

Letters to the Romans

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Vestry Members

[Through 2015] Jimmy Smith, Sr. Warden Sue Anderson, Jr. Warden John Kirkland Cooper Crawford David Hunter [Through 2016] Andy Anderson Sue Anderson Stephen Smith Peggy Nash (Through 2017) Jim Keaton Lee Niedrach Rebecca Roberts Bill Schoepski

HOLY WEEK SCHEDULE*

MON, TUESDAY AND WEDNESDAY, MARCH 30-APRIL 1: COMMUNITY HOLY WEEK SERVICES AT NORTH BROAD BAPTIST CHURCH: 12:00 NOON WITH LUNCH TO FOLLOW. FR. HERRING WILL GIVE THE BENEDICTION AT THE TUESDAY SERVICE.

MAUNDY THURSDAY THURSDAY, APRIL 2, 7:00 PM

GOOD FRIDAY

APRIL 3, NOON

STATIONS OF THE CROSS

1:30 PM, SUNG BY THE DAUGHTERS OF

THE KING AND ADULT CHOIR

EASTER VIGIL

APRIL 4, 9:00 PM

(LIVE ON RADIO WLAQ 1410 AM)

WINE AND CHEESE RECEPTION

TO FOLLOW IN DANIEL HALL

EASTER SUNDAY APRIL 5, 9:00 AM AND 11:15 AM

(9:00 AM SERVICE LIVE ON RADIO WLAQ 1410 AM)

EASTER EGG HUNT AFTER THE 9:00 AM SERVICE HOT CROSS BUNS, CHAMPAGNE, ORANGE JUICE AND MIMOSAS BETWEEN SERVICES IN DANIEL HALL.

*NURSERY AVAILABLE.

Rector: The Reverend John Foster Herring & Associate Rector: The Reverend Janice Bracken Wright & Associate Rector: The Reverend Nikki Mathis & Parish Administrator: Terri Borchardt & Choirmaster and Director of Music: Dr. Fredrick Tarrant & Organist: Wanda Cantrell & Financial Coordinator: Debbi West & Sexton: Sheila Kinnebrew & Newsletter Editors: Marny Busbin (marnyr@bellsouth.net) and Andye Moss (agm614@aol.com) & Church Photographer: Curt Yarbrough (chy813@hotmail.com) Newsletter Layout: Bob Evans (rsmithevans@aol.com).



EASTER REFLECTIONS

THE REVEREND JANICE BRACKEN WRIGHT

When I was a child, Easter was filled with color and music and yes, candy. There was always a new Easter dress. And there were new patent leather shoes that pinched my feet until those shoes were broken in. There were flowers in bloom all over Richmond--from daffodils to dogwood to azaleas of every hue. And there was church, lots of church. A morning service bursting with "Alleluias" and an afternoon service during which we flowered a cross and processed behind it for prayers in the cemetery. There were mite boxes given and chocolate eggs received. A glorious day filled with celebration.

Now as an adult, I realize that Easter is filled with a sense of identity. A good man born under strange circumstances would not have made me a Christian. A good man doing good works throughout his short life, teaching and healing, would not have made me a Christian. Even a good man preaching social justice and dying at the hands of religious people and an indifferent governor would not have made me a Christian. But the God-man defeating death, rising again, proclaiming that God's final word is life – that is Easter – and that gives me my identity as a Christian.



DRAWING THE CIRCLE WIDER

DIOCESE OF ATLANTA | The Episcopal Church in Middle and North Georgia

the village ahead

Jesus sent his disciples to "the village ahead...." He didn't go with them. He created a strategic absence, which is not the same thing as abandonment. Because Jesus is in the disciple-making business, which is the spiritual maturity business.

So, you mobilize people; the disciples' destiny is in adventure, not shelter. And you don't do for people what they can do for themselves. You don't make your need to be needed an impediment for their growth. You invite people to take their faith out for exercise.

That's the only way their trust will deepen in God. It's the only way they'll know their needs have already been provided for by God. Like you do, right?

