, the hormones in his body can affect his sugar levels. Being active, like when he’s playing soccer, make his levels go down.

“It’s all the time,” Bethany says. “It’s an all-day disease.”

Bethany didn’t realize their new reality would feel so isolating at the beginning.

Bethany didn’t realize their new reality would feel so isolating at the beginning. People in the community stepped up, offering prayers, asking questions and wanting to help, but still, she felt a powerful loneliness.

“Until you actually live with it, it’s really hard to understand,” she says.

As if the daily care Will requires isn’t complicated enough, the diagnosis has taken a financial toll on the family, which they expected from the beginning. It was a jarring realization that these costs would follow Will the rest of his life.

“We left the hospital with thousands of dollars of bills,” Bethany says. “I knew it’d be expensive, and it wasn’t going to stop.”

The family is covered by a health plan through Steve’s job at Eastern Mennonite University in Harrisonburg. Dealing with prescriptions and medical supply companies is an overwhelming but mandatory task for the family.

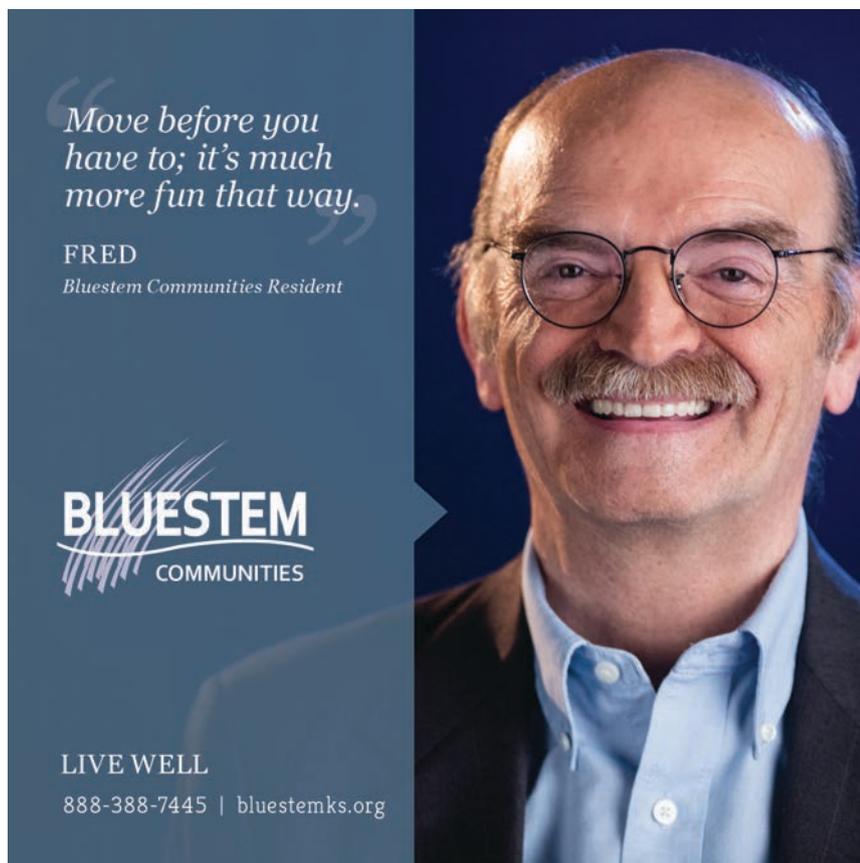
In 2016, when the prescription coverage switched to a different plan, some of Will’s necessary medication and supplies weren’t covered anymore, so the family called for help.

The member services staff at Everence, which administers the health plan, are helping find options on the new plan.

“Sometimes, when you have new prescription coverage, it’s an easy switch,” says Annetta Good, Everence medical service coordinator. “But often for diabetics, it can cause chaos, since they have many different medications and supplies that are needed.”

On behalf of the health plan, Everence acts as a go-between for the Gibbs family and the plan partners to manage costs and choices for Will’s care.

Health-care plans are complicated, but some day-to-day things have gotten easier. In the first month after the diagnosis, Bethany called an endocrinologist



“Move before you have to; it’s much more fun that way.”

FRED
Bluestem Communities Resident

BLUESTEM
COMMUNITIES

LIVE WELL
888-388-7445 | bluestemks.org

every day to report Will's numbers. Now she's learned enough to make more of her own decisions regarding Will's daily sugar readings without consulting a health-care professional.

At one point, Will wouldn't want a snack because he didn't want to get a shot, creating a negative correlation with food. Getting an insulin pump meant no more syringes. Along with that, he wears a glucose monitor on his arm that is connected to his parents' phones and gives readings every five minutes. This has proven to be "a game-changer" and infinitely more convenient than taking the readings manually all day and all night.

Even the loneliness isn't as overwhelming anymore. Just as the Gibbs family has been learning and adjusting, so have

the people around them.

With her parents living in the basement and her sister next door, family has offered to help in times when Bethany just needs a nap or to run to the grocery store. She feels support from people at her church, Harrisonburg Mennonite,

Just as the Gibbs family has been learning and adjusting, so have the people around them.

where even people she doesn't know very well will stop to check in and ask how Will is doing.

She appreciates the unbelievable online community

that is always available when she needs it, "since diabetics never sleep." She's also been surprised to find out how many other Type 1 diabetics live in her community and neighborhood.

"There have been so many connections with people and that makes it feel like you're not the only person," she says. "There are other people going through it."

The Gibbs family is still learning. They're learning how to deal with Will's daily care, how to navigate the health-care system and how to find community when things feel isolated and lonely.



