Conference Care Newsletter

Vol. 10 • No. 2 • June 2019

"And went to him, and bound up his wounds . . . and took care of him" Luke 10:34
"But that the members should have the same care one for another" 1 Corinthians 12:25

Editorial

Raising the Bar

From *Wiktionary,* raise the bar: To raise standards or expectations, especially by creating something to a higher standard. *Acme's new technology will raise the bar for the entire industry.*

Every culture has expectations. These expectations are dictated by social, financial, and performance standards. Everyone is influenced by these standards in one way or another, and in most scenarios, the bar is raised as time passes. More than half a century ago, running the mile in under four minutes seemed impossible, but in 1954, Roger Banister attained it. Today, anything above four minutes is hardly worthy of consideration. Where a grade 10 education was considered acceptable when applying for a job in general society, the bar has now been raised to grade 12, and often beyond. Performance works the same way. Whether it's production in industry and business or extreme sports, the bar is being raised relentlessly. This is an accepted expectation in the pursuit of success.

As Christians and members of God's Church, we say we are the quiet of the land. We like the term "pilgrims and strangers." This might leave an impression that we would not be influenced by the bar that is being raised continually. In the fifties, a three-bedroom bungalow was considered prestigious. Today, that bar has been raised considerably. Years ago, men had a pair of work shoes and a pair of dress shoes. Some place someone bought a pair of casual shoes, and immediately the bar went up.

What impact does raising the bar have on us as a community of people? Who is responsible for raising the bar? The answer is probably contained somewhere in the word *society.* And it may be impossible to pin it down on someone or on something except maybe on affluence. However, everyone is influenced by the bar in one way or another, and it usually increases the pressures.

There are positive effects to raising the bar. We become more efficient. Competition does that. Quality and quantity are keen contenders. Progress is important. We aren't interested in the horse and buggy anymore. Means of communication have improved. We readily accept this and indulge ourselves as the bar rises.

In care facilities, the bar is raised regularly. We shake our heads at what we accepted two decades ago. Years ago, we were content with calling it a nursing home. Today, it's continuum of care, and we are not complaining. However, have the pressures decreased?

I think we are caught in the millstream of this phenomenon. The biggest question probably is what it's doing to us. It always puts some kind of pressure on us. I am dubious if we will be able to get away from it in a general sense. However, there may be opportunities open to us that we are ignoring.

The first question to consider is what that bar is doing to me personally. Can I see where I am caught up in this millstream? Perhaps I would testify that it does not affect me at all. I would venture to say that is doubtful, but if so, then may the Lord be glorified.

What is important to me personally? Do I sometimes resent the pressures around me, in my community, in my congregation, and in my family? Maybe it is more than resentment. Maybe its burnout because I cannot keep up physically and mentally with what I feel is needed. Can I pull back to a slower speed when everyone is going fast?

A brother comes for counsel. He is thinking of expand-

ing his business. It means borrowing money, sometimes a lot, and it will take a commitment of twenty years, and usually more, to make it work. The brethren consider and the project looks acceptable and fits into the general norm of the community. It is supported, and everyone feels good. The brother knows his brethren are behind him, and the brethren feel comfortable because he has not been independent. The bar goes up.

A brother comes for counsel. He is anxious. He is too busy. The hours and wages simply don't cover the expenses. He wonders about reducing the workload. He understands that if he moves in this direction, he will probably be unavailable for some of the services in the church that are taken for granted he must fill. He understands his lifestyle will need to become simpler. What is the brotherhood's response to this approach? We are not programmed to lower the bar.

We perceive that sustained success depends on raising the bar. This bar is seldom, if ever, lowered, and because of this, we continue to experience the ever-increasing mental stress as we endeavor to keep up.

Life is a journey, and the personal challenges we face are side trips on the journey. Perhaps we are experiencing stress on these side journeys. Much as we would like to see the pressures curbed in our community, we will have to be content to address it personally, and we will not find the solution in moving off the grid. The solutions will be found in small steps that each of us must take individually.

