

Caring Connections

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



Ethical Moments

The Purpose of Caring Connections

Caring Connections: An Inter-Lutheran Journal for Practitioners and Teachers of Pastoral Care and Counseling is written primarily by and for Lutheran practitioners and educators in the fields of pastoral care, counseling, and education. Seeking to promote both breadth and depth of reflection on the theology and practice of ministry in the Lutheran tradition, *Caring Connections* intends to be academically informed, yet readable, solidly grounded in the practice of ministry, and theologically probing. *Caring Connections* seeks to reach a broad readership, including chaplains, pastoral counselors, seminary faculty and other teachers in academic settings, clinical educators, synod and district leaders, others in specialized ministries and concerned congregational pastors and laity.

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

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

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Contents

Editorial..... 1
Bruce Hartung

Announcement Concerning
Issues 2023.3 and 2023.3..... 2

ARTICLES

Navigating Moral and Ethical
Boundaries 3
Jeff Zust

Help From the Johari Window 10
Cory Wielert

What Would You Have Done? 13
Diane Greve

COVID, Vaccination, Individual Choice,
Military Code 16
Edward Wright

Have You Thought About Suicide? 20
Vincent Bain

NEWS

Brian Heller Called to be Manager,
Specialized Pastoral Ministries, LCMS... 24

Caring for the Caretakers 25
Brian Heller

IN MEMORY AND TRIBUTE

Lloyd Lyngdal: Remembering a Gracious
Servant of the Church 27
Lowell G. Almen

Paul John Bauermeister..... 28

Remembering Paul Bauermeister 29
David Wurster

Call for Articles

Caring Connections seeks to provide Lutheran Pastoral Care Providers the opportunity to share expertise and insight within the wider Lutheran community. We want to invite any Lutherans interested in writing an article or any readers responding to one to please contact one of the co-editors, Diane Greve at dkgreve@gmail.com or Bruce Hartung at hartungb@csl.edu. Please consider writing an article for us. We sincerely want to hear from you!

And, as always, if you haven't already done so, we hope you will subscribe online to *Caring Connections*. Remember, a subscription is free! By subscribing, you are assured that you will receive prompt notification when each issue of the journal appears on the *Caring Connections* website. This also helps the editors and the editorial board to get a sense of how much interest is being generated by each issue. We are delighted that our numbers are increasing. Please visit lutherservices.org/caring-connections-archive and click on "Subscribe to our newsletter" to receive automatic notification of new issues.

Editorial

Bruce Hartung

INTO THE LIFE OF A CHAPLAIN OR PASTORAL COUNSELOR, or likely even a parish pastor or church worker, the issues of the day come cascading in. Suicide, vaccination, medical interventions in the elderly, abortion, military or other organizational obligations and duties — these are all places of struggle and discernment in the lives of us humans, and often very much in-the-face of spiritual caregivers as they (we? you?) encounter them. In our spiritual counselor worlds people come to us, or are presented to us, with their life challenges — challenges that press our own ethical boundaries and values. These kinds of ethical moments are hard to avoid, and good clinicians will directly engage them when they emerge. We can and are challenged by the ethical challenges of others. How do we respond?

This issue continues the theme from our last *Caring Connections*. The articles take up each of the challenges mentioned in the second sentence above. Five spiritual caregivers share their reflections about a significant ethical moment and offer the path they walked in navigating it. Of course, the reader may not agree with the end of the discernment process in the life of the chaplain/spiritual caregiver. These are all quite hot cultural, spiritual and personal topics. I applaud the courage of each writer to come forward with her/his process and to share it with us. It helps us all think and discern more clearly.

The reader will not find much polemic in this issue, even though the topics are often discussed that way. Rather, the reader will find human stories and human, prayerful, thoughtful responses within those stories. Our theology and ethics come to engage life very clearly, not so much in academic discourse, but in the lives of individual people. You will see that here. We are also willing to post thoughtful responses to any of our articles. If you have such a response, give writing—and submitting that writing—a try. We'd love to put thoughtful and personal articles in print.

Thanks to the following authors who contribute to this issue:

- **Jeff Zust** takes us into moral injury challenges, and offers a roadmap to help us along the way;
- **Cory Wielert**, using the Johari Window as an aid, presents us with a medical intervention challenge with one who is elderly;
- **Diane Greve** lets us inside her thoughts and emotions as she wrestles with a couple who decided to abort;

Rather, the reader will find human stories and human, prayerful, thoughtful responses within those stories.

- **Ed Wright** shows us the military world and Soldier experience at a time when vaccination for COVID was required;
- **Vincent Bain** paints a picture of a conversation with a Soldier who contemplates suicide.

If all that is not enough for one issue, there is more to come in it. There is great news to share in the LCMS, as a Manager, Specialized Pastoral Ministry, has been named and installed. Subsequent to that installation, Brian Heller offers a brief article that shares some of his vision for his position.

We also recognize with great respect two of the leaders of the clinical pastoral care and counseling movement in Lutheranism, Lloyd Lygdahl and Paul Bauermeister. In their deaths, we have lost two wonderful voices. Lowell Alman writes concerning Lloyd and David Wurster sets Paul's context for his work.

Good and growthful ready!

Bruce Hartung

Announcement Concerning Issues 2023.2 and 2023.3

Issue 2023.2

Evolving Gender and Sexual Identity and Ministry

We live in a changing world. Sexual and gender identity is one aspect of change that has been evolving rapidly. Some of us find that very disconcerting while others welcome it for themselves, their friends and/or family. But how does that play out for chaplains, clinical educators, pastoral counselors in the context of their ministries? This issue will not take a side but wants to hear to how this is impacting our readers. Please contact Diane Greve (dkgreve@gmail.com) to consider contributing to the next issue. Articles will be received until May 15.

Issue 2023.3

One Made-A-Difference-in-My-Life Book

What is one book that has made a difference in your life, your relationships or your ministry (other than the Bible)? Tell your colleagues about it, i.e., what it meant to you and why you think it would be helpful for others to read it. Please contact Bruce Hartung (hartungb@csl.edu) to consider contributing to this issue. Articles will be received until September 15.

Navigating Moral and Ethical Boundaries: A Contemplative Invitation for Engaged Spirituality

Jeff Zust

“Religions are confluences of organic-cultural flows that intensify joy and confront suffering by drawing on human and supra-human forces to make homes and cross boundaries (Tweed 2006, 54).”

THE ABOVE QUOTE is my favorite definition of religion because it calls attention to the places and purposes of our religious/spiritual (R/S) practices in a diverse and pluralistic world. However, I would rephrase Tweed’s definition, “Religions are the spiritual confluences and theological constructions that animate and empower people to make homes and cross boundaries.” I think this change is vital to explain how we form the life meanings and practices that allow us to determine our actions across the multiple boundaries that define our lives. Navigating crossings of these boundaries is difficult in a polarized world that is better equipped to build and defend boundaries than build bridges.

I am a youth director, teacher, coach, pastor, soldier, military chaplain, and ethicist who has crossed many boundaries in the stewardship of my faith. In this article I would like to navigate some of some of these boundaries with you, the reader. Imagine that you are a border guard assigned to a remote location. It is your responsibility to limit border crossings to specific checkpoints where people are then triaged by complex personal, social, and political definitions to determine if they are “legal” or “illegal.” One night you witness two injured and desperate people struggling as they attempt to cross the border at your location. Do you assist with their immediate need, or do you fulfill your duty by directing them to cross at the established checkpoint?

