

BREAKING BARRIERS

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Harbor House

For seventeen years one aspect of Chuck and Kathy Schipper's life has never changed—the daily work of caring for their physically and mentally impaired daughter. A rare birth defect left their daughter Angela blind, without speech, and unable to take care of her daily needs. The prognosis at birth was not very good.



"The doctors did not give us much hope for survival and told us that if she did live she would be severely impaired," said Chuck. When Angela was born she surprised everyone by needing little medical support.

"We realized then," said Kathy, "that while it was not in God's plan that she receive healing, it was his plan that she have life. God had chosen us to be Angela's parents and we wanted to faithfully accept that challenge. We soon realized that we were not capable of doing this on our own. We asked God to help us do the best we could and trust him to take care of the rest. As we look back over the years we can see God's faithful hand. He has met all our needs and then some, and we are profoundly grateful."

As Angela has grown, her parents have become more concerned about her future, specifically who would care for her when they no longer could. "For Angela's entire life we have been her primary caregivers," says Kathy. "We know her best and do not really want to face the

inevitability of placing her care in someone else's hands. But if you wait too long, you're leaving the whole thing up to uncertainty and that is not what we want to happen."

Many other families struggle with this concern as well. According to a 1998 report from the University of Illinois, Chicago, there are an estimated 1.89 million people with developmental disabilities nationwide who are cared for by a parent or other relative. About 400,000 of these are sixty or older, and their

parents—now in their seventies and eighties—are increasingly exhausted by the burden of caring for their middle-aged children.

Meanwhile, state and local governments are ill prepared to meet these families' needs. Approximately 80,000 families nationwide are languishing on state waiting lists for services for the disabled. Many others have not sought help from local social service agencies and have chosen to make caring for their child a private mission in life.

"About three years ago we began to pray that God would lead us to a home where Angela would be assured a meaningful life and loving Christian care," says Chuck. "We soon discovered that long-term housing options for the severely disabled in West Michigan are very limited. We feel that God is leading us to expand these options by establishing homes that will meet the unique needs of this population."

In 2000, other concerned parents, health-care professionals, and community volunteers came together

and Harbor House Ministries was formed. Their goal is to build homes within a residential community that will offer permanent, Christian housing for severely handicapped adults. A five-acre piece of land, located at 44th and 8th Avenue in Ottawa County, has been purchased. Plans are in place to create a campus of three buildings, each building housing two distinctly separate six-bed homes. Due to the high care demands of this population, any monthly income they receive will be applied to providing for their daily needs. Therefore it is necessary to build the homes debt-free.

Fund-raising is currently the focus of Harbor House Ministries. So far they have raised approximately \$700,000 and expect that \$3 million will be needed to complete the entire project. Groundbreaking for the first building is anticipated in 2003 with availability for residents in 2004. Completing the entire campus by 2008 is the long-term goal of the ministry.

"God has really blessed our efforts, and it is our desire to glorify him by providing loving Christian homes to those who cannot care for themselves," says Chuck, "homes where a family can be confident that their loved one will receive compassionate care for as long as they need it."

—K. A. Thomas

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From the Director



Synod 1993 adopted the following:

“That synod heartily recommend full compliance with the provisions of the Americans with Disabilities Act PL 101-336 and its accompanying regulations in all portions of the CRC located in the U.S. and Canada” (Acts of Synod 1993, Art. 65, p. 539). Disability Concerns is responsible to synod for monitoring denominational progress in achieving this compliance. The CRC Yearbook questionnaires, sent annually by the general secretary to all councils, provide the data.

The questionnaire has remained unchanged from year to year, and you can gauge denominational progress in including people with disabilities by comparing the numbers through the years. In the next issue I will show the various subcategories so that you will see how much detail the questionnaire provides us.