We Are Not All Created from a Mold

Christi Toews

We live in a culture that is a bit confusing. On one hand, we applaud strength—mental and economic. On the other hand, we are being encouraged to expose our weaknesses and not fear the stigma of emotional struggles and financial stress. In our church culture, as with any group, we have a wide variety of strengths and weaknesses. This is really a perfect situation, creating a group where we all have a place and all have a corner to fill. With our church culture promoting the safety of unity and the natural and healthy desire to all do the same thing, we may fall into a trap of trying to all fit the same mold and fill the same corner. This is especially challenging if the mold is formed by the strong, which it often is, and understandably so. I am particularly focusing on the area of service.

Our daughters encounter a strong push in our culture. By the time you are eighteen, you must have your name in at a unit, have a boyfriend, wish to teach. By the time you are twenty, you need to have left home for at least six months. There are wonderful ways to serve in our church culture. Bible school, youth service units, and teaching jobs, all are wonderful programs of service. But are all teenagers created equally capable of travel and social experiences? And are all parents and families created equally able to send forth and support a child in service? Is teaching at a local school not service? Has a teenage girl not "lived" until she has left home? I know that leaving home is a fantastic experience, broadening, and freeing. And often a girl will "find herself" in a way that she could not in her home congregation.

I think it is not fair that a girl must feel of inferior quality if she is merely strong enough to keep a full-time job at home but not quite able to manage far away. I think it is tragic that girls who have some very real challenges and handicaps are forcing themselves into getting away to serve or teach, believing that somehow this is going to give their self-esteem a boost and their lives a meaning they feel they so desperately need, and then to go home or get sent home defeated and in worse shape than when they left. To be fair, I know many teenagers have found real meaning in their lives by getting away, which again shows that we are not all created exactly the same.

Service is a beautiful thing. It is one of Jesus's commands to us. But what is service? It is the action of helping or doing work for someone. This can be done at a children's home, a hospital, a school, an old folks home. It can be done by volunteering at home or far away. It can be done by getting a home care or child care job. It can be done by working in town at a florist, grocery store, butcher or being a secretary, waitress, or book keeper. Any job that is done with all our might and shows the world around us that we care, that we are honest, that we are genuine people with a real spark in our hearts, that Christians can have fun and be happy, are all great ways to serve and have long-lasting effects in our community.

Another weak point in a "one size fits all" culture is that parents under financial stress may be considered unusual if they do not have the means to send their daughters to a unit. Something people who are financially set do not understand is how much money it actually takes to send a child to a unit. The needed clothes, the loss of six months of income, the cost of the child living and having recreational fun at a unit, the cost of traveling to visit a child, which is a huge pressure in our culture, are all factors not taken into consideration by the majority in our culture. Some families need the help of a child's income and may scarcely be able to get by without the child's contribution.

I feel that those who are not financially well set should not judge those who are and are able to do a lot of volunteering. It is important that those who are able to afford it should be free to give out of their abundance. Our programs would not function without all those with the funds and physical strength to get things done.

At the same time, those who are well set should not judge those who are unable to do a lot of volunteering. There are justifiable reasons: a lack of funds, physical and mental weaknesses among our people who toil at home, often for wages, fill an important need in our circles. They are not inferior, and although losing out on the supposedly valued lessons thought important in our culture, they are filling a place and are blessed by the Lord even though they don't fit into the common mold.

Helping the Scrupulous

Davon Barkman

In general terms, *scrupulosity* simply means being careful. In mental health and for the purpose of this article, it refers to a state of nearly constant guilt where obsessions are focused on religious or moral issues. Scrupulosity is more than what we commonly refer to as "doubts and fears." It causes a person great distress and does not allow him to function properly. It is different from spiritual problems that are caused by a lack of faith; it results from faulty mental processes rather than from a spiritual lack.

Scrupulosity is a manifestation of obsessive-compulsive disorder (OCD) where the person may feel driven to make frequent confessions and constantly wonder if he has told a lie, if he is saved, if he has blasphemed the Holy Ghost, if he believes in God, etc. These intrusive thoughts are the obsession part of the illness. The compulsion makes up the other part of OCD. It may be asking you to reassure them or going through a careful mental routine to be absolutely sure they have received forgiveness. Giving in to the obsession by performing the compulsion will help lower their anxiety, but the obsession will come back and demand to be assuaged by performing the compulsion again.