Kristin Troyer is an intern at Everence.

Make Medicare an easy step

Everence can give you a hand

Gain a measure of confidence and clarity with guidance from your Everence® team. From workshops and webinars to personal appointments and online education, see how you can simplify. And spend more time on what matters to you.

Contact your Everence office or visit everence.com/easy-step-tm to learn more.



Banking | Investing | Retirement | Financial Planning | Insurance | Charitable Giving

Everence offers credit union services that are federally insured by NCUA. Investments and other products are not NCUA or otherwise federally insured, may involve loss of principal and have no credit union guarantee. All products are not available in all states.

Revisiting risks

Couple rediscovers the power of Service Adventure

WHEN ERIC AND JULIE

Yoder were in their late teens, participating in Service Adventure in Johnstown, Pa., stretched them beyond the safe cocoons of their childhoods.

Two decades later, as a married couple with three children, they hoped that by becoming leaders of that same unit they would once again be stretched beyond the status quo of middle-class family life in Goshen, Ind.

With one year behind them and one to go in their assignment in Johnstown, they are rediscovering the power of Service Adventure to invite risk and transform lives, the couple said during a recent interview.

Two decades ago, they participated in Service Adventure, one of Mennonite Mission Network's many service programs. It encourages high school graduates to serve within a

community for 10 months while living in a unit house and relating to a local congregation.

Coming back to serve as leaders is something they periodically explored since getting married in 2003, they said. But the time never seemed right as they were having babies and settling into careers—he as an airline pilot and she a structural designer for a packaging company.

A couple of years ago, after Claire, now 3, was born, they decided to take the plunge.

“At our ages—Eric is now 40 and I am 38—we felt we were becoming too comfortable in Goshen, where life can tend to become all about the next promotion at work or the kids' sports and academic achievements,” Julie Yoder said.

“We felt it was time to expose them to a different focus to demonstrate that material goods and achievements were not all that life is about. We were getting caught up in the status quo, and we felt we needed to take a break.”

That break came as they left their manicured neighborhood for a declining one. The house—the same one Julie and Eric lived in when it first opened in 1998—is aging and needs some repairs.

Despite the rough-edged outer décor, the family is rediscovering how relationships with participants, not material riches, make a house a home. For example, their children—Dane, 8, Heath, 6, and Claire, 3—bonded with two big “brothers” and one big “sister.” As one big family, they embarked on weekly adventures, ranging from making applesauce to learning archery to vaccinating sheep.

With new relationships come new challenges, including blending family and unit life, they said. For example, Eric Yoder kept his job as a pilot, which requires that he be gone from home more than half the week.

“When I am gone for four or five days at a time, I haven't had the same experiences that family and the unit has had during my absence, and it is harder to stay connected,” he said. “I also want to provide attention my kids need from their father, while also giving attention to the participants.”

Because he is gone a lot, the lion's share of the unit leadership falls to Julie. She embraces her responsibilities and considers them a good fit. Though they do require that she divide her attention between her children and participants launching into young adulthood.

The balancing act required now has another layer—being willing to discern new directions. “We remained in Goshen for 13 years because it was a safe and secure community,” Julie Yoder said. “But after taking the risk to venture beyond the known, we are more willing to trust God for new unknowns.”



The Service Adventure unit from Johnstown, Pa., enjoys an outing at Buttermilk Falls. Back from left: Claire Yoder, Eric Yoder, Kendrick Eastman and David Aberle; middle: Julie Yoder and Kim Hoffmann; front: Dane Yoder and Heath Yoder.

Laurie Oswald Robinson for Mennonite Mission Network

Remembering in Ukraine

MCC looks toward centennial, celebrates where its work began

UNDER THE SHADE TREES in a city park on June 16 in Khortitsa, Ukraine, about 40 Anabaptists shared a picnic of corn grits, rye bread and warm cocoa.

The unusual menu held symbolic meaning. It was a “relief kitchen dinner” like those that saved the lives of thousands of Mennonites and other Ukrainians on the brink of starvation in 1922 and ’23.

The picnickers were Mennonite Central Committee board members from the United States and Canada. They had gathered in Zaporizhzhia, a city near the former Mennonite colonies whose golden age of prosperity shattered amid civil war and famine in the late 1910s.

They came to remember MCC’s beginning a century ago and to see how its partners are continuing its mission to meet human need today.

By visiting Khortitsa, where MCC fulfilled its first errand of mercy, the board members got an early start on celebrating MCC’s centennial in 2020.

“I’m moved by the plight of the people,” said Gwen White of Philadelphia, who chairs the MCC U.S. board and represents the Brethren in Christ.

With no ancestral link to Ukraine, White’s connection to MCC’s Ukrainian roots is spiritual rather than personal. But for those whose family histories reach back to the region long ruled by the Russian and Soviet empires, emotions ran deep.

“This was definitely moving, because my grandparents lived through those years,” said Dan Siebert of Main Centre, Saskatchewan, a Mennonite Brethren member of MCC’s Canadian board.

Not all of Siebert’s ancestors survived Ukraine’s chaotic years after World War I. One of his great-grandfathers was beheaded by forces of the anarchist leader Nestor Makhno, who terrorized Mennonite villages, killing hundreds of people, during the Bolshevik Revolution.

In Khortitsa, the North American visitors stopped at

the building that once housed the lumber mill of Jacob Dyck, where the first MCC food kitchen in Ukraine opened on March 16, 1922. At the height of food distribution in June of that year, MCC served 25,000 meals a day in its kitchens, some in homes and schools, throughout the villages of the Mennonite colonies. In all, MCC served 75,000 people and saved an estimated 9,000 from starvation.