The operative word here is duty. But do you, like me, also have a humanitarian reaction to this scenario? Such a reaction is dependent upon boundaries composed of the values that function as the moral orientating systems defining us as human beings (Pargament and Exline 2022, 32-34). Some of these boundaries are composed of the R/S values that provide the layers of life meaning that we use as standards to guide our lives and judge our actions. Perhaps our humanity conflicts with our duty or perhaps our humanity supports the performance of our duty. Either way, we will rationalize and justify our actions by the values that inform our moral orientating systems. My point is this: when our moral orientating systems are harmonious we have few problems, but when we experience a dissonance between our values and actions, then our moral orientating systems become a source of internal struggles.

When we experience a dissonance between our values and actions, then our moral orientating systems become a source of internal struggles.

In this way, our moral orientations affect our identity and well-being. So, border guard, did you decide to: 1) help the “illegitimate border crossers” or 2) ignore their need and do your duty by directing them to a legitimate checkpoint? You will be asked to justify your decision and subsequent actions.

As a retired Army chaplain, I work in the area of Moral Injury (MI), which can roughly be defined as the R/S struggles that result from violations of our moral orientations by what we do, fail to do, or experience (Nakashima-Brock and Lettini 2012; Larson and Zust 2017; Litz et al. 2009; Shay 2002). At this point you may be thinking that the above definitions and processes describe struggles that can also be explained by theological concepts associated with conscience, sin, and forgiveness. In a way they can, but MI carries a sense of moral agency that links cognitive and emotional processes together with consequences. This linkage may result in holistic results that are as light as a spring rain shower, or as devastating as a hurricane.

At this point you may be thinking that the above definitions and processes describe struggles that can also be explained by theological concepts associated with conscience, sin, and forgiveness.

Psychiatrist Jonathan Shay points out that moral injuries are often experienced because of dark perceptions from messy, traumatic events that reflect the, “real stuff” of cruelty, violence, and murder (Shay 1994, 153). Shay’s comment makes sense when considering what is happening within the moral orienting systems of warfighters. However, moral injuries also occur in anyone who contends with situations that negate the values that support their life meaning.

So, border guard, you are a proud, conscientious steward of your vocation. What are you going to do? You are not a passive spectator who can opt out of participation. You are on duty, and you will be held accountable for the ethical responsibility to protect the border. Maybe your values and your sense of duty are the same, or maybe they aren’t. But, regardless of agreement, you are navigating moral and ethical boundaries as you defend a border that others are trying to cross. Can you, or should you, help? What are the moral boundaries of your duty, your identity, and the needs of those attempting to cross?

This scenario places you in a position where the concepts of moral orientation and spiritual struggles help to identify the specific values, perceptions, actions, and reactions that create and heal moral injuries. Such specificity includes discernment and reflective processes that involve moral deliberation, contemplative meaning, and spiritual engagement.

Moral deliberation is a part of the moral orienting process that allows us to navigate the complexities involved in protecting and crossing the multiple boundaries that provide us life meaning. Let’s consider moral deliberation as a land navigation

process that uses a map, a compass, endpoints/waypoints, terrain, and personal awareness to move from known to unknown destinations. In land navigation:

1. **Maps** diagram the scaled association between human-made and natural terrain features. In a similar way, our values/virtues (Aristotle 1962, 100-ff) provide us a scaled “moral map” of our environment. However, our moral maps do not tell us our direction, destination, situational awareness, or orientation for travel.
2. **A compass** provides something of a magnetic north, offering general orientation and directions. In the same way principles (Kant 2012, 4:433-435) and “rules of law” (Rawls 1999, 13-30) provide a “fixed” direction from which we determine the orientations that we use for navigating unsure terrain (Graham et al. 2011). However, our moral compass does not provide us a moral map, destination, situational awareness, or orientation for travel.
3. **End points and way points** determine the destination for our travel. In the same way that utility determines end states and measures progress of our moral agency (Mill 1987, 278-ff; Bentham 1987, 65-71). However, these endpoints are not sufficient to read our moral maps or determine direction, situational awareness, or orientation.
4. **Terrain** determines the means, route, and rate of our travel. In a similar way our situational awareness and contextual sensitivity determines the proper means for our moral and ethical actions. (Fletcher 1966, 100-ff). However, situational awareness is insufficient for developing a moral map or determining direction, destination, and orientation.
5. **Instincts** determine location in land navigation. If something does not “feel right” — it probably isn’t. In a similar way our “moral senses” act as a foundation from which we locate our actions and emotional responses (Haidt 2012, 193-ff). Throughout our lives we develop preferences that determine the moral standards and ethical practices that help us make sense of our environment. However, our moral senses can also provide inaccurate moral maps as well as insufficient means for determining direction, destination, and situational awareness.

Together, each of these processes provide us a moral map, direction, destination, situational awareness, and an orientation for our moral agency.

Standing alone, none of the above land navigation tools provide us sufficient navigational data from which to travel, just as none of the above reasoning processes provide us moral data to navigate life boundaries. But together, each of these processes provide us a moral map, direction, destination, situational awareness, and an orientation for our moral agency.

So, border guard *how* will you decide what you are going to do? Your decision has personal and social consequences that depend upon your moral map, moral compass,

destination situational awareness, and moral orientation. Each of the above moral theories are present in biblical theologies that are grounded in Gospel concepts such as faith, love, stewardship, and kingdom. So, border guard, perhaps your practice of moral agency depends upon a lifetime of contemplative meanings derived from the virtues, principles, utility, situational awareness, and orientations that inform your morality and ethics.

Contemplative meaning begins with our assent to the processes and practices that define the values that broaden and deepen our spiritual connection with life, others, and God (Merton 1961, 159-165). Such contemplation occurs over the course of a lifetime as we focus on the content of the virtues, principles, utility, situational awareness, and orientations of our faith. When a military leader was asked by a member of congress how long it took to make a critical moral and ethical decision, he responded, “Three seconds, but I’ve been thinking about it for thirty years (Mattis 2004).” For this soldier, his vocation wasn’t separated from his regular attendance at Mass. In a similar way our experiences, training, education, and spiritual practices are parts of the contemplative practices that we use for moral orientation and agency.

Such contemplation occurs over the course of a lifetime as we focus on the content of the virtues, principles, utility, situational awareness, and orientations of our faith.

Navigation is possible when one ALIGNS a desired destination, a compass, and a map with terrain association to determine orientation and select a travel route. Moral discernment seeks to align the contemplative meanings we develop throughout our lives into the moral agency we apply to the complex moral problems we face, just as our moral discernments and contemplative meaning determine our spiritual engagement (King 2003). It is this alignment that makes spiritual engagement possible. In other words — we put our moral values into ethical action (Zust 2003).

So, border guard, how are you going to morally navigate the boundary issue you are facing? This event is a complex moral event with the potential for creating a moral injury. You cannot run from your duty, but can you deny the need of these struggling individuals? How will you align your virtues, moral map, principles, utility, situational awareness, and orientation?