The numbers through the years are as follows:

	1997	1998	1999	2000	2001	2002	2003
Barrier-free access	394	368	365	318	383	394	411
Partial accessibility	435	459	470	417	481	528	494
Signing for deaf	32	31	29	35	44	45	46
Providing aids for hearing impaired	455	190	185	437	479	459	432
Providing aids for visually impaired	305	346	364	284	444	480	409
Providing special programs	245	240	244	225	254	244	226
Providing transportation	276	292	324	346	399	334	300

The final question #8 on the questionnaire asks about participation in church activities. The data generated by the answers to this question are not shown in the CRC Yearbook but are helpful to Disability Concerns in tracking denominational progress in bringing people with disabilities more fully into church life.

The answers are as follows:

	1997	1998	1999	2000	2001	2002	2003
Paid staff	14	9	23	20	13	21	23
Office bearer	28	32	26	34	48	61	66
Church-school teacher	24	36	29	42	42	49	51
Usher/greeter	81	102	108	116	120	155	174
Committee member	57	78	94	99	108	128	149
Other	56	66	72	70	90	106	130

It is evident in tracing these figures through the years that strange humps and valleys appear. Your guess is as good as mine as to why that happens. We encourage councils to ask a person with a disability to fill out the questionnaire. We feel that answers are likely

to be more accurate that way. It is not that able-bodied council members are careless, just uninformed. The uneven figures probably reflect this as the job of completing the questionnaire falls to one or another person from year to year.

Nevertheless, the churches are developing a clear growth in sensitivity to disabilities. This shows especially in question 8. And I am encouraged by it.

Letters are welcome in keeping with the purpose of *Breaking Barriers*. They may be edited for style and length.

—Rev. James Vanderlaan

Caregivers!

Using the following web community address, caregivers can ask and answer questions or make comments that they feel could benefit someone.

www.caregiver.guidedvision.com

Please try it out and let us know what you think.

—JV

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Why Karyn?

Karyn was a beautiful, happy baby. She was an alert, active, and joyful addition to our family. At three months she did become “colicky,” as the doctor labeled it, and she began waking and screaming each evening. That was a bit unsettling for us. Then, when she was nearly six months old, she had a full-blown seizure. She was ill and feverish at the time, but the doctor assured us that seizures occurring with high fevers were not that uncommon. He was confident that Karyn would outgrow this problem.

During her first year, Karyn continued to progress rapidly, both mentally and physically, and was already walking when she was ten months old. She was such a bright, energetic little girl that we were completely caught off guard when she experienced another series of seizures. She was tested thoroughly at the hospital, and, although no abnormalities were detected, anticonvulsive medications were prescribed for her. In the months following, she became very hyperactive and experienced occasional seizures, yet her development did not seem to be affected. She was very coordinated physically, had a good vocabulary, and was toilet-trained before her second birthday.

After Karyn’s second birthday, however, the seizures increased in number and intensity. There were frequent trips to the doctor and the emergency room for stitches from falls or for stronger medication to stop the seizures. Her condition gradually worsened, and eventually she was experiencing violent *grand mal* seizures daily. The anticonvulsive medications had little effect other than causing greater hyperactivity. One evening she became very feverish, and seizure followed seizure in rapid succession. At the emergency room she was pumped full of medications and then placed on life-support for several days. A week later we flew to Johns Hopkins hospital in Baltimore for more comprehensive testing. While we were there we noticed that Karyn was confused and didn’t understand many things that were said to her. After our stay of nearly three weeks at Johns Hopkins, she was no longer toilet-trained and it became even more evident that her mental development had deteriorated dramatically. It was also at Johns Hopkins that Karyn was diagnosed as having Tuberos Sclerosis, a neurological condition that in her case involved many small, hardened tubers or neuron bundles in her brain.

As the months and years went by, Karyn’s mental development regressed even further and eventually leveled off at about that of an 18-month-old child. She continued to develop physically, however, so we soon had a very large and active “toddler” to contend with. Fortunately, the Lord blessed her with a sense of humor and a great disposition. To this day, Karyn continues to be quite content in most situations and seems to enjoy life. Also,

as anticonvulsive medications improved, her *grand mal* seizures have gradually been brought under control.