Not only Mennonites were fed, but also Russians and Ukrainians, German-speaking Lutherans and Catholics, Jews and others.

At the picnic, tour participants read from firsthand accounts to bring the famine-relief experience of the 1920s to life.

In one of the quotes, American relief worker A.J. Miller wrote in 1922: “The moment the train halted it was besieged by living skeletons. Not with a rush did they come, but slowly, weakly, too starved to hurry, too famished even to demand, piteously muttering the one sentence that was being wailed despairingly by millions in Russia: ‘Bread, in God’s name, bread!’ ”

In another, famine survivor Katarina Suprunova wrote: “We would have died, we would have starved to death. But then the Mennonites came, sent us people, sent us food. And in this way we stayed alive.”

MCC dates its founding to a meeting in Elkhart, Ind., on July 27, 1920, when representatives of several branches of Mennonites formed a “central committee” for Ukraine relief. They saw the wisdom in the Ukrainians’ request for a coordinated effort rather than having to work with several committees.

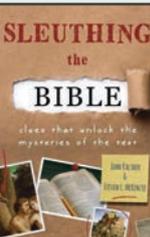


MCC Ukraine staff Anna Proshak, left, and Olga Litvinenko serve corn grits, rye bread and warm cocoa — a 1920s MCC “relief kitchen dinner” — at a symbolic picnic on June 16.

Paul Schrag for Meetinghouse



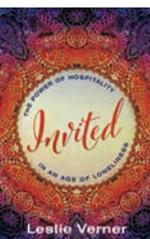
WHAT I'M
READING
THIS MONTH



Sleuthing the Bible

by John Kaltner and Steven L. McKenzie

If you get beyond its cuteness factor, which soon wears thin, you'll find much to gain from this helpful study of Scripture. The authors warn, "When we read the Bible, we can never know for sure what, if anything, really happened." Those willing to ask questions will learn much.



Invited

by Leslie Verner

Verner offers stories that reframe hospitality, which she calls "the marrow of community." She draws on Scripture, which is "an invitation to more relationship, more connection, more intimacy."



Trinity Matters

by Steve Dancause

Dancause tackles a huge topic and seeks to make it relevant to our lives. He argues for a Jesus-centered approach to the Trinity and concludes: "The Trinity shows us that eternal life is shared life" and invites us to love.



Teach your children well

AMID THE PLETHORA of issues gaining attention, elementary school education is not on many people's radar, but maybe it should be, since that has implications for the health of our society.

In "The Radical Case for Teaching Kids Stuff" (*The Atlantic*, August), Natalie Wexler critiques a pedagogical approach that has become fairly standard in U.S. schools.

This approach emphasizes reading, which sounds good, but it is "taught in a manner completely disconnected from content," Wexler writes.

In this approach, what the children are reading doesn't matter. Meanwhile, the time spent learning social studies and science has plummeted.

This way of teaching has been going on for some time but was especially spurred by the No Child Left Behind legislation in 2001, which made standardized reading and math scores the measurement for progress.

Wexler, author of *The Knowledge Gap: The Hidden Cause of America's Broken Education System—And How to Fix It*, says this hasn't worked. Only a third of students have scored at or above the "proficient" level on national tests, and "for low-income and minority kids, the picture is especially bleak," she writes.

Researchers have shown that reading comprehension is affected by prior knowledge of a subject. In one study of preschoolers from various socioeconomic

backgrounds, researchers read from a book about birds, "a subject they had determined the higher-income children knew more about." When they tested comprehension, the wealthier kids did significantly better. But when they read a story about a subject neither group knew, their comprehension was essentially the same. "The gap in comprehension wasn't a gap in skills," Wexler summarizes. "It was a gap in knowledge."

"Children from better-educated families—which also tend to have higher incomes—arrive at school with more knowledge and vocabulary," Wexler writes. And using the typical approach, the children from lower-income families fall further behind.

A small number of schools, including some in high-poverty districts, are using a more content-focused curriculum, has shown positive results. But "it could take years for low-income students to acquire enough general knowledge to perform as well as their more affluent peers," Wexler writes.

In France, where schools had used a more content-focused approach, there was more equity in learning. But then they adopted the American approach, and "achievement levels decreased sharply for all students—and the drop was greatest among the neediest."

Gordon Houser is editor of *The Mennonite*.



QUOTABLE

“God says [to Abram], ‘Go to a place that I will show you.’ How would Abram/Abraham answer the question, ‘Where are you from?’... Favor with God does not reside within the fact of nationality, social class or gender.”

—Regina Shands Stoltzfus, professor at Goshen (Ind.) College



MOST-READ ARTICLES ONLINE

1.2K
MennoCon19 reflection: What do we really believe in?
by Jessica Schrock-Ringenberg

1K
Where is home?
by Regina Shands Stoltzfus

1K
Merger of The Mennonite, Mennonite World Review to proceed
by The Mennonite, Inc., and Mennonite World Review, Inc.

FROM THE ARCHIVES



Mennonite deaconesses ordained for health-care work

Mennonites in the United States have been involved in institutional health care for well over a century. Among German-speaking General Conference Mennonites, a special organization of deaconesses existed for five decades in which single women were ordained for health-care work and lived in a communal setting. From 1908 to 1958, 66 women were ordained as deaconesses, with the majority of them working at Bethel Deaconess Hospital in Newton, Kan. The last deaconess, Sister Esther Schmidt, ordained in 1958, died in 1998. This photo shows four women who were ordained as deaconesses on June 2, 1918. From left are Sister Elfrieda Sprunger, Sister Mary Rose Jantzen, Sister Dora Richert, Sister Anuta Dirks. The photo was taken on a vacation trip in Colorado in July 1918.