This is not a hypothetical situation. On 22 April 2022 Specialist Bishop Evans of the Texas National Guard was the border guard. He witnessed two people drowning while illegally crossing the border, and he entered the water and he drowned while saving them (Hernandez 2022). His actions were against the command guidance he received, but his moral orientation led him into the water without flotation equipment (Winkie 2022). He believed that it was his duty to preserve life, in a context where “illegals” are left to drown or shot in the line of duty (Barragan 2022). Some people criticize Evan’s actions by pointing out that he lost his life by rescuing alleged smugglers. But others honor Evan’s selfless service as a Soldier who lived and died by

the values of his vocation in extreme conditions regardless who he saved (Martinez 2022). Evans was posthumously promoted to sergeant and buried with honors in Arlington National Cemetery (Walker 2022).

Recently, the adult class in my congregation used a discussion guide that focused upon the need for civil/mannerly discourse for deliberating moral issues. Our discussion was polite, but it produced multiple opinions without deliberation of the moral maps, principles, utility, situations, and orientations that empower our engaged spirituality across conflicted boundaries. Whether or not we agree with Evan's moral decision, his actions embodied a moral orientation that honored his duty as a soldier and his humanity. Moral injuries happen when our moral agency is separated from our actions, and they are healed through the reconciliation of our moral orientations with our life practices, as we navigate moral boundaries to build homes for ourselves and others.

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Jeff Zust is an ELCA pastor who served parishes in Denver, CO and Bernadotte, MN before serving 27 years on active duty as an Army Chaplain. While on active duty he completed a graduate degree in Ethics and served on the faculty of the United States Army Sergeants Major Academy and the National Defense University. He retired in 2019 and is on leave from call in the Rocky Mountain Synod while he completes his PhD at the University of Denver/Illiff Seminary. He is coauthor of the book "Care for the Sorrowing Soul" and multiple articles about Moral Injury. He and his wife Chom currently live in Colorado Springs, CO and are active members at First Lutheran Church.

Help From the Johari Window

Cory Wielert

APPROACHING AN ETHICAL SITUATION OF ANY SORT, from the minimally involved to the most intricately involved, often begins for me with layers. Whether a chaplain or not, when faced with any ethical quandary, how you or I proceed could be the difference between success and failure, a resolution and a lawsuit, or the mitigation risk and sustained calamity. Therefore, I lean on something I learned long ago: the Johari Window.

What is the Johari Window? Typically, it is used to deal with people and their personalities, as much as the layers they see and the layers they don't see. It also deals with what they wish to not share, even if they know whatever it is about themselves. "The Johari Window is a framework for understanding conscious and unconscious bias that can help increase self-awareness and our understanding of others." (<https://www.gartner.com/en/human-resources/glossary/johari-window#>) I adapt this model when ethical decision-making is involved.

Here are the four quadrants of the Johari window for reference:

- Open Self (known to self and known to others)
- Blind Self (known to others and unknown to self)
- Hidden Self (known to self and unknown to others)
- Unknown Self (unknown to self and unknown to others)

When an ethical situation is presented to me, I usually can see the open part—what is presented. From there I do some digging to see if I can gather fellow team members from multifaceted disciplines to see if they are seeing something different than I am, which in this case would be the “blind” quadrant. Next, I aim to investigate the issue deeply to expose what may be hidden, knowing that some of my team members may already be able to see some of these aspects. The “unknown” quadrant is often what we may not be able to put our fingers on, and quite frankly might never be known. When faced with the unknown, one may be left to treat the problem like a story problem in mathematics where you potentially end up saying, “not enough information to solve.” This is rare, however, because there is typically something that tips a decision one way or another, depending on the level of ethical weight.

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What is “ethical weight?” It is a phrase I use to place varying levels of degrees on a situation. For example, an ethical dilemma or decision revolving around life and death would have higher weight than perhaps an ethical decision dealing with whether a 92-year-old virgin has a vaginal ultrasound to check for tissue build-up,

which may be causing irritation. I know that sounds crass, but that is one ethical decision I was called upon to help decide. While the situation did not deal with life or death there were some on our team who felt the hymen could be broken artificially. In their opinion, that would have negated her virginity.

My position on the matter resulted from asking these three questions:

1. Was there potentially another way to determine whether there was tissue there or not that would not involve penetration into the vagina?
2. What was the risk? As in, again, was this a life-or-death situation?
3. Lastly, if there is no other way to tell without the vaginal ultrasound, but that this could be something potentially causing a health risk which could develop into something more like a life altering issue, then what is the intent? Since the intent is not sexual in anyway—then wouldn't the virginity still be held intact?

I voted for the ultrasound to be done in the end, and while it seemed that would have been my initial gut response anyway, there were knowns and unknowns, hidden things and blind things which we as a team needed to discuss. Thankfully they were able to help this woman, who has lived to see 100 trips around the sun.

When it comes to where I have often had to fight is in matters of life and death, in part because this is often where chaplains are questioned the most regarding ethics. Our theologies often prescribe us to uphold the “sanctity of life,” and as a result we can often be put in conversations regarding whether or not the “sanctity” is being upheld. Most often, as I alluded to in a previous article (“Definitions Matter” *Caring Connections* Volume 19: Issue 4), we are brought into help with or discuss life saving measures. There too there are open, blind, hidden and unknown aspects which need to be dealt with in order to make a fully informed and ethical decision. Undoubtedly, as a chaplain, our definitions are founded upon the Truth and theology, which can at times cause those who are not of faith to question our suggestions or decisions.

Here is where I must stress an aspect to which I have alluded and that is having a team. Ethical decisions should not rest on one discipline or person. It should be by a team or committee. In fact, most CMS guidelines require some sort of committee to be formed in each nursing community in order to continue to receive government dollars for care. A committee helps to make a balanced decision from varying disciplines and perspectives. A team helps to carry the weight of the ethical dilemma, rather than having it placed on one person's shoulders. This also offers protection to the organization in that there is typically no bias since the decisions are often made through democratic means of voting.

With all this said, this does not mean the voting removes any stress from making the decisions. All involved take the decision-making process seriously, while also

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being willing to argue for principles from their disciplines which may be involved in play. I will say this: it cannot be about “winning,” as in “winning” the debate. Remember, there is a person a real human being who will be affected by the outcome of the committee. No decision should be made or taken lightly, but reverently and respectfully. As one pastor put it on my first day of seminary, “I want to say by the end of seminary that you can be my mother’s pastor.” For me, I picture the person the ethical dilemma is wrapped around as being someone I love—since, theologically speaking—we are indeed called to love all.

Perhaps that is why I feel the Johari Window is integral to my decision making when it comes to ethics. While definitions matter, so does the person—the whole person—the open, blind, hidden and unknown—all of the person. God loves the whole person—not just parts. So too—we ought to aim to love the whole person and seek to understand the whole person and his or her situation to boldly make decisions for their benefit, and not our own.

Here too is a feasible issue. An organization has a duty to protect its interests, but at what cost? Yes, this is another layer to each situation. Most often committees dealing with ethics have a medical director who serves to represent the organization’s interests. While this is often common and of great benefit, no decision should be made purely from a money perspective. While there is often a sense of stewardship which needs to be upheld, when it comes to life and death there can be some hard decisions which need to be made in terms of cost. Medications and procedures can be costly, which is where most organizations err on the side of a utilitarian approach, or “what would benefit most or the majority.” At times though, while more efforts to help may be of value in the short term, the damage or a wrong decision could have long-lasting ramifications.