When Karyn was twenty years old, her sister and brother were both away at college, and she became very bored and restless without the stimulation and activity of her siblings. We were faced with a constant challenge as Karyn’s high dosage of medication made her rather restless and active, yet very unsteady. She was often “on the move” or into mischief and had to be watched every minute. With much prayer, guilt, and fear, we began to explore group home possibilities. Thankfully, the group home setting became the perfect answer for Karyn.

The routine and interaction with others kept her very happy and contented, and, at the same time, the greater number of caregivers provided a safer environment.

The home Karyn presently lives in is quite new, and is only about two miles from our house. We see her each Sunday, and often on Tuesday evenings at the Plymouth Heights Friendship class, a ministry for adults with mental impairments. We could tell that Karyn loved going to Friendship class and we made every effort to get her there. After several schedule conflicts, however, we asked if a staff member at Karyn’s home could take her to Friendship. They agreed to that.

Michelle Rosales, a college student, began driving Karyn to Friendship shortly after she started working at the group home. Michelle would not accept any money for driving, however, saying that it was as much a treat for her to go to Friendship as it was for Karyn. She was deeply impressed with the sincere love and respect shown to the students by the volunteers at Friendship class. She also had to admit that she really enjoyed the Bible lessons. We asked what church she attended, and she replied that she occasionally attended church as a child but hadn’t attended recently.

Some weeks later, Michelle asked if she could take Karyn to a church service. We invited her to bring Karyn to our church as it has an informal atmosphere where Karyn’s noises and movements would be less obvious. During the service, Karyn was content to just page through her favorite books. On the other hand, Michelle became totally absorbed with the message being preached. Later she asked if it would be all right if she came to church even if she didn’t have Karyn with her.



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Letters

Thank you, thank you for your editorial in the recent *Breaking Barriers*. The voice against war has been weak in the CRC. But I am heartened by the "conversation" that took place in London last week with some people from Grand Rapids and other Americans in attendance. Blessings in your work.

Diana Boot
Ontario

I just received the winter issue of *Breaking Barriers* and appreciate your caution against jumping into an ill-considered conflict with a nation that has made no overt acts of aggression toward us.

I also think the media sanitizes the results of war and ignores the causalities for the most part. Also the media seems to play a large role in agitating for aggressive actions on our part. Maybe it sells papers.

I find that the Catholic Church has also taken a negative view of warfare in the Middle East. Thanks again.

Sue Burke
Missouri

My comments concern the editorial in the *Breaking Barriers* newsletter published by Disability Concerns of the CRC. The editorial page of this newsletter is no place for your opinion. You are welcome to your own opinion, but may I suggest another forum?

As for your comments, I feel I must challenge you on a few points. Contrary to your opinion that a regime change will "inevitably be more devastating to the civilian population," I would refer you to what has happened with the Kurds in the north. The Iraqis have no freedom of speech or of the press as we do. They need our help. It is our duty as a world leader to liberate these people. It is my opinion that the pending war does meet the requirements of a just war. As far as the Israeli-Palestinian conflict goes, Israel has been more than generous in the offer of peace with the

Palestinians, but every time the Palestinian response has been an all-or-nothing peace. They want all of Israel or nothing. If the Palestinians were willing to compromise and negotiate as Israel is, this conflict could be settled easily and soon.

Rod De Boer
Minnesota

Just wanted to send a laurel your way on your fine "From the Director" column in the Fall/Winter issue of *Breaking Barriers*. Your assessment on another war against Iraq not meeting just war criteria won't be popular with many of your readers, but it's right on and needs to be said. The only thing "surgical" about any war is the hopeless attempt to salvage some kind of life for those it disables physically, mentally, emotionally, and socially.

Thanks for your strong cautions against courses of action that needlessly cause so much more work for a ministry like yours. God bless.

Bob DeMoor
Michigan

I am a member of Inglewood CRC in Edmonton, Alberta, and practice law in this city.

Received your magazine at our church service yesterday. Just wanted to express appreciation for your eloquent voice against the pending war. Quite apart from everything else, the voices of the disabled by war have now weighed in. Who could speak with more legitimacy? Let us hope that you are heeded by those who seem inexorable in their march to battle. Thank you for your clear witness. Thank you.