People urged by faith, stepping out beyond themselves to the village ahead and finding what God promised, is how people actually move from church membership to Christian discipleship. Mark 11: 1-2



Bishop Rob Wright

EASTER REFLECTION

For me, Easter is the moment God gave us gifts that set us free. Up until that moment, sin had us enslaved and death was our ultimate destination. Death convinced us we would never have the power to combat the systems that produce loss of life in horrors such as genocide, or the slow, day-to-day suffocation that comes with systems like classism. Evil convinced us that we would never experience a love that was strong enough to overcome fear of harm or hate.

In rising, Jesus gives us access to an all-encompassing love which overcomes the evil and sin that presents as apathy in the face of all the '-isms' and any '-ocides.' He also gave us the almighty power that overcomes the death resting at the core of all harm or hate.



Reverend Nikki Mathis

In rising, Jesus gives us access to an all-encompassing love which overcomes the evil and sin that presents as apathy in the face of all the '-isms' and any '-ocides.' He also gave us the almighty power that overcomes the death resting at the core of all harm or hate. When the stone was rolled away and the tomb came up empty, Jesus broke the chains that keep us small and scared. We never again had to become prisoner to any pain, sorrow, or trouble that exists for the purpose of locking us in the solitary confinement of the belief that it is 'every person for his or her self.'

Nikki Mathis+



EASTER ALTAR 2014

April 2015 Parish News

The congratulations of the parish is extended to

- Susan Harvey on 30 years of standing eggs on the Clock Tower steps during the Vernal Equinox. Super job, Susan;
- John Knauss on his exciting 4th place finish at the State Spelling Bee; Wow!
- Melissa Tarrant on completing all her requirements for an Ed.D in Higher Education Administration from The University of Alabama on May 1, 2015, and also graduating as the Outstanding Doctoral Student in Higher Education. Melissa is the wife of Fred and the mother of Patrick and Adam. Fantastic!

The sympathy of the parish is extended to

- Marsha Welch and her family on the death of her mother, Frances Odom Johnson, on March 10, 2015, in Rome;
- Helen and Jim Keaten on the death of his brother, The Reverend Robert W.
 Keaten, on March 11, 2015, in Fort Collins, CO;
- Spencer Musick and his family on the death of his grandfather, Clyde Baker Musick, on March 22, 2015.

The thanks of the parish is extended to

- Mary Kirkland for her dedicated preparation of the ashes for Ash Wednesday;
- Dana Edgens on her beautiful restoration of the red burse used on Palm Sunday;

Liz Mozley for her excellent organizing of the Palm Sunday cross producers: Mary Kirkland, Marsha Welch, Gin Gunther, Nancy Hunter, MJ Chisholm, Dana Edgens, Melissa Keefe, and Marny Busbin.

April 2015 Schedules

Altar Guild:

Laura Frederick, Sylvia Hine, Nancy Hunter, Andye Moss, Peggy Nash, Becky Sims, Nell Warren, Stefani Ortman and Sue Mann.

Children's Chapel:

4/5 No Chapel, Happy Easter!

4/12 Toni King and Sarah Molnar

4/20 Kathy Steinbruegge and Andye Moss

4/27 Peggy Nash and Jenna Black

Greeters:

Mary Kirkland ©, Doug Lansing and Laura Davis

Loaves and Fishes:

Leigh Patterson ©, Amanda Kinder, Ann Spears, Anne Kerr, Diane Nance, Linda Voccio, Mary Patton, Mary Sib Banks, Nancy Starr and Mollie Avery

Ushers:

Leamon Scott ©, Bill Fricks, Tom Dasher and Stephen Smith

Vestry of the Month: Lee Neidrach



EYC Schedule

Sundays 4:00-6:00, Wednesdays 6:30-8:30

4/1: Holy Week – Stations of the Cross; Youth Choir rehearsal

4/4: Easter egg hiding then bowling. Probably easiest to have pickup at the bowling alley.