People with scrupulosity are stuck in this cycle of obsessions and compulsions and are unfulfilled spiritually. It is possible for the root of the problem to be mental in nature and not spiritual, but it will greatly alter their spiritual life. The lines between the mental and spiritual are often blurred, but we will find our way through it as we allow God to be the judge. Dealing with this problem as a lack of faith, humility, obedience, or some other spiritual quality will be very frustrating for the one who is suffering and the one who is trying to help. Faith in God, the Church, and our brethren will undoubtedly help them out of this problem, but we need to treat it differently than a simple spiritual problem.

Let's look at a different manifestation of OCD and learn how people overcome it so we can better understand how to help the scrupulous among us. You may have heard of people with OCD who wash their hands frequently and are afraid to touch anything that could be contaminated. When they have to touch a doorknob, they may think of all the other people who have touched it and that they will likely contract an illness from it. This will cause distress and drive them to washing their hands in order to lower their anxiety. They often wash their hands for a long time, fearing that they have not cleaned them well enough. In some cases, it may be so bad of a problem that they are unable to have a job and live a normal life. Their hands may be raw from over-washing, but they are unable to break free from it. It is not helpful to reason with them or tell them that it isn't necessary to wash their hands so often or so carefully. OCD is not a rational illness and does not respond to reason. What works better is therapy like exposure and response prevention (ERP). To use this approach, the one who is afraid of germs will intentionally expose himself to something he feels is contaminated (exposure) and then resist washing his hands (response prevention). For the therapy to work, it needs to cause anxiety.

Often, people suffering with this problem will make a hierarchical list of things that cause them anxiety, and start with the easiest one. The person should not argue with the fears or explain them away but simply accept the anxiety and allow it to pass. After the easier items on his list stop causing anxiety, he can move on to something that is perceived as dirtier. If therapy is effective, eventually it will not cause anxiety to touch dirty things, and he can be in control of his life once again.

As you can see from the preceding example, OCD is powerful and crippling as long as the sufferer tries to control the anxiety caused by the obsessions, by giving in to the compulsions. We want to be aware of what these people among us are going through and not become a part of the cycle they are trapped in. If someone keeps coming back to you with the same fears and you see that you are not helping them, it is likely time for a different approach. If you continue to reassure them, you are doing the equivalent of assisting with hand washing for someone who has obsessions about germs. Using ERP for a spiritual problem will be more complex than for hand washing, but it can be used in much the same way.

It is presumptuous to think that we will know how to deal with each situation. However, we can be aware of the problem among us and pray for wisdom to understand and help. It may be a difficult journey with many setbacks as a scrupulous person overcomes his problem. In order to support the scrupulous through the journey, there are things we can do that may help. Revivals is a time when the scrupulous often struggle the most, so they will need extra support during this time. Instead of trying to reason with or reassure them in their fears, we can tell them that these ir-

rational thoughts are a part of their illness and do not need to be acted upon. We can encourage them to not get up multiple times in self-expression and to not try to confess perfectly. It might be helpful to remind them that victory will not be found by perfectly understanding any of their problems or sins through great mental exertion as God is not dependent on our abilities to save us and lead us to the truth. We can remind a sufferer that the increased anxiety they suffer for now by not responding to an obsession is a small price to pay if it will help control the illness in the future. OCD can be thought of as intolerance to any risk, no matter how slight. A scrupulous person is trying to remove the "risk" of being lost by being extremely careful with his spiritual life. If he can give this to God and allow Him to be responsible for it, it will help him to break the cycle and be free. Often, people with OCD need more help than we can provide, so we can encourage them to seek professional help in the form of medication and counseling.

As with other mental illnesses, the person will usually feel an immense amount of guilt for having it, especially if he needs to take medication for it. This guilt is not helpful and can lead to depression. It is not the truth since they usually are not any more responsible for it than they would be for a physical illness. This doesn't mean that we encourage those with mental illness to not take responsibility for doing what they can to overcome their illness. It is, rather, that we don't make them feel responsible for something that isn't their fault. Let's check our attitude to be sure that we are not worsening their guilt. Remember, it could well be that they have guarded their thoughts better than we have, but we didn't become ill because we don't have the particular weakness they do.

