

The History of Covenant Living Chaplaincy

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The word “chaplain” dates from the mid-fourth century and is a word with an interesting story. One freezing winter day, a teenaged Roman soldier named Martin gave half of his cloak to a beggar. That night he dreamed that it was Christ himself who was the beggar. This famed story is of St. Martin of Tours, whose coat was found and enshrined in a *capella*, or chapel. As time passed, priests called *capellini* were charged with accompanying the cloak to military battles and healing rites for select people. Thus, non-congregational clergy were often called *chapelain* in French and “chaplain” in English.¹ Chaplains have ministered in a long and diverse history ever since.

Caring with a New Faith

Chaplains of Covenant Living Communities are part of this long history. (Covenant Retirement Communities [CRC] was renamed Covenant Living Communities and Services in 2019.) Ministry to the aged was part of the origins of the Evangelical Covenant Church. Whether in northern Europe or the New Land, when people came to Christ for saving grace, they also became activated to serve the world in social concern. This calling was inseparable from their call to evangelism.

¹ Earl Stover, *Up from Handymen: The U.S. Army Chaplaincy 1865–1920* (Honolulu, HI: University Press of the Pacific, 2004), 18.

The experience of grace softened the heart toward the other. Those who had been forgiven were ready to forgive; those who had tasted compassion became themselves compassionate. Hence there flows from the revival a mighty tide of benevolence, at first spontaneous and unstructured, later ordered and institutionalized.²

Although they found no large strategy to deal with massive industrial misery, they showed considerable compassion for the enslaved, the poor and exploited, the widowed and the orphaned, the sick and the illiterate.³

Caring in a New Land

Like many touched by the revivals from other countries, Covenant newcomers to the United States cared for needy immigrants from their country of origin until the newcomers got on their feet. The sick, feeble, and elderly were especially vulnerable; they needed essential help. Christians also worked for temperance and abolition, suffrage and education, and the empowerment of exploited girls and women. Early Covenanters created several relief societies to serve the needs of incoming immigrants, especially near seaports.⁴

Henry Palmblad was known and beloved as a friend of the poor. He spent two years in a Chicago street ministry as a “city missionary.” He and his (yet unnamed) wife helped widows made so by the cholera epidemic, orphans living on the streets, the bereft aged, and people in the poorhouse and jails, as well as females abused by men and industry. He was ready in 1885, the very year in which the Swedish Evangelical Mission Covenant of America (now the Evangelical Covenant Church) was born, to minister to those who were suffering in the new country. At the inaugural meeting of what became the denomination Palmblad asked for and received approval to raise funds inside and outside Covenant churches to establish a home “for orphans, helpless widows and the sick.”⁵ His passion drove the work. In just one year he and his small committee raised the \$2,500 down payment for a three-acre property

2 Karl A. Olsson, *By One Spirit* (Chicago, IL: Covenant Press, 1962), 379–80.

3 Olsson, 380–91.

4 Olsson, 380–91.

5 Zenos Hawkinson, “Consider Our Beginnings,” in *Glad Hearts: The Joys of Believing and the Challenges of Belonging*, ed. James R. Hawkinson (Chicago: Covenant Press, 2003), 544.

with a house north of Chicago—far more than the original goal. It was a “monument of love,” a two-story home, dedicated as the Home of Mercy, mixing the “miserables” of the orphaned, the destitute elderly, and the sick in Christian care.⁶

In those early days, the staff did anything necessary to serve the residents. One board member walked a cow from the south side to the north side of Chicago so the residents would have daily fresh milk. There was a “hands on” leadership!⁷

There was ample solicitation of local pastors to lead devotions and prayers, and to offer pastoral care as needed.

God’s Word, prayers and song have daily been activities in the home and, on Sundays, preaching in the afternoon, some by teachers and theology students from the school at North Park College and some preachers in Chicago or some missionaries who were on a visit to the home. Several of the Mission Church’s young people’s organizations in the city have, during the summertime, visited the home on Sunday afternoons and played and sung, bringing flowers and refreshments for the poor, sick, and aging.⁸

The Home of Mercy launched a flourishing tradition of elder care, including spiritual care. Before long, the need outgrew the house and in 1891 it was enlarged. By 1903 the Home of Mercy grew into two identities of specialized ministry. A medical hospital separated from the house and was renamed the Swedish American Hospital. The Home of Mercy continued to offer non-medical care to the elderly poor and orphans.⁹ By 1910, the hospital had cared for 4,120 patients; fifty-three residents lived in the renamed Covenant Home.¹⁰ The whole ministry was a “work in progress, founded on hard work, wise stewardship, dedication, and prayer.”¹¹

Soon local churches and conferences made commitments for their own

6 Marilyn Anderson, trans., “Minutes of the 1903 Annual Meeting of the Evangelical Covenant Church” in *1903 Covenant Yearbook* (Chicago: Covenant Publications, 1903), 90.