4/8: Schroeder's

4/12: Karaoke and jam session

4/15: Yelling Bee

4/22: Seeding outside of St. Peter's





Canterbury Club

An Episcopal/Anglican/ELCA Student Fellowship Open to All College Students

Spring 2015

When?	What?	Where?		
Mon, April 6 Tues, April 7	Berry RLAC Compline & Conversation	Krannert 5:00 pm Berry Admissions Lvg Rm 8:00 pm		
Sun, April 12	Canterbury Sunday & Lunch after Church	St. Peter's & Harvest Moon		
Tues, April 14	Compline & Conversation	Berry Admissions Lvg Rm 8:00 pm		
Wed, April 22	Dinner at Janice's house	6pm @ 7 Creek Side Way		

APRIL 2015 CALENDAR

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday[RE1]
Sunday Schedule 8:30 Rite 1 10:00 Rite 2 Children's Chapel 11:15 Sunday School 11:15 Adult Forum	Monday Schedule	Tuesday Schedule 12:15 Healing Svc	1 Wednesday Schedule 5:30 Celtic 6:15-7:00 Children's Choir 7:00 Adult Choir 8:00 Compline (Berry) 6:30 EYC Celtic Service 5:30 PM	Thursday Schedule 10:00 Bible Study MAUNDY THURSDAY 7:00 PM (NO Bible Study on 2)	GOOD FRIDAY 12:00 PM Stations of the Cross 1:30 PM (Adult Choir and Daughters of the King)	4 EASTER VIGIL 9:00PM (Wine & Cheese reception in Daniel Hall following VIGIL).
5 EASTER 9:00 & 11:15 Easter Egg Hunt after 9:00 Service Hot Cross Buns & Champagne between Services Daniel Hall	6 (No Healing Service) Church Office Closed	7 Church Office Closed	8	9 Bible Study 10:00 AM	10	11
12 Easter Canterbury Sunday	13	14	15	16 Bible Study 10:00 AM	17	18
19 3 Easter	20	21 Vestry Meeting 5:30 PM	22	23 Bible Study 10:00 AM	24	25
26 4 Easter Youth Sunday	27	28	29	30 Bible Study 10:00 AM		

SHARING ONE'S DECIPLESHIP (A note from LTR's editors)

In keeping with the inspirational message from Bishop Rob Wright reprinted on Page 3, the following article describes how the Brian Kinder family used their skills and expertise to help some villagers in Central America. Brian has written eloquently of his and his family experience during a medical mission they took part in recently. It is an inspiring and sobering look at life in an area where their skills were much needed.

Thank you Brian, Amanda and Christina for sharing your experience with your St. Peter's family.

MEDICAL MISSION TO CHOCOLA GUATEMALA



The second week in March of this year, my family and I, with another medical professional from Rome, spent a week in the remote western jungle area of Guatemala, in the small village of Chocola. The Hospital Sante Fe de Cristo, at one time owned and operated by the Guatemalan government, has for the past twelve years been operated under the direction of Dr. Sergio Castillo y Garcia. Dr. Castillo was working at a hospital in the much larger Guatemala City when a missionary invited him to come to Chocola. The Hospital Sante Fe de Cristo, under his direction, is now a medical and surgical hospital that serves the indigenous Mayans in Guatemala in addition to the Spanish-speaking Guatemalans that reside in the area. The hospital has two operating rooms, and performs 385 major operation per year, while the medical clinic sees 8.000 patients per year. Many of the conditions treated there, while curable in developed countries, are fatal without surgery.

(Medical Mission to Chocola Guatemala Continued))

We traveled with a group out of Texas called *Refuge International*. *Refuge International* is a volunteer organization that is dedicated to improving the lives of Guatemalan families and individuals that lack access to basic health care, adequate nutrition, clean water and education. The average per capita income of the Guatemalan people is \$1,200.00 per year. Literacy rates are the lowest in the Americas. Infant mortality is high and access to even basic health care is limited. There is no clean water in the country. Refuge International goes to the most remote areas of Guatemala, where the needs are greatest.

We joined our team members in Houston to fly to Guatemala City together. Each of us had obtained the appropriate pre-trip vaccinations, and most of us had begun to take the recommended anti-malarial medications. We each carried onto the plane a small personal bag in order to save checked luggage space for donated and purchased medical supplies – the only supplies we would have for a week of clinic and surgery after we arrived in Guatemala City early that afternoon.