In short, every ethical issue has multifaceted layers of difficulty. Some resolutions are easier to come by than others—for sure, but there are still layers. Even little problems with quickly made decisions can affect a person, the decision makers and the organization involved. This is why I cannot stress enough the importance of having team to lean upon in committee form as one example, while also utilizing aspects of the Johari Window to wade through the waters of ethics. For me, these tools have helped immensely, and I know for certain, if employed rightly, they can, for you the reader as well.



Rev. Cory A. Wielert is a 2006 graduate of Concordia Seminary St. Louis and currently serves as the Corporate Director of Spiritual Care for Lutheran Life Communities, where he oversees pastoral care for five communities. He has written for Hope-Full Living and been published in other various publications such as the American Geriatrics Society annual. Rev. Wielert resides in Crown Point, Indiana with his wife Kristin and four boys, Liam, Silas, Tobias and Atticus, where they all enjoy a variety of sports the boys play.

What Would You Have Done?

Ministry to People Who Want to Terminate a Planned Pregnancy

Diane Greve

BEFORE RETIRING, I worked as a chaplain and CPE supervisor (now referred to as an ACPE Certified Educator) at a large university medical center in Minneapolis. We had a sizable Neonatal Intensive Care Center (NICU) and Birth Place. Sometimes women and their partners would be admitted in an effort to save their pregnancy. Sometimes very sick babies would be kept alive in the NICU beyond what may have been wise or ethical. Sometimes women would come to terminate a complicated pregnancy.

As one of the chaplains on call, I remember getting asked to come to the bedside of a couple who were giving birth. They had been informed through the usual 20-week ultrasound and other testing that their baby would most likely be born with Down Syndrome. They had decided to terminate their planned pregnancy. I was asked if I felt comfortable ministering to them.

In anticipation of this type of ethical moment, the director of our department asked each chaplain to consider under what circumstances we would each be open to ministering to a family who were terminating a planned or unplanned pregnancy. We could say “Yes” in all situations; “Maybe” ...only if there is a significant fetal anomaly suggesting that the baby would not be healthy or even live after birth; or, “No” under no circumstances. For some members of the chaplain team, they personally were uncomfortable or unsure, or their denominations had strict “pro-life” or “pro-choice” positions that suggested they could run the risk of losing their good standing in their church body.

My response was that I wanted to be with the couple, to minister to them in this difficult time. I said “Yes, in all situations.”

Whether or not I would make that choice for myself if I were in that situation was not the issue. It was not for me to impose my values and assumptions on them. And, it was my belief that they would have given this a great deal of consideration before making this decision. Therefore, I responded that I would come. I went to be with them and to bless their baby after the birth. I believe the child was delivered at about 21-22 weeks. I can't fully imagine the struggle they would have gone through as they came to this decision with their doctor. They needed to travel from another state to terminate the pregnancy in this circumstance. It was a complex decision.

What would you, as a chaplain, have done and why?

Jeffrey D. Nelson, MD, a retired family practice doctor in Minnesota who is a member of an ELCA congregation, has written and published a book called, *What*

My response was that I wanted to be with the couple, to minister to them in this difficult time.

*Should I Do?*¹ It is his position that our nation is founded on freedom of religion as stated in the First Amendment. Yet, many people are making their difficult decisions around terminating pregnancies and/or condemning another's decision based on religious values. Judging what is right for another person, based on one's own religious beliefs, goes against our US constitution. He does not believe anyone can decide what is right for another person in this situation. And the various faith groups in our country do not agree on how to view abortion.

After discussing the complexities and dangers of pregnancy and the relative safety of a medical abortion, Dr. Nelson clearly does not promote nor condemn medically supervised abortion. He quotes statistics that illustrate that abortion is less dangerous for a woman's health than carrying a baby to full-term.² In his view, there are numerous circumstances that put a woman in a position to determine that an abortion is the better choice.

As a member of the chaplains' department, I had the option to decline to minister to people making a decision to terminate a pregnancy. As a rostered minister in the ELCA, I had the freedom to minister to the couple. The ELCA's social statement entitled *Abortion* is grounded in the conviction that "Christians are united in Christ through faith with both the freedom and obligation to engage in serious moral deliberation."³ It so happens that I was a voting member of the ELCA Churchwide Assembly in 1991 when this statement was adopted. What I remember most was the emphasis on moral deliberation around such a serious decision. The fact is that there is sometimes very little time for deliberation with others when a decision needs to be made hastily. And in the vignette above, I was not in a position to be involved in their deliberation. The decision had been made. I don't remember if another chaplain had been consulted earlier in their process. But when I was called, the baby had been born. It was close to the age of viability which is usually 23-24 weeks and may have attempted to breathe but could not live.

When I review my own choice to minister alongside this couple at this juncture, I believe my position is closest to that of being pro-life and pro-choice. I believe life is sacred. I also believe in freedom to choose what is right in one's own life. And I believe God's love and grace encompasses all of us. We are Lutherans after all, and paradoxical thinking comes with being Lutheran. I knew I was not there to judge their decision and believed that if they wanted a chaplain to bless their baby and pray for them, I wanted to be there.

As a member of the chaplains' department, I had the option to decline to minister to people making a decision to terminate a pregnancy. As a rostered minister in the ELCA, I had the freedom to minister to the couple.

1 Nelson, Jeffrey D., MD, *What Should I do? A Family Physician Discusses Abortion, Religious Freedom and Difficult Decisions*; Burnsville, MN: Kirk House Publishing, 2022 at www.kirkhousepublishers.com

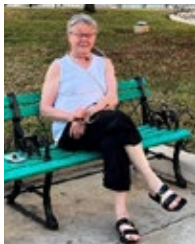
2 Nelson, Chapter 5

3 <https://www.elca.org/Faith/Faith-and-Society/Social-Statements/Abortion>

Dr. Nelson discusses this viewpoint, laying it out more clearly than I would have been able to do.⁴ In summary, regarding the Pro-choice/Pro-Life perspective, he writes that he believes an emphasis on appropriate contraception and a healthy attitude toward human sexuality will decrease the number of abortions. Furthermore, he posits that health care professionals have the right to provide contraception and abortion to an individual who desires to pursue it. If they are uncomfortable providing this care, they need to be certain another professional is available to do so. He also recognizes he is not God and that only God has the right to judge another person's actions.

This book was published before the US Supreme Court decision in 2022 regarding *Roe v. Wade*. Yet, he writes that for the Court to overturn this precedent would interfere with the First Amendment which grants freedom of religion to all citizens, including women choosing to have an abortion.

Throughout his book, Dr. Nelson lays out scenarios around women coming to him in his practice with unplanned pregnancies and/or those considering the termination of the pregnancy. After describing each situation, he asks the reader, "What would you do?" In keeping with Dr. Nelson's approach, at the start of this article, I have described a real situation in my ministry and asked, "What would you have done?" Based on what personal beliefs would you make this decision? What was the most pastoral response? I am comfortable and at peace with my decision.