James Joosse
Edmonton, Alberta

Disabilities caused by war are terrible, though one might wonder whether discussing them in *Breaking Barriers* will be profitable. In regard to the possibility of war in Iraq we may differ on the facts as well as on

their interpretation. Yet, once begun, let's look at a few specifics.

A year after the end of the Saddam-initiated Iraq/Iran war, to a visitor in Baghdad "it seemed that every other man on the street was missing a limb." The well-documented stories coming out of Iraq after 1991 tell of unspeakable cruelty by a regime that will gouge out the eyes of children to force confessions from parents, that will use systematic rape, mutilation, and beheadings for the same reason.

There is the story of a two-year old girl whose feet were crushed in front of her mother to make her mother reveal her husband's address. Four years old last June, "she doesn't walk, she hobbles."

Saddam also pays a bounty of up to US\$25,000 to the families of Palestinian suicide bombers. What a grotesque incentive system to encourage more Palestinians to target innocent people in order to kill or maim even more.

What a tragedy! We must do what we can to prevent these disabilities from occurring.

Our God has deep compassion for the innocently killed. His compassion for old Iraq's Nineveh after "they turned from their evil ways" is well-known from the book of Jonah. It even extended to "many cattle."

But God also says in Genesis 9, "I will demand an accounting for the life of his fellow man." This follows shortly after the Lord speaks of Abel's blood crying out. The biblical reference to not bearing "the sword for nothing" suggests that the government may be called to use that power to prevent further killings and disabilities.

Apart from the fact that we may differ as to the justice of a particular military action, we all join in prayer for the victims of war, dictatorship, persecution, and terror until the day of the Lord's return.

Hank Kuntz
Etobicoke, Ontario

Thank you for sending us *Breaking Barriers*, and for including the article "Falling Off My Rocker." I appreciate the honesty and openness of the article, painful though it be. We need to read articles from those who suffer. We need to be "shocked" so that we will be compelled to assist the mentally handicapped with active compassion in the power of the Holy Spirit.

Rev. Mark Manning
Missouri

Thank you for continuing to be an advocate and a light on behalf of those who have various disabilities. I truly appreciate your ministry. But I do want to raise one issue with you about an article by Norma Lou Hofstee in the Fall/Winter 2002 *Breaking Barriers*.

What disturbs me is not the article itself, but the inadequate "disclaimer" afterwards. Since Norma has been diagnosed with schizophrenia, her perceptions and memories about her childhood, family, and church are undoubtedly quite distorted, but the comment following it leaves the impression that she is accurately portraying a dreadfully dysfunctional, almost cruel family and an uncaring church and community. That may or may not have been the case.

Having grown up with a brother who suffered a severe, organically based mental disability, I can testify that the family members, especially the parents, suffer nearly as much and sometimes more than the one with the illness. The vilification of such parents is completely unjustified.

One can well imagine the suffering of patients and families who have to deal with tragedies such as schizophrenia and depression, particularly if one considers the woefully misinformed practitioners of mental health care in the past, the lack of proper understanding of and treatment options for such diseases, and the admittedly backward attitudes of the community.

Since Norma does have schizophrenia, a disease which, as you point out, is "characterized by delusional thinking," to accept her version of the past and to use this to accuse the parents and community of making her suffering even "more agonizingly painful and lonely" by their "fear and neglect," is inappropriate at best and slanderous at worst. I do not deny that there is fear and neglect toward many among us who suffer from this or other illnesses, but I have my misgivings about this particular case and feel that Norma's family members may be caused additional grief by the stain she has cast on their reputations.

I would like to say to Norma that she is absolutely correct in casting her care on Jesus. He will not disappoint those who put their trust in him, and he will undo all the evil she has suffered. Let us all hang on to that hope as she does!

Larry Spalink

We feel led by our Lord to debate the story "Falling Off My Rocker" by Norma Lou Hofstee in *Breaking Barriers*.