Outside the airport, thirty volunteers were loaded into two vans; our personal luggage and medical supplies were piled high and secured with tarps and ropes onto the roofs of the vans. Included in our group were two retired general surgeons (both Refuge International Board members), one emergency doctor, one anesthesiologist (myself), two nurse anesthetists (including Paul McKerrocher, of Rome), four nurses (including my better half, Amanda and Elizabeth, one of the twelve nurses at Texas Presbyterian Hospital who cared for the first Ebola patient), one surgical scrub nurse, one EMT (currently also studying premed at The University of Virginia), and two Southern California journalism professors. The rest of us were students (including our daughter, Christina).

Whereas the five hour drive to Chocola began in a rather nondescript third world major city, we were soon in more remote regions. Local police were not trusted, as evidenced by the security guards armed with AK47's standing at service stations and at the entrances to private industries and landowners homes. The road progressed from passage on roads that were more like creek beds than something designed for modern automobiles. The van drivers, always in sight of the other vehicle, maneuvered in and out of small basement sized potholes and around and over boulders of various sizes. We were tilted up and down at forty-five degree angles as we drove and climber. Lanes were nonexistent.

We arrived at our destination just after dark to discover that for the time being there was no electrical power. The single backup generator was not operational. We unloaded our personal belongings along with dozens of large trunks of medical equipment by flashlight. Anesthesia supplies were laid out in the halls outside the actual operating room doors where they could be assessed quickly. Surgical supplies were laid out in the various rooms adjoining the operating rooms and the various halls when more space was needed. Clinic supplies were placed around the medical clinic areas. Pharmacy items were placed on shelves previously labeled, with the backup meds in trunks placed behind the pharmacy counter. Despite the dark, the licensed medical volunteers were tasked with readying there areas for seeing patients the next morning. Before retiring for the night, there was an orientation meeting by candlelight. Each volunteer was issued one bath towel, tow pair of scrubs (each to be worn

three days), and one new plastic bottle of water to be refilled and reused for drinking and bathing for the remainder of the week.

The "compound" consisted of three buildings connected by short concrete walkways: a medical clinic building, a surgical suites building, and a dining and living area building (Dr. Castillo, with his wife and three daughters, lived full time in two rooms in the dining and living area building where we slept). Although the high temps for the day were usually in the 90's, the only air conditioning consisted of window units in each of the two operating rooms (I felt fortunate, since that is where I spent most of my time). Despite the jungle environment, windows and doors had no glass, and screens were absent or torn. In the dining area, where the sign on the wall read (in Spanish), "The Better Than Nothing Café," dirt entered through the exterior walls. Family and community dogs wandered in and out of the dining, lodging, clinic and even the surgery areas freely since doors were left open to catch existing breezes. We slept under mosquito netting in our dorm style rooms. There was running water for about ten to fifteen minutes per day, but not at any predetermined time, so a cold shower a couple of times during the week was a luxury. Toilets were flushed by dumping water from buckets in each of the bathrooms into the toilet tanks. Toilet paper could not be processed by the rudimentary water treatment facilities, so it was placed in the wastebasket next to the toilets after use. Daily sponge baths were accomplished using the drinking water kept in large blue dispenser bottles, refilling our issued water bottles as needed.



Guatemalan patients and their families would begin arriving at the clinic around 7:00 each morning, and would wait patiently for their opportunity to see the doctors or to wait for surgery. Since there was no formal waiting area, they sat on the ground or on the few available chairs in the outside area between the buildings. Many walked for miles along the dusty, rocky roads, while others paid bright red, three wheeled 'taxis' to bring them. Another mode of transportation for visitors to the Hospital as well as for workers throughout Guatemala involved the reconditioning of old school buses. They were called "chicken buses." because of the way these extravagantly decorated busses were packed to capacity with people. Patients and their families brought picnic lunches, or bought food from ad hoc vendors, to eat while they waited many hours for their clinic visits. Often the ladies wore their best outfits,

(Medical Mission to Chocola Guatemala Continued)

Bright and flowery dresses, out of respect fro the medical volunteers.

The medical care we provided met basic needs. Dr. Castillo and our volunteer emergency doctor saw fifty to sixty patients each day; a stethoscope, a portable ultrasound and an I-stat (a device used for on the spot basic blood tests) were the only diagnostic equipment available. The pharmacy issued vitamins, generic anti-hypertensive agents, diabetic meds, antibiotics, anti-parasite drugs, and Tylenol and ibuprofen for pain as needed. Occasionally a surgical consult was requested and performed, and I appropriate the patient was scheduled for surgery.

