

• News & Notes •

- October 22, “Nurses in WELS: a gathering of professionals” is meeting at St. Peter’s Lutheran Church in Fond du Lac, Wis. for a day of spiritual encouragement, education, networking and fellowship. Haven’t registered but wonder if you might join us at the last minute? Call Sue Bolha at 262-677-3485 to let us know that you’re coming. We’ll make sure there is a folder and a spot at the table set just for you. Go to welsnurses.net/conference for more information. Not able to join us? We plan to video tape our speakers and post it online for you to watch at your own convenience. We’ll let you know when that is posted.
- The Bethany Lutheran College nursing program was approved by the MN Board of Nursing on Aug. 4, 2016. Congratulations and our continued prayers! They are currently posting for a full-time, nine-month faculty position in the proposed Bachelor of Science in nursing. Bethany is a Christian liberal arts college owned and operated by the Evangelical Lutheran Synod. For more information, contact Dr. Sara Traylor, PhD, RN, CNE, and Director of Nursing at sara.traylor@blc.edu or 507-344-7754. For a full job description, qualifications and application process, visit: <http://www.blc.edu/jobs/faculty-bachelor-science-nursing>.
- Considering the possibility of serving in your congregation as a faith community nurse? Wisconsin Lutheran College is putting the final touches on another online Faith Community Nursing Course, designed for both the experienced RN and the novice to be offered during the summer of 2017. The coursework will develop a Christian understanding and the tools needed to develop and volunteer as a faith community nurse. A matching

funds grant has been awarded to WELSNA to help the RN and the congregation with the course fee by Christian Aid & Relief. Let us know of your interest. More information is coming soon.

- Have you been asked to research health-related or medication administration forms for your church school? As more and more of our schools are going through the accreditation process, our nurses or school secretaries have been asked to look into this, leading them to contact WELSNA. Keeping in mind that not all of our schools will have the same needs with regard to these types of forms and each state may have different regulations for the parochial schools in that state, WELSNA would suggest an internet search of the regulations in your state. Try Googling your state’s parochial school medication administration forms. That being said, we have included several examples of forms used in one of our schools for you to see. They are not an official WELS form to be used by all of our schools. Just something for you to check out and perhaps adapt to meet your needs. Go to www.welsnurses.net under “Parish Nurse Resource Library” to view a medication policy and administration form, a food allergy care plan, and an asthma inhaler administration authorization form. Feel free to edit them to suit your needs.

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Godliness with Contentment is Great Gain

Contentment is defined as being pleased and satisfied; as not needing more. When looking back on September, contentment has been a theme at the Central Africa Medical Mission—feeling content and the lack thereof.

At clinic this month, we changed our transport system. Our staff were paying their own bus fare to a central drop off point and our ambulance was picking them up. We were reimbursing them as a perk of working for us; it is common for facilities do that for their staff here in Malawi. Now we have a privately hired bus to collect and drop them closer to their homes. It provides many benefits to clinic. It saves wear and tear on the ambulance; it saves on the cost of diesel; and it saves money in the reimbursement of the staff. While Alison and I are satisfied with the new program, the staff is less than pleased.

Since I’ve been here, we have instituted some changes. All of them have been met with resistance. It seems Malawians dislike change as much as the rest of us. After time, they generally come around or, even better, they think the new program is great and are pleased we have instituted it. One of the best examples is the savings program we encourage our employees to participate in. Thanks to Alison’s great initiative, our staff members have savings goals and are more financially responsible. We hope that soon the staff will also see the wonderful benefits of our new transport program and be content.

I’ve been reading and meditating on St. Paul’s letters to Timothy lately. “Godliness with contentment is great gain.

For we brought nothing into the world, and we can take nothing out of it. But if we have food and clothing, we will be content with that.” (1 Timothy 6:6-8)

In Malawi, it’s funny the things that make me content—things I took for granted in the U.S. A regular and uninterrupted water and power supply tops my list. It is a good day when I come home after being at clinic and have electricity to make lunch. It’s an even better day when I can come home and rinse away the dust and sweat I accumulated while at clinic! As Paul writes, I have food and clothing, I need to be content with





that—all the rest is just a bonus! St. Paul also reminds us to “put our hope in God, who richly provides us with everything for our enjoyment...to do good, to be rich in good deeds, and to be generous and willing to share.” (1 Timothy 6: 17-18) God has certainly richly blessed me with much for my enjoyment, especially while I have been here in Malawi—good friends and Malawian “family,” great adventures and travel, a job I love, and the opportunity to serve him.

At Central Africa Medical Mission (CAMM), specifically the Lutheran Mobile Clinic (LMC) here in Malawi, we have much to be grateful for. We have generous supporters who are willing to share with us, to help us to do good, to be rich in good deeds. We have great employees who are able to share the gospel with the people we are serving in Chichewa. And we have the abilities to care for them physically—to cure their malaria, to help them manage their pain, to provide them extra portions of food. I pray the Lord continues to richly bless you and that we remain content with the earthly gifts bestowed upon us. I pray that we use those earthly gifts to serve him to the best of our abilities and that through us he is glorified.