My husband, Mel, and I are members of the Christian Reformed Church, and we are Christian adult foster care managers of twelve mentally impaired/deaf/developmentally disabled women between the ages of twenty-seven and fifty-one. Yes, we live with them. I also interpret in American sign language for the full church service each Sunday.

Could you PLEASE tell Ms. Hofstee in some kind way that she needs to be careful, because there are really and truly Christian Reformed people who are fulfilling her plea to "help now."

In Christ's love,
Mel and Marcia Swartz
Michigan

Last night I sat down and read the entire Fall/Winter 2002 issue of *Breaking Barriers*. It helps me remain

aware of disability concerns in our denomination and in the world around us. Indeed, many of God's dear people struggle with physical, emotional, mental, and spiritual limitations. May God bless them all and you also in your ministry.

"Falling Off My Rocker" by Ms. Hofstee (p. 4) especially caught my attention. It is a strong emotional appeal for understanding and help for the mentally ill. I hear the feelings loud and clear. To feel misunderstood or even forsaken by one's church is very painful, especially for someone who is afflicted with schizophrenia. I am glad the author can now say: "Jesus is my one and only hope." I also hope she is now receiving helpful medications to bring stability to her life and relief for her suffering.

I have one suggestion about publishing the writings of people who suffer from mental illness: please do some careful editing or choosing of what to print. Mental illness can distort perceptions of reality and leave wrong impressions with readers. For example, in the second column she refers to Pine Rest, a treatment facility where I have served as chaplain for twenty-six years. The treatment Ms. Hofstee received there was long ago, and I cannot comment on the number of shock treatments she received then. But when I read the numbers, together with her comments about the way staff treated her as a patient (one laughed at her, the chaplain failed her, the doctor shoved her away) I question the facts and the objectivity of her judgement. It leaves an unfortunately negative impression about a well-established treatment center whose mission statement commits its staff to delivering mental health treatment with Christian compassion and professional excellence.

Thanks for listening.
Sincerely yours,
Nick VanderKwaak
Michigan

Project Little Man

by Laura Leffew

Luke Leffew was born on March 2, 1997, a perfect, beautiful little boy with curly hair. His daddy jumped up and down when he was told "It's a boy." Life was good. God had blessed us with a wonderful family—Alexis, Justin, and now Luke. It completed our lives. Everything looked secure. Little did we know exactly how much our faith was going to be tested. . . .

Cancer hit our family like an atomic bomb with its rippling effect. My father, Larry Brower, came home from surgery on Luke's first birthday. The doctor assured us that they had removed all of Dad's tumors—but God in his wisdom knew better. While we were still reeling with the reality of my dad's bone cancer just a year later, Luke started his own fight with chronic illness.

Our happy, adorable two-year-old developed an illness that affects his brain. Months after recovering from a case of bronchitis, something was wrong. One

glorious Sunday morning when he got up, Luke couldn't walk. Then he lost his ability to stand or even sit.

That's when the real nightmare began and our faith was tested again. Admitted to the hospital as a two-year-old toddler, Luke was reduced to the developmental level of a 6-month-old baby by the time he was released. He had to learn how to sit, stand, crawl, and

walk all over again. The diagnosis was Acute Cerebellular Ataxia. After accomplishing a lot in six weeks with the help of in-home nurses and therapists, he started to go downhill again. Within 24 hours and an MRI later we were on a plane flown by volunteers at Accurate Engines to Mayo Clinic, where Luke was diagnosed with Acute Disseminated Encephalomyelitis (ADEM). ADEM is a form of encephalitis similar to rabies. We were told Luke would get better because it is monophasic—that is, it is supposed to hit only once, and then recovery would take place with little residual effects. They were wrong.

Luke experienced several debilitating relapses. Many times we traveled as an extended family to our appointments at Mayo, Dad to his cancer specialist and Luke to the pediatric neurologist. Dad finally passed away in March 2001 after a valiant fight. Luke's fight still goes on.