Tow general surgeons were available this week, and the most common procedures performed were laparoscopic gallbladder resections and groin hernia resections, and assorted skin lumps and bumps were surgically removed. Some of these hernia operations were impressive, as they were often far advanced before the patient was able to have surgery. One patient in particular had a groin hernia, which connected to an open gallbladder incisional hernia, requiring an incision and underlying mesh to be placed in the groin to the sternum.

From an anesthesiologist's perspective, it was challenging to use equipment that was functional but outdated, and there was always some medication that was in short supply and threatening to shut down the operating rooms. Some of the anesthesia equipment did not work properly and oxygen, the most important "drug" was supplied in tanks which would run

low, not by wall piping as is the norm in the U.S. Only by being resourceful and innovative were we able to continue with surgeries, and on one occasion, a member of Dr. Casatill's staff was forced to make a dangerous run to the Mexican border to obtain a med in short supply to allow us to continue with the day's surgical schedule.

The patients in this remote village in Guatemala were tougher than those I am used to treating in the United States.



Expectations were such that they were grateful for anything we could do for them. I never saw a patient the entire week that had taken any meds stronger than ibuprofen or Tylenol for pain, or any anti-anxiety or anti-depression meds. Because oxygen and what we would consider to be standard monitoring in the U.S. were absent in the preoperative and postoperative areas, I tried to reduce further the need for sedatives and pain medicines by providing various local synesthetic nerve blocks. Supplies being limited as they were, this meant re-using needles and other supplies that were designed for single use. With each use, they became less sharp, potentially causing more discomfort. Astonishingly, very small amounts of sedatives were all that was needed to get these robust people through their procedures. Doses for pain meds were on the order of seventy to eighty percent less than I expect to use in the U.S. After surgery, these people felt blessed simply to have survived

I am often asked if we "enjoyed" our week in Guatemala. That is a loaded, complicated question. The work was stressful, and we were definitely out of our comfort zones. Although

(Medical Mission to Chocola Guatemala Continued)

the patients were on the whole healthier than the patients we care for in the U.S., they had not received the same careful preoperative medical workups.

Our lodging conditions were abysmal although on the whole, the food was not too bad. Every single volunteer longed for a hot shower, and to be able to flush the toilet paper! By the end of the week, most of us wanted desperately to get out of the jungle.

Then, on the last day, we spent an afternoon and one night in the popular tourist destination of Antigua, Guatemala. It was beautiful. We stayed in the nicest hotel and ate at the nicest restaurant in town. We took the time to think about and discuss our experiences on the last six days and nights in Chocola. In short, we debriefed. We thought about the people we had helped, how desperate they were for our services, and how grateful they were for what we were able to give them. Although we paused for daily morning devotionals during the week, it was only after taking time to reflect after the fact that the true meaning of our endeavors was understood. I remembered what one of the surgeons told me about why he does this with Refuge International. He told me he has done a lot of 'good' in his life, but for the wrong reasons. Now he does 'good' for the right reasons! My family lives were changed as the result of this trip and from providing medical care to the people in this remote area of Guatemala.



Sincerely, the Brian Kinder Family











New Concrete causes a sinking sensation for Nancy Knight!

MISSION AND OUTREACH

April, 2015

Free Clinic of Rome

"The Free Clinic is a non-denominational Christian non-profit organization serving the greater Rome community by providing quality healthcare service to individuals that have no access to healthcare."

We have been asked to donate needed items to the Free Clinic. On each of the three Sundays after Easter, containers will be placed in the hallway between the sanctuary and the chapel.

Let's fill these containers with

stamps cotton balls paper towels Clorox or Lysol wipes fine tip Sharpie Markers band aids

copier paper bathroom tissue bright colored post it notes – *any size*.

Thanks, Peggy Nash / Mission and Outreach

"EASTER EGG HUNT 2014"



St. Peter's Episcopal Church 101 East Fourth Avenue Rome, Georgia 30161

Return service requested