JOIN THE CONVERSATION:



facebook.com/**theMennonite**
 twitter.com/**theMennoniteInc**
 instagram.com/**theMennoniteInc**



RECIPE OF THE MONTH | Summer corn sauté with herbs
 You can find the recipe on our website at themennonite.org/hungryhounds

PERSPECTIVES FROM READERS

The cost of no health care

NEARLY EIGHT YEARS AGO, I began work with the National Council for Behavioral Health as a senior integration consultant because I wanted to understand health care across the country and help providers give high-quality care. In my role as a nurse—first in a hospital and then in the community—and later as a psychiatric nurse, I had seen the impact of having and not having health care. I also knew from years of self-employment the cost of buying one's own health insurance on the open market.

I began this job shortly after the Affordable Care Act passed. I have observed states that expanded Medicaid and what that has meant not only to people who have insurance for the first time but to the providers who care for them. I compare that to states that made a different choice, where 60-80% of people presenting for care at behavioral health organizations have no insurance and the impact that has on providers.

For me, cost has a personal face. Physicians, nurses, case managers, billers and coders who work in the various health care organizations I consult with are faced with the impact of cost. The person who doesn't come for follow-up care after a new diagnosis because they can't afford their deductible or copay, the person who doesn't take the medication that will control their chronic illness because they have to choose between medication and food for their family or between medication and gas for their car to get to work, the person who can't afford the kind of food that

will improve their health and the health of their children and is embarrassed to return for care, knowing their lab tests won't have improved or they won't have lost the weight they were told to lose.

As the conversation about health care has become more vicious we as a nation have become less healthy. Our life expectancy is declining and our ranking among other developed

Jesus moved among people and healed without asking for payment.

nations continues to fall. Now we talk about deaths of despair—overdose, cirrhosis and suicide. Our rates of suicide continue to increase. In Montana, where I work most often, I have seen no community untouched by suicide. Montana is number one in the nation, but the rates are increasing in many states.

The question is not about the cost of health care but the cost of no health care. Health care exists within a community. Our health is in part determined by our connections, how we live together, how we love each other.

In every place I have visited I find professionals of all kinds trying to do their best with the resources they have. I have watched whole communities grapple with how to improve their overall health at the same time the number of people struggling with

serious physical and behavioral health increases. The passion and commitment of these people, some part of a faith community but many not, inspire me.

In July, I spent two days in a border community of Texas. We talked about the impact of chronic, toxic stress on the body five miles from the border and near one of the detention centers holding children and just before threatened ICE raids. Toxic stress means something different to those health-care providers and impacts the cost of providing health care in those contexts.

Jesus moved among people and provided free health care, healing without asking for payment, instructing his disciples to heal. As people say, "It's their fault for not taking care of themselves," I think of Jesus' response to the question about whose fault it was that the man was born blind.

How we break through to become a society that lives in better health, protects the vulnerable with special care, recreates caring communities and finds a way so people don't need to be afraid of what will happen if they or their children get sick.

I don't have full answers, but every day I hear Jesus calling me to pay attention to the small ways I can care for the least of these and for those who care for them.



Joan Kenerson King is a member of Salford Mennonite Church, Harleysville, Pa.

BY AND ABOUT YOUNG ADULTS

Peace at the table

ONE THING I HAVE realized in my few years of being active in Mennonite churches is the different opinions on Communion. Some churches do Communion once a month, while others do it once a quarter. Some make room for several different members to preside over the table, and in some only the pastor presides. In all, it seems, everyone is on an equal playing field.

In many of these churches, everyone is invited to the table to participate, no matter the race, gender or sexual orientation of anyone. Many churches even give people who don't want to participate an option of receiving a blessing. It seems that during Communion the problems of inequality are somehow put on hold. There is a pause that the oppressions and inequalities of our lives don't interrupt. The problem is that after Communion is done, we go back to our divisions. The experiences of racism, sexism and homophobia flood back into our congregations as quickly as they leave. We return to the problems we have faced all along.

I think often about Jesus and his disciples at the table for the Lord's Supper in the Gospel of Matthew. Jesus, knowing one of his friends was going to betray him, broke bread and had a moment with the people he loved. Jesus, knowing all his friends would abandon him on the cross, poured the wine as a sign of the new covenant. Though the future did not look bright for Jesus and the disciples, for a moment there seemed to be peace among them, a moment of rest from the

struggles present among them and the struggles soon to come.

When Paul writes his first letter to the Corinthians criticizing their manner of practicing the feast, he claims there are divisions among the church when they come together for the Lord's Supper. Paul points out that the wealthier people of the congregation are

What if we viewed Communion as a model of what the church is supposed to be at its best?

getting full while those who are poor among them are going hungry. This is no longer the Lord's Supper. There is oppression within this meal. There are those who get plenty at the expense of others. Here, there is no rest from the oppression the people face. There is still inequality in this moment.

The actions of Jesus and the words from Paul make me wonder about the role Communion plays in our churches. We often view Communion as an act where our community comes together. The bread and wine are a sign, and we are showing a commitment to Christ and one another. While this is great, we could be missing something when we come to the table. What if we viewed our practice of Communion as a model of what the church is supposed to be at its best?