Written by Amanda Oswalt, Nurse in Charge, CAMM



Why Does He Do That?

I recently attended a presentation titled “Understanding Domestic Abuse,” by Pastor Nathan Ericson of Martin Luther of Oshkosh, also the Special

Ministries coordinator of the WELS Northern Wisconsin District. I attended because a member of my extended family is abusive, and while I personally am largely removed from the situation due to distance, I am still concerned for that family’s wellbeing and safety. I keep them in prayer. Perhaps you know someone too?

Lundy Bancroft, a leading expert in dealing with abusive men, wrote in “Why Does He Do That?” that two to four million women are assaulted by their partners *per year* in the United States. The U.S. Surgeon General has declared that attacks by male partners are the *number one cause of injury* to women between the ages of 15 and 44. The American Medical Association reports that one woman out of three will be a victim of violence by a husband or boyfriend at some point in her life. I would imagine that my family is not the only one within WELS impacted by domestic violence.

Pastor Ericson shared that abuse *is not* . . . a psychological problem or an alcohol problem or an anger control problem, although they all can make abuse worse. All these characterizations are ways we minimize the reality of abuse. Abuse is not a sixth commandment “marriage problem.” Abuse *is* a violence problem that involves attitudes of contempt and entitlement, a fifth commandment lack of respect for health and life.

Pastor Ericson talked of the reasons that women don’t easily leave an abusive relationship and the complexity, and even the potential danger, of that decision. He shared some thoughts on divorce and talked of proper counseling. Typical couples counseling can send the wrong message and even put the woman at risk. As a parish nurse my role would be to refer abuse victims to the pastor and trained specialists. Christian Family Solutions or a local women’s shelter will be able to help. Pastor Ericson and Lundy Bancroft both emphasize that the abuser, himself, requires a specific abuser program or counseling specialist.

How can we as God’s people best help the abuse victim? There are three roles that family and friends typically take. The *Distancer* tends to withdraw and remove themselves emotionally from their abused loved ones. The *Rescuer* tends to become too involved in relationships. A healthy relationship requires mutual trust and respect. The role of *Anchor* requires listening and seeking to understand, accepting her as she is. Avoid putting pressure on the victim to take action,

but support her in the actions she chooses to take. Good listening skills are critical!

We can encourage the victim with appropriate use of Scripture. Not as a bandage (“You shouldn’t be afraid, because Jesus is with you!” but as an encouragement (“Jesus sees what you are going through. He will help you”). Pray for the victim.

Another good resource, recommended by Pastor Ericson, for your library? “*Helping Her get free—A Guide for Families and Friends of Abused Women*” by Susan Brewster, M.S.S.W.

I appreciated the opportunity to learn more about this issue. I pray that I am able to respond to those affected by domestic violence . . . as an anchor, offering a healthy, trusting relationship.

Written by Sue Bolha, PN at David’s Star Lutheran



A Window into the Womb

“Before I formed you in the womb,
I knew you.
Before you were born,
I set you apart”
(Jeremiah 1:5).

*Silence? Darkness? What is it like in the womb?
Pressing gently to my abdomen, I can’t feel anything.
It must just be a blob of tissue. Yes, I’m sure that’s all it is.
And now the counselor asks if I would like to have an ultrasound. At least then I would know that the pregnancy is real . . . real what?*

These questions swirl through the minds of Associated Pregnancy Services (APS) clients as they face a positive pregnancy test. Even before they come to us, they may have determined that an abortion is their only option and the sooner the better. Our mission is to point them to other options. But first the groundwork must be laid. We must help them see LIFE!

Enter the ultrasound suite. As the transducer passes over my client’s abdomen, the silence is broken. “Whoosh - the sea of amniotic fluid flows gently around the “little one.” A soft, rhythmic “lub” joins the sounds this mother hears. She suddenly realizes this is real. This is LIFE!

Statistical research tells us that 80 percent of abortion-minded pregnant women who view an ultrasound make the decision to carry the baby to term. It is for this reason that being able to provide “a window to the womb” during a woman’s vulnerable decision-making process is such a vital part of helping her to see the child for what it is - a life!

A grant from Focus on the Family in conjunction with a program called The Life Choice Project from



The National Institute of Family and Life Advocates has allowed the staff at APS to undertake the task of converting their services to a medical clinic. Such a conversion will allow them to perform limited obstetrical ultrasounds as a part of their work. In the future, the clinic would also like to offer free testing for STI/STD. Many regulations, policies, and procedures must be planned for and followed to make all of this happen. The goal is to have this conversion to a medical clinic completed by May of 2017.

Please watch for further updates on the project. Pro-life work goes on every day by the staff of the APS, located at 8501 W. Lincoln Avenue in West Allis, Wis. “Saving the life of a child, transforming the family from at risk to thriving, and doing it all again tomorrow” has been our mission for many years.

Written by Nurse Manager Pam Manske RN BSN