Rev. Deaconess Diane Greve is a retired ACPE Certified Educator and retired ELCA rostered word and sacrament minister. She is a member of the Lutheran Deaconess Conference. Diane lives in Minneapolis near her two adult children and five grandchildren. She is also the co-editor for Caring Connections. In December, Diane traveled to Cuba with Witness for Peace Solidarity Collective in support of the Cuban people. The photo shows her relaxing on a park bench in Cuba.

4 Nelson, Chapter 17.

COVID, Vaccination, Individual Choice, Military Code

Edward Wright

ETHICAL DECISION MAKING is defined as making difficult choices when faced with an ethical dilemma, a situation in which there is no clear right or wrong answer or two equally undesirable alternatives. Watching the news in the summer of 2020 instilled an ethical dilemma for myself and millions of others. Seeing thousands get sick and die from COVID and being given the chance to receive a vaccine that could stop or prevent illness brought hope. And confusion. Should I get the vaccine? Is it safe? Will there be any long-term effects from receiving the vaccine? What do I do?

COVID! The word can elicit a host of reactions, depending on which side of the political or social aisle you find yourself. Social media is replete with opinions on COVID ranging from ‘it’s a hoax’ to ‘everyone is going to die unless you get the COVID vaccine’. By introducing the word ‘vaccine’ into the equation, hostilities can ensue. Families have separated or stopped talking to one another, some have lost jobs for refusing the vaccine and opinions vary on whether the recent and unexpected heart issues of young, healthy individuals with no history of prior heart issues could be contributing factors from the COVID vaccine.

At times patience wears thin between the two camps: one believes the other is acting in a selfish manner and not loving their neighbor by not getting the vaccine. The other side wants the freedoms that are the bedrock foundation of this great nation to be respected, thereby not forcing the vaccine on those who have a legitimate objection.

Whether one receives the COVID vaccine or not has been a hotbed of discussions, especially within the Christian community, and even more so in the military community. Some freely receive it without question while others refuse, based on either religious or personal grounds.

In the military community, we reflect the society that we serve. Therefore, we have members who align themselves with one of the two opinions listed above. For those individuals in the military who refuse the vaccine, they have an historical exception as an option for refusal called a “Religious Accommodation” or an “RA”. As military Chaplains we may reflect one or the other viewpoint as well, but we have a unique responsibility in that we have a part to play in processing Religious Accommodations for those members who reject the mandate imposed by authorities on all members of the military to take the COVID vaccine.

In those cases, Chaplains must put aside their personal beliefs, listen to the needs of the member requesting an RA, and provide either a support or rejection

Whether one receives the COVID vaccine or not has been a hotbed of discussions, especially within the Christian community, and even more so in the military community.

of the request based primarily on two criteria, though the support or rejection by the Chaplain isn't necessary. The two factors necessary for approval of an RA are a sincere and deeply held belief and a religious basis for the request that prevents them from receiving the vaccine.

As a Christian Chaplain this presents an ethical dilemma. How can I, who received the vaccine and do not see a Biblical basis for refusal, support another Christian who does? Sincerity of their belief is accepted. Deeply held belief...yes, but humans are sincere in many of their beliefs and hold them deeply, but does that make the belief valid?

Foundational to processing an RA was my idea of a sincere and deeply held belief, or a sincerity test if you will. For a belief to be sincere it must fit three criteria: the belief must be honest, pure, and true. Violating our conscience because our beliefs are sincere and deeply held are important, but not enough. Our conscience must be guided by an external truth. There must be specific and clear rejection of vaccines in the religious texts of the Soldier requesting an RA. It can be stated in the doctrine and practice publications of the religion as an interpretation of the religious text, or come from the source texts themselves.

For example, in the case of a LCMS member who is requesting an RA for the COVID vaccine, though the Old and New Testaments do not specifically state we are to avoid any vaccine, it would be acceptable if our Book of Concord or any official doctrinal statement put out by the Lutheran Church—Missouri Synod came to that conclusion. The Lutheran Soldier requesting an RA would have grounds for his or her RA based on official doctrinal statements, so long as they were codified. In other words, the RA would have the 'truth' aspect to the three criteria, satisfying the military's requirements that the request have a religious basis.

As I listened to Soldiers requesting an RA for the vaccine, I heard many Christians quoting Bible verses that were neither directly related to the vaccine nor applicable to receiving something as widely received and accepted as the flu vaccine. In addition, the question of having received vaccinations previously without reservation by all military members clouded their argument. My question to them was, "Why now?" After receiving a host of vaccines upon entry into the military, most of which Soldiers do not even know what vaccine they are receiving, why is the Soldier requesting an exemption now?

Upon entry into the US military all recruits receive numerous vaccines, with additional vaccines administered depending on occupation and deployment location. I received varied responses to my question of why the Soldier received all the previous vaccines but now has a Biblical mandate to refuse the current vaccine. Most stated they were not aware of the nature of the vaccines they were forced to take. Fair

The two factors necessary for approval of an RA are a sincere and deeply held belief and a religious basis for the request that prevents them from receiving the vaccine.

enough. Some said their concerns were ignored. This is understandable, especially within the basic training military environment. Either way, now they have the information needed and request an exemption.

All who requested an RA for the COVID vaccine were sincere and held deeply to their view, but in my opinion were more a reflection of the political climate rather than proper Biblical exegesis. In other words, they failed my sincerity test as listed above. All were sincere and their intentions were pure, but none were true when measured against the Holy Scriptures, which must be the foundation of our conscience, at least for the Christian.

Martin Luther said at the Diet of Worms in 1521, “My conscience is captive to the Word of God. I cannot and will not recant anything, for to go against conscience is neither right nor safe.” Most notable in Luther’s statement is that his conscience is captive to the Word of God.

Though my research is not exhaustive, from my understanding there are very few faith groups that have documented instructions excluding their adherents from receiving immunizations, including the COVID vaccine. Even Jehovah’s Witnesses, who traditionally refuse blood transfusions, are permitted to take any vaccine they choose.

All RA’s, whether for a vaccine refusal or for other exemptions such as wearing a beard, must have written documentation from that religious group to justify the request. In other words, they must have an external truth. Otherwise, the military would be reduced to accommodating all requests so long as the individual making the request is sincere and their belief is deeply held, opening a Pandora’s box to a host of requests, no matter how trivial.

The military’s primary function is to win the nation’s wars and not cater to the whims of the individual members. Granting RA’s simply because the member is sincere, and their views are deeply held, is not enough. It must take into consideration the mission of the military and strengthen its ability to defeat the enemy.

Being exempt from the COVID vaccine mandate, which was redacted recently by the military, based on religious grounds does not meet the test as stated above, at least from a Christian perspective. The Old and New Testaments as well as the doctrinal statements put out by Christian denominations do not prohibit a member of the military from receiving the COVID vaccine, nor any other vaccine.

But in my opinion, there is a valid argument to be made regarding the medical efficacy of the vaccine. Was enough research completed prior to releasing the vaccine? What are the prolonged effects of the vaccine? Certainly, a trained medical professional will have more information than a medically uneducated Chaplain. The questions are valid but do not fit the requirements of a religious accommodation since they aren’t religious in nature.

All who requested an RA for the COVID vaccine were sincere and held deeply to their view, but in my opinion were more a reflection of the political climate rather than proper Biblical exegesis.