Once a week, month, quarter or year our churches come together

for Communion. For many churches the table is open for anyone who wishes to participate. For five to 10 minutes, as the words of institution are spoken and the people receive the elements, we are at peace. We are reconciled together as we receive a piece from one loaf. There is no one who can use their influence to get a bigger piece of bread. There is no privilege that allows one person to receive the bread and the cup first. For one moment in time we are equals. There is no oppression during this moment. There is just peace.

It can be helpful for us to view Communion as the model for how the church should and could be. Through Communion we are reminded of our call as Christians to follow Jesus and be reconciled as siblings in the faith. Though sin and oppression affect our daily lives, though we are perpetrators of racism, sexism and homophobia, during Communion we get rest from the issues that plague us. The problems are not fixed. There is still reconciliation and work that must take place. While we are working on the liberation of the oppressed within our congregations, maybe we can use Communion as our great reminder—a reminder that Jesus gave us, a reminder that shows us who we are called to be and the work we are called to do.



Jerrell Williams
is pastor of Salem
(Ore.) Mennonite
Church.



FROM MENNONITE CHURCH USA

Working together

IN THE MIDST OF endless changes and challenges, Anabaptist values are a source of grounding and inspiration for leaders of Mennonite health and human service ministries.

In 2001, a group of leaders in Pennsylvania formed Anabaptist Providers Group, a partnership of senior living organizations that encourages Christlike service, enhances each organization and functions as a network. APG connects with the national network of Mennonite health and human service organizations through Mennonite Health Services and relates to the Fellowship of Brethren Homes.

At a recent meeting of the APG chief executives, the group discussed *Rooting for Rivals* by Peter Greer and Christ Horst with Jill Heisey. The book makes the case that faith-based nonprofits are called to work together. This idea resonated with the group.

Many APG organizations are located near each other. Their markets overlap, and they draw employees from the same communities. They could see each other as rivals but have chosen to find ways to work together.

This year, the APG members adopted a covenant that describes how they see Anabaptist values shaping how they work together. The covenant talks about use of power, valuing others in decision-making, cooperative relationships, helping each other out, rejecting the status quo, transforming conflict into reconciliation and

seeking dignity for all.

As they face today's challenges of finding and keeping employees, seniors wanting to receive care at home rather than move to a nursing home, and changing payment models, APG leaders are

Faith-based nonprofits are called to work together.

exploring the issues together. At an upcoming meeting, they'll look at population trends, financial realities, guiding principles from their organizations' roots and how Anabaptist values can inform innovation and good stewardship. They'll learn with and from each other, sharing information, questions and ideas.

I've worked in the field of senior living for more than 30 years, and it never stops changing. New challenges arise all the time with what seniors want or need and how to pay for it. It's smart to do what the APG leaders are doing—join together to look at issues through the shared lens of Anabaptist values.

With the support of MHS, leaders are also coming together in other parts of the country, building relationships and exploring how their health and human service ministries can be strengthened by joining together.

Mim Shirk is president/CEO of Anabaptist Providers Group.

UPDATES

EVERENCE GIVES 42 STUDENT SCHOLARSHIPS

Everence® is honoring 42 students with scholarships for the 2019-2020 academic year. More than 220 students from across the country applied for scholarships for the coming school year. Recipients were chosen based on participation and leadership in school-related activities and community activities, along with responses to an essay question.

FUND HELPS TWO CONGREGATIONS INSTALL SOLAR PANELS

Mennonite Creation Care Network's Pam De Young Net Zero Energy Fund will assist two congregations planning to install solar panels in 2019. Metamora (Ill.) Mennonite Church will receive \$5,000, and Millersburg (Ohio) Mennonite Church was awarded \$7,500.

TANZANIA MENNONITE COLLEGE BRINGS FRESH WATER

The Friends of MTCEA, a philanthropic group with various connections to East Africa, helped fund several improvement projects at the Mennonite Theological College of East Africa, totaling about \$44,000 U.S. Water has come flowing into tanks from Lake Victoria, just north of the college.

A WORD FROM PASTORS

Sufficiency of God's supernatural grace

THE GREEK WORD *charis* is translated “grace.” Some theologians define it as favor bestowed, a generous benefit freely given. While some understand grace as a dynamic force, a benevolent power that applies the goodness of God and the resources of God to our lives, the Merriam-Webster dictionary defines it as “an act...of kindness, courtesy or clemency.”

I love Joyce Meyer's definition: “Grace is the power of God made available to meet all our needs.”

Meditating on grace drew a song to my spirit, which I have been singing for days. The song says: “You are more than enough, you are more than enough, you are El-Shaddai, the God of plenty, the all-sufficient God, God Almighty. Jesus, you are more than enough.”

We are in a time where there is a desperate need for all the grace there is. The world is filled with trouble, and life is filled with one disaster after another, so much chaos and uncertainty. People are struggling all over the world with one issue or the other.

In times like this, I find hope and assurance as I sing and meditate on 2 Corinthians 9:8: “And God is able to provide you with every blessing in abundance, so that by always having enough of everything, you may share abundantly in every good work.” That is supernatural.

It brings hope alive to know grace is God's power that enables you to go and do beyond your human expectations. Grace is what we need when everything else fails because grace never

fails. Grace enables you to walk through the valley of the shadow of death.

Are you struggling or suffering from any issues today? There is a grace that sees the pain, tears, weakness and disappointment. As Joyce Meyer says, “Grace is the power of God made available to meet all our needs.” God's grace is sufficient.

Grace is what we need when everything else fails because grace never fails.