7 Paul V. Peterson, Grant Erickson, and Eloise V. Nelson, *Aging in Grace: The Growth of the Covenant Retirement Communities 1886–2011* (Lombard, IL: Yorke Print Shoppe, 2011), 40.

8 Anderson, 87.

9 Anderson, 90.

10 Hawkinson, 545.

11 Peterson, Erickson, Nelson, 40.

expanding needs to serve the elderly. Between 1918 and 1929 six facilities, relying on the Home of Mercy model, were started as institutions of care for the elderly. Afterward others included Buffalo and Minneapolis, Minnesota; Tujunga and Turlock, California; Bronx, New York; Stromsburg, Nebraska; Spokane, Washington; and Surrey, British Columbia.¹²

When immigrants from Europe came to this country, the job description of chaplains in the United States was not what it is today. Chaplains in Europe were mainly located for service in “poorhouses,” prisons, and the military. In the US they emphasized spiritual support and religious ministry—leading residents in regular prayer and devotional services, offering the sacraments and pastoral care.¹³

At the turn of the twentieth century, nearby parish pastors, working with administrators and nurses, used some of their ministry focus and hours to care for patients. The professional identity of the chaplain was that of a local pastor who was linked to both the larger community and wider denomination. The parish paid their salary.¹⁴ In the Covenant, most of the nursing and elderly homes were begun by local Covenant churches, so many facilities were built for and filled with Covenanters. The ministry of a local Covenant pastor with parishioners who moved from their own home to Covenant retirement homes and nursing homes was seamless.

An interesting attempt to train nurses in pastoral care came in 1903. The Home of Mercy noticed the formidable role of the deaconess in Europe. They asked North Park College to develop a deaconess curriculum to train young women in holistic nursing and spiritual care ministry. Their education would take place in the classroom, the Home of Mercy, and Swedish Covenant Hospital clinics.¹⁵ When the curriculum was ready in 1911, five women enrolled. When they graduated, two returned to their own churches, fulfilling the role we see as a Christian parish nurse today. The others could not find work and the effort was repealed in 1913.¹⁶

The era after World War I witnessed considerable change in medical services and respite care, as well as chaplaincy. Antibiotics, advanced

12 Peterson, Erickson, Nelson, 1.

13 Stover, 18–23.

14 Joel Curtis Graves, “Leadership Paradigms in Chaplaincy” (PhD diss., Boca Raton, FL, 2007), 223–25.

15 Anderson, 91.

16 Sigurd Westburg, trans., “Minutes of the 1913 Annual Meeting of the Evangelical Covenant Church,” *1913 Covenant Yearbook* (Chicago: Covenant Publications, 1914).

surgeries, and new technology provided great confidence in the power of science. It also made the holistic approach of care by deaconesses and local pastors as chaplains seem old-fashioned. Generalist clergy became perceived as suspect in their ability to address spiritual wellness and understand health care's specialties. Animosity between empirical science and established religion exploded. Health care chaplains were pressured to view Christian faith as secondary to any medical context. The denominational angst that evolved into the inerrancy versus neo-orthodox conflict around Scripture became another adversarial issue. In this milieu some chaplains became bivocational, splitting their time and salary between the congregation and the "old folks' home." Chaplains now acquired their ministerial identity from both sites of their work.¹⁷

In what is now known as Covenant Living Communities, local retirement communities began to hire their own chaplains, mostly from the retired local Covenant clergy population. Chaplains were required to have Covenant credentialing and were expected to participate in their local church as well as the wider denomination. The role was always part-time and was often filled by retired pastors and missionary residents who needed to augment their finances (of whom there were many). This was especially true of those who had ministered during the Depression, who had received low pay or no pension and needed additional resources. The economy created, and then tested, the spoken policy that "No Covenanter will be denied residency because of finances." If there were more than one such residential chaplain, they became more of a friendship of colleagues than professionals engaged in best practices. Often this mix of needs left chaplains working into their seventies or eighties. Their professional tasks were like those of retired pastors who did the important work of parish visitation, often without job description or supervision.¹⁸

The middle of the twentieth century exposed US citizens to differing faiths. Discoveries of diversity came with the influx of immigrants from non-European countries. American Protestant soldiers of European descent had fought alongside Pentecostals, Jews, Roman Catholics, and nonbelievers in World War II. Military chaplains increased their caregiving services to reflect this new ecumenical and interfaith awareness, as did those working in hospitals, rehabilitation centers, and retirement homes. Non-Covenanters began trickling into the Covenant Living Communities. A Christianity too narrow in its understanding of residents would