After countless hospitalizations resulting from simple viruses and infections, Luke received a new diagnosis: Multiple Sclerosis. MS symptoms result when inflammation and breakdown occur in myelin, the protective insulation surrounding the nerve fibers of the central nervous system (brain and spinal cord). Myelin is destroyed and replaced by scars of hardened "sclerotic" patches of tissue. Such lesions are called "plaques," and appear in "multiple" places within the central nervous system. This can be



compared to a loss of insulating material around an electrical wire, which interferes with the transmission of signals. Some nerve fibers are actually severed in association with the loss of myelin.

Because MS is a "multiorgan" illness, the residual affects are "multi" as well. Luke has speech, behavior, cognitive, memory, sensory, balance, and even visual impairments.

Seizures and summer heat are life threatening. He loves to be outside but doesn't understand what it can do to him. Because he fatigues quickly we use his wheelchair to conserve his energy and to help reduce the injuries caused by his clumsiness. We have monitors and oxygen for him at night since sometimes he stops breathing. A "cowboy" handkerchief around his neck helps catch the drooling that results from his swallowing impairments. Choking on saliva, food, or drink could result in aspirated pneumonia. Luke needs daily injections of an MS drug, painful shots that requires one of us to hold him while the other administers the shot.

The most infuriating thing is that any or each one of these impairments can be better or worse at any minute, hour, or day. This means a constant up-and-down of our family's emotions. In a heartbeat our lives change and we are off to the other side of the state for treatment to try to slow the effects of Luke's illness. We're always asking God what will be taken away next. Mentally noting the "white elephant" in the room—the concrete fact that the brain controls several vital life-supporting functions. And silently offering the heartfelt pleas and bargains only helpless parents of an ill child can pray.

Financially this has hit us extremely hard. The medical bills piled up, and with managed care we reached our limit quickly. Other bills piled up too, and our credit began a downhill turn. Between the costs of out-of-area trips to hospitals and the loss of income from time off for Luke's care, our savings were exhausted a long time ago. Imagine years and a lifetime ahead of this.



Luke will be celebrating his sixth birthday in March, but his life is hardly that of a normal six-year-old. Going out exposes his immune system to common illnesses and can cause severe seizures. Luke can no longer make it up the stairs of our two-story home. We are afraid to let him sleep on a different floor from us in case he has a seizure during the night. Moving is out of the question. Who would allow us to finance a home with so many medical bills looming and without the possibility of a steady income from both parents?

As parents we are trying to do whatever it takes to make life as happy as possible for our Little Man. Our house is not functional for him, nor is it equipped to give him the quality of life he so deserves and is fighting to reach. We are trying to raise the necessary funds and the volunteer labor and donated supplies to accomplish our goal of building a handicap accessible ranch home on our property. Please pray for us. For more information on childhood MS and/or information on Project Little Man, you may e-mail me at Laura@egl.net or phone Bethel CRC at 616-772-6620.

How You Can Help Luke

Bethel CRC in Zeeland, Michigan, has established a fund to assist the Leffew family in building a handicap accessible home for Luke. We invite the whole community to help make this goal possible. The blueprints have already been drawn, but donations of money, labor, and materials are needed in order to proceed. If you can give of your time or money, please contact us using the "Contact" or "Donate" sections on the

website <http://lukems.egl.net>. Donations to the fund are tax deductible. Checks must be written to Bethel CRC and designated "Project Little Man."

Any money not needed for the project will go to the Bethel Charity Fund. This project is supported by the Classis Zeeland Deacon's Conference.

You can keep informed of efforts on Luke's behalf by visiting the website listed above.

Why Karyn?

continued from page 3

We told her that she was more than welcome. To our great joy, she not only began attending regularly herself but also brought her roommate, Jenna, with her. It was refreshing to see how enthusiastic the two girls became and how eager they were to learn more.

We were elated when Michelle and Jenna decided to join the church. They completed the church membership class and gave wonderful testimonies of their faith. This was a remarkable development for us. As the final step of their acceptance into full membership they had to be interviewed by a member of CentrePointe's Leadership Team. My husband, Ralph, was asked to do this. They went through the formal questions first, and then talked in general about their faith. Ralph mentioned to the girls that he always struggled with Karyn's condition and the first thing he will ask when he reaches heaven is why Karyn had to be so severely mentally impaired. Without missing a beat, Michelle looked Ralph straight in the eye and said, "I can tell you why God allowed Karyn to be the way she is. God allowed Karyn to come into my life so that my association with her would expose me to Christ and as a result I would invite him into my life. Not a day goes by that my life is not affected because of my relationship with Christ and with Karyn."