Follow me to this Scripture: “And after you have suffered for a little while, the God of all grace, who has called you to his eternal glory in Christ, will himself restore, support, strengthen and establish you” (1 Peter 5:10).

Carefully observe and put to heart that there is a “God of all grace” who will personally do these:

1. Restore

If your life is falling apart, God can personally restore it. Whether it's your relationship, career, child or business, God can restore it. Today, step back, don't look at how big your sufferings are but how big is the grace of Jehovah.

2. Establish

Surrendering to this grace in time of need is trading your weakness to God's power and promises: “Let the favor of the Lord our God be upon us, and prosper for us the work of

our hands—O prosper the work of our hands” (Psalm 90:17).

3. Strengthen

This is the truth about God's grace, when we acknowledge our inability and weakness: “He gives power to the faint, and strengthens the powerless...But those who wait on the lord shall renew their strength, they shall mount up with wings like eagles, they shall run and not be weary, they shall walk and not faint” (Isaiah 40:29, 31).

4. Support

“Do not fear, for I am with you, do not be afraid, for I am your God; I will strengthen you, I will help you, I will uphold you with my victorious right hand” (Isaiah 41:10).

It is comforting to know that in God's economy, the more grace you need, the more grace you get. That means sufficient, superabundant, never-ending, inexhaustible grace. When you surrender to God and ask him to move in your life, your inadequacies reveal his power.

Where do you need God's grace in your life? Trust him to provide the strength and joy you need to keep going. Tell him you are ready to experience his sufficiency.

Grace makes an ordinary person into an extraordinary person.



Antonia Onye is regional minister for Southern California for Pacific Southwest Mennonite Conference.

For the record

To submit births, marriages or deaths, log on to themennonite.org, use the "About Us" tab and select "Contact Us" from the drop-down menu. You may also use email, editor@themennonite.org, or mail, 3145 Benham Ave., Suite 4, Elkhart, IN 46517.

MARRIAGES

Colin Dietrich, Wauseon, Ohio, and **Kayla Edie**, Wauseon, were married June 17 in the Dominican Republic.

DEATHS

Brown, Barbara M. Widrick, 93, Lowville, N.Y., died July 17. Spouse: William J. Brown (deceased). Parents: Joel and Rachel Gingerich Widrick. Children: William Brown, Glenn R. Brown, James B. Brown, Linda R. Myers, Dale Brown, Donna D. Birchenough; 20 grandchildren; 32 great-grandchildren. Funeral: July 22 at First Mennonite Church, New Bremen, N.Y.

Egli, Orville Arthur, 92, Hopedale, Ill., died June 10, of heart failure. Spouse: Marian Ruth Sauder Egli. Parents: Simon and Martha Martin Egli. Children: Gary Egli, Rodney Egli, Cheryl Williams, Richard Egli; 11 grandchildren; 21 great-grandchildren; six great-great-grandchildren. Funeral: June 15 at Hopedale Mennonite Church.

Hackman, Norman Moyer, 93, Lansdale, Pa., died July 26. Spouse: Elizabeth "Betty" Halteman Hackman. Parents: Harrison L. and Lizzie Moyer Hackman. Children: Nina Landis, Daryl Hackman, Lorie Yoder; eight grandchildren; 18 great-grandchildren. Funeral: Aug. 2 at Plains Mennonite Church, Hatfield, Pa.

Hahn, Lois Fern Marks, 93, Goshen, Ind., died June 25. Spouse: Willis Maynard Hahn (deceased). Parents: William Edward Marks and

Edith Lehman Hunsberger Marks. Stepchildren: Phyllis Ilene Miller Martin, Maynard Leroy, Miriam Ellen Shaffer; six step-grandchildren; eight step-great-grandchildren. Funeral: June 29 at Olive Mennonite Church, Elkhart, Ind.

Harder, Katherine Suderman, 91, Mountain Lake, Minn., died June 30. Spouse: Lawrence Frank Harder. Parents: Abraham P. and Katharina "Tina" Boldt Suderman. Children: Judy Franz, Janet Harder, Steve Harder, Jonathan Harder, Charles Philip Harder; 10 grandchildren; one great-grandchild. Funeral: July 7 at Community Bible Church, Mountain Lake.

Kanagy, Rita M. Mast, 74, Belleville, Pa., died July 13. Spouse: Roy D. Kanagy. Parents: Amos and Rachel Miller Mast. Children: Tamela Peachey, David Kanagy, Curtis Kanagy, Robert Kanagy; 10 grandchildren. Funeral: July 17 at Maple Grove Mennonite Church, Belleville.

Kauffman, Mary A. Lehman, 92, Hutchinson, Kan., died May 1. Spouse: LeRoy J. Kauffman (deceased). Parents: Samuel and Alma Brandt Lehman. Children: Linda Goering, Alma Unrau, Carol Hershberger. Funeral: May 6 at Journey Mennonite Church, Yoder, Kan.

Stutzman, Janet Eileen Unruh, 66, Hesston, Kan., died Dec. 17, 2018. Spouse: Dallas Stutzman. Parents: Eli and Marge Holdeman Unruh. Children: Todd Landon Stutzman, Kara Lynn Stutzman. Memorial service: Dec. 21 at Whitestone Mennonite Church, Hesston.

Yoder, Mattie J. Yoder, 97, Belleville, Pa., died July 28. Spouse: David R. Yoder (deceased). Parents: John J. and Sarah J. Swarey Yoder. Children: John S. Yoder, Judy Grimes, Marilyn Yoder; seven grandchildren; 10 great-grandchildren. Funeral: Aug. 4 at Valley View Haven, Belleville.