There is also a moral argument to be made for refusing the COVID vaccine for a variety of reasons including the use of fetal cell tissues during development of the vaccine, which was a common excuse used by Soldiers to reject the mandate. For many, the mandate itself was not an issue. After all, as mentioned above Soldiers take a host of vaccines while in the military without concern.

The vaccine itself was the issue, as well as the political climate we find ourselves in today. Soldiers who often hear extreme opinions on one side or the other through social media and the news sources feel fear, confusion and at times despondency. Do I take the vaccine? What about my career? Is it safe?

Some, myself included, took the vaccine reluctantly in order to preserve their job. Others who refused the vaccine would be willing to risk their career and a lucrative retirement to hold to their sincere and deeply held belief that they have the right of refusal. Emotions were high.

How I approached processing RA's for the COVID vaccine was to provide a listening ear for the Soldier so they would have an outlet to express their frustrations, provide guidance so that the Soldier would consider all possibilities, and encourage the Soldier to discuss his/her concerns with their clergy and, of course, family members. Where no distinct right or wrong option was available, accepting the consequences of their actions became paramount.

As challenging as it was, the exciting result is that many Christians who confessed to me they didn't take their faith seriously before COVID, now became more involved in their local church. They also took seriously the call to share the faith with their children and grow as a couple. The idea that the church grows and even thrives during difficult times came to mind.

The adversary introduces opportunities such as COVID into our lives, believing it will destroy the church. Thankfully, the opposite is true. Our gracious and merciful Father is still in control. No matter the choice, to take or refuse the vaccine, He is still present with us. And He reminds us continually that this world, with all its troubles, is only temporary. We have an eternity waiting for us where no sickness or vaccines are required.



Chaplain (Major) Edward W. Wright Jr. was born to Edward and Evelyn Wright in Munich Germany on 24 July 1967. He holds a Bachelor of Arts degree from Concordia University Wisconsin, a Master of Divinity degree and Master of Sacred Theology degree from Concordia Theological Seminary in Fort Wayne Indiana. He was a police officer in Columbia Falls Montana for 6 years, served as pastor for a dual parish in the Upper Peninsula of Michigan for 3 years and has served the military for 18 years. He is married to Shawn (Gavin) Wright and has three children and 3 grandchildren.

Have You Thought About Suicide?

Vincent Bain

The Ethical Moment

How does one weigh competing priorities when faced with an ethical dilemma? There may not always be a clear answer for what is the best way to respond. For an example, how about gene therapy to fight off certain types of cancer? What might have seemed like far-off science fiction is now becoming medically possible, even acceptable. As the bounds of human knowledge are pushed forward, it is fair to ask if these new possibilities are exceeding our ability to address their ethical implications. This is the timeless debate between what we can do and what we should do. We wrestle with who benefits from these actions and who might be harmed? In some ways it echoes back to Paul's words, *"I have the right to do anything," you say—but not everything is beneficial. "I have the right to do anything"—but not everything is constructive. No one should seek their own good, but the good of others.*" (1 Cor. 10:23-24, NIV). Just because it can be done, should it be done lies at the heart of many ethical dilemmas.

Standing at the intersection of what we can do and what we should do could be terrain with very loose footing. While this can be shaky ground in the civilian world, serving in the military as a chaplain brings additional instability to our footing as we also need to take into account what we must do. The intersection of we can do it, we should do it, or we must do it can be very uneven terrain. When we military chaplains find ourselves standing at that intersection, we must weigh the competing priorities so we can arrive at the best possible ethical decision for the dilemma we are facing.

As a military chaplain, I understand and appreciate the ethical challenges associated with our faith, knowledge, capabilities, and requirements. They will continue to impact the ministry we are able to provide our service members, regardless of their faith. While military chaplains might not be directly connected to the medical care of service members, we are certainly connected to the spiritual care of our service members. Just like medical care, spiritual care is often delivered at the intersection of what we can, should, or must do.

Often chaplains find themselves at this intersection, not purposely looking for challenging ethical dilemmas, but having them presented to us with little to no warning. This has been my experience over the years. This story might help illustrate this aspect of pastoral care. So there I was (all good Army stories start this way), deployed, sitting in my dusty office in a temporary chapel building, on the phone with my family. It must have been about 0300 local time, meaning it was close to 2pm back home because it was the other side of the world. It was early for

Just like medical care, spiritual care is often delivered at the intersection of what we can, should, or must do.

me but this was our usual time for a phone conversation. It minimized the challenges of being in different time zones and competing daily routines for my wife. It wasn't uncommon for other service members to make calls back home at this time of day. Every now and then, there would be early mornings when a service member would stroll into the chapel hoping to use one of our phones. In those early morning hours, the chapel was usually a quiet, private location for a phone call. The chaplain assistant and I did our best to accommodate these requests to use our phones.

On that particular morning, as I was on my phone, a service member came into the chapel.

I assumed he was there to use the phone so I said "goodbye" to my wife and let her know I would call her back a little later in the day. After I hung up, it was few minutes before the service member popped his head into my office, which was a little unusual. When he eventually did step in, he asked if I had a few minutes to speak with him. This was not exactly the request I had expected, but I invited him to come into my office and have a seat. I could tell from his body language that he was carrying a heavy emotional load. He stepped in, sank into the chair, and let out a deep sigh, which hung in the air for a few moments. That sound let me know this conversation was going to be pretty challenging for him and possibly for me.

He stepped in, sank into the chair, and let out a deep sigh, which hung in the air for a few moments. That sound let me know this conversation was going to be pretty challenging for him and possibly for me.

We began with some usual small talk which covered most of his background and what led him to the chapel early this morning. As he invited me further into his life, he shared the challenges he faced, both deployed and back home. He spoke of his loneliness, separation, isolation, exhaustion, and depression. Military life and deployment were not what he had expected. My concern grew as his story unfolded and his despair became more evident. Many of the issues and behaviors he shared have been associated with warning signs of suicidal tendencies or ideations. As a chaplain with a strong conviction for the sanctity of life, given all that we had talked about I asked him if he was considering suicide. This is one of the most difficult pastoral questions I have ever asked. As I uttered those words, there was a moment of anxiety waiting for the response and thinking, "What am I going to do if he says, 'Yes'?" Here was the ethical dilemma of what should I do, what can I do, and what must I do?

The ethical dilemma was immense. As a Christian pastor, God's gift of life and its preservation is a priority. We are quickly drawn to Genesis 1:27 "*So God created man in his own image, in the image of God created he him; male and female created he them*" and Psalm 139:13 "*For You created my inmost being; You knit me together in my mother's womb.*" These passages and many others speak to the sanctity of life. Protecting life is a priority.

From another perspective, the service member's expectation of confidentiality is a priority. There is the understanding that what is shared with a chaplain, in confidence, stays with the chaplain. This confidentiality is iron-clad. Whatever was shared with the chaplain cannot be divulged without the service member's permission. Regardless of what has been shared, military chaplains are not mandated reporters. This holds true even if divulging what was shared is for the safety of the service member, other persons, or is the confession of a crime. This has been codified in the Military Rule of Evidence 503 and upheld by the Supreme Court in *United States v. Moreno (A.C.M.R. 1985)*, along with other subordinate cases. This level of confidentiality is essential for maintaining trust and credibility. If a chaplain breaks this trust, their ability to offer effective ministry will be greatly diminished, because who would confide in a chaplain who does not keep private conversations confidential.