Let's pray that God will lead us to a better understanding of those who are suffering from this problem among us. Let's pray for all of those who are afflicted by it and open our hearts to help them as we are led to do so.

Why I Chose Health Care as a Career

Raquel Bartel

My career in health care began as a familial need. Grandma was diagnosed with cancer, and as the battle was waged, house help was needed. I gladly filled this role, not knowing where it would eventually take me.

Grandma made the decision to pass away at home. Throughout this time, I was asked to help with the duties of the home; I spent many precious hours with Grandma. With the decision to pass away at home, different avenues of care opened. Home care was involved, and they made various trips out to the farm to bring supplies and to check up on our needs as a family. Throughout the visits, comments were made encouraging me to pursue a nursing career. I listened with interest and, also, apprehension. The morphine shots intrigued me as I watched them draw up the medication and administer it. Something about the whole syringe procedure was appealing. Time passed, and Grandma went to her reward. The seamlessness of a home death with the resources in place was a good experience. No RCMP or EMS; just the funeral directors quietly doing their respectful duties.

I did some work with special needs children of various dependency levels. I spent a year in Window Rock. At that time, they had a nurse's room with medications and basic first aid treatments. I always liked to look in that room, see the bed and the clean cupboards with all the medications on the shelves. The clean smell of antiseptic was strong in that room. I returned home in September 2008, and in October, I accepted a job in a personal care home as cook. I enjoyed cooking for the residents and interacting with them, even if I burned the fish and was informed how terrible it was. I cooked for one and a half years. I enjoyed talking to the patients and nurses on the wards. It was so interesting learning about the residents and what they had accomplished in life. The health care aides kept encouraging me to come and try it, "You can do it." I suddenly realized my heart no longer was among the pots and pans. I got a term position as a health care aide, and then after a time, a permanent position came up for which I applied. I was accepted and took the health care aide course by correspondence through the local community college.

I was a health care aid for one and a half years. I learned many things during that time. I witnessed a person passing from life to death. I was not fearful about it. I just had so many questions as to what was happening and why. How does the body stop living? I am thankful to the staff who taught me all of the big, small things. A nurse and I went in to take care of a resident who was deteriorating. Before we left, we folded the blankets pristinely over the resident, and the nurse said, "How you leave the resident is how the family will remember their loved one."

It was an evening shift at the Personal Care Home (PCH) around 4 P.M. I was walking from transitional to the PCH side, performing the tasks of the shift. There was a set of fire doors which were propped open and a display case to the left of the hall. I had just passed through this doorway not thinking about anything in particular. It seemed like a blanket of peace settled over me. I knew I would go on to be a nurse.

I didn't say anything about it at the time. I just enjoyed the peace. I started to research what upgrading I would need so I could be accepted into the LPN program at the community college. I learned I would have to take GED through adult education in one town while working part time in a different one. Upon completion of this, I found out

that it wasn't recognized by the college for acceptance into the nursing program. It was disappointing but understandable. I needed to have science, math, English, and social courses to qualify for entrance. I needed to go back to high school or get the adult equivalent of these courses. I went to the local collegiate institute and talked to the administrative staff and the principle about what I needed to do to get the courses required for the nursing program. The school staff accepted me immediately. This was the beginning of January, and the second semester of the term was two weeks in session already. The staff was a tremendous help. If I would take biology and sociology in the mornings along with the grade 12 students and math and English two evenings a week, I would be able to get the required courses by June. It was some feeling entering a classroom of seventeen-year-olds at the age of twenty-four! It didn't take long for them to accept me, and it became a normal routine. The staff was fantastic. They supported me and my questions as if this was an everyday happening. I graduated in June with an adult equivalent of grade 12.

I was ready to take math for nurses as a last hurdle. I was able to take this by correspondence. I was now prepared to apply for the nursing program. I never did get an acceptance letter till I was in the mandatory introductory three-day orientation to the program. I was accepted on the last day of orientation at noon.