Prairie View
Transforming Lives

Transforming lives through caring, compassionate mental healthcare

Our mental health professionals join individuals and families on their journey and provide a pathway to self-discovery, recovery, and transformation.

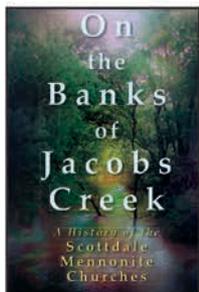
Call us at 1-800-992-6292
www.prairieview.org

Cascadia

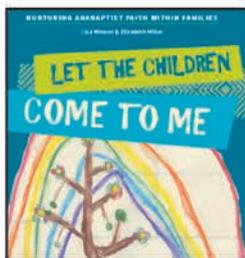


Safehold, Ann Hostetler, whose “poems incarnate Christ’s elegant, dark hand, unknowable and open, ready to carry us all.” —Rebecca Gayle Howell

On the Banks of Jacobs Creek: A History of the Scottdale Mennonite Churches, Daniel Hertzler, who grasps “the inter-related missions of three congregations



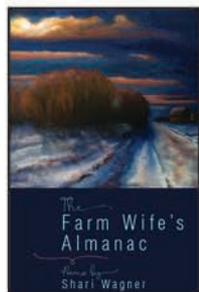
and Mennonite Publishing House.” —Dorothy Cutrell



Let the Children Come to Me: Nurturing Anabaptist Faith Within Families, Lisa Weaver and Elizabeth

Miller. “For families, mentors, and Sunday school teachers . . . nurturing . . . children in . . . faith.” —John D. Roth

The Farm Wife’s Almanac, Shari Wagner. “These are poems of both intensity and calm beauty, transformative in their vision of the holiness in the everyday.”



—Jill Peláez Baumgaertner

CascadiaPublishingHouse.com
contact@cascadiapublishinghouse.com

Discover a little of what makes VMRC unique.

The Farm at Willow Run

Rotating Art Exhibits

Sustainable Living Designs

Wellness Center

Visit • Experience • Live

VMRC
 Virginia Mennonite Retirement Community

Harrisonburg, VA

vmrc.org
540.564.3400

Loving attention. Lasting care.

Three communities to explore. Call today to learn more!

Call 215-368-4438 to learn more

The Willows of Living Branches
Hatfield, PA

Souderton Mennonite Homes
Souderton, PA

Dock Woods
Lansdale, PA

LIVING BRANCHES
Live & Grow - Together

www.livingbranches.org

CLASSIFIEDS

Bethesda Mennonite Church located in Henderson, Neb., is seeking a **pastor of pastoral care and worship**. The full-time minister is part of a multipastoral team and through a shared ministry approach will play an active role with Bethesda's congregation. The candidate should have a strong commitment to Anabaptist values and theology, a strong passion for congregational care, strong communications skills and the ability to connect with multiple generations. An M.Div. degree with pastoral experience is desired but not required. The Bethesda congregation, located in south central Nebraska, is a member of the Central Plains Conference and Mennonite Church USA. Interested persons should contact Susan Janzen at 319-610-1007 or sejanzen@msn.com.

Southern Hills Mennonite Church, Topeka, Kan., seeks **full-time pastor** to lead urban congregation forward in relationship with God through Jesus and in relationship with others in our community and world. Pastoral gifts of preaching and administration will support a congregation already committed to mercy and justice ministries. We aspire to create a safe and welcoming space that attracts a diverse congregation, including young adults and families. Email dougpenn@sbcglobal.net, search committee chair, website: southernhillsmc.org

Director of music. **Zion Mennonite Church**, Souderton, Pa., seeks part-time director of music to direct adult and youth choirs, bell choir and lead congregational singing for Sunday morning worship and

seasonal services. Qualifications include strong Christian faith commitment, ability to work with children and adults, ability to work collaboratively with pastors, organist and other musicians. 15 hours/week. Contact Pastor Sonya Stauffer Kurtz at sonya@zionmennonite.org.

Franconia Mennonite Church, a congregation of 450 active members in southeastern Pennsylvania, is seeking a **part-time director of music and worship** who would provide overall leadership for the congregation's various music and corporate worship ministries. Qualified applicants will be passionate about Jesus Christ, have a heart for ministry as well as administrative capabilities, and affirm the *Confession of Faith in a Mennonite Perspective*. A full job description can be found at franconiamennonite.org. To express interest or to request further information, please contact FranconiaSearchTeam@gmail.com.

Zion Mennonite Church in southeast Pennsylvania seeks **pastor**. www.zionmennonite.com The 75 active worshipers welcome inquiries via the search committee chair John Rush, 610-763-8998 or rushjoes@aol.com. Zion, part of Atlantic Coast Conference, is in Berks County, just south of the city of Reading. Full- or part-time will be considered.

Franconia Mennonite Church, a congregation of 450 active members in southeastern Pennsylvania, is seeking a **part-time director of children's ministry** who would provide

overall leadership for all ministries involving children (infant–grade 5). Qualified applicants will be passionate about Jesus Christ, have a heart for ministry as well as administrative capabilities, and affirm the *Confession of Faith in a Mennonite Perspective*. A full job description can be found at franconiamennonite.org. To express interest in or to request further information, please contact FranconiaSearchTeam@gmail.com.

North Newton Guest Housing—Serenity Silo, Barnview Cottage, Woodland Hideaway. Email or call for brochures: vadasnider@cox.net, 316-283-5231.