17 Stover, 20–25.

18 Author interview with retired president of Covenant Retirement Communities (1986-1997) Paul V. Peterson, January 2014.

be unable to serve and reflect the new picture of the inviting kingdom of God. Ethnically parochial chaplains who exclusively served Scandinavian Covenant residents needed continuing education in order to serve the whole community.¹⁹ It was during this time, 1942, that Swedish Covenant Hospital hired its first full-time chaplain.²⁰

Caring in the Second Half of the Twentieth Century

The Cold War following World War II produced values of a spiritual “war.” Children lived with bomb shelters, propaganda, the Berlin Wall, and James Bond 007 movies. During this time, democracy was contrasted euphorically against communism. Victorious nationalistic rhetoric became embedded in the language of the faith. The nation felt the tensions between frugality and greed, selfishness and compassion, local community and nation.²¹ The period also saw a non-scriptural bifurcation of which activities were to be prioritized in building the kingdom of God. Should preaching what it means to accept Christ be the church’s priority? Or should service, with its goal of establishing justice in the world, be the priority? Believers came to believe they and their own church needed to choose one or the other—evangelism or service to humanity. The denomination wrestled with the opinions about this issue in 1948, 1956, and 1962, when the Annual Meeting voted that churches join neither the National Association of Evangelicals nor the National Council of Churches of Christ.

Chaplains during this period needed to be able to articulate and lead such religious discourse.²² A structural redesign of Covenant polity was approved by the 1957 Annual Meeting. Its new flow chart placed the hospitals, nursing homes, orphanages, and homes for the elderly under the responsibility of the Covenant Board of Benevolence.²³ Noting the increase of US government regulations on nursing homes, each Covenant entity was designated as a not-for-profit. Government rules and regulations increased steadily, aging and expanding facilities required expensive maintenance, and local retirement communities felt the bur-

19 Stover, 23–30.

20 Olsson, 612.

21 Graves, 223.

22 Karl A. Olsson, *Family of Faith* (Chicago: Covenant Press, 1975), 109, 188.

NB: The decisions by the 1943, 1956, and 1964 Annual Meetings marked the commitment of the Covenant Church to the Covenant Affirmation known as “Freedom in Christ,” understanding that a diversity of opinion exists on a spiritual matter, yet the priority is to focus on the essential unity in Christ.

23 Peterson, Erickson, Nelson, 13.

den of fundraising for their facility and benevolent care. During this time many retirement homes, working with their conference superintendents, transferred their campuses to the management of the Covenant's Board of Benevolence, which provided a general umbrella for financial management, operational best practices, and oversight and direction, to help facilities move toward a strong future.²⁴ Like all major campus staff, chaplains now needed to satisfy requests not just from the local community, but also from the central office.

Several successful business leaders on the Covenant Board of Benevolence developed a new model for retirement living. Called a continuing care community, it promoted an independent lifestyle and, when a resident needed it, a nursing home. Led by the devotion and generosity of Edward and Anna Anderson, the first such facility opened as Covenant Palms in Miami, Florida, in 1951. It became the basic model of expansion for the next sixty years, with Paul Brandel casting the vision and first-time administrator Nils Axelson implementing it. Their philosophy was to have a Covenant Living Community built in close proximity to a Covenant congregation, thereby reinforcing the spiritual life of both parishioners and residents. These campuses with multiple levels of care (independent, skilled nursing and, eventually, assisted living) held the respect of and gained notice by the national industry. Covenant historian Karl Olsson described the era as a "philosophical mutation in the self-image of the denomination."²⁵ The robust post-war economy and Americanization changed the identity of second- and third-generation Covenanters. They desired to be established as Christian leaders and US citizens. The new prototype confirmed those hopes. Milton Engebretson, then-president of the denomination, often said, "Look at this beautiful retirement community! The only trouble is that it kind of ruins the anticipation of heaven!" The number of retirement communities grew, as did their complexity. So did the job description of the chaplain.

Many exceptional retired pastors worked part-time as chaplain to a campus. Each facility still hired its own chaplain from the credentialed ministers of the denomination, but now they sometimes did so in conversation with the Covenant conference superintendent. "Deals" were made for pastors with long-term health restrictions or pastors who needed a stabilizing work environment. Some of the resulting chaplains min-

24 Peterson, Erickson, Nelson, 21.

25 Olsson, *By One Spirit*, 600–12.

istered to the retirement communities very well, while some did not.²⁶ Ultimately, the idea of chaplaincy being a “dumping ground” flew in the face of the long-valued priority of the position.