In January 2012, I became a full time LPN student at Assiniboine Community College. Many challenges were faced and overcome in what seemed to be an overwhelming vocation. I was able to fall back on the peace I received that day in the PCH hallway when I wondered what I ever thought when I started this journey. I am currently employed in my fifth year of nursing.

During my time in the hospital, I came to accept that I was a palliative care nurse. I thought that it was more glamorous to be "the emergency nurse with all the interesting experiences" instead of a "death nurse." I still get emergency experience, and there is death and dying there, too. Early on in my acute care nursing, I took care of a person who was dying. His loved one told me there was one thing wrong with me. I was taken aback as I wasn't sure where this was going to go. He said, "You get too attached to your patients. Be careful." I have since realized the truth of that statement.

I want to share some experiences with you.

Picture hospital hallways, a routine day, a few people in outpatient chairs, supper trays handed out, and staff waiting to eat. The EMS radio sounds. One of the nurses answers it. Everyone sticks around to see what is coming in. The nurse's face changes as she listens to the paramedic. She hangs up the receiver and turns around and says, "They're bringing in a quad accident victim. A grader man found him in the ditch, tried to revive him but couldn't." EMS arrives, and we follow protocol. Shortly after, the RCMP arrives and does his paperwork. They finish, and I am at the desk when we hear a loud cry. I get up from my chair and, because I don't know what is going on, I ask the officer to please come with me. I round the corner, and a woman is sobbing against the door. I find out that it's the deceased person's wife. She was still in uniform; she was working at the PCH when she was informed of her husband's passing. All she wants is to see her husband, "Please, please, I have to see him." I get consent from the staff, get the keys, and take her to the room. I ask her if she wants me to come in with her or not. She says, "Yes, please do." I try to be kind as I inform her not to touch her husband due to the investigation of an unattended death. We enter the room, reeking of gas as the quad had drained off fuel, and she cries harder. She is overcome by grief. I hold her. Other family members arrive, and she is supported by them. Even if I am not at all related to them, the feeling of desolation is intense. Inwardly, I call for God to be near them as they grieve.

On the ward with patients who have been diagnosed terminal, as the disease takes over, they lie in bed and only speak when spoken to. They are found looking out the window often without seeing anything. I offer to listen to see if they need someone unrelated to the issue to talk to. They turn and look at you and say its fine. Next time I go on shift, they have passed on. We don't necessarily know what was going on—unfinished business, waiting to go, or complete acceptance of the process?

I am walking a patient in the hallway. She doesn't want to walk; she already walked this morning. "But, dear, your legs won't get stronger if you just lie in bed." We walk seven feet down the hallway and go back to her room. I feel defeated. The doctor walks through after clinic and stops to thank me for walking the difficult patient. It's worth all the frustration with that note of appreciation.

This is the first admission for a patient diagnosed with cancer. The patient has settled into bed, the IV is running, and he is fast asleep. His wife approaches and asks, "Now what?" I question her, "In what way, now what?" She asks what to expect. I ask about his material affairs. Are they in order? Do you have a will? What about a POA? She is relieved with the fact that this is something for her to do and not just being there to watch him fade away. After more admissions, he passes away peacefully. No questions regarding his affairs. That has been cared for, and through their grief, they don't have the extra responsibility of unattended affairs. Living wills are very important, either written up with a lawyer or something written up at home, especially if there are children.

The doctor rushes around the corner and asks the charge nurse if there is anything we need for his inpatients. Then he says, "I have to go to the city. I forgot my

wife's birthday." "When was it?" "Yesterday, but I did remember Valentine's Day." Normal people.

I enjoy end-of-life care. I took a course where the instructor said, "You will take care of the family more than the patient." I didn't want to believe that, but it's true. The patients may be completely unaware what is going on around them but the family is taking note. It is always interesting that if the basic needs of the body are cared for, the whole situation runs smoother. I am going to tell you about a few end-of-life experiences I have been privileged to be part of.