Working to earn your trust every day

Goodville Mutual
Casualty Company
Find a local agent at goodville.com

AUTO • HOME • BUSINESS • CHURCH • FARM

STORIES FROM THE GLOBAL MENNONITE CHURCH

MWC deals with divisive issues

IN THE SPRING OF 1936, the fledgling Mennonite World Conference was at a crossroads. On two previous occasions—in 1925 and 1930—leaders of Mennonite churches in Europe and a few representatives from North America had gathered to explore common interests and coordinate relief efforts in South Russia. The results of those gatherings had been very positive. Despite significant differences, diverse groups of Mennonites recognized a shared heritage and the power of collaboration in a common witness. Now, however, the winds of war were threatening to tear the communion apart. In 1936, the majority of Mennonites in the world were strongly linked to Germany, the German language and culture. So when Hitler was elected to office in 1933 and soon thereafter seized complete power, most German Mennonites were drawn into the militant rhetoric of National Socialism and blind obedience to the emerging fascist German state.

In the late 1930s, the majority of Dutch and French Mennonites were no longer pacifists but ardently opposed the threat of National Socialism. Tensions among the participants at the 1936 MWC Assembly in Amsterdam were palpable.

The world war that followed strained the bonds of fellowship within MWC almost to the breaking point. But in the end, the fabric of community refused to tear. Indeed, at the next MWC assembly in 1948, German leaders publically asked for forgiveness for

their complicity in the war.

Since then, MWC—like every other gathering of Mennonites around the world—has faced a host of other potentially divisive questions. Today, the 107 member groups that make up MWC differ, sometimes deeply, on divorce and remarriage, the ordination of women and on questions related to polygamy, nonresistance, mode of baptism,

Conversations around potentially divisive issues will continue.

the exercise of the gifts of the Holy Spirit, prosperity gospel and understandings of atonement. In recent years, one of the most divisive currents in MWC circles has been the introduction of neo-Reformed theology—an approach to faith, mostly imported from North America, that thrives on disputation, draws sharp lines of orthodoxy and is quick to declare all those who fall on the wrong side of the line to be heretics. In a similar way, differences around issues of sexuality also threaten to divide the body.

Part of the genius of MWC is its commitment to patient discernment on these issues. It took nearly 20 years to develop the MWC Shared Convictions. Along the way, most groups, despite their differences, have refrained from imposing purity tests on other members, acknowledging the reality of cultural differences and the variety

of church polities represented within the organization.

In 2016, the Executive Committee of MWC asked the Faith and Life Commission to develop a set of guidelines to help member churches discuss “controversial issues.” At the 2018 General Council gathering in Kenya, it became clear that representatives were not going to reach a consensus on the ground rules for discussion; more significantly, it became clear that member churches did not see MWC as a space for debating “controversial” issues, particularly since MWC has never understood itself to be a disciplinary body. This past spring, the MWC Executive Committee formally withdrew the proposal.

Clearly, conversations around potentially divisive issues will continue. But it may be wiser for these exchanges to happen over coffee and around the dinner table than formalizing a “process” that will force some groups to defend themselves and others to draw lines. Until now, MWC member churches have generally had a high level of respect for each other’s differences. Is it possible that in some settings the unity of fellowship is a higher value than the impulse to impose uniformity of belief and practice?



John D. Roth is professor of history at Goshen (Ind.) College, director of the Institute for the Study of Global Anabaptism and secretary of MWC’s Faith and Life Commission.



FROM THE EDITOR

Offering others a place to grow

WHILE WORKING at a local coffee shop, I spied a small potted plant on the windowsill. It was an unassuming little wonder with only a few leaves of the most beautiful deep green. It looked content in its home, but it also looked like it had the potential to be greater. I snapped a picture and texted my botanist-ish friend to ask her if she knew the name of the little plant that could. It was a philodendron, and for me it was love at first sight.

A few weeks later, that same friend arrived at my house with a surprise. She gave me my very own Philly the Philo. I proudly placed him on the table of my sun-filled front porch, where he could do as many rounds of photosynthesis as he desired.

Not but a week later, Philly wasn't looking good. Some of his leaves had begun to yellow, and the tips where new leaves should be growing were dry and brown. The diagnosis: too much light.

When I think of light, I think of the call we have to be light in

the world. I've always loved the symbolism of being light in dark places, letting our light shine before others, of Jesus being the light of the world. But this conundrum with my plant made me wonder if it's possible we can expose others to too much light.

Would those who need Jesus be more apt to flourish if we offered them shade instead of light?

As Christians we often try to be the light by sharing with others how many scriptures we know, how long we've attended a church, how many hours of community service we've done, all our good deeds and all the other badges of righteousness we've earned along our journey. But with the world as it is now, would those who need Jesus be more apt to flourish if instead of exposing them to so

much "light" we offered shade? Would they be better off if we offered a place for them to grow, protected from the righteous stuff we like to see as light but can leave others burned?

Philly the Philo is on the mend now. I took him inside my home to a room that is bright but shaded from the direct light that was holding him back from greatness. He has new baby leaves budding along his vines. Where there were signs of withering, new life has begun.

I'm in no way saying we should dim our light or hide it under a bushel. No. But I do wonder how many fellow and future Philodendronnonites we have among us who just need someone to bring them in from the heat so they can be restored.

Shé Langley,

Digital strategy consultant for
The Mennonite, Inc.

TheMennonite

A FORUM FOR MENNONITE VOICES | SEPTEMBER 2019