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Yet another perspective is the commander's priority to maintain readiness across the formation. Readiness encompasses many elements, including a service member's spiritual and emotional wellbeing. Readiness is a command priority which is supported by the chaplain in their role as an advisor. Army Regulation 165-1 "Army Chaplain Corps Activities" outlines this responsibility for chaplains: "As the professional military religious staff advisor, the chaplain advises the commander and staff on morals, morale, ethical issues, and the impact of religion on all aspects of military operations." Knowing that readiness is a command priority, the chaplain needs to advise the command if a situation is known that could impact readiness. The suicide of a service member would certainly impact unit readiness. The duty to advise command does not supersede the chaplain's priority of maintaining confidentiality. A commander cannot compel a chaplain to break confidentiality, even if the commander believes readiness is being compromised. However, the commander can certainly make it more difficult for the chaplain to provide effective ministry if they do not offer the advisement the commander desires.

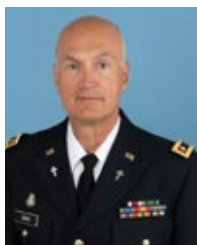
My question, "Are you thinking about suicide?" hung in the air. Silence filled my office. It must have only been for a few moments, but it seemed like it lasted forever. As I waited for his response, my own head was filled with thoughts of "What am I going to do if he says, Yes?" What was the most important ethical issue? Was it the service member's free will in being able to choose death over life? Was it breaking confidentiality and destroying trust to keep the service member safe from himself, given his suicidal intentions? Was it advising command so they could fulfill their requirements of maintaining readiness by caring for this service member? I was brought back from my internal conversation by the sound of him drawing in a deep

breath. He slowly raised his head and, as our eyes met, he answered, “Yes. I am thinking about killing myself.”

Now the ball was in my court. What can I do? What should I do? What must I do? All of my theological, pastoral, and ethical training was in play. What had seemed like an easy decision in a classroom setting was now a challenging ethical decision as we sat there in my dusty office in a temporary chapel, deployed, and far from home. How was I going to weigh these competing priorities and respond to this service member in his time of distress?

How It Ends

As we sat in my office, the early morning hours drifted slowly into the afternoon, our conversation continued. He shared with me his concerns about his past, present, and future, and how that all impacted his desire to end his life. There were tears, frustration, and resignation as he unpacked his loneliness, separation, isolation, exhaustion, and depression. Our conversation had starts, stops, and periods of uncomfortable silence. At times he revisited moments of his life he had shared much earlier in the morning. Our conversation also drifted to the meaning of life, purpose, faith, prayer, and his spiritual condition. Eventually there did seem to be some receptivity in seeking additional support. We had been together for about 10 hours that day when he expressed a desire to speak with a medical provider about his physical condition, which seemed to be an appropriate next step. With his permission, we left my office and walked across the base to our medical treatment facility. He did realize that once we engaged with the medical staff, it was quite likely his command would be informed of his condition and need for care, which he was now willing to accept. At the facility he had an opportunity to speak with a doctor, where he shared what he had been experiencing and the concerns he had for his life. This meeting was a starting point for developing a care plan which included both spiritual and physical care. His command was informed so they would be best able to provide the resources this service member needed. Over time the service member did improve and eventually returned to duty. It was a lengthy process with a positive ending, thanks be to God. Through it all, I continued to maintain total confidentiality of all that he had shared with me that morning.



Chaplain (Major) Vincent Bain, PhD, is a native of Illinois and now calls Minnesota home. He earned a Master of Divinity from Concordia Seminary – St. Louis. He served churches in Missouri and Minnesota before he commissioned as a chaplain in the United States Army in 2009. He earned a PhD from Concordia University – Chicago and a Master of Bioethics from Harvard Medical School. He presently serves as the Bioethics Chaplain at Walter Reed National Military Medical Center at Bethesda, MD.

Brian Heller Called to be Manager, Specialized Pastoral Ministries, LCMS

(Adapted and abridged from the Reporter, November 16, 2022)

ON OCT. 13, the Rev. Brian R. Heller was installed as Manager of Specialized Pastoral Ministry for the LCMS Office of National Mission.

Heller was born in Grand Rapids, Mich. He earned a bachelor's degree in political science from Concordia University Chicago, River Forest, Ill.; a Master of Divinity from Concordia Theological Seminary, Fort Wayne (CTSFW); and a Master of Sacred Theology from CTSFW. He is currently enrolled in the Doctor of Ministry program at CTSFW, focusing on the practical training of institutional chaplains. He also serves in the Michigan Air National Guard as the superintendent of the 110 Wing Command Post in Battle Creek, Mich.

Heller previously served as chaplain at Lutheran Hospital in Fort Wayne (2016–2017); pastor of Holy Trinity Lutheran Church in Walnut, Ill. (2017–2020); and, most recently, chaplain at Lutheran Senior Services (2020–2022). He and his wife, Jennette, have three children.

Heller said he is thankful for the opportunity to serve “pastors, deaconesses, church workers and volunteers who bring Christ’s love to those who are imprisoned, those suffering with disabilities, the aged, the sick, the dying and those who respond in emergency situations.” He is looking forward to helping ensure that those who work in specialized settings “are equipped with doctrinally sound resources as they share the love of Christ in increasingly secular environments, and that they also receive the support they need to thrive in the vocations that our Lord has called them to.”

Caring for the Caretakers

Brian Heller

EVEN YEARS LATER, I remember the scene vividly. I had been called to my Clinical Pastoral Education (CPE) educator's office unexpectedly (usually not a good sign). As soon as I entered and closed the door, the scolding began. What had angered my educator was that I had refused to join together with my fellow CPE students of various faith traditions for a prayer service earlier in the week. My suggestion that each of us offer a prayer separately had fallen flat, and now was the time to face the consequences. After several minutes of being berated and having my professional career as a chaplain threatened, I left the room confused, shaken and scared. What should I do next? To whom should I talk?

After speaking with several colleagues and friends, one dear saint suggested I contact The Lutheran Church—Missouri Synod (LCMS) Specialized Pastoral Ministry (SPM) leadership. I took the advice, and the director at that time was an incredible blessing to me. He provided reconciliation and protection for me to complete the unit of CPE and provided pastoral care to me throughout the process. I remember thinking and praying that someday I might be in a similar position to support fellow chaplains and to share the love that was shown to me.

And now, by the grace of God, here I am. Ever since I can remember, I have had a passion for chaplaincy. I recall when my father, a board-certified chaplain, would share stories of all the people he was blessed to minister to as he rocked me on his lap. This is the type of pastor I wanted to be!

A graduate of Concordia University Chicago, I attended Concordia Theological Seminary in Fort Wayne, Ind. It was there that I met my wife, Jennette, who was attending the seminary as a deaconess student. During my fourth year of seminary, I completed an extended unit of CPE at Lutheran Hospital. Upon completion of this unit, I was invited to stay at the hospital to complete a residency year of CPE. After successfully completing this residency year, I was called to and served a small rural parish (Holy Trinity Lutheran Church) in the bustling town of Walnut, Ill., whose 1500 residents became our family.