A patient may suffer for weeks, days, or hours. The family will sometimes ask, "How much longer?" Depending on the situation, I may say, "That is not mine to know, but if the changes are daily, its days; if hourly, its hours; and if minutes, its minutes." Waiting is one of the hardest things. I have been in the situation where pain cannot be controlled with what we have to give them, and I find myself praying, "Jesus, will You please come and take them?"

Some people are not religious. One particular case had a strong history of verbal and physical abuse. I was his nurse the day he passed away. No one was with him. I checked on him once, and when I went back twenty minutes later, he was gone. He passed away alone. His family eventually came in their own time, but they read their novels for a while and then left. No grief. They seemed happy to be done with that part of their life. It must be lonesome to die alone.

Then there are those who are very religious. You're moving a patient in her bed from one room to another and a daughter says, "That's right, Mom, just sail away to Heaven." Did moving her in her bed look like she was in a boat? When the daughters rang the call bell a few days later, I kind of knew what was coming. One daughter was stroking her mother's face, another holding her hand, and two more were standing at the foot of the bed. Their mother was obviously transitioning, and one girl started to sing "Amazing Grace." I held the two at the foot of the bed, one on each arm, and they looked at me and said, "Let's sing." So there I was, trying to sing "Amazing Grace," and they were crying, and the patient passed away.

Sometimes after a period of suffering and unawareness, a patient may seem so close to the end of life, and the family is saying, "Just go, please, just go." I find myself saying it with them. I have seen patients who are nearing transition suddenly raise their hands and wave. I believe they are waving to loved ones on the other side. At these bedsides, it seems as if the angels are in the room.

My fellow nurses and health care aides are precious to me. We go through hard times together. We are never alone. We cry in the bad times and laugh in the good times. They are a very supportive group of people! The majority of our patients want care and are very grateful to us as staff. I am thinking of one patient. It was just she and I in the room, and I couldn't help but ask how she could sleep at night with some of the things she had to deal with. She looked at me and said, "I am just a small piece of God's great plan. We don't give people diseases, and it isn't under our control what treatment will do for people." That helped me understand how things stood. My role is to support people on the journey, whether it is happy or sad.

Why do I go back? It's hard, frustrating, rewarding, and emotionally exhausting often. It doesn't matter if it's helping a doctor with a simple task or being at someone's bedside as they are dying, but I keep going back and will continue to do so, doing the best I can.

In closing, I don't know if I chose a career in health care or if it chose me. Maya Angelou says, "People will forget what you said, people will forget what you did, but people will never forget how you made them feel."

Urgent, Help Needed

Alfred Isaac

I have perused the January issue of the *Conference Care Newsletter* with great interest, the editorial, "The Future of Elder Care," particularly. We, my wife and I, are but a small step away from needing a care home ourselves, unless of course we are called to come up higher before the need becomes acute, that latter a distinct possibility considering our present health status. Adding our name to the burgeoning lists that most care homes have will not provide space when present facilities are already maxed out.

Being a nonmember at the time when the southeastern Manitoba's congregations were in the throes of planning the first care home facility in the early '50s, I cannot speak from personal involvement. As a result of that inter-congregational vision and effort, the Greenland Home was constructed, a moderate 12- to 16-bed facility, without the help of governmental funding. A few years later, government funds for the operational costs became available, which a few board members at the time were reluctant to accept, feeling that with those funds our private methods of administrating the Home could be compromised. Those fears later were not found to be entirely groundless. For the most part, we still had control when I came on as a reluctant board member in the late '60s. The Provincial Health Care now quickly placed a patient in our facility when and if we were caught with an empty bed. It, also, precluded our ability to veto the use of a radio or other undesirable items that the patient desired to bring along.

Then in July of 1978, a tornado did irreparable damage to the home. No one was seriously hurt, thanks to a Filipino sister, a nurse, who was familiar with that type of storm and pulled the residents into the hall, as far as possible away from outside doors and windows. One resident suffered facial cuts from flying glass. Another, a mentally-challenged resident, went to sit outside by the front door to watch the storm. He was hastily pulled back into the building. When the storm was past, the door he had been sitting by, a heavy, steel, industrial type door, was gone, wrenched from its frame and never seen again.