This was an emotion filled moment. We had prayed for years, "Why Karyn?" Now God had given us one answer. Michelle's response reminded us that God in his greatness is capable of using every one of us to reach others and bring them to Christ. It certainly takes away the excuse of "limited knowledge" or of "not having the gift" for reaching out to others.

Michelle has also been the answer to our prayers concerning Karyn's care. She is a true friend to Karyn, and it is obvious that Karyn loves her. Even when she is not scheduled to work at the Breton Home, Michelle still stops and visits with Karyn or takes her for a ride.

We believe that God sorrows with us in our personal tragedies and we have felt his comfort. Now we have also come to know that God has the compassion and power to bring amazing good out of what we, with our limited understanding, assume to be bad situations. He never stops teaching us if we pause long enough to hear what he is saying. We praise God for this daily!

*Carol Honderd
Grand Rapids, Michigan*

Meditation

Note: In "Why Karyn?" Carol Honderd tells us what she and her husband learned about why God made their daughter mentally impaired. I have invited her to share her further thoughts with us in this meditation. —JV

I've always said that if Jesus were physically on earth today, my husband, Ralph, and I would do whatever we could to bring Karyn, our mentally impaired daughter, to him to be healed. But what if Jesus looked at Karyn and said she is beautiful and has value exactly as she is? There is no need for "healing." A severely mentally impaired child is as much a part of the kingdom of God as any of us. If anyone has "childlike" faith, Karyn does.

What standards do we humans use to measure the value of a person? How do we determine that a person is created in the image of God? Do we believe that because a person is mentally impaired he or she does not have as much value as those with "normal" intelligence? How does our "normal" intelligence compare with the "mind" of almighty God? Aren't we all mentally impaired when we compare our capabilities to God's? Do we subconsciously treat those who have mental impairments with less respect and fail to view them as God's imagebearers? Instead, do we adopt the world's standards of usefulness to society? When a mentally impaired person is at a gathering, do we give him or her as much respect as we should, or do we speak in a patronizing manner?

I have been at sheltered workshops filled with the loud, strange noises and awkward movements of the mentally impaired. How many more workshops are there like this? There are thousands of these children of God, but we seldom see them. If a family has a child like this, it's not easy to jump into the car and go somewhere. Many of us parents just keep these children at home because they may

be disruptive in a social setting with their strange noises and uncoordinated gaits. We don't want others to be uncomfortable about how to act or react toward them and their unexpected actions. Residents of group homes are often seen in restaurants or on outings, but they are in their groups and not incorporated into the normal flow of society.

Have you noticed that we talk about the value and rights of the unborn, quadriplegics, AIDS victims, single parents, terminally ill, alcoholics, divorcees, blind and deaf, and so on, but seldom do we include the mentally impaired, especially the severely impaired, as on the same level? Perhaps I am wrong, but I haven't heard a call to see the intrinsic value of the mentally impaired. We see them as needing care, and we provide for them out of a sense of moral obligation, but that's not the same as viewing them as having value as imagebearers of God. I'm not casting blame, because I've been caught in that same mindset for years. Only recently was I suddenly startled into thinking of Karyn as being a valuable child of God, created in his image!

What does "image of God" mean to us? Many of the mentally impaired are hard to look at. Even though Karyn was perfectly formed and beautifully coordinated as a young child, she now has years of seizures and heavy medication in her past, and her actions and noises reflect it. She walks clumsily and makes strange sounds, and sometimes she squeals in her attempt to communicate. Her diapers have to be changed and her food cut up. I get uptight and jumpy when she starts grabbing for the phone or spilling food or pulling everything out of the cupboard. But she too is in the image of God.

—Carol Honderd
Grand Rapids, Michigan



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