After serving at that parish for three years, I received a call to serve as a chaplain at Lutheran Senior Services in St. Louis, Mo. This position was an absolute joy — I treasured being with the elderly and their families through their joys and sorrows, especially as I began this position in the sobering fall of 2020.

I then received a call to serve to be the Manager, Specialized Pastoral Ministry for the LCMS. In this role, I will have the privilege of serving the church by helping to facilitate our ecclesiastical endorsement process, assisting in developing policies and procedures for SPM, ensuring that SPM is well-represented at various conferences,

recruiting the next generation of SPM church workers, and supporting our current SPM workers who serve in emergency services, prisons, and institutional facilities. I am humbled to be endowed with the great honor of serving the church in this way. I



look forward specially to caring for our church workers, as someone in this position once cared for me. My dream for this position is to provide excellent resources, conferences and support for our chaplains, drawing from our Lutheran heritage and foundations in order to faithfully serve those whom the Lord has entrusted to our care.

Lloyd Lyngdal: Remembering a Gracious Servant of the Church

Lowell G. Almen

CHAPLAIN (COL., RET.) LLOYD W. LYNGDAL once told me of a talk that his father had with him during Lloyd’s final year in seminary. His father, a pastor, had tried to serve in the U.S. military during World War II, but was rejected for being too old. He said, “Lloyd, our country has been good to us. I think you should go into the military as a chaplain and serve your country.” His father added, “The assignment would be only three years.” As Lloyd jokingly said in telling the story to me, his father apparently was not good at math because, for Lloyd, his chaplaincy career was not three, but 30 years.

Lloyd’s father was an immigrant from Norway who treasured the U.S.A. as the country that adopted him as a citizen.

Those 30 years of Air Force chaplaincy for Lloyd and his wife, Colette, were filled with a variety of assignments. In each assignment, Lloyd demonstrated clarity of mission. He also showed intriguing insight and quiet creativity.

For four years, Lloyd was command chaplain at the U.S. Air Force Academy in Colorado Springs, Colo. He and Colette were there when the academy first admitted women. On June 26, 1976, 157 women became part of what would be the academy’s Class of 1980. That transition at the academy from men only to men and women had its challenges. Lloyd and Colette’s home at the academy became a place of reassurance and support in helping cadets shift into the co-ed pattern. Lloyd and Colette provided quiet but strong support amid the emerging new day for academy cadets.

When Lloyd completed his last assignment in the Air Force Chief of Chaplain’s office, he recalled the moment of coming home and hanging his dress uniform in the closet. He wondered, “What next?” In a few months, that question was answered. In 1987, Presiding Bishop Herbert W. Chilstrom of the Evangelical Lutheran Church in America named him the ELCA’s first executive for federal chaplaincy ministries — a role in which he served for 15 years. In his quiet, strategic, gracious way, he supported ELCA military chaplains as well as other federal chaplains. He also worked closely with his counterparts in the Lutheran Church—Missouri Synod for the well-being of all Lutheran military chaplains.



Lloyd with his wife, Colette, on the 60th anniversary of his ordination

Lloyd — who died at the age of 92 on December 2, 2022, in Woodbridge, Virginia — was genuinely humble but marvelously insightful. He graciously encouraged those who served in the chaplaincy ministry of the Church. He had a piety that embraced everyone, especially those struggling or searching.

If chaplains had a vote on identifying saints, those who were chaplain colleagues of Lloyd and those who experienced his guidance in his role as leader for ELCA federal chaplains likely would nominate Lloyd as a special saint. The vote on the motion would be overwhelmingly yes.

As the first ELCA secretary for 20 years, I was grateful to count Lloyd as a dear friend. I remain profoundly thankful that he introduced me to the superb Army, Navy, and Air Force chaplains who are, indeed, courageous agents of ministry on behalf of the ELCA and LCMS.

Rest eternal, O Lord, grant our brother, Lloyd, and let light perpetual shine upon him.

The Rev. Dr. Lowell G. Almen, First Secretary (May 2, 1987-October 31, 2007) Evangelical Lutheran Church in America

Paul John Bauermeister

Abridged from the St. Louis Post-Dispatch (<https://www.legacy.com/us/obituaries/stltoday/name/paul-bauermeister-obituary?id=36539213>)

PAUL WAS BORN to the Reverend John Bauermeister and Elsie Bauermeister (nee Ulmer) into a Lutheran parsonage in 1930 and grew up in California with his sisters Ruth and Joan. He enjoyed summers at Yosemite National Park while his Dad was a visiting pastor at Yosemite Chapel.

His family moved to Chicago, where he finished high school. He was awarded a Navy scholarship and studied engineering at the University of Illinois before transferring to St. John's College in Kansas, where he met his soon-to-be wife, Jeannette Voertman. They married in 1954. He graduated from Concordia Seminary, St. Louis, was ordained and served as a hospital chaplain in Indianapolis and as an inner city mission pastor in St. Louis. Following seven years of pastoral ministry, he earned a Ph.D. in Clinical Psychology from the University of Minnesota. He then served as teacher to clergy and counselor and later joined the faculty of Christ Seminary-Seminex in St. Louis and the Lutheran School of Theology in Chicago.



Paul was a supporter and encourager of other people's passions and callings. He had a deep and sincere laugh and looked people in the eye. He was a storyteller, a listener, poet, advisor, road-tripper (at age 85), sunflower-gardener, lawn man, tinkerer, scooter repairer, expert cleaner-upper, can-doer, sculptor, car aficionado, fixer, vintner, mechanic, mountain climber, teacher, underdog-advocate, dear friend, a celebrator of family, and all-around good human.

Remembering Paul Bauermeister

David Wurster

PAUL BAUERMEISTER and I were related through our mutual support and encouragement from the Wheat Ridge Foundation in the late 60's. Paul, along with four other Lutheran clergy, was given a fellowship to earn a PhD in psychology in order to be a resource to the church. At that time the Wheat Ridge Foundation (now the We Raise Foundation) was a creative force in supporting the training of pastoral counselors for service to the church. In the year following Paul's PhD work, three of us were given fellowships by Wheat Ridge to extend our seminary education by one year to achieve the STM degree in pastoral care and counseling. The three of us were Roger Holland, Eldon Tietje, and me, all the class of 1969. Eldon Tietje eventually ended up in Texas, Roger Holland was called to a parish in the Twin Cities in Minnesota, and I was called to a parish near St. Louis, MO. While in the parish I was affiliated with Care and Counseling of St. Louis and, under the guidance of James Ewing, became a Fellow in AAPC and then earned a PhD in pastoral counseling in 1978. It was later in New York that I became a Diplomate in AAPC. If my memory serves me well, I think there were five of us guided by James Ewing into the St. Louis University Program, all supported by WRM. At least two of us finished the program and Werner Boos took a call to Colorado where he finished a doctorate and has been practicing there the past 40+ years. When it comes to the need for pastoral care and training for the clergy, we lived in what one of my classmates in western New York calls "Golden Years." This was also a time when we Lutherans led the way in CPE with many supervisors. Paul Bauermeister stands out as a beacon from days gone by and as a pioneer, aided by the Wheat Ridge Foundation, in bringing skilled pastoral counseling into a recognized place in the church. Requiem in pace.