In the wake of the revolutionary 1960s, chaplains needed extra experience in reconciliation, counseling, and self-knowledge. Recognizing this need, four Christian denominations joined their continuing education in pastoral care to form the Association of Pastoral Care in 1967.²⁷ As pastoral counseling blossomed, this organization standardized clinical pastoral education (CPE), insisting on credentialing its own successful students. North Park Theological Seminary joined with many other seminaries in accepting their authority, mandating all their pastoral students acquire at least four hours in a clinical practicum. It became an essential qualification for chaplaincy of a Covenant Living Community.

The world became smaller with space exploration and a new affordability in travel. Subsequently, interfaith knowledge grew into increased awareness of the many world religions. Retirement itself became an entire last third of a long life. These years evidenced different stages, each with its own needs for spiritual care. The early years of healthy retirement began to mean travel and volunteerism, the middle years meant friendship as well as caregiving and care-receiving, and the latter years concerned passing on a legacy to the next generation. The field of psychology expanded, enabling the research of Elizabeth Kubler-Ross, who raised awareness of the needs of the dying; challenging the status quo in thanatology.²⁸ All these issues meant chaplains were expected to empower residents to live their faith in a rapidly changing world with increased life span.

Covenant Living Communities continued to thrive, not just stabilizing but expanding, so the Covenant Board of Benevolence restructured its responsibilities in 1986. All fourteen of the centers at that time became incorporated and governed from a new board under the auspices of the Covenant Board of Benevolence. Its first president, Paul V. Peterson, led organizational and financial stability by standardizing human resources and operational policies, and monitoring and reporting rules and regulations. The first financial officer, Jim Drevets, happily designed the first spreadsheets for comprehensive budgets, consolidation of debt, and

26 Author interview with retired president of Covenant Retirement Communities (1986–1997) Paul V. Peterson, January 2014.

27 The Association for Clinical Pastoral Education, www.acpe.edu.

28 Paul Ballard, “The Chaplain’s Dilemma,” in *Chaplaincy: The Church’s Sector Ministries*, Giles Legood, ed. (London: Cassell, 1999), 187–92. Thanatology: the scientific study of death and the losses brought about as a result.

refinancing. Bragging rights were well earned when Covenant Living became the first national organization to have all centers accredited as “Continuing Care Retirement Communities” by the American Association of Homes for the Aging.²⁹

At the end of the twentieth century full-time chaplains were being hired by the local campus but did so from a national qualification list and job description.³⁰ All were required to have graduated from seminary with a Master of Divinity, completed four units of CPE, and hold membership and ordination in the Covenant.

Prodded by women leaders in the Covenant (notably Adeline Bjorkman of the Covenant Executive Board), Fran Decker became the first female Covenant Living chaplain in 1992 at Bethany Retirement Center in Minnesota.³¹ Communities with more than four hundred residents normally have two full-time chaplains, most often one male and one female. Greg Asimakoupoulos at Mercer Island, Washington, and Kay Sorvik of Westminister, Colorado, served as solo chaplains.³² The first of several African American chaplains was George Goodman, hired in 1997 in Cromwell, Connecticut.³³ It still takes discipline by leadership to bring much-needed racial diversity to the campuses.

Caring in a New Millennium

There has always been a deep respect and nostalgia for Palmblad’s early legacy of the Christian call to serve the needy poor. Ministry across financial and racial class lines has frustrated discussion, strategy, and attempts over the last three decades. A significant step came in Irvington, Oregon, in 2002–2009, when Covenant Living built a mixed pay scale apartment building. It provided affordable housing for the elderly, complete with a church facility on the ground floor.³⁴ Meant as a potential prototype

29 Peterson, Erickson, Nelson, 34.

30 A collaborative work to revise a standardized job description for chaplains is currently in process as of this writing.

31 Author interview with Fran Decker, April 2015. Having retired last year after twenty-two years, Decker continues to minister as a volunteer at Bethany Resident and Rehabilitation Center as chaplain emeritus.

32 Author interview with then-president of Covenant Retirement Communities (2002–2015), Rick Fisk, January 2014.

33 Covenant Village of Cromwell, minutes of the Management Advisory Committee, 1996–1997.

34 The author preached at this church in February 2003. The full diversity of families, elderly, homeless people off the street, middle-class professors, etc., exemplified the kingdom of God. The congregation was the first Covenant multi-racial church plant, a vision of Henry Greenidge.

built on a complex financial model, the design proved fiscally unfeasible when the state government drastically reduced HUD reimbursement fees. Another disappointment came in the early 2000s when Covenant Living established a planning committee with Oakdale Covenant Church, a thriving African American congregation in Chicago, to build an affordable urban housing model. The strategy almost became a reality until a necessary city building partner could not be found. Another project of senior rental in Lenexa, Kansas, may offer insights for future models of service to diverse economic residents. The increase of new multicultural and urban Covenant churches speaks to the need for different models.