Where to from here? An inter-congregational meeting decided that we consider, as an adjunct to the self-care Maplewood Suites situated just off to the side of the Steinbach church, a facility that would provide long-term, total care for those who needed it. Funding, then as now, always presented the first major hurdle. As chairman and vice-chairman of the board of directors of the Greenland Home as well as later the building committee, we were deputized to look into the possibility of the provincial government, through the auspices of Manitoba Health Care, to assist us financially in the construction of the facility. It looked quite favorable till that fall a provincial election put a different party in the seat of power. They told us positively that there were enough care beds in our constituency, which may or may not have been the case, depending on from whose side you looked at it. We even got an interview with our local member of Parliament, but they remained adamant. We were on our own.

In our collective minds, the need remained acute. So with the election of a building committee, we pushed ahead. That winter was spent in planning, consulting, and hiring an architect, drawing up blueprints, farming out and getting quotes from the different trades, et al. In March of 1980, the Caterpillar tractor with the frost ripper went to work preparing the area for the basement. Only a few men were hired. The contractors, brothers in the church, saw to the organizing of most of the volunteer labor. The same year in December, the twenty suites, together with kitchen, dining, laundry, and a common room, were ready for occupancy. The Maplewood Suite residents, "North End" as we called the self-care units then, could, without leaving the building, for a nominal fee and giving prior notice to the cooks, get meals at the Manor dining room whenever they so desired. And should the need arise, they could quickly be moved into full care. This has proved very satisfactory over the years.

With additional wings in 1985, in 1995, and in 2002, we are now licensed for thirty-nine full-care residents. Some nursing help may be given to the original Maple Suite residents if required. There is never an empty room except for the short time needed when a room is emptied and prepared for the next resident.

Again the question, where to from here? With the expanding population, an ever-increasing number of special needs individuals, the former in proportion to the younger changing due to longevity and a marginal dropping birth rate, will some of us elderly and special needs persons find ourselves dependent on government facilities?

A separate "assisted living" facility adjacent to Maplewood Manor is under consideration, which could serve for a few that are taking up room in the full care at present. That still leaves us with the question, will all of Manitoba and a large part of Saskatchewan move to Steinbach, miles from our families, when the need for full care becomes reality? We do have tentative plans for a self-care retirement facility in Riding Mountain, which is how the Maplewood Suites got started.

While visiting with a brother on this subject, he mentioned the extremely high, virtually prohibitive, cost of building and maintaining such afore-mentioned, full-care establishments. I felt in no way to disagree. But is that not how some, maybe many, of us thought when we began considering our private schools? The vision was there to go ahead, and none of us now seriously consider reversal.

When will the vision emerge for the need of caring for our elderly and handicapped needing services that we are presently incapable of providing due to lack of facilities and expertise? Are we content with assuming that our eighty-year-olds and upwards have fewer spiritual needs and can better handle worldly influence than our growing children? I know of one elderly brother who was moved from the hospital into rehab because the expertise and therapy the brother needed were not available at Maplewood Manor due to lack of training. Part of the outcome of that was that the brother became an avid baseball fan because the rehab staff parked him in his wheelchair in front of the television set too often. That may become a familiar scenario as more and more of our handicapped are shunted into governmental institutions. When will our collective vision cause us to deny ourselves, reach into our pockets further, and lay our hands to the plow, both for construction as well as for supporting specialized training? We may even have to look at the possibility of asking for help in areas that we are not capable of handling at this time. The challenge lies before us, becoming more complex as time continues. Will we rise to meet it?

Conference Care Newsletter is published when possible by the Conference Care Committee to share concerns, inspirations, and ideas among the care facilities of the Church of God in Christ, Mennonite. Articles and suggestions should be sent to Tim Penner, editor, 64 First Street, Steinbach, MB R5G 2B6; Ph./Fax 204-346-9646; Cell 204-346-4048; e-mail: timbrenda@live.ca.

Send change of address or quantity to Lowell Koehn, P.O. Box 66, Burns, KS 66840; Ph. 620-726-5536; e-mail: leeprinting@eaglecom.net.