Although all Covenant Living residents and staff must be compatible with Covenant identification and faith affirmations, chaplains are now the only employees who must be Covenant and ordained. Also, a chaplain must sense a call to serve the elderly. Preachers accustomed to being the organizational center of a parish may not make the best Covenant Living chaplains. Chaplains are embedded in the Covenant Living work and community. What was once an independent professional has been replaced by an interdisciplinary team member, intentionally involved in resident activities, nursing care, volunteer management, ethical case studies, staff support, and facility assessment. “Chaplains do far more than care for the ill and dying. Their work is essential in decision-making, team-building, Christian activities, and leadership in the whole resident community.”³⁵

Ministry in the twenty-first century has postmodern challenges. Many chaplaincy positions throughout the industry have been eliminated in for-profit elder care. The economic downturn of 2008 highlighted the fact that chaplains are not “revenue producing,” poetically described as being placed “between the Scylla of cost-efficiency and technological advance and the Charybdis of the desire to offer holistic personalized care.”³⁶ The nonprofit sector still values the holistic contribution of the ministerial role. “For as long as I can remember, the chaplain on a campus has been a priority for corporate leadership.”³⁷ Salary, benefits, and resources are invested in the position. Vice President Steve Anderson had chaplaincy management in his portfolio in 2005–2006. Subsequently, President

35 Author interview with then-president of Covenant Ministries of Benevolence (2002–2017), David Dwight, April 2015.

36 Stephen Pattinson, *Emerging Values in Health Care: The Challenge for Professionalism* (London: Jessica Kingsley Publishers, 2010), eBook Academic Collection, 187–93. Accessed January 29, 2015.

37 Author interview with the retired office manager of Covenant Retirement Communities (1980–2015) Kathleen Jenkins, October 2013.

Rick Fisk, himself an ordained minister, led the nineteen members of the chaplaincy in yearly gatherings of information, fellowship, and shared practices. He contacted both the Department of Ordered Ministry and the applicant when an opening arose for a new chaplain.

In 2015 Terri Cunliffe, president of Covenant Living, called on John Satterberg, retiring chaplain at Golden Valley, Minnesota, to become the manager of chaplain services for eight hours a week. He worked to compile a list of viable candidates and to answer questions from candidates and Covenant leadership. He led meetings of the corps of chaplains at the annual Covenant Midwinter Conference for ministers, biannual Covenant Living training at Summit (both of which are attended by President Cunliffe), guiding the search committees of local Covenant Living communities, and orienting new chaplains to their job. “When I came into office there were two or three candidates who were interested in Covenant Living chaplaincy. Now there are over sixty,” Fisk told me.³⁸ Between 2015 and 2020 the number of chaplains grew from twenty-two to thirty-four with Covenant Living sites growing from fourteen to nineteen.

Satterberg defined the new manager position, which has since been augmented. Cameron Wu-Cardona of Covenant Living at Mount Miguel, California, is the current manager of chaplain services, a twenty-hours-a-week position.

With the demographics of retiring baby boomers upon us, chaplaincy must grow to meet new questions and ever-changing needs. How can chaplains articulate the need for faith in an increasingly secular environment? How can Christian spirituality be served in both ecumenical and interfaith contexts? How do chaplains maintain a non-anxious atmosphere when mediating family and staff conflicts? What part does practical theology play in an interdisciplinary approach to specialized ministries? These and many more dilemmas face current chaplains.

“Spiritual formation, and its active life, is not just one of the forces for an older person’s fulfilled life. It is *the* driving force (sic).”³⁹ Its challenges and satisfaction extend through an entire lifetime; they “are new every morning.” Some congregations ignore the giftedness, experience, and continued Christian transformation of retirees. They do so at their own peril and disrespect for the body of Christ. It is the fortune of its

38 Author interview with then-president of Covenant Retirement Communities (2002–2015), Rick Fisk, January 2014.

39 Author interview with director of Center for Spirituality and Aging: A Program of California Lutheran Homes, Nancy Gordon, January 2015.

residents and staff that the Covenant and Covenant Living take a different course. With the impending “silver tsunami” of boomers in their last half of life, chaplains to the elderly may be the ministers who lead the rediscovery of the importance of the elderly in society, as well as in the kingdom of God.