God's Bigger Plan

Harley Giesbrecht

Why, when I thank God for His mercy, do I get absorbed in the pain I feel I'm experiencing? I think of the things I've lost, the mistakes I've made, the things I have not accomplished, and the opportunities I've missed. The years go by, and I haven't experienced what I thought I would because of living a Godly life. Has my focus been on a measurement according to human standards? Am I disappointed in where I am today? Maybe we fail to see the blessings we have received because we concentrate on the things we haven't received. That is the human tendency.

We pray, and in our tough times, we pray more earnestly, leaning on God when things seem to be out of our control. We ask for guidance, looking for a path we know is there. We want clear answers. We want direction. We look for our prayers to be answered in a specific way, but are we ready to be molded according to the plan He has for us rather than looking for what we are asking? Are we willing to accept that His will may not be what we have envisioned?

My prayers have been that God would alleviate suffering, bring back lost souls, provide our needs, strengthen my faith and trust, protect my loved ones, etc. But then there are specific prayers that seem to almost become a test. Will God grant this? How much does He care? Does He see how badly I need it? I want to rationalize, saying if only He will grant what I need, I will always be faithful to Him and do my part in the kingdom. However, that is not how it works. Perhaps this is the difference between a prayer of faith and a prayer of expectations.

God has bigger plans. He listens to every prayer; He hears every whisper and knows the silent petitions of our hearts. But when our prayers are not being answered according to our expectations, it doesn't mean He isn't answering the desires of our hearts. He is much more complete than we realize. God is true to His promises, but in His time and not ours.

I once asked for a job that I needed badly. It was close to home, and the money was right; it was perfect from my perspective. I felt so defeated when I missed the bid. Lord, why? Only later did I realize God, in His infinite wisdom, had a better plan that I never dreamed would materialize. The one I had asked for and missed later turned into a failure and an involvement in lawsuits. God answered my prayer, not just the words but my prayer.

Jesus said, "Except ye be converted, and become as little children, ye shall not enter into the kingdom of heaven" (Matt. 18:3). Why did Jesus say that? One of the sweetest attributes of a child is his willingness to be led, to be taught, and to be shown new things. Have we become so busy being adults and parenting that we have failed to retain that beautiful attribute?

The responsibility God has placed on me may be for my own good. I heard a minister say he had come to the conclusion that God placed him there for his own good. What a beautiful testimony—personal salvation and a service in God's kingdom in one package! Maybe we feel the responsibility we have been given is too heavy. Whether we have been elected to a church responsibility, whether we are a teacher or the adoptive parent of a handicapped child, let us do as Hebrews 12 says, "Let us lay aside every weight, and the sin which doth so easily beset us, and let us run with patience the race that is set before us."

We won't always know why there is suffering, why there is so much disappointment and unimaginable grief. We are not going to live a pain-free life, and we are not going to get what we want all the time and when we want it. God answers our prayers because God has a bigger plan for us—the plan that is ultimately the best for us if our desire is to serve Him with our whole heart. He wants us to lean on Him in the good times and bad times.

Also, know this that maybe your unanswered prayer is actually God giving you something better than you ever imagined. Trust Him. He knows what you need, and He will show you in His time.

Notice and Invitation: Care Meeting

We, the Sinclair congregation, wish to welcome everyone interested to attend the Care Meeting being held here in August.

The meeting will begin Thursday, August 8, with registration at 8:30 A.M. There will be an evening meeting on Thursday. The care meeting continues through Friday, August 9, and closes at 5:00 P.M.

For information regarding travel and lodging, contact Courtesy Committee at: sinclair.conferencecare@gmail.com.

For information regarding this meeting, contact Conference Care Committee.

Tentative topics for the agenda at Sinclair are being formulated and are as follows:

- Seminar on Parenting Children from Hard Places based on the Empowered to Connect and Trust-Based Method of Parenting
- Speaker from local public school district
- Personal sharing of experiences
- Effects of early trauma
- How to recognize and provide help for potential undiagnosed disabilities
- Thursday evening—Letting go
- Breakout sessions—Topics to be announced

The care committee and resource team are very open for more agenda item suggestions.